Australian Government
Department of Veterans' Affairs

Diagnosis Form

Please print this form and take it to a General Practitioner to complete.

This form is to be filled in by a medical practitioner.

Please supply a brief summary of the basis for each diagnosis and attach any reports you have that confirm the diagnosis. DVA will pay you for this service according to the relevant fee levels for the service.

NOTE: The claim for this condition must be lodged before payment of medical account can be made.

1. **Patient's surname**

2. **Patient's given name(s)**

3. **Patient's date of birth** / /

4. **Medical diagnosis**
   For a list of common injuries and diseases recognised by DVA refer to www.rma.gov.au/sops

For many injuries and diseases, DVA requires diagnosis by a specialist including test or imaging reports. To check for any requirements, please refer to the next page for 50 of the most commonly claimed conditions.

5. **Basis for diagnosis**

☐ I have sighted any specialist reports or test/imaging reports required by DVA to make this diagnosis.

6. **Are there any other related diagnosed conditions that should be considered in addition to this diagnosis?**

7. **Please advise approximate date of onset of the injury or disease based on available notes** / /

8. **When did the claimant first consult you for this injury or disease?** / /

9. **Address of medical practice**

10. **Telephone of medical practice** [ ]

11. **Medical practitioner stamp**
    (Please include Provider Number)

12. **Medical practitioner's signature**

Date / /