

Details of service in the Australian Forces

12:	Name on enlistment <i>(if different from name above)</i>	<input type="text"/>
13:	Unit or Branch of service	<input type="text"/>
14:	PMKeyS or Service number	<input type="text"/>
15:	Date enlisted	<input type="text" value="/ /"/>
16:	Date discharged	<input type="text" value="/ /"/>
17:	Place of overseas service <i>(if applicable)</i>	<input type="text"/>

Declaration and Authorisation to release personal information

I declare that I am the person named in the application and that the answers given by me are true and correct to the best of my knowledge.

I authorise the Department of Veterans' Affairs (DVA) to collect:

- my service details from the Department of Defence; and
- my medical and other information relevant to determining whether I am diagnosed with posttraumatic stress disorder (PTSD), anxiety disorder, depressive disorder, substance use disorder or alcohol use disorder from any medical practitioner, hospital, clinic, health service provider, insurance company, Centrelink, the Department of Defence or other organisation, as required to determine my application.

I consent to the release of my personal information by the above third parties and understand that this form may be used by DVA to access my medical records.

I understand that if I am serving member at the time of my application, DVA will need to advise the Department of Defence about my application for treatment under Non-Liability Health Care arrangements and I consent to this occurring.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information.](#)

Signature of veteran

Date

Diagnostic Report

Veteran name

Veteran date of birth

The above veteran may be eligible for treatment benefits at DVA expense if PTSD, anxiety disorder, depressive disorder, substance use disorder or alcohol use disorder is diagnosed regardless of a relationship between the condition and the veteran's service. Diagnosis of the below conditions can be provided by a psychiatrist, general practitioner (GP) or clinical psychologist.

In terms of the criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision (DSM-IV-TR) and Fifth Edition (DSM-5), does the veteran have? (please tick):*

Anxiety Disorder	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Depressive Disorder	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Posttraumatic Stress Disorder	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Alcohol Use Disorder	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Substance Use Disorder	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes

Comments

Details of Medical Provider

Provider signature

Date

Provider full name

Provider number

Please indicate which category of medical provider you fall into

Psychiatrist Clinical Psychologist General Practitioner

Provider stamp/details

To contact DVA, please address your correspondence to:

Department of Veterans' Affairs
GPO Box 9998
In your capital city

OR telephone: 133 254 or 1800 555 254 (Regional Callers)