



Additional Information Sheet

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](#)

NOTE: This is **not** a claim form and must be used as an attachment to form D2582 'Claim for Disability Pension and/or Application for Increase in Disability Pension'

Details of the NEW disabilities you are now claiming as war or defence caused

To be filled in by the VETERAN

List the disabilities you are now claiming and describe the signs and symptoms.

Please provide the diagnosis of the disability, if you know what it is. If you don't know what the diagnosis is, please describe as fully as you can the signs and symptoms that make you notice the disability (for example, pain in lower back, shortness of breath, loss of range of movement in arm).

Do not include any injury or disease already accepted as war or defence caused.

You are requested to ask your doctor to fill in the Medical Practitioner column next to this section before lodging your claim.

To be filled in by a MEDICAL PRACTITIONER

For each disability the veteran is claiming, provide a diagnosis indicating whether the diagnosis is **final or provisional**. A final diagnosis is preferred.

Please supply a brief summary of the basis for each diagnosis. Please attach any reports you have that confirms the diagnosis/es.

The Department will pay you for this service according to *The Schedule of Fees*.

Note: An account must be lodged before payment can be made.

Disability	4
Signs and symptoms	

Medical diagnosis	
Diagnosis	
Basis for diagnosis	

How do you believe your service caused, contributed to, or aggravated this disability?

When did you first become aware of the signs and symptoms of the disability, or aggravation of the disability? (approx. date if known)

When did the veteran first consult you for this condition?

Disability

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Medical diagnosis

Diagnosis

Signs and symptoms

Basis for diagnosis

How do you believe your service caused, contributed to, or aggravated this disability?

Form with 5 horizontal lines for text input.

When did the veteran first consult you for this condition?

When did you first become aware of the signs and symptoms of the disability, or aggravation of the disability? (approx. date if known)

Form with 1 horizontal line for date input.

Form with 1 horizontal line for date input.

Disability

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Medical diagnosis

Diagnosis

Signs and symptoms

Basis for diagnosis

How do you believe your service caused, contributed to, or aggravated this disability?

Form with 5 horizontal lines for text input.

When did the veteran first consult you for this condition?

When did you first become aware of the signs and symptoms of the disability, or aggravation of the disability? (approx. date if known)

Form with 1 horizontal line for date input.

Form with 1 horizontal line for date input.

IMPORTANT - So that your claim can be processed quickly:

- please have your doctor provide a diagnosis for each disability you are now claiming; and
- provide all relevant documents you may have relating to the disabilities.

Doctor's stamp (or address and telephone number)

Form with 1 large horizontal line for stamp or address/telephone number.

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Please attach a separate sheet if you wish to claim for more than three (3) disabilities at this time.

VRGP

Non VRGP

Doctor's signature

Form with 1 horizontal line for signature and date (/ /).

Payment for your account for this service can only be made after this form has been received.