



Australian Victim of Terrorism Overseas Payment Health Professional or Allied Health Professional report

May 2024 Bamyán, Afghanistan shooting (AV089)

Customer's details

Full name

Address

Date of birth
(DD MM YYYY)

Centrelink Customer
Reference Number (CRN)

Phone number
(including area code)

The person named above is claiming Australian Victim of Terrorism Overseas Payment for the terrorist act that occurred on **17 May 2024 in Bamyán, Afghanistan**.

This information will help Services Australia in determining eligibility for the Australian Victim of Terrorism Overseas Payment.

The health professionals and allied health professionals who can complete this report are:

Aboriginal and Torres Strait Island health practitioners

Audiologists

Behavioural therapists

Chinese medicine practitioners

Chiropractors

Dentists

Disability related groups (for example, Royal Society for the Blind, Vision Australia)

Exercise physiologists

General practitioners

Medical radiation practitioners

Medical specialists

Mental health—specialised social workers

Occupational therapists

Optometrists

Orthodontists

Orthoptists

Osteopaths

Paramedics

Physiotherapists

Podiatrists/Prosthetists/Orthotists (these are people who build and fit prosthetics or other supportive devices for amputees or people requiring supportive devices)

Psychologists (any type)

Psychotherapists

Registered midwives

Registered nurses

Social workers

Speech therapists

The suitability of professionals not on this list will be considered by Services Australia in consultation with the Department of Home Affairs on a case by case basis.

See *customer and health professional instructions* on page 2.



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Instructions for the customer

- 1 **Complete your details on page 1.**
- 2 **Contact your health professional or allied health professional and make an appointment to have this report completed.**
(Select the best person to advise us on all your injuries acquired as a direct result of the terrorist act)
Make sure they or their receptionist knows that you will need this report completed, as a long consultation may be required. If they do not bulk bill, your consultation fee may be more than usual because of the extra time taken to complete the report.
- 3 **Attend the appointment with your health professional or allied health professional.**
- 4 **When your health professional or allied health professional has completed this report, it must be returned to us.**
- 5 **If you have other relevant information such as specialist medical reports return them to us with this report.**

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Instructions for the health professional or allied health professional

Completing this report

In this report you will be asked to provide information about your patient's/client's current and past medical condition(s) and injuries acquired as a direct result of the terrorist act. Complete all the required questions in this report.

If you require another copy of this form, go to servicesaustralia.gov.au/forms

If you need more information in order to complete this report, call us on **1800 040 226**, or if you are outside Australia, call **(+61 3) 9250 5159**.

Definition of key terms

Direct result (harmed)

For the purposes of the assessment of an Australian Victim of Terrorism Overseas Payment claims, the following elements are to be considered when assessing that a person was **harmed as a direct result** – injuries and/or medical conditions which:

- were caused by a terrorist act
- which would not have developed without the terrorist act
- were pre-existing and were aggravated as a result of the terrorist act, or
- on the balance of probability, have resulted from the terrorist act.

Injuries or harmed

For the purposes of the Australian Victim of Terrorism Overseas Payment, injuries or harmed includes any physical or psychological injury suffered as a direct result of a declared overseas terrorist act.

Request for clarification of additional information

We may contact you if we require further information about a claimant's injury to process their claim.

Reimbursement for services

We have asked your patient/client to let you (and your receptionist) know at the time of making their appointment that they require you to complete this report. This is to make sure that you have sufficient time for the completion of the report. The time taken to complete this report counts towards the length of the consultation. You can claim it as a long consultation.

For information about confidentiality and disclosure of information

See questions 5, 6 and 9.

Thank you for your assistance.

2 Physical or psychological/psychiatric injuries or conditions **sustained as a direct result** of the terrorist act

1 Diagnosis/injury as a direct result of the terrorist act specified on page 1 of this report	
Who made the diagnosis?	
Clinical history of the injury or condition	
Details of past, current and recommended treatment	
Current symptoms	
How long did the injury or condition persist, or how long do you expect it to persist, from the date of the terrorist act?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>

2 Diagnosis/injury as a direct result of the terrorist act specified on page 1 of this report	
Who made the diagnosis?	
Clinical history of the injury or condition	
Details of past, current and recommended treatment	
Current symptoms	
How long did the injury or condition persist, or how long do you expect it to persist, from the date of the terrorist act?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>

If there are more than 6 injuries or conditions to be recorded, copy page 6 and complete for each additional injury or condition.

2 *Continued*

3 Diagnosis/injury as a direct result of the terrorist act specified on page 1 of this report	
Who made the diagnosis?	
Clinical history of the injury or condition	
Details of past, current and recommended treatment	
Current symptoms	
How long did the injury or condition persist, or how long do you expect it to persist, from the date of the terrorist act?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>

4 Diagnosis/injury as a direct result of the terrorist act specified on page 1 of this report	
Who made the diagnosis?	
Clinical history of the injury or condition	
Details of past, current and recommended treatment	
Current symptoms	
How long did the injury or condition persist, or how long do you expect it to persist, from the date of the terrorist act?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>

If there are more than 6 injuries or conditions to be recorded, copy page 6 and complete for each additional injury or condition.

2 *Continued*

If there are more than 6 injuries or conditions to be recorded, copy this page and complete for each additional injury or condition.

5 Diagnosis/injury as a direct result of the terrorist act specified on page 1 of this report	<hr/> <hr/> <hr/>
Who made the diagnosis?	<hr/> <hr/> <hr/>
Clinical history of the injury or condition	<hr/> <hr/> <hr/> <hr/> <hr/>
Details of past, current and recommended treatment	<hr/> <hr/> <hr/> <hr/> <hr/>
Current symptoms	<hr/> <hr/> <hr/> <hr/> <hr/>
How long did the injury or condition persist, or how long do you expect it to persist, from the date of the terrorist act?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>
6 Diagnosis/injury as a direct result of the terrorist act specified on page 1 of this report	<hr/> <hr/> <hr/>
Who made the diagnosis?	<hr/> <hr/> <hr/>
Clinical history of the injury or condition	<hr/> <hr/> <hr/> <hr/> <hr/>
Details of past, current and recommended treatment	<hr/> <hr/> <hr/> <hr/> <hr/>
Current symptoms	<hr/> <hr/> <hr/> <hr/> <hr/>
How long did the injury or condition persist, or how long do you expect it to persist, from the date of the terrorist act?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>

3 Pre-existing physical or psychological/psychiatric injuries or conditions **exacerbated as a direct result** of the terrorist act
 If there are more than 3 pre-existing injuries or conditions to be recorded, copy page 8 and complete for each additional injury.

1 Condition exacerbated as a direct result of the terrorist act specified on page 1 of this report	<hr/> <hr/> <hr/>
Symptoms prior to incident	<hr/> <hr/> <hr/>
Clinical history of the exacerbation	<hr/> <hr/> <hr/>
Has treatment changed as a result of the exacerbation?	No <input type="checkbox"/> Yes <input type="checkbox"/> Give details <hr/> <hr/> <hr/>
Current symptoms	<hr/> <hr/> <hr/>
How long did the exacerbation persist, or how long do you expect it to persist, from the date of the terrorist act ?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>
2 Condition exacerbated as a direct result of the terrorist act specified on page 1 of this report	<hr/> <hr/> <hr/>
Symptoms prior to incident	<hr/> <hr/> <hr/>
Clinical history of the exacerbation	<hr/> <hr/> <hr/>
Has treatment changed as a result of the exacerbation?	No <input type="checkbox"/> Yes <input type="checkbox"/> Give details <hr/> <hr/> <hr/>
Current symptoms	<hr/> <hr/> <hr/>
How long did the exacerbation persist, or how long do you expect it to persist, from the date of the terrorist act ?	less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/> 6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/>

3 *Continued*

If there are more than 3 pre-existing injuries or conditions to be recorded, copy this page and complete for each additional injury.

<p>3 Condition exacerbated as a direct result of the terrorist act specified on page 1 of this report</p>	<p>.....</p> <p>.....</p>
<p>Symptoms prior to incident</p>	<p>.....</p> <p>.....</p>
<p>Clinical history of the exacerbation</p>	<p>.....</p> <p>.....</p>
<p>Has treatment changed as a result of the exacerbation?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Give details</p> <p>.....</p> <p>.....</p>
<p>Current symptoms</p>	<p>.....</p> <p>.....</p>
<p>How long did the exacerbation persist, or how long do you expect it to persist, from the date of the terrorist act?</p>	<p>less than 6 weeks <input type="checkbox"/> 14 weeks to 28 weeks <input type="checkbox"/> permanent <input type="checkbox"/></p> <p>6 to 13 weeks <input type="checkbox"/> over 28 weeks but not permanent <input type="checkbox"/></p>

4 Is there any other information you would like to provide?

No Go to next question

Yes Give details below

Empty text box with horizontal dashed lines for providing additional information.

5 Release of medical information

The Freedom of Information Act 1982 allows for the disclosure of medical or psychiatric information directly to the individual concerned. If there is any information in your report which, if released to your patient/client, may harm their physical or mental well-being, identify it and briefly state below why you believe it should not be released directly to the patient/client. Similarly, specify any other special circumstances which should be taken into account when deciding on the release of your report.

Is there any information in this report which, if released to the patient/client, might be prejudicial to their physical or mental health?

No Go to next question

Yes Identify the information and state why it should not be released directly to the patient/client.

Empty text box with horizontal dashed lines for identifying information and stating why it should not be released.

If you answered 'Yes' to this question, finish completing this report and then return it directly to:

Services Australia
Australian Victim of Terrorism Overseas Payment
Reply Paid 7830
CANBERRA BC ACT 2610.

From outside Australia (costs apply):
Services Australia
Australian Victim of Terrorism Overseas Payment
PO Box 7830
CANBERRA BC ACT 2610.

Go to next question

6 Confidentiality of Information The personal information that is provided to you for the purpose of this report must be kept confidential.

7 Details of health professional or allied health professional completing this report
Print in BLOCK LETTERS or use a stamp.

Name

Empty text box for Name.

Professional qualifications

Empty text box for Professional qualifications.

Address

Empty text box for Address with a Postcode label at the bottom right.

Phone number (including area code)

Empty text box for Phone number with vertical tick marks for digits.

Fax number (including area code)

Empty text box for Fax number with vertical tick marks for digits.

Stamp (if applicable)

Large empty rectangular box for a stamp.

Continued

8 What days and times would be most suitable for us to contact you if we need to discuss the information contained in this report?

Day	Time	To	Time
<input type="text"/>	: am pm	<input type="text"/>	: am pm
<input type="text"/>	: am pm	<input type="text"/>	: am pm

9 Privacy notice

You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

10 Health professional or allied health professional's signature

	Date (DD MM YYYY)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Returning this report

You can give this report and any attachments to your patient/client or you can return this report to us. However, if you answered 'Yes' at question 5, make sure you return this report directly to:

Services Australia
Australian Victim of Terrorism Overseas Payment
Reply Paid 7830
CANBERRA BC ACT 2610.

From outside Australia (costs apply):

Services Australia
Australian Victim of Terrorism Overseas Payment
PO Box 7830
CANBERRA BC ACT 2610
Australia.