

**IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) *WILL NOT PAY* OR *REIMBURSE* ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM.**

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
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**NOTE TO PHYSICIAN** - Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the veteran's claim.

Is this questionnaire being completed in conjunction with a VA 21-2507, C&P examination request?  Yes  No

How was the examination completed? Check all that apply:

- In-person examination
- Records reviewed Comments:
- Examination via approved telehealth
- Other, please specify in comments box:

**ACCEPTABLE CLINICAL EVIDENCE (ACE)**

INDICATE METHOD USED TO OBTAIN MEDICAL INFORMATION TO COMPLETE THIS DOCUMENT:

- Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.
- Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

**EVIDENCE REVIEW**

EVIDENCE REVIEWED (*check all that apply*):

- Not requested  No records were reviewed
- VA claims file (hard copy paper C-file)
- VA e-folder (VBMS or Virtual VA)
- CPRS
- Other (please identify other evidence reviewed):

EVIDENCE COMMENTS:



**SECTION III - COMPLICATIONS OF DIABETES MELLITUS**

3A. DOES THE VETERAN HAVE ANY OF THE FOLLOWING RECOGNIZED COMPLICATIONS OF DIABETES MELLITUS?

YES  NO

*(If "Yes," indicate the conditions below) (Check all that apply)*

- DIABETIC PERIPHERAL NEUROPATHY
- DIABETIC NEPHROPATHY OR RENAL DYSFUNCTION CAUSED BY DIABETES MELLITUS
- DIABETIC RETINOPATHY

**NOTE** - For all checked boxes, also complete appropriate Questionnaire(s). (Eye Questionnaire must be completed by an ophthalmologist or optometrist)

3B. DOES THE VETERAN HAVE ANY OF THE FOLLOWING CONDITIONS THAT ARE AT LEAST AS LIKELY AS NOT *(at least a 50% probability)* DUE TO DIABETES MELLITUS?

YES  NO

*(If "Yes," indicate the conditions below) (Check all that apply)*

- ERECTILE DYSFUNCTION *(If checked also complete the Male Reproductive System Questionnaire)*
- CARDIAC CONDITION(S) *(If checked also complete appropriate cardiac Questionnaires (IHD or other cardiac Questionnaire)*
- HYPERTENSION (in the presence of diabetic renal disease) *(If checked also complete Hypertension Questionnaire)*
- PERIPHERAL VASCULAR DISEASE *(If checked also complete Arteries and Veins Questionnaire)*
- STROKE *(If checked also complete appropriate neurological Questionnaire(s) Central Nervous System, Cranial Nerves, etc.)*
- SKIN CONDITIONS *(If checked also complete Skin Conditions Questionnaire)*
- EYE CONDITIONS OTHER THAN DIABETIC RETINOPATHY *(If checked also complete Eye Questionnaire. Eye Questionnaire must be completed by an ophthalmologist or optometrist)*
- OTHER COMPLICATION(S) *(Describe)*

3C. HAS THE VETERAN'S DIABETES MELLITUS AT LEAST AS LIKELY AS NOT *(at least 50% probability)* PERMANENTLY AGGRAVATED *(meaning that any worsening of the condition is not due to natural progress)* ANY OF THE FOLLOWING CONDITIONS?

*(If "Yes," indicate the conditions below) (Check all that apply)*

- CARDIAC CONDITIONS(S) *(If checked also complete appropriate cardiac Questionnaires (IHD or other Questionnaire)*
- HYPERTENSION *(If checked also complete Hypertension Questionnaire)*
- RENAL DISEASE *(If checked also complete Kidney Questionnaire)*
- PERIPHERAL VASCULAR DISEASE *(If checked also complete Artery and Vein Questionnaire)*
- EYE CONDITION(S) OTHER THAN DIABETIC RETINOPATHY *(If checked also complete Eye Questionnaire. Eye Questionnaire must be completed by an ophthalmologist or optometrist)*
- OTHER PERMANENTLY AGGRAVATED CONDITION(S) *(Describe)*

NONE

**SECTION IV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS**

4A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

YES  NO

*(If "Yes," describe (brief summary)).*

4B. DOES THE VETERAN HAVE ANY SCARS (SURGICAL OR OTHERWISE) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

YES  NO

IF YES, IS THERE OBJECTIVE EVIDENCE THAT ANY OF THESE SCARS PAINFUL OR UNSTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM *(6 square inches)*; OR ARE LOCATED ON THE HEAD, FACE OR NECK? An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar. If there are multiple scars, enter additional locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.

YES  NO

IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.

IF NO, PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS.

LOCATION: \_\_\_\_\_ MEASUREMENTS: length \_\_\_\_\_ cm X width \_\_\_\_\_ cm.

**SECTION IV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS (CONT.)**

4C. COMMENTS, IF ANY:

**SECTION V - DIAGNOSTIC TESTING**

5A. TEST RESULTS USED TO MAKE THE DIAGNOSIS OF DIABETES MELLITUS (If known) (Check all that apply)

NOTE: If laboratory test results are in the medical record, repeat testing is not required. A glucose tolerance test is not required for VA purposes; report this test only if already completed.

- FASTING PLASMA GLUCOSE TEST (FPG) OF  $\geq 126$  MG/DL ON 2 OR MORE OCCASIONS (Dates: \_\_\_\_\_)
- A1C OF 6.5% OR GREATER ON 2 OR MORE OCCASIONS (Dates: \_\_\_\_\_)
- 2-HR PLASMA GLUCOSE OF  $\geq 200$  MG/DL ON GLUCOSE TOLERANCE TEST (Date: \_\_\_\_\_)
- RANDOM PLASMA GLUCOSE OF  $\geq 200$  MG/DL WITH CLASSIC SYMPTOMS OF HYPERGLYCEMIA (Date: \_\_\_\_\_)
- OTHER (Describe): \_\_\_\_\_

5B. CURRENT TEST RESULTS

MOST RECENT A1C, IF AVAILABLE: \_\_\_\_\_ (Date: \_\_\_\_\_)

MOST RECENT FASTING PLASMA GLUCOSE, IF AVAILABLE: \_\_\_\_\_ (Date: \_\_\_\_\_)

**SECTION VI - FUNCTIONAL IMPACT**

6. DOES THE VETERAN'S DIABETES MELLITUS CONDITION (and complications of Diabetes Mellitus if present) IMPACT HIS OR HER ABILITY TO WORK? (Impact on ability to work may also be addressed on the individual Questionnaire(s) for other diabetes-associated conditions and/or complications, if completed)

- YES  NO (If Yes, "separately describe impact of each of the Veteran's Diabetes Mellitus, diabetes-associated conditions, and complications, if present, providing one or more examples)

**SECTION VII - REMARKS**

7. REMARKS (If any)

**SECTION VIII - PHYSICIAN'S CERTIFICATION AND SIGNATURE**

**CERTIFICATION** - To the best of my knowledge, the information contained herein is accurate, complete and current.

8A. PHYSICIAN'S SIGNATURE		8B. PHYSICIAN'S PRINTED NAME	8C. DATE SIGNED
8D. PHYSICIAN'S PHONE AND FAX NUMBERS	8E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER	8F. PHYSICIAN'S ADDRESS	

NOTE - VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.

**IMPORTANT** - Physician please fax the completed form to \_\_\_\_\_

(VA Regional Office FAX No.)

NOTE - A list of VA Regional Office FAX Numbers can be found at [www.benefits.va.gov/disabilityexams](http://www.benefits.va.gov/disabilityexams) or obtained by calling 1-800-827-1000.

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.