OMB Approved No. 2900-0810 Respondent Burden: 30 minutes Expiration Date: 12/31/2020

Department of Veterans Affair	S FOOT CONE	DITIONS, INCLUDING FLATF SABILITY BENEFITS QUEST			
<b>IMPORTANT -</b> THE DEPARTMENT OF VETERANS AFFAIRS (VA) <i>WILL NOT PAY</i> OR <i>REIMBURSE</i> ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION ON REVERSE BEFORE COMPLETING FORM.					
NAME OF PATIENT/VETERAN					
PATIENT/VETERAN'S SOCIAL SECURITY NUM	BER				
<b>NOTE TO PHYSICIAN</b> - The veteran or servi information you provide on this questionnaire as completed by private health care providers.	ce member is applying to the U.S. E part of their evaluation in processin	Department of Veterans Affairs (VA) for o g the claim. VA reserves the right to cont	disability benefits. VA will consider the firm the authenticity of ALL DBQs		
	MEDICAL REC	ORD REVIEW			
WAS THE VETERAN'S VA CLAIMS FILE REVIEW	/ED?				
YES NO					
IF YES, LIST ANY RECORDS THAT WERE REVI	EWED BUT WERE NOT INCLUDED	IN THE VETERAN'S VA CLAIMS FILE:			
IF NO, CHECK ALL RECORDS REVIEWED:					
Military service treatment records	Department of Defense Form 214	Separation Documents			
Military service personnel records	Veterans Health Administration m	nedical records (VA treatment records)			
Military enlistment examination	Civilian medical records				
Military separation examination	Other:	es (family and others who have known the	e veteran before and after military service)		
	No records were reviewed				
	SECTION I -	DIAGNOSIS			
<b>NOTE:</b> These are condition(s) for which an evaluation of the second sec	uation has been requested on an exa	um request form (Internal VA) or for which	ch the Veteran has requested medical		
evidence be provided for submission to VA. 1A. LIST THE CLAIMED CONDITION(S) THAT PE					
NOTE: These are the diagnoses determined duri	ng this current evaluation of the clai	imed condition(s) listed above. If there is	no diagnosis, if the diagnosis is different		
from a previous diagnosis for this condition, or in section.	f there is a diagnosis of a complicati	on due to the claimed condition, explain y	your findings and reasons in comments		
Date of diagnosis can be the date of the evaluation history.	on if the clinician is making the initia	al diagnosis, or an approximate date deter	mined through record review or reported		
1B. SELECT DIAGNOSES ASSOCIATED WITH T	HE CLAIMED CONDITION(S) (Chec	k all that apply):			
The Veteran does not have a current diagnos	sis associated with any claimed condi	tion listed above. (Explain your findings a	ind reasons in comments section.)		
Flat foot (pes planus) Side affecte	d: 🗌 Right 🗌 Left 🗌 Both	ICD Code:	Date of diagnosis:		
(If checked, complete all of Section I, Section	on II, and Section III)				
Morton's neuroma Side affecte		ICD Code:	Date of diagnosis:		
(If checked, complete all of Section I, Section Metatarsalgia Side affecte		ICD Code:	Date of diagnosis:		
(If checked, complete all of Section I, Section		IOD Code			
Hammer toes Side affecte	d: 🗌 Right 🗌 Left 🗌 Both	ICD Code:	Date of diagnosis:		
(If checked, complete all of Section I, Section					
Hallux valgus Side affecte (If checked, complete all of Section I, Section		ICD Code:	Date of diagnosis:		
Hallux rigidus Side affecte		ICD Code:	Date of diagnosis:		
(If checked, complete all of Section I, Section	on II, and Section VII)				
Acquired pes cavus (claw foot) Side affecte	. <u> </u>	ICD Code:	Date of diagnosis:		
(If checked, complete all of Section I, Section Malunion/nonunion of tarsal/ Side affected		ICD Code:	Date of diagnosis:		
metatarsal bones			Date of uldynools		
(If checked, complete all of Section I, Section Foot injury(ies) Specify: Side affecte		ICD Code:	Date of diagnosis:		
			Date of ulayilosis.		

VA FORM DEC 2017 PATIENT/VETERAN'S SOCIAL SECURITY NO. **SECTION I - DIAGNOSIS** (Continued) 1B. SELECT DIAGNOSES ASSOCIATED WITH THE CLAIMED CONDITION(S) (Check all that apply) (Continued): (If checked, complete all of Section I, Section II, and Section X) Plantar fasciitis Side affected: 🗌 Right 🗌 Left 🗌 Both 🛛 ICD Code: \_\_\_\_ Date of diagnosis: Other (specify) (If checked, complete all of Section I, question #8 of Section II, and all of Section III) Other diagnosis #1: Side affected: Right Left Both ICD Code: Date of diagnosis: Other diagnosis #2: Side affected: 🗌 Right 🗌 Left 🔄 Both 🛛 ICD Code: \_\_\_\_\_\_ Date of diagnosis: \_\_\_\_\_\_ Other diagnosis #3: Side affected: 🗌 Right 🗌 Left 🗌 Both ICD Code: \_\_\_\_\_ Date of diagnosis: \_\_\_ 1C. COMMENTS (if any): 1D. WAS AN OPINION REQUESTED ABOUT THIS CONDITION (internal VA only)? YES NO N/A **SECTION II - MEDICAL HISTORY** 2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S FOOT CONDITION (brief summary): 2B. DOES THE VETERAN REPORT PAIN OF THE FOOT BEING EVALUATED ON THIS DBQ? YES NO IF YES, DOCUMENT THE VETERAN'S DESCRIPTION OF PAIN IN HIS OR HER OWN WORDS: 2C. DOES THE VETERAN REPORT THAT FLARE-UPS IMPACT THE FUNCTION OF THE FOOT? YES NO IF YES, DOCUMENT THE VETERAN'S DESCRIPTION OF THE IMPACT OF FLARE-UPS IN HIS OR HER OWN WORDS: 2D. DOES THE VETERAN REPORT HAVING ANY FUNCTIONAL LOSS OR FUNCTIONAL IMPAIRMENT OF THE FOOT BEING EVALUATED ON THIS DBQ (regardless of repetitive use)? YES NO IF YES, DOCUMENT THE VETERAN'S DESCRIPTION OF FUNCTIONAL LOSS OR FUNCTIONAL IMPAIRMENT IN HIS OR HER OWN WORDS: SECTION III - FLATFOOT (PES PLANUS) COMPLETE THIS SECTION IF THE VETERAN HAS FLATFOOT (PES PLANUS). INDICATE ALL SIGNS AND SYMPTOMS THAT APPLY TO THE VETERAN'S FLATFOOT CONDITION, REGARDLESS OF WHETHER SIMILAR SIGNS AND SYMPTOMS APPEAR MORE THAN ONCE IN DIFFERENT SECTIONS. 3A. DOES THE VETERAN HAVE PAIN ON USE OF THE FEET? YES NO IF YES, INDICATE SIDE AFFECTED: RIGHT LEFT BOTH IF YES, IS THE PAIN ACCENTUATED ON MANIPULATION? IF YES, INDICATE SIDE AFFECTED: RIGHT LEFT BOTH 3B. DOES THE VETERAN HAVE PAIN ON MANIPULATION OF THE FEET? YES NO IF YES, INDICATE SIDE AFFECTED: RIGHT LEFT BOTH IF YES, IS THE PAIN ACCENTUATED ON MANIPULATION? IF YES, INDICATE SIDE AFFECTED: RIGHT LEFT BOTH

PATIENT/VETERAN'S SOCIAL SECURITY NO.					
	SECTION III - FLA	<b>FFOOT</b> (Continued)			
3C. IS THERE INDICATION O	F SWELLING ON USE?				
YES NO					
IF YES, INDICATE SIDE	AFFECTED: RIGHT LEFT BOTH	ł			
3D. DOES THE VETERAN HA	VE CHARACTERISTIC CALLUSES?				
YES NO					
IF YES, INDICATE SIDE	AFFECTED: RIGHT LEFT BOTH	1			
	CH SUPPORTS, BUILT UP SHOES OR ORTHOTICS				
	· · · · · · · · · · · · · · · · · · ·	Tak			
Επ	ecting Relief of Symptoms	I fied i	But Remains Symptomatic		
Device	Side Relieved	Device	Side Not Relieved		
Arch Supports	Right Left Both	Arch Supports	Right Left Both		
Built-up Shoes	Right Left Both	Built-up Shoes	Right Left Both		
Orthotics	🗌 Right 🔛 Left 🔛 Both	Orthotics	Right Left Both		
3F. DOES THE VETERAN HAV	VE EXTREME TENDERNESS OF PLANTAR SURFACE	S ON ONE OR BOTH FEET?			
YES NO					
IF YES, INDICATE SIDE	AFFECTED: RIGHT LEFT BOTH	l			
IS THE TENDERNESS IN					
RIGHT YES					
3G. DOES THE VETERAN HA	VE DECREASED LONGITUDINAL ARCH HEIGHT OF	ONE OR BOTH ON WEIGHT-BEA	RING?		
YES NO					
IF YES, INDICATE SIDE	AFFECTED: RIGHT LEFT BOTH	I			
		LIFET (anonation abduction at			
	IDENCE OF MARKED DEFORMITY OF ONE OR BOTI	HFEET (pronation, abauction etc	.)?		
IF YES, INDICATE SIDE	AFFECTED: RIGHT LEFT BOTH				
3I. IS THERE MARKED PRON	ATION OF ONE FOOT OR BOTH FEET?				
YES NO					
IF YES, INDICATE SIDE	AFFECTED: RIGHT LEFT BOTH	l			
IS THE CONDITION IMP	ROVED BY ORTHOPEDIC SHOES OR APPLIANCES?	,			
RIGHT YES	ΝΟ ΝΑ				
3J. FOR ONE OR BOTH FEET, DOES THE WEIGHT-BEARING LINE FALL OVER OR MEDIAL TO THE GREAT TOE?					
YES NO					
IF YES, INDICATE SIDE	AFFECTED: 🗌 RIGHT 🗌 LEFT 🗌 BOTH	I			
3K. IS THERE A LOWER EXTREMITY DEFORMITY OTHER THAN PES PLANUS, CAUSING ALTERATION OF THE WEIGHT-BEARING LINE?					
	CEIVITT DEI ORIVITTI OTTIER THAN FES FEANOS, G	COM ALTERATION OF THE W			
IF YES, INDICATE SIDE					
DESCRIBE LOWER EXTREMITY DEFORMITY OTHER THAN PES PLANUS CAUSING ALTERATION OF THE WEIGHT BEARING LINE:					
3L. DOES THE VETERAN HAVE "INWARD" BOWING OF THE ACHILLES' TENDON ( <i>i.e., hindfoot valgus, with lateral deviation of the heel</i> ) OF ONE OR BOTH FEET?					
3M. DOES THE VETERAN HAVE MARKED INWARD DISPLACEMENT AND SEVERE SPASM OF THE ACHILLES' TENDON (rigid hindfoot) ON MANIPULATION OF ONE OR BOTH FEET?					
IF YES, INDICATE SIDE					
	RD DISPLACEMENT AND SEVERE SPASM OF THE AC	CHILLES TENDON IMPROVED BY	ORTHOPEDIC SHOES OR APPLIANCES?		
RIGHT YES	NO N/A				
LEFT YES NO N/A					
3N. COMMENTS, IF ANY:					
SN. COMMENTS, IF ANT.					

SECTION IV - MORTON'S NEUROMA (MORTON'S DISEASE) AND METATARSALGIA COMPLETE THIS SECTION IF THE VETERAN HAS MORTON'S NEUROMA OR METATARSALGIA.
4A. DOES THE VETERAN HAVE MORTON'S NEUROMA?
IF YES, INDICATE SIDE AFFECTED: RIGHT LEFT BOTH
4B. DOES THE VETERAN HAVE METATARSALGIA?
IF YES, INDICATE SIDE AFFECTED: RIGHT LEFT BOTH
4C. COMMENTS, IF ANY:
SECTION V - HAMMER TOE
COMPLETE THIS SECTION IF THE VETERAN HAS HAMMER TOE.
5A. WHICH TOES ARE AFFECTED ON EACH SIDE?         RIGHT:       None       Great toe       Second toe       Third toe       Fourth toe       Little toe         LEFT:       None       Great toe       Second toe       Third toe       Fourth toe       Little toe
5B. COMMENTS, IF ANY:
SECTION VI - HALLUX VALGUS
COMPLETE THIS SECTION IF THE VETERAN HAS HALLUX VALGUS. 6A. DOES THE VETERAN HAVE SYMPTOMS DUE TO A HALLUX VALGUS CONDITION?
YES NO
IF YES, INDICATE SEVERITY (check all that apply):
MILD OR MODERATE SYMPTOMS
SIDE AFFECTED: RIGHT LEFT BOTH
SEVERE SYMPTOMS, WITH FUNCTION EQUIVALENT TO AMPUTATION OF GREAT TOE SIDE AFFECTED: IRIGHT ILEFT BOTH
6B. HAS THE VETERAN HAD SURGERY FOR HALLUX VALGUS?
YES NO
IF YES, INDICATE TYPE AND DATE OF SURGERY AND SIDE AFFECTED:
RESECTION OF METATARSAL HEAD
DATE OF SURGERY: SIDE AFFECTED: RIGHT LEFT BOTH
METATARSAL OSTEOTOMY/METATARSAL HEAD OSTEOTOMY (equivalent to metatarsal head resection)
DATE OF SURGERY: SIDE AFFECTED: RIGHT LEFT BOTH
OTHER SURGERY FOR HALLUX VALGUS, DESCRIBE:
DATE OF SURGERY: SIDE AFFECTED: RIGHT LEFT BOTH
6C. COMMENTS, IF ANY:
SECTION VII - HALLUX RIGIDUS
COMPLETE THIS SECTION IF THE VETERAN HAS HALLUX RIGIDUS.
7A. DOES THE VETERAN HAVE SYMPTOMS DUE TO HALLUX RIGIDUS?
YES NO
IF YES, INDICATE SEVERITY (check all that apply):
SEVERE SYMPTOMS, WITH FUNCTION EQUIVALENT TO AMPUTATION OF GREAT TOE SIDE AFFECTED: RIGHT LEFT BOTH
7B. COMMENTS, IF ANY:

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SECTION VIII - ACQUIRED PES CAVUS (CLAW FOOT)			
COMPLETE THIS SECTION IF THE VETERAN HAS ACQUIRED PES CAVUS.			
8A. EFFECT ON TOES DUE TO PES CAVUS (check all that apply):			
None Right Left Both			
Great toe dorsiflexed			
All toes tending to dorsiflexion			
All toes hammer toes			
Other, describe (if there is an effect on toes due to other etiology than pes cavus, indicate other etiology):			
8B. PAIN AND TENDERNESS DUE TO PES CAVUS (check all that apply):			
None Right Left Both			
Definite tenderness under metatarsal heads			
Marked tenderness under metatarsal heads Right Left Both			
Very painful callosities			
Other, describe (if the veteran has pain and tenderness due to other etiology than pes cavus, indicate other etiology):			
8C. EFFECT ON PLANTAR FASCIA DUE TO PES CAVUS (check all that apply):			
None Right Left Both			
Shortened plantar fascia       Right       Left       Both         Marked contraction of plantar fascia with dropped forefoot       Right       Left       Both			
Other, describe (if there is an effect on plantar fascia due to other etiology than pes cavus, indicate other etiology):			
8D. DORSIFLEXION AND VARGUS DEFORMITY DUE TO PES CAVUS (check all that apply):			
None Right Left Both			
Some limitation of dorsiflexion at ankle			
Limitation of dorsiflexion at ankle to right angle Right Left Both			
Marked varus deformity Right Left Both			
Other, describe (if the veteran has dorsiflexion and varus deformity due to other etiology than pes cavus, indicate other etiology):			
8E. COMMENTS, IF ANY:			
SECTION IX - MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES			
COMPLETE THIS SECTION IF THE VETERAN HAS MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES.			
9A. INDICATE SEVERITY AND SIDE AFFECTED FOR MALUNION OR NONUNION OF TARSAL OR METATARSAL BONES:			
MODERATE			
SIDE AFFECTED: RIGHT LEFT BOTH			
SIDE AFFECTED: RIGHT BOTH			
9B. COMMENTS, IF ANY:			
SECTION X - FOOT INJURES AND OTHER CONDITIONS			
COMPLETE THIS SECTION IF THE VETERAN HAS ANY FOOT INJURIES OR OTHER FOOT CONDITIONS (SUCH AS PLANTAR FASCIITIS OR "BILATERAL WEAK			
FOOT"} NOT ALREADY DESCRIBED.			
NOTE: For VA purposes "bilateral weak foot" describes a symptomatic condition secondary to many constitutional conditions, and is characterized by atrophy of the musculature, disturbed circulation and weakness.			
10A. DOES THE VETERAN HAVE ANY FOOT INJURIES OR OTHER FOOT CONDITIONS NOT ALREADY DESCRIBED?			
YES NO			
IF YES, DESCRIBE THE FOOT INJURY OR OTHER FOOT CONDITIONS (including frequency and physical exam findings) AND COMPLETE QUESTION B (severity and			
side affected).			

	SECTION X - FOOT INJURES AND OTHER CONDITIONS (Continued)					
10B. INDIC	CATE SEVERIT	Y AND SIDE AFFE	CTED.			
Not A	Affected	Right	Left Both			
Mild		Right	Left Both			
Mode	erate	Right	Left Both			
Mode	erately severe	Right	Left Both			
Seve	ere	Right	Left Both			
				SE WEIGHT BEARING?		
YES	_			SE WEIGHT BEAKING!		
10D. DOES		ONDITION REQUI	RE ARCH SUPPORT	S, CUSTOM ORTHOTIC INSERTS OR	SHOE MODIFICATIONS?	
10E. COM	MENTS, IF ANY	/:				
			SEC	TION XI - SURGICAL PROCEDU	RES	
COMPLETE	E THIS SECTIO	N IF THE VETERA	_		MED CONDITION THAT HAVE NOT ALREADY BEEN DESCRIBED.	
11A. HAS T	THE VETERAN	HAD FOOT SURG	ERY (arthroscopic o	r open)?		
YES	NO NO					
IF YE	S, INDICATE S	IDE AFFECTED, T	YPE OF PROCEDUR	E AND DATE OF SURGERY.		
	RIGHT FOOT F	PROCEDURE:				
	DATE OF SUR	GERY:				
	LEFT FOOT PF					
	DATE OF SUR	GERY:				
11B. DOES	THE VETERA	11B. DOES THE VETERAN HAVE ANY RESIDUAL SIGNS OR SYMPTOMS DUE TO ARTHROSCOPIC OR OTHER FOOT SURGERY?				
YES	NO NO					
				SECTION XII - PAIN		
		DUALS:	eran reported pain in			
	Is there pain on physical	DUALS: If no, but the vet his/her medical f	teran reported pain in history, please provide	If yes (there is pain on physical exam), does the pain contribute to	If no (the pain does not contribute to functional loss or additional	
IF YES, DE	Is there pain	DUALS: If no, but the vet his/her medical f		If yes (there is pain on physical		
IF YES, DE	Is there pain on physical exam?	DUALS: If no, but the vet his/her medical f	nistory, please provide	If yes (there is pain on physical exam), does the pain contribute to functional loss?	If no (the pain does not contribute to functional loss or additional	
IF YES, DE	Is there pain on physical	DUALS: If no, but the vet his/her medical f	nistory, please provide	<ul> <li>If yes (there is pain on physical exam), does the pain contribute to functional loss?</li> <li>Yes (you will be asked to further describe these</li> </ul>	If no (the pain does not contribute to functional loss or additional	
Foot	Is there pain on physical exam?	DUALS: If no, but the vet his/her medical f	nistory, please provide	<ul> <li>If yes (there is pain on physical exam), does the pain contribute to functional loss?</li> <li>Yes (you will be asked to further describe these limitations in Section 13)</li> </ul>	If no (the pain does not contribute to functional loss or additional	
Foot	Is there pain on physical exam?	DUALS: If no, but the vet his/her medical f	nistory, please provide	<ul> <li>If yes (there is pain on physical exam), does the pain contribute to functional loss?</li> <li>Yes (you will be asked to further describe these</li> </ul>	If no (the pain does not contribute to functional loss or additional	
Foot	Is there pain on physical exam? Yes No	DUALS: If no, but the vet his/her medical f	nistory, please provide	If yes (there is pain on physical exam), does the pain contribute to functional loss?         Yes (you will be asked to further describe these limitations in Section 13)         No	If no (the pain does not contribute to functional loss or additional	
Foot RIGHT FOOT	Is there pain on physical exam?	DUALS: If no, but the vet his/her medical f	nistory, please provide	If yes (there is pain on physical exam), does the pain contribute to functional loss?         Yes (you will be asked to further describe these limitations in Section 13)         No         Yes (you will be asked to further describe these limitations in Section 13)	If no (the pain does not contribute to functional loss or additional	
Foot	Is there pain on physical exam? Yes No	DUALS: If no, but the vet his/her medical f	nistory, please provide	<ul> <li>If yes (there is pain on physical exam), does the pain contribute to functional loss?</li> <li>Yes (you will be asked to further describe these limitations in Section 13)</li> <li>No</li> </ul>	If no (the pain does not contribute to functional loss or additional	

PATIENT/VETERAN'S	SOCIAL	SECURITY	NO
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<b>SECTION XIII - FUNCTIONA</b>	L LOSS	AND LIMITATION OF MOTION

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SECTION XIII - FUNCTIONAL LOSS AND LIMITATION OF MOTION					
<b>NOTE:</b> The VA defines functional loss as the inability, due to damage or infection in parts of the system, to perform normal working movements of the body with normal excursion, strength, speed, coordination and/or endurance. As regards the joints, factors of disability reside in reductions of their normal excursion of movements in different planes. Using information from the history and physical exam, select the factors below that contribute to functional loss or impairment (regardless of repetitive use) or to					
additional limitation of ROM after repetitive use for the joint or extremity being evaluation of ACTORS OF DISABILITY (check all that apply and indicate si					
	ue ajjecieu).				
No functional loss for <u>left</u> lower extremity attributable to claimed condition					
No functional loss for <u>right</u> lower extremity attributable to claimed condition					
Less movement than normal (due to ankylosis, limitation or blocking, adhesions, tendon-tie-ups, contracted scars, etc.)	Right Left Both				
More movement than normal (from flail joints, resections, nonunion of fractures, relaxation of ligaments, etc)	Right Left Both				
Weakened movement ( <i>due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.</i> )	Right Left Both				
Excess fatigability	Right Left Both				
Incoordination, impaired ability to execute skilled movements smoothly	Right Left Both				
Pain on movement	Right Left Both				
Pain on weight-bearing	Right Left Both				
Pain on non weight-bearing	Right Left Both				
Swelling	Right Left Both				
Deformity	Right Left Both				
Atrophy of disuse	Right Left Both				
Instability of station	Right Left Both				
Disturbance of locomotion	Right Left Both				
Interference with sitting	Right Left Both				
Interference with standing	Right Left Both				
Other, describe:					
CONTRIBUTING FACTORS OF DISABILITY ASSOCIATED WITH LIMITATION OF MO	TION				
13B. IS THERE PAIN, WEAKNESS, FATIGABILITY, OR IN COORDINATION THAT SIGN FOOT IS USED REPEATEDLY OVER A PERIOD OF TIME OR OTHERWISE?	NIFICANTLY LIMITS FUNCTIONAL ABILITY DURING FLARE-UPS OR WHEN THE				
IF YES, (there is a functional loss due to pain, during flare-ups and	IF YES, (there is a functional loss due to pain, during flare-ups and/or when the joint is used repeatedly over a period of time) PLEASE DESCRIBE				
THE FUNCTIONAL LOSS:					
LEFT FOOT YES NO IF YES (there is a functional loss due to pain, during flare-ups and	d/or when the joint is used repeatedly over a period of time) PLEASE DESCRIBE				
THE FUNCTIONAL LOSS:					
13C. IS THERE ANY OTHER FUNCTIONAL LOSS DURING FLARE-UPS OR WHEN TH	E FOOT IS USED REPEATEDLY OVER A PERIOD OF TIME?				
RIGHT FOOT YES NO IF YES, DESCRIBE:					
LEFT FOOT YES NO IF YES, DESCRIBE:					

SECTION XIV - OTHER PE	ERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS		
14A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS, OR 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, COMPLETE QUESTIONS 14B-14D.			
14B. DOES THE VETERAN HAVE ANY C CONDITIONS LISTED IN THE DIAG	)THER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY NOSIS SECTION ABOVE?		
YES NO IF YES, DES	CRIBE (brief summary):		
14C. DOES THE VETERAN HAVE ANY S THE DIAGNOSIS SECTION ABOVE	CARS (surgical or otherwise) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN ?		
YES NO			
IF YES, ARE ANY OF THESE SCARS PA LOCATED ON THE HEAD, FACE OR NE	INFUL OR UNSTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM (6 square inches); OR ARE CK?		
YES NO IF YES, ALS	O COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.		
IF NO, PROVIDE LOCATION AND MEAS	UREMENTS OF SCAR IN CENTIMETERS.		
LOCATION:			
MEASUREMENTS: Length	_ cm X width cm.		
	, for any reason, there is frequent loss of covering of the skin over the scar. If there are multiple scars, enter additional locations		
	below. It is not necessary to also complete a Scars DBQ.		
14D. COMMENTS, IF ANY:			
	SECTION XV - ASSISTIVE DEVICES		
MAY BE POSSIBLE?	SISTIVE DEVICES AS A NORMAL MODE OF LOCOMOTION, ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHODS		
	TFY ASSISTIVE DEVICES USED (check all that apply and indicate frequency):		
	Frequency of use: Occasional Regular Constant		
	Frequency of use: Occasional Regular Constant		
	Frequency of use: Occasional Regular Constant		
	Frequency of use: Occasional Regular Constant		
Walker	Frequency of use: Occasional Regular Constant		
Other:	Frequency of use: Occasional Regular Constant		
15B. IF THE VETERAN USES ANY ASSIS	STIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:		
	SECTION XVI - REMAINING EFFECTIVE FUNCTION OF THE EXTREMITIES		
OTHER THAN THAT WHICH WOUL	DNDITIONS, IS THERE FUNCTIONAL IMPAIRMENT OF AN EXTREMITY SUCH THAT NO EFFECTIVE FUNCTIONS REMAIN D BE EQUALLY WELL SERVED BY AN AMPUTATION WITH PROSTHESIS? (Functions of the upper extremity include functions for the lower extremity include balance and propulsion, etc.)		
	SHED THAT AMPUTATION WITH PROTHESIS WOULD EQUALLY SERVE THE VETERAN.		
IF YES, INDICATE EXTREMITIES FOR V	VHICH THIS APPLIES: RIGHT LOWER LEFT LOWER		
	NTIFY THE CONDITION CAUSING LOSS OF FUNCTION, DESCRIBE LOSS OF EFFECTIVE FUNCTION AND PROVIDE		
SPECIFIC EXAMPLES (brief summary):			
	p permit the examiner to quantify the level of remaining function; it is not intended to inquire whether the Veteran should		
	prothesis. For example, if the functions of grasping (hand) or propulsion (foot) are as limited as if the Veteran had an should check "yes" and describe the diminished functioning. The question simply asks whether the functional loss is to the		
same degree as if there were an amputation			

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	SEC	CTION XVII - DIAG	NOSTIC TESTING			
degenerative arthritis (osteoarthritis) or traumati	<b>NOTE:</b> Testing listed below is not indicated for every condition. Plain or weight-bearing foot x-rays are not required to make the diagnosis of flatfoot. The diagnosis of degenerative arthritis (osteoarthritis) or traumatic arthritis must be confirmed by imaging studies. Once such arthritis has been documented, even if in the past, no further imaging studies are required by VA, even if arthritis has worsened.					
17A. HAVE IMAGING STUDIES OF THE FOOT E	JEEN PERFORM	ED AND ARE THE RE	ESULTS AVAILABLE?			
IF YES, IS DEGENERATIVE OR TRAUMATIC AF		MENTED? RIGHT LEFT	вотн			
17B. ARE THERE ANY OTHER SIGNIFICANT DI						
YES NO IF YES, PROVIDE T	YPE OF TEST OF	R PROCEDURE, DAT	TE AND RESULTS <i>(brid</i>	?f summary):		
17C. IF ANY TEST RESULTS ARE OTHER THAT	NORMAL, INDI	CATE RELATIONSHI	P OF ABNORMAL FINE	DINGS TO DIAGNOSED CO	NDITIONS:	
	SE	CTION XVIII - FUNG	CTIONAL IMPACT			
NOTE: Provide the impact of only the diagnose	ed condition(s), v	vithout consideration	of the impact of other	medical conditions or factor	s, such as age.	
18. REGARDLESS OF THE VETERAN'S CURRE ABILITY TO PERFORM ANY TYPE OF OCCU		NT STATUS, DO THE	E CONDITION(S) LISTE	D IN THE DIAGNOSIS SEC	-	
				ING ONE OR MORE EXAMI	PLES:	
	·	SECTION XIX-	REMARKS			
19. REMARKS, IF ANY:						
			TIFICATION AND S			
<b>CERTIFICATION</b> - To the best of my know	owledge, the in	1		, complete and current.		
20A. PHYSICIAN'S SIGNATURE		20B. PHYSICIAN'S	PRINTED NAME		20C. DATE SIGNED	
20D. PHYSICIAN'S PHONE AND FAX NUMBER	20E. NATIONA		IFIER (NPI) NUMBER	20F. PHYSICIAN'S ADDRI	ESS	
	I					
NOTE: VA may request additional medical info	rmation, includir	ng additional examina	ations, if necessary to c	omplete VA's review of the	veteran's application.	
IMPODTANT Drysigian place for the a						
IMPORTANT - Physician please fax the c	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 <u>www.vba.va.gov/disabilityexams</u> or obtained by calling 1-800-827-1000.						
<b>PRIVACY ACT NOTICE:</b> 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 required to obtain or retain benefits. 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 Statue 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.						
<b>RESPONDENT BURDEN:</b> We need this information you will need an average of 30 minutes to review the i control number is displayed. You are not required to res at <u>www.reginfo.gov/public/do/PRAMain</u> . If desired, y	instructions, find the spond to a collection	e information, and comp n of information if this n	plete the form. VA cannot number is not displayed. V	t conduct or sponsor a collection valid OMB control numbers can	n of information unless a valid OMB be located on the OMB Internet Page	