

# General Medical – Compensation Disability Benefits Questionnaire

*\*Internal VA or DoD Use Only\**

Name of patient/Veteran: \_\_\_\_\_ SSN: \_\_\_\_\_

**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.**

**Note:** The General Medical Questionnaire is a screening examination for all body systems and is not meant to elicit the detailed information about specific conditions that is necessary for rating purposes. Therefore, all claimed conditions and any found or suspected conditions that were not claimed should be addressed by referring to and following all appropriate Questionnaires to assure that the examination for each condition provides information adequate for rating purposes.

The purpose of this exam is to ensure that any conditions that might not be specifically addressed on the original exam request are identified for possible entitlement to benefits.

## 1. Evidence Review

Evidence Reviewed (check all that apply):

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

Evidence Comments:

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## 2. Medical history

Identify each affected system/area (This is the system/area/condition the Veteran is claiming or for which an exam has been requested).

Under each identified system/area, select the appropriate associated Questionnaires (check all that apply). Complete the associated Questionnaires as part of this General Medical exam report.

- a. No symptoms, abnormal findings or complaints
- b. Skin and scars
  - Skin Diseases
  - Scars
- c. Hematologic/lymphatic
  - Hematologic (including Anemia) and Lymphatic (Including Non-Hodgkin's Lymphoma)
  - Hairy Cell & Other B-Cell Leukemias
- d. Eye

Note: Vision evaluations must be conducted by a specialist.
- e. Hearing loss, tinnitus and ear
  - Hearing Loss and Tinnitus
  - Ear Conditions

Note: Audio evaluations must be conducted by a specialist.
- f. Sinus, nose, throat, dental and oral
  - Dental and Oral Conditions (including mouth, lips and tongue)
  - Loss of Sense of Smell and/or Taste

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- Sinusitis/Rhinitis and Other Conditions of the Nose, Throat, Larynx and Pharynx
- Temporomandibular Joint

g. Breast

h. Respiratory

- Respiratory Conditions (other than tuberculosis and sleep apnea)
- Sleep Apnea
- Tuberculosis

i. Cardiovascular

- Artery & Vein Conditions (vascular diseases including varicose veins)
- Hypertension
- Heart Disease (including arrhythmias, valvular disease, and cardiac surgery)
- Ischemic Heart Disease

j. Digestive and abdominal wall

- Abdominal, Inguinal, and Femoral Hernias
- Esophageal Disorders (GERD and Hiatal Hernia)
- Gallbladder and Pancreas
- Infectious Intestinal Conditions
- Intestinal Conditions (other than Surgical and Infectious)
- Intestinal Surgery
- Liver Conditions, including hepatitis and cirrhosis
- Peritoneal Adhesions
- Rectum and Anus (Including Hemorrhoids)
- Stomach and Duodenal Conditions

k. Kidney and urinary tract

- Kidney Conditions
- Urinary Tract (including Bladder and Urethral) Conditions

l. Reproductive

- Gynecological Conditions
- Male Reproductive Organs
- Prostate Cancer

m. Musculoskeletal

Spine

- Back (Thoracolumbar Spine) Conditions
- Neck (Cervical Spine) Conditions

Joints and extremities

- Ankle
- Elbow and Forearm
- Hands and Fingers
- Hip and Thigh
- Knee and Lower Leg
- Shoulder and Arm
- Wrist

Feet

- Flatfeet
- Foot (other than Flatfeet)

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## Miscellaneous musculoskeletal

- Amputations
- Arthritis (non-degenerative arthritis, including inflammatory, autoimmune, crystalline and infectious arthritis) and dysbaric osteonecrosis)
- Bone conditions, miscellaneous, including osteomyelitis
- Fibromyalgia
- Muscle Injuries
- Osteoporosis/osteopenia

If checked, provide DexaScan results: \_\_\_\_\_

Date of scan: \_\_\_\_\_

If checked, are there joint manifestations of osteoporosis/osteopenia (Osteoporosis may or may not present as spine or joint disease)?

- Yes  No

If yes, complete appropriate Questionnaire for affected joint(s)/spine.

## n. Endocrine

- Diabetes Mellitus
- Endocrine Diseases (other than Thyroid, Parathyroid, or Diabetes Mellitus)
- Thyroid and Parathyroid

## o. Neurologic

- Amyotrophic Lateral Sclerosis (ALS)
- Cranial Nerves Diseases
- Diabetic Sensory-Motor Peripheral Neuropathy
- Disease of the Central Nervous System
- Fibromyalgia
- Headaches (including Migraine Headaches)
- Narcolepsy
- Multiple Sclerosis (MS)
- Parkinson's disease
- Peripheral Nerves
- Seizure Disorder (Epilepsy)
- Traumatic Brain Injury (Initial or Review)

(The Initial and Review TBI Questionnaire may only be completed by a VA clinician who has completed the TBI C&P certification. The initial diagnosis of TBI must be made by a specialist, but a certified generalist can complete the disability exam for TBI.)

## p. Psychiatric

- Eating Disorders
- Mental Disorders (Other Than PTSD)
- PTSD (Initial or Review)

Note: Mental disorder evaluations must be conducted by a specialist

## q. Infectious disease, immune disorder or nutritional deficiency

- Chronic Fatigue Syndrome
- HIV and Related Illnesses
- Infectious Diseases
- Nutritional Deficiencies
- Persian Gulf and Afghanistan Infectious Diseases
- Systemic Lupus Erythematosus or other Immune Disorders
- Tuberculosis

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r. Miscellaneous conditions

Cold Injury Residuals

Former Prisoner of War (POW) Protocol

Undiagnosed Illness and Unexplained Chronic Multisymptom Illness

If present, complete Gulf War General Medical Examination in lieu of this Questionnaire.

### **3. Diagnoses not addressed on above Questionnaires**

List additional diagnoses that are not addressed on the above Questionnaires, if any:

Additional diagnosis #1: \_\_\_\_\_

ICD code: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Additional diagnosis #2: \_\_\_\_\_

ICD code: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Additional diagnosis #3: \_\_\_\_\_

ICD code: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

If there are additional diagnoses, list using above format: \_\_\_\_\_

### **4. Physical Exam**

Normal PE

Normal PE, except as noted on additional Questionnaires included as part of this report

Other, describe: \_\_\_\_\_

### **5. Functional impact of each additional diagnosis not addressed on other questionnaires.**

Does the Veteran have any additional conditions that impact his or her ability to work that are not addressed on other Questionnaires?

Yes  No

If yes, describe the impact of each additional condition (impact of conditions that are not addressed in other Questionnaires), providing one or more examples: \_\_\_\_\_

### **6. Remarks, if any:** \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician printed name: \_\_\_\_\_

National Provider Identifier (NPI) #: \_\_\_\_\_

Physician address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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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.