

General Medical - Pension 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 – Pension 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 reported conditions and any found or suspected conditions that were not reported should be addressed by referring to and completing all appropriate Disability Benefits Questionnaires to assure that the examination for each condition provides information adequate for rating purposes.

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:

1. Diagnosis

List the Veteran's current chronic disabling conditions:

Diagnosis #1: _____

ICD code: _____

Diagnosis #2: _____

ICD code: _____

Diagnosis #3: _____

ICD code: _____

If there are additional disabling conditions, list using above format:

2. Medical History

a. Describe the course, treatment, and symptoms for each diagnosis listed above:

NOTE: Mental, Dental, Vision and Audio evaluations must be conducted by a specialist.

Diagnosis #1: _____

Diagnosis #2: _____

Diagnosis #3: _____

If there are additional diagnoses, list course, treatment, and symptoms using above format:

b. Is the Veteran currently a patient in a nursing home for long-term care because of disability?

Yes No

If yes, specify disability causing nursing home care: _____

c. Is the Veteran currently hospitalized?

Yes No

If yes, specify disability causing hospitalization: _____

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Indicate the date of entrance into the hospital: _____

If yes, indicate the length of time (months) hospitalized:

1 2 3 4 5 6 7 8 9 10 11 12 or more

3. Employment History

a. Is the Veteran currently employed?

Yes No

If yes, is current employment:

Full time Part time Casual/Seasonal

Describe the Veteran's current employment/occupational duties:

b. Does the Veteran's above listed medical conditions prevent him or her from securing or following a substantially gainful occupation?

Yes No

If yes, are any of these conditions likely to be permanently disabling?

Yes No

If yes, list permanently disabling conditions: _____

4. 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 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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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