

**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 BEFORE COMPLETING THIS FORM.

NAME OF PATIENT/VETERAN

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

**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 DBQ BEING COMPLETED IN CONJUNCTION WITH A VA21-2507, C&amp;P EXAMINATION REQUEST?

 YES  NO

If no, how was the examination completed (check all that apply)?

 In-person examination Records reviewed Other, please specify:

Comments:

**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 DBQ and such an examination will likely provide no additional relevant evidence.
- Review of available records in conjunction with a telephone interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with a telephone interview provided sufficient information on which to prepare the DBQ and such an examination would likely provide no additional relevant evidence.
- Examination via approved video telehealth
- In-person examination

**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 I - DIAGNOSIS**

1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER HAD ANY HERNIA CONDITIONS? *(This is the condition the Veteran is claiming or for which an exam has been requested)*

YES  NO

1B. IF YES, SELECT THE VETERAN'S CONDITION *(Check all that apply)*:

INGUINAL HERNIA *(If checked, complete Section III.1)* ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_  
 FEMORAL HERNIA *(If checked, complete Section III.2)* ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_  
 VENTRAL HERNIA *(If checked, complete Section III.3)* ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_  
 OTHER *(Specify)*:  
OTHER DIAGNOSIS #1: \_\_\_\_\_ ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_  
OTHER DIAGNOSIS #2: \_\_\_\_\_ ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO INGUINAL, FEMORAL OR VENTRAL HERNIAS, LIST USING ABOVE FORMAT:

**SECTION II - MEDICAL HISTORY**

2. DESCRIBE THE HISTORY *(including onset and course)* OF THE VETERAN'S HERNIA CONDITIONS *(brief summary)*:

**SECTION III - HERNIA CONDITIONS**

1. INGUINAL HERNIA

A. SURGICAL STATUS *(check all that apply)*:

Surgery performed *(Indicate side)*:  
 Right: Date and type of surgery: \_\_\_\_\_  
 Left: Date and type of surgery: \_\_\_\_\_  
 No previous surgery but hernia appears operable and remediable *(Indicate side)*:  Right:  Left:  
 Irremediable, provide reason: \_\_\_\_\_ *(Indicate side)*:  Right:  Left:  
 Inoperable, provide reason: \_\_\_\_\_ *(Indicate side)*:  Right:  Left:  
 Recurrent hernia following surgical repair *(Indicate status of postoperative recurrent hernia)*:  
 Recurrent hernia appears operable and remediable *(If checked, indicate side)*:  Right:  Left:  
 Irremediable, provide reason: \_\_\_\_\_ *(Indicate side)*:  Right:  Left:  
 Inoperable, provide reason: \_\_\_\_\_ *(Indicate side)*:  Right:  Left:

B. EXAM

Right:  No hernia detected  No true hernia protrusion  Small hernia  Large hernia  
Left:  No hernia detected  No true hernia protrusion  Small hernia  Large hernia

C. ABILITY TO BE REDUCED *(If inguinal hernia present, indicate ability to be reduced)*:

Right:  Readily reducible  Not readily reducible  
Left:  Readily reducible  Not readily reducible

D. INDICATION FOR SUPPORT *(Is there an indication for a supporting belt?)*

YES  NO *(If "Yes," can the hernia be supported by truss or belt?)*:  
 Yes, can be well supported by truss or belt *(Indicate side well supported)*:  Right:  Left:  
 Not well supported by truss or belt *(Indicate side not well supported)*:  Right:  Left:  
 N/A, no truss or belt tried or used

**SECTION III - HERNIA CONDITIONS (Continued)**

**2. FEMORAL HERNIA**

**A. SURGICAL STATUS (check all that apply):**

- Surgery performed (Indicate side):  
 Right: Date and type of surgery: \_\_\_\_\_  
 Left: Date and type of surgery: \_\_\_\_\_
- No previous surgery but hernia appears operable and remediable (Indicate side):  Right:  Left:
- Irremediable, provide reason: \_\_\_\_\_ (Indicate side):  Right:  Left:
- Inoperable, provide reason: \_\_\_\_\_ (Indicate side):  Right:  Left:
- Recurrent hernia following surgical repair (If checked, indicate status of postoperative recurrent hernia):  
 Recurrent hernia appears operable and remediable (Indicate side):  Right:  Left:  
 Irremediable, provide reason: \_\_\_\_\_ (Indicate side):  Right:  Left:  
 Inoperable, provide reason: \_\_\_\_\_ (Indicate side):  Right:  Left:

**B. EXAM**

- Right:  No hernia detected  No true hernia protrusion  Small hernia  Large hernia  
 Left:  No hernia detected  No true hernia protrusion  Small hernia  Large hernia

**C. ABILITY TO BE REDUCED**

- Right:  Readily reducible  Not readily reducible  
 Left:  Readily reducible  Not readily reducible

**D. INDICATION FOR SUPPORT (Is there an indication for a supporting belt?)**

- YES  NO (If "Yes," can the hernia be supported by truss or belt?):  
 Yes, can be well supported by truss or belt (Indicate side well supported):  Right:  Left:  
 Not well supported by truss or belt (Indicate side not well supported):  Right:  Left:  
 N/A, no truss or belt tried or used

**3. VENTRAL HERNIA**

**A. SURGICAL STATUS (check all that apply):**

- Surgery performed  
 Date and type of surgery: \_\_\_\_\_
- No previous surgery but hernia appears operable and remediable
- Irremediable, provide reason: \_\_\_\_\_
- Inoperable, provide reason: \_\_\_\_\_
- Recurrent hernia following surgical repair (Indicate status of postoperative recurrent hernia):  
 Recurrent hernia appears operable and remediable  
 Irremediable, provide reason: \_\_\_\_\_  
 Inoperable, provide reason: \_\_\_\_\_

**B. EXAM (check all that apply):**

- No hernia detected  
 Healed postoperative ventral hernia repair  
 Healed postoperative wounds with weakening of abdominal wall  
 Small ventral hernia  
 Large ventral hernia  
 Massive, persistent, severe diastasis of recti muscles  
 Extensive diffuse destruction or weakening of muscular and fascial support of abdominal wall so as to be inoperable  
 Other, describe: \_\_\_\_\_

**C. INDICATION FOR SUPPORT (Is there an indication for a supporting belt?)**

- YES  NO (If "Yes," can the hernia be supported by truss or belt?):  
 Yes, can be well supported by truss or belt  
 Not well supported by truss or belt  
 N/A, no truss or belt tried or used

**SECTION IV - OTHER PERTINENT PHYSICAL FINDINGS, DIAGNOSTIC TESTING, FUNCTIONAL IMPACT AND REMARKS**

**1. OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS AND SCARS**

1A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO THE CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

YES  NO

IF YES, DESCRIBE (*brief summary*):

1B. 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, ARE 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.)

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.

**NOTE:** If there are multiple scars, enter additional locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.

1C. COMMENTS, IF ANY:

**2. DIAGNOSTIC TESTING**

**NOTE** - If testing has been performed and reflects the Veteran's current condition, repeat testing is not required. Specific diagnostic testing is not required for hernia examination.

ARE THERE ANY SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

YES  NO (*If "Yes," provide type of test or procedure, date and results - brief summary*):

**3. FUNCTIONAL IMPACT**

DOES THE VETERAN'S HERNIA CONDITION(S) IMPACT HIS OR HER ABILITY TO WORK?

YES  NO (*If "Yes," describe the impact of each of the Veteran's hernia condition(s), providing one or more examples*):

**4. REMARKS**

REMARKS (*If any*):

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

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

5A. PHYSICIAN'S SIGNATURE

5B. PHYSICIAN'S PRINTED NAME

5C. DATE SIGNED

5D. PHYSICIAN'S PHONE AND FAX NUMBERS

5E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER

5F. 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.

**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.