



NAME OF CLAIMANT/VETERAN

CLAIMANT/VETERAN'S SOCIAL SECURITY NUMBER:

DATE OF EXAMINATION:

NOTE TO EXAMINER - The Veteran 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
- Examination via approved video telehealth
- Other, please specify in comments box:

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 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
- VA claims file (hard copy paper C-file)
- VA e-folder
- VA electronic health record
- Other (please identify other evidence reviewed):
- No records were reviewed

EVIDENCE COMMENTS:

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN CURRENTLY HAVE A DIAGNOSIS OF HYPERTENSION OR ISOLATED SYSTOLIC HYPERTENSION BASED ON THE FOLLOWING CRITERIA?

NOTE 1: For VA disability rating purposes, the term hypertension means that the diastolic blood pressure is predominantly 90mm or greater, and isolated systolic hypertension means that the systolic blood pressure is predominantly 160mm or greater with a diastolic blood pressure of less than 90mm.

NOTE 2: For VA purposes, the INITIAL diagnosis of hypertension or isolated systolic hypertension must be confirmed by readings taken 2 or more times on at least 3 different days. Blood pressure results may be obtained from existing medical records or through scheduled visits for blood pressure measurements.

Yes No (If yes, provide only diagnoses that pertain to hypertension):

Hypertension ICD code: _____ Date of diagnosis: _____

Isolated systolic hypertension ICD code: _____ Date of diagnosis: _____

Other, specify:

Other diagnosis #1: _____ ICD code: _____ Date of diagnosis: _____

Other diagnosis #2: _____ ICD code: _____ Date of diagnosis: _____

1B. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO HYPERTENSION OR ISOLATED SYSTOLIC HYPERTENSION, LIST USING ABOVE FORMAT:

NOTE 3: ALSO complete appropriate questionnaires for hypertension-related complications, if any (such as Kidney, if renal insufficiency is attributable to hypertension).

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (INCLUDING ONSET AND COURSE) OF THE VETERAN'S HYPERTENSION CONDITION (Brief summary):

2B. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING CONTINUOUS MEDICATION FOR HYPERTENSION OR ISOLATED SYSTOLIC HYPERTENSION?

Yes No (If yes, list only those medications used for the diagnosed conditions):

2C. WAS THE VETERAN'S INITIAL DIAGNOSIS OF HYPERTENSION OR ISOLATED SYSTOLIC HYPERTENSION CONFIRMED BY BLOOD PRESSURE READINGS TAKEN 2 OR MORE TIMES ON AT LEAST 3 DIFFERENT DAYS?

Yes No Unknown (If checked, proceed to questions 2D and 2E)

(If yes, provide BP readings used to establish initial diagnosis, if known)

Reading # 1:	Reading # 2:	Date of Reading:
Reading # 1:	Reading # 2:	Date of Reading:
Reading # 1:	Reading # 2:	Date of Reading:

(If no, report BP readings taken 2 or more times on at least 3 different days in order to confirm diagnosis (unless Veteran is on treatment for hypertension.))

Reading # 1:	Reading # 2:	Date of Reading:
Reading # 1:	Reading # 2:	Date of Reading:
Reading # 1:	Reading # 2:	Date of Reading:

2D. DOES THE VETERAN HAVE A HISTORY OF A DIASTOLIC BP ELEVATION TO PREDOMINANTLY 100 OR MORE?

Yes No (If yes, describe frequency and severity of diastolic BP elevation):

2E. CURRENT (DATE OF EVALUATION/S) BLOOD PRESSURE READINGS** (SUFFICIENT IF VETERAN HAS A PREVIOUSLY ESTABLISHED DIAGNOSIS OF HYPERTENSION):

Reading # 1:	Date of Reading:	**The Veteran should be seated comfortably with back and feet supported. There is no need to take lying or standing blood pressures. There is no specified time interval between readings and they may be completed sequentially.
Reading # 2:	Date of Reading:	
Reading # 3:	Date of Reading:	

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

3A. 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):

3B. 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, also complete appropriate dermatological DBQ)

3C. COMMENTS, IF ANY:

SECTION IV - FUNCTIONAL IMPACT

4A. DOES THE VETERAN'S HYPERTENSION OR ISOLATED SYSTOLIC HYPERTENSION IMPACT HIS OR HER ABILITY TO WORK?

Yes No (If yes, describe the impact of the veteran's hypertension or isolated systolic hypertension, providing one or more examples):

SECTION V - REMARKS

5A. REMARKS (IF ANY):

SECTION VI - EXAMINER'S CERTIFICATION AND SIGNATURE

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

6A. EXAMINER'S SIGNATURE

6B. EXAMINER'S PRINTED NAME

6C. DATE SIGNED

6D. EXAMINER'S PHONE AND FAX NUMBER

6E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER

6F. MEDICAL LICENSE NUMBER AND STATE

6G. EXAMINER'S ADDRESS