

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
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NOTE TO EXAMINER - The Veteran/Claimant 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&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
- VA claims file (hard copy paper C-file)
- VA e-folder
- CPRS
- Other (please identify other evidence reviewed):
- No records were reviewed

EVIDENCE COMMENTS:

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN CURRENTLY HAVE A DIAGNOSED NUTRITIONAL DEFICIENCY?

YES NO

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

- AVITAMINOSIS ICD Code: _____ Date of diagnosis: _____
- BERIBERI (*Vitamin B1 or thiamine deficiency*) ICD Code: _____ Date of diagnosis: _____
- PELLAGRA (*Vitamin B3 or niacin deficiency*) ICD Code: _____ Date of diagnosis: _____
- OTHER NUTRITIONAL DEFICIENCY CONDITION (*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 NUTRITIONAL DEFICIENCIES, LIST USING ABOVE FORMAT:

NOTE - For all identified complications or residual conditions, ALSO complete additional questionnaires as appropriate (such as skin, heart, peripheral nerves, etc.)

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (*including onset and course*) OF THE VETERAN'S NUTRITIONAL DEFICIENCY CONDITION(S) (*brief summary*):

2B. DOES THE VETERAN'S NUTRITIONAL DEFICIENCY CONDITION REQUIRE CONTINUOUS MEDICATIONS FOR CONTROL?

YES NO (*If "Yes," list medications used for nutritional deficiency conditions*):

SECTION III - FINDINGS, SIGNS AND SYMPTOMS

3A. DOES THE VETERAN HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO PELLAGRA OR AVITAMINOSIS?

YES NO (*If "Yes," check all that apply*):

- Confirmed diagnosis
- Nonspecific symptoms such as decreased appetite, weight loss, abdominal discomfort, weakness, inability to concentrate and irritability
- Stomatitis
- Achlorhydria
- Diarrhea
- Symmetrical dermatitis
- Mental symptoms
- Impaired bodily vigor
- Marked mental changes, moist dermatitis, inability to retain nourishment, exhaustion and cachexia
- Other

FOR ALL CHECKED CONDITIONS, DESCRIBE:

3B. DOES THE VETERAN HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ACTIVE BERIBERI?

YES NO (*If "Yes," check all that apply*):

- Peripheral neuropathy with absent knee or ankle jerks and loss of sensation
- Symptoms such as weakness, fatigue, anorexia, dizziness, heaviness and stiffness of legs, headache, or sleep disturbance
- Cardiomegaly
- Peripheral neuropathy with foot drop or atrophy of thigh or calf muscles
- Congestive heart failure, anasarca, or Wernicke-Korsakoff syndrome
- Other

FOR ALL CHECKED CONDITIONS, DESCRIBE:

3C. DOES THE VETERAN HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO RESIDUALS OF BERIBERI?

YES NO (*If "Yes," describe residual findings, signs and symptoms*):

3D. DOES THE VETERAN HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO CONDITIONS OR RESIDUALS CAUSED BY ANY OTHER VITAMIN DEFICIENCY?

YES NO (*If "Yes," describe*):

NOTE: ALSO complete additional Questionnaires as appropriate (such as Mental Health, Skin, Peripheral Nerves, etc.) for all findings, signs, and symptoms identified above.

SECTION IV - OTHER PERTINENT PHYSICAL FINDINGS, SCARS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS

4A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN SECTION I, DIAGNOSIS?

YES NO (If "Yes," describe (brief summary)):

4B. DOES THE VETERAN HAVE ANY SCARS OR OTHER DISFIGUREMENT (of the skin) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION?

YES NO
(If "Yes," also complete appropriate dermatological DBQ)

4C. COMMENTS, IF ANY:

SECTION V - DIAGNOSTIC TESTING

NOTE: If testing has been completed and reflects Veteran's current condition, further testing is not required.

5A. ARE THERE ANY SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

YES NO (If "Yes," describe):

SECTION VI - FUNCTIONAL IMPACT

6A. DOES THE VETERAN'S NUTRITIONAL DEFICIENCY CONDITION(S) IMPACT HIS OR HER ABILITY TO WORK?

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

SECTION VII - REMARKS

7A. REMARKS (If any)

SECTION VIII - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

8A. PHYSICIAN'S SIGNATURE

8B. PHYSICIAN'S PRINTED NAME

8C. DATE SIGNED

8D. PHYSICIAN'S PHONE/FAX NUMBERS

8E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER

8F. MEDICAL LICENSE NUMBER AND STATE

8G. PHYSICIAN'S ADDRESS