



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 INFORMATION BEFORE COMPLETING 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&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 (VBMS or Virtual VA)
CPRS
Other (please identify other evidence reviewed):
No records were reviewed

EVIDENCE COMMENTS:

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH A PERITONEAL ADHESION?

YES NO

IF YES, PROVIDE ONLY DIAGNOSIS THAT PERTAIN TO PEITONEAL ADHESIONS:

Diagnosis # 1 -	ICD code -	Date of diagnosis -
Diagnosis # 2 -	ICD code -	Date of diagnosis -
Diagnosis # 3 -	ICD code -	Date of diagnosis -

IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO PERITONEAL ADHESIONS, LIST USING ABOVE FORMAT:

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (including cause, onset and course) OF THE VETERAN'S PERITONEAL ADHESIONS (brief summary):

2B. DOES THE VETERAN HAVE A HISTORY OF OPERATIVE OR INFECTIOUS (INTRAABDOMINAL) PROCESS?

YES NO

IF YES, INDICATE ORGAN(S) AFFECTED (check all that apply):

STOMACH GALL BLADDER LIVER SMALL INTESTINES LARGE INTESTINES OTHER: _____

DOES THE VETERAN HAVE A HISTORY OF TRAUMATIC INJURY (INTRAABDOMINAL) PROCESS?

YES NO

IF YES, INDICATE ORGAN(S) AFFECTED (check all that apply):

STOMACH GALL BLADDER LIVER SMALL INTESTINES LARGE INTESTINES OTHER: _____

2C. HAS THE VETERAN HAD SEVERE PERITONITIS?

YES NO

2D. HAS THE VETERAN HAD A RUPTURED APPENDIX?

YES NO

2E. HAS THE VETERAN HAD A PERFORATED ULCER?

YES NO

2F. HAS THE VETERAN HAD AN OPERATION WITH DRAINAGE?

YES NO

2G. DOES THE VETERAN HAVE A CURRENT DIAGNOSIS OF PERITONEAL ADHESIONS?

YES NO

IF YES, INDICATE ORGAN(S) AFFECTED (check all that apply):

STOMACH GALL BLADDER LIVER SMALL INTESTINES LARGE INTESTINES OTHER: _____

2H. DOES THE VETERAN HAVE ANY SIGNS AND/OR SYMPTOMS DUE TO PERITONEAL ADHESIONS?

YES NO IF YES, INDICATE SIGNS AND SYMPTOMS: (check all that apply)

- DELAYED MOTILITY OF BARIUM MEAL (on X-ray)
- PARTIAL OR COMPLETE BOWEL OBSTRUCTION
- REFLEX DISTURBANCES
- PAIN
- NAUSEA
- VOMITING
- ABDOMINAL DISTENTION
- CONSTIPATION (perhaps alternating with diarrhea)

2I. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING CONTINUOUS MEDICATION FOR THE DIAGNOSED CONDITION?

YES NO LIST MEDICATIONS: _____

SECTION III - SEVERITY OF MANIFESTATIONS OF PERITONEAL ADHESIONS

INDICATE LEVEL OF SEVERITY OF SIGNS AND/OR SYMPTOMS, IF PRESENT: *(Check all that apply in each level)*

3A. LEVEL IV

- SEVERE SYMPTOMS
- DEFINITE PARTIAL OBSTRUCTION SHOWN BY X-RAY
- FREQUENT EPISODES OF SEVERE COLIC DISTENSION
- FREQUENT EPISODES OF SEVERE NAUSEA
- FREQUENT AND PROLONGED EPISODES OF SEVERE VOMITING
- FREQUENT EPISODES OF SEVERE VOMITING
- PROLONGED EPISODES OF SEVERE COLIC DISTENSION
- FREQUENT AND PROLONGED EPISODES OF SEVERE COLIC DISTENSION
- PROLONGED EPISODES OF SEVERE NAUSEA
- PROLONGED EPISODES OF SEVERE VOMITING
- FREQUENT AND PROLONGED EPISODES OF SEVERE VOMITING

3B. LEVEL III

- MODERATELY SEVERE
- PARTIAL OBSTRUCTION MANIFESTED BY DELAYED MOTILITY OF BARIUM MEAL
- LESS FREQUENT EPISODES OF PAIN
- LESS PROLONGED EPISODES OF PAIN

3C. LEVEL II

- MODERATE
- PULLING PAIN ON ATTEMPTING WORK OR AGGRAVATED BY MOVEMENTS OF THE BODY
- OCCASIONAL EPISODES OF COLIC PAIN
- OCCASIONAL EPISODES OF NAUSEA
- OCCASIONAL EPISODES OF CONSTIPATION *(Perhaps alternating with diarrhea)*
- OCCASIONAL EPISODES OF DIARRHEA
- OCCASIONAL EPISODES OF ABDOMINAL DISTENSION

3D. LEVEL I

- MILD SYMPTOMS, DESCRIBE:

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

4A. 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)*:

4B. 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," describe - brief summary):*

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.

SECTION IV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS, AND SCARS (continued)

4C. COMMENTS, IF ANY:

SECTION V - DIAGNOSTIC TESTING

5. HAS THE VETERAN HAD LABORATORY OR OTHER DIAGNOSTIC STUDIES PERFORMED AND ARE THE RESULTS AVAILABLE?

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

6. BASED ON YOUR EXAMINATION AND/OR THE VETERAN'S HISTORY, DOES THE VETERAN'S PERITONEAL ADHESION(S) IMPACT HIS OR HER ABILITY TO WORK?

 YES NO (If "Yes," describe the impact of each of the Veteran's peritoneal adhesions, providing one or more examples)**SECTION VII - REMARKS**

7. 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

8E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER

8F. 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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.