



INTERNAL VETERANS AFFAIRS USE
THYROID AND PARATHYROID CONDITIONS
DISABILITY BENEFITS QUESTIONNAIRE

NAME OF PATIENT/VETERAN

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

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 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 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 [ ] No records were reviewed
[ ] VA claims file (hard copy paper C-file)
[ ] VA e-folder
[ ] CPRS
[ ] Other (please identify other evidence reviewed):

EVIDENCE COMMENTS:

**SECTION I - DIAGNOSIS**

1A. DOES THE VETERAN HAVE OR HAS HE OR SHE EVER HAD A THYROID OR PARATHYROID CONDITION? *(This is the condition the veteran is claiming or for which an exam has been requested)*

YES  NO *(If "Yes," complete Item 1B)*

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

- HYPERTHYROIDISM, INCLUDING, BUT NOT LIMITED TO, GRAVES' DISEASE ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- THYROID ENLARGEMENT, TOXIC ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- THYROID ENLARGEMENT, NON-TOXIC ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- HYPOTHYROIDISM ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- HYPERPARATHYROIDISM ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- HYPOPARATHYROIDISM ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- THYROIDITIS ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- C-CELL HYPERPLASIA ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- BENIGN NEOPLASM OF THE THYROID ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- MALIGNANT NEOPLASM OF THE THYROID ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- BENIGN NEOPLASM OF THE PARATHYROID ICD code: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- MALIGNANT NEOPLASM OF THE PARATHYROID 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 THYROID OR PARATHYROID CONDITION(S) LIST USING ABOVE FORMAT.

**SECTION II - MEDICAL HISTORY**

2A. DESCRIBE THE HISTORY *(including onset and course)* OF THE VETERAN'S THYROID AND/OR PARATHYROID CONDITION *(brief summary)*.

2B. HAS THE VETERAN HAD RADIOACTIVE IODINE TREATMENT FOR A THYROID CONDITION?

YES  NO *(If "Yes," specify the condition and type of treatment):* \_\_\_\_\_  
*(Date of treatment):* \_\_\_\_\_

2C. HAS THE VETERAN HAD ANY OTHER TYPE OF TREATMENT FOR A THYROID OR PARATHYROID CONDITION?

YES  NO *(If "Yes," specify the condition and type of treatment):* \_\_\_\_\_  
*(Date of treatment):* \_\_\_\_\_

WAS A PROPHYLACTIC THYROIDECTOMY PERFORMED (BASED ON GENETIC TESTING?)

YES  NO *(If "Yes," specify date of surgery):* \_\_\_\_\_

2D. DOES THE VETERAN HAVE ANY RESIDUAL ENDOCRINE DYSFUNCTION FOLLOWING TREATMENT FOR THYROID OR PARATHYROID CONDITION?

YES  NO  
*(If "Yes," check all that apply):*  
 Thyroid endocrine dysfunction  Parathyroid endocrine dysfunction  
 Other *(Describe):* \_\_\_\_\_

**SECTION III - THYROID: FINDINGS, SIGNS, AND SYMPTOMS**

3A. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A THYROID CONDITION?

YES  NO

*(If "Yes," please select the body systems affected by the diagnoses identified in Section 1B):*

- MUSCULOSKELETAL SYMPTOMS, (complete appropriate musculoskeletal DBQ)
- RESPIRATORY SYMPTOMS, (complete appropriate respiratory DBQ)
- CARDIOVASCULAR SYMPTOMS, (complete appropriate cardiovascular DBQ)
- GASTROINTESTINAL SYMPTOMS, (complete appropriate gastrointestinal DBQ)
- GENITOURINARY SYMPTOMS, (complete appropriate genitourinary DBQ)
- REPRODUCTIVE SYMPTOMS, (complete appropriate gynecological or male reproductive organ DBQ)
- SKIN SYMPTOMS, (complete appropriate dermatological DBQ)
- EYE INVOLVEMENT, (complete appropriate ophthalmological DBQ)
- NEUROLOGICAL SYMPTOMS, (complete appropriate neurological DBQ)
- MENTAL AND PSYCHOLOGICAL SYMPTOMS, (complete appropriate psychological DBQ)
- DENTAL AND ORAL CONDITIONS, (complete appropriate dental and oral DBQ)

3B. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A HYPERTHYROID CONDITION?

YES  NO

*(If "Yes," list date of initial diagnosis):* \_\_\_\_\_

If "Yes," evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.

3C. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS OF THYROID ENLARGEMENT?

YES  NO

*(If "Yes," which type?):*

TOXIC  NON-TOXIC

If "Yes," evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.

3D. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A HYPOTHYROID CONDITION?

YES  NO

*(If "Yes," check all that apply):*

MYXEDEMA  YES  NO

*(If "Yes," check all that apply):*

- COLD INTOLERANCE
- MUSCULAR WEAKNESS
- CARDIOVASCULAR INVOLVEMENT *(including, but not limited to hypotension, bradycardia, and pericardial effusion)*
- Other: \_\_\_\_\_

MENTAL DISTURBANCE  YES  NO

*(If "Yes," check all that apply):*

- DEMENTIA
- SLOWING OF THOUGHT
- DEPRESSION
- Other: \_\_\_\_\_

If "Yes," evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.

3E. DOES THE VETERAN CURRENTLY HAVE A DIAGNOSIS OF THYROIDITIS?

YES  NO

*(If "Yes," is the thyroid function normal):*

YES

NO

*(If the thyroid function is abnormal, does the thyroiditis manifest as):*

HYPOTHYROIDISM

HYPERTHYROIDISM

**SECTION IV - PARATHYROID: FINDINGS, SIGNS, AND SYMPTOMS**

4A. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A PARATHYROID CONDITION?

YES  NO

*(If "Yes," please select the body systems affected by the diagnoses identified in Section 1B):*

- MUSCULOSKELETAL SYMPTOMS, (complete appropriate musculoskeletal DBQ)
- RESPIRATORY SYMPTOMS, (complete appropriate respiratory DBQ)
- CARDIOVASCULAR SYMPTOMS, (complete appropriate cardiovascular DBQ)
- GASTROINTESTINAL SYMPTOMS, (complete appropriate gastrointestinal DBQ)
- GENITOURINARY SYMPTOMS, (complete appropriate genitourinary DBQ)
- REPRODUCTIVE SYMPTOMS, (complete appropriate gynecological or genitourinary DBQ)
- SKIN SYMPTOMS, (complete appropriate skin DBQ)
- EYE INVOLVEMENT, (complete appropriate ophthalmological DBQ)
- NEUROLOGICAL SYMPTOMS, (complete appropriate neurological DBQ)
- MENTAL AND PSYCHOLOGICAL SYMPTOMS, (complete appropriate psychological DBQ)
- DENTAL AND ORAL CONDITIONS, (complete appropriate dental and oral DBQ)

4B. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A HYPERPARATHYROID CONDITION?

YES  NO

IS THE CONDITION CURRENTLY ASYMPTOMATIC?

YES  NO

IS THE VETERAN AN INDIVIDUAL WHO IS NOT A CANDIDATE FOR SURGERY BUT REQUIRES CONTINUOUS MEDICATION FOR CONTROL OF A HYPERPARATHYROID CONDITION?

YES  NO

HAS THE VETERAN UNDERGONE SURGERY FOR A HYPERPARATHYROID CONDITION?

YES  NO

*(If "Yes," specify type of surgery):* \_\_\_\_\_ *(Date of surgery):* \_\_\_\_\_

*(Date of discharge following surgery):* \_\_\_\_\_

AS A RESULT OF HYPERPARATHYROID DYSFUNCTION, DOES THE VETERAN CURRENTLY HAVE ANY OF THE FOLLOWING SYMPTOMS THAT OCCUR DESPITE SURGERY?

YES  NO

*(If "Yes," check all that apply):*

- FATIGUE
- ANOREXIA
- NAUSEA
- CONSTIPATION

DOES THE VETERAN NOW HAVE OR DID THE VETERAN EVER HAVE HYPERCALCEMIA THAT MEETS THE CRITERIA BELOW?

YES  NO

*(If "Yes," check all that apply):*

- Hypercalcemia (indicated by bone mineral density T-score less than 2.5 SD (below mean) at any site)
- Hypercalcemia (indicated by bone mineral density T-score less than 2.5 SD (below mean) at previous fragility fracture)
- Hypercalcemia (indicated by creatinine clearance less than 60 mL/min)
- Hypercalcemia (indicated by ionized Ca greater than 5.6mg/dL (2-2.25 mmol/L))
- Hypercalcemia (indicated by total Ca greater than 12 mg/dL (3-3.5 mmol/L))

*(If "Yes," did the hypercalcemia require pharmacologic treatment?):*

YES  NO

*(If "Yes," date treatment began):* \_\_\_\_\_

**NOTE: Where surgical intervention is not indicated, six months following when pharmacologic treatment began, please evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.**

**SECTION IV - PARATHYROID: FINDINGS, SIGNS, AND SYMPTOMS (CONTINUED)**

4C. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A HYPOPARATHYROID CONDITION?

YES  NO

(If "Yes," date of initial diagnosis): \_\_\_\_\_

If "Yes," evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.

**SECTION V - PHYSICAL EXAM**

5A. EYES:

NORMAL, NO EXOPHTHALMOS  ABNORMAL (If checked, describe): \_\_\_\_\_  
(If "Abnormal," complete the appropriate Ophthalmological DBQ)

5B. NECK:

NORMAL, NO PALPABLE THYROID ENLARGEMENT OR NODULES  
 ABNORMAL, DIFFUSELY ENLARGED THYROID GLAND  
 ABNORMAL, ENLARGED THYROID NODULE (If checked, describe location, size and consistency): \_\_\_\_\_  
 ABNORMAL, WITHOUT DISFIGUREMENT OF THE HEAD OR NECK DUE TO ENLARGEMENT OF THE THYROID GLAND  
 ABNORMAL, WITH DISFIGUREMENT OF THE HEAD DUE TO ENLARGEMENT OF THE THYROID GLAND  
 ABNORMAL, WITH DISFIGUREMENT OF THE NECK DUE TO ENLARGEMENT OF THE THYROID GLAND  
 OTHER (Describe): \_\_\_\_\_

5C. PULSE

REGULAR  IRREGULAR (Provide heart rate: \_\_\_\_\_)

5D. BLOOD PRESSURE

(Provide blood pressure: \_\_\_\_\_)

**SECTION VI - REFLEX EXAM**

6. REFLEXES (Rate deep tendon reflexes (DTRs) according to the following scale):

- 0 Absent
- 1+ Hypoactive
- 2+ Normal
- 3+ Hyperactive without clonus
- 4+ Hyperactive with clonus

ALL NORMAL

BICEPS:

Right  0  1+  2+  3+  4+  
Left  0  1+  2+  3+  4+

KNEE:

Right  0  1+  2+  3+  4+  
Left  0  1+  2+  3+  4+

TRICEPS:

Right  0  1+  2+  3+  4+  
Left  0  1+  2+  3+  4+

ANKLE:

Right  0  1+  2+  3+  4+  
Left  0  1+  2+  3+  4+

BRACHIORADIALIS:

Right  0  1+  2+  3+  4+  
Left  0  1+  2+  3+  4+

**SECTION VII - SCARS OR OTHER DISFIGUREMENT**

7. 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 ABOVE?

YES  NO

(If "Yes," also complete appropriate dermatological DBQ)

**SECTION VIII - TUMORS AND NEOPLASMS**

8A. DOES THE VETERAN HAVE A BENIGN OR MALIGNANT NEOPLASM OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN THE DIAGNOSIS SECTION?

YES  NO (If "Yes," also complete Items 8B through 8D)

8B. IS THE NEOPLASM

BENIGN  MALIGNANT

(If malignant, indicate status of disease)

Active

Surgery, describe \_\_\_\_\_

Antineoplastic chemotherapy

Radiation

X-ray treatment

Watchful waiting

Other, describe \_\_\_\_\_

Anticipated date of final treatment (surgical, antineoplastic chemotherapy, radiation, X-ray treatment, or other): \_\_\_\_\_

Remission

Surgery, describe \_\_\_\_\_

Antineoplastic chemotherapy

Radiation

X-ray treatment

Watchful waiting

Other, describe \_\_\_\_\_

Date treatment was completed or date of anticipated final treatment (surgical, antineoplastic chemotherapy, radiation, X-ray treatment, or other): \_\_\_\_\_

8C. DOES THE VETERAN CURRENTLY HAVE ANY RESIDUAL CONDITIONS OR COMPLICATIONS DUE TO THE NEOPLASM (INCLUDING METASTASES) OR ITS TREATMENT, OTHER THAN THOSE ALREADY DOCUMENTED IN THE REPORT ABOVE?

YES  NO (If "Yes," list residual conditions and complications - brief summary):

8D. IF THERE ARE ADDITIONAL BENIGN OR MALIGNANT NEOPLASMS OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN THE DIAGNOSIS SECTION, DESCRIBE USING THE ABOVE FORMAT:

**SECTION IX - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, AND SYMPTOMS**

9A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

YES  NO

IF YES, DESCRIBE (brief summary):

9B. COMMENTS, IF ANY:

**SECTION X - DIAGNOSTIC TESTING**

**NOTE:** If diagnostic test results are in the medical record and reflect the Veteran's current thyroid or parathyroid condition, repeat testing is not required.

10A. HAVE IMAGING STUDIES BEEN PERFORMED?

YES  NO

*(If "Yes," check all that apply):*

<input type="checkbox"/> Magnetic resonance imaging (MRI)	Date: _____	Results: _____
<input type="checkbox"/> Computed tomography (CT)	Date: _____	Results: _____
<input type="checkbox"/> Thyroid scan	Date: _____	Results: _____
<input type="checkbox"/> Thyroid ultrasound	Date: _____	Results: _____
<input type="checkbox"/> Other: _____	Date: _____	Results: _____

10B. HAS LABORATORY TESTING BEEN PERFORMED?

YES  NO *If "Yes," check all that apply and provide date of most recent test and results:*

<input type="checkbox"/> TSH	Date: _____	Results: _____
<input type="checkbox"/> Free T4	Date: _____	Results: _____
<input type="checkbox"/> Free T3	Date: _____	Results: _____
<input type="checkbox"/> Thyroid antibodies	Date: _____	Results: _____
<input type="checkbox"/> Parathyroid hormone (PTH)	Date: _____	Results: _____
<input type="checkbox"/> Calcium	Date: _____	Results: _____
<input type="checkbox"/> Ionized calcium	Date: _____	Results: _____
<input type="checkbox"/> Other: _____	Date: _____	Results: _____

10C. HAS A BIOPSY BEEN PERFORMED?

YES  NO

Site of biopsy: \_\_\_\_\_ Date of test: \_\_\_\_\_ Results: \_\_\_\_\_

10D. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

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

**SECTION XI - FUNCTIONAL IMPACT**

11. DOES THE VETERAN'S THYROID OR PARATHYROID CONDITION IMPACT HIS OR HER ABILITY TO WORK?

YES  NO *If "Yes," describe impact of the veteran's thyroid and/or parathyroid condition, providing one or more examples:*

**SECTION XII - REMARKS**

12. REMARKS, *if any*:

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

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

13A. PHYSICIAN'S SIGNATURE	13B. PHYSICIAN'S PRINTED NAME	13C. DATE SIGNED
13D. PHYSICIAN'S PHONE AND FAX NUMBERS	13E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER	
13F. PHYSICIAN'S MEDICAL LICENSE NUMBER AND STATE	13G. PHYSICIAN'S ADDRESS	