Department of Veterans Affairs		n Thyroid, Parathyroid or Diabetes Mellitus) NEFITS QUESTIONNAIRE		
NAME OF PATIENT/VETERAN		PATIENT/VETERAN'S SOCIAL SECURITY NUMBER		
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.				
Note - 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. VA may obtain additional medical information, including an examination, if necessary, to complete VA's review of the veteran's application. VA reserves the right to confirm the authenticity of ALL questionnaires completed by providers. It is intended that this questionnaire will be completed by the Veteran's provider.				
Are you completing this Disability Benefits Questionnaire at th	e request of:			
Veteran/Claimant				
Other: please describe				
Are you a VA Healthcare provider? CYes CNo				
Is the Veteran regularly seen as a patient in your clinic? (Is the Veteran regularly seen as a patient in your clinic? Yes No			
Was the Veteran examined in person? O Yes O No				
If no, how was the examination conducted?				
Evidence reviewed:	EVIDENCE REVIEW			
No records were reviewed Records reviewed Please identify the evidence reviewed (e.g. service treatment	records, VA treatment records, private treatment re	ecords) and the date range.		

	SECTION I - DIAGNOSIS			
1A. DOES THE VETERAN HAVE OR HAS HE OR SHE EVER HAD AN ENDOCRINE 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)			
	CUSHING'S SYNDROME	ICD code -	Date of diagnosis -	
	ACROMEGALY	ICD code -	Date of diagnosis	
	DIABETES INSIPIDUS	ICD code -	Date of diagnosis -	
	ADDISON'S DISEASE (adrenocortical insufficiency)	ICD code -	Date of diagnosis	
	POLYGLANDULAR SYNDROME (multiple endocrine neoplasia, auto-immune polyglandular syndrome)	ICD code	Date of diagnosis	
	HYPOPITUITARISM	ICD code -	Date of diagnosis -	
	HYPERPITUITARISM (prolactin secreting pituitary dysfunction) BENIGN MALIGNANT	ICD code	Date of diagnosis	
		EMISSION		
			Data of diagnasis	
	HYPERALDOSTERONISM	ICD code -	Date of diagnosis -	
		EMISSION		
	PHEOCHROMOCYTOMA	ICD code -	Date of diagnosis -	
		EMISSION		
	HYPOGONADISM	ICD code -	Date of diagnosis -	
	NEOPLASM, BENIGN, ANY SPECIFIED PART OF THE ENDOCRINE SYSTEM	ICD code -	Date of diagnosis -	
	NEOPLASM, MALIGNANT, ANY SPECIFIED PART OF THE ENDOCRINE SYSTEM	ICD code -	Date of diagnosis -	
	ACTIVE MALIGNANCY UNDERGOING SURGICAL, X-RAY, ANTINEOPLAST IN REMISSION	IC CHEMOTHERAPY OR OTHER THERAPEUTI	C PROCEDURE	
	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 ENDOCRINE CONDITION(S), LIST USING ABOVE FORMAT:				
1D. I	PLEASE SELECT THE BODY SYSTEMS AFFECTED BY TH MUSCULOSKELETAL SYMPTOMS, (complete appropriate			
	RESPIRATORY SYMPTOMS, (complete appropriate respira	- /		
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)				

SECTION II - MEDICAL HISTORY		
2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S ENDOCRINE CONDITION (brief summary):		
2B. IS CONTINUOUS MEDICATION REQUIRED FOR CONTROL OF AN ENDOCRINE CONDITION?		
YES NO (If "Yes," specify the condition and list only those medications required for the Veteran's endocrine condition):		
2C. HAS THE VETERAN HAD SURGERY FOR AN ENDOCRINE CONDITION?		
YES NO		
(If "Yes," specify the condition and type of surgery):	(Date of surgery):	
2D. HAS THE VETERAN HAD ANY OTHER TYPE OF TREATMENT FOR AN ENDOCRINE CONDITION?		
<i>(If "Yes," specify the condition and type of treatment):</i>	(Date of treatment):	
SECTION III - CUSHING'S SYNDROME		
3A. CUSHING'S SYNDROME		
(Date of initial diagnosis:)		
Has it been more than 6 months since the initial diagnosis?		
YES NO		
If yes, evaluate residuals with the appropriate DBQ (refer to and select appropriate checkbox from section 1D).		
If no, please select the symptoms below:		
As active, progressive disease		
Areas of osteoporosis		
Hypertension		
Proximal upper extremity muscle wasting that results in inability to climb stairs		
Proximal upper extremity muscle wasting that results in inability to rise from a deep chair without assistance		
Proximal upper extremity muscle wasting that results in inability to rise from squatting position		
Proximal upper extremity muscle wasting that results in inability to raise arms		
Proximal lower extremity muscle wasting that results in inability to climb stairs		
Proximal lower extremity muscle wasting that results in inability to rise from a deep chair without assistance		
Proximal lower extremity muscle wasting that results in inability to rise from squatting position		
Proximal lower extremity muscle wasting that results in inability to raise arms		
Striae		
Obesity		
Moon face		
Glucose intolerance		
Vascular fragility		
Other, please specify:		

AL DOES THE VETERAN CURRENTLY MAKE MAY FINDINGS, SIGNE OR SYMPTONS ATTRIBUTABLE TO ACROMEGALY? VES NO VES VES VES VES VES VES VES VE	SECTION IV - ACROMEGALY		
(*) "Yes, "oleck all dua apply) (4A. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ACROMEGALY?		
Contract of AGRAL PARTS Contract Description Contract Description <td></td>			
Important Number 1 Important Number 2 Important Number 2 Important Number 2 Impore 2			
EVIDENCE OF INCREASED INTRACRANIAL PRESSURE (<i>nuch as vanial field digles</i>) OTHER GauceMEGALY OTHER GauceMission OTHER GauceMission B DOGS THE VETERAN CURRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ACROMEGALY? If yes, evaluate residuals with the appropriate DRQ partaining to the affectual body system. SECTION V - DABETES INSIPIOUS GA DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, BIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIOUS? (If "Free", "exact all that appropriate DRQ partaining to the affectual body system. SECTION V - DABETES INSIPIOUS GA DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, BIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIOUS? (If "Free", "exact all that appropriate DRQ partaining to the affectual body system. SECTION VI - ADDISON'S DISEASE (ADREMOCORTICAL INSUFFICIENCY) GB DOES THE VETERAN CURRENTLY HAVE ANY ADDITIONAL FINDINGS, BIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIOUS? (If "Free", "exact all that appropriate DRQ partaining to the affected body system. SC OTHER DESCRIBE: SECTION VI - ADDISON'S DISEASE (ADREMOCORTICAL INSUFFICIENCY) GA DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, BIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? (If "Free", "exact all that appropriate DRQ partaining to the affected body system. SC OTHER DESCRIBE: SECTION VI - ADDISON'S DISEASE (ADREMOCORTICAL INSUFFICIENCY) GA DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? (If 'exact, all all and appropriate DRQ partaining to the affected body system. SC OTHER DESCRIBE: SECTION VI - ADDISON'S DISEASE (ADREMOCORTICAL INSUFFICIENCY) (If checked, all dual appropriate DRQ partaining to the affected body system. SC OTHER CONTROLONG, DESCRIBE TORO CONTROL. (If checked, all all and appropriate DRQ participation on a trans at the affected body system.	GLUCOSE INTOLERANCE		
CARDOMEGALY CHERRA CORRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDROEGALY? CHERRA CORRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDROEGALY? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? See Does THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? CHERRA CORRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? CHERRA CORRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? CHERRA CORRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? CHERRA CORRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISONS DISEASE? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISONS DISEASE? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISONS DISEASE? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISONS DISEASE? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISONS DISEASE? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISONS DISEASE? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISONS DISEASE? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISONS DISEASE? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISONS DISEASE? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISONS DISEASE? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISONS DISEASE? CHERRA CORRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISONS DISEASE? CHERRA CORE	HYPERTENSION (If checked, provide BPx3):		
	EVIDENCE OF INCREASED INTRACRANIAL PRESSURE (such as visual field defect)		
ab DOBS THE VETERAN CURRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ACROMEGALY? b NO Ty se, evaluate residuals with the appropriate DBQ pertaining to the affected body system. SECTION V - DIABETES INSIPIOUS A DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIOUS? YES NO (f) "Tex," elocks at it data rapply) B PERSISTENT POLYURA Resource CORRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIOUS? YES NO (f) "Tex," elocks at it data rapply) B DOES THE VETERAN CURRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIOUS? YES NO Types, evaluate residuals with the appropriate DBQ pertaining to the affected body system. 50. OTHER DESCRIBE: SECTION VI - ADDISON'S DISEASE (ADRENOCONTICAL INSUFFICIENCY) CONTROLOUREENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? (f) "Fex, "check all that apply) CONTROL (g) CONTREONTERNOLTY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? (g) Tex, "check all that apply) CONTROL (g) CONTREONTE ADDETS DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO A	CARDIOMEGALY		
Bit Yes. NO If Yes. Avaluate residuals with the appropriate DBQ pertaining to the affected body system. BALE CON V - DUABETES INSIPIOUS GBL ODES THE VETERAN CURRENTLY HAVE ANY FINDINGS. SIGNS OR SYMPTOMS ATTRIBUTABLE TO DUABETES INSIPIOUS? If Yes, "check all that apply) PERSISTENT POLVURIA MEDICES THE VETERAN CURRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DUABETES INSIPIOUS? If Yes, "check all that appropriate DBQ pertaining to the affected body system. SECTION VI - ADDISON'S DISEASE (ADRENOCORTICAL INSUFFICIENCY) SEC OTHER VETERAN CURRENTLY HAVE ANY PINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? If Yes, "check all that apply) COTHER, DESCRIBE: SECTION VI - ADDISON'S DISEASE (ADRENOCORTICAL INSUFFICIENCY) RADDOSONTHE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? If Yes, "check all that apply) COTHER, DESCRIBE: BECTION VI - ADDISON'S DISEASE (ADRENOCORTICAL INSUFFICIENCY) CONTROSTERION DIFERAPY REQUIRED FOR CONTROL If Yes, "check all that apply) CONTROSTERION DIFERAPY REQUIRED FOR CONTROL If Yes, "check all that apply) CONTROSTERION DIFERAPY REQUIRED FOR CONTROL If Yes, "check all that apply) CONTROS	OTHER (Specify):		
If yes, evaluate residuals with the appropriate DBQ pertaining to the affected body system. SECTION V - DABETES INSIPIOUS C DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIOUS C I I'''''''''''''''''''''''''''''''''			
SECTION V - DIABETES INSIPIDUS SECTION V - DIABETES INSIPIDUS SECTION VI- DIABETES INSIPIDUS SECTION VI- DIABETES INSIPIDUS (If "Yes, "check all that apply) PERSISTENT POLYURA RECENTINUOUS HORMONAL THERAPY SEDIES THE VETERAN CURRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? UP KS Image: SouthWorld of the appropriate DBQ pertaining to the affected body system. SECTION VI - ADDISON'S DISEASE (ADRENOCORTICAL INSUFFICIENCY) RECTION VI - ADDISON'S DISEASE (ADRENOCORTICAL INSUFFICIENCY) <td cols<="" td=""><td></td></td>	<td></td>		
SK. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? US NO US NO US NO US NO US NO SK DEST THE VETERAN CURRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? US REQUIRES CONTINUOUS HORMONAL THERAPY SED DOST THE VETERAN CURRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? UYES NO I'yes, evaluate residuals with the appropriate DBQ pertaining to the affected body system. SC. OTHER, DESCRIBE: SECTION VI - ADDISON'S DISEASE (ADRENOCORTICAL INSUFFICIENCY) RA. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? [] (S) NO [] (T's, "checkel, indicate frequency of Addisomian crises in past 12 months) [] (C) CRTICOSTERIOD THERAPY REQUIRED FOR CONTROL [] (Packeel, indicate frequency of Addisomian crises in past 12 months) [] (C) (C) [] (C)			
If "Yes," check all that apply) PERSISTENT POLYURIA REQUIRES CONTINUOUS HOMONAL THERAPY BE DOES THE VETERAN CURRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? I'Yes, = \u00bb O I'Yes, evaluate residuals with the appropriate DBQ pertaining to the affected body system. 5C. OTHER, DESCRIBE: SECTION VI - ADDISON'S DISEASE (ADRENOCORTICAL INSUFFICIENCY) 6A DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? I'Yes, "check all that apphy) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL I'Yes," check all that apphy) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL I'Yes," check all that apphy) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL I'Yes," check all that apphy) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL I'Yes," check all that apphy) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL I'Yes," check all that apphy) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL I'Yes," check all that apphy) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL I'Yes, Check all that apphy) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL I'Yes, Check all that apphy) CORTICOSTEROID			
PERSISTENT POLYURIA REQURES CONTINUOUS HORMONAL THERAPY BC DOES THE VETERAN CURRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? I'YES NO If'yes, evaluate residuals with the appropriate DBQ pertaining to the affected body system. 5C. OTHER, DESCRIBE: SECTION VI - ADDISON'S DISEASE (ADRENOCORTICAL INSUFFICIENCY) 6A. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? I'YE'S, "check all that apply) CORTICOS TERIOD THERAPY REQUIRED FOR CONTROL. I'YE'S, "check all that apply) CORTICOS TERIOD THERAPY REQUIRED FOR CONTROL. I'YE'S, "check all that apply) CORTICOS TERIOD THERAPY REQUIRED FOR CONTROL. I'YE'S, "check all that apply) CORTICOS TERIOD THERAPY REQUIRED FOR CONTROL. I'YE'S, "check all that apply) CORTICOS TERIOD THERAPY REQUIRED FOR CONTROL. I'YE'S, Check all that apply) CORTICOS TERIOD THERAPY REQUIRED FOR CONTROL. I'YE'S, Check all that apply CORTICOS TERIOD THERAPY REQUIRED FOR CONTROL. I'YE'S, Check all that apply CORTICOS TERIOD THERAPY REQUIRED FOR CONTROL. I'YE'S, Check all that apply CORTICOS TERIOD THERAPY REQUIRED ADDISONA			
Contract of the contract on the contract of the contract of the contract of the contract	(If "Yes," check all that apply)		
So DOES THE VETERAN CURRENTLY HAVE ANY ADDITIONAL FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO DIABETES INSIPIDUS? I'yes, evaluate residuals with the appropriate DBQ pertaining to the affected body system. SC. OTHER, DESCRIBE: SECTION VI - ADDISON'S DISEASE (ADRENOCORTICAL INSUFFICIENCY) GA. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? YES NO (f' "Yes," check all that apply) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL WEAKNESS AND FATIGABULTY ADDISONIN CRISS (acute darenal insufficiency) (f' f'yes," check all that apply) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL (G' check di, indicate frequency of Addisonian crises in past 12 months) 0 (f' checked, indicate frequency of Addisonian crises in past 12 months) 0 (G' checked, indicate frequency of Addisonian "episode" in past 12 months) 0 (G' checked, indicate frequency of Addisonian "episode" in past 12 months) 0 (G' checked, indicate frequency of Addisonian "episode" in past 12 months) 0 (G' checked, indicate frequency of Addisonian "episode" in past 12 months) 0 (G' checked, indicate frequency of Addisonian "episode" in past 12 months) 0 (G' checked, indicate frequency of Addisonian "episode" in the state months) 0	PERSISTENT POLYURIA		
Image: Section VI - ADDISON'S DISEASE (ADRENCOORTICAL INSUFFICIENCY) SC. OTHER, DESCRIBE: Image: Section VI - ADDISON'S DISEASE (ADRENCOORTICAL INSUFFICIENCY) ADDES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? Image: Version of the section	REQUIRES CONTINUOUS HORMONAL THERAPY		
If yes, evaluate residuals with the appropriate DBQ pertaining to the affected body system. 5C. OTHER, DESCRIBE: SC. OTHER, DESCRIBE: GA_DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? (If "Yes," deck all that apply) (CORTICOSTEROID THERAPY REQUIRED FOR CONTROL. (If "Yes," deck all that apply) (If checked, indicate frequency of Addisonian crises in past 12 months) (If checked, indicate frequency of Addisonian "repisodes" in past 12 months) (If checked, indicate frequency of Addisonian "repisodes" in past 12 months) (If checked, indicate frequency of Addisonian "repisodes" in past 12 months) (If checked, indicate frequency of Addisonian "repisodes" in past 12 months) (If checked, indicate frequency of Addisonian "repisodes" in past 12 months) (If checked, indicate frequency of Addisonian "repisodes" in past 12 months) (If checked, indicate frequency of Addisonian "repisodes" in past 12 months) (If checked, indicate frequency of Addisonian "repisodes" in past 12 months) (If checked, indicate frequency of Addisonian the addoment, legs and back, fiver; apathy and depressed mentation with possible progression to comm, real spireture, spireture, addisonian crisis and many consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, pain in the abdoment, legs and back, fiver; apathy and depressed mentation with possible progressis to comm, real spir whynoly decine problema to comparence proble			
Sc. OTHER, DESCRIBE: Sc. OTHER, DESCRIBE: Sc. OTHER, DESCRIBE: Sc. Discrete Construction of the construction of t			
SECTION VI - ADDISON'S DISEASE (ADRENOCORTICAL INSUFFICIENCY) 6A. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? YES NO (f) "Yes," check all that apply) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL WEAKNESS AND FATIGABILITY ADDISONIAN ORBISIC facult adrenal insufficiency) (f) checked, indicate frequency of Addisonian crises in past 12 months) (g) 0 1 2 3 4 5 More than 5 ADDISONIAN ORBISIS (acue adrenal insufficiency) (f) checked, indicate frequency of Addisonian "episodes" in past 12 months) 0 0 1 2 3 4 5 More than 5 O THER (Specify): 68. FOR ALL CHECKED CONDITIONS, DESCRIBE: 69. FOR ALL CHECKED CONDITIONS, DESCRIBE: 69. FOR ALL CHECKED CONDITIONS, DESCRIBE: SECTION VII - OTHER ENDOCCRIME CONDITIONS SECTION VII - OTHER ENDOCRIME CONDITIONS THE VETERAN HAVE ANY OTHER ENDOCRINE CONDITIONS? YES NO 78. FY ES, SPECIFY CONDITION AND DESCRIBE ANY CURRENT FINDINGS, SIGNS AND SYMPTOMS:	If yes, evaluate residuals with the appropriate DBQ pertaining to the affected body system.		
6A. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? YES NO (If "Yes," check all that apply) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL WEAKNESS AND FATIGABILITY ADDISONIAN CRISIS (acute adrenal insufficiency) (If checked, indicate frequency of Addisonian crises in past 12 months) 0 1 2 3 4 5 More than 5 ADDISONIAN CRISIS (acute adrenal insufficiency) (If checked, indicate frequency of Addisonian "repisodes" in past 12 months) [] 0 1 2 3 4 5 More than 5 OTHER (Specify): 6B. FOR ALL CHECKED CONDITIONS, DESCRIBE: [] 6B. FOR ALL CHECKED CONDITIONS, DESCRIBE: NOTE: An Addisonian crisis consists of the rapid onset of peripheral vascular collapse (with acute hypotension and shock), with findings that may include anorexia; nausea; vomiting; dehydration; profound weakness; pain in the abdomen; legs and back; fever, apathy and depresed mentation with possible progression to coma, renal shutdown and death. FOR VI LOPENEE FOY A PUPDOSEs, an Addisonian "episode" is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension or hypoglycernia, but not peripheral vascular collapse. SECTION VII - OTHER ENDOCRINE CONDITIONS CA	5C. OTHER, DESCRIBE:		
6A. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? YES NO (If "Yes," check all that apply) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL WEAKNESS AND FATIGABILITY ADDISONIAN CRISIS (acute adrenal insufficiency) (If checked, indicate frequency of Addisonian crises in past 12 months) 0 1 2 3 4 5 More than 5 ADDISONIAN CRISIS (acute adrenal insufficiency) (If checked, indicate frequency of Addisonian "repisodes" in past 12 months) [] 0 1 2 3 4 5 More than 5 OTHER (Specify): 6B. FOR ALL CHECKED CONDITIONS, DESCRIBE: [] 6B. FOR ALL CHECKED CONDITIONS, DESCRIBE: NOTE: An Addisonian crisis consists of the rapid onset of peripheral vascular collapse (with acute hypotension and shock), with findings that may include anorexia; nausea; vomiting; dehydration; profound weakness; pain in the abdomen; legs and back; fever, apathy and depresed mentation with possible progression to coma, renal shutdown and death. FOR VI LOPENEE FOY A PUPDOSEs, an Addisonian "episode" is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension or hypoglycernia, but not peripheral vascular collapse. SECTION VII - OTHER ENDOCRINE CONDITIONS CA			
6A. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ADDISON'S DISEASE? YES NO (If "Yes," check all that apply) CORTICOSTEROID THERAPY REQUIRED FOR CONTROL WEAKNESS AND FATIGABILITY ADDISONIAN CRISIS (acute adrenal insufficiency) (If checked, indicate frequency of Addisonian crises in past 12 months) 0 1 2 3 4 5 More than 5 ADDISONIAN CRISIS (acute adrenal insufficiency) (If checked, indicate frequency of Addisonian "repisodes" in past 12 months) [] 0 1 2 3 4 5 More than 5 OTHER (Specify): 6B. FOR ALL CHECKED CONDITIONS, DESCRIBE: [] 6B. FOR ALL CHECKED CONDITIONS, DESCRIBE: NOTE: An Addisonian crisis consists of the rapid onset of peripheral vascular collapse (with acute hypotension and shock), with findings that may include anorexia; nausea; vomiting; dehydration; profound weakness; pain in the abdomen; legs and back; fever, apathy and depresed mentation with possible progression to coma, renal shutdown and death. FOR VI LOPENEE FOY A PUPDOSEs, an Addisonian "episode" is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension or hypoglycernia, but not peripheral vascular collapse. SECTION VII - OTHER ENDOCRINE CONDITIONS CA			
YES NO (// "Yes," check all that apply)	SECTION VI - ADDISON'S DISEASE (ADRENOCORTICAL INSUFFICIENCY)		
Image: Construction of the construc			
Mathematical Control of the control			
WEAKNESS AND FATIGABILITY ADDISONIAN CRISIS (acute adrenal insufficiency) (f checkel, indicate frequency of Addisonian crises in past 12 months) 0 1 2 3 4 5 More than 5 ADDISONIAN "EPISODES" (f checked, indicate frequency of Addisonian "episodes" in past 12 months) 0 1 2 3 4 5 More than 5 0 0 1 2 3 4 5 More than 5 0 0 1 2 3 4 5 More than 5 0 0 1 2 3 4 5 More than 5 0 0 1 2 3 4 5 More than 5 0 0 1 2 3 4 5 More than 5 68. FOR ALL CHECKED CONDITIONS, DESCRIBE: Motionian crisis consists of the rapid onset of peripheral vascular collapse (with acute hypotension and shock), with findings that may include anorexia; nausea; vomiting; dehydration; profound weakness; pain in the abdomen; legs and back; fever; apathy and depressed mentation with possible progression to coma, renal shutdown and death.			
Image: construct of the second sec			
O 1 2 3 4 5 More than 5 ADDISONIAN "EPISODES" (If checked, indicate frequency of Addisonian "episodes" in past 12 months) 0 1 2 3 4 5 More than 5 O THER (Specify):			
ADDISONIAN "EPISODES" (If checked, indicate frequency of Addisonian "episodes" in past 12 months) [0] 1] 2] 3] 4] 5] More than 5 [OTHER (Specify): 6B. FOR ALL CHECKED CONDITIONS, DESCRIBE: NOTE: An Addisonian crisis consists of the rapid onset of peripheral vascular collapse (with acute hypotension and shock), with findings that may include anorexia; nausea; vomiting; dehydration; profound weakness; pain in the abdomen; legs and back; fever; apathy and depressed mentation with possible progression to coma, renal shutdown and death. For VA purposes, an Addisonian "episode" is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension or hypoglycemia, but not peripheral vascular collapse. SECTION VII - OTHER ENDOCRINE CONDITIONS TA. DOES THE VETERAN HAVE ANY OTHER ENDOCRINE CONDITIONS? YES NO TB. IF YES, SPECIFY CONDITION AND DESCRIBE ANY CURRENT FINDINGS, SIGNS AND SYMPTOMS:			
Image: construction of the second			
OTHER (Specify): GB. FOR ALL CHECKED CONDITIONS, DESCRIBE: NOTE: An Addisonian crisis consists of the rapid onset of peripheral vascular collapse (with acute hypotension and shock), with findings that may include anorexia; nausea; vomiting; dehydration; profound weakness; pain in the abdomen; legs and back; fever; apathy and depressed mentation with possible progression to coma, renal shutdown and death. For VA purposes, an Addisonian "episode" is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension or hypoglycemia, but not peripheral vascular collapse. SECTION VII - OTHER ENDOCRINE CONDITIONS 7A. DOES THE VETERAN HAVE ANY OTHER ENDOCRINE CONDITIONS? YES NO 7B. IF YES, SPECIFY CONDITION AND DESCRIBE ANY CURRENT FINDINGS, SIGNS AND SYMPTOMS:			
6B. FOR ALL CHECKED CONDITIONS, DESCRIBE: NOTE: An Addisonian crisis consists of the rapid onset of peripheral vascular collapse (with acute hypotension and shock), with findings that may include anorexia; nausea; vomiting; dehydration; profound weakness; pain in the abdomen; legs and back; fever; apathy and depressed mentation with possible progression to coma, renal shutdown and death. For VA purposes, an Addisonian "episode" is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension or hypoglycemia, but not peripheral vascular collapse. SECTION VII - OTHER ENDOCRINE CONDITIONS 7A. DOES THE VETERAN HAVE ANY OTHER ENDOCRINE CONDITIONS? YES NO 7B. IF YES, SPECIFY CONDITION AND DESCRIBE ANY CURRENT FINDINGS, SIGNS AND SYMPTOMS:	0 1 1 2 3 4 5 More than 5		
NOTE: An Addisonian crisis consists of the rapid onset of peripheral vascular collapse (with acute hypotension and shock), with findings that may include anorexia; nausea; vomiting; dehydration; profound weakness; pain in the abdomen; legs and back; fever; apathy and depressed mentation with possible progression to coma, renal shutdown and death. For VA purposes, an Addisonian "episode" is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension or hypoglycemia, but not peripheral vascular collapse. SECTION VII - OTHER ENDOCRINE CONDITIONS TA. DOES THE VETERAN HAVE ANY OTHER ENDOCRINE CONDITIONS? YES NO 7B. IF YES, SPECIFY CONDITION AND DESCRIBE ANY CURRENT FINDINGS, SIGNS AND SYMPTOMS:	OTHER (Specify):		
nausea; vomiting; dehydration; profound weakness; pain in the abdomen; legs and back; fever; apathy and depressed mentation with possible progression to coma, renal shutdown and death. For VA purposes, an Addisonian "episode" is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension or hypoglycemia, but not peripheral vascular collapse.	6B. FOR ALL CHECKED CONDITIONS, DESCRIBE:		
nausea; vomiting; dehydration; profound weakness; pain in the abdomen; legs and back; fever; apathy and depressed mentation with possible progression to coma, renal shutdown and death. For VA purposes, an Addisonian "episode" is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension or hypoglycemia, but not peripheral vascular collapse.			
nausea; vomiting; dehydration; profound weakness; pain in the abdomen; legs and back; fever; apathy and depressed mentation with possible progression to coma, renal shutdown and death. For VA purposes, an Addisonian "episode" is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension or hypoglycemia, but not peripheral vascular collapse.			
shutdown and death. For VA purposes, an Addisonian "episode" is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension or hypoglycemia, but not peripheral vascular collapse. SECTION VII - OTHER ENDOCRINE CONDITIONS 7A. DOES THE VETERAN HAVE ANY OTHER ENDOCRINE CONDITIONS? YES NO 7B. IF YES, SPECIFY CONDITION AND DESCRIBE ANY CURRENT FINDINGS, SIGNS AND SYMPTOMS:	NOTE: An Addisonian crisis consists of the rapid onset of peripheral vascular collapse (with acute hypotension and shock), with findings that may include anorexia;		
dehydration, weakness, malaise, orthostatic hypotension or hypoglycemia, but not peripheral vascular collapse. SECTION VII - OTHER ENDOCRINE CONDITIONS 7A. DOES THE VETERAN HAVE ANY OTHER ENDOCRINE CONDITIONS? YES NO 7B. IF YES, SPECIFY CONDITION AND DESCRIBE ANY CURRENT FINDINGS, SIGNS AND SYMPTOMS:	shutdown and death.		
7A. DOES THE VETERAN HAVE ANY OTHER ENDOCRINE CONDITIONS? YES NO 7B. IF YES, SPECIFY CONDITION AND DESCRIBE ANY CURRENT FINDINGS, SIGNS AND SYMPTOMS:	For VA purposes, an Addisonian "episode" is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension or hypoglycemia, but not peripheral vascular collapse.		
YES NO 7B. IF YES, SPECIFY CONDITION AND DESCRIBE ANY CURRENT FINDINGS, SIGNS AND SYMPTOMS:	SECTION VII - OTHER ENDOCRINE CONDITIONS		
7B. IF YES, SPECIFY CONDITION AND DESCRIBE ANY CURRENT FINDINGS, SIGNS AND SYMPTOMS:	7A. DOES THE VETERAN HAVE ANY OTHER ENDOCRINE CONDITIONS?		
	7B. IF YES, SPECIFY CONDITION AND DESCRIBE ANY CURRENT FINDINGS, SIGNS AND SYMPTOMS:		
Endocrine Diseases Disability Benefits Questionnaire Updated on April 16, 2020 ~v20_1			

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?
8B. IS THE NEOPLASM:
BENIGN MALIGNANT
(If malignant, indicate status of disease)
SURGERY (If checked, describe):
RADIATION
X-RAY TREATMENT
WATCHFUL WAITING
OTHER (If checked, describe):
Anticipated date of final treatment (surgical, antineoplastic chemotherapy, radiation, X-ray treatment, or other):
SURGERY (If checked, describe):
ANTINEOPLASTIC CHEMOTHERAPY
X-RAY TREATMENT
WATCHFUL WAITING
OTHER (If checked, 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 SECTION I. DESCRIBE USING
THE ABOVE FORMAT:
SECTION IX - OTHER PERTINENT PHYSICAL FINDINGS, SCARS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS
9A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION?
YES NO
(If "Yes," describe - brief summary)
Endesrine Disasces Disability Repetite Questionnaire

SECTION IX - OTHER PERTINENT PHYSICAL FINDINGS, SCARS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS (Continued)				
9B. 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)				
9C. COMMENTS, IF ANY:				
SECTIO	ON X - DIAGNOSTIC TESTING			
NOTE: If diagnostic test results are in the medical record and reflect th				
10A. HAVE IMAGING STUDIES BEEN PERFORMED?				
YES NO (If "Yes," check all that apply)				
Magnetic resonance imaging (MRI) Date:	Results:			
Computed tomography (CT) Date:	Results:			
Other: Date:	Results:			
10B. HAS LABORATORY TESTING BEEN PERFORMED?				
YES NO (If "Yes," indicate type of test, date and results) Ture of test Date:	Desulta			
Type of test: Date: Type of test: Date:	Results:			
	Results:			
Type of test: Date:	Results:			
10C. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FIND	DINGS AND/OR RESULTS?			
YES NO				
If "Yes," indicate type of test or procedure, date and results (brief s	ummary):			
SECTION XI - FUNCTIONAL IMPACT				
11. DOES THE VETERAN'S ENDOCRINE CONDITION IMPACT HIS OR HER ABILITY TO WORK?				
YES NO (If "Yes," describe the impact of each of the Veteran's endocrine conditions providing one or more examples)				

SECTION XIII - EXAMINER'S CERTIFICATION AND SIGNATURE

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

13A. Examiner's signature:

13B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

13C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice): 13

denos/opecially (e.g. Cardiology, Chilopedics, Fistoriology/Fistorially, Centeral Fractice).

13D. Date Signed:

13E. Examiner's phone/fax numbers:

13F. National Provider Identifier (NPI) number:

13G. Medical license number and state:

13H. Examiner's address: