



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 the request of:

Veteran/Claimant

Other, please describe:

[Empty text box for describing other requestor]

Are you a VA Healthcare provider?  Yes  No

Is the Veteran regularly seen as a patient in your clinic?  Yes  No

Was the Veteran examined in person?  Yes  No

If no, how was the examination conducted?

[Empty text box for describing examination method]

**EVIDENCE REVIEW**

Evidence reviewed:

No records were reviewed

Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

[Large empty text box for identifying evidence reviewed]

**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 - EXAMINER'S CERTIFICATION AND SIGNATURE**

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

8A. Examiner's signature:

8B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

8C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

8D. Date Signed:

8E. Examiner's phone/fax numbers:

8F. National Provider Identifier (NPI) number:

8G. Medical license number and state:

8H. Examiner's address: