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Note:

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Name:

SSN:

Date of Exam:

C-number:

Place of Exam:

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

Comment on:

1. If veteran alleges flare-ups, describe, *per veteran*, precipitating factors, aggravating factors, alleviating factors, alleviating medications, frequency, severity, duration and whether the flare-ups include pain, weakness, fatigue or functional loss.
2. Current treatment, response, and side effects.
3. State whether condition has stabilized.
4. Seizures - type, frequency.
5. Headache, dizziness, etc.

C. Physical Examination (Objective Findings):

Address each of the following and fully describe current findings:

1. If a tumor is or was present, note location, type, and whether or not it is malignant. If a malignancy is present but is now cured or in remission, report the date of last surgery, radiation therapy, chemotherapy or other treatment.
2. Describe in detail the motor and sensory impairment of all affected nerves.
3. Describe in detail any functional impairment of the peripheral and autonomic systems.
4. *A detailed assessment of each affected joint is required.*
 - a. Using a goniometer, measure the *passive* and *active* range of motion, including movement against gravity and against strong resistance.
 - b. If the joint is painful on motion, state at what point in the range of motion pain begins and ends.
 - c. Describe presence or absence of: pain (including pain on repeated use); fatigue; weakness; lack of endurance; and

incoordination.

5. Describe any psychiatric manifestations in detail - see worksheets for mental disorders.
6. Eye examination.
7. State if the veteran has bladder or bowel functional impairment. If present, state whether partial or total, intermittent or constant and what measures are taken as a result of the impairment.
8. State if the veteran is capable of managing his or her benefit payments in his or her own best interest without restriction. (A physical disability which prevents the veteran from attending to financial matters in person is not a proper basis for a finding of incompetency unless the veteran is, by reason of that disability, incapable of directing someone else in handling the individual's financial affairs.)
9. If smell or taste is affected, also complete the appropriate worksheet.

D. Diagnostic and Clinical Tests:

1. Skull X-rays to measure bony defect, if there was surgery; spine X-rays if there was spinal cord surgery.
2. Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

F. Additional Limitation of Joint Function:

Impairment of joint function is determined by actual range of joint motion as reported in the physical examination and additional limitation of joint function caused by the following factors:

- Pain, including pain on repeated use
- Fatigue
- Weakness
- Lack of endurance
- Incoordination

Do any of the above factors additionally limit joint function? If so, express the additional limitation in degrees.

Indicate if you cannot determine, without resort to mere speculation, whether any

of these factors cause additional functional loss. For example, indicate if you would need to resort to mere speculation in order to express additional limitation due to repetitive use.

Signature:

Date: