



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

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?

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.

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 - EXAMINER'S CERTIFICATION AND SIGNATURE

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

13A. Examiners 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):

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: