

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 NOW HAVE OR HAS HE/SHE EVER HAD ANY CONDITION OF THE RECTUM OR ANUS?

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

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

- Internal or external hemorrhoids ICD code: \_\_\_\_\_ Date of diagnoses: \_\_\_\_\_
- Anal/perianal fistula ICD code: \_\_\_\_\_ Date of diagnoses: \_\_\_\_\_
- Rectal stricture ICD code: \_\_\_\_\_ Date of diagnoses: \_\_\_\_\_
- Impairment of rectal sphincter control ICD code: \_\_\_\_\_ Date of diagnoses: \_\_\_\_\_
- Rectal prolapse ICD code: \_\_\_\_\_ Date of diagnoses: \_\_\_\_\_
- Pruritus ani ICD code: \_\_\_\_\_ Date of diagnoses: \_\_\_\_\_
- Other, specify below:  
Other diagnoses #1: \_\_\_\_\_ ICD code: \_\_\_\_\_ Date of diagnoses: \_\_\_\_\_  
Other diagnoses #2: \_\_\_\_\_ ICD code: \_\_\_\_\_ Date of diagnoses: \_\_\_\_\_

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO RECTUM OR ANUS CONDITIONS, LIST USING ABOVE FORMAT:

**SECTION II - MEDICAL HISTORY**

2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S RECTUM OR ANUS CONDITIONS (brief summary):

2B. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING CONTINUOUS MEDICATION FOR THE DIAGNOSED CONDITIONS?

YES  NO

IF YES, LIST ONLY THOSE MEDICATIONS USED FOR THE DIAGNOSED CONDITIONS: \_\_\_\_\_

**SECTION III - SIGNS AND SYMPTOMS**

3. DOES THE VETERAN HAVE ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO ANY OF THE DIAGNOSES IN SECTION 1, DIAGNOSIS?

YES  NO IF YES, SPECIFY THE CONDITIONS BELOW AND COMPLETE THE APPROPRIATE SECTIONS.

INTERNAL OR EXTERNAL HEMORRHOIDS

IF CHECKED, INDICATE SEVERITY (check all that apply):

- Mild or moderate  
If checked, describe: \_\_\_\_\_
- Large or thrombotic, irreducible, with excessive redundant tissue, evidencing frequent recurrences
- With persistent bleeding
- With secondary anemia  
If checked, provide hemoglobin/hematocrit in Diagnostic Testing Section.
- With fissures
- Other, describe: \_\_\_\_\_

ANAL/PERIANAL FISTULA

IF CHECKED, INDICATE SEVERITY (check all that apply):

- Slight impairment of sphincter control, without leakage  
If checked, describe: \_\_\_\_\_
- Leakage necessitates wearing of pad
- Constant slight leakage
- Occasional moderate leakage
- Occasional involuntary bowel movements
- Extensive leakage
- Fairly frequent involuntary bowel movements
- Complete loss of sphincter control
- Other, describe: \_\_\_\_\_

**SECTION III - SYMPTOMS OF RECTUM OR ANUS CONDITION(S) (Continued)**

RECTAL STRICTURE

IF CHECKED, INDICATE SEVERITY (check all that apply):

- Moderate reduction of lumen
- Great reduction of lumen
- Moderate constant leakage
- Extensive leakage
- Requiring colostomy (which is present)
- Other, describe: \_\_\_\_\_

IMPAIRMENT OF RECTAL SPHINCTER CONTROL

IF CHECKED, INDICATE SEVERITY (check all that apply):

- Slight impairment of sphincter control, without leakage  
If checked, describe: \_\_\_\_\_
- Leakage necessitates wearing of pad
- Constant slight leakage
- Occasional moderate leakage
- Occasional involuntary bowel movements
- Extensive leakage
- Fairly frequent involuntary bowel movements
- Complete loss of sphincter control
- Other, describe: \_\_\_\_\_

RECTAL PROLAPSE

IF CHECKED, INDICATE SEVERITY (check all that apply):

- Mild with constant slight or occasional moderate leakage
- Moderate, persistent or frequently recurring
- Severe (or complete), persistent
- Other, describe: \_\_\_\_\_

PRURITUS ANI

IF CHECKED, INDICATE UNDERLYING CONDITION AND DESCRIBE: \_\_\_\_\_

(If appropriate complete a questionnaire for each underlying condition, such as VA Form 21-0960F-2, Skin Diseases Disability Benefits Questionnaire)

**SECTION IV - EXAM**

4. PROVIDE RESULTS OF EXAMINATION OF RECTAL/ANAL AREA (check all that apply):

- No exam performed for this condition; provide reason: \_\_\_\_\_
- Normal; no external hemorrhoids, anal fissures or other abnormalities
- No external hemorrhoids; skin tags only
- Small or moderate external hemorrhoids
- Large external hemorrhoids
- Thrombotic external hemorrhoids
- Reducible external hemorrhoids
- Irreducible external hemorrhoids
- Excessive redundant tissue
- Anal fissure(s)  
If checked, describe: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

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

5A. 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):

**SECTION V - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS (Continued)**

5B. 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, 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.

5C. COMMENTS, IF ANY:

**SECTION VI - DIAGNOSTIC TESTING**

**NOTE** - If imaging studies, diagnostic procedures or laboratory testing have been performed and reflect the veteran's current condition, no further testing is required for this examination report.

6A. HAS LABORATORY TESTING BEEN PERFORMED?

YES  NO

IF YES, CHECK ALL THAT APPLY:

CBC (*if anemia due to any intestinal condition is suspected or present*) Date of test: \_\_\_\_\_

Hemoglobin: \_\_\_\_\_ Hematocrit: \_\_\_\_\_ White blood cell count: \_\_\_\_\_ Platelets: \_\_\_\_\_

Other, specify: \_\_\_\_\_ Date of test: \_\_\_\_\_ Results: \_\_\_\_\_

6B. HAVE IMAGING STUDIES OR DIAGNOSTIC PROCEDURES BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

YES  NO

IF YES, PROVIDE TYPE OF TEST OR PROCEDURE, DATE AND RESULTS (*brief summary*):

6C. 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 VII - FUNCTIONAL IMPACT**

7. DOES THE VETERAN'S RECTUM OR ANUS CONDITION IMPACT HIS OR HER ABILITY TO WORK?

YES  NO (*If "Yes," describe the impact of each of the veteran's rectum or anus conditions, providing one or more examples*):

**SECTION VIII - REMARKS**

8. REMARKS *(If any)*

**SECTION IX - EXAMINER'S CERTIFICATION AND SIGNATURE**

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

9A. Examiner's signature:

9B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

9C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

9D. Date Signed:

9E. Examiner's phone/fax numbers:

9F. National Provider Identifier (NPI) number:

9G. Medical license number and state:

9H. Examiner's address: