



**INTESTINAL SURGERY (BOWEL RESECTION, COLOSTOMY, ILEOSTOMY)
DISABILITY BENEFITS 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 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. HAS THE VETERAN HAD INTESTINAL SURGERY?

YES NO

SECTION I - DIAGNOSIS (continued)

1B. IF YES, SELECT THE VETERAN'S CONDITION (check all that apply)

- RESECTION OF THE SMALL INTESTINE ICD code: _____ Date of diagnosis: _____ Reason for surgery: _____
- RESECTION OF THE LARGE INTESTINE ICD code: _____ Date of diagnosis: _____ Reason for surgery: _____
- PERITONEAL ADHESIONS ATTRIBUTABLE TO RESECTION OF THE LARGE OR SMALL INTESTINE. ICD code: _____ Date of diagnosis: _____ Reason for surgery: _____

If checked, also complete the Peritoneal Adhesions Questionnaire.

- PERSISTENT FISTULA ICD code: _____ Date of diagnosis: _____ Reason for surgery: _____
- OTHER INTESTINAL SURGERY, SPECIFY DIAGNOSES BELOW, PROVIDING ONLY DIAGNOSES THAT PERTAIN TO INTESTINAL SURGERY:
OTHER DIAGNOSIS #1: _____ ICD code: _____ Date of diagnosis: _____ Reason for surgery: _____
OTHER DIAGNOSIS #2: _____ ICD code: _____ Date of diagnosis: _____ Reason for surgery: _____

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO INTESTINAL SURGERY, LIST USING ABOVE FORMAT:

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S INTESTINAL SURGERY (brief summary):

2B. IS CONTINUOUS MEDICATION REQUIRED FOR CONTROL OF THE VETERAN'S INTESTINAL CONDITION(S)?

- YES NO If "Yes," list only those medications required for the intestinal conditions

SECTION III - SIGNS AND SYMPTOMS

3A. DOES THE VETERAN HAVE ANY SIGNS OR SYMPTOMS ATTRIBUTABLE TO ANY INTESTINAL SURGERY?

- YES NO If "Yes," check all that apply
- Slight symptoms attributable to resection of large intestine. If checked, describe: _____
 - Moderate symptoms attributable to resection of large intestine. If checked, describe: _____
 - Severe symptoms, objectively supported by examination findings, attributable to resection of large intestine. If checked, describe: _____

 - Abdominal pain and/or colic pain. If checked, describe: _____
 - Diarrhea. If checked, describe: _____
 - Alternating diarrhea and constipation. If checked, describe: _____
 - Abdominal distension. If checked, describe: _____
 - Anemia. If checked, provide hemoglobin/hematocrit in Section 9, Diagnostic Testing.
 - Nausea. If checked, describe: _____
 - Vomiting. If checked, describe: _____
 - Pulling pain on attempting work or aggravated by movements of the body.
 - Other, describe: _____

SECTION IV - WEIGHT LOSS

4A. DOES THE VETERAN HAVE WEIGHT LOSS OR INABILITY TO GAIN WEIGHT ATTRIBUTABLE TO INTESTINAL SURGERY?

YES NO If "Yes," complete the following section

4B. PROVIDE VETERAN'S BASELINE WEIGHT AND CURRENT WEIGHT (For VA purposes, baseline weight is the average weight for a 2-year period preceding onset of disease)

Baseline weight: _____ Current weight: _____

4C. HAS THE VETERAN'S WEIGHT LOSS BEEN SUSTAINED FOR 3 MONTHS OR LONGER?

YES NO

4D. HAS THE VETERAN BEEN UNABLE TO REGAIN WEIGHT DESPITE APPROPRIATE THERAPY?

YES NO

SECTION V - ABSORPTION AND NUTRITION

5. DOES THE VETERAN HAVE ANY INTERFERENCE WITH ABSORPTION AND NUTRITION ATTRIBUTABLE TO RESECTION OF THE SMALL INTESTINE?

YES NO NOT APPLICABLE

IF YES, DOES THIS CAUSE IMPAIRMENT OF HEALTH OBJECTIVELY SUPPORTED BY EXAMINATION FINDINGS INCLUDING DEFINITE AND/OR MATERIAL WEIGHT LOSS?

YES NO

IF YES, IS IMPAIRMENT OF HEALTH SEVERE?

YES NO

INDICATE SEVERITY OF INTERFERENCE WITH ABSORPTION AND NUTRITION:

Definite Marked

SECTION VI - OSTOMY

6. DID THE VETERAN'S INTESTINAL CONDITION REQUIRE AN ILEOSTOMY OR COLOSTOMY?

YES NO IF YES, DESCRIBE:

SECTION VII - FISTULA

7. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER HAD A PERSISTENT INTESTINAL FISTULA ATTRIBUTABLE TO A SURGICAL INTESTINAL CONDITION?

YES NO

IF YES, DOES THE VETERAN HAVE FECAL DISCHARGE ATTRIBUTABLE TO THIS?

YES NO

IF YES, INDICATE THE SEVERITY AND FREQUENCY OF FECAL DISCHARGE (check all that apply):

- Slight
- Copious
- Infrequent
- Frequent
- Constant
- Other, describe:

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

8A. 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):

8B. 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 Comments Section below. It is not necessary to also complete a Scars DBQ.

8C. COMMENTS, IF ANY:

SECTION IX - DIAGNOSTIC TESTING

NOTE: If imaging studies, diagnostic procedures or laboratory testing have been performed and reflect the Veteran's current condition, no further studies or testing are required for this examination.

9A. 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 _____

Date of test: _____

Results: _____

9B. 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):

SECTION IX - DIAGNOSTIC TESTING (continued)

9C. 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 X - FUNCTIONAL IMPACT

10. DO ANY OF THE VETERAN'S INTESTINAL SURGERY RESIDUALS IMPACT HIS OR HER ABILITY TO WORK?

YES NO If "Yes," describe the impact of each of the Veteran's surgery residuals including any ongoing symptoms of original cause of surgery that may be hard to distinguish from post-surgical residuals, providing one or more examples.

SECTION XI - REMARKS

11. REMARKS (If any)

SECTION XII - EXAMINER'S CERTIFICATION AND SIGNATURE

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

12A. Examiner's signature:

12B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

12C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

12D. Date Signed:

12E. Examiner's phone/fax numbers:

12F. National Provider Identifier (NPI) number:

12G. Medical license number and state:

12H. Examiner's address: