

## **Mental Disorders (Except initial PTSD and Eating Disorders) Examination**

Name:

SSN:

Date of Exam:

C-number:

Place of Exam:

*The following health care providers can perform initial examinations for Mental Disorders:*

*board-certified or board "eligible" psychiatrist;*

*a licensed doctorate-level psychologist;*

*a doctorate-level mental health provider under the close supervision of a board-certified or board eligible psychiatrist or licensed doctorate-level psychologist;*

*a psychiatry resident under close supervision of a board-certified or board eligible psychiatrist or licensed doctorate-level psychologist; or*

*a clinical or counseling psychologist completing a one-year internship or residency (for purposes of a doctorate-level degree) under close supervision of a board-certified or eligible psychiatrist or licensed doctorate-level psychologist.*

*The following health care providers can perform review examinations for Mental Disorders:*

*a board-certified psychiatrist or board "eligible" psychiatrist;*

*a licensed doctorate-level psychologist;*

*a doctorate-level mental health provider under close supervision of a board-certified or board eligible psychiatrist or licensed doctorate-level psychologist;*

*a psychiatry resident under close supervision of a board-certified or board eligible psychiatrist or licensed doctorate-level psychologist;*

*a clinical or counseling psychologist completing a one-year internship or residency (for purposes of a doctorate-level degree) under close supervision of a board-certified or board eligible psychiatrist or licensed doctorate-level psychologist;*

*a licensed clinical social worker (LCSW);*

*a nurse practitioner, a clinical nurse specialist or physician assistant, if they are clinically privileged to perform activities required for C&P mental disorder examinations, under the close supervision of a board-certified or board eligible psychiatrist or licensed doctorate-level psychologist.*

### **A. Review of Medical Records:**

### **B. Medical History (Subjective Complaints):**

Comment on:

#### **1. Past Medical History:**

- a. Previous hospitalizations and outpatient care.
- b. Medical and occupational history from the time between last rating examination and the

present, **unless** the purpose of this examination is to **ESTABLISH** service connection, then the complete medical, occupational and social history pre-military, military and since discharge from military service is required.

- c. Substance use and its consequences.

**2. Present Medical, Occupational, and Social History** - over the past one year.

- a. Frequency, severity and duration of psychiatric symptoms.
- b. Length of remissions, to include capacity for adjustment during periods of remissions.
- c. Social functioning and adjustment.
- d. Substance use and its consequences.
- e. Extent of time lost from work over the past 12 month period. If employed, identify current occupation and length of time at this job. If unemployed, note in *complaints* whether veteran contends it is due to the effects of a mental disorder. Further indicate following **DIAGNOSIS** what factors, and objective findings support or rebut that contention.
- f. Treatments including statement on effectiveness and side effects experienced.

**3. Subjective Complaints:**

- a. Describe fully.

**C. Examination (Objective Findings):**

Address each of the following and fully describe:

1. Mental status exam to confirm or establish diagnosis in accordance with DSM-IV.
2. Additionally, to allow evaluation by the rating specialist, describe and fully explain the existence, frequency, and extent of the following signs and symptoms, or any others present, and relate how they interfere with employment and social functioning:
  - a. Impairment of thought process or communication.
  - b. Delusions, hallucinations and their persistence.
  - c. Inappropriate behavior cited with examples.
  - d. Suicidal or homicidal thoughts, ideations or plans or intent.
  - e. Ability to maintain minimal personal hygiene and other basic activities of daily living.
  - f. Orientation to person, place and time.
  - g. Memory loss or impairment (both short and/or long term).
  - h. Obsessive or ritualistic behavior that interfere with routine activities.
  - i. Rate and flow of speech and note irrelevant, illogical, or obscure speech patterns and whether constant or intermittent.
  - j. Panic attacks noting the severity, duration, frequency and effect on independent functioning and whether clinically observed or good evidence of prior clinical or equivalent observation.
  - k. Depression, depressed mood or anxiety.

- l. Impaired impulse control and its effect on motivation or mood.
- m. Sleep impairment and describe extent it interferes with daytime activities.
- n. Other symptoms and the extent to which they interfere with activities.

**D. Diagnostic Tests:**

- 1. Provide psychological testing if deemed necessary.
- 2. If testing is requested, the results must be reported and considered in arriving at the diagnosis.
- 3. Provide any specific evaluation information required by the rating board or on **BVA Remand** (in claims folder).
  - a. **CAPACITY TO MANAGE FINANCIAL AFFAIRS** Mental competency, for VA benefits purposes, refers only to the ability of the veteran to manage VA benefit payments in his or her own best interest, and not to any other subject. Mental incompetence, for VA benefits purposes, means that the veteran, because of injury or disease, is not capable of managing benefit payments in his or her best interest. In order to assist raters in making a legal determination as to competency, please address the following:
    - o What is the impact of injury or disease on the veteran's ability to manage his or her financial affairs, including consideration of such things as knowing the amount of his or her VA benefit payment, knowing the amounts and types of bills owed monthly, and handling the payment prudently? Does the veteran handle the money and pay the bills?
    - o Based on your examination, do you believe that the veteran is capable of managing his or her financial affairs? Please provide examples to support your conclusion.
    - o If you believe a Social Work Service assessment is needed before you can give your opinion on the veteran's ability to manage his or her financial affairs, please explain why.
  - b. **Other Opinion:** Furnish any other specific opinion requested by the rating board or BVA Remand furnishing the complete rationale and citation of medical texts or treatise supporting opinion, if medical literature review was undertaken. If the requested opinion is medically not ascertainable on exam or testing, please indicate **why**. If the requested opinion cannot be expressed without resorting to speculation or making improbable assumptions say so, and explain why. If the opinion asks "...is it at least as likely as not...?", fully explain the clinical findings and rationale for the opinion.
- 4. Include results of all diagnostic and clinical tests conducted in the examination report.

**E. Diagnosis:**

Provide:

1. The Diagnosis must conform to DSM-IV and be supported by the findings on the examination report.
2. If the diagnosis is changed, explain fully whether the new diagnosis represents a progression of the prior diagnosis or development of a new and separate condition.
3. If there are multiple mental disorders, delineate to the extent possible the symptoms associated with each and a discussion of relationship.
4. Evaluation is based on the effects of the signs and symptoms on occupational and social functioning.

**NOTE:** VA is prohibited by statute, 38 U.S.C. 1110, from paying compensation for a disability that is a result of the veteran's own ALCOHOL OR DRUG ABUSE. However, when a veteran's alcohol or drug abuse disability is secondary to or is caused or aggravated by a primary service-connected disorder, the veteran may be entitled to compensation. See *Allen v. Principi*, 237 F.3d 1368, 1381 (Fed. Cir. 2001). Therefore, it is important to determine the relationship, if any, between a service-connected disorder and a disability resulting from the veteran's alcohol or drug abuse. Unless alcohol or drug abuse is secondary to or is caused or aggravated by another mental disorder, you should separate, to the extent possible, the effects of the alcohol or drug abuse from the effects of the other mental disorder(s). If it is not possible to separate the effects in such cases, please explain why.

**F. Global Assessment of Functioning (GAF):**

**NOTE:** The complete multi-axial format as specified by DSM-IV may be required by BVA REMAND or specifically requested by the rating specialist. If so, include the GAF score and note whether it refers to current functioning. A BVA REMAND may also request, in addition to an overall GAF score, that a separate GAF score be provided for each mental disorder present when there are multiple Axis I or Axis II diagnoses and not all are service-connected. If separate GAF scores can be given, an explanation and discussion of the rationale is needed. If it is not possible, an explanation as to why not is needed. (See the above note pertaining to alcohol or drug abuse, the effects of which cannot be used to assess the effects of a service-connected condition.)

**G. Effects of the Mental Disorder on Occupational and Social Functioning:**

Evaluation of Mental Disorders is based on their effects on occupational and social functioning. Select the appropriate assessment of the veteran from the choices below:

- Total occupational and social impairment due to Mental Disorder signs and symptoms.

Provide examples and pertinent symptoms, including those already reported.

OR

- Mental Disorder signs and symptoms result in deficiencies in most of the following areas:

work, school, family relations, judgment, thinking, and mood.

Provide examples and pertinent symptoms, including those already reported for each affected area.

OR

- There is reduced reliability and productivity due to Mental Disorder signs and symptoms.

Provide examples and pertinent symptoms, including those already reported.

OR

- There is occasional decrease in work efficiency or there are intermittent periods of inability to perform occupational tasks due to Mental Disorder signs and symptoms, but generally satisfactory functioning (routine behavior, self-care, and conversation normal.)

Provide examples and pertinent symptoms, including those already reported.

OR

- There is Mental Disorder signs and symptoms that are transient or mild, which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress.

Provide examples and pertinent symptoms, including those already reported.

OR

- Mental Disorder symptoms require continuous medication.

OR

- Select all that apply:
- Mental Disorder symptoms are not severe enough to require continuous medication.
- Mental Disorder symptoms are not severe enough to interfere with occupational and social functioning.

Include your name; your credentials (i.e., a board certified psychiatrist, a licensed psychologist, a psychiatry resident or a psychology intern, LCSW, or NP); and circumstances under which you performed the examination, if applicable, (i.e., under the close supervision of an attending psychiatrist or psychologist); include name of supervising psychiatrist or psychologist.

Signature:

Date:

Signature of Supervising psychiatrist or psychologist:

Date:

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