Department of Veterans Affairs

HEART CONDITIONS (INCLUDING ISCHEMIC AND NON-ISCHEMIC HEART DISEASE, ARRHYTHMIAS, VALVULAR DISEASE AND CARDIAC SURGERY) DISABILITY BENEFITS QUESTIONNAIRE

Name of Claimant/Veteran:	Claimant/Veteran's Social Security Number:	Date of Examination:

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

Note: These are condition(s) for which an evaluation has been requested on the exam request form (Internal VA) or for which the Veteran has requested medical evidence be provided for submission to VA.

1A. List the claimed conditions that pertain to this questionnaire: _____

Note: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the remarks section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis or an approximate date determined through record review or reported history.

1B. Select diagnoses associated with the claimed condition(s) (check all that apply):

☐ The Veteran does not have a current diagnosis associated with any claimed conditions listed above. (Explain your findings and reasons in the remarks section)

☐	Acute, subacute, or old myocardial infarction	ICD Code:	Date of diagnosis:	
☐	Atherosclerotic cardiovascular disease	ICD Code:	Date of diagnosis:	
☐	Unstable angina	ICD Code:	Date of diagnosis:	
☐	Stable angina	ICD Code:	Date of diagnosis:	
☐	Arteriosclerotic heart disease (Coronary artery disease)	ICD Code:	Date of diagnosis:	
☐	Coronary spasm, including Prinzmetal's angina	ICD Code:	Date of diagnosis:	
☐	Congestive heart failure	ICD Code:	Date of diagnosis:	
☐	Bradycardia (bradyarrhythmia)	ICD Code:	Date of diagnosis:	
☐	Ventricular arrhythmia	ICD Code:	Date of diagnosis:	
☐	Supraventricular arrhythmia (supraventricular tachycardia)	ICD Code:	Date of diagnosis:	
☐	Automatic implantable cardioverter defibrillator (AICD)	ICD Code:	Date of diagnosis:	
☐	Implanted cardiac pacemaker	ICD Code:	Date of diagnosis:	
☐	Cardiac/Heart transplant	ICD Code:	Date of diagnosis:	
☐	Valvular heart disease	ICD Code:	Date of diagnosis:	
☐	Heart block	ICD Code:	Date of diagnosis:	
☐	Other infectious heart conditions	ICD Code:	Date of diagnosis:	
☐	Hyperthyroid heart disease (if checked also complete the Thyroid/ Parathyroid questionnaire)	ICD Code:	Date of diagnosis:	
☐	Syphilitic heart disease	ICD Code:	Date of diagnosis:	
☐	Pericarditis	ICD Code:	Date of diagnosis:	
☐	Endocarditis	ICD Code:	Date of diagnosis:	
☐	Rheumatic heart disease	ICD Code:	Date of diagnosis:	
☐	Active valvular infection	ICD Code:	Date of diagnosis:	
☐	Coronary artery bypass graft	ICD Code:	Date of diagnosis:	
☐	Heart valve replacement (prosthesis)	ICD Code:	Date of diagnosis:	
☐	Cardiomyopathy	ICD Code:	Date of diagnosis:	
☐	Hypertensive heart disease	ICD Code:	Date of diagnosis:	
☐	Pericardial adhesions	ICD Code:	Date of diagnosis:	
☐	Other heart condition (specify)			
	Other diagnosis #1	ICD Code:	Date of diagnosis:	
	Other diagnosis #2	ICD Code:	Date of diagnosis:	
	Other diagnosis #3	ICD Code:	Date of diagnosis:	

If there are additional diagnoses that pertain to heart conditions, list using above format:

SECTION II - MEDICAL HISTORY

2A. Describe the history (including onset and course) of the Veteran's heart condition (brief summary):

2B. Do any of the Veteran's heart conditions qualify within the generally accepted medical definition of Ischemic Heart Disease (IHD)? ◯ Yes ◯ No

If yes, list the conditions that qualify:

2C. Provide the etiology, if known, of each of the Veteran's heart conditions, including the relationship/causality to other heart conditions, particularly the relationship/causality to the Veteran's IHD conditions, if any:

Heart condition #1 (provide etiology): _____

Heart condition #2 (provide etiology): _____

If there are additional heart conditions, list and provide etiology, using above format:

2D. Is continuous medication required for control of the Veteran's heart condition? ◯ Yes ◯ No

If yes, list the medications required for the Veteran's heart condition (include name of medication and heart condition it is used for; such as Atenolol for myocardial infarction or atrial fibrillation):

SECTION III - MYOCARDIAL INFARCTION (MI)

3A. Has the Veteran had an MI? ◯ Yes ◯ No If yes, complete the following:

MI #1 Date and treatment facility: _____

MI #2 Date and treatment facility: _____

If the Veteran has had additional MIs, list using above format:

SECTION IV - ARRHYTHMIA

4A. Has the Veteran had a cardiac arrhythmia? ◯ Yes ◯ No If yes, complete the following:

Note: A treatment intervention occurs whenever a symptomatic patient requires intravenous pharmacologic adjustment, cardioversion, and/or ablation for symptom relief.

☐ Asymptomatic bradycardia (bradyarrhythmia)

☐ Bradycardia (bradyarrhythmia), symptomatic, requiring permanent pacemaker implantation

☐ Supraventricular tachycardia documented by electrocardiogram (ECG) (if checked, indicate type of treatment)

- ☐ Treatment intervention (specify the type and number of treatment interventions per year)
  - ☐ Intravenous pharmacologic adjustment ☐ Cardioversion ☐ Ablation for symptom relief
  - ☐ 0 ☐ 1 - 4 ☐ 5 or more
- ☐ Continuous use of oral medications to control
- ☐ Use of vagal maneuvers to control
- ☐ No treatment

☐ Atrioventricular block (if checked, select type)

- ☐ First degree ☐ Second degree (type I) ☐ Second degree (type II) ☐ Third degree

☐ Ventricular arrhythmia (sustained) (Indicate date of hospital admission for initial evaluation and medical treatment in Section VIII - Procedures)

☐ Other cardiac arrhythmia, specify: _____ (if checked, indicate type of treatment)

☐ Treatment intervention (specify the type and number of treatment interventions per year)

☐ Intravenous pharmacologic adjustment ☐ Cardioversion ☐ Ablation for symptom relief

☐ 0 ☐ 1 - 4 ☐ 5 or more

☐ Continuous use of oral medications to control

☐ Use of vagal maneuvers to control

☐ No treatment

SECTION V - HEART VALVE CONDITIONS

5A. Has the Veteran had a heart valve condition? ◯ Yes ◯ No If yes, complete the following:

Heart valves affected. Check all that apply: ☐ Mitral ☐ Tricuspid ☐ Aortic ☐ Pulmonary

Describe the type of valve condition for each checked valve.

SECTION VI - INFECTIOUS HEART CONDITIONS

6A. Has the Veteran had any infectious cardiac conditions, including active valvular infection (which includes rheumatic heart disease), endocarditis, pericarditis, or syphilitic heart disease? ◯ Yes ◯ No

6B. Has the Veteran undergone or is the Veteran currently undergoing treatment for any active infection? ◯ Yes ◯ No

If yes, describe treatment and site of infection being treated. Also provide date or expected date of completion.

Date completed: _____ Expected date of completion: _____

6C. Has the Veteran had a syphilitic aortic aneurysm? ◯ Yes ◯ No If yes, complete the Artery and Vein Questionnaire.

SECTION VII - PERICARDIAL ADHESIONS

7A. Has the Veteran had pericardial adhesions? ◯ Yes ◯ No If yes, complete the following:

Etiology of pericardial adhesions: ☐ Pericarditis ☐ Cardiac surgery/bypass ☐ Other, describe: _____

SECTION VIII - PROCEDURES

8A. Has the Veteran had any non-surgical or surgical procedures for the treatment of a heart condition? ◯ Yes ◯ No If yes, indicate the non-surgical or surgical procedures the Veteran has had for the treatment of a heart condition. Check all that apply:

☐ Percutaneous coronary intervention (PCI) (angioplasty) Date of treatment: _____ Date of admission: _____

Indicate treatment facility: _____

Indicate the condition that resulted in the need for the procedure/treatment: _____

☐ Coronary artery bypass surgery Date of treatment: _____ Date of admission: _____

Indicate treatment facility: _____

Indicate the condition that resulted in the need for the procedure/treatment: _____

☐ Cardiac/Heart transplants Date of treatment: _____ Date of admission: _____ Date of discharge: _____

Indicate treatment facility: _____

Indicate the condition that resulted in the need for the procedure/treatment: _____

☐ Implanted cardiac pacemaker Date of treatment: _____ Date of admission: _____ Date of discharge: _____

Indicate treatment facility: _____

Indicate the condition that resulted in the need for the procedure/treatment: _____

☐ Automatic implantable cardioverter defibrillator (AICD) Date of treatment: _____ Date of admission: _____

Indicate treatment facility: _____

Indicate the condition that resulted in the need for the procedure/treatment: _____

☐ Heart valve replacement (prosthesis) (if checked indicate valve(s) that have been replaced (check all that apply)):

☐ Mitral ☐ Tricuspid ☐ Aortic ☐ Pulmonary

Date of treatment: _____ Date of admission: _____ Date of discharge: _____

Indicate treatment facility: _____

Indicate the condition that resulted in the need for the procedure/treatment: _____

☐ Ventricular aneurysmectomy Date of treatment: _____ Date of admission: _____ Date of discharge: _____

Indicate treatment facility: _____

Indicate the condition that resulted in the need for the procedure/treatment: _____

☐ Other surgical and/or non surgical procedures for the treatment of a heart condition, describe: _____

Date of treatment: _____ Date of admission: _____ Date of discharge: _____

Indicate treatment facility: _____

Indicate the condition that resulted in the need for the procedure/treatment: _____

8B. If the Veteran has had additional non-surgical or surgical procedures for the treatment of a heart condition, list using above format:

SECTION IX - HOSPITALIZATIONS

9A. Has the Veteran had any other hospitalizations for the treatment of a heart condition (other than for non-surgical and/or surgical procedures described above)?
◯ Yes ◯ No If yes, complete the following:

Date of admission: _____ Date of discharge: _____

Indicate treatment facility: _____

Condition that resulted in the need for hospitalization: _____

SECTION X - PHYSICAL EXAMINATION

10A. Physical examination findings:

Heart rate: _____ Blood pressure: _____

Rhythm: ☐ Regular ☐ Irregular

Point of maximal impact: ☐ Not palpable ☐ 4th intercostal space ☐ 5th intercostal space ☐ Other, specify: _____

Heart sounds: ☐ Normal ☐ Abnormal, specify: _____

Jugular-venous distension: ☐ Yes ☐ No

Auscultation of the lungs: ☐ Clear ☐ Bibasilar rales ☐ Other, specify: _____

Peripheral pulses:

Dorsalis pedis: ☐ Normal ☐ Diminished ☐ Absent

Posterior tibial: ☐ Normal ☐ Diminished ☐ Absent

Peripheral edema:

Right lower extremity: ☐ None ☐ Trace ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

Left lower extremity: ☐ None ☐ Trace ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

SECTION XI - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS

11A. 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):

11B. 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?
◯ Yes ◯ No If yes, also complete the appropriate dermatological questionnaire.

SECTION XII - DIAGNOSTIC TESTING

Note: For VA purposes, exams for all heart conditions require a determination of whether or not cardiac hypertrophy or dilatation (documented by electrocardiogram, echocardiogram, or x-ray) is present. The suggested order of testing for cardiac hypertrophy/dilatation is ECG, then chest x-ray (PA and lateral), and then echocardiogram. An echocardiogram to determine heart size is only necessary if the other two tests are negative.

12A. Is there evidence of cardiac hypertrophy? ◯ Yes ◯ No If yes, indicate how this condition was documented.

☐ ECG ☐ Chest x-ray ☐ Echocardiogram ☐ Multigated Acquisition Scan (MUGA) ☐ MRI Date of test: _____

12B. Is there evidence of cardiac dilatation? ◯ Yes ◯ No If yes, indicate how this condition was documented.

☐ ECG ☐ Chest x-ray ☐ Echocardiogram ☐ MUGA ☐ MRI Date of test: _____

12C. Select all testing completed and provide most recent results which reflect the Veteran's current functional status. Check all that apply:

☐ ECG Results of ECG: ☐ Normal
Date of ECG: _____ ☐ Arrhythmia, describe: _____
☐ Ischemic, describe: _____
☐ Other, describe: _____

☐ Chest x-ray Results of chest x-ray: ☐ Normal
Date of chest x-ray: _____ ☐ Abnormal, describe: _____

☐ Echocardiogram Wall motion: ☐ Normal
Date of echocardiogram: _____ ☐ Abnormal, describe: _____

Wall thickness: ☐ Normal
☐ Abnormal, describe: _____

☐ MUGA Results of MUGA: ☐ Normal
Date of MUGA: _____ ☐ Abnormal, describe: _____

☐ Coronary artery angiogram Results of angiogram: ☐ Normal
Date of angiogram: _____ ☐ Abnormal, describe: _____

☐ CT angiography Results of CT: ☐ Normal
Date of CT angiography _____ ☐ Abnormal, describe: _____

☐ Other test Results of test: Other test, specify _____

Date of test _____ ☐ Normal

☐ Abnormal, describe: _____

SECTION XIII - METABOLIC EQUIVALENTS (METs) TESTING

Note: For VA purposes, all heart exams require METs testing (either exercise-based or interview-based) to determine the activity level at which symptoms such as breathlessness, fatigue, angina, dizziness, or syncope develops (except exams for supraventricular arrhythmias). If a laboratory determination for METs by exercise testing cannot be done for medical reasons, then perform an interview-based METs test based on the Veteran's responses to a cardiac activity questionnaire and provide the results below.

13A. Select all testing completed (of record and/or completed during this examination) and provide the most recent results that reflect the Veteran's current functional status. Check all that apply:

☐ Exercise stress test ☐ Interview-based METs test ☐ None

13B. Exercise stress test

Date of most recent exercise stress test: _____ Results: _____

METs level the Veteran performed, if provided: _____

Did the test show ischemia? ◯ Yes ◯ No If no, was the test terminated due to symptoms related to the cardiac condition?

☐ Yes, the test was terminated due to symptoms related to the cardiac condition.

☐ No, the test was terminated due to symptoms not related to the cardiac condition. Please provide the reason for termination below: (Examiner also needs to complete questions 13C through 13F.)

13C. If an exercise stress test was not performed, select a reason.

☐ Veteran has a medical contraindication, describe:

☐ Veteran's previous exercise stress test reflects current cardiac function.

☐ Exercise stress testing is not required as part of the Veteran's current treatment plan and this test is not without significant risk.

☐ Other, describe:

13D. Interview-based METs test

Date of interview-based METs test: _____

Symptoms during activity: The METs level checked below reflects the lowest activity level at which the Veteran reports any of the following symptoms (check all symptoms that the Veteran reports at the indicated METs level of activity):

☐ Breathlessness ☐ Fatigue ☐ Angina ☐ Dizziness ☐ Syncope ☐ Other, describe: _____

Results of interview-based METs test. METs level on most recent interview-based METs test:

☐ (1-3 METs) *This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2mph) for 1-2 blocks*

☐ (>3-5 METs) *This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)*

☐ (>5-7 METs) *This METs level has been found to be consistent with activities such as walking 1 flight of stairs, golfing (without cart), mowing lawn (push mower), heavy yard work (digging)*

☐ (>7-10 METs) *This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)*

13E. Has the Veteran had both an exercise stress test and interview-based METs test? ◯ Yes ◯ No If yes, indicate which results most accurately reflect the Veteran's current cardiac functional level.

☐ Exercise stress test ☐ Interview-based METs test

13F. Is the METs level provided due solely to the heart condition(s) that the Veteran is claiming in the diagnosis section? ◯ Yes ◯ No If no, complete question 13G.

13G. What is the estimated interview-based METs level due solely to the cardiac condition(s) listed above? If this is different than the METs level reported above because of comorbid conditions, provide METs level for the claimed cardiac condition only and rationale below.

Results of interview-based METs test. METs level on most recent interview-based METs test:

☐ (1-3 METs) *This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2mph) for 1-2 blocks*

☐ (>3-5 METs) *This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)*

☐ (>5-7 METs) *This METs level has been found to be consistent with activities such as walking 1 flight of stairs, golfing (without cart), mowing lawn (push mower), heavy yard work (digging)*

☐ (>7-10 METs) *This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)*

Rationale:

SECTION XIV - FUNCTIONAL IMPACT

Note: Provide the impact of only the diagnosed condition(s), without consideration of the impact of other medical conditions or factors, such as age.

14A. Regardless of the Veteran's current employment status, do the conditions listed in the diagnosis section impact his/her ability to perform any type of occupational task (such as standing, walking, lifting, sitting, etc.)? ◯ Yes ◯ No

If yes, describe the functional impact of each condition, providing one or more examples:

SECTION XV - REMARKS

15A. Remarks (if any – please identify the section to which the remark pertains when appropriate).

SECTION XVI - EXAMINER'S CERTIFICATION AND SIGNATURE

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

16A. Examiner's signature:

16B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

16C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

16D. Date Signed:

16E. Examiner's phone/fax numbers:

16F. National Provider Identifier (NPI) number:

16G. Medical license number and state:

16H. Examiner's address: