Department of Veterans Affairs

PARKINSON'S DISEASE 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. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH PARKINSON'S DISEASE? ☐ YES ☐ NO	1B. ICD CODES(S)	1C. DATE OF DIAGNOSIS

SECTION II - DOMINANT HAND

2. DOMINANT HAND

☐ RIGHT ☐ LEFT ☐ AMBIDEXTROUS

SECTION III - MOTOR MANIFESTATIONS

3. MOTOR MANIFESTATIONS DUE TO PARKINSON'S OR ITS TREATMENT (Check all that apply)

MOTOR MANIFESTATIONS	NONE	MILD	MODERATE	SEVERE
3A. STOOPED POSTURE	☐	☐	☐	☐
3B. BALANCE IMPAIRMENT	☐	☐	☐	☐
3C. BRADYKINESIA OR SLOWED MOTION (Difficulty initiating movement, "freezing," short shuffling steps)	☐	☐	☐	☐
3D. LOSS OF AUTOMATIC MOVEMENTS (Such as blinking, leading to fixed gaze, typical Parkinson's facies)	☐	☐	☐	☐
3E. SPEECH CHANGES (Monotone, slurring words, soft or rapid speech)	☐	☐	☐	☐

3F. TREMOR (Characteristic hand shaking, "pill-rolling" ☐ YES ☐ NO

EXTREMITIES AFFECTED:

RIGHT UPPER

☐ NOT AFFECTED ☐ MILD ☐ MODERATE ☐ SEVERE

LEFT UPPER

☐ NOT AFFECTED ☐ MILD ☐ MODERATE ☐ SEVERE

RIGHT LOWER

☐ NOT AFFECTED ☐ MILD ☐ MODERATE ☐ SEVERE

LEFT LOWER

☐ NOT AFFECTED ☐ MILD ☐ MODERATE ☐ SEVERE

3G. MUSCLE RIGIDITY AND STIFFNESS ☐ YES ☐ NO

EXTREMITIES AFFECTED:

RIGHT UPPER

☐ NOT AFFECTED ☐ MILD ☐ MODERATE ☐ SEVERE

LEFT UPPER

☐ NOT AFFECTED ☐ MILD ☐ MODERATE ☐ SEVERE

RIGHT LOWER

☐ NOT AFFECTED ☐ MILD ☐ MODERATE ☐ SEVERE

LEFT LOWER

☐ NOT AFFECTED ☐ MILD ☐ MODERATE ☐ SEVERE

SECTION IV - MENTAL MANIFESTATIONS

4. MENTAL MANIFESTATIONS DUE TO PARKINSON'S OR ITS TREATMENT (Check all that apply)

MENTAL MANIFESTATIONS	NONE	MILD	MODERATE	SEVERE
4A. DEPRESSION	☐	☐	☐	☐
4B. COGNITIVE IMPAIRMENT OR DEMENTIA	☐	☐	☐	☐

SECTION V - ADDITIONAL MANIFESTATIONS/COMPLICATIONS

5. ADDITIONAL MANIFESTATIONS/COMPLICATIONS DUE TO PARKINSON'S OR ITS TREATMENT

5A. LOSS OF SENSE OF SMELL

☐ NONE ☐ PARTIAL ☐ COMPLETE

SECTION V - ADDITIONAL MANIFESTATIONS/COMPLICATIONS

5. ADDITIONAL MANIFESTATIONS/COMPLICATIONS DUE TO PARKINSON'S OR ITS TREATMENT

ADDITIONAL MANIFESTATIONS/COMPLICATIONS	NONE	MILD	MODERATE	SEVERE
5B. SLEEP DISTURBANCE (Insomnia or daytime "sleep attacks")	☐	☐	☐	☐
5C. DIFFICULTY CHEWING/SWALLOWING	☐	☐	☐	☐
5D. URINARY PROBLEMS (Incontinence or urinary retention) Indicate "None" or, if absorbent material required due to incontinence, specify pads/day ☐0 ☐1 ☐2-4 ☐>4 USE OF AN APPLIANCE REQUIRED? ☐ YES ☐ NO	☐			
5E. CONSTIPATION (due to slowing of GI tract or secondary to Parkinson's medications)	☐	☐	☐	☐
5F. SEXUAL DYSFUNCTION	☐	☐	☐	☐ (Precludes intercourse, including erectile dysfunction)
5G. OTHER MANIFESTATIONS/COMPLICATIONS (Specify):	☐	☐	☐	☐
5H. OTHER MANIFESTATIONS/COMPLICATIONS (Specify):	☐	☐	☐	☐

SECTION VI - FINANCIAL RESPONSIBILITY

6. FINANCIAL RESPONSIBILITY - In your judgment, is the Veteran able to manage his/her benefit payments in his/her own best interest, or able to direct someone else to do so?

☐ YES ☐ NO

SECTION VII - FUNCTIONAL IMPACT

7. DOES THE VETERAN'S PARKINSON'S IMPACT HIS OR HER ABILITY TO WORK?

☐ YES ☐ NO (If "Yes," describe impact and provide one or more examples)

SECTION VIII - REMARKS

8. ADDITIONAL REMARKS (If any)

SECTION VI - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

9A. PHYSICIAN'S SIGNATURE	9B. PHYSICIAN'S PRINTED NAME	9C. DATE SIGNED

9D. PHYSICIAN'S PHONE NUMBER	9E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER	9F. PHYSICIAN'S ADDRESS