Heart Conditions (Including Ischemic and Non-Ischemic Heart Disease, Arrhythmias, Valvular Disease and Cardiac Surgery)
Disability Benefits Questionnaire

Name of Patient/Veteran: **RAMSEY, JUBAR D**
Patient/Veteran Social Security Number: **220-27-1013**

Is this DBQ being completed in conjunction with a VA21-2507, C&P examination request?

☒ Yes ☐ No

If no, how was the examination completed (check all that apply)?

☐ In-person examination
☐ Records reviewed
☐ Other, please specify:

Comments:

Acceptable Clinical Evidence (ACE)

Indicate method used to obtain medical information to complete this document:

☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the DBQ and such an examination will likely provide no additional relevant evidence.
☐ Review of available records in conjunction with a telephone interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with a telephone interview provided sufficient information on which to prepare the DBQ and such an examination would likely provide no additional relevant evidence.
☐ Examination via approved video telehealth
☒ In-person examination

Evidence Review

Evidence Reviewed (check all that apply):

☐ Not requested
☐ No records were reviewed
☐ VA claims file (hard copy paper C-file)
☒ VA e-folder (VBMS or Virtual VA)
☐ CPRS
☐ Other (please identify other evidence reviewed):

Evidence comments:

Section I - Diagnosis

1. Does the Veteran now have or has he or she ever been diagnosed with a heart condition?

☐ Yes ☒ No

The Veteran has claimed condition for Racing heartbeat condition. However, he stated that he was not diagnosed with heart condition. And after review of the Veteran's C-file records it is acknowledge that the Veteran has Naval health clinic record dated 04/17/2015 which reports elevated heart rate and reports sinus tachycardia. However, there are no further records of this condition to indicate a diagnosis at this time.

If yes, select the veteran's heart condition(s) (Check all that apply):

☐ Acute, subacute, or old myocardial infarction	ICD Code: I25 Date of Diagnosis:
☐ Atherosclerotic cardiovascular disease	ICD Code: I25 Date of Diagnosis:
☐ Coronary artery disease	ICD Code: I25 Date of Diagnosis:
☐ Stable angina	ICD Code: I20 Date of Diagnosis:
☐ Unstable angina	ICD Code: I20 Date of Diagnosis:
☐ Coronary spasm, including Prinzmetal's angina	ICD Code: I20 Date of Diagnosis:
☐ Congestive heart failure	ICD Code: I50 Date of Diagnosis:
☐ Supraventricular arrhythmia	ICD Code: I49 Date of Diagnosis:
☐ Ventricular arrhythmia	ICD Code: I49 Date of Diagnosis:
☐ Heart block	ICD Code: I45 Date of Diagnosis:
☐ Valvular heart disease	ICD Code: Date of Diagnosis:
☐ Heart valve replacement	ICD Code: Date of Diagnosis:
☐ Cardiomyopathy	ICD Code: I42 Date of Diagnosis:
☐ Hypertensive heart disease	ICD Code: I11 Date of Diagnosis:
☐ Heart transplant	ICD Code: V42 Date of Diagnosis:
☐ Implanted cardiac pacemaker	ICD Code: V45 Date of Diagnosis:
☐ Implanted automatic implantable cardioverter defibrillator (AICD)	ICD Code: V45 Date of Diagnosis:
☐ Active valvular infection	ICD Code: Date of Diagnosis:
☐ Rheumatic Heart Disease	ICD Code: I09 Date of Diagnosis:
☐ Endocarditis	ICD Code: I33 Date of Diagnosis:
☐ Pericarditis	ICD Code: I30 Date of Diagnosis:
☐ Syphilitic heart disease	ICD Code: A52 Date of Diagnosis:
☐ Other infectious heart conditions	ICD Code: Date of Diagnosis:
☐ Pericardial adhesions	ICD Code: I31 Date of Diagnosis:
☐ Hyperthyroid heart disease. (If checked, also complete the Thyroid/Parathyroiod DBQ.)	ICD Code: Date of Diagnosis:
☐ Coronary artery bypass graft	ICD Code: T82 Date of Diagnosis:
☐ Other heart condition, specify below	
Diagnosis #1:	ICD Code: Date of Diagnosis:
Diagnosis #2:	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 conditions (brief summary):

The Veteran stated that he was taking Motrin for Knee pain and back pain, he was throwing up blood and he was taken to Standford Hospital In Virginia. He was diagnosed with Acid Reflux due to Motrin.

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 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)

3. Has the Veteran had a myocardial infarction (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 the above format:

Section IV - Congestive Heart Failure (CHF)

4. Has the Veteran had congestive heart failure (CHF)?

☐ Yes ☒ No

If "yes," complete the following:

4A. Does the Veteran have chronic CHF?

☐ Yes ☐ No

4B. Has the Veteran had any episodes of acute CHF in the past year?

☐ Yes ☐ No

If yes, complete the following:

☐ 0 ☐ 1 ☐ More than 1

Provide date of most recent episode of acute CHF:

Was the Veteran admitted for treatment of acute CHF?

☐ Yes ☐ No

If yes, indicate name of treatment facility:

Section V - Arrhythmia

5. Has the Veteran had a cardiac arrhythmia?

☐ Yes ☒ No

IF yes, complete the following:

Type of arrhythmia (Check all that apply):

☐ Atrial fibrillation

If checked, indicate frequency:

☐ Constant ☐ Intermittent (paroxysmal)

If intermittent, indicate number of episodes in the past 12 months:

☐ 0 ☐ 1-4 ☐ More than 4

Indicate how these episodes were documented (check all that apply)

☐ EKG ☐ Holter ☐ Other, specify:

☐ Atrial flutter

If checked, indicate frequency:

☐ Constant ☐ Intermittent (paroxysmal)

If intermittent, indicate number of episodes in the past 12 months:

☐ 0 ☐ 1-4 ☐ More than 4

Indicate how these episodes were documented (check all that apply)

☐ EKG ☐ Holter ☐ Other, specify:

☐ Supraventricular tachycardia

If checked, indicate frequency:

☐ Constant ☐ Intermittent (paroxysmal)

If intermittent, indicate number of episodes in the past 12 months:

☐ 0 ☐ 1-4 ☐ More than 4

Indicate how these episodes were documented (check all that apply)

☐ EKG ☐ Holter ☐ Other, specify:

☐ Atrioventricular block

☐ I degree ☐ II degree ☐ III degree

☐ Ventricular arrhythmia (sustained)

Indicate date of hospital admission for initial evaluation and medical treatment in Section IX, Procedures.

☐ Other cardiac arrhythmia, specify:

If checked, indicate frequency:

☐ Constant ☐ Intermittent (paroxysmal)

If intermittent, indicate number of episodes in the past 12 months:

☐ 0 ☐ 1-4 ☐ More than 4

Indicate how these episodes were documented (check all that apply)

☐ EKG ☐ Holter ☐ Other, specify:

Section VI - Heart valve conditions

6. Has the Veteran had a heart valve condition?

☐ Yes ☒ No

If yes, complete the following:

6A. Heart valves affected (check all that apply):

☐ Mitral ☐ Tricuspid ☐ Aortic ☐ Pulmonary

6B. Describe type of heart valve condition for each checked valve:

Section VII - Infectious heart conditions

7. Has the Veteran had any infectious cardiac conditions, including active valvular infection (including rheumatic heart disease), endocarditis, pericarditis or syphilitic heart disease?

☐ Yes ☒ No

If yes, complete the following:

7A. Has the Veteran undergone or is the Veteran currently undergoing treatment for an active infection?

☐ Yes ☐ No

If yes, describe treatment and site of infection being treated:

Has treatment for an active infection been completed?

☐ Yes ☐ No

Date completed:

7B. Has the Veteran had a syphilitic aortic aneurysm?

☐ Yes ☐ No

If yes, ALSO complete VA Form 21-0960A-2, Artery and Vein Conditions Disability Benefits Questionnaire.

Section VIII - Pericardial adhesions

8. Has the Veteran had pericardial adhesions?

☐ Yes ☒ No

If yes, complete the following:

Select etiology of pericardial adhesions:

☐ Pericarditis ☐ Cardiac surgery/bypass

☐ Other, describe:

Section IX - Procedures

9. 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 heart conditions (check all that apply):

☐ Percutaneous coronary intervention (PCI) (angioplasty)

Indicate date of treatment or date of admission if admitted for treatment:

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

☐ Coronary artery bypass surgery

Indicate date of admission for treatment:

Indicate treatment and name of treatment facility: Indicate the condition that resulted in the need for this procedure/treatment:

☐ Heart transplant:

Indicate date of admission for treatment:

Indicate treatment and name of treatment facility: Indicate the condition that resulted in the need for this procedure/treatment:

☐ Implanted cardiac pacemaker

Indicate date of admission for treatment:

Indicate treatment and name of treatment facility: Indicate the condition that resulted in the need for this procedure/treatment:

☐ Implanted automatic implantable cardioverter defibrillator (AICD)

Indicate date of admission for treatment:

Indicate treatment and name of treatment facility: Indicate the condition that resulted in the need for this procedure/treatment:

☐ Valve replacement

If checked, indicate valve(s) that have been replaced (check all that apply):

☐ Mitral ☐ Tricuspid ☐ Aortic

☐ Pulmonary

Indicate date of admission for treatment:

Indicate treatment and name of treatment facility: Indicate the condition that resulted in the need for this procedure/treatment:

☐ Ventricular aneurysmectomy

Indicate date of admission for treatment:

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

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

Indicate date of admission for treatment:

Indicate treatment and name of treatment facility: Indicate the condition that resulted in the need for this procedure/treatment:

Section X - Hospitalizations

10. Has the Veteran had any other hospitalizations for the treatment of heart conditions (other than for non-surgical and surgical procedures described above)?

☐ Yes ☒ No

If "Yes," complete the following:

10A. Date of admission for treatment:

Treatment and name of treatment facility:

10B. Condition that resulted in the need for hospitalization :

Section XI - Physical exam

Physical Exam:

Heart rate: 77

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, describe:

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+

Blood pressure: 110/80

Section XII - Other Pertinent Physical Findings, Complications, Conditions, Signs And/Or Symptoms

12A. 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):

12B. 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 the 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 measurement 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.

12C. Comments, if any:

Section XIII - Diagnostic Testing

NOTE: For VA purposes, exams for all heart conditions require a determination of whether or not cardiac hypertrophy or dilatation is present. The suggested order of testing for cardiac

hypertrophy/dilatation is EKG, then chest x-ray (PA and lateral), then echocardiogram. An echocardiogram to determine heart size is only necessary if the other two tests are negative.

For VA purposes, if LVEF testing is not of record, but available medical information sufficiently reflects the severity of the Veteran's cardiovascular condition, LVEF testing is not required.

13A. Is there evidence of cardiac hypertrophy?

☐ Yes ☒ No

If yes, indicate how this condition was documented: ☐ EKG ☐ Chest x-ray ☐ Echocardiogram

Date of test:

13B. Is there evidence of cardiac dilatation?

☐ Yes ☒ No

If yes, indicate how this condition was documented: ☐ Chest x-ray ☐ Echocardiogram

Date of test:

13C. Select all testing completed and provide most recent results which reflect the veteran's current functional status (Check all that apply):

☒ EKG

Date of EKG: 08/11/2017

Result of EKG:

☐ Normal

☒ Arrhythmia, describe:

Sinus rhythm. Non-specific T-wave abnormality

☐ Hypertrophy, describe:

☐ Ischemia, describe:

☐ Other, describe:

☒ Chest x-ray

Date of CXR: 08/11/2017

Result of CXR:

☒ Normal

☐ Abnormal, describe:

☐ Echocardiogram

Date of echocardiogram:

Left ventricular ejection fraction (LVEF): %

Wall motion:

☐ Normal

☐ Abnormal, describe:

Wall thickness:

☐ Normal

☐ Abnormal, describe:

☐ Holter monitor

Date of Holter monitor:

Result:

☐ Normal

☐ Abnormal, describe:

☐ MUGA

Date of MUGA:

Left ventricular ejection fraction (LVEF): %

Result:

☐ Normal

☐ Abnormal, describe:

☐ Coronary artery angiogram

Date of angiogram:

Result:

☐ Normal

☐ Abnormal, describe:

☐ CT angiography

Date of CT angiography:

Result:

☐ Normal

☐ Abnormal, describe:

☐ Other test, specify:

Date:

Result:

Veteran was a no-show for scheduled Echo

Section XIV - 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 dyspnea, fatigue, angina, dizziness, or syncope develop (except exams for supraventricular arrhythmias).

If a laboratory determination of METs by exercise testing cannot be done for medical reasons (e.g chronic CHF or multiple episodes of acute CHF within the past 12 months), or If exercise-based METs test was not completed because it is not required as part of the Veteran's treatment plan, or if exercise stress test results do not reflect Veteran's current cardiac function, perform an interview-based METs test based on the Veteran's responses to a cardiac activity questionnaire and provide the results below.

14A. Indicate all testing completed providing only most recent results which reflect the veteran's current functional status. (Check all that apply):

☐ 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 terminated due to symptoms related to the cardiac condition
☐ No, the test was terminated due to symptoms not related to the cardiac condition (Examiner needs to complete sections 14c through 14f)
If the test terminated due to symptoms not related to the cardiac condition, please provide the reason for termination

14B. If an exercise stress test was not performed, provide reason

☐ Veteran has a medical contraindication, describe:

☐ Left ventricular ejection fraction is 50% or less
☐ Veteran has chronic CHF
☐ Veteran has had multiple episodes of acute CHF within the past 12 months
☐ 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:

14C. ☒ Interview-based METs test

Date of interview-based METs test: 08/11/2017
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)
☐ Dyspnea ☐ Fatigue ☐ Angina ☐ Dizziness ☐ Syncope
☒ Other, describe:
No heart condition
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 (2 mph) 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)

☒ The Veteran denies experiencing symptoms attributable to a cardiac condition with any level of physical activity

14D. 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 veterans current cardiac functional level:

☐ Exercise stress test ☐ Interview-based METs test ☐ N/A

14E. Is the METs level provided above due solely to the heart condition(s) that the veterans is claiming in the diagnosis section?

☒ Yes ☐ No

(If "Yes," skip Section 14F)
If "No," complete Section 14F

14F. What is the estimated METs level due solely to the cardiac condition(s) listed above? (If this is different than METs reported above because of co-morbid conditions, provide METs level and rational below)

METs level

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 (2 mph) 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:

14G. Comments, if any:

Veteran stated that he HAS NO HEART CONDITION, heart condition was r/o when he went to the ER

Section XV - Functional Impact

15. Does the Veteran's heart condition(s) impact his or her ability to work?

☐ Yes ☒ No

If yes, describe impact of each of the Veteran's heart conditions, providing one or more examples:

VBMS was reviewed

Section XVI - Remarks

16. Remarks (If any)

There are pertinent medical records for the complaint, symptomatology or diagnosis of the condition. (Please provide date and identify the type of medical record)

Naval health clinic record dated 04/17/2015 which reports elevated heart rate and reports sinus tachycardia.

Medical Opinion and IU Diagnosis

Medical Opinion

Statement of Opinion Requested:

Is the Veteran's racing heart condition at least as likely as not (50 percent or greater probability)incurred in or caused by his complaint of a racing heart on 04-17-15?

Opinion with Legally Recognized Phrase:
It is less likely than not (less than 50 percent probability) the Veteran has a diagnosis of racing heart condition incurred in or caused by his complaint of a racing heart on 04-17-15.

Rationale:
The above opinion is based on thorough C-file review, review of all available medical records and current peer reviewed medical literature.
The Veteran is claiming service connection for racing heart condition. He is not previously rated for this condition. The Veteran's C-file and medical records were reviewed.

The Veteran has claimed condition for Racing heartbeat condition. However, he stated that he was not diagnosed with heart condition. And after review of the Veteran's C-file records it is acknowledge that the Veteran has Naval health clinic record dated 04/17/2015 which reports elevated heart rate and reports sinus tachycardia. However, there are no further records of this condition to indicate a diagnosis at this time.

Evidence of Record Considered:
- ☒Medical Records were reviewed
- ☒The Veteran's reported history
- ☒Examination performed
- ☒Other:

VBMS was reviewed

Section XVII - Physician's Certification and Signature

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

Rosalee Townsend, MSN

Signed:	08/23/2017
National Provider Identifier (NPI) Number:	1598033367

Specialty:	Family Medicine
Address:	1145 19th Street NW Suite 506 Washington, DC 20036
Phone:	(626) 407-2151
Fax:	(626) 701-5154

NOTE: VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

MR: 3127318
DOB: 20-Feb-1990
20yr, Male

Ramsey, Jubar

Vent rate:	74 BPM	SINUS RHYTHM
PR int:	164 ms	NONSPECIFIC T-WAVE ABNORMALITY
QRS dur:	88 ms	BORDERLINE ECG
QT/QTc:	348/375 ms	UNCONFIRMED REPORT
P-R-T axes:	69 53 37	

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