Stomach and Duodenal Conditions (Not including GERD or Esophageal Disorders)
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) and Evidence Review

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

1A. Does the Veteran now have or has he or she ever had any stomach or duodenum conditions?

☒ Yes ☐ No

(**If YES**, complete Item 1B)

1B. Select the veteran's condition (check all that apply):

☒ Gastric ulcer
ICD Code: K25 Date of Diagnosis: 04/2015
☐ Duodenal ulcer ICD Code: K26 Date of Diagnosis:
☐ Stenosis of the stomach ICD Code: K31 Date of Diagnosis:
☐ Marginal (gastrojejunal) ulcer ICD Code: K28 Date of Diagnosis:
☐ Hypertrophic gastritis ICD Code: K29 Date of Diagnosis:
☐ Postgastrectomy syndrome ICD Code: Date of Diagnosis:
☐ Status post vagotomy with pyloroplasty ICD Code: Date of Diagnosis:
☐ Gastroenterostomy ICD Code: Date of Diagnosis:
☐ Peritoneal adhesions following injury or surgery of the stomach ICD Code: Date of Diagnosis:
☐ Helicobacter pylori ICD Code: B96 Date of Diagnosis:
☐ Other stomach or duodenal conditions

Other diagnosis #1: ICD Code: Date of Diagnosis:

Other diagnosis #2: ICD Code: Date of Diagnosis:

1C. If there are additional diagnoses that pertain to stomach or duodenum conditions, list using above format:

NOTE: The diagnosis of gastric or duodenal ulcer or stenosis can be made by upper gastrointestinal imaging series or endoscopy. The diagnosis of gastritis requires endoscopic confirmation. If testing is of record and is consistent with Veteran's current condition, repeat testing is not required.

Section II - Medical History

2A. Describe the history (including onset and course) of the Veteran's stomach or duodenum conditions (brief summary):

The Veteran stated that in 2015 he arp pain in stomach and he was throwing-up blood and was not able to remain standing for more than 10 seconds. He was seen by the Military doctor, and an EKG was done, ice was put on head. The EKG was abnormal and 911 was called and he was seen at Staford Hospital where another EKG, labs and urine was done. He was diagnosed with a stomach ulcer (he stated that he was taking excessive Motrin for his back taking Motrin for back pain). He denies having a Heart condition.

2B. Does the Veteran's treatment plan include taking continuous medication for the diagnosed condition?

☐ Yes ☒ No

If yes, list only those medications used for the diagnosed condition:

Section III - Signs and symptoms

3. Does the Veteran have any of the following signs or symptoms due to any stomach or duodenum conditions?

☒ Yes ☐ No

If yes, check all that apply :

☒ Recurring episodes of symptoms that are not severe

If checked, indicate frequency of episodes of symptom recurrence per year:

☐ 1 ☐ 2 ☒ 3 ☐ 4 or more

If checked , indicate average duration of episodes of symptoms:

☐ Less than 1 day ☒ 1-9 days ☐ 10 days or more

☐ Recurring episodes of severe symptoms

If checked, indicate frequency of episode of symptom recurrence per year:

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

If checked , indicate average duration of episodes of symptoms:

☐ Less than 1 day ☐ 1-9 days ☐ 10 days or more

☐ Abdominal pain

If checked, indicate severity and frequency (check all that apply):

☐ Occurs less than monthly
☐ Occurs at least monthly
☐ Pronounced
☐ Periodic
☐ Continuous
☐ Relieved by standard ulcer therapy
☐ Only partially relieved by standard ulcer therapy
☐ Unrelieved by standard ulcer therapy

☐ Anemia

If checked, provide hemoglobin/hematocrit in diagnostic testing section

☐ Weight loss

If checked, provide baseline weight: and current weight:
(For VA purposes, baseline weight is the average weight for 2-year period preceding onset of disease)

☐ Nausea

If checked, indicate severity:

☐ Mild ☐ Transient ☐ Recurrent ☐ Periodic

If checked, indicate frequency of episodes of nausea per year:

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

If checked, indicate average duration of episodes of nausea:

☐ Less than 1 day ☐ 1-9 days ☐ 10 days or more

☐ Vomiting

If checked, indicate severity:

☐ Mild ☐ Transient ☐ Recurrent ☐ Periodic

If checked, indicate frequency of episodes of vomiting per year:

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

If checked, indicate average duration of episodes of vomiting:

☐ Less than 1 day ☐ 1-9 days ☐ 10 days or more

☐ Hematemesis

If checked, indicate severity:

☐ Mild ☐ Transient ☐ Recurrent ☐ Periodic

If checked, indicate frequency of episodes of hematemesis per year:

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

If checked, indicate average duration of episodes of hematemesis:

☐ Less than 1 day ☐ 1-9 days ☐ 10 days or more

☐ Melena

If checked, indicate severity:

☐ Mild ☐ Transient ☐ Recurrent ☐ Periodic

If checked, indicate frequency of episodes of melena per year:

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

If checked, indicate average duration of episodes of melena:

☐ Less than 1 day ☐ 1-9 days ☐ 10 days or more

Section IV - Incapacitating episodes

4. Does the Veteran have incapacitating episodes due to signs or symptoms of any stomach or duodenum condition?

☐ Yes ☒ No

If yes, describe incapacitating episodes

Indicate frequency of incapacitating episodes per year:

☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

Indicate average duration of incapacitating episodes:

☐ Less than 1 day ☐ 1-9 days ☐ 10 days or more

Section V - Other conditions

5. Does the Veteran have any of the following conditions?

☐ Yes ☒ No

If yes, indicate conditions and complete appropriate sections (check all that apply):

☐ Hypertrophic gastritis

If checked, indicate severity:

☐ No symptoms or findings

☐ Chronic, with small nodular lesions, and symptoms

☐ Chronic, with multiple small eroded or ulcerated areas, and symptoms

☐ Chronic, with severe hemorrhages, or large ulcerated or eroded areas

NOTE: If atrophic gastritis is present, state the underlying cause:

☐ Postgastrectomy syndrome

If checked, indicate severity:

☐ No symptoms or findings

☐ Mild; infrequent episodes of epigastric distress with characteristic mild circulatory symptoms or continuous mild manifestations

☐ Moderate; less frequent episodes of epigastric disorders with characteristic mild circulatory

symptoms after meals but with diarrhea and weight loss

☐ Severe; associated with nausea, sweating, circulatory disturbance after meals, diarrhea, hypoglycemic symptoms and weight loss with malnutrition and anemia

☐ Vagotomy with pyloroplasty or gastroenterostomy

If checked, indicate the severity of residuals following vagotomy with pyloroplasty or gastroenterostomy:

☐ No symptoms or findings

☐ Recurrent ulcer with incomplete vagotomy

☐ Symptoms and confirmed diagnosis of alkaline gastritis, or of confirmed persisting diarrhea

☐ Demonstrably confirmative postoperative complications of stricture or continuing gastric retention

☐ Peritoneal adhesions following an injury or surgical procedure of the stomach or duodenum

If checked, also complete the Peritoneal Adhesions Questionnaire.

Section VI - Other Pertinent Physical Findings, Complications, Conditions, Signs, Symptoms, and Scars

6A. 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):

6B. 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 and/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 Comment section below. It is not necessary to also complete a Scars DBQ.

6C. Comments, if any:

Section VII - Diagnostic Testing

NOTE: If testing has been performed and reflects Veteran's current condition, no further testing is required for this examination report. The diagnosis of gastric or duodenal ulcer or stenosis can be made by upper gastrointestinal imaging series or endoscopy.

7A. Have diagnostic imaging studies or other diagnostic procedures been performed?

☐ Yes ☒ No

If YES, check all that apply:

☐ Upper endoscopy
Date:
Results:

☐ Upper GI radiographic studies
Date:
Results:

☐ MRI
Date of test:
Results:

☐ CT
Date:
Results:

☐ Biopsy, specify site:
Date:
Results:

☐ Other, specify:
Date:
Results:

7B. Has laboratory testing been performed?

☐ Yes ☒ No

If YES, check all that apply:

☐ CBC:
Date of test:
Hemoglobin: Hematocrit: White blood cell count: Platelets:

☐ Helicobacter pylori:
Date of test:
Results:

☐ Other, Specify:
Date of test:
Results:

7C. 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 VIII - Functional Impact

8. Do any of the Veteran's stomach or duodenum conditions impact his or her ability to work?

☐ Yes ☒ No

If YES, describe impact of each of the Veteran's stomach or duodenum conditions, providing one or more examples:

VBMS was reviewed

Section IX - Remarks

9. Remarks (If any):

There are no pertinent medical records for the complaint, symptomatology or diagnosis of the condition

Section X - 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
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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.