



**ISCHEMIC HEART DISEASE (IHD) DISABILITY BENEFITS QUESTIONNAIRE**

**IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION ON REVERSE BEFORE COMPLETING FORM.**

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
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**NOTE TO PHYSICIAN** - The veteran has applied to the Department of Veterans Affairs (VA) for disability benefits. Please complete this questionnaire, which VA needs for review of the veteran's application.

**SECTION I - DIAGNOSIS**

1A. DOES THE VETERAN HAVE ISCHEMIC HEART DISEASE (IHD)?  
 YES  NO (If "No," please skip to section VII)

1B. DIAGNOSIS (Note: IHD includes but is not limited to acute, sub-acute and old myocardial infarction; atherosclerotic cardiovascular disease including coronary artery disease, including coronary spasm and coronary bypass surgery; and stable, unstable and Prinzmetal's angina. IHD does not include hypertension or peripheral manifestations of arteriosclerosis such as peripheral vascular disease or stroke)	1C. DATE OF DIAGNOSIS
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**SECTION II - MEDICAL HISTORY**

2A. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING CONTINUOUS MEDICATION FOR THE DIAGNOSED CONDITION?  
 YES  NO

2B. LIST MEDICATIONS:

2C. IS THERE A HISTORY OF: (Check all that apply and provide treatment facility and treatment date)

CONDITION	YES (Check)	NO (Check)	TREATMENT FACILITY	DATE OF TREATMENT
PERCUTANEOUS CORONARY INTERVENTION (PCI)				
MYOCARDIAL INFARCTION				
CORONARY BYPASS SURGERY				
HEART TRANSPLANT (If "Yes," is it likely that the veteran's heart transplant is due to IHD? <input type="checkbox"/> YES <input type="checkbox"/> NO)				
IMPLANTED CARDIAC PACEMAKER (If "Yes," is it likely that the veteran's pacemaker is due to IHD? <input type="checkbox"/> YES <input type="checkbox"/> NO)				

**SECTION III - CONGESTIVE HEART FAILURE (CHF)**

3A. DOES THE VETERAN HAVE CHRONIC CHF?  
 YES  NO

3B. HAS THE VETERAN HAD MORE THAN ONE EPISODE OF ACUTE CHF IN THE PAST YEAR?  
 YES  NO

3C. PROVIDE THE NAME OF THE TREATMENT FACILITY AND THE DATE OF THE MOST RECENT EPISODE OF CHF BELOW:

**SECTION IV - CARDIAC FUNCTIONAL ASSESSMENT**

4A. LEVEL OF METABOLIC EQUIVALENT OF TASK (METs) THE VETERAN CAN PERFORM AS SHOWN BY DIAGNOSTIC EXERCISE TESTING: \_\_\_\_\_ METs  
 (If diagnostic exercise test results are not of record, complete Item 4B)

4B. IF METs TESTING WAS NOT COMPLETED BECAUSE IT IS NOT REQUIRED AS PART OF THE VETERAN'S TREATMENT PLAN, COMPLETE THE FOLLOWING METs TEST BASED ON THE VETERAN'S RESPONSES:

Lowest level of activity at which veteran reports symptoms: (Check all symptoms that apply)

- DYSPNEA  FATIGUE  ANGINA  DIZZINESS  SYNCOPE

This METs level has been found to be consistent with activities such as:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>1-3 METs</b> (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)          | <input type="checkbox"/> <b>&gt;7-10 METs</b> (This METs level has been found to be consistent with activities such climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)) |
| <input type="checkbox"/> <b>&gt;3-5 METs</b> (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))  | <input type="checkbox"/> Veteran denies experiencing above symptoms with any level of physical activity  |
| <input type="checkbox"/> <b>&gt;5-7 METs</b> (This METs level has been found to be consistent with activities such as golfing (without cart), mowing lawn (push mower), heavy yard work (digging)) |  |

**SECTION V - DIAGNOSTIC TESTING**

5A. IS THERE EVIDENCE OF CARDIAC HYPERTROPHY OR DILATION?

YES  NO BASED ON DIAGNOSTIC TEST:  EKG  CXR (PA AND LATERAL)  ECHOCARDIOGRAM

NOTE - Determination of cardiac hypertrophy/dilation is required; the suggested order of testing for cardiac hypertrophy/dilation is EKG, then chest x-ray (PA and lateral), then echocardiogram. Echocardiogram is only necessary if the other two tests are negative.

5B. LEFT VENTRICULAR EJECTION FRACTION (LVEF), IF KNOWN: \_\_\_\_\_%  
(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)

**SECTION VI - REMARKS**

6. REMARKS (Including impact of IHD condition on veteran's ability to work)

**SECTION VII - PHYSICIAN'S CERTIFICATION AND SIGNATURE**

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

7A. PHYSICIAN'S SIGNATURE		7B. PHYSICIAN'S PRINTED NAME	7C. DATE SIGNED
7D. PHYSICIAN'S PHONE NUMBER	7E. PHYSICIAN'S MEDICAL LICENSE NUMBER	7F. PHYSICIAN'S ADDRESS	

**NOTE** - VA may obtain additional medical information, including an examination, if necessary to complete VA's review of the veteran's application.

**IMPORTANT** - Physician please fax the completed form to \_\_\_\_\_  
(VA Regional Office FAX No.)

**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 required to obtain or retain benefits. 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.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.