Department of Veterans Af	airs KIDNEY C	KIDNEY CONDITIONS (NEPHROLOGY) DISABILITY BENEFITS QUESTIONNAIRE				
IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) <i>WILL NOT PAY</i> OR <i>REIMBURSE</i> ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM. NAME OF PATIENT/VETERAN						
PATIENT/VETERAN'S SOCIAL SECURITY I	NUMBER					
	1: 4 4 U.C.D.					
		partment of Veterans Affairs (VA) for disability benefits. VA will consider the information you ng the veteran's claim. VA reserves the right to confirm the authenticity of ALL DBQs completed by				
		SECTION I - DIAGNOSIS				
1A. DOES THE VETERAN NOW HAVE OR I YES NO (If "Yes," complete It		BEEN DIAGNOSED WITH A KIDNEY CONDITION?				
1B. INDICATE DIAGNOSIS (check all that a	pply):					
Diabetic nephropathy	ICD CODE:	DATE OF DIAGNOSIS:				
		DATE OF DIAGNOSIS:				
		DATE OF DIAGNOSIS:				
Interstitial nephritis		DATE OF DIAGNOSIS:				
Kidney transplant	ICD CODE:	DATE OF DIAGNOSIS:				
Nephrosclerosis	ICD CODE:	DATE OF DIAGNOSIS:				
Nephrolithiasis	ICD CODE:	DATE OF DIAGNOSIS:				
Renal artery stenosis	ICD CODE:	DATE OF DIAGNOSIS:				
Ureterolithiasis	ICD CODE:	DATE OF DIAGNOSIS:				
Neoplasm of the kidney	ICD CODE:	DATE OF DIAGNOSIS:				
Cholesterol emboli	ICD CODE:	DATE OF DIAGNOSIS:				
Cystic kidney disease	ICD CODE:	DATE OF DIAGNOSIS:				
Congenital kidney disorder		DATE OF DIAGNOSIS:				
Other inherited kidney disorder Specify:		DATE OF DIAGNOSIS:				
Other kidney condition (Specify						
diagnosis, providing only diagnoses						
that pertain to kidney conditions)						
Other diagnosis #1:						
	ICD CODE:	DATE OF DIAGNOSIS:				
Other diagnosis #2:						
	ICD CODE:	DATE OF DIAGNOSIS:				
1C. IF THERE ARE ADDITIONAL DIAGNOS	ES THAT PERTAIN TO	KIDNEY CONDITION(S), LIST USING ABOVE FORMAT:				
		ECTION II - MEDICAL HISTORY				
ZA. DESCRIBE THE HISTORY (Including co	iuse, onsei ana course)	OF THE VETERAN'S CURRENT KIDNEY CONDITION(S) (Give a brief summary):				
		CONTINUOUS MEDICATION FOR THE DIAGNOSED CONDITION?				
YES NO List medications taken for the diagnosed condition:						
SECTION III - RENAL DYSFUNCTION						
3A. DOES THE VETERAN HAVE RENAL DYSFUNCTION? (Evidence of renal dysfunction includes either persistent proteinuria, hematuria or GFR < 60 cc/min/1.73m2)						
\square YES \square NO (If yes complete questions 3B - 3D)						
3B. DOES THE VETERAN REQUIRE REGU	LAR DIALYSIS?					
YES NO						

SUPERSEDES VA FORM 21-0960J-1, FEB 2015, WHICH WILL NOT BE USED.

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SECTION III - RENAL DYSFUNCTION (Con

SECTION III - RENAL DISFONCTION (Continuea)				
3C. DOES THE VETERAN HAVE ANY SIGNS OR SYMPTOMS DUE TO RENAL DYSFUNCTION?				
YES NO				
(If yes check all that apply):				
Proteinuria (albuminuria)				
(If checked, indicate frequency: (check all that apply)				
Recurring Constant Persistent				
Edema (due to renal dysfunction)				
(If checked, indicate frequency: (check all that apply)				
Some Transient Slight Persistent				
Anorexia (due to renal dysfunction)				
Weight loss (due to renal dysfunction)				
If checked, provide baseline weight (average weight for 2-year period preceding onset of disease):				
Generalized poor health (due to renal dysfunction)				
Lethargy (due to renal dysfunction)				
Weakness (due to renal dysfunction)				
Limitation of exertion (<i>due to renal dysfunction</i>)				
Able to perform only sedentary activity, due to persistent edema caused by renal dysfunction				
Markedly decreased function of other organ systems, especially the cardiovascular system, caused by renal dysfunction (If checked, describe):				
Other (If checked, describe):				
3D. DOES THE VETERAN HAVE HYPERTENSION AND/OR HEART DISEASE DUE TO RENAL DYSFUNCTION OR CAUSED BY ANY KIDNEY CONDITION?				
YES NO				
(If Yes, also complete V4 Form 21-00604-3. Hypertension Disability Benefits Questionnaire and/or V4 Form 21-00604-4. Heart Conditions (Including Ischemic and				
(If Yes, also complete VA Form 21-0960A-3, Hypertension Disability Benefits Questionnaire and/or VA Form 21-0960A-4, Heart Conditions (Including Ischemic and				
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PATIENT/VETERAN'S SOCIAL SECURITY NO.						
SECTION V - INFECTIONS OF THE KIDNEY AND/OR URINARY TRACT						
5A. DOES THE VETERAN HAVE A HISTORY OF RECURRENT SYMPTOMATIC URINARY TRACT OR KIDNEY INFECTIONS?						
YES NO						
(If yes, complete questions $5B - 5C$)						
5B. ETIOLOGY OF RECURRENT URINARY TRACT OR KIDNEY INFECTIONS:						
5C. INDICATE ALL TREATMENT MODALITIES USED FOR RECURRENT URINARY TRACT OR KIDNEY INFECTIONS (check all that apply):						
No treatment						
Long-term drug therapy						
If checked, list medications used and indicate dates for courses of treatment over the past 12 months:						
Hospitalization						
If checked, indicate frequency of hospitalization:						
1 or 2 per year More than 2 per year						
Drainage						
If checked, indicate dates when drainage was performed over the past 12 months:						
Continuous intensive management						
If checked, indicate types of treatment and medications used over the past 12 months:						
Intermittent intensive management						
If checked, indicate types of treatment and medications used over the past 12 months:						
Other, describe:						
SECTION VI - KIDNEY TRANSPLANT OR REMOVAL						
6A. HAS THE VETERAN HAD A KIDNEY TRANSPLANT OR REMOVAL?						
YES NO						
(If yes, complete questions 6B - 6C)						
6B. HAS THE VETERAN HAD A KIDNEY REMOVED?						
(If yes, provide reason):						
Kidney donation						
Due to trauma or injury						
Other, describe:						
6C. HAS THE VETERAN HAD A KIDNEY TRANSPLANT?						
YES NO						
If yes, date of transplant:						
Name of treatment facility, date of admission and date of discharge for transplant:						
SECTION VII - TUMORS AND NEOPLASMS						
7A. DOES THE VETERAN HAVE A BENIGN OR MALIGNANT NEOPLASM OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN SECTION I, DIAGNOSIS?						
YES NO						
(If yes, complete questions 7B - 7E)						
7B. IS THE NEOPLASM						
BENIGN MALIGNANT						
7C. HAS THE VETERAN COMPLETED TREATMENT OR IS THE VETERAN CURRENTLY UNDERGOING TREATMENT FOR A BENIGN OR MALIGNANT NEOPLASM						
OR METASTASES?						

PATIENT/VETERAN'S SOCIAL	SECURITY NO
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Tr. IMS THE VETERAN COMPLETED TREATMENT OR IS THE VETERAN CURRENTLY UNDERGOING TREATMENT FOR A BENKIN OR MALKINANT NEOPLASM IP 'USE': Indices type of beatment the Viteran is carring vurderpoing or hise completed (<i>black all that agply</i>): IP 'Use': Indices type of beatment the Viteran is carring vurderpoing or hise completed (<i>black all that agply</i>): IP 'Use': Indices type of beatment the Viteran is carring vurderpoing or hise completed (<i>black all that agply</i>): IP advected, denotite:	SECTION VII - TUMORS AND NEOPLASMS (Continued)					
Treatment completed; currently in velocitic waiting status Treatment completed; currently in velocitic waiting status Treatment completed; currently in velocitic waiting status Determined control completed; Tetreatment control treatment Date of completion of treatment or anticipated date of completion: Determined control treatment Date of completion of treatment or anticipated date of completion: Date of completion of treatment or anticipated date of completion: Date of most isoant treatment; Date of completion of treatment or anticipated date of completion: Date of most isoant treatment; Date of completion of treatment or anticipated date of completion: To Does The Vertexia Universe of anticipated date of completion: To Does The Vertexia Order Provide: To Does The Vertexia Order Provide and completications and completions and comple		R IS THE VETERAN CURRENTLY UNDERGOING TREATMENT FOR A BENIGN OR MALIGNANT NEOPLASM				
Sergery Indexed, describe Bingery Indexed, describe	If "Yes," indicate type of treatment the Veteran is current	ly undergoing or has completed (check all that apply):				
Implementation Implementation Implementation Implementa	Treatment completed; currently in watchful waiting	status				
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9A. HAS THE VETERAN HAD LABORATORY OR OTHER DIAGNOSTIC STUDIES PERFORMED? YES NO (If yes, provide most recent results (if available)): 9B. LABORATORY STUDIES BUN Date: Result: Creatinine Date: Result:	NOTE: If laboratory test results are in the medical record and reflect the veteran's current renal function, repeat testing is not required. Provide testing completed appropriate to veteran's condition: testing indicated below is not indicated for every kidney condition					
(If yes, provide most recent results (if available)): 9B. LABORATORY STUDIES BUN Date: Creatinine Date: Result:						
9B. LABORATORY STUDIES BUN Date:	YES NO					
BUN Date: Result: Creatinine Date: Result:	(If yes, provide most recent results (if available)):					
BUN Date: Result: Creatinine Date: Result:						
BUN Date: Result: Creatinine Date: Result:						
Creatinine Date: Result:	9B. LABORATORY STUDIES					
	BUN Date:	Result:				
L] EGFR Date: Result:						
	LI EGFR Date:	Result:				

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PATIENT/VETERAN'S SOCIAL SECURITY NO.

SECTION IX - DIAGNOSTIC TESTING (Continued)								
9C. URINALYSIS								
Hyaline casts Date:	Result:							
	Result:							
	Result:							
	Result:							
Construires for	Result:							
protein/creatinine ratio								
24 hour protein (mg/day) Date:	Result:							
9D. SPOT URINE MICROALBUMIN/CREATININE								
Date: Result:								
9E. 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)):								
		NCTIONAL IMPACT						
10. DOES THE VETERAN'S KIDNEY CONDITION(
YES NO (If yes, describe impact of each of the veteran's kidney conditions, providing one or more examples):								
	SECTION X	I - REMARKS						
11. REMARKS								
SE	CTION XII - PHYSICIAN'S CE	ERTIFICATION AND SIG	NATURE					
CERTIFICATION - To the best of my know	vledge the information conta	ained herein is accurate	complete and current					
-			omplete and current.					
12A. PHYSICIAN'S SIGNATURE	12B. PHYSICIAN	N'S PRINTED NAME		12C. DATE SIGNED				
12D. PHYSICIAN'S PHONE AND FAX NUMBER	15E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER 12F. PHYSICIAN'S ADDRESS							
NOTE - VA may request additional medical inform	nation, including additional exan	ninations, if necessary to co	mplete VA's review of the ve	teran's application.				
IMPORTANT - Physician please fax the completed form to:								
	()	VA Regional Office FAX No.	.)					
NOTE - A list of VA Regional Office FAX Numbers can be found at <u>www.benefits.va.gov/disabilityexams</u> or obtained by calling 1-800-827-1000.								
 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 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 <u>www.reginfo.gov/public/do/PRAMain</u>. If d								
get information on where to send comments or suggestions about this form.								

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