Department of Veterans Affairs	IZURE DISORDERS (EPILEPS)	() DISABILITY BENEFITS QUESTIONNAIRE							
<b>IMPORTANT -</b> 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 (First, Middle Initial, Last)									
PATIENT/VETERAN'S SOCIAL SECURITY NUMBER									
<b>NOTE TO PHYSICIAN</b> - Your patient 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 reserves the right to confirm the authenticity of ALL DBQs completed by private health care providers.									
SECTION I - DIAGNOSIS									
1A. DOES THE VETERAN HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH A SEIZURE DISORDER (epilepsy)? (This is the condition the veteran is claiming or for which an exam has been requested)									
YES     NO (If "Yes," complete Item 1B)									
<b>NOTE</b> : These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the "Remarks" section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis, or an appropriate date determined through record review or reported history.									
1B. SELECT THE APPROPRIATE DIAGNOSIS: (check all th	iat apply):								
TONIC-CLONIC SEIZURES OR GRAND MAL EPILEPSY (generalized convulsive seizures)	ICD Code:	Date of diagnosis:							
ABSENCE SEIZURES OR PETIT MAL OR ATONIC SEIZURES (generalized non-convulsive seizures)	ICD Code:	Date of diagnosis:							
JACKSONIAN (simple partial seizures)	ICD Code:	Date of diagnosis:							
	ICD Code:								
FOCAL SENSORY	ICD Code:								
DIENCEPHALIC EPILEPSY	ICD Code:								
PSYCHOMOTOR EPILEPSY (complex partial seizures, temporal lobe seizures)	ICD Code:								
OTHER (specify)									
Other diagnosis #1	ICD Code:	Date of diagnosis:							
Other diagnosis #2		Date of diagnosis:							
1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERT	AIN TO SEIZURE DISORDERS (epilepsy), LIS	ST USING ABOVE FORMAT:							
	SECTION II - MEDICAL RECORD REV	EW							
2. INDICATE MEDICAL RECORDS REVIEWED IN PREPAR	ATION OF THIS REPORT:								
C-FILE (VA ONLY)									
	SECTION III - MEDICAL HISTORY								
3A. DESCRIBE THE HISTORY (including onset and course)		(epilepsy) (brief summary):							
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·								
3B. IS CONTINUOUS MEDICATION REQUIRED FOR CONTROL OF EPILEPSY OR SEIZURE ACTIVITY?									
YES NO (If "Yes," list only those medications required for the veteran's epilepsy or seizure activity)									
3C. HAS THE VETERAN HAD ANY OTHER TREATMENT (such as surgery) FOR EPILEPSY OR SEIZURE ACTIVITY?									
YES NO (If "Yes," describe):									
3D. HAS THE DIAGNOSIS OF A SEIZURE DISORDER BEE	N CONFIRMED?								
YES NO (If "Yes," describe):									
3E. HAS THE VETERAN HAD A WITNESSED SEIZURE?									
YES NO (If "Yes," describe, including relationship of witnesses to veteran):									

PATIENT/VETERAN'S SOCIAL SECURITY NO.							
SECTION IV - FINDINGS, SIGNS AND SYMPTOMS							
4. DOES THE VETERAN HAVE OR HAS HE OR SHE HAD ANY FINDINGS, SIGNS OR SYMPTOMS ATTRIBUTABLE TO SEIZURE DISORDER (epilepsy) ACTIVITY?							
YES NO (If "Yes," check all that apply)							
Generalized tonic-clonic convulsion							
Episodes of unconsciousness							
Brief interruption in consciousness or conscious control							
Episodes of staring							
Episodes of rhythmic blinking of the eyes							
Episodes of nodding of the head							
Episodes of sudden jerking movement of the arms, trunk or head (myoclonic type)							
Episodes of sudden loss of postural control (akinetic type)							
Episodes of complete or partial loss of use of one or more extremities							
Episodes of random motor movements							
Episodes of psychotic manifestations							
Episodes of hallucinations Episodes of perceptual illusions							
Episodes of abnormalities of thinking							
Episodes of abnormalities of memory							
Episodes of abnormalities of mood							
Episodes of autonomic disturbances							
Episodes of speech disturbances							
Episodes of impairment of vision							
Episodes of disturbances of gait							
Episodes of tremors							
Episodes of visceral manifestations							
Residuals of Injury during seizure							
C Other							
(For all checked conditions describe):							
SECTION V - TYPE AND FREQUENCY OF SEIZURE ACTIVITY							
5.A. DOES THE VETERAN HAVE OR HAS HE OR SHE EVER HAD ANY TYPE OF SEIZURE ACTIVITY, INCLUDING MAJOR, MINOR, PETIT MAL OR PSYCHOMOTOF SEIZURE ACTIVITY?							
YES NO (If "Yes," complete Items 5B through 5H)							
5B. PROVIDE APPROXIMATE DATE OF FIRST SEIZURE ACTIVITY (Month, Year)							
PROVIDE DATE OF MOST RECENT SEIZURE ACTIVITY (Month, Year)							
5C. HAS THE VETERAN EVER HAD MINOR SEIZURES (characterized by a brief interruption in consciousness or conscious control associated with staring or rhythm							
blinking of the eyes or nodding of the head ("pure" petit mal) or sudden jerking movements of the arms, trunk or head (myoclonic type) or sudden loss of postural control (akinetic type))?							
YES NO (If "Yes," complete the following):							
Number of minor seizures over past 6 months:							
2 or more							
If 2 or more over the past 6 months, indicate the average frequency of minor seizures:           0-4 per week         5-8 per week         9-10 per week         More than 10 per week							
5D. HAS THE VETERAN EVER HAD MAJOR SEIZURES (characterized by the generalized tonic-clonic convulsion with unconsciousness)?							
Number of major seizures:							
None in past 2 years At least 1 in past 2 years At least 2 in past year							
Average frequency of major seizures:							
Less than 1 in past 6 months							
At least 1 in past 6 months							
At least 1 in 4 months over past year							
At least 1 in 3 months over past year							
At least 1 per month over past year							

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SECTION IV - TYPE AND	FREQUENCY OF SEIZURE ACTIVITY (Continued)								
5E. HAS THE VETERAN EVER HAD MINOR PSYCHOMOTOR SEIZURES (characterized by brief transient episodes of random motor movements, hallucinations, perceptual illusions, abnormalities of thinking, memory or mood, or autonomic disturbances)?									
YES NO (If "Yes," complete the following):									
Number of minor seizures over past 6 months:									
0-1									
2 or more									
If 2 or more over the past 6 months, indicate the average frequ									
0-4 per week 5-8 per week 9-10 per weel									
5F. HAS THE VETERAN EVER HAD MAJOR PSYCHOMOTOR SEIZUR convulsions with unconsciousness)?	ES (major psychomotor seizures are characterized by automatic states and/or generalized								
YES NO (If "Yes," complete the following):									
Number of major psychomotor seizures:									
None in past 2 years									
At least 1 in past 2 years At least 2 in past year									
Average frequency of major psychomotor seizures:									
Less than 1 in past 6 months									
At least 1 in past 6 months									
At least 1 in 4 months over past year									
At least 1 in 3 months over past year									
At least 1 per month over past year									
5G. HAS THE VETERAN EVER HAD EPILEPSY ASSOCIATED WITH A	NONPSYCHOTIC ORGANIC BRAIN SYNDROME?								
YES NO (If "Yes," describe):									
	PSYCHOTIC DISORDER, PSYCHONEUROTIC DISORDER OR PERSONALITY DISORDER?								
YES NO (If "Yes," the appropriate Mental Disorder Qu	• /								
	NDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE								
DIAGNOSIS SECTION?									
IF "YES," ARE ANY OF THESE SCARS PAINFUL AND/OR UN (6 square inches): OR ARE LOCATED ON THE HEAD, FACE, O	ISTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM R NECK?								
YES NO									
	SFIGUREMENT DISABILITY BENEFITS QUESTIONNAIRE (DBQ).								
IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, <i>SCARS/DIS</i> IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SC									
IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, <i>SCARS/DIS</i> IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SC LOCATION: MEASUR NOTE: An "unstable scar" is one where, for any reason, there is	CAR IN CENTIMETERS. EMENTS: Length cm X width cm. is frequent loss of covering of the skin over the scar. If there are multiple scars, enter								
IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, <i>SCARS/DIS</i> IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SC LOCATION: MEASUR <b>NOTE:</b> An "unstable scar" is one where, for any reason, there is additional locations and measurements in the "Remarks" section	CAR IN CENTIMETERS. EMENTS: Length cm X width cm. is frequent loss of covering of the skin over the scar. If there are multiple scars, enter n. It is not necessary to also complete a Scars/Disfigurement DBQ.								
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IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DIS IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SC LOCATION: MEASUR NOTE: An "unstable scar" is one where, for any reason, there i additional locations and measurements in the "Remarks" section 6B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL CONDITIONS LISTED IN SECTION I, DIAGNOSIS?	CAR IN CENTIMETERS. EMENTS: Length cm X width cm. is frequent loss of covering of the skin over the scar. If there are multiple scars, enter n. It is not necessary to also complete a Scars/Disfigurement DBQ.								
IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DIS         IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SC         LOCATION:       MEASUR         NOTE: An "unstable scar" is one where, for any reason, there i additional locations and measurements in the "Remarks" section         6B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL CONDITIONS LISTED IN SECTION I, DIAGNOSIS?         YES       NO (If "Yes," describe (brief summary))):	CAR IN CENTIMETERS. EMENTS: Length cm X width cm. is frequent loss of covering of the skin over the scar. If there are multiple scars, enter n. It is not necessary to also complete a Scars/Disfigurement DBQ. FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY								
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IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DIS         IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SC         LOCATION:       MEASUR         NOTE: An "unstable scar" is one where, for any reason, there is additional locations and measurements in the "Remarks" section         6B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL CONDITIONS LISTED IN SECTION I, DIAGNOSIS?         YES       NO (If "Yes," describe (brief summary)):         SECTION         NOTE - If diagnostic test results are in the medical record and reflect	CAR IN CENTIMETERS. EMENTS: Length cm X width cm. is frequent loss of covering of the skin over the scar. If there are multiple scars, enter n. It is not necessary to also complete a Scars/Disfigurement DBQ. FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY DN VII - DIAGNOSTIC TESTING the veteran's current seizure (epilepsy) disorder, repeat testing is not required.								
IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DIS         IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SC         LOCATION:       MEASUR         NOTE: An "unstable scar" is one where, for any reason, there is additional locations and measurements in the "Remarks" section         6B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL CONDITIONS LISTED IN SECTION I, DIAGNOSIS?         YES       NO (If "Yes," describe (brief summary)):         SECTIO         NO (If "Yes," describe (brief summary)):	CAR IN CENTIMETERS.  EMENTS: Length cm X width cm.  is frequent loss of covering of the skin over the scar. If there are multiple scars, enter n. It is not necessary to also complete a Scars/Disfigurement DBQ.  FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY  DN VII - DIAGNOSTIC TESTING  the veteran's current seizure (epilepsy) disorder, repeat testing is not required.								
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IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DIS         IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SC         LOCATION:       MEASUR         NOTE: An "unstable scar" is one where, for any reason, there is additional locations and measurements in the "Remarks" section         6B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL CONDITIONS LISTED IN SECTION I, DIAGNOSIS?         YES       NO (If "Yes," describe (brief summary))):         SECTION         NO (If "Yes," describe (brief summary)):         MOTE - If diagnostic test results are in the medical record and reflect         7A. HAVE ANY IMAGING STUDIES OR DIAGNOSTIC PROCEDURES E         YES       NO (If "Yes," check all that apply)         Magnetic resonance imaging (MRI)       Date:         Computed tomography (CT)       Date:	CAR IN CENTIMETERS.  EMENTS: Length cm X width cm. is frequent loss of covering of the skin over the scar. If there are multiple scars, enter n. It is not necessary to also complete a Scars/Disfigurement DBQ. FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY  DN VII - DIAGNOSTIC TESTING the veteran's current seizure (epilepsy) disorder, repeat testing is not required. BEEN PERFORMED?  Results:								
IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DIS         IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SC         LOCATION:       MEASUR         NOTE: An "unstable scar" is one where, for any reason, there is additional locations and measurements in the "Remarks" section         6B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL CONDITIONS LISTED IN SECTION I, DIAGNOSIS?         YES       NO (If "Yes," describe (brief summary)):         SECTION         MO (If "Yes," describe (brief summary)):         MOTE - If diagnostic test results are in the medical record and reflect         7A. HAVE ANY IMAGING STUDIES OR DIAGNOSTIC PROCEDURES E         YES       NO (If "Yes," check all that apply)         Magnetic resonance imaging (MRI)       Date:         Computed tomography (CT)       Date:         Cerebrospinal fluid CSF examination       Date:	CAR IN CENTIMETERS.  EMENTS: Length cm X width cm. is frequent loss of covering of the skin over the scar. If there are multiple scars, enter n. It is not necessary to also complete a Scars/Disfigurement DBQ. FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY  DN VII - DIAGNOSTIC TESTING the veteran's current seizure (epilepsy) disorder, repeat testing is not required. BEEN PERFORMED?  Results:								
IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DIS         IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SC         LOCATION:       MEASUR         NOTE: An "unstable scar" is one where, for any reason, there is additional locations and measurements in the "Remarks" section         6B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL CONDITIONS LISTED IN SECTION I, DIAGNOSIS?         YES       NO (If "Yes," describe (brief summary)):         SECTIO         NO (If "Yes," describe (brief summary)):         MOTE - If diagnostic test results are in the medical record and reflect         7A. HAVE ANY IMAGING STUDIES OR DIAGNOSTIC PROCEDURES E         YES       NO (If "Yes," check all that apply)         Magnetic resonance imaging (MRI)       Date:         Computed tomography (CT)       Date:         Electroencephalography (EEG)       Date:	CAR IN CENTIMETERS.  EMENTS: Length cm X width cm. is frequent loss of covering of the skin over the scar. If there are multiple scars, enter n. It is not necessary to also complete a Scars/Disfigurement DBQ. FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY  DN VII - DIAGNOSTIC TESTING the veteran's current seizure (epilepsy) disorder, repeat testing is not required. BEEN PERFORMED?  Results:								
IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DIS         IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SC         LOCATION:       MEASUR         NOTE: An "unstable scar" is one where, for any reason, there i additional locations and measurements in the "Remarks" section         6B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL CONDITIONS LISTED IN SECTION I, DIAGNOSIS?         YES       NO (If "Yes," describe (brief summary)):         SECTIO         NO (If "Yes," describe (brief summary)):         MATE - If diagnostic test results are in the medical record and reflect         7A. HAVE ANY IMAGING STUDIES OR DIAGNOSTIC PROCEDURES E         YES       NO (If "Yes," check all that apply)         Magnetic resonance imaging (MRI)       Date:         Cerebrospinal fluid CSF examination       Date:         Electroencephalography (EEG)       Date:         Neuropsychologic testing       Date:         Other (describe):       Date:	CAR IN CENTIMETERS.  EMENTS: Length cm X width cm.  is frequent loss of covering of the skin over the scar. If there are multiple scars, enter  n. It is not necessary to also complete a Scars/Disfigurement DBQ.  FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY  DN VII - DIAGNOSTIC TESTING  the veteran's current seizure (epilepsy) disorder, repeat testing is not required.  DN VII - DIAGNOSTIC TESTING  the veteran's current seizure (epilepsy) disorder, repeat testing is not required.  EXEMPTION COMPLEXATION CONDITIONS (CONDITIONS)  EXEMPTION CONDITIONS (CONDITIONS)  EXEMPTION CONDITIONS (CONDITIONS)  EXEMPTION CONDITIONS)  EXEMPTION CONDITIONS  EXEMPTION  EXEMPTION CONDITIONS  EXEMPTION  EXEMPTION EXEMPTION EXEMPTION EXEMPTION EXEMPTION EXEMPTION								
IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DIS         IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SC         LOCATION:       MEASUR         NOTE: An "unstable scar" is one where, for any reason, there i additional locations and measurements in the "Remarks" section         6B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL CONDITIONS LISTED IN SECTION I, DIAGNOSIS?         YES       NO (If "Yes," describe (brief summary)):         SECTION         NO (If "Yes," describe (brief summary)):         MOTE - If diagnostic test results are in the medical record and reflect         7A. HAVE ANY IMAGING STUDIES OR DIAGNOSTIC PROCEDURES E         YES       NO (If "Yes," check all that apply)         Magnetic resonance imaging (MRI)       Date:         Computed tomography (CT)       Date:         Electroencephalography (EEG)       Date:         Neuropsychologic testing       Date:         Other (describe):       TB. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDI	CAR IN CENTIMETERS.  EMENTS: Length em X width em.  is frequent loss of covering of the skin over the scar. If there are multiple scars, enter  n. It is not necessary to also complete a Scars/Disfigurement DBQ.  FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY  DN VII - DIAGNOSTIC TESTING  the veteran's current seizure (epilepsy) disorder, repeat testing is not required.  BEEN PERFORMED?  Results: Resu								
IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DIS         IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SC         LOCATION:       MEASUR         NOTE: An "unstable scar" is one where, for any reason, there i additional locations and measurements in the "Remarks" section         6B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL CONDITIONS LISTED IN SECTION I, DIAGNOSIS?         YES       NO (If "Yes," describe (brief summary)):         SECTIO         NO (If "Yes," describe (brief summary)):         MATE - If diagnostic test results are in the medical record and reflect         7A. HAVE ANY IMAGING STUDIES OR DIAGNOSTIC PROCEDURES E         YES       NO (If "Yes," check all that apply)         Magnetic resonance imaging (MRI)       Date:         Cerebrospinal fluid CSF examination       Date:         Electroencephalography (EEG)       Date:         Neuropsychologic testing       Date:         Other (describe):       Date:	CAR IN CENTIMETERS.  EMENTS: Length em X width em.  is frequent loss of covering of the skin over the scar. If there are multiple scars, enter  n. It is not necessary to also complete a Scars/Disfigurement DBQ.  FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY  DN VII - DIAGNOSTIC TESTING  the veteran's current seizure (epilepsy) disorder, repeat testing is not required.  BEEN PERFORMED?  Results: Resu								

PATIENT/VETERAN'S SOCIAL SECURITY NO.		- Г		٦.	_[			
	SE	СТІ	ON V	111 - F	FUN	ICTIONAL IMPACT		
8. DOES THE VETERAN'S EPILEPSY OR SEIZURE (epilepsy) DISORDER IMPACT HIS OR HER ABILITY TO WORK?								
YES NO (If "Yes," describe the impact of the veteran's seizure (epilepsy) disorder, providing one or more examples):								
			SECT			- REMARKS		
9. REMARKS (If any)			3201			- REMARKS		
	SECTION X - P	HYS	SICIAI	N'S C	CEF	RTIFICATION AND	SIGNATURE	
<b>CERTIFICATION</b> - To the best of my ki								
10A. PHYSICIAN'S SIGNATURE		1				'S PRINTED NAME	· •	10C. DATE SIGNED
10D. PHYSICIAN'S PHONE/FAX NUMBERS	10F NATIONAL	PR			FNT	TIFIER (NPI) NUMBER	10F. PHYSICIAN'S ADDRES	<u> </u>
			OVIDE					
NOTE - VA may request additional medical infe	ormation, including	ng a	ıdditioı	nal ex	xam	inations, if necessary t	to complete VA's review of the	e veteran's application.
IMPORTANT - Physician please fax the completed form to:								
INI OKTANI - I nystelan picase lax the	Joinpieted Ioini	10.			Ø	A Regional Office FA	X 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 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.								
<b>RESPONDENT BURDEN:</b> 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 <a href="http://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a> . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.								