Department of Veterans Affairs

INTERNAL VETERANS AFFAIRS USE
INITIAL POST TRAUMATIC STRESS DISORDER (PTSD)
DISABILITY BENEFITS QUESTIONNAIRE

IMPORTANT – THE DEPARTMENT OF VETERANS AFFAIRS (VA) ***WILL NOT PAY OR REIMBURSE*** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION ON REVERSE BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
[redacted]	[redacted]

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. Please note that this questionnaire is for disability evaluation, not for treatment purposes. This evaluation should be based on DSM-5 diagnostic criteria.

NOTE: If the Veteran experiences a mental health emergency during the interview, please terminate the interview and obtain help, using local resources as appropriate. You may also contact the Veterans Crisis Line at 1-800-273-TALK (8255). Stay on the Crisis Line until help can link the Veteran to emergency care.

Mental Health professionals with the following credentials are qualified to perform review C&P examinations for mental disorders. They are: a Board Certified psychiatrist; psychiatrist who have successfully completed an accredited psychiatry residency and who are appropriately credential and privileged; licensed doctorate-level psychologist; non-licensed doctorate level psychologists working toward licensure under close supervision by a board certified or board eligible psychiatrist or licensed doctoral level psychologist; psychiatry resident under close supervision by a board-certified or board eligible psychiatrist or licensed doctoral level psychologist; psychology residents under close supervision by a board eligible psychiatrist or a licensed doctoral level psychologist. .

Note: Close supervision means that the supervising psychiatrist or psychologist met with the Veteran and conferred with the examining mental health professional in providing the diagnosis and the final assessment. The supervising psychiatrist or psychologist co-signs the examination report.

SECTION I – DIAGNOSTIC SUMMARY

1. DIAGNOSTIC SUMMARY

This section should be completed based on the current examination and clinical findings.

DOES THE VETERAN HAVE A DIAGNOSIS OF PTSD THAT CONFORMS TO DSM-5 CRITERIA BASED ON TODAY'S EVALUATION?

☐ YES ☒ NO ICD CODE:

If no diagnosis of PTSD, check all that apply:

- ☐ Veteran's symptoms do not meet the diagnostic criteria for PTSD under DSM-5 criteria
- ☐ Veteran does not have a mental disorders that conforms with DSM-5 criteria
- ☒ Veteran has another mental disorder diagnosis. Continue to complete this Questionnaire and/or the Eating Disorders Questionnaire

2. CURRENT DIAGNOSES

2A. Mental Disorders Diagnosis #1: Alcohol Use Disorder, moderate
ICD CODE: F 10.20
COMMENTS, IF ANY:

Mental Disorders Diagnosis #2: Cannabis Use Disorder, moderate
ICD CODE: F 10.20
COMMENTS, IF ANY:

Mental Disorders Diagnosis #3: Other Specified Trauma-and Stress-Related Disorder
ICD CODE: F 43.8
COMMENTS, IF ANY:

Mental Disorders Diagnosis #4:
ICD CODE:
COMMENTS, IF ANY:

IF ADDITIONAL DIAGNOSES, DESCRIBE USING ABOVE FORMAT:

2B. MEDICAL DIAGNOSES RELEVANT TO THE UNDERSTANDING OR MANAGEMENT OF THE MENTAL HEALTH DISORDER *(to include TBI)*:

ICD CODE:
COMMENTS, IF ANY:

Claimant name: [redacted] Date of Examination: 02/12/2018

3. DIFFERENTIATION OF SYMPTOMS

3A. DOES THE VETERAN HAVE MORE THAN ONE MENTAL DISORDER DIAGNOSED?

☒ YES ☐ NO *(If "Yes," complete Item 3B)*

3B. IS IT POSSIBLE TO DIFFERENTIATE WHAT SYMPTOM(S) IS/ARE ATTRIBUTABLE TO EACH DIAGNOSIS?

☐ YES ☒ NO ☐ NOT APPLICABLE

If "No," provide reason that it is not possible to differentiate what portion of each symptom is attributable to each diagnosis and discuss whether there is any clinical association between these diagnoses:

The alcohol abuse disorder and cannabis use disorder cannot be differentiated due to the clinical association of the two disorders. The claimant has had past issues with illicit drugs and has used marijuana through out his adult life. The claimant has abused alcohol off and on during his adult life.

Other Specified Trauma-and Stress-Related Disorder symptoms include an adjustment-like disorder with prolonged duration of more than six months without prolonged duration of stressor. The claimant stated having heroin addiction while in the military that resulted in his entering detox. He was not allowed to say goodbye to his former girlfriend. The veteran was distressed by having to help load caskets on the airplanes.

(If "Yes," list which symptoms are attributable to each diagnosis and discuss whether there is any clinical association between these diagnoses):

3C. DOES THE VETERAN HAVE A DIAGNOSED TRAUMATIC BRAIN INJURY *(TBI)*?

☐ YES ☒ NO ☐ NOT SHOWN IN RECORDS REVIEWED *(If "Yes," complete Item 3D)*

(Comments, if any):

3D. IS IT POSSIBLE TO DIFFERENTIATE WHAT SYMPTOM(S) IS/ARE ATTRIBUTABLE TO EACH DIAGNOSIS?

☐ YES ☐ NO ☒ NOT APPLICABLE

(If "No," provide reason that is not possible to differentiate what portion of each symptom is attributable to each diagnosis):

(If "Yes," list which symptoms are attributable to each diagnosis):

4. OCCUPATIONAL AND SOCIAL IMPAIRMENT

4A. WHICH OF THE FOLLOWING BEST SUMMARIZES THE VETERAN'S LEVEL OF OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH REGARDS TO ALL MENTAL DIAGNOSES? *(Check only one)*

☐ NO MENTAL DISORDER DIAGNOSIS

☐ A MENTAL CONDITION HAS BEEN FORMALLY DIAGNOSED, BUT SYMPTOMS ARE NOT SEVERE ENOUGH EITHER TO INTERFERE WITH OCCUPATIONAL AND SOCIAL FUNCTIONING OR TO REQUIRE CONTINUOUS MEDICATION

☐ OCCUPATIONAL AND SOCIAL IMPAIRMENT DUE TO MILD OR TRANSIENT SYMPTOMS WHICH DECREASE WORK EFFICIENCY AND ABILITY TO PERFORM OCCUPATIONAL TASKS ONLY DURING PERIODS OF SIGNIFICANT STRESS, OR SYMPTOMS CONTROLLED BY MEDICATION

☒ OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH OCCASIONAL DECREASE IN WORK EFFICIENCY AND INTERMITTENT PERIODS OF INABILITY TO PERFORM OCCUPATIONAL TASKS, ALTHOUGH GENERALLY FUNCTIONING SATISFACTORILY, WITH NORMAL ROUTINE BEHAVIOR, SELF-CARE AND CONVERSATION

☐ OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH REDUCED RELIABILITY AND PRODUCTIVITY

☐ OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH DEFICIENCIES IN MOST AREAS, SUCH AS WORK, SCHOOL, FAMILY RELATIONS, JUDGMENT, THINKING AND/OR MOOD

☐ TOTAL OCCUPATIONAL AND SOCIAL IMPAIRMENT

4B. FOR THE INDICATED LEVEL OF OCCUPATIONAL AND SOCIAL IMPAIRMENT, IS IT POSSIBLE TO DIFFERENTIATE WHAT PORTION OF THE OCCUPATIONAL AND SOCIAL IMPAIRMENT INDICATED ABOVE IS CAUSED BY EACH MENTAL DISORDER?

☐ YES ☒ NO ☐ NO OTHER MENTAL DISORDER HAS BEEN DIAGNOSED

(If "No," provide reason that it is not possible to differentiate what portion of the indicated level of occupational and social impairment is attributable to each diagnosis):

The diagnoses are overlapping.

(If "Yes," list which portion of the indicated level of occupational and social impairment is attributable to each diagnosis):

4C. IF A DIAGNOSIS OF TBI EXISTS, IS IT POSSIBLE TO DIFFERENTIATE WHAT PORTION OF THE OCCUPATIONAL AND SOCIAL IMPAIRMENT INDICATED ABOVE IS CAUSED BY THE TBI?

☐ YES ☐ NO ☒ NO DIAGNOSIS OF TBI

(If "No," provide reason that it is not possible to differentiate what portion of the indicated level of occupational and social impairment is attributable to each diagnosis):

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(If "Yes," list which portion of the indicated level of occupational and social impairment is attributable to each diagnosis):

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SECTION II – CLINICAL FINDINGS

1. EVIDENCE REVIEW

In order to provide an accurate medical opinion, the Veteran's claims folder must be reviewed.

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:

Mental Health Outpatient Note dated 10/16/2017. Diagnosis included anxiety and sleep. Symptoms included anxiety, panic, irritability, and depression.

Mental Health Assessment-Brief Psychological Evaluation Note dated 9/27/2017.

Application for SC Disability dated 10/14/2017.

Gen. Surgery Consult Report listed Dysthymic Disorder as an active problems.

Mental Health Discharge Note dated 1/2/2013. The veteran was treated at the American Lake VAMC to include psycho-education, individual counseling, and case management.

Mental Health Note dated 9/6/2012. Diagnosis given was Dysthymia.

Mental Health Outpatient Note dated 2/15/2012.

Statement in Support of Claim for SC for PTSD dated 3/29/2010.

Psychological Evaluation to evaluate for PTSD dated 3/17/2011. DSM-IV Diagnosis included Major Depressive Disorder, recurrent, moderate and primary insomnia. Chemical Dependency diagnoses were in remission. The veteran did not meet the DSM IV criteria for PTSD.

Psychiatry Care Note dated 12/30/2011. medication management and evaluation.

Psychiatry Care Note dated 3/22/2010. Initial Medication Evaluation. Meds prescribed included Citalopram 20 mg daily.

Mental Health Initial Outpatient Assessment dated 2/16/2010.

Mental Health Consult Note dated 4/4/2000. DSM-IV Diagnoses included Marijuana dependence, Alcohol abuse, episodic, history of poly drug abuse and heroin dependence in remission for many years, Generalized anxiety disorder, Adjustment disorder with depressed mood.

Report of Medical History and Exam dated 2/16/1968.

Clinical Record dated 7/24/1971. Referenced that the veteran was sent to treatment for heroin dependence.

2. HISTORY

2A. RELEVANT SOCIAL/MARITAL/FAMILY HISTORY (pre-military, military, and post-military):

[redacted]

2B. RELEVANT OCCUPATIONAL AND EDUCATIONAL HISTORY (pre-military, military, and post-military):

AF Specialty Jet maintenance mechanic. He was in the military for three years. The veteran was discharged honorably one year before the completing of his contract. The veteran was discharged due to his drug problems.

[redacted]

2C. RELEVANT MENTAL HEALTH HISTORY, TO INCLUDE PRESCRIBED MEDICATIONS AND FAMILY MENTAL HEALTH (pre-military, military, and post-military):

[redacted]

2D. RELEVANT LEGAL AND BEHAVIORAL HISTORY (pre-military, military, and post-military):

[redacted]

2E. RELEVANT SUBSTANCE ABUSE HISTORY (pre-military, military, and post-military):

[redacted] While in VN, the veteran became addicted to heroin. He was hospitalized in a detox center near Cameron Bay. He was transferred to Lackland AF Base for drug treatment. The veteran also abused alcohol and attended AA. The veteran drinks daily at night using hard spirits and beer. The veteran smokes a pack of cigarettes daily.

The veteran claimed that he got involved in heroin use by an Army MP. When he came off base at night, the veteran and the Army MP would hang out while their respective girlfriends were working at a local bar. The veteran was smoking marijuana. He tried the heroin at the Army buddy's encouragement. Nine year old boys would sell the soldiers'

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heroin. He was smoking or snort the heroin. His VN girlfriend was not using drugs.

2F. OTHER *(If any)*:
Medical History includes:

[redacted]

[redacted]

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3. STRESSORS

The stressful event can be due to combat, personal trauma, other life threatening situations (non-combat related stressors).

NOTE: For VA purposes, "fear of hostile military or terrorist activity" means that a Veteran experienced, witnessed, or was confronted with an event or circumstance that involved actual or threatened death or serious injury, or a threat to the physical integrity of the Veteran or others, such as from an actual or potential improvised explosive device; vehicle-imbedded explosive device; incoming artillery, rocket, or mortar fire; grenade; small arms fire, including suspected sniper fire; or attack upon friendly military aircraft.

Describe one or more specific stressor event (s) the Veteran considers traumatic (may be pre-military, military, or post-military):

3A. Stressor #1

The veteran reported that he worked on the flight line on the C 130's assisting loading and unloading cargo. He hooked up air and electrical. He helped the load master. The medevac buses would load caskets and patients. He did not fear for life with the cargo loading and unloading. There were not any rockets lobed on the flight line.

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?

☐ YES ☒ NO

Is the stressor related to the Veteran's fear of hostile military or terrorist activity?

☐ YES ☐ NO

If no, explain:

Is the stressor related to in-service personal assault, e.g. military sexual trauma?

☐ YES ☐ NO

If yes, please describe the markers that may substantiate the stressor.

3B. Stressor #2

[redacted] The buddy was hit in the face.

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?

☐ YES ☒ NO

Is the stressor related to the Veteran's fear of hostile military or terrorist activity?

☐ YES ☐ NO

If no, explain:

Is the stressor related to in-service personal assault, e.g., military sexual trauma?

☐ YES ☐ NO

If yes, please describe the markers that may substantiate the stressor.

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3C. Stressor #3

[redacted]

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?

☐ YES ☒ NO

Is the stressor related to the Veteran's fear of hostile military or terrorist activity?

☐ YES ☐ NO

If no, explain:

Is the stressor related to in-service personal assault, e.g., military sexual trauma?

☐ YES ☐ NO

If yes, please describe the markers that may substantiate the stressor.

3D. Additional Stressors: If additional stressors, describe (list using above sequential format)

4. PTSD DIAGNOSTIC CRITERIA

NOTE: Please check criteria used for establishing the current PTSD diagnosis. Do NOT mark symptoms below that are clearly not attributable to the Criteria A stressor/PTSD. Instead, overlapping symptoms clearly attributable to other things should be noted under #7 - Other symptoms. The diagnostic criteria for PTSD, referred to as Criteria A-H, are from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5).

Criterion A: Exposure to actual or threatened a) death, b) serious injury, c) sexual violation, in one or more of the following ways:

☐ Directly experiencing the traumatic event(s)

☐ Witnessing, in person, the traumatic event(s) as they occurred to others

☐ Learning that the traumatic event(s) occurred to a close family member or close friend; cases of actual or threatened death must have been violent or accidental; or, experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse); this does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related

☒ No criterion in this section met.

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4. PTSD DIAGNOSTIC CRITERIA

Criterion B: Presence of (one or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred

- ☐ Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
- ☐ Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
- ☐ Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
- ☐ Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- ☐ Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- ☒ No criterion in this section met.

Criterion C: Persistent avoidance of stimuli associated with the traumatic event(s), beginning after traumatic event(s) occurred, as evidence of one or both of the following:

- ☐ Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- ☐ Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- ☒ No criterion in this section met.

Criterion D: Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

- ☐ Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
- ☐ Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad,: "No one can be trusted,: "The world is completely dangerous,: "My whole nervous system is permanently ruined").
- ☐ Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead to the individual to blame himself/herself or others.
- ☒ Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
- ☐ Markedly diminished interest or participation in significant activities.
- ☒ Feelings of detachment or estrangement from others.
- ☐ Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings.)
- ☐ No criterion in this section met.

Criterion E: Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

- ☒ Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
- ☐ Reckless or self-destructive behavior.
- ☐ Hypervigilance.
- ☐ Exaggerated startle response.
- ☐ Problems with concentration.
- ☒ Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).
- ☐ No criterion in this section met.

Criterion F:

- ☐ Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.
- ☒ No criterion in this section met.

Criterion G:

- ☐ The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- ☒ No criterion in this section met.

Criterion H:

- ☐ The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.
- ☒ No criterion in this section met.

Criterion I: Which stressor(s) contributed to the Veterans PTSD diagnosis?:

- ☐ Stressor #1
- ☐ Stressor #2
- ☐ Stressor #3
- ☐ Other, please indicate stressor number (i.e. stressor #5, #6, etc.) as indicated above:

☒ No criterion in this section met.

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5. SYMPTOMS

FOR VA RATING PURPOSES, CHECK ALL SYMPTOMS THAT APPLY TO THE VETERAN'S DIAGNOSES:

- ☒ Depressed mood
- ☒ Anxiety
- ☐ Suspiciousness
- ☐ Panic attacks that occur weekly or less often
- ☐ Panic attacks more than once a week
- ☐ Near-continuous panic or depression affecting the ability to function independently, appropriately and effectively
- ☒ Chronic sleep impairment
- ☐ Mild memory loss, such as forgetting names, directions or recent events
- ☐ Impairment of short and long term memory, for example, retention of only highly learned material, while forgetting to complete tasks
- ☐ Memory loss for names of close relatives, own occupation, or own name
- ☐ Flattened affect
- ☐ Circumstantial, circumlocutory or stereotyped speech
- ☐ Speech intermittently illogical, obscure, or irrelevant
- ☐ Difficulty in understanding complex commands
- ☐ Impaired judgment
- ☐ Impaired abstract thinking
- ☐ Gross impairment in thought processes or communication
- ☒ Disturbances of motivation and mood
- ☐ Difficulty in establishing and maintaining effective work and social relationships
- ☐ Difficulty adapting to stressful circumstances, including work or a work like setting
- ☐ Inability to establish and maintain effective relationships
- ☐ Suicidal ideation
- ☐ Obsessional rituals which interfere with routine activities
- ☐ Impaired impulse control, such as unprovoked irritability with periods of violence
- ☐ Spatial disorientation
- ☐ Persistent delusions or hallucinations
- ☐ Grossly inappropriate behavior
- ☐ Persistent danger of hurting self or others
- ☐ Neglect of personal appearance and hygiene
- ☐ Intermittent inability to perform activities of daily living, including maintenance of minimal personal hygiene
- ☐ Disorientation to time or place

6. BEHAVIORAL OBSERVATIONS

Well oriented
Faint smell of stale alcohol
6'1" and 160 pounds
Gray hair
Blue jeans, gray sweatshirt and red vest
Broken teeth
Facial hair
glasses
Good eye contact
Goal directed mental activity with average rate of speech
Normal gait and station
Denied SI/HI/psychotic behavior
Mildly somatic focus

7. OTHER SYMPTOMS

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DOES THE VETERAN HAVE ANY OTHER SYMPTOMS ATTRIBUTABLE TO PTSD (AND OTHER MENTAL DISORDERS) THAT ARE NOT LISTED ABOVE?

☐ YES ☒ NO *(If "Yes," describe):*

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DocuSign Envelope ID: [redacted]

8. COMPETENCY

IS THE VETERAN CAPABLE OF MANAGING HIS OR HER FINANCIAL AFFAIRS?

☒ YES ☐ NO *(If "No," explain):*

9. REMARKS, (including any testing results) IF ANY

The veteran reports serving in the Air Force. He indicates he served a total of 36 months. The period(s) of service were from: 8/26/1968 to 8/23/1971. He was in service during Vietnam War. He reports that he participated in combat activity. The veteran has some disturbing dreams that are non-military related. He smokes marijuana and uses alcohol to help with sleep. Marijuana helps keep nightmares or disturbing dreams at bay. The claimant does not appear to pose any threat of danger or injury to self or others. For the claimant's claimed condition of POST TRAUMATIC STRESS DISORDER, there is no diagnosis because there are no findings, signs and or symptoms to support a diagnosis.

SECTION III – PSYCHIATRIST/PSYCHOLOGIST CERTIFICATION AND SIGNATURE

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

10A. PSYCHIATRIST/PSYCHOLOGIST SIGNATURE AND TITLE	10B. PSYCHIATRIST/PSYCHOLOGIST PRINTED NAME	10C. DATE SIGNED
DocuSigned by: [redacted] Ph.D Psychologist AE65BDB331904B8...	[redacted]	2/12/2018

10D. PSYCHIATRIST/PSYCHOLOGIST PHONE AND FAX NUMBERS	10E. PSYCHIATRIST/PSYCHOLOGIST NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER	10F. PSYCHIATRIST/PSYCHOLOGIST ADDRESS
541-460-3815	1851423776	26 NW Irving Ave, Bend, OR 97703

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 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 30 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.

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