Seizure Disorders (Epilepsy)
Disability Benefits Questionnaire

LAST NAME, FIRST NAME, MIDDLE NAME *(SUFFIX)*: GLENN DAWSON M	SOCIAL SECURITY NUMBER: [redacted]	TODAY'S DATE: 01/23/2020
HOME ADDRESS: [redacted]	EXAMINING LOCATION AND ADDRESS: VES	
HOME TELEPHONE:		

CONTRACTOR:	VES NUMBER:	VA CLAIM NUMBER:
VES	22620024522	

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 BEFORE COMPLETING FORM.

NOTE TO PHYSICIAN - 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.

Is this DBQ being completed in conjunction with a VA21-2507, C&P Examination request?
[X] 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)

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.

[X] 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
[] VA claims file (hard copy paper C-file)
[X] VA e-folder (VBMS or Virtual VA)
[] CPRS
[] Other (please identify other evidence reviewed):

[] No records were reviewed

Evidence comments:

C-file

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.)
[X] Yes [] No

(If "Yes," complete Item 1B)

1B. Select the appropriate diagnosis *(check all that 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: _____

[] Focal motor
ICD Code: _____ Date of diagnosis: _____

[] Focal sensory
ICD Code: _____ Date of diagnosis: _____

[] Diencephalic epilepsy
ICD Code: _____ Date of diagnosis: _____

[] Psychomotor epilepsy *(complex partial seizures, temporal lobe seizures)*
ICD Code: _____ Date of diagnosis: _____

[X] Other *(specify)*

Other diagnosis #1: Pseudoseizures
ICD Code: F44.5
Date of diagnosis: 5/2019

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

1C. If there are additional diagnoses that pertain to seizure disorders *(epilepsy)*, list using above format:

SECTION II – MEDICAL HISTORY

2A. Describe the history *(including onset and course)* of the Veteran's seizure disorder *(epilepsy)* *(brief summary)*:

For the Claimed Compensation Condition of - EPILEPSY, GRAND MAL (SEIZURE DISORDER)

Date of onset: Veteran states in May of 2019, he was drinking a glass of water and the next thing he remembered was waking up the week after. He states he was told he had 10 major seizures and that workup had been essentially unremarkable. He was started on SSRI and anti-stress medications. A few weeks later, he had another witness seizure. He had his zoloft increased by PCP. He had yet another seizure and finally saw a neurologist June 2019 and was started on AED within a month or so after being discharged from the hospital. He continues to have seizures though not as frequent and severe.

Details of onset: Veteran states in May of 2019, he was drinking a glass of water and the next thing he remembered was waking up the week after. He states he was told he had 10 major seizures and that workup had been essentially unremarkable. He was started on SSRI and anti-stress medications. A few weeks later, he had another witness seizure. He had his zoloft increased by PCP. He had yet another seizure and finally saw a neurologist June 2019 and was started on AED within a month or so after being discharged from the hospital. He continues to have seizures though not as frequent and severe.

Course of the condition since onset (Has the condition progressed? Stayed the same?): stayed the same

Current symptoms (or state if the condition has resolved): see above

Any treatment, medications or surgery? yes

Any previous x-rays/labs/testing (if not available for review, simply state so)? yes

2B. Is continuous medication required for control of epilepsy or seizure activity?
[X] Yes [] No

(If "Yes," list only those medications required for the Veteran's epilepsy or seizure activity):
Lamotrigine

2C. Has the Veteran had any other treatment *(such as surgery)* for epilepsy or seizure activity?
[] Yes [X] No

(If "Yes," describe):

2D. Has the diagnosis of a seizure disorder been confirmed?
[X] Yes [] No

(If "Yes," describe):
Epilepsy per neurologist after veteran had recurrent seizures.

2E. Has the Veteran had a witnessed seizure?
[X] Yes [] No

(If "Yes," describe, including relationship of witnesses to Veteran):
Girlfriend witness generalized convulsions in the middle of the night.

2F. Has the Veteran had a confirmed diagnosis of epilepsy with a history of seizures?
[X] Yes [] No

SECTION III - FINDINGS, SIGNS AND SYMPTOMS

3. Does the Veteran have or has he or she had any findings, signs or symptoms attributable to seizure disorder *(epilepsy)* activity?
[X] Yes [] No

(If "Yes," check all that apply):
[X] Generalized tonic-clonic convulsions
[X] Episodes of unconsciousness
[X] 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
[X] Episodes of tremors
[] Episodes of visceral manifestations
[] Residuals of injury during seizure

[] Other

(For all checked conditions, describe):

Above are symptoms of veteran's seizures.

SECTION IV - TYPE AND FREQUENCY OF SEIZURE ACTIVITY

4A. Does the Veteran have or has he or she ever had any type of seizure activity, including major, minor, petit mal or psychomotor seizure activity?

[X] Yes [] No

(If "Yes," complete the following):

4B. Provide approximate date of first seizure activity *(Month, Year)*: 5/2019

Provide date of most recent seizure activity *(Month, Year)*: 1/2020

4C. Has the Veteran ever had minor seizures *(characterized by a brief interruption in consciousness or conscious control associated with staring or rhythmic 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))??*

[X] Yes [] No

(If "Yes," complete the following):

Number of minor seizures over past 6 months:

[] 0-1

[X] 2 or more

If 2 or more over the past 6 months, indicate the average frequency of minor seizures:

[X] 0-4 per week

[] 5-8 per week

[] 9-10 per week

[] More than 10 per week

4D. Has the Veteran ever had major seizures *(characterized by the generalized tonic-clonic convulsion with unconsciousness)*?

[X] Yes [] No

(If "Yes," complete the following):

Number of major seizures:

[] None in past 2 years

[] At least 1 in past 2 years

[X] 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

[X] At least 1 in 3 months over past year

[] At least 1 per month over past year

4E. 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 [X] No

(If "Yes," complete the following):

Number of minor psychomotor seizures over past 6 months:

[] 0-1

[] 2 or more

If 2 or more over the past 6 months, indicate the average frequency of minor psychomotor seizures:

[] 0-4 per week

[] 5-8 per week

[] 9-10 per week

[] More than 10 per week

4F. Has the Veteran ever had major psychomotor seizures *(major psychomotor seizures are characterized by automatic states and/or generalized convulsions with unconsciousness)*?
[X] Yes [] No

(If "Yes," complete the following):
Number of major psychomotor seizures:
[] None in past 2 years
[] At least 1 in past 2 years
[X] 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
[X] At least 1 per month over past year

4G. Has the Veteran ever had epilepsy associated with a nonpsychotic organic brain syndrome?
[X] Yes [] No

(If "Yes," describe):
Diagnosed with epilepsy due to recurrent seizures by neurologist

4H. Has the Veteran ever had epilepsy associated with a psychotic disorder, psychoneurotic disorder or personality disorder?
[] Yes [X] No

(If "Yes," the appropriate Mental Disorder Questionnaire must ALSO be completed).

SECTION V - OTHER PERTINENT PHYSICAL FINDINGS, SCARS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS

5A. Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms related to any conditions listed in Section I, Diagnosis?
[] Yes [X] No

(If "Yes," describe (brief summary)):

5B. 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?
[] Yes [X] 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/DISFIGURMENT Disability Benefits Questionnaire (DBQ).*

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 the Comments section below. It is not necessary to also complete a Scars DBQ.

5C. Comments, if any:

SECTION VI - DIAGNOSTIC TESTING

NOTE - If diagnostic test results are in the medical record and reflect the Veteran's current seizure (epilepsy) disorder, repeat testing is not required.

6A. Have any imaging studies or diagnostic procedures been performed?
[X] Yes [] No

(If "Yes," check all that apply):

[] Magnetic resonance imaging *(MRI)*
Date: _____
Results:

[] Computed tomography *(CT)*
Date: _____
Results:

[] Cerebrospinal fluid *(CSF)* examination
Date: _____
Results:

[X] Electroencephalography *(EEG)*
Date: 5/2019
Results:
normal

[] Neuropsychological testing
Date: _____
Results:

[] Other *(describe)*:

Date: _____
Results:

6B. Are there any other significant diagnostic test findings and/or results?
[] Yes [X] No

(If "Yes," provide type of test or procedure, date and results (brief summary)):

SECTION VII - FUNCTIONAL IMPACT

7. Does the Veteran's epilepsy or seizure *(epilepsy)* disorder impact his or her ability to work?
[X] Yes [] No

(If "Yes," describe the impact of the Veteran's seizure (epilepsy) disorder, providing one or more examples):

Due to seizures, veteran is not able to perform his duty as pilot.

SECTION VIII – REMARKS

8. Remarks *(If any)*

The diagnosis of Epilepsy came from the veteran report himself but I cannot confirm based on physician notes in the records. therefore, the only diagnosis I can definitively make is "Pseudoseizures"

Is there a need for the Veteran to follow up with his/her primary care provider regarding any life threatening findings in this

examination (not limited to claimed condition(s))?
[] Yes [X] No

Additional Question 1: IF MULTIPLE CONDITIONS ARE DIAGNOSED, PLEASE DIFFERENTIATE WHICH SYMPTOMS AND EXAM FINDINGS CORRESPOND WITH WHICH DIAGNOSIS, TO THE EXTENT POSSIBLE. IF THE SYMPTOMS AND/OR FINDINGS OVERLAP TOO MUCH AND PRECLUDE DIFFERENTIATION, PLEASE STATE SO.

Answer Question 1: N/A.

SECTION IX - PHYSICIAN'S CERTIFICATION AND SIGNATURE

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

Andrew Khalil, DO

9A. PHYSICIAN'S SIGNATURE:	
9B. PHYSICIAN'S PRINTED NAME:	ANDREW N. KHALIL, D.O.
9C. DATE SIGNED:	01/23/2020
9D. PHYSICIAN'S PHONE AND FAX NUMBER:	1-877-637-8387 Fax: 1-800-320-3908
9E. PHYSICIAN'S NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER AND MEDICAL LICENSE NUMBER AND STATE:	1790126092 / Q7901 TX
9F. PHYSICIAN'S ADDRESS:	VA-AC TEXAS 123 ACE ONLY, ACE, TX 99999
9G. PHYSICIAN'S SPECIALTY:	Internal Medicine

NOTE: VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the Veteran's application.

VES Addendum

Additional report information:

DBQ completed using the ACE process because the existing medical evidence supplemented with a telephone interview provided sufficient information on which to prepare the DBQ and an in-person examination would likely provide no additional relevant evidence.

Sincerely,

Veterans Evaluation Services