

Progress Notes

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LOCAL TITLE: COMP & PEN
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: MAR 14, 2012@10:30 ENTRY DATE: MAR 14, 2012@10:25:03
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URGENCY: STATUS: COMPLETED

Fibromyalgia Disability Benefits Questionnaire

Name of patient/Veteran: [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.

1. Diagnosis

Does the Veteran now have or has he/she ever been diagnosed with fibromyalgia? (This is the condition the Veteran is claiming or for which an exam has been requested)

☒ Yes ☐ No

If yes, select the Veteran's condition (check all that apply):

☒ Fibromyalgia

ICD code: 729.1

Date of diagnosis: 3/11

☐ Other, specify:

Other diagnosis #1:

ICD code:

Date of diagnosis:

Other diagnosis #2:

ICD code:

Date of diagnosis:

If there are additional diagnoses that pertain to fibromyalgia, list using above format:

NOTE: Fibromyalgia may also be called fibrositis or primary fibromyalgia syndrome.

2. Medical record review

Indicate medical records reviewed in preparation of this report:

☒ C-file (VA only)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WISCONSIN

VISTA Electronic Medical Documentation

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