



## RECTUM AND ANUS 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 BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
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**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.

### SECTION I - DIAGNOSIS

1A. DOES THE VETERAN HAVE A CONDITION OF THE RECTUM OR ANUS?  
 YES  NO *(If "Yes," complete Item 1B)*

1B. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO RECTUM OR ANUS CONDITIONS:

DIAGNOSIS # 1 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 2 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 3 -	ICD CODE -	DATE OF DIAGNOSIS -

1C. IF ADDITIONAL DIAGNOSES THAT PERTAIN TO RECTUM OR ANUS CONDITIONS, LIST USING ABOVE FORMAT:

  
  
  

### SECTION II - MEDICAL HISTORY

2. DESCRIBE THE CAUSE/ONSET OF THE VETERAN'S CURRENT CONDITION OF THE RECTUM OR ANUS:

  
  
  
  
  
  
  

### SECTION III - SYMPTOMS OF RECTUM OR ANUS CONDITION(S)

3A. DOES THE VETERAN HAVE IMPAIRMENT OF SPHINCTER CONTROL OF THE RECTUM AND ANUS OR AN ANAL FISTULA?  
 YES  NO *(If "Yes," indicate severity)*

- NO SYMPTOMS
- HEALED OR SLIGHT, WITHOUT LEAKAGE
- CONSTANT SLIGHT, OR OCCASIONAL MODERATE LEAKAGE
- OCCASIONAL INVOLUNTARY BOWEL MOVEMENTS, NECESSITATING WEARING OF PAD
- EXTENSIVE LEAKAGE AND FAIRLY FREQUENT INVOLUNTARY BOWEL MOVEMENTS
- COMPLETE LOSS OF SPHINCTER CONTROL

3B. DOES THE VETERAN HAVE STRICTURE OF THE RECTUM AND ANUS?  
 YES  NO *(If "Yes," indicate severity)*

- NO SYMPTOMS
- MODERATE REDUCTION OF LUMEN, OR MODERATE CONSTANT LEAKAGE
- GREAT REDUCTION OF LUMEN, OR EXTENSIVE LEAKAGE
- REQUIRING COLOSTOMY

3C. DOES THE VETERAN HAVE PROLAPSE OF THE RECTUM?  
 YES  NO *(If "Yes," indicate the severity)*

- NO SYMPTOMS
- MILD WITH CONSTANT SLIGHT OR OCCASIONAL MODERATE LEAKAGE
- MODERATE, PERSISTENT OR FREQUENTLY RECURRING
- SEVERE (OR COMPLETE), PERSISTENT

**SECTION III - SYMPTOMS OF RECTUM OR ANUS CONDITION(S) (Continued)**

3D. DOES THE VETERAN HAVE A DIAGNOSIS OF INTERNAL OR EXTERNAL HEMORRHOIDS?

- YES  NO (If "Yes," indicate severity)
- NO SYMPTOMS
- MILD OR MODERATE
- LARGE OR THROMBOTIC, IRREDUCIBLE, WITH EXCESSIVE REDUNDANT TISSUE, EVIDENCING FREQUENT RECURRENCES
- WITH PERSISTENT BLEEDING AND WITH SECONDARY ANEMIA, OR WITH FISSURES

3E. DOES THE VETERAN HAVE A DIAGNOSIS OF ANAL PRURITUS?

- YES  NO (If "Yes," indicate underlying condition and describe below)
- (If appropriate, complete Questionnaire for underlying condition, such as skin)

3F. DOES THE VETERAN HAVE A DIAGNOSIS OF VISCEROPTOSIS?

- YES  NO (If "Yes," complete Item 3G)

3G. IS IT MARKEDLY SYMPTOMATIC?

- YES  NO

**SECTION IV - FUNCTIONAL IMPACT AND REMARKS**

4. DOES THE VETERAN'S CONDITION OF THE RECTUM OR ANUS IMPACT HIS OR HER ABILITY TO WORK?

- YES  NO (If "Yes," describe impact, providing one or more examples)

5. REMARKS (If any)

**SECTION V - PHYSICIAN'S CERTIFICATION AND SIGNATURE**

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

6A. PHYSICIAN'S SIGNATURE

6B. PHYSICIAN'S PRINTED NAME

6C. DATE SIGNED

6D. PHYSICIAN'S PHONE AND FAX NUMBER

6E. PHYSICIAN'S MEDICAL LICENSE NUMBER

6F. PHYSICIAN'S ADDRESS

**NOTE** - VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran'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 [www.vba.va.gov/disabilityexams](http://www.vba.va.gov/disabilityexams) 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 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 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 [www.reginfo.gov/public/do/PRAMain](http://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.