

THYROID AND PARATHYROID CONDITIONS
DISABILITY BENEFITS QUESTIONNAIRE

Name of Patient/Veteran _____

Patient/Veteran's Social Security Number _____

Date of examination: _____

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.

Note - The Veteran 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 may obtain additional medical information, including an examination, if necessary, to complete VA's review of the Veteran's application. VA reserves the right to confirm the authenticity of ALL completed questionnaires. **It is intended that this questionnaire will be completed by the Veteran's healthcare provider.**

Are you completing this Disability Benefits Questionnaire at the request of:

☐ Veteran/Claimant☐ Third party (please list name(s) of organization(s) or individual(s))☐ Other: please describeAre you a VA Healthcare provider? ☐ Yes ☐ NoIs the Veteran regularly seen as a patient in your clinic? ☐ Yes ☐ NoWas the Veteran examined in person? ☐ Yes ☐ No

If no, how was the examination conducted?

EVIDENCE REVIEW

Evidence reviewed:

☐ No records were reviewed☐ Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN HAVE OR HAS HE OR SHE EVER HAD A THYROID OR PARATHYROID CONDITION? (This is the condition the Veteran is claiming or for which an exam has been requested)

☐ YES ☐ NO (If "Yes," complete Item 1B)

1B. SELECT THE VETERAN'S CONDITION (Check all that apply):

☐ HYPERTHYROIDISM, INCLUDING, BUT NOT LIMITED TO, GRAVES' DISEASE

ICD code: _____

Date of diagnosis: _____

☐ THYROID ENLARGEMENT, TOXIC

ICD code: _____

Date of diagnosis: _____

☐ THYROID ENLARGEMENT, NON-TOXIC

ICD code: _____

Date of diagnosis: _____

<input type="checkbox"/> HYPOTHYROIDISM	ICD code: _____	Date of diagnosis: _____
<input type="checkbox"/> HYPERPARATHYROIDISM	ICD code: _____	Date of diagnosis: _____
<input type="checkbox"/> HYPOPARATHYROIDISM	ICD code: _____	Date of diagnosis: _____
<input type="checkbox"/> THYROIDITIS	ICD code: _____	Date of diagnosis: _____
<input type="checkbox"/> C-CELL HYPERPLASIA	ICD code: _____	Date of diagnosis: _____
<input type="checkbox"/> BENIGN NEOPLASM OF THE THYROID	ICD code: _____	Date of diagnosis: _____
<input type="checkbox"/> MALIGNANT NEOPLASM OF THE THYROID	ICD code: _____	Date of diagnosis: _____
<input type="checkbox"/> BENIGN NEOPLASM OF THE PARATHYROID	ICD code: _____	Date of diagnosis: _____
<input type="checkbox"/> MALIGNANT NEOPLASM OF THE PARATHYROID	ICD code: _____	Date of diagnosis: _____
<input type="checkbox"/> OTHER (Specify): _____		
OTHER DIAGNOSIS #1: _____	ICD code: _____	Date of diagnosis: _____
OTHER DIAGNOSIS #2: _____	ICD code: _____	Date of diagnosis: _____

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO THYROID OR PARATHYROID CONDITION(S) LIST USING ABOVE FORMAT.

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S THYROID AND/OR PARATHYROID CONDITION (brief summary).

2B. HAS THE VETERAN HAD RADIOACTIVE IODINE TREATMENT FOR A THYROID CONDITION?

☐ YES ☐ NO

(If "Yes," specify the condition and type of treatment): _____

(Date of treatment): _____

2C. HAS THE VETERAN HAD ANY OTHER TYPE OF TREATMENT FOR A THYROID OR PARATHYROID CONDITION?

☐ YES ☐ NO

(If "Yes," specify the condition and type of treatment): _____

(Date of treatment): _____

WAS A PROPHYLACTIC THYROIDECTOMY PERFORMED (BASED ON GENETIC TESTING?)

☐ YES ☐ NO

(If "Yes," specify date of surgery): _____

2D. DOES THE VETERAN HAVE ANY RESIDUAL ENDOCRINE DYSFUNCTION FOLLOWING TREATMENT FOR THYROID OR PARATHYROID CONDITION?

☐ YES ☐ NO

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

- ☐ Thyroid endocrine dysfunction
- ☐ Parathyroid endocrine dysfunction
- ☐ Other (Describe): _____

SECTION III - THYROID: FINDINGS, SIGNS, AND SYMPTOMS

3A. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A THYROID CONDITION?

☐ YES ☐ NO

(If "Yes," please select the body systems affected by the diagnoses identified in Section 1B):

- ☐ MUSCULOSKELETAL SYMPTOMS, (complete appropriate musculoskeletal DBQ)
- ☐ RESPIRATORY SYMPTOMS, (complete appropriate respiratory DBQ)
- ☐ CARDIOVASCULAR SYMPTOMS, (complete appropriate cardiovascular DBQ)
- ☐ GASTROINTESTINAL SYMPTOMS, (complete appropriate gastrointestinal DBQ)
- ☐ GENITOURINARY SYMPTOMS, (complete appropriate genitourinary DBQ)
- ☐ REPRODUCTIVE SYMPTOMS, (complete appropriate gynecological or male reproductive organ DBQ)
- ☐ SKIN SYMPTOMS, (complete appropriate dermatological DBQ)
- ☐ EYE INVOLVEMENT, (complete appropriate ophthalmological DBQ)
- ☐ NEUROLOGICAL SYMPTOMS, (complete appropriate neurological DBQ)
- ☐ MENTAL AND PSYCHOLOGICAL SYMPTOMS, (complete appropriate psychological DBQ)
- ☐ DENTAL AND ORAL CONDITIONS, (complete appropriate dental and oral DBQ)

3B. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A HYPERTHYROID CONDITION?

☐ YES ☐ NO

(If "Yes," list date of initial diagnosis): _____

If "Yes," evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.

3C. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS OF THYROID ENLARGEMENT?

☐ YES ☐ NO

(If "Yes," which type?):

☐ TOXIC ☐ NON-TOXIC

If "Yes," evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.

3D. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A HYPOTHYROID CONDITION?

☐ YES ☐ NO

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

MYXEDEMA ☐ YES ☐ NO

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

- ☐ COLD INTOLERANCE
- ☐ MUSCULAR WEAKNESS

☐ CARDIOVASCULAR INVOLVEMENT (including, but not limited to hypotension, bradycardia, and pericardial effusion)

☐ Other: _____

MENTAL
DISTURBANCE

☐ YES ☐ NO

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

☐ DEMENTIA

☐ SLOWING OF THOUGHT

☐ DEPRESSION

☐ Other: _____

If "Yes," evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.

3E. DOES THE VETERAN CURRENTLY HAVE A DIAGNOSIS OF THYROIDITIS?

☐ YES ☐ NO

(If "Yes," is the thyroid function normal):

☐ YES

☐ NO

(If the thyroid function is abnormal, does the thyroiditis manifest as):

☐ HYPOTHYROIDISM

☐ HYPERTHYROIDISM

SECTION IV - PARATHYROID: FINDINGS, SIGNS, AND SYMPTOMS

4A. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A PARATHYROID CONDITION?

☐ YES ☐ NO

(If "Yes," please select the body systems affected by the diagnoses identified in Section 1B):

☐ MUSCULOSKELETAL SYMPTOMS, (complete appropriate musculoskeletal DBQ)

☐ RESPIRATORY SYMPTOMS, (complete appropriate respiratory DBQ)

☐ CARDIOVASCULAR SYMPTOMS, (complete appropriate cardiovascular DBQ)

☐ GASTROINTESTINAL SYMPTOMS, (complete appropriate gastrointestinal DBQ)

☐ GENITOURINARY SYMPTOMS, (complete appropriate genitourinary DBQ)

☐ REPRODUCTIVE SYMPTOMS, (complete appropriate gynecological or male reproductive organ DBQ)

☐ SKIN SYMPTOMS, (complete appropriate dermatological DBQ)

☐ EYE INVOLVEMENT, (complete appropriate ophthalmological DBQ)

☐ NEUROLOGICAL SYMPTOMS, (complete appropriate neurological DBQ)

☐ MENTAL AND PSYCHOLOGICAL SYMPTOMS, (complete appropriate psychological DBQ)

☐ DENTAL AND ORAL CONDITIONS, (complete appropriate dental and oral DBQ)

4B. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A HYPERPARATHYROID CONDITION?

☐ YES ☐ NO

IS THE CONDITION CURRENTLY ASYMPTOMATIC?

☐ YES ☐ NO

IS THE VETERAN AN INDIVIDUAL WHO IS NOT A CANDIDATE FOR SURGERY BUT REQUIRES CONTINUOUS MEDICATION FOR CONTROL OF A HYPERPARATHYROID CONDITION?

☐ YES ☐ NO

HAS THE VETERAN UNDERGONE SURGERY FOR A HYPERPARATHYROID CONDITION?

☐ YES ☐ NO

(If "Yes," specify type of surgery): _____

(Date of surgery): _____

(Date of discharge following surgery): _____

AS A RESULT OF HYPERPARATHYROID DYSFUNCTION, DOES THE VETERAN CURRENTLY HAVE ANY OF THE FOLLOWING SYMPTOMS THAT OCCUR DESPITE SURGERY?

☐ YES ☐ NO

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

☐ FATIGUE

☐ ANOREXIA

☐ NAUSEA

☐ CONSTIPATION

DOES THE VETERAN NOW HAVE OR DID THE VETERAN EVER HAVE HYPERCALCEMIA THAT MEETS THE CRITERIA BELOW?

☐ YES ☐ NO

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

☐ Hypercalcemia (indicated by bone mineral density T-score less than 2.5 SD (below mean) at any site)

☐ Hypercalcemia (indicated by bone mineral density T-score less than 2.5 SD (below mean) at previous fragility fracture)

☐ Hypercalcemia (indicated by creatinine clearance less than 60 mL/min)

☐ Hypercalcemia (indicated by ionized Ca greater than 5.6mg/dL (2-2.25 mmol/L))

☐ Hypercalcemia (indicated by total Ca greater than 12 mg/dL (3-3.5 mmol/L))

(If "Yes," did the hypercalcemia require pharmacologic treatment?):

☐ YES ☐ NO

(If "Yes," date treatment began): _____

NOTE: Where surgical intervention is not indicated, six months following when pharmacologic treatment began, please evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.

4C. DOES THE VETERAN CURRENTLY HAVE ANY FINDINGS, SIGNS, OR SYMPTOMS ATTRIBUTABLE TO A HYPOPARATHYROID CONDITION?

☐ YES ☐ NO

(If "Yes," date of initial diagnosis): _____

If "Yes," evaluate residuals with the appropriate DBQ pertaining to the body system previously selected.

SECTION V - PHYSICAL EXAM

5A. EYES:

☐ NORMAL, NO EXOPHTHALMOS ☐ ABNORMAL (If checked, describe): _____

(If "Abnormal," complete the appropriate Ophthalmological DBQ)

5B. NECK:

☐ NORMAL, NO PALPABLE THYROID ENLARGEMENT OR NODULES

☐ ABNORMAL, DIFFUSELY ENLARGED THYROID GLAND

☐ ABNORMAL, ENLARGED THYROID NODULE (If checked, describe location, size and consistency): _____

☐ ABNORMAL, WITHOUT DISFIGUREMENT OF THE HEAD OR NECK DUE TO ENLARGEMENT OF THE THYROID GLAND

☐ ABNORMAL, WITH DISFIGUREMENT OF THE HEAD DUE TO ENLARGEMENT OF THE THYROID GLAND

☐ ABNORMAL, WITH DISFIGUREMENT OF THE NECK DUE TO ENLARGEMENT OF THE THYROID GLAND

☐ OTHER (Describe): _____

5C. PULSE

☐ REGULAR☐ IRREGULAR

(Provide heart rate: _____)

5D. BLOOD PRESSURE

(Provide blood pressure: _____)

SECTION VI - REFLEX EXAM

6A. REFLEXES (Rate deep tendon reflexes (DTRs) according to the following scale):

0 Absent

1+ Hypoactive

2+ Normal

3+ Hyperactive without clonus

4+ Hyperactive with clonus

☐ ALL NORMAL

BICEPS

Right ☐ 0 ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+Left ☐ 0 ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

KNEE:

Right ☐ 0 ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+Left ☐ 0 ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

TRICEPS:

Right ☐ 0 ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+Left ☐ 0 ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

ANKLE:

Right ☐ 0 ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+Left ☐ 0 ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

BRACHIORADIALIS:

Right ☐ 0 ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+Left ☐ 0 ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

SECTION VII - TUMORS AND NEOPLASMS

7A. Does the Veteran currently have, or has had, a benign or malignant neoplasm or metastases related to any condition in the diagnosis section?

☐ Yes☐ No

If yes, complete the following section.

7B. Is the neoplasm:

☐ Benign☐ Malignant (if malignant complete the following):☐ Active☐ In remission☐ Primary☐ Secondary (metastatic) (if secondary, indicate the primary site, if known): _____

7C. Has the Veteran completed treatment or is the Veteran currently undergoing treatment for a benign or malignant neoplasm or metastases?

☐ Yes☐ No; watchful waiting

If yes, indicate type of treatment the Veteran is currently undergoing or has completed (check all that apply):

☐ Treatment completed

☐ Surgery

If checked, describe: _____

Date(s) of surgery: _____

☐ Radiation therapy

Date of most recent treatment: _____

Date of completion of treatment or anticipated date of completion: _____

☐ Antineoplastic chemotherapy

Date of most recent treatment: _____

Date of completion of treatment or anticipated date of completion: _____

☐ Other therapeutic procedure

If checked, describe procedure: _____

Date of most recent procedure: _____

☐ Other therapeutic treatment

If checked, describe treatment: _____

Date of completion of treatment or anticipated date of completion: _____

7D. Does the Veteran currently have any residuals or complications due to the neoplasm (including metastases) or its treatment, other than those already documented in the report above?

☐ Yes ☐ No

If yes, list residuals or complications (brief summary), and also complete the appropriate questionnaire:

7E. If there are additional benign or malignant neoplasms or metastases related to any of the diagnoses in the diagnosis section, describe using the above format:

SECTION VIII - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS, AND SCARS

8A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

☐ YES ☐ NO

If yes, describe (brief summary):

8B. DOES THE VETERAN HAVE ANY SCARS OR OTHER DISFIGUREMENT (OF THE SKIN) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION?

☐ YES ☐ NO

If yes, also complete the appropriate dermatological questionnaire.

8C. COMMENTS:

SECTION IX - DIAGNOSTIC TESTING

NOTE: If diagnostic test results are in the medical record and reflect the Veteran's current thyroid or parathyroid condition, repeat testing is not required.

9A. HAVE IMAGING STUDIES BEEN PERFORMED?

☐ YES ☐ NO

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

<input type="checkbox"/> Magnetic resonance imaging (MRI)	Date: _____	Results: _____
<input type="checkbox"/> Computed tomography (CT)	Date: _____	Results: _____
<input type="checkbox"/> Thyroid scan	Date: _____	Results: _____
<input type="checkbox"/> Thyroid ultrasound	Date: _____	Results: _____
<input type="checkbox"/> Other: _____	Date: _____	Results: _____

SECTION IX - DIAGNOSTIC TESTING 10B

9B. HAS LABORATORY TESTING BEEN PERFORMED?

☐ YES ☐ NO

<input type="checkbox"/> TSH	Date: _____	Results: _____
<input type="checkbox"/> Free T4	Date: _____	Results: _____
<input type="checkbox"/> Free T3	Date: _____	Results: _____
<input type="checkbox"/> Thyroid antibodies	Date: _____	Results: _____
<input type="checkbox"/> Parathyroid hormone (PTH)	Date: _____	Results: _____
<input type="checkbox"/> Calcium	Date: _____	Results: _____
<input type="checkbox"/> Ionized calcium	Date: _____	Results: _____
<input type="checkbox"/> Other: _____	Date: _____	Results: _____

9C. HAS A BIOPSY BEEN PERFORMED?

☐ YES ☐ NO

Site of biopsy _____ Date of test: _____ Results: _____

9D. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

☐ YES ☐ NO If "Yes," provide type of test or procedure, date and results (brief summary):

SECTION X - FUNCTIONAL IMPACT

10A. DOES THE VETERAN'S THYROID OR PARATHYROID CONDITION IMPACT HIS OR HER ABILITY TO WORK?

☐ YES☐ NO

If "Yes," describe impact of the Veteran's thyroid and/or parathyroid condition, providing one or more examples:

SECTION XI - REMARKS

11A. REMARKS, if any:

SECTION XII - EXAMINER'S CERTIFICATION AND SIGNATURE

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

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

12A. Examiner's signature:

12B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

12C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

12D. Date Signed:

12E. Examiner's phone/fax numbers:

12F. National Provider Identifier (NPI) number:

12G. Medical license number and state:

12H. Examiner's address: