

**HEART CONDITIONS (INCLUDING ISCHEMIC AND NON-ISCHEMIC HEART DISEASE,
ARRHYTHMIAS, VALVULAR DISEASE AND CARDIAC SURGERY)
DISABILITY BENEFITS QUESTIONNAIRE**

Name of Claimant/Veteran: <div style="background-color: black; height: 15px; width: 100%; margin-top: 5px;"></div>	Claimant/Veteran's Social Security Number: <div style="background-color: black; height: 15px; width: 100%; margin-top: 5px;"></div>	Date of Examination: <div style="background-color: black; height: 15px; width: 100%; margin-top: 5px;"></div>
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Note to examiner - 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.

Is this questionnaire being completed in conjunction with a VA C&P examination request?

☒ Yes ☐ No

How was the examination completed? (check all that apply)

- ☒ In-person examination
- ☒ Records reviewed
- ☐ Examination via approved video telehealth
- ☐ Other, please specify in comments box

Comments:

ACCEPTABLE CLINICAL EVIDENCE (ACE)

Indicate the 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 questionnaire and such an examination would likely provide no additional relevant evidence.
- ☐ Review of available records in conjunction with an interview with the Veteran (without in-person or video telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

EVIDENCE REVIEW

Evidence reviewed (check all that apply):

- | | |
|--|---|
| <p><input type="checkbox"/> Not requested</p> <p><input type="checkbox"/> VA claims file (hard copy paper C-file)</p> <p><input checked="" type="checkbox"/> VA e-folder</p> | <p><input type="checkbox"/> No records were reviewed</p> <p><input type="checkbox"/> VA electronic health record</p> <p><input checked="" type="checkbox"/> Other, please specify in comments box</p> |
|--|---|

Evidence comments:

VA Compensation Claim 3 day BP log 02/14/2025 - 02/16/2025 with systolic readings ranging from 129 - 143 and diastolic readings ranging from 89-101.

SECTION I - DIAGNOSIS

Note: These are condition(s) for which an evaluation has been requested on the exam request form (Internal VA) or for which the Veteran has requested medical evidence be provided for submission to VA.

1A. List the claimed conditions that pertain to this questionnaire:

Heart palpitations

Note: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the remarks section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis, or an approximate date determined through record review or reported history.

1B. Select diagnoses associated with the claimed condition(s) (check all that apply):

- ☐ The Veteran does not have a current diagnosis associated with any claimed conditions listed above. (Explain your findings and reasons in the remarks section)

	ICD Code:	Date of diagnosis:
<input type="checkbox"/> Acute, subacute, or old myocardial infarction		
<input type="checkbox"/> Atherosclerotic cardiovascular disease		
<input type="checkbox"/> Unstable angina		

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<input type="checkbox"/> Stable angina		
<input type="checkbox"/> Arteriosclerotic heart disease (Coronary artery disease)		
<input type="checkbox"/> Coronary spasm, including Prinzmetal's angina		
<input type="checkbox"/> Congestive heart failure		
<input type="checkbox"/> Bradycardia (bradyarrhythmia)		
<input type="checkbox"/> Ventricular arrhythmia		
<input type="checkbox"/> Supraventricular arrhythmia (supraventricular tachycardia)		
<input type="checkbox"/> Automatic implantable cardioverter defibrillator (AICD)		
<input type="checkbox"/> Implanted cardiac pacemaker		
<input type="checkbox"/> Cardiac/Heart transplant		
<input type="checkbox"/> Valvular heart disease		
<input type="checkbox"/> Heart block		
<input type="checkbox"/> Other infectious heart conditions		
<input type="checkbox"/> Hyperthyroid heart disease (if checked also complete the Thyroid/Parathyroid questionnaire)		
<input type="checkbox"/> Syphilitic heart disease		
<input type="checkbox"/> Pericarditis		
<input type="checkbox"/> Endocarditis		
<input type="checkbox"/> Rheumatic heart disease		
<input type="checkbox"/> Active valvular infection		
<input type="checkbox"/> Coronary artery bypass graft		
<input type="checkbox"/> Heart valve replacement (prosthesis)		
<input type="checkbox"/> Cardiomyopathy		
<input checked="" type="checkbox"/> Hypertensive heart disease	I11.9/I11.0	02/2025
<input type="checkbox"/> Pericardial adhesions		
<input type="checkbox"/> Other heart condition (specify)		
Other diagnosis #1		
Other diagnosis #2		
Other diagnosis #3		

1C.	If there are additional diagnoses that pertain to heart conditions, list using above format:
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SECTION II - MEDICAL HISTORY

2A.	<p>Describe the history (including onset and course) of the Veteran's heart condition (brief summary):</p> <p>Date of Onset: 2024</p> <p>Details of onset: Service member reports he started to experience heart palpitations. He had a workup including an echo and holter monitor. The echo showed left ventricular hypertrophy, which can cause heart palpitation symptoms. Holter was unremarkable.</p> <p>Course since onset: Symptoms include intermittent heart palpitations that can occur at rest. Current treatment for hypertensive heart disease includes HCTZ.</p>
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Current symptoms:

Symptoms include intermittent heart palpitations that can occur at rest.

2B. Do any of the Veteran's heart conditions qualify within the generally accepted medical definition of Ischemic Heart Disease (IHD)?

☐ Yes ☒ No

If yes, list the conditions that qualify:

2C. Provide the etiology, if known, of each of the Veteran's heart conditions, including the relationship/causality to other heart conditions, particularly the relationship/causality to the Veteran's IHD conditions, if any:

Heart condition #1 (provide etiology):

Hypertensive heart disease

Etiology:

Left ventricular hypertrophy caused by hypertension

N/A

Heart condition #2 (provide etiology):

If there are additional heart conditions, list and provide etiology, using above format:

2D. Is continuous medication required for control of the Veteran's heart condition?

☒ Yes ☐ No

If yes, list the medications required for the Veteran's heart condition (include name of medication and heart condition it is used for; such as Atenolol for myocardial infarction or atrial fibrillation)

Medication #1: Hydrochlorothiazide

Heart condition medication #1 is used for: Hypertensive heart disease

SECTION III – MYOCARDIAL INFARCTION (MI)

3A. Has the Veteran had an MI?

☐ Yes ☒ No

If yes, complete the following:

MI #1 Date and treatment facility:

MI #2 Date and treatment facility:

If the Veteran has had additional MIs, list using above format:

SECTION IV - ARRHYTHMIA

4A. Has the Veteran had a cardiac arrhythmia?

☐ Yes ☒ No

If yes, complete the following:

Note: A treatment intervention occurs whenever a symptomatic patient requires intravenous pharmacologic adjustment, cardioversion, and/or ablation for symptom relief.

☐ Asymptomatic bradycardia (bradyarrhythmia)

☐ Bradycardia (bradyarrhythmia), symptomatic, requiring permanent pacemaker implantation

☐ Supraventricular tachycardia documented by electrocardiogram (ECG) (if checked, indicate type of treatment)

☐ Treatment intervention (specify the type and number of treatment interventions per year)

☐ Intravenous pharmacologic adjustment ☐ Cardioversion ☐ Ablation for symptom relief

☐ 0 ☐ 1-4 ☐ 5 or more

☐ Continuous use of oral medications to control

☐ Use of vagal maneuvers to control

☐ No treatment

☐ Atrioventricular block (if checked, select type)

☐ First degree ☐ Second degree (type I) ☐ Second degree (type II) ☐ Third degree

☐ Ventricular arrhythmia (sustained) (Indicate date of hospital admission for initial evaluation and medical treatment in Section VIII –

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Procedures)

☐ Other cardiac arrhythmia, specify:

(if checked, indicate type of treatment)

☐ Treatment intervention (specify the type and number of treatment interventions per year)

☐ Intravenous pharmacologic adjustment ☐ Cardioversion ☐ Ablation for symptom relief

☐ 0 ☐ 1-4 ☐ 5 or more

☐ Continuous use of oral medications to control

☐ Use of vagal maneuvers to control

☐ No treatment

SECTION V – HEART VALVE CONDITIONS

5A. Has the Veteran had a heart valve condition? ☐ Yes ☒ No If yes, complete the following:
Heart valves affected. Check all that apply: ☐ Mitral ☐ Tricuspid ☐ Aortic ☐ Pulmonary
Describe the type of valve condition for each checked valve.

SECTION VI – INFECTIOUS HEART CONDITIONS

6A. Has the Veteran had any infectious cardiac conditions, including active valvular infection (which includes rheumatic heart disease), endocarditis, pericarditis, or syphilitic heart disease?
☐ Yes ☒ No

6B. Has the Veteran undergone or is the Veteran currently undergoing treatment for any active infection? ☐ Yes ☐ No
If yes, describe treatment and site of infection being treated. Also provide date or expected date of completion.

Date completed:

Expected date of completion:

6C. Has the Veteran had a syphilitic aortic aneurysm? ☐ Yes ☐ No
If yes, complete the Artery and Vein Questionnaire.

SECTION VII – PERICARDIAL ADHESIONS

7A. Has the Veteran had pericardial adhesions? ☐ Yes ☒ No If yes, complete the following:
Etiology of pericardial adhesions: ☐ Pericarditis ☐ Cardiac Surgery/Bypass ☐ Other, describe:

SECTION VIII - PROCEDURES

8A. Has the Veteran had any non-surgical or surgical procedures for the treatment of a heart condition? ☐ Yes ☒ No
If yes, indicate the non-surgical or surgical procedures the Veteran has had for the treatment of a heart condition. Check all that apply:

☐ Percutaneous coronary intervention (PCI) (angioplasty)

Date of treatment:

Date of admission:

Indicate treatment facility:

Indicate the condition that resulted in the need for the procedure/treatment:

☐ Coronary artery bypass surgery

Date of treatment:

Date of admission:

Indicate treatment facility:

Indicate the condition that resulted in the need for the procedure/treatment:

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☐ Cardiac/Heart transplants
Date of treatment:
Date of admission:
Date of discharge:
Indicate treatment facility:
Indicate the condition that resulted in the need for the procedure/treatment:

☐ Implanted cardiac pacemaker
Date of treatment:
Date of admission:
Date of discharge:
Indicate treatment facility:
Indicate the condition that resulted in the need for the procedure/treatment:

☐ Automatic implantable cardioverter defibrillator (AICD)
Date of treatment:
Date of admission:
ICD Code: Date of diagnosis:
Indicate treatment facility:
Indicate the condition that resulted in the need for the procedure/treatment:

☐ Heart valve replacement (prosthesis) (if checked indicate valve(s) that have been replaced (check all that apply)):
☐ Mitral
Date of treatment:
Date of admission:
Date of discharge:
Indicate treatment facility:
Indicate the condition that resulted in the need for the procedure/treatment:

☐ Tricuspid
Date of treatment:
Date of admission:
Date of discharge:
Indicate treatment facility:
Indicate the condition that resulted in the need for the procedure/treatment:

☐ Aortic
Date of treatment:
Date of admission:
Date of discharge:
Indicate treatment facility:
Indicate the condition that resulted in the need for the procedure/treatment:

☐ Pulmonary

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Date of treatment:

Date of admission:

Date of discharge:

Indicate treatment facility:

Indicate the condition that resulted in the need for the procedure/treatment:

☐ Ventricular aneurysmectomy

Date of treatment:

Date of admission:

Date of discharge:

Indicate treatment facility:

Indicate the condition that resulted in the need for the procedure/treatment:

☐ Other surgical and/or non surgical procedures for the treatment of a heart condition, describe:

Date of treatment:

Date of admission:

Date of discharge:

Indicate treatment facility:

Indicate the condition that resulted in the need for the procedure/treatment:

8B. If the Veteran has had additional non-surgical or surgical procedures for the treatment of a heart condition, list using above format:

SECTION IX – HOSPITALIZATIONS

9A. Has the Veteran had any other hospitalizations for the treatment of a heart condition (other than for non-surgical and/or surgical procedures described above)?

☐ Yes ☒ No

If yes, complete the following:

Date of admission:

Date of discharge:

Indicate treatment facility:

Condition that resulted in the need for hospitalization:

SECTION X – PHYSICAL EXAMINATION

10A. Physical examination findings:

Heart rate: 92

Blood pressure: 136/84

Rhythm: ☒ Regular ☐ Irregular

Point of maximal impact:

☒ Not palpable ☐ 4th intercostal space ☐ 5th intercostal space ☐ Other, specify:

Heart sounds:

☒ Normal ☐ Abnormal, specify:

Jugular-venous distension:

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☐ Yes ☒ No

Auscultation of the lungs:

☒ Clear ☐ Bibasilar rales ☐ Other, describe:

Peripheral pulses:

Dorsalis pedis: ☒ Normal ☐ Diminished ☐ Absent

Posterior tibial: ☒ Normal ☐ Diminished ☐ Absent

Peripheral edema:

Right lower extremity: ☒ None ☐ Trace ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

Left lower extremity: ☒ None ☐ Trace ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

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

11A. 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):

11B. 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.

SECTION XII - DIAGNOSTIC TESTING

Note: For VA purposes, exams for all heart conditions require a determination of whether or not cardiac hypertrophy or dilatation (documented by electrocardiogram echocardiogram, or x-ray) is present. The suggested order of testing for cardiac hypertrophy/dilatation is ECG, then chest x-ray (PA and lateral), and then echocardiogram. An echocardiogram to determine heart size is only necessary if the other two tests are negative.

12A. Is there evidence of cardiac hypertrophy? ☒ Yes ☐ No

If yes, indicate how this condition was documented.

☐ ECG ☐ Chest x-ray ☒ Echocardiogram ☐ Multigated Acquisition Scan (MUGA) ☐ MRI

Date of test: Date of Echocardiogram: 03/2024

12B. Is there evidence of cardiac dilation? ☐ Yes ☒ No

If yes, indicate how this condition was documented.

☐ ECG ☐ Chest x-ray ☐ Echocardiogram ☐ MUGA ☐ MRI

Date of test:

12C. Select all testing completed and provide most recent results which reflect the Veteran's current functional status. Check all that apply:

☐ ECG

Date of ECG:

Results of ECG:

☐ Normal

☐ Arrhythmia, describe:

☐ Ischemic, describe:

☐ Other, describe:

☐ Chest x-ray

Date of chest x-ray:

Results of chest x-ray:

☐ Normal ☐ Abnormal, describe:

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☒ Echocardiogram
Date of echocardiogram: 03/2024
Wall motion:
☒ Normal ☐ Abnormal, describe:

Wall thickness:
☐ Normal ☒ Abnormal, describe:
Left ventricular wall mildly thickened.

☐ MUGA
Date of MUGA:
Results of MUGA
☐ Normal ☐ Abnormal, describe:

☐ Coronary artery angiogram
Date of angiogram:
Results of angiogram
☐ Normal ☐ Abnormal, describe:

☐ CT angiography
Date of CT angiography
Results of CT
☐ Normal ☐ Abnormal, describe:

☐ Other test
Date of test
Results of test
Other test, specify
☐ Normal ☐ Abnormal, describe:

SECTION XIII – METABOLIC EQUIVALENTS (METs) TESTING

Note: For VA purposes, all heart exams require METs testing (either exercise-based or interview-based) to determine the activity level at which symptoms such as breathlessness, fatigue, angina, dizziness, or syncope develops (except exams for supraventricular arrhythmias). If a laboratory determination for METs by exercise testing cannot be done for medical reasons, then perform an interview-based METs test based on the Veteran's responses to a cardiac activity questionnaire and provide the results below.

13A. Select all testing completed (of record and/or completed during this examination) and provide the most recent results that reflect the Veteran's current functional status. Check all that apply:

☐ Exercise stress test ☒ Interview-based METs test ☐ None

13B. Exercise stress test

Date of most recent exercise stress test:
Results:
METs level the Veteran performed, if provided:

Did the test show ischemia? ☐ Yes ☐ No

If no, was the test terminated due to symptoms related to the cardiac condition?

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- ☐ Yes, the test was terminated due to symptoms related to the cardiac condition.
- ☐ No, the test was terminated due to symptoms not related to the cardiac condition. Please provide the reason for termination below:
(Examiner also needs to complete questions 13C through 13F.)

13C. If an exercise stress test was not performed, select a reason.

- ☐ Veteran has a medical contraindication, describe:
- ☐ Veteran's previous exercise stress test reflects current cardiac function.
- ☒ Exercise stress testing is not required as part of the Veteran's current treatment plan and this test is not without significant risk.
- ☐ Other, describe:

13D. Interview-based METs test

Date of interview-based METs test: 2/17/2025

Symptoms during activity: The METs level checked below reflects the lowest activity level at which the Veteran reports any of the following symptoms (check all symptoms that the Veteran reports at the indicated METs level of activity):

- ☐ The Veteran denies experiencing symptoms attributable to a cardiac condition with any level of physical activity
- ☐ Breathlessness ☐ Fatigue ☐ Angina ☐ Dizziness ☐ Syncope
- ☒ Other, describe:
Palpitations

Results of interview-based METs test. METs level on most recent interview-based METs test:

- ☐ (1-3 METs) This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2 mph) for 1-2 blocks
- ☐ (>3-5 METs) This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)
- ☐ (>5-7 METs) This METs level has been found to be consistent with activities such as walking 1 flight of stairs, golfing (without cart), mowing lawn (push mower), heavy yard work (digging)
- ☒ (>7-10 METs) This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)

13E. Has the Veteran had both an exercise stress test and interview-based METs test?

- ☐ Yes ☒ No

If yes, indicate which results most accurately reflect the Veteran's current cardiac functional level.

- ☐ Exercise stress test ☐ Interview-based METs test

13F. Is the METs level provided due solely to the heart condition(s) that the Veteran is claiming in the diagnosis section?

- ☒ Yes ☐ No If no, complete question 13G.

13G. What is the estimated interview-based METs level due solely to the cardiac condition(s) listed above? If this is different than the METs level reported above because of comorbid conditions, provide METs level for the claimed cardiac condition only and rationale below.

Results of interview-based METs test. METs level on most recent interview-based METs test:

- ☐ (1-3 METs) This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2 mph) for 1-2 blocks
- ☐ (>3-5 METs) This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)
- ☐ (>5-7 METs) This METs level has been found to be consistent with activities such as walking 1 flight of stairs, golfing (without cart), mowing lawn (push mower), heavy yard work (digging)
- ☐ (>7-10 METs) This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)

Rationale:

SECTION XIV - FUNCTIONAL IMPACT

Note: Provide the impact of only the diagnosed condition(s), without consideration of the impact of other medical conditions or factors, such as age.

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14A.	<p>Regardless of the Veteran's current employment status, do the conditions listed in the diagnosis section impact his/her ability to perform any type of occupational task (such as standing, walking, lifting, sitting, etc.)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe the functional impact of each condition, providing one or more examples:</p> <p>Current OR if retired/unemployed, previous occupation Current: Military 0-1 week work time lost in last 12 months Service member reports symptom of heart palpitations can result in difficulty completing occupational tasks.</p>
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SECTION XV - REMARKS

15A.	<p>Remarks (if any – please identify the section to which the remark pertains when appropriate).</p> <p>The diagnosis of hypertensive heart disease was rendered based on C-file evidence of a diagnosis of hypertension and left ventricular hypertrophy.</p> <p>Regarding METs testing, although SM reports he can have palpitations at rest, his echo showed a normal ejection fraction of 55.5% and mild left ventricular hypertrophy, so his METs level was determined to be >7-10 METs based on diagnostic testing of the heart.</p> <p>Additional Information: Has the Veteran had congestive heart failure (CHF)? No</p> <p>Section XII Additional Information: Echocardiogram Left Ventricular ejection fraction (LVEF): 56%</p> <p>Section XII Additional Information: Holter monitor: Date of holter monitor test: 04/2024 Result: Normal</p> <p>Is there a need for the Veteran/Service Member to follow up with his or her primary care provider regarding any life threatening or abnormal findings in this examination (not limited to claimed condition(s))? Yes Reason to follow up with PCP: Home blood pressure log and blood pressures on day of exam are elevated. Instructed SM to follow up with PCP regarding elevated blood pressure. ER precautions provided. He verbalized understanding.</p> <p>If yes, was the Veteran/Service Member notified to follow up with his or her primary care provider? Yes Was a copy of the test results identifying the life threatening or abnormal findings provided to the Veteran or the Veteran's primary provider? Yes</p> <p>Is the Veteran homeless? No Veteran was instructed to send all personal medical records to the VA Evidence Intake Center if applicable, for proper submission into VBMS.</p>
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SECTION XVI - EXAMINER'S CERTIFICATION AND SIGNATURE

<p>CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.</p>		
16A. Examiner's Signature: <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Digitally Signed 02/28/2025 01:05:41 PM PA-C	16B. Examiner's printed name: <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Physician Assistant – General Practice	16C. Date signed: 2/28/2025
16D. Examiner's phone/fax numbers: <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	16E. National Provider Identifier (NPI) number: 1508508284	16F. Medical license number and state: PA15701, TX
16G. Examiner's address: 540 Oak Centre Drive Suite 101 San Antonio TX 78258		