

Department of Veterans Affairs
Peripheral Nerves Conditions (Not Including Diabetic Sensory- Motor Peripheral
Neuropathy)
Disability Benefits Questionnaire

NAME OF PATIENT/VETERAN _PATIENT/VETERAN'S SOCIAL SECURITY NUMBER _

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN HAVE A PERIPHERAL NERVE CONDITION OR PERIPHERAL NEUROPATHY?

Yes No

(If "Yes," complete Item 1B)

1B. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO A PERIPHERAL NERVE CONDITION AND