



[Letterhead]

[Doctor's Name] [Doctor's Address]

[Date]

Department of Veterans Affairs

Veteran: [Veteran's Name] SSN: [Veteran's SSN]

To Whom It May Concern:

I am writing this nexus letter on behalf of my patient, [Veteran's Name], to support service connection for insomnia disorder as directly related to [his/her] service-connected **tinnitus**. **While insomnia is often considered a symptom of another underlying disability, the latest guidelines allow for insomnia to be service-connected as an independent condition if diagnostic criteria are met and other potential causes are ruled out.**

[Veteran's Name] has been under my care for [length of time].

After a thorough evaluation, I have diagnosed [him/her] with insomnia disorder **in accordance with DSM-5 criteria.**

[His/Her] insomnia symptoms are chronic and severe, meeting the full diagnostic criteria for an independent sleep-wake disorder. My assessment included ruling out other medical, psychiatric and sleep disorders as potential causes of the insomnia symptoms.



Notably, [Veteran's Name] is already service-connected for **tinnitus**. [He/She] reports that the constant ringing in [his/her] ears makes it very difficult to fall and stay asleep. The **tinnitus** appears to be a direct cause of [his/her] insomnia, as the two conditions arose around the same time and the insomnia persists despite treatment of other conditions. **Based on the onset, clinical course, and lack of alternative etiology, I believe [Veteran's Name]'s insomnia disorder is a direct physiological consequence of [his/her] service-connected tinnitus rather than a symptom of another condition.**

In summary, [Veteran's Name] meets the criteria for service connection of insomnia disorder as an independent disability. [He/She] has a current DSM-5 diagnosis of insomnia disorder. The insomnia is linked to an in-service event (onset of **tinnitus**). And the insomnia disorder is not caused by or a symptom of another medical or psychiatric condition. **Therefore, under the latest guidelines allowing for independent service connection of insomnia, I believe [Veteran's Name]'s insomnia disorder warrants a separate evaluation as directly related to [his/her] service-connected tinnitus.**

Please consider this evidence in support of service connection. I would be happy to provide further information or medical records if needed.

Sincerely,

[Doctor's Name]



[Doctor's Signature]