



## FOR YOUR EYES ONLY

EDIT ALL HIGHLIGHTED PORTIONS and whatever else necessary in order to be truthful and accurate..

CLICK [HERE](#) TO DOWNLOAD THE OFFICIAL PERSONAL STATEMENT FORM 21-4138

<https://www.va.gov/find-forms/about-form-21-4138/>

**INTEL BRIEFING:** 38CFR states: “A **50% VA Rating for Headaches/Migraines** is warranted “with very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability.”

**\*\*REMOVE THE COLORS ON YOUR FINAL DRAFT\*\***

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I am seeking service connection for migraine headaches, which have had a severe and debilitating impact on my daily life and overall functioning. The frequency, duration, and intensity of my migraine attacks have significantly affected my ability to work, maintain financial stability, and engage in daily activities.

I experience multiple migraine attacks per month, ranging from [insert number] to [insert number] episodes. These attacks are not only frequent but also incredibly disabling, lasting for an extended period of time. On average, my migraine episodes persist for [insert duration], during which I am unable to function normally or perform even the most basic tasks.



During a migraine attack, I am forced to lie down in a dark room, close the blinds, and attempt to sleep off the pain. The throbbing headache, often accompanied by nausea, vomiting, and sensitivity to light and sound, is so severe that I cannot engage in any productive activities. The pain is unbearable, and the only way to find relief is to isolate myself in a quiet, dark environment until the episode subsides.

The impact of these migraine attacks on my financial and economic adaptability cannot be overstated. I have had to miss numerous days of work due to the debilitating nature of my migraines, leading to a significant loss of income. My job performance has suffered, as I am unable to concentrate or complete tasks efficiently when an attack strikes. The unpredictable nature of my migraines has made it challenging to maintain steady employment, as employers are often unsympathetic to the need for frequent absences.

Moreover, the financial burden of managing my migraine condition has been substantial. I have incurred significant medical expenses related to doctor visits, medications, and alternative treatments in an attempt to find relief. The cost of my migraine care has strained my budget and has limited my ability to save for the future or engage in activities that could improve my overall quality of life.

The chronic and debilitating nature of my migraine attacks has not only affected my work life but has also had a profound impact on my personal relationships and social interactions. I have had to cancel plans with friends and family on numerous occasions due to the sudden onset of a migraine episode. The isolation and lack of understanding from others have led to feelings of frustration, depression, and a sense of helplessness.

I have sought medical treatment for my migraine condition, including [insert treatments such as medications, therapy, or lifestyle changes]. Despite my



efforts to manage my symptoms, the migraine attacks persist, and their impact on my daily life remains significant.

In conclusion, I respectfully request that service connection be granted for my migraine headaches. The frequent, prolonged, and debilitating nature of my migraine attacks has severely impacted my **financial stability** and overall quality of life. The medical evidence and the profound functional limitations I experience support the need for a fair and appropriate disability rating.