FOR YOUR EYES ONLY

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

CLICK [HERE](https://www.vba.va.gov/pubs/forms/VBA-21-4138-ARE.pdf) TO DOWNLOAD THE OFFICIAL PERSONAL STATEMENT FORM 21-4138

<https://www.va.gov/find-forms/about-form-21-4138/>A screenshot of a phone

Description automatically generated

**INTEL BRIEFING**: 38CFR states: A **40% rating** is appropriate with fibromyalgia with the following: “That are constant, or nearly so, and refractory to therapy”

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

--------------------------------------------------------------------------------------------------------------------------------------------DO NOT INCLUDE ANYTHING ABOVE THIS BREAK-------------------------------------------------------------------------------------------------------------------------------------------

I am writing to provide a personal statement in support of my claim for disability benefits due to fibromyalgia. I have been diagnosed with this condition, and it has resulted in widespread pain, fatigue, and other symptoms that have significantly affected my daily life and ability to work.

1. Diagnosis and Treatment:

I was diagnosed with fibromyalgia by [Doctor's Name], a specialist in rheumatology, on [Date of Diagnosis]. My treatment plan includes [list treatments such as medications, physical therapy, etc.].

2. Symptoms:

Despite the treatment, my symptoms persist almost all of the time. These symptoms include

Widespread musculoskeletal pain in various areas of the body

Fatigue, with sleep disturbances

Cognitive difficulties, such as memory lapses

[Any other relevant symptoms]

3. Impact on Daily Life and Work:

The pain and fatigue caused by fibromyalgia have disrupted my daily routines and limited my ability to perform certain tasks. Specifically:

[Describe how fibromyalgia affects your work, including any limitations in occupational functioning]

[Describe how fibromyalgia affects your daily living activities, such as limitations in personal care, household chores, social activities, etc.]

4. Connection to Military Service (if applicable):

[If you believe your condition is related to your military service, provide details on how and when it started, any incidents or exposures during service that may have contributed, etc.] **REMEMBER: If you were diagnosed during your active-duty service, you are already implicitly service connected.**

5. Medical Documentation:

Submitted with my claim are the medical records and statements from healthcare providers that validate my diagnosis and the effects of my condition.

In closing, my symptoms are almost always present despite multiple treatment methods and it has had a tremendous impact on my life.

Thank you for your attention to this matter.

Sincerely,

[Signature, if submitting in print]

[Your Full Name]

[Service Number, if applicable]