

EATING DISORDERS
DISABILITY BENEFITS QUESTIONNAIRE

Name of Patient/Veteran

Patient/Veteran's Social Security Number

Date of examination:

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) **WILL NOT PAY OR REIMBURSE** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM.

Note - 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. VA may obtain additional medical information, including an examination, if necessary, to complete VA's review of the Veteran's application. VA reserves the right to confirm the authenticity of ALL completed questionnaires. **It is intended that this questionnaire will be completed by the Veteran's healthcare provider.**

Note: If the Veteran experiences a mental health emergency during the interview, please discontinue the interview and obtain help, using local resources as appropriate. You may also contact the Veterans Crisis Line by dialing 988 and pressing 1. Stay on the Crisis Line until the Veteran is linked to emergency care.

Note: Initial Mental Disorders examinations must be conducted by (1) a board-certified or board-eligible psychiatrist; (2) a licensed doctorate-level psychologist; (3) a non-licensed doctorate-level psychologist working toward licensure under close supervision; (4) a psychiatry resident under close supervision; or (5) a VHA psychology trainee, under close supervision, who is completing an internship or residency for the purposes of completing a doctorate-level degree program.

Mental Disorders review examinations must be conducted by (1) an individual eligible to conduct an initial Mental Disorders examination; (2) a licensed clinical social worker (LCSW) under close supervision; or (3) a nurse practitioner, clinical nurse specialist, or physician assistant, if that individual is under close supervision and is clinically privileged by VHA to perform activities required for C&P Mental Disorders examinations.

"Under close supervision" means that the individual is supervised by a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist who must meet with the Veteran, confer with the supervised individual in providing the diagnosis and the final assessment, and co-sign the examination report.

Are you completing this Disability Benefits Questionnaire at the request of:

☐ Veteran/Claimant

☐ Third party (please list name(s) of organization(s) or individual(s))

☐ Other: please describe

Are you a VA Healthcare provider?

☐ Yes

☐ No

Is the Veteran regularly seen as a patient in your clinic?

☐ Yes

☐ No

Was the Veteran examined in person?

☐ Yes

☐ No

If no, how was the examination conducted?

EVIDENCE REVIEW

Evidence reviewed:

☐ No records were reviewed

☐ Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

SECTION I - DIAGNOSIS

1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH AN EATING DISORDER(S)?

☐ YES ☐ NO

(If "Yes," check all diagnoses that apply):

☐ BULIMIA

DATE OF DIAGNOSIS: _____ ICD CODE: _____

NAME OF DIAGNOSING FACILITY OR CLINICIAN: _____

☐ ANOREXIA

DATE OF DIAGNOSIS: _____ ICD CODE: _____

NAME OF DIAGNOSING FACILITY OR CLINICIAN: _____

☐ OTHER SPECIFIED FEEDING OR EATING DISORDER

DATE OF DIAGNOSIS: _____ ICD CODE: _____

NAME OF DIAGNOSING FACILITY OR CLINICIAN: _____

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S EATING DISORDER (brief summary):

SECTION III - FINDINGS

NOTE - For VA purposes, an incapacitating episode is defined as a period during which bed rest and treatment by a physician are required.

- ☐ BINGE EATING FOLLOWED BY MEASURES TO PREVENT WEIGHT GAIN
- ☐ BINGE EATING FOLLOWED BY SELF-INDUCED VOMITING
- ☐ INCAPACITATING EPISODES OF MORE THAN TWO BUT LESS THAN SIX WEEKS TOTAL DURATION PER YEAR
- ☐ INCAPACITATING EPISODES OF SIX OR MORE WEEKS TOTAL DURATION PER YEAR
- ☐ INCAPACITATING EPISODES OF UP TO TWO WEEKS TOTAL DURATION PER YEAR
- ☐ REQUIRING HOSPITALIZATION MORE THAN TWICE A YEAR FOR PARENTERAL NUTRITION
- ☐ REQUIRING HOSPITALIZATION MORE THAN TWICE A YEAR FOR TUBE FEEDING
- ☐ RESISTANCE TO WEIGHT GAIN EVEN WHEN BELOW EXPECTED MINIMUM WEIGHT
- ☐ SELF-INDUCED WEIGHT LOSS TO LESS THAN 80 PERCENT OF EXPECTED MINIMUM WEIGHT
- ☐ SELF-INDUCED WEIGHT LOSS TO LESS THAN 85 PERCENT OF EXPECTED MINIMUM WEIGHT
- ☐ WITHOUT INCAPACITATING EPISODES

SECTION IV - OTHER SYMPTOMS

4A. DOES THE VETERAN HAVE ANY OTHER SYMPTOMS ATTRIBUTABLE TO AN EATING DISORDER?

☐ YES ☐ NO

(If "Yes," describe):

SECTION V - FUNCTIONAL IMPACT

5A. DOES THE VETERAN'S EATING DISORDER(S) IMPACT HIS OR HER ABILITY TO WORK?

☐ YES ☐ NO

(If "Yes," describe impact, providing one or more examples):

SECTION VI - REMARKS

6A. Remarks (if any – please identify the section to which the remark pertains when appropriate).

SECTION VII - EXAMINER'S CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

7A. Examiner's signature:

7B. Examiner's printed name and title (e.g. MD, DO, DDS, DMD, Ph.D, Psy.D, NP, PA-C):

7C. Examiner's Area of Practice/Specialty (e.g. Cardiology, Orthopedics, Psychology/Psychiatry, General Practice):

7D. Date Signed:

7E. Examiner's phone/fax numbers:

7F. National Provider Identifier (NPI) number:

7G. Medical license number and state:

7H. Examiner's address: