OMB Approved No. 2900-0781 Respondent Burden: 15 Minutes Expiration Date: 09/30/2019

		Expiration Date: 09/30/2019				
Department of Veterans Affairs HERNIAS (INCLUDING ABDOMINAL, INGUINAL AND FEMORAL HERNIAS) DISABILITY BENEFITS QUESTIONNAIRE						
IMPORTANT- THE DEPARTMENT OF VETERAN PROCESS OF COMPLETING AND/OR SUBMITTE COMPLETING THIS FORM.	NS AFFAIRS (VA) <i>WILL NOT PAY</i> OR <i>REIMBURSE</i> NG THIS FORM. PLEASE READ THE PRIVACY AC	ANY EXPENSES OR COST INCURRED IN THE				
NAME OF PATIENT/VETERAN						
PATIENT/VETERAN'S SOCIAL SECURITY NUMBER						
l — — — — — — — — — — — — — — — — — — —						
NOTE TO PHYSICIAN - Your patient is applying to provide on this questionnaire as part of their evaluation private health care providers.	the U.S. Department of Veterans Affairs (VA) for disable in processing the veteran's claim. VA reserves the right	ility benefits. VA will consider the information you to confirm the authenticity of ALL DBQs completed by				
private health care providers.	SECTION I - DIAGNOSIS					
1A. DOES THE VETERAN NOW HAVE OR HAS HE OF exam has been requested)	R SHE EVER HAD ANY HERNIA CONDITIONS? (This is	he condition the veteran is claiming or for which an				
YES NO (If "Yes," complete Item 1B)						
	s current evaluation of the claimed condition(s) listed ab-	ove. If there is no diagnosis, if the diagnosis is different				
from a previous diagnosis for this condition, or if there	e is a diagnosis of a complication due to the claimed concation if the clinician is making the initial diagnosis, or an	lition, explain your findings and reasons in the "Remarks"				
1B. SELECT THE VETERAN'S CONDITION (Check all	that apply):					
INGUINAL HERNIA (If checked, complete Section		Date of diagnosis:				
FEMORAL HERNIA (If checked, complete Section	n IV.2) ICD code:	Date of diagnosis:				
VENTRAL HERNIA (If checked, complete Section	ICD code:	Date of diagnosis:				
OTHER (Specify): OTHER DIAGNOSIS #1:						
OTTIEN DIAGNOSIS #1.	ICD code:	Date of diagnosis:				
OTHER DIAGNOSIS #2:						
	ICD code:	Date of diagnosis:				
1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT P	PERTAIN TO INGUINAL, FEMORAL OR VENTRAL HERNI	AS, LIST USING ABOVE FORMAT:				
2. INDICATE MEDICAL RECORDS REVIEWED IN PRE	SECTION II - MEDICAL RECORD REVIEW					
C-FILE (VA ONLY)	EFARATION OF THIS REPORT.					
OTHER, DESCRIBE:						
	SECTION III - MEDICAL HISTORY					
3A. DESCRIBE THE HISTORY (including onset and cou	urse) OF THE VETERAN'S HERNIA CONDITIONS (brief s	ummary):				
3B. IS CONTINUOUS MEDICATION REQUIRED FOR	CONTROL OF THE VETERAN'S HERNIA CONDITIONS?					
YES NO (If "Yes," list only those media	cations required for the veteran's hernia conditions)					
	SECTION IV - HERNIA CONDITIONS					
1. INGUINAL HERNIA						
A. SURGICAL STATUS (check all that apply):						
Surgery performed (If "Yes," indicate side, date a	and type of surgery):					
Right: Date and type of surgery:						
Left: Date and type of surgery: No previous surgery but hernia appears operable	and remediable (If checked, indicate side): Right:	Left:				
I □	and remediable (1) checked, malcute state). Right.	(If checked, indicate side): Right: Left:				
Inoperable, provide reason:		(If checked, indicate side): Right: Left:				
	ked, indicate status of postoperative recurrent hernia):	, <u> </u>				
Recurrent hernia appears operable and re	emediable (If checked, indicate side): Right:	Left:				
Irremediable, provide reason:		(If checked, indicate side): Right: Left:				
Inoperable, provide reason:		(If checked, indicate side): Right: Left:				
B. EXAM						
	e hernia protrusion Small hernia Large herni e hernia protrusion Small hernia Large herni					
C. ABILITY TO BE REDUCED	s nerma producion	a				
	adily reducible					
	adily reducible					

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER	
SECTION IV - HERNIA CONDITIONS (Continued)	
D. INDICATION FOR SUPPORT (Is there an indication for a supporting belt?)	
YES NO (If "Yes," can the hernia be supported by truss or belt?):	
Yes, can be well supported by truss or belt (If checked, indicate side well supported): Right:	Left:
Not well supported by truss or belt (If checked, indicate side not well supported): Right:	Left:
N/A, no truss or belt tried or used	Leit.
2. FEMORAL HERNIA	
A. SURGICAL STATUS (check all that apply):	
Surgery performed (If "Yes," indicate side, date and type of surgery):	
Right: Date and type of surgery:	
Left: Date and type of surgery:	
No previous surgery but hernia appears operable and remediable (If checked, indicate side): Right:	Left:
	(If also deal in disease with). Disease Disease
Irremediable, provide reason:	(If checked, indicate side): Right: Left:
Inoperable, provide reason:	(If checked, indicate side): Right: Left:
Recurrent hernia following surgical repair (<i>If checked</i> , <i>indicate status of postoperative recurrent hernia</i>):	16
Recurrent hernia appears operable and remediable (If checked, indicate side): Right:	Left:
☐ Irremediable, provide reason:	(If checked, indicate side): Right: Left:
Inoperable, provide reason:	(If checked, indicate side): Right: Left:
B. EXAM	
Left: No hernia detected No true hernia protrusion Small hernia Large hernia	
Right: No hernia detected No true hernia protrusion Small hernia Large hernia	
C. ABILITY TO BE REDUCED	
Right: Readily reducible Not readily reducible	
Left: Readily reducible Not readily reducible	
D. INDICATION FOR SUPPORT (Is there an indication for a supporting belt?)	
YES NO (If "Yes," can the hernia be supported by truss or belt?):	
Yes, can be well supported by truss or belt (If checked, indicate side well supported): Right:	Left:
Not well supported by truss or belt (If checked, indicate side not well supported): Right:	Left:
N/A, no truss or belt tried or used	Leit.
3. VENTRAL HERNIA	
A. SURGICAL STATUS (check all that apply):	
Surgery performed (If "Yes," indicate date and type of surgery):	
Date and type of surgery:	<u> </u>
No previous surgery but hernia appears operable and remediable	
Irremediable, provide reason:	
Inoperable, provide reason:	
Decurrent harrie fellowing currical repair (If shooked indicate status of poster custice accurrent harries).	
Recurrent hernia following surgical repair (<i>If checked, indicate status of postoperative recurrent hernia</i>): Recurrent hernia appears operable and remediable (<i>If checked, indicate side</i>): Right:	7 4.
	Left:
Irremediable, provide reason: Inoperable, provide reason:	
Inoperable, provide reason:	
B. EXAM (check all that apply):	
No hernia detected	
Healed postoperative ventral hernia repair	
Healed postoperative wounds with weakening of abdominal wall	
Small ventral hernia	
Large ventral hernia	
Massive, persistent, severe diastasis of recti muscles	
Extensive diffuse destruction or weakening of muscular and fascial support of abdominal wall so as to be inop	erable
Other, describe:	
C. INDICATION FOR SUPPORT (Is there an indication for a supporting belt?)	
YES NO (If "Yes," can the hernia be supported by truss or belt?):	
Yes, can be well supported by truss or belt	
Not well supported by truss or belt	
N/A, no truss or belt tried or used	

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SECTION V - OTHER PERTINENT PHY	SICAL FIN	DINGS, SCA	RS, CO	OMPLICATIONS, C	ONDITIONS, SIGNS	AND/OR SYMPTOMS			
5A. DOES THE VETERAN HAVE ANY SCARS (surgical or otherwise) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION?									
YES NO									
IF "YES," ARE ANY OF THESE SCARS PAINFUL AND/OR UNSTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM 6 square inches); OR ARE LOCATED ON THE HEAD, FACE, OR NECK? YES NO									
IF "YES," ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT DISABILITY BENEFITS QUESTIONNAIRE (DBQ).									
IF "NO," PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS.									
LOCATION: cm X width cm.									
NOTE: An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar. If there are multiple scars, enter additional locations and measurements in the "Remarks" section. It is not necessary to also complete a Scars/Disfigurement DBQ.									
5B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN SECTION I, DIAGNOSIS?									
YES NO (If "Yes," describe - brief summary):									
	SEC	TION VI - DI	AGNO	STIC TESTING					
NOTE - If testing has been performed and reflects vete					pecific diagnostic testing	g is not required for			
NOTE - If testing has been performed and reflects veteran's current condition, repeat testing is not required. Specific diagnostic testing is not required for hernia examination.									
6. ARE THERE ANY SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?									
YES NO (If "Yes," provide type of test of	or procedure	e, date and resi	ılts - br	ief summary):					
	056	TION VIII E	UNOTI	ONAL MADA OT					
7. DOES THE VETERAN'S HERNIA CONDITION(S) IM				ONAL IMPACT					
YES NO (If "Yes," describe the impact					one or more examples)				
120 Into (1) Test, desertor the impac	i oj cuen oj i	ne veteran s n	initia co	manion(s), providing	one or more examples).				
		SECTION \	/III - RI	EMARKS					
8. REMARKS (If any):									
SECTION IX - PHYSICIAN'S CERTIFICATION AND SIGNATURE									
CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.									
9A. PHYSICIAN'S SIGNATURE 9B. PHYSICIAN'S PRINTED NAME				9C. DATE SIGNED					
AD DUNGSIANIS DUSINE FAVANUADEDS					Las Bungalanna ab	DDF00			
9D. PHYSICIAN'S PHONE/FAX NUMBERS	NE/FAX NUMBERS 9E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER 9F. PHYSICIAN'S ADDRESS								
NOTE - VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.									
IMPORTANTE DI Cicio al conferencia de la completa de c									
IMPORTANT - Physician please fax the completed form to: (VA Regional Office FAX No.)									
(vA Regional Office FAA No.)									
NOTE - A list of VA Regional Office EAY Numbers can be found at www.benefits.va.gov/disabilityeyams or obtained by calling 1-800-827-1000									

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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