

Item Explanations for Physicians Affidavit 21-2680

**It is VERY IMPORTANT to answer EVERY item
Do NOT leave any item blank!**

#2 Name of Claimant: this could be the name of the veteran or the name of the patient; e.g. spouse of veteran, child of veteran, surviving spouse of veteran, or parent of veteran.

#5 VA File Number: This is the number associated with any prior VA claim for non-health benefits. It is not the military service number nor the number associated with VA health benefits. May contain a letter(s). May type "**Unknown**" and VA will search for it, or leave it blank.

#6 Date of Last Appointment: VERY IMPORTANT to give date; e.g. 03-12-2014. Ideally appt. within last 90 days.

#7 Home Address: May or may not be the patient's; may be the next of kin's or attorney's.

#8A thru #9: This would include rehab.

#10 Complete Diagnoses: It is not necessary to list every single diagnosis; however, the VA requires all major diagnoses to be listed, including conditions; e.g. frail, advanced age, B/B incontinence, vertigo, arthritis, hypertension, diabetes type II, COPD, ischemic heart condition, Parkinson's, stroke, MS, paralysis, renal failure, blindness, macular degeneration, hearing loss, osteoarthritis, depression, anxiety, failure to thrive, etc. All conditions affecting care.

#14 Nutrition: e.g. picky eater, good, fair, poor, requires daily supplements, etc.

#15 Gait: shuffles, leans to side, unbalanced, high fall risk, tiny steps, etc.

The Following Items Have Check Boxes; However, The VA Typically Wants Additional Comments

#21 Is Claimant Able to Feed Self: does patient requires assistance with cutting up food or positioning it on plate due to visual loss? This does not include the preparation of meals.

#22 Is Claimant Able to Prepare Own Meals: Does caregiver have to prepare all meals due to inability to stand for extended periods of time?, etc.

#23 Does Claimant Need Custodial Care; e.g. Assistance with Bathing, Dressing, Mobility or Transfers, Grooming and Attending to Hygiene Needs, etc.? Does caregiver assist with bathing, dressing, incontinence care, grooming, toileting, dental care, due to arthritic hands, blindness, etc.

#24A-B Is Claimant Legally Blind: if patient is legally blind, visually acuity is required.

#25 Does Claimant Require a Nursing Home: if patient is living in a non-skilled facility, the physician should give the name of the facility, the need to live in a "protective environment" and the need for "custodial care". If there is a third party care provider, the name of the provider should be given, along with the name of the facility and the need to live in the facility.

If the patient is living with a family member, a similar note can be written as to the importance of the patient living with the family member for a "protective environment" and the provision of custodial care by the named provider.

#26 Does Claimant Require Medication Supervision: this might include medication reminders and monitoring, setting up a weekly med-planner and calling to make sure patient has taken his/her medications, assistance with nitroglycerin administration for angina attacks, insulin or B-12 injections, inhaler treatments, oxygen therapy, etc.

#27 Does Claimant have the Ability to Manage His/Her Financial Affairs: CAUTION should be taken with this question, because if the answer is **NO**, it will severely delay the processing of the claim; however, this is a Federal form and the truth must be told.

If a patient is blind, but competent, it might be best to state something to the effect that due to visual impairment, the patient has elected to have (whomever it is) assist him/her with his/her verbal oversight. This might also be useful in cases where a patient with early dementia or Alzheimer's is still managing his/her financial affairs.

If a patient is an incompetent veteran with a competent spouse, it may be useful to state that although the veteran is incompetent, his/her competent spouse is currently managing all financial affairs as she has done for many years, etc..

The Following Items are Narrative in Nature

#28 Posture and Appearance: e.g. does the patient have hyperkyphosis; is the patient neat and clean "with caregiver assistance" ?

#29 Restrictions of Upper Extremities: e.g. does the patient with arthritis have difficulty with buttons, zippers, laces that requires caregiver assistance; does the patients with shoulder problems have difficulty raising arms above head to put shirt/sweater on; does patient have poor grip and inability to open pill bottles or cut up food unassisted, etc.?

#30 Restrictions of Lower Extremities: e.g. does arthritic patient have problems walking; does patient use a walker, wheelchair, or cane; could patient get up unassisted if he/she were to fall; does patient require assistance getting in-out of bed, chair, or car; does patient have edema or pain in legs/feet, etc.?

#31 Restrictions Spine, Trunk, Neck: e.g. does patient have chronic back pain, hyperkyphosis, inability to turn neck, stoop over to pull up pants or put on shoes, requiring caregiver's daily assistance, etc.?

#32 Pathology Affecting Life: e.g. B/B incontinence requiring daily use of depends/diapers; bilateral hearing loss requiring hearing aids; blindness; advanced age; severe arthritis, diabetes type II requiring caregiver assistance with insulin; oxygen dependency requiring caregiver monitoring and assistance; daily wound or IV therapy; high fall risk; failure to thrive; etc.

#33 Leaving Home: does patient ever leave home unattended; if patient drives, does he/she drive primarily for medical necessity only; is assistance required to get in-out of car; has patient been told not to drive; is patient a threat of wandering and getting lost; does patient use walker, cane, wheelchair, stand-by assistance, and if so, how often?

#34 Aides: check appropriate box, which might include stand-by assistance, and estimate how far patient can walk before having to stop and rest.

#35A - 35B: VA accepts only the name and signature of medical doctors/osteopaths. VA will not accept the signature of a physician's assistant or nurse.

The law provides severe penalties, including fine and/or imprisonment, for submitting false statements to the VA. By signing this form, the physician is certifying that the information given on the form is true and accurate to the best of his/her knowledge. Since the physician does not have access to this help box, it is important to explain to the physician the significance of his/her signature.

#36A - 36B: full mailing address, including suite # and zip code) of office; give phone and fax number with area code