



To the Physician:

Your patient is a military veteran applying to the U.S. Department of Veterans Affairs (VA) for disability compensation benefits. With your assistance in providing credible medical evidence, the veteran can submit a strong, viable claim for the benefits he/she deserves.

The veteran must prove that his/her injury, illness or disease was either caused by or was aggravated by military service. Examples of how military service can cause or aggravate an injury, illness, or disease include:

- a single event (e.g., plane crash, tank overturned, explosion, bullet wound, bite of infected insect), or
- immediate or long-term exposure to hazards such chemicals, air pollutants, occupational hazards, radiation, or warfare agents, or
- development of mental health conditions, including post-traumatic stress disorder (PTSD) as a result of a traumatic event

The VA uses a standard of proof in deciding compensation claims in which the veteran is afforded the benefit of the doubt. However, the claim must have competent, credible supporting evidence before the benefit of the doubt standard is applied. The supporting information can be both lay and medical evidence. (*38 USC 5107, 38 CFR 3.102, Gilbert v. Derwinski, 1 Vet.App. 49, 1990*)

The VA looks for key elements when evaluating the medical evidence submitted with a claim. The evidence may also be reflected in the attached form and copies of relevant medical records. These key elements (per M21-1MR, Part III, Subpart iv, Chapter 5, Section 5(c), VA Web-Automated Reference Manual System, or WARMS) include:

**1. Basis for the physician's opinion, such as**

- theory
- observation
- practice
- clinical testing
- subjective report, and
- conjecture

**2. Physician's knowledge of the veteran's accurate medical and relevant personal history.**

**3. Length of time the physician has treated the veteran.**

**4. Reason for the physician's contact with the veteran, such as for**

- treatment, or
- substantiation of a medical disability claim

**5. Physician's expertise and experience**

**6. Degree of specificity of the physician's opinion**

**7. Degree of certainty of the physician's opinion**

*Please return the completed statement to the patient veteran. Thank you for supporting the men and women who have served faithfully and honorably for the safety and security of our country.*



## It's as easy as 1-2-3

### Step 1: Examine

This step includes your evaluation of the patient's symptoms, tests or lab workups as indicated, a diagnosis and a treatment plan.

### Step 2: Document

The veteran needs complete medical documentation that includes the following information:

**Diagnosis**

**Date of Diagnosis**

**ICD Code**

**Treatment Plan**

- Any medications prescribed
- Whether any of the above medication(s) are prescribed as “continuous medication(s)” for the diagnosed condition
- Other treatment (assessment, diagnostic testing, biopsy, surgery)

**Functional impact of each diagnosis such as:**

- ability to perform activities of daily living
- ability to work
- ability to enjoy previous activities
- overall impact on quality of life

### Step 3: Medical Opinion

The opinions of specialists and board certified physicians carry substantial weight in medical evidence evaluated by the VA. Your expertise and experience, along with a high degree of specificity and certainty in your opinion are important. Please consider the following pathways to a service connection for each diagnosis:

#### **1. Direct service connection**

There is clear, documented medical evidence that an injury, illness or disease was caused by some type of event while serving on active duty.

#### **2. Aggravated by military service**

There is clear, documented medical evidence that a pre-existing injury, illness or disease has been aggravated, or is an increased disability as a result of military service.

#### **3. Secondary to an injury, illness or disease that is known to be service-connected**

There is clear, documented medical evidence that a current injury, illness, or disease has a causal relationship to a service-connected primary condition or disability.

#### **4. No service connection**

While there is clear, documented medical evidence that a current injury, illness, or disease exists, there is no evidence of a connection to the veteran's military service.

#### **5. “Likely as not” or “More likely than not” connected to military service**

There is clear, documented medical evidence that a current injury, illness, or disease exists. In your medical opinion, the injury, illness, or disease is as likely as not (50/50) or more likely than not (51/49) connected to the veteran's military service.

**PHYSICIAN MEDICAL STATEMENT**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Diagnosis \_\_\_\_\_  
\_\_\_\_\_

ICD Code \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

Functional impact of each diagnosis such as:

- ability to perform activities of daily living \_\_\_\_\_
- ability to work \_\_\_\_\_
- ability to enjoy previous activities \_\_\_\_\_
- overall impact on quality of life \_\_\_\_\_

It is my medical opinion that this diagnosis:

- \_\_\_ is directly service-connected
- \_\_\_ was aggravated by military service
- \_\_\_ is secondary to a service-connected primary condition
- \_\_\_ is not service connected
- \_\_\_ is "Likely as Not" or "More Likely Than Not" connected to the veteran's military service

Medical evidence that includes a high degree of specificity and the certainty of your opinion carries substantial weight in the evaluation of evidence. Feel free to attach your office's letterhead or use an office stamp to provide the following information.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical License Number \_\_\_\_\_ Specialty \_\_\_\_\_

Board Certified            Yes            No

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_