



File No.:	Decision No.:
Service No(s).:	

Medical Questionnaire: Nose, Throat, Sinus Conditions

Family name:	Given name:	Date of Birth:
Name of Physician:		Date of Examination:

MEDICAL DIAGNOSIS(ES) OF CLAIMED/PENSIONED CONDITION(S) REQUIRING EXAMINATION:

1. _____

Is this diagnosis: confirmed or provisional?

Do you expect further medical improvement? Yes No
If yes, please comment and include approximate time frame:

2. _____

Is this diagnosis: confirmed or provisional?

Do you expect further medical improvement? Yes No
If yes, please comment and include approximate time frame:

3. _____

Is this diagnosis: confirmed or provisional?

Do you expect further medical improvement? Yes No
If yes, please comment and include approximate time frame:

Very specific information is required by Veterans Affairs Canada to evaluate and assess a client's claimed pensioned condition(s). As this information may not generally form part of the clinical history, please help us to collect this information by answering the following questions.

Please complete applicable sections only.

If additional recording space is required, please use the "additional comments" sheet.

MEDICAL HISTORY: Describe current relevant symptoms noting frequency, duration, aggravating and relieving factors.

Injuries? Yes No Describe (include dates)

Are further diagnostic tests or consultations ongoing/planned? Yes No
If yes, indicate the nature of the test/consultation, and the appointment date (if known).

Nasal Airway Obstruction and Rhinitis

Please choose the most appropriate statement:

- No clinical manifestations or symptoms of nasal airway obstruction or rhinitis.
- Intermittent nasal airway obstruction or intermittent/seasonal symptoms of rhinitis requiring medication.
- Chronic nasal airway obstruction or symptoms of rhinitis more than 4 months of the year requiring medication.
- Perforated nasal septum.

Comments:

Family name:	Given name:	File No.:
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Sinusitis:

Please choose the most appropriate statement:

- No clinical manifestations or symptoms of sinusitis.
- Chronic symptoms of sinusitis controlled by regular medication(s).
- Chronic symptoms of sinusitis which are not fully controlled by regular medication(s) and which occur less than 4 months of the year.
- Chronic symptoms of sinusitis which are not fully controlled by regular medication(s) and which occur more than 4 months of the year.

Comments:

Throat:Does the client have a permanent tracheotomy? Yes No

Comments:

PLEASE ATTACH/FORWARD COPIES OF RELEVANT REPORTS (E.G. DIAGNOSTIC, CONSULTATION, OPERATIVE, LABORATORY, HOSPITAL DISCHARGE SUMMARIES)

TREATMENT: Provide a complete medication list (indicating dosage, frequency, duration, route and response), details of relevant surgery/hospitalization and other therapies (e.g. physiotherapy).

COMPLICATIONS:Are there any complications resulting from the claimed/pensioned condition(s)? Yes NoIf yes, please provide details:**PHYSICAL EXAMINATION: (fill out only portion applicable to the pensioned/claimed condition(s))**

Height _____ Weight _____ Blood Pressure _____ Pulse _____ Respiration _____

GENERAL APPEARANCE:**EXAMINATION FINDINGS: Describe any relevant examination findings.****OTHER PERTINENT FINDINGS: (i.e. other conditions that may be contributing to the client's impairment.)**

Physician's signature:	Is VAC to be invoiced? <input type="radio"/> Yes <input type="radio"/> No	Telephone No. ()	Today's date:
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