



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

Medical Questionnaire: Cardiorespiratory 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
If yes, describe and give 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).

If applicable, please indicate ejection fraction:
 not applicable less than 40% 40 - 50% 51 - 60% greater than 60%

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

Family name:	Given name:	File No.:
<p>TREATMENT: Provide a complete medication list (indicating dosage, frequency, duration, route and response), details of relevant surgery/hospitalization and other therapies (e.g. physiotherapy).</p> <p>Is antibiotic therapy required for surgical/dental procedures? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is ongoing treatment with anticoagulants required? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If <u>yes</u>, please specify:</p>		
<p>COMPLICATIONS:</p> <p>Are there any complications resulting from the claimed/pensioned condition(s)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If <u>yes</u>, please provide details:</p>		
<p>PHYSICAL EXAMINATION: (fill out only portion applicable to the pensioned/claimed condition(s))</p> <p>Height _____ Weight _____ Blood Pressure _____ Pulse _____ Respiration _____</p>		
<p>GENERAL APPEARANCE:</p>		
<p>EXAMINATION FINDINGS: Describe any relevant examination findings.</p>		
<p>OTHER PERTINENT FINDINGS: (i.e. other conditions that may be contributing to the client's impairment)</p>		
Physician's signature:	Is VAC to be invoiced? <input type="radio"/> Yes <input type="radio"/> No	Telephone No. ()
Today's date:		

Cardiorespiratory Conditions - Exercise Tolerance and Classification

Family name:	Given name:	File No.:
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Very specific information is required by Veterans Affairs Canada to evaluate and assess a client's pensioned condition(s). As this information may not generally be part of a clinical history, please help us to collect this information by answering the following questions specifically regarding the client's pensioned cardiorespiratory condition.

Within each applicable activity grouping below, please select the activities, if any, that cause the client to consistently develop symptoms of the pensioned cardiorespiratory condition.

Indoor Household Duties:

- light sweeping
- using sewing machine (electric)
- washing dishes
- cooking or preparing meals
- setting the table
- light tidying, dusting
- polishing silver
- cleaning windows
- waxing floors
- vacuuming
- making beds
- hanging out washing
- shifting chairs
- mopping floors
- scrubbing floors
- beating carpets
- polishing furniture
- carrying trays, dishes
- carrying groceries (10 kg)
- wallpapering
- tidying house
- light household duties

Outdoor Household Duties:

- using self-propelled mower or ride-on mower
- cleaning car (excludes vigorous polishing)
- light gardening (weeding and watering)
- pushing light power mower
- minor car repairs
- painting outside of the house
- hoeing (soft soil)
- stacking firewood
- digging in the garden
- shoveling dirt
- pushing a full wheelbarrow (20 kg)
- chopping hardwood

Motor Vehicle Use:

- travelling in a car as a passenger
- driving a car
- driving a heavy truck

ADLs:

- dressing
- showering

Transferring:

- lying down
- sitting down
- standing

Walking/Running/Climbing:

- walking less than 1 block (200m) at normal pace
- strolling slowly
- walking slowly (3.5 km/hr)
- walking at an average pace (5 km/hr)
- sustained brisk walk discomfort in talking at same time
- walking 6.5 km/hr
- walking slowly but steadily up stairs
- walking 1 - 2 blocks (100 - 200m) at normal pace
- walking more than 2 blocks (400m) at normal pace
- jogging (8 km/hr)
- running (9 km/hr)
- climbing less than 1 flight of stairs at normal pace
- climbing 1 flight of stairs at normal pace
- climbing more than 1 flight of stairs at normal pace

Sports Activities:

Cycling:

- cycling (10 km/hr)
- cycling quickly (25 km/hr)

Golf:

- playing golf (with power buggy)
- golf (pulling buggy)
- golf (carrying bag)

Swimming:

- gentle swimming
- swimming laps

Other:

- table tennis
- tennis doubles (social)
- tennis (singles, non-competitive)
- badminton (competitive)
- squash (non-competitive)
- skiing (cross-country)
- calisthenics
- soccer
- water skiing
- football

Carrying Loads:

- lifting and carrying (2 kg)
- carrying heavy objects (30 kg)
- carrying loads (10 kg) up a gradient

Cardiorespiratory Conditions - Exercise Tolerance and Classification

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Other Leisure Activities:

- sitting and knitting
- sitting and talking on the telephone
- sitting and drinking coffee
- playing cards
- playing piano, violin or organ
- playing billiards
- horseback riding (at a walk)
- lawn bowling
- driving a power boat
- ballroom dancing
- horseback riding (galloping)
- water skiing
- sexual intercourse

Employment Activities:

- clerical work (desk work only)
- typing
- clerical work, including filing
- bench assembly work (seated)
- machine assembly
- light welding
- stocking shelves
- stocking shelves with light objects
- light carpentry (e.g. chiseling, hammering)
- carpentry (e.g. using hand tools)
- using a pick and shovel to dig trenches
- loading a truck with bricks
- sawing wood with hand tools
- using a hand saw

Other Activities:

Please list any other activities which cause the client to consistently develop symptoms of his/her pensioned cardiorespiratory condition.

Comments

