

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

Medical Questionnaire: Skin 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 also 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).

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).

PHYSICAL EXAMINATION: (fill out only portion applicable to the pensioned/claimed condition(s))

Height _____ Weight _____ Blood Pressure _____ Pulse _____ Respiration _____

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GENERAL APPEARANCE:

EXAMINATION FINDINGS: Use the "Rules of Nines" diagram and describe the body surface area involved.

- Indicate:
- the type of lesion (e.g. macule, papule, nodule, vesicle, patch, plaque, tumor, bulla, pustule, wheal, telangestasia, etc.);
 - the nature of the lesion (e.g. that which scale, weep, crust, bleed, or which cause fissures or erosions);
 - the location and extent of the skin involvement, in quarters (e.g. one quarter of the right hand);
 - for scars, please describe scarring in terms of: location, size, presence of local tenderness, adherence to underlying tissue, loss of subcutaneous tissue, and keloid formations.

For the applicable body areas below, please indicate the extent of skin involvement.

Face/Scalp

- up to 1/8 of scalp
 up to 1/8 of face
 greater than 1/8 to 1/4 of scalp
 greater than 1/8 to 1/4 of face
 greater than 1/4 to 1/2 of scalp
 greater than 1/4 to 1/2 of face
 more than 1/2 of scalp
 more than 1/2 of face

Hands

- up to 1/4 of hands
 greater than 1/4 to 1/2 of hands
 greater than 1/2 to 3/4 of hands
 more than 3/4 of hands

Feet

- up to 1/4 of feet
 greater than 1/4 to 1/2 of feet
 greater than 1/2 to 3/4 of feet
 more than 3/4 of feet

Genitalia/Perineum

- up to 1/8 of genitalia/perineum
 greater than 1/8 to 1/4 of genitalia/perineum
 greater than 1/4 to 1/2 of genitalia/perineum
 more than 1/2 of genitalia/perineum

Generalized Conditions:

Using the attached "Rule of Nines" diagram as a guide, please indicate, approximately, what surface area is affected.

- up to 18%
 19 - 27%
 28 - 36%
 37 - 45%
 46 - 54%
 more than 54%

Nails

Please indicate the number of nails involved: _____

COMPLICATIONS:

Are there any complications resulting from the claimed/pensioned condition(s)? Yes No
 If yes, please provide details:

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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the Rule of Nines

Estimating percent of affected body



