

# Veteran's Disability Questionnaire

Please answer all of the following questions *truthfully*

1. Have you ever filed a claim for veterans benefit? \_\_\_\_\_
2. Full Name \_\_\_\_\_
3. Age \_\_\_\_\_
4. Social Security Number \_\_\_\_\_ VA File Number \_\_\_\_\_
5. Address \_\_\_\_\_
6. Telephone Number \_\_\_\_\_
7. What is your present service-connected rating? \_\_\_\_\_
8. Are you working at this time? \_\_\_\_\_
9. List all of your service-connected conditions and the percentage for each:  

Condition _____	Percentage _____
Condition _____	Percentage _____
Condition _____	Percentage _____
Condition _____	Percentage _____
Condition _____	Percentage _____

10. Do you have any VA claims pending now, and are you presently in treatment for any disabilities?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. In the past 24 months have you been treated by any private physicians for your service-connected conditions? \_\_\_\_\_

12. List the name of all the VA hospitals where you have been treated or examined during the past 12 months. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Please Provide the Following

1. Any Rating Decision, Statement of Case, or any other paperwork you have received from the VA in the past 24 months.
- 2 Any paperwork you receive from the VA here on, please bring in a copy for our records.