

# Medical Opinion (Complete) Disability Benefits Questionnaire

Name of Veteran/Service Member:	XXXXXXXXX	SSN:	XXXX
Date:	09/18/2013	VA Claim Number:	XXXXXXX
Contractor:	VES	VES Number:	XXXXXXX

The Veteran is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

For the Claimed Compensation Condition of - DEPRESSION SECONDARY TO TRAUMATIC BRAIN INJURY

#### 1. Definitions

<u>Aggravation of preexisting nonservice-connected disabilities.</u> A preexisting injury or disease will be considered to have been aggravated by active military, naval, or air service, where there is an increase in disability during such service, unless there is a specific finding that the increase in disability is due to the natural progress of the disease.

<u>Aggravation of nonservice-connected disabilities</u>. Any increase in severity of a nonservice-connected disease or injury that is proximately due to or the result of a service-connected disease or injury, and not due to the natural progress of the nonservice-connected disease, will be service connected.

### 2. Restatement of requested opinion

- a. Insert requested opinion from general remarks:
- 1) Please complete section five and the evidence review in the medical opinion DBQ and state whether the veteran's depression, if found, is at least as likely as not (50 percent or greater probability) proximately due to or the result of the veteran's traumatic brain injury.
- 2) If not secondary, please complete section seven and the evidence review in the medical opinion DBQ and state whether the veteran's depression was at least as likely as not aggravated beyond its natural progression by the veteran's traumatic brain injury.
- b. Indicate type of exam for which opinion has been requested (e.g. Skin Diseases):

MENTAL CONDITIONS

#### 3. Evidence review

was the	veteran s	VA claims file reviewed?	

[X] Yes [] No

If yes, list any records that were reviewed but were not included in the Veteran's VA claims file:

[] Military service treatment records [] Military service personnel records	
[] Military service personnel records	
[] "Illian's betite personner records	
[] Military enlistment examination	
[] Military separation examination	
[] Military post-deployment questionnaire	
[] Department of Defense Form 214 Separation Documents	
[] Veterans Health Administration medical records (VA treatment records)	
[] Civilian medical records	
[] Interviews with collateral witnesses (family and others who have known the veteran before and after military service)	
[] No records were reviewed	
[] Other:	
[] Civilian medical records [] Interviews with collateral witnesses (family and others who have known the veteran before and after military service) [] No records were reviewed	

DBQ Mental Disorders (Other Than PTSD and Eating Disorders)

Name: XXXXXXXXX

Page 1 of 3 VA Claim Number: XXXXXXX

Complete only the sections below that you are asked to complete in the Medical Opinion DBQ request.

#### 4. Medical opinion for direct service connection

Choose the statement that most closely approximates the etiology of the claimed condition.

a. [] The claimed condition was at least as likely as not (50 percent or greater probability) incurred in or caused by the claimed inservice injury, event, or illness.

Provide rationale in section c.

b. [] The claimed condition was less likely than not (less than 50 percent probability) incurred in or caused by the claimed in-service injury, event, or illness.

Provide rationale in section c.

c. Rationale:

#### 5. Medical opinion for secondary service connection

a. [] The claimed condition is at least as likely as not (50 percent or greater probability) proximately due to or the result of the Veteran's service connected condition.

Provide rationale in section c.

b. [X] The claimed condition is less likely than not (less than 50 percent probability) proximately due to or the result of the Veteran's service connected condition.

Provide rationale in section c.

c. Rationale:

Veteran reported symptoms of depression as occurring prior to MVA in which she reportedly sustained a closed head injury of which resulted a reconstruction of the upper right forehead area. Veteran sustained a TBI and her symptoms did not immediately follow this injury but occurred gradually, following other major life events which could have aggravated her reports of depressive symptoms. Records provided also indicated that the TBI incurred has not caused significant impairment in Veteran's daily functioning and/or ability to perform tasks optimally.

#### 6. Medical opinion for aggravation of a condition that existed prior to service

a. [] The claimed condition, which clearly and unmistakably existed prior to service, was aggravated beyond its natural progression by an in-service injury, event, or illness.

Provide rationale in section c.

b. [] The claimed condition, which clearly and unmistakably existed prior to service, was clearly and unmistakable not aggravated beyond its natural progression by an in-service injury, event, or illness.

Provide rationale in section c.

c. Rationale:

#### 7. Medical opinion for aggravation of a nonservice connected condition by a service connected condition

a. Can you determine a baseline level of severity of (claimed condition/diagnosis) based upon medical evidence available prior to aggravation or the earliest medical evidence following aggravation by (service connected condition)?

[X] Yes [] No

If "Yes" to question 7a, answer the following:

Describe the baseline level of severity of (claimed condition/diagnosis) based upon medical evidence available prior to aggravation or the earliest medical evidence following aggravation by (service connected condition):

Veteran reported depressive symptoms as occurring prior to the MVA. She stated that these depressive symptoms were related to various factors to include marital discord and infertility. These symptoms do not appear to have been aggravated as a result of the TBI, as Veteran reported that her depressive symptoms worsened years following the accident and not immediately following the event, or within the year of the MVA.

Provide the date and nature of the medical evidence used to provide the baseline:

DBQ Mental Disorders (Other Than PTSD and Eating Disorders) Name: XXXXXXXXX VA Claim Number: XXXXXXX

Page 2 of 3

TBI Evaluation conducted on 10/03/2013
Is the current severity of the (claimed condition/diagnosis) greater than the baseline?  [] Yes [X] No  If yes, was the Veteran's (claimed condition/diagnosis) at least as likely as not aggravated beyond its natural progression by
(insert "service connected condition")? [] Yes (provide rationale in section b.) [] No (provide rationale in section b.)
If "No" to question 7a, answer the following: i. Provide rationale as to why a baseline cannot be established (e.g. medical evidence is not sufficient to support a determination of baseline level of severity):
<ul> <li>ii. Regardless of an established baseline, was the Veteran's (claimed condition/diagnosis) at least as likely as not aggravated beyond its natural progression by (insert "service connected condition")?</li> <li>[X] Yes (provide rationale in section b.)</li> <li>[] No (provide rationale in section b.)</li> </ul>
. Provide rationale:
Veteran's symptoms of depression have been at least likely as not aggravated beyond their natural progression by reported TBI of which occurred while Veteran was serving in the Army Reserves in a MVA. The effects of a head injury can cause various mental conditions to include depression.
3. Opinion regarding conflicting medical evidence
have reviewed the conflicting medical evidence and am providing the following opinion:
Remarks, if any:

## R

VES Clinician signature: XXXXXXXXXXXX, Ph.D. - VES Clinician VES Clinician printed name: 09/18/2013 XXXXX Date: Medical license #: Clinician address: HOUSTON, TX 77069 1-800-320-3908 Phone: 1-877-637-8387 Fax:

DBQ Mental Disorders (Other Than PTSD and Eating Disorders) Name: XXXXXXXXX

Page 3 of 3 VA Claim Number: XXXXXXX