SECTION I - DIAGNOSIS

INTESTINAL SURGERY (BOWEL RESECTION, COLOSTOMY, ILEOSTOMY)

DISABILITY BENEFITS QUESTIONNAIRE

1B. SELECT THE VETERAN'S CONDITION (check all that apply)

SECTION III - SIGNS AND SYMPTOMS

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO INTESTINAL SURGERY, LIST USING ABOVE FORMAT:

SECTION II - MEDICAL HISTORY

1A. HAS THE VETERAN HAD INTESTINAL SURGERY?  

NOTE: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed below. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the Remarks section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis, or an approximate date is determined through record review or reported history.

1B. SELECT THE VETERAN'S CONDITION (check all that apply)

RESECTION OF THE SMALL INTESTINE  

PERITONEAL ADHESIONS ATTRIBUTABLE TO RESECTION OF THE LARGE OR SMALL INTESTINE. IF CHECKED, ALSO COMPLETE VA FORM 21-0960G-6, PERITONEAL ADHESIONS DISABILITY BENEFITS QUESTIONNAIRE

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO INTESTINAL SURGERY, LIST USING ABOVE FORMAT:

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S INTESTINAL SURGERY (brief summary):

2B. IS CONTINUOUS MEDICATION REQUIRED FOR CONTROL OF THE VETERAN'S INTESTINAL CONDITION(S)?

3A. DOES THE VETERAN HAVE ANY SIGNS OR SYMPTOMS ATTRIBUTABLE TO ANY INTESTINAL SURGERY?

NAME OF PATIENT/VETERAN (First, Middle Initial, Last)

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

NOTE TO PHYSICIAN - Your patient 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. VA reserves the right to confirm the authenticity of ALL DBQs completed by private health care providers.

VA FORM 21-0960G-4  SEP 2016  SUPERSEDES VA FORM 21-0960G-4, OCT 2012, WHICH WILL NOT BE USED.
SECTION IV - WEIGHT LOSS

4A. DOES THE VETERAN HAVE WEIGHT LOSS OR INABILITY TO GAIN WEIGHT ATTRIBUTABLE TO INTESTINAL SURGERY?  NO

4B. PROVIDE VETERAN'S BASELINE WEIGHT AND CURRENT WEIGHT (For VA purposes, baseline weight is the average weight for a 2-year period preceding onset of disease.)
Baseline weight: ________________  Current weight: ________________

4C. HAS THE VETERAN'S WEIGHT LOSS BEEN SUSTAINED FOR 3 MONTHS OR LONGER?  NO

4D. HAS THE VETERAN BEEN UNABLE TO REGAIN WEIGHT DESPITE APPROPRIATE THERAPY?  NO

SECTION V - ABSORPTION AND NUTRITION

5. DOES THE VETERAN HAVE ANY INTERFERENCE WITH ABSORPTION AND NUTRITION ATTRIBUTABLE TO RESECTION OF THE SMALL INTESTINE?

IF YES, INDICATE THE SEVERITY AND FREQUENCY OF FECAL DISCHARGE (check all that apply):

- Slight
- Copious
- Infrequent
- Frequent
- Constant
- Other, describe:

SECTION VI - OSTOMY

6. DID THE VETERAN'S INTESTINAL CONDITION REQUIRE AN ILEOSTOMY OR COLOSTOMY?

IF YES, ARE ANY OF THE SCARS PAINFUL OR UNSTABLE, HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM (6 square inches); OR ARE LOCATED ON THE HEAD, FACE OR NECK?

NOT APPLICABLE

IF YES, DESCRIBE:

SECTION VII - FISTULA

7. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER HAD A PERSISTENT INTESTINAL FISTULA ATTRIBUTABLE TO A SURGICAL INTESTINAL CONDITION?

IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT DISABILITY BENEFITS QUESTIONNAIRE.

SECTION VIII - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS

8A. DOES THE VETERAN HAVE ANY SCARS (surgical or otherwise) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION?

IF YES, ARE ANY OF THE SCARS PAINFUL OR UNSTABLE, HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM (6 square inches); OR ARE LOCATED ON THE HEAD, FACE OR NECK?

IF YES, PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS.

LOCATION: ___________________________

MEASUREMENTS: Length ____________ cm X width ____________ cm.

NOTE: An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar. If there are multiple scars, enter additional locations and measurements in the Remarks section below. It is not necessary to also complete a Scars DBQ.

8B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION?

IF "Yes," describe (brief summary):
### SECTION IX - DIAGNOSTIC TESTING

9A. HAS LABORATORY TESTING BEEN PERFORMED?

- [ ] YES
- [x] NO  

(If "Yes," check all that apply)

- CBC (if anemia due to any intestinal condition is suspected or present)
  - Date of test: 
  - Hemoglobin: 
  - Hematocrit: 
  - White blood cell count: 
  - Platelets: 

- Other (Specify): 
  - Date of test: 
  - Results: 

9B. HAVE IMAGING STUDIES OR DIAGNOSTIC PROCEDURES BEEN PERFORMED AND ARE THE RESULTS AVAILABLE?

- [ ] YES
- [ ] NO  

(If "Yes," provide type of test or procedure, date and results (brief summary):

9C. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

- [ ] YES
- [ ] NO  

(If "Yes," provide type of test or procedure, date and results (brief summary):

### SECTION X - FUNCTIONAL IMPACT

10. DO ANY OF THE VETERAN'S INTESTINAL SURGERY RESIDUALS IMPACT HIS OR HER ABILITY TO WORK?

- [ ] YES
- [ ] NO  

(If "Yes," describe the impact of each of the veteran's surgery residuals including any ongoing symptoms of original cause of surgery that may be hard to distinguish from post-surgical residuals, providing one or more examples)

### SECTION XI - REMARKS

11. REMARKS (if any)

### SECTION XII - PHYSICIAN'S CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

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<tr>
<th>12A. PHYSICIAN'S SIGNATURE</th>
<th>12B. PHYSICIAN'S PRINTED NAME</th>
<th>12C. DATE SIGNED</th>
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<th>12D. PHYSICIAN'S PHONE AND FAX NUMBER</th>
<th>12E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER</th>
<th>12F. PHYSICIAN'S ADDRESS</th>
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NOTE - VA may obtain additional medical information, including additional examinations if necessary to complete VA's review of the veteran's application.

IMPORTANT - Physician please fax the completed form to ____________________________  
(VA Regional Office FAX No.)

NOTE - A list of VA Regional Office FAX Numbers can be found at [www.benefits.va.gov/disabilityexams](http://www.benefits.va.gov/disabilityexams) or obtained by calling 1-800-827-1000.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete a form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.