NOTE TO EXAMINER - The Veteran/Claimant 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.

IS THIS QUESTIONNAIRE BEING COMPLETED IN CONJUNCTION WITH A VA21-2507, C&P EXAMINATION REQUEST?

☐ YES  ☐ NO

How was the examination completed? (check all that apply)

☐ In-person examination
☐ Records reviewed
☐ Examination via approved video telehealth
☐ Other, please specify in comments box:

Comments:

ACCEPTABLE CLINICAL EVIDENCE (ACE)

INDICATE METHOD USED TO OBTAIN MEDICAL INFORMATION TO COMPLETE THIS DOCUMENT:

☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.

☐ Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

EVIDENCE REVIEW

EVIDENCE REVIEWED (check all that apply):

☐ Not requested
☐ VA claims file (hard copy paper C-file)
☐ VA e-folder
☐ CPRS
☐ Other (please identify other evidence reviewed):

No records were reviewed

EVIDENCE COMMENTS:
### SECTION I - DIAGNOSIS

1. DOES THE VETERAN HAVE A CURRENT SKIN CONDITION?

- [ ] YES  
- [ ] NO  

For Burn Conditions, the SCARS/DISFIGUREMENT DISABILITY BENEFITS QUESTIONNAIRE must be completed.

IF YES, PROVIDE ONLY DIAGNOSES THAT PERTAIN TO SKIN CONDITIONS. INDICATE THE CATEGORY OF SKIN CONDITION, AND THEN PROVIDE SPECIFIC DIAGNOSIS IN THAT CATEGORY (check all that apply):

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Date of diagnosis</th>
<th>ICD Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alopecia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erythroderma (exfoliative dermatitis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatitis or eczema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psoriasis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tumors and neoplasms of the skin, including malignant melanoma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperhidrosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullous disorders (including pemphigus vulgaris, pemphigus foliaceus, bullous pemphigoid, dermatitis herpetiformis, epidermolysis bullosa acquisita, benign chronic familial pemphigus (Hailey-Hailey), and porphyria cutanea tarda)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acne</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keratinization skin disorders (including ichthyoses, Darier's disease, and palmoplantar keratoderma)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitiligo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infectious skin conditions not listed elsewhere (including bacterial, fungal, viral, treponemal and parasitic skin conditions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acne</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Urticaria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other skin condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other diagnosis #1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other diagnosis #2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other diagnosis #3:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other diagnosis #4:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other diagnosis #5:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE HISTORY (including onset and course) OF THE VETERAN'S CURRENT SKIN CONDITIONS (brief summary):

2B. RESOLVED SKIN CONDITIONS - DID THE VETERAN PREVIOUSLY HAVE A SKIN CONDITION THAT IS NOW COMPLETELY RESOLVED AND NO LONGER REQUIRES TREATMENT OF ANY TYPE? (brief summary):

2C. COMMENTS, IF ANY:
**SECTION III - TREATMENT**

3A. HAS THE VETERAN BEEN TREATED WITH MEDICATION IN THE PAST 12 MONTHS FOR ANY SKIN CONDITION?

- [ ] YES  
- [ ] NO

**IF YES, CHECK ALL THAT APPLY:**

- [ ] Corticosteroids or other immunosuppressive medications
  - (If checked, list medication(s):)
  - (Specify condition medication used for):
  - (Specify the route of administration): [ ] Oral [ ] Injection [ ] Intranasal [ ] Suppository [ ] Topical [ ] Other: _________
  - (Total duration of medication use in past 12 months):
    - [ ] <6 weeks [ ] 6 weeks or more, but not constant [ ] Constant/near-constant

- [ ] Antihistamines
  - (If checked, list medication(s):)
  - (Specify condition medication used for):
  - (Specify the route of administration): [ ] Oral [ ] Injection [ ] Intranasal [ ] Suppository [ ] Topical [ ] Other: _________
  - (Total duration of medication use in past 12 months):
    - [ ] <6 weeks [ ] 6 weeks or more, but not constant [ ] Constant/near-constant

- [ ] Retinoids
  - (If checked, list medication(s):)
  - (Specify condition medication used for):
  - (Specify the route of administration): [ ] Oral [ ] Injection [ ] Intranasal [ ] Suppository [ ] Topical [ ] Other: _________
  - (Total duration of medication use in past 12 months):
    - [ ] <6 weeks [ ] 6 weeks or more, but not constant [ ] Constant/near-constant

- [ ] Sympathomimetics
  - (If checked, list medication(s):)
  - (Specify condition medication used for):
  - (Specify the route of administration): [ ] Oral [ ] Injection [ ] Intranasal [ ] Suppository [ ] Topical [ ] Other: _________
  - (Total duration of medication use in past 12 months):
    - [ ] <6 weeks [ ] 6 weeks or more, but not constant [ ] Constant/near-constant

- [ ] Biologics
  - (If checked, list medication(s):)
  - (Specify condition medication used for):
  - (Specify the route of administration): [ ] Oral [ ] Injection [ ] Intranasal [ ] Suppository [ ] Topical [ ] Other: _________
  - (Total duration of medication use in past 12 months):
    - [ ] <6 weeks [ ] 6 weeks or more, but not constant [ ] Constant/near-constant

- [ ] Other medication
  - (If checked, list medication(s):)
  - (Specify condition medication used for):
  - (Specify the route of administration): [ ] Oral [ ] Injection [ ] Intranasal [ ] Suppository [ ] Topical [ ] Other: _________
  - (Total duration of medication use in past 12 months):
    - [ ] <6 weeks [ ] 6 weeks or more, but not constant [ ] Constant/near-constant

- [ ] Other medication
  - (If checked, list medication(s):)
  - (Specify condition medication used for):
  - (Specify the route of administration): [ ] Oral [ ] Injection [ ] Intranasal [ ] Suppository [ ] Topical [ ] Other: _________
  - (Total duration of medication use in past 12 months):
    - [ ] <6 weeks [ ] 6 weeks or more, but not constant [ ] Constant/near-constant

**NOTE:** If a medication is used for more than one condition, provide names of all conditions, name of medication used for each condition, and frequency of use for each condition.
### SECTION III - TREATMENT (Continued)

3B. HAS THE VETERAN HAD ANY TREATMENTS OR PROCEDURES OTHER THAN SYSTEMIC OR TOPICAL MEDICATIONS IN THE PAST 12 MONTHS FOR ANY SKIN CONDITION?

- **YES**
- **NO**

If YES, check all that apply:

- **Phototherapy such as ultraviolet-B light (UVB) treatment**
  - (If checked, date of most recent treatment):
  - (Specify condition treated):
  - (Total duration of medication use in past 12 months):
    - ☐ <6 weeks
    - ☐ 6 weeks or more, but not constant
    - ☐ Constant/near-constant

- **Photochemotherapy (to include PUVA (psoraleen with long wave ultraviolet A light)) treatment**
  - (If checked, date of most recent treatment):
  - (Specify condition treated):
  - (Total duration of medication use in past 12 months):
    - ☐ <6 weeks
    - ☐ 6 weeks or more, but not constant
    - ☐ Constant/near-constant

- **Electron beam therapy**
  - (If checked, date of most recent treatment):
  - (Specify condition treated):
  - (Total duration of medication use in past 12 months):
    - ☐ <6 weeks
    - ☐ 6 weeks or more, but not constant
    - ☐ Constant/near-constant

- **Intensive light therapy**
  - (If checked, date of most recent treatment):
  - (Specify condition treated):
  - (Total duration of medication use in past 12 months):
    - ☐ <6 weeks
    - ☐ 6 weeks or more, but not constant
    - ☐ Constant/near-constant

- **Other treatment (Specify treatment):**
  - (If checked, date of most recent treatment):
  - (Specify condition treated):
  - (Total duration of medication use in past 12 months):
    - ☐ <6 weeks
    - ☐ 6 weeks or more, but not constant
    - ☐ Constant/near-constant

### SECTION IV - PHYSICAL EXAM

4A. Indicate the veteran's visible characteristic lesions due to the skin condition(s); indicate the approximate total body area and approximate total exposed body area (face, neck and hands) affected on current examination (check all that apply):

- **Dermatitis**
  - Total body area
  - EXPOSED area
  - None
  - ☐ <5%
  - ☐ 5% to <20%
  - ☐ 20% to 40%
  - ☐ >40%

- **Eczema**
  - Total body area
  - EXPOSED area
  - None
  - ☐ <5%
  - ☐ 5% to <20%
  - ☐ 20% to 40%
  - ☐ >40%

- **Dermatophytosis**
  - Total body area
  - EXPOSED area
  - None
  - ☐ <5%
  - ☐ 5% to <20%
  - ☐ 20% to 40%
  - ☐ >40%

- **Bullous disorders**
  - Total body area
  - EXPOSED area
  - None
  - ☐ <5%
  - ☐ 5% to <20%
  - ☐ 20% to 40%
  - ☐ >40%

- **Cutaneous manifestations of collagen vascular disorders not listed elsewhere**
  - Total body area
  - EXPOSED area
  - None
  - ☐ <5%
  - ☐ 5% to <20%
  - ☐ 20% to 40%
  - ☐ >40%

- **Psoriasis**
  - Total body area
  - EXPOSED area
  - None
  - ☐ <5%
  - ☐ 5% to <20%
  - ☐ 20% to 40%
  - ☐ >40%
### SECTION IV - PHYSICAL EXAM (Continued)

<table>
<thead>
<tr>
<th>Skin Condition</th>
<th>Total Body Area</th>
<th>EXPOSED Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infections of the skin not listed elsewhere</td>
<td>None</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Papulosquamous disorders not listed elsewhere</td>
<td>None</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Diseases of keratinization</td>
<td>None</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Discoid lupus erythematosus</td>
<td>None</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Other</td>
<td>None</td>
<td>&lt;5%</td>
</tr>
</tbody>
</table>

#### 4. FOR EACH SKIN CONDITION CHECKED IN ITEM 4A, GIVE SPECIFIC DIAGNOSIS AND DESCRIBE APPEARANCE AND LOCATION:

- **Acne**
  - (If checked, indicate severity and location (check all that apply)):
    - Superficial acne (comedones, papules, pustules) of any extent
    - Deep acne (deep inflamed nodules and pus-filled cysts)
      - Affects less than 40% of face and neck
      - Affects 40% or more of face and neck
      - Affects body areas other than face and neck

- **Chloracne**
  - (If checked, indicate severity and location (check all that apply)):
    - Superficial acne (comedones, papules, pustules) of any extent
    - Deep acne (deep inflamed nodules and pus-filled cysts)
      - Affects less than 40% of face and neck
      - Affects 40% or more of face and neck
      - Affects intertriginous areas (axilla of the arm, anogenital region, skin folds of the breasts, or between digits)
      - Affects non-intertriginous body areas other than face and neck

- **Vitiligo**
  - (If checked, indicate areas affected by vitiligo):
    - Exposed areas affected
    - No exposed areas affected

- **Scarring alopecia**
  - (If checked, indicate percent of scalp affected):
    - <20% 20% to 40% 40%

- **Alopecia areata**
  - (If checked, indicate amount of hair loss):
    - Hair loss limited to scalp and face
    - Loss of all body hair
    - Other, describe: __________

### SECTION V - SPECIFIC SKIN CONDITIONS

5. INDICATE THE VETERAN’S SPECIFIC SKIN CONDITIONS AND COMPLETE ALL APPLICABLE SUBSEQUENT QUESTIONS (check all that apply):

- **Acne**
  - (If checked, indicate severity and location (check all that apply)):
    - Superficial acne (comedones, papules, pustules) of any extent
    - Deep acne (deep inflamed nodules and pus-filled cysts)
      - Affects less than 40% of face and neck
      - Affects 40% or more of face and neck
      - Affects body areas other than face and neck

- **Chloracne**
  - (If checked, indicate severity and location (check all that apply)):
    - Superficial acne (comedones, papules, pustules) of any extent
    - Deep acne (deep inflamed nodules and pus-filled cysts)
      - Affects less than 40% of face and neck
      - Affects 40% or more of face and neck
      - Affects intertriginous areas (axilla of the arm, anogenital region, skin folds of the breasts, or between digits)
      - Affects non-intertriginous body areas other than face and neck

- **Vitiligo**
  - (If checked, indicate areas affected by vitiligo):
    - Exposed areas affected
    - No exposed areas affected

- **Scarring alopecia**
  - (If checked, indicate percent of scalp affected):
    - <20% 20% to 40% 40%

- **Alopecia areata**
  - (If checked, indicate amount of hair loss):
    - Hair loss limited to scalp and face
    - Loss of all body hair
    - Other, describe: __________
SECTION V - SPECIFIC SKIN CONDITIONS (Continued)

☐ Hyperhidrosis
   (If checked, indicate severity):
   □ Able to handle paper or tools after treatment
   □ Unresponsive to treatment; unable to handle paper or tools

☐ Urticaria, chronic
   Has the Veteran ever had a break in treatment? □ YES □ NO
   If "Yes," did he/she experience symptoms at least twice a week for six weeks or more? □ YES □ NO

   Indicate the type of treatment the Veteran is currently receiving:
   □ First line treatment
     □ Antihistamines
     □ Other:
   □ Second line treatment
     □ Corticosteroids
     □ Sympathomimetics
     □ Leukotriene inhibitors
     □ Neutrophil inhibitors
     □ Thyroid hormone
     □ Other:
   □ Third line treatment
     □ Plasmapheresis
     □ Immunotherapy
     □ Immunosuppressives
     □ Other:

☐ Vasculitis, primary cutaneous
   Frequency of documented, vasculitis episodes occurring over the past 12 months:
   □ None
   □ 1 to 3
   □ 4 or more

   Has the Veteran required the use of systemic immunosuppressive therapy over the past 12 months? □ YES □ NO
   If "Yes," check the applicable frequency:
   □ Intermittent
   □ Continuous

   Has the Veteran continued to have vasculitis episodes despite continuous systemic immunosuppressive therapy over the past 12 months? □ YES □ NO

☐ Erythroderma (exfoliative dermatitis)
   (If checked, is there erythroderma/exfoliative dermatitis with any extent of involvement of the skin?)
   □ YES □ NO
   (If yes, check all that apply):
   □ Generalized involvement of the skin with systemic manifestations (such as fever, weight loss, or hypoproteinemia)
   □ Generalized involvement of the skin without systemic manifestations
   □ No current treatment due to a documented history of treatment failure with 2 or more treatment regimens
   □ No current treatment due to a documented history of treatment failure with 1 treatment regimen

NOTE: Treatment failure is defined as either disease progression, or less than a 25 percent reduction in the extent and severity of disease after four weeks of prescribed therapy, as documented by medical records.

☐ Erythema multiforme; toxic epidermal necrolysis
   (If checked, indicate severity and frequency):
   □ Mucosal involvement
     □ Impairing mastication
     □ Not impairing mastication
     □ Without recurrent episodes
     □ One to three episodes over the past 12-month period
     □ Four or more episodes over the past 12-month period
SECTION VI - TUMORS AND NEOPLASMS

6A. DOES THE VETERAN HAVE A BENIGN OR MALIGNANT NEOPLASM OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN THE DIAGNOSIS SECTION?

☐ YES  ☐ NO  *(If "Yes," complete items 6B through 6D)*

6B. IS THE NEOPLASM:

☐ BENIGN  ☐ MALIGNANT *(If malignant, indicate status of disease):*

☐ ACTIVE

☐ SURGERY *(if checked describe): ________________________________*

☐ ANTINEOPLASTIC CHEMOTHERAPY

☐ RADIATION

☐ X-RAY TREATMENT

☐ WATCHFUL WAITING

☐ OTHER *(if checked describe): ________________________________*

Anticipated date of final treatment (surgical, antineoplastic chemotherapy, radiation, X-ray treatment, or other): ________________________________

☐ REMISSION

☐ SURGERY *(if checked describe): ________________________________*

☐ ANTINEOPLASTIC CHEMOTHERAPY

☐ RADIATION

☐ X-RAY TREATMENT

☐ WATCHFUL WAITING

☐ OTHER *(if checked describe): ________________________________*

Date treatment was completed or date of anticipated final treatment (surgical, antineoplastic chemotherapy, radiation, X-ray treatment, or other): ________________________________

6C. DOES THE VETERAN CURRENTLY HAVE ANY RESIDUAL CONDITIONS OR COMPLICATIONS DUE TO THE NEOPLASM (INCLUDING METASTASES) OR ITS TREATMENT, OTHER THAN THOSE ALREADY DOCUMENTED IN THE REPORT ABOVE?

☐ YES  ☐ NO  *(If "Yes," list residual conditions and complications - brief summary):*

6D. IF THERE ARE ADDITIONAL BENIGN OR MALIGNANT NEOPLASMS OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN THE DIAGNOSIS SECTION, DESCRIBE USING THE ABOVE FORMAT:
SECTION VII - SCARRING AND DISFIGUREMENT
7. DO ANY OF THE VETERAN’S SKIN CONDITIONS CAUSE SCARRING (REGARDLESS OF LOCATION), OR DISFIGUREMENT OF THE HEAD, FACE OR NECK?

- [ ] YES  
- [ ] NO  

(If “Yes,” complete the Scars/Disfigurement DBQ).

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

- [ ] YES  
- [ ] NO  

(If “Yes,” describe and complete the appropriate DBQ):

8B. COMMENTS, IF ANY:

SECTION IX - FUNCTIONAL IMPACT
9. DO ANY OF THE VETERAN’S SKIN CONDITIONS IMPACT HIS OR HER ABILITY TO WORK?

- [ ] YES  
- [ ] NO  

(If “Yes,” describe impact of each of the Veteran’s skin conditions, providing one or more examples):

SECTION X - REMARKS
10. REMARKS (If any):

SECTION XI - PHYSICIAN’S CERTIFICATION AND SIGNATURE
CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

11A. PHYSICIAN’S SIGNATURE  
11B. PHYSICIAN’S PRINTED NAME  
11C. DATE SIGNED

11D. PHYSICIAN’S PHONE AND FAX NUMBER  
11E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER  
11F. MEDICAL LICENSE NUMBER AND STATE

11G. PHYSICIAN’S ADDRESS