



Veteran

UIN

Please assess the following conditions:

1. Please select the most accurate description of any **uncorrected coronary artery disease**. If the affected vessel has been bypassed or stented, do not include it here.

Description	Select One
None.	<input type="checkbox"/>
Single -vessel disease, other than left main coronary.	<input type="checkbox"/>
Multi -vessel disease <u>not</u> including left main coronary.	<input type="checkbox"/>
Left main coronary artery disease (alone or in combination).	<input type="checkbox"/>

2. Please select the most accurate description of any **angina**.

Description	Select One
None.	<input type="checkbox"/>
Transient ischemia on stress testing but no symptoms.	<input type="checkbox"/>
History of angina pectoris but no current symptoms.	<input type="checkbox"/>
Infrequent angina.	<input type="checkbox"/>
Ongoing frequent angina.	<input type="checkbox"/>

3. Please select the most accurate description of any **myocardial infarcts**.

Description	Select One
None.	<input type="checkbox"/>
Single episode, with no ongoing symptoms or impairment.	<input type="checkbox"/>
History of an infarct with continuing angina or further infarcts .	<input type="checkbox"/>

4. Please select the most accurate description of any **coronary artery surgery and / or stenting**.

Description	Select One
None.	<input type="checkbox"/>
History of surgery (including stenting) with no ongoing symptoms or impairment.	<input type="checkbox"/>
History of surgery (including stenting) with ongoing angina , and/or further infarcts and/or cardiac failure .	<input type="checkbox"/>

5. Please select the most accurate description of any **cardiac failure**.

Description	Select One
None.	<input type="checkbox"/>
No symptoms , but X-ray evidence of early cardiac failure.	<input type="checkbox"/>
Evidence of right ventricular failure .	<input type="checkbox"/>
Ejection fraction between 40% and 60% .	<input type="checkbox"/>
Ejection fraction of less than or equal to 40% .	<input type="checkbox"/>

6. Please select **all** that apply to any **valvular heart disease** present.

Description	Select
None.	<input type="checkbox"/>
Mitral valve prolapse.	<input type="checkbox"/>
Aortic sclerosis.	<input type="checkbox"/>
Any other valvular heart disease.	<input type="checkbox"/>
Successful valve replacement that <u>does not</u> require anticoagulation.	<input type="checkbox"/>
Successful valve replacement that <u>does</u> require anticoagulation .	<input type="checkbox"/>

7. Does the veteran have a **chronic arrhythmia**? ☐ Yes ☐ No

8. Does the veteran have a **permanent pacemaker** or other **permanent implantable cardiac device**? ☐ Yes ☐ No

9. Please list **all conditions** contributing to the reported impairment and indicate the **percentage contribution**. Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100%.

Condition	Contribution %
e.g. Cardiomyopathy	75%
Total	100%

Doctor's signature	Doctor's name	Date	Time to complete form
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