

Medical Check List for VA Claims

Condition	STR	Explain when symptoms where notice or event occurred	VHA	Private	Medical Opinion	DBQ
Cardiovascular						
Artery and Vein Condition						
Varicose Veins						
Cold Injuries						
Hypertension						
Restricted Blood Flow						
Heart						
Hypertension						
Digestive System						
Bowel Incontinence						
IBS						
GERD						
Liver						
IBD						
Esophageal Conditions						
Peritoneal Adhesions						
Ulcers						
Ear, Noise & Throat						
Sinusitis						
Tinnitus						
Rhinitis						
Asthma						
Balance Disorders						
Loss of Taste and Smell						
Duty MOS List						

This list is from the 38 CFR and is used to help a client understand what they are filing for and the information needed. See Presumptive List for items that maybe service connected under certain conditions

Medical Check List for VA Claims

Condition	STR	Explain when symptoms where notice or event occurred	VHA	Private	Medical Opinion	DBQ
Endocrinological						
Diabetes Mellites						
Thyroid Parathyroid						
Genitourinary System						
Penis & Testes						
Erectile Dysfunction						
Kidney						
Urinary Frequency						
Gynecological and Disorder of the Breast						
Uterus						
Female Sexual Arousal Disorder (FSAD)						
Infectious Disease, Immune Disorder & Nutritional Deficiencies						
Chronic Fatigue Syndrome						
Musculoskeletal						
Degenerative Arthritis						
Ankle Conditions						
Back Conditions						
Mid/Lower Back						
Lower/Mid Back Sprain						
Elbow & Forearm						
Foot Pain						
Hip & Thigh Condition						
Total/Partial Hip Replacement						

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Medical Check List for VA Claims

Condition	STR	Explain when symptoms where notice or event occurred	VHA	Private	Medical Opinion	DBQ
Musculoskeletal Cont.						
Knee & Lower Leg Cont.						
Limitation of Knee						
Knee to Much Motion						
Shin Splits						
Total Knee Replacement						
Should & Arm Condit						
Neck Condition						
Wrist Conditions						
Neurological Conditions						
Headaches (Including Migraines)						
Fibromyalgia						
Seizure Disorders						
Essential Tremors						
Peripheral Nerves						
Carpal Tunnel						
Sciatic Nerve/Neuropathy						
Traumatic Brain Injury TBI						
ALS (Lou Gehrig's Disease)						
Multiple Sclerosis (MS)						
Parkinson Disease						
Secondary conditions to Parkinson Disease						
Psychological/Mental						
Eating Disorder						
Mental Disorder						

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Military Medical History/Civilian Care

Use this form to list all Military Hospital or Civilian Hospitals.

This information will be used on VA Forms 21-4142/4142a

Once filled this information should be kept with your military papers.

Name of Doctor or Facility: _____ Notes:

Address: (Street/City/State) _____

Website or email: _____

Phone Number: _____

Dates of Treatment: _____

If multiple dates but down years.

Name of Doctor or Facility: _____ Notes:

Address: (Street/City/State) _____

Website or email: _____

Phone Number: _____

Dates of Treatment: _____

If multiple dates but down years.

Name of Doctor or Facility: _____ Notes:

Address: (Street/City/State) _____

Website or email: _____

Phone Number: _____

Dates of Treatment: _____

If multiple dates but down years.

Addition Note Section:

Symptom Chart

Name: _____

* For Severity 1 being the least 5 being the worse

[illegible]

Notes:

8/2025