



VFW Bell Post 1820  
3302 Airport Road  
Temple, TX 76504

**Select One:**

- ☒ Department/Chapter Service Officer    ☐ Hospital Coordinator    ☐ Job Fair  
☐ National Service Officer    ☐ Transition Officer    ☐ Information Seminar

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home or Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Last four of SS# \_\_\_\_\_ Last four of SSN VA Claim# \_\_\_\_\_

VFW Member ☐ YES ☐ NO If Yes, Membership # \_\_\_\_\_ % of Disability(s) \_\_\_\_\_

☐ Army ☐ Marine Corp ☐ Navy ☐ Coast Guard

EAD: \_\_\_\_/\_\_\_\_/\_\_\_\_ RAD: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Enter Active Duty Released Active Duty

☐ Air Force ☐ Space Force Male ☐ Female ☐

Do you wish to be added to our email news letter Yes ☐ No ☐

Action Desired: \_\_\_\_\_

-----DO NOT FILL BELOW THIS LINE FOR DAV USE ONLY-----

Action Taken: \_\_\_\_\_

Did veteran subscribe to Login.gov or ID.me \_\_\_\_\_

Did veteran sign release letter? \_\_\_\_\_

How were VA Forms sent? Direct Submit or Mail \_\_\_\_\_

**VA Forms:**

- ☐ 21-22 ☐ DAV SOP ☐ 21-0966 ITF (By Phone) ☐ DD-214 (4) ☐ 21-526EZ ☐ 21-4142/4142a ☐ 21-4138 ☐ 21-10210  
☐ 21-0781 ☐ 21-686c ☐ 20-0995 ☐ 20-996 ☐ 21-2680 SMC ☐ 10182 (BOA) \_\_\_\_\_

Prepared & Submitted By:

Received & Reviewed By:

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

**Instructions: Give veteran all VA Forms to either Direct Submit or mail. Ensure Post get copy of this contact sheet for records of what was done.**

CL ☐



To: Commander Post 1820

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Print your Name on the line above

**In order for VFW Bell Post 1820 to help you with your claim. It is understood that you the veteran are responsible for your claim. By signing this document, you acknowledge your responsibility and agree not to hold the VFW Bell Post 1820 or its volunteer responsible for any errors or admissions on your claim.**

It is your responsibility to provide all information to your guide or volunteer. Failure to do so can result in delays or denial of your claim.

The VFW Bell Post 1820 makes no promises on the outcome of your claim. You understand that this is a free service of the VFW Post 1820. The VFW Bell Post 1820 does not receive any money from the government to aid you on your claim and will not ask any from you.

Signed by

Please print last 4 of your SSN here.

Witness by

Please print last 4 of your SSN here.



## Care Civilian/ Military Medical History

This form is to be used to list all Military and Civilian Medical facilities. This information will later be used to fill out various VA Forms.

Approximate Date: \_\_\_\_\_

Notes:

Name of Doctor or Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

POC: \_\_\_\_\_

Approximate Date: \_\_\_\_\_

Notes:

Name of Doctor or Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

POC: \_\_\_\_\_

Approximate Date: \_\_\_\_\_

Notes:

Name of Doctor or Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

POC: \_\_\_\_\_

Approximate Date: \_\_\_\_\_

Notes:

Name of Doctor or Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

POC: \_\_\_\_\_



VETERANS OF FOREIGN WARS

Date \_\_\_\_\_ Time \_\_\_\_\_

Length

Trigger

## Symptoms

Severity

Treatment

[illegible]





To provide you with a better service, we would like you to bring the following to your meeting. If you do not have these items, we may require a little extra time to service you.

- (1) **DD-214-member copy 4.** If you do not have it; you can get order a copy thru VA.gov
- (2) **Any Civilian/Military medical records.** The VA will obtain the military records and attempt to get your civilian one's. We recommend that you obtain civilian one's yourself. We can provide you with a generic HIPPA request form.
- (3) **Copy of Service records.** We can assist you in getting these records if needed. Would be used to support your claim. (Example: Eval stating you where in a combat zone).
- (4) **If possible, a written statement.** This statements should say what happened in the military, did you go to medical, if not why, did you report it and to whom. Did you see a doctor after service and how long and your current condition.
- (5) **Buddy Letters and Witness Statements** should include what they observe and any other facts that they may know. Who, What, Were and When!
- (6) We **highly recommend** that **you sign up for VA.gov** This will help you later if you should lose letters from the VA and us to get letters for you. We will help you set up an account if needed.
- (7) If you intend to file VA Form 20-0966 **Intent to File Claim** we would like you to submit you claim as soon as possible. We will discuss this with you.
- (8) If you wish to get your spouse and kids on file with the VA; we need copies of the following **driver license front and back, social security cards, marriage certificates, children require copies of birth certificates and social security cards.** Please contact us about adopted children or other questions on this matter.
- (9) You will hear stories about how someone did this and what they claim was done in days, there are a lot of stories out there. We encourage you to come and ask questions to us. We will seek an answer to your question. This will sharpen us and make us better VSO.

Condition	In Service Event		Current Diagnosis		Nexus	
	STR	Explain when symptoms where notice or event occurred	VHA	Private	Medical Opinion	DBQ
<b>Cardiovascular</b>						
Artery and Vein Condition						
Varicose Veins						
Cold Injuries						
Hypertension						
Restricted Blood Flow						
Heart						
Hypertension						
<b>Digestive System</b>						
Bowel Incontinence						
IBS						
GERD						
Gall Bladder						
Liver						
IBD						
Esophageal Conditions						
Peritoneal Adhesions						
Ulcers						
<b>Ear, Nose &amp; Throat</b>						
Sinusitis						
Tinnitus						
Rhinitis						
Asthma						
Balance Disorders						
Loss of Taste & Smell						
Duty MOS List						
<b>Endocrinological</b>						
Diabetes Mellitas						
Thyroid Parathyroid						
<b>Genitourinary System</b>						
Penis & Testes						
Erectile Dysfunction						
Kidney						
Urinary Frequency						

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	In Service Event		Current Diagnosis		Nexus	
	STR	Explain when symptoms where notice or event occurred	VHA	Private	Medical Opinion	DBQ
<b>Gynecological and Disorder of the Breast</b>						
Uterus						
Female Sexual Arousal Disorder (FSAD)						
<b>Infectious Disease, Immune Disorder &amp; Nutritional Deficiencies</b>						
Chronic Fatigue Syndrome						
<b>Musculoskeletal</b>						
Degenerative Arthritis						
Ankle Conditions						
Back Conditions						
Mid/Lower Back						
Low/Mid Back Sprain						
Elbow & Forearm						
Foot Pain						
Flat Feet						
Hip & Thigh Condition						
Hip & Thigh						
Total/Partial Hip Replace						
Knee & Lower Leg Condit						
Limitation of Knee						
Knee to much motion						
Shin Splits						
Total Knee Replacement						
Shoulder & Arm Condit						
Neck Condition						
Wrist Conditions						
<b>Notes:</b>						

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Medical Checklist for VA Claims						
Condition	In Service Event		Current Diagnosis			
	STR	Explain when symptoms where notice or event occurred	VHA	Private	Medical Opinion	DBQ
<b>Neurological Conditions</b>						
Headaches (Including Migraines)						
Fibromyalgia						
Seizure Disorder						
Essential Tremors						
Peripheral Nerves						
Carpal Tunnel						
Sciatic Nerve & Neuropathy						
Traumatic Brain Injury						
ALS (Lou Gehrig's Disease)						
Multiple Sclerosis						
Parkinson Disease						
Parkinson Disease & Secondary						
Secondary Condition Parkinson Disease						
<b>Psychological/Mental</b>						
Eating Disorder						
Mental Disorder						

Notes:

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See Presumptive List for items that maybe service connected under certain conditions



## EXAMPLE OF A NEXUS LETTER

DATE \_\_\_\_\_

Reference: (Veteran's name) \_\_\_\_\_

SS# \_\_\_\_\_ VA File # \_\_\_\_\_

To Whom It May Concern,

I am Dr. \_\_\_\_\_. I am board certified to practice in my specialty. My credentials are included. I have been asked to write a statement in support of the aforementioned veterans claim.

I have personally reviewed his medical history. (Name the Documents) I have also reviewed and have noted the circumstances and events of his military service in the years \_\_\_\_\_ (Event or Events claimed as the cause of the condition) while he served during his military service. (List dates of service)

Mr. \_\_\_\_\_ is a patient under my care since (enter Date). His diagnosis is \_\_\_\_\_ (Name the Condition).

I am familiar with his history and have examined Mr. \_\_\_\_\_ often while he has been under my care. (Specify Lab Work, X-rays, Etc.)

Mr. \_\_\_\_\_ has no other known risk factors that may have precipitated his current condition.

After a review of the pertinent records it is my professional opinion that it is at least as likely as not that Mr. \_\_\_\_\_'s condition is a direct result of his (Event) as due to his military service. (Choose the degree of likelihood with which you can concur - "at least as likely as not", "more than likely", or "highly likely")

In my personal experience and in the medical literature it is known (Give a rationale).

Signed,

Dr. \_\_\_\_\_  
(List credentials and contact information)

Please understand that the VA often uses credentials to assign probative value to the nexus letter. While the nexus letter must be brief as possible it should be as detailed and complete as the circumstances dictate.

Doctor's Letter Head

Date:

Subject: Medical history of Mr. Veteran

Reference: C-File # and/or Social Security Number

To the Department of Veterans Affairs:

I am the primary care provider for Mr. Veteran. In my capacity as a primary care provider, I have cared for Mr. Veteran since 01/07/20xx.

While I've provided care for Mr. Veteran, I've become familiar with his active duty medical history from 07/24/19xx to 08/07/19xx and from VA medical records from 19xx to present, past and present ailments and I've reviewed pertinent parts of his military record that document his injury, disease and clinical conditions related to the events that occurred.

I am aware that Mr. Veteran was injured during his active duty military service on or about 1981 in Fort Army while (events description, time and place).

A primary condition the veteran suffers is Lumbar Paravertebral Myositis (an Inflammatory Myopathy) and an L4-L5, disc desiccation and disc narrowing. MRI reports note sacralization of the L 5 representing a developmental abnormality and also that paraspinal muscle spasm is suggested.

Further noted are mild thoracolumbar dextroscoliosis as well as mild spondylosis and degenerative endplate changes. Schmorl's nodes in the superior endplate of L3. L3-L4 and L4-5 degenerative disc disease are seen. There is an L4-5 small posterior disc bulge and small posterocentral disc herniation and L2-3 vertebral hemangiomas.

Mr. Veteran has chronic pain due to his injuries. The veteran suffers radiculopathy with pain, muscle control difficulty, tingling, numbness and weakness in the legs, likely due the sacralization of L4-L5.

Mr. Veteran suffers increased fatigability because of his chronic back pain. Standing for more than 15 minutes will make him become weak and exhausted.

There are multiple other clinical conditions diagnosed that are more likely than not secondary to or aggravated by the primary back condition(s).

The veteran takes numerous medications for both the primary condition as well as secondary conditions that are aggravated by said primary back condition. (Medicines and secondary conditions are listed separately.)

The veteran is not a likely candidate to be rehabilitated.

After examining Mr. Veteran, his chart and medical records it is my opinion that Mr. Veteran is totally and permanently disabled due to the above discussed back condition. The veteran cannot hold gainful employment as a result of the injury he sustained while in the military. It is also my opinion that it is more likely than not that the physical

traumas suffered during the veteran's military service as noted in his record (description of events and dates) caused, contributed to and aggravated the totally disabling back condition(s).

Respectfully,

Dr. Physician, MD

Diplomat of the American Board of Internal Medicine

1. ***"is due to" (100% sure) GOOD***
2. ***"more likely than not" (greater than 50%) GOOD***
3. ***"at least as likely as not" (equal to or greater than 50%) GOOD***
4. ***"not at least as likely as not" (less than 50%) NOT GOOD***
5. ***"is not due to" (0%) NOT GOOD***

Remember, just because your Doctor writes a letter stating you have a medical condition that WILL NOT be enough to award you a disability benefit. Your Doctor must write the condition MUST BE (1) linked, (2) caused / contributed or (3) aggravated by your military service. If you have a letter without this information your claim WILL MOST LIKELY be denied. We cannot stress this enough. Also, just because you are going to the VA for treatment for your condition that does not automatically qualify you for compensation. You will still need the "Nexus" letter and file a claim for compensation.