CLIENT PORTAL

Veteran Intake Form

This questionnaire helps Dr. Pedigo evaluate whether a supportable nexus opinion can be written for your eye condition. Please answer as completely as you can. If you do not know an answer, write "unknown" rather than leaving it blank.

01 VETERAN INFORMATION

FIRST NAME *

LAST NAME *

DATE OF BIRTH *

PHONE *

EMAIL *

PREFERRED CONTACT

MAILING ADDRESS

02 MILITARY SERVICE

BRANCH OF SERVICE *

MOS / RATING / JOB

SERVICE ENTRY DATE

SEPARATION DATE

DUTY STATIONS AND DEPLOYMENTS

List locations and approximate dates, including any deployments.

EXPOSURES OR HAZARDS DURING SERVICE

Examples: burn pits, chemicals, lasers, welding, blast or head trauma, intense sun or wind, sand or debris, prolonged night vision device use.

03 VA CLAIM STATUS

WHERE IS YOUR EYE CLAIM RIGHT NOW? *

- ○ I have not filed a claim yet
- ○ Initial claim filed and pending
- ○ Claim was denied, planning to appeal or file a supplemental claim
- ○ Currently in appeal (Higher-Level Review, Supplemental Claim, or Board)
- ○ Already service connected, seeking an increased rating

CURRENT COMBINED VA RATING (IF ANY)

REPRESENTATIVE (VSO, ATTORNEY, AGENT)

IF DENIED, WHAT REASON DID THE VA GIVE?
Copy the key language from your decision letter if you have it.

04 YOUR EYE CONDITION

DIAGNOSED EYE CONDITION(S) *
List each diagnosis and, if known, which eye and the approximate date of diagnosis.

CURRENT SYMPTOMS
Examples: blurred vision, double vision, light sensitivity, dryness, pain, night vision problems, field loss.

WHEN DID THE PROBLEM START, AND WHAT DO YOU BELIEVE CAUSED IT?
Describe the in-service event, injury, exposure, or illness you believe is connected to your eye condition, and when symptoms first appeared.

DOES YOUR CLAIM INVOLVE ANY OF THE FOLLOWING?

- ☐ Direct connection to an in-service event or injury
- ☐ Secondary to another service-connected condition (for example, diabetes or TBI)
- ☐ A pre-existing eye condition made worse by service
- ☐ Side effects of medication prescribed for a service-connected condition

- [ ] Not sure

EYE DOCTORS WHO HAVE TREATED YOU
Names, clinics, and approximate dates of care (VA and civilian).

05 RECORDS YOU CAN PROVIDE

CHECK ALL THAT YOU HAVE OR CAN OBTAIN

- [ ] Service treatment records (STRs)
- [ ] VA Blue Button records
- [ ] Civilian eye care records
- [ ] Prior C&P exam results or DBQs
- [ ] VA decision letters
- [ ] Buddy or lay statements

After completing this form, upload your records using the secure link at DrPedigo.com.

ANYTHING ELSE DR. PEDIGO SHOULD KNOW?

06 ACKNOWLEDGMENT

I understand that submitting this form does not create a doctor-patient treatment relationship, that Dr. Pedigo provides an independent medical opinion and not legal advice, and that an opinion will only be written if the medical evidence supports one. I certify that the information above is true to the best of my knowledge.

- [ ] I have read and agree to the statement above (required)

FULL NAME (SIGNATURE) *

DATE *