

**POST TRAUMATIC STRESS DISORDER (PTSD)****Name :****SSN :****Date of Exam :****C-number :****Place of Exam:**

**Narrative:** Service connection for post-traumatic stress disorder (PTSD) requires medical evidence establishing a clear diagnosis of the condition, credible supporting evidence that the claimed in-service stressor actually occurred, and a link, established by medical evidence, between current symptomatology and the claimed in-service stressor. It is the responsibility of the examiner to indicate the extreme traumatic stressor leading to PTSD, if he or she makes the diagnosis of PTSD. It is the responsibility of the rating specialist to confirm that the cited stressor occurred during active duty.

A diagnosis of PTSD cannot be adequately documented or ruled out without obtaining a detailed military history and reviewing the claims folder. This means that initial review of the folder prior to examination, the history and examination itself, and the dictation for an examination initially establishing PTSD will often require more time than for examinations of other disorders. Ninety minutes to two hours on an initial exam is normal.

**A: Review of Medical Records:****B. Medical History (Subjective Complaints):***Comment on:***1. Past Medical History:**

a. Previous hospitalizations and outpatient care.

b. Medical and occupational history (from the time between last rating examination and the present need be accounted for, UNLESS the purpose of this examination is to ESTABLISH service connection, then complete medical history including description of stressors and history since discharge from military service is required.

c. Review of Claims Folder is also required on initial exams to establish or rule out the diagnosis.

**2. Present Medical, Occupational and Social History - over the past one year.**

a. Frequency, severity, and duration of psychiatric symptoms.

b. Length of remissions, to include capacity for adjustment during periods of remissions.

c. Extent of social impairment and time lost from work over the past 12 month period. If employed, identify current occupation and length of time at this job. If unemployed, note in complaints whether veteran contends it is due to the effects of a mental disorder. Further discuss in DIAGNOSIS what factors, and objective findings support or rebut that contention.

**3. Subjective Complaints:**

a. Describe fully.

**C. Examination (Objective Findings):**

Address each of the following and fully describe:

1. Stressor information: Clearly describe the stressor. Particularly if the stressor is a type of personal assault, including sexual assault, provide information, with examples, if possible, on behavioral, cognitive, social, or affective changes that the veteran links to the stressor. Include information on related somatic symptoms. If there is a history of multiple stressors, assess the

impact of each, to the extent possible.

2 Mental status exam to confirm or establish diagnosis in accordance with DSM-IV:

a. Are all diagnostic criteria to establish a diagnosis for 309.81 Post-traumatic Stress Disorder, as specified in DSM-IV, fully met?

b. For initial examination to establish service connection, fully discuss the criteria in steps A through F supporting or ruling out the diagnosis.

c. Describe any associated symptoms.

d. Specify onset and duration of symptoms as acute, chronic, or with delayed onset.

3. Describe in detail the linkage between the stressor and the current symptoms and clinical findings.

4. Describe and fully explain the existence, frequency, and extent of the following signs and symptoms, or any others present, and relate how they interfere with employment and social functioning:

a. Impairment of thought process or communication.

b. Delusions, hallucinations and their persistence.

c. Inappropriate behavior cited with examples.

d. Suicidal or homicidal thoughts, ideations or plans or intent.

e. Ability to maintain minimal personal hygiene and other basic activities of daily living.

f. Orientation to person, place, and time.

g. Memory loss, or impairment (both short and long-term).

h. Obsessive or ritualistic behavior which interferes with routine activities and describe any found.

i. Rate and flow of speech and note any irrelevant, illogical, or obscure speech patterns and whether constant or intermittent.

j. Panic attacks noting the severity, duration, frequency, and effect on independent functioning and whether clinically observed or good evidence of prior clinical or equivalent observation is shown.

k. Depression, depressed mood or anxiety.

l. Impaired impulse control and its effect on motivation or mood.

m. Sleep impairment and describe extent it interferes with daytime activities.

n. Other symptoms and the extent they interfere with activities.

**D. Diagnostic Tests:**

1. Provide psychological testing if deemed necessary.

2. If testing is requested, the results must be reported and considered in arriving at the diagnosis.

