



VA DISABILITY GROUP
PLLC

General Symptom Log

Hello,

You have indicated that you have some conditions that require a General Symptom Log. With this packet, I have included the relevant log. This symptom log packet also includes a rating schedule, used by the VA, on the very last page. This page will give you an idea of how your condition may be rated, and the specific terminology the VA uses to rate your condition. Additionally, definitions for some of the more technical medical terminology has been provided.

It is very important to read and understand these criteria, as your records are used by the VA to evaluate the severity of your condition.

On each page, please fill in your name in the upper-left hand corner and use the log to document all relevant symptoms and send this log back to the firm every 3 months (the firm will handle the submission to the VA – please do not submit these to the VA yourself). Please make sure you sign and date the bottom of each page before submitting these to VA Disability Group.

IMPORTANT

JOINT CONSIDERATIONS: Report the limitations on range of motion, impacts the condition has upon daily function and movement of the limbs and extremities, coordination, pain, reduced dexterity and/or weakness.

NERVE CONSIDERATIONS: Report instances of tingling, pain, numbness, discomfort, loss of sensation, reduced dexterity, or limited motion and function of extremities.

RESPIRATORY CONSIDERATIONS: Report the severity and frequency of symptoms. Ensure to record any necessary treatments you undergo (both in- and out-patient), any hospitalizations, and/or doctors' visits. Ensure you record the date, facility, and treating physician for any medical visits.

SKIN CONSIDERATIONS: Report instances of pain, irritation, flare ups, location of the skin condition, and instability in scars.

You do not need to create an entry for every day, just the days you are experiencing symptoms. Documenting the frequency, severity, and specific symptoms of your condition could help your claim.

You can return this to our office in any of the following ways:

Email: cd@vadisabilitygroup.com

Fax: 269-569-8611

Mailing Address: 2974 Business One Drive, Kalamazoo, MI 49048

Once again, we appreciate you choosing our firm and we look forward to working with you on your disability claims. Please do not hesitate to contact the office if you need more logs, need paper copies, or have questions on how to appropriately record your symptoms.

Kind regards,

VA Disability Group, PLLC

NAME:

GENERAL SYMPTOM LOG

Date	Time (If It Applies)	Condition	Symptoms	Medication	Symptoms Experienced (Daily Notes)
11/01/2021	All Day	Joint Pain (Right Shoulder)	Pain, Weakness, Limited Range of Motion	Ibuprofen, 200mg every 4 hrs	<i>Example:</i> I could not move my right shoulder above my head. The pain was so bad I could not shower or care for myself.
11/01/2021	09:00 to 15:00	Left Leg Nerve	Tinging, Numbness, Loss of Sensation	Gabapentin	<i>Example:</i> My left leg was tingling or numb through most of the day. I could not walk properly and it affected my ability to take care of daily tasks.
11/01/2021	All Day	Difficulty Breathing	Struggled to breath, inhaler wasn't good enough and had to go to ER	Prednisone & Inhaler	<i>Example:</i> Lots of struggling to breathe, went to the Hospital (Facility Name, saw Dr. Smith) and was admitted outpatient on 11/01/2021. Went home the same day.
11/01/2021	13:00 to 19:00	Face Rash Flare Up	Painful, itchy, red, long-lasting flare up	Hydrocortisone Cream	<i>Example:</i> The rash on my face flared up in the morning. It was incredibly itchy, red, and painful for the entire day. I used hydrocortisone cream, but it did not help much.

Signature:

Date:

NAME:

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Date	Time (If It Applies)	Condition	Symptoms	Medication	Symptoms Experienced (Daily Notes)

Signature:

Date:

Considerations for Different Conditions

Joint Considerations: Focus on reporting the limitations on range of motion, impacts the condition has upon daily function and movement of limbs and extremities, coordination, pain, reduced dexterity, and or/weakness. Record any medications taken, either over the counter or prescribed, such as Ibuprofen, Cyclobenzaprine (Flexeril), or Methocarbamol (Robaxin).

Nerve Considerations: Focus on reporting instances of tingling, pain, numbness, discomfort, loss of sensation, reduced dexterity, or limited motion and function of extremities. Record any medications taken, either over the counter or prescribed, such as Gabapentin.

Respiratory Considerations: Focus on reporting the severity and frequency of symptoms. Be sure to record any necessary treatments you undergo (whether in or out patient), any hospitalizations, and/or doctor's visits. Ensure you record the date, facility, and treating physician for any medical visits. Record any medications taken, either over the counter or prescribed, such as Prednisone and an inhaler.

Skin Considerations: Focus on reporting instances of pain, irritation, flare ups, location of the skin condition, and instability in scars. Record any medication taken, either over the counter or prescribed, such as Hydrocortisone cream.

If any of these conditions cause mental distress in anyway (for example, experiencing depression as a result of pain in a nerve or joint), please also complete a Mental Health Log to document your symptoms as appropriately.