



VA DISABILITY GROUP
PLLC

Genitourinary Symptom Log

Hello,

Your attorney has requested that you complete a Genitourinary 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.

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 after 2-3 weeks of filling it out daily (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.

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

Email: cd@vadisabilitygroup.com

Fax: 269-569-8611

Mailing Address: 7837 S Sprinkle Rd, Portage, MI 49002

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

VA Disability Group, PLLC
7837 S Sprinkle Rd
Portage, MI 49002
www.VADisabilitygroup.com

NAME:				GENITOURINARY LOG			
Date		Daytime Urinary Frequency (Voiding Bladder Every Hour, Between 1-2 Hours or Between 2-3 Hours?)		Nighttime Urinary Frequency (Waking up to Void Bladder how many times per night?)		Number of Times absorbent materials are changed how many times per day?	
<i>Example</i>		Voiding Every Hour		5 Times		4 Times	
SIGNATURE:		DATE:					

Rating Criteria for Respective Evaluation (Void Dysfunction)

60 Percent

Requiring the use of an appliance or the wearing of absorbent materials which must be changed more than 4 times per day

40 Percent

Requiring the wearing of absorbent materials which must be changed 2 to 4 times per day

20 Percent

Requiring the wearing of absorbent materials which must be changed less than 2 times per day

Rating Criteria for Respective Evaluations (Urinary Frequency)

40 Percent

Daytime voiding interval less than one hour, or; awakening to void 5 or more times per night

20 Percent

Daytime voiding interval between one and two hours, or; awakening to void 3 to 4 times per night

10 Percent

Daytime voiding interval between two and three hours, or; awakening to void two times per night