

NEXUS STATEMENT

A Nexus statement is a letter from a doctor who specializes in the area of your disability. This document is required when clarification is needed in providing the VA with “New and Material Evidence” in support of your claim of service connection or severity. The minimum required elements of a Nexus Letter are as follows:

- The document must be presented on the doctors’ letterhead.
- The document must identify you as the patient.
- The document must state the current condition of your disability, such as CHRONIC.
- The document must provide current or recommended treatment of the condition.
- The document must state that the doctor has reviewed “all available medical evidence, such as your military service treatment records, military personnel file, or any other relevant evidence.
- The document must state that in the doctors best medical opinion, that your condition is chronic and “more likely than not” due to your ACTIVE duty military service.
- Finally the document must include the basis of the doctors’ opinion.

Ensure the doctor signs the document, if the Dr. refuses to sign such a document, have them annotate it in your exam notes all of the above.

SUBMITTING A MEDICAL OPINION (NEXUS) CLAIM TO THE VA

To successfully process a claim, you must show the VA three elements. If one is missing, the claim will not succeed.

Three elements are required to substantiate all claims for entitlement to service connection for disabilities incurred in or caused by military service.

- 1.) You must have a current clinical diagnosis of a disability recognized by the VA
- 2.) You must show an in-service occurrence for the claimed disability (clinical diagnosis or treatment in service*)
- 3.) You must have a Doctor (preferably a specialist in the area of the condition being claimed) link 1 + 2 together with an opinion as described below.

* If treatment only in service the veteran must show continuity of the symptoms from discharge until the disability is clinically diagnosed.

You need a doctor to review your service medical records and current treatment records and provide an opinion as to whether or not your currentwas incurred during your military service.

Take your service medical records that show treatment for the claimed condition in service to your treating physician and have him/her prepare a statement on your behalf. **The statement must include that your service medical records have been reviewed and support your contentions that the current condition(s) you are applying for compensation had their onset or were aggravated by your military service.** Treatment records from civilian doctors can be used to file a claim for service connection.

The doctor should provide an opinion using the following guidelines.

1. Identify the specific evidence reviewed and considered in forming his/her opinion.
2. Please provide a rationale for the opinion presented.
3. State your conclusions using one of the following VA recognized phrases:

_____ was caused by or the result of _____ (100% medical certainty)

_____ is most likely caused by or the result of _____

_____ is at least as likely as not caused by or the result of _____ (50/50 probability)

I cannot answer this question with out resorting to speculation

_____ is less likely caused by or the result of _____ (less than 50/50)

_____ was not caused by or the result of _____ (100% medical certainty)

Example:

After reviewing the patient's service medical records (which include...dated), and current treatment reports (which include...dated), it is my requested medical opinion that the patients current diagnosis of.....was incurred during his/her military service for the following reasons: (i.e. clinically diagnosed on active duty, treatment on active duty and continuity of symptoms from service to date of clinical diagnosis, cite medical treatise indicating a link or relationship to in-service event, result of fracture etc...)

Put opinion on letterhead or in progress notes.
Provide a copy of letter/note to your representative.

A Treating Doctors Professional Opinion Form

For Veteran: _____

Please provide the rationale for your opinion.

NOTE TO EXAMINER – In your Response for ONE SPECIFIC issue per form Please:

1. Identify the specific evidence you reviewed and considered in forming your opinion.

2. Please provide a rationale (explain/basis) for the opinion presented.

3. Have you reviewed all current records? ____ Yes ____ No

4. Have you reviewed Vets Service Medical Records? (If necessary) ____ Yes ____ No

5. State your conclusion using **ONLY ONE** of the following legally recognized phrases per diagnosis:
 - a) _____ is caused by or a result of _____
 - b) _____ is most likely caused by or a result of _____
 - c) _____ is at least as likely as not (50/50 probability) caused by or a result of _____
 - d) _____ is less likely as not (less than 50/50 probability) caused by or a result of _____
 - e) _____ is not caused by or a result of _____
 - f) _____ I cannot resolve this issue without resort to mere speculation.

Signature of Physician

Date

Printed Name

Evaluation criteria for Psychiatric Disorders:

General Rating Formula for Mental Disorders:

Rating

Total occupational and social impairment, due to such symptoms as: Gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name 100

Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: Suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships 70

Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships 50

Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: Depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events) 30

Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or: symptoms controlled by continuous medication 10

A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication 0