



10710 Gateway Blvd. North  
Ste. B-5, #274  
El Paso, TX 79924

T: 915-229-1862  
F: 915-995-4942  
cullen@elrodlegal.com  
www.elrodlegal.com

**VA Disability Questionnaire**  
*Attorney Work Product – Privileged and Confidential*

---

**PERSONAL INFORMATION**

Full name:  
Phone number:  
Email address:  
Current Mailing Address:  
Date of Birth:

**SERVICE HISTORY**

Branch(es) of service:  
Dates of Active Duty Service:  
Military Job:  
Deployment Countries and Dates (*if applicable*):  
Characterization of Service: HON      GEN      OTH      OTHER

**VA CLAIM HISTORY**

Are you currently Service-Connected for any disabilities with the VA?    Yes      No  
If yes, for what disabilities are you service-connected, and at what percentages (if known)?

Claim currently pending with the VA (no decision has yet been issued)?    Yes      No  
Has the VA issued a decision on a claim within the last 12 months?    Yes      No  
If yes, what is the date of your most recent VA decision?

What claims for new conditions, or claims for an increase are you seeking?

## **MEDICAL HISTORY**

What medical conditions do you currently have, and when were they diagnosed?

## **ADDITIONAL INFORMATION**

How did you hear about our firm?

Are you currently represented by an attorney, claims agent, or Veteran Service Organization?

Yes      No      If yes, please provide their name and contact information?

What other concerns can we assist you with regarding your VA benefits?

***Note: Completion of this VA Disability Questionnaire does not constitute the formation of an Attorney-Client Relationship with Attorney or the Elrod Law Firm, PLLC. This document serves solely as an intake document for Attorney to ascertain details of Client’s potential case. All information will be kept confidential regardless of whether Client hires Attorney.***