



VA Coronary Artery Disease Claims Guide: Summary and Worksheets

Your own working pages. These are your notes in your own words. They are not a VA form, they are not sent to the VA, and nothing here is a medical finding or a prediction about your claim.

Start with the essentials

- 1 Use the measured record**
Organize diagnoses, blood-pressure readings, cardiac testing, treatment, and dates. Do not estimate a test result or rating level.
- 2 Describe symptoms and exertional limits**
Note symptoms, frequency, treatment response, and what exertion or ordinary activity is limited.
- 3 Keep connection and current severity separate**
Use the timeline and records to address service connection, then use current testing and treatment for the rating discussion.

How to use this packet

Complete only what helps you prepare. Use approximate dates when exact dates are unavailable. Mark records as missing or unverified instead of guessing.

The full guide, research, charts, rating discussion, sources, and current information remain online at:

<https://ratemyvso.net/dc/coronary-artery-disease-claims-guide>



WORKSHEET 1 OF 5

Measurements and symptom history

Optional working notes for Coronary Artery Disease. Write only what you know. Leave anything blank that does not apply.

Blood-pressure, cardiac, or other measurements with dates, if available

Symptoms, frequency, duration, triggers, and recovery

Effects on exertion, work, and ordinary activities

Your notes stay yours. This blank PDF is not submitted to the VA. Saving answers through the website requires your RateMyVSO account.



WORKSHEET 2 OF 5

Diagnosis, testing, and treatment

Optional working notes for Coronary Artery Disease. Write only what you know. Leave anything blank that does not apply.

Diagnosis, clinician, facility, and date

Imaging, stress, laboratory, ECG, or other results, if applicable

Medicines, procedures, devices, and response

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WORKSHEET 3 OF 5

Connection and examination questions

Optional working notes for Coronary Artery Disease. Write only what you know. Leave anything blank that does not apply.

In-service onset, exposure, continuity, or secondary-condition history

Relevant medical, service, medication, and employment records

Questions about diagnosis, cause, worsening, treatment effects, or current findings

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WORKSHEET 4 OF 5

Records and unanswered questions

Optional working notes for Coronary Artery Disease. Write only what you know. Leave anything blank that does not apply.

Record, date, source, and page if known

Do I have my own copy?

- | | |
|---|---|
| ☐ Not sure | ☐ I have a copy |
| ☐ Requested, still waiting | ☐ I do not have a copy |

Do I know whether the VA has it?

- | | |
|---|---|
| ☐ Unknown or not verified | ☐ Submission receipt available |
| ☐ Listed in my decision letter | ☐ Not submitted by me |

Missing records, request dates, and questions to follow up

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WORKSHEET 5 OF 5

Decision-letter reading sheet

Optional working notes for Coronary Artery Disease. Write only what you know. Leave anything blank that does not apply.

Letter date, condition, and what the VA decided

Reasons and evidence listed, with page numbers

Dates and instructions in the letter; questions for a representative

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