



VA Urinary and Bladder 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 Record the diagnosis and history privately and precisely**
Note the diagnosed condition, onset, treatment, and changes over time. Include only the personal detail needed for your own preparation.
- 2 Describe function and treatment effects**
Organize symptoms, frequency, devices or materials, medicines, procedures, and practical effects without assigning yourself a rating.
- 3 Consider direct and secondary pathways separately**
List the service history, other conditions, medicines, or treatment that may be relevant, then take medical-link questions to a clinician.

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/urinary-claims-guide>



WORKSHEET 1 OF 5

Condition and treatment history

Optional working notes for Urinary and Bladder. Write only what you know. Leave anything blank that does not apply.

Diagnosis, clinician, facility, and date

Onset, changes over time, and relevant service or treatment history

Medicines, procedures, devices or materials, and response

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

Symptoms and functional effects

Optional working notes for Urinary and Bladder. Write only what you know. Leave anything blank that does not apply.

Symptoms, frequency, duration, and changes actually experienced

Effects on sleep, work, relationships, activities, or ordinary routines

Complications or separate residuals documented by a clinician

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WORKSHEET 3 OF 5

Connection and examination questions

Optional working notes for Urinary and Bladder. Write only what you know. Leave anything blank that does not apply.

Direct service history or secondary-condition and medication history that may apply

Treatment, prescription, examination, laboratory, or statement evidence

Questions about diagnosis, cause, worsening, treatment effects, or separate benefits

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WORKSHEET 4 OF 5

Records and unanswered questions

Optional working notes for Urinary and Bladder. 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 Urinary and Bladder. 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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