This is a fictional sample medical opinion for educational purposes only. No real patient information is used. Actual opinions are personalized after review of genuine records.

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Sample TDIU Medical Opinion Letter – Mental Health Primary

Total Disability Individual Unemployability – Mental Health Conditions – Records Review Only

February 18, 2026

Department of Veterans Affairs
Claims Intake Center
P.O. Box 4444
Janesville, WI 53547-4444

Re: Medical Opinion – Total Disability Individual Unemployability (TDIU) – Mental Health Primary
Records Review Only

Veteran: [Sample Veteran]
VA File Number: [Redacted]
Date of Birth: [Redacted]

To Whom It May Concern:

I am David Protaziuk, MSN, APRN, FNP-C, a board-certified Family Nurse Practitioner licensed to practice in the State of Illinois with Full Practice Authority. I have been practicing as an FNP for over 4 years, with extensive experience reviewing medical records and preparing independent medical opinions for VA disability claims. My opinions are independent, objective, and based solely on the medical evidence reviewed.

I have conducted a thorough review of the veteran's service treatment records (STRs), VA electronic health records, private mental health treatment notes, VA C&P; examination reports for mental disorders, Vocational Rehabilitation and Employment (VR&E;) records, prior VA rating decisions, and lay statements from the veteran's spouse and former employer.

[Sample Veteran] served honorably in the United States Army from 2003 to 2011 as an infantryman, with multiple combat deployments to Iraq and Afghanistan. The veteran is currently service-connected for post-traumatic stress disorder at 70%, major depressive disorder as secondary at 30%, and migraine headaches secondary to PTSD at 30%, for a combined evaluation of 90%. Service records document exposure to hostile fire, improvised explosive device blast events, and the deaths of unit members. Post-service records document persistent psychiatric symptoms treated with multiple medication trials (SSRI, SNRI, and augmentation strategies) and evidence-based trauma-focused psychotherapy (Cognitive Processing Therapy and Prolonged Exposure), with only partial and inconsistent symptom relief.

Documented psychiatric symptomatology includes: chronic, treatment-refractory intrusive re-experiencing symptoms with nightmares 5–7 nights per week; severe hypervigilance and exaggerated startle response resulting in avoidance of public spaces and crowds; persistent depressed mood, anhedonia, and passive suicidal ideation without active plan; marked cognitive impairment involving short-term memory, sustained attention, and executive function; impaired impulse control with documented verbal outbursts in employment settings; social isolation and disruption of family relationships; sleep disturbance averaging 3–4 hours per night with daytime hypersomnolence; and panic attacks multiple times per week often precipitated by workplace stimuli.

VR&E; documentation confirms three separate attempts at supervised re-entry into competitive employment between 2019 and 2024, with each attempt terminating within 90 days due to psychiatric decompensation. The veteran has not maintained substantially gainful employment since 2019.

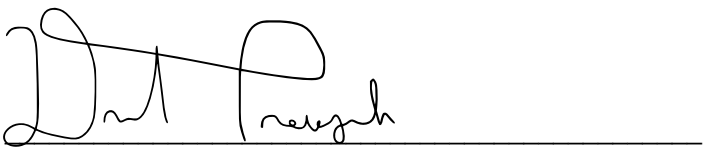
In my professional medical opinion, based on a thorough review of the records and my clinical expertise, [Sample Veteran]'s service-connected psychiatric conditions, individually and in combination, are at least as likely as not (50 percent or greater probability) sufficient to render the veteran unable to secure and follow a substantially gainful occupation consistent with his education and prior work experience. This conclusion is rendered without consideration of age or non-service-connected conditions.

Rationale:

- The veteran's PTSD produces total occupational and social impairment consistent with the criteria for a 100% schedular rating under 38 CFR 4.130, General Rating Formula for Mental Disorders, meeting multiple total-impairment criteria including grossly inappropriate behavior, persistent danger of hurting self or others (through passive suicidal ideation), and inability to establish and maintain effective work and social relationships.
- Comorbid PTSD and major depressive disorder produce significantly greater functional impairment than either condition alone, with meta-analytic evidence establishing that approximately 52 percent of individuals with PTSD meet criteria for co-occurring MDD, and that this comorbidity is associated with greater symptom severity, functional impairment, and treatment resistance than PTSD alone (Rytwinski et al., 2013).
- Longitudinal population studies of combat-exposed veterans have demonstrated that PTSD symptoms often persist chronically over decades despite treatment, with substantial ongoing occupational and social impairment, particularly among veterans with combat-related index trauma (Marmar et al., 2015).
- The veteran's documented pattern of three consecutive VR&E-supervised; return-to-work attempts, each terminating within 90 days due to psychiatric decompensation, provides real-world objective evidence that his service-connected conditions preclude sustained competitive employment despite maximum vocational support.
- Chronic migraine attributable to PTSD, occurring at a frequency requiring darkened room isolation, further compounds occupational impairment by producing unpredictable absenteeism that no competitive employer would accommodate on a sustained basis.
- No non-service-connected condition adequately accounts for the degree of occupational impairment observed. The veteran's inability to tolerate routine workplace stressors — supervision, deadlines, coworker interaction, and unexpected change — is not a matter of insufficient motivation but of neurobiological injury sustained during honorable service.

This opinion is rendered within a reasonable degree of medical certainty and probability, based solely on the evidence reviewed. This opinion constitutes competent medical evidence within the meaning of 38 CFR 3.159(a)(1); per the Court of Appeals for Veterans Claims in Nieves-Rodriguez v. Peake, 22 Vet. App. 295 (2008), the probative value of a medical opinion depends upon its underlying rationale rather than the professional title of the provider. Should additional clarification be required, please contact me at the above information.

Sincerely,



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Scholarly Sources Cited

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