RATE MY VSO // VISUAL FIELD GUIDE

VA HYPERTENSION CLAIMS

ONE-PAGE GUIDE

High blood pressure is usually silent. The claim lives in the readings and treatment history.

REPEATED READINGS // DC 7101

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01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

DC 7101 USES PREDOMINANT PRESSURE PATTERNS AND MEDICATION HISTORY

VA's rating definition is not the same as every clinical treatment threshold. DC 7101 requires readings two or more times on at least three different days. The evaluation then looks at the predominant pressure pattern and qualifying medication history.

CONFIRM
Preserve the dated readings needed to establish the diagnosis under the rating schedule.

PATTERN
Show the predominant systolic and diastolic values across the record, not one isolated spike.

MEDICATION
Document when treatment began, the historical readings, dose changes, adherence, and response.

02 SERVICE-CONNECTION PATHS

AGENT ORANGE	Hypertension is presumptive for veterans who meet VA's qualifying herbicide-exposure requirements.
DIRECT OR CHRONIC	Service readings, onset, continuity, timing, and medical evidence may support a direct or chronic-disease route.
SECONDARY	Kidney, endocrine, sleep, medication, or other mechanisms require veteran-specific evidence of causation or aggravation.

03 SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.

- Usually no symptoms
- Measured high blood pressure
- Severe headache in a crisis
- Difficulty breathing in a crisis
- Sudden vision change in a crisis
- Weakness or numbness in a crisis

04 BUILD THE RECORD

1. **CONFIRMED DIAGNOSIS**
   Readings two or more times on at least three different days, plus the clinician's diagnosis.
2. **LONGITUDINAL READINGS**
   Service, clinic, home, emergency, and treatment records showing the predominant pattern.
3. **MEDICATION HISTORY**
   Start date, prior pressures, prescriptions, dose changes, control, and side effects.
4. **MEASUREMENT QUALITY**
   Cuff size, rest, position, repeat technique, and notes about pain, illness, or other temporary factors.
5. **COMPLICATIONS**
   Heart, brain, kidney, eye, or vascular diagnoses documented separately when present.
6. **SERVICE ROUTE**
   Qualifying herbicide exposure or a reasoned direct, chronic, secondary, or aggravation nexus.

05 WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A — DIAGNOSIS NOT CONFIRMED
The record relied on isolated readings instead of the repeated-day confirmation required by DC 7101.

B — PREDOMINANT PATTERN MISSING
A few high values were highlighted without showing the overall pressure history.

C — MEDICATION HISTORY INCOMPLETE
Current control was shown, but the historical diastolic pattern and continuous-treatment record were not.

D — SERVICE ROUTE NOT PROVED
Qualifying herbicide exposure, service onset, chronic timing, or a persuasive secondary nexus was missing.

06 HYPERTENSION CAUSES AND COMPLICATIONS

Most hypertension is primary. A secondary cause or complication must be diagnosed and medically connected in the correct direction.

CONDITIONS THAT CAN CONTRIBUTE TO HYPERTENSION

Kidney disease // sleep apnea // thyroid or adrenal disease // certain medicines // primary hypertension without one identified cause

CONDITIONS HYPERTENSION CAN CONTRIBUTE TO

Stroke // coronary heart disease // heart failure // chronic kidney disease // eye damage // vascular dementia

07 DO THIS, NOT THAT

DO

- Build a dated pressure history.
- Keep the medication timeline.
- Prove the correct service-connection route.

DO NOT

- Use symptoms to prove hypertension.
- Rely on one severe reading.
- Confuse clinical thresholds with DC 7101.

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RESEARCH-BACKED VA CLAIM EDUCATION

Medical and symptom source: NHLBI high-blood-pressure guidance and VA hypertension DBQ. Rating rules: 38 CFR 4.104, DC 7101. Claim-pattern research checked against the frozen RateMyVSO data snapshot dated Aug. 10, 2026; no counts or outcome predictions shown. Educational only, not legal or medical advice.

HYPERTENSION FIELD GUIDE