



Military Service Health History Form for Clinicians

Adapted from Military History Checklist NHPCO, VA Military Health History Pocket Card for Clinicians, and EPERC Military



VETERAN INFORMATION

NAME

LAST 4-DIGITS OF SSN

ADDRESS

PHONE NUMBER

CAREGIVER

CAREGIVER CONTACT NUMBER

MILITARY SERVICE BACKGROUND of Veteran / Patient

BRANCH OF SERVICE

- ARMY
- NAVY
- AIR FORCE
- MARINES
- COAST GUARD

PERIOD OF SERVICE

- WWI (4/6/1917 - 11/11/1918)
- WWII (12/7/1941 - 12/31/1946)
- Korea (6/27/1950 - 1/31/1955)
- Cold War
- Vietnam War (2/28/1961 - 5/7/1975)
- Peace Time
- Gulf War (8/2/1990 - TBD)
- Afghanistan / Iraq (OEF / OIF)
- Other

HOW DID YOU JOIN?

- As an Officer
- I enlisted
- I was drafted

WHAT COUNTRIES WERE YOU STATIONED?



VA Benefits Status

Do you have a copy of your DD214 discharge papers?	YES	NO
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Discharge status:	<input type="radio"/> Honorable <input type="radio"/> Dishonorable <input type="radio"/> Other	
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Are you enrolled at the VA as a patient?	YES	NO
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Do you receive a VA pension?	YES	NO
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Do you have a service-connected condition?	YES	NO
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Do you get your medications from the VA?	YES	NO
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Who is your VA physician?		
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MILITARY HEALTH EXPOSURE HISTORY

Did you serve on active duty? If so, where? _____	YES	NO
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Did your service include combat, dangerous or traumatic assignments?	YES	NO
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Were you wounded or hospitalized?	YES	NO
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Were you a POW or did you experience torture?	YES	NO
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Do you have a service-connected condition	YES	NO
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Have you ever had a blood transfusion?	YES	NO
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Have you ever injected drugs?	YES	NO
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Have you ever had problems with alcohol abuse or drug abuse?	YES	NO
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Have you ever been diagnosed with Post-traumatic Stress Syndrome?	YES	NO
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Do you have nightmares about the war?	YES	NO
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Do you try not to think about or talk about your war experiences?	YES	NO
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Do you feel constantly on guard and easily startled?	YES	NO
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Did you lose a close buddy due to combat while you were serving?	YES	NO
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HEALTH RISK INVENTORY

Conflict	Medical Issues	Comments: How long? When? Where?
WWII	<input type="radio"/> Infectious diseases	_____
	<input type="radio"/> Wounds	_____
	<input type="radio"/> Nuclear weapons exposure for testing or clean up	_____
	<input type="radio"/> Chemical agents exposure or experiments (Agent Orange/ Mustard Gas)	_____
	<input type="radio"/> Asbestos exposure	_____
	<input type="radio"/> Cold injury/ frost bite/ trench foot	_____
	<input type="radio"/> Embedded fragments	_____
	<input type="radio"/> Other: _____ _____	_____ _____
Korean War	<input type="radio"/> Infectious diseases	_____
	<input type="radio"/> Wounds	_____
	<input type="radio"/> Exposure to nuclear weapons for testing or clean up	_____
	<input type="radio"/> Chemical agents exposure or experiments (Agent Orange)	_____
	<input type="radio"/> Asbestos exposure	_____
	<input type="radio"/> Cold injury/ frost bite/ trench foot	_____
	<input type="radio"/> Embedded fragments	_____
	<input type="radio"/> Other: _____ _____	_____ _____



HEALTH RISK INVENTORY (continued)

Conflict	Medical Issues	Comments: How long? When? Where?
Cold War	<input type="radio"/> Wounds	_____
	<input type="radio"/> Nuclear weapons exposure for testing or clean up	_____
	<input type="radio"/> Radiation exposure	_____
	<input type="radio"/> Asbestos exposure	_____
	<input type="radio"/> Other: _____ _____	_____
Vietnam War	<input type="radio"/> Infectious diseases	_____
	<input type="radio"/> Wounds	_____
	<input type="radio"/> Embedded fragments	_____
	<input type="radio"/> Chemical agents exposure (Agent Orange)	_____
	<input type="radio"/> Other: _____ _____	_____
Gulf War	<input type="radio"/> Wounds	_____
	<input type="radio"/> Embedded fragments	_____
	<input type="radio"/> Infectious diseases	_____
	<input type="radio"/> Smoke from oil well fires	_____
	<input type="radio"/> Chemical and/or biological agent exposure	_____
	<input type="radio"/> Uranium exposure	_____
	<input type="radio"/> Severe sand storm exposure	_____
	<input type="radio"/> Traumatic head injury	_____
	<input type="radio"/> Other: _____ _____	_____



HEALTH RISK INVENTORY (continued)

Conflict	Medical Issues	Comments: How long? When? Where?
Afghanistan / Iraq	<input type="radio"/> Infectious diseases	_____
	<input type="radio"/> Wounds	_____
	<input type="radio"/> Embedded fragments	_____
	<input type="radio"/> Chemical and/or biological agent exposure	_____
	<input type="radio"/> Animal bites/rabies	_____
	<input type="radio"/> Infections	_____
	<input type="radio"/> Penetrating blunt trauma	_____
	<input type="radio"/> Burn injuries from blasts	_____
	<input type="radio"/> Dermatologic issues	_____
	<input type="radio"/> Spinal cord injury	_____
	<input type="radio"/> Traumatic amputation	_____
	<input type="radio"/> Vision loss	_____
	<input type="radio"/> High altitude illnesses	_____
	<input type="radio"/> Sewage exposure	_____
	<input type="radio"/> Air pollution exposure	_____
<input type="radio"/> Severe sand storm exposure	_____	
<input type="radio"/> Other: _____	_____	
	_____	_____

References

Hallarman, L., & Kearns, C. (2006, March). #152 The Military History as a Vehicle for Exploring End-of-Life Care with Veterans Fast Fact Sheet. Retrieved August 1, 2013, from EPERC; End of Life/ Palliative Education Resource Center: EPERC: www.eperc.mcw.edu/EPERC/FastFactsIndex/ff_152.htm

NHPCO. (n.d.). Military History Checklist Guide. Retrieved August 1, 2013, from National Hospice and Palliative Care Organization: www.wehonorveterans.org/i4a/pages/index.cfm?pageid=3337

U.S. Veteran's Administration. (n.d.). Military Health History Pocket Card for Clinicians. Retrieved August 1, 2013, from Office of Academic Affiliations: www.va.gov/oaq/archive/Military-Health-Card-for-print.pdf