

## Post-Traumatic Stress Disorder (PTSD) Intake Form

*If you are a veteran or a veteran's family member, you may be entitled to veterans' benefits. The following questions will help you and your advocate organize the information you need to apply for benefits. If additional room is needed to complete an answer, please attach a separate piece of paper. Do not send this form to the VA; give it to your accredited service officer.*

Date \_\_\_\_\_

(1) Name of veteran: \_\_\_\_\_

First Middle Last

(2) Name used in service if different: \_\_\_\_\_

(3) Address: \_\_\_\_\_

Number Street Apt. No.

\_\_\_\_\_  
City State Zip Code

(4) Mailing address: \_\_\_\_\_

Number Street Apt. No.

\_\_\_\_\_  
City State Zip Code

(5) Telephone:

Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

(6) Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Month Day Year

(7) Social Security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

(8) Single( ) Married( ) Separated( ) Divorced( ) Widowed( )

(9) Are you currently employed? yes( ) no( )

If yes, what is your occupation? \_\_\_\_\_

(10) If not employed, are you able to work? yes( )no( )

(11) If you are not employed, is it because of medical problems related to your military service? yes( ) no( )

(12) Are you receiving Social Security Disability, Supplemental Social Security, or other forms of government assistance? If you are, please specify:

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(13) Do you have dependents?

yes( ) no( )

If yes, how many? \_\_\_\_\_

Please list your dependents' names, how they are related to the veteran, dates of birth, and Social Security numbers:

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### Information Related to Service

(14) Are you a veteran of the U.S. armed forces?

yes( ) no( )

*If you are a veteran, please attach a copy of your discharge form, the DD 214. If you do not have a copy of your DD 214, please obtain from your advocate and complete and attach Standard Form (SF) 180, Request Pertaining to Military Records, to obtain a copy of your DD 214.*

(15) To what branch of the service (army, navy, air force, marines, coast guard, merchant marine) did you belong?

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(16) In what era (Korea, Vietnam, Persian Gulf, OEF/OIF, or other) was your service?

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(17) Please list your dates of service:

Entry \_\_\_\_\_ Discharge \_\_\_\_\_

Entry \_\_\_\_\_ Discharge \_\_\_\_\_

Entry \_\_\_\_\_ Discharge \_\_\_\_\_

(18) Please state your type of discharge:

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(19) Were you in combat?

yes( ) no( )

(20) Were you wounded?

yes( ) no( )

If so, where on the body?

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(21) Are you still having medical problems caused by the wound(s)?

yes( ) no( )

If so, what are the problems?

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(22) Were you treated for any injury, disability, or disease in service?  
yes( ) no( )

If yes, briefly describe the disability or disease.

\_\_\_\_\_  
\_\_\_\_\_

### Information Related to VA Benefits

(23) Have you ever applied for VA benefits?  
yes( ) no( )

If yes, check all that apply:

- Compensation                       Pension  
 Medical care                         Education  
 Vocational rehabilitation        Nursing home care  
 Domiciliary care                   Home loan guaranty

Other (please specify): \_\_\_\_\_

*If this is a new claim, ask your advocate about filing an informal claim.*

(24) If you have filed a claim before, please give the claim number that the VA assigned: \_\_\_\_\_  
\_\_\_\_\_

(25) Are you now receiving VA benefits?  
yes( ) no( )

If yes, check all that apply:

- Compensation                       Pension  
 Pension plus aid and attendance benefit  
 Pension plus housebound benefit  
 Medical care                         Education  
 Vocational rehabilitation        Nursing home care  
 Domiciliary care                   Home loan guaranty

Other (please specify): \_\_\_\_\_

(26) If you have filed a claim before, please give the claim number that the VA assigned: \_\_\_\_\_.

(27) Are you now receiving VA benefits:  
Yes ( ) No ( )

If yes, check all that apply:

- Compensation                       Pension  
 Pension plus aid and attendance     Pension plus housebound  
 Medical care                         Education  
 Vocational rehabilitation        Nursing home care  
 Home loan guaranty

(28) At which VA regional office is your claim file located?

\_\_\_\_\_

(29) Were you ever treated at a VA hospital?

yes( ) no( )

If yes, please specify when, where, and what the treatment was for:

\_\_\_\_\_  
\_\_\_\_\_

(30) Have you ever sought counseling or help from a Vet Center?

yes( ) no( )

If yes, please specify when and where:

\_\_\_\_\_

(31) Did you receive any of the following medals?

- |   |   |
|---|---|
| <input type="checkbox"/> Air Force Cross                                  | <input type="checkbox"/> Air Medal with "V" device  |
| <input type="checkbox"/> Army Commendation with "V"                       | <input type="checkbox"/> Bronze Star with "V"       |
| <input type="checkbox"/> Combat Action Ribbon                             | <input type="checkbox"/> Combat Infantryman Badge   |
| <input type="checkbox"/> Combat Medical Badge                             | <input type="checkbox"/> Distinguished Flying Cross |
| <input type="checkbox"/> Distinguished Service Cross                      | <input type="checkbox"/> Medal of Honor             |
| <input type="checkbox"/> Navy Cross <input type="checkbox"/> Purple Heart | <input type="checkbox"/> Combat Action Badge        |
| <input type="checkbox"/> Silver Star                                      | <input type="checkbox"/> Navy Commendation with "V" |
| <input type="checkbox"/> Joint Service Commendation with "V"              |   |

*If you have none of these medals, the VA may not accept the fact that you were involved in combat without further proof. The VA must consider service records, lay evidence such as buddy statements, and other pertinent evidence in determining whether you were in combat.*

(32) During your service did you ever experience fear of hostile military or terrorist activity? Fear of hostile military or terrorist activity means you experienced, witnessed, or were confronted with an event or circumstance that involved actual or threatened death or serious injury, a threat to your person or to other people, such as from an actual or potential improvised explosive device; vehicle-imbedded explosive device; incoming artillery, rocket, or mortar fire; grenade; small arms fire, including suspected sniper fire; or attack upon friendly military aircraft.

(33) Do you have recurring dreams or intrusive memories about combat or your POW experience?

yes( ) no( )

(34) Do you have recurring dreams or intrusive memories about any traumatic experience during military service (one that involved feelings of intense fear, helplessness, or horror)?

yes( ) no( )

(35) Do you avoid, or react unusually to, things that symbolize or remind you of a traumatic event in service?

yes( ) no( )

(36) Has a medical professional or mental health expert (a doctor or a psychologist, for example) diagnosed you as having PTSD?

yes( ) no( )

(37) If you have been diagnosed as having PTSD, do you believe that it is linked to, or caused by, a stressful experience you suffered in service?

yes( ) no( )

(38) Has a doctor told you that your PTSD was caused by service?

yes( ) no( )

(39) Were you ever a prisoner of war?

yes( ) no( )

If yes, where and for how long?

\_\_\_\_\_  
\_\_\_\_\_

(40) Were you personally assaulted during service (personal assault includes but is not limited to rape, physical assault, domestic battering, robbery, mugging, and stalking)?

Yes ( ) No ( )

(41) If yes, do you have recurring dreams or intrusive memories due to that experience:

Yes ( ) No ( )