

Posttraumatic 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. 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) Applicant if other than the veteran: _____
First Middle Last

(4) Relationship to veteran _____

(5) Address: _____
Number Street Apt. No.

_____ City State Zip Code

(6) Mailing address: _____
Number Street Apt. No.

_____ City State Zip Code

(7) Telephone:
Home (_____) _____ Work (_____) _____
Mobile (_____) _____

(8) Date of birth: ____/____/____
Month Day Year

(9) Social Security number: _____

(10) Single () Married () Separated () Divorced () Widowed ()

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

If yes, what is your occupation? _____



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(20) Please state your type of discharge:

(21) Were you in combat?

yes() no()

(22) Were you wounded?

yes() no()

If so, where on the body? _____

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

yes() no()

If so, what are the problems? _____

(24) 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

(25) 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 intent to file a claim.

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



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(27) Are you now receiving VA benefits?

yes()

no()

If yes, check all that apply:

() Compensation

() Pension

() Pension plus aid and attendance benefit

() Education

() Pension plus housebound benefit

() Nursing home care

() Medical care

() Home loan guaranty

() Vocational rehabilitation

() Domiciliary care

() Other (please specify):

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

yes()

no()

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

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

yes()

no()

If yes, please specify when and where:

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

() Air Force Cross

() Air Medal with "V" device

() Army Commendation with "V"

() Bronze Star with "V"

() Combat Action Ribbon

() Combat Infantryman Badge

() Combat Medical Badge

() Distinguished Flying Cross

() Navy Cross

() Purple Heart

() Silver Star

() Navy Commendation with "V"

() 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 involved in combat.

(31) Did you experience a stressful event related to your fear of hostile military or terrorist activity?

yes()

no()



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- (32) Do you have recurring dreams or intrusive memories about combat, hostile military or terrorist activity, or your POW experience?
yes() no()
- (33) 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()
- (34) Do you avoid, or react unusually to, things that symbolize or remind you of a traumatic event in service?
yes() no()
- (35) Has a medical professional or mental health expert (a doctor or a psychologist, for example) diagnosed you with PTSD?
yes() no()
- (36) If you have been diagnosed with PTSD, do you believe that it is linked to, or caused by, a stressful experience you suffered in service?
yes() no()
- (37) Has a doctor told you that your PTSD was caused by service?
yes() no()
- (38) Were you ever a prisoner of war?
yes() no()
- If yes, where and for how long? _____

- (39) 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()
- (40) If yes, do you have recurring dreams or intrusive memories due to that experience?
yes() no()

