I HAVE RECEIVED A COPY OF:

GENERAL MILITARY SERVICE HISTORY

PRINT NAME _____ RESIDENT (WOC)

SIGNATURE _____

DATE _____

Answers to these questions will provide information helpful in understanding patients' medical problems and complaints and will help you establish rapport and therapeutic partnerships with military service members and veterans.

Answers to these questions will also provide a basis for timely referral to specialized medical resources.

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For additional resources, including selected articles, abstracts and bibliographies, please consult the following websites:

Office of Academic Affiliations:
http://www.va.gov/oaa/pocketcard

Veterans Health Initiative Independent Study Courses:
http://vaww.ees.lrn.va.gov

Office of Public Health and Environmental Hazards:
http://www.publichealth.va.gov

Information for Veterans about Eligibility for Compensation and Pension Benefits
http://www.vba.gov

General Military Service History

- Tell me about your military experience.
- When and where do you/did you serve?
- What do you/did you do while in the service?
- How has military service affected you?

If your patient answers "***Yes***" to any of the following questions, ask:
"***Can you tell me more about that?***"

- Were you a prisoner of war?
- Did you see combat, enemy fire or casualties?
- Were you wounded, injured or hospitalized?
- Did you ever become ill while you were in the service?

provided by: **Office of Academic Affiliations** *April 2006*