VITAS — Addendum Veterans Assessment

Plan of Care File — **Initial / Updated Comprehensive Assessment**

PATIENT NAME: _____ PATIENT # _____ DATE of VISIT_____

Addendum to Visit Type: ☐ Comprehensive Assessment ☐ Updated Comprehensive Assessment:

In which branch of the military did you serve?

☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ Reservist or National Guard ☐ Merchant Marines during WWII ☐ Other:

Military Experiences: ☐ Veteran Served Active Duty

In which war era or period did you serve:

☐ WWII *(12/7/41-12/31/46)* ☐ Korean *(6/27/50-1/31/55)* ☐ Peace Time

☐ Vietnam *(8/5/64-5/7/75 and 2/28/61 for veterans who served "in country" (in Vietnam) before 8/5/64)*

☐ Gulf War *(8/2/90 through a date to be set by law or presidential proclamation)* ☐ Afghanistan/Iraq *(OEF(2001-present)/OIF(2003-2011)*

☐ Other:

How did you come to serve? ☐ Enlisted or ☐ Drafted Length of Service: Highest Rank:

Exposures

☐ Combat ☐ Terrorist Attacks ☐ Sexual Trauma ☐ Physical assault ☐ Psychological assault ☐ Mustard Gas Testing

☐ Chemical warfare experiments ☐ Exposure to nuclear weapons / Cleanup ☐ Contamination of water, food and or air

☐ Natural disasters such as hurricane, earthquake, tornado, fire, flood, severe sand and dust storms ☐ Exposure to Agent Orange

☐ Prisoner of War Duration of captivity**:** Location of Captivity**:** ☐ Solitary or ☐ with others

Other / Overall how do you view your experience in the military?

Environment / Social:

☐ Enrolled in VA ☐ Receiving VA compensation payments ☐ Applied for VA benefits and denied

☐ Homeless Veteran ☐ In contact with other War Veterans from troop

If available, would you like your staff / volunteers to have military experience? ☐ No Preference ☐ No ☐ Yes

History of Service Related Issues

Issue	Diagnosis Date(s)	Medications When and how helpful	Mental Health Counseling When how helpful	Additional Assessment Symptoms
☐ **PTSD**				☐ Flashbacks
☐ **Anxiety**				☐ Nightmare
☐ **Depression**				☐ Hallucinations
☐ **Psychosis**				☐ Panic Attacks
☐ **Suicidal Ideation**				☐ Sleepwalking
☐ **Substance Abuse**				☐ Physical aggression toward others
☐ **Military related Sexual Trauma**				
☐ **Frostbite / cold injury**				☐ Social Isolation
☐ **Malignant Diseases**				☐ Other:
☐**Traumatic injuries**				

Print Name: _____ Signature: _____ Title: _____ Date: _____

CPI Data Entry Entered By_____ CPI Data Entry Verified By_____

White: Medical Record