

# MILITARY SERVICE HEALTH HISTORY

Please complete this brief health history if you have EVER served in the military.

**Why are we asking for this information?** Military service comes with some unique experiences and exposures, many that civilians would never have. Some of those experiences or exposures might affect your health, now or in the future. Knowing this can help us make sure we are aware of all possible factors when it comes to any health concerns you may have or diagnosis or treatments you may need.

BRANCH: \_\_\_\_\_ Dates of service:

\_\_\_\_\_

Please circle YES or NO

1. YES NO - Do you have a service-connected condition or are you rated at the VA for any injuries or experiences?  
 CHECK if you are interested in learning how to file a VA claim?
  
2. YES NO - Do you receive any of your healthcare at the VA?  
 CHECK if you are interested in learning how to enroll in VA care.
  
3. YES NO - Did you have any illness or injuries while in the service? (i.e., wounds, fevers, stomach bugs, animal bites) Do you have any scars or nagging aches/pains?
  
4. YES NO - Is there any chance you were exposed to chemical or biological agents? Even during training?
  
5. YES NO - Have you had any exposure to the following: explosions, blasts, radiation, bullet wounds or fragments, excessive heat or cold, vehicle or aircraft crash, excessive noise, or vibration?
  
6. YES NO - Did you get any tattoos or were you exposed to any needles (medical treatment, blood transfusion, or drug use) in a foreign country? OR have you had contact with blood or bodily fluids of someone who did?  
 CHECK if you would like to be screened for Hepatitis C or HIV

*Thank you. We are very grateful for your service. We are honored to have been selected for your health care needs.*

# WHEN SPEAKING TO A VETERAN/SERVICE MEMBER

The following is a series of Steps to be taken when encountering an individual who self-identifies as having served in the military (Step 1 & 2 can be applied when encountering an individual wearing a service-related hat/shirt/pin, etc.). These steps and questions are to be adapted by each facility or organization based on the information needs for the services or care provided. Not all steps or questions will be relevant or appropriate for every program.

## STEP 1

*Show appreciation* in whichever way you are most comfortable and whichever way seems appropriate for the given situation.

Say: "Awesome!", "Wonderful!", "Thank you for your service!", "Welcome home!", "You are much appreciated", "Very cool").

*Eye contact is must, handshakes are optional.*

## STEP 2

**Ask** with curiosity and interest: "In which branch did you serve?", "When did you get out?", "Which years did you serve?" You might also ask: "What made you choose the [insert Branch served]?" "What was your job?"

If he or she **DECLINES** to answer your follow questions OR asks, **"WHY are you asking me about this?"**

Say: "I appreciate your service and am simply curious to know more about you."

*These next steps are intended for care and service level inquiry only. These are not casual questions and should not be asked outside of a professional setting.*

## STEP 3

**Ask:** "Do you mind if I ask you a few health-related questions about your military service?"

If he or she **DECLINES** to answer questions OR asks, **"WHY do you need to know about that?"**

Say: *“Military service comes with unique experiences and exposures, many that civilians would never have. Some of those experiences or exposures might affect your health, now or in the future. Knowing about those things can help me make sure I am aware of all possible factors when it comes to any health concerns you may have or diagnosis or treatments you may need.”*

Examples to give if needed:

- breathing problems and chemical or particulate exposures,
- nerve sensitivity concerns and extreme cold exposure,
- memory or concentration issues and exposure to blasts or explosions,
- hearing issues and firearms use or explosions,
- certain unique vaccinations or medical interventions,
- blood borne exposures, or if you received tattoos in a foreign country.

If he or she still DECLINES to answer military-related questions, show your appreciation for their service again and STOP the military health inquiry.

#### STEP 4

Ask the following series of questions:

- “Do you have a service-connected condition or are you rated for any injuries or experiences at the VA? Do you receive any of your healthcare at the VA?”
- “Did you have any exposure to explosions or blasts? Radiation? Bullet wounds or fragments? Excessive heat or cold exposures? Vehicle or Aircraft Accidents? Excessive noise or vibration?”
- “Did you experience any abuse or assaults, combat or otherwise, or any other traumas you want me to know about?”
  - *YES:* “Would you like to be screened for PTSD or Depression (at your appointment)?” *If YES, refer to PCL-5 or PHQ-9.*
- “Would you be interested in any information on supports or services that may be available?”
  - *YES,* provide resources handout.
- “Did you get any tattoos or were you exposed to any needles (medical treatment, blood transfusion, or drug use) in a foreign country? Or have you had contact with blood or bodily fluids of someone who did?”

- **YES: “Have you ever been screened for Hepatitis C or HIV? Would you like to be?”** If **YES**, arrange for labs or make appropriate medical referral.

*Note: If the individual answered **YES** to any of the above questions, remind him/her that they might qualify for compensation with the VA, offer more information on filing a claim for compensation or refer to a Veterans Services Officer who can assist with filing a claim.*

- **“Do you have any concerns about your housing?”**
  - **YES: “Would you like information on some supports that may be available?”** If **YES**, provide resources handout.
  
- **“Have you ever had thoughts of suicide or homicide?”**
  - **YES: “Are you feeling unsafe today? When was the last time you felt suicidal or homicidal?”** If **YES**, follow your facility/organizational procedure for suicidal or homicidal ideation.
  
- **“Do you have any concerns about substance use?”**
  - **YES: “Would you like to be screened for a substance use disorder (at your appointment)?”** If **YES**, refer to the ASSIST or AUDIT.
  - **“Would you be interested in any information on supports or services that may be available?”** If **YES**, provide resources handout.

*All **YES** responses and the relevant details should be recorded in the patient's **Problem List** in their medical record so that all medical encounters and associated providers will have the opportunity to consider the impact of the above exposures or needs on any presenting concern.*

## STEP 5

Thank the individual again for his/her service and remind them that you are honored they chose your facility for their health care needs.