MILITARY HISTORY CHECKLIST

PATIENT DATA	Completed By:	
Patient's Name:	Date:	
Address:	Hospice Medical Record #:	Last 4 SSN:

VETERAN STATUS INFORMATION

1. Did you (or your spouse or family member) serve in the military?

1a. Patient ☐Yes ☐No	Did you serve on active duty?	☐Yes ☐No
	Did your service include combat, dangerous or traumatic assignments?	☐Yes ☐No
	Do you have a copy of your DD214 discharge papers?	☐Yes ☐No
1b. Did your spouse serve on active duty? Comments:		☐Yes ☐No
1c. Do you have any immediate family members that served or are serving in the military? Comments:		☐Yes ☐No

MILITARY BACKGROUND

2. In which branch of the military did you serve?

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

3. In which war era or period of service did you serve?

☐WWI (4/6/17 to 11/11/18)	☐Vietnam (8/5/64 to 5/7/75 and 2/28/61 for Veterans who served "in country" (in Vietnam) before 8/5/64)	☐Peace Time
☐WWII (12/7/41 to 12/31/46)		☐Afghanistan/Iraq (OEF/OIF)
☐Korea (6/27/50 to 1/31/55)	☐Gulf War (8/2/90 through a date to be set by law or presidential proclamation)	☐Other
☐Cold War		Note: after 9/7/80, must have completed 24 months continuous active service, or the full period for which they were called or ordered to active duty.

4. Overall, how do you view your experience in the military?

5. If available would you like your hospice staff/volunteer to have military experience? ☐Yes ☐No

VA BENEFITS INFORMATION

6. Are you enrolled in VA?	☐Yes ☐No
6a. Do you receive any VA benefits?	☐Yes ☐No
6b. Do you have a service-connected condition?	☐Yes ☐No
6c. Do you get your medications from VA?	☐Yes ☐No
6d. What is the name of your VA hospital or clinic?	
6e. What is the name and contact information of your VA physician or Primary Care Provider?	
6f. Would you like to talk with someone about benefits you or your family might be eligible to receive?	☐Yes ☐No