

VETERAN'S INTERVIEW FORM

CLIENT INFORMATION

Name: _____ Date: _____

Address: _____

Telephone: Home: _____ Work: _____ Other: _____

Email: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____

Case #: _____ Branch of Service: _____

Service # (if known): _____ Dates of Service: From: _____ To: _____

What was the veterans job while in the service? _____

Were any combat medals/awards issued? Yes: ____ No: ____

Examples: combat action ribbon, combat infantry/medal award, Navy Cross, Silver Star,
Bronze Star (with V device), Air Medal (with V device)

If yes, which ones: _____

Was the Veteran ever a POW? Yes: ____ No: ____

If yes, when and where: _____

Did the Veteran seek medical treatment while in the service for any condition/injury?

Yes: ____ No: ____

If yes, please describe what type of treatment: _____

If yes, what the treatment: Inpatient: ____ Outpatient: ____

Please provide the following information for the Veteran's primary care provider:

Name: _____

Address: _____

Phone #: _____

Name: _____

Address: _____

Phone #: _____

Is the Veteran currently being treated for a service related condition? Yes: ____ No: ____

If yes, please describe: _____

Does the Veteran require in-home healthcare or nursing home care? Yes: ____ No: ____

If yes, please describe: _____

Has the Veteran previously filed a claim with the Department of Veteran's Affairs?

Yes: ____ No: ____

If yes, what is the claim #: _____

If the above claim was regarding a Service Connected Disability, have you received a decision?

Yes: ____ No: ____

If yes, what was the date of the last decision: _____

If you were awarded a disability rating, what is your current rating percentage (%): _____

Did you serve "in Country" while in Vietnam? Yes: ____ No: ____

If yes, were you exposed to:

____ Agent Orange

____ Ionizing Radiation

____ Hiroshima/Nagasaki

____ Nuclear testing

Are you age 65 or older? Yes: ____ No: ____

Are you currently employed? Yes: ____ No: ____

If yes, where: _____

If not, what is the reason for your unemployment: _____

Do you have any income other than employment? Yes: ____ No: ____

If yes, please provide the amount and source of your income: _____

Thank you for your time and service to our country. We look forward to assisting you during this process!