


We’re here to help

If you were involved in combat, combat-training, or [other thing]-related trauma, this is the correct form.

Trauma is a normal reaction to an abnormal situation. It is therefore a common response to military service. In order to get you the care you deserve, we need some details about your service.



We won’t share this data without your specific consent

Step 1: Personal information

Your full name	VA File # or Social Security #
Phone number	

Step 2: Source of trauma

Please provide as much detail as you are comfortable and able to provide. This will allow us to more easily associate your care with the events you describe.

Date or timeframe this occurred (within 60 days)	Location (city, landmark, military installation, etc)
Unit assignment at time	Dates assigned to unit <i>From</i> <i>To</i>
Describe the event <i>Example: This would be a very brief description</i>	
<div>Others involved</div> <p><i>If relevant, please tell about others who were affected in the incident</i></p>	
Name of other serviceperson	Rank
Unit assignment at time	Unit assignment at time <input type="radio"/> <i>Killed in action</i> <input type="radio"/> <i>Killed in non-battle</i> <input type="radio"/> <i>Wounded in action</i> <input type="radio"/> <i>Wounded in non-battle</i>
Name of other serviceperson	Rank
Unit assignment at time	Unit assignment at time <input type="radio"/> <i>Killed in action</i> <input type="radio"/> <i>Killed in non-battle</i> <input type="radio"/> <i>Wounded in action</i> <input type="radio"/> <i>Wounded in non-battle</i>

If you have additional information to supply, please attach a separate sheet.

Step 3: Other comments

Is there other information you’d like to share?

Step 4: Signature