Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIMS FOR SERVICE CONNECTION FOR POST-TRAMATIC STRESS DISORDER (PTSD), OR PTSD SECONDAARY TO PERSONAL ASSULT

VA DATE STAMP - DO NOT WRITE IN THIS SPACE

Thank you for your service to our country. PTSD is a normal reaction to abnormal/stressful situations.
We are here to help you see if you qualify for benefits based on your service.

Please fill out this form to the best of your ability.
The more information you provide on this form, the quicker we can process your case.
NOTE: Any information provided below will not be shared and will only be used for the VA claims department.

PART ONE Please provide details about you

NAME	VA FILE #	PHONE #

PART TWO Please provide details about the stressful experience

DATE/TIMEFRAME	LOCATION	UNIT #

Was this event in combat?

☐ YES - **PROCEED TO PART FIVE**

☐ NO - PROCEED TO PART THREE

PART THREE Please provide any details you can about the trauma type and symptoms

TRAUMA TYPE

☐ Accident
☐ Physical assault
☐ Rape or sexual harassment/assault
☐ Witnessed a traumatic event
☐ Harassment
☐ Other:

SYMPTOMS: This information will only be used to process your claim.

☐ Needed to miss work more than usual
☐ Problems with authority
☐ Increased trouble performing or working
☐ Keep on thinking about the event
☐ Trouble paying bills or supporting yourself financially
☐ Nightmares
☐ Relationship issues
☐ Flashbacks
☐ Felt you had to change your work arrangement
☐ Increased or decreased use of prescription medications
☐ Medical/psychological care sought after incident
☐ Increased use of over-the-counter medications
☐ Difficulty falling or staying asleep
☐ Drinking more than usual

PART FOUR OPTIONAL: Provide any information of anyone who was connected

NAME	CONTACT INFO (address, phone number, or email)
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PART FOUR OPTIONAL: Have you gotten treatment before?

Treatment examples can include
If you have received treatment before and you would like the VA to obtain records, complete VA Form 21-4142

DATE OF TREATMENT	PHYSICIAN (if applicable)	LOCATION

PART FIVE

Thank you for filling out this form. You will receive a letter telling you what to do next. If your claim is approved or if we need more information, a VA mental health specialist will reach out to you.
We are here for you.

If you have any questions, please call the benefits hotline at 1-877-222-VETS or visit http://www.ptsd.va.gov/public/treatment/Veterans/get_help_with_va.asp for more information on how to get care.

SIGNATURE	DATE

LEGAL