

Section I: Veteran's Identification Information

1A. Veteran/service member's name. first name:

**XXXXXXXXXXXXXX**

1B. Veteran/service member's name. middle initial:

**T**

1C. Veteran/service member's name. last name:

**XXXXXXXXXXXXXXXXXX**

Section II: Traumatic Event(s) Information

9A. Traumatic event(s) information Line 1:

**Event Number: 1**

**Event Description:**

**Lorem ipsum dolor sit amet.**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**Summer of '70**

9A. Traumatic event(s) information Line 2:

**Event Number: 2**

**Event Description:**

**Lorem ipsum dolor sit amet.**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**June 2007**

9A. Traumatic event(s) information Line 3:

**Event Number: 3**

**Event Description:**

**Lorem ipsum dolor sit amet..**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**February 14, 2020**

9A. Traumatic event(s) information Line 4:

**Event Number: 4**

**Event Description:**

**Lorem ipsum dolor sit amet..**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**Autumn of 1995**

9A. Traumatic event(s) information Line 5:

**Event Number: 5**

**Event Description:**

**Lorem ipsum dolor sit amet.**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**Winter of '68**

9A. Traumatic event(s) information Line 6:

**Event Number: 6**

**Event Description:**

**Lorem ipsum dolor sit amet.**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**Spring of '72**

9A. Traumatic event(s) information Line 7:

**Event Number: 7**

**Event Description:**

**Lorem ipsum dolor sit amet.**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**Summer of '69**

**Section IV: Treatment Information**

13C. Treatment information Line 1:

**Treatment Information Number: 1**

**Treatment Facility Name and Location:**

**Walter Reed, Bethesda, MD**

**Treatment Date: 02-2014**

13C. Treatment information Line 2:

**Treatment Information Number: 2**

**Treatment Facility Name and Location:**

**Cedarwood Behavioral Health Center, 4321 Oak Ridge Rd, Maplewood, MN**

**Treatment Date: XX-2024**

13C. Treatment information Line 3:

**Treatment Information Number: 3**

**Treatment Facility Name and Location:**

**Silver Oak Recovery Center, 745 Greenfield Avenue, Clearwater, FL**

**Treatment Date: Don't have date**

13C. Treatment information Line 4:

**Treatment Information Number: 4**

**Treatment Facility Name and Location:**

**Silver Oak Recovery Center, 745 Greenfield Avenue, Clearwater, FL**

**Treatment Date: Don't have date**