## **Additional Information**

1A. Veteran/service member's name. first name: XXXXXXXXXXX 9A. Traumatic event(s) information Line 1: **Event Number: 1 Event Description:** Lorem ipsum dolor sit amet. **Event Location:** abcdefghijklmn opgrstuvwxyz1234a bpgrstuvwxyz1234a **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 opgrstuvwxyz1234a bpgrstuvwxyz1234a **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: <b>Event Number: 5</b>
Event Description:
Lorem ipsum dolor sit amet.
Event Location:
abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a
Event Date:
Winter of '68
9A. Traumatic event(s) information Line 6: <b>Event Number: 6</b>
<b>Event Description:</b>
Lorem ipsum dolor sit amet.
Event Location:
abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a
Event Date:
Spring of '72
9A. Traumatic event(s) information Line 7: <b>Event Number: 7</b>
<b>Event Description:</b>
Lorem ipsum dolor sit amet.
Event Location:
abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a
Event Date:
Summer of '69
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**