

Military Health History

POCKET CARD FOR CLINICIANS

Veterans' Health Concerns

Environmental Exposures

Asbestos
 Burn Pit Smoke
 Contaminated water
 (benzene, trichloroethylene, vinyl chloride)
 Endemic Diseases
 Hexavalent Chromium
 Ionizing & Non-ionizing Radiation
 Jet Fuel
 Lead
 Mustard Gas
 Nerve Agents
 Particulate Matter
 Pesticides
 TCDD & other dioxins

Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn (OEF/OIF/OND)

Animal Bites/Rabies
 Combined Penetrating
 Blunt Trauma
 Burn Injuries (Blast Injuries)
 Dermatologic Issues
 Embedded Fragments
 (shrapnel)
 Leishmaniasis
 Mental Health Issues
 Multi-Drug Resistant Acinetobacter
 Reproductive Health Issues
 Spinal Cord Injury
 Traumatic Amputation
 Traumatic Brain Injury
 Vision Loss

Gulf War (Operation Desert Shield/Operation Desert Storm)

Chemical or Biological Agents
 Depleted Uranium (DU)
 Dermatologic Issues
 Immunizations
 Infectious Diseases (i.e., Leishmaniasis)
 Oil Well Fires
 Reproductive Health Issues

Vietnam, Korean DMZ & Thailand

Agent Orange Exposure
 Hepatitis C

Cold War

Nuclear Weapons Testing (Atomic Veterans)

WWII & Korean War

Cold Injury
 Chemical Warfare Agent Experiments
 Exposure to Nuclear Weapons
 (Including Testing or Cleanup)

Asking the questions on this card...

...will provide you with information helpful in understanding patients' medical problems and concerns, and in establishing rapport and therapeutic partnerships with military service members and Veterans.
 Answers may also provide a basis for timely referral to specialized medical resources.

Always start by asking permission.

This allows the Veteran to feel in control of the conversation. Some experiences may be difficult or painful for the patient to discuss at the moment. By asking permission to ask questions, you have opened the door for them to discuss those issues later.

Office of Academic Affiliations

www.va.gov/oaar/pocketcard/

Office of Public Health

www.publichealth.va.gov/exposures

War-Related Illness and Injury Study Center

www.warrelatedillness.va.gov

Veterans Health Initiative Independent Study Courses

www.publichealth.va.gov/vethealthinitiative/

Information for Veterans: Compensation and Pension Benefits

www.benefits.va.gov/compensation/



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Veterans Health Administration
 Office of Academic Affiliations

Allow your patient to give you permission to ask these questions.

Ask all military service members and all Veterans. Gain trust.

General Questions

- **Would it be ok if I talked with you about your military experience?**
- When and where do you/did you serve?
- What do you/did you do while in the service?
- How has military service affected you?

If your patient answers "Yes" to any of the following questions, ask:
"Can you tell me more about that?"

- Did you see combat, enemy fire, or casualties?
- Were you or a buddy wounded, injured, or hospitalized?
- Did you have a head injury with loss of consciousness, loss of memory, "seeing stars" or being temporarily disoriented?
- Did you ever become ill while you were in the service?
- Were you a prisoner of war?

Compensation & Benefits

- Do you have a service-connected condition?
- Would you like assistance in filing for compensation for injuries/illnesses related to your service?

Call VBA at 1-800-827-1000

Sexual Harassment, Assault, and Trauma

- **Would it be ok to talk about sexual harassment or trauma that you might have experienced while serving in the military?**
- Have you ever experienced physical, emotional, or sexual harassment or trauma?
- Is this past experience causing you problems now?
- Do you want a referral?

Living Situation

- **Would it be ok to talk about your living situation?**
- Where do you live? • Is your housing safe?
- Are you in any danger of losing your housing?
- Do you need assistance in caring for dependents?

Exposure Concerns

Would it be ok if I asked about some things you may have been exposed to during your service?

What... were you exposed to?

- **Chemical** (pollution, solvents, etc.)
- **Biological** (infectious disease)
- **Physical**

Blast or explosion	Noise	Vehicular crash
Bullet wound	Radiation	Vibration
Heat	Shell fragment	Other injury

What... precautions were taken? (Avoidance, PPE, Treatment)

How... long was the exposure?

How... concerned are you about the exposure?

Where... were you exposed?

When... were you exposed?

Who... else may have been affected? Unit name, etc.

Blood Borne Viruses (Hepatitis, HIV...)

- Have you ever had a blood transfusion?
- Have you ever injected drugs such as heroin or cocaine?

Stress Reactions/Adjustment Problems

- **Would it be ok to talk about stress?**

In your life, have you ever had an experience so horrible, frightening, or upsetting that, in the past month you...

- Have had nightmares about it or thought about it when you did not want to?
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
- Were constantly on guard, watchful, or easily startled?
- Felt numb or detached from others, activities, or your surroundings?

Veterans Crisis Line 1-800-273-8255 (Press 1)

Tell your patient about VAs



Gateway to Veteran Health Benefits and Services

Personal Health Journal

Online Rx refill

VA benefits & resources

Manage your health

www.myhealth.va.gov