Veteran Personal History Form

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Mailing Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_
5. E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Spouse/Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Spouse/Caregiver Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Spouse/Caregiver E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Gender: Male\_\_\_\_\_\_\_\_Female\_\_\_\_\_\_\_\_\_
12. Military Status: Active Duty\_\_\_\_\_\_Veteran\_\_\_\_\_\_Guard\_\_\_\_\_\_\_Reserves\_\_\_\_\_\_\_\_\_
13. Did you serve in OIF? Yes\_\_\_No\_\_\_Did you serve in OEF? Yes\_\_\_\_No\_\_\_\_\_
14. Have you received a Medical Doctor diagnosis of TBI? Yes\_\_\_\_No\_\_\_\_\_
15. Are your TBIs service related? Yes\_\_\_\_\_\_No\_\_\_\_\_\_
16. How many TBI’s have you been diagnosed with (number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. Branch of Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18. Service Years (Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
19. Are/were you part of the Special Operations Community? Yes\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_
20. How did you hear about our HBOT4KYVETS treatment program?
21. News media\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
22. Social media\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
23. Fellow Veteran\_\_\_\_\_\_\_\_\_\_\_\_\_
24. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_
25. What approximate or actual date did you receive your first TBI?
26. Month/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
27. Month/Year For Each Successive TBI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
28. Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
29. Distance from Blast Estimate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
30. Frequency of Exposure to Blast (Hours/Days)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
31. Describe your TBI injury as:
32. Blast induced\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
33. IED induced\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
34. RPG/Heavy Weapon induced\_\_\_\_\_\_\_\_\_\_
35. Fall/Thrown/Blown\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
36. Loss of Consciousness (LOC)\_\_\_\_\_\_\_\_\_\_\_
37. Residual Symptoms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
38. Are you currently taking prescribed medications? Yes\_\_\_\_\_No\_\_\_\_\_\_
39. If taking prescribed medications, what is the total number taken daily?\_\_\_\_\_\_\_\_\_\_
40. Have you received prior HBOT treatments? Yes\_\_\_\_\_No\_\_\_\_\_\_\_
41. If yes, location or name of facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
42. Dates of treatment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
43. Total number of HBOT dives \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
44. Have you taken any prior cognitive tests such as ANAM, CNCVS, Right Eye, or other similar tests? Yes\_\_\_\_\_\_No\_\_\_\_\_\_
45. If yes, please indicated what tests and if you have the results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_