

STRESS DISORDER TREATMENT UNIT

VA GREAT LAKES HEALTH CARE SYSTEM

Captain James A Lovell
Federal Health Care Center
3001 Green Bay Road
North Chicago, Illinois 60064
(847) 688-1900 Ext. 83312
FAX (224) 610-3824

NAME _____ Date of Birth _____

Telephone # () _____ Social Security # _____

Current Address: _____

Provider referring you to the SDTU: _____ Telephone # () _____

Current Outpatient Provider: _____ Telephone # () _____

Are you Service Connected? NO ___ YES ___ For? _____ Percent SC? _____%

Current Marital status (circle one): Married Divorced Separated Single, Never Married

Do you prefer a phone screening or an in-person screening: Phone _____ In-Person _____
If you prefer an in-person screening, do you have access to transportation to attend the screening? Yes ___ No ___

CURRENT MEDICAL HISTORY

If you have a history of being treated or are currently being treated for any of the conditions listed, **please circle** and **indicate dates** of most recent treatment:

Anemia _____ Arthritis _____ Back Problems _____ Cancer _____
Diabetes _____ Drug abuse _____ Alcoholism _____ Jaundice _____
Kidney problems _____ Lung Problems _____ Liver problems _____ Heart disease _____
Hepatitis _____ Hernia _____ High blood pressure _____
Pancreatitis _____ Skin problems _____ Seizures _____ Ulcers _____
Tuberculosis _____ Other _____*

Please list ALL current medications (Prescription and "over the counter") you are taking: 1: _____
2: _____ 3: _____
4: _____ 5: _____
6: _____ 7: _____*

Please list any special medical devices/needs you may have: _____
_____*

CURRENT INCOME

| SOURCE | YOU | YOUR SPOUSE | AMOUNT PER MONTH |
|---------------|-------|-------------|------------------|
| Employment | _____ | _____ | _____ |
| VA Disability | _____ | _____ | _____ |
| SSDI/SSI | _____ | _____ | _____ |
| OTHER | _____ | _____ | _____ |

***Please use back of page if not enough space is available for your answer.**

EMPLOYMENT HISTORY

Current employment status (Circle one): **Full Time** **Part Time** **On Leave** **Unemployed**

If employed: Employer: _____

Type of work: _____ How long on this job? _____

Since separation from the military how many different jobs have you held? _____

How many total years have you been employed? _____ How long was your longest period of continuous employment? _____ How many jobs did you have PRIOR to military service? _____

MARITAL/ SIGNIFICANT OTHER/FAMILY RELATIONSHIPS

Which of the following are problems in your current marital/significant other relationship? (Circle all that apply.)

Arguments **Physical fights** **Sex** **Communications** **Closeness** **Infidelity**

Overall, how would you rate the quality of your current marital/significant other relationship? (Circle one.)

Very bad **Somewhat bad** **OK** **Somewhat good** **Very good**

Which of the following are problems in our relationships with your children/grandchildren (Circle all that apply):

Arguments **Physical fights** **Avoidance of contact** **Communication**

EDUCATION

Highest grade completed PRIOR to military service: _____

Education obtained DURING military service: _____

Education obtained AFTER military service: _____

MILITARY SERVICE

Branch of Service _____ Unit assigned to: _____

Date entered Service: _____ Date separated from Service: _____

Condition of entry into Service (Circle one): **Enlisted (no threat of draft)** **Enlisted (threat of draft)**
Drafted **Activated Reservist** **Given choice of jail or military by a court**

Location and dates of Basic Training: _____

Location and dates of Advanced Training: _____

Primary MOS _____ Duties: _____

Secondary MOS _____ Duties: _____

Highest rank obtained in Service: _____ Rank at time of separation : _____

Type of Discharge (circle one): **Honorable** **General** **Dishonorable** **General under Honorable Conditions**
Medical **Other** _____

Combat duty locations/dates (list all): 1. _____

2. _____

3. _____

Please briefly describe combat duties:

Please circle the appropriate responses to the following questions regarding your combat experience(s):

1. Did you ever go on combat patrols or have other dangerous duty?
 NO 1-3 TIMES 4-12 TIMES 13-50 TIMES MORE THAN 51 TIMES
2. Were you ever under hostile/enemy fire?
 NO LESS THAN 1 MONTH 1-3 MONTHS 4-6 MONTHS MORE THAN 6 MONTH
3. Were you ever surrounded by hostile forces/enemy troops?
 NO 1-2 TIMES 3-12 TIMES 13-25 TIMES MORE THAN 26 TIMES
4. What percentage of the men in your Unit was either killed, wounded or missing in action?
 NONE 1-25% 26-50% 51-75% 76% OR MORE
5. How many times did you fire rounds at hostile forces or the enemy?
 NONE 1-2 TIMES 3-12 TIMES 13-50 TIMES MORE THAN 51 TIMES
6. How many times did you see someone hit by incoming or outgoing rounds?
 NONE 1-2 TIMES 3-12 TIMES 13-50 TIMES MORE THAN 51 TIMES
7. How many times did you feel in danger of being injured or killed?
 NONE 1-2 TIMES 3-12 TIMES 13-50 TIMES MORE THAN 51 TIMES

Were you ever wounded or injured during combat? YES___ NO___
 If yes, were you awarded a Purple Heart(s) for your wounds? YES___ NO___ How many? ___

ALCOHOL/DRUG USE HISTORY

In the spaces below, please indicate the number of times used per week of the substances listed and treatment Received if any:

| | Prior to Service | During Service | After Service | Received Treatment? Year? |
|---------------|------------------|----------------|---------------|---------------------------|
| Alcohol | _____ | _____ | _____ | _____ |
| Amphetamines | _____ | _____ | _____ | _____ |
| Cocaine | _____ | _____ | _____ | _____ |
| Heroin | _____ | _____ | _____ | _____ |
| Hallucinogens | _____ | _____ | _____ | _____ |
| Marijuana | _____ | _____ | _____ | _____ |
| Tranquilizers | _____ | _____ | _____ | _____ |
| Nicotine | _____ | _____ | _____ | _____ |
| Methadone | _____ | _____ | _____ | _____ |

Please briefly describe your current use of alcohol/substances, **including your last date of use:**

LEGAL HISTORY/PROBLEMS

Please identify by **YEAR** all that apply:

| | Prior to military Service | During Military Service | After Military Service |
|----------------------------|---------------------------|-------------------------|------------------------|
| Misdemeanor arrests | _____ | _____ | _____ |
| Misdemeanor convictions | _____ | _____ | _____ |
| Misdemeanor incarcerations | _____ | _____ | _____ |
| Felony arrests | _____ | _____ | _____ |
| Felony convictions | _____ | _____ | _____ |
| Felony incarcerations | _____ | _____ | _____ |
| Article 15's | _____ | _____ | _____ |
| Courts Martial | _____ | _____ | _____ |

Please **circle ALL that apply** to your current legal status: **No current legal problems** **On probation**

On Parole **On Bond** **Awaiting court appearance** **Awaiting sentencing** **Current charges pending**

COMBAT TRAUMA

Please list specific combat events which you have experienced such as the death of a close friend, Unit ambushed, perimeter over-run, rocket/mortar attacks, etc. If possible include dates and locations:

- 1. _____

- 2. _____

- 3. _____

TREATMENT ISSUES

If accepted for the SDTU, what are your expectations as a result of this treatment? How would you want your life to be different? What things do you want to change? What is your goal for seeking this treatment?

If accepted for the SDTU, where do you plan to live following your hospitalization? _____

Where will you do your outpatient PTSD treatment after discharge?

Is there any other information about yourself that you think we should know about that will help us in making our decision? _____

Signature of the Veteran completing this application: _____ Date _____

Please note that your DD-214 must accompany this application to consider your application complete.

THE FOLLOWING QUESTIONS ARE TO BE COMPLETED BY THE REFERRING PROVIDER

Note to the referring provider: Please ensure that transportation needs are addressed prior to the admission date. It is the responsibility of the referring facility to address patient transportation issues.

What is your primary reason for making this referral to the SDTU at this time?

What are the Veteran's strengths that he/she brings to the treatment process?

What are the Veteran's weaknesses that may pose problems in the treatment process?

To what extent has this Veteran addressed the details of his/her traumatic events in treatment with you?

What type of support system does this Veteran have in the community? Is it working?

Are you providing a recommendation for a specific modality of treatment (CPT, PE, or EMDR)? If so, what is your reason for recommending the specific psychotherapy?

Has this Veteran had a history of suicide attempts/gestures? If so, Please briefly describe dates/methods?

Is there any other significant information regarding this Veteran that you feel will assist us in providing the best possible treatment outcome for your client?

Signature: _____ Date: _____

Phone: () _____ FAX: () _____

E-MAIL ADDRESS: _____

Thank you for your continued support of our Veterans and for your continued interest in the SDTU.