

**VETERAN INTERVIEW SHEET**

CLIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CURRENT EMPLOYMENT: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ DEPENDENTS: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

**MILITARY SERVICE**

BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_

Please indicate your duty assignments, and months or years of service for each duty location on the table below.

Duty Location:	Month/Year of Service

Did you service in a combat zone or in support of contingency operations? Y / N

TYPE OF DISCHARGE: \_\_\_\_\_ DD214 or Equivalent: Y / N

ARE YOU RECEIVING VA DISABILITY BENEFITS: Y / N  
(if so, what is your percentage and for what injuries) \_\_\_\_\_

\_\_\_\_\_

DO YOU BELIEVE YOU SUFFER FROM POST TRAMATIC STRESS DISORDER (PTSD) or (TBI)? Y / N