

Military Veteran PTSD Intake Form

Personal Information

Full Name

Date of Birth

Gender

Phone Number

Email Address

Military Service Information

Branch of Service

Service Dates (Start - End)

Rank at Discharge

Deployment Locations

Mental Health Information

Have you been previously diagnosed with PTSD?

Describe your current symptoms

Are you currently receiving treatment?

Medications (if any)

Additional Information

Do you have a support system?

What are your goals for seeking help?