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# Veterans-For-Change

Veterans-For-Change is a 501(c)(3) Non-Profit Corporation Tax ID #27-3820181

If Veteran's don't help Veteran's, who will?

We appreciate all donations to continue to provide information and services to Veterans and their families.

https://www.paypal.com/cgi-bin/webscr?cmd=\_s-xclick&hosted\_button\_id=WGT2M5UTB9A78

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# **Unique Health Risks**

#### **Environmental Exposures**

Asbestos Burn Pit Smoke Contaminated water (benzene, trichloroethylene, vinyl chloride) Endemic Diseases Hexavalent Chromium

Ionizing & Non-Ionizing Radiation Jet Fuel l ead Nerve Agents Particulate Matter Pesticides TCDD & other dioxins

#### **Operation Enduring Freedom**, **Operation Iragi 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 Iniury Traumatic Amputation Traumatic Brain Iniury Vision Loss

#### Gulf War

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

#### Vietnam

Agent Orange Exposure

Hepatitis C

### Cold War

Nuclear Weapons Testing (Atomic Veterans)

#### WWII/Korea

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

**Military Health History** POCKET CARD FOR CLINICIANS

# Answers to the questions inside 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.

> Office of Academic Affiliations www.va.gov/oaa/pocketcard/

> > Office of Public Health www.publichealth.va.gov

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.vba.va.gov/bln/21



HEALTH



IB 10-463 P96532 February, 2012

Office of Academic Affiliations VETERANS HEALTH ADMINISTRATION

## Ask these questions of military service members and all Veterans

### **General Questions**

- Tell me 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 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

- Have you ever experienced physical, emotional, or sexual harassment or trauma?
- Is this past experience causing you problems now?
- Do you want a referral?

### **Exposure Concerns**

What	were you exposed to?
	Chemical (pollution, solvents, etc.)
	Biological (infectious disease)
	Physical (radiation, heat, vibration, noise, etc.)
	precautions were taken? (Avoidance, PPE, Treatment)
How	long was the exposure?
	concerned are you about the exposure?
Where.	were you exposed?
When	. were you exposed?
Who	else may have been affected? Unit name, etc.
Hepat	itis C Virus (HCV) Infection

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

## **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?

## **Stress Reactions/Adjustment Problems**

- 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?

## Tell your patient about VA's

Gateway to Veteran Health Benefits and Services

Personal Health Journal Online Rx refill VA benefits & resources Manage your health

## www.myhealth.va.gov