HOLY CROSS HEALTH PARTNERS
at Asbury Methodist Village

201 Russell Avenue
Administration Building
Gaithersburg, MD 20877
301-557-2110
TTY: 301-754-7406
HolyCrossHealth.org

Military/ Veteran Registration Questions

Name: ___________________________________

Date of Birth: ____/______/______

Question # 1: Are you currently a United States military service member? □ Yes or □ No

-If yes, in which branch do you serve?
(Select all that are applicable)

□Active Army	□Army Reserve	□Army National Guard
□Active Marine Corps	□Marine Corps Reserve	□Active Navy
□Navy Reserve	□Active Air Force	□Air Force Reserve
□Air National Guard	□Active Coast Guard	□Coast Guard Reserve

Question #2: Are you a Veteran of any military service?
□ Yes or □ No

-If yes, in which military service did you serve?

□ Army	□ Marines	□ Navy
□ Air Force	□ Coast Guard	□ International Military

Question #3: Are you the spouse of a military service member or a Veteran? □ Yes or □ No

-If yes, in which service does/did your spouse serve?
(Select all that are applicable)

□Active Army	□Army Reserve	□Army National Guard
□Active Marine Corps	□Marine Corps Reserve	□Active Navy
□Navy Reserve	□Active Air Force	□Air Force Reserve
□Air National Guard	□Active Coast Guard	□Coast Guard Reserve

Question #4: Are you the child of a military service member or a Veteran? □ Yes or □ No

-If yes, in which service does/did your parent serve?
(Select all that are applicable)

□Active Army	□Army Reserve	□Army National Guard
□Active Marine Corps	□Marine Corps Reserve	□Active Navy
□Navy Reserve	□Active Air Force	□Air Force Reserve
□Air National Guard	□Active Coast Guard	□Coast Guard Reserve

****ONLY---If answered YES to Question 1 OR 2, then proceed to answer the following questions****

Question #5: While you were on active duty, did you ever deploy to a hostile operations area or combat zone?
□ Yes or □ No

-If yes, in which area did you deploy
(Select all that apply)

□World War II, 1941-1945	□Panama (Operation Just Cause), 1989-1990	□Operation Enduring Freedom (Afghanistan), 2001
□South Korea War, 1950-1953	□Desert Shield/Desert Storm, 1990-1991	□Operation Iraqi Freedom/Operation (Iraq), 2003-2011
□Southeast Asia/Viet Nam War, 1950-1975	□Somalia Civil War, 1992-1993; 2009-	□Intervention in Syria, 2014
□Grenada (Operation Urgent Fury), 1983	□Operation Joint Guardian (Kosovo), 1999-	□Intervention in Iraq, 2014

Other: ____

<u>Question #6</u>: While deployed to a hostile operations area or combat zone, were you ever wounded, injured, or hospitalized?

□ Yes or □ No

-**If yes**, are you still being treated for this wound or injury?

□ Yes or □ No

-**If yes**, which health care system is providing your treatment:

□ Veterans Affairs Medical center/Veterans Health Administration
□ Department of Defense/Military Health Care System
□ Non-VA and Non-Military Health Care Provider

<u>Question #7</u>: Have you ever utilized Veterans Affairs (VA) health care?

□ Yes or □ No

-**If yes**, when was your last health-related visit to the VA?

_____/_____/_____ (Month, Day, Year)

-**If yes**, were you ever or are you currently enrolled to a VA Medical Center?

□ Yes or □ No

-**If yes,** List your VA Care Provider, the VA Medical Center, and location where currently or previously enrolled

Provider: ___________________________

Name of VA Medical Center: _____________________________________

Location of VA Medical Center: ____________________________________

<u>Question #8</u>: Do you have a VA-recognized, military service-connected disability or condition?

□ Yes or □ No

____

Holy Cross Health Network

Provider's name: ____________________________Date: _______________________