

Veteran Of Traumatic Brain Injury Survey(VOTBIS 2015)

Please read the instructions page before filling out this form to avoid rejection of your case.

Name:		DOB:	Branch: <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> AF <input type="checkbox"/> M
Outfit:		1 st Deployed:	Multiple:
DogTag#		2 nd Deployed:	Location:

Present Symptoms:			Use a '0' for NO and a '1' for YES.		
PSYCHOLOGICAL		PHYSICAL		COGNITIVE	
Fatigue		Weakness		Forgetful	
Irritability		Headaches		Periods of Disoriented	
Nervous		Dizziness		Mental Fogginess	
Depressed		Change in Vision		Learning difficulty	
Sudden bouts of Anger		Unsteady gait		Lack of Concentration	
Mood swings		Tiredness		Decrease in Recent Memory	
Recurrent Headaches		Change in Vision		Decrease in Remote Memory	
Decrease in Intelligence		Change in Smell		Tremors of Arms	
Lack of interest		Sleeping more		Physical Impairment	
Lack of Confidence		Joint pain		I walk without assistance	
Lack of competitiveness		Muscle pain		I walk with prosthetic device	
Lack of Assertiveness		Weight gain		Wheelchair bound	

Exposure to:

- Handgun
- Machine Gun Fire
- Explosives
- Mortar
- IED
- Cannon fire
- Flash/Bang
- Jet Engine Noise
- Heavy Vibrations
- Sonic Blasts
- Chemicals
- Bouncing
- Parachuting

Initial Medical Status (check all that apply)		LOC = Loss of Consciousness					
No LOC		Dazed/confused		LOC		Coma	
LOC < 1 hr		LOC 1-3hrs		LOC 3-12hr		LOC 12 – 24hrs	
LOC 1-7 days		LOC 2-4 weeks		LOC 1 month		LOC 2 – 3 mos	
LOC 3-6 mos		LOC 6 -12 months		LOC > 12months		LOC =	
Glasgow < 8		Glasgow 9-12		Glasgow 13-15		Glasgow 15	

Evaluation and Treatment (check all that apply):							
Field Evaluation Only		Emergency Evaluation		Hospitalization		Surgery	
Bullet wound		Bomb Fragments		Head injury		Face Injury	
Neck & Spine Injury		Superficial injury		Burn Treatment		Skull Fracture	
Removal of upper limb		Removal of lower limb		Abdominal wound		Chest Wound	
CT Scan		MRI		Plain X-rays		fMRI	
Blood Transfusion		Hormone Assessment		Hormone Deficiency		Progesterone	
Testosterone Treatment		Cortisol		Thyroid		Estrogens.	
Anti-Depressant Med		Anti-Seizure Med		At VA Facility now?		Ft Collins, VA?	

I, _____, authorize the use of this information by The Millennium Health Centers, Inc. and all authorized individuals as a means of better understanding my unique case of Traumatic Brain Injury. Under HIPPA guidelines, I have given The Millennium Health Centers, Inc, permission to share my TBI case information with colleagues who participate in the evaluation and treatment of individuals such as me.

Printed Name

Signature

Date

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Instructions: Please fill this form out to the best of your abilities. This is an on-line form so you do not have to print it out for complete it. Once you have filled this form out please fax it to (818) 990.2841 or email it to us Hayley@millenniumhealthcenters.com

Name: First name followed by last name.

Date of Birth: example - 01/20/1953 (January 1, 1953)

Branch: of the military (Army, Navy, Air Force, Marines and so forth).

Outfit: Division or if in Special Forces or Green Berets...

1st Deployed: the date you were deployed (06/20/2009)

2nd Deployed: a second date of initial deployment.

Location: Where you were deployed (Iraq (I), Afghanistan (A), or Other (O)). If your deployment was classified please put other (O).

Multiple: if you were deployed more than once (1) how many times?

Dog Tag Number: This will be our reference number along with your name and date of birth.

Present Symptoms: Use the number '0' for no and the number "1" for yes to indicate what problems you are having now.

Exposure to: Any of these forms of percussive/percussion waves.

Initial Medical Status: Immediately after the injury what was your condition? If you were unconscious or in a coma, how long?

Evaluation and Treatment: After your injury where were you treated? What were the injuries you sustained and the medical care that was given? Special studies? Any medication?

If you have any questions you can send them to:

Hayley@millenniumhealthcenters.com

Telephone: 818-990-1166 ext 103.

Once we have these documents we will arrange for a remote blood draw.