

Intake Information V1 10.1.15



DATE \_\_\_\_\_ NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER M\_\_ F\_\_

PHONE\* \_\_\_\_\_ (\*Cell) EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE\* \_\_\_\_\_ E-MAIL \_\_\_\_\_

REFERRED BY AGENCY: VA \_\_\_ OTHER: \_\_\_\_\_

SERVICE BRANCH \_\_\_\_\_ DATES OF SERVICE \_\_\_\_\_

ACTIVE DUTY ASSIGNMENT (MOS) \_\_\_\_\_

WHERE DO YOU GET YOUR MEDICAL CARE? \_\_\_\_\_

PRIMARY HEALTH PROBLEM: \_\_\_\_\_

DO YOU CURRENTLY HAVE ACCESS TO YOUR MEDICAL RECORDS/REPORTS? Yes \_\_\_ No \_\_\_

VA's MY HEALTHVET OR OTHER ELECTRONIC RECORDS YES \_\_\_ NO \_\_\_

IF NO, PAVE ENCOURAGES YOU TO SIGN UP FOR HEALTHeVet.gov (We can help with this)

PROBLEM(S) REQUIRING PAVE ASSISTANCE (CHECK ONE OR MORE)

- \_\_\_ UNDERSTANDING YOUR MEDICAL CONDITION
\_\_\_ UNDERSTANDING MEDICATIONS, TREATMENTS, OR OTHER PROCEDURES
\_\_\_ UNDERSTANDING TRANSITIONAL AND EMOTIONAL ISSUES
\_\_\_ GETTING CARE FOR YOU OR YOUR FAMILY
\_\_\_ OTHER HEALTH CARE CONCERNS;

WHAT WOULD YOU LIKE TO HAPPEN AS A RESULT OF USING PAVE?

Intake Person \_\_\_\_\_ Via: Phone \_\_\_ Meeting \_\_\_ Other \_\_\_\_\_

Action Plan: \_\_\_\_\_

If this interview resolved the problem, no further action is needed. Resolved: Yes \_\_\_ No \_\_\_

VETERAN SIGNATURE \_\_\_\_\_ OBTAINED VIA PHONE \_\_\_\_\_

(Use other side for additional notes)