

Medical Details of Veteran

Your Private Record

The purpose of this document is to record information about your medical details, which may eventually be of assistance concerning a claim for a war widow(er)'s pension.

DO NOT send this form to Veterans' Affairs or your ex-service group. Keep this form with the Planning Ahead package.

Please write in BLOCK LETTERS using a blue or black pen (not pencil).

Full name		
Address		
		Postcode
Service number	R	ank
Army	Navy	Air Force
The following details ma		ed more space, please attach a separate sheet.
Before enlistment?	es - How much?	
	No	
During service?	es - How much?	
	No	
After discharge?	es - How much?	
	No	
Did you smoke tob	cco:	
Before enlistment?	es How much?	
	No	
During service?	es - How much?	
	No	
After discharge?	es - How much?	
	No	
Did you regularly t	ke tablets or medicines:	
Before enlistment?	es - Type and purpose of tab	lets/medicine
		NOTE: THE STATE OF
	No	
During service?	es - Type and purpose of tab	lets/medicine
	No .	
After discharge?	es Type and purpose of tab	lets/medicine
	No D	

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Year	Disability treated	
Details of m	edical treatment during service	
Year	Disability treated	
	Diodollity trouted	
Details of m	adical traatment since discharge	
	edical treatment since discharge	Name of Doctor
Details of m Year	edical treatment since discharge Name of hospital/clinic	Name of Doctor
		Name of Doctor