



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

Rank

Army

Navy

Air Force

The following details may assist a claim for benefits. If you need more space, please attach a separate sheet.

Did you drink alcohol:

Before enlistment? Yes - How much?

No

During service? Yes - How much?

No

After discharge? Yes - How much?

No

Did you smoke tobacco:

Before enlistment? Yes - How much?

No

During service? Yes - How much?

No

After discharge? Yes - How much?

No

Did you regularly take tablets or medicines:

Before enlistment?

Yes - Type and purpose of tablets/medicine

No

During service? Yes - Type and purpose of tablets/medicine

No

After discharge? Yes - Type and purpose of tablets/medicine

No

Medical Details of Veteran

Details of medical treatment before enlistment

Year	Disability treated

Details of medical treatment during service

Year	Disability treated

Details of medical treatment since discharge

Year	Name of hospital/clinic	Name of Doctor