



Person's Name (First MI Last):	Record #:
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Organization Name:

Military Service Addendum

Military Experience:
Branch(es): Army Navy Air Force Marines Coast Guard National Guard Other:
Dates of Service: -
Country: United States Other:
Unit: / Major Tasks of Unit:
 Training / Responsibilities :
 Countries assigned to: 1. ____ 2. ____ 3. ____ / Combat Experience: Yes No

Honors/Medals/Citations:

Provider - Print Name/Credential:	Date:	Supervisor - Print Name/Credential (if needed):	Date:
Provider Signature:	Date:	Supervisor Signature (if needed):	Date:
Person's Signature (Optional, if clinically appropriate):	Date:	Parent/Guardian Signature (If appropriate):	Date: