



# Keeping It All Together

For wounded, ill, and injured  
service members and their families



Provided by the  
Department of Defense

**A note to users:**

This book will contain many personal records and details of medical treatments. To protect your privacy and identity, please be careful not to store personally identifying information or financial information in a place where it could be accessed by other people. This includes social security numbers, birthdates, bank account numbers, credit card numbers, passwords, and more.

**This notebook contains private information.**

Please return to: \_\_\_\_\_

Telephone: \_\_\_\_\_

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# Table of Contents

## Table of Contents

### You're Here. Now What?

First Questions & Answers .....	6
How to Use This Book .....	9
Key People in the Recovery Process .....	10
The Recovery Process .....	12
Advice for Families & Caregivers .....	15
- Be an Active Member of the Care Team .....	15
- Communicate with the Recovery Team .....	16
- Take Care of Yourself .....	18

### Warrior & Family Support

Introduction .....	21
Wounded Warrior Programs .....	22
Service Warrior & Family Support Programs .....	24
Department of Defense Programs .....	25
Military Relief Organizations .....	27
Department of Veterans Affairs .....	28
Other Government Resources .....	29

### Travel & Lodging

Invitational Travel Orders .....	32
Lodging .....	34

### Legal & Money Matters

Legal Matters .....	37
Introduction to Money Matters .....	40
Understanding Entitlements & Benefits .....	42
Benefits for Wounded Warriors .....	43
Traumatic Servicemember's Group Life Insurance (TSGLI) .....	45
Resources for Personal Money Management .....	47

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## Medical Journal

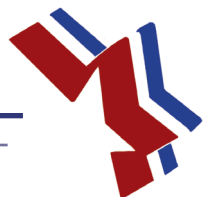
How to Keep a Medical Journal .....	50
Patient Rights & Responsibilities .....	51
Caregiver Rights .....	54
Types of Medical Professionals .....	56
Patient Information .....	59
Recovery Team Contacts .....	60
Admissions & Discharge Information .....	62
Medical Procedures .....	66
Medications .....	76
Medical Test Results .....	90
Rehabilitation Treatments .....	96
Discharge Instructions .....	104
Questions You Want to Ask .....	106

## Appendix

Acronym Dictionary .....	117
Reproducible Forms .....	120
Helpful Checklists .....	128
How to Search the Web .....	136
Blank Calendar Pages .....	139

## Local Information

Information provided by your military treatment facility, including hospital maps and information, area maps, bus schedules, restaurant or grocery store lists, or other service guides.





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# You're Here. Now What?

## *Section Contents*

Your First Questions .....	6
How to Use This Book .....	9
Key People to Help You .....	10
The Recovery Process .....	12
Advice for Families and Caregivers	
– Be an Active Member of the Recovery Team .....	15
– Learn to Communicate with the Recovery Team .....	16
– Take Care of Yourself .....	18



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# You're Here. Now What?

You have arrived at the military treatment facility where your loved one is receiving care. Whatever the circumstances that brought you here, questions and fears are probably rushing through your head.

This book can make things easier. This section will answer your most pressing questions and show you how to find answers and information.

## First Questions & Answers:



### What should I do first?

Take a deep breath. Now, focus on your basic needs first – food, lodging, money, child care. Do whatever is needed for the comfort and well-being of your service member. Communicate with family members and friends to let them know you made it safely to your loved one's bedside. Then start to find your way around the hospital, and learn where you can go with questions.

Get yourself taken care of, then come back to this book and learn more about the recovery process ahead.



### When can I see my service member?

Every medical situation is different. Perhaps you have already been together, or perhaps you have been informed that you must wait until a surgery or treatment is finished. The doctors, nurses, and other care providers assigned to care for your loved one will provide advice and let you know when and how you can see them. They will bring you together as soon as medically possible.

In the meantime, remember: *You are needed here.* You were invited because doctors determined it would improve the healing situation for your service member. You are a very important part of this process.



### Where should I stay?

There are several options. The person who gave you this book or someone else from the hospital can explain your specific choices to you. In some cases, you may be able to

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temporarily sleep in the room with your service member. The military treatment facility (MTF) where your loved one is receiving care may also have separate lodging for families.

Fisher Houses are a great option at many military treatment facilities in the United States. Fisher Houses are large homes with private suites, built and sponsored by a non-profit organization that supports the families of wounded, ill, and injured service members. Depending on space availability, you can stay at a Fisher House for as long as you need. Reservations will be made for you through the facility's Social Work Department.

If these options are not available or if you choose to stay at a hotel nearby, you can receive reimbursement for some of those expenses. *Details about Lodging are available in the "Travel & Lodging" section on pages 34-35.*



## How will I pay for all this?

Travel, food, and lodging are expensive. "Invitational Travel Orders" (ITOs) are the way the government helps some families of wounded, ill, and injured service members to cover costs during the process of recovery.

Invitational travel orders are given when doctors determine it will help a wounded, ill, or injured service member to have the support of a family member present. When you receive invitational travel orders, you are eligible to receive money for travel, lodging, and daily food expenses. The daily expense reimbursement is called a "per diem," which is Latin for "per day" or "daily."

The length of invitational travel orders will vary depending on your service member's needs. The amount of the per diem will vary depending on the cost of living near the military treatment facility where you are staying. Someone from the facility Finance Office can help you with this and answer your questions regarding the amounts and duration of your per diem. *More information about travel orders and reimbursements is available in the "Travel & Lodging" section on pages 32-33.*

Additionally, the Services' Wounded Warrior Programs are engaged with non-profit and charitable organizations that can help with financial concerns.

### Travel orders

Travel orders are a great financial benefit, but they will require some work on your part.

You will need to save receipts for reimbursement and file paperwork at appropriate times.

Someone from the medical facility's Finance Office can help you understand the process.



## What about the kids?

If you brought your child or children, you will probably need child care. In some circumstances, children may not be allowed or appropriate in hospital rooms. At other times, you may simply need a break. Many families have this need, so most military treatment facilities provide child care during certain hours and for children within a certain age range. Speak to the person who gave you this book or your service Wounded Warrior Program representative about the child care center or other choices in your area.

For military child care, you must have proof of immunization for each child. If you didn't bring this with you, contact your pediatrician's office or someone else at home and have them send it. Then you can begin to take advantage of military child care while you attend to the needs of your service member.

*Information about other programs provided by each service is available in the "Warrior & Family Support" section on page 24.*



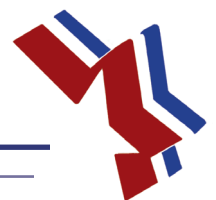
## Where can I go for help?

A team of trained professionals will be assigned to help you. *A list of these people can be found on page 10.*

Each military treatment facility will have a Family Assistance Center or a room with a similar name. It will probably have computers you can use to send e-mail or conduct research on the Internet, and phones you can use to stay in touch with loved ones far away. Most importantly, there will be people there to answer your questions.

In many military treatment facilities or hospitals, there are groups called "Patient Affairs Teams." For Marines and their families, there are Marine Corps Liaisons at Navy facilities to provide non-medical care services. At Army facilities, there are Soldier Family Assistance Centers (SFACs). These people and offices will be able to provide support and information.

You can also find a wealth of information online at the National Resource Directory (NRD). The NRD can be found online at [www.nationalresourcedirectory.org](http://www.nationalresourcedirectory.org). *More details about the NRD can be found on page 25.*





## How to Use This Book

This book was designed as a place to document and organize your service member's journey through treatment and recovery. It was written with feedback from military families of wounded, ill, and injured service members.

It will help you keep track of:

- Names, titles and contact information for care providers and facilities
- Dates of admissions, discharges, and important medical procedures
- Medication information
- Business cards and important documents
- Receipts for reimbursement of expenses.

Using this notebook will be helpful for many reasons:

- You will be able to find important information quickly
- You can share medical records with future care providers, so they can communicate with previous doctors to understand your service member's history
- You will have access to information you may need when applying for benefits
- It will help you send thanks, if you choose, to people who have provided care.

This notebook will help as you negotiate the recovery, rehabilitation, and reintegration process. When your injured service member is ready, invite him or her to join you in keeping the notebook up-to-date.

Remember, this notebook is *yours* to help “keep it all together.” Rearrange sections, mark it up ... just use it in whatever way works best for you.

### Bright Ideas

- Make notes on the back of business cards to remind you of important facts about the professionals with whom you are working
- Use the three-hole punch to add extra papers or useful brochures
- Make copies of the “reproducible pages” in back to track more information
- Use the enclosed stickie notes to color-code, highlight, or flag frequently-used sections



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## Key People in the Recovery Process

There will be a team of experts assigned to support your service member and family. Build strong relationships with them and take advantage of their help. Depending on your service member's condition and needs, some or all of these professionals may be a part of your recovery process:

**RSM**      **Recovering Service member**

Your wounded, ill, or injured service member.

**RCC**      **Recovery Care Coordinator**

A trained professional assigned to provide oversight and assistance to your loved one. The RCC will identify personal and professional needs and goals, and compile them into a Comprehensive Recovery Plan (CRP.) The Plan will also include information on services, resources, and providers to help meet these needs and goals. RCCs are employees of your loved one's military service, and are assigned to RSMs with *serious* wounds, illnesses, and injuries.

**FRC**      **Federal Recovery Coordinator**

A trained professional assigned to provide oversight and assistance to RSMs and to compile personal and professional needs and goals into a Federal Individualized Recovery Plan (FIRP). The Plan will also include information on services, resources, and providers to help meet these needs and goals. FRCs differ from RCCs in that they are employees of the Department of Veterans Affairs, and are assigned to RSMs with *severe* wounds, illnesses, and injuries, who will likely retire from military service.

**MCCM**      **Medical Care Case Manager**

A trained professional with a medical background, probably as a nurse case manager, assigned responsibility to help RSMs understand their condition and treatment and that they receive any health care needed.

**NMCM**      **Non-Medical Care Manager**

A trained professional, probably a social worker, assigned to help RSMs and families get the non-medical support they need, including assistance with financial, administrative, personnel, transitional, and other matters.

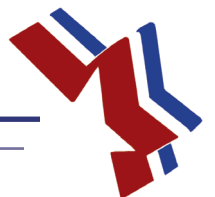
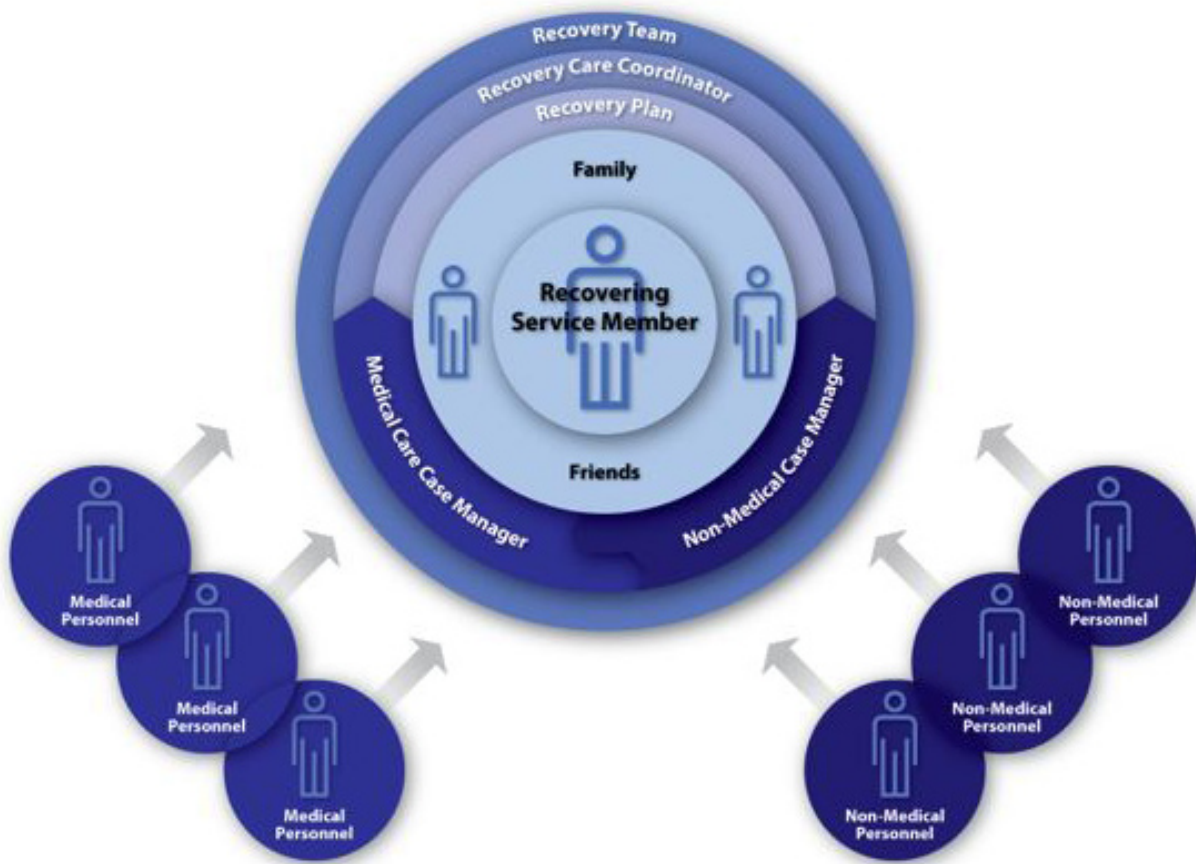
## Recovery Team

The team of professionals supporting an RSM and family. The Recovery Team will include many of the people listed here, plus doctors, therapists, and other medical and non-medical professionals providing care, support, and benefits to your loved one. Their activities will be related to the needs and goals identified in the Plan, and the Recovery Coordinator will work closely with them on your service member's behalf.

## YOU

### You, the family and friends

You are a very important part of your loved one's care team. Your educated involvement and communication with the rest of the team can lead to better treatment results for your recovering service member.





# The Recovery Process

Throughout this process, you will often hear people speak about three phases of healing:



## Recovery

The Recovery Phase begins at the point of injury or diagnosis, and ends with release from acute inpatient care (when your service member is discharged from the hospital).

Key events in Recovery may include:

- Service member's arrival at a military treatment facility in the U.S.
- Notification of wound, illness, or injury to family members
- Family or caregiver receives Invitational Travel Orders to travel to hospital bedside
- Treatments begin in a hospital setting
- Medical Assessment by a team of physicians, and a determination of the category rating of the injury (Not Seriously Injured, Seriously Injured, or Very Seriously Injured)
- Assignment of a Recovery Care Coordinator, case managers, and a team of experts, as needed
- Non-Medical Needs Assessment to determine the service member's and family's financial and other needs
- Development of a Comprehensive Recovery Plan (CRP), including targets and goals to serve as a road map through recovery.

The Recovery Phase may be a time of great pain and stress for your service member and family. Medical treatments will be the top priority at this time, and it may feel as if the rest of your life is put on hold. You may have to “hold down the fort” by keeping track of finances, child care, employment, and all the other aspects of your family life while your service member focuses on recovery.

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This will be a time to work together toward manageable, short-term goals like getting through a surgery, following doctors' orders, beginning to smile again, or staying in touch with family. Take advantage of all the help you can get during this difficult time. There is emotional help such as counseling available for both families and service members. Recovery Care Coordinators can provide information on programs and services to support both you and your service member.

## Rehabilitation

The Rehabilitation Phase usually begins when your service member checks out of the hospital, and continues through the tapering off of treatments such as physical therapy. This phase will vary in length depending on the needs of each service member and family.

Key events in Rehabilitation include:

- The transition to home station or new treatment facilities
- Treatments and assistance such as physical therapy, occupational therapy, psychological counseling, and more
- The Disability Evaluation System (in some cases).

In the Rehabilitation Phase you may see a lot of progress. There will still be challenges as your service member and family adjust to life after an injury or illness. You may experience many changes to your family routines, in addition to the new challenges caused by the injury or illness.

Sometimes conditions that were unseen before can show up at this point. This may occur with several conditions, including Post-Traumatic Stress Disorder. Sometimes the burden of caregiving can also require family members to seek emotional or psychological counseling and support.

Medical treatments will still be a top priority, but you will also begin to focus on goals like employment, financial self-reliance, and lifelong education. Even while your service member and family move toward independence, it is important to retain frequent contact with military support programs.

## Reintegration

The Reintegration Phase covers the time when your service member prepares to either return to military duty, or separate from the military and return to civilian life.

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Even though the focus will no longer be on medical treatments, you and your service member will continue to rely on the support of your case managers and others assigned to help you. You may also begin to consult more frequently with employment counselors, financial advisers, housing and transportation specialists, assistive technology experts, and others.

If your service member returns to military service, he or she will receive assistance, if required, to retrain for a new military job. If your service member leaves the military, he or she will be assisted through extensive transition services and introduced to support from the Department of Veterans Affairs and community-based partners.

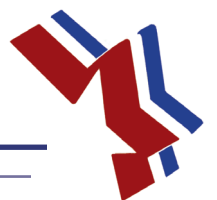
## Some advice on Transitions

Every person's recovery experience will be different, but one thing you can count on is that the process of healing will involve many transitions. As your service member progresses from Recovery through Rehabilitation to Reintegration, you will experience transitions between different types of treatments, changing care providers, and new locations.

Transitions are necessary and they represent progress, but they can be challenging. It can be easy for important medical information to get lost in the shuffle between care providers and treatment facilities. Your family may be challenged to learn a new facility's regulations or find the offices and support you need. Being moved to a new location or building relationships with new care providers can be physically and emotionally exhausting for your service member.

Many professionals will help you along the way. But you, the caregiver, can play a unique and important role in easing transitions. You can help your service member and family to mentally prepare for changes. You can also think ahead, and ask people to provide you with names and contact information for key contacts in the next phase of treatment. You can ask questions to make sure your service member's needs are met and nothing falls through the cracks.

Finally, if you ensure that the Medical Journal in this handbook is kept up-to-date, the information you gather here will assist care providers to smoothly continue treatments across many types of transition.





## *Advice for Families & Caregivers:*

# Be an active member of the Recovery Team



Learn as much as you can about your service member's condition. Talk to doctors, nurses, and other care providers. Read any written medical information they provide. Knowledge will alleviate fear of the unknown, and help you make better decisions.



Know who is providing care. Learn names and specialties.



Learn the hospital schedule and routines. Be there to take notes when the Recovery Team visits your service member. Be aware of shift changes and times when staff is less available.



Take care of yourself (see page 18 for suggestions). Eat regular meals, drink plenty of water, try to get sleep, and take necessary medications. Take breaks when you need them.



Learn patient and caregiver rights and responsibilities (See pages 51-55).



Ask for explanations of procedures and medications. If you don't understand, ask questions until you do understand.



Write down your questions ahead of time. It can be easy to forget things when you don't have them written down.



Remember that the diagnosis and treatment plan can change. Be flexible and stay positive – it will help you and your service member to cope.



Be confident that your observations are unique and valuable. You will spend more time with the patient than the health care team can, and you may observe things that they cannot.



Take note of your service member's moods and feelings. The healing process involves both the physical and emotional, so speak up about behavioral changes you notice.



## *Advice for Families & Caregivers:*

# Learn to communicate with the Recovery Team

Sometimes it will feel like doctors and military people are speaking another language, and you're the only one who doesn't understand. You will be expected to learn new words and acronyms when your mind is full of emotion and your life is in upheaval. Sometimes you will have to make important decisions after hearing unpleasant news. It can make anyone feel overwhelmed.

In circumstances like these, it can be hard to communicate well, but you will get great results if you try. Begin now to practice good communication in order to build relationships of trust with the Recovery Team. Here are some tips from other family members of wounded, ill, and injured service members. These ideas may be helpful in maintaining effective communication with the members of the Recovery Team:



Be assertive in a friendly way. Don't say, "yes, I understand," if you don't understand. Ask for clarification, again and again if necessary. There are no dumb questions! You can't afford to be shy, because you need to understand what's going on.



Remember that the medical team takes care of many patients, but you are there to take care of one. Speak up to ensure your service member's needs are met, but be patient when the medical team is doing their best to help many people.



Keep in mind that all these people are on your side. You are on the same team, rooting for your service member's recovery. Try to trust and support one another.



Recognize that when you are stressed, scared, and confused, you may need to take a step back from your emotions in order to communicate effectively. Count to ten or step outside, and take some time to calm down. If you feel rushed to make a decision but can't think clearly, ask for a few minutes to clear your head. It is better to have a slight delay than to say or do something you will later regret.



Make friends with the people around you, and you will find they can help you in surprising ways. Saying “please” and “thank you” is a little thing that makes a big difference.



As you communicate, try to see things from other people’s point of view, and think about how they will respond to your words. The sentences below show two very different communication styles. Which statement do you think will receive a more helpful response?

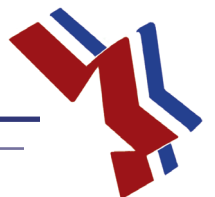
- “Stop!! Are you crazy?! What are you people doing to my husband?!”
- “Wait, I’m sorry, I didn’t know about this. Help me understand the purpose of this procedure?”
- “There’s no way I’ll let you put her through another surgery.”
- “I understand you think this surgery is necessary, but the last one was so hard on her. Are there any other options?”

Can you see that the second sentence would lead to a useful conversation, where the first might shut down communication?

## Reach out for help

“Reaching out and asking for help is never a sign of weakness; rather, it demonstrates strength and a keen awareness of your own abilities and sense of self.”

– *National Family Caregivers Association*





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## Advice for Families & Caregivers: Take care of yourself

It can be easy to forget about your own needs when you are worried about a loved one. You might even feel guilty thinking of yourself during this stressful time. But it is very important to take care of yourself, so you have the strength and energy to face the challenges ahead.

It's important to:



Eat healthy meals. If you don't have the appetite for ordinary meals, try eating smaller snacks throughout the day.



Drink water. It's easy to become dehydrated when you are under stress, which can cause headaches and other symptoms that complicate your life.



Get some sleep. This can be difficult when you are under stress. It can help to:

- Limit caffeine (especially in the late afternoon or evening)
- Avoid watching stressful TV programming – for example, news programs – in the hour before you go to sleep



Get some exercise. Even short walks, indoors or out, can help your body and mind deal with stress. Try doing deep-breathing exercises several times a day.



Reduce other stresses in your life. People will understand that your loved one is your priority now. Eliminate nonessential activities, and let others help you.



When people offer to help, accept the offer and suggest specific things they can do.



Acknowledge how you feel. Talk to others or write in a journal. If you have trusted friends or relatives, you may want to set aside a time each day to call and talk.



Don't feel guilty about taking time for yourself. You can provide better care and make better decisions if you are strong and healthy – emotionally, mentally, and physically. Seek emotional counseling when you need it.



Connect with other families that going through similar experiences. They will understand the challenges you face, and can share helpful resources.



Seek spiritual guidance if religious beliefs are part of your life. Even if you have not been an active member of your faith's congregation, a chaplain or other clergy member will understand if you seek help now. You may simply enjoy taking time for quiet, private thinking in a chapel or other calm space.



Set realistic expectations for your service member and yourself. No one is able to do anything perfectly at all times. You will both have good days and bad days. Grieve for your losses, then try to adjust your expectations to a realistic "new normal." This can greatly reduce your stress level.



Although it may be easier to ignore it, take the time to manage your finances, work leave benefits, and the rest of your life. Staying organized now will help ease the transition when you and your service member return home after medical treatments.



Use the resources available to you. There are whole government departments and dozens of non-profit organizations that exist to help you.



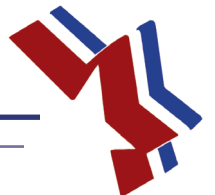
Remember you may not have to do everything yourself. Be open to new technologies that might increase your loved one's independence and lighten your load of caregiving.

## Silver Lining

Providing full-time care for an ill or injured loved one can be stressful and difficult. It can also be a time for personal and relationship growth. In a national survey of caregivers, more than half of them said that:

- They appreciate life more as a result of their caregiving experience, and
- Caregiving has made them feel good about themselves.

*Source: U.S. Department of Health and Human Services*





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# Warrior & Family Support

## *Section Contents*

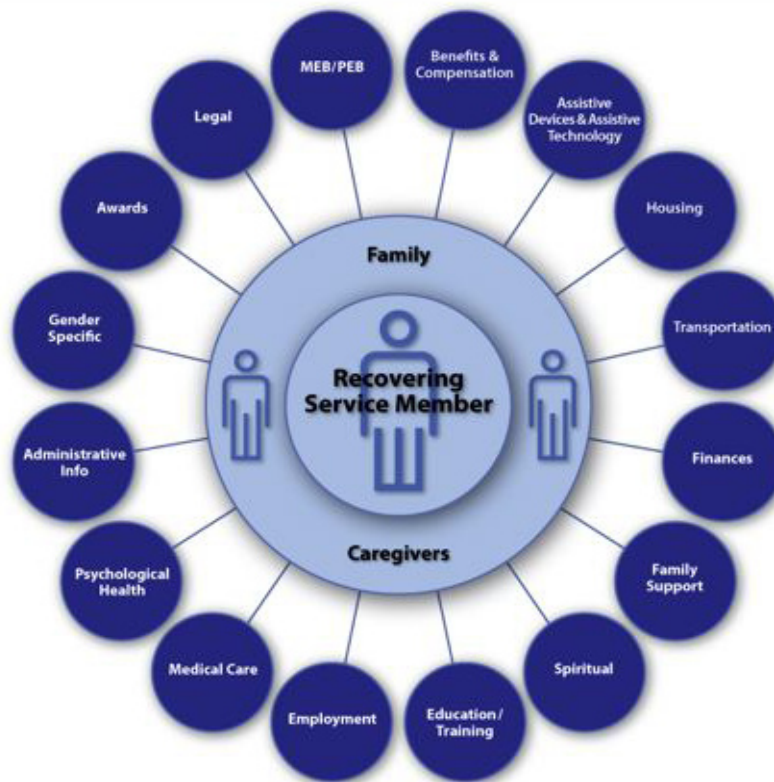
Introduction .....	21
Wounded Warrior Programs.....	22
Service Warrior & Family Support Programs.....	24
Department of Defense Programs.....	25
Military Relief Organizations.....	27
Department of Veterans Affairs.....	28
Other Government Resources.....	29



# Warrior & Family Support

The U.S. military understands that happy and well-supported families make for better Soldiers, Sailors, Marines, and Airmen. Each service has a variety of programs to assist individuals and families with needs common to military life.

There are also special programs to address the *unique needs of wounded, ill, and injured service members* and their families. A wound, illness, or injury affects a whole person, *and* their whole family or circle of friends. While your service member is recovering, you may need to rely on many different kinds of support:



When you have a question or need, start by seeking help from your assigned care managers and your service's programs. For example, if your service member is in the Army, go to the Army Wounded Warrior Program (for a full list of Wounded Warrior Programs, see pages \_\_\_\_\_).

After that, Defense Department programs like the Wounded Warrior Resource Center and Military OneSource can provide additional information and support.



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# Wounded Warrior Programs

Each service has its own Wounded Warrior Program, addressing the unique needs of wounded, ill, or injured Soldiers, Sailors, Marines, or Airmen. Eligibility for support from these programs varies; ask your Recovery Team or call the program directly to find out whether your service member is eligible.



## U.S. Army Wounded Warrior Program (AW2)

AW2 is the Army's support, advocacy, and information system for severely disabled Soldiers and their families. Their Web site contains links to resources and a detailed description of the three phases of support that AW2 has established to help severely disabled Soldiers. AW2 also provides services to help severely injured Soldiers as they transition from military service to the civilian community.

Telephone: 800-237-1336

Hours: 8:00 a.m. to 4:30 p.m., Eastern Standard Time, Monday-Friday

Web site: [www.aw2.army.mil](http://www.aw2.army.mil)



## Safe Harbor - Navy Severely Injured Support

Safe Harbor provides support and assistance through outreach and bedside visitation. An underlying mission of Safe Harbor is to retain on active duty any Sailor who is able to perform within their rate or another rate that accommodates their disability.

Telephone: 877-746-8563

Website: [www.safeharbor.navy.mil](http://www.safeharbor.navy.mil)



## U.S. Marine Corps Wounded Warrior Regiment

The Marine Corps Wounded Warrior Regiment provides and facilitates assistance to wounded, ill, and injured Marines and their families, throughout the phases of recovery in order to assist in rehabilitation and transition. The Wounded Warrior Regiment also supports Sailors who are attached to or working in direct support of Marine units. The Regiment has two regional battalions, which adds structure to the continuity of care.

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Telephone: 1-877-4USMCWW or 1-877-478-6299  
Hours: 24 hours a day, 7 days a week, 365 days a year  
Direct assistance by e-mail: *injuredsupport@M4L.usmc.mil*  
Web site: <http://woundedwarrior.usmc.mil>

## Air Force Warrior and Survivor Care Program

The Air Force Warrior and Survivor Care program has two key elements. The first is the **Survivor Assistance Program**, which provides immediate assistance to seriously wounded, ill, and injured Airmen and their families. Air Force Family Liaison Officers provide a host of logistical and family support, and Recovery Care Coordinators work hand in hand with the recovering Airman throughout the recovery process. The Air Force Warrior and Survivor Care Program is committed to act as a partner to Airmen on the long road to recovery.

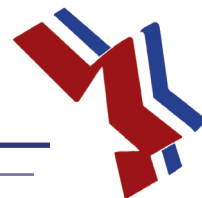
### **Survivor Assistance Program**

Telephone: 1-877-USAF-HELP (1-877-872-3425)  
Direct assistance by e-mail: *USAFHELP@Pentagon.af.mil*

The **Air Force Wounded Warrior Program (AFW2)** phases in later when wounded, ill, and injured Airmen begin their transition either back to their Air Force job or to the civilian community. AFW2 consultants provide a wide range of services from financial counseling, job placement assistance, financial aid, counseling on Veterans benefits and more. AFW2 provides assistance as long as needed, and is committed to each Airman for a minimum of five years.

### **Air Force Wounded Warrior Program (AFW2)**

Telephone: 1-800-581-9437  
Hours: 7:00 a.m. to 4:00 p.m. Central Time, Monday-Friday  
Web site: [www.woundedwarrior.af.mil](http://www.woundedwarrior.af.mil) or [www.AFW2.org](http://www.AFW2.org)





# Service Warrior and Family Support Programs

Each Service has its own programs to improve the quality of life for the community of military families. Although these programs often have the word “family” in the title, their resources are for single service members, too. You probably already have contact with these programs; if not, ask your case managers to help connect you. The websites listed below can help you find a phone number or location for specific experts who can help you with needs such as benefits, housing, transportation, financial counseling, and more.

## Army

Army Community Services

Web site: [www.armyonesource.com](http://www.armyonesource.com)

## Navy

Navy Fleet and Family Support Center

Web site: [www.ffsp.navy.mil](http://www.ffsp.navy.mil)

## Marine Corps

Marine Corps Community Services

Telephone: 703-432-1879

Web site: [www.usmc-mccs.org](http://www.usmc-mccs.org)

## Air Force

Airman & Family Community Services

Telephone: 1-800-299-0596

Hours: 7:00 a.m. to 5:00 p.m. (dial extension 7-0089 for after duty hours)

Web site: [www.afcommunity.af.mil](http://www.afcommunity.af.mil)

If you cannot connect with your service’s Warrior & Family Support Program, call Military OneSource at 1-800-342-9647 for assistance.



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## Department of Defense Programs

The service programs and their call centers listed in the previous pages are the first point of effort for problem resolution, resources, and referral assistance. If your issue or problem is not resolved by your service's Call Center, consider contacting these programs for assistance:

### Wounded Warrior Resource Center

The Wounded Warrior Resource Center is a call center and Web site helping injured service members and their families achieve the highest level of functioning and quality of life. Consultants can help you understand available benefits; identify resources; and obtain counseling, information, and support. The Wounded Warrior Resource Center coordinates closely with each service's programs to provide you with personal, ongoing assistance related to:

- Facilities
- Complaints
- Health care
- Benefits
- Other everyday issues

Telephone: 1-800-342-9647

Hours: 24 hours a day, 7 days a week

Web site: [www.woundedwarriorresourcecenter.com](http://www.woundedwarriorresourcecenter.com)

### National Resource Directory

The National Resource Directory or "NRD" is a Web site dedicated to providing wounded, ill and injured service members, veterans, their families and those who support them with an online listing of useful resources. The NRD contains information about support for a variety of medical conditions, financial programs, family resources, and more.

There are thousands of non-profit organizations that might be able to help your service member and your family. The Department of Defense cannot endorse any particular

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nonprofit organization; however, organizations listed on the NRD have been vetted and researched. The NRD lists local, state and federal agencies and thousands of organizations to help “share the care” during recovery, rehabilitation and reintegration.

Web site: [www.nationalresourcedirectory.org](http://www.nationalresourcedirectory.org)

## Heroes to Hometowns

The Heroes to Hometowns program welcomes home service members who can no longer serve in the military as a result of injuries. The recuperation time after hospitalization and rehabilitation is crucial to an individual’s recovery. Knowing that they are welcome in their new community and that there is a new life ahead can be a very significant part of this process.

The program has established networks at the national and state levels to better identify the extraordinary needs of service members and their families before they return home. The program also works with local communities to coordinate government and non-government resources to ensure long-term success.

More information is available online at [www.militaryonesource.com](http://www.militaryonesource.com). Click on “Wounded Warrior” on the bottom left, follow the instructions to enter your service, then follow the links to “Heroes to Hometowns.”

## Military OneSource

For general military questions, this 24-hour service is available to all active duty, Guard, and Reserve and their families. Military OneSource provides information and personal consulting on a wide range of personal issues that Service members and their families face, including personal and family readiness, parenting, care for older relatives, finances, health, and emotional well-being.

Each Military OneSource customer service representative has their own extension, so you can work with the same person every time you call. Military OneSource assistance is available in several languages, and they also offer online translation services.

Telephone: 800-342-9647

Web site: [www.militaryonesource.com](http://www.militaryonesource.com)



## Military Relief Organizations

Military relief organizations help service members and their dependents with certain emergency financial needs. Help is in the form of interest-free loans, grants, or a combination of loans and grants. Some relief organizations also provide visiting nurses or other programs.

Most loans and grants from military relief organization are for one-time financial emergencies – for example, for rent, utilities, vehicle repair, certain medical and dental expenses, and emergency travel.

### **Army Emergency Relief (AER)**

Telephone: 1-866-878-6378

Hours: 7:30 a.m. – 3:30 p.m., Eastern Time, Monday-Friday

[www.aerhq.org](http://www.aerhq.org)

### **Navy - Marine Corps Relief Society (NMCRS)**

Telephone: 1-703-696-4904

Hours: 8:15 a.m. – 9:15 p.m., Eastern Time, Monday-Friday

[www.nmcrs.org](http://www.nmcrs.org)

### **Air Force Aid Society (AFAS)**

Telephone: 1-800-769-8951

Hours: 8:00 a.m. – 4:30 p.m., Eastern Time, Monday-Friday

[www.AFAS.org](http://www.AFAS.org)



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## Department of Veterans Affairs (VA)

The Department of Veterans Affairs (VA) provides programs and support to all veterans or retired and former service members in any of the services. If your wounded, ill, or injured service member will retire or separate from the service, at some point you will begin working with the VA.

The Department of Veterans Affairs also operates an extensive network of medical treatment facilities for veterans across the United States. Because VA facilities have unique specialties and a high standard of care, many wounded, ill, or injured service members will receive treatment at a VA facility, even though they plan to return to active duty. Some VA specialties include Post-Traumatic Stress Disorder, Traumatic Brain Injury, spinal cord injury, rehabilitation involving amputation or prosthetic limbs, and more.

In addition to medical care, Veterans Affairs has extensive non-medical programs and resources for veterans, including benefits, vocational rehabilitation, employment services, and disability support. If your service member will transition to VA, care managers and others will help connect you to a VA expert to guide you through the process.

Basic information about VA programs can be found at:

Telephone: 800-827-1000

Web site: [www.va.gov](http://www.va.gov)



## Other Government Resources

### **Department of Defense (DoD)**

The Department of Defense's Web site, with news from the DoD. Click on "Web Watch" on the home page for links to related sites.  
[www.defenselink.mil](http://www.defenselink.mil)

### **The U.S. Army**

The Web site of the U.S. Army, with Army news and links to programs.  
[www.army.mil](http://www.army.mil)

### **The U.S. Navy**

The Web site of the U.S. Navy, with Navy news and links to programs.  
[www.navy.mil](http://www.navy.mil)

### **U.S. Marine Corps**

The Web site of the Marine Corps, with U.S. Marine Corps news and links to programs.  
[www.usmc.mil](http://www.usmc.mil)

U.S. Marine Corps Marine For Life – Injured Support Program  
[www.m4l.usmc.mil](http://www.m4l.usmc.mil)

### **U.S. Air Force**

The Web site of the U.S. Air Force, with Air Force news and links to programs.  
[www.af.mil](http://www.af.mil)

### **National Guard Bureau**

The Web site of the National Guard, with news and links to programs.  
[www.ngb.army.mil](http://www.ngb.army.mil)

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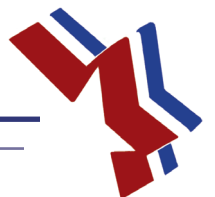
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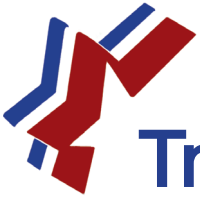
### **USA.Gov**

The U.S. government's official "portal" for government information and forms.  
[www.usa.gov](http://www.usa.gov)

### **DisabilityInfo**

An online gateway to the federal government's information and initiatives for people with disabilities, including information about housing, education, accessibility, transportation, and assistive technology.  
[www.disabilityinfo.gov](http://www.disabilityinfo.gov)





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# Travel & Lodging

## *Section Contents*

Invitational Travel Orders .....	32
Lodging .....	34



# Invitational Travel Orders

The military does not want wounded service members to recover alone in a hospital, nor does it expect families to bear alone the financial burden of travel and lodging while caring for their injured loved one. Since you are here at your service member's bedside, you may already know the basics of military travel orders. This section provides information to help you further understand your opportunities and responsibilities within this system.



## What are travel orders?

“Travel orders” are documents from the hospital commander, authorizing the military to pay some expenses for certain family members to travel to the bedside of their wounded, ill, or injured service member.

Travel orders are officially called Invitational Travel Orders (ITOs). They are issued when the attending physician and hospital commander determine that having a family member present is essential to the recovery of the patient.

Travel orders are meant to cover your basic expenses, but that doesn't mean you've got a blank check from the government. You will need to stay within certain limits, and you will probably also need to save receipts and provide records of your spending.



## Exactly what expenses are covered by travel orders?

For each family member on travel orders, you can be reimbursed for:

- One round-trip ticket from your home to the hospital (or mileage if you drive)
- Lodging within a certain cost limit
- Per diem or “per day” expenses for food and necessities

The amount of money you receive in the per diem will vary depending on the average cost of living in your location. Ask someone at the military treatment facility Finance Office to tell you the current local per diem and lodging rates.

### Travel Orders Tip:

It's a good idea to keep one copy of your travel orders with you at all times.

Consider storing them in one of the pockets of this book. Keep another copy in a safe place where you can easily find it.

Be aware that some expenses are not covered by travel orders. This may include telephone calls, taxis, rental cars, or other expenses. For these and other expenses, you will need to use your own money.

### **Which family members will receive travel orders? How many family members can come?**

Invitational Travel Orders are offered to immediate family members (spouse, children, mother, father, siblings, including step) or those acting *in loco parentis*. You, the family members, decide who should come. In general, up to three family members can receive travel orders to visit a seriously injured service member.

Other family members and guests are also welcome to visit your loved one, but if they do not receive invitational travel orders, they will have to pay their own travel expenses.

Visitors without travel orders or military ID may occasionally have some difficulty entering secure areas of the military treatment facility or using facility resources. Speak with your Recovery Team about how to arrange for additional guests to visit your service member.

### **Who can answer my questions about travel orders?**

Each military treatment facility has a liaison in the Finance Office to assist you with questions about travel orders. Get to know your liaison right away. Each service branch handles travel orders somewhat differently, so you may also need to ask your service representative for more detailed information.

The Defense Finance & Accounting Service has a special phone number to help you with questions about Invitational Travel Orders and other “travel pay” issues.

#### **DFAS Travel Pay Customer Service Center**

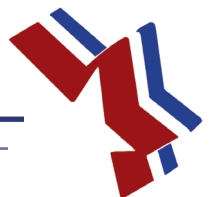
Telephone: 1-888-332-7366

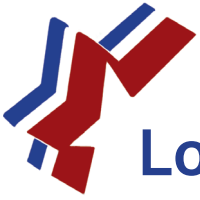
Web site: [www.dod.mil/dfas/travelpay/armytravelpay.html](http://www.dod.mil/dfas/travelpay/armytravelpay.html)

#### **For specific Wounded Warrior casualty travel questions:**

Telephone: 317-510-3562

E-mail: [dfas-intravelcasualty@dfas.mil](mailto:dfas-intravelcasualty@dfas.mil)





## Lodging

Finding a place to stay will probably be one of your first concerns when you arrive at the military treatment facility. If you traveled on Invitational Travel Orders, the service may have already arranged for lodging before you arrived at the military treatment facility. If not, you have several options, and people on the Recovery Team will help you find a good lodging situation. As long as you have Invitational Travel Orders, you are eligible for lodging assistance, even if you do not possess a military ID.

As you make travel and lodging arrangements for yourself and other visitors try to take advantage of your own sources for discounts, such as frequent flier miles, motor clubs, retirement associations, or non-profit organizations. Many organizations offer special discounts for families of America's service members. It doesn't hurt to ask!

Below are some of the lodging options that may be available to you:

### Lodging on-post

Some military treatment facilities have special buildings for family lodging; others do not. If it is available, lodging "on-post" at the military treatment facility is your best choice. You can be close to your service member and stay free of charge. The length of time for which you can stay will vary depending on your Invitational Travel Orders and the needs of your recovering service member.

Your Recovery Coordinator will be able to tell you more about options at your specific facility. Some general information:

At Walter Reed Army Medical Center, the *Mologne House Hotel* is a good possibility. Information is available at [www.wramc.army.mil](http://www.wramc.army.mil) or 202-726-8700.

At the National Naval Medical Center, the *Navy Lodge Bethesda* is a great option. Information is available at [www.Navy-Lodge.com](http://www.Navy-Lodge.com) or 301-654-1795.

### Fisher House

Fisher Houses are large homes with private suites, built to provide comfortable, temporary lodging for the families of wounded, ill, and injured service members. Thanks to donations from the Fisher House Foundation and the Fisher family of New York, Fisher Houses now exist near many military treatment facilities across the United States. Fisher Houses are normally located within walking distance of

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## Life in a Fisher House

- Since 1990, the Fisher House Foundation has provided 2.5 million lodging days to 120,000 military families.
- This has saved families more than \$100 million in lodging & other costs.

Fisher Houses typically have eight to 21 professionally furnished suites, providing space for 16 to 42 family members. Each house has a common kitchen, laundry facilities, dining room, living room with library, and toys for children.

There will be posted rules about shared responsibilities and respectful behavior. Keep in mind that a Fisher House is not a hotel. Bed linens, towels, and cleaning supplies will be provided, but you will be responsible for cleaning your room and any public space you use.

Fisher Houses can be a great place to make friends and learn from other families going through the same process of recovery.

treatment facilities or provide transportation. The homes have helped thousands of families through the recovery process.

If your facility has a Fisher House nearby, reservations can be made for you by the facility Social Work Department. The length of stay is subject to re-evaluation based on need and space availability. The ongoing presence of a waiting list prevents Fisher House arrangements from being made prior to arrival at the military treatment facility.

For more information, visit [www.fisherhouse.org](http://www.fisherhouse.org) or call toll free at 888-294-8560.

## Lodging off-post

If lodging on the installation or the Fisher House is filled, you will be referred to a local hotel. This sometimes referred to as “off-post” or “off-campus” lodging. You can be placed on a waiting list for on-post lodging and notified when a room becomes available.

Family members on travel orders can submit off-post hotel receipts, up to the allowable government nightly rate, for reimbursement. You will be required to pay your bill at the off-campus hotel in full prior to reimbursement, but sometimes travel advances can be allowed if paying the hotel bill will be a financial burden. Speak with someone at the Finance Office for assistance. Remember that family members not traveling on Invitational Travel Orders are responsible for their own expenses.



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# Legal & Money Matters

## *Section Contents*

Legal Matters . . . . .	37
Introduction to Money Matters . . . . .	40
Understanding Entitlements & Benefits . . . . .	42
Special Entitlements & Benefits for Wounded Warriors . . . . .	43
Traumatic Servicemember's Group Life Insurance (TSGLI) . . . . .	45
Resources for Personal Money Management . . . . .	47



# Legal Matters

When your service member receives treatment for a wound, illness, or injury, it becomes urgent to consider some important legal matters.

Although we all hope for the best, every family needs to be prepared to face difficult choices about issues such as amputation, transplants, long-term life support, or end-of-life care. Preparing in advance can ensure your service member's wishes are followed when it comes to medical treatment. It will also help your family to better manage heart-wrenching decisions should they become necessary.



## What is an *advance directive*?

The legal tool to help your service member retain control over their medical situation is called an ***advance directive***. An advance directive is a document written in advance of serious illness that states a person's choices for health care and names someone to make decisions for them if they are unable.

Hopefully your service member has already created such a document; they were probably coached to do so during pre-deployment briefings. If you already have one, keep it with you and share it with the Recovery Team. They need to know your service member's wishes in order to carry them out.

If your service member has not prepared an advance directive, here is some basic information to help you get started.

### **Advance Directive**

An advance directive is a legal document written in advance of serious illness that states a person's choices for healthcare and/or names someone to make decisions for them if they are unable.

## There are two main types of advance directives:

### **Durable Power of Attorney for Health Care**

A durable power of attorney, like any power of attorney, is a signed, dated, and witnessed document in which your service member designates someone (perhaps you, the primary caregiver) to act in his or her behalf in whatever ways they choose to specify. However, while a power of attorney usually loses its effect as soon as

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the service member becomes incapable of making his or her own decisions (i.e., goes into a coma), a *durable* power of attorney lives past the incapacitation. In fact, sometimes durable power of attorneys are written so that they only go into effect if and when the service member becomes incapacitated.

Through a durable power of attorney, your service member can designate someone to make important healthcare decisions for him or her after he or she is unable to make them for himself or herself. A durable power of attorney can also specify permission to act on your service member's behalf for other matters, such as child care or financial matters. This can be valuable, because some caregivers (such as parents, grandparents, or fiancées) may not have legal access to their service member's financial information otherwise.

## Living Will

A living will is a document that stipulates the kind of life-prolonging medical care someone wants if they become terminally ill, permanently unconscious, or in a vegetative state and are unable to make their own decisions. It is different from a durable power of attorney in that it deals only with end-of-life medical situations, and rather than designating *who* your service member wants to make critical medical decisions for him or her, it states *what the service member's wishes are* for those situations.



### Do we need a lawyer to make an advance directive?

While you can technically create a durable power of attorney for health care or a living will without a lawyer, even using resources online, legal assistance is recommended for these important documents! Not only can your service member create these documents through his or her local legal affairs office (including the ones at military hospitals), but your Recovery Care Coordinator or care managers can also help you connect to legal resources.

You should be aware that rules for advance directives can vary from state to state. Most states will honor an advance directive prepared in another state, but it is wise to check with a legal advisor just to be sure.



### What if we want to make changes?

Advance directives can be changed or revoked at any time. It is best to make the changes official, with witnesses and signatures. However, even without an official

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written change, verbally expressed wishes to a physician are generally given priority over a written document.

### **Who should we share it with?**

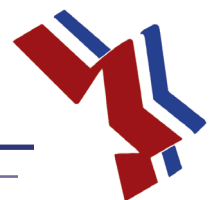
These are sensitive documents, and preparing them can be an emotional experience. If you feel it is appropriate, it is recommended that you discuss and share your Service member's ideas and decisions with your physicians, family members, and clergy. You should also ask the Recovery Team to make it a part of your Service member's permanent medical record.

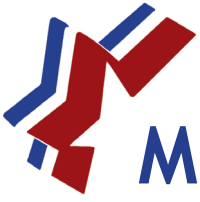
### **Can I obtain a durable power of attorney for healthcare after my service member is already incapacitated?**

By the time that your service member is incapacitated, it is too late for him or her to sign a durable power of attorney! A hearing in court may then be necessary. For that reason, it is important that your service member executes advance directives while he or she is still able to make decisions on his or her own!

### **What if we don't have an advance directive, and my service member is unconscious or unable to help create one now?**

In such situations, responsibility for major treatment decisions usually falls to the primary next of kin, usually a spouse or parent. The Recovery Team of physicians and specialists will make recommendations and help to evaluate the different choices. Most hospitals in the United States also have an ethics committee to assist the family and Recovery Team in these decisions. Ultimately, if there is disagreement, a judge can help decide the appropriate action.





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# Money Matters

While your service member is wounded, ill, or injured, more responsibility for managing family finances may fall to you. Here are some important things to consider:

## 1. If you need it, make sure you have the legal right to access your service member's financial information.

Pay, benefits, insurance, and many other kinds of financial information are typically private and confidential. If your service member needs your help managing money, you will need a legal document such as a power of attorney that authorizes you to access information and act in your service member's behalf. The previous section provides guidance on how to get legal help.

## 2. Get to know people who can answer your financial questions.

Military pay can be confusing, and it may differ depending on your service branch. There will be paperwork to submit and deadlines to meet. You need to find someone to help you navigate this system.

**The Finance Office** at your military treatment facility or the nearest installation is the first place to start. Depending on the nature of your service member's wound, illness, or injury, you may be able to receive help from people there with special training in wounded warrior benefits.

**The Defense Finance & Accounting Service (DFAS)** is your next most important resource for learning about and receiving military benefits and entitlements. Their website, listed below, contains a wealth of information and training to help you understand military pay.

Telephone: 1-888-332-7411

Web site: [www.dfas.mil/militarypay/woundedwarriorpay.html](http://www.dfas.mil/militarypay/woundedwarriorpay.html)

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You can record key contact information for the Finance Office here:

Name & Title: \_\_\_\_\_

Location / Room Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Notes: \_\_\_\_\_

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### **3. Get in the habit of paying frequent, close attention to your finances.**

You will need to pay special attention to the Leave and Earning Statements and other financial statements you receive. Ask questions to understand every item on each statement. If it seems you are receiving more money than you expected, consult Finance Office experts immediately. If you receive an overpayment, even through a mistake that is not your fault, you will be expected to pay it back.



# Understanding Entitlements & Benefits

While your service member is recovering, you may need to take a more active role in ensuring that your service member receives necessary compensation for their work and the additional benefits for which they are eligible. To do this, you need to understand what is available.

An **entitlement** is something that you have a right to receive or claim; it is authorized by law. For example, pay. Service members are owed pay for the work they perform. Military entitlements also include “allowances” for normal living costs like housing and meals.

A **benefit** is an incentive; something that promotes or enhances well-being. For example, child care centers and a commissary are benefits. They are not a *must-have* item, but a *nice-to-have* item that enhances quality of life.

When you add the financial value of benefits to the entitlements, it significantly increases the value of military pay. Although you don’t see the dollar figures for all the benefits, you usually expect them as a military privilege. However, be aware that benefits are added incentives, and they may change.

## Some basic entitlements:

- Military pay
- Housing allowance
- Subsistence allowance (meals)
- Special pay (hazard, etc.)
- Incentive pay (special skills)
- Costs of Living Allowances
- Re-enlistment bonus
- Family separation bonus
- Leave

## Some basic benefits:

- Commissary
- Medical & dental insurance
- Legal assistance
- Recreation centers
- Child care services
- Retirement
- Family assistance programs
- Tuition assistance
- Death & burial benefits



## Special Entitlements & Benefits for Wounded Warriors

If your service member was wounded, ill, or injured in a combat zone or operation, they may be eligible for additional entitlements and benefits. This page lists some of these programs. The details of these programs could change, or new types of pay could be added, so it is important to consult with an expert for up-to-date information.

The Finance Office at your military treatment facility or nearest installation will have people assigned as the Wounded Warrior Pay Management Team. Their job is to provide timely and accurate assistance to service members who are medically evacuated as a result of wounds, disease, or injury incurred in a combat zone.

### **Combat Zone Tax Exclusion (CZTE)**

Combat Zone Tax Exclusion allows military members to exclude all or some pay and entitlements earned while serving in designated combat areas from tax liabilities. CZTE is also authorized for each month a member is a hospital patient as a result of wounds, disease, or injury incurred in a combat zone. Wounded Warriors may qualify for CZTE up to two years after conflict ends if they are re-hospitalized due to the same injury.

### **Hostile Fire Pay / Imminent Danger Pay (HFP/IDP)**

Hostile Fire Pay / Imminent Danger Pay is paid to military personnel serving in an area designated by the President.

### **Hardship Duty Pay - Location (HDP-L)**

Hardship Duty Pay – Location is payable to service members performing duty in areas designated by the Secretary of Defense as hardship duty.

### **Family Separation Allowance (FSA)**

Family Separation Allowance is payable to service members with dependents assigned away from their permanent duty station for more than 30 days.

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### **Combat-Related Injury & Rehabilitation Pay (CIP)**

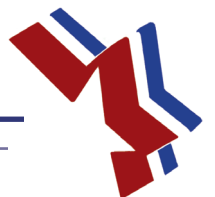
Service members who were medically evacuated out of a combat zone and considered “hospitalized” are entitled to Combat-Related Injury & Rehabilitation Pay. For the purposes of CIP entitlement, a Wounded Warrior is considered hospitalized if he or she is admitted as an inpatient or is receiving extensive rehabilitation as an outpatient while living in quarters affiliated with the military health care system.

### **Basic Allowance for Subsistence (BAS)**

Basic Allowance for Subsistence (BAS) entitlement continues for service members while hospitalized.

### **Casual Pay (CP)**

The local finance office can pay Wounded Warriors a casual pay when they do not have means of withdrawing funds from their bank account. The casual pay is considered an advance on the member’s next paycheck, and will be collected.





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# Traumatic Servicemembers' Group Life Insurance (TSGLI)



## What is TSGLI?

Traumatic Servicemembers' Group Life Insurance is a special program created by Congress to help severely injured service members with a one-time payment. The amount varies depending on the injury, but it could be the difference that allows a service member's family to be with them during recovery; provides money for unforeseen expenses like making a vehicle or home handicapped-accessible; or gives them a financial head start on life after recovery.

TSGLI provides traumatic-injury coverage to all service members covered under the Servicemembers' Group Life Insurance (SGLI) program. Starting December 1, 2005, every service member who had SGLI also has TSGLI. It also provided retroactively for Service members who incurred severe losses resulting from a traumatic injury between October 7, 2001 and December 1, 2005 if the loss was the result of injuries incurred in Operation Enduring Freedom or Operation Iraqi Freedom.

Your Service will be your primary point of contact for TSGLI.

Army: 800-237-1336

Navy: 800-368-3202

Marine Corps: 703-432-9277

Air Force: 210-565-3310



## How much coverage is provided?

TSGLI coverage pays a benefit from \$25,000 to \$100,000 depending on the loss directly resulting from the traumatic injury.



## What losses are covered?

Certain injuries and conditions aren't covered. Your service department point of contact can tell you more about these exclusions. You can also find a listing of covered losses and the amount that will be paid for each by going to [www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm](http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm) and clicking on "Coverage."

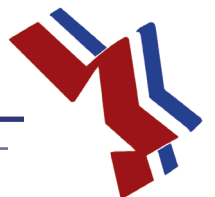


## How does a service member submit a claim for TGSLI?

To make a claim under TGSLI, download the TSGLI Certification form GL.2005.261 from [www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm](http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm).

This form is also available from your service department point of contact; by calling the officers at Servicemembers' Group Life Insurance at 800-419-1473; or by e-mail at [osgli.claims@prudential.com](mailto:osgli.claims@prudential.com).

After you complete the form, your service department point of contact can help you start the process.





## Resources for Personal Money Management

Although personal finance may be the last thing on your mind, try to make time to plan how you will manage your money while away from home. When you and your service member return home, there will be many readjustments and changes. Staying organized now will help you avoid overdrawn accounts, late fees, identity theft, or other situations that might complicate your life later.

### Some tips:

- Keep important financial information with you, so you can manage your money no matter where you go.
- Maintain a copy of the front and back of each credit card, in case of loss. It is also wise to keep a list of the customer service phone number for each card.
- Keep a copy of the mailing address, Web site address with user name and passwords, phone numbers, or other information you may need to pay bills while traveling.
- Create and follow a budget. You can find budget tools at some of the service Web sites listed below.
- If you stay at the military treatment facility for an extended period of time, consider opening an account at a bank there to avoid ATM charges.

### Organizing Tip

Consider using the blank calendar pages in this book to create a simple calendar that shows the due dates for your bills in the next few months. Check the calendar frequently, so you remember to pay on time and avoid late fees. Don't forget:

- Credit cards
- Mortgage and/or rent payments
- Utilities
- Auto, home, or other insurance
- Student or other loans
- Membership fees for organizations
- Phone, Internet, cable TV
- Other bills

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There are many online resources to help you. Here are a few:

[www.NationalResourceDirectory.org](http://www.NationalResourceDirectory.org) (National Resource Directory)

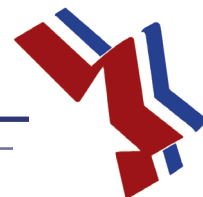
[www.ArmyOneSource.com](http://www.ArmyOneSource.com) (Army Community Service)

[www.nffsp.org](http://www.nffsp.org) (Navy Fleet & Family Support)

[www.usmc-mccs.org/finance](http://www.usmc-mccs.org/finance) (Marine Corps Community Services)

[www.afcrossroads.com/financial/main.cfm](http://www.afcrossroads.com/financial/main.cfm) (Air Force Crossroads)

[www.militaryonesource.com](http://www.militaryonesource.com) (Military One Source)





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# Medical Journal

## *Section Contents*

How to Keep A Medical Journal . . . . .	50
Patient Rights & Responsibilities . . . . .	51
The Caregiver's Role . . . . .	54
Different Kinds of Care Providers . . . . .	56
Patient Contact Information . . . . .	59
Recovery Team Contacts . . . . .	60
Admission and Discharge Information . . . . .	62
Medical Procedures . . . . .	66
Medication Information . . . . .	76
Medical Test Results . . . . .	90
Rehabilitation Information . . . . .	96
Discharge Information . . . . .	104
Questions You Want to Ask . . . . .	106



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# How to Keep a Medical Journal

This may be the most important section of this handbook. It is a place to gather and record medical information. Future caregivers will find this a very valuable reference as they adapt treatment plans for your service member.

This journal was designed for easy use, with assistance from family members of other wounded, ill, or injured service members. Here are some helpful tips from them:



## Make it yours

Rearrange sections, add extra tabs, highlight or color code items. Change it as much as you want. The important thing is that the journal meets your needs and is convenient to use.



## Make it a habit

It can be helpful to establish a routine for recording medical information. Try setting aside a regular time each day. If you forget for a few days, you may find that valuable information is lost and it takes a lot of work to catch up again.



## Expand it as needed

The Appendix section contains “Reproducible Pages” for each part of the journal. If you fill up the pages provided, make extra copies and keep going. Insert your own notes and pages wherever you like.



## Record personal as well as clinical information

Consider using the blank calendar pages as a mini-journal. On each day’s square, note things that happened, including important medical events like x-rays or new medications, small milestones like eating without help, or your feelings about the recovery process. It will help you keep track of the recovery process, and will probably become a treasured personal record later. A record of your service member’s feelings and states of mind could also be extremely valuable to a mental health professional.



# Patient Rights & Responsibilities

You and your service member will get the best results if you take an active role in the care process. Educate yourselves so you can be *active* participants in the process of recovery, not just *passive* recipients of care. Make it your quest to be an engaged patient and caregiver team!

Help your service member understand that each patient has rights to be safeguarded and responsibilities that will improve treatment outcomes. This list was adapted for military families from a list prepared by the American Hospital Association.

## “SPEAK UP:” Be a Partner in Care

- S** *Speak up* when you have questions or concerns
- P** *Pay attention* to the care you are receiving
- E** *Educate yourself* about your health conditions
- A** *Ask* a family member or friend to be your *advocate*
- K** *Know your medications* and why you take them
- U** *Use the resources* available to help you
- P** *Participate* in decisions about your care

## Patient Rights

### Quality Care

You have the right to quality care based on your needs, regardless of race, creed, sex, national origin, or religion.

### Respect and Dignity

You have the right to respectful care, with recognition of your family’s religious and cultural preferences. You have the right to wear appropriate religious or symbolic clothing as long as it does not interfere with treatment or procedures.

### Privacy and Confidentiality

You have the right to privacy and confidentiality concerning medical care. Any discussion or consultation about your care should be conducted discreetly and privately. You have the right to expect that only people involved in your care will read your medical record. Other individuals can read your record only when authorized by you or your legally authorized representatives.

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	You have the right to consent prior to any recording or filming, including digital telephones and PDAs or for teaching or research purposes. You have the right to designate family members or loved ones to be informed of your condition.
<b>Personal Safety and Security</b>	You have the right to a safe, secure environment in the hospital. You have the right to access protective and advocacy services. You have the right to a chaperone upon request.
<b>Information Access</b>	You have the right to complete and current information about your diagnosis, treatment, medications, and the expected outcomes, in terms that you can understand.
<b>Consent</b>	You have the right to be informed and to consent to all procedures, treatments and admissions.
<b>Communication</b>	You have the right to expect that your needs will be communicated to the health care team, including access to an interpreter when language barriers are a problem.
<b>Pain Management</b>	You have the right to a complete evaluation of any pain you may have, as well as the right to be treated appropriately for that pain.
<b>Refusal of Treatment</b>	You have the right to refuse care, treatment, and services in accordance with applicable law and regulations.
<b>Advance Directive</b>	You have the right to formulate an advance directive (living will and/or durable power of attorney for healthcare), and to take part in the resolution of ethical issues pertinent to your care.
<b>Transfer and Continuity of Care</b>	You have the right to information if you are transferred to another facility. Discharge information about your condition and ongoing health care needs will be provided when you are discharged from the hospital.
<b>Hospital Rules and Regulations</b>	You have the right to information about hospital rules and regulations that apply to you.
<b>Research</b>	You have the right to a second opinion with a specialist at your own request and expense.

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# Patient Responsibilities

## Providing Information

You are responsible for providing accurate and complete information about present complaints, illnesses, hospitalizations, medications, and other matters relating to your health. You should report unexpected changes in your condition. You must tell your health care team if you do not clearly understand the plan of care and what is expected of you. Concerns, questions, and complaints should be given to the appropriate facility authorities. This will help the management provide the best possible care for all patients.

## Compliance with Instructions

You should follow the treatment plan given by your doctors and health care workers. This includes keeping appointments, and notifying necessary people when you are unable to do so.

## Maintain Positive Health Practices

You have the responsibility to develop and maintain healthy habits, including good nutrition, adequate sleep and rest, and routine exercise.

## Refusal of Treatment

You are responsible for your own actions when you refuse treatment or do not follow the doctor's or other health care worker's instructions.

## Hospital Rules

You are responsible for following hospital rules and regulations, including smoking policy.

## Hospital Charges

You are responsible for paying hospital bills as soon as possible.

## Respect and Consideration

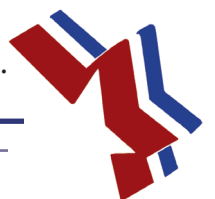
You are responsible for treating hospital staff and other patients with respect and consideration.

## Protecting Others from Illness or Infection

Do not let friends or family visit if they are sick or have been exposed to a communicable disease. You and your visitors should wash your hands frequently.

## Medical Records

You must return your outpatient medical records to your assigned treatment facility after medical consultation or appointments are finished. All medical records are the property of the U.S. Government and must be returned to the appropriate facility in order to maintain a complete record of your care.





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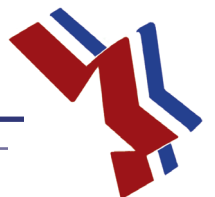
## Caregiver's Role

As a caregiver, you will have unique needs and challenges that are separate from those of your patient. While you care for your service member, it is also important that you take care of yourself. This description of a "Caregiver's Role" was compiled especially for military families.

### As a caregiver, it is fully appropriate for me ....

1. To *be my service member's advocate* until he or she is able to perform this function on his or her own.
2. To *receive training, support, information and resources* on how to be a caregiver.
3. To *be informed* of the name and position of the doctors who are in charge of my service member's care in the military treatment facility.
4. To *know* the names, positions and functions of any hospital personnel involved in my service member's care or treatment.
5. To *receive information* about my service member's diagnosis, treatment and prognosis, and all the information needed to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
6. To *ask questions* about my service member's condition and to communicate effectively with the health care providers.
7. To *express concerns or complain*, without fear of reprisal, about the care and services my service member is receiving; and to have the military treatment facility respond to me (in writing, if requested).
8. To *take care of myself*. This is not an act of selfishness. It will give me the wherewithal to take better care of my service member.
9. To *access counseling and peer support* available through the military treatment facility or family service center.

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10. To *seek help* from others. I recognize the limits of my own endurance and strength.
  11. To *maintain facets of my own life* that do not include the service member for whom I am caregiver, just as I would if he or she were healthy. I know that I am doing everything that I reasonably can do for my service member, and I have the right to do some things just for myself.
  12. To *get angry, be depressed, and express other difficult feelings*.
  13. To reject any attempts by my friends and relatives to manipulate me (either consciously or unconsciously) through guilt or depression.
  14. To *receive consideration, affection, forgiveness, and acceptance* for what I am doing for my service member as long as I offer these same qualities in return.
  15. To *take pride in what I am accomplishing* and to applaud myself for the courage it sometimes takes to meet the needs of my service member.
  16. To *protect my individuality* and my right to make a life for myself that will sustain me when the time arrives that my service member no longer needs my full-time help.
  17. To have access to all of these caregiver rights, even if I am not a military service identification card holder.





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## Different Kinds of Care Providers

You are likely to meet many different kinds of medical care providers during treatment and recovery, including doctors, nurses, and therapists. These pages can help you understand who they are, what they do, and how their decisions can help in the healing process.

### Doctors, including medical specialists and surgeons

Some doctors, called “specialists,” treat certain kinds of conditions and injuries. Some specialists are also “surgeons,” meaning they also perform surgery.

- **Internist** – specializes in diagnosis and medical treatment of adults
- **Anesthesiologist** – provides and monitors anesthetics (drugs that ensure a patient doesn't feel pain during medical procedures such as surgery)
- **Cardiologist** – specializes in treatment of the heart; may do special procedures to correct some heart problems, but refers most surgery to a cardiac surgeon
- **Dermatologist** – specializes in treatment of the skin, including burns and skin infections
- **Endocrinologist** – specializes in disease of glands; often treats diabetes
- **Gastroenterologist** – specializes in conditions involving the digestive tract, including stomach and bowels
- **Gynecologist** – specializes in the female reproductive system
- **Neurologist** – specializes in treatment of the neurological system, especially the brain and nerves
- **Oncologist** – specializes in treatment of tumors and cancer
- **Ophthalmologist** – specializes in treatment of the eyes
- **Orthopedist** – specializes in problems with bones, joints, and muscles
- **Pathologist** – identifies infectious agents and examines specimens in order to diagnose disease
- **Psychiatrist** – a medical doctor who specializes in treating mental and emotional problems and in counseling patients, and who may prescribe medications
- **Pharmacist** – a person trained to prepare and distribute medicines and to give information about them
- **Physiatrist** – specializes in rehabilitation medicine (also called physical medicine) for life-changing injuries

- 
- **Plastic Surgeon** – specializes in the repair and reconstruction of parts of the body
  - **Podiatrist** – specializes in conditions of the foot
  - **Radiologist** – specializes in administering, diagnosing and treating with X-rays and other imaging technology, including CAT scans and MRIs
  - **Urologist** – specializes in the urinary system, including bladder and kidneys, and the male reproductive system

## Attending physicians, residents, interns, and fellows

An *attending physician* has completed all medical training and has received “privileges” – meaning he or she is allowed to practice medicine at a hospital. An attending physician also supervises residents.

An *intern* has completed medical school and received an “M.D.,” and is continuing to study in a hospital for his or her first year after medical school. An intern can practice medicine only within the hospital.

A *resident* is in his or her second or third year after medical school and is continuing to train within a hospital in a specialty area such as surgery, neurology, or psychiatry.

A *fellow* is a doctor who has completed three years of residency, and is now completing post-residency studies or a “fellowship” in a sub-specialty, gaining highly specialized skills.

## Nurses, nurse practitioners, and physician assistants

*Nurses* provide close care to patients. They monitor the patient’s condition and carry out the treatment plan. Like doctors, nurses can specialize in certain areas. For example, some nurses work primarily with patients in intensive care, or with patients recovering from surgery. *Registered nurses* have more training than *practical nurses*.

*Nurse practitioners* and *physician assistants* perform routine physician procedures and can prescribe medications under the supervision of a physician.

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## Therapists

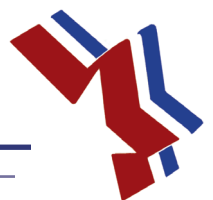
Therapists help injured service members in many ways.

- **Auditory Therapist** – works with patients who need to improve their hearing, often by teaching the best use of hearing aids.
- **Occupational Therapist** (also called an “OT”) – works with patients to help them gain independence in all parts of life, including bathing, eating, and using adaptive devices, including artificial limbs
- **Physical Therapist** (also called a “PT”) – teaches patients how to regain strength and mobility by doing exercises and using their bodies properly
- **Speech Therapist** – works to help Service members who need to improve their speech, often after brain injury or stroke

## Mental health care providers

Several different kinds of mental health care providers can help Service members with emotional or mental health problems such as Combat and Operational Stress, depression, or Post-Traumatic Stress Disorder.

- **Psychologist** – counsels people with emotional or mental health problems. A psychologist may have a Ph.D. and can be called “doctor,” but is not a medical doctor and cannot prescribe medications.
- **Psychiatrist** – a medical doctor who specializes in treating mental and emotional problems and counseling patients. Psychiatrists are able to prescribe medications.
- **Social Worker** – counsels people about emotional problems and guides them to other recourses that can help. A social worker usually has a master’s degree in social work.
- **Mental Health Counselor** – counsels people with mental or emotional problems. A mental health counselor usually has a graduate degree in psychology or education, but is not a medical doctor.





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# Patient Contact Information

**CONFIDENTIAL MEDICAL INFORMATION - Please return to:**

Service member's name \_\_\_\_\_

Family member / caregiver's name \_\_\_\_\_

Telephone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

Hospital room number \_\_\_\_\_

## **Other Valuable Contacts:**

### **Recovery Care Coordinator**

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

E-mail address \_\_\_\_\_

### **Medical Care Case Manager**

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

E-mail address \_\_\_\_\_

### **Non-Medical Care Manager**

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

E-mail address \_\_\_\_\_



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## Recovery Team Contacts

At each military treatment facility, a team of medical and non-medical specialists will meet your Service member's needs. For easy reference, record their contact information here.

Name & Title / Medical Specialty: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Notes: \_\_\_\_\_

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Name & Title / Medical Specialty: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Notes: \_\_\_\_\_

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Name & Title / Medical Specialty: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Notes: \_\_\_\_\_

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Name & Title / Medical Specialty: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Notes: \_\_\_\_\_

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Name & Title / Medical Specialty: \_\_\_\_\_

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Name & Title / Medical Specialty: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Notes: \_\_\_\_\_

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# Admission and Discharge Information

You will need a record of the dates of admission and discharge for each medical facility where your service member receives treatment. This information should begin at the point of injury. Don't forget to include admissions and discharge dates for hospitals overseas.

## Medical facility #1

Date admitted to medical facility \_\_\_\_\_

Name of medical facility \_\_\_\_\_

Primary care doctor \_\_\_\_\_

Date discharged from medical facility \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Notes \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical facility #2

Date admitted to medical facility \_\_\_\_\_

Name of medical facility \_\_\_\_\_

Primary care doctor \_\_\_\_\_

Date discharged from medical facility \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Notes \_\_\_\_\_

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### Medical facility #3

Date admitted to medical facility \_\_\_\_\_

Name of medical facility \_\_\_\_\_

Primary care doctor \_\_\_\_\_

Date discharged from medical facility \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Notes \_\_\_\_\_

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### Medical facility #4

Date admitted to medical facility \_\_\_\_\_

Name of medical facility \_\_\_\_\_

Primary care doctor \_\_\_\_\_

Date discharged from medical facility \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Notes \_\_\_\_\_

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### Medical facility #5

Date admitted to medical facility \_\_\_\_\_

Name of medical facility \_\_\_\_\_

Primary care doctor \_\_\_\_\_

Date discharged from medical facility \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Notes \_\_\_\_\_

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### Medical facility #6

Date admitted to medical facility \_\_\_\_\_

Name of medical facility \_\_\_\_\_

Primary care doctor \_\_\_\_\_

Date discharged from medical facility \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Notes \_\_\_\_\_

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### Medical facility #7

Date admitted to medical facility \_\_\_\_\_

Name of medical facility \_\_\_\_\_

Primary care doctor \_\_\_\_\_

Date discharged from medical facility \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Notes \_\_\_\_\_

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### Medical facility #8

Date admitted to medical facility \_\_\_\_\_

Name of medical facility \_\_\_\_\_

Primary care doctor \_\_\_\_\_

Date discharged from medical facility \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Notes \_\_\_\_\_

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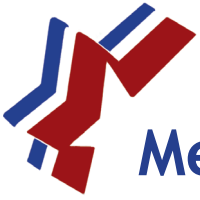
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# Medical Procedures

Use these pages to keep track of information about major medical procedures such as surgeries or new treatments.

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Kind of procedure \_\_\_\_\_

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Name of medical care provider \_\_\_\_\_

Contact information for medical care provider \_\_\_\_\_

\_\_\_\_\_

Date performed/started \_\_\_\_\_

Where the procedure was performed (name of medical center) \_\_\_\_\_

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Notes \_\_\_\_\_

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Kind of procedure \_\_\_\_\_

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Name of medical care provider \_\_\_\_\_

Contact information for medical care provider \_\_\_\_\_

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Date performed/started \_\_\_\_\_

Where the procedure was performed (name of medical center) \_\_\_\_\_

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Kind of procedure \_\_\_\_\_

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Name of medical care provider \_\_\_\_\_

Contact information for medical care provider \_\_\_\_\_

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Date performed/started \_\_\_\_\_

Where the procedure was performed (name of medical center) \_\_\_\_\_

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Kind of procedure \_\_\_\_\_

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Name of medical care provider \_\_\_\_\_

Contact information for medical care provider \_\_\_\_\_

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Date performed/started \_\_\_\_\_

Where the procedure was performed (name of medical center) \_\_\_\_\_

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Kind of procedure \_\_\_\_\_

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Name of medical care provider \_\_\_\_\_

Contact information for medical care provider \_\_\_\_\_

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Date performed/started \_\_\_\_\_

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Kind of procedure \_\_\_\_\_

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Name of medical care provider \_\_\_\_\_

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Date performed/started \_\_\_\_\_

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Name of medical care provider \_\_\_\_\_

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Date performed/started \_\_\_\_\_

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Kind of procedure \_\_\_\_\_

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Name of medical care provider \_\_\_\_\_

Contact information for medical care provider \_\_\_\_\_

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Date performed/started \_\_\_\_\_

Where the procedure was performed (name of medical center) \_\_\_\_\_

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Contact information for medical care provider \_\_\_\_\_

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Where the procedure was performed (name of medical center) \_\_\_\_\_

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Kind of procedure \_\_\_\_\_

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Name of medical care provider \_\_\_\_\_

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Date performed/started \_\_\_\_\_

Where the procedure was performed (name of medical center) \_\_\_\_\_

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Kind of procedure \_\_\_\_\_

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Name of medical care provider \_\_\_\_\_

Contact information for medical care provider \_\_\_\_\_

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Date performed/started \_\_\_\_\_

Where the procedure was performed (name of medical center) \_\_\_\_\_

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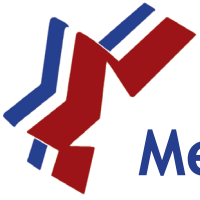
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## Medication Information

A detailed record of every medication will be a valuable reference for you and for future care providers. Make sure to record the indications, including specific dosage, frequency, and duration of each medication.

**Dosage** means the *strength* of the medication, or the *amount given* each time. For example, “500 mg capsules,” or “2 tablespoons.”

**Frequency** means *how often* the medication is administered. For example: “Every six hours as needed for pain management,” or “Twice daily with meals.”

**Duration** means the *length of time* for which the medication is administered. For example, “21 days,” or “one-time injection.”

It is equally important to record observations about your service member’s **reactions** to each medication. Many medications have **side effects** that cause different reactions in different people. If you can, learn the possible side effects of the medications being prescribed, so you can spot negative reactions and quickly inform the physicians.

Medications can sometimes interact with other drugs, creating negative reactions or cancelling positive effects. In a hospital setting with multiple care providers prescribing drugs, it is a good idea to ask about interactions between medications. You can also speak up to ensure medical professionals consider any allergies your service member may have.

Remember that not all medicines come in a pill bottle. Medications can be given in a variety of ways. The most common methods of drug delivery include:

- **Oral** – through the mouth as pills, liquid, or powders dissolved in liquid
- **Topical** – through the skin in creams, ointments, or patches
- **Injection** – injection into the vein; often called “shots”
- **IV** – intravenous drip: medication is mixed with a water or saline solution and added directly into the bloodstream in a slow, measured dosage
- **Suppository** – a pill or device deposited in the rectum or vagina that slowly releases medication or hormones
- **Supplements** – pills or other forms that are not necessarily medicinal, but are recommended for health, such as vitamins, minerals, or herbal supplements.

Some of the most important medications administered to your service member may come in forms you have never seen before. You may need to ask the nurses to help you gather and understand this information.

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Name of medication \_\_\_\_\_

Date prescribed \_\_\_\_\_

Name of doctor who prescribed \_\_\_\_\_

Dosage, frequency, and duration \_\_\_\_\_

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Name of medication \_\_\_\_\_

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Dosage, frequency, and duration \_\_\_\_\_

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Date prescribed \_\_\_\_\_

Name of doctor who prescribed \_\_\_\_\_

Dosage, frequency, and duration \_\_\_\_\_

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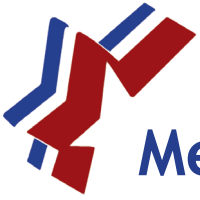
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# Medical Test Results

Your service member will likely undergo many different medical tests or “labwork” in the process of treatment. These tests could range from simple blood and urine analysis to complicated neurological tests. The results of these tests create an important picture of your service member’s health, especially when viewed over the long term.

The military treatment facility will keep complete records of every test in your service member’s medical file. However, it is a good idea for you to keep your own record of basic information about tests, so that future health care providers can see the history and request further information if needed. If copies of the test results are given to you, store them safely in this book or elsewhere.

Type of Medical Test: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Reason for Test: \_\_\_\_\_

Results / Notes: \_\_\_\_\_

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Type of Medical Test: \_\_\_\_\_

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Reason for Test: \_\_\_\_\_

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Reason for Test: \_\_\_\_\_

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Reason for Test: \_\_\_\_\_

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## Rehabilitation Treatments

Many injured service members start rehabilitation or “rehab” service and treatment in the hospital and then transfer to a rehab facility or center for specialized care. This care could include physical, occupational, speech, vision, hearing, or cognitive therapy. It could be provided in inpatient or outpatient settings, or at specialized camps or workshops.

Rehabilitation professionals often need details about a patient’s recent progress and goals, and may need to contact previous care providers to understand your service member’s current condition. Keeping complete records of rehabilitation information here will help make treatments more successful.

Name of rehab center \_\_\_\_\_

Name of therapist \_\_\_\_\_

Contact information \_\_\_\_\_

Name of therapist \_\_\_\_\_

Contact information \_\_\_\_\_

Date admitted to rehab center \_\_\_\_\_

Information about therapy \_\_\_\_\_

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Date therapy began \_\_\_\_\_ Dated ended (or interrupted) \_\_\_\_\_

Reason therapy ended (or interrupted) \_\_\_\_\_

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Name of rehab center \_\_\_\_\_

Name of therapist \_\_\_\_\_

Contact information \_\_\_\_\_

Name of therapist \_\_\_\_\_

Contact information \_\_\_\_\_

Date admitted to rehab center \_\_\_\_\_

Information about therapy \_\_\_\_\_

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Name of therapist \_\_\_\_\_

Contact information \_\_\_\_\_

Name of therapist \_\_\_\_\_

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Name of rehab center \_\_\_\_\_

Name of therapist \_\_\_\_\_

Contact information \_\_\_\_\_

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Date admitted to rehab center \_\_\_\_\_

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Name of rehab center \_\_\_\_\_

Name of therapist \_\_\_\_\_

Contact information \_\_\_\_\_

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Contact information \_\_\_\_\_

Date admitted to rehab center \_\_\_\_\_

Information about therapy \_\_\_\_\_

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Date admitted to rehab center \_\_\_\_\_

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Name of therapist \_\_\_\_\_

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## Questions You Want to Ask

You are likely to have questions about your service member's recovery and care. Be sure to write these questions down so you will remember to ask them when you have the opportunity to talk with care providers. You can also keep track of the answers on these pages.

Question \_\_\_\_\_  
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# Appendix

## *Section Contents*

Acronym Dictionary . . . . .	117
Reproducible Forms . . . . .	120
Helpful Checklists . . . . .	128
– Necessary Documents . . . . .	128
– Travel Money & Family Finance . . . . .	129
– If Your Child Accompanies You . . . . .	130
– If Your Child Stays Home . . . . .	131
– Household Considerations . . . . .	132
– Packing for You . . . . .	133
– Packing for Your Service Member . . . . .	134
– Taking Care of <i>My</i> Health Care . . . . .	135
How to Search the Web . . . . .	136
Blank Calendar Pages . . . . .	139



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# Acronym Dictionary

The military often uses abbreviations – or “acronyms” – as shorthand for longer terms. For example, if a service member is “SI” it means “Seriously Injured.”

Here are other acronyms you may encounter, especially in a military medical setting:

## Terms related to injuries and treatment

- CAC: Casualty Assistance Center
- CAO, CNO: Casualty Assistance Officer, Casualty Notification Officer
- COS: Combat Operational Stress
- MEDEVAC: Medical Evacuation
- MTF, MTF: Military Treatment Facility or Military Medical Treatment Facility, for example:
  - LRMC: Landstuhl Regional Medical Center (Landstuhl, Germany)
  - NNMC: National Naval Medical Center, commonly called “Bethesda” (Bethesda, Maryland)
  - NMCS D: Naval Medical Center San Diego, commonly called “Balboa” (San Diego, California)
  - BAMC: Brooke Army Medical Center, (Fort Sam Houston in San Antonio, Texas)
  - WRAMC: Walter Reed Army Medical Center (Washington, D.C.)
- NSI: Not Seriously Injured
- OT: Occupational Therapy
- PT: Physical Therapy
- PTSD: Post-Traumatic Stress Disorder
- SCI: Spinal Cord Injury
- SI: Seriously Injured
- SPECAT: Special Category (of injury)
- TAPS: Tragedy Assistance Program for Survivors
- TBI: Traumatic Brain Injury
- VSI: Very Seriously Injured
- WIA: Wounded in Action

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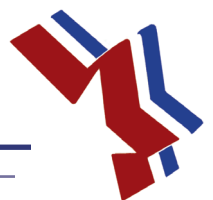
## Terms related to Medical Review Boards

- COAD: Continuation on Active Duty
- COAR: Continuing on Active Reserve
- DES: Disability Evaluation System
- EPTE: Existed Prior to Entry
- HAO: Home Awaiting Orders
- MEB: Medical Evaluation Board
- MOS: Military Occupational Specialty
- PEB: Physical Evaluation Board
- PEBLO: Physical Evaluation Board Liaison Officer
- PDRL: Permanent Disability Retirement List
- PLD: Permanent Limited Duty
- TDRL: Temporary Disability Retirement List
- VASRD: Veterans Administration Schedule for Ratings Disabilities

## Other terms

- AFW2: U.S. Air Force Wounded Warrior Program, formerly known as “Air Force Palace HART”
- AW2: U.S. Army Wounded Warrior Program, formerly called “DS3”
- CACO: Casualty Assistance Call Officer
- CDR: Commander
- CONUS: Continental U.S. (OCONUS is Outside the Continental U.S.)
- DFAS: Defense Finance Accounting Service
- DoD: Department of Defense
- DVA: Department of Veterans Affairs (formerly called Veterans Administration, also frequently called “VA”)
- FRG: Family Readiness Group
- FMLA: Family and Medical Leave Act
- ITOs: Invitational Travel Orders
- M4L: Marine for Life
- MLO: Marine Liaison Office
- NCO: Non-Commissioned Officer

- 
- NMA: Non-Medical Attendant
  - NOK: Next of Kin
  - OEF: Operation Enduring Freedom
  - OIF: Operation Iraqi Freedom
  - PAO: Public Affairs Office / Officer
  - PNOK: Primary Next of Kin
  - RDC: Rear Detachment Commander
  - Rear D: Rear Detachment
  - SNOK: Secondary Next of Kin
  - SSN: Social Security Number
  - TSGLI: Traumatic Servicemembers' Group Life Insurance
  - VA: Department of Veterans Affairs (formerly called Veterans Administration)
  - VBA: Veterans Benefit Administration
  - VSO: Veteran Service Officer
  - WWR: Wounded Warrior Regiment (Marine Corps)





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## Reproducible Forms

Use the following pages as master copies from which to make copies when you need to expand your Medical Journal.

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Name & Title / Medical Specialty: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Notes: \_\_\_\_\_

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Name & Title / Medical Specialty: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Notes: \_\_\_\_\_

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Name & Title / Medical Specialty: \_\_\_\_\_

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Name & Title / Medical Specialty: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Notes: \_\_\_\_\_

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Kind of procedure \_\_\_\_\_

\_\_\_\_\_  
Name of medical care provider \_\_\_\_\_

Contact information for medical care provider \_\_\_\_\_

\_\_\_\_\_  
Date performed/started \_\_\_\_\_

Where the procedure was performed (name of medical center) \_\_\_\_\_

\_\_\_\_\_  
Notes \_\_\_\_\_

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Kind of procedure \_\_\_\_\_

\_\_\_\_\_  
Name of medical care provider \_\_\_\_\_

Contact information for medical care provider \_\_\_\_\_

\_\_\_\_\_  
Date performed/started \_\_\_\_\_

Where the procedure was performed (name of medical center) \_\_\_\_\_

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Notes \_\_\_\_\_

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**Medical facility # \_\_\_\_\_**

Date admitted to medical facility \_\_\_\_\_

Name of medical facility \_\_\_\_\_

Primary care doctor \_\_\_\_\_

Date discharged from medical facility \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Notes \_\_\_\_\_

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**Medical facility # \_\_\_\_\_**

Date admitted to medical facility \_\_\_\_\_

Name of medical facility \_\_\_\_\_

Primary care doctor \_\_\_\_\_

Date discharged from medical facility \_\_\_\_\_

Telephone numbers \_\_\_\_\_

Notes \_\_\_\_\_

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Name of medication \_\_\_\_\_

Date prescribed \_\_\_\_\_

Name of doctor who prescribed \_\_\_\_\_

Dosage, frequency, and duration \_\_\_\_\_

Notes \_\_\_\_\_

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Name of medication \_\_\_\_\_

Date prescribed \_\_\_\_\_

Name of doctor who prescribed \_\_\_\_\_

Dosage, frequency, and duration \_\_\_\_\_

Notes \_\_\_\_\_

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Type of Medical Test: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Reason for Test: \_\_\_\_\_

Results / Notes: \_\_\_\_\_

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Type of Medical Test: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Reason for Test: \_\_\_\_\_

Results / Notes: \_\_\_\_\_

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Type of Medical Test: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Reason for Test: \_\_\_\_\_

Results / Notes: \_\_\_\_\_

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Name of rehab center \_\_\_\_\_

Name of therapist \_\_\_\_\_

Contact information \_\_\_\_\_

Name of therapist \_\_\_\_\_

Contact information \_\_\_\_\_

Date admitted to rehab center \_\_\_\_\_

Information about therapy \_\_\_\_\_

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Date therapy began \_\_\_\_\_

Dated ended (or interrupted) \_\_\_\_\_

Reason therapy ended (or interrupted) \_\_\_\_\_

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Question \_\_\_\_\_

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Answer \_\_\_\_\_

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Question \_\_\_\_\_

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Answer \_\_\_\_\_

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# Helpful Checklists

These checklists are designed to help you manage necessary details while you care for your wounded, ill, or injured service member. Use these documents to ensure you do not neglect an important item of personal or family business.

## Necessary Documents

During travel and your stay at the medical treatment facility, you will find that having key documents with you *at all times* will help you obtain the best care and services for you and your service member. It would be wise to leave an additional copy of these documents in a safe place at home or with a trusted friend. If you did not bring some of these documents with you, ask a family member or friend to fax or mail them to you.

- Copies of your Invitational Travel Orders (ITOs)
- Military ID or government-issued ID (such as driver's license or passport)
- Power of Attorney form (if your service member left you one; if not, see page \_\_\_ for basic legal advice)
- Living Will, Living Trust, or other advance directive (if your service member left you one)
- Medical records, including immunization records, for children in need of child care services
- Name and phone number of your Point of Contact for service member's unit
- Valid Passport, if overseas travel is required
- Original prescription for any medications you or your children may need
- Proof of auto insurance
- Health insurance information for traveling family members  
(If you will be staying out of your TRICARE region for longer than 30 days, consider changing your TRICARE region.)

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# Travel Money & Family Finance

You will face enough challenges in the weeks ahead without having to worry about overdrawn accounts, unpaid bills, or identity theft. Take time now to organize your finances and bring along necessary information so you can manage your money while away from home.

## TRAVEL MONEY

- Cash or Traveler's Checks
- Checkbook and/or account number and bank routing number
- Credit cards

Maintain a copy of the front and back of each credit card, in case of loss. It is also wise to keep the customer service phone number for each card. If you stay at the military treatment facility for an extended period of time, consider opening an account at a bank there to avoid ATM charges.

## UPCOMING BILLS

Consider making a simple calendar that shows the due dates for your bills in the next few months. Don't forget:

- Mortgage and/or Rent payments
- Utilities
- Auto, Home, or other insurance
- Credit Cards
- Student or other loans
- Membership fees for organizations
- Phone, Internet, Cable TV
- Other bills

Bring a copy of the mailing address, Web site address with user name and passwords, phone numbers, or other information you may need to pay bills while traveling.

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# Household Considerations

- Stop the mail, or arrange for someone to pick up and forward mail to you.
- Arrange for pet care.
- Coordinate time off from work.
- Schedule bill payment.
- Consider changing your cell phone plan to include extra minutes or unlimited long distance, as needed.
- Inform a trusted friend or family of travel plans, and leave a spare key to access your house.
- Provide educational records for school-age children.
- Contact utilities to suspend service and avoid unnecessary expenses.
- Stop newspaper delivery.
- Empty trash cans and refrigerator of perishable foods.
- Set thermostat to cost-saving level.
- Arrange houseplant, lawn, and yard care if necessary.
- Ensure car windows are rolled up and car is locked and parked in a safe place. Consider asking a neighbor to start the car occasionally.
- Set up security lights and/or household alarm system. Consider asking a neighbor or the police to take a look at your home occasionally while you are away.

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# If Your Child Accompanies You...

## Help your child be emotionally prepared for the visit

Keep in mind that many things your child may see in the hospital, including your service member's condition, can be frightening, confusing, or traumatic for children. Carefully consider the choice to bring your child along.

If your child accompanies you, have a good talk to prepare them to see your service member. Explain the situation honestly in simple terms they can understand. Prepare them to behave appropriately at airports, on planes, and in hospitals and hotels. Let them know they can talk with you about their feelings and questions. Help them feel like an important member of the family by including them in small decisions.

### Pack for your child

- Clothing (including underwear and sleepwear)
- Shoes and socks
- Coats/Outerwear (consider weather conditions at destination)
- Comfort item (favorite stuffed animal or blanket)
- Immunization Records (necessary for all military dependents intending to use military child care)
- Medications & prescriptions
- Thermometer
- Toothbrush and toothpaste
- Towel and special bath items
- Toys & Activities

### Additional Items for Infants and Toddlers

- Diapers / Wipes / Diaper Ointment
- Bottles and Formula or Sippy Cups
- Pacifiers & Comfort Items
- Car Seat
- Stroller

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## If Your Child Stays Home...

1. Find a trusted, appropriate caregiver for your child. Provide the caregiver with written instructions that include the following:
  - Child's usual daily and weekly schedule
  - Transportation needs to and from school and other activities
  - Lists of allergies, medications, likes and dislikes, routines, family rules, etc.
  - Contact information for you and another support person in the area
  - Medical Power of Attorney form (a document giving the caregiver legal authority to make emergency medical decisions, according to your specifications)
  - TRICARE Card or other medical insurance information (If you will be moving the child out of your normal TRICARE Region, call TRICARE to temporarily change your region).
2. Inform school and other activities about who will be acting as caregiver.
3. If living on post, procure a gate pass for the caregiver.
4. Coordinate financial support for your children's necessities.
5. Consider who needs to know about this injury to better support your child during this stressful time (teacher, minister, scout leader, counselor, etc.).
6. Consider preparing copies of a letter that explains the situation and which the child can share as needed.

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## Packing for You

You will probably spend most of your time in the hospital, and you will not want to carry around large bags. Keep it simple, but bring the things you need for your comfort and peace of mind. Consider the weather conditions at your destination. Don't forget:

- Glasses, contacts, and eye care supplies
- Prescription medications, prescriptions, or other refill information
- Toiletries
- Comfortable clothing (at least five sets)
- Underwear
- Sleepwear
- Shoes and socks, belts
- Light sweater or jacket for use in hospital
- Cell phone and charger
- Seasonally appropriate outerwear /umbrella
- Long-distance calling card
- Handheld recorder
- Small digital or disposable camera
- Notebook or journal
- Address book of key phone numbers (family, friends, creditors, employers, school, childcare)
- Comfort items (pillow, blanket, whatever provides you with special comfort)
- Hand sanitizer and/or disinfecting wipes
- Books, music, entertainment for you
- Important papers on "Necessary Documents" list

If you forget anything or need something new while you are there, many public and military agencies provide donated or low-cost supplies for wounded, ill, and injured service members and their families.

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## Packing for Your Service Member

Your service member may have been transported from combat, an accident, or work directly to the hospital. He or she may have very few personal belongings, including clothes. Consider bringing a few items to increase your service member's comfort. More can be obtained from the American Red Cross or other non-profit organizations at the military treatment facility.

- Sweatpants (very comfortable, can be cut for casts, etc.)
- Sweatshirts and tee-shirts (can be cut for casts, etc.)
- Underwear
- Shoes and socks
- Jacket
- Hat, if weather may get cold
- Razor or other favorite toiletry items
- Family photos, favorite books or movies, other items to create a home-like atmosphere in the hospital room

### **Make a Wish List**

If you do not have or cannot afford some items on these lists, invite friends or family to give them as gifts. Consider keeping a "wish list" of things you need or that would make your service member and family happy. Then when people ask, "How can I help?" you know exactly how to answer.

The people who care about you and your service member are probably anxious to help, but do not know how to do so. They will appreciate the guidance so they can give a meaningful, needed gift.

---

# Taking Care of MY Health Care

Take this with you each time you meet with a health care provider. Using this guide will help you have up-to-date information and may even prevent other health problems.

## Be sure you know these things:

- Why am I seeing you today?
- What medical conditions do I have?
- What has changed since my last visit?
- Do I have a list of all the medicines I need to take, including the following:
  - \_\_\_ Medicine (only able to get with a doctor's prescription)
  - \_\_\_ Over-the-counter medicine (can buy without a prescription)
  - \_\_\_ Any NEW medicines I received during this visit
  - \_\_\_ Vitamins, herbs, or supplements I take
  - \_\_\_ Written directions on how to take all my medicines
  - \_\_\_ Major side effects of these medicines
- Besides taking my medicines, what else do I need to do?
  - \_\_\_ Get blood tests or other medical tests?
  - \_\_\_ Get extra help or equipment at home?
  - \_\_\_ Avoid caffeine, alcohol, tobacco, or other drugs?
  - \_\_\_ Avoid eating certain foods?
  - \_\_\_ Eat certain foods?
  - \_\_\_ Change a bandage?
  - \_\_\_ Exercise?
- Which doctor or other health care provider will I see next? Why? When?
- How do I make an appointment?
- Has my doctor sent a copy of information about my health (including my medicines and treatments) to my next health care provider or facility?
  - \_\_\_ May I have a copy of that information today?
- Do I need a referral for care providers, tests, or facilities?
- Who should I call before my next appointment if I have questions or problems managing my care or dealing with my condition?
- Who can help me with questions?
- Will my health plan or insurance pay?
- When will I get my test results?



# How to search the Web

There is much information on the internet (or on the “Web”) that can be helpful to families of injured service members. You will probably be referred to the Internet frequently. Don’t be embarrassed if you haven’t used the Internet very often; it can be easy to learn, and many people at the hospital can help you find a computer and get started.

## How to find a Web site when you know the Web address

You may want to look up a “Web address” (also called a “URL”) that someone has given you or that you have read about. For example, someone may suggest that you look at a Web site called [www.fisherhouse.org](http://www.fisherhouse.org). This is the “address” for the Web site of a program that provides housing near military medical centers for family members of injured service members. The “www” stands for “Worldwide Web.”

Here is how to find a Web site by using the Web Address:

1. “Click” on the picture or “icon” that lets you enter the Internet. It will probably have the word “Internet” on it. Here are some of the icons you might see:



Internet Explorer



Mozilla Firefox



Netscape Navigator

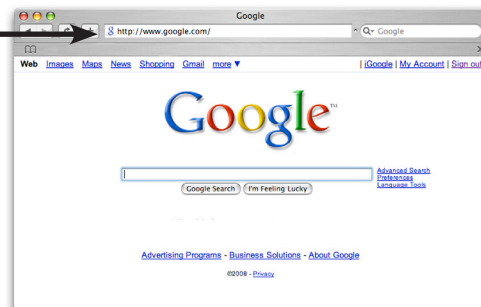


Safari (for Macs)

This will open a software program called a “browser,” which allows you to explore the Internet.

2. Now you should see a narrow empty box. This is the “search box.” In the search box, type the Web address that you have. It is important to type it exactly.

This is the address box. In this space, type the address of the website you wish to view.



- 
3. Hit the “Return” or “Enter” key, or click on the word “go” next to the address box.
  4. The Web site’s “home page” should appear on the screen. From the home page, you can click on different words and pictures to get even more information.

## How to search for information without a Web address

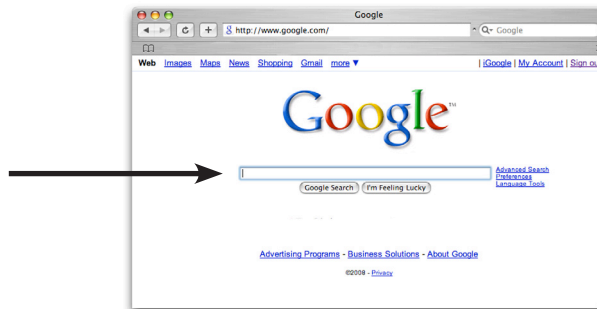
You do not necessarily need certain “Web addresses” to help you look up information on the web. You can do an Internet “search” that will find Web sites that have information about the subject in which you are interested.

For example, you may want to find an organization that has information about living with a spinal cord injury. Here is a way to do a basic search.

1. Go on the computer and open a browser, as you did before.
2. Go to the Web site of a “search engine.” A search engine is a Web site that searches to locate sites that contain or are relevant to the “search terms” that you type into the search box. Here are the addresses for some popular search engines:

www.google.com  
www.yahoo.com  
www.aolsearch.com

This is the search box.  
In this space, type the  
words or subject you want  
to find on the Internet.

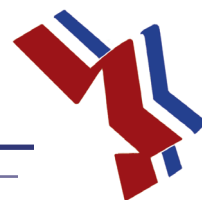


3. Type a “search term” into the search box. For this search, a good search term might simply be “spinal cord injury.”
4. Hit the “Return” or “Enter” key, or click on the word “search” which is next to or under the search box. A list of Web sites will appear on the screen.
5. Click on a Web site that looks useful – for example, the search term “spinal cord injury” produces a list that includes national “Spinal Cord Injury Center.”

- 
6. Read the Web site by clicking on information that looks useful. If a site contains a box that says “links,” it might provide useful information. “Links” are connections to other related Web sites.

### More tips

- If a search is producing too many Web sites that aren’t really related to what you’re looking for, *narrow* your search. For example, if you typed in the search term “child care,” you would get thousands of Web sites from all over the world. If you *narrow* the search by adding more specific terms – for example, “child care San Diego” – you will get more useful results.
- You don’t have to use proper capitalization in your search term.
- You don’t have to use common words such as “and” and “the.”
- If your search isn’t turning up information that is helpful, go to the search engine’s advanced search page, which will show you how to narrow your search.
- When you find helpful sites, write down their addresses so you can find them again easily. If you are on a personal computer or one you know you can use again, you can “bookmark” the page to save the location. “Bookmark” is usually an option listed in the menus at the top of the browser.
- Know if a Web site is a commercial site or a noncommercial site. The owners of a commercial Web site may be trying to sell services or items to people who visit the site. You can tell something about a site by the last letters in the Web address:
  - *.com* usually means the site is commercial
  - *.org* means a nonprofit organization
  - *.edu* means an educational institution
  - *.mil* means a military site
  - *.gov* means a government site









Fill in dates to use this blank calendar as a mini-journal  
or a tool for managing medications, bills, or appointments.

**Month:** \_\_\_\_\_

**Year:** \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Fill in dates to use this blank calendar as a mini-journal or a tool for managing medications, bills, or appointments.

**Month:** \_\_\_\_\_

**Year:** \_\_\_\_\_

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>



Fill in dates to use this blank calendar as a mini-journal  
or a tool for managing medications, bills, or appointments.

**Month:** \_\_\_\_\_

**Year:** \_\_\_\_\_

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>



Fill in dates to use this blank calendar as a mini-journal  
or a tool for managing medications, bills, or appointments.

**Month:** \_\_\_\_\_

**Year:** \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Fill in dates to use this blank calendar as a mini-journal or a tool for managing medications, bills, or appointments.

**Month:** \_\_\_\_\_

**Year:** \_\_\_\_\_

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>

Fill in dates to use this blank calendar as a mini-journal or a tool for managing medications, bills, or appointments.

**Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Fill in dates to use this blank calendar as a mini-journal  
or a tool for managing medications, bills, or appointments.

**Month:** \_\_\_\_\_

**Year:** \_\_\_\_\_

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>

