

**Pre-Admission Questionnaire**

**In order to obtain an understanding of your needs, expectations and priorities prior to admission to the STAR Program, the following information is requested:**

**Medical:**

**List primary medical concerns:**

**Are any surgeries pending?**

**Expectations for medical treatment:**

**The core services provided by the STAR Program include, Physical Therapy, Occupational Therapy, Speech Therapy, Recreation Therapy, and Vocational Rehabilitation.**

**In an effort to provide holistic treatment, our desire is to complement our core services with additional consultative medical services from available providers within our facility. Our understanding of your needs prior to admission will facilitate timely placement of consults.**

**Please circle the additional medical services you would like to receive while in the STAR Program:**

|  |  |
| --- | --- |
| MRI | Dental |
| ENT | Podiatry |
| Pain Clinic | Sleep Clinic |
| Orthopedic | Nutrition |
| Audiology | Kinesiotherapy |
| Vision | Adaptive Sports |
| Vestibular Therapy | Alternative Pain Management |
| Neurology | Yoga |
| Urology | Botox |
| Substance Abuse Assessment and Support Services | Other: |

**Mental Health:**

**Do you have a mental health diagnosis?**

**Please list current mental health treatment you are receiving, along with name and contact information for your provider:**

**Goals/needs for mental health services:**

**List any mental health concerns:**

**Physical Therapy:**

**Are you currently receiving Physical Therapy treatment?**

**If so, for what conditions?**

**Are you using any type of assistive devices (i.e., braces, cane, walker, wheelchair, etc.) or requiring care from a caregiver?**

**Occupational Therapy:**

**Please list any issues you have with memory, concentration, attention, ability to perform activities of daily living (i.e., finances, cooking, cleaning, daily work activities, etc.)**

**List any concerns with regard to sleep (i.e., use of CPAP, nightmares, insomnia, etc.):**

**Speech Therapy:**

**Please list any concerns you have with regard to memory, word finding, reading comprehension, timeliness with completing work or school related tasks, ability to focus, distractibility, hearing loss, ringing in ears, etc.:**

**Please list assistive technology devices you are using or have been issued:**

**Recreation Therapy:**

**Please list your current leisure activities:**

**Please list leisure activities/interests you would like to explore while in the STAR program:**

**Vocational Rehabilitation:**

**What is your current MOS and rank:**

**What is your current vocational goal? (i.e., return to duty; military retirement; civilian employment):**

**What types of civilian careers are you interested in exploring while in the STAR Program?**

**Are you interested in obtaining Federal (public sector) or private sector employment?**

**Are you currently completing a degree program, or do you have plans to complete a degree or training program? YES NO**

**Please provide information about your degree or current degree program:**

**Are you interested in obtaining professional certifications? If so, please list the certifications you are interested in pursuing:**

**Documents Needed for Vocational Rehabilitation:** (You may not have all items listed, please bring in what you have or download and save electronic versions prior to arrival.)

* Separation Papers (DD 214)
* Performance Appraisals
  + Air Force – Officer Performance Evaluation Report or Enlisted Performance Appraisal
  + Army – Evaluation Reports (Officer, Non-Commissioned Officer, or Enlisted)
  + Coast Guard – Performance Reviews
  + Marine Corps – Fitness Reports (E-5 & above) or Proficiency Conduct Marks (E-4 & below)
  + Navy – Fitness Reports (Officers) or Performance Evaluations (Enlisted)
* DD 2586 Verification of Military Experience and Training (VMET)
* Military Training Record
  + Army – Education & Training Section of the OMPF
  + Coast Guard – Educational Assessment Worksheet (CGI 1560/04e)
  + Marine Corps – Basic Training Record (BTR)
  + Navy – Electronic Training Record
* Military Bio
* Training certifications and forms
* Previous resumes or employment forms
* Awards, citations and award write-ups (DA Form 638)
* Letters of commendation and letters of appreciation
* College transcripts
* Military transcripts
  + Air Force – Community College of the Air Force Transcript
  + Army – Army/American Council on Education Registry Transcript (AARTS)
  + Navy & Marine Corps – Sailor & Marine Transcript (SMART)

**Is there anything else you would like the treatment team to know about you prior to admission?**

***Thank you for completing this questionnaire. We look forward to meeting and working with you.***