

This program lets you give input into your own medical history. It's now available in an easy to use form to record your military history and individual health details.

The military history form can be used in your diagnosis and treatment processes, and it could'inform your provider of the time and place you were exposed to toxic substances or diseases.

Documenting your military story will help enable your physicians to view you as a whole person rather than just a series of symptoms and diseases.

Our goal in the Department of Veterans Affairs is to provide better health care for you. Maintaining and improving health care is not an abstract notion. We believe that this will improve the care we can provide vou, with better communication between patient and physician.

To Begin

Go to:



http://www.myhealth.va.gov/

Register



Once logged in - go to

Track Health

(Top Menu Bar)

In "Track Health" - go to

Health History

In "Health History" - go to

Military Health History

(Left Menu Bar)

View Military Health History Information (self-entered) (Personal Health Journal of)

Add New

Write your story on line using the form that looks like this: (you can include multiple stories by beginning this program again)

* Indicates Required Information

Title: *	n
Event Date: *	Month Poay Day Pay Year Year
Branch of Service:	
Rank:	
Location of Service:	
Onboard Ship?	
Military Occupational Specialty:	
Assignments: (e.g. 3rd Armored Division, XYZ AFB)	
Exposures and Military Service: *	(Please complete one or the other, or both) Exposures you think you may have experienced: (e.g. weapons, environmental pollutants, diseases, radiation, or any other incidents or agents) Describe your military service: (e.g. Were you required to fire your weapon in combat, did you see any casualties, did you help injured people, are there any other combat experiences to describe?)