

Thank you for applying to Veterans In Pain. We understand how frustrating it is being asked repeatedly to fill out medical forms and reliving your story. We also empathize with the difficulties in answering questions in reference to pain levels. We simply ask for you to answer each question to the best of your ability.

We look forward to speaking with you personally upon receipt of your submission.

Warmly,

Micaela Bensko

Founder/President V.I.P.

501(c)3 tax ID #83-0600023

### Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Prefix

First Name

Last Name

Branch

### Home

<input type="text"/>	<input type="text"/>
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Area Code

Phone Number

### Cell

<input type="text"/>	<input type="text"/>
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Area Code

Phone Number

### E-mail \*

example@example.com

**Mailing Address:**

Street Address

**Height (inches)**

[Redacted]

City [Redacted] State / Province [Redacted]

Postal / Zip Code [Redacted] [Redacted]

**Date of Military Discharge**

[Redacted]



Month Day Year

**Disability Rating % if Applicable**

[Redacted]

**Date Wounded**

[Redacted]

Month Day Year

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~~Please explain the circumstances surrounding your initial injury and subsequent deterioration of~~

[Redacted]

[Redacted] [Redacted] [Redacted]

[Redacted]

**Marital Status**

\_\_\_\_\_

**Companion Contact:**

Prefix First Name Last Name Relationship to Applicant



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**Email**

example@example.com



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**Have you experienced any of the following? Select all that apply.**

- Rheumatoid Arthritis
- Arachnoiditis
- RSD/CRPS
- MS
- ALS
- Cancer
- Depression
- Neurological condition
- Anxiety
- Liver Disease
- Blood Clots
- Muscle Dystonia
- Paralysis of the upper limbs
- Paralysis of the lower limbs
- Paralysis of one arm
- Paralysis of one leg
- Alodynia (unusual sensory reaction to hot or cold)
- Chronically cold feet/toes
- Gradual loss of motion in effected limb post-injury
- The sensation of burning skin around effected area
- Spinal Injury
- Spine surgery
- Fireball sensation in the spine
- Gradual yet repetitive contractions within your spinal cord
- Numbing of the hands or feet
- Asymmetric weakness and loss of mobility over time (ie: right arm, then left leg)
- Loss of appetite
- Diabetes
- Headaches

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- TBI
- Amputation of limb(s)
- Phantom pain
- Pain levels of 10+
- Sensation of water dripping down legs
- Sciatica
- Legs "fill with cement" upon walking for a period of time
- Phantom pain

**Have you ever been diagnosed with any of the following in the last ten years**

- Numb finger(s)
- Rheumatoid Arthritis

- Migraine
- Spinal headaches
- Multiple Sclerosis
- ASD/CPD
- Heart Disease
- Fibromyalgia
- Chronic Fatigue
- Diabetes I or II
- Degenerative Disc Disease
- Arachnoiditis
- Cancer
- High Blood Pressure
- Spinal Stenosis
- Dystonia (weakening of limb(s))
- Paralysis of one or more limbs
- Alodynia
- Thyroid Disorder
- 
- 
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- 

**None**

Area Code    Phone Number

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