

My HealthVet

Personal Information Report

*******CONFIDENTIAL*******

Produced by the VA Blue Button (v12.6)

09 Sep 2013 @ 0603

This summary is a copy of information from your My HealthVet Personal Health Record. Your summary may include:

- information that you entered (self reported)
- information from your VA health record
- your military service information from the department of defense (DoD)

Note: Your health care team may not have all of the information from your Personal Health Record unless you share it with them. Contact your health care team if you have questions about your health information.

Key: Double dashes (--) mean there is no information to display.

Name: MHVTESTVETERAN, ONE A

Date of Birth: 01 Mar 1948

Download Request Summary

System Request Date/Time:	09 Sep 2013 @ 0603
File Name:	mhv_MHVTESTVETERAN_20130909_0603.pdf
Date Range Selected:	09 Sep 2012 to 09 Sep 2013
Data Types Selected:	<ul style="list-style-type: none"> My HealthVet Account Summary Self Reported Demographics VA Demographics Self Reported Health Care Providers Self Reported Treatment Facilities Self Reported Health Insurance VA Wellness Reminders VA Appointments (Future) VA Appointments (Limited to past 2 years) VA Medication History Self Reported Medications and Supplements VA Allergies Self Reported Allergies VA Problem List VA Admissions and Discharges VA Notes Self Reported Medical Events VA Immunizations Self Reported Immunizations VA Laboratory Results: Chemistry/Hematology/Microbiology VA Pathology Reports: Surgical Pathology/Cytology/Electron Microscopy Self Reported Labs and Tests VA Vitals and Readings Self Reported Vitals and Readings VA Radiology Reports VA Electrocardiogram (EKG) Reports Self Reported Family Health History Self Reported Activity Journal Self Reported Food Journal Self Reported Military Health History DoD Military Service Information Self Reported My Goals Current Self Reported My Goals Completed

My HealtheVet Account Summary

Source:	VA
Authentication Status:	Authenticated
Authentication Date:	18 May 2011
Authentication Facility Name:	PORTLAND, OREGON VA MEDICAL CENTER
Authentication Facility ID:	648

VA Treating Facility	Type
AUSTIN PSIM	na
PORTLAND, OREGON VA MEDICAL CENTER	na
AUSTIN MHV	na
ENROLLMENT SYSTEM REENGINEERING	na
VA SOUTHERN OREGON REHABILITATION CENTER AND CLINICS	na
SPOKANE VAMC	na



MEDICAL CONFIDENTIAL

Self Reported Demographics

Source: Self-Entered

Your self-entered information saved in My HealtheVet is not shared with other sources.

First Name:	ONE
Middle Initial:	A
Last Name:	MHVTESTVETERAN
Suffix:	
Alias:	MHVVET
Relationship to VA:	Patient, Veteran
Current Occupation:	Truck Driver
Home Phone Number:	000-010-0202
Work Phone Number:	000-010-0404
Pager Number:	000-010-0006
Cell Phone Number:	000-010-0303
FAX Number:	000-010-0005

Date of Birth:	01 Mar 1948
Gender:	Male
Blood Type:	AB+
Organ Donor:	Yes
Marital Status:	Married

Mailing or Destination Address:

123 Anywhere Road
 Apt. 123
 Anywhere, DC
 United States
 20420

Email Address: mhvveteran@emailaddress.com

Preferred Method of Contact: Email



MEDICAL CONFIDENTIAL

Emergency Contacts

Contact First Name:	Two	Mailing Address: 123 Anywhere Road Anywhere, DC United States 20420
Contact Last Name:	MHVVeteran	
Relationship:		
Home Phone Number:	000-020-0001	
Work Phone Number:	000-020-0002	
Cell Phone Number:	000-020-0003	
Email:	mhvveterantwo@emailaddress.com	

Contact First Name:	Three	Mailing Address: 123 Anywhere Road Data Entered for Validation Data Entered for Validation, DC United States 20420
Contact Last Name:	MHVVeteran	
Relationship:		
Home Phone Number:	000-030-0101	
Work Phone Number:	000-030-0202	
Cell Phone Number:	000-030-0303	
Email:	mhvveteranthree@emailaddress.com	

Blue Button
Download
My Data SM



VA Demographics

Source:	VA
Last Updated:	
Sorted By:	VA Treating Facility
<p>Your information in My HealthVet is not transferred to your VA Health Record. Also, VA Demographic information is not updated between VA treating facilities. If you have any questions or updates, please contact your VA health care team.</p>	

VA Treating Facility	VA SOUTHERN OREGON REHABILITATION CENTER CLINICS
First Name:	ONE
Middle Name:	A
Last Name:	MHVTESTVETERAN
Date of Birth:	01 Mar 1948
Age:	65
Gender:	Male
Ethnicity:	--
Religion:	--
Place of Birth:	WASHINGTON, DISTRICT OF COLUMBIA
Marital Status:	DIVORCED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	123 ANYWHERE RD
Street Address 2:	APT 123
City:	WASHINGTON
State:	DISTRICT OF COLUMBIA
Zip Code:	20420
County:	001
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	MHVVETERAN@EMAILADDRESS.COM
ELIGIBILITY	
Service Connected Percentage:	70
Means Test Status:	--
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	--
Employment Status:	NOT EMPLOYED
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	PERSON NAME

MEDICAL CONFIDENTIAL

Street Address:	123 ANYWHERE RD
City:	WASHINGTON
State:	DISTRICT OF COLUMBIA
Zip Code:	43232
Home Phone Number:	001-002-0003
Work Phone Number:	--
EMERGENCY CONTACT	
Name:	PERSON NAME
Street Address:	123 ANYWHERE RD
City:	WASHINGTON
State:	DISTRICT OF COLUMBIA
Zip Code:	43232
Home Phone Number:	001-002-0003
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--
Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--
VA Treating Facility	SPOKANE VAMC
First Name:	ONE
Middle Name:	A
Last Name:	MHVTESTVETERAN
Date of Birth:	01 Mar 1948

MEDICAL CONFIDENTIAL

Age:	65
Gender:	Male
Ethnicity:	--
Religion:	--
Place of Birth:	WASHINGTON, DISTRICT OF COLUMBIA
Marital Status:	DIVORCED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	123 ANYWHERE RD
Street Address 2:	APT 123
City:	WASHINGTON
State:	DISTRICT OF COLUMBIA
Zip Code:	20420
County:	001
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	MHVVETERAN@EMAILADDRESS.COM
ELIGIBILITY	
Service Connected Percentage:	70
Means Test Status:	--
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	--
Employment Status:	NOT EMPLOYED
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	PERSON NAME
Street Address:	123 ANYWHERE RD
City:	WASHINGTON
State:	DISTRICT OF COLUMBIA
Zip Code:	43232
Home Phone Number:	001-002-0003
Work Phone Number:	--
EMERGENCY CONTACT	
Name:	PROVIDER, ONE
Street Address:	123 ANYWHERE RD
City:	WASHINGTON
State:	DISTRICT OF COLUMBIA
Zip Code:	43232
Home Phone Number:	001-002-0003
Work Phone Number:	--
VA GUARDIAN	

MEDICAL CONFIDENTIAL

MEDICAL CONFIDENTIAL

Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--
Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--
VA Treating Facility	PORTLAND, OREGON VA MEDICAL CENTER
First Name:	ONE
Middle Name:	A
Last Name:	MHVTESTVETERAN
Date of Birth:	01 Mar 1948
Age:	65
Gender:	Male
Ethnicity:	--
Religion:	--
Place of Birth:	WASHINGTON, DISTRICT OF COLUMBIA
Marital Status:	DIVORCED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	123 ANYWHERE RD
Street Address 2:	APT 123
City:	WASHINGTON
State:	DISTRICT OF COLUMBIA
Zip Code:	20420
County:	001
Country:	USA
Home Phone Number:	--

MEDICAL CONFIDENTIAL

Work Phone Number:	--
Cell Phone Number:	--
Email Address:	MHVVETERAN@EMAILADDRESS.COM
ELIGIBILITY	
Service Connected Percentage:	0
Means Test Status:	NO LONGER REQUIRED
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	--
Employment Status:	NOT EMPLOYED
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	PERSON NAME
Street Address:	123 ANYWHERE RD
City:	WASHINGTON
State:	DISTRICT OF COLUMBIA
Zip Code:	43232
Home Phone Number:	001-002-0003
Work Phone Number:	--
EMERGENCY CONTACT	
Name:	PERSON NAME
Street Address:	123 ANYWHERE RD
City:	WASHINGTON
State:	DISTRICT OF COLUMBIA
Zip Code:	43232
Home Phone Number:	001-002-0003
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--

ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--
Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--



MEDICAL CONFIDENTIAL

Self Reported Healthcare Providers

Source:	Self-Entered
---------	--------------

Provider Name:	One Provider
Type of Provider:	Primary
Other Clinician Information:	
Phone Number:	000-000-0000 Ext: 1234
Email:	provider@institution.org
Comments:	Dr. Provider can be reached on the weekend if needed by leaving a message with the clinic.

Provider Name:	One Provider
Type of Provider:	Specialist
Other Clinician Information:	
Phone Number:	000-000-0001 Ext: 1234
Email:	specialist@institution.org
Comments:	Dr. Provider should be notified of any changes in my medical condition. Requires a referral from my health insurance company.

Blue Button
Download
My Data SM



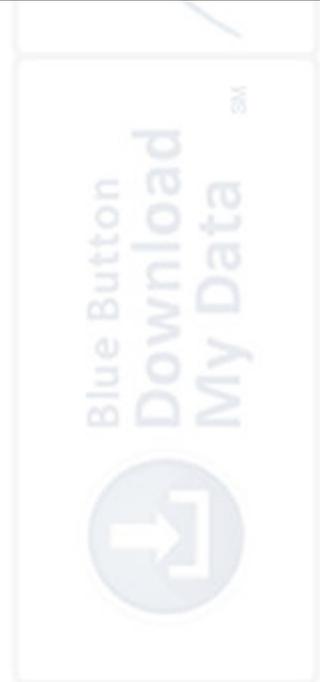
MEDICAL CONFIDENTIAL

Self Reported Treatment Facilities

Source: Self-Entered

Facility Name:	Anywhere VA Medical Center	
Facility Type:	VA	Mailing Address:
VA Home Facility:	Yes	123 VA Drive
Phone Number:	000-000-0001 Ext:1234	Suite 4
FAX Number:	000-050-0505	Anywhere, DC
Comments:	Contact clinic when calling to make my appointments.	United States
		00001

Facility Name:	Health Care Inc.	
Facility Type:	Non-VA	Mailing Address:
VA Home Facility:	No	123 Anywhere Road
Phone Number:	000-000-0002 Ext:5678	B-Wing
FAX Number:	000-050-0505	Anywhere, DC
Comments:	Reminder to bring My HealtheVet printouts for all visits	United States
		00001



MEDICAL CONFIDENTIAL

Self Reported Health Insurance

Source: Self-Entered

Health Insurance Company: My Health Insurance Company			
ID Number:	0001234	Group Number:	0000000
Primary Insurance Provider:	Yes	Start Date:	01 Jan 2009
Insured:	One MHVveteran	Stop Date:	
Pre-Approval Phone Number:	000-000-0003		
Health Insurance Company Phone Number:	000-000-0004		
Comments:	Need to get pre-authorization for special services.		

Health Insurance Company: My Other Health Insurance Company			
ID Number:	000567891010	Group Number:	ABC123456789
Primary Insurance Provider:	No	Start Date:	01 Jan 2009
Insured:	One MHVveteran	Stop Date:	
Pre-Approval Phone Number:	000-000-0005		
Health Insurance Company Phone Number:	000-000-0005		
Comments:	Coverage only for vision and dental.		



MEDICAL CONFIDENTIAL

VA Wellness Reminders

Source:	VA
Last Updated:	09 Sep 2013 @ 0602
Sorted By:	Name (Ascending)
Learn more about these Wellness Reminders by visiting My HealthVet. Please contact your health care team with any questions about your VA Wellness Reminders.	

Wellness Reminder	Due Date	Last Completed	Location
Colon Cancer Screening	01 Oct 2022	01 Oct 2012	PORTLAND, OREGON VA MEDICAL CENTER
Pneumonia Vaccine	--	06 Mar 2011	PORTLAND, OREGON VA MEDICAL CENTER
Body Mass Index more than 25	--	--	PORTLAND, OREGON VA MEDICAL CENTER
Control of Your Cholesterol	--	--	PORTLAND, OREGON VA MEDICAL CENTER
Influenza Vaccine	--	--	PORTLAND, OREGON VA MEDICAL CENTER
Pneumonia Vaccine	--	--	SPOKANE VAMC
Colon Cancer Screening	--	--	SPOKANE VAMC
Influenza Vaccine	--	--	SPOKANE VAMC
Colon Cancer Screening	--	--	VA SOUTHERN OREGON REHABILITATION CENTER AND CLINICS
Influenza Vaccine	--	--	VA SOUTHERN OREGON REHABILITATION CENTER AND CLINICS
Pneumonia Vaccine	--	--	VA SOUTHERN OREGON REHABILITATION CENTER AND CLINICS

MEDICAL CONFIDENTIAL

VA Appointments

Source:	VA
Last Updated:	09 Sep 2013 @ 0602
Sorted By:	Date (Descending)
All future VA Appointments are shown below. Past VA Appointments are limited to two years from the date of your download request. To cancel, change or request an appointment with your VA health care team, please contact your local VA facility.	

Future Appointments

Date/Time:	09 Dec 2013 @ 0800
Location:	PORTLAND
Status:	FUTURE
Clinic:	MH1I PROVIDER,O P2 Bldg 104
Phone Number:	5-5187

Past Appointments

Date/Time:	05 Aug 2013 @ 0800
Location:	BEND
Status:	CANCELLED
Clinic:	DEMENTIA BEND CVT PROVIDER
Phone Number:	5-1440

Date/Time:	08 Jul 2013 @ 0800
Location:	PORTLAND
Status:	APPOINTMENT NOT KEPT
Clinic:	MH1I PROVIDER,O P2 Bldg 104
Phone Number:	5-5187

Date/Time:	16 May 2013 @ 0800
Location:	PORTLAND
Status:	CANCELLED
Clinic:	MH1I PROVIDER,O P2 Bldg 104
Phone Number:	5-5187

Date/Time:	07 Jan 2013 @ 0800
Location:	PORTLAND
Status:	APPOINTMENT NOT KEPT
Clinic:	MH1I PROVIDER,O P2 Bldg 104
Phone Number:	5-5187

MEDICAL CONFIDENTIAL

VA Medication History

Source:	VA
Last Updated:	28 Aug 2013 @ 0958
Sorted By:	Last Filled On (Descending)
Remember to share all information about your medications or updates with your VA health care team. Also, check information in your VA Allergies and your Self Reported Allergies. This may let you know if you had a reaction to a medication you received. If you have any questions about your information please visit the FAQs or contact your VA health care team.	

Medication:	HCTZ 25/TRIAMTERENE 37.5MG TAB		
Instructions:	TAKE ONE-HALF TABLET (12.5/18.75 MG) BY MOUTH EVERY DAY		
Status:	Active		
Refills Remaining:	3		
Last Filled On:	11 Dec 2012		
Initially Ordered On:	10 Dec 2012		
Quantity	Days Supply	Pharmacy	Prescription Number
45	90	PORTLAND PHARMACY	11532051

Medication:	FLUOXETINE HCL 10MG CAP		
Instructions:	TAKE ONE CAPSULE BY MOUTH EVERY MORNING		
Status:	Active		
Refills Remaining:	3		
Last Filled On:	11 Dec 2012		
Initially Ordered On:	10 Dec 2012		
Quantity	Days Supply	Pharmacy	Prescription Number
90	90	PORTLAND PHARMACY	11532050

Medication:	AMLODIPINE BESYLATE 5MG TAB		
Instructions:	TAKE ONE-HALF TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE		
Status:	Refill in Process		
Refills Remaining:	2		
Last Filled On:	01 Mar 2013		
Initially Ordered On:	10 Dec 2012		
Quantity	Days Supply	Pharmacy	Prescription Number
45	90	PORTLAND PHARMACY	11532047

Medication:	DONEPEZIL HCL 5MG TAB		
Instructions:	TAKE ONE TABLET BY MOUTH EVERY MORNING		
Status:	Refill in Process		
Refills Remaining:	10		
Last Filled On:	16 Feb 2013		
Initially Ordered On:	10 Dec 2012		

Quantity	Days Supply	Pharmacy	Prescription Number
30	30	PORTLAND PHARMACY	11532048



Blue Button
Download
My Data SM

MEDICAL CONFIDENTIAL

Self Reported Medications & Supplements

Source: Self-Entered

No information was available that matched your selection.



MEDICAL CONFIDENTIAL

VA Allergies

Source:	VA
Last Updated:	09 Sep 2013 @ 0602
Sorted By:	Date (Descending)
Remember to share all information about your allergies with your health care team. If you have any questions about your information please visit the FAQs or contact your VA health care team.	

Allergy Name:	IMIPRAMINE	Date Entered:	07 Dec 2012
Allergy Type:	DRUG	Location:	PORTLAND, OREGON VA MEDICAL CENTER
Reaction:	ANAPHYLAXIS		
VA Drug Class:	TRICYCLIC ANTIDEPRESSANTS		
Observed/Historical:	OBSERVED		
Comments:	severe		

Allergy Name:	TRIMETHOPRIM	Date Entered:	03 Jun 2011
Allergy Type:	DRUG	Location:	PORTLAND, OREGON VA MEDICAL CENTER
Reaction:	--		
VA Drug Class:	ANTI-INFECTIVES,OTHER		
Observed/Historical:	HISTORICAL		
Comments:	the reaction to this allergy was MILD (NO SQUELAE)		

Allergy Name:	TRAMADOL	Date Entered:	03 Jun 2011
Allergy Type:	DRUG	Location:	PORTLAND, OREGON VA MEDICAL CENTER
Reaction:	RETENTION OF URINE		
VA Drug Class:	NON-OPIOID ANALGESICS		
Observed/Historical:	HISTORICAL		
Comments:	gradually worsening difficulty emptying bladder -- might try tramadol again cautiously because pt. reported pain relief		

Allergy Name:	TERAZOSIN	Date Entered:	03 Jun 2011
Allergy Type:	DRUG	Location:	PORTLAND, OREGON VA MEDICAL CENTER
Reaction:	DIZZINESS		
VA Drug Class:	ALPHA BLOCKERS/RELATED		
Observed/Historical:	HISTORICAL		
Comments:	--		

Allergy Name:	BACTRIM	Date Entered:	03 Jun 2011
Allergy Type:	DRUG	Location:	PORTLAND, OREGON VA MEDICAL CENTER
Reaction:	--		
VA Drug Class:	SULFONAMIDE/RELATED ANTIMICROBIALS		
Observed/Historical:	HISTORICAL		
Comments:	Causes Swelling of the Extremities		

Allergy Name:	METHOCARBAMOL	Date Entered:	03 Jun 2011
Allergy Type:	DRUG	Location:	PORTLAND, OREGON VA MEDICAL CENTER
Reaction:	DELIRIUM, DROWSY		
VA Drug Class:	SKELETAL MUSCLE RELAXANTS		
Observed/Historical:	OBSERVED		
Comments:	Drowsiness and hallucinations while on methocarbamol plus carbamazepine and other sedatives		

Blue Button
Download
My Data SM



MEDICAL CONFIDENTIAL

Self Reported Allergies

Source: Self-Entered
Remember to share all information about your allergies with your health care team.

Allergy Name: Diovan	Date: 07 Jan 2013
Severity: Mild	Diagnosed: No
Reaction: Dry cough	
Comments: I called my provider and told him the reaction I had. He is calling in a new Rx for my HTN	



Blue Button
Download
My Data SM



MEDICAL CONFIDENTIAL

VA Problem List

Source:	VA
Last Updated:	
Sorted By:	Date/Time Entered (Descending) then alphabetically by Problem
<p>Your VA Problem List contains active health problems your VA providers are helping you to manage. This information is available 3 calendar days after it has been entered. It may not contain active problems managed by non-VA health care providers. If you have any questions about your information, visit the FAQs or contact your VA health care team.</p>	

Problem:	Posttraumatic Stress Disorder	Date/Time Entered: 11 Feb 2013 @ 1200
Provider:	PROVIDER, ONE A	
Location:	PORTLAND, OREGON VA MEDICAL CENTER	
Status:	ACTIVE	
Comments:	AWAITING A COMP AND PEN EXAM	
	comment #1	
	Comment #2	
	comment #3	

Problem:	MILD COGNITIVE IMPAIRMENT	Date/Time Entered: 16 Jan 2013 @ 1200
Provider:	PROVIDER, ONE A	
Location:	PORTLAND, OREGON VA MEDICAL CENTER	
Status:	ACTIVE	
Comments:	this is only a test	
	INDEPENDENT IN ADLs AND IADLs	

Problem:	Diabetes with neurological Manifestations, type i [Juvenile type], not stated as	Date/Time Entered: 07 Dec 2012 @ 1200
Provider:	PROVIDER, ONE A	
Location:	PORTLAND, OREGON VA MEDICAL CENTER	
Status:	ACTIVE	
Comments:	--	

Problem:	Hyperlipidemia	Date/Time Entered: 07 Dec 2012 @ 1200
Provider:	PROVIDER, ONE A	

Location:	PORTLAND, OREGON VA MEDICAL CENTER	
Status:	ACTIVE	
Comments:	--	

Problem:	TRAUMATIC BRAIN INJURY	Date/Time Entered: 07 Dec 2012 @ 1200
Provider:	PROVIDER, ONE A	
Location:	PORTLAND, OREGON VA MEDICAL CENTER	
Status:	ACTIVE	
Comments:	--	



MEDICAL CONFIDENTIAL

VA Admissions And Discharges

Source:	VA
Last Updated:	
Sorted by:	Admission Date/Time (Descending)
Discharge summaries are available 3 calendar days after they are completed. If you have any questions about your information please visit the FAQs or contact your VA health care team.	

Admission Date:	10 Dec 2012 @ 0935
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Admitting Physician:	PROVIDER, ONE A
Discharge Date:	11 Dec 2012 @ 1134
Discharge Physician:	PROVIDER, ONE A

Discharge Summary

LOCAL TITLE: Discharge Summary
 STANDARD TITLE: DISCHARGE SUMMARY
 DICT DATE: DEC 10, 2012@10:40 ENTRY DATE: DEC 10, 2012@10:41:06
 DICTATED BY: PROVIDER, ONE A ATTENDING: PROVIDER, ONE A
 URGENCY: routine STATUS: COMPLETED

THIS IS ONLY A TEST

ATTENDING PHYSICIAN:

PRIMARY CARE PROVIDER AND FACILITY:

PRINCIPAL DIAGNOSIS:

OTHER DIAGNOSES TREATED OR IMPACTING TREATMENT THIS ADMISSION:

PROCEDURES PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION:

SUMMARY:
 (ABBREVIATED HPI, PE, AND PERTINENT LABS)

HOSPITAL COURSE:

FUNCTIONAL STATUS:
 (MAY INCLUDE ACTIVITY LEVEL, WORK RESTRICTIONS, OR DIET)

DISCHARGE MEDICATIONS:
 (INDICATE ADDITIONS OR CHANGES WITH AN ASTERISK)

MEDICAL CONFIDENTIAL

MEDICAL CONFIDENTIAL



MEDICATIONS THAT HAVE BEEN DISCONTINUED:

CLINICAL ISSUES REQUIRING FOLLOW UP DURING PC PHONE APT:

- 1.
- 2.
- 3.

ADDITIONAL FOLLOW UP APPOINTMENTS:

SPECIALTY	EXPECTED DATE	SCHEDULED(Y/N)	POINT OF CONTACT
-----------	---------------	----------------	------------------

- 1.
- 2.
- 3.

FOLLOW UP LABS INCLUDING PATHOLOGY & MICROBIOLOGY:

TEST	ORDERED(Y/N)	EXPECTED DATE IF NOT ORDERED
------	--------------	------------------------------

- 1.
- 2.
- 3.

FOLLOW UP IMAGING AND PROCEDURES:

PROCEDURE	ORDERED(Y/N)	EXPECTED DATE IF NOT ORDERED
-----------	--------------	------------------------------

- 1.
- 2.
- 3.

/es/ ONE A. PROVIDER MD
 CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST
 Signed: 12/10/2012 16:15
 for ONE A PROVIDER MD
 INTERNAL MEDICINE RESIDENT

- 1) Non-va fish oil cap/tab 1 cap/tab mouth every day
- 2) Non-va ginkgo biloba small amount mouth every day
- 3) Non-va kava cap/tab 1 cap/tab mouth every day
- 4) Non-va lisinopril 5mg tab 2.5mg mouth every day

8 total medications)

Physical Exam:

Vitals:

98.5 F [36.9 C] (12/10/2012 09:24)

190/70 (01/07/2013 15:27)

88 (12/10/2012 09:24)

No assessments on file.

BSA : 2.569 sq. meters on 12/10/2012 09:24

BODY MASS INDEX

DEC 10, 2012@09:24:38 46.7

GEN -

NECK -

CV -

PULM -

EXT -

Lab Studies:

Mixed dates for most recent tests of this panel

No CBC in last year

145 H : 102 : 25 H / \ N/A / MCV:

N/A

----- : ----- : ----- 150 H N/A ----- N/A SEGS: N/A

6.5 H* : 25 : 1.2 \ / N/A \ BANDS:

N/A

ASSESSMENT/PLAN:

Mr. ONE A MHVTESTVETERAN is a 64 yo M with a PMHx as above who presents in routine follow-up.

IMPRESSION:

- 1.
- 2.
- 3.
- 4.

PLAN: Order a series of test to include a stress test and a series of cardiac lab

panels. Will also review patient's current medication history and revise accordingly.

FELLOW SUPERVISION: Staffed with Dr. Provider who agrees with my assessment and plan.

CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST

Signed: 01/25/2013 11:48

Date/Time:	24 Jan 2013 @ 1437
Note Title:	PHYSICAL THERAPY - INPATIENT NOTE
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Signed By:	PROVIDER, ONE A
Co-signed By:	PROVIDER, ONE A
Date/Time Signed:	24 Jan 2013 @ 1438

Note

LOCAL TITLE: PHYSICAL THERAPY - INPATIENT NOTE
 STANDARD TITLE: PHYSICAL THERAPY INPATIENT NOTE
 DATE OF NOTE: JAN 24, 2013@14:37 ENTRY DATE: JAN 24, 2013@14:38
 AUTHOR: PROVIDER, ONE A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

S:
 Pain level:
 Pain location:
 O:
 A: (progress toward goals)
 P:

THIS IS ONLY A TEST

/es/ ONE A. PROVIDER MD
 CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST
 Signed: 01/24/2013 14:38

Date/Time:	24 Jan 2013 @ 1436
Note Title:	INPAT - CT SURG - ADMIT
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Signed By:	PROVIDER, ONE A
Co-signed By:	PROVIDER, ONE A
Date/Time Signed:	24 Jan 2013 @ 1437

Note

LOCAL TITLE: INPAT - CT SURG - ADMIT
 STANDARD TITLE: THORACIC SURGERY INPATIENT NOTE
 DATE OF NOTE: JAN 24, 2013@14:36 ENTRY DATE: JAN 24, 2013@14:37:02

MEDICAL CONFIDENTIAL

AUTHOR: PROVIDER, ONE A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

I have seen and discussed the patient with my supervising practitioner, Dr. One A Provider, and Dr. Two B Provider who is in agreement with the assesment and plan.

Patient Name: MHVTESTVETERAN,ONE A

S: THIS IS ONLY A TEST

O: POD# s/p:

No vitals data available in last 24 hours.
I/O:

Last CHEM 7 After 0500 JAN 24, 2013:

N/A : N/A : N/A /
----- : ----- : ----- N/A
N/A : N/A : N/A \

Last CBC w/Diff After 0500 JAN 24, 2013:

\ N/A / MCV N/A
N/A ----- N/A SEGS N/A
/ N/A \ BANDS N/A

Active Medications:

Neuro: AAO
Pulm: CTAB
CV: NRRR
Abd: soft, NT, +BS
Ext:

Incision intact
No hematoma
A:

P:

/es/ ONE A. PROVIDER MD
CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST
Signed: 01/24/2013 14:37

Date/Time: 24 Jan 2013 @ 1435

Note Title: SPECIALTY CLINIC PROGRESS NOTE

MEDICAL CONFIDENTIAL

CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST

Signed: 01/24/2013 14:34

01/25/2013 ADDENDUM STATUS: COMPLETED

Appearance/Behavior:

This is a well developed and well nourished Caucasian MALE seated in no apparent distress.

Thought Processing:

Speech is regular rate and rhythm, normal volume with no thought disorder.

Thought Content:

Patient thoughts marked by no evidence of psychotic symptoms, no evidence of SI or HI.

/es/ ONE A. PROVIDER MD

CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST

Signed: 01/25/2013 11:48

Date/Time:	24 Jan 2013 @ 1431
Note Title:	GEN SURG - ATTENDING
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Signed By:	PROVIDER, ONE A
Co-signed By:	PROVIDER, ONE A
Date/Time Signed:	24 Jan 2013 @ 1432

Note

LOCAL TITLE: GEN SURG - ATTENDING
 STANDARD TITLE: SURGERY ATTENDING NOTE
 DATE OF NOTE: JAN 24, 2013@14:31 ENTRY DATE: JAN 24, 2013@14:32:05
 AUTHOR: PROVIDER, ONE A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** GEN SURG - ATTENDING Has ADDENDA ***

THIS IS ONLY A TEST

/es/ ONE A. PROVIDER MD

CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST

Signed: 01/24/2013 14:32

01/25/2013 ADDENDUM STATUS: COMPLETED

ID: ONE A MHVTESTVETERAN is a 64 y/o WHITEMALE who is referred for Dementia Clinic Evaluation.

Source:

MEDICAL CONFIDENTIAL

CC:" "

HPI:

Past Medical History:

Previous Cognitive Testing:

DEMENTIA EVALUATIONS

DEM: SLUMS SCORE 12/10/2012
28

Medications: Active Medications:

- 1) Amlodipine besylate 5mg tab take one-half tablet by mouth every day for blood pressure
- 2) Donepezil hcl 5mg tab take one tablet by mouth every morning
- 3) Fluoxetine hcl 10mg cap take one capsule by mouth every morning
- 4) Hctz 25/triamterene 37.5mg tab take one-half tablet (12.5/18.75 mg) by mouth every day

active non-va medications	status
---------------------------	--------

-
- 1) Non-va fish oil cap/tab 1 cap/tab mouth every day
 - 2) Non-va ginkgo biloba small amount mouth every day
 - 3) Non-va kava cap/tab 1 cap/tab mouth every day
 - 4) Non-va lisinopril 5mg tab 2.5mg mouth every day

8 total medications)

METHOCARBAMOL, TERAZOSIN, BACTRIM, TRAMADOL, TRIMETHOPRIM, IMIPRAMINE

Habits:

Family History:

Social History:

REVIEW OF SYSTEMS

Mood:

Sleep:

Energy:

Appetite:

Concentration:

Obsessive Thoughts:

Compulsions:

Hallucinations:

Delusions:

Anxiety:

ST LOUIS MENTAL STATUS EXAMINATION

ACTIVITIES OF DAILY LIVING SCORE

INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCORE

NEUROBEHAVIORAL COGNITIVE STATUS EXAM

Level of Consciousness:

Orientation: /12

Attention: ()Passed Screen or /8

Language Comprehension: ()Passed Screen or /6

Language Repetition: ()Passed Screen or /12

Naming: ()Passed Screen or /8

Construction: ()Passed Screen or /6

Memory: /12

Calculation: ()Passed Screen or /4

Similarities: ()Passed Screen or /8

Judgment: ()Passed Screen or /6

NEUROLOGICAL EXAM

Station and Gait:

Cranial Nerves:

Motor Exam:

Sensory Exam:

Reflexes:

Coordination:

MEDICAL CONFIDENTIAL

MENTAL STATUS EXAM

Appearance/Behavior

Thought Processing

Thought Content

Mood/Affect

Sensorium/Intellect

Insight/Judgment

IMAGING STUDIES

LABORATORY STUDIES

DIAGNOSTIC FORMULATION

DSM IV DIAGNOSIS

Axis I

Axis II

Axis III

Axis IV

Axis V

TREATMENT PLAN

/es/ ONE A. PROVIDER MD

CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST

Signed: 01/25/2013 11:47

Date/Time:	24 Jan 2013 @ 1430
Note Title:	PDHC - NEW PCP
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Signed By:	PROVIDER, ONE A
Co-signed By:	PROVIDER, ONE A
Date/Time Signed:	24 Jan 2013 @ 1431

Note

LOCAL TITLE: PDHC - NEW PCP

STANDARD TITLE: OEF/OIF NOTE

DATE OF NOTE: JAN 24, 2013@14:30 ENTRY DATE: JAN 24, 2013@14:31:16

AUTHOR: PROVIDER, ONE A EXP COSIGNER:

MEDICAL CONFIDENTIAL

MEDICAL CONFIDENTIAL

URGENCY: STATUS: COMPLETED

*** PDHC - NEW PCP Has ADDENDA ***

This is only a test.

/es/ ONE A. PROVIDER MD
 CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST
 Signed: 01/24/2013 14:31

01/25/2013 ADDENDUM STATUS: COMPLETED
 this is only a test

/es/ ONE A. PROVIDER MD
 CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST
 Signed: 01/25/2013 11:47

Date/Time:	08 Jan 2013 @ 1145
Note Title:	10-10M
Location:	VA SOUTHERN OREGON REHABILITATION CENTER CLINICS
Signed By:	PROVIDER,ONE A
Co-signed By:	PROVIDER,ONE A
Date/Time Signed:	08 Jan 2013 @ 1146

Note

LOCAL TITLE: 10-10M
 STANDARD TITLE: PHYSICIAN NOTE
 DATE OF NOTE: JAN 08, 2013@11:45 ENTRY DATE: JAN 08, 2013@11:45:58
 AUTHOR: PROVIDER,ONE A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Testing for national and VISN for Open Notes project

/es/ ONE A PROVIDER
 PRIVACY OFFICER Signed:
 01/08/2013 11:46

Date/Time:	07 Jan 2013 @ 1428
Note Title:	SECURE MESSAGING
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Signed By:	PROVIDER,ONE A
Co-signed By:	PROVIDER,ONE A
Date/Time Signed:	07 Jan 2013 @ 1429

Note

LOCAL TITLE: SECURE MESSAGING
STANDARD TITLE: MHV DIALOG NOTE
DATE OF NOTE: JAN 07, 2013@14:28 ENTRY DATE: JAN 07, 2013@14:28:52
AUTHOR: PROVIDER,ONE A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** SECURE MESSAGING Has ADDENDA ***

THIS IS A TEST

/es/ ONE A. PROVIDER MD
CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST
Signed: 01/07/2013 14:29

01/07/2013 ADDENDUM STATUS: COMPLETED

CLINICAL REMINDER ACTIVITY

*Annual OTC/Non-VA Med Review:

Reviewed medication list with patient. New OTC/Non-VA medications to be added to list.

DM NEPHROPATHY SCREENING:

Angiotensin II receptor blocker therapy is contraindicated.

Comment: test patient

Eval of Positive Depression Screen:

Rescreen with PHQ-2 if most recent previous screen is > 1 day old.

A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

1. Little interest or pleasure in doing things

Not at all

2. Feeling down, depressed, or hopeless

Not at all

Are you feeling hopeless about the present or future? NO

Have you had thoughts recently about taking your life? NO

ASSESSMENT: Suicide risk screen is negative.

PROVIDER EVALUATION The results of the PHQ depression screen have been reviewed. I have personally evaluated the patient including inquiry about feelings of hopelessness, suicidal thoughts, suicide plan if thoughts are present, and prior suicide attempts. Based on the evaluation, the following disposition plan will be implemented:

No mental health condition requiring further intervention.

Comment: test patient

*Influenza Reminder:

Patient was given influenza vaccination today for flu prevention.

Influenza Dose: 0.5 ml

Route/Site: IM Left Deltoid

Lot Number: 1225 1P Exp. Date: May 31, 2013 (Manufacturer:

Novartis)

Given by: Staff Nurse

Patient was given a copy of 2012-2013 Vaccine Information Statement for Influenza and verbalized an understanding of the document.

Patient has been advised of possible side effects (rash, hives, nausea, difficulty breathing, redness, unusual pain, fever) and given the following instructions:

*Notify the nurse immediately if any side effects are experienced.

*If any urgent or emergent problems are experienced after leaving the clinical area report to the nearest emergency room or call 911.

*Nurse/MA BP>=140/90:

Repeat BP:

190/70

*Diabetes Foot Exam:

Diabetic Visual Foot Exam:

Visual foot exam is normal.

Pedal Pulse Foot Exam:

Pedal pulse foot exam is normal.

Sensory Foot Exam by Monofilament:

Monofilament sensory foot exam is normal.

*Vitals:

Pain:

3

What does your pain level need to be for you to experience rest and comfort:

Elevated Pain Score:

Latest pain score reported by patient: 8 (12/10/2012 09:24).

*Diabetes-Retinal Exam:

Retinal exam done within the past year at an outside location.

Retinal exam done within the past year at an outside location.

Result: No Retinopathy

Verify month and year: January 2, 2013

Results: outside hospital

CHF ACE/ARB Review:

Medications reviewed for ACE inhibitor/Angiotensin II receptor blocker therapy.

Current medications include ACE inhibitor/Angiotensin receptor blocker therapy.

Diabetes or CVD Elevated LDL:

No lipid treatment change is needed based on patient's current status.

Comment: test patient

Eval Positive AUDIT-C Screen:

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past

year?

Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?

Response not required due to responses to other questions.

The patient reports drinking below the recommended limits.

The patient was advised to continue to drink within recommended limits, which were reviewed with patient. The medical risks of alcohol and the risks of drinking over the safe limits were reviewed. This issue will be addressed at the next yearly screening.

HTN/DM BP>140/90:

Repeat BP:

190/70

The patient's blood pressure is usually adequately controlled. No medication changes are indicated at this time.

Comment: test patient

Based on the patient's comorbidities and condition, no education to improve BP control is warranted at this time.

Comment: test patient

Evaluation of + Depression Screen:

Are you feeling hopeless about the present or future? NO

Have you had thoughts recently about taking your life? NO

ASSESSMENT: Suicide risk screen is negative.

PROVIDER EVALUATION The results of the PHQ depression screen have been reviewed. I have personally evaluated the patient including inquiry about feelings of hopelessness, suicidal thoughts, suicide plan if thoughts are present, and prior suicide attempts. Based on the evaluation, the following disposition plan will be implemented:

No mental health condition requiring further intervention.

Comment: test patient

Evaluation of + PTSD Screen:

Are you feeling hopeless about the present or future? NO

Have you had thoughts recently about taking your life? NO

ASSESSMENT: Suicide risk screen is negative.

PROVIDER EVALUATION: The results of the PTSD screen have been reviewed. I have personally evaluated the patient including inquiry about feelings of hopelessness, suicidal thoughts, suicide plan if thoughts are present, and prior suicide attempts. Based on the evaluation, the following disposition plan will be implemented:

No mental health condition requiring further intervention.

Comment: test patient

/es/ ONE A. PROVIDER MD

Self Reported Medical Events

Source: Self-Entered	
Medical Events: Rebroke R Arm	Start Date: 07 Jan 2013
Response: Slipped and fell on ice. Placed in cast from my hand to my elbow	Stop Date:
Comments: Need to F/U with VA PCP	




MEDICAL CONFIDENTIAL

VA Immunizations

Source: VA
Last Updated:
Your VA Immunizations list may not be complete. If you have any questions about your information, visit the FAQs or contact your VA health care team.

This section shows your five most recent immunization records.
Sorted By: Date Received (Descending)

Immunization	Date Received
INFLUENZA-H1N1-09, NOVEL (PANDEMIC)	07 Dec 2012 @ 1155
TETANUS DIPHTHERIA (TD-ADULT)	07 Dec 2012 @ 1155
INFLUENZA-H1N1-09, NOVEL (PANDEMIC)	01 Oct 2012 @ 1200
PNEUMOCOCCAL	06 Mar 2011 @ 0900
PNEUMOVAX	06 Mar 2011 @ 0900

This section shows all of the immunizations listed in your VA health record, grouped by immunization.
Sorted By: Immunization Name, then Date (Descending)

Immunization:	INFLUENZA-H1N1-09, NOVEL (PANDEMIC)	Date Received:	07 Dec 2012 @ 1155
Location:	PORTLAND (OR) VAMC		
Reaction:*	None Reported		
Comments:	Novartis;#10127605;Feb 2010		

Immunization:	INFLUENZA-H1N1-09, NOVEL (PANDEMIC)	Date Received:	01 Oct 2012 @ 1200
Location:	PORTLAND (OR) VAMC		
Reaction:*	None Reported		
Comments:	--		

Immunization:	PNEUMOCOCCAL	Date Received:	06 Mar 2011 @ 0900
Location:	PORTLAND (OR) VAMC		
Reaction:*	None Reported		
Comments:	Inj type: IM, Site:Lt Deltoid		

Immunization:	PNEUMOVAX	Date Received:	06 Mar 2011 @ 0900
Location:	PORTLAND (OR) VAMC		
Reaction:*	None Reported		
Comments:	Inj type: IM, Site:Lt Deltoid		

--	--	--	--

MEDICAL CONFIDENTIAL

Immunization:	TETANUS DIPHTHERIA (TD-ADULT)	Date Received:	07 Dec 2012 @ 1155
Location:	PORTLAND (OR) VAMC		
Reaction:*	None Reported		
Comments:	1234567		

Reaction Key: * = Check information in your VA Allergies and Adverse Reactions as well as your Self Reported Allergies. This may let you know if you had a reaction to an immunization you received.



MEDICAL CONFIDENTIAL

Self Reported Immunizations

Source: Self-Entered	
Immunization: Tetanus	Date Received: 07 Jan 2013
Other: Booster	Method: Injection
Reactions:	
Comments:	Stepped on a board with rusty nails in it. Nail just broke the skin



Blue Button
Download
My Data SM



MEDICAL CONFIDENTIAL

VA Laboratory Results

Source:	VA
Last Updated:	09 Sep 2013 @ 0602
Sorted By:	Sorted By: Date Specimen Collected (Descending) Lab Test(Alphabetical Order), then Time Specimen Collected
<p>VA Laboratory Results are available 3 calendar days after they have been verified. For some tests, results slightly outside the reference range are not unusual. In addition, not all results are clinically significant. If you have any questions about your information please visit the FAQs or contact your VA health care team.</p>	

Lab Test:	Potassium				
Lab Type:	Chemistry/Hematology	Ordering Provider:	PROVIDER, ONE		
Specimen:	Plasma	Ordering Location:	PORTLAND (OR) VAMC		
Date/Time Collected:	17 Jan 2013 @ 1341	Collected Location:	PORTLAND (OR) VAMC		
Test Name	Result	Units	Reference Range	Status	Performing Location
POTASSIUM	6.5 Critical High	mmol/L	(3.5-5.0)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
Comments:	TEST				
Performing Location Name/Address:					
PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

Lab Test:	GRAM STAIN - MISC.....				
Lab Type:	Microbiology				
Ordering Provider:	PROVER, ONE A	Ordering Location:	PORTLAND, OREGON VA MEDICAL CENTER		
Site/Specimen:	LUNG	Performing Location:	PORTLAND 97207		
Collection Sample:	SPUTUM, EXPECTORATED	Collected Location:	PORTLAND, OREGON VA MEDICAL CENTER		
Date/Time Collected:	12 Dec 2012 @ 1200				
Date/Time Completed:	07 Jan 2013 @ 1200				

Results:

GRAM STAIN: POSITIVE

CULTURE RESULTS: STAPHYLOCOCCUS AUREUS - Quantity: 250
 Comment: TEST

MEDICAL CONFIDENTIAL

ANTIBIOTIC SUSCEPTIBILITY TEST RESULTS:

	STAPHYLOCOCCUS AUREUS
	:
CEFAZOLIN.....	S
CIPROFLOXACIN.....	S
DOXYCYCLINE.....	S
LINEZOLID.....	S
MOXIFLOXACIN.....	S
OXACILLIN.....	S
PENICILLIN.....	R
TRIMETH/SULFA.....	S
PIPERACILLIN/TAZOBAC.....	S
CLINDAMYCIN.....	S
ERYTHROMYCIN.....	S
VANCOMYCIN.....	S

Bacteriology Remark(s):
TEST

Result Key:

SUSC = Susceptibility Result	S = Susceptible
INTP = Interpretation	I = Intermediate
MIC = Minimum Inhibitory Concentration	R = Resistant

Lab Test: Glycohemoglobin A(1) C		Ordering Provider: PROVIDER, ONE			
Lab Type: Chemistry/Hematology		Ordering Location: PORTLAND (OR) VAMC			
Specimen: Whole blood		Collected Location: PORTLAND (OR) VAMC			
Date/Time Collected: 12 Dec 2012 @ 0811					
Test Name	Result	Units	Reference Range	Status	Performing Location
HEMOGLOBIN A1C/HEMOGLOBIN.TOTAL	8.5 High	%	(3.4-6.1)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964
Interpretation:	*** If Diabetic, recommended HgA1C should be <7% *** Hemoglobin A1c values reported after 1-1-95 are standardized in accordance with recommendations of the Diabetes Control and Complications Trial(DCCT). Based on these recommendations, a upward shift in reported results will be noted. A table depicting this shift is available in Chemistry on request.				
Comments:	TEST				

MEDICAL CONFIDENTIAL

Performing Location Name/Address:
 PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

Lab Test:	Cell Count Body Fluid
Lab Type:	Chemistry/Hematology
Specimen:	Cerebral spinal fluid
Date/Time Collected:	12 Dec 2012 @ 0810
Ordering Provider:	PROVIDER, ONE
Ordering Location:	PORTLAND (OR) VAMC
Collected Location:	PORTLAND (OR) VAMC

Test Name	Result	Units	Reference Range	Status	Performing Location
ERYTHROCYTES	10 High	#/cumm	(0-0)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
LEUKOCYTES	250 High	#/cumm	(0-6)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
TUBE NUMBER	1	--		Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
XANTHOCHROMIA	NEG	--		Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

Comments: TEST

Performing Location Name/Address:
 PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

Lab Test:	Albumin/Creat Ratio
Lab Type:	Chemistry/Hematology
Specimen:	Urine
Date/Time Collected:	12 Dec 2012 @ 0810
Ordering Provider:	PROVIDER, ONE
Ordering Location:	PORTLAND (OR) VAMC
Collected Location:	PORTLAND (OR) VAMC

Test Name	Result	Units	Reference Range	Status	Performing Location
-----------	--------	-------	-----------------	--------	---------------------

MEDICAL CONFIDENTIAL

ALBUMIN	25 High	MG/DL	(0-2)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
ALBUMIN/CREATININE	20	mg/g	(<30)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
Interpretation:	Reference range change per ADA Guidelines. Normal <30 mg/g Microalbuminuria 30 - 299 mg/g Clinical Albuminuria >300 mg/g				
CREATININE	1.2	mg/dL		Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
Comments: TEST					
Performing Location Name/Address: PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

Lab Test: Lipid Panel					
Lab Type: Chemistry/Hematology				Ordering Provider:	PROVIDER, ONE
Specimen: Plasma				Ordering Location:	PORTLAND (OR) VAMC
Date/Time Collected: 12 Dec 2012 @ 0809				Collected Location:	PORTLAND (OR) VAMC
Test Name	Result	Units	Reference Range	Status	Performing Location
CHOLESTEROL	165	mg/dL	(1-240)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
Interpretation:	DESIRABLE VALUE: <200 BORDERLINE VALUE: 201-239 ELEVATED VALUE: >240				
CHOLESTEROL.IN HDL	45	mg/dL	(32-78)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

MEDICAL CONFIDENTIAL

CHOLESTEROL.IN LDL 120 MG/DL (43-161) Final PORTLAND (OR)
 VAMC 3710 SW
 US VETERANS
 HOSPTL RD ,
 PORTLAND, OR
 97239-2964

Interpretation: ***If pt age < 75, recommended LDL-C < 100 mg/dl in diabetes and ischemic heart disease***
 ACCORDING TO THE "NATIONAL CHOLESTEROL EDUCATION PROGRAM" LEVELS OF RISK ARE DEFINED AS FOLLOWS:
 LOW RISK: <130 MG/DL
 BORDERLINE HIGH RISK: 130-159 MG/DL
 HIGH RISK: >=160 MG/DL
 NOTE THAT NONFASTING RESULTS ARE SLIGHTLY LOWER THAN FASTING RESULTS.

TRIGLYCERIDE 99 mg/dL (35-160) Final PORTLAND (OR)
 VAMC 3710 SW
 US VETERANS
 HOSPTL RD ,
 PORTLAND, OR
 97239-2964

Interpretation: DESIRABLE VALUE: <150
 BORDERLINE VALUE: 150-199
 ELEVATED VALUE: 200-499
 Patient should be fasting at time of specimen collection for valid interpretation of triglyceride level.

Comments: TEST

Performing Location Name/Address:

PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

Lab Test:		VDRL			
Lab Type:		Chemistry/Hematology	Ordering Provider:	PROVIDER, ONE	
Specimen:		Cerebral spinal fluid	Ordering Location:	PORTLAND (OR) VAMC	
Date/Time Collected:		12 Dec 2012 @ 0808	Collected Location:	PORTLAND (OR) VAMC	
Test Name	Result	Units	Reference Range	Status	Performing Location
REAGIN AB	NEG	--	("SEE INTERPRETATION")	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
Interpretation:		NORMAL REFERENCE RANGE = NONREACTIVE			
Comments:		TEST			
Performing Location Name/Address:					
PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

MEDICAL CONFIDENTIAL

Lab Test: Blood Culture					
Lab Type: Chemistry/Hematology				Ordering Provider:	PROVIDER, ONE
Specimen: Serum				Ordering Location:	PORTLAND (OR) VAMC
Date/Time Collected: 12 Dec 2012 @ 0808				Collected Location:	PORTLAND (OR) VAMC
Test Name	Result	Units	Reference Range	Status	Performing Location
Blood Culture	NEG	--		Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
<p>Interpretation: Interpretation of serologic results should be made in a clinical context.</p> <p>-----</p> <p>The release of results outside the VA is strictly prohibited by Federal Law (Public Law 100-322). Fines up to \$10,000 and dismissal from Federal employment are included as sanctions to prevent unauthorized release of this information.</p>					
Comments: TEST					
Performing Location Name/Address:					
PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

Lab Test: Carbon Dioxide Content					
Lab Type: Chemistry/Hematology				Ordering Provider:	PROVIDER, ONE
Specimen: Plasma				Ordering Location:	PORTLAND (OR) VAMC
Date/Time Collected: 12 Dec 2012 @ 0808				Collected Location:	PORTLAND (OR) VAMC
Test Name	Result	Units	Reference Range	Status	Performing Location
CARBON DIOXIDE	25	mmol/L	(21-32)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
Comments: TEST					
Performing Location Name/Address:					
PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

Lab Test: Chloride					
Lab Type: Chemistry/Hematology				Ordering	PROVIDER, ONE

MEDICAL CONFIDENTIAL

				Provider:	
Specimen:		Plasma		Ordering Location:	PORTLAND (OR) VAMC
Date/Time Collected:		12 Dec 2012 @ 0808		Collected Location:	PORTLAND (OR) VAMC
Test Name	Result	Units	Reference Range	Status	Performing Location
CHLORIDE	102	mmol/L	(95-108)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
Comments:		TEST			
Performing Location Name/Address:					
PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

Lab Test:				Creatinine	
Lab Type:		Chemistry/Hematology		Ordering Provider:	PROVIDER, ONE
Specimen:		Plasma		Ordering Location:	PORTLAND (OR) VAMC
Date/Time Collected:		12 Dec 2012 @ 0808		Collected Location:	PORTLAND (OR) VAMC
Test Name	Result	Units	Reference Range	Status	Performing Location
CREATININE	1.3	mg/dL	(0.8-1.5)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
Comments:		TEST			
Performing Location Name/Address:					
PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

Lab Test:				Creatinine eGFR	
Lab Type:		Chemistry/Hematology		Ordering Provider:	PROVIDER, ONE
Specimen:		Plasma		Ordering Location:	PORTLAND (OR) VAMC
Date/Time Collected:		12 Dec 2012 @ 0808		Collected Location:	PORTLAND (OR) VAMC
Test Name	Result	Units	Reference Range	Status	Performing Location
GLOMERULAR FILTRATION RATE.PREDICTED	56 Low	--	(>60)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS

MEDICAL CONFIDENTIAL

HOSPITAL RD ,
PORTLAND, OR
97239-2964

Interpretation: An eGFR <60 is abnormal.
Estimated glomerular filtration rate (eGFR) results >60 are imprecise.
Many variables affect the calculated result.
Interpretation of eGFR results >60 must be monitored over time.
Units are mL/min/1.73m².

Comments: TEST

Performing Location Name/Address:

PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964

Lab Test: Glucose Quant

Lab Type: Chemistry/Hematology

Ordering Provider: PROVIDER, ONE

Specimen: Plasma

Ordering Location: PORTLAND (OR) VAMC

Date/Time Collected: 12 Dec 2012 @ 0808

Collected Location: PORTLAND (OR) VAMC

Test Name	Result	Units	Reference Range	Status	Performing Location
GLUCOSE	150 High	mg/dL	(71-109)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964

Comments: TEST

Performing Location Name/Address:

PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964

Lab Test: Lipid Panel

Lab Type: Chemistry/Hematology

Ordering Provider: PROVIDER, ONE

Specimen: Plasma

Ordering Location: PORTLAND (OR) VAMC

Date/Time Collected: 12 Dec 2012 @ 0808

Collected Location: PORTLAND (OR) VAMC

Test Name	Result	Units	Reference Range	Status	Performing Location
CHOLESTEROL	150	mg/dL	(1-240)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964

Interpretation:

MEDICAL CONFIDENTIAL

	DESIRABLE VALUE: <200				
	BORDERLINE VALUE: 201-239				
	ELEVATED VALUE: >240				
CHOLESTEROL.IN HDL	23 Low	mg/dL	(32-78)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
CHOLESTEROL.IN LDL	23 Low	MG/DL	(43-161)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
Interpretation:	<p>***If pt age < 75, recommended LDL-C < 100 mg/dl in diabetes and ischemic heart disease*** ACCORDING TO THE "NATIONAL CHOLESTEROL EDUCATION PROGRAM" LEVELS OF RISK ARE DEFINED AS FOLLOWS: LOW RISK: <130 MG/DL BORDERLINE HIGH RISK: 130-159 MG/DL HIGH RISK: >=160 MG/DL NOTE THAT NONFASTING RESULTS ARE SLIGHTLY LOWER THAN FASTING RESULTS.</p>				
TRIGLYCERIDE	46	mg/dL	(35-160)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
Interpretation:	<p>DESIRABLE VALUE: <150 BORDERLINE VALUE: 150-199 ELEVATED VALUE: 200-499 Patient should be fasting at time of specimen collection for valid interpretation of triglyceride level.</p>				
<p>Comments: TEST</p>					
<p>Performing Location Name/Address: PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964</p>					

Lab Test: Potassium					
Lab Type: Chemistry/Hematology			Ordering Provider:	PROVIDER, ONE	
Specimen: Plasma			Ordering Location:	PORTLAND (OR) VAMC	
Date/Time Collected: 12 Dec 2012 @ 0808			Collected Location:	PORTLAND (OR) VAMC	
Test Name	Result	Units	Reference Range	Status	Performing Location
POTASSIUM	3.5	mmol/L	(3.5-5.0)	Final	PORTLAND (OR) VAMC 3710 SW

MEDICAL CONFIDENTIAL

US VETERANS
HOSPTL RD ,
PORTLAND, OR
97239-2964

Comments: TEST

Performing Location Name/Address:

PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

Lab Test: Sodium

Lab Type: Chemistry/Hematology

Ordering Provider: PROVIDER, ONE

Specimen: Plasma

Ordering Location: PORTLAND (OR) VAMC

Date/Time Collected: 12 Dec 2012 @ 0808

Collected Location: PORTLAND (OR) VAMC

Test Name	Result	Units	Reference Range	Status	Performing Location
SODIUM	145 High	mmol/L	(131-142)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

Comments: TEST

Performing Location Name/Address:

PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

Lab Test: Thyroid Stimulating Hormone

Lab Type: Chemistry/Hematology

Ordering Provider: PROVIDER, ONE

Specimen: Plasma

Ordering Location: PORTLAND (OR) VAMC

Date/Time Collected: 12 Dec 2012 @ 0808

Collected Location: PORTLAND (OR) VAMC

Test Name	Result	Units	Reference Range	Status	Performing Location
THYROTROPIN	29 High	uIU/mL	(0.27-4.20)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

Comments: TEST

Performing Location Name/Address:

PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

Lab Test: Transferase Aspartate SGOT

Lab Type: Chemistry/Hematology

Ordering Provider: PROVIDER, ONE

MEDICAL CONFIDENTIAL

				Provider:	
Specimen:		Plasma		Ordering Location: PORTLAND (OR) VAMC	
Date/Time Collected:		12 Dec 2012 @ 0808		Collected Location: PORTLAND (OR) VAMC	
Test Name	Result	Units	Reference Range	Status	Performing Location
ASPARTATE AMINOTRANSFERASE	12 Low	IU/L	(14-44)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
Comments:		TEST			
Performing Location Name/Address:					
PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

Lab Test:		Unknown			
Lab Type:		Chemistry/Hematology		Ordering Provider: PROVIDER, ONE	
Specimen:		Plasma		Ordering Location: PORTLAND (OR) VAMC	
Date/Time Collected:		12 Dec 2012 @ 0808		Collected Location: PORTLAND (OR) VAMC	
Test Name	Result	Units	Reference Range	Status	Performing Location
ANION GAP	19	mmol/L	(10-22)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
Comments:		TEST			
Performing Location Name/Address:					
PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

Lab Test:		Urea Nitrogen			
Lab Type:		Chemistry/Hematology		Ordering Provider: PROVIDER, ONE	
Specimen:		Plasma		Ordering Location: PORTLAND (OR) VAMC	
Date/Time Collected:		12 Dec 2012 @ 0808		Collected Location: PORTLAND (OR) VAMC	
Test Name	Result	Units	Reference Range	Status	Performing Location
UREA NITROGEN	25 High	mg/dL	(7-23)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS

MEDICAL CONFIDENTIAL

HOSPTL RD ,
PORTLAND, OR
97239-2964

Comments: TEST

Performing Location Name/Address:

PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

Lab Test: Glycohemoglobin A(1) C

Lab Type: Chemistry/Hematology

Ordering Provider: PROVIDER, ONE

Specimen: Whole blood

Ordering Location: PORTLAND (OR) VAMC

Date/Time Collected: 12 Dec 2012 @ 0806

Collected Location: PORTLAND (OR) VAMC

Test Name	Result	Units	Reference Range	Status	Performing Location
HEMOGLOBIN A1C/HEMOGLOBIN.TOTAL	7.4 High	%	(3.4-6.1)	Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
Interpretation:	<p>*** If Diabetic, recommended HgA1C should be <7% *** Hemoglobin A1c values reported after 1-1-95 are standardized in accordance with recommendations of the Diabetes Control and Complications Trial(DCCT). Based on these recommendations, a upward shift in reported results will be noted. A table depicting this shift is available in Chemistry on request.</p>				
Comments: TEST					
Performing Location Name/Address:					
PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					



MEDICAL CONFIDENTIAL

VA Pathology Reports

Source:	VA
Last Updated:	
Sorted By:	Date Obtained (Descending), Type of Report
<p>VA Pathology Reports are available 14 calendar days after they have been completed. Some studies done at a non-VA facility may not be available or they may not necessarily include an interpretation. If you have any questions about your information please visit the FAQs or contact your VA health care team.</p>	

Type of Report:	Surgical Pathology
Specimen:	SKIN
Date Obtained:	28 Mar 2013
Performing Location:	PORTLAND, OREGON VA MEDICAL CENTER PO BOX 1034 PORTLAND 97207
Date Completed:	28 Mar 2013

SURGICAL PATHOLOGY REPORT

Date Spec taken: Mar 28, 2013 08:18 Pathologist:ONE PROVIDER
 Date Spec rec'd: Mar 28, 2013 08:18 Resident:
 Date completed: Mar 28, 2013 Accession #: SP 13 99997
 Submitted by: PROVIDER,O Practitioner:ONE A PROVIDER MD

 Specimen:
 SKIN
 GROSS DESCRIPTION:
 HEALTHY SKIN, NO ANOMALIES
 MICROSCOPIC EXAM: (Date Spec taken: Mar 28, 2013 08:18)
 LOOKS HEALTHY TO ME
 Comments:
 TEST

Type of Report:	Cytology
Specimen:	nose
Date Obtained:	09 Jan 2013
Performing Location:	PORTLAND, OREGON VA MEDICAL CENTER PO BOX 1034 PORTLAND 97207
Date Completed:	09 Jan 2013

CYTOLOGY REPORT

Date Spec taken: Jan 09, 2013 08:51 Pathologist:ONE A PROVIDER MD
 Date Spec rec'd: Jan 09, 2013 08:51 Tech: ONE PROVIDER

MEDICAL CONFIDENTIAL

Date completed: Jan 09, 2013 Accession #: CY 13 9998
 Submitted by: PROVIDER, ONE Practitioner:ONE A PROVIDER MD
 -----Specimen:

nose
 DESCRIPTION:
 tissue is from nose
 MICROSCOPIC EXAM (Date Spec taken: Jan 09, 2013 08:51)
 tissue looks normal
 Comments:
 test

Type of Report:	Surgical Pathology
Specimen:	NOSE
Date Obtained:	28 Dec 2012
Performing Location:	PORTLAND, OREGON VA MEDICAL CENTER PO BOX 1034 PORTLAND 97207
Date Completed:	28 Dec 2012

SURGICAL PATHOLOGY REPORT

Date Spec taken: Dec 28, 2012 07:24 Pathologist:ONE PROVIDER
 Date Spec rec'd: Dec 28, 2012 07:24 Resident:
 Date completed: Dec 28, 2012 Accession #: SP 12 99998
 Submitted by: PROVIDER ONE Practitioner:ONE A PROVIDER MD

Specimen:
 NOSE
 Brief Clinical History:
 NO CLINICAL HISTORY
 Operative Findings:
 THIS IS A TEST...NO FINDINGS.
 Postoperative Diagnosis:
 STILL NO FINDINGS
 GROSS DESCRIPTION:
 + MODIFIED REPORT *+*
 (Last modified: Mar 27, 2013 08:27 typed by PROVIDER, ONE)
 really gross nose
 MICROSCOPIC EXAM: (Date Spec taken: Dec 28, 2012 07:24)
 + MODIFIED REPORT *+*
 (Last modified: Mar 27, 2013 08:28 typed by PROVIDER, ONE)
 large pores under microscopic exam
 Comments:
 TEST PATIENT

MEDICAL CONFIDENTIAL

Self Reported Labs & Tests

Source: Self-Entered

Test Name:	CBC	Date:	08 Jan 2013
Location Performed:	Non VA Location	Provider:	Dr. Provider
Results:	GLUCOSE 144 K 4.1 CO2 26.9 CA 9.3 AST 31 ALT 35 ALK 86		
Comments:	This is an old lab test. I wanted the report in my record		



My healthvet



Blue Button
Download
My DataSM

MEDICAL CONFIDENTIAL

VA Vitals and Readings

Source: VA
Last Updated:
VA Vitals and Readings displays your vital signs and other health readings. If you have any questions about your information, visit the FAQs or contact your VA health care team.

This section shows your most recent record for each vital sign and health reading.

Vital Sign or Health Reading	Measurement	Date/Time Collected
Blood Pressure	190/70 mm[Hg]	07 Jan 2013 @ 1527
Pulse Rate	88 /min	10 Dec 2012 @ 0924
Respiration	16 /min	10 Dec 2012 @ 0924
Temperature	98.5 F	10 Dec 2012 @ 0924
Pain Level	3	07 Jan 2013 @ 1527
Height	70 in	10 Dec 2012 @ 0924
Weight	325 lb	10 Dec 2012 @ 0924

This section shows all of the vital signs and health readings listed in your VA health record based on the dates you selected when you requested your VA Blue Button. They are grouped by the type of vital sign or health reading.

Sorted By: Type of Vital Sign or Health Reading, then Date/Time (Descending)
--

Vital Sign: Blood Pressure
Measurement: 190/70 mm[Hg]
Comments: --
Location: PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected: 07 Jan 2013 @ 1527

Vital Sign: Blood Pressure
Measurement: 200/120 mm[Hg]
Comments: --
Location: PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected: 10 Dec 2012 @ 0924

Vital Sign: Blood Pressure
Measurement: 190/120 mm[Hg]
Comments: --
Location: PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected: 07 Dec 2012 @ 1201

Vital Sign: Blood Pressure
Measurement: 150/70 mm[Hg]
Comments: --
Location: PORTLAND, OREGON VA MEDICAL CENTER

MEDICAL CONFIDENTIAL

Date/Time Collected:	11 Nov 2012 @ 0900
----------------------	--------------------

Vital Sign:	Temperature
Measurement:	98.5 F
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	10 Dec 2012 @ 0924

Vital Sign:	Temperature
Measurement:	101.3 F
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	11 Nov 2012 @ 0900

Vital Sign:	Circumference/Girth
Measurement:	50 in
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	10 Dec 2012 @ 0924

Vital Sign:	Height
Measurement:	70 in
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	10 Dec 2012 @ 0924

Vital Sign:	Height
Measurement:	70 in
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	07 Dec 2012 @ 1201

Vital Sign:	Height
Measurement:	70 in
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	11 Nov 2012 @ 0900

Vital Sign:	Pain Level
Measurement:	3
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	07 Jan 2013 @ 1527

Vital Sign:	Pain Level
Measurement:	8

Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	10 Dec 2012 @ 0924

Vital Sign:	Pain Level
Measurement:	7
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	07 Dec 2012 @ 1201

Vital Sign:	Pain Level
Measurement:	6
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	11 Nov 2012 @ 0900

Vital Sign:	Pulse Oximetry
Measurement:	98 %
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	10 Dec 2012 @ 0924

Vital Sign:	Pulse Rate
Measurement:	88 /min
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	10 Dec 2012 @ 0924

Vital Sign:	Pulse Rate
Measurement:	120 /min
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	11 Nov 2012 @ 0900

Vital Sign:	Respiration
Measurement:	16 /min
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	10 Dec 2012 @ 0924

Vital Sign:	Respiration
Measurement:	20 /min
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	11 Nov 2012 @ 0900

Vital Sign:	Weight
Measurement:	325 lb
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	10 Dec 2012 @ 0924

Vital Sign:	Weight
Measurement:	350 lb
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	07 Dec 2012 @ 1201

Vital Sign:	Weight
Measurement:	310 lb
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	11 Nov 2012 @ 0900

Blue Button
Download
My Data SM



MEDICAL CONFIDENTIAL

Self Reported Vitals & Readings

Source: Self-Entered	
Measurement Type: Blood pressure	Date: 06 Jan 2013
Systolic: 126	Time: 1940
Diastolic: 82	
Comments: Did not sleep well last night. Took a long nap this afternoon	
Measurement Type: Blood pressure	Date: 07 Jan 2013
Systolic: 132	Time: 2359
Diastolic: 76	
Comments: Feeling fine	
Measurement Type: Heart rate	Date: 06 Jan 2013
Heart Rate: 86	Time: 1900
Comments: Feel Fine	
Measurement Type: Heart rate	Date: 07 Jan 2013
Heart Rate: 77	Time: 2359
Comments: Feel OK	
Measurement Type: Body weight	Date: 06 Jan 2013
Body Weight: 244	Time: 1900
Measure: Pounds	
Comments: I can feel all those Christmas cookies I ate	
Measurement Type: Body weight	Date: 07 Jan 2013
Body Weight: 242	Time: 2359
Measure: Pounds	
Comments: Took a long walk with the dog today	
Measurement Type: Body temperature	Date: 06 Jan 2013
Body Temperature: 98.3	Time: 1900
Measure: Fahrenheit	
Method: Mouth	
Comments: Not sure if this ear themo is working or if I am doing something work...	
Measurement Type: Body temperature	Date: 07 Jan 2013
Body Temperature: 98.1	Time: 2359
Measure: Fahrenheit	
Method: Mouth	
Comments: Feel Fine	

Measurement Type:	Pain	Date:	06 Jan 2013
Pain Level:	4	Time:	1900
Comments:	Feet are sore from the long walk I took with the Dog today		

Measurement Type:	Pain	Date:	07 Jan 2013
Pain Level:	3	Time:	2359
Comments:	General aches		

Measurement Type:	Blood sugar	Date:	06 Jan 2013
Method:	Sterile Lancet	Time:	1900
Blood Sugar Count:	174		
Comments:	I just ate. Need to leave the ice cream alone		

Measurement Type:	Blood sugar	Date:	07 Jan 2013
Method:	Sterile Lancet	Time:	2359
Blood Sugar Count:	141		
Comments:	Feeling good!		

Measurement Type:	INR	Date:	08 Jan 2013
INR value:	.8%	Time:	2359
Target range:	No Target		
Location:	Non VA Provider		
Provider:	Dr. Provider		
Comments:	PT Only 9.6 PTT only 13.3		



MEDICAL CONFIDENTIAL

VA Radiology Reports

Source:	VA
Last Updated:	
Sorted By:	Date/Time Exam Performed (Descending)
<p>VA Radiology Reports are available 3 calendar days after they have been completed. Some studies done at a non-VA facility may not be available or they may not necessarily include an interpretation. If you have any questions about your information please visit the FAQs or contact the provider who ordered the study or your primary care provider.</p>	

Procedure/Test Name:	CT HEAD OR BRAIN W/O CONTRAST
Date/Time Exam Performed:	10 Dec 2012 @ 1018
Ordering Location:	PORTLAND, OREGON VA MEDICAL CENTER
Requesting Provider:	PROVIDER,ONE A
Reason for Study:	THIS IS ONLY A TEST
Performing Location:	PORTLAND, OREGON VA MEDICAL CENTER PO BOX 1034, PORTLAND 97207
Clinical History:	THIS IS ONLY A TEST
Radiologist:	XRAY,MISSING

Report

Report:

Impression:

Test patient; no report necessary for dictation; ADMIN complete.

Primary Diagnostic Code:

Procedure/Test Name:	BONE DENSITY (DPX), AXIAL SKELETON, HIPS/PELVIS/SPINE
Date/Time Exam Performed:	10 Dec 2012 @ 1017
Ordering Location:	PORTLAND, OREGON VA MEDICAL CENTER
Requesting Provider:	PROVIDER,ONE A
Reason for Study:	THIS IS ONLY A TEST
Performing Location:	PORTLAND, OREGON VA MEDICAL CENTER PO BOX 1034, PORTLAND 97207
Clinical History:	THIS IS ONLY A TEST
Radiologist:	XRAY,MISSING

MEDICAL CONFIDENTIAL

Report
Report:
Impression: Test patient; no report necessary for dictation; ADMIN complete.
Primary Diagnostic Code:

Procedure/Test Name:	*BONE IMAGING, WHOLE BODY
Date/Time Exam Performed:	10 Dec 2012 @ 1016
Ordering Location:	PORTLAND, OREGON VA MEDICAL CENTER
Requesting Provider:	PROVIDER ONE A
Reason for Study:	THIS IS ONLY A TEST
Performing Location:	PORTLAND, OREGON VA MEDICAL CENTER PO BOX 1034, PORTLAND 97207
Clinical History:	THIS IS ONLY A TEST
Radiologist:	XRAY,MISSING

Report
Report:
Impression: Test patient; no report necessary for dictation; ADMIN complete.
Primary Diagnostic Code:

Procedure/Test Name:	CHEST 2 VIEWS PA&LAT
Date/Time Exam Performed:	10 Dec 2012 @ 1014
Ordering Location:	PORTLAND, OREGON VA MEDICAL CENTER
Requesting Provider:	PROVIDER,ONE A
Reason for Study:	THIS IS ONLY A TEST
Performing Location:	PORTLAND, OREGON VA MEDICAL CENTER PO BOX 1034, PORTLAND 97207
Clinical History:	r/o pneumonia
Radiologist:	XRAY,MISSING

Report

MEDICAL CONFIDENTIAL

Report:
 Test report for Dr. Provider

Impression:
 Test for Dr. Provider

Primary Diagnostic Code:

Procedure/Test Name:	ULTRASOUND ABDOMEN COMPLETE
Date/Time Exam Performed:	10 Dec 2012 @ 1013
Ordering Location:	PORTLAND, OREGON VA MEDICAL CENTER
Requesting Provider:	PROVIDER,ONE A
Reason for Study:	THIS IS ONLY A TEST
Performing Location:	PORTLAND, OREGON VA MEDICAL CENTER PO BOX 1034, PORTLAND 97207
Clinical History:	THIS IS ONLY A TEST
Radiologist:	XRAY,MISSING

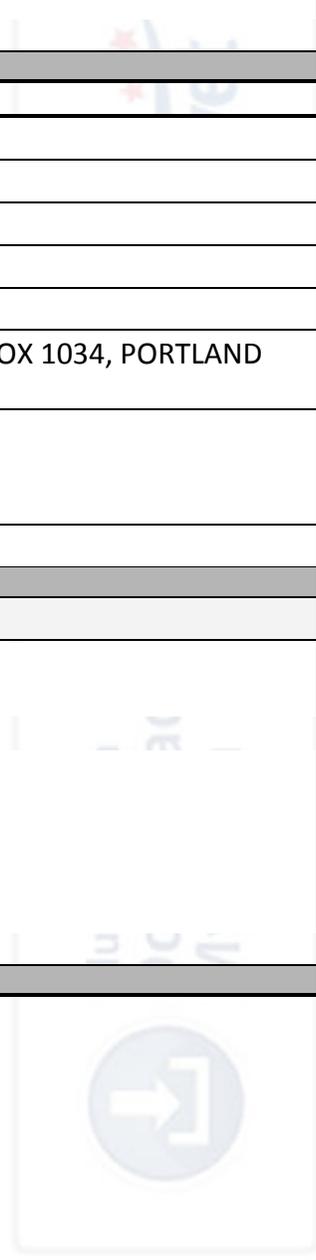
Report

Report:

Impression:
 Test patient; no report necessary for dictation; ADMIN complete.

Primary Diagnostic Code:

MEDICAL CONFIDENTIAL



VA Electrocardiogram (EKG) Reports

Source:	VA
Last Updated:	
Sorted By:	Date/Time Exam Performed (Descending)
Your EKG list may not be complete. Some studies done at a non-VA facility may not be available. If you have any questions about your information please visit the FAQs or contact your VA health care team.	

Procedure/Test Name:	Electrocardiogram (EKG)
Date/Time Exam Performed:	10 Dec 2012 @ 1200
Ordering Location:	PORTLAND, OREGON VA MEDICAL CENTER



Blue Button
Download
My Data SM



MEDICAL CONFIDENTIAL

Self Reported Family Health History

Source:	Self-Entered
---------	--------------

Relationship:	Self
First Name:	ONE
Last Name:	MHVTESTVETERAN
Living or Deceased	Living
Health Issues:	Back Pain Insomnia >1 beer/wine a day Hearing Loss Pneumonia Allergies Chicken Pox Current Smoker Diabetics Type 2 Overweight High Blood Pressure Depression High Blood Cholesterol Stomach/Bowel Other Smoking >20 Years
Other Health Issues:	trouble sleeping
Comments:	I sometimes have trouble sleeping when stress is high at work

Relationship:	Mother
First Name:	Four
Last Name:	MHVVeteranMother
Living or Deceased	Deceased
Health Issues:	Cancer Other Diabetics Type 2 Overweight Joint Pain Stroke
Other Health Issues:	Chronic joint pain
Comments:	Mother died of cancer at age 40

MEDICAL CONFIDENTIAL

Self Reported My Goals: Current Goals

Source:	Self-Entered
Sorted By:	Priority, then by Goal Start Date (Descending)
Remember to share your self-entered information with your VA health care team. This section contains all of your My Goals: Current Goals information regardless of the date range selected when you requested your VA Blue Button.	

ALL CURRENT GOALS - SUMMARY LIST (BY PRIORITY)	
Goals Most Important to Me:	<p>My Goal: Lose Weight Description: Lose 20 lbs Goal Start Date: 09 Apr 2013</p> <p>My Goal: Be Debt Free Description: I want to get out of debt. Goal Start Date: 01 Jan 2013</p>
Goals Second Most Important to Me:	None Entered
My Other Goals:	<p>My Goal: Have More Fun Description: I want to have more things to do and be more social. Goal Start Date: 10 Apr 2013</p> <p>My Goal: Dating Description: I want to be in a relationship. The first thing I need to do is start dating. I am lonely and would like to find someone to be with. Goal Start Date: 10 Apr 2013</p>

ALL CURRENT GOALS - DETAILED INFORMATION	
My Goal:	LOSE WEIGHT
Description:	Lose 20 lbs
Type:	Health
Priority:	Goals Most Important to Me
Goal Start Date:	09 Apr 2013
Goal End Date:	None Entered
Completion:	No End Date (Ongoing)
Strengths:	Determination Enjoy doing outdoor activities. I want to be healthy.
Obstacles:	Always want dessert after dinner. I eat when I am bored.
Task:	Prepare healthy snack.
Task Description:	Each night to satisfy the want for a dessert, I will

MEDICAL CONFIDENTIAL

MEDICAL CONFIDENTIAL

	prepare and eat some fresh fruit.
Task Completion:	No End Date (Ongoing)
Task Start Date:	09 Apr 2013
Task End Date:	None Entered
Task Repeats:	Every Monday, Wednesday, Friday
Date Task Finished:	Not Finished Yet
Task:	Things to do when I am bored.
Task Description:	I will make a list of items that I can do so when I am bored. Call a friend, go for a walk, do a puzzle.
Task Completion:	Has An End Date
Task Start Date:	09 Apr 2013
Task End Date:	31 May 2013
Task Repeats:	Every Monday, Wednesday, Friday
Date Task Finished:	Not Finished Yet
Rewards:	None Entered

My Goal:	BE DEBT FREE
Description:	I want to get out of debt.
Type:	Finance
Priority:	Goals Most Important to Me
Goal Start Date:	01 Jan 2013
Goal End Date:	31 Aug 2013
Completion:	Has An End Date
Strengths:	I can follow a plan. I have support from people that care about me.
Obstacles:	I do not know where my money goes each month. I do not know how to get rid of my debt.
Task:	Find the bill that has the highest interest rate.
Task Description:	I will look for the monthly bill with the highest interest rate. I will work toward paying off this bill first.
Task Completion:	Has An End Date
Task Start Date:	01 Jan 2013
Task End Date:	15 Jan 2013
Task Repeats:	Every other week
Date Task Finished:	10 Apr 2013
Task:	Get information on how to get rid of debt.
Task Description:	I will find information about how to get rid of my debt from the Internet, local library, or a VA Social Worker. I will find information about making a monthly budget.

Task Completion: Has An End Date
 Task Start Date: 01 Jan 2013
 Task End Date: 14 Feb 2013
 Task Repeats: Every other week
 Date Task Finished: 10 Apr 2013

Task: Keep all receipts for 1 month.

Task Description: I will find a place like a folder or shoe box to keep my receipts for things I buy for 1 month. This includes anything that I paid cash for such as eating out for lunch.

Task Completion: Has An End Date
 Task Start Date: 01 Jan 2013
 Task End Date: 31 Jan 2013
 Task Repeats: Twice a day
 Date Task Finished: 10 Apr 2013

Task: Make a list of all my monthly bills.

Task Description: I will make a list of all of my monthly bills like rent, car payment, and credit cards. I need to know how much I owe each month.

Task Completion: Has An End Date
 Task Start Date: 01 Jan 2013
 Task End Date: 31 Aug 2013
 Task Repeats: Yearly
 Date Task Finished: Not Finished Yet

Rewards: Go on a weekend getaway.

My Goal:	HAVE MORE FUN
Description:	I want to have more things to do and be more social.
Type:	Leisure Activity
Priority:	Other Goals
Goal Start Date:	10 Apr 2013
Goal End Date:	None Entered
Completion:	No End Date (Ongoing)
Strengths:	I am loyal and care about others. I am a good listener.
Obstacles:	I would rather be alone than with other people.
Task:	Pick an activity to do with another person.
Task Description:	I will use what I learned to ask someone to join me. I will ask someone to do one of the activities from my list with me. I will practice doing this several times and with different people.

MEDICAL CONFIDENTIAL

MEDICAL CONFIDENTIAL

	Task Completion: No End Date (Ongoing) Task Start Date: 24 Apr 2013 Task End Date: None Entered Task Repeats: Every other week Date Task Finished: Not Finished Yet
	<hr/> Task: Make a list of activities and places I like. <hr/> Task Description: I will list activities I might enjoy doing with others. This may include walking, bike riding, shopping, volunteer work, hobbies, going to the beach, mountains or the dog park. <hr/> Task Completion: Has An End Date Task Start Date: 17 Apr 2013 Task End Date: 19 Apr 2013 Task Repeats: Twice a day Date Task Finished: Not Finished Yet
	Rewards: Buy something that will help me with the activity I enjoy doing. For example, a new soccer ball.

	My Goal: DATING
	Description: I want to be in a relationship. The first thing I need to do is start dating. I am lonely and would like to find someone to be with.
	Type: Relationships
	Priority: Other Goals
	Goal Start Date: 10 Apr 2013
	Goal End Date: None Entered
	Completion: No End Date (Ongoing)
	Strengths: I am kind to others. I am a good listener. I am loyal to people close to me.
	Obstacles: I worry what people think about me. I do not know where or how to meet someone to date.
	<hr/> Task: Find places to meet people who like what I like. <hr/> Task Description: I will use my list to find groups, clubs, or classes that focus on the things I like to do. For example: a book club, a bicycle riding group, or a local cooking class. <hr/> Task Completion: No End Date (Ongoing) Task Start Date: 13 Apr 2013 Task End Date: None Entered Task Repeats: Every other week Date Task Finished: Not Finished Yet
	<hr/> Task: Help for feeling nervous around others.

Task Description: I will work with my health care team to help me feel less nervous around other people.

Task Completion: No End Date (Ongoing)

Task Start Date: 10 Apr 2013

Task End Date: None Entered

Task Repeats: Every other week

Date Task Finished: Not Finished Yet

Task: Make a list of things I like to do.

Task Description: I will write down things that I like to do. For example, I like to read, ride my bike, and cook. I will use this list to find people who like what I like.

Task Completion: Has An End Date

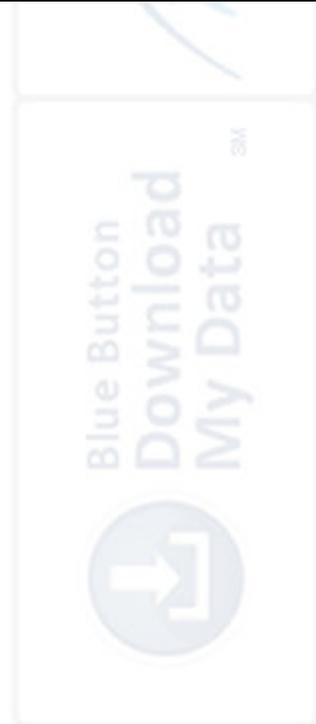
Task Start Date: 10 Apr 2013

Task End Date: 12 Apr 2013

Task Repeats: Twice a day

Date Task Finished: Not Finished Yet

Rewards: Talk to my friend about my dating plans.



MEDICAL CONFIDENTIAL

Self Reported My Goals: Completed Goals

Source:	Self-Entered
Sorted By:	Date Goal Completed (Descending)
Remember to share your self-entered information with your VA health care team.	
This section contains your My Goals: Completed Goals information included in the date range selected when you requested your VA Blue Button.	

COMPLETED GOALS - SUMMARY LIST (BY DATE GOAL COMPLETED)	
	<p>My Goal: Run a 1/2 marathon Description: I want to be in a relationship. The first thing I need to do is start dating. I am lonely and would like to find someone to be with. Date Goal Completed: 10 Apr 2013</p> <p>My Goal: Find a Place to Live Description: I want to be in a relationship. The first thing I need to do is start dating. I am lonely and would like to find someone to be with. Date Goal Completed: 10 Apr 2013</p> <p>My Goal: Go to School Description: I want to be in a relationship. The first thing I need to do is start dating. I am lonely and would like to find someone to be with. Date Goal Completed: 10 Apr 2013</p>

COMPLETED GOALS - DETAILED INFORMATION (BY DATE GOAL COMPLETED)	
My Goal:	RUN A 1/2 MARATHON
Description:	I would like to run in the Surf-city half marathon.
Type:	Health
Priority:	Goals Most Important to Me
Goal Start Date:	01 Dec 2012
Goal End Date:	15 Feb 2013
Completion:	Has An End Date
Date Goal Completed:	10 Apr 2013
Strengths:	None Entered
Obstacles:	Finding enough time to get my training in.
Task:	Make a list of things I like to do.
Task Description:	None Entered
Task Completion:	No End Date (Ongoing)
Task Start Date:	01 Dec 2012
Task End Date:	None Entered
Task Repeats:	Every Tuesday, Thursday
Date Task Finished:	10 Apr 2013
Task:	Make a list of things I like to do.

MEDICAL CONFIDENTIAL

	Task Description: None Entered Task Completion: Has An End Date Task Start Date: 01 Dec 2012 Task End Date: 15 Feb 2013 Task Repeats: Every other week Date Task Finished: 10 Apr 2013
	Rewards: None Entered

	My Goal: FIND A PLACE TO LIVE Description: I will move out of my current living situation and find another place to live. Type: Living Situation Priority: Goals Second Most Important to Me Goal Start Date: 03 Mar 2013 Goal End Date: 01 Apr 2013 Completion: Has An End Date Date Goal Completed: 10 Apr 2013 Strengths: None Entered Obstacles: Fear of living alone. I am not sure how to get a place to live. I am not sure how much I can afford.														
	<table border="1"> <tr> <td>Task:</td> <td>Make a list of things I like to do.</td> </tr> <tr> <td>Task Description:</td> <td>I will review my income and see how much money I have for rent.</td> </tr> <tr> <td>Task Completion:</td> <td>Has An End Date</td> </tr> <tr> <td>Task Start Date:</td> <td>10 Mar 2013</td> </tr> <tr> <td>Task End Date:</td> <td>15 Mar 2013</td> </tr> <tr> <td>Task Repeats:</td> <td>Twice a day</td> </tr> <tr> <td>Date Task Finished:</td> <td>10 Apr 2013</td> </tr> </table>	Task:	Make a list of things I like to do.	Task Description:	I will review my income and see how much money I have for rent.	Task Completion:	Has An End Date	Task Start Date:	10 Mar 2013	Task End Date:	15 Mar 2013	Task Repeats:	Twice a day	Date Task Finished:	10 Apr 2013
Task:	Make a list of things I like to do.														
Task Description:	I will review my income and see how much money I have for rent.														
Task Completion:	Has An End Date														
Task Start Date:	10 Mar 2013														
Task End Date:	15 Mar 2013														
Task Repeats:	Twice a day														
Date Task Finished:	10 Apr 2013														
	<table border="1"> <tr> <td>Task:</td> <td>Make a list of things I like to do.</td> </tr> <tr> <td>Task Description:</td> <td>I will talk with people who live alone to find out how they do it.</td> </tr> <tr> <td>Task Completion:</td> <td>No End Date (Ongoing)</td> </tr> <tr> <td>Task Start Date:</td> <td>03 Mar 2013</td> </tr> <tr> <td>Task End Date:</td> <td>None Entered</td> </tr> <tr> <td>Task Repeats:</td> <td>Every other week</td> </tr> <tr> <td>Date Task Finished:</td> <td>10 Apr 2013</td> </tr> </table>	Task:	Make a list of things I like to do.	Task Description:	I will talk with people who live alone to find out how they do it.	Task Completion:	No End Date (Ongoing)	Task Start Date:	03 Mar 2013	Task End Date:	None Entered	Task Repeats:	Every other week	Date Task Finished:	10 Apr 2013
Task:	Make a list of things I like to do.														
Task Description:	I will talk with people who live alone to find out how they do it.														
Task Completion:	No End Date (Ongoing)														
Task Start Date:	03 Mar 2013														
Task End Date:	None Entered														
Task Repeats:	Every other week														
Date Task Finished:	10 Apr 2013														
	<table border="1"> <tr> <td>Task:</td> <td>Make a list of things I like to do.</td> </tr> <tr> <td>Task Description:</td> <td>I will get rental listings from newspapers, rental agencies, or online postings. I will get help from my local Veteran service officer or social services agency.</td> </tr> </table>	Task:	Make a list of things I like to do.	Task Description:	I will get rental listings from newspapers, rental agencies, or online postings. I will get help from my local Veteran service officer or social services agency.										
Task:	Make a list of things I like to do.														
Task Description:	I will get rental listings from newspapers, rental agencies, or online postings. I will get help from my local Veteran service officer or social services agency.														

MEDICAL CONFIDENTIAL

Task Completion: No End Date (Ongoing)
 Task Start Date: 03 Mar 2013
 Task End Date: None Entered
 Task Repeats: Every Monday, Wednesday, Friday
 Date Task Finished: 10 Apr 2013

Task: Make a list of things I like to do.

Task Description: I will call the number in the listings to set up visits.

Task Completion: No End Date (Ongoing)
 Task Start Date: 03 Mar 2013
 Task End Date: None Entered
 Task Repeats: Every Monday, Wednesday, Friday
 Date Task Finished: 10 Apr 2013

Task: Make a list of things I like to do.

Task Description: I will list things that I have done well in my life. When I am feeling alone I will read over my list.

Task Completion: No End Date (Ongoing)
 Task Start Date: 03 Mar 2013
 Task End Date: None Entered
 Task Repeats: Every Monday, Wednesday, Friday
 Date Task Finished: 10 Apr 2013

Task: Make a list of things I like to do.

Task Description: I will search online or go to rental agencies to pick up rental applications for the place I want to live. I will submit applications online or in person.

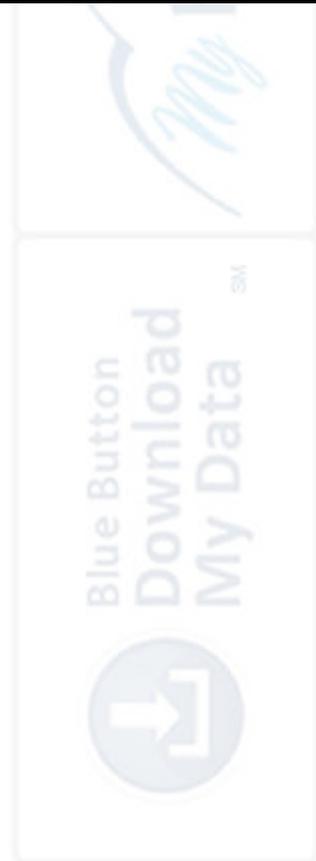
Task Completion: No End Date (Ongoing)
 Task Start Date: 03 Mar 2013
 Task End Date: None Entered
 Task Repeats: Every Monday, Wednesday, Friday
 Date Task Finished: 10 Apr 2013

Rewards: None Entered

My Goal:	GO TO SCHOOL
Description:	I want to get a better job and need to get training. I want to go to college or a trade school.
Type:	Learning
Priority:	Goals Second Most Important to Me
Goal Start Date:	01 Feb 2013
Goal End Date:	01 Apr 2013
Completion:	Has An End Date

MEDICAL CONFIDENTIAL

Date Goal Completed:	10 Apr 2013
Strengths:	None Entered
Obstacles:	I do not know what school or program I want to attend. I do not know what is available or what I am eligible for.
Task:	Make a list of things I like to do.
Task Description:	I will meet with a career counselor at my local community college or a Veteran's service officer at my local county or VA office. I will meet with a person at my local trade school. I can also search online for distance learning schools.
Task Completion:	Has An End Date
Task Start Date:	01 Feb 2013
Task End Date:	01 Mar 2013
Task Repeats:	Every other week
Date Task Finished:	10 Apr 2013
Rewards:	None Entered



MEDICAL CONFIDENTIAL

Self Reported Food Journal

Source: Self-Entered

Date:	02 Jan 2013	Day of Week:	Wednesday
Water consumed (number of 8oz glasses):	4		
Breakfast			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
3 eggs/cheese	1	X-Large	Fresh
OJ	1	8	Fresh
glasses of whole milk	1	8	Fresh
Dinner			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
Hot Dogs	2	Large	Boiled
French Fries	1	Large	Fried
Lunch			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
Taco X 3	3	Large	Fast Food
Root Beers	2	8	Fresh
Snack			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
Strawberry Shake	1	8	Frozen
Comments:	Added Lemon		

Date:	01 Jan 2013	Day of Week:	Tuesday
Water consumed (number of 8oz glasses):	2		
Breakfast			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
3 glasses of whole milk	3	Large	Fresh
Cheerios 1 large bowl	1	Large	Fresh
Dinner			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
Pizza medium cheese	1	Small	Baked
Lunch			

Food/Beverage Item	Quantity	Serving Size	Method of Preparation
Greek Salad	1	16	Fresh
Root Beers	2	8	Fresh
Snack			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
Ice Cream	1	4	Frozen
Comments: Ice Water			

Date: 31 Dec 2012	Day of Week: Monday
Water consumed (number of 8oz glasses):	0

Breakfast			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
Orange	1	Large	Fresh
Hamburger	.25	Large	Fast Food
Banana	1	Large	Fresh
Apple	1	Large	Fresh

Dinner			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
French Fries	1	X-Large	Fast Food
Coke	1	16	Other

Lunch			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
Coke	1	16	Other
Chicken Sandwich			Fast Food
French Fries	1	X-Large	Fast Food

Comments:

MEDICAL CONFIDENTIAL

Self Reported Military Health History

Source: Self-Entered

Event Title:	Overseas Deployment
Event Date:	07 Apr 2002
Service Branch:	Army
Rank:	COL
Exposures:	Yes
Location of Service:	Overseas
Onboard Ship:	No
Military Occupational Specialty:	Infantry
Assignment:	1st Recon
Exposures:	In Iraq, exposed to burning chemicals
Military Service Description:	Unit was in charge of security

Blue Button
Download
My Data SM



MEDICAL CONFIDENTIAL

DOD Military Service Information

Source:	Department of Defense
Last Updated:	17 Jan 2013 @ 1527

NOTES:

1) This report may not show your complete DoD Military Service Information. For more information go to the FAQ tab. Data prior to establishment of DEERS and full service reporting (c. 1980) may not appear.

2) It is normal for the begin/end dates in DoD records, adjusted by the Personnel Center after separation, to vary slightly from the DD-214.

3) No peacetime deployments will be displayed. For Gulf War I, only one period will be displayed even if you deployed more than once. No conflict prior to Gulf War I will be displayed. Kosovo, Bosnia, and Southern Watch data is incomplete and may not display.

4) For Guard/Reserve, periods of active duty may not display. No periods of Active duty service less than 30 days will display.

-- Regular Active Service

Service	Begin Date	End Date	Character of Service	Rank
Army	06/11/2005	03/26/2007	Honorable	COL
Army	02/22/2009	02/21/2010	Honorable	COL
Army	04/10/2010	04/08/2011	Honorable	COL

-- Reserve/Guard Association Periods

Service	Begin Date	End Date	Character of Service	Rank
Army Guard	01/11/1987	08/24/1993	Unknown	
Army Reserve	08/25/1993	10/25/2004	Unknown	COL
Army Reserve	03/27/2007	10/31/2008	Unknown	COL

-- Reserve/Guard Activation Periods

Service	Begin Date	End Date	Activated Under (Title 10, 32, etc.)
Army Reserve	11/10/2001	11/09/2002	
Army Reserve	04/14/2003	10/13/2004	
Army Reserve	10/24/2004	10/25/2004	
Army Reserve	03/27/2007	10/24/2007	
Army Reserve	02/04/2008	10/31/2008	

-- Deployment Periods

Service	Begin Date	End Date	Conflict	Location
Army Reserve	03/01/2004	03/31/2004	OEF/OIF	Unknown
Army	01/01/2007	03/26/2007	OEF/OIF	Iraq

-- DoD MOS/Occupation Codes

-- Note: Both Service and DoD Generic codes may not be present in all records

Service	Begin Date	Enl/Off	Type	Svc Occ Code	DoD Occ Code
Army Reserve	01/16/1975	Officer	Primary	35D00	3A
Army Reserve	01/16/1975	Officer	Duty	35B00	3A
Army Reserve	03/31/2002	Officer	Primary	35D	3A
Army Reserve	03/31/2002	Officer	Duty	35D	3A
Army Reserve	06/30/2002	Officer	Duty	00A	9E
Army Reserve	11/30/2002	Officer	Duty	01A	9E
Army Reserve	10/31/2003	Officer	Duty	35D	3A
Army	06/11/2005	Officer	Primary	35D5K	3A
Army	05/31/2006	Officer	Duty	35D	3A
Army Reserve	03/27/2007	Officer	Primary	35D5K	3A
Army Reserve	06/27/2007	Officer	Duty	35D5K	3A
Army	02/22/2009	Officer	Primary	35D5K	3A
Army	02/22/2009	Officer	Secondary	66HD5	6E18
Army	02/22/2009	Officer	Duty	35D00	3A

-- Military/Combat Pay Details

Service	Begin Date	End Date	Military Pay Type	Location
Army Reserve	03/01/2004	03/31/2004	02	
Army	01/01/2007		01	Iraq
Army	01/01/2007		02	

-- Separation Pay Details

Service	Begin Date	End Date	Separation Pay Type
---------	------------	----------	---------------------

-- Retirement Periods

Service	Begin Date	End Date	Retirement Type	Rank
---------	------------	----------	-----------------	------

Army	11/01/2008	02/21/2009	F						COL
Army	02/22/2010	04/09/2010	F						COL
Army	04/09/2011		F						COL
-- DoD Retirement Pay									
Service	Begin Date	End Date	Dsblty %	Pay Stat	Term	Rsn	Stop	Pay	Rsn

Army	10/31/2008	11/30/2008	00	1		C			Z
Army	12/01/2008		00	1		W			Z
Army	03/01/2010	07/31/2010	00	1		C			Z
Army	08/01/2010		00	5		W			B
Army	05/01/2011	05/31/2011	00	1		C			Z
Army	06/01/2011	11/30/2011	00	1		C			Z
Army	12/01/2011		00	1		W			Z
Translations of Codes Used in this Section:									
Service Occupation Codes									
00A	Officer	Duties Unassigned							
01A	Officer	Officer Generalist							
35D	Officer	All Source Intelligence							
35D	Officer	(obsolete) Air Traffic Control Equipment Repairer							
35D	Officer	(obsolete) Meteorological Equipment Repairman							
DoD Occupation Codes									
3A	Officer	Intelligence, General							
9E	Officer	Other							
Military Pay Type Code									
01	Combat Zone Tax Exclusion (CZTE)								
02	Hostile Fire/Imminent Danger								
03	Hazardous Duty incentive								
Separation Pay Type Code									
01	Separation Pay								
02	Readjustment Pay								
03	Non-Disability Severance Pay								
04	Disability Severance Pay								
05	Discharge Gratuity								
06	Death Gratuity								
07	Special Separation Benefit								

08 Voluntary Separation Incentive Pay

09 Voluntary Separation Pay (VSP)

Retirement Type Code

A Mandatory

B Voluntary

C Fleet Reserve

D Temporary Disability Retirement List

E Permanent Disability Retirement List

F Title III

G Special Act

H Philippine Scouts

Retired Pay Status Code

1 Receiving retired pay

2 Eligible, not receiving pay

3 Eligible, not receiving direct SBP remittance

4 Terminated

5 Suspended

Retired Pay Termination Reason Code

C Pay condition terminated

S Pay terminated for the reason reported in the Stop Payment Reason Code

W Not terminated

Stop Payment Reason Code

A Member died

B Recalled to Active Duty

C Removed from TDRL, returned to Active Duty

D Removed from TDRL, returned to Civilian

E Pay suspended, failure to report for TDRL physical

F Civil Service retirement waiver

G VA compensation waiver

H Dual compensation, pay cap offset

J Refused retired pay

K Pay suspended, whereabouts unknown

L Suspected death

M Pay suspended, miscellaneous

Z Not applicable

END OF MY HEALTHEVET PERSONAL INFORMATION REPORT
