

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:	<div>My HealtheVet Account Summary</div> <div>Self Reported Demographics</div> <div>VA Demographics</div> <div>Self Reported Health Care Providers</div> <div>Self Reported Treatment Facilities</div> <div>Self Reported Health Insurance</div> <div>VA Wellness Reminders</div> <div>VA Appointments (Future)</div> <div>VA Appointments (Limited to past 2 years)</div> <div>VA Medication History</div> <div>Self Reported Medications and Supplements</div> <div>VA Allergies</div> <div>Self Reported Allergies</div> <div>VA Problem List</div> <div>VA Admissions and Discharges</div> <div>VA Notes</div> <div>Self Reported Medical Events</div> <div>VA Immunizations</div> <div>Self Reported Immunizations</div> <div>VA Laboratory Results: Chemistry/Hematology/Microbiology</div> <div>VA Pathology Reports: Surgical Pathology/Cytology/Electron Microscopy</div> <div>Self Reported Labs and Tests</div> <div>VA Vitals and Readings</div> <div>Self Reported Vitals and Readings</div> <div>VA Radiology Reports</div> <div>VA Electrocardiogram (EKG) Reports</div> <div>Self Reported Family Health History</div> <div>Self Reported Activity Journal</div> <div>Self Reported Food Journal</div> <div>Self Reported Military Health History</div> <div>DoD Military Service Information</div> <div>Self Reported My Goals Current</div> <div>Self Reported My Goals Completed</div>

## *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



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## 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](mailto:mhvveteran@emailaddress.com)

Preferred Method of Contact: Email

## Emergency Contacts

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

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

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## VA Demographics

Source:	VA
Last Updated:	
Sorted By:	VA Treating Facility
Your information in My HealtheVet 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.	

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

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

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	



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:	--

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:	--



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## Self Reported Healthcare Providers

Source:	Self-Entered
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Provider Name:	One Provider
Type of Provider:	Primary
Other Clinician Information:	
Phone Number:	000-000-0000 Ext: 1234
Email:	<a href="mailto:provider@institution.org">provider@institution.org</a>
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:	<a href="mailto:specialist@institution.org">specialist@institution.org</a>
Comments:	Dr. Provider should be notified of any changes in my medical condition. Requires a referral from my health insurance company.

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## 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



## 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.		

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## VA Wellness Reminders

Source:	VA
Last Updated:	09 Sep 2013 @ 0602
Sorted By:	Name (Ascending)
Learn more about these Wellness Reminders by visiting My HealtheVet. 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

## 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



## 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



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Self Reported Medications & Supplements

Source: Self-Entered
No information was available that matched your selection.



## 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		



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## 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		



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## VA Problem List

Source:	VA
Last Updated:	
Sorted By:	Date/Time Entered (Descending) then alphabetically by Problem
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.	

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:	--	



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## 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)

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
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- 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

## VA Notes

Source:	VA
Last Updated:	
Sorted By:	Date/Time (Descending)
VA Notes from January 1, 2013 forward are available 3 calendar days after they have been completed and signed by all required members of your VA health care team. If you have any questions about your information please visit the FAQs or contact your VA health care team.	

Date/Time:	25 Jan 2013 @ 0701
Note Title:	CARDIOLOGY - FOLLOW-UP
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Signed By:	PROVIDER, ONE A
Co-signed By:	PROVIDER, ONE A
Date/Time Signed:	25 Jan 2013 @ 0707

### Note

LOCAL TITLE: CARDIOLOGY - FOLLOW-UP  
 STANDARD TITLE: CARDIOLOGY OUTPATIENT NOTE  
 DATE OF NOTE: JAN 25, 2013@07:01 ENTRY DATE: JAN 25, 2013@07:02:25  
 AUTHOR: PROVIDER, ONE A EXP COSIGNER: PROVIDER, ONE A  
 URGENCY: STATUS: COMPLETED

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

Past Cardiology History: Patient family history of cardiac stress and disease (uncle and older brother) all with diabetes.

### SUBJECTIVE:

### OBJECTIVE:

#### 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)

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.

/es/ ONE A PROVIDER  
Chief of Clinical Appl Coord  
Signed: 01/25/2013 07:07

/es/ ONE A. PROVIDER MD  
CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST  
Cosigned: 02/11/2013 07:55

Date/Time:	25 Jan 2013 @ 0655
Note Title:	INPAT - MED - MS - PROGRESS
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Signed By:	PROVIDER, ONE A
Co-signed By:	PROVIDER, ONE A
Date/Time Signed:	25 Jan 2013 @ 0700

#### Note

LOCAL TITLE: INPAT - MED - MS - PROGRESS  
STANDARD TITLE: STUDENT INPATIENT NOTE  
DATE OF NOTE: JAN 25, 2013@06:55 ENTRY DATE: JAN 25, 2013@06:56:26  
AUTHOR: PROVIDER, ONE A EXP COSIGNER: PROVIDER, ONE A  
URGENCY: STATUS: COMPLETED

\*\*\* INPAT - MED - MS - PROGRESS Has ADDENDA \*\*\*

Patient presented and discussed at multi-disciplinary rounds today: Yes

during patient interview&lt; ia sked Mr. MHV if his family had a history of cardiac issues and diabetes, he replied that yes there was a history of both with his uncle and older brother. This new line of questioning was in response to a comment he made earlier to his RN. Plan to follow up with Dr. Provider, the resident which is providing care for Mr. MHV.

The patient was staffed with Dr. Provider who agrees with my assessment and plan.

/es/ ONE A PROVIDER  
Chief of Clinical Appl Coord  
Signed: 01/25/2013 07:00

/es/ ONE A. PROVIDER MD  
CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST  
Cosigned: 02/11/2013 07:55

01/25/2013 ADDENDUM STATUS: COMPLETED  
this is only a test of making an addendum

/es/ ONE A. PROVIDER MD

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

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

Location:	PORTLAND, OREGON VA MEDICAL CENTER
Signed By:	PROVIDER, ONE A
Co-signed By:	PROVIDER, ONE A
Date/Time Signed:	24 Jan 2013 @ 1435
Note	
<p>LOCAL TITLE: SPECIALTY CLINIC PROGRESS NOTE STANDARD TITLE: NURSING NOTE DATE OF NOTE: JAN 24, 2013@14:35 ENTRY DATE: JAN 24, 2013@14:35:11 AUTHOR: PROVIDER, ONE A EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>This is only a test.</p> <p>/es/ ONE A. PROVIDER MD CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST Signed: 01/24/2013 14:35</p>	

Date/Time:	24 Jan 2013 @ 1433
Note Title:	DAILY PERIPHERAL LINE - MAINTENANCE
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Signed By:	PROVIDER, ONE A
Co-signed By:	PROVIDER, ONE A
Date/Time Signed:	24 Jan 2013 @ 1434
Note	
<p>LOCAL TITLE: DAILY PERIPHERAL LINE - MAINTENANCE STANDARD TITLE: TEAM NOTE DATE OF NOTE: JAN 24, 2013@14:33 ENTRY DATE: JAN 24, 2013@14:33:56 AUTHOR: PROVIDER, ONE A EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>*** DAILY PERIPHERAL LINE - MAINTENANCE Has ADDENDA ***</p> <p>Maintenance done: Jan 25,2013@07:00</p> <p>IV Type:Peripheral</p> <p>Location: Right hand Site flushed with Saline Patent Dressing: Dry and Intact Phlebitis (REQUIRED): 0 = No symptoms.</p> <p>/es/ ONE A. PROVIDER MD</p>	



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:

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:

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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:

## 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:

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



CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST

Signed: 01/07/2013 15:31

Date/Time:	07 Jan 2013 @ 1427
Note Title:	MHD - INDIVIDUAL NOTE
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Signed By:	PROVIDER, ONE A
Co-signed By:	PROVIDER, ONE A
Date/Time Signed:	07 Jan 2013 @ 1428

**Note**

LOCAL TITLE: MHD - INDIVIDUAL NOTE

STANDARD TITLE: MENTAL HEALTH OUTPATIENT NOTE

DATE OF NOTE: JAN 07, 2013@14:27 ENTRY DATE: JAN 07, 2013@14:28:02

AUTHOR: PROVIDER, ONE A EXP COSIGNER:

URGENCY: STATUS: COMPLETED

THIS IS A TEST. THIS IS ONLY A TEST

/es/ ONE A. PROVIDER MD

CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST

Signed: 01/07/2013 14:28

/es/ ONE A. PROVIDER MD

CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST

Cosigned: 05/03/2013 09:43

for



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## 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		



## 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		

--	--

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.



## *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



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
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.	

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

## 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			
Lab Type:		Chemistry/Hematology		Ordering Provider:	PROVIDER, ONE
Specimen:		Whole blood		Ordering Location:	PORTLAND (OR) VAMC
Date/Time Collected:		12 Dec 2012 @ 0811		Collected Location:	PORTLAND (OR) VAMC
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			

## 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

Ordering Provider: PROVIDER, ONE

Specimen: Cerebral spinal fluid

Ordering Location: PORTLAND (OR) VAMC

Date/Time Collected: 12 Dec 2012 @ 0810

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

Ordering Provider: PROVIDER, ONE

Specimen: Urine

Ordering Location: PORTLAND (OR) VAMC

Date/Time Collected: 12 Dec 2012 @ 0810

Collected Location: PORTLAND (OR) VAMC

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



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

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					

<b>Lab Test:</b>		Blood Culture			
<b>Lab Type:</b>		Chemistry/Hematology	<b>Ordering Provider:</b>		PROVIDER, ONE
<b>Specimen:</b>		Serum	<b>Ordering Location:</b>		PORTLAND (OR) VAMC
<b>Date/Time Collected:</b>		12 Dec 2012 @ 0808	<b>Collected Location:</b>		PORTLAND (OR) VAMC
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
Blood Culture	NEG	--		Final	PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
<b>Interpretation:</b> Interpretation of serologic results should be made in a clinical context. ----- 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.					
<b>Comments:</b>		TEST			
<b>Performing Location Name/Address:</b>					
PORTLAND (OR) VAMC 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

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

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

				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

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/1.73m<sup>2</sup>.

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:

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:	***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	46	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: 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

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, ONE

				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



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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: 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  
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

Performing Location Name/Address:

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



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## VA Pathology Reports

Source:	VA
Last Updated:	
Sorted By:	Date Obtained (Descending), Type of Report
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.	

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
<b>SURGICAL PATHOLOGY REPORT</b>	
<p>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</p> <p>-----</p> <p>Specimen:  SKIN  GROSS DESCRIPTION:  HEALTHY SKIN, NO ANOMALIES  MICROSCOPIC EXAM: (Date Spec taken: Mar 28, 2013 08:18)  LOOKS HEALTHY TO ME  Comments:  TEST</p>	

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
<b>CYTOLOGY REPORT</b>	
<p>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</p>	

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

## 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		



Blue Button  
Download  
My Data



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## 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

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



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## 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)
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.	

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
<b>Report</b>	
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

**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**

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:

## 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



## 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

## 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:	<p>Determination</p> <p>Enjoy doing outdoor activities.</p> <p>I want to be healthy.</p>
Obstacles:	<p>Always want dessert after dinner.</p> <p>I eat when I am bored.</p>
Task:	Prepare healthy snack.
Task Description:	Each night to satisfy the want for a dessert, I will



	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.

	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
	Task:	Make a list of activities and places I like.
	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.
	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.	
	Task:	Find places to meet people who like what I like.
	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.
	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
	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.



## 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)

	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
	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
	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

### 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.

	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:	<p>Fear of living alone.  I am not sure how to get a place to live.  I am not sure how much I can afford.</p> <table> <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> <table> <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> <table> <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 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 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 get rental listings from newspapers, rental agencies, or online postings. I will get help from my local Veteran service officer or social services agency.
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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 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

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



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## Self Reported Food Journal

Source: Self-Entered

Date:	02 Jan 2013	Day of Week:	Wednesday
Water consumed (number of 8oz glasses):	4		
<b>Breakfast</b>			
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
<b>Dinner</b>			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
Hot Dogs	2	Large	Boiled
French Fries	1	Large	Fried
<b>Lunch</b>			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
Taco X 3	3	Large	Fast Food
Root Beers	2	8	Fresh
<b>Snack</b>			
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		
<b>Breakfast</b>			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
3 glasses of whole milk	3	Large	Fresh
Cheerios 1 large bowl	1	Large	Fresh
<b>Dinner</b>			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
Pizza medium cheese	1	Small	Baked
<b>Lunch</b>			

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

<b>Date:</b>	31 Dec 2012	<b>Day of Week:</b>	Monday
<b>Water consumed (number of 8oz glasses):</b>	0		
<b>Breakfast</b>			
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
<b>Dinner</b>			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
French Fries	1	X-Large	Fast Food
Coke	1	16	Other
<b>Lunch</b>			
Food/Beverage Item	Quantity	Serving Size	Method of Preparation
Coke	1	16	Other
Chicken Sandwich			Fast Food
French Fries	1	X-Large	Fast Food
<b>Comments:</b>			

## *Self Reported Military Health History*

Source:	Self-Entered
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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  
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My Data<sup>SM</sup>



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## *DOD Military Service Information*

<b>Source:</b>	Department of Defense
<b>Last Updated:</b>	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
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## -- Retirement Periods

Service	Begin Date	End Date	Retirement Type	Rank
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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

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END OF MY HEALTHEVET PERSONAL INFORMATION REPORT

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