

My HealtheVet

## *Personal Information Report*

\*\*\*\*\***CONFIDENTIAL**\*\*\*\*\*

Produced by the VA Blue Button (v12.10)  
05 Nov 2014 @ 0827

This summary is a copy of information from your My HealtheVet 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:	05 Nov 2014 @ 0827
File Name:	mhv_MHVTESTVETERAN_20141105_0827.pdf
Date Range Selected:	05 Nov 2009 to 05 Nov 2014
Data Types Selected:	<ul style="list-style-type: none"> <li>My HealtheVet Account Summary</li> <li>Self Reported Demographics</li> <li>VA Demographics</li> <li>Self Reported Health Care Providers</li> <li>Self Reported Treatment Facilities</li> <li>Self Reported Health Insurance</li> <li>VA Wellness Reminders</li> <li>VA Appointments (Future)</li> <li>VA Appointments (Limited to past 2 years)</li> <li>VA Allergies</li> <li>Self Reported Allergies</li> <li>VA Medication History</li> <li>Self Reported Medications and Supplements</li> <li>VA Problem List</li> <li>VA Admissions and Discharges</li> <li>VA Notes</li> <li>Self Reported Medical Events</li> <li>VA Immunizations</li> <li>Self Reported Immunizations</li> <li>VA Laboratory Results: Chemistry/Hematology/Microbiology</li> <li>VA Pathology Reports: Surgical Pathology/Cytology/Electron Microscopy</li> <li>Self Reported Labs and Tests</li> <li>VA Vitals and Readings</li> <li>Self Reported Vitals and Readings</li> <li>VA Radiology Reports</li> <li>VA Electrocardiogram (EKG) Reports</li> <li>Self Reported Family Health History</li> <li>Self Reported Military Health History</li> <li>Self Reported Activity Journal</li> <li>Self Reported Food Journal</li> <li>DoD Military Service Information</li> <li>Self Reported My Goals Current</li> <li>Self Reported My Goals Completed</li> </ul>

## *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
PORTLAND, OREGON VA MEDICAL CENTER	na
AUSTIN PSIM	na
SPOKANE VAMC	na
SURGERY QUALITY WORKFLOW MGMT	na
VA SOUTHERN OREGON REHABILITATION CENTER AND CLINICS	na
ENROLLMENT SYSTEM REENGINEERING	na
AUSTIN MHV	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:	MHVET
Relationship to VA:	Patient, Veteran
Current Occupation:	Truck Driver
Home Phone Number:	000-555-2123
Work Phone Number:	000-555-4100
Pager Number:	000-555-2020
Cell Phone Number:	000-555-0303
FAX Number:	000-555-4110

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  
 00000

Email Address: [mhvvet@emailaddress.com](mailto:mhvvet@emailaddress.com)

Preferred Method of Contact: Email

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## Emergency Contacts

Contact First Name:	Two	Mailing Address: 123 Anywhere Road Anywhere, DC United States 00000
Contact Last Name:	MHVVeteran	
Relationship:		
Home Phone Number:	000-555-2121	
Work Phone Number:	000-555-1000	
Cell Phone Number:	000-555-1855	
Email:	<a href="mailto:mhvveterantwo@emailaddress.com">mhvveterantwo@emailaddress.com</a>	

Contact First Name:	Three	Mailing Address: 123 Anywhere Road Anywhere, DC United States 00000
Contact Last Name:	MHVVeteran	
Relationship:		
Home Phone Number:	000-555-2339	
Work Phone Number:	000-555-5000	
Cell Phone Number:	000-555-1458	
Email:	<a href="mailto:mhvveteranthree@emailaddress.com">mhvveteranthree@emailaddress.com</a>	

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## VA Demographics

Source:	VA
Last Updated:	05 Nov 2014 @ 0813
Sorted By:	VA Treating Facility
Your information in My HealthVet is not transferred to your VA Health Record. Also, VA Demographic information is not updated between VA treating facilities. If you have any questions or updates, please contact your VA health care team.	

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:	66
Gender:	Male
Ethnicity:	--
Religion:	--
Place of Birth:	WASHINGTON, DISTRICT OF COLUMBIA
Marital Status:	DIVORCED
<b>PERMANENT ADDRESS AND CONTACT INFORMATION</b>	
Street Address:	123 ANYWHERE RD
Street Address 2:	APT 123
City:	WASHINGTON
State:	DISTRICT OF COLUMBIA
Zip Code:	00000
County:	001
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	MHVVETERAN@EMAILADDRESS.COM
<b>ELIGIBILITY</b>	
Service Connected Percentage:	70
Means Test Status:	--
Primary Eligibility Code:	--
<b>EMPLOYMENT</b>	
Occupation:	--
Employment Status:	NOT EMPLOYED
Employer Name:	--
<b>PRIMARY NEXT OF KIN</b>	
Name:	MHVVeteran, Two

Street Address:	123 Anywhere Road
City:	ANYWHERE
State:	DC
Zip Code:	00000
Home Phone Number:	000-444-1952
Work Phone Number:	--
<b>EMERGENCY CONTACT</b>	
Name:	MHVVeteran, Three
Street Address:	123 Anywhere Road
City:	ANYWHERE
State:	DC
Zip Code:	00000
Home Phone Number:	000-444-1952
Work Phone Number:	--
<b>VA GUARDIAN</b>	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
<b>CIVIL GUARDIAN</b>	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
<b>ACTIVE INSURANCE</b>	
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

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Age:	66
Gender:	Male
Ethnicity:	--
Religion:	--
Place of Birth:	WASHINGTON, DISTRICT OF COLUMBIA
Marital Status:	DIVORCED
<b>PERMANENT ADDRESS AND CONTACT INFORMATION</b>	
Street Address:	123 ANYWHERE RD
Street Address 2:	APT 123
City:	WASHINGTON
State:	DISTRICT OF COLUMBIA
Zip Code:	00000
County:	001
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	MHVVETERAN@EMAILADDRESS.COM
<b>ELIGIBILITY</b>	
Service Connected Percentage:	70
Means Test Status:	--
Primary Eligibility Code:	--
<b>EMPLOYMENT</b>	
Occupation:	--
Employment Status:	NOT EMPLOYED
Employer Name:	--
<b>PRIMARY NEXT OF KIN</b>	
Name:	MHVVeteran, Two
Street Address:	123 Anywhere Road
City:	ANYWHERE
State:	DC
Zip Code:	00000
Home Phone Number:	000-444-1952
Work Phone Number:	--
<b>EMERGENCY CONTACT</b>	
Name:	MHVVeteran, Three
Street Address:	123 Anywhere Road
City:	ANYWHERE
State:	DC
Zip Code:	00000
Home Phone Number:	000-444-1952
Work Phone Number:	--
<b>VA GUARDIAN</b>	

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Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
<b>CIVIL GUARDIAN</b>	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
<b>ACTIVE INSURANCE</b>	
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:	66
Gender:	Male
Ethnicity:	--
Religion:	--
Place of Birth:	WASHINGTON, DISTRICT OF COLUMBIA
Marital Status:	DIVORCED
<b>PERMANENT ADDRESS AND CONTACT INFORMATION</b>	
Street Address:	123 ANYWHERE RD
Street Address 2:	APT 123
City:	WASHINGTON
State:	DISTRICT OF COLUMBIA
Zip Code:	00000
County:	001
Country:	USA
Home Phone Number:	--

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Work Phone Number:	--
Cell Phone Number:	--
Email Address:	MHVVETERAN@EMAILADDRESS.COM
<b>ELIGIBILITY</b>	
Service Connected Percentage:	0
Means Test Status:	NO LONGER REQUIRED
Primary Eligibility Code:	--
<b>EMPLOYMENT</b>	
Occupation:	--
Employment Status:	NOT EMPLOYED
Employer Name:	--
<b>PRIMARY NEXT OF KIN</b>	
Name:	MHVVeteran, Two
Street Address:	123 Anywhere Road
City:	ANYWHERE
State:	DC
Zip Code:	00000
Home Phone Number:	000-444-1952
Work Phone Number:	--
<b>EMERGENCY CONTACT</b>	
Name:	MHVVeteran, Three
Street Address:	123 Anywhere Road
City:	ANYWHERE
State:	DC
Zip Code:	00000
Home Phone Number:	000-444-1952
Work Phone Number:	--
<b>VA GUARDIAN</b>	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
<b>CIVIL GUARDIAN</b>	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--

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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:	000-285-2220 Ext: 1485
Email:	<a href="mailto:oneprovider@institution.org">oneprovider@institution.org</a>
Comments:	Dr. Provider can be reached on the weekend if needed by leaving a message with the clinic.

Provider Name:	Two Provider
Type of Provider:	Specialist
Other Clinician Information:	
Phone Number:	000-767-3200 Ext: 404
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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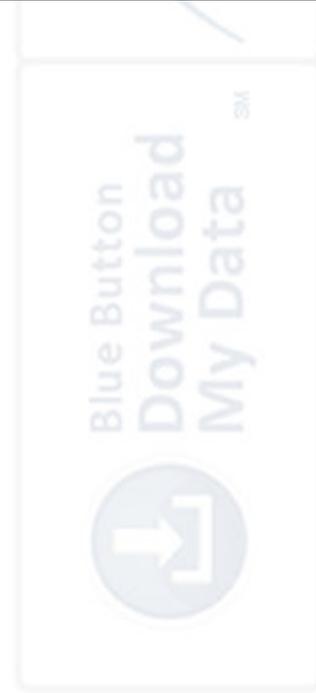
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## Self Reported Treatment Facilities

Source: Self-Entered

Facility Name:	Anywhere VA Medical Center	
Facility Type:	VA	Mailing Address:
VA Home Facility:	Yes	123 VA Drive
Phone Number:	000-370-4468 Ext:	Suite 4
FAX Number:	000-675-6885	Anywhere, VA
Comments:	Contact clinic when calling to make my appointments.	United States
		22401

Facility Name:	Healthcare INC	
Facility Type:	Non-VA	Mailing Address:
VA Home Facility:	No	123 Anywhere Road
Phone Number:	000-555-3062 Ext:	B-Wing
FAX Number:	000-555-3010	Anywhere, DC
Comments:	Reminder to bring My HealthVet printouts for all visits	United States
		20151



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## Self Reported Health Insurance

Source: Self-Entered

Health Insurance Company: My Health Insurance Company			
ID Number:	ADC-30105-1	Group Number:	23010
Primary Insurance Provider:	Yes	Start Date:	01 Jan 2014
Insured:	One MHVveteran	Stop Date:	
Pre-Approval Phone Number:	000-555-2101		
Health Insurance Company Phone Number:	000-555-3100		
Comments:	Need to get pre-authorization for special services.		

Health Insurance Company: My Other Health Insurance Company			
ID Number:	030131-9942	Group Number:	ABC123456789
Primary Insurance Provider:	No	Start Date:	01 Jan 2014
Insured:	One MHVveteran	Stop Date:	
Pre-Approval Phone Number:	000-555-8949		
Health Insurance Company Phone Number:	000-555-1502		
Comments:	Dental Coverage		

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## VA Wellness Reminders

Source:	VA
Last Updated:	05 Nov 2014 @ 0813
Sorted By:	Name (Ascending)
Learn more about these Wellness Reminders by visiting My HealthVet. Please contact your health care team with any questions about your VA Wellness Reminders.	

Wellness Reminder	Due Date	Last Completed	Location
Colon Cancer Screening	01 Oct 2022	01 Oct 2012	PORTLAND, OREGON VA MEDICAL CENTER
Influenza Vaccine	DUE NOW	UNKNOWN	PORTLAND, OREGON VA MEDICAL CENTER
Control of Your Cholesterol	DUE NOW	UNKNOWN	PORTLAND, OREGON VA MEDICAL CENTER
Body Mass Index more than 25	DUE NOW	UNKNOWN	PORTLAND, OREGON VA MEDICAL CENTER
Influenza Vaccine	DUE NOW	UNKNOWN	SPOKANE VAMC
Pneumonia Vaccine	DUE NOW	UNKNOWN	SPOKANE VAMC
Colon Cancer Screening	DUE NOW	UNKNOWN	SPOKANE VAMC
Colon Cancer Screening	DUE NOW	UNKNOWN	VA SOUTHERN OREGON REHABILITATION CENTER AND CLINICS
Influenza Vaccine	DUE NOW	UNKNOWN	VA SOUTHERN OREGON REHABILITATION CENTER AND CLINICS
Pneumonia Vaccine	DUE NOW	UNKNOWN	VA SOUTHERN OREGON REHABILITATION CENTER AND CLINICS
Pneumonia Vaccine	--	05 Nov 2014	PORTLAND, OREGON VA MEDICAL CENTER



## VA Appointments

Source:	VA
Last Updated:	05 Nov 2014 @ 0813
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.	

### Past Appointments

Date/Time:	08 Oct 2014 @ 1330
Location:	PORTLAND
Status:	CANCELLED
Clinic:	GEN SURG HERNIA-4A103
Phone Number:	5456

Date/Time:	08 Sep 2014 @ 1215
Location:	PORTLAND
Status:	CANCELLED
Clinic:	DEMENTIA NEW-BLDG 104
Phone Number:	50820

Date/Time:	29 Jul 2014 @ 0900
Location:	PORTLAND
Status:	APPOINTMENT NOT KEPT
Clinic:	MH1,D P2 Bldg 104
Phone Number:	5-5187

Date/Time:	09 Dec 2013 @ 0800
Location:	PORTLAND
Status:	APPOINTMENT NOT KEPT
Clinic:	MH1,D P2 Bldg 104
Phone Number:	5-5187

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

Date/Time:	08 Jul 2013 @ 0800
Location:	PORTLAND
Status:	APPOINTMENT NOT KEPT

Clinic:	MH1I DOUGLAS,D P2 Bldg 104
Phone Number:	5-5187

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

Date/Time:	07 Jan 2013 @ 0800
Location:	PORTLAND
Status:	APPOINTMENT NOT KEPT
Clinic:	MH1,D P2 Bldg 104
Phone Number:	5-5187



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## VA Allergies

Source:	VA
Last Updated:	05 Nov 2014 @ 0812
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: Pollen	Date: 18 Mar 2011
Severity: Mild	Diagnosed: Yes
Reaction: Watery eyes, itchy nose	
Comments: Took an over the counter antihistamine	

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 Medication History

Source:	VA
Last Updated:	28 Oct 2014 @ 1026
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:	ASPIRIN 81MG EC TAB		
Instructions:	TAKE ONE TABLET BY MOUTH EVERY DAY		
Status:	Active		
Refills Remaining:	3		
Last Filled On:	14 Oct 2014		
Initially Ordered On:	14 Oct 2014		
Quantity	Days Supply	Pharmacy	Prescription Number
30	30	PORTLAND PHARMACY	11936697

Medication:	ASPIRIN 325MG EC TAB		
Instructions:	TAKE ONE TABLET BY MOUTH EVERY DAY		
Status:	Active		
Refills Remaining:	11		
Last Filled On:	24 Sep 2014		
Initially Ordered On:	25 Aug 2014		
Quantity	Days Supply	Pharmacy	Prescription Number
1	1	PORTLAND PHARMACY	11925371

Medication:	AMLODIPINE BESYLATE 5MG TAB		
Instructions:	TAKE ONE-HALF TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE		
Status:	Expired		
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:	Expired		
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
<b>Medication:</b> HCTZ 25/TRIAMTERENE 37.5MG TAB			
<b>Instructions:</b> TAKE ONE-HALF TABLET (12.5/18.75 MG) BY MOUTH EVERY DAY			
<b>Status:</b> Expired			
<b>Refills Remaining:</b> 3			
<b>Last Filled On:</b> 11 Dec 2012			
<b>Initially Ordered On:</b> 10 Dec 2012			
Quantity	Days Supply	Pharmacy	Prescription Number
45	90	PORTLAND PHARMACY	11532051
<b>Medication:</b> FLUOXETINE HCL 10MG CAP			
<b>Instructions:</b> TAKE ONE CAPSULE BY MOUTH EVERY MORNING			
<b>Status:</b> Expired			
<b>Refills Remaining:</b> 3			
<b>Last Filled On:</b> 11 Dec 2012			
<b>Initially Ordered On:</b> 10 Dec 2012			
Quantity	Days Supply	Pharmacy	Prescription Number
90	90	PORTLAND PHARMACY	11532050
<b>Medication:</b> AMLODIPINE BESYLATE 10MG TAB			
<b>Instructions:</b> TAKE ONE-HALF TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE -- AVOID GRAPEFRUIT JUICE --			
<b>Status:</b> Discontinued			
<b>Refills Remaining:</b> 3			
<b>Last Filled On:</b> 15 Jul 2012			
<b>Initially Ordered On:</b> 15 Jul 2012			
Quantity	Days Supply	Pharmacy	Prescription Number
45	90	PORTLAND PHARMACY	11181487A
<b>Medication:</b> COLON ELECTROLYTE LAVAGE PWD FOR SOLN			
<b>Instructions:</b> MIX 1 GALLON IN WATER AND DRINK AS DIRECTED FOR 1 DAY DISSOLVE 1 BOTTLE			
<b>Status:</b> Discontinued			
<b>Refills Remaining:</b> 0			
<b>Last Filled On:</b> 15 Jul 2012			
<b>Initially Ordered On:</b> 13 Jul 2012			
Quantity	Days Supply	Pharmacy	Prescription Number
1	2	PORTLAND PHARMACY	11461309
<b>Medication:</b> ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP #50			
<b>Instructions:</b> USE 1 STRIP FOR BLOOD GLUCOSE TESTING AS DIRECTED			
<b>Status:</b> Discontinued			
<b>Refills Remaining:</b> 2			

Last Filled On:		09 Jul 2012	
Initially Ordered On:		06 Jul 2012	
Quantity	Days Supply	Pharmacy	Prescription Number
200	50	PORTLAND PHARMACY	11181484A

Medication:		SODIUM CHLORIDE 0.65% SOLN NASAL	
Instructions:		SPRAY 2 SPRAYS MOUTH MINUTE FOR 30 DAYS	
Status:		Discontinued	
Refills Remaining:		3	
Last Filled On:		09 Jul 2012	
Initially Ordered On:		06 Jul 2012	
Quantity	Days Supply	Pharmacy	Prescription Number
10	30	PORTLAND PHARMACY	11181532A

Medication:		SIMVASTATIN 40MG TAB	
Instructions:		TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME TO LOWER YOUR CHOLESTEROL. AVOID CONSUMING GRAPEFRUIT PRODUCTS. CALL YOUR PROVIDER IF YOU HAVE UNEXPLAINED MUSCLE PAIN, TENDERNESS OR WEAKNESS.	
Status:		Discontinued	
Refills Remaining:		2	
Last Filled On:		09 Jul 2012	
Initially Ordered On:		06 Jul 2012	
Quantity	Days Supply	Pharmacy	Prescription Number
45	90	PORTLAND PHARMACY	11181502A

Medication:		NAPROXEN 500MG TAB	
Instructions:		TAKE ONE TABLET BY MOUTH TWICE A DAY -- TAKE WITH FOOD IF GI	
Status:		Discontinued	
Refills Remaining:		3	
Last Filled On:		09 Jul 2012	
Initially Ordered On:		06 Jul 2012	
Quantity	Days Supply	Pharmacy	Prescription Number
60	90	PORTLAND PHARMACY	11181531A

Medication:		METFORMIN HCL 1000MG TAB	
Instructions:		TAKE ONE TABLET BY MOUTH TWICE DAILY WITH MEALS FOR DIABETES.	
Status:		Discontinued	
Refills Remaining:		2	
Last Filled On:		09 Jul 2012	
Initially Ordered On:		06 Jul 2012	
Quantity	Days Supply	Pharmacy	Prescription Number
180	90	PORTLAND PHARMACY	11181499A

Medication:		LISINOPRIL 10MG TAB	
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Instructions:	TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE		
Status:	Discontinued		
Refills Remaining:	3		
Last Filled On:	09 Jul 2012		
Initially Ordered On:	06 Jul 2012		
Quantity	Days Supply	Pharmacy	Prescription Number
30	30	PORTLAND PHARMACY	11181497A

Medication:	INSULIN,GLARGINE 100U/ML INJ 10ML VIAL		
Instructions:	INJECT 25 UNITS SUBCUTANEOUSLY AT BEDTIME * DO NOT MIX OTHER INSULINS IN SAME SYRINGE AS GLARGINE. DISCARD VIAL 28 DAYS AFTER OPENING. EACH VIAL EXPIRES 28 DAYS AFTER FIRST OPENING.		
Status:	Discontinued		
Refills Remaining:	2		
Last Filled On:	09 Jul 2012		
Initially Ordered On:	06 Jul 2012		
Quantity	Days Supply	Pharmacy	Prescription Number
3	30	PORTLAND PHARMACY	11181494A

Medication:	INSULIN NPH HUMAN 100 UNIT/ML NOVOLIN N		
Instructions:	INJECT 16 UNITS SUBCUTANEOUSLY EVERY MORNING AND INJECT 18 UNITS AT BEDTIME EACH VIAL EXPIRES 30 DAYS AFTER FIRST OPENING.		
Status:	Discontinued		
Refills Remaining:	1		
Last Filled On:	09 Jul 2012		
Initially Ordered On:	06 Jul 2012		
Quantity	Days Supply	Pharmacy	Prescription Number
3	30	PORTLAND PHARMACY	11181492A

Medication:	IBUPROFEN 600MG TAB		
Instructions:	TAKE ONE TABLET BY MOUTH FOUR TIMES DAILY WITH MEALS AS NEEDED FOR PAIN		
Status:	Discontinued		
Refills Remaining:	3		
Last Filled On:	09 Jul 2012		
Initially Ordered On:	06 Jul 2012		
Quantity	Days Supply	Pharmacy	Prescription Number
240	60	PORTLAND PHARMACY	11181491A

Medication:	DEXAMETHASONE 4MG TAB		
Instructions:	TAKE TWO TABLETS BY MOUTH HOUR FOR 2 DAYS -- TAKE WITH FOOD --		
Status:	Discontinued		
Refills Remaining:	2		
Last Filled On:	09 Jul 2012		
Initially Ordered On:	06 Jul 2012		

Quantity	Days Supply	Pharmacy	Prescription Number
96	30	PORTLAND PHARMACY	11181530A
<b>Medication:</b>	BACITRACIN OINTMENT 1 OZ		
<b>Instructions:</b>	APPLY SMALL AMOUNT TOPICALLY TO AFFECTED AREA TWICE A DAY TO THREE TIMES A DAY FOR 30 DAYS		
<b>Status:</b>	Discontinued		
<b>Refills Remaining:</b>	1		
<b>Last Filled On:</b>	09 Jul 2012		
<b>Initially Ordered On:</b>	06 Jul 2012		
Quantity	Days Supply	Pharmacy	Prescription Number
10	45	PORTLAND PHARMACY	11181529A
<b>Medication:</b>	AMLODIPINE BESYLATE 10MG TAB		
<b>Instructions:</b>	TAKE ONE-HALF TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE -- AVOID GRAPEFRUIT JUICE --		
<b>Status:</b>	Expired		
<b>Refills Remaining:</b>	2		
<b>Last Filled On:</b>	17 May 2012		
<b>Initially Ordered On:</b>	03 Jun 2011		
Quantity	Days Supply	Pharmacy	Prescription Number
45	90	PORTLAND PHARMACY	11181487
<b>Medication:</b>	IBUPROFEN 600MG TAB		
<b>Instructions:</b>	TAKE ONE TABLET BY MOUTH FOUR TIMES DAILY WITH MEALS AS NEEDED FOR PAIN		
<b>Status:</b>	Expired		
<b>Refills Remaining:</b>	2		
<b>Last Filled On:</b>	17 Feb 2012		
<b>Initially Ordered On:</b>	03 Jun 2011		
Quantity	Days Supply	Pharmacy	Prescription Number
240	60	PORTLAND PHARMACY	11181491
<b>Medication:</b>	ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP #50		
<b>Instructions:</b>	USE 1 STRIP FOR BLOOD GLUCOSE TESTING AS DIRECTED		
<b>Status:</b>	Expired		
<b>Refills Remaining:</b>	1		
<b>Last Filled On:</b>	05 Dec 2011		
<b>Initially Ordered On:</b>	03 Jun 2011		
Quantity	Days Supply	Pharmacy	Prescription Number
200	50	PORTLAND PHARMACY	11181484
<b>Medication:</b>	INSULIN, GLARGINE 100U/ML INJ 10ML VIAL		
<b>Instructions:</b>	INJECT 25 UNITS SUBCUTANEOUSLY AT BEDTIME * DO NOT MIX OTHER INSULINS IN SAME SYRINGE AS GLARGINE. DISCARD VIAL 28 DAYS AFTER OPENING. EACH VIAL EXPIRES 28 DAYS AFTER FIRST OPENING.		

Status:		Expired	
Refills Remaining:		2	
Last Filled On:		03 Jun 2011	
Initially Ordered On:		03 Jun 2011	
Quantity	Days Supply	Pharmacy	Prescription Number
3	30	PORTLAND PHARMACY	11181494

Medication:		INSULIN NOVOLIN NPH 100U/ML INJ 10ML VL	
Instructions:		INJECT 16 UNITS SUBCUTANEOUSLY EVERY MORNING AND INJECT 18 UNITS AT BEDTIME EACH VIAL EXPIRES 30 DAYS AFTER FIRST OPENING.	
Status:		Expired	
Refills Remaining:		1	
Last Filled On:		03 Jun 2011	
Initially Ordered On:		03 Jun 2011	
Quantity	Days Supply	Pharmacy	Prescription Number
3	30	PORTLAND PHARMACY	11181492

Medication:		SODIUM CHLORIDE 0.65% SOLN NASAL	
Instructions:		SPRAY 2 SPRAYS MOUTH MINUTE FOR 30 DAYS	
Status:		Expired	
Refills Remaining:		3	
Last Filled On:		03 Jun 2011	
Initially Ordered On:		03 Dec 2010	
Quantity	Days Supply	Pharmacy	Prescription Number
10	30	PORTLAND PHARMACY	11181532

Medication:		METFORMIN HCL 1000MG TAB	
Instructions:		TAKE ONE TABLET BY MOUTH TWICE DAILY WITH MEALS FOR DIABETES.	
Status:		Expired	
Refills Remaining:		2	
Last Filled On:		03 Jun 2011	
Initially Ordered On:		03 Jun 2011	
Quantity	Days Supply	Pharmacy	Prescription Number
180	90	PORTLAND PHARMACY	11181499

Medication:		NAPROXEN 500MG TAB	
Instructions:		TAKE ONE TABLET BY MOUTH TWICE A DAY -- TAKE WITH FOOD IF GI	
Status:		Expired	
Refills Remaining:		3	
Last Filled On:		03 Jun 2011	
Initially Ordered On:		03 Dec 2010	
Quantity	Days Supply	Pharmacy	Prescription Number
60	90	PORTLAND PHARMACY	11181531

Medication:		DEXAMETHASONE 4MG TAB	
-------------	--	-----------------------	--

Instructions:	TAKE TWO TABLETS BY MOUTH HOUR FOR 2 DAYS -- TAKE WITH FOOD --		
Status:	Expired		
Refills Remaining:	2		
Last Filled On:	03 Jun 2011		
Initially Ordered On:	03 Dec 2010		
Quantity	Days Supply	Pharmacy	Prescription Number
96	30	PORTLAND PHARMACY	11181530

Medication:	BACITRACIN OINTMENT 1 OZ		
Instructions:	APPLY SMALL AMOUNT TOPICALLY TO AFFECTED AREA TWICE A DAY TO THREE TIMES A DAY FOR 30 DAYS		
Status:	Expired		
Refills Remaining:	1		
Last Filled On:	03 Jun 2011		
Initially Ordered On:	03 Dec 2010		
Quantity	Days Supply	Pharmacy	Prescription Number
10	45	PORTLAND PHARMACY	11181529

Medication:	LISINOPRIL 10MG TAB		
Instructions:	TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE		
Status:	Expired		
Refills Remaining:	3		
Last Filled On:	03 Jun 2011		
Initially Ordered On:	03 Dec 2010		
Quantity	Days Supply	Pharmacy	Prescription Number
30	30	PORTLAND PHARMACY	11181497

Medication:	SIMVASTATIN 40MG TAB		
Instructions:	TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME TO LOWER YOUR CHOLESTEROL. AVOID CONSUMING GRAPEFRUIT PRODUCTS. CALL YOUR PROVIDER IF YOU HAVE UNEXPLAINED MUSCLE PAIN, TENDERNESS OR WEAKNESS.		
Status:	Expired		
Refills Remaining:	2		
Last Filled On:	03 Jun 2011		
Initially Ordered On:	03 Jun 2011		
Quantity	Days Supply	Pharmacy	Prescription Number
45	90	PORTLAND PHARMACY	11181502

Medication:	COLONIC LAVAGE SOLUTION (4 LITER)		
Instructions:	MIX 1 GALLON IN WATER AND DRINK AS DIRECTED FOR 1 DAY DISSOLVE 1 BOTTLE		
Status:	Expired		
Refills Remaining:	0		
Last Filled On:	03 Jun 2011		

Initially Ordered On: 03 Jun 2011			
Quantity	Days Supply	Pharmacy	Prescription Number
1	2	PORTLAND PHARMACY	11181488



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MEDICAL CONFIDENTIAL

## Self Reported Medications & Supplements

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

Category:	OTC		
Drug Name:	Cough Medicine		
Prescription Number:		Start Date:	01 Feb 2010
Strength:	1000mg	Stop Date:	21 Feb 2010
Dose:	2 TBS		
Frequency:	morning and night		
Pharmacy Name:	My Local Drugstore		
Pharmacy Phone:	000-010-0000		
Reason for Taking:	Cough was keeping me up at night		
Comments:	Cleared up after a few weeks		

Category:	Supplement		
Drug Name:	Multi-vitamin		
Prescription Number:		Start Date:	18 Mar 2010
Strength:	100% RDA	Stop Date:	
Dose:	1 tablet daily		
Frequency:	morning		
Pharmacy Name:	My Local Drugstore		
Pharmacy Phone:	000-010-0000		
Reason for Taking:	To stay healthy		
Comments:	Feeling more energetic since I started taking vitamin		



MEDICAL CONFIDENTIAL

## VA Problem List

Source:	VA
Last Updated:	05 Nov 2014 @ 0813
Sorted By:	Date/Time Entered (Descending) then alphabetically by Problem
<p>Your VA Problem List contains active health problems your VA providers are helping you to manage. This information is available 3 calendar days after it has been entered. It may not contain active problems managed by non-VA health care providers. If you have any questions about your information, visit the FAQs or contact your VA health care team.</p>	

Problem:	Posttraumatic Stress Disorder (ICD-9-CM 309.81)	Date/Time Entered: 11 Feb 2013 @ 1200
Provider:	PROVIDER, ONE	
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 (ICD-9-CM 799.9)	Date/Time Entered: 16 Jan 2013 @ 1200
Provider:	PROVIDER, ONE	
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 (ICD-9-CM 250.61)	Date/Time Entered: 07 Dec 2012 @ 1200
Provider:	PROVIDER, ONE	
Location:	PORTLAND, OREGON VA MEDICAL CENTER	
Status:	ACTIVE	
Comments:	--	

Problem:	Hyperlipidemia (ICD-9-CM 272.4)	Date/Time Entered: 07 Dec 2012 @ 1200
Provider:	PROVIDER, ONE	

<b>Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER	
<b>Status:</b>	ACTIVE	
<b>Comments:</b>	--	

<b>Problem:</b>	TRAUMATIC BRAIN INJURY (ICD-9-CM 799.9)	<b>Date/Time Entered:</b> 07 Dec 2012 @ 1200
<b>Provider:</b>	PROVIDER, ONE	
<b>Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER	
<b>Status:</b>	ACTIVE	
<b>Comments:</b>	--	



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## VA Admissions And Discharges

<b>Source:</b>	VA
<b>Last Updated:</b>	05 Nov 2014 @ 0813
<b>Sorted by:</b>	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.	

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

**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    ATTENDING: PROVIDER, ONE

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)

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MEDICATIONS THAT HAVE BEEN DISCONTINUED:

CLINICAL ISSUES REQUIRING FOLLOW UP DURING PC PHONE APT:

- 1.
- 2.
- 3.

ADDITIONAL FOLLOW UP APPOINTMENTS:

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

- 1.
- 2.
- 3.

FOLLOW UP LABS INCLUDING PATHOLOGY & MICROBIOLOGY:

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

- 1.
- 2.
- 3.

FOLLOW UP IMAGING AND PROCEDURES:

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

- 1.
- 2.
- 3.

/es/ ONE PROVIDER MD

CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST

Signed: 12/10/2012 16:15

for TWO PROVIDER MD

INTERNAL MEDICINE RESIDENT



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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/ PROVIDER TWO  
 Chief of Clinical Appl Coord  
 Signed: 01/25/2013 07:07

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

<b>Date/Time:</b>	25 Jan 2013 @ 0655
<b>Note Title:</b>	INPAT - MED - MS - PROGRESS
<b>Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER
<b>Signed By:</b>	PROVIDER, THREE
<b>Co-signed By:</b>	PROVIDER, THREE
<b>Date/Time Signed:</b>	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, THREE F EXP COSIGNER: PROVIDER, ONE  
 URGENCY: STATUS: COMPLETED

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

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

during patient interview&It; 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/ TWO PROVIDER  
Chief of Clinical Appl Coord  
Signed: 01/25/2013 07:00

/es/ ONE 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/ DONE PROVIDER MD  
CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST  
Signed: 01/25/2013 11:48

<b>Date/Time:</b>	24 Jan 2013 @ 1437
<b>Note Title:</b>	PHYSICAL THERAPY - INPATIENT NOTE
<b>Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER
<b>Signed By:</b>	PROVIDER, ONE
<b>Co-signed By:</b>	PROVIDER, TWO
<b>Date/Time Signed:</b>	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 EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

S:  
Pain level:  
Pain location:

O:

A: (progress toward goals)

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P:

THIS IS ONLY A TEST

/es/ ONE 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
Co-signed By:	PROVIDER, ONE
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 EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

I have seen and discussed the patient with my supervising practitioner, Dr. Two Provider, and Dr. Three 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

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Active Medications:

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

Incision intact  
 No hematoma

A:

P:

/es/ ONE 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
Co-signed By:	PROVIDER, ONE
Date/Time Signed:	24 Jan 2013 @ 1435

Note

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 EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

This is only a test.

/es/ ONE PROVIDER MD  
 CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST  
 Signed: 01/24/2013 14:35

Date/Time:	24 Jan 2013 @ 1433
Note Title:	DAILY PERIPHERAL LINE - MAINTENANCE
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Signed By:	PROVIDER, ONE
Co-signed By:	PROVIDER, ONE

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Date/Time Signed: 24 Jan 2013 @ 1434

Note

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 EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

\*\*\* DAILY PERIPHERAL LINE - MAINTENANCE Has ADDENDA \*\*\*

Maintenance done: Jan 25,2013@07:00

IV Type:Peripheral

Location: Right hand  
 Site flushed with Saline Patent  
 Dressing: Dry and Intact  
 Phlebitis (REQUIRED):  
 0 = No symptoms.

/es/ ONE PROVIDER MD  
 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 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
Co-signed By:	PROVIDER, ONE
Date/Time Signed:	24 Jan 2013 @ 1432

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## 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 EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

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

THIS IS ONLY A TEST

/es/ PROVIDER, ONE 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:

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

MEDICAL CONFIDENTIAL

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

MEDICAL CONFIDENTIAL

TREATMENT PLAN

/es/ ONE 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
Co-signed By:	PROVIDER, ONE
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 EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

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

This is only a test.

/es/ ONE 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 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, THREE
Co-signed By:	PROVIDER, THREE
Date/Time Signed:	08 Jan 2013 @ 1146

Note

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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, THREE EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

Testing for national and VISN for Open Notes project

/es/ PROVIDER, THREE  
 PACT  
 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
Co-signed By:	PROVIDER, ONE
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 EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

\*\*\* SECURE MESSAGING Has ADDENDA \*\*\*

THIS IS A TEST

/es/ ONE 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.

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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

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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 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
Co-signed By:	PROVIDER, ONE
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 EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

THIS IS A TEST. THIS IS ONLY A TEST

/es/ ONE PROVIDER MD

CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST

Signed: 01/07/2013 14:28

/es/ ONE PROVIDER MD

CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST  
Cosigned: 05/03/2013 09:43  
for TWO PROVIDER



MEDICAL CONFIDENTIAL

## Self Reported Medical Events

Source: Self-Entered

Medical Events:	Broken right arm	Start Date:	04 Jan 2010
Response:	Placed in cast from my hand to my elbow	Stop Date:	17 Feb 2010
Comments:	Went to community hospital emergency room since I was on vacation. Followed up with my VA doctor when I returned home.		

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		



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## 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 POLYSACCHARIDE PPSV23	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 POLYSACCHARIDE PPSV23	Date Received:	06 Mar 2011 @ 0900
Location:	PORTLAND (OR) VAMC		
Reaction:*	None Reported		
Comments:	Inj type: IM, Site:Lt Deltoid		

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



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## 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		

Immunization:	Tetanus	Date Received:	18 Jul 2010
Other:		Method:	Injection
Reactions:	Pain		
Comments:	stepped on a rusty nail		



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## VA Laboratory Results

Source:	VA
Last Updated:	05 Nov 2014 @ 0813
Sorted By:	Sorted By: Date Specimen Collected (Descending) Lab Test(Alphabetical Order), then Time Specimen Collected
<p>VA Laboratory Results are available 3 calendar days after they have been verified. For some tests, results slightly outside the reference range are not unusual. In addition, not all results are clinically significant. If you have any questions about your information please visit the FAQs or contact your VA health care team.</p>	

Lab Test:	Potassium				
Lab Type:	Chemistry/Hematology	Ordering Provider:	PROVIDER, ONE		
Specimen:	Plasma	Ordering Location:	PORTLAND, OREGON VA MEDICAL CENTER		
Date/Time Collected:	17 Jan 2013 @ 1341	Collected Location:	PORTLAND, OREGON VA MEDICAL CENTER		
Test Name	Result	Units	Reference Range	Status	Performing Location
POTASSIUM	6.5 Critical High	mmol/L	(3.5-5.0)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964
Comments:	TEST				
<p align="center">Performing Location Name/Address:</p> PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964					

Lab Test:	GRAM STAIN - MISC.....				
Lab Type:	Microbiology				
Ordering Provider:	PROVIDER, ONE	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:

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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
PIPERACILLIN/TAZOBAC.....	S
TRIMETH/SULFA.....	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

<b>Lab Test:</b> Glycohemoglobin A(1) C		<b>Ordering Provider:</b>	PROVIDER, ONE		
<b>Lab Type:</b> Chemistry/Hematology		<b>Ordering Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER		
<b>Specimen:</b> Whole blood		<b>Collected Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER		
<b>Date/Time Collected:</b> 12 Dec 2012 @ 0811					
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
HEMOGLOBIN A1C/HEMOGLOBIN.TOTAL	8.5 High	%	(3.4-6.1)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD ,

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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, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

<b>Lab Test:</b> Cell Count Body Fluid		<b>Ordering Provider:</b> PROVIDER, ONE			
<b>Lab Type:</b> Chemistry/Hematology		<b>Ordering Location:</b> PORTLAND, OREGON VA MEDICAL CENTER			
<b>Specimen:</b> Cerebral spinal fluid		<b>Collected Location:</b> PORTLAND, OREGON VA MEDICAL CENTER			
<b>Date/Time Collected:</b> 12 Dec 2012 @ 0810					
Test Name	Result	Units	Reference Range	Status	Performing Location
APPEARANCE BODY FLUID	CLEAR	--		Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
COLOR	YELLOW	--		Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
ERYTHROCYTES	10 High	#/cumm	(0-0)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS

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LEUKOCYTES	250 High	#/cumm	(0-6)	Final	HOSPITAL RD , PORTLAND, OR 97239-2964
TUBE NUMBER	1	--		Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964
XANTHOCHROMIA, CSF	NEG	--		Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964
<b>Comments:</b> TEST					
<b>Performing Location Name/Address:</b> PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964					

<b>Lab Test:</b> Albumin/Creat Ratio					
<b>Lab Type:</b> Chemistry/Hematology		<b>Ordering Provider:</b>	PROVIDER, ONE		
<b>Specimen:</b> Urine		<b>Ordering Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER		
<b>Date/Time Collected:</b> 12 Dec 2012 @ 0810		<b>Collected Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER		
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
ALBUMIN	25 High	MG/DL	(0-2)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710

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SW US  
VETERANS  
HOSPTL RD ,  
PORTLAND, OR  
97239-2964  
PORTLAND,  
OREGON VA  
MEDICAL  
CENTER 3710  
SW US  
VETERANS  
HOSPTL RD ,  
PORTLAND, OR  
97239-2964

ALBUMIN/CREATININE 20 mg/g (<30) Final

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,  
OREGON VA  
MEDICAL  
CENTER 3710  
SW US  
VETERANS  
HOSPTL RD ,  
PORTLAND, OR  
97239-2964

**Comments:** TEST

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 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, OREGON VA MEDICAL CENTER

**Date/Time Collected:** 12 Dec 2012 @ 0809

**Collected Location:** PORTLAND, OREGON VA MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
CHOLESTEROL	165	mg/dL	(1-240)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS

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HOSPITAL 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, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964
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CHOLESTEROL.IN LDL	120	MG/DL	(43-161)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964
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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, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964
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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, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964

**Lab Test:** VDRL

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

<b>Lab Test:</b> HIV Ab				<b>Ordering Provider:</b>	PROVIDER, ONE
<b>Lab Type:</b> Chemistry/Hematology				<b>Ordering Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER
<b>Specimen:</b> Serum				<b>Collected Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER
<b>Date/Time Collected:</b> 12 Dec 2012 @ 0808				<b>Collected Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER
Test Name	Result	Units	Reference Range	Status	Performing Location
HIV 1+2 AB	NEG	--		Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964
Interpretation: Interpretation of serologic results should be made in a clinical context including post-test counseling regarding HIV risk. -----					

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<b>Comments:</b> TEST
<b>Performing Location Name/Address:</b> PORTLAND, OREGON VA MEDICAL CENTER 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, OREGON VA MEDICAL CENTER				
<b>Date/Time Collected:</b> 12 Dec 2012 @ 0808	<b>Collected Location:</b> PORTLAND, OREGON VA MEDICAL CENTER				
<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, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
<b>Comments:</b> TEST					
<b>Performing Location Name/Address:</b> PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

<b>Lab Test:</b> Chloride					
<b>Lab Type:</b> Chemistry/Hematology	<b>Ordering Provider:</b> PROVIDER, ONE				
<b>Specimen:</b> Plasma	<b>Ordering Location:</b> PORTLAND, OREGON VA MEDICAL CENTER				
<b>Date/Time Collected:</b> 12 Dec 2012 @ 0808	<b>Collected Location:</b> PORTLAND, OREGON VA MEDICAL CENTER				
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
CHLORIDE	102	mmol/L	(95-108)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS

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HOSPITAL RD ,  
PORTLAND, OR  
97239-2964

**Comments:** TEST

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR  
97239-2964

**Lab Test:** Creatinine

**Lab Type:** Chemistry/Hematology

**Ordering Provider:** PROVIDER, ONE

**Specimen:** Plasma

**Ordering Location:** PORTLAND,  
OREGON VA  
MEDICAL CENTER

**Date/Time Collected:** 12 Dec 2012 @ 0808

**Collected Location:** PORTLAND,  
OREGON VA  
MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
CREATININE	1.3	mg/dL	(0.8-1.5)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239-2964

**Comments:** TEST

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR  
97239-2964

**Lab Test:** Creatinine eGFR

**Lab Type:** Chemistry/Hematology

**Ordering Provider:** PROVIDER, ONE

**Specimen:** Plasma

**Ordering Location:** PORTLAND,  
OREGON VA  
MEDICAL CENTER

**Date/Time Collected:** 12 Dec 2012 @ 0808

**Collected Location:** PORTLAND,  
OREGON VA  
MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
GLOMERULAR FILTRATION RATE.PREDICTED	56 Low	--	(>60)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD ,

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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, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR  
97239-2964

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

<b>Lab Test:</b> Glucose Quant					
<b>Lab Type:</b> Chemistry/Hematology			<b>Ordering Provider:</b> PROVIDER, ONE		
<b>Specimen:</b> Plasma			<b>Ordering Location:</b> PORTLAND, OREGON VA MEDICAL CENTER		
<b>Date/Time Collected:</b> 12 Dec 2012 @ 0808			<b>Collected Location:</b> PORTLAND, OREGON VA MEDICAL CENTER		
Test Name	Result	Units	Reference Range	Status	Performing Location
GLUCOSE	150 High	mg/dL	(71-109)	Final	PORTLAND, OREGON VA

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

**Comments:** TEST

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 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, OREGON VA MEDICAL CENTER

**Date/Time Collected:** 12 Dec 2012 @ 0808

**Collected Location:** PORTLAND, OREGON VA MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
CHOLESTEROL	150	mg/dL	(1-240)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL 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, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
CHOLESTEROL.IN LDL	23 Low	MG/DL	(43-161)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

Interpretation:

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\*\*\*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, OREGON VA MEDICAL CENTER 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, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

<b>Lab Test:</b>	Potassium				
<b>Lab Type:</b>	Chemistry/Hematology	<b>Ordering Provider:</b>	PROVIDER, ONE		
<b>Specimen:</b>	Plasma	<b>Ordering Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER		
<b>Date/Time Collected:</b>	12 Dec 2012 @ 0808	<b>Collected Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER		

Test Name	Result	Units	Reference Range	Status	Performing Location
POTASSIUM	3.5	mmol/L	(3.5-5.0)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

**Comments:** TEST

**Performing Location Name/Address:**

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PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

<b>Lab Test:</b> Sodium					
<b>Lab Type:</b> Chemistry/Hematology				<b>Ordering Provider:</b>	DOUGLAS, DAVID
<b>Specimen:</b> Plasma				<b>Ordering Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER
<b>Date/Time Collected:</b> 12 Dec 2012 @ 0808				<b>Collected Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
SODIUM	145 High	mmol/L	(131-142)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
<b>Comments:</b> TEST					
<b>Performing Location Name/Address:</b>					
PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

<b>Lab Test:</b> Thyroid Stimulating Hormone					
<b>Lab Type:</b> Chemistry/Hematology				<b>Ordering Provider:</b>	PROVIDER, ONE
<b>Specimen:</b> Plasma				<b>Ordering Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER
<b>Date/Time Collected:</b> 12 Dec 2012 @ 0808				<b>Collected Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
THYROTROPIN	29 High	uIU/mL	(0.27-4.20)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
<b>Comments:</b> TEST					
<b>Performing Location Name/Address:</b>					

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PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

<b>Lab Test:</b> Transferase Aspartate SGOT					
<b>Lab Type:</b> Chemistry/Hematology			<b>Ordering Provider:</b> PROVIDER, ONE		
<b>Specimen:</b> Plasma			<b>Ordering Location:</b> PORTLAND, OREGON VA MEDICAL CENTER		
<b>Date/Time Collected:</b> 12 Dec 2012 @ 0808			<b>Collected Location:</b> PORTLAND, OREGON VA MEDICAL CENTER		
Test Name	Result	Units	Reference Range	Status	Performing Location
ASPARTATE AMINOTRANSFERASE	12 Low	IU/L	(14-44)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
<b>Comments:</b> TEST					
<b>Performing Location Name/Address:</b> PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

<b>Lab Test:</b> Urea Nitrogen					
<b>Lab Type:</b> Chemistry/Hematology			<b>Ordering Provider:</b> PROVIDER, ONE		
<b>Specimen:</b> Plasma			<b>Ordering Location:</b> PORTLAND, OREGON VA MEDICAL CENTER		
<b>Date/Time Collected:</b> 12 Dec 2012 @ 0808			<b>Collected Location:</b> PORTLAND, OREGON VA MEDICAL CENTER		
Test Name	Result	Units	Reference Range	Status	Performing Location
UREA NITROGEN	25 High	mg/dL	(7-23)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
<b>Comments:</b> TEST					
<b>Performing Location Name/Address:</b>					

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PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964

<b>Lab Test:</b> Glycohemoglobin A(1) C					
<b>Lab Type:</b> Chemistry/Hematology			<b>Ordering Provider:</b> PROVIDER, ONE		
<b>Specimen:</b> Whole blood			<b>Ordering Location:</b> PORTLAND, OREGON VA MEDICAL CENTER		
<b>Date/Time Collected:</b> 12 Dec 2012 @ 0806			<b>Collected Location:</b> PORTLAND, OREGON VA MEDICAL CENTER		
Test Name	Result	Units	Reference Range	Status	Performing Location
HEMOGLOBIN A1C/HEMOGLOBIN.TOTAL	7.4 High	%	(3.4-6.1)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964
<p><b>Interpretation:</b> *** If Diabetic, recommended HgA1C should be &lt;7% ***                  Hemoglobin A1c values reported after 1-1-95 are standardized in accordance with recommendations of the Diabetes Control and Complications Trial(DCCT). Based on these recommendations, a upward shift in reported results will be noted. A table depicting this shift is available in Chemistry on request.</p>					
<b>Comments:</b> TEST					
<b>Performing Location Name/Address:</b> PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239-2964					

<b>Lab Test:</b> INR					
<b>Lab Type:</b> Chemistry/Hematology			<b>Ordering Provider:</b> PROVIDER, ONE		
<b>Specimen:</b> Plasma			<b>Ordering Location:</b> PORTLAND, OREGON VA MEDICAL CENTER		
<b>Date/Time Collected:</b> 03 Jun 2011 @ 1024			<b>Collected Location:</b> PORTLAND, OREGON VA MEDICAL CENTER		
Test Name	Result	Units	Reference Range	Status	Performing Location
COAGULATION TISSUE FACTOR INDUCED.INR	0.7 Low	--	(0.90-1.20)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD ,

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97239

Interpretation: INR therapeutic ranges for full anticoagulation:  
INR for venous thromboembolism, 2.0-3.0;  
INR for most patients with mechanical valves, 2.5-3.5.  
Therapeutic ranges may differ with individual clinical circumstances.

**Comments:** PT. reported incorrectly as 9.0 by [104353-VA648].  
Changed to 9.9 on Jun 06, 2011@12:08 by [87277-VA648].

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239

<b>Lab Test:</b> Prothrombin Time					
<b>Lab Type:</b> Chemistry/Hematology			<b>Ordering Provider:</b>		PROVIDER, ONE
<b>Specimen:</b> Plasma			<b>Ordering Location:</b>		PORTLAND, OREGON VA MEDICAL CENTER
<b>Date/Time Collected:</b> 03 Jun 2011 @ 1024			<b>Collected Location:</b>		PORTLAND, OREGON VA MEDICAL CENTER
Test Name	Result	Units	Reference Range	Status	Performing Location
COAGULATION TISSUE FACTOR INDUCED	9.9 Low	SEC	(11.9-14.5)	Amended	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239
Interpretation: SEE INR FOR CRITICAL VALUE CUT-OFF.					
<b>Comments:</b> PT. reported incorrectly as 9.0 by [104353-VA648]. Changed to 9.9 on Jun 06, 2011@12:08 by [87277-VA648].					
<b>Performing Location Name/Address:</b>					
PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239					

<b>Lab Test:</b> Hemogram+Platelet					
<b>Lab Type:</b> Chemistry/Hematology			<b>Ordering Provider:</b>		PROVIDER, ONE
<b>Specimen:</b> Whole blood			<b>Ordering Location:</b>		PORTLAND, OREGON VA MEDICAL CENTER
<b>Date/Time Collected:</b> 03 Jun 2011 @ 1024			<b>Collected Location:</b>		PORTLAND, OREGON VA MEDICAL CENTER
Test Name	Result	Units	Reference Range	Status	Performing Location
ERYTHROCYTE DISTRIBUTION WIDTH	10 Low	%	(11.5-14.5)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710

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					SW US VETERANS HOSPTL RD , PORTLAND, OR 97239
ERYTHROCYTE MEAN CORPUSCULAR HEMOGLOBIN	32.2	pg	(27-33)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239
ERYTHROCYTE MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.3	g/dL	(33-37)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239
ERYTHROCYTES	4.44	M/cmm	(4.3-5.6)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239
HEMATOCRIT	47.0	%	(41-51)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239
HEMOGLOBIN	15.5	g/dL	(13-18)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239
LEUKOCYTES	20.0 High	K/cmm	(4.4-10.8)	Final	PORTLAND,

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SW US  
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MEAN CORPUSCULAR VOLUME	90	fl	(82-98)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239
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PLATELET MEAN VOLUME	9	fl	(7.4-10.4)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239
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PLATELETS	240	K/cmm	(150-400)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239
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**Comments:** Comments about the result for this test name

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239

<b>Lab Test:</b> Calcium					
<b>Lab Type:</b> Chemistry/Hematology		<b>Ordering Provider:</b>	PROVIDER, ONE		
<b>Specimen:</b> Plasma		<b>Ordering Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER		
<b>Date/Time Collected:</b> 03 Jun 2011 @ 1024		<b>Collected Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER		
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
CALCIUM	9.0	mg/dL	(8.4-10.4)	Final	PORTLAND, OREGON VA

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VETERANS  
HOSPITAL RD ,  
PORTLAND, OR  
97239

**Comments:** GLUCOSE flagged incorrectly as normal  
GLUCOSE reported incorrectly as 110 by [104353-VA648].  
Changed to 150 on Jun 03, 2011@10:31 by [104353-VA648].

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239

**Lab Test:** Carbon Dioxide Content

**Lab Type:** Chemistry/Hematology

**Ordering Provider:** PROVIDER, ONE

**Specimen:** Plasma

**Ordering Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

**Date/Time Collected:** 03 Jun 2011 @ 1024

**Collected Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
CARBON DIOXIDE	25	mmol/L	(21-32)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239

**Comments:** GLUCOSE flagged incorrectly as normal  
GLUCOSE reported incorrectly as 110 by [104353-VA648].  
Changed to 150 on Jun 03, 2011@10:31 by [104353-VA648].

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239

**Lab Test:** Chloride

**Lab Type:** Chemistry/Hematology

**Ordering Provider:** PROVIDER, ONE

**Specimen:** Plasma

**Ordering Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

**Date/Time Collected:** 03 Jun 2011 @ 1024

**Collected Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
CHLORIDE	105	mmol/L	(95-108)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS

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97239

**Comments:** GLUCOSE flagged incorrectly as normal  
GLUCOSE reported incorrectly as 110 by [104353-VA648].  
Changed to 150 on Jun 03, 2011@10:31 by [104353-VA648].

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239

**Lab Test:** Cholesterol Total

**Lab Type:** Chemistry/Hematology

**Ordering Provider:** PROVIDER, ONE

**Specimen:** Plasma

**Ordering Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

**Date/Time Collected:** 03 Jun 2011 @ 1024

**Collected Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
CHOLESTEROL	152	mg/dL	(1-240)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239

**Interpretation:** DESIRABLE VALUE: <200  
BORDERLINE VALUE: 201-239  
ELEVATED VALUE: >240

**Comments:** GLUCOSE flagged incorrectly as normal  
GLUCOSE reported incorrectly as 110 by [104353-VA648].  
Changed to 150 on Jun 03, 2011@10:31 by [104353-VA648].

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239

**Lab Test:** Creatinine

**Lab Type:** Chemistry/Hematology

**Ordering Provider:** PROVIDER, ONE

**Specimen:** Plasma

**Ordering Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

**Date/Time Collected:** 03 Jun 2011 @ 1024

**Collected Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
CREATININE	1.4	mg/dL	(0.8-1.5)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS

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**Comments:** GLUCOSE flagged incorrectly as normal  
GLUCOSE reported incorrectly as 110 by [104353-VA648].  
Changed to 150 on Jun 03, 2011@10:31 by [104353-VA648].

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239

**Lab Test:** Creatinine eGFR

**Lab Type:** Chemistry/Hematology

**Ordering Provider:** PROVIDER, ONE

**Specimen:** Plasma

**Ordering Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

**Date/Time Collected:** 03 Jun 2011 @ 1024

**Collected Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
GLOMERULAR FILTRATION RATE.PREDICTED	51 Low	--	(>60)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239
Interpretation:	EGFR IS 5.9% LOWER THAN EGFR CALCULATIONS PERFORMED BEFORE 2/12/08 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:** GLUCOSE flagged incorrectly as normal  
GLUCOSE reported incorrectly as 110 by [104353-VA648].  
Changed to 150 on Jun 03, 2011@10:31 by [104353-VA648].

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239

**Lab Test:** Gen Chem Specimen

**Lab Type:** Chemistry/Hematology

**Ordering Provider:** PROVIDER, ONE

**Specimen:** Plasma

**Ordering Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

**Date/Time Collected:** 03 Jun 2011 @ 1024

**Collected Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
ANION GAP	10.0	mmol/L	(10-22)	Final	PORTLAND, OREGON VA

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3710 SW US  
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PORTLAND, OR  
97239

**Comments:** GLUCOSE flagged incorrectly as normal  
GLUCOSE reported incorrectly as 110 by [104353-VA648].  
Changed to 150 on Jun 03, 2011@10:31 by [104353-VA648].

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239

**Lab Test:** Glucose Quant

**Lab Type:** Chemistry/Hematology

**Ordering Provider:** PROVIDER, ONE

**Specimen:** Plasma

**Ordering Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

**Date/Time Collected:** 03 Jun 2011 @ 1024

**Collected Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
GLUCOSE	150 High	mg/dL	(71-109)	Amended	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239

**Comments:** GLUCOSE flagged incorrectly as normal  
GLUCOSE reported incorrectly as 110 by [104353-VA648].  
Changed to 150 on Jun 03, 2011@10:31 by [104353-VA648].

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239

**Lab Test:** Potassium

**Lab Type:** Chemistry/Hematology

**Ordering Provider:** PROVIDER, ONE

**Specimen:** Plasma

**Ordering Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

**Date/Time Collected:** 03 Jun 2011 @ 1024

**Collected Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
POTASSIUM	4.5	mmol/L	(3.5-5.0)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS

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PORTLAND, OR  
97239

**Comments:** GLUCOSE flagged incorrectly as normal  
GLUCOSE reported incorrectly as 110 by [104353-VA648].  
Changed to 150 on Jun 03, 2011@10:31 by [104353-VA648].

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239

**Lab Test:** Sodium

**Lab Type:** Chemistry/Hematology

**Ordering Provider:** PROVIDER, ONE

**Specimen:** Plasma

**Ordering Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

**Date/Time Collected:** 03 Jun 2011 @ 1024

**Collected Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
SODIUM	140	mmol/L	(131-142)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239

**Comments:** GLUCOSE flagged incorrectly as normal  
GLUCOSE reported incorrectly as 110 by [104353-VA648].  
Changed to 150 on Jun 03, 2011@10:31 by [104353-VA648].

**Performing Location Name/Address:**

PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239

**Lab Test:** Triglycerides w o extract

**Lab Type:** Chemistry/Hematology

**Ordering Provider:** PROVIDER, ONE

**Specimen:** Plasma

**Ordering Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

**Date/Time Collected:** 03 Jun 2011 @ 1024

**Collected Location:** PORTLAND, OREGON  
VA MEDICAL CENTER

Test Name	Result	Units	Reference Range	Status	Performing Location
TRIGLYCERIDE	250 High	mg/dL	(35-160)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPITAL RD , PORTLAND, OR 97239

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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:	GLUCOSE flagged incorrectly as normal GLUCOSE reported incorrectly as 110 by [104353-VA648]. Changed to 150 on Jun 03, 2011@10:31 by [104353-VA648].
Performing Location Name/Address:	
PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239	

Lab Test:	Urea Nitrogen				
Lab Type:	Chemistry/Hematology	Ordering Provider:	PROVIDER, ONE		
Specimen:	Plasma	Ordering Location:	PORTLAND, OREGON VA MEDICAL CENTER		
Date/Time Collected:	03 Jun 2011 @ 1024	Collected Location:	PORTLAND, OREGON VA MEDICAL CENTER		
Test Name	Result	Units	Reference Range	Status	Performing Location
UREA NITROGEN	12	mg/dL	(7-23)	Final	PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239
Comments:	GLUCOSE flagged incorrectly as normal GLUCOSE reported incorrectly as 110 by [104353-VA648]. Changed to 150 on Jun 03, 2011@10:31 by [104353-VA648].				
Performing Location Name/Address:					
PORTLAND, OREGON VA MEDICAL CENTER 3710 SW US VETERANS HOSPTL RD , PORTLAND, OR 97239					



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## VA Pathology Reports

Source:	VA
Last Updated:	05 Nov 2014 @ 0813
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:THREE PROVIDER  Date Spec rec'd: Mar 28, 2013 08:18 Resident:  Date completed: Mar 28, 2013 Accession #: SP 13 99997  Submitted by: PROVIDER ONE Practitioner:ONE PROVIDER MD</p> <p>-----  Specimen:  SKIN  GROSS DESCRIPTION:  HEALTHY SKIN, NO ANOMALIES  MICROSCOPIC EXAM: (Date Spec taken: Mar 28, 2013 08:18)  LOOKS HEALTHY TO ME</p>	

Type of Report:	Cytology
Specimen:	nose DESCRIPTION: tissue is from 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:THREE PROVIDER MD  Date Spec rec'd: Jan 09, 2013 08:51 Tech: ONE TECH  Date completed: Jan 09, 2013 Accession #: CY 13 9998  Submitted by: Tech, One Practitioner:ONE PROVIDER MD</p>	

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

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:THREE 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 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, THREE)  
 gross examination normal  
 MICROSCOPIC EXAM: (Date Spec taken: Dec 28, 2012 07:24)  
 \*+\* MODIFIED REPORT \*+\*  
 (Last modified: Mar 27, 2013 08:28 typed by PROVIDER, THREE )  
 large pores under microscopic exam

MEDICAL CONFIDENTIAL

## Self Reported Labs & Tests

Source: Self-Entered	
Test Name: Blood Test	Date: 06 Jun 2010
Location Performed: Community Center	Provider: Red Cross Blood Drive
Results: Was not able to donate blood because iron was low	
Comments: Will ask doctor at next visit	
Test Name: Colonoscopy	Date: 01 Jul 2010
Location Performed: VAMC	Provider: Provider One
Results: No new polyps	
Comments: Keep high fiber diet	
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	



## VA Vitals and Readings

Source:	VA
Last Updated:	05 Nov 2014 @ 0813
VA Vitals and Readings displays your vital signs and other health readings. If you have any questions about your information, visit the FAQs or contact your VA health care team.	

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

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

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

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

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

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

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

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

MEDICAL CONFIDENTIAL

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

Vital Sign:	Blood Pressure
Measurement:	155/92 mm[Hg]
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	06 Jun 2011 @ 1247

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:	Height
Measurement:	64 in

Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	06 Jun 2011 @ 1237

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:	Pain Level
Measurement:	1
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	06 Jun 2011 @ 1247

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

Vital Sign:	Weight
Measurement:	301 lb
Comments:	--
Location:	PORTLAND, OREGON VA MEDICAL CENTER
Date/Time Collected:	06 Jun 2011 @ 1237

## Self Reported Vitals & Readings

Source: Self-Entered	
Measurement Type: Blood pressure	Date: 02 Aug 2010
Systolic: 130	Time: 1720
Diastolic: 76	
Comments: BP taken lying down	
Measurement Type: Blood pressure	Date: 02 Aug 2010
Systolic: 132	Time: 1730
Diastolic: 76	
Comments: BP taken standing. PB continues at goal. Doctor says to continue BP medications as directed	
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: 02 Jun 2010
Heart Rate: 160	Time: 1720
Comments: Started taking Beta-Blockers after visit with physician	
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: 02 Apr 2010
Body Weight: 246	Time: 1720
Measure: Pounds	
Comments: Talk to provider about weight management program at next visit	
Measurement Type: Body weight	Date: 02 May 2010
Body Weight: 244	Time: 1720

Measure:	Pounds		
Comments:	Lost a few pounds and feel better. Walking daily		

Measurement Type:	Body weight	Date:	02 Jun 2010
Body Weight:	242	Time:	1720
Measure:	Pounds		
Comments:	still walking when I have time off from work		

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:	02 Mar 2010
Body Temperature:	98.5	Time:	1720
Measure:	Fahrenheit		
Method:	Mouth		
Comments:	I wasn't feeling well but temperature is normal		

Measurement Type:	Body temperature	Date:	06 Jan 2013
Body Temperature:	98.3	Time:	1900
Measure:	Fahrenheit		
Method:	Mouth		
Comments:	Not sure if this ear thermo 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:	02 Jan 2010
Pain Level:	7	Time:	1720
Comments:	Lower back pain - took 1 Ibuprofen with food for pain		

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

<b>Comments:</b> General aches
--------------------------------

<b>Measurement Type:</b> Blood sugar	<b>Date:</b> 02 Jan 2010
<b>Method:</b> Sterile Lancet	<b>Time:</b> 1720
<b>Blood Sugar Count:</b> 166	
<b>Comments:</b> BS taken before meal	

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

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

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



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## VA Radiology Reports

Source:	VA
Last Updated:	05 Nov 2014 @ 0813
Sorted By:	Date/Time Exam Performed (Descending)
<p>VA Radiology Reports are available 3 calendar days after they have been completed. Some studies done at a non-VA facility may not be available or they may not necessarily include an interpretation. If you have any questions about your information please visit the FAQs or contact the provider who ordered the study or your primary care provider.</p>	

Procedure/Test Name:	CT HEAD OR BRAIN W/O CONTRAST
Date/Time Exam Performed:	10 Dec 2012 @ 1018
Ordering Location:	PORTLAND, OREGON VA MEDICAL CENTER
Requesting Provider:	PROVIDER, ONE
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:	RADIOLOGIST, ONE
<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
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:	RADIOLOGIST, ONE

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

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

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

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

<b>Report</b>
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MEDICAL CONFIDENTIAL

Report:  
 Test report for Dr.  
 Provider

Impression:  
 Test for Dr. Douglas

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
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:	RADIOLOGIST, ONE

**Report**

Report:

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

Primary Diagnostic Code:

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## *VA Electrocardiogram (EKG) Reports*

Source:	VA
Last Updated:	05 Nov 2014 @ 0813
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




MEDICAL CONFIDENTIAL

## Self Reported Family Health History

Source: Self-Entered

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

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

## Self Reported Military Health History

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

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

Blue Button  
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My Data <sup>SM</sup>



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## Self Reported Activity Journal

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

Date:	28 Aug 2012	Day of Week:	Tuesday
Comments:	Started my new exercise program today		
Activity:	Walked for 30 minutes		
Type:	Aerobic/cardio		
Distance/Duration:	1		
Measure:	mile(s)		
Intensity:	Moderate impact		
Time of Day:	Morning		
Activity:	Swam 20 laps		
Type:	Aerobic/cardio		
Distance/Duration:	45		
Measure:	lap(s)		
Intensity:	High impact		
Time of Day:	Afternoon		
Activity:	Lifted weights		
Type:	Weights		
Distance/Duration:	15		
Measure:	pound(s)		
Intensity:	Low impact		
Number of Sets:	2		
Number of Reps:	10		
Time of Day:	Afternoon		
Activity:	Yoga		
Type:	Other		
Distance/Duration:	30		
Measure:	min(s)		
Intensity:	Low impact		
Time of Day:	Evening		

Date:	27 Aug 2012	Day of Week:	Monday
Comments:	I need to get back in shape		
Activity:	Stretching		
Type:	Other		
Distance/Duration:	1		
Measure:	hour(s)		

Intensity:	Low impact
Time of Day:	Afternoon



MEDICAL CONFIDENTIAL

## 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>			

MEDICAL CONFIDENTIAL

## *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

## Self Reported My Goals: Current Goals

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

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

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

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	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
<b>Task:</b>	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
<b>Rewards:</b>	None Entered

<b>My Goal:</b>	BE DEBT FREE
<b>Description:</b>	I want to get out of debt.
<b>Type:</b>	Finance
<b>Priority:</b>	Goals Most Important to Me
<b>Goal Start Date:</b>	01 Jan 2013
<b>Goal End Date:</b>	31 Aug 2013
<b>Completion:</b>	Has An End Date
<b>Strengths:</b>	I can follow a plan. I have support from people that care about me.
<b>Obstacles:</b>	I do not know where my money goes each month. I do not know how to get rid of my debt.
<b>Task:</b>	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
<b>Task:</b>	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.

<b>My Goal:</b>	HAVE MORE FUN
<b>Description:</b>	I want to have more things to do and be more social.
<b>Type:</b>	Leisure Activity
<b>Priority:</b>	Other Goals
<b>Goal Start Date:</b>	10 Apr 2013
<b>Goal End Date:</b>	None Entered
<b>Completion:</b>	No End Date (Ongoing)
<b>Strengths:</b>	I am loyal and care about others. I am a good listener.
<b>Obstacles:</b>	I would rather be alone than with other people.
<b>Task:</b>	Pick an activity to do with another person.
<b>Task Description:</b>	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.

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

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

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

Task Completion: No End Date (Ongoing)

Task Start Date: 10 Apr 2013

Task End Date: None Entered

Task Repeats: Every other week

Date Task Finished: Not Finished Yet

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

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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

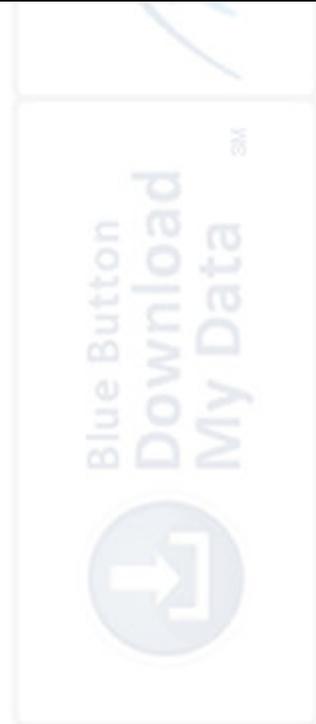
Task Start Date: 10 Apr 2013

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.



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## Self Reported My Goals: Completed Goals

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

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

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

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	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
<b>Rewards:</b>	None Entered

<b>My Goal:</b>	FIND A PLACE TO LIVE														
<b>Description:</b>	I will move out of my current living situation and find another place to live.														
<b>Type:</b>	Living Situation														
<b>Priority:</b>	Goals Second Most Important to Me														
<b>Goal Start Date:</b>	03 Mar 2013														
<b>Goal End Date:</b>	01 Apr 2013														
<b>Completion:</b>	Has An End Date														
<b>Date Goal Completed:</b>	10 Apr 2013														
<b>Strengths:</b>	None Entered														
<b>Obstacles:</b>	Fear of living alone. I am not sure how to get a place to live. I am not sure how much I can afford.														
	<table border="1"> <tr> <td><b>Task:</b></td> <td>Make a list of things I like to do.</td> </tr> <tr> <td><b>Task Description:</b></td> <td>I will review my income and see how much money I have for rent.</td> </tr> <tr> <td><b>Task Completion:</b></td> <td>Has An End Date</td> </tr> <tr> <td><b>Task Start Date:</b></td> <td>10 Mar 2013</td> </tr> <tr> <td><b>Task End Date:</b></td> <td>15 Mar 2013</td> </tr> <tr> <td><b>Task Repeats:</b></td> <td>Twice a day</td> </tr> <tr> <td><b>Date Task Finished:</b></td> <td>10 Apr 2013</td> </tr> </table>	<b>Task:</b>	Make a list of things I like to do.	<b>Task Description:</b>	I will review my income and see how much money I have for rent.	<b>Task Completion:</b>	Has An End Date	<b>Task Start Date:</b>	10 Mar 2013	<b>Task End Date:</b>	15 Mar 2013	<b>Task Repeats:</b>	Twice a day	<b>Date Task Finished:</b>	10 Apr 2013
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<b>Task Description:</b>	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 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

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

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<b>Date Goal Completed:</b>	10 Apr 2013
<b>Strengths:</b>	None Entered
<b>Obstacles:</b>	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.
<b>Task:</b>	Make a list of things I like to do.
<b>Task Description:</b>	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.
<b>Task Completion:</b>	Has An End Date
<b>Task Start Date:</b>	01 Feb 2013
<b>Task End Date:</b>	01 Mar 2013
<b>Task Repeats:</b>	Every other week
<b>Date Task Finished:</b>	10 Apr 2013
<b>Rewards:</b>	None Entered

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END OF MY HEALTHEVET PERSONAL INFORMATION REPORT

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