

My HealthVet

## *Personal Information Report*

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

Produced by the VA Blue Button (v12.5)  
03 Jul 2013 @ 0647

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

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

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

**Name: MHVTESTVETERAN, ONE A**

**Date of Birth: 01 Mar 1948**

## Download Request Summary

<b>System Request Date/Time:</b>	03 Jul 2013 @ 0647
<b>File Name:</b>	mhv_MHVTESTVETERAN_20130703_0647.pdf
<b>Date Range Selected:</b>	03 Jul 2012 to 03 Jul 2013
<b>Data Types Selected:</b>	<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 Medication History</li> <li>Self Reported Medications and Supplements</li> <li>VA Allergies</li> <li>Self Reported Allergies</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 My Goals</li> <li>Self Reported Activity Journal</li> <li>Self Reported Food Journal</li> <li>Self Reported Military Health History</li> <li>DoD Military Service Information</li> </ul>

## *My HealtheVet Account Summary*

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

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



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## Self Reported Demographics

**Source:** Self-Entered  
 Your self-entered information saved in My HealtheVet is not shared with other sources.

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

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

**Mailing or Destination Address:**  
 123 Anywhere Road  
 Apt. 123  
 Anywhere, DC  
 United States  
 20420

**Email Address:** [mhvveteran@emailaddress.com](mailto:mhvveteran@emailaddress.com)  
**Preferred Method of Contact:** Email

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## Emergency Contacts

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

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

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## VA Demographics

<b>Source:</b>	VA
<b>Last Updated:</b>	03 Jul 2013 @ 0635
<b>Sorted By:</b>	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.	

<b>VA Treating Facility</b>	VA SOUTHERN OREGON REHABILITATION CENTER CLINICS
<b>First Name:</b>	ONE
<b>Middle Name:</b>	A
<b>Last Name:</b>	MHVTESTVETERAN
<b>Date of Birth:</b>	01 Mar 1948
<b>Age:</b>	65
<b>Gender:</b>	Male
<b>Race:</b>	
<b>Ethnicity:</b>	
<b>Religion:</b>	
<b>Place of Birth:</b>	WASHINGTON, DISTRICT OF COLUMBIA
<b>Marital Status:</b>	DIVORCED
<b>PERMANENT ADDRESS AND CONTACT INFORMATION</b>	
<b>Street Address:</b>	123 ANYWHERE RD
<b>Street Address 2:</b>	APT 123
<b>City:</b>	WASHINGTON
<b>State:</b>	DISTRICT OF COLUMBIA
<b>Zip Code:</b>	20420
<b>County:</b>	001
<b>Country:</b>	USA
<b>Home Phone Number:</b>	
<b>Work Phone Number:</b>	
<b>Cell Phone Number:</b>	
<b>Email Address:</b>	MHVVETERAN@EMAILADDRESS.COM
<b>TEMPORARY ADDRESS AND CONTACT INFORMATION</b>	
<b>Street Address:</b>	123 ANYWHERE RD
<b>Street Address 2:</b>	APT 123
<b>City:</b>	WASHINGTON
<b>State:</b>	DISTRICT OF COLUMBIA
<b>Zip Code:</b>	20420
<b>Country:</b>	USA
<b>Temporary Phone Number:</b>	
<b>Active Start Date:</b>	Unknown
<b>Active End Date:</b>	Unknown

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ELIGIBILITY	
Service Connected Percentage:	70
Means Test Status:	
Primary Eligibility Code:	
RX Copay Status:	
EMPLOYMENT	
Occupation:	
Employment Status:	NOT EMPLOYED
Employer Name:	
PRIMARY NEXT OF KIN	
Date/Time Last Updated:	Unknown
Name:	NEXTOFKIN ONE
Relationship to Patient:	
Street Address:	123 ANYWHERE RD
City:	COLUMBUS
State:	OHIO
Zip Code:	00001
Country:	
Home Phone Number:	001-002-0003
Work Phone Number:	
EMERGENCY CONTACT	
Date/Time Last Updated:	Unknown
Name:	CONTACT ONE
Relationship to Patient:	
Street Address:	123 ANYWHERE RD
City:	COLUMBUS
State:	OHIO
Zip Code:	00001
Country:	
Home Phone Number:	001-002-0003
Work Phone Number:	
VA GUARDIAN	
Name:	
Relationship to Patient:	
Street Address:	
City:	
State:	
Zip Code:	
Country:	
Home Phone Number:	
Work Phone Number:	
CIVIL GUARDIAN	
Name:	

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<b>Relationship to Patient:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Country:</b>	
<b>Home Phone Number:</b>	
<b>Work Phone Number:</b>	
<b>ACTIVE INSURANCE</b>	
<b>Insurance Company:</b>	
<b>Effective Date:</b>	Date not available
<b>Expiration Date:</b>	Date not available
<b>Group Name:</b>	
<b>Group Number:</b>	
<b>Subscriber ID:</b>	
<b>Subscriber Name:</b>	
<b>Subscriber Relationship:</b>	
<b>VA Treating Facility</b>	SPOKANE VAMC
<b>First Name:</b>	ONE
<b>Middle Name:</b>	A
<b>Last Name:</b>	MHVTESTVETERAN
<b>Date of Birth:</b>	01 Mar 1948
<b>Age:</b>	65
<b>Gender:</b>	Male
<b>Race:</b>	
<b>Ethnicity:</b>	
<b>Religion:</b>	
<b>Place of Birth:</b>	WASHINGTON, DISTRICT OF COLUMBIA
<b>Marital Status:</b>	DIVORCED
<b>PERMANENT ADDRESS AND CONTACT INFORMATION</b>	
<b>Street Address:</b>	123 ANYWHERE RD
<b>Street Address 2:</b>	APT 123
<b>City:</b>	WASHINGTON
<b>State:</b>	DISTRICT OF COLUMBIA
<b>Zip Code:</b>	20420
<b>County:</b>	001
<b>Country:</b>	USA
<b>Home Phone Number:</b>	
<b>Work Phone Number:</b>	
<b>Cell Phone Number:</b>	
<b>Email Address:</b>	MHVVETERAN@EMAILADDRESS.COM
<b>TEMPORARY ADDRESS AND CONTACT INFORMATION</b>	
<b>Street Address:</b>	123 ANYWHERE RD
<b>Street Address 2:</b>	APT 123

<b>City:</b>	WASHINGTON
<b>State:</b>	DISTRICT OF COLUMBIA
<b>Zip Code:</b>	20420
<b>Country:</b>	USA
<b>Temporary Phone Number:</b>	
<b>Active Start Date:</b>	Unknown
<b>Active End Date:</b>	Unknown
<b>ELIGIBILITY</b>	
<b>Service Connected Percentage:</b>	70
<b>Means Test Status:</b>	
<b>Primary Eligibility Code:</b>	
<b>RX Copay Status:</b>	
<b>EMPLOYMENT</b>	
<b>Occupation:</b>	
<b>Employment Status:</b>	NOT EMPLOYED
<b>Employer Name:</b>	
<b>PRIMARY NEXT OF KIN</b>	
<b>Date/Time Last Updated:</b>	Unknown
<b>Name:</b>	NEXTOFKIN TWO
<b>Relationship to Patient:</b>	
<b>Street Address:</b>	123 ANYWHERE RD
<b>City:</b>	COLUMBUS
<b>State:</b>	OHIO
<b>Zip Code:</b>	00001
<b>Country:</b>	
<b>Home Phone Number:</b>	001-002-0003
<b>Work Phone Number:</b>	
<b>EMERGENCY CONTACT</b>	
<b>Date/Time Last Updated:</b>	Unknown
<b>Name:</b>	CONTACT TWO
<b>Relationship to Patient:</b>	
<b>Street Address:</b>	123 ANYWHERE ROAD
<b>City:</b>	COLUMBUS
<b>State:</b>	OHIO
<b>Zip Code:</b>	00001
<b>Country:</b>	
<b>Home Phone Number:</b>	001-002-0003
<b>Work Phone Number:</b>	
<b>VA GUARDIAN</b>	
<b>Name:</b>	
<b>Relationship to Patient:</b>	
<b>Street Address:</b>	
<b>City:</b>	

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<b>State:</b>	
<b>Zip Code:</b>	
<b>Country:</b>	
<b>Home Phone Number:</b>	
<b>Work Phone Number:</b>	
<b>CIVIL GUARDIAN</b>	
<b>Name:</b>	
<b>Relationship to Patient:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Country:</b>	
<b>Home Phone Number:</b>	
<b>Work Phone Number:</b>	
<b>ACTIVE INSURANCE</b>	
<b>Insurance Company:</b>	
<b>Effective Date:</b>	Date not available
<b>Expiration Date:</b>	Date not available
<b>Group Name:</b>	
<b>Group Number:</b>	
<b>Subscriber ID:</b>	
<b>Subscriber Name:</b>	
<b>Subscriber Relationship:</b>	
<b>VA Treating Facility</b>	PORTLAND, OREGON VA MEDICAL CENTER
<b>First Name:</b>	ONE
<b>Middle Name:</b>	A
<b>Last Name:</b>	MHVTESTVETERAN
<b>Date of Birth:</b>	01 Mar 1948
<b>Age:</b>	65
<b>Gender:</b>	Male
<b>Race:</b>	
<b>Ethnicity:</b>	
<b>Religion:</b>	
<b>Place of Birth:</b>	WASHINGTON, DISTRICT OF COLUMBIA
<b>Marital Status:</b>	DIVORCED
<b>PERMANENT ADDRESS AND CONTACT INFORMATION</b>	
<b>Street Address:</b>	123 ANYWHERE RD
<b>Street Address 2:</b>	APT 123
<b>City:</b>	WASHINGTON
<b>State:</b>	DISTRICT OF COLUMBIA
<b>Zip Code:</b>	00001
<b>County:</b>	001
<b>Country:</b>	USA

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<b>Home Phone Number:</b>	
<b>Work Phone Number:</b>	
<b>Cell Phone Number:</b>	
<b>Email Address:</b>	MHVVETERAN@EMAILADDRESS.COM
<b>TEMPORARY ADDRESS AND CONTACT INFORMATION</b>	
<b>Street Address:</b>	123 ANYWHERE RD
<b>Street Address 2:</b>	APT 123
<b>City:</b>	WASHINGTON
<b>State:</b>	DISTRICT OF COLUMBIA
<b>Zip Code:</b>	00001
<b>Country:</b>	USA
<b>Temporary Phone Number:</b>	
<b>Active Start Date:</b>	Unknown
<b>Active End Date:</b>	Unknown
<b>ELIGIBILITY</b>	
<b>Service Connected Percentage:</b>	0
<b>Means Test Status:</b>	NO LONGER REQUIRED
<b>Primary Eligibility Code:</b>	
<b>RX Copay Status:</b>	
<b>EMPLOYMENT</b>	
<b>Occupation:</b>	
<b>Employment Status:</b>	NOT EMPLOYED
<b>Employer Name:</b>	
<b>PRIMARY NEXT OF KIN</b>	
<b>Date/Time Last Updated:</b>	Unknown
<b>Name:</b>	NEXTOFKIN THREE
<b>Relationship to Patient:</b>	
<b>Street Address:</b>	123 ANYWHERE RD
<b>City:</b>	COLUMBUS
<b>State:</b>	OHIO
<b>Zip Code:</b>	00001
<b>Country:</b>	
<b>Home Phone Number:</b>	001-002-0003
<b>Work Phone Number:</b>	
<b>EMERGENCY CONTACT</b>	
<b>Date/Time Last Updated:</b>	Unknown
<b>Name:</b>	CONTRACT THREE
<b>Relationship to Patient:</b>	
<b>Street Address:</b>	123 ANYWHERE RD
<b>City:</b>	COLUMBUS
<b>State:</b>	OHIO
<b>Zip Code:</b>	00001
<b>Country:</b>	

<b>Home Phone Number:</b>	001-002-0003
<b>Work Phone Number:</b>	
<b>VA GUARDIAN</b>	
<b>Name:</b>	
<b>Relationship to Patient:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Country:</b>	
<b>Home Phone Number:</b>	
<b>Work Phone Number:</b>	
<b>CIVIL GUARDIAN</b>	
<b>Name:</b>	
<b>Relationship to Patient:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Country:</b>	
<b>Home Phone Number:</b>	
<b>Work Phone Number:</b>	
<b>ACTIVE INSURANCE</b>	
<b>Insurance Company:</b>	
<b>Effective Date:</b>	Date not available
<b>Expiration Date:</b>	Date not available
<b>Group Name:</b>	
<b>Group Number:</b>	
<b>Subscriber ID:</b>	
<b>Subscriber Name:</b>	
<b>Subscriber Relationship:</b>	



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## Self Reported Healthcare Providers

<b>Source:</b>	Self-Entered
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<b>Provider Name:</b>	Provider One
<b>Type of Provider:</b>	Primary
<b>Other Clinician Information:</b>	
<b>Phone Number:</b>	000-000-0000 Ext: 1234
<b>Email:</b>	<a href="mailto:provider@institution.org">provider@institution.org</a>
<b>Comments:</b>	Dr. Provider can be reached on the weekend if needed by leaving a message with the clinic.

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



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## Self Reported Treatment Facilities

**Source:** Self-Entered

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

<b>Facility Name:</b>	Health Care Inc.	
<b>Facility Type:</b>	Non-VA	<b>Mailing Address:</b> 123 Anywhere Road B-Wing Anywhere, DC United States 00001
<b>VA Home Facility:</b>	No	
<b>Phone Number:</b>	000-000-0002 Ext:5678	
<b>FAX Number:</b>	000-001-0002	
<b>Comments:</b>	Reminder to bring My HealtheVet printouts for all visits	



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## Self Reported Health Insurance

<b>Source:</b> Self-Entered
-----------------------------

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

<b>Health Insurance Company:</b> My Other Health Insurance Company			
<b>ID Number:</b>	00056780100	<b>Group Number:</b>	ABC123456789
<b>Primary Insurance Provider:</b>	No	<b>Start Date:</b>	01 Jan 2009
<b>Insured:</b>	One MHVveteran	<b>Stop Date:</b>	
<b>Pre-Approval Phone Number:</b>	000-000-0005		
<b>Health Insurance Company Phone Number:</b>	000-000-0005		
<b>Comments:</b>	Coverage only for vision and dental.		



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## VA Wellness Reminders

<b>Source:</b> VA
<b>Last Updated:</b> 03 Jul 2013 @ 0635
<b>Sorted By:</b> 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
Pneumonia Vaccine		06 Mar 2011	PORTLAND, OREGON VA MEDICAL CENTER
Control of Your Cholesterol	DUE NOW	UNKNOWN	PORTLAND, OREGON VA MEDICAL CENTER
Influenza Vaccine	DUE NOW	UNKNOWN	PORTLAND, OREGON VA MEDICAL CENTER
Colon Cancer Screening	01 Oct 2022	01 Oct 2012	PORTLAND, OREGON VA MEDICAL CENTER
Body Mass Index more than 25	DUE NOW	UNKNOWN	PORTLAND, OREGON VA MEDICAL CENTER
Colon Cancer Screening	DUE NOW	UNKNOWN	SPOKANE VAMC
Influenza Vaccine	DUE NOW	UNKNOWN	SPOKANE VAMC
Pneumonia Vaccine	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

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## VA Appointments

<b>Source:</b>	VA
<b>Last Updated:</b>	03 Jul 2013 @ 0635
<b>Sorted By:</b>	Date (Descending)
All future VA Appointments are shown below. Past VA Appointments are limited to two years from the date of your download request. To cancel, change or request an appointment with your VA health care team, please contact your local VA facility.	

### Future Appointments

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

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

<b>Date/Time:</b>	08 Jul 2013 @ 0800
<b>Location:</b>	PORTLAND
<b>Status:</b>	FUTURE
<b>Clinic:</b>	MH1I P2 Bldg 104
<b>Phone Number:</b>	5-5187

### Past Appointments

<b>Date/Time:</b>	16 May 2013 @ 0800
<b>Location:</b>	PORTLAND
<b>Status:</b>	CANCELLED
<b>Clinic:</b>	MH1I P2 Bldg 104
<b>Phone Number:</b>	5-5187

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

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## VA Medication History

<b>Source:</b>	VA
<b>Last Updated:</b>	03 Jun 2013 @ 1016
<b>Sorted By:</b>	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.	

<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>	Active		
<b>Refills Remaining:</b>	3		
<b>Last Filled On:</b>	11 Dec 2012		
<b>Initially Ordered On:</b>	10 Dec 2012		
<b>Quantity</b>	<b>Days Supply</b>	<b>Pharmacy</b>	<b>Prescription Number</b>
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>	Active		
<b>Refills Remaining:</b>	3		
<b>Last Filled On:</b>	11 Dec 2012		
<b>Initially Ordered On:</b>	10 Dec 2012		
<b>Quantity</b>	<b>Days Supply</b>	<b>Pharmacy</b>	<b>Prescription Number</b>
90	90	PORTLAND PHARMACY	11532050

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

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

Quantity	Days Supply	Pharmacy	Prescription Number
30	30	PORTLAND PHARMACY	11532048
<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>	DEXAMETHASONE 4MG TAB		
<b>Instructions:</b>	TAKE TWO TABLETS BY MOUTH HOUR FOR 2 DAYS -- TAKE WITH FOOD --		
<b>Status:</b>	Discontinued		
<b>Refills Remaining:</b>	2		
<b>Last Filled On:</b>	09 Jul 2012		
<b>Initially Ordered On:</b>	06 Jul 2012		
Quantity	Days Supply	Pharmacy	Prescription Number
96	30	PORTLAND PHARMACY	11181530A
<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>	Discontinued		
<b>Refills Remaining:</b>	3		
<b>Last Filled On:</b>	09 Jul 2012		
<b>Initially Ordered On:</b>	06 Jul 2012		
Quantity	Days Supply	Pharmacy	Prescription Number
240	60	PORTLAND PHARMACY	11181491A
<b>Medication:</b>	INSULIN NPH HUMAN 100 UNIT/ML NOVOLIN N		
<b>Instructions:</b>	INJECT 16 UNITS SUBCUTANEOUSLY EVERY MORNING AND INJECT 18 UNITS AT BEDTIME EACH VIAL EXPIRES 30 DAYS AFTER FIRST OPENING.		

<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	
<b>Quantity</b>	<b>Days Supply</b>	<b>Pharmacy</b>	<b>Prescription Number</b>
3	30	PORTLAND PHARMACY	11181492A

<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.	
<b>Status:</b>		Discontinued	
<b>Refills Remaining:</b>		2	
<b>Last Filled On:</b>		09 Jul 2012	
<b>Initially Ordered On:</b>		06 Jul 2012	
<b>Quantity</b>	<b>Days Supply</b>	<b>Pharmacy</b>	<b>Prescription Number</b>
3	30	PORTLAND PHARMACY	11181494A

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

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

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

<b>Medication:</b>	SIMVASTATIN 40MG TAB		
<b>Instructions:</b>	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.		
<b>Status:</b>	Discontinued		
<b>Refills Remaining:</b>	2		
<b>Last Filled On:</b>	09 Jul 2012		
<b>Initially Ordered On:</b>	06 Jul 2012		
<b>Quantity</b>	<b>Days Supply</b>	<b>Pharmacy</b>	<b>Prescription Number</b>
45	90	PORTLAND PHARMACY	11181502A

<b>Medication:</b>	SODIUM CHLORIDE 0.65% SOLN NASAL		
<b>Instructions:</b>	SPRAY 2 SPRAYS MOUTH MINUTE FOR 30 DAYS		
<b>Status:</b>	Discontinued		
<b>Refills Remaining:</b>	3		
<b>Last Filled On:</b>	09 Jul 2012		
<b>Initially Ordered On:</b>	06 Jul 2012		
<b>Quantity</b>	<b>Days Supply</b>	<b>Pharmacy</b>	<b>Prescription Number</b>
10	30	PORTLAND PHARMACY	1110000A

<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		
<b>Quantity</b>	<b>Days Supply</b>	<b>Pharmacy</b>	<b>Prescription Number</b>
10	45	PORTLAND PHARMACY	1118000A

<b>Medication:</b>	LISINOPRIL 10MG TAB		
<b>Instructions:</b>	TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE		
<b>Status:</b>	Discontinued		
<b>Refills Remaining:</b>	3		
<b>Last Filled On:</b>	09 Jul 2012		
<b>Initially Ordered On:</b>	06 Jul 2012		
<b>Quantity</b>	<b>Days Supply</b>	<b>Pharmacy</b>	<b>Prescription Number</b>
30	30	PORTLAND PHARMACY	11181000A

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## Self Reported Medications & Supplements

**Source:** Self-Entered

No information was available that matched your selection.



MEDICAL CONFIDENTIAL

## VA Allergies

<b>Source:</b>	VA
<b>Last Updated:</b>	03 Jul 2013 @ 0635
<b>Sorted By:</b>	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.	

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

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

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

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

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

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

Blue Button  
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## Self Reported Allergies

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

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



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## VA Problem List

<b>Source:</b>	VA
<b>Last Updated:</b>	03 Jul 2013 @ 0635
<b>Sorted By:</b>	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>	

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

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

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

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

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

<b>Problem:</b>	TRAUMATIC BRAIN INJURY	<b>Date/Time Entered:</b> 07 Dec 2012 @ 1200
<b>Provider:</b>	PROVIDER, ONE A	
<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>	03 Jul 2013 @ 0635
<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 A
<b>Discharge Date:</b>	11 Dec 2012 @ 1134
<b>Discharge Physician:</b>	PROVIDER, ONE A

**Discharge Summary**

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

THIS IS ONLY A TEST

ATTENDING PHYSICIAN:

PRIMARY CARE PROVIDER AND FACILITY:

PRINCIPAL DIAGNOSIS:

OTHER DIAGNOSES TREATED OR IMPACTING TREATMENT THIS ADMISSION:

PROCEDURES PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION:

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

HOSPITAL COURSE:

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

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

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

## VA Notes

<b>Source:</b>	VA
<b>Last Updated:</b>	03 Jul 2013 @ 0635
<b>Sorted By:</b>	Date/Time (Descending)
VA Notes from January 1, 2013 forward are available 3 calendar days after they have been completed and signed by all required members of your VA health care team. If you have any questions about your information please visit the FAQs or contact your VA health care team.	

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

**Note**

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

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

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

**SUBJECTIVE:**

**OBJECTIVE:**

Active Medications:

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

active non-va medications status

- 
- 1) Non-va fish oil cap/tab 1 cap/tab mouth every day

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

8 total medications)

Physical Exam:

Vitals:

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

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

88 (12/10/2012 09:24)

No assessments on file.

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

BODY MASS INDEX

DEC 10, 2012@09:24:38 46.7

GEN -

NECK -

CV -

PULM -

EXT -

Lab Studies:

Mixed dates for most recent tests of this panel

No CBC in last year

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

N/A

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

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

N/A

ASSESSMENT/PLAN:

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

IMPRESSION:

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

PLAN:Order a series of test to include a stress test and a series of cardiac lab panels. Will also review patient's current medication history and revise accordingly.

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

/es/ ONE A PROVIDER





who is in agreement with the assesment and plan.

Patient Name: MHVTESTVETERAN,ONE A

S: THIS IS ONLY A TEST

O: POD# s/p:

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

Last CHEM 7 After 0500 JAN 24, 2013:

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

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

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

Active Medications:

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

Incision intact  
No hematoma  
A:

P:

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

<b>Date/Time:</b>	24 Jan 2013 @ 1435
<b>Note Title:</b>	SPECIALTY CLINIC PROGRESS NOTE
<b>Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER
<b>Signed By:</b>	PROVIDER, ONE A
<b>Co-signed By:</b>	PROVIDER, ONE A
<b>Date/Time Signed:</b>	24 Jan 2013 @ 1435

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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:

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ST LOUIS MENTAL STATUS EXAMINATION

ACTIVITIES OF DAILY LIVING SCORE

INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCORE

NEUROBEHAVIORAL COGNITIVE STATUS EXAM

Level of Consciousness:

Orientation: /12

Attention: ( )Passed Screen or /8

Language Comprehension: ( )Passed Screen or /6

Language Repetition: ( )Passed Screen or /12

Naming: ( )Passed Screen or /8

Construction: ( )Passed Screen or /6

Memory: /12

Calculation: ( )Passed Screen or /4

Similarities: ( )Passed Screen or /8

Judgment: ( )Passed Screen or /6

NEUROLOGICAL EXAM

Station and Gait:

Cranial Nerves:

Motor Exam:

Sensory Exam:

Reflexes:

Coordination:

MENTAL STATUS EXAM

Appearance/Behavior

Thought Processing

Thought Content

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Mood/Affect

Sensorium/Intellect

Insight/Judgment

IMAGING STUDIES

LABORATORY STUDIES

DIAGNOSTIC FORMULATION

DSM IV DIAGNOSIS

Axis I

Axis II

Axis III

Axis IV

Axis V

TREATMENT PLAN

/es/ ONE A. PROVIDER MD

CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST

Signed: 01/25/2013 11:47

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

**Note**

LOCAL TITLE: PDHC - NEW PCP

STANDARD TITLE: OEF/OIF NOTE

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

AUTHOR: PROVIDER, ONE A EXP COSIGNER:

URGENCY: STATUS: COMPLETED

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

This is only a test.

/es/ ONE A. PROVIDER MD

CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST

Signed: 01/24/2013 14:31

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

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

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

**Note**

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

Testing for national and VISN for Open Notes project

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

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

**Note**

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

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

THIS IS A TEST

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

01/07/2013 ADDENDUM STATUS: COMPLETED

CLINICAL REMINDER ACTIVITY

\*Annual OTC/Non-VA Med Review:

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

DM NEPHROPATHY SCREENING:

Angiotensin II receptor blocker therapy is contraindicated.

Comment: test patient

Eval of Positive Depression Screen:

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

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

1. Little interest or pleasure in doing things

Not at all

2. Feeling down, depressed, or hopeless

Not at all

Are you feeling hopeless about the present or future? NO

Have you had thoughts recently about taking your life? NO

ASSESSMENT: Suicide risk screen is negative.

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

No mental health condition requiring further intervention.

Comment: test patient

\*Influenza Reminder:

Patient was given influenza vaccination today for flu prevention.

Influenza Dose: 0.5 ml

Route/Site: IM Left Deltoid

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

Given by: Staff Nurse

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

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

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

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

\*Nurse/MA BP>=140/90:

Repeat BP:  
190/70

\*Diabetes Foot Exam:

Diabetic Visual Foot Exam:  
Visual foot exam is normal.

Pedal Pulse Foot Exam:

Pedal pulse foot exam is normal.

Sensory Foot Exam by Monofilament:

Monofilament sensory foot exam is normal.

\*Vitals:

Pain:  
3

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

Elevated Pain Score:

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

\*Diabetes-Retinal Exam:

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

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

Result: No Retinopathy

Verify month and year: January 2, 2013

Results: outside hospital

CHF ACE/ARB Review:

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

Current medications include ACE inhibitor/Angiotensin receptor blocker therapy.

Diabetes or CVD Elevated LDL:

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

Comment: test patient

Eval Positive AUDIT-C Screen:

SCREEN FOR ALCOHOL (AUDIT-C)

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

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

Never

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

Response not required due to responses to other questions.

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

Response not required due to responses to other questions.

The patient reports drinking below the recommended limits.

The patient was advised to continue to drink within recommended

limits, which were reviewed with patient. The medical risks of alcohol and the risks of drinking over the safe limits were reviewed. This issue will be addressed at the next yearly screening.

HTN/DM BP>140/90:

Repeat BP:  
190/70

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

Comment: test patient

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

Comment: test patient

Evaluation of + Depression Screen:

Are you feeling hopeless about the present or future? NO  
Have you had thoughts recently about taking your life? NO

ASSESSMENT: Suicide risk screen is negative.

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

No mental health condition requiring further intervention.

Comment: test patient

Evaluation of + PTSD Screen:

Are you feeling hopeless about the present or future? NO  
Have you had thoughts recently about taking your life? NO

ASSESSMENT: Suicide risk screen is negative.

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

No mental health condition requiring further intervention.

Comment: test patient

/es/ ONE A. PROVIDER MD

CHIEF HEALTH INFORMATICS OFFICER/ATTENDING PSYCHIATRIST

Signed: 01/07/2013 15:31

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

MEDICAL CONFIDENTIAL



## *Self Reported Medical Events*

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




MEDICAL CONFIDENTIAL

## VA Immunizations

<b>Source:</b> VA
<b>Last Updated:</b>
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.
<b>Sorted By:</b> Date Received (Descending)

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

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

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

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

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

<b>Immunization:</b> PNEUMOVAX	<b>Date Received:</b> 06 Mar 2011 @ 0900
<b>Location:</b> PORTLAND (OR) VAMC	
<b>Reaction:*</b> None Reported	
<b>Comments:</b> 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

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



My healthve



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

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## VA Laboratory Results

<b>Source:</b>	VA
<b>Last Updated:</b>	03 Jul 2013 @ 0635
<b>Sorted By:</b>	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>	

<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>	17 Jan 2013 @ 1341	<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>
POTASSIUM	6.5 Critical High	mmol/L	(3.5-5.0)	Final	PORTLAND, OREGON VA MEDICAL CENTER
<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>	GRAM STAIN - MISC.....				
<b>Lab Type:</b>	Microbiology				
<b>Ordering Provider:</b>	PROVIDER, ONE A	<b>Ordering Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER		
<b>Site/Specimen:</b>	LUNG	<b>Performing Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER PO BOX 1034 PORTLAND 97207		
<b>Collection Sample:</b>	SPUTUM, EXPECTORATED	<b>Collected Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER		
<b>Date/Time Collected:</b>	12 Dec 2012 @ 1200				
<b>Date/Time Completed:</b>	07 Jan 2013 @ 1200				

**Results:**

GRAM STAIN: POSITIVE

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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

**Lab Test:** Cell Count Body Fluid

**Lab Type:** Chemistry/Hematology

**Ordering Provider:** PROVIDER, ONE

**Specimen:** Cerebral spinal fluid

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

**Date/Time Collected:** 12 Dec 2012 @ 0810

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

Test Name	Result	Units	Reference Range	Status	Performing Location
APPEARANCE BODY FLUID	CLEAR			Final	PORTLAND, OREGON VA MEDICAL CENTER
COLOR	YELLOW			Final	PORTLAND, OREGON VA MEDICAL CENTER
ERYTHROCYTES	10 High	#/cumm	(0-0)	Final	PORTLAND, OREGON VA MEDICAL CENTER
LEUKOCYTES	250 High	#/cumm	(0-6)	Final	PORTLAND, OREGON VA MEDICAL CENTER
TUBE NUMBER	1			Final	PORTLAND, OREGON VA MEDICAL CENTER
XANTHOCHROMIA, CSF	NEG			Final	PORTLAND, OREGON VA MEDICAL CENTER

**Comments:** TEST

**Performing Location Name/Address:**

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

**Lab Test:** Albumin/Creat Ratio

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<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			
Test Name	Result	Units	Reference Range	Status	Performing Location
ALBUMIN	25 High	MG/DL	(0-2)	Final	PORTLAND, OREGON VA MEDICAL CENTER
ALBUMIN/CREATININE	20	mg/g	(<30)	Final	PORTLAND, OREGON VA MEDICAL CENTER
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
<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> Lipid Panel					
<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 @ 0809		<b>Collected Location:</b> 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
Interpretation:	DESIRABLE VALUE: <200 BORDERLINE VALUE: 201-239 ELEVATED VALUE: >240				

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CHOLESTEROL.IN HDL	45	mg/dL	(32-78)	Final	PORTLAND, OREGON VA MEDICAL CENTER
CHOLESTEROL.IN LDL	120	MG/DL	(43-161)	Final	PORTLAND, OREGON VA MEDICAL CENTER
Interpretation:	<p>***If pt age &lt; 75, recommended LDL-C &lt; 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: &lt;130 MG/DL                      BORDERLINE HIGH RISK: 130-159 MG/DL                      HIGH RISK: &gt;=160 MG/DL                      NOTE THAT NONFASTING RESULTS ARE SLIGHTLY LOWER THAN FASTING RESULTS.</p>				
TRIGLYCERIDE	99	mg/dL	(35-160)	Final	PORTLAND, OREGON VA MEDICAL CENTER
Interpretation:	<p>DESIRABLE VALUE: &lt;150                      BORDERLINE VALUE: 150-199                      ELEVATED VALUE: 200-499                      Patient should be fasting at time of specimen collection for valid interpretation of triglyceride level.</p>				
<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> VDRL					
<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	
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
REAGIN AB	NEG		(SEE INTERPRETATION)	Final	PORTLAND, OREGON VA MEDICAL CENTER
Interpretation:	NORMAL REFERENCE RANGE = NONREACTIVE				
<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> Blood Culture					
<b>Lab Type:</b> Chemistry/Hematology				<b>Ordering Provider:</b>	PROVIDER, ONE
<b>Specimen:</b> Serum				<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
Blood Culture	NEG			Final	PORTLAND, OREGON VA MEDICAL CENTER
<p>Interpretation: Interpretation of serologic results should be made in a clinical context including post-test counseling regarding HIV risk.</p> <p>-----</p> <p>The release of results outside the VA is strictly prohibited by Federal Law (Public Law 100-322). Fines up to \$10,000 and dismissal from Federal employment are included as sanctions to prevent unauthorized release of this information.</p>					
<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
Test Name	Result	Units	Reference Range	Status	Performing Location
CARBON DIOXIDE	25	mmol/L	(21-32)	Final	PORTLAND, OREGON VA MEDICAL CENTER
<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					

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<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
<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> Creatinine					
<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>
CREATININE	1.3	mg/dL	(0.8-1.5)	Final	PORTLAND, OREGON VA MEDICAL CENTER
<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> Creatinine eGFR					
<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</b>	<b>Status</b>	<b>Performing</b>

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		<b>Range</b>	<b>Location</b>	
GLOMERULAR FILTRATION RATE.PREDICTED	56 Low	(>60)	Final	PORTLAND, OREGON VA MEDICAL CENTER
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> .			
<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>		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	
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
ANION GAP	19	mmol/L	(10-22)	Final	PORTLAND, OREGON VA MEDICAL CENTER
<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	
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
GLUCOSE	150 High	mg/dL	(71-109)	Final	PORTLAND, OREGON VA MEDICAL CENTER
<b>Comments:</b>		TEST			

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<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> Lipid Panel	
<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
CHOLESTEROL	150	mg/dL	(1-240)	Final	PORTLAND, OREGON VA MEDICAL CENTER
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
CHOLESTEROL.IN LDL	23 Low	MG/DL	(43-161)	Final	PORTLAND, OREGON VA MEDICAL CENTER
Interpretation:	***If pt age < 75, recommended LDL-C < 100 mg/dl in diabetes and ischemic heart disease*** ACCORDING TO THE "NATIONAL CHOLESTEROL EDUCATION PROGRAM" LEVELS OF RISK ARE DEFINED AS FOLLOWS: LOW RISK: <130 MG/DL BORDERLINE HIGH RISK: 130-159 MG/DL HIGH RISK: >=160 MG/DL NOTE THAT NONFASTING RESULTS ARE SLIGHTLY LOWER THAN FASTING RESULTS.				
TRIGLYCERIDE	46	mg/dL	(35-160)	Final	PORTLAND, OREGON VA MEDICAL CENTER
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.				

<b>Comments:</b> TEST
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<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> 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
<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> Sodium					
<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
SODIUM	145 High	mmol/L	(131-142)	Final	PORTLAND, OREGON VA MEDICAL CENTER
<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,	

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					<b>Location:</b>	OREGON VA MEDICAL CENTER
Test Name	Result	Units	Reference Range	Status	Performing Location	
THYROTROPIN	29 High	uIU/mL	(0.27-4.20)	Final	PORTLAND, OREGON VA MEDICAL CENTER	
<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> 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	
<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	
<b>Comments:</b> TEST						

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**Performing Location Name/Address:**  
 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
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



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## VA Pathology Reports

<b>Source:</b>	VA
<b>Last Updated:</b>	03 Jul 2013 @ 0635
<b>Sorted By:</b>	Date Obtained (Descending), Type of Report
<p>VA Pathology Reports are available 14 calendar days after they have been completed. Some studies done at a non-VA facility may not be available or they may not necessarily include an interpretation. If you have any questions about your information please visit the FAQs or contact your VA health care team.</p>	

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

### **SURGICAL PATHOLOGY REPORT**

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

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

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

### **CYTOLOGY REPORT**

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

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Date completed: Jan 09, 2013      Accession #: CY 13 9998  
 Submitted by: Two B Provider      Practitioner: ONE A PROVIDER MD

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

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

**SURGICAL PATHOLOGY REPORT**

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

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, TWO)  
 really gross nose  
 MICROSCOPIC EXAM: (Date Spec taken: Dec 28, 2012 07:24)  
     \*+\* MODIFIED REPORT \*+\*  
 (Last modified: Mar 27, 2013 08:28 typed by PROVIDER, TWO)  
 large pores under microscopic exam  
 Comments:  
 TEST PATIENT

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## Self Reported Labs & Tests

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




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## VA Vitals and Readings

<b>Source:</b> VA
<b>Last Updated:</b> 03 Jul 2013 @ 0635
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.

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

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

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

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

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

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<b>Date/Time Collected:</b>	11 Nov 2012 @ 0900
-----------------------------	--------------------

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

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

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

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

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

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

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

<b>Vital Sign:</b>	Pain Level
<b>Measurement:</b>	8

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

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

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

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

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

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

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

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

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

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

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

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## Self Reported Vitals & Readings

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

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

<b>Measurement Type:</b>	Pain	<b>Date:</b>	07 Jan 2013
<b>Pain Level:</b>	3	<b>Time:</b>	2359
<b>Comments:</b>	General aches		

<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

<b>Source:</b>	VA
<b>Last Updated:</b>	03 Jul 2013 @ 0635
<b>Sorted By:</b>	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>	

<b>Procedure/Test Name:</b>	CT HEAD OR BRAIN W/O CONTRAST
<b>Date/Time Exam Performed:</b>	10 Dec 2012 @ 1018
<b>Ordering Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER
<b>Requesting Provider:</b>	PROVIDER, ONE A
<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>	XRAY,MISSING
<b>Report</b>	
Report:	
Impression:	
Test patient; no report necessary for dictation; ADMIN complete.	
Primary Diagnostic Code:	

<b>Procedure/Test Name:</b>	BONE DENSITY (DPX), AXIAL SKELETON, HIPS/PELVIS/SPINE
<b>Date/Time Exam Performed:</b>	10 Dec 2012 @ 1017
<b>Ordering Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER
<b>Requesting Provider:</b>	PROVIDER, ONE A
<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>	XRAY,MISSING
<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 A
<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>	XRAY,MISSING

<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 A
<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

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<b>Radiologist:</b>	XRAY,MISSING
<b>Report</b>	
Report: Test report for Dr. Provider	
Impression: Test for Dr. Provider	
Primary Diagnostic Code:	

<b>Procedure/Test Name:</b>	ULTRASOUND ABDOMEN COMPLETE
<b>Date/Time Exam Performed:</b>	10 Dec 2012 @ 1013
<b>Ordering Location:</b>	PORTLAND, OREGON VA MEDICAL CENTER
<b>Requesting Provider:</b>	PROVIDER, ONE A
<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>	XRAY,MISSING

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

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## VA Electrocardiogram (EKG) Reports

<b>Source:</b>	VA
<b>Last Updated:</b>	03 Jul 2013 @ 0635
<b>Sorted By:</b>	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.	

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




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## Self Reported Family Health History

<b>Source:</b>	Self-Entered
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<b>Relationship:</b>	Self
<b>First Name:</b>	ONE
<b>Last Name:</b>	MHVTESTVETERAN
<b>Living or Deceased</b>	Living
<b>Health Issues:</b>	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
<b>Other Health Issues:</b>	trouble sleeping
<b>Comments:</b>	I sometimes have trouble sleeping when stress is high at work

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

## *Self Reported My Goals: Current Goals*

<b>Source:</b>	Self-Entered
<b>Sorted By:</b>	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.	

<b>ALL CURRENT GOALS - SUMMARY LIST (BY PRIORITY)</b>	
<b>Goals Most Important to Me:</b>	<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>
<b>My Other Goals:</b>	<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>

<b>ALL CURRENT GOALS - DETAILED INFORMATION</b>							
<b>My Goal:</b>	LOSE WEIGHT						
<b>Description:</b>	Lose 20 lbs						
<b>Type:</b>	Health						
<b>Priority:</b>	Goals Most Important to Me						
<b>Goal Start Date:</b>	09 Apr 2013						
<b>Goal End Date:</b>	None Entered						
<b>Completion:</b>	No End Date (Ongoing)						
<b>Strengths:</b>	Determination Enjoy doing outdoor activities. I want to be healthy.						
<b>Obstacles:</b>	Always want dessert after dinner. I eat when I am bored.						
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Task:</b></td> <td>Prepare healthy snack.</td> </tr> <tr> <td><b>Task Description:</b></td> <td>Each night to satisfy the want for a dessert, I will prepare and eat some fresh fruit.</td> </tr> <tr> <td><b>Task Completion:</b></td> <td>No End Date (Ongoing)</td> </tr> </table>	<b>Task:</b>	Prepare healthy snack.	<b>Task Description:</b>	Each night to satisfy the want for a dessert, I will prepare and eat some fresh fruit.	<b>Task Completion:</b>	No End Date (Ongoing)
<b>Task:</b>	Prepare healthy snack.						
<b>Task Description:</b>	Each night to satisfy the want for a dessert, I will prepare and eat some fresh fruit.						
<b>Task Completion:</b>	No End Date (Ongoing)						

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	Task Start Date: 09 Apr 2013 Task End Date: None Entered Task Repeats: Every Monday, Wednesday, Friday Date Task Finished: Not Finished Yet
	<hr/> Task: Things to do when I am bored.
	Task Description: I will make a list of items that I can do so when I am bored. Call a friend, go for a walk, do a puzzle.
	Task Completion: Has An End Date Task Start Date: 09 Apr 2013 Task End Date: 31 May 2013 Task Repeats: Every Monday, Wednesday, Friday Date Task Finished: Not Finished Yet
	<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.
	<hr/> Task: Find the bill that has the highest interest rate.
	Task Description: I will look for the monthly bill with the highest interest rate. I will work toward paying off this bill first.
	Task Completion: Has An End Date Task Start Date: 01 Jan 2013 Task End Date: 15 Jan 2013 Task Repeats: Every other week Date Task Finished: 10 Apr 2013
	<hr/> Task: Get information on how to get rid of debt.
	Task Description: I will find information about how to get rid of my debt from the Internet, local library, or a VA Social Worker. I will find information about making a monthly budget.
	Task Completion: Has An End Date Task Start Date: 01 Jan 2013

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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.
<b>Task Completion:</b>	No End Date (Ongoing)
<b>Task Start Date:</b>	24 Apr 2013

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	Task End Date: None Entered Task Repeats: Every other week Date Task Finished: Not Finished Yet														
	<table border="1"> <tr> <td><b>Task:</b></td> <td>Make a list of activities and places I like.</td> </tr> <tr> <td><b>Task Description:</b></td> <td>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.</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>17 Apr 2013</td> </tr> <tr> <td><b>Task End Date:</b></td> <td>19 Apr 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>Not Finished Yet</td> </tr> </table>	<b>Task:</b>	Make a list of activities and places I like.	<b>Task Description:</b>	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.	<b>Task Completion:</b>	Has An End Date	<b>Task Start Date:</b>	17 Apr 2013	<b>Task End Date:</b>	19 Apr 2013	<b>Task Repeats:</b>	Twice a day	<b>Date Task Finished:</b>	Not Finished Yet
<b>Task:</b>	Make a list of activities and places I like.														
<b>Task Description:</b>	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.														
<b>Task Completion:</b>	Has An End Date														
<b>Task Start Date:</b>	17 Apr 2013														
<b>Task End Date:</b>	19 Apr 2013														
<b>Task Repeats:</b>	Twice a day														
<b>Date Task Finished:</b>	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.														
	<table border="1"> <tr> <td><b>Task:</b></td> <td>Find places to meet people who like what I like.</td> </tr> <tr> <td><b>Task Description:</b></td> <td>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.</td> </tr> <tr> <td><b>Task Completion:</b></td> <td>No End Date (Ongoing)</td> </tr> <tr> <td><b>Task Start Date:</b></td> <td>13 Apr 2013</td> </tr> <tr> <td><b>Task End Date:</b></td> <td>None Entered</td> </tr> <tr> <td><b>Task Repeats:</b></td> <td>Every other week</td> </tr> <tr> <td><b>Date Task Finished:</b></td> <td>Not Finished Yet</td> </tr> </table>	<b>Task:</b>	Find places to meet people who like what I like.	<b>Task Description:</b>	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.	<b>Task Completion:</b>	No End Date (Ongoing)	<b>Task Start Date:</b>	13 Apr 2013	<b>Task End Date:</b>	None Entered	<b>Task Repeats:</b>	Every other week	<b>Date Task Finished:</b>	Not Finished Yet
<b>Task:</b>	Find places to meet people who like what I like.														
<b>Task Description:</b>	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.														
<b>Task Completion:</b>	No End Date (Ongoing)														
<b>Task Start Date:</b>	13 Apr 2013														
<b>Task End Date:</b>	None Entered														
<b>Task Repeats:</b>	Every other week														
<b>Date Task Finished:</b>	Not Finished Yet														
	<table border="1"> <tr> <td><b>Task:</b></td> <td>Help for feeling nervous around others.</td> </tr> <tr> <td><b>Task Description:</b></td> <td>I will work with my health care team to help me feel less nervous around other people.</td> </tr> </table>	<b>Task:</b>	Help for feeling nervous around others.	<b>Task Description:</b>	I will work with my health care team to help me feel less nervous around other people.										
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<b>Task Description:</b>	I will work with my health care team to help me feel less nervous around other people.														

Task Completion: No End Date (Ongoing)  
 Task Start Date: 10 Apr 2013  
 Task End Date: None Entered  
 Task Repeats: Every other week  
 Date Task Finished: Not Finished Yet

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

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

Task Completion: Has An End Date  
 Task Start Date: 10 Apr 2013  
 Task End Date: 12 Apr 2013  
 Task Repeats: Twice a day  
 Date Task Finished: Not Finished Yet

**Rewards:** Talk to my friend about my dating plans.



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## *Self Reported My Goals: Completed Goals*

<b>Source:</b>	Self-Entered
<b>Sorted By:</b>	Date Goal Completed (Descending)
Date Range Selected: 03 Jul 2012 to 03 Jul 2013	
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	

<b>COMPLETED GOALS - SUMMARY LIST (BY DATE GOAL COMPLETED)</b>	
	<p><b>My Goal:</b> Run a 1/2 marathon  <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>Date Goal Completed:</b> 10 Apr 2013</p> <p><b>My Goal:</b> Find a Place to Live  <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>Date Goal Completed:</b> 10 Apr 2013</p> <p><b>My Goal:</b> Go to School  <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>Date Goal Completed:</b> 10 Apr 2013</p>

<b>COMPLETED GOALS - DETAILED INFORMATION (BY DATE GOAL COMPLETED)</b>															
<b>My Goal:</b>	RUN A 1/2 MARATHON														
<b>Description:</b>	I would like to run in the Surf-city half marathon.														
<b>Type:</b>	Health														
<b>Priority:</b>	Goals Most Important to Me														
<b>Goal Start Date:</b>	01 Dec 2012														
<b>Goal End Date:</b>	15 Feb 2013														
<b>Completion:</b>	Has An End Date														
<b>Date Goal Completed:</b>	10 Apr 2013														
<b>Strengths:</b>	None Entered														
<b>Obstacles:</b>	Finding enough time to get my training in.														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Task:</b></td> <td>Make a list of things I like to do.</td> </tr> <tr> <td><b>Task Description:</b></td> <td>None Entered</td> </tr> <tr> <td><b>Task Completion:</b></td> <td>No End Date (Ongoing)</td> </tr> <tr> <td><b>Task Start Date:</b></td> <td>01 Dec 2012</td> </tr> <tr> <td><b>Task End Date:</b></td> <td>None Entered</td> </tr> <tr> <td><b>Task Repeats:</b></td> <td>Every Tuesday, Thursday</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>	None Entered	<b>Task Completion:</b>	No End Date (Ongoing)	<b>Task Start Date:</b>	01 Dec 2012	<b>Task End Date:</b>	None Entered	<b>Task Repeats:</b>	Every Tuesday, Thursday	<b>Date Task Finished:</b>	10 Apr 2013
<b>Task:</b>	Make a list of things I like to do.														
<b>Task Description:</b>	None Entered														
<b>Task Completion:</b>	No End Date (Ongoing)														
<b>Task Start Date:</b>	01 Dec 2012														
<b>Task End Date:</b>	None Entered														
<b>Task Repeats:</b>	Every Tuesday, Thursday														
<b>Date Task Finished:</b>	10 Apr 2013														

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<b>Task:</b>	Make a list of things I like to do.
<b>Task Description:</b>	None Entered
<b>Task Completion:</b>	Has An End Date
<b>Task Start Date:</b>	01 Dec 2012
<b>Task End Date:</b>	15 Feb 2013
<b>Task Repeats:</b>	Every other week
<b>Date Task Finished:</b>	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>	<p>Fear of living alone.</p> <p>I am not sure how to get a place to live.</p> <p>I am not sure how much I can afford.</p>
<b>Task:</b>	Make a list of things I like to do.
<b>Task Description:</b>	I will list things that I have done well in my life. When I am feeling alone I will read over my list.
<b>Task Completion:</b>	No End Date (Ongoing)
<b>Task Start Date:</b>	03 Mar 2013
<b>Task End Date:</b>	None Entered
<b>Task Repeats:</b>	Every Monday, Wednesday, Friday
<b>Date Task Finished:</b>	10 Apr 2013
<b>Task:</b>	Make a list of things I like to do.
<b>Task Description:</b>	I will talk with people who live alone to find out how they do it.
<b>Task Completion:</b>	No End Date (Ongoing)
<b>Task Start Date:</b>	03 Mar 2013
<b>Task End Date:</b>	None Entered
<b>Task Repeats:</b>	Every other week
<b>Date Task Finished:</b>	10 Apr 2013
<b>Task:</b>	Make a list of things I like to do.
<b>Task Description:</b>	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

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	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
	<hr/> Task: Make a list of things I like to do. <hr/> 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
	<hr/> Task: Make a list of things I like to do. <hr/> Task Description: I will get rental listings from newspapers, rental agencies, or online postings. I will get help from my local Veteran service officer or social services agency. Task Completion: No End Date (Ongoing) Task Start Date: 03 Mar 2013 Task End Date: None Entered Task Repeats: Every Monday, Wednesday, Friday Date Task Finished: 10 Apr 2013
	<hr/> Task: Make a list of things I like to do. <hr/> Task Description: I will review my income and see how much money I have for rent. Task Completion: Has An End Date Task Start Date: 10 Mar 2013 Task End Date: 15 Mar 2013 Task Repeats: Twice a day Date Task Finished: 10 Apr 2013
	<b>Rewards:</b> 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														
<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.														
	<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 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.</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>01 Feb 2013</td> </tr> <tr> <td><b>Task End Date:</b></td> <td>01 Mar 2013</td> </tr> <tr> <td><b>Task Repeats:</b></td> <td>Every other week</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 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>Task:</b>	Make a list of things I like to do.														
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<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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## Self Reported Activity Journal

<b>Source:</b> Self-Entered
-----------------------------

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

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

<b>Intensity:</b>	Low impact
<b>Time of Day:</b>	Afternoon



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## Self Reported Food Journal

**Source:** Self-Entered

<b>Date:</b> 02 Jan 2013		<b>Day of Week:</b> Wednesday	
<b>Water consumed (number of 8oz glasses):</b>		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
<b>Comments:</b>		Added Lemon	

<b>Date:</b> 01 Jan 2013		<b>Day of Week:</b> Tuesday	
<b>Water consumed (number of 8oz glasses):</b>		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>			

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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>			

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## Self Reported Military Health History

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

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## *DOD Military Service Information*

<b>Source:</b>	Department of Defense
<b>Last Updated:</b>	17 Jan 2013 @ 1527

### NOTES:

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

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

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

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

#### -- Regular Active Service

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

#### -- Reserve/Guard Association Periods

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

#### -- Reserve/Guard Activation Periods

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

-- Deployment Periods

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

-- DoD MOS/Occupation Codes

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

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

-- Military/Combat Pay Details

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

-- Separation Pay Details

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

Service	Begin Date	End Date	Retirement Type	Rank
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Army	11/01/2008	02/21/2009	F						COL
Army	02/22/2010	04/09/2010	F						COL
Army	04/09/2011		F						COL
-- DoD Retirement Pay									
Service	Begin Date	End Date	Dsblty %	Pay Stat	Term	Rsn	Stop	Pay	Rsn
-----									
Army	10/31/2008	11/30/2008	00	1		C			Z
Army	12/01/2008		00	1		W			Z
Army	03/01/2010	07/31/2010	00	1		C			Z
Army	08/01/2010		00	5		W			B
Army	05/01/2011	05/31/2011	00	1		C			Z
Army	06/01/2011	11/30/2011	00	1		C			Z
Army	12/01/2011		00	1		W			Z
Translations of Codes Used in this Section:									
Service Occupation Codes									
00A	Officer	Duties Unassigned							
01A	Officer	Officer Generalist							
35D	Officer	All Source Intelligence							
35D	Officer	(obsolete) Air Traffic Control Equipment Repairer							
35D	Officer	(obsolete) Meteorological Equipment Repairman							
DoD Occupation Codes									
3A	Officer	Intelligence, General							
9E	Officer	Other							
Military Pay Type Code									
01	Combat Zone Tax Exclusion (CZTE)								
02	Hostile Fire/Imminent Danger								
03	Hazardous Duty incentive								
Separation Pay Type Code									
01	Separation Pay								
02	Readjustment Pay								
03	Non-Disability Severance Pay								
04	Disability Severance Pay								
05	Discharge Gratuity								
06	Death Gratuity								
07	Special Separation Benefit								

08 Voluntary Separation Incentive Pay

09 Voluntary Separation Pay (VSP)

Retirement Type Code

A Mandatory

B Voluntary

C Fleet Reserve

D Temporary Disability Retirement List

E Permanent Disability Retirement List

F Title III

G Special Act

H Philippine Scouts

Retired Pay Status Code

1 Receiving retired pay

2 Eligible, not receiving pay

3 Eligible, not receiving direct SBP remittance

4 Terminated

5 Suspended

Retired Pay Termination Reason Code

C Pay condition terminated

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

W Not terminated

Stop Payment Reason Code

A Member died

B Recalled to Active Duty

C Removed from TDRL, returned to Active Duty

D Removed from TDRL, returned to Civilian

E Pay suspended, failure to report for TDRL physical

F Civil Service retirement waiver

G VA compensation waiver

H Dual compensation, pay cap offset

J Refused retired pay

K Pay suspended, whereabouts unknown

L Suspected death

M Pay suspended, miscellaneous

Z Not applicable

## *DoD Military Service Information*

**Source:** DoD

No information was available that matched your selection.

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END OF MY HEALTHEVET PERSONAL INFORMATION REPORT

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