#### My Health*e*Vet

# Personal Information Report



Produced by the VA Blue Button (v12) 06 Dec 2011 @ 0736

This summary is a copy of information from your My HealtheVet Personal Health Record. Your summary contains information that you entered and may also include a copy of some of the information in your VA medical record as it becomes available in My HealtheVet. Please let your health care team know if you have questions about your health information. For some Veterans, information from the Department of Defense (DoD) is available. You will see this in VA Blue Button as DoD Military Service Information.

Name: MHVVETERAN, ONE A Date of Birth: 01 Mar 1948

# Download Request Summary

| System Request Date/Time: | 06 Dec 2011 @ 0736  |
|---------------------------|---|
| User Request Type:        | Download all of my available data from My HealtheVet  |
| File Name:                | mhv_MHVVETERAN_20111206.pdf   |
|                           | My HealtheVet Account Summary Demographics Health Care Providers Treatment Facilities Health Insurance VA Wellness Reminders VA Appointments (Future) VA Appointments (Limited to past 2 years) VA Medication History Medications and Supplements VA Allergies Allergies/Adverse Reactions Medical Events Immunizations VA Laboratory Results Labs and Tests Vitals and Readings Family Health History Military Health History DoD Military Service Information |



# My HealtheVet Account Summary

| Source:                       | VA             |
|-------------------------------|----------------|
| Authentication Status:        | Authenticated  |
| Authentication Date:          | 19 Aug 2010    |
| Authentication Facility Name: | SLC10 TEST LAB |
| Authentication Facility ID:   | 979            |
|                               | * 9            |

| VA Treating Facility | Type  |
|----------------------|-------|
| DAYT29               | M&ROC |
| AUSTIN HDR INT       | OTHER |
| AUSTIN PSIM          | OTHER |



### **Demographics**

| Source:         | Self-Entered               |
|-----------------|----------------------------|
| First Name:     | ONE                        |
| Middle Initial: | Α                          |
| Last Name:      | MHVVETERAN                 |
| Suffix:         |                            |
| Alias:          | MHVVET                     |
| Relationship to | Patient, Veteran, Employee |
| VA:             |                            |
| Current         | Truck Driver               |
| Occupation      |                            |
| Home Phone      | 000-010-0101               |
| Number:         |                            |
| Work Phone      | 000-020-0202               |
| Number:         |                            |
| Pager Number:   | 000-030-0303               |
| Cell Phone      | 000-040-0404               |
| Number:         |                            |
| FAX Number:     | 000-050-0505               |

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

Mailing or Destination Address:
123 Anywhere Road
Apartment 123
Anywhere, DC
United States
00001

Email Address: mhvveteran@emailaddress.com

Preferred Method of Contact: Email



# **Emergency Contacts**

| Contact First Name: | Two                      | Mailing Address:       |
|---------------------|--------------------------|------------------------|
| Contact Last Name:  | MHVVeteran               | 123 Anywhere Road      |
| Relationship:       |                          | Apartment 123          |
| Home Phone Number:  | 000-010-0101             | Anywhere, DC           |
| Work Phone Number:  | 000-060-0606 Ext 123     | United States<br>00001 |
| Cell Phone Number:  | 000-070-0707             | 00001                  |
| Email:              | twomhvveteran@domain.com |                        |

| Contact First Name: | Three                      | Mailing Address:       |
|---------------------|----------------------------|------------------------|
| Contact Last Name:  | MHVVeteran                 | 123 Anywhere Road      |
| Relationship:       |                            | Apartment 123          |
| Home Phone Number:  | 000-010-0101               | Anywhere, DC           |
| Work Phone Number:  | 000-080-0808 Ext 123       | United States<br>00001 |
| Cell Phone Number:  | 000-090-0909               | 00001                  |
| Email:              | threemhvveteran@domain.com |                        |



#### Healthcare Providers

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

| Provider Name:               | John Doe  |
|------------------------------|---|
| Type of Provider:            | Primary   |
| Other Clinician Information: |   |
| Phone Number:                | 000-000-0000 Ext: 1234  |
| Email:                       | provider@institution.org  |
| Comments:                    | Dr. Doe can be reached on the weekend if needed by leaving a message with the clinic. |
|                              | 400   |

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



# Treatment Facilities

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

| Facility Name:    | Anywhere VA Medical Center                           |                        |
|-------------------|--|------------------------|
| Facility Type:    | VA   | Mailing Address:       |
| VA Home Facility: | Yes  | 123 VA Drive           |
| Phone Number:     | 000-000-0001 Ext:1234                                | Suite 4                |
| FAX Number:       | 000-000-0002   | Anywhere, DC           |
| Comments:         | Contact clinic when calling to make my appointments. | United States<br>00001 |

| Facility Name:    | Health Care Inc.   |                        |
|-------------------|--|------------------------|
| Facility Type:    | Non-VA   | Mailing Address:       |
| VA Home Facility: | No   | 123 Anywhere Road      |
| Phone Number:     | 000-000-0002 Ext:5678                                    | B-Wing                 |
| FAX Number:       | 000-000-0003   | Anywhere, DC           |
| Comments:         | Reminder to bring My HealtheVet printouts for all visits | United States<br>00001 |



#### Health Insurance

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

| Health Insurance Company:              | My Health Insurance Company          |                  |             |
|--|--------------------------------------|------------------|-------------|
| ID Number:                             | 0001234                              | Group<br>Number: | 0000000     |
| Primary Insurance Provider:            | Yes                                  | Start Date:      | 01 Jan 2000 |
| Insured:                               | One Mhvveteran                       | Stop Date:       |             |
| Pre-Approval Phone Number:             | 000-000-0003                         |                  |             |
| Health Insurance Company Phone Number: | 000-000-0004                         |                  |             |
| Comments:                              | Need to get pre-authorization for sp | pecial services. |             |

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



#### VA Wellness Reminders

| Source:       | VA                 |
|---------------|--------------------|
| Last Updated: | 06 Dec 2011 @ 0735 |
| Sorted By:    | Name (Ascending)   |

Learn more about these Wellness Reminders by visiting My HealtheVet. Please contact your health care team with any questions about your VA Wellness Reminders.

| Wellness Reminder                  | Due Date | Last Completed | Location |
|------------------------------------|----------|----------------|----------|
| Influenza Vaccine                  | DUE NOW  | UNKNOWN        | DAYT29   |
| Colon Cancer Screening             | DUE NOW  | UNKNOWN        | DAYT29   |
| FYI-More Personal<br>Wellness Info | DUE NOW  | UNKNOWN        | DAYT29   |



# VA Appointments

| Source:   | VA                 |
|---|--------------------|
| Last Updated:   | 06 Dec 2011 @ 0735 |
| Sorted By:  | Date (Descending)  |
| VA Past Appointments are limited to two years from the date of your download request. |                    |

#### Past Appointments

| Date/Time:    | 13 Oct 2011 @ 1600                   |
|---------------|--------------------------------------|
| Location:     | DAYT29 TEST LAB                      |
| Status:       | NOT APPLICABLE                       |
| Clinic:       | C&P XXXXXX                           |
| Phone Number: | 3929                                 |
| Type:         | Compensation and Pension Appointment |

| Date/Time:    | 07 Sep 2011 @ 1100         |
|---------------|----------------------------|
| Location:     | DAYT29 TEST LAB            |
| Status:       | NOT APPLICABLE             |
| Clinic:       | TELEPHONE CALLS/GERIATRICS |
| Phone Number: | XXXX                       |

| Date/Time:    | 27 Jul 2011 @ 1400   |
|---------------|--|
| Location:     | DAYT29 TEST LAB  |
| Status:       | NOT APPLICABLE   |
| Clinic:       | DIABETIC-XXXXXX  |
| Phone Number: | 800-123-1234   |
| Note:         | This Appointment has preappointment activity scheduled:<br>Lab: 27 Jul 2011 @ 1000 |

| Date/Time:    | 15 Jun 2011 @ 1300                                      |
|---------------|---|
| Location:     | DAYT29 TEST LAB   |
| Status:       | NOT APPLICABLE  |
| Clinic:       | DIABETIC-XXXXXX   |
| Phone Number: | 800-123-1234  |
| Note:         | This Appointment has preappointment activity scheduled: |
|               | Lab: 15 Jun 2011 @ 0800                                 |
|               | EKG: 15 Jun 2011 @ 1030                                 |
|               | X-Ray: 15 Jun 2011 @ 0900                               |

| Date/Time: | 03 May 2011 @ 1100         |
|------------|----------------------------|
| Location:  | DAYT29 TEST LAB            |
| Status:    | NOT APPLICABLE             |
| Clinic:    | TELEPHONE CALLS/GERIATRICS |
|            |                            |

| Phone Number: | XXXX  |
|---------------|---|
| Note:         | This Appointment has preappointment activity scheduled: X-Ray: 03 May 2011 @ 0800 |

| Date/Time:    | 15 Mar 2011 @ 1000   |
|---------------|--|
| Location:     | MIDDLETOWN   |
| Status:       | CANCELLED  |
| Clinic:       | MD/DENTAL XXXXXX   |
| Phone Number: | XXXX   |
| Note:         | This Appointment has preappointment activity scheduled:<br>Lab: 15 Mar 2011 @ 0930 |

| Date/Time:    | 06 Jan 2011 @ 1000  |
|---------------|---|
| Location:     | DAYT29 TEST LAB   |
| Status:       | NOT APPLICABLE  |
| Clinic:       | PRP XXXXXX  |
| Phone Number: | XXXX  |
| Note:         | This Appointment has preappointment activity scheduled:<br>Lab: 06 Jan 2011 @ 0900<br>EKG: 06 Jan 2011 @ 0930 |

| Date/Time:    | 03 Jan 2011 @ 1300 |
|---------------|--------------------|
| Location:     | DAYT29 TEST LAB    |
| Status:       | NOT APPLICABLE     |
| Clinic:       | PRP XXXXXX         |
| Phone Number: | XXXX               |

| Date/Time:    | 29 Dec 2010 @ 1000 |  |
|---------------|--------------------|--|
| Location:     | MIDDLETOWN         |  |
| Status:       | NOT APPLICABLE     |  |
| Clinic:       | MD/PODIATRY XXXXXX |  |
| Phone Number: | XXXX               |  |

| Date/Time:    | 30 Aug 2010 @ 1400         |  |  |
|---------------|----------------------------|--|--|
| Location:     | DAYT29 TEST LAB            |  |  |
| Status:       | APPOINTMENT KEPT           |  |  |
| Clinic:       | TELEPHONE CALLS/GERIATRICS |  |  |
| Phone Number: | XXXX                       |  |  |

| Date/Time:    | 14 Jul 2010 @ 0900 |  |
|---------------|--------------------|--|
| Location:     | MIDDLETOWN         |  |
| Status:       | NOT APPLICABLE     |  |
| Clinic:       | MD/PODIATRY XXXXXX |  |
| Phone Number: | XXXX               |  |

#### VA Medication History

| Source:                                | VA   |
|--|--|
| Last Updated:                          | 11 Apr 2011 @ 1737   |
| Sorted By: Last Filled On (Descending) |  |
| VA Madication History includes         | up to two years of modication history unless you select a different data |

VA Medication History includes up to two years of medication history unless you select a different date range in your download request.

| Medication          | on: AMLODIPINE BESY | AMLODIPINE BESYLATE 10MG TAB                            |                     |  |
|---------------------|---------------------|---|---------------------|--|
| Instructio          | ns: TAKE ONE TABLET | TAKE ONE TABLET BY MOUTH TAKE ONE-HALF TABLET FOR 1 DAY |                     |  |
|                     | AVOID GRAPEFR       | AVOID GRAPEFRUIT JUICE                                  |                     |  |
| Stat                | us: Active          | Active  |                     |  |
| Refills Remaini     | ng: 3               | : 3   |                     |  |
| Last Filled (       | n: 20 Aug 2010      | 20 Aug 2010   |                     |  |
| Initially Ordered ( | n: 13 Aug 2010      | 13 Aug 2010   |                     |  |
| Quantity            | Days Supply         | Pharmacy  | Prescription Number |  |
| 45                  | 90                  | DAYTON  | 2718953             |  |

| Medicatio           | n: IBUPROFEN 600M               | IBUPROFEN 600MG TAB   |                     |  |
|---------------------|---------------------------------|---|---------------------|--|
| Instruction         | S: TAKE ONE TABLET NEEDED       | TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY WITH FOOD AS NEEDED |                     |  |
| Statu               | s: Active                       |   |                     |  |
| Refills Remainir    | g: 3                            |   |                     |  |
| Last Filled C       | n: 20 Aug 2010                  | 20 Aug 2010   |                     |  |
| Initially Ordered C | n: 01 Jul 2010                  |   |                     |  |
| Quantity            | Days Supply Pharmacy Prescripti |   | Prescription Number |  |
| 240                 | 60                              | DAYTON  | 2718960             |  |

| Medicat           | ion:  | INSULIN,GLARGINE,HUMAN 100 UNT/ML INJ  |          |                     |
|-------------------|-------|--|----------|---------------------|
| Instruction       |       | INJECT 10 ML VIAL UNDER THE SKIN AS DIRECTED FOR 28 DAYS INJECT 25 UNITS UNDER THE SKIN AT BEDTIME DO NOT MIX WITH OTHER INSULINS/DISCARD OPEN VIALS AFTER 28 DAYS |          |                     |
| Sta               | itus: | IS: Active   |          |                     |
| Refills Remain    | ing:  | ng: 3  |          |                     |
| Last Filled       | On:   | 20 Aug 2010  |          |                     |
| Initially Ordered | On:   | 01 Jul 2010  |          |                     |
| Quantity          |       | Days Supply  | Pharmacy | Prescription Number |
| 30                |       | 30   | DAYTON   | 2718956             |

| Medication:        | TERAZOSIN HCL 2MG CAP                    |
|--------------------|--|
| Instructions:      | TAKE THREE CAPSULES BY MOUTH AT BEDTIME. |
| Status:            | Active                                   |
| Refills Remaining: | 2  |
| Last Filled On:    | 20 Aug 2010                              |

| Initially Ordered | On: 01 Jul 2010 |          |                     |
|-------------------|-----------------|----------|---------------------|
| Quantity          | Days Supply     | Pharmacy | Prescription Number |
| 270               | 90              | DAYTON   | 2718958             |

| Medicat              | ion: METFORMIN HCL   | 1000MG TAB   |                     |  |
|----------------------|----------------------|--|---------------------|--|
| Instruction          | ons: TAKE ONE TABLET | TAKE ONE TABLET BY MOUTH TWICE A DAY WITH MEALS FOR DIABETES |                     |  |
| Sta                  | tus: Active          |  |                     |  |
| Refills Remaining: 3 |                      |  |                     |  |
| Last Filled          | On: 20 Aug 2010      | 20 Aug 2010  |                     |  |
| Initially Ordered    | On: 01 Jul 2010      |  |                     |  |
| Quantity             | Days Supply          | Pharmacy   | Prescription Number |  |
| 180                  | 90                   | DAYTON   | 2718955             |  |

| Medication            | SIMVASTATIN 20MG TAB  |          |                     |
|-----------------------|---|----------|---------------------|
| Instructions          | TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL - CALL YOUR PROVIDER IF YOU HAVE UNEXPLAINED MUSCLE PAIN, TENDERNESS OR WEAKNESS. |          |                     |
| Status                | Active  |          |                     |
| Refills Remaining     | ning: 3   |          |                     |
| Last Filled On:       | 20 Aug 2010   |          |                     |
| Initially Ordered On: | 01 Jul 2010   |          |                     |
| Quantity              | Days Supply   | Pharmacy | Prescription Number |
| 90                    | 90  | DAYTON   | 2718957             |

| Medication          | n: LISINOPRIL 10MG  | LISINOPRIL 10MG TAB            |                     |  |
|---------------------|---------------------|--------------------------------|---------------------|--|
| Instruction         | ns: TAKE ONE TABLET | TAKE ONE TABLET BY MOUTH DAILY |                     |  |
| State               | us: Active          | Active                         |                     |  |
| Refills Remainir    | ng: 3               | 3                              |                     |  |
| Last Filled C       | n: 20 Aug 2010      |                                |                     |  |
| Initially Ordered C | n: 01 Jul 2010      |                                |                     |  |
| Quantity            | Days Supply         | Pharmacy                       | Prescription Number |  |
| 90                  | 90                  | DAYTON                         | 2718954             |  |

| Medicatio                         | n: INSULIN NPH HUM          | INSULIN NPH HUMAN 100 U/ML INJ NOVOLIN N                   |                     |  |
|-----------------------------------|-----------------------------|--|---------------------|--|
| Instruction                       |                             | INJECT 16 UNITS UNDER THE SKIN EVERY MORNING AND INJECT 18 |                     |  |
|                                   | UNITS AT BEDTIM             | Enuli  |                     |  |
| Statu                             | s: Discontinued             | Discontinued   |                     |  |
| Refills Remainir                  | g: _3                       | 3  |                     |  |
| Last Filled C                     | Last Filled On: 20 Aug 2010 |  |                     |  |
| Initially Ordered On: 24 May 2010 |                             |  |                     |  |
| Quantity                          | Days Supply                 | Pharmacy   | Prescription Number |  |
| 3 11 3                            |                             | 2718962  |                     |  |

| Medication:   | FREESTYLE (GLUCOSE) TEST STRIP      |
|---------------|-------------------------------------|
| Instructions: | USE 1 STRIP FOR TESTING AS DIRECTED |
|               |                                     |

| Stat              | tus: Submitted  |          |                     |
|-------------------|-----------------|----------|---------------------|
| Refills Remaini   | ing: 2          |          |                     |
| Last Filled       | On: 20 Aug 2010 |          |                     |
| Initially Ordered | On: 01 Jul 2010 |          |                     |
| Quantity          | Days Supply     | Pharmacy | Prescription Number |
| 200               | 50              | DAYTON   | 2718959             |

| Medication                        | COLON ELECTROLY                          | COLON ELECTROLYTE LAVAGE PWD FOR SOLN                   |                     |  |
|-----------------------------------|--|---|---------------------|--|
| Instructions                      | TAKE 1 CONTAINE                          | TAKE 1 CONTAINER MOUTH AS DIRECTED FOR 1 DAY DISSOLVE 1 |                     |  |
|                                   |  |   |                     |  |
| Status                            | Expired                                  |   |                     |  |
| Refills Remaining                 | 0  |   |                     |  |
| Last Filled On                    | illed On: 01 Jul 2010                    |   |                     |  |
| Initially Ordered On: 01 Jul 2010 |  |   |                     |  |
| Quantity                          | Days Supply Pharmacy Prescription Number |   | Prescription Number |  |
| 1 2 DAYTON 2718961                |  |   | 2718961             |  |

| Medicati          | on: TABLET CUTTER |  |                     |  |
|-------------------|-------------------|--|---------------------|--|
| Instructio        |                   | USE AS DIRECTED MOUTH AS DIRECTED FOR 3 DAYS USE AS DIRECTED |                     |  |
|                   | TO SPLIT          |  |                     |  |
| Stat              | tus: Expired      | Expired  |                     |  |
| Refills Remaini   | ing: 0            | 0  |                     |  |
| Last Filled       | On: 24 May 2010   |  |                     |  |
| Initially Ordered | On: 24 May 2010   |  |                     |  |
| Quantity          | Days Supply       | Pharmacy   | Prescription Number |  |
| 1                 | 30                | DAYTON   | 2718963             |  |

# Medications & Supplements

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

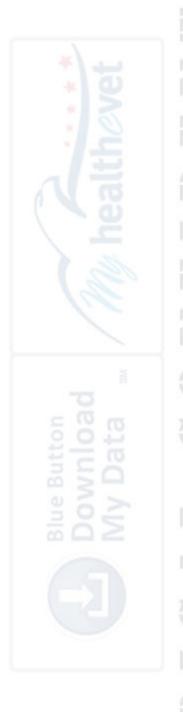
| Category:            | RX Medication                  |             |             |
|----------------------|--------------------------------|-------------|-------------|
| Drug Name:           | Aspirin EC                     |             |             |
| Prescription Number: | 010101B                        | Start Date: | 15 Jun 2005 |
| Strength:            | 81mg                           | Stop Date:  |             |
| Dose:                | 1 tab                          | •           |             |
| Frequency:           | daily                          |             |             |
| Pharmacy Name:       | My Local Drugstore             |             |             |
| Pharmacy Phone:      | 000-010-0000                   |             |             |
| Reason for Taking:   | Daily regimen for heart health |             |             |
| Comments:            |                                |             |             |

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

| Category:            | Herbal                                  |             |             |
|----------------------|---|-------------|-------------|
| Drug Name:           | Ginkgo biloba                           |             |             |
| Prescription Number: |   | Start Date: | 08 Mar 2008 |
| Strength:            |   | Stop Date:  |             |
| Dose:                | 2 capsules                              |             |             |
| Frequency:           | once a day                              |             |             |
| Pharmacy Name:       | My Local Drugstore                      |             |             |
| Pharmacy Phone:      | 000-010-0000                            |             |             |
| Reason for Taking:   | Wife suggested to improve concentration |             |             |
| Comments:            | Take in the morning with breakfast      |             |             |

| Category:            | Supplement     |             |             |
|----------------------|----------------|-------------|-------------|
| Drug Name:           | Multi-vitamin  |             |             |
| Prescription Number: |                | Start Date: | 18 Mar 2010 |
| Strength:            | 100% RDA       | Stop Date:  |             |
| Dose:                | 1 tablet daily |             |             |
| Frequency:           | morning        |             |             |
|                      |                |             | ·           |

| Pharmacy Name:     | My Local Drugstore                                    |
|--------------------|---|
| Pharmacy Phone:    | 000-010-0000  |
| Reason for Taking: | To stay healthy                                       |
| Comments:          | Feeling more energetic since I started taking vitamin |



# VA Allergies

| Source:  | VA                 |  |
|--|--------------------|--|
| Last Updated:  | 06 Dec 2011 @ 0735 |  |
| Sorted By:   | Date (Descending)  |  |
| Please contact your health care team with any questions about your VA Allergy information. |                    |  |

| Allergy Name:        | TRIMETHOPRIM                                       | Date Entered: | 09 Mar 2011 |
|----------------------|--|---------------|-------------|
| Allergy Type:        | DRUG   | Location:     | DAYT29      |
| Reaction:            | ·  |               |             |
| VA Drug Class:       | ANTI-INFECTIVES,OTHER                              |               |             |
| Observed/Historical: | HISTORICAL   |               |             |
| Comments:            | The reaction to this allergy was MILD (NO SQUELAE) |               |             |

| Allergy Name:        | TRAMADOL   | Date Entered: | 09 Mar 2011 |
|----------------------|--|---------------|-------------|
| Allergy Type:        | DRUG   | Location:     | DAYT29      |
| Reaction:            | URINARY RETENTION  |               |             |
| VA Drug Class:       | NON-OPIOID ANALGESICS  |               |             |
| Observed/Historical: | HISTORICAL   |               |             |
| Comments:            | gradually worsening difficulty emptying bladder might try tramadol again cautiously because pt. reported pain releif |               |             |

| Allergy Name:        | BACTRIM                            | Date Entered: | 09 Mar 2011 |
|----------------------|------------------------------------|---------------|-------------|
| Allergy Type:        | DRUG                               | Location:     | DAYT29      |
| Reaction:            | ·                                  |               |             |
| VA Drug Class:       | SULFONAMIDE/RELATED ANTIMICROBIALS |               |             |
| Observed/Historical: | HISTORICAL                         |               |             |
| Comments:            | Causes Swelling of the Extremeties |               |             |

| Allergy Name:        | TERAZOSIN   | Date Entered: | 09 Mar 2011 |
|----------------------|---|---------------|-------------|
| Allergy Type:        | DRUG  | Location:     | DAYT29      |
| Reaction:            | DIZZINESS   |               |             |
| VA Drug Class:       | ALPHA BLOCKERS/RELATED  |               |             |
| Observed/Historical: | HISTORICAL  |               |             |
| Comments:            | Lightheadedness on 10mg qhs Terazoin resolved upon stopping Terazoin. |               |             |

| Allergy Name:        | METHOCARBAMOL   | Date Entered: | 09 Mar 2011 |
|----------------------|---|---------------|-------------|
| Allergy Type:        | DRUG  | Location:     | DAYT29      |
| Reaction:            | CONFUSION, DROWSINESS   |               |             |
| VA Drug Class:       | SKELETAL MUSCLE RELAXANTS   |               |             |
| Observed/Historical: | OBSERVED  |               |             |
| Comments:            | Drowsiness and hallucinations while on methocarbamol plus carbamazepine and other sedatives |               |             |



# Allergies/Adverse Reactions

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

| Allergy Name: | Peanuts  | Date:            | 01 Aug 1980        |
|---------------|--|------------------|--------------------|
| Severity:     | Moderate   | Diagnosed:       | Yes                |
| Reaction:     | Hives  |                  |                    |
| Comments:     | Avoid peanuts and peanut based for also cause the reaction | ods. Foods cooke | ed with peanut oil |
|               |  |                  |                    |

| Allergy Name: | Pollen                                 | Date:      | 18 Mar 2010 |
|---------------|--|------------|-------------|
| Severity:     | Mild                                   | Diagnosed: | Yes         |
| Reaction:     | Watery eyes, itchy nose                |            |             |
| Comments:     | Took an over the counter antihistamine |            |             |



#### Medical Events

| Source:         | Self-Entered   |             |             |  |  |
|-----------------|--|-------------|-------------|--|--|
|                 |  |             |             |  |  |
| Medical Events: | Colonoscopy  | Start Date: | 18 Mar 2000 |  |  |
| Response:       | Colonoscopy when well  | Stop Date:  | 18 Mar 2000 |  |  |
| Comments:       | Polyps were removed. Doctor said these were benign   |             |             |  |  |
|                 |  |             | * 0         |  |  |
| Medical Events: | Broken right arm   | Start Date: | 04 Jan 2010 |  |  |
| Response:       | Placed in cast from my hand to my elbow Stop Date: 17 Feb 2010   |             |             |  |  |
| Comments:       | Went to community hospital emergency room since I was on vacation. Followed up with my VA doctor when I returned home. |             |             |  |  |



### *Immunizations*

| Source:       | Self-Entered                          |                |             |
|---------------|---------------------------------------|----------------|-------------|
|               |                                       |                |             |
| Immunization: | Measles + Rubella (German<br>Measles) | Date Received: | 01 Mar 1950 |
| Other:        | none                                  | Method:        | Injection   |
| Reactions:    | Pain                                  |                |             |
| Comments:     | Received as a child                   |                |             |
|               |                                       |                |             |
| Immunization: | Flu                                   | Date Received: | 01 Sep 2009 |
| Other:        | H1N1                                  | Method:        | Inhalant    |
| Reactions:    |                                       |                |             |
| Comments:     | Had no reaction                       |                |             |
|               |                                       |                | \           |
| Immunization: | Tetanus                               | Date Received: | 18 Jul 2010 |
| Other:        | none                                  | Method:        | Injection   |
| Reactions:    | Pain                                  | <u>-</u>       |             |

Comments: stepped on a rusty nail



#### VA Laboratory Results

| Source:       | VA                                   |
|---------------|--------------------------------------|
| Last Updated: | 06 Dec 2011 @ 0735                   |
| Sorted By:    | Date Specimen Collected (Descending) |

VA Laboratory Results includes up to two years of history unless you select a different date range in your download request. Test results slightly outside the reference range are not unusual. Your provider has reviewed your test results and will contact you for any important issues. If you have further questions, please do not hesitate to contact your primary care provider.

| μ   | , ,                                 | , ,   |                                   |                                     |  | 12                     |
|---|-------------------------------------|---|-----------------------------------|-------------------------------------|--|------------------------|
| Lab Test: I   | Prothrombir                         | n Time+PTT  |                                   |                                     |  |                        |
| Lab Type: (   | Chemistry/H                         | lematology  |                                   |                                     | rdering XX<br>ovider:                  | XXXX                   |
| Specimen:   | Plasma                              |   |                                   |                                     | rdering DA<br>ocation: VA              |                        |
| Date/Time Collected: 2  | 27 Jun 2011                         |   |                                   |                                     |  |                        |
|   |                                     |   |                                   |                                     |  |                        |
| Test Name   | Result                              | Units   |                                   | rence<br>nge                        | Status                                 | Performing<br>Location |
| COAGULATION SURFACE INDUCED.FACTOR SUBSTITUTION~IMMEDIATELY AFTER ADDITION OF NORMAL PLASMA | 13.2 Low                            | SECONDS   | (59.0-1                           | 04.0)                               | Final                                  | DAYTON, OH<br>VAMC     |
| Interpretation:   | Normal ra<br>Normal ra<br>Therapeut | ormal range = 2<br>nge prior to 7/<br>nge prior to 2/<br>ic range prior<br>ic range prior | 5/02 was<br>26/98 wa<br>to 7/5/02 | 25.3 - 40<br>s 26.1 - 4<br>was 67.0 | 0.4 sec.<br>43.0 sec.<br>0 - 118.0 sec |                        |
| COAGULATION TISSUE FACTOR INDUCED   | 9.9 Low                             | SECONDS   | (23.0-3                           | 3.0)                                | Final                                  | DAYTON, OH<br>VAMC     |
| Interpretation:   | Normal ra                           | ormal range = 1<br>nge prior to 7/<br>I be used for tl                                    | 5/02 was                          | 10.7 - 14                           | 4.1 seconds.                           |                        |
| COAGULATION TISSUE FACTOR INDUCED.INR   | .7                                  |   | (2-3)                             |                                     | Final                                  | DAYTON, OH<br>VAMC     |
| Interpretation:   | FOR ADDITED                         | TIONAL INFORI<br>ON INFO"   | MATION -                          | CHECK I                             | NR UNDER "                             | TEST                   |
|   |                                     |   |                                   |                                     |  |                        |
|   | or Test: CO<br>ANTICOAGU            | AGULATION (F<br>LANT: PT  | T & PTT)                          |                                     |  |                        |
|   | Performin                           | g Location Nai  | me/Addre                          | ess:                                |  |                        |
| DAYTON, OH VAMC 4100 W. THIRD STREET, DAYTON, OH 45428                                      |                                     |   |                                   |                                     |  |                        |

| Lab Test: | Hemogram V           |          |        |
|-----------|----------------------|----------|--------|
| Lab Type: | Chemistry/Hematology | Ordering | XXXXXX |

|   |        |         |                 | !                  | Provider: |                        |  |
|---|--------|---------|-----------------|--------------------|-----------|------------------------|--|
| Spec  | imen:  | Whole   | blood           |                    |           | DAYTON, OH<br>VAMC     |  |
| Date/Time Colle   | ected: | 22 Ma   | r 2011 @ 1000   |                    |           |                        |  |
|   |        |         |                 |                    |           |                        |  |
| Test Name   | Re     | esult   | Units           | Reference<br>Range | e Status  | Performing<br>Location |  |
| ERYTHROCYTE<br>DISTRIBUTION WIDTH                       | 40 Hi  | igh     | %               | (11.5-14.5)        | Final     | DAYTON, OH<br>VAMC     |  |
| ERYTHROCYTE MEAN<br>CORPUSCULAR<br>HEMOGLOBIN           | 20 Lc  | )W      | pg              | (27-31)            | Final     | DAYTON, OH<br>VAMC     |  |
| ERYTHROCYTE MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION   | 30 Lc  | )W      | gm/dl           | (33-37)            | Final     | DAYTON, OH<br>VAMC     |  |
| ERYTHROCYTES  | 4.44   | Low     | m/cmm           | (4.7-6.1)          | Final     | DAYTON, OH<br>VAMC     |  |
| HEMATOCRIT  | 47.1   |         | %               | (42-52)            | Final     | DAYTON, OH<br>VAMC     |  |
| HEMOGLOBIN  | 15.5   |         | g/dl            | (14-18)            | Final     | DAYTON, OH<br>VAMC     |  |
| LEUKOCYTES  | 20 Hi  | igh     | t/cmm           | (4.8-10.8)         | Final     | DAYTON, OH<br>VAMC     |  |
| LYMPHOCYTES/100<br>LEUKOCYTES                           | 14.9   | Low     | %               | (20.5-51.1)        | Final     | DAYTON, OH<br>VAMC     |  |
| MEAN CORPUSCULAR<br>VOLUME                              | 100.7  | 2 High  | fl              | (80-94)            | Final     | DAYTON, OH<br>VAMC     |  |
| PLATELET MEAN<br>VOLUME                                 | 60 Hi  | igh     | fl              | (7.4-10.4)         | Final     | DAYTON, OH<br>VAMC     |  |
| PLATELETS   | 50 Lc  | )W      | t/cmm           | (130-400)          | Final     | DAYTON, OH<br>VAMC     |  |
|   |        |         |                 |                    |           |                        |  |
| Comm  | nents: | This is | a comment ente  | ered for this la   | ıb panel. |                        |  |
|   |        |         | orming Location |                    | ess:      |                        |  |
| DAYTON, OH VAMC 4100 W. THIRD STREET , DAYTON, OH 45428 |        |         |                 |                    |           |                        |  |

|                | Lab Test:       | Carbon Dioxide Content |         |                    |                       |                        |
|----------------|-----------------|------------------------|---------|--------------------|-----------------------|------------------------|
| Lab Type:      |                 | Chemistry/Hematology   |         |                    | Ordering<br>Provider: | XXXXXX                 |
| Sį             | Specimen: Serum |                        |         |                    | Ordering<br>Location: | DAYTON, OH<br>VAMC     |
| Date/Time C    | ollected:       | 01 D                   | ec 2010 |                    |                       |                        |
|                |                 |                        |         |                    |                       |                        |
| Test Name      | Resu            | lt                     | Units   | Reference<br>Range | Status                | Performing<br>Location |
| CARBON DIOXIDE |                 |                        | mEq/L   | (23-33)            | Pending               | DAYTON, OH<br>VAMC     |

| Interpretation: | Referenc     | Reference range prior to 5/25/01 was 22-31 mEq/L. |  |  |
|-----------------|--------------|---|--|--|
|                 |              |   |  |  |
|                 | Comments:    |   |  |  |
|                 |              | Performing Location Name/Address:                 |  |  |
| DAYTON, OH VA   | MC 4100 W. T | HIRD STREET , DAYTON, OH 45428                    |  |  |

|                 | Lab Test:            | Dono    | l Danal                   |                     |                       |                        |  |  |
|-----------------|----------------------|---------|---------------------------|---------------------|-----------------------|------------------------|--|--|
|                 |                      |         | i Panei<br>nistry/Hematol | Ogv                 | Ordering              | XXXXXX                 |  |  |
| _               | Chemistry/Hematology |         |                           | Provider:           | AAAAAA                |                        |  |  |
| Sp              | oecimen:             | Serur   | n                         |                     | Ordering<br>Location: | DAYTON, OH<br>VAMC     |  |  |
| Date/Time C     | ollected:            | 01 De   | ec 2010                   |                     |                       |                        |  |  |
|                 |                      |         |                           |                     |                       |                        |  |  |
| Test Name       | Resu                 | ılt     | Units                     | Reference<br>Range  | Status                | Performing<br>Location |  |  |
| CALCIUM         | 150 Crit<br>High     | ical    | mg/dl                     | (8.5-10.5)          | Final                 | DAYTON, OH<br>VAMC     |  |  |
| Interpretation: | Critical l           | nigh pr | rior to 6/13/00           | = 13 mg/dl          |                       |                        |  |  |
| CHLORIDE        | 13 Low               |         | mEq/L                     | (98-108)            | Final                 | DAYTON, OH<br>VAMC     |  |  |
| CREATININE      | 63 High              |         | mg/dl                     | (.5-1.4)            | Final                 | DAYTON, OH<br>VAMC     |  |  |
| CREATININE EGFR | 0.7 Low              |         |                           | (>60)               | Final                 | DAYTON, OH<br>VAMC     |  |  |
| GLUCOSE         | 110                  |         | mg/dl                     | (65-110)            | Final                 | DAYTON, OH<br>VAMC     |  |  |
| Interpretation: | ***PLE/              | ASE NO  | TE NEW CRITI              | CAL VALUE EFFEC     | CTIVE 2/2/98***       |                        |  |  |
| POTASSIUM       | 50 Critic<br>High    | al      | mEq/L                     | (3.6-5.1)           | Final                 | DAYTON, OH<br>VAMC     |  |  |
| Interpretation: | Normal               | Range   | Prior to 8-22-0           | 02 was: 3.6 - 5.0 i | mEq/L.                |                        |  |  |
| SODIUM          | 130 Low              | ′       | mEq/L                     | (136-145)           | Final                 | DAYTON, OH<br>VAMC     |  |  |
| UREA NITROGEN   | 27 High              |         | mg/dl                     | (6-20)              | Final                 | DAYTON, OH<br>VAMC     |  |  |
| _               |                      |         |                           |                     |                       |                        |  |  |
| Соі             | mments:              |         |                           |                     |                       |                        |  |  |
|                 |                      |         | •                         | ion Name/Addre      | ess:                  |                        |  |  |
| DAYTON, OH VAMC | 4100 W.              | THIRD   | STREET , DAYT             | ON, OH 45428        |                       |                        |  |  |

|   | Lab Test: | Albumin        |                 |                       |                    |
|---|-----------|----------------|-----------------|-----------------------|--------------------|
|   | Lab Type: | Chemistry/Hema | tology          | Ordering<br>Provider: | XXXXXX             |
|   | Specimen: | Serum          |                 | Ordering<br>Location: | DAYTON, OH<br>VAMC |
| Date/Time Collected: 04 Jun 2010 @ 0900 |           |                |                 |                       |                    |
|   |           |                |                 |                       |                    |
| Test Name                               | Result    | Units          | Reference Range | Status                | Performing         |

|   |            |                 |         | Location           |  |  |
|---|------------|-----------------|---------|--------------------|--|--|
| ALBUMIN   | g/dl       | (3.4-5.0)       | Pending | DAYTON, OH<br>VAMC |  |  |
|   |            |                 |         |                    |  |  |
| Comi  | ments:     |                 |         |                    |  |  |
|   | Performing | Location Name/A | ddress: |                    |  |  |
| DAYTON, OH VAMC 4100 W. THIRD STREET , DAYTON, OH 45428 |            |                 |         |                    |  |  |

|                | Lab Test:   | Bilirubin Total | Bilirubin Total |           |                        |  |  |  |
|----------------|---|-----------------|-----------------|-----------|------------------------|--|--|--|
|                | Lab Type:   | Chemistry/Hema  | tology          | Ordering  | XXXXXX                 |  |  |  |
|                | 31  |                 | J.              | Provider: |                        |  |  |  |
|                | Specimen:   | Serum           |                 | Ordering  | DAYTON, OH             |  |  |  |
|                | ·   |                 |                 | Location: | VAMC                   |  |  |  |
| Date/Tim       | Date/Time Collected: 04 Jun 2010 @ 0900                 |                 |                 |           |                        |  |  |  |
|                |   |                 |                 |           |                        |  |  |  |
| Test Name      | Result  | Units           | Reference Range | Status    | Performing<br>Location |  |  |  |
| BILIRUBIN      |   | mg/dl           | (.2-1.5)        | Pending   | DAYTON, OH<br>VAMC     |  |  |  |
|                |   |                 |                 |           |                        |  |  |  |
|                | Comments:   |                 |                 |           |                        |  |  |  |
|                | Performing Location Name/Address:                       |                 |                 |           |                        |  |  |  |
| DAYTON, OH VAI | DAYTON, OH VAMC 4100 W. THIRD STREET , DAYTON, OH 45428 |                 |                 |           |                        |  |  |  |

| Lab Test: Calcium   |              |       |               |                    |                       |                        |  |
|---|--------------|-------|---------------|--------------------|-----------------------|------------------------|--|
| L   | Lab Type:    |       |               | logy               | Ordering<br>Provider: | XXXXXX                 |  |
| Sı  | Specimen: Se |       | Serum         |                    | Ordering<br>Location: | DAYTON, OH<br>VAMC     |  |
| Date/Time C   | ollected:    | 04 Jı | un 2010 @ 090 | 0                  |                       |                        |  |
|   |              |       |               |                    |                       |                        |  |
| Test Name   | Resu         | lt    | Units         | Reference<br>Range | Status                | Performing<br>Location |  |
| CALCIUM   |              |       | mg/dl         | (8.5-10.5)         | Pending               | DAYTON, OH<br>VAMC     |  |
| Interpretation: Critical high prior to 6/13/00 = 13 mg/dl |              |       |               |                    |                       |                        |  |
|   |              |       |               |                    |                       |                        |  |
| Comments:   |              |       |               |                    |                       |                        |  |
| Performing Location Name/Address:                         |              |       |               |                    |                       |                        |  |
| DAYTON, OH VAMC   | 4100 W.      | THIRD | STREET , DAYT | ON, OH 45428       |                       |                        |  |

| Lab Test:            | Carbon Dioxide Content |                       |                    |
|----------------------|------------------------|-----------------------|--------------------|
| Lab Type:            | Chemistry/Hematology   | Ordering<br>Provider: | XXXXXX             |
| Specimen:            | Serum                  | Ordering<br>Location: | DAYTON, OH<br>VAMC |
| Date/Time Collected: | 04 Jun 2010 @ 0900     |                       |                    |

| Test Name   | Result  | Units | Reference<br>Range | Status  | Performing<br>Location |  |  |  |
|---|---|-------|--------------------|---------|------------------------|--|--|--|
| CARBON DIOXIDE  |   | mEq/L | (23-33)            | Pending | DAYTON, OH<br>VAMC     |  |  |  |
| Interpretation:   | Reference range prior to 5/25/01 was 22-31 mEq/L. |       |                    |         |                        |  |  |  |
|   |   |       |                    |         |                        |  |  |  |
| Comments:   |   |       |                    |         |                        |  |  |  |
| Performing Location Name/Address:                       |   |       |                    |         |                        |  |  |  |
| DAYTON, OH VAMC 4100 W. THIRD STREET , DAYTON, OH 45428 |   |       |                    |         |                        |  |  |  |

|   | Lab Test: | Chen                 | Chemistry Analysis Profile |                    |                       |                        |  |
|---|-----------|----------------------|----------------------------|--------------------|-----------------------|------------------------|--|
| Lab Type:   |           | Chemistry/Hematology |                            |                    | Ordering<br>Provider: | XXXXXX                 |  |
| Specimen:   |           | Seru                 | m                          |                    | Ordering<br>Location: | DAYTON, OH<br>VAMC     |  |
| Date/Time C   | ollected: | 04 Ju                | ın 2010 @ 0900             |                    |                       |                        |  |
|   |           |                      |                            |                    |                       |                        |  |
| Test Name   | Resu      | ılt                  | Units                      | Reference<br>Range | Status                | Performing<br>Location |  |
| GLUCOSE   | 110       |                      | mg/dl                      | (65-110)           | Final                 | DAYTON, OH<br>VAMC     |  |
| Interpretation: ***PLEASE NOTE NEW CRITICAL VALUE EFFECTIVE 2/2/98*** |           |                      |                            |                    |                       |                        |  |
|   |           |                      |                            |                    |                       |                        |  |
| Comments:   |           |                      |                            |                    |                       |                        |  |
| Performing Location Name/Address:                                     |           |                      |                            |                    |                       |                        |  |
| DAYTON, OH VAMC 4100 W. THIRD STREET , DAYTON, OH 45428               |           |                      |                            |                    |                       |                        |  |

| Lab T                             | est: | Chloride          | Chloride           |                       |                        |  |  |  |  |
|-----------------------------------|------|-------------------|--------------------|-----------------------|------------------------|--|--|--|--|
| Lab T                             | ype: | Chemistry/Hemate  | ology              | Ordering<br>Provider: | XXXXXX                 |  |  |  |  |
| Specin                            |      |                   | DAYTON, OH         |                       |                        |  |  |  |  |
|                                   |      |                   |                    | Location:             | VAMC                   |  |  |  |  |
| Date/Time Collec                  | ted: | 04 Jun 2010 @ 09  | 00                 |                       |                        |  |  |  |  |
|                                   |      |                   |                    |                       |                        |  |  |  |  |
| Test Name Res                     | sult | Units             | Reference<br>Range | Status                | Performing<br>Location |  |  |  |  |
| CHLORIDE                          |      | mEq/L             | (98-108)           | Pending               | DAYTON, OH<br>VAMC     |  |  |  |  |
|                                   |      |                   |                    |                       |                        |  |  |  |  |
| Comments:                         |      |                   |                    |                       |                        |  |  |  |  |
| Performing Location Name/Address: |      |                   |                    |                       |                        |  |  |  |  |
| DAYTON, OH VAMC 4100              | W. T | HIRD STREET , DAY | TON, OH 45428      |                       |                        |  |  |  |  |

| Lab Test: | Creatinine           |           |        |  |  |  |
|-----------|----------------------|-----------|--------|--|--|--|
| Lab Type: | Chemistry/Hematology | Ordering  | XXXXXX |  |  |  |
|           |                      | Provider: |        |  |  |  |

|                                   | Specimen:  |                  |                    | Ordering Location: | DAYTON, OH<br>VAMC     |  |  |
|-----------------------------------|--|------------------|--------------------|--------------------|------------------------|--|--|
| Date/Time                         | Collected:   | 04 Jun 2010 @ 09 | 000                |                    |                        |  |  |
|                                   |  |                  |                    |                    |                        |  |  |
| Test Name                         | Result   | Units            | Reference<br>Range | Status             | Performing<br>Location |  |  |
| CREATININE                        |  | mg/dl            | (.5-1.4)           | Pending            | DAYTON, OH<br>VAMC     |  |  |
|                                   |  |                  |                    |                    |                        |  |  |
| Comments:                         |  |                  |                    |                    |                        |  |  |
| Performing Location Name/Address: |  |                  |                    |                    |                        |  |  |
| DAYTON, OH VAM                    | DAYTON, OH VAMC 4100 W. THIRD STREET, DAYTON, OH 45428 |                  |                    |                    |                        |  |  |

|  | Lab Test:  |     |                |                    |                       |                        |  |
|--|------------|-----|----------------|--------------------|-----------------------|------------------------|--|
|  | Lab Type:  |     |                | ology              | Ordering<br>Provider: | XXXXXX                 |  |
| Specimen:  |            |     | Serum          |                    | Ordering<br>Location: | DAYTON, OH<br>VAMC     |  |
| Date/Time  | Collected: | 04. | Jun 2010 @ 090 | 00                 |                       |                        |  |
|  |            |     |                |                    |                       |                        |  |
| Test Name  | Result     |     | Units          | Reference<br>Range | Status                | Performing<br>Location |  |
| CREATININE EGFR  |            |     |                | (>60)              | Pending               | DAYTON, OH<br>VAMC     |  |
|  |            |     |                |                    |                       |                        |  |
| Comments:  |            |     |                |                    |                       |                        |  |
| Performing Location Name/Address:                      |            |     |                |                    |                       |                        |  |
| DAYTON, OH VAMC 4100 W. THIRD STREET, DAYTON, OH 45428 |            |     |                |                    |                       |                        |  |

| Lab Test: Phosphatas  |           |       |                             | ne                 |                       |                        |  |
|---|-----------|-------|-----------------------------|--------------------|-----------------------|------------------------|--|
| Lab Type:   |           |       | mistry/Hemato               | logy               | Ordering<br>Provider: | XXXXXX                 |  |
| Specimen:   |           |       | m                           |                    | Ordering<br>Location: | DAYTON, OH<br>VAMC     |  |
| Date/Time C   | ollected: | 04 Ju | ın <mark>2010 @ 0</mark> 90 | 0                  |                       |                        |  |
|   |           |       |                             |                    |                       |                        |  |
| Test Name   | Resu      | lt    | Units                       | Reference<br>Range | Status                | Performing<br>Location |  |
| ALKALINE<br>PHOSPHATASE                                       |           |       | U/L                         | (32-122)           | Pending               | DAYTON, OH<br>VAMC     |  |
| Interpretation: REFERENCE RANGE PRIOR TO 9/26/00 = 43-122 U/L |           |       |                             |                    |                       |                        |  |
|   |           |       |                             |                    |                       |                        |  |
| Comments:   |           |       |                             |                    |                       |                        |  |
| Performing Location Name/Address:                             |           |       |                             |                    |                       |                        |  |
| DAYTON, OH VAMC   | 4100 W.   | THIRD | STREET, DAY                 | ON, OH 45428       |                       |                        |  |

|--|

| Lab Type: C   |            |       | mistry/Hematol   | ogy                | Ordering<br>Provider: | XXXXXX                 |  |  |  |
|---|------------|-------|--|--------------------|-----------------------|------------------------|--|--|--|
| Sı  | pecimen:   | Serum |  | Ordering Location: | DAYTON, OH<br>VAMC    |                        |  |  |  |
| Date/Time C   | collected: | 04 J  | un 2010 @ 0900   | )                  |                       |                        |  |  |  |
|   |            |       |  |                    |                       |                        |  |  |  |
| Test Name   | Resu       | lt    | Units  | Reference<br>Range | Status                | Performing<br>Location |  |  |  |
| POTASSIUM   |            |       | mEq/L  | (3.6-5.1)          | Pending               | DAYTON, OH<br>VAMC     |  |  |  |
| Interpretation: Normal Range Prior to 8-22-02 was: 3.6 - 5.0 mEq/L. |            |       |  |                    |                       |                        |  |  |  |
|   |            |       |  |                    |                       |                        |  |  |  |
| Comments:   |            |       |  |                    |                       |                        |  |  |  |
| Performing Location Name/Address:                                   |            |       |  |                    |                       |                        |  |  |  |
| DAYTON, OH VAMC   | 4100 W.    | THIRD | DAYTON, OH VAMC 4100 W. THIRD STREET, DAYTON, OH 45428 |                    |                       |                        |  |  |  |

|                                   | Lab Test:     | Protein Total     |                 |           |                        |  |
|-----------------------------------|---------------|-------------------|-----------------|-----------|------------------------|--|
|                                   | Lab Type:     | Ordering          | CERERE          |           |                        |  |
|                                   |               |                   |                 | Provider: |                        |  |
|                                   | Specimen:     | Serum             |                 | Ordering  | DAYTON, OH             |  |
|                                   | •             |                   |                 | Location: | VAMC                   |  |
| Date/Tim                          | ne Collected: | 04 Jun 2010 @ 0   | 900             |           |                        |  |
|                                   |               |                   |                 |           |                        |  |
| Test Name                         | Result        | Units             | Reference Range | Status    | Performing<br>Location |  |
| PROTEIN                           |               | g/dl              | (6.0-8.5)       | Pending   | DAYTON, OH<br>VAMC     |  |
|                                   |               |                   |                 |           |                        |  |
| Comments:                         |               |                   |                 |           |                        |  |
| Performing Location Name/Address: |               |                   |                 |           |                        |  |
| DAYTON, OH VA                     | MC 4100 W.    | THIRD STREET , DA | AYTON, OH 45428 |           |                        |  |

|               | Lab Test:                               | Sodium               |                 |                       |                        |
|---------------|---|----------------------|-----------------|-----------------------|------------------------|
| Lab Type:     |   | Chemistry/Hematology |                 | Ordering<br>Provider: | XXXXXX                 |
| Specimen:     |   | Serum                |                 | Ordering<br>Location: | DAYTON, OH<br>VAMC     |
| Date/Tin      | Date/Time Collected: 04 Jun 2010 @ 0900 |                      |                 |                       |                        |
|               |   |                      |                 |                       |                        |
| Test Name     | Result                                  | Units                | Reference Range | Status                | Performing<br>Location |
| SODIUM        |   | mEq/L                | (136-145)       | Pending               | DAYTON, OH<br>VAMC     |
|               |   |                      |                 |                       |                        |
| Comments:     |   |                      |                 |                       |                        |
|               | Performing Location Name/Address:       |                      |                 |                       |                        |
| DAYTON, OH VA | MC 4100 W. T                            | HIRD STREET, DA      | AYTON, OH 45428 |                       |                        |

| lab -  | Test:  | Transfer             | rase Alanine A | mino SGPT             |                    |                        |
|--|--|----------------------|----------------|-----------------------|--------------------|------------------------|
|  |  | Chemistry/Hematology |                | Ordering<br>Provider: | XXXXXX             |                        |
| Specimen:  |  | Serum                |                | Ordering<br>Location: | DAYTON, OH<br>VAMC |                        |
| Date/Time Collec                                   | cted:  | 04 Jun 2             | 2010 @ 0900    |                       |                    |                        |
|  |  |                      |                |                       |                    |                        |
| Test Name  | F  | Result               | Units          | Reference<br>Range    | Status             | Performing<br>Location |
| ALANINE<br>AMINOTRANSFERASE                        |  |                      | U/L            | (8-63)                | Pending            | DAYTON, OH<br>VAMC     |
| Interpretation:                                    |  |                      |                | •                     | 6/00 = 21-72 U/L   |                        |
| FEMALE REFERENCE RANGE PRIOR TO 9/26/00 = 9-52 U/L |  |                      |                | -                     |                    |                        |
|  |  |                      |                |                       |                    |                        |
| Comments:  |  |                      |                |                       |                    |                        |
| Performing Location Name/Address:                  |  |                      |                |                       |                    |                        |
| DAYTON, OH VAMC 4100                               | DAYTON, OH VAMC 4100 W. THIRD STREET, DAYTON, OH 45428 |                      |                |                       |                    |                        |

| Lab Test:  |   | Transfer             | rase Aspartate | SGOT                  |                    |                        |
|--|---|----------------------|----------------|-----------------------|--------------------|------------------------|
| Lab Type:  |   | Chemistry/Hematology |                | Ordering<br>Provider: | XXXXXX             |                        |
| Specimen:  |   | Serum                |                | Ordering<br>Location: | DAYTON, OH<br>VAMC |                        |
| Date/Time Collec                                       | ted:  | 04 Jun 2             | 010 @ 0900     |                       |                    |                        |
|  |   |                      |                |                       |                    |                        |
| Test Name  | F   | Result               | Units          | Reference<br>Range    | Status             | Performing<br>Location |
| ASPARTATE<br>AMINOTRANSFERASE                          |   |                      | U/L            | (9-45)                | Pending            | DAYTON, OH<br>VAMC     |
| Interpretation:  | Interpretation: MALE REFERENCE RANGE PRIOR TO 9/26/00 = 14-50 U/L |                      |                |                       |                    |                        |
| FEMALE REFERENCE RANGE PRIOR TO 9/26/00 = 8-39 U/L     |   |                      | _              |                       |                    |                        |
|  |   |                      |                |                       |                    |                        |
| Comments:  |   |                      |                |                       |                    |                        |
| Performing Location Name/Address:                      |   |                      |                |                       |                    |                        |
| DAYTON, OH VAMC 4100 W. THIRD STREET, DAYTON, OH 45428 |   |                      |                |                       |                    |                        |

|   | Lab Test: | Urea Nitrogen        |                    |                       |                        |
|---|-----------|----------------------|--------------------|-----------------------|------------------------|
|   | Lab Type: | Chemistry/Hematology |                    | Ordering<br>Provider: | XXXXXX                 |
|   | Specimen: | Serum                |                    | Ordering<br>Location: | DAYTON, OH<br>VAMC     |
| Date/Time Collected: 04 Jun 2010 @ 0900 |           |                      |                    |                       |                        |
|   |           |                      |                    |                       |                        |
| Test Name                               | Result    | Units                | Reference<br>Range | Status                | Performing<br>Location |
| UREA NITROGEN                           |           | mg/dl                | (6-20)             | Pending               | DAYTON, OH             |

|                           |                                   | VAMC |
|---------------------------|-----------------------------------|------|
|                           |                                   |      |
| Comments:                 |                                   |      |
|                           | Performing Location Name/Address: |      |
| DAYTON, OH VAMC 4100 W. 7 | HIRD STREET , DAYTON, OH 45428    |      |

Test results slightly outside the reference range are not unusual. Your provider has reviewedyour test results and will contact you for any important issues. If you have further questions, please do not hesitate to contact your primary care provider.



#### Labs & Tests

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

| Test Name:          | Blood Test  | Date:     | 06 Jun 2010     |
|---------------------|---|-----------|-----------------|
| Location Performed: | Community Center                                  | Provider: | Red Cross Blood |
|                     |   |           | Drive           |
| Results:            | Was not able to donate blood because iron was low |           |                 |
| Comments:           | Will ask doctor at next visit                     |           |                 |

| Test Name:          | Colonoscopy          | Date:     | 01 Jul 2010  |
|---------------------|----------------------|-----------|--------------|
| Location Performed: | VAMC                 | Provider: | Provider One |
| Results:            | No new polyps        |           |              |
| Comments:           | Keep high fiber diet |           |              |



# Vitals & Readings

| Source:            | Self-Entered  |                    |                  |  |
|--------------------|---|--------------------|------------------|--|
| Management Temp    | DI I  | Data               | 02.4 2040        |  |
| Measurement Type:  |   |                    | 02 Aug 2010      |  |
| Systolic:          |   | Time:              | 1/20             |  |
| Diastolic:         |   |                    |                  |  |
| Comments:          | BP taken lying down                                     |                    |                  |  |
| Management Temp    | DI I  | Data               | 02.4 2040        |  |
| Measurement Type:  | •   |                    | 02 Aug 2010      |  |
| Systolic:          |   | Time:              | 1730             |  |
| Diastolic:         |   |                    |                  |  |
| Comments:          | BP taken standing. BP continues at a                    | goal. Doctor say   | s to continue BP |  |
|                    | medications as directed                                 |                    |                  |  |
| Magaziramant Tuna. | Heave water   | Doto               | 02 1 2010        |  |
| Measurement Type:  |   |                    | 02 Jun 2010      |  |
| Heart Rate:        |   | Time:              |                  |  |
| Comments:          | Started taking Beta-Blockers after visit with physician |                    |                  |  |
| Measurement Tune   | Doduicht  | Doto               | 02 A = 2010      |  |
| Measurement Type:  |   |                    | 02 Apr 2010      |  |
| Body Weight:       |   | Time:              | 1720             |  |
| Measure:           |   |                    |                  |  |
| Comments:          | Talk to provider about weight mana                      | gement program     | at next visit    |  |
| Management Temp    | B. I II.  | Data               | 02.14 2040       |  |
| Measurement Type:  |   |                    | 02 May 2010      |  |
| Body Weight:       |   | Time:              | 1720             |  |
| Measure:           |   |                    |                  |  |
| Comments:          | Lost a few pounds and feel better. \                    | Walking daily      |                  |  |
| Maria and Torri    | 5 1 11  | D.I.               | 221 2212         |  |
| Measurement Type:  |   |                    | 02 Jun 2010      |  |
| Body Weight:       |   | Time:              | 1720             |  |
| Measure:           |   |                    |                  |  |
| Comments:          | still walking when I have time off fro                  | m work             |                  |  |
|                    |   |                    |                  |  |
| Measurement Type:  |   | Date:              |                  |  |
| Body Temperature:  |   | Time:              | 1720             |  |
|                    | Fahrenheit  |                    |                  |  |
| Method:            | Mouth   |                    |                  |  |
| Comments:          | I wasn't feeling well but temperature                   | e is normal        |                  |  |
| Measurement Type:  | Pain  | Dato:              | 01 Jan 2010      |  |
| Pain Level:        |   | Time:              | 1720             |  |
|                    |   |                    |                  |  |
| comments:          | Lower back pain - took 1 Ibuprofen v                    | with 1000 for pail | []               |  |

| Measurement Type:  | Blood sugar          | Date: | 02 Jan 2010 |
|--------------------|----------------------|-------|-------------|
| • •                | Sterile Lancet       | Time: | 1720        |
| Blood Sugar Count: | 166                  |       |             |
| Comments:          | BS taken before meal |       |             |

| Measurement Type:  | Cholesterol                            | Date: | 15 Aug 2010 |
|--------------------|--|-------|-------------|
| Total Cholesterol: | 142                                    | Time: | 2359        |
| HDL:               | 45                                     |       |             |
| LDL:               |  |       |             |
| Comments:          | Lab result from community health fair. |       |             |



# Family Health History

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

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

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

### Military Health History

| Source:                             | Self-Entered                   |  |  |  |
|-------------------------------------|--------------------------------|--|--|--|
|                                     |                                |  |  |  |
| Event Title:                        | Exposure to Burning Chemicals  |  |  |  |
| Event Date:                         | 01 Jan 2007                    |  |  |  |
| Service Branch:                     | Army                           |  |  |  |
| Rank:                               | COL                            |  |  |  |
| Exposures:                          | Yes                            |  |  |  |
| Location of Service:                | Overseas                       |  |  |  |
| Onboard Ship:                       | No                             |  |  |  |
| Military Occupational<br>Specialty: | Intelligence Officer           |  |  |  |
| Assignment:                         | 1st Recon                      |  |  |  |
|                                     | Exposed to burning chemicals   |  |  |  |
| Military Service Description:       | Unit was in charge of security |  |  |  |



# DoD Military Service Information

Source: DoD
Last Updated: 06 Dec 2011 @ 0735

| NOTE: This re   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1   | eport may no   | t show your  | complete :   | DoD Military S                                     | ervice   |
| Informa   | ation. For m   | ore informat   | tion go to   | the FAQ tab.                                       |  |
|   |  |  |  |  |  |
| Regular Ad  |  |  | <b>61</b>  |  | - 1  |
| Service   | Begin Date   | End Date   | Characte   | r of Service                                       | Rank   |
| 7 mm r  | 06/11/2005   | 03/26/2007   | Ilonorahl  |  | COL  |
| Army<br>Army  | 02/22/2009   |  |  |  | COL  |
| Army  | 04/10/2010   | 04/08/2011   |  |  | COL  |
| TIT III y   | 01/10/2010   | 01/00/2011   | HOHOLADI   |  | COL  |
| Reserve/Gu  | ard Associa  | tion Periods   | 3  |  |  |
|   |  |  |  | r 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/Gu  |  |  |  |  |  |
| Service   | Begin Date   | End Date   | Activate   | d Under (Title                                     | 10, 32, etc.)  |
| 7 Daga  | 11/10/2001   | 11/00/2002   |  |  |  |
| Army Reserve  |  | 11/09/2002<br>10/13/2004   |  |  |  |
| Army Reserve<br>Army Reserve  |  | 10/13/2004   |  |  |  |
| Army Reserve  |  | 10/24/2007   |  |  |  |
| Army Reserve  |  | 10/24/2007   |  |  |  |
| Army Reserve  | 02/04/2000   | 10/31/2000   |  |  |  |
| Deployment  | Periods  |  |  |  |  |
| Service   |  | End Date   | Conflict   |  | Location   |
|   |  |  |  |  |  |
| Army Reserve  | 03/01/2004   | 03/31/2004   | OEF  |  |  |
| _   |  |  | U  |  | ZZ   |
| Army  | 01/01/2007   | 03/26/2007   | OEF  |  | ZZ<br>IZ   |
|   | 01/01/2007   |  |  |  |  |
| DoD MOS/O   | 01/01/2007<br>ccupation Co   | des  | OEF  |  | IZ   |
| DoD MOS/Od  | 01/01/2007<br>ccupation Co<br>n Service an   | des<br>d DoD Gener:  | OEF<br>ic codes m  |  | IZ ent in all records  |
| DoD MOS/O   | 01/01/2007<br>ccupation Co   | des<br>d DoD Gener:  | OEF  | ay not be pres<br>Svc Occ Code                     | IZ   |
| DoD MOS/Od<br>Note: Both<br>Service                                     | 01/01/2007<br>ccupation Co<br>n Service an<br>Begin Date   | des<br>d DoD Gener:<br>Enl/Off :   | OEF<br>ic codes m<br>Type<br>  | Svc Occ Code                                       | ent in all records  DoD Occ Code   |
| DoD MOS/Od<br>Note: Both<br>Service<br><br>Army Reserve                 | 01/01/2007<br>ccupation Co<br>n Service an<br>Begin Date<br><br>01/16/1975   | des<br>d DoD Gener:<br>Enl/Off :<br><br>Officer I  | OEF<br>ic codes ma<br>Type<br><br>Duty   | Svc Occ Code<br><br>35B00                          | ent in all records  DoD Occ Code  3A   |
| DoD MOS/Od<br>Note: Both<br>Service<br><br>Army Reserve<br>Army Reserve | 01/01/2007<br>ccupation Co<br>n Service an<br>Begin Date<br><br>01/16/1975<br>01/16/1975   | des<br>d DoD Gener:<br>Enl/Off :<br><br>Officer I<br>Officer I   | OEF ic codes ma Type Outy Primary  | Svc Occ Code<br>                                   | ent in all records  DoD Occ Code  3A 3A  |
| DoD MOS/Od<br>Note: Both<br>Service<br>                                 | 01/01/2007<br>ccupation Con Service an<br>Begin Date<br><br>01/16/1975<br>01/16/1975<br>03/31/2002   | des d DoD Gener: Enl/Off 5 Officer I Officer I   | OEF ic codes ma Type Outy Primary Outy   | Svc Occ Code<br>                                   | ent in all records  DoD Occ Code  3A  3A  3A   |
| DoD MOS/Od<br>Note: Both<br>Service<br>                                 | 01/01/2007<br>ccupation Co<br>a Service an<br>Begin Date<br><br>01/16/1975<br>01/16/1975<br>03/31/2002<br>03/31/2002   | des d DoD Gener: Enl/Off 5 Officer I Officer I Officer I   | OEF ic codes marge Outy Primary Outy Primary   | Svc Occ Code<br>                                   | ent in all records  DoD Occ Code  3A 3A 3A 3A 3A   |
| DoD MOS/Od<br>Note: Both<br>Service<br>                                 | 01/01/2007<br>ccupation Con<br>Service an<br>Begin Date<br><br>01/16/1975<br>01/16/1975<br>03/31/2002<br>03/31/2002<br>06/30/2002  | des d DoD Gener: Enl/Off 5 Officer I Officer I Officer I Officer I   | OEF ic codes ma Type Outy Primary Outy Primary Outy Outy   | Svc Occ Code<br>                                   | ent in all records DoD Occ Code 3A 3A 3A 3A 3A 3A 9E   |
| DoD MOS/Od<br>Note: Both<br>Service<br>                                 | 01/01/2007  Ecupation Con Service an Begin Date 01/16/1975 01/16/1975 03/31/2002 03/31/2002 06/30/2002 11/30/2002  | des d DoD Gener: Enl/Off 7 Officer I Officer I Officer I Officer I Officer I   | OEF  ic codes marger of the codes of the code | Svc Occ Code<br>                                   | ent in all records DoD Occ Code 3A 3A 3A 3A 3A 9E 9E   |
| DoD MOS/OG Note: Both Service   | 01/01/2007  ccupation Con Service an Begin Date 01/16/1975 01/16/1975 03/31/2002 03/31/2002 06/30/2002 11/30/2002 10/31/2003   | des d DoD Gener: Enl/Off Officer I   | OEF ic codes ma Type Outy Primary Outy Primary Outy Outy Outy Outy Outy  | Svc Occ Code 35B00 35D00 35D 35D 00A 01A 35D       | ent in all records DoD Occ Code 3A 3A 3A 3A 3A 9E 9E 3A  |
| DoD MOS/Od Note: Both Service   | 01/01/2007  ccupation Con Service an Begin Date 01/16/1975 01/16/1975 03/31/2002 03/31/2002 11/30/2002 11/30/2002 10/31/2003 06/11/2005  | des d DoD Gener: Enl/Off 5 Officer 1   | OEF  ic codes mary  Primary  Outy  Primary  Outy  Outy  Outy  Outy  Outy  Outy   | Svc Occ Code 35B00 35D00 35D 35D 00A 01A 35D 35D5K | ent in all records DoD Occ Code 3A 3A 3A 3A 9E 9E 3A 3A  |
| DoD MOS/Od Note: Both Service   | 01/01/2007  ccupation Con Service an Begin Date 01/16/1975 01/16/1975 03/31/2002 03/31/2002 06/30/2002 11/30/2002 11/30/2003 06/11/2005 05/31/2006                                 | des d DoD Gener: Enl/Off 5 Officer I   | OEF ic codes marger of the codes mary outy Primary Outy Outy Outy Outy Outy Outy Outy Out  | Svc Occ Code 35B00 35D00 35D 35D 00A 01A 35D       | ent in all records  DoD Occ Code  3A 3A 3A 3A 9E 9E 3A 3A 3A 3A                                  |
| DoD MOS/Od Note: Both Service   | 01/01/2007  ccupation Con Service an Begin Date 01/16/1975 01/16/1975 03/31/2002 03/31/2002 11/30/2002 11/30/2002 10/31/2003 06/11/2005 05/31/2006                                 | des d DoD Gener: Enl/Off 5 Officer I   | OEF  ic codes mary  Primary  Outy  Primary  Outy  Outy  Outy  Outy  Outy  Outy   | Svc Occ Code                                       | ent in all records DoD Occ Code 3A 3A 3A 3A 9E 9E 3A 3A  |
| DoD MOS/Od Note: Both Service   | 01/01/2007  ccupation Con Service an Begin Date 01/16/1975 01/16/1975 03/31/2002 03/31/2002 11/30/2002 11/30/2002 10/31/2003 06/11/2005 05/31/2006                                 | des d DoD Gener: Enl/Off 5 Officer I   | OEF  ic codes mary  Primary  Outy  Primary  Outy  Outy  Outy  Outy  Outy  Outy  Outy  Outy  Outy   | Svc Occ Code                                       | ent in all records  DoD Occ Code  3A 3A 3A 3A 9E 9E 3A       |
| DoD MOS/Od Note: Both Service   | 01/01/2007  ccupation Con Service an Begin Date01/16/1975 01/16/1975 01/16/1975 03/31/2002 03/31/2002 11/30/2002 11/30/2002 10/31/2003 06/11/2005 05/31/2006 03/27/2007 06/27/2007 | des d DoD Gener: Enl/Off 7 Officer I | OEF ic codes mary Primary Outy Primary Outy Outy Outy Outy Outy Outy Outy Out  | Svc Occ Code                                       | ent in all records  DoD Occ Code  3A 3A 3A 3A 3A 9E 9E 3A       |
| DoD MOS/Od Note: Both Service   | 01/01/2007  ccupation Conservice an Begin Date01/16/1975 01/16/1975 01/16/1975 03/31/2002 03/31/2002 11/30/2002 11/30/2002 10/31/2003 06/11/2005 05/31/2006 03/27/2007 06/27/2007  | des d DoD Gener: Enl/Off 7 Officer 1           | OEF  ic codes mary  Primary  Primary  Outy  Primary  Outy  Outy  Outy  Primary  Outy  Primary  Outy  | Svc Occ Code                                       | ent in all records  DoD Occ Code   3A  3A  3A  3A  9E  9E  3A  3A  3A  3A  3A  3A  3A  3A  3A  3 |

| Service          |   | Begin D  | ate            | End Date                    | Military    | Pay Type  | =       | Loca | tion   |         |         |
|------------------|---|--|----------------|-----------------------------|-------------|-----------|---------|------|--------|---------|---------|
| Army Res         | erve  | 03/01/2  | 004            | 03/31/2004                  | 02          |           |         |      |        |         |         |
| Army             |   | 01/01/2  | 007            |                             | 02          |           |         |      |        |         |         |
| Army 01/01/200   |   | 007  |                | 01                          |             |           | IZ      |      |        |         |         |
| Separ            |   |  |                |                             |             |           |         |      |        |         |         |
| Service          |   | Begin D  | ate<br>        | End Date                    | Separati    | on Pay Ty | /pe<br> |      |        |         |         |
|                  |   |  |                |                             |             |           |         |      |        |         |         |
| Retir<br>Service |   |  |                | End Date                    | Retireme    | nt Time   |         |      |        | Т       | Rank    |
|                  |   |  | ·              |                             |             |           |         |      |        |         |         |
| Army             |   | 11/01/2  | 800            | 02/21/2009                  | F           |           |         |      |        |         | COL     |
| Army             |   | 02/22/2010   |                | 04/09/2010                  | F           |           |         |      |        |         | COL     |
| Army             |   | 04/09/2  | 011            |                             | F           |           |         |      |        |         | COL     |
| DoD R            |   |  | _              |                             |             |           |         |      |        |         |         |
| Service          |   | Begin D  | ate<br>        | End Date D                  | sblty %<br> | Pay Stat  | Term    | Rsn  | Stop   | Pay<br> | Rsn<br> |
| Army             |   | 10/31/2  | 800            | 11/30/2008                  | 00          |           | 1       | С    |        |         | Z       |
| Army             |   | 12/01/2  | 800            |                             | 00          |           | 1       | W    |        |         | Z       |
| Army             |   | 03/01/2  | 010            | 07/31/2010                  | 00          |           | 1       | С    |        |         | Z       |
| Army             |   | 08/01/2  | 010            |                             | 00          |           | 5       | W    |        |         | В       |
| Army             |   | 05/01/2  |                | 05/31/2011                  | 00          |           | 1       | С    |        |         | Z       |
| Army             |   | 06/01/2  | 011            |                             | 00          |           | 1       | W    |        |         | Z       |
| Translat         | ions  | of Code  | s Us           | ed in this S                | ection:     |           |         |      |        |         |         |
| Service          | Occup   | ation C  | odes           |                             |             |           |         |      |        |         |         |
|                  | _   | er   |                | ies Unassign                | ed          |           |         |      |        |         |         |
| 01A              | Offic   | er   | Off            | icer General                | ist         |           |         |      |        |         |         |
| 35B00            | Offic   | er   | Lan            | d Combat Sup                | port Syst   | ems (LCS  | S) Test | Spe  | cialis | st      |         |
| 35B00            | Offic   | er   |                | ategic Intel                |             |           |         |      |        |         |         |
|                  | Offic   |  |                | Traffic Con                 |             | pment Rep | pairer  |      |        |         |         |
|                  | Offic   |  |                | Source Inte                 |             |           |         |      |        |         |         |
|                  | Offic   |  |                | eorological                 |             | _         |         |      |        |         |         |
|                  | Offic   |  |                | Traffic Con                 | _           | pment Rep | pairer  |      |        |         |         |
|                  | Officer All Source Intelligence   |  |                |                             |             |           |         |      |        |         |         |
|                  | Officer Meteorological Equipment Repairman Officer Air Traffic Control Equipment Repairer |  |                |                             |             |           |         |      |        |         |         |
|                  |   | Officer Air Traffic Control Equipment Repairer Officer All Source Intelligence |                |                             |             |           |         |      |        |         |         |
|                  | Offic   |  |                |                             |             | Donairm   |         |      |        |         |         |
|                  | Offic   |  |                | eorological<br>ical Surgica |             | кераттик  | 111     |      |        |         |         |
|                  | Offic   |  |                | ervation Air                |             | hnical In | nspecto | or   |        |         |         |
|                  |   |  |                | - · <del>-</del>            | _           |           |         |      |        |         |         |
| DoD Occu         |   |  |                | -114- ~                     | 7           |           |         |      |        |         |         |
| 3A               | Offic   | er   | Int            | elligence, G                | eneral      |           |         |      |        |         |         |
| 9E               | Offic   | er   | Oth            | er                          |             |           |         |      |        |         |         |
| l                |   |  |                |                             |             |           |         |      |        |         |         |
| Military         | _   |  |                | _                           |             |           |         |      |        |         |         |
| 01               | Comba   | t Zone   | Tax 1          | Exclusion (C                | ZTE)        |           |         |      |        |         |         |
|                  |   | - ·  | / <del>-</del> |                             |             |           |         |      |        |         |         |
| 02               |   |  |                | inent Danger<br>ncentive    |             |           |         |      |        |         |         |

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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
80
        Voluntary Separation Incentive Pay
09
        Voluntary Separation Pay (VSP)
Retirement Type Code
        Mandatory
Α
В
        Voluntary
С
        Fleet Reserve
D
        Temporary Disability Retirement List
E
        Permanent Disability Retirement List
F
        Title III
G
        Special Act
        Philippine Scouts
Η
Retired Pay Status Code
        Receiving retired pay
1
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
Α
        Member died
В
        Recalled to Active Duty
С
        Removed from TDRL, returned to Active Duty
D
        Removed from TDRL, returned to Civilian
Ε
        Pay suspended, failure to report for TDRL physical
F
        Civil Service retirement waiver
        VA compensation waiver
G
Η
        Dual compensation, pay cap offset
J
        Refused retired pay
K
        Pay suspended, whereabouts unknown
L
        Suspected death
M
        Pay suspended, miscellaneous
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#### END OF MY HEALTHEVET PERSONAL INFORMATION REPORT

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Not applicable