

My HealtheVet

Personal Information Report

*****CONFIDENTIAL*****

Produced by the VA Blue Button (v18.3)
28 Jul 2022 @ 1525

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

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

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

Note: This report may not contain all of your VA health data if your VA Medical Center has transitioned to My VA Health. Only past My HealtheVet data is available in this report if your VA Medical Center has transitioned to My VA Health.

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

Name: MHVZZVISNTWENTY, TEST PATIENTR

Date of Birth: 01 Jan 2001

Download Request Summary

System Request Date/Time:	28 Jul 2022 @ 1525
File Name:	mhv_MHVZZVISNTWENTY_20220728_1525.pdf
Date Range Selected:	28 Apr 2022 to 28 Jul 2022
Data Types Selected:	My HealtheVet Account Summary Self Reported Demographics VA Demographics Self Reported Health Care Providers Self Reported Treatment Facilities Self Reported Health Insurance VA Wellness Reminders VA Appointments (Future) VA Appointments (Limited to past 2 years) VA Allergies Self Reported Allergies VA Medication History Self Reported Medications and Supplements VA Problem List VA Admissions and Discharges VA Notes Self Reported Medical Events VA Immunizations Self Reported Immunizations VA Laboratory Results: Chemistry/Hematology/Microbiology VA Pathology Reports: Surgical Pathology/Cytology/Electron Microscopy Self Reported Labs and Tests VA Vitals and Readings Self Reported Vitals and Readings VA Radiology Reports VA Electrocardiogram (EKG) Reports Self Reported Family Health History Self Reported Military Health History Self Reported Activity Journal Self Reported Food Journal DoD Military Service Information Self Reported My Goals Current Self Reported My Goals Completed

My HealtheVet Account Summary

Source:	VA
Authentication Status:	Authenticated
Authentication Date:	22 Oct 2020
Authentication Facility Name:	Washington DC VAMC
Authentication Facility ID:	688

VA Treatment Facility	Type
X Alaska VA Healthcare System (463)	VAMC
X Boise ID VAMC (531)	VAMC
X PUGET SOUND HCS (663)	VAMC
X Portland OR VAMC (648)	VAMC
X Spokane WA VAMC (668)	VAMC
X VA Roseburg Health Care System (653)	VAMC
X WHITE CITY VAMC (692)	VAMC
X Walla Walla WA VAMC (687)	VAMC
Note: The X represents your self-selected VA Medical Center preference.	



Self Reported Demographics

Source: Self-Entered

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

First Name:	TEST
Middle Initial:	P
Last Name:	MHVZZVISNTWENTY
Suffix:	
Alias:	
Relationship to VA:	Patient, Provider, Advocate/Family Member/Friend, Caregiver
Current Occupation:	doctor
Home Phone Number:	801-255-7317
Work Phone Number:	240 494 2864
Pager Number:	
Cell Phone Number:	971-207-4771
FAX Number:	

Date of Birth:	01 Jan 2001
Birth Sex:	Male
Blood Type:	B+
Organ Donor:	No
Marital Status:	Single

Mailing or Destination Address:

123 Chapman Blvd. #2
smoke test 7-25-2022
Draper, WI
United States
05203

Email Address: steven.clements@va.gov

Preferred Method of Contact: MobilePhone

Emergency Contacts

Contact First Name:	Minney	Mailing Address:
Contact Last Name:	Mouse	
Relationship:		
Home Phone Number:	801-422-9999	
Work Phone Number:		
Cell Phone Number:		
Email:		

VA Demographics

Source:	VA
Last Updated:	28 Jul 2022 @ 1524
Sorted By:	VA Treating Facility
Your information in My HealtheVet is not transferred to your VA Health Record. Also, VA Demographic information is not updated between VA treating facilities. If you have any questions or updates, please contact your VA health care team.	

VA Treating Facility	Walla Walla WA VAMC
First Name:	TEST
Middle Name:	PATIENTR
Last Name:	MHVZZVISNTWENTY
Date of Birth:	01 Jan 2001
Age:	21
Gender:	Male
Ethnicity:	--
Religion:	UNKNOWN/NO PREFERENCE
Place of Birth:	SUNVALLEY, IDAHO
Marital Status:	MARRIED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	4815 N ASSEMBLY ST
City:	SPOKANE
State:	WASHINGTON
Zip Code:	99205
County:	063
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	noone@va.gov
ELIGIBILITY	
Service Connected Percentage:	60
Means Test Status:	--
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	TEST PATIENT
Employment Status:	EMPLOYED FULL TIME
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	--
Street Address:	--

City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
EMERGENCY CONTACT	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--
Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--
VA Treating Facility	WHITE CITY VAMC
First Name:	TEST
Middle Name:	PATIENTR
Last Name:	MHVZZVISNTWENTY
Date of Birth:	01 Jan 2001
Age:	21

Gender:	Male
Ethnicity:	--
Religion:	UNKNOWN/NO PREFERENCE
Place of Birth:	
Marital Status:	MARRIED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	4815 N ASSEMBLY ST
City:	SPOKANE
State:	WASHINGTON
Zip Code:	99205
County:	063
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	noone@va.gov
ELIGIBILITY	
Service Connected Percentage:	60
Means Test Status:	--
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	TEST PATIENT
Employment Status:	EMPLOYED FULL TIME
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
EMERGENCY CONTACT	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--

State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--
Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--
VA Treating Facility	VA Roseburg Health Care System
First Name:	TEST
Middle Name:	PATIENTR
Last Name:	MHVZZVISNTWENTY
Date of Birth:	01 Jan 2001
Age:	21
Gender:	Male
Ethnicity:	--
Religion:	UNKNOWN/NO PREFERENCE
Place of Birth:	
Marital Status:	MARRIED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	4815 N ASSEMBLY ST
City:	SPOKANE
State:	WASHINGTON
Zip Code:	99205
County:	063
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	noone@va.gov
ELIGIBILITY	

Service Connected Percentage:	60
Means Test Status:	NO LONGER REQUIRED
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	TEST PATIENT
Employment Status:	EMPLOYED FULL TIME
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
EMERGENCY CONTACT	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--

Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--
VA Treating Facility	Spokane WA VAMC
First Name:	TEST
Middle Name:	PATIENTR
Last Name:	MHVZZVISNTWENTY
Date of Birth:	01 Jan 2001
Age:	19
Gender:	Male
Ethnicity:	--
Religion:	UNKNOWN/NO PREFERENCE
Place of Birth:	
Marital Status:	MARRIED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	4815 N ASSEMBLY ST
City:	SPOKANE
State:	WASHINGTON
Zip Code:	99205
County:	063
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	--
ELIGIBILITY	
Service Connected Percentage:	60
Means Test Status:	--
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	TEST PATIENT
Employment Status:	EMPLOYED FULL TIME
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
EMERGENCY CONTACT	

Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--
Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--
VA Treating Facility	Portland OR VAMC
First Name:	TEST
Middle Name:	PATIENTR
Last Name:	MHVZZVISNTWENTY
Date of Birth:	01 Jan 2001
Age:	21
Gender:	Male
Ethnicity:	--
Religion:	UNKNOWN/NO PREFERENCE
Place of Birth:	
Marital Status:	MARRIED
PERMANENT ADDRESS AND CONTACT INFORMATION	

Street Address:	4815 N ASSEMBLY ST
City:	SPOKANE
State:	WASHINGTON
Zip Code:	99205
County:	063
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	--
ELIGIBILITY	
Service Connected Percentage:	60
Means Test Status:	NO LONGER REQUIRED
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	TEST PATIENT
Employment Status:	EMPLOYED FULL TIME
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
EMERGENCY CONTACT	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--

Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--
Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--
VA Treating Facility	PUGET SOUND HCS
First Name:	TEST
Middle Name:	PATIENTR
Last Name:	MHVZZVISNTWENTY
Date of Birth:	01 Jan 2001
Age:	21
Gender:	Male
Ethnicity:	--
Religion:	UNKNOWN/NO PREFERENCE
Place of Birth:	
Marital Status:	MARRIED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	4815 N ASSEMBLY ST
City:	SPOKANE
State:	WASHINGTON
Zip Code:	99205
County:	063
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	noone@va.gov
ELIGIBILITY	
Service Connected Percentage:	60
Means Test Status:	--
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	TEST PATIENT

Employment Status:	EMPLOYED FULL TIME
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
EMERGENCY CONTACT	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--
Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--
VA Treating Facility	Boise ID VAMC

First Name:	TEST
Middle Name:	PATIENTR
Last Name:	MHVZZVISNTWENTY
Date of Birth:	01 Jan 2001
Age:	21
Gender:	Male
Ethnicity:	--
Religion:	UNKNOWN/NO PREFERENCE
Place of Birth:	
Marital Status:	MARRIED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	4815 N ASSEMBLY ST
City:	SPOKANE
State:	WASHINGTON
Zip Code:	99205
County:	063
Country:	USA
Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	noone@va.gov
ELIGIBILITY	
Service Connected Percentage:	60
Means Test Status:	NO LONGER REQUIRED
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	TEST PATIENT
Employment Status:	EMPLOYED FULL TIME
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
EMERGENCY CONTACT	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--

Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
ACTIVE INSURANCE	
Insurance Company:	--
Effective Date:	Date not available
Expiration Date:	Date not available
Group Name:	--
Group Number:	--
Subscriber ID:	--
Subscriber Name:	--
Subscriber Relationship:	--
VA Treating Facility	Alaska VA Healthcare System
First Name:	TEST
Middle Name:	PATIENTR
Last Name:	MHVZZVISNTWENTY
Date of Birth:	01 Jan 2001
Age:	21
Gender:	Male
Ethnicity:	--
Religion:	UNKNOWN/NO PREFERENCE
Place of Birth:	
Marital Status:	MARRIED
PERMANENT ADDRESS AND CONTACT INFORMATION	
Street Address:	4815 N ASSEMBLY ST
City:	SPOKANE
State:	WASHINGTON
Zip Code:	99205
County:	063
Country:	USA

Home Phone Number:	--
Work Phone Number:	--
Cell Phone Number:	--
Email Address:	noone@va.gov
ELIGIBILITY	
Service Connected Percentage:	60
Means Test Status:	--
Primary Eligibility Code:	--
EMPLOYMENT	
Occupation:	TEST PATIENT
Employment Status:	EMPLOYED FULL TIME
Employer Name:	--
PRIMARY NEXT OF KIN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
EMERGENCY CONTACT	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
VA GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--
CIVIL GUARDIAN	
Name:	--
Street Address:	--
City:	--
State:	--
Zip Code:	--
Home Phone Number:	--
Work Phone Number:	--

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



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My DataSM

MEDICAL CONFIDENTIAL

Self Reported Healthcare Providers

Source:	Self-Entered
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Provider Name:	July Release smoke test 2020 July Release smoke test 2020
Type of Provider:	Other Clinician
Other Clinician Information:	test
Phone Number:	7032241000 Ext:
Email:	
Comments:	July Release smoke test 2020

Provider Name:	Production smoke test last name
Type of Provider:	Specialist
Other Clinician Information:	
Phone Number:	7032241000 Ext:
Email:	
Comments:	production smoke test on 06/26/2019

Provider Name:	test test
Type of Provider:	Eye
Other Clinician Information:	
Phone Number:	7032241000 Ext:
Email:	
Comments:	test

Provider Name:	Nurse Dixie
Type of Provider:	Other Clinician
Other Clinician Information:	RN - Home Care
Phone Number:	888-888-8888 Ext:
Email:	Ndixie999@va.gov
Comments:	Visits twice weekly.

Provider Name:	Iris Blue
Type of Provider:	Eye
Other Clinician Information:	
Phone Number:	801-151-4569 Ext:
Email:	
Comments:	

Provider Name:	dsa dasdfas
Type of Provider:	Dentist
Other Clinician Information:	
Phone Number:	224-134-1234 Ext:

Email:	
Comments:	test

Provider Name:	Provider First Name Provider Last Name
Type of Provider:	Primary
Other Clinician Information:	
Phone Number:	(123)456-7890 Ext: 0U812
Email:	providerfirstname@lastname.com
Comments:	nice person

Provider Name:	none none
Type of Provider:	Dentist
Other Clinician Information:	other
Phone Number:	6666666666 Ext:
Email:	regressiontest@va.gov
Comments:	test

Provider Name:	Douglas Newbold
Type of Provider:	Other Clinician
Other Clinician Information:	Oncology
Phone Number:	801-555-9632 Ext:
Email:	
Comments:	This is a test, 9/18/2018

Provider Name:	test test
Type of Provider:	Eye
Other Clinician Information:	test
Phone Number:	7032241000 Ext:
Email:	
Comments:	

Provider Name:	Maruf Ahmed
Type of Provider:	Eye
Other Clinician Information:	
Phone Number:	7032241000 Ext:
Email:	
Comments:	test, test

Provider Name:	June 2021 Production release smoke test June 2021 Production release smoke test
Type of Provider:	Other Clinician
Other Clinician Information:	
Phone Number:	7032241000 Ext:
Email:	
Comments:	June 2021 Production release smoke test

Provider Name:	Test 2205.3
Type of Provider:	Specialist
Other Clinician Information:	
Phone Number:	7034567895 Ext:
Email:	
Comments:	



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MEDICAL CONFIDENTIAL

Self Reported Treatment Facilities

Source:	Self-Entered	
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Facility Name:	UAT Facility	
Facility Type:	VA	Mailing Address:
VA Home Facility:	No	Ukraine Test 22240
Phone Number:	Ext:	
FAX Number:		
Comments:		

Facility Name:	Portand VAMC	
Facility Type:	VA	Mailing Address:
VA Home Facility:	Yes	120 Main St Turkey 15065
Phone Number:	Ext:fg	
FAX Number:	1234567890	
Comments:		

Facility Name:	lkjh	
Facility Type:	VA	Mailing Address:
VA Home Facility:	No	
Phone Number:	801-414-0909 Ext:	
FAX Number:		
Comments:		

Facility Name:	Honey Clinic	
Facility Type:	VA	Mailing Address:
VA Home Facility:	No	South City, VT United States 98501
Phone Number:	502-555-3232 Ext:	
FAX Number:		
Comments:	This is a test to verify the info is spaced correctly. SSC 10/18/2019	

Facility Name:	smoke test	
Facility Type:	VA	Mailing Address:
VA Home Facility:	No	smoke test 05032021 west smoke, UT 84084
Phone Number:	888-555-6363 Ext:	
FAX Number:		
Comments:	smoke test 5-3-2021	

Facility Name:	sfgsdfg	
Facility Type:	VA	Mailing Address:
VA Home Facility:	No	

Phone Number:	801-414-0606 Ext:	sdfgss sdfg dfg
FAX Number:	801-741-1478	
Comments:		

Facility Name:	October release smoke Test	
Facility Type:	VA	Mailing Address:
VA Home Facility:	No	
Phone Number:	Ext:	
FAX Number:		
Comments:		

Facility Name:	Douglas Fir	
Facility Type:	VA	Mailing Address: 123 street Magna, UT 84044
VA Home Facility:	No	
Phone Number:	888-555-3669 Ext:	
FAX Number:		
Comments:	test ssc 9-3-2019	

Facility Name:	VA	
Facility Type:	VA	Mailing Address: 20 Madison ave VA VA, VA United States 10035
VA Home Facility:	No	
Phone Number:	2345678980 Ext:235	
FAX Number:	2345678901	
Comments:	Production smoke test 01/29/2020	

Facility Name:	July Release smoke test 2020	
Facility Type:	VA	Mailing Address:
VA Home Facility:	No	
Phone Number:	7032241000 Ext:	
FAX Number:		
Comments:	July Release smoke test 2020	

Self Reported Health Insurance

Source:	Self-Entered		
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Health Insurance Company:	Charlie		
ID Number:	88585858	Group Number:	989859558
Primary Insurance Provider:	Yes	Start Date:	01 Jul 2020
Insured:	MHV VISN20	Stop Date:	
Pre-Approval Phone Number:			
Health Insurance Company Phone Number:			
Comments:			

Health Insurance Company:	test test		
ID Number:	July Release smoke test 2020	Group Number:	
Primary Insurance Provider:	No	Start Date:	29 Jul 2020
Insured:	Smoke Test	Stop Date:	
Pre-Approval Phone Number:			
Health Insurance Company Phone Number:			
Comments:	July Release smoke test 2020		

Health Insurance Company:	CIGNA		
ID Number:	222222	Group Number:	
Primary Insurance Provider:	No	Start Date:	01 Apr 2020
Insured:	Mickey Mouse	Stop Date:	
Pre-Approval Phone Number:			
Health Insurance Company Phone Number:			
Comments:			

Health Insurance Company:	HealthFirst		
ID Number:	12345670123	Group Number:	908076
Primary Insurance Provider:	No	Start Date:	29 Jan 2020
Insured:	ali zaker	Stop Date:	10 Dec 2022
Pre-Approval Phone Number:	3472356787		
Health Insurance Company Phone Number:	1212345670		
Comments:	Production smoke test 01/29/2020		

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Health Insurance Company:	test test 12345		
ID Number:	12345	Group Number:	test
Primary Insurance Provider:	No	Start Date:	03 May 2021
Insured:	test test	Stop Date:	
Pre-Approval Phone Number:	800-555-2121		
Health Insurance Company Phone Number:	888-555-5566		
Comments:	smoke test 5-3-2021		



VA Wellness Reminders

Source:	VA
Last Updated:	
Wellness Reminders are no longer updated. No information was available that matched your selection.	



VA Appointments

Source:	VA
Last Updated:	28 Jul 2022 @ 1524
Sorted By:	Date (Descending)
<p>The future VA appointments listed below may be by telephone, video, or in-person. Your local facility determines what types of appointments display in My HealtheVet. VA appointment details can change to display the most current information. Refer to any information from your VA medical record for the status, type of appointment and other updates. You may have access to schedule or cancel a VA appointment online.</p> <p>***Please remember to bring your insurance information with you to your appointment.</p>	

Past Appointments

Date/Time:	21 Jul 2022 @ 1600 PDT
Medical Center Division:	Salem VA Clinic
Status:	Canceled
Clinic Name:	PRIMARY CARE VIRTUAL VISIT Also Called: SAL VPACT T13 II
Location Information:	SALEM CBOC
Clinic Contact Information:	503-220-8262
Additional Contact:	--

Blue Button
Download
My Data



MEDICAL CONFIDENTIAL

VA Allergies

Source:	VA
Last Updated:	28 Jul 2022 @ 1524
Sorted By:	Date (Descending)
Remember to share all information about your allergies with your health care team. If you have any questions about your information please visit the FAQs or contact your VA health care team. VA Allergies are only displayed for VA Patients. You can use My HealtheVet to self-enter and keep track of your allergies. It is also important to contact your Meds by Mail service center to update your allergy information.	

Allergy Name:	LISINOPRIL	Date Entered:	14 Jan 2022
Allergy Type:	DRUG	Location:	Portland OR VAMC
Reaction:	PRURITUS		
VA Drug Class:	ACE INHIBITORS		
Observed/Historical:	OBSERVED		
Comments:	--		

Allergy Name:	PRAZOSIN	Date Entered:	08 Jan 2020
Allergy Type:	DRUG	Location:	Portland OR VAMC
Reaction:	ORTHOSTATIC HYPOTENSION		
VA Drug Class:	ALPHA BLOCKERS/RELATED		
Observed/Historical:	OBSERVED		
Comments:	--		

Allergy Name:	TETRACYCLINE	Date Entered:	13 Jan 2016
Allergy Type:	DRUG	Location:	Portland OR VAMC
Reaction:	GENERALIZED RASH		
VA Drug Class:	ANTIACNE AGENTS, TOPICAL, ANTIBACTERIALS, TOPICAL OPHTHALMIC, TETRACYCLINES		
Observed/Historical:	OBSERVED		
Comments:	this is a test		

Allergy Name:	PENICILLIN	Date Entered:	21 Nov 2013
Allergy Type:	DRUG	Location:	Walla Walla WA VAMC
Reaction:	URTICARIA		
VA Drug Class:	PENICILLIN-G RELATED PENICILLINS		
Observed/Historical:	HISTORICAL		
Comments:	--		

Allergy Name:	ADHESIVE TAPE	Date Entered:	10 May 2013
Allergy Type:	OTHER	Location:	Portland OR VAMC
Reaction:	PRURITUS		

VA Drug Class:	--
Observed/Historical:	HISTORICAL
Comments:	--

Allergy Name:	TETANUS TOXOID	Date Entered:	31 Jan 2013
Allergy Type:	DRUG	Location:	Alaska VA Healthcare System
Reaction:	--		
VA Drug Class:	TOXOIDS		
Observed/Historical:	HISTORICAL		
Comments:	--		

Allergy Name:	MAALOX ANTACID	Date Entered:	01 Dec 2011
Allergy Type:	DRUG	Location:	Portland OR VAMC
Reaction:	ANAPHYLAXIS		
VA Drug Class:	ALUMINUM/MAGNESIUM CONTAINING ANTACIDS		
Observed/Historical:	HISTORICAL		
Comments:	it was horrible!		

Allergy Name:	EGGS	Date Entered:	01 Dec 2011
Allergy Type:	DRUG, FOOD	Location:	Portland OR VAMC
Reaction:	NAUSEA AND VOMITING		
VA Drug Class:	TOXOIDS, VACCINES, VACCINES/TOXOIDS, OTHER		
Observed/Historical:	HISTORICAL		
Comments:	he just can't eat them		

Allergy Name:	SULFA DRUGS	Date Entered:	01 Dec 2011
Allergy Type:	DRUG	Location:	Portland OR VAMC
Reaction:	PRURITUS		
VA Drug Class:	SULFONAMIDE/RELATED ANTIMICROBIALS		
Observed/Historical:	HISTORICAL		
Comments:	itchy scratchy		

Allergy Name:	PENICILLIN	Date Entered:	31 Mar 2011
Allergy Type:	DRUG	Location:	Portland OR VAMC
Reaction:	GENERALIZED RASH		
VA Drug Class:	PENICILLIN-G RELATED PENICILLINS		
Observed/Historical:	OBSERVED		
Comments:	--		

Self Reported Allergies

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

Allergy Name:	New Allergy Test	Date:	18 May 2022
Severity:	Moderate	Diagnosed:	No
Reaction:			
Comments:	Successfully smoke tested		

Allergy Name:	Smoke Test 5/25/2022	Date:	25 May 2022
Severity:	Moderate	Diagnosed:	
Reaction:	Tiredness		
Comments:	Releases are too late in the day at least on EC		

Blue Button
Download
My Data



MEDICAL CONFIDENTIAL

VA Medication History

Source:	VA
Last Updated:	28 Jul 2022 @ 0914
Sorted By:	Alphabetical Order then by Status
<p>Remember to share all information about your medications or updates with your VA health care team. Also, check information in your VA Allergies and your Self-Reported Allergies. This may let you know if you had a reaction to a medication you received.</p> <p>Please note that My HealtheVet does <u>NOT</u> show medications that are/were administrated in a clinic or emergency department (such as clinic medications).</p> <p>If you cannot view prescription(s) that should be displayed, contact your local VA Pharmacy for information. The phone number for the VA Pharmacy can be found on the prescription label.</p> <p><u>Glossary of MHV Pharmacy Terms:</u> Active: Refill in Process=A refill request is being processed by the VA pharmacy. When a prescription is in the Refill in Process status, the Fill Date will show when the prescription will be ready for delivery via mail by a VA Mail Order Pharmacy. This term may be shown as a VA Prescription status of "Active: Susp" on other VA medication lists. Active: Submitted=The refill request has been received by My HealtheVet but has not been processed by the VA Pharmacy yet. Unknown=The status cannot be determined. Contact your VA care team when you need more of this VA prescription. A prescription stopped by a VA provider. It is no longer available to be filled. Transferred=A prescription moved to VA's new electronic health record. This prescription may also be described as "Discontinued" on medication lists from your healthcare team. Take your medications as prescribed by your healthcare team.</p> <p><u>Glossary of VA Pharmacy Terms:</u> Active=A prescription that can be filled at the local VA pharmacy. If this prescription is refillable, you may request a refill of this VA prescription. Active: On Hold=An active prescription that will not be filled until pharmacy resolves the issue. Contact your VA pharmacy when you need more of this VA prescription. Active: Parked=A VA Prescription that is on file at VA Pharmacy and available for you to submit a fill request. This prescription may or may not have been previously filled. This prescription has been ordered by your VA provider but will not be sent to you until you request that it is filled. You may request this medication using MyHealtheVet, Rx Refill mobile app, VA phone service or mail in refills. Active: Non-VA=A medication that came from someplace other than a VA pharmacy. This may be a prescription from either the VA or other providers that was filled outside the VA. Or, it may be an over the counter (OTC), herbal, dietary supplement or sample medication. Discontinued=A prescription stopped by a VA provider. It is no longer available to be filled. Contact your VA healthcare team when you need more of this VA prescription. Expired=A prescription which is too old to fill. This does not refer to the expiration date of the medication in the container. Contact your VA healthcare team when you need more of this VA prescription.</p>	

Medication:	ACETAMINOPHEN 500MG TAB
Instructions:	500MG MOUTH
Status:	Active: Non-VA
Documented at:	Portland OR VAMC
Documented date:	02 Jun 2022
Start date:	

Documented by:	ERIC SPAHN
Comments:	testing comment field Non-VA medication not recommended by VA provider.

Medication:	CLOPIDOGREL BISULFATE 75MG TAB
Instructions:	75MG MOUTH
Status:	Active: Non-VA
Documented at:	Portland OR VAMC
Documented date:	02 Jun 2022
Start date:	
Documented by:	ERIC SPAHN
Comments:	

Medication:	MULTIVITAMIN CAP/TAB
Instructions:	1 CAP/TAB MOUTH EVERY DAY
Status:	Active: Non-VA
Documented at:	Portland OR VAMC
Documented date:	14 Jan 2022
Start date:	
Documented by:	ERIC SPAHN
Comments:	

Medication:	ASPIRIN
Instructions:	MOUTH EVERY DAY
Status:	Active: Non-VA
Documented at:	Portland OR VAMC
Documented date:	02 Jun 2022
Start date:	
Documented by:	ERIC SPAHN
Comments:	

Medication:	MULTIVITAMIN CAP/TAB
Instructions:	1 CAP/TAB MOUTH EVERY DAY
Status:	Active: Non-VA
Documented at:	Portland OR VAMC
Documented date:	27 Jan 2020
Start date:	
Documented by:	LISA WINTERBOTTOM
Comments:	

Medication:	IBUPROFEN 800MG TAB
Instructions:	800MG BY MOUTH THREE TIMES A DAY IF NEEDED
Status:	Active: Non-VA
Documented at:	Boise ID VAMC
Documented date:	18 Apr 2013

Start date:	
Documented by:	WILLIAM WEPPNER
Comments:	for psychic pain

Medication:	LISINOPRIL 10MG TAB
Instructions:	10MG MOUTH TWICE A DAY
Status:	Discontinued: Non-VA
Documented at:	Portland OR VAMC
Documented date:	14 Jan 2022
Start date:	
Documented by:	ERIC SPAHN
Comments:	

Medication:	ASPIRIN 325MG TAB
Instructions:	325MG MOUTH FOUR TIMES A DAY
Status:	Discontinued: Non-VA
Documented at:	Portland OR VAMC
Documented date:	18 Apr 2013
Start date:	
Documented by:	DAVID DOUGLAS
Comments:	

Medication:	WARFARIN NA (GOLDEN STATE) 2MG TAB
Instructions:	2MG MOUTH AS DIRECTED
Status:	Discontinued: Non-VA
Documented at:	Portland OR VAMC
Documented date:	18 Apr 2013
Start date:	
Documented by:	DAVID DOUGLAS
Comments:	

Medication:	LORATADINE 10MG TAB
Instructions:	10MG MOUTH EVERY DAY AS NEEDED
Status:	Discontinued: Non-VA
Documented at:	Portland OR VAMC
Documented date:	06 Jul 2012
Start date:	
Documented by:	SUSAN WOODS
Comments:	

Medication:	FISH OIL
Instructions:	MOUTH
Status:	Discontinued: Non-VA
Documented at:	Portland OR VAMC
Documented date:	06 Jul 2012

Start date:	
Documented by:	SUSAN WOODS
Comments:	

Medication:	GINKGO BILOBA
Instructions:	MODERATE AMOUNT MOUTH EVERY DAY
Status:	Discontinued: Non-VA
Documented at:	Portland OR VAMC
Documented date:	06 Jul 2012
Start date:	
Documented by:	SUSAN WOODS
Comments:	

Medication:	ATORVASTATIN CALCIUM
Instructions:	EVERY EVENING
Status:	Discontinued: Non-VA
Documented at:	Portland OR VAMC
Documented date:	03 May 2012
Start date:	
Documented by:	SUSAN WOODS
Comments:	

Medication:	ATORVASTATIN CALCIUM 20MG TAB
Instructions:	10MG MOUTH EVERY EVENING
Status:	Discontinued: Non-VA
Documented at:	Portland OR VAMC
Documented date:	03 May 2012
Start date:	
Documented by:	SUSAN WOODS
Comments:	

Medication:	HORSE CHESTNUT
Instructions:	MOUTH TWICE A DAY
Status:	Discontinued: Non-VA
Documented at:	Portland OR VAMC
Documented date:	13 May 2014
Start date:	13 May 2014
Documented by:	MOLLY ANDERSON
Comments:	

MEDICAL CONFIDENTIAL

Self-Reported Medications & Supplements

Source:	Self-Entered
This My HealtheVet Pharmacy module contains self-entered prescriptions, over-the-counter products, and herbals/supplements YOU entered in your My HealtheVet self-entered Medications List. Your VA health care team CANNOT view this list. If you would like to share it with your VA health care team, print this list and bring to your next clinic visit.	

Category:	Herbal		
Drug Name:	Smoke test		
Prescription Number:		Start Date:	30 Jun 2022
Strength:		Stop Date:	01 Jul 2022
Dose:			
Frequency:			
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:			
Comments:			

Category:	Supplement		
Drug Name:	Test 2105		
Prescription Number:	NA	Start Date:	18 May 2021
Strength:	weak	Stop Date:	
Dose:			
Frequency:			
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:			
Comments:			

Category:	Herbal		
Drug Name:	smoketest-21		
Prescription Number:	21	Start Date:	24 Mar 2021
Strength:	1ml	Stop Date:	
Dose:			
Frequency:	2 per day		
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:			
Comments:	smoke test- edit		

Category:	Herbal		
Drug Name:	test-18		

Prescription Number:	18	Start Date:	17 Mar 2021
Strength:	1	Stop Date:	
Dose:			
Frequency:	2 per day		
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:			
Comments:			

Category:	Supplement		
Drug Name:	vitamin C		
Prescription Number:	282	Start Date:	17 Feb 2021
Strength:		Stop Date:	
Dose:			
Frequency:	1 per day		
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:	test		
Comments:	test		

Category:	Herbal		
Drug Name:	testing-meds		
Prescription Number:	27	Start Date:	02 Dec 2020
Strength:	100mg	Stop Date:	
Dose:			
Frequency:	2 per day		
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:	test		
Comments:			

Category:	OTC		
Drug Name:	Vitamin K		
Prescription Number:	NA	Start Date:	02 Sep 2020
Strength:	Strong	Stop Date:	
Dose:	1 pill		
Frequency:	daily		
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:			
Comments:			

Category:	OTC		
Drug Name:	TUMS		
Prescription Number:		Start Date:	27 May 2020

Strength:		Stop Date:	
Dose:			
Frequency:			
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:	test		
Comments:	test		

Category:	OTC		
Drug Name:	accessva logni test		
Prescription Number:		Start Date:	27 Feb 2020
Strength:		Stop Date:	
Dose:			
Frequency:			
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:			
Comments:			

Category:	Herbal		
Drug Name:	TEST1009		
Prescription Number:	1009	Start Date:	09 Oct 2018
Strength:	3mg	Stop Date:	
Dose:			
Frequency:	1		
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:			
Comments:	smoke test		

Category:	Other		
Drug Name:	test18.2		
Prescription Number:		Start Date:	10 Mar 2018
Strength:		Stop Date:	
Dose:			
Frequency:			
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:			
Comments:			

Category:	Herbal		
Drug Name:	Tumeric		
Prescription Number:		Start Date:	18 Aug 2017
Strength:	1000 mg	Stop Date:	

MEDICAL CONFIDENTIAL

Dose:	1 capsule		
Frequency:	daily		
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:	TST - edit		
Comments:	TEST UAT 01		

Category:	OTC		
Drug Name:	Tums		
Prescription Number:		Start Date:	12 Aug 2017
Strength:		Stop Date:	
Dose:			
Frequency:			
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:			
Comments:			

Category:	Supplement		
Drug Name:	apple cider vinegar		
Prescription Number:		Start Date:	08 Jul 2016
Strength:		Stop Date:	
Dose:			
Frequency:	2 per day		
Pharmacy Name:			
Pharmacy Phone:			
Reason for Taking:			
Comments:			



MEDICAL CONFIDENTIAL

VA Problem List

Source:	VA
Last Updated:	28 Jul 2022 @ 1524
Sorted By:	Date/Time Entered (Descending) then alphabetically by Problem
Your VA Problem List contains active health problems your VA providers are helping you to manage. This information is available thirty-six (36) hours after it has been entered. It may not contain active problems managed by non-VA health care providers. If you have any questions about your information, visit the FAQs or contact your VA health care team.	

Problem:	Hyperkalemia (SCT 14140009)	Date/Time Entered: 27 Aug 2020 @ 1200
Provider:	WINTERBOTTOM,LISA M	
Location:	Portland OR VAMC	
Status:	ACTIVE	
Comments:	--	

Problem:	AF- Atrial Fibrillation (SCT 49436004)	Date/Time Entered: 24 Aug 2020 @ 1200
Provider:	WINTERBOTTOM,LISA M	
Location:	Portland OR VAMC	
Status:	ACTIVE	
Comments:	new problem for testing 8.24.20	

Problem:	Hypertensive heart disease without congestive heart failure (SCT 60899001)	Date/Time Entered: 24 Aug 2020 @ 1200
Provider:	WINTERBOTTOM,LISA M	
Location:	Portland OR VAMC	
Status:	ACTIVE	
Comments:	now developed atrial fibrillation	

Problem:	Basal Cell Carcinoma of Skin (SCT 254701007)	Date/Time Entered: 27 Jan 2020 @ 1200
Provider:	WINTERBOTTOM,LISA M	
Location:	Portland OR VAMC	
Status:	ACTIVE	
Comments:	noticed in August 2019	

Problem:	Sleep Apnea (SCT 73430006)	Date/Time Entered: 23 Jan 2020 @ 1200
Provider:	WINTERBOTTOM,LISA M	

Location:	Portland OR VAMC
Status:	ACTIVE
Comments:	had outside sleep study at OHSU 2012

Problem:	Diabetes Mellitus Type 2 (SCT 44054006)	Date/Time Entered: 08 Jan 2020 @ 1200
Provider:	WINTERBOTTOM,LISA M	
Location:	Portland OR VAMC	
Status:	ACTIVE	
Comments:	--	

Problem:	Flying phobia (SCT 247854002)	Date/Time Entered: 16 Mar 2019 @ 1200
Provider:	DOUGLAS,DAVID M	
Location:	Portland OR VAMC	
Status:	ACTIVE	
Comments:	--	

Problem:	Medical examinations/reports status (SCT 310366008)	Date/Time Entered: 17 Aug 2017 @ 1200
Provider:	DOUGLAS,DAVID M	
Location:	Portland OR VAMC	
Status:	ACTIVE	
Comments:	--	

Problem:	Seasonal allergic rhinitis (SCT 367498001)	Date/Time Entered: 01 Mar 2017 @ 1200
Provider:	DOUGLAS,DAVID M	
Location:	Portland OR VAMC	
Status:	ACTIVE	
Comments:	--	

VA Admissions and Discharges

Source:	VA
Last Updated:	28 Jul 2022 @ 1524
No information was available that matched your selection. However, if you were recently discharged, your summary may be available thirty-six (36) hours after it is completed.	



VA Notes

Source:	VA
Last Updated:	28 Jul 2022 @ 1524
Sorted By:	Date/Time (Descending)
VA Notes from January 1, 2013 forward are available thirty-six (36) hours after they have been completed and signed by all required members of your VA health care team. If you have any questions about your information please visit the FAQs or contact your VA health care team.	

Date/Time:	22 Jul 2022 @ 0958
Note Title:	SCI TELEHEALTH NOTE
Location:	PUGET SOUND HCS
Signed By:	BUSE,BROOKS
Co-signed By:	BUSE,BROOKS
Date/Time Signed:	22 Jul 2022 @ 0958

Note

LOCAL TITLE: SCI TELEHEALTH NOTE
STANDARD TITLE: SPINAL CORD INJURY TELEHEALTH NOTE
DATE OF NOTE: JUL 22, 2022@09:58 ENTRY DATE: JUL 22, 2022@09:58:27
AUTHOR: BUSE,BROOKS EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PROVIDER DOCUMENTATION

Obtained images of the reported skin issue of the veteran to inform provider of the images.

REQUEST DETAILS

Request Details for My VA Images Photo request
Create Date: 07/22/2022 @ 09:23 AM
Time frame for Photo request: 07/22/2022 to 07/29/2022
Requesting Provider: BUSE-MORA, BROOKS
Facility Name: Seattle WA VAMC
Status: Image Received from Patient
Request#: 62dacf1c18070f53bf35ae21
Photo(s) Requested and/or Instructions: Take picture of the leg wound. close up and far from the body

PATIENT SUBMITTED IMAGES AND COMMENTS

Date Submitted by patient: 07/22/2022 @ 09:47 AM
General - My wound on left leg
General Closeup1 - Wound on left leg

COMMENTS SENT TO PATIENT IN MY VA IMAGES

Thank you for sending your wound images. I will have the doctor look at it.

/es/ BROOKS BUSE-MORA

RN

Signed: 07/22/2022 09:58

Date/Time: 21 Jul 2022 @ 1331

Note Title: SCI TELEHEALTH NOTE

Location: PUGET SOUND HCS

Signed By: DE JESUS,ROSELYN T

Co-signed By: DE JESUS,ROSELYN T

Date/Time Signed: 21 Jul 2022 @ 1336

Note

LOCAL TITLE: SCI TELEHEALTH NOTE

STANDARD TITLE: SPINAL CORD INJURY TELEHEALTH NOTE

DATE OF NOTE: JUL 21, 2022@13:31 ENTRY DATE: JUL 21, 2022@13:31:28

AUTHOR: DE JESUS,ROSELYN T EXP COSIGNER:

URGENCY: STATUS: COMPLETED

this is the note

/es/ Roselyn T. De Jesus, BSN, CRRN

SCI/D Telehealth Coordinator

Signed: 07/21/2022 13:36

Date/Time: 19 Jul 2022 @ 2136

Note Title: PRIMARY CARE PROGRESS NOTE

Location: PUGET SOUND HCS

Signed By: SOELLING,ERICA J

Co-signed By: SOELLING,ERICA J

Date/Time Signed: 19 Jul 2022 @ 2142

Note

LOCAL TITLE: PRIMARY CARE PROGRESS NOTE

STANDARD TITLE: PRIMARY CARE NOTE

DATE OF NOTE: JUL 19, 2022@21:36 ENTRY DATE: JUL 19, 2022@21:36:45

AUTHOR: SOELLING,ERICA J EXP COSIGNER:

URGENCY: STATUS: COMPLETED

PRIMARY CARE PROGRESS NOTE

Face-to-Face

MHVZZVISNTWENTY,TEST PATIENTR is a 21 year old veteran who presents for a face-to-face follow-up visit.

CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS: Testing to see if after visit summary viewable in JLV

EXAM

NO VITALS FOUND SpO2 ---

General:

Chest:

Cardiovascular:

Abdomen:

Extremities:

Other:

ASSESSMENT/PLAN

Written After Visit Summary instructions reviewed with patient. Patient provided copy of updated medication list.

RETURN TO CLINIC: Per RTC order, or sooner PRN

Total time spent in clinical care related to this visit: 5 minutes

MEDICATION RECONCILIATION:

Medication Reconciliation was not performed at this visit as patient and/or caregiver is not able to confirm medications he/she is taking. The importance of managing medication information was explained to the patient.

PAST MEDICAL HISTORY

Enter Problems:

No active problems in computerized problem list as of 7/19/22@21:36

SERVICE CONNECTED CONDITIONS

LUNG CONDITION 60% S/C

MEDICATIONS

Local:

Active Outpatient Medications (excluding Supplies):

No Medications Found

Remote: No Active Remote Medications for this patient

ALLERGIES

Local: Allergy Assessment Not Done

Remote:

FACILITY ALLERGY/ADR

363^ANCHORAGE VA MEDICAL CENTER^463 TETANUS TOXOID

648^PORTLAND VA MEDICAL CENTER^648 ADHESIVE TAPE

648^PORTLAND VA MEDICAL CENTER^648 ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE

648^PORTLAND VA MEDICAL CENTER^648 EGGS

648^PORTLAND VA MEDICAL CENTER^648 LISINOPRIL

648^PORTLAND VA MEDICAL CENTER^648 PENICILLIN

648^PORTLAND VA MEDICAL CENTER^648 PRAZOSIN
 648^PORTLAND VA MEDICAL CENTER^648 SULFA DRUGS
 648^PORTLAND VA MEDICAL CENTER^648 TETRACYCLINE
 668^MANN-GRANDSTAFF VAMC^668 CLINDAMYCIN
 687^JONATHAN M. WAINWRIGHT VAMC^687 PENICILLIN
 LABS:

No data available HEMOGLOBIN A1c, INTEGRA - NONE FOUND

No data available for: CHOLESTEROL

TRIGLYCERIDES

HDL CHOLESTEROL

LDL, CALCULATED

LDL, DIRECT No CBC Panel Found

/es/ Erica J. Soelling, DNP, ARNP, FNP-BC

Nurse Practitioner - Women's Health Clinic

Signed: 07/19/2022 21:42

Date/Time:	15 Jul 2022 @ 1155
Note Title:	HOME TELEHEALTH SECURE MESSAGING
Location:	Alaska VA Healthcare System
Signed By:	BOVEY, SINNAMON M RN
Co-signed By:	BOVEY, SINNAMON M RN
Date/Time Signed:	15 Jul 2022 @ 0855

Note

LOCAL TITLE: HOME TELEHEALTH SECURE MESSAGING
 STANDARD TITLE: HOME TELEHEALTH SECURE MESSAGING
 DATE OF NOTE: JUL 15, 2022@11:55 ENTRY DATE: JUL 15, 2022@08:55:45
 AUTHOR: BOVEY, SINNAMON M RN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

-----Original Message-----

Sent: 07/15/2022 12:18 PM ET
 From: MHVZZVISNTWENTY, TEST PATIENTR
 To: ANC HOME TELEHEALTH
 Subject: Education:Test pt for workload

Test pt for Sinnamon

Flu Shot Info: <https://www.portland.va.gov/news/flushots.asp>
 Covid-19 Info: <http://tiny.cc/1t6xkz>

-----Original Message-----

Sent: 07/15/2022 12:44 PM ET
 From: BOVEY, SINNAMON M
 To: MHVZZVISNTWENTY, TEST PATIENTR
 Subject: Education:Test pt for workload

Hey, trying it out, your power point was great

Sinnamon M. Bovey
RN,C,BSN Case Manager

/es/ Sinnamon M Bovey, RN BSN
Home Telehealth Care Coordinator
Signed: 07/15/2022 08:55

Date/Time:	14 Jul 2022 @ 1419
Note Title:	PROCEDURE SECURE MESSAGING
Location:	Portland OR VAMC
Signed By:	BOSCHKER,DONNA J
Co-signed By:	BOSCHKER,DONNA J
Date/Time Signed:	14 Jul 2022 @ 1219

Note

LOCAL TITLE: PROCEDURE SECURE MESSAGING
STANDARD TITLE: PROCEDURE SECURE MESSAGING
DATE OF NOTE: JUL 14, 2022@14:19 ENTRY DATE: JUL 14, 2022@12:19:32
AUTHOR: BOSCHKER,DONNA J EXP COSIGNER:
URGENCY: STATUS: COMPLETED

-----Original Message-----

Sent: 07/14/2022 02:52 PM ET
From: MHVZZVISNTWENTY, TEST PATIENTR
To: OMU_POPS_Scheduling_VAPortlandHCS_@
Subject: General:test message for Donna 2

asdfasfawdf
asdf]asdf]asef]aw]F

ASDF
AS
DF

Flu Shot Info: <https://www.portland.va.gov/news/flushots.asp>
Covid-19 Info: <http://tiny.cc/1t6xkz>

-----Original Message-----

Sent: 07/14/2022 03:11 PM ET
From: BOSCHKER, DONNA J
To: MHVZZVISNTWENTY, TEST PATIENTR
Subject: General:test message for Donna 2

lkdfgslgf;k

/es/ DONNA J BOSCHKE

Signed: 07/14/2022 12:19

Date/Time: 08 Jul 2022 @ 1622

Note Title: PRIMARY CARE SECURE MESSAGING

Location: PUGET SOUND HCS

Signed By: CORNELL,KAZUMI A

Co-signed By: CORNELL,KAZUMI A

Date/Time Signed: 08 Jul 2022 @ 1422

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JUL 08, 2022@16:22 ENTRY DATE: JUL 08, 2022@14:22:25
AUTHOR: CORNELL,KAZUMI A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

-----Original Message-----

Sent: 03/09/2021 12:59 PM ET
From: MHVZZVISNTWENTY, TEST PATIENTR
To: zzTest_PS_PUGMHV Secure Messaging Team
Subject: Medication:pharm test 2

My medications have expired, I need them now

Flu Shot Info: <https://www.portland.va.gov/news/flushots.asp>
Covid-19 Info: <http://tiny.cc/1t6xkz>

-----Original Message-----

Sent: 03/09/2021 01:10 PM ET
From: CORNELL, KAZUMI A
To: MHVZZVISNTWENTY, TEST PATIENTR
Subject: Medication:pharm test 2

your provider has renewed your prescriptions.

Thank you for your service and support for My HealtheVet!!
Kazumi Cornell, MHV Coordinator - (206) 277-6381

/es/ KAZUMI A CORNELL

MEDICAL CONFIDENTIAL

My HealtheVet Coordinator

Signed: 07/08/2022 14:22

Date/Time:	06 Jul 2022 @ 1147
Note Title:	MENTAL HEALTH SECURE MESSAGING
Location:	Portland OR VAMC
Signed By:	HOUGH,DAVID
Co-signed By:	HOUGH,DAVID
Date/Time Signed:	06 Jul 2022 @ 0947

Note

LOCAL TITLE: MENTAL HEALTH SECURE MESSAGING
STANDARD TITLE: MENTAL HEALTH SECURE MESSAGING
DATE OF NOTE: JUL 06, 2022@11:47 ENTRY DATE: JUL 06, 2022@09:47:37
AUTHOR: HOUGH,DAVID EXP COSIGNER:
URGENCY: STATUS: COMPLETED

-----Original Message-----

Sent: 07/06/2022 12:05 PM ET
From: MHVZZVISNTWENTY, TEST PATIENTR
To: Hough_Psychologist_VAPortlandHCS_Fairview
Subject: General:test message 2

asdfasdfasdf

Flu Shot Info: <https://www.portland.va.gov/news/flushots.asp>
Covid-19 Info: <http://tiny.cc/1t6xkz>

-----Original Message-----

Sent: 07/06/2022 12:36 PM ET
From: HOUGH, DAVID
To: MHVZZVISNTWENTY, TEST PATIENTR
Subject: General:test message 2

gddd

/es/ GEORGE HOUGH, PH.D, ABPP
STAFF PSYCHOLOGIST
Signed: 07/06/2022 09:47

Date/Time:	10 Jun 2022 @ 1150
Note Title:	PRIMARY CARE SECURE MESSAGING
Location:	Portland OR VAMC
Signed By:	TIERNEY,ALEXANDRIA N
Co-signed By:	TIERNEY,ALEXANDRIA N
Date/Time Signed:	10 Jun 2022 @ 0950

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JUN 10, 2022@11:50 ENTRY DATE: JUN 10, 2022@09:50:03
AUTHOR: TIERNEY,ALEXANDRIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

-----Original Message-----

Sent: 06/10/2022 12:49 PM ET
From: TIERNEY, ALEXANDRIA N
To: MHVZZVISNTWENTY, TEST PATIENTR
Subject: General:dfdf

WOW

/es/ Alexandria N Tierney
Advanced Medical Support Assistant
Signed: 06/10/2022 09:50

Date/Time:	10 Jun 2022 @ 1123
Note Title:	PRIMARY CARE SECURE MESSAGING
Location:	Portland OR VAMC
Signed By:	TIERNEY,ALEXANDRIA N
Co-signed By:	TIERNEY,ALEXANDRIA N
Date/Time Signed:	10 Jun 2022 @ 0923

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JUN 10, 2022@11:23 ENTRY DATE: JUN 10, 2022@09:23:13
AUTHOR: TIERNEY,ALEXANDRIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

-----Original Message-----

Sent: 06/10/2022 11:57 AM ET
From: MHVZZVISNTWENTY, TEST PATIENTR
To: **Tveite M_Primary Care_VAPortlandHCS_Hillsboro
Subject: General:Msg for Training - Tierney, Alexandria - 2

sad;lfkjas[dofvkna[sf'va

Flu Shot Info: <https://www.portland.va.gov/news/flushots.asp>
Covid-19 Info: <http://tiny.cc/1t6xkz>

-----Original Message-----

Sent: 06/10/2022 12:21 PM ET

From: TIERNEY, ALEXANDRIA N

To: MHVZZVISNTWENTY, TEST PATIENTR

Subject: General:Msg for Training - Tierney, Alexandria - 2

sdfas

/es/ Alexandria N Tierney

Advanced Medical Support Assistant

Signed: 06/10/2022 09:23

Date/Time: 09 Jun 2022 @ 1617

Note Title: SPINAL CORD INJURY SECURE MESSAGING

Location: PUGET SOUND HCS

Signed By: WORSHAM,CAROLINE U

Co-signed By: WORSHAM,CAROLINE U

Date/Time Signed: 09 Jun 2022 @ 1417

Note

LOCAL TITLE: SPINAL CORD INJURY SECURE MESSAGING

STANDARD TITLE: SPINAL CORD INJURY SECURE MESSAGING

DATE OF NOTE: JUN 09, 2022@16:17 ENTRY DATE: JUN 09, 2022@14:17:50

AUTHOR: WORSHAM,CAROLINE U EXP COSIGNER:

URGENCY: STATUS: COMPLETED

-----Original Message-----

Sent: 06/09/2022 04:38 PM ET

From: MHVZZVISNTWENTY, TEST PATIENTR

To: *Spinal Cord Injury_Puget Sound_SCI

Subject: Test:Save for Workload

I want my medication refilled

Flu Shot Info: <https://www.portland.va.gov/news/flushots.asp>Covid-19 Info: <http://tiny.cc/1t6xkz>

/es/ Caroline U Worsham BA,BSN,RN

SCI/D Mgmt of Information & Outcomes Coordinator

Signed: 06/09/2022 14:17

Date/Time: 09 Jun 2022 @ 1546

Note Title: SPINAL CORD INJURY SECURE MESSAGING

Location: PUGET SOUND HCS

Signed By:	CORNELL,KAZUMI A
Co-signed By:	CORNELL,KAZUMI A
Date/Time Signed:	09 Jun 2022 @ 1346

Note

LOCAL TITLE: SPINAL CORD INJURY SECURE MESSAGING
STANDARD TITLE: SPINAL CORD INJURY SECURE MESSAGING
DATE OF NOTE: JUN 09, 2022@15:46 ENTRY DATE: JUN 09, 2022@13:46:55
AUTHOR: CORNELL,KAZUMI A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

-----Original Message-----
Sent: 06/09/2022 04:38 PM ET
From: MHVZZVISNTWENTY, TEST PATIENTR
To: *Spinal Cord Injury_Puget Sound_SCI
Subject: Test:Save for Workload

I want my medication refilled

Flu Shot Info: <https://www.portland.va.gov/news/flushots.asp>
Covid-19 Info: <http://tiny.cc/1t6xkz>

/es/ KAZUMI A CORNELL
My HealtheVet Coordinator
Signed: 06/09/2022 13:46

Date/Time:	06 Jun 2022 @ 1715
Note Title:	ANESTHESIOLOGY SECURE MESSAGING
Location:	PUGET SOUND HCS
Signed By:	CORNELL,KAZUMI A
Co-signed By:	CORNELL,KAZUMI A
Date/Time Signed:	06 Jun 2022 @ 1515

Note

LOCAL TITLE: ANESTHESIOLOGY SECURE MESSAGING
STANDARD TITLE: ANESTHESIOLOGY SECURE MESSAGING
DATE OF NOTE: JUN 06, 2022@17:15 ENTRY DATE: JUN 06, 2022@15:15:29
AUTHOR: CORNELL,KAZUMI A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

-----Original Message-----
Sent: 01/31/2022 04:20 PM ET
From: CORNELL, KAZUMI A

To: MHVZZVISNTWENTY, TEST PATIENTR

Subject: Medication:REFILL

ON THE WAY

Thank you for your service and support for My HealtheVet!!
Kazumi Cornell, MHV Coordinator - (206) 277-6381

/es/ KAZUMI A CORNELL
My HealtheVet Coordinator
Signed: 06/06/2022 15:15

Date/Time:	20 May 2022 @ 1903
Note Title:	PRIMARY CARE SECURE MESSAGING
Location:	Alaska VA Healthcare System
Signed By:	BEALS,MELISSA A
Co-signed By:	BEALS,MELISSA A
Date/Time Signed:	20 May 2022 @ 1603

Note

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: MAY 20, 2022@19:03 ENTRY DATE: MAY 20, 2022@16:03:12
AUTHOR: BEALS,MELISSA A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

-----Original Message-----

Sent: 05/20/2022 07:32 PM ET
From: MHVZZVISNTWENTY, TEST PATIENTR
To: My HealtheVet Coordinator - Alaska_ADMIN
Subject: General:Appointment time

Can you please remind me of my appointment time on 06/10 with my provider please?

Flu Shot Info: <https://www.portland.va.gov/news/flushots.asp>
Covid-19 Info: <http://tiny.cc/1t6xkz>

-----Original Message-----

Sent: 05/20/2022 07:56 PM ET
From: BEALS, MELISSA A
To: MHVZZVISNTWENTY, TEST PATIENTR
Subject: General:Appointment time

Your appointment is scheduled for 1000 that day

Melissa Alaska VA MyHealtheVet Coordinator
Coronavirus FAQs: <https://go.usa.gov/xdJkp>

/es/ MELISSA A BEALS
MY HEALTHEVET COORDINATOR
Signed: 05/20/2022 16:03

Date/Time:	16 May 2022 @ 1540
Note Title:	SECURE MESSAGING
Location:	Portland OR VAMC
Signed By:	VANN,CHRISTINA M
Co-signed By:	VANN,CHRISTINA M
Date/Time Signed:	16 May 2022 @ 1340

Note

LOCAL TITLE: SECURE MESSAGING
STANDARD TITLE: MHV DIALOG NOTE
DATE OF NOTE: MAY 16, 2022@15:40 ENTRY DATE: MAY 16, 2022@13:40:06
AUTHOR: VANN,CHRISTINA M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

-----Original Message-----

Sent: 05/16/2022 04:16 PM ET
From: MHVZZVISNTWENTY, TEST PATIENTR
To: *Care In The Community_VAPortlandHCS
Subject: General:sdefsdffasf

sdfadfasdfas

Flu Shot Info: <https://www.portland.va.gov/news/flushots.asp>
Covid-19 Info: <http://tiny.cc/1t6xkz>

-----Original Message-----

Sent: 05/16/2022 04:37 PM ET
From: VANN, CHRISTINA M
To: MHVZZVISNTWENTY, TEST PATIENTR
Subject: General:sdefsdffasf

send pics

/es/ Christina M Vann, BSN, RN
RN Community Care Case Manager
Signed: 05/16/2022 13:40

Date/Time:	11 May 2022 @ 1355
Note Title:	SCI TELEWOUND IMAGER NOTE
Location:	PUGET SOUND HCS
Signed By:	DE JESUS,ROSELYN T
Co-signed By:	DE JESUS,ROSELYN T
Date/Time Signed:	11 May 2022 @ 1355

Note

LOCAL TITLE: SCI TELEWOUND IMAGER NOTE
STANDARD TITLE: SPINAL CORD INJURY NOTE
DATE OF NOTE: MAY 11, 2022@13:55 ENTRY DATE: MAY 11, 2022@13:55:56
AUTHOR: DE JESUS,ROSELYN T EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Staff Image Capture App Note
=====

A clinical image was captured using the VA Staff Image Capture iOS App. The patient verbally consented to having this image captured and stored in the patient's electronic health record. This image can be viewed in Vista Imaging.

Comments about the image:
Complaint: rash to L palm.

/es/ Roselyn T. De Jesus, BSN, CRRN
SCI/D Telehealth Coordinator
Signed: 05/11/2022 13:55



Self Reported Medical Events

Source:	Self-Entered		
Medical Events:	Smoke test 2205.3	Start Date:	18 May 2022
Response:		Stop Date:	
Comments:	Pass		



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VA Immunizations

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

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

Immunization	Date Received
FLU,3 YRS (HISTORICAL)	10 Nov 2019 @ 1200
ZOSTER LIVE	13 Jan 2016 @ 0800
PNEUMOCOCCAL POLYSACCHARIDE PPV23	30 Jul 2014 @ 0929
PNEUMOCOCCAL, UNSPECIFIED FORMULATION	30 Jul 2014 @ 0929

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

Immunization:	FLU,3 YRS (HISTORICAL)	Date Received:	10 Nov 2019 @ 1200
Location:	PORTLAND VA MEDICAL CENTER		
Reaction:*	None Reported		
Comments:	Walgreens Tigard, Oregon		

Immunization:	PNEUMOCOCCAL POLYSACCHARIDE PPV23	Date Received:	30 Jul 2014 @ 0929
Location:	111A TEST NOTE LOCATION		
Reaction:*	None Reported		
Comments:	--		

Immunization:	PNEUMOCOCCAL, UNSPECIFIED FORMULATION	Date Received:	30 Jul 2014 @ 0929
Location:	111A TEST NOTE LOCATION		
Reaction:*	None Reported		
Comments:	--		

Immunization:	ZOSTER LIVE	Date Received:	13 Jan 2016 @ 0800
Location:	ZZMH1I DOUGLAS,D P2		
Reaction:*	None Reported		
Comments:	--		

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



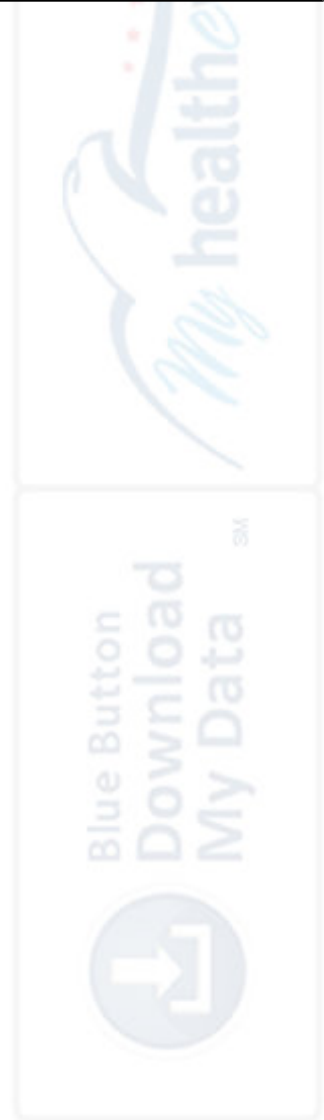
Self Reported Immunizations

Source:	Self-Entered		
Immunization:	Polio	Date Received:	18 May 2022
Other:		Method:	Injection
Reactions:	Chills		
Comments:	Smoke Test 2205.3		



VA Laboratory Results

Source:	VA
Last Updated:	28 Jul 2022 @ 1524
<p>No information was available that matched your selection. However, if you recently had a VA laboratory test done, your results may be available thirty-six (36) hours after laboratory analysis is finalized. Your VA provider may need additional time to review the results. Note: COVID-19 results are available immediately after receipt by VA. If you have any concerns about your results, contact your VA health care team.</p>	



VA Pathology Reports

Source:	VA
Last Updated:	28 Jul 2022 @ 1524
<p>No information was available that matched your selection. However, if you recently had a VA pathology specimen collected, the reports may be available thirty-six (36) hours after they have been completed. Some studies done at a non-VA facility may not be available or they may not necessarily include an interpretation.</p> <p>Note: Your provider may not have had a chance to read your VA pathology reports. If you have any concerns about your reports, contact your health care team.</p>	



Self Reported Labs & Tests

Source:	Self-Entered		
Test Name:	Smoke Test	Date:	27 May 2022
Location Performed:		Provider:	
Results:			
Comments:			



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VA Vitals and Readings

Source:	VA
Last Updated:	28 Jul 2022 @ 1524
No information was available that matched your selection.	



Self Reported Vitals & Readings

Source: Self-Entered			
Measurement Type:	Heart rate	Date:	01 Jun 2022
Heart Rate:	45	Time:	1720
Comments:	Smoke Test DXP		
Measurement Type:	Heart rate	Date:	22 Jun 2022
Heart Rate:	42	Time:	2210
Comments:			
Measurement Type:	Body weight	Date:	01 Jun 2022
Body Weight:	160	Time:	1710
Measure:	Pounds		
Comments:	Smoke test DXP		
Measurement Type:	Body temperature	Date:	01 Jun 2022
Body Temperature:	96.2	Time:	0001
Measure:	Fahrenheit		
Method:	Mouth		
Comments:	Smoke testing DXP		

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VA Radiology Reports

Source:	VA
Last Updated:	28 Jul 2022 @ 1524
<p>No information was available that matched your selection. However, if you recently had a VA radiology test or procedure, your reports may be available thirty-six (36) hours after they have been completed. Some studies done at a non-VA facility may not be available or they may not necessarily include an interpretation.</p> <p>Note: Your provider may not have had a chance to read your VA radiology reports. If you have any concerns about your reports, contact your health care team.</p>	



VA Electrocardiogram (EKG) Historical Dates

Source:	VA
Last Updated:	28 Jul 2022 @ 1524
VA Electrocardiogram (EKG) dates are no longer updated. No Information was available that matched your selection.	



Self Reported Family Health History

[illegible]

Relationship:	Sister
First Name:	Lisa
Last Name:	Brown
Living or Deceased	Living
Health Issues:	Joint Pain Eczema Asthma
Other Health Issues:	
Comments:	

Relationship:	Brother
First Name:	Mark
Last Name:	Brown
Living or Deceased	Living
Health Issues:	Back Pain Allergies
Other Health Issues:	
Comments:	

Relationship:	Uncle - Father's Side
First Name:	harris

Last Name:	harris
Living or Deceased	Living
Health Issues:	Alcohol History Social
Other Health Issues:	
Comments:	

Relationship:	Father
First Name:	Fred
Last Name:	Flinstone
Living or Deceased	Living
Health Issues:	Bronchitis
Other Health Issues:	
Comments:	

Relationship:	Mother
First Name:	Linda
Last Name:	
Living or Deceased	Living
Health Issues:	Allergies Asthma
Other Health Issues:	
Comments:	mom has asthma and allergies

Relationship:	Grandfather - Father's Side
First Name:	Grand
Last Name:	Father
Living or Deceased	Living
Health Issues:	COPD
Other Health Issues:	
Comments:	none

Relationship:	Father
First Name:	Smoke Test
Last Name:	2205.3
Living or Deceased	Living
Health Issues:	Airway and Breathing System Other Bronchitis
Other Health Issues:	
Comments:	

Self Reported Military Health History

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

Event Title:	Test
Event Date:	31 Oct 2017
Service Branch:	Coast Guard
Rank:	Test
Exposures:	Yes
Location of Service:	Overseas
Onboard Ship:	Yes
Military Occupational Specialty:	test
Assignment:	test
Exposures:	Test
Military Service Description:	Test

Event Title:	Test2
Event Date:	31 Oct 2017
Service Branch:	Other
Rank:	Test2
Exposures:	Yes
Location of Service:	United States
Onboard Ship:	No
Military Occupational Specialty:	Test2
Assignment:	Test2
Exposures:	Test2
Military Service Description:	Test2

Event Title:	Test3
Event Date:	31 Oct 2017
Service Branch:	Merchant Seaman
Rank:	Test3
Exposures:	Yes
Location of Service:	United States
Onboard Ship:	Yes
Military Occupational Specialty:	Test3
Assignment:	Test3
Exposures:	Test3
Military Service Description:	Test3

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Event Title:	Test4
Event Date:	31 Oct 2017
Service Branch:	Marine Corps
Rank:	Test4
Exposures:	Yes
Location of Service:	Overseas
Onboard Ship:	No
Military Occupational Specialty:	Test4
Assignment:	Test4
Exposures:	Test4
Military Service Description:	Test4

Event Title:	test
Event Date:	27 Aug 2019
Service Branch:	NOAA
Rank:	
Exposures:	Yes
Location of Service:	
Onboard Ship:	
Military Occupational Specialty:	
Assignment:	
Exposures:	test
Military Service Description:	test

Event Title:	Smoke Test 2205.3
Event Date:	18 May 2022
Service Branch:	
Rank:	
Exposures:	Yes
Location of Service:	
Onboard Ship:	
Military Occupational Specialty:	
Assignment:	
Exposures:	No
Military Service Description:	N/A

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Self Reported Activity Journal

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



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Self Reported Food Journal

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



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DoD Military Service Information

Source:	DoD
Last Updated:	28 Jul 2022 @ 1524

NOTES:

- 1) This report may not show your complete DoD Military Service Information. For more information go to the FAQ tab. Data prior to establishment of DEERS and full service reporting (c. 1980) may not appear.
- 2) It is normal for the begin/end dates in DoD records, adjusted by the Personnel Center after separation, to vary slightly from the DD-214.
- 3) No peacetime deployments will be displayed. For Gulf War I, only one period will be displayed even if you deployed more than once. No conflict prior to Gulf War I will be displayed. Kosovo, Bosnia, and Southern Watch data is incomplete and may not display.
- 4) For Guard/Reserve, periods of active duty may not display. No periods of Active duty service less than 30 days will display.

** No data was found. **



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Self Reported My Goals: Current Goals

Source:	Self-Entered
Sorted By:	Priority, then by Goal Start Date (Descending)
Remember to share your self-entered information with your VA health care team. This section contains all of your My Goals: Current Goals information regardless of the date range selected when you requested your VA Blue Button.	
ALL CURRENT GOALS - SUMMARY LIST (BY PRIORITY)	
None Entered	



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Self Reported My Goals: Completed Goals

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

COMPLETED GOALS - SUMMARY LIST (BY DATE GOAL COMPLETED)
None Entered

END OF MY HEALTHEVET PERSONAL INFORMATION REPORT



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