Section I: Veteran's Identification Information

1. Veteran/Service member's name

First: Laura Middle Initial: J

Last: Rodriguez-Wittgenstein

7. Email address

testy.testerson_thisisasuperreallylongemailaddressthatshouldoverflow@gmail.com

Section II: Traumatic Event(s) Information

9. Traumatic event(s) information

Event 1

Description: Corpsman on medical ship in Da Nang harbor, Vietnam

Location: Stationed on U.S.S. XYZ

Date: Summer of '70

Event 2

Description: Mugged

Location: Back alley in Big Town, USA

Date: June 2007

Event 3

Description: I would be minding my own business and this other soldier would use his rank to force me to

ups and sit ups and other stuff even when we were off duty.

If I refused the next day would be worse during work hours and he would like to the chain of that I had done something wrong. He would harass and belittle me. I tried to tell someone but

cared, I would just get in more trouble.

Location: Fort Belvior, VA

Date: June 2007

Event 4

Description: Lorem ipsum dolor sit amet.

More lorem ipsum dolor sit amet.

Location: abcdefghijklmn opgrstuvwxyz1234a bpgrstuvwxyz1234a

Date: Autumn of 1995

Event 5

Description: Lorem ipsum dolor sit amet.

Location: abcdefghijklmn opgrstuvwxyz1234a bpgrstuvwxyz1234a

Date: Winter of '68

Signed electronically and submitted via VA.gov at 04:00 UTC 2016-01-31. Signee signed with an identity-verified accenage 8

Event 6

Description: Lorem ipsum dolor sit amet.

Location: abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a

Date: Spring of '72

Event 7

Description: Lorem ipsum dolor sit amet.

Location: abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a

Date: Summer of '69

Section III: Additional Information Associated with the In-service Traumatic Event(s)

10. Behavioral Changes Following In-service Personal Traumatic Event(s)

Behavioral Change 1

Description: Request for a change in occupational series or duty assignment

Additional Information:

Following the incident, I sought medical and psychological treatment, which included therapy s with a licensed psychologist and regular consultations with my healthcare provider. These professionals have indicated that due to trauma, I am no longer able to perform at my previou capacity. In particular, I struggle with brain fog, concentration, and fatigue, which were not is to the event.

Behavioral Change 2

Description: Increased/decreased use of over-the-counter medications

Additional Information:

Increased use of over-the-counter medications including pain relievers, sleep aids, and anti-anx supplements. Started taking multiple doses of ibuprofen daily for headaches and muscle tensic began using melatonin and valerian root supplements to help with sleep disturbances. Occasio took antihistamines during the day to help manage anxiety symptoms. This pattern of self-med developed gradually over several months following the traumatic event.

Behavioral Change 3

Description:

Changes in eating habits, such as overeating or under eating, or significant changes in weight

Additional

no response

Information:

Behavioral Change 4

Description: Unlisted Additional Behavioral Changes

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caused by these flashbacks would leave me feeling overwhelmed, panicked, and unable function. At times, it felt as though I was reliving the traumatic experience, and I had significantly all tinge altinge the least rime present.

13. Treatment information I also developed chronic insomnia. I found it difficult to fall asleep, and when I did manage Foetiment favility frequently awakened by nightmares of the traumatic event. These disturbed

Pightsyleftmee feelingtexhausteded and supplied perform basic tasks during the day. The lack of rest contributed to a decline in my physical health, as I struggled with fatigue, headaches, and an overall sense of lethargy.

Treatment facility 2 Socially, I became increasingly withdrawn. I avoided interactions with friends, family, and Eacility parts of the content of the conten

Facility name: Silver Oak Recovery Center, 745 Greenfield Avenue, Clearwater, FL Since then I've found fewer and fewer reasons to live. I've lost all interest in the things I once Treatment date: no response loved, and I struggle to find any joy in the present moment. I've become increasingly isolated, and I often feel like I'm just going through the motions of life. I'm not sure how Intermediate I've an keep this up.

Facility name: Silver Oak Recovery Center, 745 Greenfield Avenue, Clearwater, FL

Treatment date: no response