

My HealtheVet

## *Personal Information Report*

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

Produced by the VA Blue Button (v18.3)  
16 Nov 2022 @ 0934

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

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

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

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

Name: WARD, JAMES MICHAEL

Date of Birth: 11 Apr 1988

## Download Request Summary

System Request Date/Time:	16 Nov 2022 @ 0934
File Name:	mhv_WARD_20221116_0934.pdf
Date Range Selected:	16 May 2022 to 16 Nov 2022
Data Types Selected:	My HealtheVet Account Summary Self Reported Health Care Providers Self Reported Treatment Facilities VA Wellness Reminders 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



MEDICAL CONFIDENTIAL

## *My HealtheVet Account Summary*

Source:	VA
Authentication Status:	Authenticated
Authentication Date:	25 Aug 2022
Authentication Facility Name:	AUSTIN MHV
Authentication Facility ID:	200MH

VA Treatment Facility	Type
Alaska VA Healthcare System (463)	VAMC
Dallas TX VAMC (549)	VAMC
Note: The X represents your self-selected VA Medical Center preference.	



Self Reported Healthcare Providers

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



Self Reported Treatment Facilities

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



VA Wellness Reminders

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Wellness Reminders are no longer updated.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



## VA Allergies

Source:	VA
Last Updated:	16 Nov 2022 @ 0933
No information was available that matched your selection.	



Self Reported Allergies

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



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## VA Medication History

Source:	VA
Last Updated:	16 Nov 2022 @ 0320
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:	LOSARTAN 25MG TAB
Instructions:	TAKE ONE TABLET BY MOUTH EVERY DAY FOR REDUCING BLOOD PRESSURE
Status:	Active
Refills Remaining:	2
Last Filled On:	30 Aug 2022
Initially Ordered On:	29 Aug 2022

Quantity	Days Supply	Pharmacy	Prescription Number
90	90	DALLAS	15043921
Phone: (800) 849-3597			

Medication:	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL		
Instructions:	INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS AS NEEDED FOR SHORTNESS OF BREATH - RESCUE INHALER		
Status:	Active		
Refills Remaining:	5		
Last Filled On:	30 Aug 2022		
Initially Ordered On:	29 Aug 2022		
Quantity	Days Supply	Pharmacy	Prescription Number
1	30	DALLAS	15043920
Phone: (800) 849-3597			

Medication:	LORATADINE 10MG TAB		
Instructions:	TAKE ONE TABLET BY MOUTH EVERY DAY FOR ALLERGIES		
Status:	Active		
Refills Remaining:	1		
Last Filled On:	25 Aug 2022		
Initially Ordered On:	24 May 2022		
Quantity	Days Supply	Pharmacy	Prescription Number
90	90	DALLAS	14396856A

Medication:	KETOTIFEN FUMARATE 0.025% OPH SOLN		
Instructions:	INSTILL 1 DROP IN BOTH EYES TWICE A DAY FOR EYE ALLERGIES		
Status:	Active		
Refills Remaining:	2		
Last Filled On:	25 Aug 2022		
Initially Ordered On:	24 May 2022		
Quantity	Days Supply	Pharmacy	Prescription Number
5	30	DALLAS	14414922A

Self-Reported Medications & Supplements

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



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## VA Problem List

Source:	VA
Last Updated:	16 Nov 2022 @ 0933
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:	Sleep apnea (SCT 73430006)	Date/Time Entered: 29 Aug 2022 @ 1200
Provider:	REDDY,PRATHYUSHA	
Location:	Dallas TX VAMC	
Status:	ACTIVE	
Comments:	--	

Problem:	Cervicalgia (SCT 81680005)	Date/Time Entered: 01 Jul 2019 @ 1200
Provider:	REDDY,PRATHYUSHA	
Location:	Dallas TX VAMC	
Status:	ACTIVE	
Comments:	--	

Problem:	Otitis media (SCT 65363002)	Date/Time Entered: 26 Aug 2016 @ 1200
Provider:	SMITH,ANDREA M	
Location:	Dallas TX VAMC	
Status:	ACTIVE	
Comments:	--	

Problem:	Allergic rhinitis (SCT 61582004)	Date/Time Entered: 12 Jan 2016 @ 1200
Provider:	GEORGE-NINAN,ELIZABETH	
Location:	Dallas TX VAMC	
Status:	ACTIVE	
Comments:	--	

## *VA Admissions and Discharges*

Source:	VA
Last Updated:	16 Nov 2022 @ 0933
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:	16 Nov 2022 @ 0933
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:	03 Nov 2022 @ 1609
Note Title:	MH ADMINISTRATIVE NOTE
Location:	Dallas TX VAMC
Signed By:	ROBACK,LAURA E
Co-signed By:	ROBACK,LAURA E
Date/Time Signed:	03 Nov 2022 @ 1609
Note	
<p>LOCAL TITLE: MH ADMINISTRATIVE NOTE            STANDARD TITLE: MENTAL HEALTH ADMINISTRATIVE NOTE            DATE OF NOTE: NOV 03, 2022@16:09 ENTRY DATE: NOV 03, 2022@16:09:28            AUTHOR: ROBACK,LAURA E EXP COSIGNER:            URGENCY: STATUS: COMPLETED</p> <p>Veteran has requested community care. Consults have been entered. The Veteran is assigned to the MH Diamond clinic as his/her primary MH team for administrative purposes. Should veteran want service with the VAMC they will be scheduled with the Diamond team.</p> <p>/es/ Laura Roback MSN, RN            Nurse Manager, MH Diamond Team            Signed: 11/03/2022 16:09</p>	

Date/Time:	17 Oct 2022 @ 1441
Note Title:	NO SHOW/CANCELLATION NOTE
Location:	Dallas TX VAMC
Signed By:	CANO,MELODY A
Co-signed By:	CANO,MELODY A
Date/Time Signed:	17 Oct 2022 @ 1442
Note	
LOCAL TITLE: NO SHOW/CANCELLATION NOTE	

STANDARD TITLE: NO SHOW NOTE

DATE OF NOTE: OCT 17, 2022@14:41 ENTRY DATE: OCT 17, 2022@14:41:19

AUTHOR: CANO,MELODY A EXP COSIGNER:

URGENCY: STATUS: COMPLETED

\*\*\* NO SHOW/CANCELLATION NOTE Has ADDENDA \*\*\*

NO-SHOW NOTE

Patient no showed to today's appointment.

We have scheduled your patient for the ordered PET cardiac stress test on 10-17-22 @1300; however, the patient 'no showed' the appointment. If this study

remains clinically necessary please consider further emphasis of medical necessity to the patient and submit a new order. If this procedure must be expedited, please contact Nuclear Medicine Service at (214) 857-0130.

/es/ MELODY A CANO

SUPERVISORY MSA

Signed: 10/17/2022 14:42

Receipt Acknowledged By:

10/17/2022 14:51 /es/ Matthew A. Newton, MSN, APRN, ACNP-BC

Nuclear Medicine

10/17/2022 14:46 /es/ Todd Nolen, MPA, PA-C

Nuclear Medicine Physician Assistant

10/19/2022 13:57 /es/ Prathyusha Reddy,MD

Staff Physician

10/17/2022 ADDENDUM STATUS: COMPLETED

NUCLEAR MEDICINE CLINICAL REVIEW NOTE OF PENDING ORDER:

Primary Care Team: DAL PC HOTEL #2 \*WH\*

Primary Care Doctor: REDDY,PRATHYUSHA

The Order #152224726 for NUCLEAR CARDIAC STRESS TEST for WARD,JAMES MICHAEL has been discontinued due to 'no-show'. If your patient agrees to proceed, please place a new order and desired date.

To facilitate scheduling, please instruct WARD,JAMES MICHAEL to contact the Nuclear Medicine scheduling desk, after a new order has been placed. The scheduling desk is available Mon-Fri from 07:30-16:00 at 214-857-0130.

Thank you for allowing our team the opportunity to participate in the care of our Veteran.

/es/ Todd Nolen, MPA, PA-C

Nuclear Medicine Physician Assistant

Signed: 10/17/2022 14:45

Date/Time:	14 Oct 2022 @ 1033
Note Title:	NUCLEAR MEDICINE APP NOTE
Location:	Dallas TX VAMC
Signed By:	NOLEN,TODD
Co-signed By:	NOLEN,TODD
Date/Time Signed:	14 Oct 2022 @ 1034

Note

LOCAL TITLE: NUCLEAR MEDICINE APP NOTE  
STANDARD TITLE: NUCLEAR MEDICINE NOTE  
DATE OF NOTE: OCT 14, 2022@10:33 ENTRY DATE: OCT 14, 2022@10:33:28  
AUTHOR: NOLEN,TODD EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

The Veteran was contacted by nuclear medicine via  
[ ] phone call directly  
[X] voice mail message

and was provided instructions by this writer in preparation for an outpatient nuclear cardiac stress test, scheduled for Oct 17,2022@13:00. The veteran was instructed to abstain from consuming caffeinated products including but not limited to coffee, tea, sodas, chocolate, decaffeinated products, caffeine containing medications, or any other potentially caffeinated products for at least 12 hours prior to his scheduled exam. The Veteran was instructed to abstain from eating for at least 6 hours prior to this test (Recommended fasting after midnight, except for water).

The Veteran was given detailed instructions regarding which outpatient medications to take and withhold (nothing to withhold) the morning of the exam, and instructed to bring all medications withheld into the nuclear medicine clinic on the day of the study (bring rescue inhaler).

The Veteran was given directions to the Nuclear Medicine Clinic and advised of their appointment time (advised to use the emergency department entrance for Saturday nuclear stress clinic). The Veteran was instructed to follow masking and screening guidelines consistent with the current CDC recommendations, to include recommendations regarding visitors to the VA medical center. The Veteran's questions were answered and he was instructed to call 214-857-0130 M-F 0700-1600 with any other questions or concerns.

/es/ Todd Nolen, MPA, PA-C



Nuclear Medicine Physician Assistant

Signed: 10/14/2022 10:34

Date/Time:	06 Oct 2022 @ 1722
Note Title:	SLEEP PAP F/U
Location:	Dallas TX VAMC
Signed By:	BAKER,STACIE D
Co-signed By:	BAKER,STACIE D
Date/Time Signed:	06 Oct 2022 @ 1722

**Note**

LOCAL TITLE: SLEEP PAP F/U

STANDARD TITLE: SLEEP MEDICINE NOTE

DATE OF NOTE: OCT 06, 2022@17:22 ENTRY DATE: OCT 06, 2022@17:22:04

AUTHOR: BAKER,STACIE D EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Consult Name:

Progress Note Title: SLEEP PAP F/U(Co-Sign required)

Clinic Name: DAL CPAP TELE 1

RELEVANT HISTORY:: WARD, JAMES is a 34 old Veteran.

DEVICE INFORMATION:: Serial # 22221756686

Initiation date: 08/31/2022

Device manufacturer/type: RESMED / AirSense 11 AutoSet

Mode: AUTOSET

Settings: Min Pressure 8.0 cmH2O, Max Pressure 20.0 cmH2O

DATES OF DOWNLOAD:: 08/31/2022 - 09/29/2022

USAGE:: Veteran has used PAP 30/30 days, with 70% of nights used greater than or equal to 4 hours. Average usage on days used was 4 hours 51 minutes .

PRESSURE:: Median pressure was 9.2 cmH2O, 95%ile pressure was 11.0 cmH2O.

LEAK:: Median leak was 5.0 L/min and 95%ile Leak was 12.3 L/min.

EFFECTIVENESS:: Machine detected AHI is 0.1, with Central Apnea index of 0.1,

Obstructive Apnea Index of 0.0, and Unknown Apnea Index of 0.0.

IMPRESSION:

Veteran met CMS adherence criteria on 2022-09-29

Current Usage is : Adequate

PATIENT COMMUNICATION:

None

ADDITIONAL COMMENTS: Mr. Ward's PAP data was accessed remotely and he presents

successful with PAP therapy, leak is satisfactory and current settings appear effective in eliminating most of the obstructive sleep apnea/hypopnea events with a residual AHI of 0.1 remaining; baseline AHI is 43.8. No further intervention warranted at this time and we will continue to monitor and provide

assistance with maintenance of PAP device and management of OSA. PLAN: 1. Continue current settings with sleep. 2. CPAP Clinic F/U in 2 years

/es/ STACIE D BAKER  
RESPIRATORY THERAPIST  
Signed: 10/06/2022 17:22

Date/Time:	30 Sep 2022 @ 1343
Note Title:	MENTAL HEALTH DIAGNOSTIC STUDY NOTE
Location:	Dallas TX VAMC
Signed By:	SELF,LYLENA M
Co-signed By:	SELF,LYLENA M
Date/Time Signed:	30 Sep 2022 @ 1547

#### Note

LOCAL TITLE: MENTAL HEALTH DIAGNOSTIC STUDY NOTE  
STANDARD TITLE: MENTAL HEALTH DIAGNOSTIC STUDY NOTE  
DATE OF NOTE: SEP 30, 2022@13:43:27 ENTRY DATE: SEP 30, 2022@13:43:27  
AUTHOR: SELF,LYLENA M EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

Generalized Anxiety Disorder, 7 items

Date Given: 09/30/2022  
Clinician: Self,Lylena M  
Location: Dal Mh Pcmhi Sw1

Veteran: Ward,James Michael  
SSN: xxx-xx-6927  
DOB: Apr 11,1988 (34)  
Gender: Male

GAD-7 score: 18

A low score indicates the absence of anxiety, a high score indicates the presence of anxiety symptoms; the range is 0 to 21. A score of 15 or greater is considered clinically significant, meriting active treatment for anxiety. A score of 10 to 14 indicates a condition that should be carefully evaluated.

#### Questions and Answers

1. Feeling nervous, anxious or on edge  
More than half the days
2. Not being able to stop or control worrying  
Nearly every day
3. Worrying too much about different things

- Nearly every day
4. Trouble relaxing  
Nearly every day
5. Being so restless that it is hard to sit still  
More than half the days
6. Becoming easily annoyed or irritable  
Nearly every day
7. Feeling afraid as if something awful might happen  
More than half the days

Information contained in this note is based on a self-report assessment and is not sufficient to use alone for diagnostic purposes. Assessment results should be verified for accuracy and used in conjunction with other diagnostic activities and procedures.

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#### Patient Health Questionnaire - 9 (PHQ-9)

Date Given: 09/30/2022  
Clinician: Self, Lylena M  
Location: Dal Mh Pcmhi Sw1

Veteran: Ward, James Michael  
SSN: xxx-xx-6927  
DOB: Apr 11, 1988 (34)  
Gender: Male

PHQ-9 Depression Scale Score: 18

The total score may range from 0 to 27.

Total Score	Depression Severity
-----	-----
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

#### Questions and Answers

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things  
More than half the days
2. Feeling down, depressed, or hopeless  
More than half the days
3. Trouble falling or staying asleep, or sleeping too much  
Nearly every day
4. Feeling tired or having little energy

- Nearly every day
5. Poor appetite or overeating  
Nearly every day
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down  
More than half the days
7. Trouble concentrating on things, such as reading the newspaper or watching television  
More than half the days
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual  
Several days
9. Thoughts that you would be better off dead or of hurting yourself in some way  
Not at all
10. If you checked off any problems, how DIFFICULT have these problems made it for you to do your work, take care of things at home or get along with other people?  
Extremely difficult

Information contained in this note is based on a self report assessment and is not sufficient to use alone for diagnostic purposes. Assessment results should be verified for accuracy and used in conjunction with other diagnostic activities.

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/es/ Lylena Self, LCSW  
Senior Social Worker  
Signed: 09/30/2022 15:47

Date/Time:	30 Sep 2022 @ 1330
Note Title:	PCMHI SCREENING NOTE
Location:	Dallas TX VAMC
Signed By:	SELF,LYLENA M
Co-signed By:	SELF,LYLENA M
Date/Time Signed:	30 Sep 2022 @ 1517

#### Note

LOCAL TITLE: PCMHI SCREENING NOTE  
STANDARD TITLE: MENTAL HEALTH NOTE  
DATE OF NOTE: SEP 30, 2022@13:30 ENTRY DATE: SEP 30, 2022@15:12:30  
AUTHOR: SELF,LYLENA M EXP COSIGNER:

URGENCY: STATUS: COMPLETED

VVC/PHONE

PRIMARY CARE MENTAL HEALTH INTEGRATION: INITIAL ASSESSMENT

PATIENT NAME: WARD, JAMES MICHAEL

PATIENT AGE: 34

TIME SPENT WITH PATIENT: 30 minutes

DIAGNOSIS TREATED: Symptoms of PTSD

CPT CODE: 90832

PATIENT CONTACT INFORMATION:

Phone: 614-312-3770

Patient Email - Jimmymichaelward@yahoo.com

Location at time of visit:

MR JAMES MICHAEL WARD

1600 N 9TH ST APT 923,

MIDLOTHIAN, TEXAS 76065

Patient location confirmed.

Other Individuals present in the home during session: n/a

EMERGENCY CONTACT:

Name: Trina Bian

Phone: 817-658-1218

Emergency number confirmed.

Emergency Call Relay Center (E911): 267-908-6605

MILITARY SERVICE:

Branch: Army

Dates of service: 8/2008 to 2/2012

Specialty/MOS: Motor transportation

Deployment to a combat zone: yes Afghanistan 2009 to 2010

SERVICE CONNECTION: DS - Disabilities

Eligibility: SC LESS THAN 50%

VERIFIED

Total S/C %: 40

TINNITUS 10%

S/C

DYSTHYMIC DISORDER 10%

S/C

NEURALGIA OF SCIATIC NERVE 10%

S/C

NEURALGIA OF SCIATIC NERVE 10%

S/C

NATURE OF ENCOUNTER: Brief Behavioral Health Screening/Functional Assessment

☒ Scheduled Appointment☐ Walk-In Visit

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MODALITY OF CARE: ☐ phone ☒ VVC

PROCEDURES: Brief Behavioral Health Assessment.

Veteran was appropriately identified with full name and full social security number, and advised of the limits to confidentiality including safety (threaten to harm yourself or others), abuse (abuse of a child or adult), legal (if involved in legal proceedings, records may be subject to subpoena), care coordination (VHA healthcare staff are permitted access to your record), and quality care review (quality assurance purposes). Veteran also was informed of the undersigned provider's role in the clinic, the approximate length of the appointment, what will occur during the appointment, and the type of follow-up which may occur. Veteran expressed verbal understanding and consented to utilize the services of primary care mental health integration.

SYMPTOM ASSESSMENT VIA SELF-REPORT INSTRUMENTS (see Mental Health Assistant for details):

PHQ-9: Score of 18 was suggestive of moderately severe depressive symptoms.

0-4=Minimal

5-9=Mild

10-14=Moderate

15-19=Moderately Severe

20-27=Severe

GAD-7: Score of 18 was suggestive of severe anxiety symptoms.

0-4=Minimal

5-9=Mild

10-14=Moderate

15-21=Severe

REASON FOR REFERRAL:

Veteran was self-referred to Primary Care Mental Health Integration for a brief behavioral health assessment to address:

When he first got out of services he denied that he had any issues and the more time goes by he has noticed a lot of changes in his behavior. Sleep is difficult, social supports are smaller, and anger/irritability are occurring more often

HISTORY OF PROBLEM:

- Chief Complaint (duration/intensity/frequency): He is not wanting to admit he has mental health issues. He is struggling with his sleep, he will take something to help him sleep but he continues to have trouble getting to sleep (an hour or more before going to sleep) and wakes up a lot, and what sleep he gets is restless sleep. He has nightmares and has attacked his wife during one nightmare. He feels that he has been stuffing his emotions. He does not want to take medication if at all possible. He doesn't want to be drugged

up

all the time. Not going out in public, tired and has no energy, lack of concentration, stated he had a rough deployment. After having his son and getting out of the military he tried to cover his feelings up or stuff them down but they are finding their way out through nightmares/terrors. He is hypervigilant and checks the house numerous times. It started to get difficult after he lost a good friend through suicide. Night terrors with sweating, not wanting to go to events, loud noises triggers anger, a lot of agitation. Pulling people out of Afghanistan was difficult and upsetting due to all the lives that were lost. He finds himself crying more and his wife is gone a lot more with her new job. There are several things that occurred in Afghanistan but the one that stands out the most for him was when the convoy was blown up and they were under fire for 3 days.

- Factors that help problem: Nothing at this time, except for not thinking about it. Talks with his battle buddies.

- Cultural Factors affecting sx/care: Veteran is ok with asking for help

- Other Problems of Concern: None

#### MENTAL HEALTH HISTORY:

- Hospitalizations: Denies prior inpatient hospitalizations for psychiatric reasons.

- Medications (ADRs/benefits): none

- Psychotherapy: none

#### FUNCTIONAL ASSESSMENT (impact of current problem on the following):

- Sleep: difficulty going to sleep even with sleeping aids, nightmares/terrors, waking up and not being able to go back to sleep. Causing him to not be able to concentrate or focus.

- Work: unemployed due to COVID and home improvement having issues with people that he had to work with and triggered his emotions. Did better when he had to be out of the house and now it is difficult to do things outside.

- Interpersonal Relationships: Very strong, difficult lately as his wife is gone a lot due to her job.

- Marital status: Married for 12 years

- Children: 10 y/o son

- Recreation/Hobbies: He plays War Hammer with a friend

- Physical Health: It is getting worse, his weight has shot up, lack of motivation and energy

- Pain: back and neck pain rated pain as 6/10 on a scale of "0 to 10"

#### SUBSTANCE USE:

- Alcohol: DENIED

- Tobacco: DENIED

- Drugs: DENIED

- Caffeine: energy drinks: 1 (450mg) every day but slowed down to 1 a week.

#### RISK ASSESSMENT:

Suicidal Ideation: Has thought about his about 6 months ago due to feeling useless but no current thoughts

Suicidal Attempts: No

Homicidal Ideation: No

Protective factors: denied SI, positive social support, relationship with/responsibility to family, children in the home, life satisfaction: 3/10 on a scale of "0 to 10", positive coping skills, futuristic speech, help-seeking behavior.

Disposition: Veteran did not appear to be at imminent risk to harm self or others at this time, and is thus sustainable as an outpatient.

Discussed emergency resources, including walk-in clinic during regular business hours as well as ER, 911, and Veteran's Crisis Line 24/7. Veteran was provided with Veteran's crisis line's contact information. Veteran expressed understanding.

CLINICAL REMINDERS: All relevant reminders complete.

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CURRENT PROBLEM LIST:

Sleep apnea (SCT 73430006)  
Cervicalgia (SCT 81680005)  
Otitis media (SCT 65363002)  
Allergic rhinitis (SCT 61582004)

MEDICATIONS PER CPRS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
-------------------------------	--------

- |  |        |
|--|--------|
| =====  |        |
| 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS AS NEEDED FOR SHORTNESS OF BREATH - RESCUE INHALER | ACTIVE |
| 2) KETOTIFEN FUMARATE 0.025% OPH SOLN INSTILL 1 DROP IN BOTH EYES TWICE A DAY FOR EYE ALLERGIES                                    | ACTIVE |
| 3) LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR ALLERGIES  | ACTIVE |
| 4) LOSARTAN 25MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR REDUCING BLOOD PRESSURE  | ACTIVE |

Medication compliance: as prescribed

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## BEHAVIORAL OBSERVATIONS/MENTAL STATUS:

- Affect: Solemn/slightly apprehensive
- Thought: goal directed & logical
- Hallucination: none reported or observed
- Delusions: none reported or observed
- Judgment/Insight: sound/ good
- Orientation: x4

## IMPRESSIONS:

WARD, JAMES MICHAEL is a 34-year old WHITE MALE Veteran, with medical hx significant for tarsal tunnel syndrome, tendonitis posterior labial, knee joint pain and psychiatric h/o Dysthymic disorder. Pt presents with sx of symptoms of PTSD

## INITIAL INTERVENTION:

- Worked on building trust and rapport, assessment and treatment planning.
- Veteran was provided with empathetic listening and given the opportunity to express thoughts and feelings regarding current concerns.
- Provided information about MH services available at the North TX VA, including community resources

## TREATMENT GOALS ESTABLISHED:

1. Establish care with MH

## Reason for Referral to MHC:

- ☒ Chronicity of symptoms
- ☐ Severity of symptoms
- ☐ Diagnosis of severe mental illness
- ☒ Trauma treatment
- ☐ Number of medications
- ☐ Type of medications
- ☒ Patient requested time limited therapy (12-15 sessions)
- ☐ Patient declined a referral to the Vet Center, RRC, or Cohen Center
- ☐ Patient failed 2 trials of medication management which could include prior care in the community
- ☒ Other: GAD 7 & PHQ 9 are clinically significant

## RESPONSE TO INTERVENTIONS:

Veteran was open and receptive to interventions provided today.

## PLAN:

The undersigned provider discussed the Veterans diagnosis and treatment options with the Veteran. The Veteran indicated that he was interested in the following treatment options:

## Therapy:

- ☐ Not interested at this time
- ☐ Brief psychotherapy in PCMH
- ☒ Referred to MHC for psychotherapy

[ ] Placed CC consult for psychotherapy d/t extended wait times at the VA  
 [ ] Community resources: RRC, Vet Center, Stephen A. Cohen

Medication:

[X] Not interested at this time  
 [ ] Not clinically indicated at this time  
 [ ] Pharmacological treatment in PCMH  
 [ ] Referred to the MHC for pharmacological treatment  
 [ ] Placed CC consult for medication d/t extended wait times at the VA

Other:

[ ] Referred to chaplain services for grief counseling  
 [ ] Provided handouts:  
 [ ] Referred to Social Work for housing, financial, transportation, etc.  
 [ ] Referred to Benefits for assistance with claim  
 [ ] Sent email for PACT assignment or Vesting appt  
 [ ] Veterati - free mentoring network for military

/es/ Lylena Self, LCSW

Senior Social Worker

Signed: 09/30/2022 15:17

Date/Time:	19 Sep 2022 @ 1158
Note Title:	NURSING NOTE
Location:	Dallas TX VAMC
Signed By:	JORDAN,LATASHA N
Co-signed By:	JORDAN,LATASHA N
Date/Time Signed:	19 Sep 2022 @ 1202

Note

LOCAL TITLE: NURSING NOTE  
 STANDARD TITLE: NURSING NOTE  
 DATE OF NOTE: SEP 19, 2022@11:58 ENTRY DATE: SEP 19, 2022@11:58:26  
 AUTHOR: JORDAN,LATASHA N EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

From message manager:

Full ID: WARD,JAMES MICHAEL (6927)

Last Name: WARD

First Name: JAMES

Last Four: 6927

Reason: Nurse Call

Comment: PT REQUESTING CALL BACK IN REGARDS TO TESTOTERONE TEST AND NEW REFFERAL

FOR CHIROPRACTOR. PLEASE CALL  
-----

Pt called for clarification:

1. Pt stated that he feels that he has low testosterone due to him being fatigued and low sex drive. Pt requesting to have testosterone tested.
2. Requesting another Nuc Med stress test order
3. Requesting a new referral to see the chiro.

/es/ LATASHA N JORDAN

Registered Nurse

Signed: 09/19/2022 12:02

Receipt Acknowledged By:

09/21/2022 08:13 /es/ Prathyusha Reddy,MD  
Staff Physician

Date/Time:	17 Sep 2022 @ 0652
Note Title:	NUCLEAR MEDICINE APP NOTE
Location:	Dallas TX VAMC
Signed By:	NOLEN,TODD
Co-signed By:	NOLEN,TODD
Date/Time Signed:	17 Sep 2022 @ 0652

#### Note

LOCAL TITLE: NUCLEAR MEDICINE APP NOTE  
STANDARD TITLE: NUCLEAR MEDICINE NOTE  
DATE OF NOTE: SEP 17, 2022@06:52 ENTRY DATE: SEP 17, 2022@06:52:30  
AUTHOR: NOLEN,TODD EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

NUCLEAR MEDICINE CLINICAL REVIEW NOTE OF PENDING ORDER:

=====

Primary Care Team: DAL PC HOTEL #2 \*WH\*  
Primary Care Doctor: REDDY,PRATHYUSHA

The Nuclear Medicine service has made unsuccessful attempts to schedule the requested Nuclear Cardiac Stress for JAMES WARD. The Order #151674779 has been discontinued.

If your patient agrees to proceed, please place a new order and desired date.

To facilitate scheduling, please instruct WARD, JAMES MICHAEL to contact the Nuclear Medicine scheduling desk, after a new order has been placed. The scheduling desk is available Mon-Fri from 07:30-16:00 at 214-857-0130.

Thank you for allowing our team the opportunity to participate in the care of our Veteran.

/es/ Todd Nolen, MPA, PA-C  
Nuclear Medicine Physician Assistant  
Signed: 09/17/2022 06:52

Receipt Acknowledged By:  
09/19/2022 08:09 /es/ Prathyusha Reddy, MD  
Staff Physician

Date/Time:	09 Sep 2022 @ 0750
Note Title:	NURSING NOTE
Location:	Dallas TX VAMC
Signed By:	JORDAN, LATASHA N
Co-signed By:	JORDAN, LATASHA N
Date/Time Signed:	09 Sep 2022 @ 0751

#### Note

LOCAL TITLE: NURSING NOTE  
STANDARD TITLE: NURSING NOTE  
DATE OF NOTE: SEP 09, 2022@07:50 ENTRY DATE: SEP 09, 2022@07:50:11  
AUTHOR: JORDAN, LATASHA N EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

From message manager:

Full ID: WARD, JAMES MICHAEL (6927)

Last Name: WARD  
First Name: JAMES  
Last Four: 6927

Reason: Referral

Comment: CARDIOLOGY, DR ALLEN TAYLOR, NPI# 1649272923, 851 HWY 287 N, MANSFIELD,

TX 76063, 817-842-2500, PLEASE CONTACT JANE T. PER VET, WANTING TO SEE A  
CARDIOLOGY OUTSIDE OF VA, PLEASE CALL VET

-----

Pt called. Voice message left to return call to the clinic. Consult procedure

explained. Nuclear stress test ordered on last appointment (8/29/22) but not completed.

/es/ LATASHA N JORDAN  
Registered Nurse  
Signed: 09/09/2022 07:51

Receipt Acknowledged By:  
09/09/2022 08:13 /es/ Prathyusha Reddy,MD  
Staff Physician

Date/Time:	06 Sep 2022 @ 1506
Note Title:	SLEEP PAP TELEPHONE MESSAGE MANAGER NOTE
Location:	Dallas TX VAMC
Signed By:	WEBER,ENNIS D
Co-signed By:	WEBER,ENNIS D
Date/Time Signed:	06 Sep 2022 @ 1509

#### Note

LOCAL TITLE: SLEEP PAP TELEPHONE MESSAGE MANAGER NOTE  
STANDARD TITLE: NURSING NOTE  
DATE OF NOTE: SEP 06, 2022@15:06 ENTRY DATE: SEP 06, 2022@15:06:32  
AUTHOR: WEBER,ENNIS D EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

#### Telephone Note

DX: OSA

#### S-SUBJECTIVE

Patient was contacted via telephone at the patient's request and states he/she wears PAP device and is requesting the following supplies:

Mask AIRFIT P10 NASAL PILLOWS

#### O- OBJECTIVE

Patient states device is working WNL.

Accessories in need of replacement.

Other Previous mask was irritating him and he wanted to try nasal pillows.

#### A- ASSESSMENT

All issues, questions/concerns addressed at this time.

Reinforced instruction usage, scheduled maintenance, and safety of equipment.

Patient was provided clinic contact information and advised to contact this office for all PAP related questions, concerns or issues.

Patient expressed comprehension and responsibilities in the partnership of this treatment plan.

#### P- Plan

Continue current settings with sleep

Ordered supplies through ROES.

Time Spent: 10 minutes

/es/ ENNIS D WEBER,RCP,RRT

RRT-FEE

Signed: 09/06/2022 15:09

Date/Time:	02 Sep 2022 @ 0951
Note Title:	NUCLEAR MEDICINE ADMINISTRATIVE NOTE
Location:	Dallas TX VAMC
Signed By:	CANO,MELODY A
Co-signed By:	CANO,MELODY A
Date/Time Signed:	02 Sep 2022 @ 0952

**Note**

LOCAL TITLE: NUCLEAR MEDICINE ADMINISTRATIVE NOTE  
STANDARD TITLE: NUCLEAR MEDICINE ADMINISTRATIVE NOTE  
DATE OF NOTE: SEP 02, 2022@09:51 ENTRY DATE: SEP 02, 2022@09:51:59  
AUTHOR: CANO,MELODY A EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

MR JAMES MICHAEL WARD  
1600 N 9TH ST APT 923,  
MIDLOTHIAN, TEXAS 76065

Dear JAMES WARD,

Your provider has requested a PET/CT nuclear stress test in order to assist in evaluating your heart and blood flow through your coronary arteries. The Dallas VA Medical Center would like to ensure that Veterans with confirmed or suspected coronary artery disease/heart disease are offered the medical care needed to help prevent complications such as heart attack, stroke, kidney disease & congestive heart failure. This can be accomplished in part with diagnostic imaging of the perfusion (blood flow) in the coronary arteries. This procedure is noninvasive and yields useful information about your health.

Please contact the Nuclear Medicine Service as soon as possible. We will schedule your exam and provide prep instructions. The Nuclear Medicine scheduling desk can be reached Monday -Friday, from 7:30 AM - 4:00 PM at 214-857-0130.

The study request will be discontinued 14 days from the date of this letter if we have been unable to schedule the exam. If you do not wish to complete the test, a telephone call would be greatly appreciated.

Kindest regards,

MELODY

/es/ MELODY A CANO

SUPERVISORY MSA

Signed: 09/02/2022 09:52

Date/Time:	31 Aug 2022 @ 1515
Note Title:	CPAP CONSULT RESULT
Location:	Dallas TX VAMC
Signed By:	OLIAPURATH,KURUVILA
Co-signed By:	OLIAPURATH,KURUVILA
Date/Time Signed:	31 Aug 2022 @ 1555

## Note

LOCAL TITLE: CPAP CONSULT RESULT

STANDARD TITLE: RESPIRATORY THERAPY CONSULT

DATE OF NOTE: AUG 31, 2022@15:15 ENTRY DATE: AUG 31, 2022@15:55:36

AUTHOR: OLIAPURATH,KURUVILA EXP COSIGNER: PHILIP,GIGI K

URGENCY: STATUS: COMPLETED

## Reason for Visit:

Education for new PAP Device Setup

## Progress Note:

Education for New PAP Device Setup:

How new PAP Device was provided:

Device was provided to Veteran from a VA clinical site

Information and settings of Device provided:

Device: AIRSENSE 11 AUTOSET USA TRI

Serial number: 22221756686

Settings: AUTOCPAP 8-20 CWP , AHI=43.8

## Veteran Consent for data Monitoring:

Veteran approves of activation of modem for remote monitoring of PAP data?

Yes

Veteran approves to receive automated adherence messages?

Yes

Patient or Caregiver was provided verbal and/or Written instructions on:

Equipment use and function

Electrical safety including use of grounded or polarized outlets only and

avoidance of electrical adapter use

Equipment care including cleaning, maintenance, and supply replacement

Sleep center contact information

Patient or caregiver was able to show demonstration on equipment use

Yes

## Plan of Future Care:

As needed

Repeat download required

## Additional comments:

Patient was educated on Medicare (CMS) compliance guidelines and was made

aware that adherence to CPAP is defined as usage greater or equal to 4 hours per night for 21 out of 30 days anytime during the first 90 days of set up. Patient was also informed of device issuance policy of 1 device every 5 years. Patient expressed comprehension for the educational process and partnership in their treatment plan. Patient agreed to the terms of follow up and was provided with an address and phone numbers to contact the VANTHCS CPAP Program. Follow up will be performed via Somnoware in the first 30-90 days. Minutes professional time spent providing care.: 45 min

/es/ KURUVILA ABRAHAM OLIAPURATH RRT  
RESPIRATORY THERAPIST  
Signed: 08/31/2022 15:55

/es/ GIGI K PHILIP APN, FNP-C  
NURSE PRACTITIONER  
Cosigned: 09/01/2022 07:42

Date/Time:	30 Aug 2022 @ 1444
Note Title:	NUCLEAR MEDICINE ADMINISTRATIVE NOTE
Location:	Dallas TX VAMC
Signed By:	JOPLIN,JOCELYN S
Co-signed By:	JOPLIN,JOCELYN S
Date/Time Signed:	30 Aug 2022 @ 1444

#### Note

LOCAL TITLE: NUCLEAR MEDICINE ADMINISTRATIVE NOTE  
STANDARD TITLE: NUCLEAR MEDICINE ADMINISTRATIVE NOTE  
DATE OF NOTE: AUG 30, 2022@14:44 ENTRY DATE: AUG 30, 2022@14:44:06  
AUTHOR: JOPLIN,JOCELYN S EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

Attempt to contact Veteran to schedule NUCLEAR CARDIAC STRESS TEST was unsuccessful, LEFT VOICEMAIL FOR CALLBACK AT 214-857-0130.  
Clinically Indicated Date: 08/29/2022-ROUTINE-CARDIAC PET

/es/ JOCELYN S JOPLIN, LVN  
NUCLEAR MEDICINE  
Signed: 08/30/2022 14:44

Date/Time:	29 Aug 2022 @ 1023
Note Title:	MEDICATION RECONCILIATION NOTE
Location:	Dallas TX VAMC
Signed By:	REDDY,PRATHYUSHA
Co-signed By:	REDDY,PRATHYUSHA



Date/Time Signed: 29 Aug 2022 @ 1023

## Note

LOCAL TITLE: MEDICATION RECONCILIATION NOTE

STANDARD TITLE: MEDICATION MGT NOTE

DATE OF NOTE: AUG 29, 2022@10:23 ENTRY DATE: AUG 29, 2022@10:23:02

AUTHOR: REDDY, PRATHYUSHA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

## Outpatient Essential Medication List for Review

A list of active and pending outpatient prescriptions dispensed from this local

VA and dispensed remotely from another VA or DoD facility as well as local, active, and pending inpatient orders, local clinic medications, locally documented non-VA medications, and local prescriptions that have expired or been discontinued in the past 120 days has been generated below.

Medications in a hold or pending status are subject to change when reviewed by the pharmacy.

If the list for review does not include a component, then it was not applicable to this patient.

## Allergy Review:

Remote and Local Allergies:

FACILITY

ALLERGY/ADR

-----

-----

No Remote Allergy/ADR Data available for this patient

DALLAS VA MEDICAL CENTER

No Known Allergies

The patient's essential medication list as well as prescriptions that have been

expired or discontinued in the past 120 days, if any, has been reviewed.

Below

are Active, Pending, Non-VA, Remote, if any, medications at the time of this encounter:

## Active Outpatient Medications (including Supplies):

Active Outpatient Medications

Status

- 1) KETOTIFEN FUMARATE 0.025% OPH SOLN INSTILL 1 DROP IN BOTH EYES TWICE A DAY FOR EYE ALLERGIES ACTIVE
- 2) LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR ALLERGIES ACTIVE

## Pending Outpatient Medications

## Status

- 
- 1) ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL INHALE 2 PUFFS PENDING  
BY MOUTH EVERY 6 HOURS AS NEEDED FOR SHORTNESS OF  
BREATH - RESCUE INHALER
  - 2) LOSARTAN 25MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY PENDING  
FOR REDUCING BLOOD PRESSURE

4 Total Medications

Outside North Texas VA Documented Medication(s)

No remote medications found.

Here are NEW AND/OR CHANGED MEDICATIONS that your provider has prescribed:

- 1) Albuterol 90Mcg (Cfc-f) 200D Oral Inhl  
Inhale 2 Puffs By Mouth Every 6 Hours As Needed For Shortness Of Breath -  
Rescue Inhaler
  - 2) Losartan 25Mg Tab  
Take One Tablet By Mouth Every Day For Reducing Blood Pressure
- 

Your provider has NOT discontinued any of your medications today.

Clinic (IMO) and/or

Active Inpatient Medications (including Supplies):

No Medications Found

Recently Discontinued/

Recently Expired Inpatient, Outpatient and Clinic Medications  
(including Supplies):

		Issue Date	
Status		Last Fill	
Inactive Outpatient Medications		Refills	Expiration
=====			
1)	FLUTICASONE PROP 50MCG 120D NASAL INHL	EXPIRED	Issu:05-10-21
	Qty: 1 for 30 days Sig: INSTILL 1	Refills: 5	Last:05-10-21
	SPRAY IN EACH NOSTRIL EVERY DAY FOR		Expr:05-11-22
	ALLERGIES		
2)	KETOTIFEN FUMARATE 0.025% OPH SOLN	Qty: DISCONTINUED	Issu:05-21-21
	5 for 30 days Sig: INSTILL 1 DROP IN	Refills: 3	Last:05-22-21
	BOTH EYES TWICE A DAY FOR EYE		Expr:05-22-22
	ALLERGIES		
3)	LORATADINE 10MG TAB	Qty: 90 for 90 days	DISCONTINUED Issu:05-10-21

Sig: TAKE ONE TABLET BY MOUTH EVERY DAY FOR ALLERGIES      Refills: 2      Last:05-10-21  
Expr:05-11-22

Were there any medication discrepancies?  
No medication discrepancies found.

This essential medication list has been reviewed with the patient/caregiver and given to them at discharge from visit.

- a. Please give a list of these medications to each provider you see.
- b. You can use this list of medications to update the information when any of these medications are discontinued, doses are changed, or new medications (including over the counter products, herbals and supplements) are added.
- c. Please carry medication information at all times in the event of emergency situations.

For medication refills please call 1-800-849-3597 extension 79000 OR use My HealtheVet at <https://www.myhealth.va.gov/mhv-portal-web/home>

Education for new medications and/or medications changed during this encounter was provided to the patient and/or caregiver based on the assessed needs of the patient. This included each medication name, type, purpose, administration (including process, time, frequency, route, and dose), anticipated actions, potential side effects, and how the effects of the medication will be monitored. By signing this note, I certify that the patient and/or caregiver indicated understanding of this education content.

/es/ Prathyusha Reddy,MD  
Staff Physician  
Signed: 08/29/2022 10:23

Date/Time:	29 Aug 2022 @ 1008
Note Title:	AMB CARE MD/DO NOTE
Location:	Dallas TX VAMC
Signed By:	REDDY,PRATHYUSHA
Co-signed By:	REDDY,PRATHYUSHA
Date/Time Signed:	29 Aug 2022 @ 1610

Note

LOCAL TITLE: AMB CARE MD/DO NOTE  
STANDARD TITLE: PRIMARY CARE PHYSICIAN NOTE  
DATE OF NOTE: AUG 29, 2022@10:08 ENTRY DATE: AUG 29, 2022@10:08:04  
AUTHOR: REDDY,PRATHYUSHA EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

Medication education and counseling for new medications added today were provided to the patient and/or caregiver based on individual needs. This included why the medication was prescribed, how they should take it and for how long, what to expect from it, and what happens if medication is not taken as prescribed. By signing this note I certify that the patient and/or caregiver understood my instructions.

CC: cardiology consult

HPI:WARD,JAMES MICHAEL is a 34 year old WHITE MALE c/o

Went to ER for Chest pressure, EKG - normal, BP was elevated

treated for exercise induced asthma with steroids and inhalers

-He says that the ER physicians told him to follow-up for cardiology referral

-He reports that he has a strong family history of heart disease his father died

of MI at the age of 49 and grandmother had several heart attacks in her early 50s

PMH:

Cervicalgia (SCT 81680005)

Otitis media (SCT 65363002)

Allergic rhinitis (SCT 61582004)

Service connection :SC Percentage: 40%

Disabilities : TINNITUS (10%-SC)

DYSTHYMIC DISORDER (10%-SC)

NEURALGIA OF SCIATIC NERVE (10%-SC)

NEURALGIA OF SCIATIC NERVE (10%-SC)

Military history : Military Service - NONE FOUND

Allergies: Patient has answered NKA

Medications:

Active Inpatient, Outpatient and Clinic Medications (including Supplies):

Outpatient Medications

Status

- | Outpatient Medications  | Status |
|---|--------|
| 1) KETOTIFEN FUMARATE 0.025% OPH SOLN INSTILL 1 DROP IN BOTH EYES TWICE A DAY FOR EYE ALLERGIES | ACTIVE |
| 2) LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR ALLERGIES                         | ACTIVE |

REVIEW OF SYSTEMS:

Constitutional: No fevers, chills, night sweats, significant weight change

Eyes: No visual problems,

ENT: No head trauma, denies headaches, rhinorrhea or allergies, denies hearingloss ,

denies sore throat, hoarseness

Respiratory: No cough, shortness of breath, wheezing  
Cardiovascular: No chest pain, palpitations,  
GI: No nausea, vomiting, diarrhea, constipation, melena, hematochezia,  
hemorrhoids, abdominal pain  
GU: No dysuria, hematuria, hesitancy, polyuria  
Neurologic: No numbness, weakness  
Endocrinologic: No polyuria, polydipsia, heat or cold intolerance  
Dermatologic: No rash, pruritis, significant skin lesions  
Musculoskeletal: No joint pains

Physical Exam:

Vitals

TEMP:97 F [36.1 C] (08/29/2022 09:57)

PR: 86 (08/29/2022 09:57)

BP:137/93 (08/29/2022 10:02)

RESP:22 (08/29/2022 09:57)

awake alert orientedx3 not in respiratory distress

HEENT: NC AT PERL, EOMI.

NECK : supple,

CHEST : symmetrical

HEART :s1s2 reg

LUNgs :Clear

ABD: soft, NT ,bs+,

EXT: No edema, good peripheral pulses

Pertinent Labs/ Xrays: reviewed with patient

Assessment/Plan:

Chest pressure: Patient reports that he cannot run on treadmill due to compartment syndrome, nuclear stress test ordered

Exercise-induced asthma: Albuterol ordered for mail out

Sleep apnea : encouraged weight loss, awaiting CPAP equipment

obesity : encouraged weightloss, diet and lifestyle modification

History of compartment syndrome: Patient was advised to have surgery with the symptoms are persistent or unbearable. Patient states that he is able to function with his ADLs, hence no other treatment is necessary at this time

Health Maintenance

Colon cancer screen :

Collection DT	Specimen	Test Name	Result	Units	Ref Range
---------------	----------	-----------	--------	-------	-----------

08/28/2017 23:55	FECES	FIT 1/1	Negative		Ref: Negative
------------------	-------	---------	----------	--	---------------

PSA :No .PROSTATIC ANTIGEN in the last 1Y;

I spent 30 minutes today in seeing the patient, reviewing and documenting in the record and coordinating care.

RTC 6 month(s) or sooner if needed  
 Encourage Low Carb/Sodium Diet  
 Encourage Exercise as tolerated

Patient has received education about the above medical conditions and verbalizes understanding. Pt instructed to bring all meds with each clinic visit. Patient to update us with medical records regarding the care he is receiving at private facilities other than VA.

Risks/benefits of new medications discussed. Pt to read side effect package inserts of all new medications and understand side effects prior to starting new medications. Discussed about side effects of the medication and advised to monitor. In case of emergency he is instructed to call telecare or go to DVAMC or nearest ER.

/es/ Prathyusha Reddy, MD  
 Staff Physician  
 Signed: 08/29/2022 16:10

Date/Time:	29 Aug 2022 @ 1000
Note Title:	PREVENTIVE HEALTH SCREENING NOTE
Location:	Dallas TX VAMC
Signed By:	RATLIFF, VERONICA L
Co-signed By:	RATLIFF, VERONICA L
Date/Time Signed:	29 Aug 2022 @ 1006

#### Note

LOCAL TITLE: PREVENTIVE HEALTH SCREENING NOTE  
 STANDARD TITLE: PREVENTIVE MEDICINE NURSING NOTE  
 DATE OF NOTE: AUG 29, 2022@10:00 ENTRY DATE: AUG 29, 2022@10:00:17  
 AUTHOR: RATLIFF, VERONICA L EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

BP: 139/92 (08/29/2022 09:57)  
 P: 86 (08/29/2022 09:57)  
 R: 22 (08/29/2022 09:57)  
 T: 97 F [36.1 C] (08/29/2022 09:57)  
 Ht: 66 in [167.6 cm] (05/21/2021 13:36)

MEDICAL CONFIDENTIAL

Wt: 257.4 lb [116.75 kg] (08/29/2022 09:57)

Pulse Ox: 96% (08/29/2022 09:57)

Chief complaint:

Medication Review for Home Meds (VA and Non VA Medications)

Patient is taking all medication listed on the Meds Tab in CPRS.

Patient IS NOT taking any "Non-VA Meds" (over the counter medications such as

Tylenol, cold medicine, vitamins, herbals, supplementals and/or medications that may be prescribed by an outside provider). If the patient is taking new "Non-VA Meds", enter them as "Non-VA Meds" under the Meds tab.

Needs medication refills renewals: Yes

Questions regarding your medications: No

Stress Discussed with Patient:

Is there anything in your life that worries you or causes you stress?

Yes

Stress Management booklet provided to patient/caregiver

What REALLY matters to you in your life?

family

What goals are important for your health?

to lose weight

Short term goals:

find a job

Long term goals:

be healthy and getting off the cpap

What will help you meet the goal?

losing weight and getting sleep

Would you be interested in programs that are available through the VA to improve your health:

No

PAIN ASSESSMENT

On a scale of 0-10 how do you rate your primary pain?

5

Patient report of acceptable level (based on above scales):

Based on patient response, pain is a problem at this time and intervention is requested.

Patient was screened for pain and reported a score of 5 (05/21/2021 13:36).

The patient describes pain as

Comment: Tightness  
The patient states primary pain  
Area(s): Low Back, Neck  
The patient states the onset of pain was  
Greater than six months  
Patient states pain is increased by  
Comment: Exercise  
The patient identifies relief from pain by  
Comment: Other: nothing so far  
Is your pain always there or does it come and go?  
Always there

Patient observed to have or has reported/stated past or current abuse. No  
Patient observed to have or has reported/stated past or current exploitation. No  
Patient observed to have or has reported/stated past or current neglect. No  
If patient answers "YES" to any of the above questions, notify the  
provider  
immediately.

#### PATIENT HEALTH EDUCATION

##### BARRIERS OR ISSUES THAT MAY AFFECT LEARNING:

Patient has no apparent barriers or issues.

##### READINESS TO LEARN:

The patient is ready to learn.

##### PREFERRED LEARNING STYLE:

All (Visual/Listening/Doing)

##### TOPICS TAUGHT:

The safe and effective use of medications was reviewed.

Level of Understanding: Good

The risks for pain, understanding pain, how to use pain scale to assess pain, the importance of effective pain management, and methods for pain management were discussed. The patient was encouraged to speak up and to speak up and notify staff about the nature and location of pain and the effectiveness of pain interventions.

Level of Understanding: Good

##### METHODS/TOOLS USED:

Discussion:

#### Modified Kinder 1 Fall Screen:

Presents because of fall: \*\*

No

Age > 75\*\*

No

Impaired Mobility\*\*

Ambulates or transfers with assistive devices or assist

No

Ambulates with unsteady gait and no assistance

No

Unable to ambulate or transfer

No



## Altered Mental Status\*\*

Intoxication with alcohol or substance confusion

No

Fall within the past 12 months\*\*

No

Any other factor that may increase fall risk

No

If any responses are "Yes" the patient is a high fall risk.

Universal/Standard Fall Risk: "No" response to above questions

Oriented to patient surroundings

Provider notified of high fall risk screen:

Not Applicable

## PREVENTIVE MEDICINE INITIATIVES

Influenza Immunization:

No influenza vaccination was received during the recent influenza season.

V17 ALL Elevated BP :

Repeat blood pressure:

137/93

The patient was counseled on the importance of regular exercise and/or physical activity in the control of blood pressure.

The patient was instructed to try to participate in 120 minutes of aerobic exercise per week if possible and that any increase in physical activity may be useful in controlling blood pressure.

The patient was counseled on the importance of diet and weight loss/ control in the regulation of blood pressure.

The patient was counseled to reduce their weight to within 10 percent of their ideal body weight. The possible improvement in blood pressure control with even 5 to 10 pounds of weight loss was reviewed.

The contribution of dietary sodium to elevated blood pressure was reviewed. The patient was counseled to have a goal sodium intake of 1500mg per day, with no more than 2300mg per day.

The patient was counseled that a diet low in dietary saturated and trans fats is beneficial in lowering blood pressure.

The patient was counseled that a diet rich in fresh fruits, vegetables and whole grains is beneficial in lowering blood pressure.

The patient was counseled to limit alcohol intake to no more than 2 drinks per day for men and 1 drink per day for women.

/es/ VERONICA L RATLIFF

Registered Nurse

Signed: 08/29/2022 10:06

Date/Time: 22 Aug 2022 @ 1327

Note Title: SLEEP CLINIC NOTE

Location: Dallas TX VAMC

Signed By: JACOB, GRACE JOHN

Co-signed By: JACOB, GRACE JOHN

MEDICAL CONFIDENTIAL

Date/Time Signed: 22 Aug 2022 @ 1342

Note

LOCAL TITLE: SLEEP CLINIC NOTE  
STANDARD TITLE: SLEEP MEDICINE NOTE  
DATE OF NOTE: AUG 22, 2022@13:27 ENTRY DATE: AUG 22, 2022@13:27:31  
AUTHOR: JACOB, GRACE JOHN EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

From MM:

"Other

Comment: PT CALLED AND WANTED TO KNOW IF HE IS GOING TO GET A CPAP MACHINE OR NOT

, WANTS TO KNOW THE NEXT STEP IS, HASN'T HEARD ANYTHING SINCE HE HAD THE SLEEP  
STUDY PLEASE ADVISE

Phone: : (614)312-3770

Return Call: Yes

Best Time: ANY "

Hi Dr. Pan,

Patient is asking about cpap.

Is he eligible to have a cpap or need a titration study.

AHI 43.8 and lowest o2 sat 71%.

/es/ JACOB, GRACE JOHN, RN, BSN

Signed: 08/22/2022 13:42

Receipt Acknowledged By:

08/22/2022 14:34 /es/ THORIS H PAN, MD  
SLEEP STAFF PHYSICIAN

Date/Time: 19 Aug 2022 @ 1127

Note Title: NURSING NOTE

Location: Dallas TX VAMC

Signed By: JORDAN, LATASHA N

Co-signed By: JORDAN, LATASHA N

Date/Time Signed: 19 Aug 2022 @ 1144

Note

LOCAL TITLE: NURSING NOTE  
STANDARD TITLE: NURSING NOTE  
DATE OF NOTE: AUG 19, 2022@11:27 ENTRY DATE: AUG 19, 2022@11:27:44  
AUTHOR: JORDAN, LATASHA N EXP COSIGNER:

URGENCY: STATUS: COMPLETED

From message manager:

Full ID: WARD,JAMES MICHAEL (6927)

Last Name: WARD

First Name: JAMES

Last Four: 6927

Reason: Multiple Patient Issues

Comment: 1. pt was seen in the ER for heart issues. ER dr recommended he see a cardiologist. he is going to bring by a copy of his discharge paperwork to the clinic. Please call and assist.

2. Pt is also requesting results from sleep study.

-----

1. Pt called. Informed that he could drop the records off at the front desk for Dr. Reddy to review. Informed that an appointment with PCP may be needed due to pt requesting a Cardio consult. Pt transferred to the front desk to schedule an appointment.

2. Sleep lab contacted. Receptionist stated that she would put a note in for someone to contact the pt.

/es/ LATASHA N JORDAN

Registered Nurse

Signed: 08/19/2022 11:44

Receipt Acknowledged By:

08/22/2022 09:29 /es/ Prathyusha Reddy,MD  
Staff Physician

Date/Time:	29 Jul 2022 @ 1033
Note Title:	PM&R CHIROPRACTOR NOTE
Location:	Dallas TX VAMC
Signed By:	LANE,QUANDACIA S
Co-signed By:	LANE,QUANDACIA S
Date/Time Signed:	29 Jul 2022 @ 1052

**Note**

LOCAL TITLE: PM&amp;R CHIROPRACTOR NOTE

STANDARD TITLE: PHYSICAL MEDICINE REHAB NOTE

DATE OF NOTE: JUL 29, 2022@10:33 ENTRY DATE: JUL 29, 2022@10:33:56

AUTHOR: LANE,QUANDACIA S EXP COSIGNER: KHAN,AMINA T

URGENCY: STATUS: COMPLETED

\*\*\* PM&R CHIROPRACTOR NOTE Has ADDENDA \*\*\*

Visit: 5/8 Chief complaint: Neck and low back pain

Patient presents on 07/29/2022 denying any falls or accidents since the last visit. Patient states that he is supper sore from working out and lifting heavy weights.

Complaint History: Patient reports today with chronic low back pain since 2008 while in the service, patient contributes pain to repetitive ruck sack walks and IED explosions. Since then, low back pain has progressively worsened and has affected activities of daily living such as sitting for long periods of time. Patient states he is a student and it is hard to do some of his work.

The patient also reports with chronic neck pain since 2008, starting during military service and has also progressively worsened since serving. patient contributes pain to repetitive ruck sack walks, and IED explosions causing jarring of his neck. This also affects activities of daily living such as sitting for long periods of time. Patient states he is a student and it is hard to do some of his work.

Referred by: his PCP for a chiropractic spine consult and recommendations

REGION: NECK

PROGRESSION: worsened gradually since 2008

Pain scale: 7/10 now; "11"/10 at worst

TIME FACTOR: Constant

DESCRIPTION: Pinching and tense feeling

LOCATION/Radicular: CT junction to the bilateral traps; Patient reports tingling

in his fingertips mainly on the left

AGGRAVATING FACTORS: Bilateral rotation; and when he is hunched over; patient reports pain while swimming

RELIEVING FACTORS: Heating pad; and heated massager

REGION: LOW BACK

PROGRESSION: worsened gradually since 2008

Pain scale: 4/10 now; 6/10 at worst

TIME FACTOR: occasional

DESCRIPTION: Ache

LOCATION/Radicular: L1-L5; Patient states that his legs go numb sometimes because

of his history of Compartment syndrome

AGGRAVATING FACTORS: Sitting for long periods of time

RELIEVING FACTORS: Heating pad; and heated massager

Cervical, Thoracic, and Lumbar combined impressions: 06/23/2022

Impression:

No acute radiographic abnormality of the cervical, thoracic, and lumbar spine.

OSWESTRY: 10%--new score 07/22/2022: 4%

NDI: 32%--new score 07/22/2022:18%

Goals:

1. Cervical

1. 15% Increase ROM, 15% Decrease pain level
2. be able to drive without pain

2. Lumbar

1. 15% Increase ROM, 20% Decrease pain level
2. be able to sleep without pain

Spinous Process Tenderness:L5, L3, T8, T4, C7, C5

Myofascial Tenderness: Mid-trap; scalenes; levator scapulae; cervical paraspinals; lumbar paraspinals; gluteal; piriformis

Segmental dysfunction:pelvis, sacrum, L4, T6-3, C5, C2

Assessment:

1. Cervical: Segmental dysfunction
2. Thoracic: Segmental dysfunction
3. Lumbar: Segmental dysfunction
4. Sacrum/Pelvic: Segmental dysfunction

Consent: Discussed risks associated with chiropractic treatment, patient "understands risks and agrees to receive treatment from the chiropractic student intern and providers".

RISK:none at this time

Treatment:

- FD with percussors
- A-P/Prone thoracics
- Gonstead for pelvic and lumbar listings
- Supine cervicals
- MFR to bilateral upper traps

Post Treatment: patient responded very well to treatments. Patient states that he is feeling much better especially in his low back.

Plan: Treatment plan to be completed at Dallas VA. 1 visit per week for 4

weeks

I reviewed the above assessment and treatment plan with the patient. The patient "understands the plan and agrees to it".

/es/ Quandacia Lane  
Chiropractic Student  
Signed: 07/29/2022 10:52

/es/ Amina T. Khan  
PM&R Chiropractor  
Cosi gned: 07/29/2022 10:54

07/29/2022 ADDENDUM STATUS: COMPLETED  
The patient was seen for the diagnosis of chronic spinal pain due to:

Assessment:

1. Cervical: Segmental dysfunction
2. Thoracic: Segmental dysfunction
3. Lumbar: Segmental dysfunction
4. Sacrum/Pelvic: Segmental dysfunction

The patient was assessed, and the services were provided under the appropriate level of room or area supervision from the primary Chiropractor (DC) for the following activities this session: manipulation

Segmental dysfunction:  
pelvis, sacrum, L4, T6-3, C5, C2

The clinical decision making process for the treatment provided; patient response to treatment; assessment of the response to treatment; and plan of care documented in this note have been formulated and approved by the primary Chiropractor. Encounter data entry was approved by the primary DC, and is accurate for the services provided.

/es/ Amina T. Khan  
PM&R Chiropractor  
Signed: 07/29/2022 10:55

Date/Time:	22 Jul 2022 @ 1019
Note Title:	PM&R CHIROPRACTOR NOTE
Location:	Dallas TX VAMC
Signed By:	BURNS,JAMES E
Co-signed By:	BURNS,JAMES E
Date/Time Signed:	22 Jul 2022 @ 1051

Note

LOCAL TITLE: PM&R CHIROPRACTOR NOTE

STANDARD TITLE: PHYSICAL MEDICINE REHAB NOTE

DATE OF NOTE: JUL 22, 2022@10:19 ENTRY DATE: JUL 22, 2022@10:19:47

AUTHOR: BURNS,JAMES E EXP COSIGNER: HALL,MARTY J

URGENCY: STATUS: COMPLETED

\*\*\* PM&R CHIROPRACTOR NOTE Has ADDENDA \*\*\*

Visit: 4/4 Chief complaint: Neck and low back pain

Patient presents on 07/22/2022 denying any falls or accidents since the last visit, 07/15/2022. Patient states he has had a flare up in his neck pain the last two or three days. Patient states he does not recall anything that happened. Patient states that his back is "okay."

Complaint History: Patient reports today with chronic low back pain since 2008 while in the service, patient contributes pain to repetitive ruck sack walks and IED explosions. Since then, low back pain has progressively worsened and has affected activities of daily living such as sitting for long periods of time. Patient states he is a student and it is hard to do some of his work.

The patient also reports with chronic neck pain since 2008, starting during military service and has also progressively worsened since serving. patient contributes pain to repetitive ruck sack walks, and IED explosions causing jarring of his neck. This also affects activities of daily living such as sitting for long periods of time. Patient states he is a student and it is hard to do some of his work.

Referred by: his PCP for a chiropractic spine consult and recommendations

REGION: NECK

PROGRESSION: worsened gradually since 2008

Pain scale: 7/10 now; "11"/10 at worst

TIME FACTOR: Constant

DESCRIPTION: Pinching and tense feeling

LOCATION/Radicular: CT junction to the bilateral traps; Patient reports tingling

in his fingertips mainly on the left

AGGRAVATING FACTORS: Bilateral rotation; and when he is hunched over; patient reports pain while swimming

RELIEVING FACTORS: Heating pad; and heated massager

REGION: LOW BACK

PROGRESSION: worsened gradually since 2008

Pain scale: 4/10 now; 6/10 at worst

TIME FACTOR: occasional

DESCRIPTION: Ache

LOCATION/Radicular: L1-L5; Patient states that his legs go numb sometimes

because  
of his history of Compartment syndrome  
AGGRAVATING FACTORS: Sitting for long periods of time  
RELIEVING FACTORS: Heating pad; and heated massager

Cervical, Thoracic, and Lumbar combined impressions: 06/23/2022

Impression:

No acute radiographic abnormality of the cervical, thoracic, and lumbar spine.

OSWESTRY: 10%--new score 07/22/2022: 4%

NDI: 32%--new score 07/22/2022: 18%

Goals:

1. Cervical

1. 15% Increase ROM, 15% Decrease pain level
2. be able to drive without pain

2. Lumbar

1. 15% Increase ROM, 20% Decrease pain level
2. be able to sleep without pain

Spinous Process Tenderness: L5, L3, T8, T4, C7, C5

Myofascial Tenderness: Mid-trap; scalenes; levator scapulae; cervical paraspinals; lumbar paraspinals; gluteal; piriformis

Segmental dysfunction: pelvis, sacrum, L4, T6-3, C5, C2

Assessment:

1. Cervical: Segmental dysfunction
2. Thoracic: Segmental dysfunction
3. Lumbar: Segmental dysfunction
4. Sacrum/Pelvic: Segmental dysfunction

Consent: Discussed risks associated with chiropractic treatment, patient "understands risks and agrees to receive treatment from the chiropractic student intern and providers".

RISK: none at this time

Treatment:

- FD with percussors
- A-P thoracics
- Drops for pelvic and lumbar listings
- Supine cervicals
- MFR to bilateral upper traps



Post Treatment: patient responded very well to treatments. Patient states that he is feeling much better especially in his neck after the treatment today.

Plan: Treatment plan to be completed at Dallas VA. 1 visit per week for 4 weeks

I reviewed the above assessment and treatment plan with the patient. The patient "understands the plan and agrees to it".

/es/ James E Burns student  
Chiropractic student  
Signed: 07/22/2022 10:51

/es/ Marty J. Hall  
PM&R Chiropractor  
Coused: 07/22/2022 11:45

07/22/2022 ADDENDUM STATUS: COMPLETED  
Neck Disability Index Questionnaire

Patient Name: JAMES WARD Date: Jul 22,2022

Section 1 -- Pain Intensity

2. The pain is moderate at the moment.

Section 2 -- Personal Care(Washing, Dressing, etc.)

0. I can look after myself without causing extra pain.

Section 3 -- Lifting

0. I can lift heavy weights without extra pain.

Section 4 -- Reading

1. I can read as much as I want with slight pain in my neck.

Section 5 -- Headache

0. I have no headaches at all.

Section 6 -- Concentration

1. I can concentrate fully when I want to with slight difficulty.

Section 7 -- Work

0. I can do as much work as I want to.

Section 8 -- Driving

1. I can drive my car as long as I want with slight pain in my neck.

Section 9 -- Sleeping

3. My sleep is moderately disturbed (2-3 hours sleepless).

Section 10 -- Recreation

1. I am able to engage in all recreational activities with some pain in my neck.

DISABILITY INDEX SCORE: 18%

(From Vernon H and Hagino C, 1991 with permission from Fairbank J)  
Oswestry Disability Index Questionnaire

Patient Name: JAMES WARD Date: Jul 22,2022

## Section 1 -- Pain Intensity

0. I have no pain at the moment.

## Section 2 -- Personal Care (Washing, Dressing, etc.)

0. I can look after myself normally without causing extra pain.

## Section 3 -- Lifting

1. I can lift heavy weights but it gives me extra pain.

## Section 4 -- Walking

0. Pain does not prevent me walking any distance.

## Section 5 -- Sitting

0. I can sit in any chair as long as I like.

## Section 6 -- Standing

1. I can stand as long as I want but it gives me extra pain.

## Section 7 -- Sleeping

0. My sleep is never disturbed by pain.

## Section 8 -- Sex Life (if applicable)

0. My sex life is normal and causes no extra pain.

## Section 9 -- Social Life

0. My social life is normal and gives me no extra pain.

## Section 10 -- Traveling

0. I can travel anywhere without pain.

DISABILITY INDEX SCORE: 4%

/es/ James E Burns student

Chiropractic student

Signed: 07/22/2022 10:54

/es/ Marty J. Hall

PM&R Chiropractor

Cosigned: 07/22/2022 11:52

07/22/2022 ADDENDUM

STATUS: COMPLETED

This patient was evaluated and assessed/diagnosed for on going spinal pain. Services were provided under the appropriate level of room or area supervision from the primary doctor of Chiropractic (DC) for the following procedures/activities & diagnoses this visit; Areas of Segmental Dysfunction and

Assessment/Diagnoses - Joints manipulated/mobilized &/or soft tissue mobilization along with any life style counseling (HEP, Self Management, etc).

Segmental dysfunction: pelvis, sacrum, L4, T6-3, C5, C2

Assessment:

1. Cervical: Segmental dysfunction
2. Thoracic: Segmental dysfunction
3. Lumbar: Segmental dysfunction
4. Sacrum/Pelvic: Segmental dysfunction

The clinical decision-making process for the treatment provided, patient response to treatment; assessment of the response to treatment; and plan of care documented in this note have been formulated and approved by the primary

Chiropractor. Encounter data entry was approved by the primary chiropractor, and is for the services provided.

/es/ Marty J. Hall  
PM&R Chiropractor  
Signed: 07/22/2022 11:46

Date/Time:	15 Jul 2022 @ 1030
Note Title:	PM&R CHIROPRACTOR NOTE
Location:	Dallas TX VAMC
Signed By:	CLARK,DALLAS R
Co-signed By:	CLARK,DALLAS R
Date/Time Signed:	15 Jul 2022 @ 1048

#### Note

LOCAL TITLE: PM&R CHIROPRACTOR NOTE  
STANDARD TITLE: PHYSICAL MEDICINE REHAB NOTE  
DATE OF NOTE: JUL 15, 2022@10:30 ENTRY DATE: JUL 15, 2022@10:30:28  
AUTHOR: CLARK,DALLAS R EXP COSIGNER: HALL,MARTY J  
URGENCY: STATUS: COMPLETED

\*\*\* PM&R CHIROPRACTOR NOTE Has ADDENDA \*\*\*

Visit: 3/4 Chief complaint: Neck and low back pain

Patient presents on 07/15/2022 denying any falls or accidents since the last visit, 07/08/2022.

Complaint History: Patient reports today with chronic low back pain since 2008 while in the service, patient contributes pain to repetitive ruck sack walks and IED explosions. Since then, low back pain has progressively worsened and has affected activities of daily living such as sitting for long periods of time. Patient states he is a student and it is hard to do some of his work.

The patient also reports with chronic neck pain since 2008, starting during military service and has also progressively worsened since serving. patient contributes pain to repetitive ruck sack walks, and IED explosions causing jarring of his neck. This also affects activities of daily living such as sitting for long periods of time. Patient states he is a student and it is hard to do some of his work.

Referred by: his PCP for a chiropractic spine consult and recommendations

REGION: NECK

PROGRESSION: worsened gradually since 2008

Pain scale: 8/10 now; "11"/10 at worst

TIME FACTOR: Constant

DESCRIPTION: Pinching and tense feeling

LOCATION/Radicular: CT junction to the bilateral traps; Patient reports tingling

in his fingertips mainly on the left

AGGRAVATING FACTORS: Bilateral rotation; and when he is hunched over; patient reports pain while swimming

RELIEVING FACTORS: Heating pad; and heated massager

REGION: LOW BACK

PROGRESSION: worsened gradually since 2008

Pain scale: 2/10 now; 6/10 at worst

TIME FACTOR: occasional

DESCRIPTION: Ache

LOCATION/Radicular: L1-L5; Patient states that his legs go numb sometimes because

of his history of Compartment syndrome

AGGRAVATING FACTORS: Sitting for long periods of time

RELIEVING FACTORS: Heating pad; and heated massager

Cervical, Thoracic, and Lumbar combined impressions: 06/23/2022

Impression:

No acute radiographic abnormality of the cervical, thoracic, and lumbar spine.

OSWESTRY: 10%

NDI: 32%

Goals:

1. Cervical

1. 15% Increase ROM, 15% Decrease pain level
2. be able to drive without pain

2. Lumbar

1. 15% Increase ROM, 20% Decrease pain level
2. be able to sleep without pain

Spinous Process Tenderness: L5, L3, T8, T4, C7, C5

Myofascial Tenderness: Mid-trap; scalenes; levator scapulae; cervical paraspinals; lumbar paraspinals; gluteal; piriformis

Segmental dysfunction: pelvis, sacrum, L4, T6-3, C5, C2

Assessment:

1. Cervical: Segmental dysfunction
2. Thoracic: Segmental dysfunction
3. Lumbar: Segmental dysfunction
4. Sacrum/Pelvic: Segmental dysfunction

Consent: Discussed risks associated with chiropractic treatment, patient "understands risks and agrees to receive treatment from the chiropractic student intern and providers".

RISK:none at this time

Treatment:

- FD with percussors
- Prone thoracics
- Drops for pelvic and lumbar listings
- Supine cervicals

Post Treatment: patient responded very well to treatments. Patient states that they are feeling better after treatment

Plan: Treatment plan to be completed at Dallas VA. 1 visit per week for 4 weeks

I reviewed the above assessment and treatment plan with the patient. The patient "understands the plan and agrees to it".

/es/ DALLAS R CLARK

Student

Signed: 07/15/2022 10:48

/es/ Marty J. Hall

PM&R Chiropractor

Cosigned: 07/15/2022 11:37

07/15/2022 ADDENDUM STATUS: COMPLETED

This patient was evaluated and assessed/diagnosed for on going spinal pain. Services were provided under the appropriate level of room or area supervision from the primary doctor of Chiropractic (DC) for the following procedures/activities & diagnoses this visit; Areas of Segmental Dysfunction and

Assessment/Diagnoses - Joints manipulated/mobilized &/or soft tissue mobilization along with any life style counseling (HEP, Self Management, etc).

Segmental dysfunction:pelvis, sacrum, L4, T6-3, C5, C2

Assessment:

1. Cervical: Segmental dysfunction
2. Thoracic: Segmental dysfunction
3. Lumbar: Segmental dysfunction
4. Sacrum/Pelvic: Segmental dysfunction

The clinical decision-making process for the treatment provided, patient

response to treatment; assessment of the response to treatment; and plan of care documented in this note have been formulated and approved by the primary Chiropractor. Encounter data entry was approved by the primary chiropractor, and is for the services provided.

/es/ Marty J. Hall  
PM&R Chiropractor  
Signed: 07/15/2022 11:38

Date/Time:	08 Jul 2022 @ 1041
Note Title:	PM&R CHIROPRACTOR NOTE
Location:	Dallas TX VAMC
Signed By:	BURNS,JAMES E
Co-signed By:	BURNS,JAMES E
Date/Time Signed:	08 Jul 2022 @ 1106

#### Note

LOCAL TITLE: PM&R CHIROPRACTOR NOTE  
STANDARD TITLE: PHYSICAL MEDICINE REHAB NOTE  
DATE OF NOTE: JUL 08, 2022@10:41 ENTRY DATE: JUL 08, 2022@10:41:56  
AUTHOR: BURNS,JAMES E EXP COSIGNER: KHAN,AMINA T  
URGENCY: STATUS: COMPLETED

\*\*\* PM&R CHIROPRACTOR NOTE Has ADDENDA \*\*\*

Visit: 2/4 Chief complaint: Neck and low back pain

Patient presents today 7/08/22 with no new falls, accidents or traumas since last visit on 07/01/22. Patient reports generalized neck pain and soreness. Patient reports mild low back pain.

Complaint History: Patient reports today with chronic low back pain since 2008 while in the service, patient contributes pain to repetitive ruck sack walks and IED explosions. Since then, low back pain has progressively worsened and has affected activities of daily living such as sitting for long periods of time. Patient states he is a student and it is hard to do some of his work.

The patient also reports with chronic neck pain since 2008, starting during military service and has also progressively worsened since serving. patient contributes pain to repetitive ruck sack walks, and IED explosions causing jarring of his neck. This also affects activities of daily living such as sitting for long periods of time. Patient states he is a student and it is hard to do some of his work.

MEDICAL CONFIDENTIAL

Referred by: his PCP for a chiropractic spine consult and recommendations

REGION: NECK

PROGRESSION: worsened gradually since 2008

Pain scale: 8/10 now; "11"/10 at worst

TIME FACTOR: Constant

DESCRIPTION: Pinching and tense feeling

LOCATION/Radicular: CT junction to the bilateral traps; Patient reports tingling

in his fingertips mainly on the left

AGGRAVATING FACTORS: Bilateral rotation; and when he is hunched over; patient reports pain while swimming

RELIEVING FACTORS: Heating pad; and heated massager

REGION: LOW BACK

PROGRESSION: worsened gradually since 2008

Pain scale: 2/10 now; 6/10 at worst

TIME FACTOR: occasional

DESCRIPTION: Ache

LOCATION/Radicular: L1-L5; Patient states that his legs go numb sometimes because

of his history of Compartment syndrome

AGGRAVATING FACTORS: Sitting for long periods of time

RELIEVING FACTORS: Heating pad; and heated massager

Cervical, Thoracic, and Lumbar combined impressions: 06/23/2022

Impression:

No acute radiographic abnormality of the cervical, thoracic, and lumbar spine.

OSWESTRY: 10%

NDI: 32%

Goals:

1. Cervical

1. 15% Increase ROM, 15% Decrease pain level
2. be able to drive without pain

2. Lumbar

1. 15% Increase ROM, 20% Decrease pain level
2. be able to sleep without pain

Spinous Process Tenderness: L5, L3, T8, T4, C7, C5

Myofascial Tenderness: Mid-trap; scalenes; levator scapulae; cervical

paraspinals; lumbar paraspinals; gluteal; piriformis

Segmental dysfunction: pelvis, sacrum, L4, T6, C5, C2

Assessment:

1. Cervical: Segmental dysfunction
2. Thoracic: Segmental dysfunction
3. Lumbar: Segmental dysfunction
4. Sacrum/Pelvic: Segmental dysfunction

Consent: Discussed risks associated with chiropractic treatment, patient "understands risks and agrees to receive treatment from the chiropractic student intern and providers".

RISK: none at this time

Treatment:

Diversified adjustments on all segments  
FD with percussor  
MFR to cervical paraspinals

Post Treatment: patient responded very well to treatments. Patient reports that he is feeling better after the treatment today. Patient reports he is feeling looser in his neck.

Plan: Treatment plan to be completed at Dallas VA. 1 visit per week for 4 weeks

I reviewed the above assessment and treatment plan with the patient. The patient "understands the plan and agrees to it".

/es/ James E Burns student  
Chiropractic student  
Signed: 07/08/2022 11:06

/es/ Amina T. Khan  
PM&R Chiropractor  
Cosiigned: 07/08/2022 13:16

07/08/2022 ADDENDUM STATUS: COMPLETED

The patient was seen for the diagnosis of chronic spinal pain due to:

Assessment:

1. Cervical: Segmental dysfunction
2. Thoracic: Segmental dysfunction
3. Lumbar: Segmental dysfunction
4. Sacrum/Pelvic: Segmental dysfunction

The patient was assessed, and the services were provided under the appropriate level of room or area supervision from the primary Chiropractor (DC) for the following activities this session: manipulation



Segmental dysfunction:  
pelvis, sacrum, L4, T6, C5, C2

The clinical decision making process for the treatment provided; patient response to treatment; assessment of the response to treatment; and plan of care documented in this note have been formulated and approved by the primary Chiropractor. Encounter data entry was approved by the primary DC, and is accurate for the services provided.

/es/ Amina T. Khan  
PM&R Chiropractor  
Signed: 07/08/2022 13:17

Date/Time:	06 Jul 2022 @ 0827
Note Title:	SLEEP CONSULT RESULT
Location:	Dallas TX VAMC
Signed By:	PAN,THORIS H
Co-signed By:	PAN,THORIS H
Date/Time Signed:	06 Jul 2022 @ 0828

#### Note

LOCAL TITLE: SLEEP CONSULT RESULT  
STANDARD TITLE: SLEEP MEDICINE CONSULT  
DATE OF NOTE: JUL 06, 2022@08:27 ENTRY DATE: JUL 06, 2022@08:28:12  
AUTHOR: PAN,THORIS H EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

\*\*\* SLEEP CONSULT RESULT Has ADDENDA \*\*\*

Department of Veterans Affairs  
549 Dallas VA Medical Center Sleep Center

HOME SLEEP APNEA TEST- WatchPAT

#### IDENTIFICATION:

Name (Last, First): WARD, JAMES  
MRN: 1369963054  
DOB: 04/11/1988  
Referred by: Not Available  
Study date: 06/30/2022

#### STUDY TECHNIQUE AND DEFINITIONS:

The WatchPAT device monitors and measures variations in peripheral arterial tone via an opto-pneumatic finger-mounted probe. Additional recorded channels include pulse rate, oximetry, actigraphy, body position, chest motion, and snore sensor.

MEDICAL CONFIDENTIAL

Sleep/wake detection is based upon actigraphy data; and sleep staging is thereafter based upon variability in pulse rate, attenuation and variability of PAT amplitude, and inter-pulse period features. The PAT Apnea-Hypopnea Index (pAHI) and PAT Respiratory Disturbance Index (pRDI) are estimates of conventional pAHI and pRDI values produced by polysomnography. pAHI-4% is calculated using oxygen desaturations of 4% (VA/CMS standard).

#### PATIENT HISTORY:

34 year old Male with BMI of 41 (weight 252 lbs, height 66 inches)

ESS: ,

Relevant history: N/A

Relevant medication(s): N/A

#### STUDY DETAILS:

- Total Recording Time 7 hrs. 8 min.
- Study start time 23:14:42 PM
- Study stop time 06:23:13 AM
- Technically valid sleep time 5 hrs. 39 min.
- REM was 18.5% of technically valid sleep time

#### BODY POSITION

- Supine sleep was 1 hr. 31 min. (26.7% of EST)
- Non-Supine sleep was 4 hrs. 10 min. (73.3% of EST)

#### RESPIRATORY PARAMETERS:

- pAHI-4% was 43.8
- Supine pAHI-4% was 99.6
- Non-supine pAHI-4% was 23.6
- Estimated REM pAHI-4% was 56.6
- Central pAHI-4% was 0.7
- pRDI was 46.3
- Snoring >50dB for 48.8% of sleep time
- Oxygen desaturation index (ODI-4%) was 38.5
- Mean oxygen saturation was 91%
- Lowest oxygen saturation was 71%
- Saturations < 90%: 49.1 minutes (14.4% of EST)
- Saturations <= 88%: 34.2 minutes (10% of EST)

#### HEART RATE STATISTICS (BPM)

- Mean: 74; Min: 54; Max: 108

#### IMPRESSION:

- Study demonstrated adequate sampling of recording time with sufficient technical quality.
- Severe Obstructive Sleep apnea(OA)

## PLAN:

- Consider a dedicated in-lab titration study.
- Alternatively, can consider empiric therapy with autoPAP 8-20cmH2O.
- Weight management and regular exercise should be initiated or continued.
- Avoid alcohol, sedatives and other CNS depressants that may worsen sleep apnea and disrupt normal sleep architecture.

/es/ THORIS H PAN, MD  
 SLEEP STAFF PHYSICIAN  
 Signed: 07/06/2022 08:28

08/22/2022 ADDENDUM STATUS: COMPLETED  
 I spoke with the patient on the phone regarding their sleep study results. Pt interested in pursuing CPAP initiation instead of titration study. Will place order for CPAP consult new user enrollment. All questions were answered and the patient voiced understanding of the results.

/es/ THORIS H PAN, MD  
 SLEEP STAFF PHYSICIAN  
 Signed: 08/22/2022 14:34

Date/Time:	01 Jul 2022 @ 1206
Note Title:	SLEEP HST UPLOAD
Location:	Dallas TX VAMC
Signed By:	NEWMAN,MICHAEL E
Co-signed By:	NEWMAN,MICHAEL E
Date/Time Signed:	01 Jul 2022 @ 1207

## Note

LOCAL TITLE: SLEEP HST UPLOAD  
 STANDARD TITLE: SLEEP MEDICINE NOTE  
 DATE OF NOTE: JUL 01, 2022@12:06 ENTRY DATE: JUL 01, 2022@12:07:19  
 AUTHOR: NEWMAN,MICHAEL E EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

Home sleep testing was completed by the patient and the device was returned. The data has been uploaded and reviewed for quality.:

Data quality is:  
 Acceptable  
 Study to be scored and reviewed for interpretation  
 Time spent: 20 min

/es/ MICHAEL E NEWMAN

Sleep Technologist  
Signed: 07/01/2022 12:07

Date/Time:	01 Jul 2022 @ 1018
Note Title:	PM&R CHIROPRACTOR NOTE
Location:	Dallas TX VAMC
Signed By:	WOHLERS,NICHOLAS L
Co-signed By:	WOHLERS,NICHOLAS L
Date/Time Signed:	01 Jul 2022 @ 1054

#### Note

LOCAL TITLE: PM&R CHIROPRACTOR NOTE  
STANDARD TITLE: PHYSICAL MEDICINE REHAB NOTE  
DATE OF NOTE: JUL 01, 2022@10:18 ENTRY DATE: JUL 01, 2022@10:19  
AUTHOR: WOHLERS,NICHOLAS L EXP COSIGNER: KHAN,AMINA T  
URGENCY: STATUS: COMPLETED

\*\*\* PM&R CHIROPRACTOR NOTE Has ADDENDA \*\*\*

Patient presents today 7/1/22 with no new falls, accidents or traumas since last visit on 6/23/22. Patient reports he is experiencing neck pain today but his main concern is that he is beginning to form a fat pad in the area of c7/t1

Chief complaint: Neck and low back pain

Complaint History: Patient reports today with chronic low back pain since 2008 while in the service, patient contributes pain to repetitive ruck sack walks and IED explosions. Since then, low back pain has progressively worsened and has affected activities of daily living such as sitting for long periods of time. Patient states he is a student and it is hard to do some of his work.

The patient also reports with chronic neck pain since 2008, starting during military service and has also progressively worsened since serving. patient contributes pain to repetitive ruck sack walks, and IED explosions causing jarring of his neck. This also affects activities of daily living such as sitting for long periods of time. Patient states he is a student and it is hard

to do some of his work.

Treatment History: Patient denies

Chiropractic History: Patient went to the Dallas VA for chiropractic care in 2019, patient only came for 2 F/U visits. Patient does not recall why he stopped coming. Patient states he thinks it was not enough for him to get better. He states some of the treatment felt good.

Military History: 2008-2013 in active service for the Army, reserves from 2014-2016

Social/family History:

Diabetes: Patient's Father; Patient's grandparents

Cancer: Patient denies

CVD: Patient denies

Hypertension: Patient reports that he has had some high blood pressure readings lately; But has not been diagnosed

Strokes: Patient denies

Traumas/surgeries: Patient denies

MVA: Patient denies

Referred by: his PCP for a chiropractic spine consult and recommendations

REGION: NECK

PROGRESSION: worsened gradually since 2008

Pain scale: 7/10 now; "11"/10 at worst

TIME FACTOR: Constant

DESCRIPTION: Pinching and tense feeling

LOCATION/Radicular: CT junction to the bilateral traps; Patient reports tingling in his fingertips mainly on the left

AGGRAVATING FACTORS: Bilateral rotation; and when he is hunched over; patient reports pain while swimming

RELIEVING FACTORS: Heating pad; and heated massager

REGION: LOW BACK

PROGRESSION: worsened gradually since 2008

Pain scale: 4/10 now; 6/10 at worst

TIME FACTOR: occasional

DESCRIPTION: Ache

LOCATION/Radicular: L1-L5; Patient states that his legs go numb sometimes because

of his history of Compartment syndrome

AGGRAVATING FACTORS: Sitting for long periods of time

RELIEVING FACTORS: Heating pad; and heated massager

ROS: No bowel or bladder incontinence, fever/chills, weight loss

\*\*History of Compartment syndrome\*\*

General Examination:

Height: 5'6"

Weight: 250 lbs

Marital Status: Patient denies

Kids: 1 son

Employed: Student

Hobbies: Video games and war hammer (miniature painting)

Left Handed

Non-Smoker  
Non-drinker  
3X speech is fluent and comprehension is good

Gait: Normal

ALL ROMs ESTIMATED VISUALLY:

Cervical ROM:

Flexion: WNL	Pain: Patient denies
Extension: mildly decreased	Pain: Pain at CT junction
Side Bending: mildly decreased	Pain: when he goes to the right he has left upper trap pain
Rotation: mildly decreased	Pain: when he goes to the right he has left upper trap pain

Trunk ROM:

Flexion: mildly decreased	Pain: R-L4/L5
Extension: mildly decreased	Pain: Patient denies
Side Bending: WNL	Pain: Patient denies
Rotation: mildly reduced	Pain: Patient denies

Muscle Atrophy: No

Dejerines: (region): Patient denies

Cervical compression test: Negative R L

Cervical distraction: Negative R L

Jackson's Compression: Negative R L; Patient has opposite sided upper trap pain when laterally flexed each way.

Thoracic Compression: Negative

Thoracic Distraction: Negative

Seated SLR: Negative R L

Kemps test: Negative R L

Supine SLR: Negative R L

Fabere's test: Negative R L

Hip hyperextension test: Negative R L

Yoeman's test: Negative R L

Spine alignment: Normal

Manual Muscle Testing (Over 5):

C5	C6	C7	C8	T1
R 5/5	5/5	5/5	5/5	5/5
L 5/5	5/5	5/5	5/5	5/5

L3	L4	L5	S1
R 5/5	5/5	5/5	5/5

L 5/5 5/5 5/5 5/5

Sensory Examination:WNL

Light Touch: Normal

Muscle Stretch Reflexes:

Biceps R 2 L 2

Triceps R 1 L 1

Brachioradialis R 2 L 2

Knees R 2 L 2

Ankles R 2 L 2

<<IMAGES GO HERE IN CHRONOLOGICAL ORDER>>

**\*\*Updated imaging was ordered\*\***

OSWESTRY: 10%

NDI: 32%

Goals:

1. Cervical

1. 15% Increase ROM, 15% Decrease pain level
2. be able to drive without pain

2. Lumbar

1. 15% Increase ROM, 20% Decrease pain level
2. be able to sleep without pain

Spinous Process Tenderness:L5, L3, T8, T4, C7, C5

Myofascial Tenderness: Mid-trap; scalenes; levator scapulae; cervical paraspinals; lumbar paraspinals; gluteal; piriformis

Segmental dysfunction:pelvis, sacrum, L5, L3, T8, T6, T4, C7/T1, C5, C2

Assessment:

1. Cervical: Segmental dysfunction
2. Thoracic: Segmental dysfunction
3. Lumbar: Segmental dysfunction
4. Sacrum/Pelvic: Segmental dysfunction

Consent: Discussed risks associated with chiropractic treatment, patient "understands risks and agrees to receive treatment from the chiropractic student intern and providers".

RISK:none at this time

## Treatment:

Diversified adjustments on all segments  
FD with percussor

Post Treatment: patient responded very well to treatments. we went over his xrays and there are no concerns, additionally we talked about posture exercises to improve pain in the neck and help his cervical and lumbar curves.

Plan: Treatment plan to be completed at Dallas VA. 1 visit per week for 4 weeks  
Patient will be ordered full spine X-rays  
Patient was ordered a cervical pillow

I reviewed the above assessment and treatment plan with the patient. The patient "understands the plan and agrees to it".

/es/ NICHOLAS L WOHLERS  
chiropractic student  
Signed: 07/01/2022 10:54

/es/ Amina T. Khan  
PM&R Chiropractor  
Cosigned: 07/01/2022 12:26

07/01/2022 ADDENDUM STATUS: COMPLETED  
The patient was seen for the diagnosis of chronic spinal pain due to:

## Assessment:

1. Cervical: Segmental dysfunction
2. Thoracic: Segmental dysfunction
3. Lumbar: Segmental dysfunction
4. Sacrum/Pelvic: Segmental dysfunction

The patient was assessed, and the services were provided under the appropriate level of room or area supervision from the primary Chiropractor (DC) for the following activities this session: manipulation

Segmental dysfunction:  
pelvis, sacrum, L5, L3, T8, T6, T4, C7/T1, C5, C2

The clinical decision making process for the treatment provided; patient response to treatment; assessment of the response to treatment; and plan of care documented in this note have been formulated and approved by the primary Chiropractor. Encounter data entry was approved by the primary DC, and is accurate for the services provided.

/es/ Amina T. Khan  
PM&R Chiropractor  
Signed: 07/01/2022 12:27



Date/Time:	30 Jun 2022 @ 1000
Note Title:	SLEEP HST EDUCATION
Location:	Dallas TX VAMC
Signed By:	NEWMAN,MICHAEL E
Co-signed By:	NEWMAN,MICHAEL E
Date/Time Signed:	30 Jun 2022 @ 1025

Note

LOCAL TITLE: SLEEP HST EDUCATION  
STANDARD TITLE: SLEEP MEDICINE NOTE  
DATE OF NOTE: JUN 30, 2022@10:00 ENTRY DATE: JUN 30, 2022@10:25:57  
AUTHOR: NEWMAN,MICHAEL E EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

Service Location  
VAMC\_549 Dallas VA Medical Center

Device Information  
DeviceName: WPAT-5250  
DeviceSerialNumber: 85250

Patient attended an individual appointment for instruction on use of home sleep testing equipment. Device was given to patient with written instructions and contact information included. All questions were answered and the patient expressed understanding of the provided instructions and care plan.  
Time spent: 20 min

/es/ MICHAEL E NEWMAN  
Sleep Technologist  
Signed: 06/30/2022 10:25

Date/Time:	23 Jun 2022 @ 0924
Note Title:	PM&R CHIROPRACTOR CONSULT RESULT
Location:	Dallas TX VAMC
Signed By:	BURNS,JAMES E
Co-signed By:	BURNS,JAMES E
Date/Time Signed:	23 Jun 2022 @ 1034

Note

LOCAL TITLE: PM&R CHIROPRACTOR CONSULT RESULT  
STANDARD TITLE: PHYSICAL MEDICINE REHAB CONSULT  
DATE OF NOTE: JUN 23, 2022@09:24 ENTRY DATE: JUN 23, 2022@09:24:51  
AUTHOR: BURNS,JAMES E EXP COSIGNER: KHAN,AMINA T  
URGENCY: STATUS: COMPLETED

\*\*\* PM&R CHIROPRACTOR CONSULT RESULT Has ADDENDA \*\*\*

Chief complaint: Neck and low back pain

Complaint History: Patient reports today with chronic low back pain since 2008 while in the service, patient contributes pain to repetitive ruck sack walks and IED explosions. Since then, low back pain has progressively worsened and has affected activities of daily living such as sitting for long periods of time. Patient states he is a student and it is hard to do some of his work.

The patient also reports with chronic neck pain since 2008, starting during military service and has also progressively worsened since serving. patient contributes pain to repetitive ruck sack walks, and IED explosions causing jarring of his neck. This also affects activities of daily living such as sitting for long periods of time. Patient states he is a student and it is hard to do some of his work.

Treatment History: Patient denies

Chiropractic History: Patient went to the Dallas VA for chiropractic care in 2019, patient only came for 2 F/U visits. Patient does not recall why he stopped coming. Patient states he thinks it was not enough for him to get better. He states some of the treatment felt good.

Military History: 2008-2013 in active service for the Army, reserves from 2014-2016

Social/family History:

Diabetes: Patient's Father; Patient's grandparents

Cancer: Patient denies

CVD: Patient denies

Hypertension: Patient reports that he has had some high blood pressure readings lately; But has not been diagnosed

Strokes: Patient denies

Traumas/surgeries: Patient denies

MVA: Patient denies

Referred by: his PCP for a chiropractic spine consult and recommendations

REGION: NECK

PROGRESSION: worsened gradually since 2008

Pain scale: 7/10 now; "11"/10 at worst

TIME FACTOR: Constant

DESCRIPTION: Pinching and tense feeling

LOCATION/Radicular: CT junction to the bilateral traps; Patient reports tingling in his fingertips mainly on the left

AGGRAVATING FACTORS: Bilateral rotation; and when he is hunched over; patient reports pain while swimming

RELIEVING FACTORS: Heating pad; and heated massager

REGION: LOW BACK

PROGRESSION: worsened gradually since 2008

Pain scale: 4/10 now; 6/10 at worst

TIME FACTOR: occasional

DESCRIPTION: Ache

LOCATION/Radicular: L1-L5; Patient states that his legs go numb sometimes because

of his history of Compartment syndrome

AGGRAVATING FACTORS: Sitting for long periods of time

RELIEVING FACTORS: Heating pad; and heated massager

ROS: No bowel or bladder incontinence, fever/chills, weight loss

**\*\*History of Compartment syndrome\*\***

General Examination:

Height: 5'6"

Weight: 250 lbs

Marital Status: Patient denies

Kids: 1 son

Employed: Student

Hobbies: Video games and war hammer (miniature painting)

Left Handed

Non-Smoker

Non-drinker

3X speech is fluent and comprehension is good

Gait: Normal

ALL ROMs ESTIMATED VISUALLY:

Cervical ROM:

Flexion: WNL

Pain: Patient denies

Extension: mildly decreased

Pain: Pain at CT junction

Side Bending: mildly decreased

Pain: when he goes to the right he

has left upper trap pain

Rotation: mildly decreased

Pain: when he goes to

the right he has left upper trap pain

Trunk ROM:

Flexion: mildly decreased

Pain: R-L4/L5

Extension: mildly decreased

Pain: Patient denies

Side Bending: WNL

Pain: Patient denies

Rotation: mildly reduced

Pain: Patient denies

Muscle Atrophy: No

Dejerines: (region):Patient denies

Cervical compression test: Negative R L

Cervical distraction: Negative R L

Jackson's Compression: Negative R L; Patient has opposite sided upper trap pain when laterally flexed each way.

Thoracic Compresssion: Negative

Thoracic Distraction: Negative

Seated SLR: Negative R L

Kemps test: Negative R L

Supine SLR: Negative R L

Fabere's test: Negative R L

Hip hyperextension test: Negative R L

Yoeman's test: Negative R L

Spine alignment: Normal

Manual Muscle Testing (Over 5):

C5	C6	C7	C8	T1
R 5/5	5/5	5/5	5/5	5/5
L 5/5	5/5	5/5	5/5	5/5

L3	L4	L5	S1
R 5/5	5/5	5/5	5/5
L 5/5	5/5	5/5	5/5

Sensory Examination:WNL

Light Touch: Normal

Muscle Stretch Reflexes:

Biceps R 2 L 2

Triceps R 1 L 1

Brachioradialis R 2 L 2

Knees R 2 L 2

Ankles R 2 L 2

<<IMAGES GO HERE IN CHRONOLOGICAL ORDER>>

\*\*Updated imaging was ordered\*\*

OSWESTRY: 10%

NDI: 32%

Goals:

1. Cervical

1. 15% Increase ROM, 15% Decrease pain level
2. be able to drive without pain

## 2. Lumbar

1. 15% Increase ROM, 20% Decrease pain level
2. be able to sleep without pain

Spinous Process Tenderness: L5, L3, T8, T4, C7, C5

Myofascial Tenderness: Mid-trap; scalenes; levator scapulae; cervical paraspinals; lumbar paraspinals; gluteal; piriformis

Segmental dysfunction: pelvis, sacrum, L5, L3, T8, T6, T4, C7/T1, C5, C2

## Assessment:

1. Cervical: Segmental dysfunction
2. Thoracic: Segmental dysfunction
3. Lumbar: Segmental dysfunction
4. Sacrum/Pelvic: Segmental dysfunction

Consent: Discussed risks associated with chiropractic treatment, patient "understands risks and agrees to receive treatment from the chiropractic student intern and providers".

RISK: \*\*Go over imaging prior to treatment\*\*

Treatment: Did not perform.

Post Treatment: Did not perform.

Plan: Treatment plan to be completed at Dallas VA. 1 visit per week for 4 weeks

Patient will be ordered full spine X-rays

Patient was ordered a cervical pillow

I reviewed the above assessment and treatment plan with the patient. The patient "understands the plan and agrees to it".

/es/ James E Burns student

Chiropractic student

Signed: 06/23/2022 10:34

/es/ Amina T. Khan

PM&R Chiropractor

Cosigned: 06/23/2022 10:47

06/23/2022 ADDENDUM

STATUS: COMPLETED

Neck Disability Index Questionnaire

Patient Name: JAMES WARD Date: Jun 23, 2022

## Section 1 -- Pain Intensity

2. The pain is moderate at the moment.

## Section 2 -- Personal Care(Washing, Dressing, etc.)

0. I can look after myself without causing extra pain.

## Section 3 -- Lifting

1. I can lift heavy weights, but it causes extra pain.

## Section 4 -- Reading

2. I can read as much as I want with moderate pain in my neck.

## Section 5 -- Headache

1. I have slight headaches which come infrequently.

## Section 6 -- Concentration

2. I have a fair degree of difficulty in concentrating when I want to.

## Section 7 -- Work

2. I can do most of my usual work but no more.

## Section 8 -- Driving

1. I can drive my car as long as I want with slight pain in my neck.

## Section 9 -- Sleeping

3. My sleep is moderately disturbed (2-3 hours sleepless).

## Section 10 -- Recreation

2. I am able to engage in most, but not all recreational activities because of pain in my neck.

DISABILITY INDEX SCORE: 32%

(From Vernon H and Hagino C, 1991 with permission from Fairbank J)  
Oswestry Disability Index Questionnaire

Patient Name: JAMES WARD Date: Jun 23,2022

## Section 1 -- Pain Intensity

1. The pain is very mild at the moment.

## Section 2 -- Personal Care

(Washing, Dressing, etc.)

0. I can look after myself normally without causing extra pain.

## Section 3 -- Lifting

1. I can lift heavy weights but it gives me extra pain.

## Section 4 -- Walking

0. Pain does not prevent me walking any distance.

## Section 5 -- Sitting

0. I can sit in any chair as long as I like.

## Section 6 -- Standing

1. I can stand as long as I want but it gives me extra pain.

## Section 7 -- Sleeping

1. My sleep is occasionally disturbed by pain.

## Section 8 -- Sex Life (if applicable)

0. My sex life is normal and causes no extra pain.

## Section 9 -- Social Life

0. My social life is normal and gives me no extra pain.

## Section 10 -- Traveling

1. I can travel anywhere but it gives me extra pain.

DISABILITY INDEX SCORE: 10%

/es/ James E Burns student  
Chiropractic student  
Signed: 06/23/2022 10:39

/es/ Amina T. Khan  
PM&R Chiropractor  
Cosigned: 06/23/2022 10:48

06/23/2022 ADDENDUM STATUS: COMPLETED

The patient was seen for the diagnosis of chronic spinal pain due to ddd/djd, and spinal segmental dysfunction.

The patient was assessed, and the services were provided under the appropriate level of room or area supervision from the primary Chiropractor (DC) for the following activities this session: examination

The clinical decision making process for the treatment provided; patient response to treatment; assessment of the response to treatment; and plan of care documented in this note have been formulated and approved by the primary Chiropractor. Encounter data entry was approved by the primary DC, and is accurate for the services provided.

/es/ Amina T. Khan  
PM&R Chiropractor  
Signed: 06/23/2022 10:48

Date/Time:	23 May 2022 @ 1454
Note Title:	MEDICATION RECONCILIATION NOTE
Location:	Dallas TX VAMC
Signed By:	REDDY,PRATHYUSHA
Co-signed By:	REDDY,PRATHYUSHA
Date/Time Signed:	23 May 2022 @ 1455

#### Note

LOCAL TITLE: MEDICATION RECONCILIATION NOTE

STANDARD TITLE: MEDICATION MGT NOTE

DATE OF NOTE: MAY 23, 2022@14:54 ENTRY DATE: MAY 23, 2022@14:54:52

AUTHOR: REDDY,PRATHYUSHA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Outpatient Essential Medication List for Review

A list of active and pending outpatient prescriptions dispensed from this local

VA and dispensed remotely from another VA or DoD facility as well as local, active, and pending inpatient orders, local clinic medications, locally documented non-VA medications, and local prescriptions that have expired or been discontinued in the past 120 days has been generated below.

Medications in a hold or pending status are subject to change when reviewed by the pharmacy.

If the list for review does not include a component, then it was not applicable to this patient.

=====

Allergy Review:

Remote and Local Allergies:

FACILITY

ALLERGY/ADR

-----

-----

No Remote Allergy/ADR Data available for this patient

DALLAS VA MEDICAL CENTER

No Known Allergies

The patient's essential medication list as well as prescriptions that have been

expired or discontinued in the past 120 days, if any, has been reviewed.

Below

are Active, Pending, Non-VA, Remote, if any, medications at the time of this encounter:

Active Outpatient Medications (including Supplies):

Pending Outpatient Medications

Status

- =====
- 1) KETOTIFEN FUMARATE 0.025% OPH SOLN INSTILL 1 DROP IN BOTH EYES TWICE A DAY FOR EYE ALLERGIES PENDING
  - 2) LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR ALLERGIES PENDING

Outside North Texas VA Documented Medication(s)

No remote medications found.

Here are NEW AND/OR CHANGED MEDICATIONS that your provider has prescribed:

- 1) Ketotifen Fumarate 0.025% Oph Soln  
Instill 1 Drop In Both Eyes Twice A Day For Eye Allergies
- 2) Loratadine 10Mg Tab  
Take One Tablet By Mouth Every Day For Allergies

-----

Your provider has NOT discontinued any of your medications today.

Clinic (IMO) and/or

MEDICAL CONFIDENTIAL



Active Inpatient Medications (including Supplies):

No Medications Found

Recently Discontinued/

Recently Expired Inpatient, Outpatient and Clinic Medications  
(including Supplies):

	Issue Date	Status	Last Fill	Refills	Expiration
Inactive Outpatient Medications					
=====					
1) FLUTICASONE PROP 50MCG 120D NASAL INHL	EXPIRED	Issu:05-10-21			
Qty: 1 for 30 days Sig: INSTILL 1	Refills: 5	Last:05-10-21			
SPRAY IN EACH NOSTRIL EVERY DAY FOR	Expr:05-11-22				
ALLERGIES					
2) KETOTIFEN FUMARATE 0.025% OPH SOLN	Qty: EXPIRED	Issu:05-21-21			
5 for 30 days Sig: INSTILL 1 DROP IN	Refills: 3	Last:05-22-21			
BOTH EYES TWICE A DAY FOR EYE	Expr:05-22-22				
ALLERGIES					
3) LORATADINE 10MG TAB	Qty: 90 for 90 days EXPIRED	Issu:05-10-21			
Sig: TAKE ONE TABLET BY MOUTH EVERY	Refills: 2	Last:05-10-21			
DAY FOR ALLERGIES	Expr:05-11-22				

Were there any medication discrepancies?

No medication discrepancies found.

This essential medication list has been reviewed with the patient/caregiver  
and  
given to them at discharge from visit.

- Please give a list of these medications to each provider you see.
- You can use this list of medications to update the information  
when any of these medications are discontinued, doses are changed,  
or new medications (including over the counter products, herbals  
and supplements) are added.
- Please carry medication information at all times in the event of  
emergency situations.

For medication refills please call 1-800-849-3597 extension 79000 OR use My  
HealtheVet at <https://www.myhealth.va.gov/mhv-portal-web/home>

Education for new medications and/or medications changed during this  
encounter  
was provided to the patient and/or caregiver based on the assessed needs of  
the  
patient. This included each medication name, type, purpose, administration  
(including process, time, frequency, route, and dose), anticipated actions,  
potential side effects, and how the effects of the medication will be  
monitored. By signing this note, I certify that the patient and/or caregiver

MEDICAL CONFIDENTIAL

indicated understanding of this education content.

/es/ Prathyusha Reddy,MD

Staff Physician

Signed: 05/23/2022 14:55

Date/Time:	23 May 2022 @ 1435
Note Title:	AMB CARE MD/DO NOTE
Location:	Dallas TX VAMC
Signed By:	REDDY,PRATHYUSHA
Co-signed By:	REDDY,PRATHYUSHA
Date/Time Signed:	23 May 2022 @ 1530

#### Note

LOCAL TITLE: AMB CARE MD/DO NOTE

STANDARD TITLE: PRIMARY CARE PHYSICIAN NOTE

DATE OF NOTE: MAY 23, 2022@14:35 ENTRY DATE: MAY 23, 2022@14:35:27

AUTHOR: REDDY,PRATHYUSHA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Medication education and counseling for new medications added today were provided to the patient and/or caregiver based on individual needs. This included why the medication was prescribed, how they should take it and for how long, what to expect from it, and what happens if medication is not taken as prescribed. By signing this note I certify that the patient and/or caregiver understood my instructions.

CC: requestign eye drops

HPI:WARD,JAMES MICHAEL is a 34 year old WHITE MALE with multiple complaints c/o itchy eyes and watering and redness

- requestign chiro care

- lack of energy, wakes up tired and smoring

PMH:

Cervicalgia (SCT 81680005)

Otitis media (SCT 65363002)

Allergic rhinitis (SCT 61582004)

Service connection :SC Percentage: 40%

Disabilities : DYSTHYMIC DISORDER (10%-SC)

NEURALGIA OF SCIATIC NERVE (10%-SC)

NEURALGIA OF SCIATIC NERVE (10%-SC)

TINNITUS (10%-SC)

Military history : Military Service - NONE FOUND

GROUP 2

Social History:

Family History:

Allergies: Patient has answered NKA

Medications:

Active Inpatient, Outpatient and Clinic Medications (including Supplies):

No Medications Found

REVIEW OF SYSTEMS:

Constitutional: No fevers, chills, night sweats, significant weight change

Eyes: No visual problems,

ENT: No head trauma, denies headaches, rhinorrhea or allergies, denies hearingloss ,

denies sore throat, hoarseness

Respiratory: No cough, shortness of breath, wheezing

Cardiovascular: No chest pain, palpitations,

GI: No nausea, vomiting, diarrhea, constipation, melena, hematochezia, hemorrhoids, abdominal pain

GU: No dysuria, hematuria, hesitancy, polyuria

Neurologic: No numbness, weakness

Endocrinologic: No polyuria, polydipsia, heat or cold intolerance

Dermatologic: No rash, pruritis, significant skin lesions

Musculoskeletal: No joint pains

Physical Exam:

Vitals

TEMP:99.3 F [37.4 C] (05/23/2022 14:05)

PR: 102 (05/23/2022 14:05)

BP:140/91 (05/23/2022 14:10)

RESP:20 (05/23/2022 14:05)

awake alert orientedx3 not in respiratory distress

HEENT: NC AT PERL, EOMI.

NECK : supple, no JVD, NO thyromegaly

CHEST : symmetrical

HEART :s1s2 reg

LUNgs :Clear

ABD: soft, NT ,bs+,

EXT: No edema, good peripheral pulses

Pertinent Labs/ Xrays:

LDL 149

Assessment/Plan:

Allergic Conjunctivitis : start ketotifen and loratadine

Sleep apnea : encouraged weight loss, Sleep clinic consult placed.

obesity : encouraged weightloss, diet and lifestyle modification

Cervicalgia : Xrays ordered , Chiro consult palced

## Health Maintenance

Colon cancer screen :

Collection DT	Specimen	Test Name	Result	Units	Ref Range
08/28/2017 23:55	FECES	FIT 1/1	Negative		Ref: Negative

PSA :No .PROSTATIC ANTIGEN in the last 1Y;

covid Vaccine :

I spent 30 minutes today in seeing the patient, reviewing and documenting in the record and coordinating care.

RTC 6 month(s) or sooner if needed

Encourage Low Carb/Sodium Diet

Encourage Exercise as tolerated

Patient has received education about the above medical conditions and verbalizes understanding. Pt instructed to bring all meds with each clinic visit. Patient to update us with medical records regarding the care he is receiving at private facilities other than VA.

Risks/benefits of new medications discussed. Pt to read side effect package inserts of all new medications and understand side effects prior to starting new medications. Discussed about side effects of the medication and advised to monitor. In case of emergency he is instructed to call telecare or go to DVAMC or nearest ER.

/es/ Prathyusha Reddy, MD

Staff Physician

Signed: 05/23/2022 15:30

Date/Time: 23 May 2022 @ 1408

Note Title: PREVENTIVE HEALTH SCREENING NOTE

Location: Dallas TX VAMC

Signed By: RATLIFF, VERONICA L

Co-signed By: RATLIFF, VERONICA L

Date/Time Signed: 23 May 2022 @ 1417

## Note

LOCAL TITLE: PREVENTIVE HEALTH SCREENING NOTE

STANDARD TITLE: PREVENTIVE MEDICINE NURSING NOTE

DATE OF NOTE: MAY 23, 2022@14:08 ENTRY DATE: MAY 23, 2022@14:08:26  
AUTHOR: RATLIFF,VERONICA L EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

BP: 146/85 (05/23/2022 14:05)  
P: 102 (05/23/2022 14:05)  
R: 20 (05/23/2022 14:05)  
T: 99.3 F [37.4 C] (05/23/2022 14:05)  
Ht: 66 in [167.6 cm] (05/21/2021 13:36)  
Wt: 251.5 lb [114.08 kg] (05/23/2022 14:05)  
Pulse Ox: 96% (05/23/2022 14:05)

Chief complaint:routine appointment

Medication Review for Home Meds (VA and Non VA Medications)

Patient is taking all medication listed on the Meds Tab in CPRS.

Patient IS NOT taking any "Non-VA Meds" (over the counter medications  
such as

Tylenol, cold medicine, vitamins, herbals, supplementals and/or medications  
that may be prescribed by an outside provider). If the patient is taking new  
"Non-VA Meds", enter them as "Non-VA Meds" under the Meds  
tab.

Needs medication refills renewals: Yes

Questions regarding your medications: No

Stress Discussed with Patient:

Is there anything in your life that worries you or causes you stress?

No

What REALLY matters to you in your life?

my family

What goals are important for your health?

lose weight

Short term goals:

about to graduate college

Long term goals:

to start my own buisness

What will help you meet the goal?

time and patience

Would you be interested in programs that are available through the VA to  
improve your health:

No

## PAIN ASSESSMENT

On a scale of 0-10 how do you rate your primary pain?

0

Has patient received pain medication within 24 hours?

No

Patient observed to have or has reported/stated past or current abuse. No

Patient observed to have or has reported/stated past or current exploitation. No

Patient observed to have or has reported/stated past or current neglect. No

If patient answers "YES" to any of the above questions, notify the provider

immediately.

## PATIENT HEALTH EDUCATION

BARRIERS OR ISSUES THAT MAY AFFECT LEARNING:

Patient has no apparent barriers or issues.

READINESS TO LEARN:

The patient is ready to learn.

PREFERRED LEARNING STYLE:

All (Visual/Listening/Doing)

TOPICS TAUGHT:

The safe and effective use of medications was reviewed.

Level of Understanding: Good

The risks for pain, understanding pain, how to use pain scale to assess pain, the importance of effective pain management, and methods for pain management were discussed. The patient was encouraged to speak up and to speak up and notify staff about the nature and location of pain and the effectiveness of pain interventions.

Level of Understanding: Good

METHODS/TOOLS USED:

Discussion:

Modified Kinder 1 Fall Screen:

Presents because of fall: \*\*

No

Age > 75\*\*

No

Impaired Mobility\*\*

Ambulates or transfers with assistive devices or assist

No

Ambulates with unsteady gait and no assistance

No

Unable to ambulate or transfer

No

Altered Mental Status\*\*

Intoxication with alcohol or substance confusion

No

Fall within the past 12 months\*\*

No

Any other factor that may increase fall risk

No

If any responses are "Yes" the patient is a high fall risk.  
Universal/Standard Fall Risk: "No" response to above questions  
Oriented to patient surroundings  
Provider notified of high fall risk screen:  
Not Applicable

#### PREVENTIVE MEDICINE INITIATIVES

Alcohol Use Screen (AUDIT-C):

Alcohol Screen:

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=1).

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

Monthly or less

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

One or two drinks

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

Never

PTSD Screening:

PC-PTSD-5

A PTSD screening test (PC-PTSD-5) was negative (score=3).

Have you ever had any experience that was so frightening, horrible or upsetting that, IN THE PAST MONTH, you:

Have you ever experienced this kind of event?

YES

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?

YES

2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

NO

3. Been constantly on guard, watchful, or easily startled?

YES

4. Felt numb or detached from people, activities, or your surroundings?

YES

5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

NO

Suicide Screen:

C-SSRS Screening

Columbia Suicide Severity Rating Scale (C-SSRS) screener

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

Yes

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?

Response not required due to responses to other questions.

4. Over the past month, have you had these thoughts and had some intention of acting on them?

Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

Depression Screening:

Perform PHQ-2

A PHQ-2 screen was performed. The score was 1 which is a negative screen for depression.

Over the past two weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things

Not at all

2. Feeling down, depressed, or hopeless

Several days

Tobacco Use Screening:

The patient has never used tobacco.



## V17 ALL Weight Management-MOVE!:

## VISN 17 MOVE! Clinical Reminder

Patient's BMI (Body Mass Index) has identified patient as having a requirement to be evaluated for a weight management intervention.

Most recent weight: 251.5 lb [114.08 kg] (05/23/2022 14:05)

Most recent height: 66 in [167.6 cm] (05/21/2021 13:36)

Calculated BMI: 41\*

## Provider Questions for Patient:

1. "What do you know about the benefits of weight loss?"

## Veteran's Response:

2. "May I share information with you about the VA MOVE! weight management program?"

Yes

Veteran was provided with the following information: VA MOVE! program focuses on health and wellness through healthy eating, physical activity, and behavior changes. It includes education and an individually tailored program with personal goal setting and coaching. Available treatment options may include individual, group, telephone, and the MOVE! Coach phone app. To enroll or join VA MOVE!, the patient is referred to a HCS MOVE! provider in accordance with local policy and procedures. For additional information on VA MOVE! program: VA intranet MOVE! Home page for providers: <http://vaww.move.med.va.gov/>; VA MOVE! internet website for patients: [www.move.va.gov](http://www.move.va.gov).

3. "Is it ok for me to refer you to a MOVE! program provider at this time?"

## Weight Management Intervention:

Patient accepts referral to the VA MOVE! program. Patient referred to MOVE! in accordance with HCS procedures.

Patient provided with site specific MOVE! Questionnaire, which also provides information on how to enroll in MOVE!

Veteran also advised can report to Walk-In MOVE! Clinic at Dallas, Bonham, Fort Worth, Polk and Plano sites for same day enrollment.

Location information sheet for each site can be printed.

## Influenza Immunization:

The patient declines to receive the recommended dose of seasonal influenza vaccine.

Comment: vaccine no longer in omniceil

V17 ALL Elevated BP :

Repeat blood pressure:

140/91

The patient was counseled on the importance of regular exercise and/or physical activity in the control of blood pressure.

The patient was instructed to try to participate in 120 minutes of aerobic exercise per week if possible and that any increase in physical activity may be useful in controlling blood pressure.

The patient was counseled on the importance of diet and weight loss/control in the regulation of blood pressure.

The patient was counseled to reduce their weight to within 10 percent of their ideal body weight. The possible improvement in blood pressure control with even 5 to 10 pounds of weight loss was reviewed.

The contribution of dietary sodium to elevated blood pressure was reviewed. The patient was counseled to have a goal sodium intake of 1500mg per day, with no more than 2300mg per day.

The patient was counseled that a diet low in dietary saturated and trans fats is beneficial in lowering blood pressure.

The patient was counseled that a diet rich in fresh fruits, vegetables and whole grains is beneficial in lowering blood pressure.

The patient was counseled to limit alcohol intake to no more than 2 drinks per day for men and 1 drink per day for women.

/es/ VERONICA L RATLIFF

Registered Nurse

Signed: 05/23/2022 14:17

Blue Button  
Download  
My Data



MEDICAL CONFIDENTIAL

Self Reported Medical Events

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



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



## VA Immunizations

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

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

Immunization	Date Received
INFLUENZA, INJECTABLE, QUADRIVALENT, PRESERVATIVE FREE	18 Mar 2019 @ 1445
INFLUENZA, SEASONAL, INJECTABLE, PRESERVATIVE FREE	03 Feb 2018 @ 1300
INFLUENZA, SEASONAL, INJECTABLE, PRESERVATIVE FREE	28 Sep 2016 @ 1500
TDAP	28 Sep 2016 @ 1500
INFLUENZA, SEASONAL, INJECTABLE, PRESERVATIVE FREE	12 Jan 2016 @ 0845

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

Immunization:	INFLUENZA, INJECTABLE, QUADRIVALENT, PRESERVATIVE FREE	Date Received:	18 Mar 2019 @ 1445
Location:	DAL PACT CL16-H2 WH NURSE		
Reaction:*	None Reported		
Comments:	--		

Immunization:	INFLUENZA, SEASONAL, INJECTABLE, PRESERVATIVE FREE	Date Received:	03 Feb 2018 @ 1300
Location:	DAL PACT EH SAT		
Reaction:*	NONE		
Comments:	--		

Immunization:	INFLUENZA, SEASONAL, INJECTABLE, PRESERVATIVE FREE	Date Received:	28 Sep 2016 @ 1500
Location:	DAL PACT CL16-H2 WH		
Reaction:*	None Reported		
Comments:	--		

Immunization:	INFLUENZA, SEASONAL, INJECTABLE, PRESERVATIVE FREE	Date Received:	12 Jan 2016 @ 0845
Location:	DAL PACT CL16-H2 WH		
Reaction:*	None Reported		
Comments:	--		

Immunization:	TDAP	Date Received:	28 Sep 2016 @ 1500
Location:	DAL PACT CL16-H2 WH		
Reaction:*	None Reported		
Comments:	--		

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
No information was available that matched your selection.



## VA Laboratory Results

Source:	VA
Last Updated:	16 Nov 2022 @ 0933
Sorted By:	Date Specimen Collected (Descending) then Time Specimen Collected
VA Laboratory results are available thirty-six (36) hours after they have been verified. Note: COVID-19 results are available immediately after receipt by VA. For some tests, results slightly outside the reference range are not unusual. In addition, not all results are clinically significant. If you have any questions about your information please visit the FAQs or contact your VA health care team.	

Lab Test:		Thyroid Stimulating Hormone			
Lab Type:		Chemistry/Hematology	Ordering Provider:	REDDY, PRATHYUSHA	
Specimen:		Serum (substance)	Ordering Location:	DALLAS VA MEDICAL CENTER	
Date/Time Collected:		23 May 2022 @ 1224	Collected Location:	DALLAS VA MEDICAL CENTER	
Test Name	Result	Units	Reference Range	Status	Performing Location
TSH	1.24	uIU/mL	(0.45-5.33)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
Interpretation: As of 10-16-2017: Reference range changed due to implementation of TSH 3rd IS reagent system. Patients who have been exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins may produce human anti-animal antibodies,e.g. HAMA, that interfere with immunoassay. Such interfering antibodies may cause erroneous results. Carefully evaluate the results of patients suspected of having these antibodies. ***** As of 4-25-09: Due to changes in methodology, consider FT4 testing when TSH is greater than 4.2 uIU/mL.					
Comments:		--			
Performing Location Name/Address:					
DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167					

Lab Test:	Hemogram V				
Lab Type:	Chemistry/Hematology	Ordering Provider:	REDDY, PRATHYUSHA		

Specimen:		Blood (substance)		Ordering Location:	DALLAS VA MEDICAL CENTER
Date/Time Collected:		23 May 2022 @ 1224		Collected Location:	DALLAS VA MEDICAL CENTER
Test Name	Result	Units	Reference Range	Status	Performing Location
WBC	9.55	K/uL	(4-11)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
RBC	5.19	M/uL	(4.3-5.8)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
HGB	16.2	g/dL	(13-17.3)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
HCT	46.1	%	(38-52)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
MCV	88.8	fL	(80-98)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
MCH	31.2	pg	(27-34)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
MCHC	35.1	g/dL	(31.5-37.5)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
RDW	11.5	%	(11-16)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH

MEDICAL CONFIDENTIAL



					LANCASTER ROAD , DALLAS, TX 75216-7167
MPV	9.4	fL	(8-13)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
LYMPH %	24.9	%	(20-45)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
PLATELETS	305	K/uL	(140-400)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
LY #	2.38	K/uL	(1-4.5)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
MONO %	7.4	%	(1-13)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
NEUT %	64.0	%	(37-80)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
MONO #	0.71	K/uL	(.1-1)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
NEUT #	6.10	K/uL	(1.6-7.7)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167

BA #	0.06	K/uL	(0-.3)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
EO #	0.27	K/uL	(0-.7)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
BASO %	0.6	%	(0-2)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
EOS %	2.8	%	(0-6)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
.CBC w/AUTO DIFF	DONE	--		Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
IG #	0.03	K/uL	(0-0.30)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
IG %	0.3	%	(0.0-2.0)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
Comments:		--			
Performing Location Name/Address:					
DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167					

<a href="#">Lab Test:</a>	Glycohemoglobin A(1) C		
<a href="#">Lab Type:</a>	Chemistry/Hematology	<a href="#">Ordering Provider:</a>	REDDY, PRATHYUSHA
<a href="#">Specimen:</a>	Blood (substance)	<a href="#">Ordering</a>	DALLAS VA

Date/Time Collected: 23 May 2022 @ 1224				Location: MEDICAL CENTER	Collected Location: DALLAS VA MEDICAL CENTER
Test Name	Result	Units	Reference Range	Status	Performing Location
HGB A1C	4.8	%	(4.2-5.6)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
Interpretation:	<p>Pre-Diabetes reference range = 5.7-6.4%. Pre-Diabetes is the risk of developing diabetes in the future. Diabetes reference range = 6.5% or higher. Effective 05/20/2015: Target A1C values should be individualized. Better understanding of A1C test result accuracy is essential if clinicians are to interpret results for Veterans and discuss treatment options through the process of Shared Decision Making. Contact the Pathology and Laboratory Medicine Service at 214-857-0666 for questions and concerns about the performance characteristics of this assay. The methodology used for A1C testing at VA North Texas Health Care System has a precision (also known as coefficient of variation) of &lt;2%. ADA Standards of Medical Care in Diabetes recommends quarterly testing for patients who are not meeting glycemic goals or whose therapy has changed. Thus, four (4) is the maximum number of times per year any patient with diabetes mellitus should be tested. These standards further recommend that patients with stable disease have HbA1c testing only twice a year. Given the average 120-day lifespan of a red blood cell, more frequent testing for HbA1c is not indicated from a physiologic standpoint. References: 1. American Diabetes Association. Diagnosis and Classification of Diabetes mellitus. Diabetes Care 2018 Jan, 41 (Suppl. 1), S13-S27. 2. Perrotta P, Jones R, Souers RJ, Darcy TP, Howanitz PJ. Frequency Monitoring of Hemoglobin A1c, Low-Density Lipoprotein, and Urine Protein Laboratory Testing: A College of American Pathologists Q-Probes Study. Arch Pathol Lab Med. 2014;138:1009-1014.</p>				
Comments: --					
Performing Location Name/Address:					
DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167					

Lab Test:	Lipid Panel		
Lab Type:	Chemistry/Hematology	Ordering Provider:	REDDY, PRATHYUSHA
Specimen:	Plasma (substance)	Ordering	DALLAS VA

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				Location:	MEDICAL CENTER
Date/Time Collected: 23 May 2022 @ 1224				Collected Location:	DALLAS VA MEDICAL CENTER
Test Name	Result	Units	Reference Range	Status	Performing Location
CHOLESTEROL	199	mg/dL	(100-200)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
TRIGLYCERIDE	76	mg/dL	(0-149)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
Interpretation:	In terms of risk for coronary artery disease: Triglyceride: Normal <150 mg/dL; Borderline to High Risk 150-199 mg/dL High Risk 200-249 mg/dL HDL: High Risk <40 mg/dL Low Risk >60 mg/dL LDL Cholesterol: Optimal <100 mg/dL Near/Above Optimal 100-129 mg/dL Borderline to High Risk 130-159 mg/dL High Risk 160-189 mg/dL Very High Risk >190mg/dL				
LDL Chol,Calc.	142.8 High	mg/dL	(0.0-99.0)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
VLDL Chol,Calc.	15.2	mg/dL	(0.0-30.0)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
HDL	41	mg/dL	(40-60)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167

CHOL/HDL RATIO	4.9	--	(0.0-4.9)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
Non-HDL-C	158 High	mg/dL	(0-130)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
<b>Comments:</b> N-acetyl p benzoquinone imine (NAPQI), a metabolite of acetaminophen (paracetamol), may cause negative interference for the following assays if present in high quantities in serum due to acetaminophen overdose: Triglycerides, Uric Acid, Direct Bilirubin, and Total Bilirubin.					
<b>Performing Location Name/Address:</b> DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167					

<b>Lab Test:</b> Comprehensive Met Panel					
<b>Lab Type:</b> Chemistry/Hematology				<b>Ordering Provider:</b>	REDDY, PRATHYUSHA
<b>Specimen:</b> Plasma (substance)				<b>Ordering Location:</b>	DALLAS VA MEDICAL CENTER
<b>Date/Time Collected:</b> 23 May 2022 @ 1224				<b>Collected Location:</b>	DALLAS VA MEDICAL CENTER
<b>Test Name</b>	<b>Result</b>	<b>Units</b>	<b>Reference Range</b>	<b>Status</b>	<b>Performing Location</b>
GLUCOSE	93	mg/dL	(70-99)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
<b>Interpretation:</b> Impaired Fasting = 100 - 125 mg/dL Diabetes = >=126 mg/dL must be confirmed by testing on a subsequent day.					
UREA NITROGEN (BUN)	8	mg/dL	(6-20)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
CREATININE	0.94	mg/dL	(0.60-1.40)	Final	DALLAS VA MEDICAL

					CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
SODIUM	140	mmol/L	(133-145)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
POTASSIUM	4.1	mmol/L	(3.3-5.1)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
CHLORIDE	105	mmol/L	(96-108)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
CARBON DIOXIDE CO2	26.9	mmol/L	(22.0-30.0)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
BILIRUBIN, TOTAL	0.9	mg/dL	(0.1-1.2)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
AST	41	U/L	(15-41)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
ALT/SGPT	43	U/L	(5-58)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH

					LANCASTER ROAD , DALLAS, TX 75216-7167
A/G RATIO, CALC.	1.5	--	(0.7-2.1)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
GLOBULIN, CALC.	2.8	g/dL	(1.4-4.4)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
ANION GAP,CALC.	8	mmol/L	(8-16)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
BUN/CREATININE RATIO	8.5	--		Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
OSMOLALITY, CALC.	288.0	mOsm/kg	(275-297)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
TP, SER/PL	7.0	g/dL	(6.1-8.2)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
ALBUMIN	4.2	g/dL	(3.0-5.0)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH

					LANCASTER ROAD , DALLAS, TX 75216-7167
ALKALINE PHOSPHATASE	62	U/L	(40-129)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
CALCIUM	9.2	mg/dL	(8.4-10.3)	Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
.CREAT, RECIPROCAL(CALC)	1.10	--		Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167
eGFR CKD-EPI 2021	109	--		Final	DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167

Interpretation: Estimated Glomerular Filtration Rate (eGFR) calculated using the 2021 Chronic Kidney Disease-Epidemiology (CKD-EPI) Collaboration creatinine equation.

Results are only valid for adults whose serum creatinine is in a steady state. Creatinine-based estimates of kidney function may also be inaccurate in patients with reduced creatinine generation due to decreased muscle mass and in patients with increased creatinine generation due to increased muscle mass.

As drug clearance is proportional to total GFR and not GFR indexed to body surface area (BSA), in individuals with a BSA substantially different than 1.73 m-squared, drug dosing should be based on the reported eGFR value de-indexed from BSA.

CKD is diagnosed based on abnormalities of kidney structure or function, present for >3 months. An eGFR greater than 60 mL/min/1.73 m-squared in the absence of increased urine albumin excretion or structural abnormalities does not represent CKD.

eGFR(mL/min/1.73 m2)	CKD stage	Interpretation
>=90	G1	Normal
60-89	G2	Mild decrease
45-59	G3A	Mild to moderate decrease



	30-44	G3B	Moderate to severe decrease
	15-29	G4	Severe decrease
	<15	G5	Kidney failure
<b>Comments:</b> N-acetyl p benzoquinone imine (NAPQI), a metabolite of acetaminophen (paracetamol), may cause negative interference for the following assays if present in high quantities in serum due to acetaminophen overdose: Triglycerides, Uric Acid, Direct Bilirubin, and Total Bilirubin.			
<b>Performing Location Name/Address:</b>			
DALLAS VA MEDICAL CENTER 4500 SOUTH LANCASTER ROAD , DALLAS, TX 75216-7167			



## VA Pathology Reports

Source:	VA
Last Updated:	16 Nov 2022 @ 0933
<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
No information was available that matched your selection.



## VA Vitals and Readings

Source:	VA
Last Updated:	16 Nov 2022 @ 0933
VA Vitals and Readings displays your vital signs and other health readings. If you have any questions about your information, visit the FAQs or contact your VA health care team.	

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

Vital Sign or Health Reading	Measurement	Date/Time Collected
Blood Pressure	137/93 mm[Hg]	29 Aug 2022 @ 1002
Pulse Rate	86 /min	29 Aug 2022 @ 0957
Respiration	22 /min	29 Aug 2022 @ 0957
Temperature	97 F	29 Aug 2022 @ 0957
Weight	257.4 lb	29 Aug 2022 @ 0957

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

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

Vital Sign:	Blood Pressure
Measurement:	137/93 mm[Hg]
Comments:	--
Location:	Dallas TX VAMC
Date/Time Collected:	29 Aug 2022 @ 1002

Vital Sign:	Blood Pressure
Measurement:	139/92 mm[Hg]
Comments:	--
Location:	Dallas TX VAMC
Date/Time Collected:	29 Aug 2022 @ 0957

Vital Sign:	Blood Pressure
Measurement:	140/91 mm[Hg]
Comments:	--
Location:	Dallas TX VAMC
Date/Time Collected:	23 May 2022 @ 1410

Vital Sign:	Blood Pressure
Measurement:	146/85 mm[Hg]
Comments:	--
Location:	Dallas TX VAMC
Date/Time Collected:	23 May 2022 @ 1405

Vital Sign:	Temperature
Measurement:	97 F
Comments:	--
Location:	Dallas TX VAMC
Date/Time Collected:	29 Aug 2022 @ 0957

Vital Sign:	Temperature
Measurement:	99.3 F
Comments:	--
Location:	Dallas TX VAMC
Date/Time Collected:	23 May 2022 @ 1405

Vital Sign:	Pulse Oximetry
Measurement:	96 %
Comments:	--
Location:	Dallas TX VAMC
Date/Time Collected:	29 Aug 2022 @ 0957

Vital Sign:	Pulse Oximetry
Measurement:	96 %
Comments:	--
Location:	Dallas TX VAMC
Date/Time Collected:	23 May 2022 @ 1405

Vital Sign:	Pulse Rate
Measurement:	86 /min
Comments:	--
Location:	Dallas TX VAMC
Date/Time Collected:	29 Aug 2022 @ 0957

Vital Sign:	Pulse Rate
Measurement:	102 /min
Comments:	--
Location:	Dallas TX VAMC
Date/Time Collected:	23 May 2022 @ 1405

Vital Sign:	Respiration
Measurement:	22 /min
Comments:	--
Location:	Dallas TX VAMC
Date/Time Collected:	29 Aug 2022 @ 0957

Vital Sign:	Respiration
Measurement:	20 /min
Comments:	--

Location:	Dallas TX VAMC
Date/Time Collected:	23 May 2022 @ 1405

Vital Sign:	Weight
Measurement:	257.4 lb
Comments:	--
Location:	Dallas TX VAMC
Date/Time Collected:	29 Aug 2022 @ 0957

Vital Sign:	Weight
Measurement:	251.5 lb
Comments:	--
Location:	Dallas TX VAMC
Date/Time Collected:	23 May 2022 @ 1405



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Self Reported Vitals & Readings

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



My healthvet



Blue Button  
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## VA Radiology Reports

Source:	VA
Last Updated:	16 Nov 2022 @ 0933
Sorted By:	Date/Time Exam Performed (Descending)
VA Radiology Reports are 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. If you have any questions about your information please visit the FAQs or contact the provider who ordered the study or your primary care provider.	

Procedure/Test Name:	LUMBAR SPINE, AP,LAT&SPOT
Date/Time Exam Performed:	23 Jun 2022 @ 1054
Ordering Location:	Dallas TX VAMC
Requesting Provider:	KHAN,AMINA T
Reason for Study:	chronic low back pain
Performing Location:	Dallas TX VAMC 4500 SOUTH LANCASTER ROAD, DALLAS 75216
Clinical History:	
Radiologist:	HO,DAVID M

### Report

#### Report:

EXAM: CERVICAL SPINE AP & LATERAL, LUMBAR SPINE, AP,LAT&SPOT, SPINE THORACIC, 2 VIEWS (AP & LAT), 6/23/2022 11:19 AM CDT

HISTORY: chronic neck pain

TECHNIQUE: Three views cervical spine, two views thoracic spine, and three views lumbar spine.

COMPARISON: None.

FINDINGS: No acute fracture or subluxation. No significant degenerative changes. Soft tissues are unremarkable.

#### Impression:

No acute radiographic abnormality of the cervical, thoracic, and lumbar spine.

Signed by David Ho on 6/23/2022 11:52 AM CDT

Primary Diagnostic Code: NO ACUTE CHANGES



Procedure/Test Name:	CERVICAL SPINE AP & LATERAL
Date/Time Exam Performed:	23 Jun 2022 @ 1054
Ordering Location:	Dallas TX VAMC
Requesting Provider:	KHAN,AMINA T
Reason for Study:	chronic neck pain
Performing Location:	Dallas TX VAMC 4500 SOUTH LANCASTER ROAD, DALLAS 75216
Clinical History:	
Radiologist:	HO,DAVID M

**Report****Report:**

EXAM: CERVICAL SPINE AP & LATERAL, LUMBAR SPINE, AP,LAT&SPOT, SPINE THORACIC, 2 VIEWS (AP & LAT), 6/23/2022 11:19 AM CDT

HISTORY: chronic neck pain

TECHNIQUE: Three views cervical spine, two views thoracic spine, and three views lumbar spine.

COMPARISON: None.

FINDINGS: No acute fracture or subluxation. No significant degenerative changes. Soft tissues are unremarkable.

**Impression:**

No acute radiographic abnormality of the cervical, thoracic, and lumbar spine.

Signed by David Ho on 6/23/2022 11:52 AM CDT

Primary Diagnostic Code: NO ACUTE CHANGES

Procedure/Test Name:	SPINE THORACIC, 2 VIEWS (AP & LAT)
Date/Time Exam Performed:	23 Jun 2022 @ 1054
Ordering Location:	Dallas TX VAMC
Requesting Provider:	KHAN,AMINA T
Reason for Study:	chronic mid back pain
Performing Location:	Dallas TX VAMC 4500 SOUTH LANCASTER ROAD, DALLAS 75216
Clinical History:	
Radiologist:	HO,DAVID M

**Report****Report:**

EXAM: CERVICAL SPINE AP & LATERAL, LUMBAR SPINE, AP,LAT&SPOT,  
SPINE THORACIC, 2 VIEWS (AP & LAT), 6/23/2022 11:19 AM CDT

HISTORY: chronic neck pain

TECHNIQUE: Three views cervical spine, two views thoracic spine,  
and three views lumbar spine.

COMPARISON: None.

FINDINGS: No acute fracture or subluxation. No significant  
degenerative changes. Soft tissues are unremarkable.

**Impression:**

No acute radiographic abnormality of the cervical, thoracic, and  
lumbar spine.

Signed by David Ho on 6/23/2022 11:52 AM CDT

Primary Diagnostic Code: NO ACUTE CHANGES



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## *VA Electrocardiogram (EKG) Historical Dates*

Source:	VA
Last Updated:	16 Nov 2022 @ 0933
VA Electrocardiogram (EKG) dates are no longer updated. No Information was available that matched your selection.	



Self Reported Family Health History

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



My healthvet



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My Data

## *Self Reported Military Health History*

Source: Self-Entered

No information was available that matched your selection.

END OF MY HEALTHEVET PERSONAL INFORMATION REPORT

