DEPARTMENT OF VETERANS AFFAIRS
9700 Page Avenue
St. Louis, MO 63132-1547

July 19, 2021

DARLENE HOPKINS
310 MAIN ST
ALTAMONT, MO 64620 - 8185

In reply, refer to:
376/279/KLV
(b) (6)
FOIAXpress #: 21-07393-F
HOPKINS, MARSHALL

Re: Freedom of Information Act (FOIA) Request
Dear Mrs. HOPKINS:

This is in response to your FOIA request dated June 25, 2021. We have provided you with the following record(s): the entire VA claims folder on file at this office.

This office will be providing your records on a compact disc (CD) for use on your personal computer. Only records of 10 pages or more are eligible for CD printing. The CD can be viewed on all computers through the use of Adobe Reader software, which is available online for free.

Please do not submit any of the enclosed documents to the VA as evidence to support a claim, as they are duplicates of existing records in your VA claims folder (and will not be considered as new and material evidence for the purpose of claims processing).

My review of the documents responsive to your request revealed that they contained information that falls within the disclosure protections of FOIA Exemption 6, 5 U.S.C. § 552(b)(6). FOIA Exemption 6 permits VA to withhold a document or information contained within a document if disclosure of the information would constitute a clearly unwarranted invasion of a living individual's personal privacy. Stated another way, VA may withhold information under FOIA Exemption 6 where disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government. Specifically, the information I am withholding, as indicated on the enclosed documents, under FOIA Exemption 6 consists of the Third-Party Information and Third-Party Social Security Numbers as the individuals associated with this information have a personal privacy interest in it.

Your request was processed by the undersigned. You may appeal the determination made in this response to:

General Counsel (024)
Department of Veterans Affairs

(b) (6)

HOPKINS, MARSHALL

810 Vermont Avenue, N.W.
Washington, D.C. 20420

If you should choose to make an appeal, your appeal must be postmarked no later than sixty (60) calendar days after the date of the adverse determination. It must clearly identify the determination being appealed and must include any assigned request number.

The appeal should also include:

1. The name of the FOIA Officer, Marvis Harvey
2. The address of the component
3. The date of the component's determination, if any
4. The precise subject matter of the appeal

If you choose to appeal only a portion of the determination, you must specify which part of the determination you are appealing.

The appeal should include a copy of the request and VA's response, if any. The appeal should be marked FOIA Appeal.

Thank you for your interest in the Department of Veterans Affairs. Customer service is very important to us. If you have questions or concerns regarding your request for records under the Privacy Act or Freedom of Information Act, entitlement to VA benefits or the status of your claim, please contact the VA National Call Center at 1-800-827-1000. Refer to your reference/assigned case number on the upper right-hand corner of this letter when inquiring about your Privacy Act or Freedom of Information Act request.

Sincerely yours,

Regional Office Director

VA Compensation Intake Center - 06/25/2021
BEST COPY Source: Direct Upload

OMB Control No. 2900-0075
Respondent Burden: 15 minutes
Expiration Date: 12/31/2020

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

STATEMENT IN SUPPORT OF CLAIM

INSTRUCTIONS: Read the Privacy Act and Respondent Burden on Page 2 before completing the form. Complete as much of Section I as possible. The information requested will help process your claim for benefits. If you need any additional room, use the second page.

SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION

NOTE: You will *either* complete the form online or by hand. Please print the information request in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

Darlene R Hopkins

(b) (6)

4. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*

Month 07 – Day 20 – Year 1943

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. TELEPHONE NUMBER *(Include Area Code)*

(620) 272-4822

7. E-MAIL ADDRESS *(Optional)*

themasterherbalist@yahoo.com

8. MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street: 310 Main St

Apt./Unit Number:

City: Altamont

State/Province: MO

Country:

ZIP Code/Postal Code: 64620-8185

SECTION II: REMARKS

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

In response to FOIAXpress#: 21-04507-F, I receive written correspondence that I was being sent my Husbands VA claims file on disc but no CD disc was ever sent.

Please re-establish my request for a complete copy of my husbands VA claims file so I can file for my survivor benefits.

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VA Compensation Intake Center - 06/25/2021
BEST COPY Source: Direct Upload

VETERAN'S SOCIAL SECURITY NO. (b) (6) [redacted]

SECTION II: REMARKS *(Continued)*
(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE *(Sign in ink)*	10. DATE SIGNED *(MM/DD/YYYY)*
Darlene Hopkins	06/25/2020

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

VA Compensation Intake Center - 05/13/2021
BEST COPY Source: EMMS

OMB Control No. 2900—0734
Respondent Burden: 5 minutes - Expiration Date: 07/31/2021

Department of Veterans Affairs

REPORT OF GENERAL INFORMATION

NOTE - This form must be filled out in ink or on typewriter or computer, as it becomes a permanent record in veterans' folder

1. VA OFFICE: 320

(b) (6)

3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*: Hopkins Marshall H

4. DATE OF CONTACT *(Month, day, year)*: 05/13/2021

(b) (6)

6A. TELEPHONE NUMBER OF VETERAN *(Include Area Code)*

DAY

EVENING

6B. E-MAIL ADDRESS *(If applicable)*

7. NAME OF PERSON CONTACTED: DARLENE HOPKINS

8. TYPE OF CONTACT

[ ] PERSONAL [X] TELEPHONE

9. ADDRESS OF PERSON CONTACTED
310 MAIN ST
ALTAMONT, MO 64620,

10. TELEPHONE NUMBER OF PERSON CONTACTED *(Include Area Code)*

[X] I certify that I properly identified my caller using the ID Protocol

11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN:

The Surviving Spouse called in reference to the 03/11/2021 (EP 511) FOIA claim. It show's that the claim was closed on 03/22/2021 and a notification letter was sent to the Surviving Spouse on 03/24/2021, but the Surviving Spouse stated she didn't receive it. Can we please resend the information that was requested in the FOIA request.

Notification of Action

[X] I read the following statement to the caller:

"I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."

cc: POA *(If applicable)*: 083 - DISABLED AMERICAN VETERANS

(b) (6)

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at https://www.reginfo.gov/public/do/PRAMain If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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DEPARTMENT OF VETERANS AFFAIRS
9700 Page Avenue
St. Louis, MO 63132-1547

March 24, 2021

DARLENE HOPKINS
310 MAIN ST.
ALTAMONT, MO 64620

In reply, refer to:
376/278/LTW
(b) (6)
FOIAXpress #: 21-04507-F
HOPKINS, MARSHALL

Re: Freedom of Information Act (FOIA) Request
Dear Mrs. HOPKINS:

This is in response to your FOIA request dated March 11, 2021. We have provided you with the following record(s): the entire VA claims folder on file at this office.

This office will be providing your records on a compact disc (CD) for use on your personal computer. Only records of 10 pages or more are eligible for CD printing. The CD can be viewed on all computers through the use of Adobe Reader software, which is available online for free.

Please do not submit any of the enclosed documents to the VA as evidence to support a claim, as they are duplicates of existing records in your VA claims folder (and will not be considered as new and material evidence for the purpose of claims processing).

My review of the documents responsive to your request revealed that they contained information that falls within the disclosure protections of FOIA Exemption 6, 5 U.S.C. § 552(b)(6). FOIA Exemption 6 permits VA to withhold a document or information contained within a document if disclosure of the information would constitute a clearly unwarranted invasion of a living individual's personal privacy. Stated another way, VA may withhold information under FOIA Exemption 6 where disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government. Specifically, the information I am withholding, as indicated on the enclosed documents, under FOIA Exemption 6 consists of the Social Security Numbers as the individuals associated with this information have a personal privacy interest in it.

Your request was processed by the undersigned. You may appeal the determination made in this response to:

General Counsel (024)

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(b) (6)

HOPKINS, MARSHALL

Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

If you should choose to make an appeal, your appeal must be postmarked no later than sixty (60) calendar days after the date of the adverse determination. It must clearly identify the determination being appealed and must include any assigned request number.

The appeal should also include:

1. The name of the FOIA Officer, Marvis Harvey
2. The address of the component
3. The date of the component's determination, if any
4. The precise subject matter of the appeal

If you choose to appeal only a portion of the determination, you must specify which part of the determination you are appealing.

The appeal should include a copy of the request and VA's response, if any. The appeal should be marked FOIA Appeal.

Thank you for your interest in the Department of Veterans Affairs. Customer service is very important to us. If you have questions or concerns regarding your request for records under the Privacy Act or Freedom of Information Act, entitlement to VA benefits or the status of your claim, please contact the VA National Call Center at 1-800-827-1000. Refer to your reference/assigned case number on the upper right-hand corner of this letter when inquiring about your Privacy Act or Freedom of Information Act request.

Sincerely yours,

Regional Office Director

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DEPARTMENT OF VETERANS AFFAIRS
9700 Page Avenue
St. Louis, MO 63132-1547

March 23, 2021

DARLENE HOPKINS
310 MAIN ST.
ALTAMONT, MO 64620

In reply, refer to:
376/278/LTW
(b) (6)
FOIAXpress #: 21-06512-FP
HOPKINS, MARSHALL

Re: Freedom of Information Act (FOIA) Request
Dear Mrs. HOPKINS:

This is in response to your FOIA request dated March 11, 2021 . We have provided you with the following record(s): the entire VA claims folder on file at this office.

This office will be providing your records on a compact disc (CD) for use on your personal computer. Only records of 10 pages or more are eligible for CD printing. The CD can be viewed on all computers through the use of Adobe Reader software, which is available online for free.

Please do not submit any of the enclosed documents to the VA as evidence to support a claim, as they are duplicates of existing records in your VA claims folder (and will not be considered as new and material evidence for the purpose of claims processing).

My review of the documents responsive to your request revealed that they contained information that falls within the disclosure protections of FOIA Exemption 6, 5 U.S.C. § 552(b)(6). FOIA Exemption 6 permits VA to withhold a document or information contained within a document if disclosure of the information would constitute a clearly unwarranted invasion of a living individual's personal privacy. Stated another way, VA may withhold information under FOIA Exemption 6 where disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government. Specifically, the information I am withholding, as indicated on the enclosed documents, under FOIA Exemption 6 consists of the Social Security Numbers as the individuals associated with this information have a personal privacy interest in it.

Your request was processed by the undersigned. You may appeal the determination made in this response to:

General Counsel (024)

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

(b) (6)

HOPKINS, MARSHALL

Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

If you should choose to make an appeal, your appeal must be postmarked no later than sixty (60) calendar days after the date of the adverse determination. It must clearly identify the determination being appealed and must include any assigned request number.

The appeal should also include:

1. The name of the FOIA Officer, Marvis Harvey
2. The address of the component
3. The date of the component's determination, if any
4. The precise subject matter of the appeal

If you choose to appeal only a portion of the determination, you must specify which part of the determination you are appealing.

The appeal should include a copy of the request and VA's response, if any. The appeal should be marked FOIA Appeal.

Thank you for your interest in the Department of Veterans Affairs. Customer service is very important to us. If you have questions or concerns regarding your request for records under the Privacy Act or Freedom of Information Act, entitlement to VA benefits or the status of your claim, please contact the VA National Call Center at 1-800-827-1000. Refer to your reference/assigned case number on the upper right-hand corner of this letter when inquiring about your Privacy Act or Freedom of Information Act request.

Sincerely yours,

Regional Office Director

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
9700 Page Avenue
St. Louis, MO 63132-1547

March 16, 2021

DARLENE HOPKINS
310 MAIN ST
ALTAMONT, MO 64620 - 8185

In reply, refer to:
376/276/NAD
(b) (6)
FOIAXpress #: 21-06512-FP
HOPKINS, MARSHALL

Re: Freedom of Information Act (FOIA) Request
Dear Mrs. HOPKINS:

This letter acknowledges receipt of your FOIA request dated March 11, 2021. Your VA claim number or social security number will serve as your reference number. Please refer to this number when communicating with our office about your request.

We will begin searching for records responsive to your request that are within our holdings. We will grant you access to the requested records, *if found*, providing the records are not exempted from disclosure by law. Any releasable sections of the requested records shall be provided to you after redaction of the parts that are exempt.

Your request will be processed in the order of receipt. You may expect to receive a response as soon as possible. This office provides records of 10 pages or more on a compact disc (CD) for use on your personal computer. Records fewer than 10 total pages will be provided as paper copies. The CD can be viewed on all computers through the use of Adobe Reader software, which is available online for free. Responsive records will be sent via certified mail.

To request your responsive records on paper, please mail your request to:

Department of Veterans Affairs
Evidence Intake Center
Attn: Paper Copy Request
P.O. Box 4444
Janesville, WI 53547-4444

Thank you for your interest in the Department of Veterans Affairs. Customer service is very important to us. If you have questions or concerns regarding your request for records under the Privacy Act or Freedom of Information Act, entitlement to VA benefits or the status of your

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claim, please contact the VA National Call Center at 1-800-827-1000 and a Public Contact Representative will be happy to assist. If you use a Telecommunication Device for the Deaf (TDD), the number is 711. Refer to your reference/assigned case number on the upper right-hand corner of this letter when inquiring about your Privacy Act or Freedom of Information Act request.

Sincerely yours,

Regional Office Director

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VA Compensation Intake Center - 03/11/2021
BEST COPY Source: Direct Upload

OMB Control No. 2900-0826
Respondent Burden: 15 minutes
Expiration Date: 7/31/2018

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION, OR SURVIVORS PENSION AND/OR DIC

(This Form Is Used to Notify VA of Your Intent to File for the General Benefit(s) Checked Below)

NOTE: Please read the Privacy Act and Respondent Burden below before completing the form.

SECTION I: CLAIMANT/VETERAN IDENTIFICATION

NOTE: You can *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to expedite processing of the form.

1. CLAIMANT'S NAME *(First, Middle Initial, Last)*: Darlene R Hopkins

(b) (6)

4. VETERAN'S DATE OF BIRTH (MM,DD,YYYY): Month 07 – Day 20 – Year 1943

5. VETERAN'S NAME *(First, Middle Initial, Last)* ***(If different from claimant)***: Marshall H Hopkins

(b) (6)

7. VETERAN'S SEX: ☐ MALE ☐ FEMALE

8. VETERAN'S SERVICE NUMBER *(If applicable)*:

9. CURRENT MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street: 310 Main St

Apt./Unit Number:

City: Altamont

State/Province: MO

Country:

ZIP Code/Postal Code: 64620 –

10. HAS THE VETERAN EVER FILED A CLAIM WITH VA? ☒ YES ☐ NO

11. TELEPHONE NUMBER *(Include Area Code)*: (620) 272-4822

12. EMAIL ADDRESS *(If applicable)*: themasterherbalist@yahoo.com

SECTION II: GENERAL BENEFIT ELECTION

IMPORTANT: *VA may not be able to use this form to establish an effective date for benefits if you **do not** select one or more of the general benefits listed below.*

13. I intend to file for the general benefit(s) checked below: ***(Choose all that apply)***

☐ COMPENSATION ☐ PENSION

NOTE: Only check the box below if you are a surviving dependent of the veteran.

☒ SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)

IMPORTANT: After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA disability compensation online through eBenefits at **www.ebenefits.va.gov**. If you give VA a completed application for the selected general benefit within ***one*** year of filing this form, your completed application will be considered filed as of the date of receipt of this form. Only the ***first*** completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit a separate intent to file for each general benefit. Please complete as many fields in Section II as possible. VA cannot process this form if we cannot identify the claimant and veteran.

SECTION III: DECLARATION OF INTENT

By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is ***not a claim for benefits***; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.

14A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE: Darlene R Hopkins

14B. DATE SIGNED *(MM,DD,YYYY)*: 11 March 2021

15. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION *(Please Print)*

(NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.

RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

VA FORM MAR 2017 **21-0966**

EXISTING STOCK OF VA FORM 21-0966, JUL 2015, WILL BE USED.

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Department of Veterans Affairs

PO BOX 5365
JANESVILLE WI 53547-5365

March 11, 2021

In reply, refer to:
(b)(6) [redacted]

DARLENE HOPKINS
310 MAIN ST
ALTAMONT MO 64620

MARSHALL H HOPKINS

Dear DARLENE HOPKINS:

We received your intent to file on March 11, 2021. You indicated you would like to file a claim for survivor benefits.

If your completed application is received within one year from the date that your intent to file was received and we decide that you are entitled to VA benefits, we may be able to compensate you from the date we received your intent to file.

If your completed application is not received within one year from the date that your intent to file was received and we decide that you are entitled to VA benefits, we can only compensate you from the date we received your completed application.

What Should You Do?

In order for us to start processing your claim, you must complete, sign, and return a VA Form 21-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefits*, if you are the spouse or child of the Veteran.

If you are the parent of the Veteran, you must complete, sign, and return a VA Form 21-535, *Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation When Applicable)*.

We will take no further action until we receive your completed application. To locate the appropriate form(s), please visit the following website: **www.va.gov/vaforms**.

Our records indicate that you have appointed DISABLED AMERICAN VETERANS as your authorized representative to assist you with your claim. We encourage you to consult with them prior to submission of your claim as they can assist with any questions you may have and help ensure that all necessary evidence has been submitted with your claim.

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If You Have Questions or Need Assistance

If you have any questions or need assistance with filing your claim, you may contact us by telephone, e-mail, or letter. You may also contact your appointed Veterans Service Organization and/or representative for assistance. If you are not represented, additional information on how to obtain representation is provided below.

If you	**Here is what to do.**
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at **https://iris.custhelp.com/**.
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail all written correspondence to the appropriate address listed on the attached *Where to Send Your Written Correspondence* chart, below.

In all cases, be sure to refer to your VA file number 529 56 7575.

If you are looking for general information about benefits and eligibility, you should visit our web site at **http://www.va.gov** or search the Frequently Asked Questions (FAQs) at **https://iris.custhelp.com/**.

We notified your appointed representative, DISABLED AMERICAN VETERANS, of VA's receipt of your intent to file. If you have questions or need assistance, you can also contact your representative.

Sincerely yours,

Regional Office Director

Enclosure(s): Where to Send Your Written Correspondence

cc: DISABLED AMERICAN VETERANS

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Where to Send Your Written Correspondence

The time it takes your response to reach VA affects how long it takes us to process your claim. We recommend responding electronically whenever possible. Only claimants or representatives can upload responses electronically currently. If you are not a claimant or representative, please send any correspondence to the appropriate mailing address noted below.

The **fastest** way to respond to VA is to upload your response electronically through VA.gov.

Visit **https://www.va.gov** and under **Disability** click "**Upload evidence to support your claim**."

VA.gov provides one easy location to upload correspondence as well as learn about filing claims, check claim status, find out how much money you have left to pay for school or training, or refill prescriptions and communicate with your health care team among many items.

If you need to mail your correspondence, identify the benefit type; then, use the corresponding mailing address below:

Compensation Claims Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547-4444	**Pension & Survivors Benefit Claims** Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547-5365
Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038	**Fiduciary** Department of Veterans Affairs VA Fiduciary Intake P.O. Box 95211 Lakeland, FL 33804-5211

These addresses serve **all United States and foreign locations**.

You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit **www.veteranscrisisline.net**

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OMB Approved No. 2900-0877
Respondent Burden: 5 Minutes
Expiration Date: 10/31/2023

Department of Veterans Affairs

VA DATE STAMP
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FREEDOM OF INFORMATION ACT (FOIA) OR PRIVACY ACT(PA) REQUEST

INSTRUCTIONS: Read the Privacy Act and Respondent Burden information on Page 4 before completing the form. This form must be signed by the requester, authorized organization, or third party who has been authorized by the requester. For additional information on VA FOIA and PA requests visit our website at https://www.va.gov/FOIA/Requests.asp. You may also contact the VA at https://iris.custhelp.va.gov or call us toll-free at 1-800-827-1000. If you use a Telecommunications device for the deaf (TDD),the Federal Relay number is 711. VA forms are available at www.va.gov/vaforms.

SECTION I: REQUEST FOR INFORMATION ON YOURSELF

(If you are seeking information on yourself, complete Sections I, III, V and VI. Complete Section IV, If applicable.)

NOTE: You may complete the form on-line or by hand. If completed by hand, print the information requested in ink, neatly and legibly, and completely fill in each applicable circle to help expedite processing of the form.

1. NAME (First, Middle Initial, Last)

(b) (6)

3. ALIEN REGISTRATION NUMBER (A-number) (If applicable)

4. VA FILE NUMBER (If applicable)

5. DATE OF BIRTH
Month Day Year

6. PLACE OF BIRTH (Provide City and State, County and State or City and Country)

7. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code –

8A. TELEPHONE NUMBER (Include Area Code)

– –

Enter International Phone Number (If applicable)

8B. FAX NUMBER (If applicable)

– –

Enter International FAX Number (If applicable)

9. E-MAIL ADDRESS ○ I agree to receive electronic correspondence from VA.

SECTION II: REQUEST FOR INFORMATION ON A PERSON OTHER THAN YOURSELF

(If you are seeking information on an individual other than yourself, complete Sections II, III, V and VII or VIII. Complete Section IV, if applicable.)

10. NAME (First, Middle Initial, Last) OR YOUR ORGANIZATION'S NAME

D a r l e n e R H o p k i n s

11. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street 3 1 0 M a i n S t

Apt./Unit Number City A l t a m o n t

State/Province M O Country ZIP Code/Postal Code 6 4 6 2 0 –

12A. TELEPHONE NUMBER (Include Area Code)

6 2 0 – 2 7 2 – 4 8 2 2

Enter International Phone Number (If applicable)

12B. FAX NUMBER (If applicable)

– –

Enter International FAX Number (If applicable)

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SOCIAL SECURITY NUMBER (b) (6)

SECTION II: REQUEST FOR INFORMATION ON A PERSON OTHER THAN YOURSELF (Continued)
(If you are seeking information on an individual other than yourself, complete Sections II, III, V and VII or VIII. Complete Section IV, if applicable.)

NOTE: Items 13 through 16 must be completed to inform VA on whom the person is you are requesting the information about.

13. NAME OF THE PERSON YOU ARE REQUESTING INFORMATION ON (First, Middle Initial, Last)

M a r s h a l l H H o p k i n s

(b) (6)

15. ALIEN REGISTRATION NUMBER (A-number) (If applicable)

(b) (6)

SECTION III: RECORDS YOU ARE SEEKING
(This information is required in order to complete the request)

17. SELECT THE TYPE(S) OF RECORDS YOU ARE REQUESTING, BELOW:

- (●) CLAIMS FILE (C-FILE)
- ( ) DD FORM 214
- ( ) HUMAN RESOURCE RECORDS
- ( ) LIFE INSURANCE BENEFIT RECORDS (If applicable, enter policy number in Section IV, Item 18, Remarks)
- (●) SERVICE TREATMENT RECORDS / MILITARY TREATMENT RECORDS
- ( ) LIFE INSURANCE RECORDS
- ( ) HOME LOAN BENEFIT RECORDS
- (●) DISABILITY EXAMINATIONS (C & P EXAMS) (If applicable enter date of exam in Section IV, Item 18, Remarks)
- ( ) VOCATIONAL REHABILITATION AND EMPLOYMENT RECORDS
- ( ) FIDUCIARY SERVICES RECORDS
- ( ) MILITARY TO CIVILIAN TRANSITION (TAP) DOCUMENTS
- ( ) PENSION BENEFIT DOCUMENTS
- ( ) EDUCATION BENEFIT RECORDS
- ( ) FINANCIAL RECORDS
- ( ) OTHER (Specify)

SECTION IV: REMARKS

18. REMARKS (If any)

I wish to request a complete copy of my husbands VA claims file

SECTION V: WILLINGNESS TO PAY FEES

19. **IMPORTANT**: For the purpose of fees only, FOIA divides requesters into three categories: (1) commercial requesters may be charged fees for searching for records, reviewing the records, and photocopying them; (2) educational, non-commercial scientific institutions, and representatives of the news media are charged for photocopying after the first 100 pages; (3) all other requesters (requesters who do not fall into any of the other two categories) are charged for photocopying after the first 100 pages and for time spent searching for records in excess of two hours. VA charges $0.15 per single-sided page for photocopying. Actual costs are charged for a format other than paper copies.

An agency may grant fee waivers if the requester successfully demonstrates that the disclosure of information is in the publics interest because it is likely to contribute significantly to the public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester.

( ) I AM WILLING TO PAY THE APPLICABLE FEES UP TO THE AMOUNT OF $ .00

(●) IF YOU BELIEVE YOU ARE ENTITLED TO A FEE WAIVER OR EXPEDITED PROCESSING, INDICATE HERE: Veterans Spouse

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SOCIAL SECURITY NUMBER (b) (6) [redacted]

SECTION VI: REQUESTER CERTIFICATION AND SIGNATURE

I CERTIFY THAT I have completed this FOIA/PA request and declare it is true and correct to the best of my knowledge and belief.

20A. REQUESTER'S SIGNATURE *(REQUIRED)*	20B. DATE SIGNED
Darlene L Hopkins	Month 03 Day 11 Year 2021

SECTION VII: THIRD-PARTY CERTIFICATION AND SIGNATURE
(Valid only if Section II has been completed and requester has an authorized third party)

I CERTIFY THAT the requester has authorized me as the undersigned representative and certifies that the truth and completion of the information contained in this document is to the best of the requesters knowledge and belief.

NOTE: A third-party signature ***will not*** be accepted unless a valid VA Form 21-0845, *Authorization to Disclose Personal Information to a Third Party* is of record or completed and attached to this request. A third-party may be a family member or other designated person who is not a Power of Attorney, agent, or fiduciary.

21A. THIRD-PARTY SIGNATURE	21B. DATE SIGNED
	Month – Day – Year

SECTION VIII: POWER OF ATTORNEY (POA) CERTIFICATION AND SIGNATURE
(Valid only if Section II has been completed and requester has authorized POA representation)

I CERTIFY THAT the requester has authorized me as the undersigned representative and certifies the truth and completion of the information contained in this document to the best of the requesters knowledge and belief.

NOTE: A POA's signature ***will not*** be accepted unless a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative* or VA Form 21-22a, *Appointment of Individual as Claimant's Representative* is of record or attached to this request.

22A. POA/AUTHORIZED REPRESENTATIVE SIGNATURE)	22B. DATE SIGNED
	Month – Day – Year

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false, or for fraudulent receipt of any document to which you are not entitled.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.

RESPONDENT BURDEN: We need this information to identify and obtain the information you are requesting. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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OMB Control No. 2900-0321
Respondent Burden: 5 minutes
Expiration Date: 02/28/2022

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.

NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organization, please complete VA Form 21-22a, *Appointment of Individual as Claimant's Representative*. When completed you can mail *or* fax this form to the appropriate intake center address shown on Page 4. VA forms are available at www.va.gov/vaforms.

SECTION I: VETERAN'S INFORMATION

NOTE: You can *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. VETERAN'S NAME *(First, Middle Initial, Last)*

Marshall H Hopkins

(b) (6)

4. VETERAN'S DATE OF BIRTH
Month 07 Day 20 Year 1943

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. INSURANCE NUMBER(S) *(If applicable) (Include letter prefix)*

7. VETERAN'S MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street

Apt./Unit Number | City

State/Province | Country | ZIP Code/Postal Code

8. VETERAN'S TELEPHONE NUMBER *(Include Area Code)*

9. VETERAN'S EMAIL ADDRESS *(Optional)*

SECTION II: CLAIMANT'S INFORMATION (If other than veteran)

10. CLAIMANT'S NAME *(First, Middle Initial, Last)*

Darlene R Hopkins

11. CLAIMANT'S MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street 310 Main St

Apt./Unit Number | City Altamont

State/Province MO | Country | ZIP Code/Postal Code 64620

12. CLAIMANT'S TELEPHONE NUMBER *(Include Area Code)*
(620) 272-4822

13. CLAIMANT'S EMAIL ADDRESS *(Optional)*
themasterherbalist@yahoo.com

14. RELATIONSHIP TO VETERAN
Spouse

SECTION III: SERVICE ORGANIZATION INFORMATION

15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS *(See list on Page 3 before selecting organization)*

Disabled American Veterans (DAV)

16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 *(This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)*

Daniel Knabe

16B. JOB TITLE OF PERSON NAMED IN ITEM 16A

National Service Officer (NSO)

17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15

dav.vbastl@va.gov

18. DATE OF THIS APPOINTMENT *(MM/DD/YYYY)*

03/11/2021

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VETERAN'S SOCIAL SECURITY NUMBER (b) (6) [redacted]

SECTION IV: AUTHORIZATION INFORMATION

19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. - By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

☒ **I authorize** the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named in Item 15, either by explicit revocation or the appointment of another representative.

20. LIMITATION OF CONSENT- I authorize disclosure of records related to treatment for all conditions listed in Item 19 except:

☐ DRUG ABUSE ☐ INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)

☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ SICKLE CELL ANEMIA

21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my address in my VA records.

☒ **I authorize** any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary.

I, the claimant named in Items 1 *or* 10, hereby **appoint** the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. *Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match.* Signed and accepted subject to the foregoing conditions.

SECTION V: SIGNATURES

NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

22A. SIGNATURE OF VETERAN OR CLAIMANT *(Do Not Print)*	22B. DATE SIGNED *(MM/DD/YYYY)*
Darlene D Hopkins	11 march 2021
23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A *(Do Not Print)*	23B. DATE SIGNED *(MM/DD/YYYY)*
Daniel Knabe	03/11/2021

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

VA USE ONLY	COPY OF VA FORM 21-22 SENT TO:	DATE SENT	ACKNOWLEDGED *(Date)*	REVOKED *(Reason and date)*
	☐ VR&E FILE ☐ EDU FILE ☐ LG FILE ☐ INSURANCE FILE			

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.

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Claim Information

Date of Claim	Type of Claim	End Product	POA	Claimant	Claim Jurisdiction
08/17/2020	PMC-Reopened S/C Death	020	MISSOURI VETERANS COMMISSION	Darlene Hopkins	

Miscellaneous Data

Net Effect of Award as of Generation	Competent Status	Fiduciary Status
$0.00	Competent	Pay Direct

Verified

Name	Branch	Duty	EOD	RAD	Char Disch
Marshall H Hopkins	Air Force	Active Duty	12/02/1963	06/09/1967	Honorable
Marshall H Hopkins	Air Force	Active Duty for	12/28/1990	02/25/1991	Honorable

Veteran Information

MARSHALL H HOPKINS Date of Death: 09/18/2015	Date of Birth: 07/20/1943 Gender: Male SSN: (b) (6)

Primary Beneficiary Information

Mailing Address

DARLENE HOPKINS
310 MAIN ST
ALTAMONT MO
USA
64620-8185

Payment Address

(b) (6)

Date of Birth: 07/02/1964
Gender: Female
SSN: 522-94-9287
Net Effect: $0.00

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DIC Spouse Award

Eff Date	Reason	Benefit	Gross	MAPR	Total W/H	Allot W/H	Net	M C	H C	S C	P
09/01/2015	Eligible for Veteran's Rate Month of Death	Compensation	1,530.71				1,530.71				
10/01/2015	Original Award	Compensation	0.00				0.00				

Review Messages

1. Pension was denied on 10/01/2015 because income for VA Purposes is greater than the Maximum Annual Pension Rate effective 12/01/2014.
2. Please Review Income for This Dependent to Determine if an Income Adjustment is Necessary

Remarks

Generated By		Authorized By	
117411061 (b) (6)	01/21/2021 8:31 AM	(b) (6)	01/21/2021 8:37 AM

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January 21, 2021

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To: 330/22R4/MJR
(b) (6) H

DARLENE HOPKINS
310 MAIN ST
ALTAMONT, MO 64620

Dear Ms. Hopkins:

We are writing to you about your claim for dependency indemnity compensation, survivors' pension, and accrued benefits.

How We Made Our Decision

We have enclosed a copy of our Rating Decision for your review. It provides a detailed explanation about our decision. You can find the evidence we considered in the section titled "*Evidence*." The reasons for our decision can be found in the portion of the rating titled "*Reasons for Decision*" or "*Reasons and Bases*".

Favorable Findings

Favorable Finding(s) applicable to the decision on your claim for benefits are listed below:

Active Duty Service	The Veteran had the minimum active duty requirements in order to qualify for pension.
Wartime Service	The Veteran had wartime service.
Character of Service	The Veteran's character of service meets the requirements to qualify for pension.

Elements Not Met

For the elements not met that are required to grant benefits, please see the denial reasons below.

Please refer to the enclosed VA Form 21P-10199, "*Legal Summary - Survivors Pension, Dependency and Indemnity Compensation, and Accrued Benefits*" for the laws used in deciding your claim.

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(b) (6)
Hopkins, Marshall H

What We Decided

Entitlement to Dependency and Indemnity Compensation under 38 U.S.C. 1318 is denied.

Entitlement to Dependency and Indemnity Compensation under 38 USC 1151 is denied.

Service connection for cause of death is denied.

The evidence you submitted shows your income effective July 27, 2020 exceeds the maximum annual pension limit. Therefore, we have disallowed your claim for benefits.

The rate of pension payable depends upon the amount of your family income and number of dependents. If your family income exceeds the applicable pension limit, benefits are not payable.

The income limit for a surviving spouse with one dependent is $12,072.00.

Your income for VA purposes is $23,316.00 based on the following income and allowable expenses:

INCOME	SOURCE
$9,888.00	Retirement Income Annually
$13,428.00	Social Security Income Annually - Child

You Reported Receiving Social Security Income

On your application you did not report you child Kerri Hopkin's Social Security income. However, the Social Security Administration (SSA) has reported her rate of entitlement effective December 2019 was $1,119.00. The law requires that we count the amount of $1,119.00 when determining your eligibility for VA pension. If this information is incorrect, please provide us with a copy of her Social Security benefit letter and we will reconsider this decision.

What Can You Do?

If your income decreases or your medical expenses increase you may reapply for VA pension benefits.

If you would like us to determine your eligibility from (the earliest entitlement date), please complete, sign, and return the following enclosed forms:

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- VA Form 20-0995, Decision Review Request: Supplemental Claim;
- VA Form 21P-0519s-1, Improved Pension Eligibility Verification Report (EVR), for the period of July 27, 2020 through July 31, 2021. We have also enclosed VA Form 21P-0510, Eligibility Verification Report Instructions, to assist you in filling out this form.;
- VA Form 21P-8416, Medical Expense Report, for the period of July 27, 2020 through July 31, 2021.

You cannot claim expenses for the following:

- bills paid by someone else
- bills paid by insurance
- bills you paid, if an insurance company reimbursed you
- bills that are not for health expenses

To claim an income change and family medical expenses, you must return the completed forms to this office no later than December 31, 2022. We may consider family medical expenses you paid after July 27, 2020.

If you wish to file a claim for special monthly pension, please make your claim on the enclosed VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance.*

Accrued Denied

Accrued benefits (benefits due and not paid to the veteran at the time of death) cannot be paid as there are no accrued amounts available.

What You Should Do If You Disagree With Our Decision

If you do not agree with this decision, you have one year from the date of this letter to select a review option to preserve your earliest effective benefit date. The review options and their proper applications are as follows, for a(n):

- **Supplemental Claim**, complete **VA Form 20-0995**, *Decision Review Request: Supplemental Claim*
- **Higher-Level Review**, complete **VA Form 20-0996**, *Decision Review Request: Higher-Level Review*
- **Appeal to the Board**, complete **VA Form 10182**, *Decision Review Request: Board Appeal (Notice of Disagreement)*

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(b) (6)

Hopkins, Marshall H

Please see the enclosed VA Form 20-0998, *Your Rights to Seek Further Review of Our Decision.* It explains your options for an additional review. You may obtain any of the required applications by downloading them from www.va.gov/vaforms/ or by contacting us. You can also learn more about the disagreement process at www.va.gov/decision-reviews. If you would like to obtain or access evidence used in making this decision, please contact us as noted below. Some evidence may be obtained by signing in at www.va.gov.

Where to Send Your Written Correspondence

VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please send all correspondence to the appropriate location listed on the attached *Where to Send Your Written Correspondence.*

Do You Have Questions Or Need Assistance?

If you have any questions, call us toll-free by dialing 1-800-827-1000. Our TDD number for the hearing impaired is 711. Our TDD number for international callers is 1-800-829-4833. *If you call, please have this letter with you.*

Sincerely yours,

RO Director
VA Regional Office

Enclosed: VA Form 20-0998
Rating Decision
VA Form 21P-10199
VA Form 20-0995
VA Form 21P-0519c-1
VA Form 21P-8416
VA Form 21P-2680
Where to Send Your Written Correspondence

cc: MVC

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DEPARTMENT OF VETERANS AFFAIRS
Veterans Benefits Administration
Regional Office

MARSHALL HOPKINS

VA File Number
(b) (6) [redacted]

Represented By:
MISSOURI VETERANS COMMISSION
Rating Decision
01/07/2021

INTRODUCTION

The records reflect that MARSHALL H. HOPKINS was a Veteran of the Gulf War Era, Peacetime and Vietnam Era. The veteran served in the Air Force from December 2, 1963 to June 9, 1967 and the Air Force Reserves from December 28, 1990 to February 25, 1991. You filed a new claim for benefits that was received on August 17, 2020. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

1. Entitlement to Dependency and Indemnity Compensation under 38 U.S.C. 1318 is denied.

2. Entitlement to Dependency and Indemnity Compensation under 38 USC 1151 is denied.

3. Service connection for cause of death is denied.

EVIDENCE

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- VA Form 21-0966, Intent to File a Claim for Compensation and/or Pension, or Survivors pension and/or DIC received 07/27/2020
- VA notification letter dated 07/31/2020
- VA Form 21-534EZ, Application for Dependency and Indemnity Compensation, Death Pension and/or Accrued Benefits received 08/17/2020
- Death Certificate of the Veteran received 08/17/2020
- VA Form 21P-0969, Income and Asset Statement in Support of a Claim for Pension or Parents' Dependency and Indemnity Compensation (DIC) received 08/17/2020
- VA development letter dated 09/03/2020
- VA Form 21-4138, Statement in Support of Claim received 09/25/2020
- VA development letter dated 10/08/2020
- VA treatment reports, Kansas City, Amarillo, Memphis, Denver, and Albuquerque VAMCs, for the time period of 10/28/2003 through 10/17/2015
- VA notification letter dated 11/12/2020
- We have been unable to obtain records from Amarillo VAMC for the period of 01/14/2003 through 05/01/2006. We have determined that these records do not exist. We will now make a decision based on the evidence of record.
- VA Medical Opinion dated 01/05/2020
- VA notification letter dated 11/12/2020
- Review of the electronic claims folder of the veteran
- Service records of the veteran (to include service treatment records and copies of documents from the official military personnel file for the veteran's periods of active and reserve service), for the time period of 11/1963 through 07/1994, received on 10/22/1996

REASONS FOR DECISION

1. Entitlement to Dependency and Indemnity Compensation under 38 U.S.C. 1318.

Although the veteran's death may not be due to service-related conditions, Dependency and Indemnity Compensation benefits may be payable as if the cause of death were service connected if the cause of the veteran's death was not due to willful misconduct and the veteran was continuously rated totally disabled by reason of service connected disabilities for a period of 10 years or more immediately preceding death; or for five years if the total evaluation was continuously in effect from the date of discharge from military service; or for one year if the veteran was a former POW who died after September 30, 1999. (38 CFR 3.22, 38 USC 1318)

Although the veteran met the schedular requirements (based on service-connected disabilities) for a potential total evaluation during his lifetime, the Veteran was not considered totally disabled from service-connected disabilities for any period prior to his death.

Entitlement to Dependency and Indemnity Compensation is not established because a total evaluation had not been in effect for more than 10 continuous years preceding death. Entitlement to Dependency and Indemnity Compensation (DIC) under 38 U.S.C. 1318 is denied.

2. Entitlement to Dependency and Indemnity Compensation under 38 USC 1151.

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We have denied entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151 because the evidence fails to establish that VA medical or educational services were the proximate cause of death.

Entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151 may be established for the death of a veteran if the evidence shows that the veteran's death was caused by VA hospitalization, medical or surgical treatment, vocational rehabilitation, compensated work therapy program (CWT), or as the result of having submitted to a VA medical examination. The evidence must show that the veteran's death is actually the result of the VA care. Specifically, carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on the part of the Department in furnishing the hospital care, medical or surgical treatment, or examination must be shown; or the proximate cause of death must be an event not reasonably foreseeable. For training and rehabilitation services or compensated work therapy program, it must be shown that the veteran's participation in an essential activity or function of the training, services, or CWT program provided or authorized by VA proximately caused the veteran's death.

To establish causation, the evidence must show that the hospital care, medical or surgical treatment, or examination resulted in the veteran's death. Merely showing that a veteran received care, treatment, or examination and that that the veteran has died does not establish cause. 38 C.F.R. § 3.361(c)(1). Hospital care, medical or surgical treatment, or examination cannot cause the continuance or natural progress of a disease or injury for which the care, treatment, or examination was furnished unless VA's failure to timely diagnoses and properly treat the disease or injury proximately caused the continuance or natural progress. 38 C.F.R. § 3.361(c)(2). Death caused by a veteran's failure to follow properly given medical instructions is not caused by hospital care, medical or surgical treatment, or examination. 38 C.F.R. § 3.361(c)(3).

To establish that carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on VA's part in furnishing hospital care, medical or surgical treatment, or examination proximately caused a veteran's death, it must be shown that VA failed to exercise the degree of care that would be expected of a reasonable health care provider; or, that VA furnished the hospital care, medical or surgical treatment, or examination without the Veteran's informed consent. 38 C.F.R. § 3.361(d)(1).

Whether the proximate cause of a Veteran's death was an event not reasonably foreseeable is in each claim to be determined based on what a reasonable health care provider would have foreseen. The event need not be completely unforeseeable or unimaginable but must be one that a reasonable health care provider would not have considered to be an ordinary risk of the treatment provided. 38 C.F.R. § 3.361(d)(2).

As specified in 38 C.F.R. § 3.361(d)(2), in determining whether an event was reasonably foreseeable, VA will consider whether the risk of that event was the type of risk that a reasonable health care provider would have disclosed in connection with the informed consent procedures of 38 C.F.R. § 17.32.

On your correspondence that we received on 09/25/2020, you stated that you were seeking

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entitlement to compensation under 38 U.S.C. 1151, claiming that the veteran was given a clean bill of health by VA doctors from the Amarillo VAMC after a colonoscopy/follow-up visit for hernia surgery in August 2015. The claimant stated that "apparently during the colonoscopy his bowels were nicked", and that the veteran was subsequently admitted to the Memphis VAMC and had 3/4 of his colon surgically removed, but later passed away.

A layperson may provide competent medical evidence regarding symptoms. However, a lay opinion is not entitled to any weight when the determinative issue involves questions of medical causation and a medical diagnosis (Espiritu v. Derwinski). The record does not reflect that you possess the medical training and expertise to diagnose or offer an opinion as to the etiology of any claimed disability. When the determinative issue is one of medical causation or a diagnosis, only those with specialized training or expertise are competent to provided evidence on an issue (Jones v. Brown, Espiritu v. Derwinski).

The instructions with your FDC application explained how the application should be filled out and explained what evidence should be submitted to support your claim. The instructions also included full notification of your rights under the Veterans Claims Assistance Act. Specifically, in regard to your claim for entitlement to Dependency and Indemnity Compensation under 38 USC 1151, we informed you that you must provide evidence showing that the veteran's death was a result of undergoing VA hospitalization, medical or surgical treatment, examination, or training, AND that the veteran's death was the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment: OR, the direct result of an event that was not a reasonably expected result or complication of the VA care or treatment; OR, or the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program.

Further, in our VA development letter to you dated 10/08/2020, we requested medical evidence to support your claim for Dependency and Indemnity Compensation under 38 U.S.C. 1151.

Specifically, in regard to your claim for entitlement to Dependency and Indemnity Compensation under 38 USC 1151, we informed you that you must provide evidence that shows that as a result of VA hospitalization, medical or surgical treatment, examination, or training, the veteran had an additional disability or disabilities, or an aggravation of an existing injury or disease, and that the disability was the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment, or not a reasonably expected result or complication of the VA care or treatment, or the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program.

You did not provide us with any additional medical evidence; however, we were able to review the veteran's private treatment reports of record from we were able to review the veteran's VA treatment reports from the Kansas City, Amarillo, Memphis, Denver, and Albuquerque VAMCs, for the time period of 10/28/2003 through 10/17/2015. These VA medical records contain findings of small bowel infarction; however, none of these reports specifically relate the death of the veteran to treatment at the Amarillo VAMC.

Therefore, we submitted the veteran's claim folder to a VA examiner to further evaluate a

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possible relationship between the cause of the veteran's death and the VA medical treatment that he received. After a review of the evidence of record, the examiner opined that the veteran's death was less likely than not (less than 50 percent probability) a result of the VA medical treatment that he received.

In the rational that he provided for his opinion, the VA examiner stated that "Medical records document that the Veteran presented to the Memphis VAMC with necrotic small bowel, associated small bowel perforation, requiring extensive small bowel resection. There is no documentation of colonic pathology or the need for colonic resection. There is no documentation in the medical record that the Veteran had a colonoscopy at any point either prior to or during his hospitalization at the Amarillo VAMC in 8/2015. In fact, he repeatedly refused evaluation with colonoscopy. He underwent cystoscopy at the time as he presented to the Amarillo VAMC 8/2015, with obstructive uropathy, bilateral hydronephrosis and hydroureters and pyelonephritis. There is no indication in the medical records that his bowel was nicked either at the time of his recurrent right inguinal hernia repair 8/2015 or during the cystoscopy that was performed shortly after his right inguinal hernia surgery. Both procedures are documented in the medical record to have been performed without complication. The Veteran's presentation at the Memphis VAMC 9/2015, with necrotic small bowel, and small perforation, as well as sepsis and multiorgan system failure was unanticipated and the clearly the result of an event not reasonably foreseeable. The etiology of the Veteran's small bowel infarct was never elucidated, although he was noted to have the new onset of atrial fibrillation at the time of his hospitalization 9/2015 at the Memphis VAMC. It is possible that his infarcted small bowel was due to cardiac embolization. Review of medical records documents appropriate medical and surgical care at the Kansas City VAMC, the Amarillo VAMC and the Memphis VAMC. There is no indication whatsoever that the veterans death was the result of carelessness, negligence, lack of proper skill, error in judgment, or similar fault on the part of the department of veterans affairs in furnishing the hospital care, medical or surgical treatment, or examination."

Further, the VA examiner stated "a review of medical records documents the Veteran's history of preexisting poorly controlled DM. He underwent uncomplicated repair of recurrent right inguinal hernia 8/2015. Following his discharge from the hospital after the hernia repair, he developed bladder outlet obstruction with bilateral hydronephrosis, hydroureter and pyelonephritis. He was appropriately managed for this condition at the Amarillo VAMC. He was subsequently admitted emergently to the Memphis VAMC with small bowel necrosis/gangrene and perforation with sepsis, and multisystem organ failure. His presentation was complicated by hyponatremia, acute kidney injury, altered mental status and CHF. He was noted to have new onset atrial fibrillation. The Veteran received appropriate treatment at the Memphis VAMC, including intubation, mechanical ventilation, pressor support, antibiotics, crystalloid administration, insulin, and emergent surgery with bowel resection for gangrenous necrotic small bowel complicated by bowel perforation. The only iatrogenic complication that occurred during the terminal hospitalization was pneumothorax that occurred during subclavian line placement, managed with chest tube placement. This complication did not contribute to the Veteran's death. His extensive small bowel infarction with small bowel gangrene, necrosis and perforation were the proximate cause of the Veteran's death. Such extensive small infarction is typically a terminal event despite appropriate and aggressive management as the Veteran received. The treatment the veteran received in connection with his/her death recorded as small bowel infarction with contributing conditions (not resulting in the immediate cause of death), to include diabetes, hyperlipidemia,

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and inguinal hernias, was the not result of carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on VA's part in furnishing care, medical or surgical treatment, or examination."

From the plain language of the statute, it is clear that to establish entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151, all three of the following factors must be shown: (1) Disability/additional disability, (2) that VA hospitalization, treatment, surgery, examination, or training was the cause of such disability, and (3) that there was an element of fault on the part of VA in providing the treatment, hospitalization, surgery, etc., or that the disability resulted from an event not reasonably foreseeable.

To establish causation, the evidence must show that the hospital care, medical or surgical treatment, or examination resulted in the veteran's additional disability or death. Merely showing that a veteran received care, treatment, or examination and that the veteran has an additional disability or died does not establish causation. 38 C.F.R. § 3.361(c)(1).

Therefore, entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151 is not established as the veteran's death was not caused by VA hospitalization, medical or surgical treatment, vocational rehabilitation, compensated work therapy program (CWT), or as the result of having submitted to a VA medical examination. {38 USC 1151}. For medical services, the evidence must show that fault on VA's part or an event not reasonably foreseeable proximately caused death. Entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151 is denied because the evidence fails to establish that VA medical or educational services were the proximate cause of death.

3. Service connection for the cause of death.

Service connection may be granted for a disability which began in or was caused by some event or experience in military service, or if a disability pre-existed such service, was aggravated therein. (38 CFR 3.303)

Service connection may also be granted on a presumptive basis if an applicable chronic disability is manifested to a compensable degree (severe enough to be evaluated at least 10 percent disabling) within a year after military discharge. (38 CFR 3.309)

The death of a veteran will be considered as having been due to a service-connected disability when the evidence establishes that such disability was either the principal or a contributory cause of death. (38 CFR 3.312)

Service connection for the cause of death may be granted to a reserve or National Guard service member if the
service person was disabled during "active" duty for training (ADT or ACDUTRA) due to a disease or injury incurred in the line of duty, AND the disease or injury caused or contributed to the service person's death. Service connection for the cause of death may also be granted to a reserve or National Guard service member if the service person was disabled during " inactive"

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duty training (IADT) due to an injury incurred or aggravated in the line of duty AND that injury caused or contributed to the service person's death, OR if the service member suffered an acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; AND that injury (acute myocardial infarction, cardiac arrest, or cerebrovascular accident) caused or contributed to the service person's death. (38 CFR 3.6)

We received your claim for Dependency and Indemnity Compensation (DIC) under our Fully Developed Claim (FDC) Program on 08/17/2020. The instructions with your FDC application explained how the application should be filled out and explained what evidence should be submitted to support your claim. The instructions also included full notification of your rights under the Veterans Claims Assistance Act. As you submitted and signed your claim on a VA Form 21-534EZ, Application for Dependency and Indemnity Compensation, Death Pension and/or Accrued Benefits under our FDC Program, you were informed of the evidence which was needed in order to support your claim, and you have certified that you have enclosed all the information or evidence to support your claim, and that you have no other information or evidence to give VA to support your claim.

The death certificate documents that the veteran died on 09/18/2015. The cause of death is shown as small bowel infarction with contributing conditions (not resulting in the immediate cause of death), to include diabetes, hyperlipidemia, and inguinal hernias.

According to 38 CFR 3.159 (c)(2), VA will make as many requests as are necessary to obtain relevant records from a Federal department or agency. These records include but are not limited to military records, including service medical records; medical and other records from VA medical facilities; records from non-VA facilities providing examination or treatment at VA expense; and records from other Federal agencies, such as the Social Security Administration. VA will end its efforts to obtain records from a Federal department or agency only if VA concludes that the records sought do not exist or that further efforts to obtain those records would be futile. Cases in which VA may conclude that no further efforts are required include those in which the Federal department or agency advises VA that the requested records do not exist or the custodian does not have them.

The claimant must cooperate fully with VA's reasonable efforts to obtain relevant records from Federal agency or department custodians. If requested by VA, the claimant must provide enough information to identify and locate the existing records, including the custodian or agency holding the records; the approximate time frame covered by the records; and, in the case of medical treatment records, the condition for which treatment was provided. In the case of records requested to corroborate a claimed stressful event in service, the claimant must provide information sufficient for the records custodian to conduct a search of the corroborative records. If necessary, the claimant must authorize the release of existing records in a form acceptable to the custodian or agency holding the records.

Collectively, we were able to review the veteran’s VA treatment reports from the Kansas City, Amarillo, Memphis, Denver, and Albuquerque VAMCs, for the time period of 10/28/2003 through 10/17/2015.

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You informed us that the veteran's treatment from the Memphis VAMC (from 09/18/2015) and Amarillo VAMC (from 01/14/2003) were pertinent to your claim. We were able to review the veteran's VA treatment records from the Memphis VAMC for the time period of 09/16/2015 through 10/17/2015. We were also able to obtain the veteran's records from the Amarillo VAMC from 05/02/2006 through 10/18/2016. (If you feel that there are additional records prior to May 2, 2006 which would be pertinent to your claim, please tell us.)

These VA medical records contain findings of small bowel infarction, diabetes, hyperlipidemia, and inguinal hernias. However, none of these reports specifically relate the death of the veteran to military service.

As of the date of this Rating Decision, evidence establishing a relationship between the death of the veteran and military service has not been received. Lastly, the evidence of record did not reveal that the veteran was disabled due to an injury incurred or aggravated during a period of "active" or "inactive" duty for training. The evidence of record also did not reveal that the veteran suffered an acute myocardial infarction, cardiac arrest, or cerebrovascular accident during a period of "inactive" duty for training.

Therefore, we have denied service connection for the cause of death because there was no evidence supporting a relationship between the listed cause of death and the military service of the veteran, nor was diabetes shown to be manifested to a compensable degree (severe enough to be evaluated at least 10 percent disabling) within one year of military discharge. Also, the evidence did not reveal that the veteran's death was due to an injury incurred or aggravated during a period of "active" or "inactive" duty for training, nor did the evidence show that the veteran suffered an acute myocardial infarction, cardiac arrest, or cerebrovascular accident during a period of "inactive" duty for training.

REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our website, www.va.gov.

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Department of Veterans Affairs

YOUR RIGHTS TO SEEK FURTHER REVIEW OF OUR DECISION

After careful and compassionate consideration of the matter(s) before VA, we have reached a decision. This document outlines your rights to seek further review of our decision on any issue with which you are dissatisfied or disagree. This document does not apply to decisions issued by the Board of Veterans' Appeals (Board), which have a separate rights notice. For **most VA benefits**, you must elect one of the review options discussed below within **one year** of the date on your decision notice letter to preserve your right to receive the maximum possible benefit. **Consult your decision notice letter for specific filing time limits.** If you are a party to a **contested claim**, you must file an appeal to the Board within **60 days** of the date on your decision notice letter in order to seek review. All parties to a contested claim will have received notice of the decision. See the section below regarding filing an appeal to the Board. You may select different review options for each issue decided by VA. The options are as follows:

Review Options	VA Benefit Claim	Parties to a Contested Claim	Insurance Claim	Fiduciary Decision
Supplemental Claim	✓	Not Available	✓	Not Available
Higher-Level Review	✓	Not Available	✓	✓
Appeal to the Board	✓	✓	✓	✓
U.S. District Court Complaint	Not Available	Not Available	✓	Not Available

VA benefits include Compensation, Pension/Survivors Benefits, Education, Loan Guaranty, Vocational Rehabilitation & Employment, Veterans Health Administration, or National Cemetery Administration.

You **MAY NOT** concurrently file for review of any single issue using more than one option at a time. The following is an overview of each option to help you select the most appropriate course of action. You can also find detailed information on all of the available review options and apply at www.vets.gov.

Descriptions of Review Options

Supplemental Claim

Use this option when you have additional evidence that is NEW AND RELEVANT to support granting the benefit(s) sought or you can identify existing relevant records that you would like VA to obtain. (**NEW evidence** means information not previously submitted to VA, and **RELEVANT evidence** means information that tends to prove or disprove a matter at issue.)

VA will assist you in gathering new and relevant evidence to support a Supplemental Claim.

Higher-Level Review

Use this option when you have NO additional evidence to submit, or that you would like VA to obtain, in support of a previously decided issue.

You ***may not*** request a Higher-Level Review of a Higher-Level Review decision or a Board decision.

The designated reviewer will conduct a brand new review of the issue(s) based on the evidence that was before VA at the time of the prior decision(s). An **informal conference** is available to you and/or your representative, if you choose to exercise this option. The purpose of this telephonic contact is to point out specific errors in the case. VA will not consider any new evidence.

Appeal to the Board

Use this option to appeal to the Board for consideration by a Veterans Law Judge. You may appeal to the Board from a Supplemental Claim decision or a Higher-Level Review decision.

When appealing to the Board, you may request a hearing with a Veterans Law Judge and/or the opportunity to submit additional evidence. You may also choose for the Board to review your claim without any additional evidence or a hearing, which may result in a faster decision. By selecting one of these options, the Board will place your appeal onto a list for consideration in the order it was received.

The Board does not have a duty to assist you in obtaining additional evidence, but may review whether VA properly fulfilled its duty to assist you in the original claim process and may remand your claim on that basis.

U. S. District Court

(INSURANCE CLAIMS ONLY)

You may challenge VA's decision on your insurance application or claim by filing a complaint with a United States district court in the jurisdiction in which you reside within six years from when the right of action first accrues.

To find a district court, use the map at: www.uscourts.gov/court_locator.aspx.

(Please continue reading on page 2)

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How do I request review by VA of my decision?

To select a review option, you must submit the appropriate form to the appropriate office for review.

For a **Supplemental Claim**, consult your decision notice letter for the required forms and ways to submit the request.

For a **Higher-Level Review**, complete **VA Form 20-0996, Decision Review Request: Higher-Level Review** (available at www.va.gov/vaforms/), and consult your decision notice letter for the required ways to submit the request.

To **Appeal to the Board**, complete **VA Form 10182 - Decision Review Request: Board Appeal (Notice of Disagreement)** (available at www.va.gov/vaforms/), and send the form to:

Board of Veterans' Appeals
P.O. Box 27063
Washington, DC 20038
Fax: 844-678-8979

Can someone help me with my request for review?

Yes, VA recognizes and accredits attorneys, claims agents, and Veterans Service Organizations (VSOs) representatives to assist VA claimants with their benefits claims. VSOs and their representatives are not permitted to charge fees or accept gifts for their services. Only VA-accredited attorneys and claims agents may charge you fees for assisting in a claim for VA benefits, and only after VA has issued an initial decision on the claim and the attorney or claims agent has complied with the power-of-attorney and the fee agreement requirements. For more information on the types of representatives available, *see* www.va.gov/ogc/accreditation.asp.

If you have not already selected a representative, or if you want to change your representative, a searchable database of VA-recognized VSOs and VA-accredited attorneys, claims agents, and VSO representatives is available at www.va.gov/ogc/apps/accreditation/index.asp. Contact your local VA office for assistance with appointing a representative or visit www.ebenefits.va.gov.

What happens if I do not submit my request for review on time?

If you do not request a review option within the required time limit, you may only seek review through the following options:

- File a request for revision of the decision based on a clear and unmistakable error in the decision;
- File a Supplemental Claim along with new and relevant evidence to support your issue(s). Where a Supplemental Claim is filed after the time limit to seek review of a decision, the effective date for any resulting award of benefits generally will be tied to the date that VA receives the Supplemental Claim.

For more information on all the available review options visit: www.va.gov, or www.vets.gov or contact us at 1-800-827-1000.

NOTE: This form supersedes VA Forms 4107, 4107C, 4107VHA, 4107VRE, 4107INS for VA decisions after the publication in the Federal Register of the applicability date on which the *Veterans Appeals Improvement and Modernization Act of 2017* goes into effect.

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Department of Veterans Affairs

OMB Control No. 2900-0101
Respondent Burden: 30 minutes
Expiration Date: 06/30/2021

ELIGIBILITY VERIFICATION REPORT INSTRUCTIONS

NOTE: Read very carefully and keep these instruction sheets for your reference.

The Eligibility Verification Report (EVR) form will refer you to the instruction paragraphs that apply to you. There are specific instructions for each type of EVR. You can determine what type of EVR you have by looking at the number in the upper right hand corner on the front of this form. This number is next to the form title "Eligibility Verification Report."

General Information

A. How can I contact VA if I have questions?

If you have questions about this form, how to fill it out, or about benefits, contact VA at 1-877-294-6380 (for the Hearing Impaired TDD line 711). You may also contact VA by Internet at: https://iris.custhelp.com/. The mailing address of the nearest VA regional office can be found in your telephone book blue pages under "United States Government," or at www.va.gov/directory.

B. How do I complete my EVR?

Print all answers clearly. If you must write an answer do so very clearly and plainly. If an answer is "none" or "0," write that or line through the space provided. Answer all questions unless the instructions specifically indicate that the item does not have to be answered. For additional space, attach a separate sheet, indicating the item number to which the answers apply. Make sure to write the veteran's name and VA claim number on any attachments to the EVR.

C. What do I do when I have completed my EVR?

Make sure you sign and date the EVR. When you have completed the EVR, mail it or take it to the VA address shown on the front of the EVR. If no address is shown, mail or take the EVR to the nearest VA regional office. Be sure to attach any materials that support and explain your claim. Also, make a photocopy of your EVR and everything that you submit to VA before you mail it.

D. What are aid and attendance and housebound benefits?

VA may pay a higher rate of benefits to a veteran, surviving spouse, or surviving parent who is blind, a patient in a nursing home, or otherwise needs regular aid and attendance. VA may also pay a higher rate of pension to a veteran who is permanently confined to his or her home because of a disability. A surviving spouse must be receiving or entitled to receive Improved Pension to qualify for a higher rate of pension based on being permanently confined to his or her home because of a disability. You are receiving Improved Pension if entitlement to pension was established on or after January 1, 1979. If you wish to claim any of these benefits and are not in a nursing home, attach a separate sheet of paper stating the benefits you are claiming. Also, submit a statement from your doctor showing the extent of your disabilities. If you are in a nursing home, be sure to complete the items on the EVR pertaining to nursing home care and provide the complete address and phone number of the nursing home.

E. How does receiving Medicaid-covered nursing home care affect my pension?

Pension payments may be reduced to $90 per month if you have no dependents and are receiving nursing home care which is covered by Medicaid. This reduction only applies if you are receiving Improved Pension. The reduction does not apply if you receive Parents' Dependency and Indemnity Compensation (DIC), Old Law Pension, or Section 306 Pension. You are receiving Old Law Pension, or Section 306 Pension if entitlement to pension was established before January 1, 1979.

F. What if my income or dependency information changes after I return the EVR?

If there is a significant increase in your family income or net worth, or if there is any change in your marital status or the status of your dependents after you return your EVR, notify VA immediately. Fully describe the change and furnish your name, VA claim number, and Social Security number. Do not wait to report the change on next year's EVR. If you do not promptly notify us of these changes, this may result in an overpayment in your account.

G. What if I believe that VA has made an error in processing or deciding my benefits ?

You have a right at any time to submit additional information or to have a personal hearing to explain or clarify your statements. You also have the right to be represented at a hearing by the representative of your choice. For more information about personal hearings or assigning a representative, contact VA as shown in Item A.

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INSTRUCTION PARAGRAPHS

1. NUMBER OF UNMARRIED, DEPENDENT CHILDREN

VA recognizes the veteran's biological children, adopted children, and stepchildren as dependents. But these children must be unmarried and:

- under age 18, or
- between 18 and 23 and pursuing an approved course of education, or
- of any age if they became permanently unable to support themselves before reaching age 18.

Report a child living in your household as "in your custody." Report a child who is not living with you as "not in your custody."

If a child between the ages of 18 and 23 who is receiving benefits or has been established as your dependent based on school attendance has stopped attending school, show this change on the EVR. If a child (regardless of age or status) has married, this must be shown on the EVR also. If a change in a child's school or marital status occurs after you complete the EVR, notify VA immediately.

2. INCOME

You are required to report **all** income unless the instructions in this paragraph specifically indicate that the item does not apply to you. If you are not sure about a particular type of income, report it and provide a full explanation of the source of the income. If any income does not count, VA will exclude it when computing your income for VA purposes. If you do not receive income from a particular source, write "0" or "none" in the space provided. **Do not leave the space blank.**

Report the gross amounts before you take out deductions for taxes, insurance, etc.

EXAMPLE: Your monthly Civil Service check is $365.60. The deduction for taxes is $15. The deduction for health insurance is $19.40.

$365.60 Check Amount
15.00 Deduction for Taxes
+19.40 Deduction for Insurance
Amount to report on EVR $400.00

<table>
<tr><th>Do report:</th><th>Do NOT report:</th></tr>
<tr><td>VA pension that you receive under another claim number. Report as "other" monthly income.</td><td>VA pension that you receive under this claim number.</td></tr>
<tr><td>VA compensation that you receive under this or another claim number. Report as "other" monthly income.</td><td rowspan="2">Any income you or your dependents received before the effective date of your award of benefits, if the effective date is during the first year shown on your EVR form.</td></tr>
<tr><td rowspan="2">Type 2S, 2V, 3 EVRs only: If you receive Old Law Pension (fixed rate of pension since 1960), report Supplemental Security Income (SSI) benefits.</td></tr>
<tr><td>SSI benefits unless you receive Old Law Pension (fixed rate of pension since 1960).</td></tr>
<tr><td>Type 6, 7, 8, 9C, 9S EVRs only: VA insurance benefits. Report as "other" annual income.</td><td rowspan="3"></td></tr>
<tr><td>Type 6, 7, 8, 9C, 9S EVRs only: all income received by each child. If each of your children has exactly the same income and your EVR has a space for reporting a child's income, you may write "all" at the top of the child income column on the EVR.</td></tr>
<tr><td>VA education benefits. Report as "other" annual income.</td></tr>
</table>

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2. INCOME *(Continued)*

If you are not sure whether to report income as "monthly income" or "annual income," don't worry. You may report it in either category. The important thing is to report all income, clearly state its source, and not to report the same income twice on the EVR.

Report under "monthly income:"	**Report under "annual income:"**
Gross monthly amount of income you receive such as government, retirement or annuity checks.	Gross annual wages from employment.
	Annual interest and dividends. This includes but is not limited to interest on savings accounts, checking accounts, certificates of deposit, mutual funds, and VA insurance.
	All other income that is not shown in another section (for example, VA education benefits, rental income, insurance, net income from the operation of a business, unemployment compensation, IRA distributions, gifts, inheritances, gambling winnings, etc.)

3. MONTHLY INCOME

Social Security benefits: VA receives information from the Social Security Administration (SSA) about the rates paid to most individuals who receive benefits from both VA and SSA. If an amount is preprinted in the Social Security block on your EVR, it came from Social Security records or is based on information you have furnished in the past. The amount shown is the sum of your monthly amount and your Medicare premium (if any). See the EXAMPLE under Item 2. If the preprinted amount is correct or is within $1 of the correct rate, do not make any entry. If the preprinted amount is wrong by more than $1, cross it out, enter the correct amount, and, if possible, attach to your EVR an award letter or other notice from SSA showing your correct rate. If any Social Security block does not contain a preprinted amount, enter the applicable Social Security rate or "0," as appropriate.

Military retirement: Military retirement means a monthly check from the Army, Navy, Air Force, Coast Guard or Marine Corps and is usually based on 20 or 30 years service. Do not report your VA benefits as military retirement. Report VA benefits as "other income."

4. ANNUAL INCOME

Last year column: The income reported for the past year should be the actual amounts of gross income received. Use your W-2 forms, bank statements, etc. Do not rely on your memory, and do not estimate the amount of income already received.

Next year column: The income you report for the coming year should be your best estimate at this time. If there is a significant increase in your income after you complete this EVR, notify VA immediately. **DO NOT** wait until VA sends you another EVR next year.

5. NET WORTH

Net worth is the market value of all interest and rights you have in any kind of property less any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal things you use everyday like your vehicle, clothing, and furniture. If property is owned jointly by yourself and your spouse, report one-half of the total value held jointly for each of you.

Type 2S, 2V, 3 EVRs: Report your net worth only if you receive Section 306 Pension (fixed rate of pension since 1978). Do not report the net worth of your spouse.

Type 6, 7, 8, 9S EVRs: You must report net worth for yourself and all dependents for whom you are receiving benefits.

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5. NET WORTH *(Continued)*

Type 9C EVR: If you are a child claiming or receiving pension in your own right, report your net worth. If you are claiming or receiving pension as the custodian of a child or children, report the child's net worth and your net worth unless you are an institutional custodian. If you are also the child's parent, you are married, and you live with your spouse, report your and your spouse's net worth.

6. FAMILY MEDICAL EXPENSES

Note: Do not report medical expenses if your only income is VA pension or SSI. If VA pension or SSI is your only income, please skip to paragraph 7 of the instructions.

Family medical expenses actually paid by you may be deductible from your income. Report the amount of unreimbursed medical expenses, including the Medicare deduction, you paid for yourself or relatives who are members of your household. Any expenses reasonably related to medical or dental care of yourself or dependents (including health insurance premiums) may be allowed as medical expenses. If you are not sure whether a particular expense can be allowed, furnish a complete description of the purpose of the payment. We will let you know if an expense cannot be allowed.

Do not include any expenses for which you were or will be reimbursed. **Do not** report any medical expenses paid *before* the effective date of your benefits.

Type 2S, 2V, 3 EVR:	Do not report medical expenses unless you receive Section 306 Pension and have been notified by VA that your pension will be terminated due to excessive income. Note: Allowable medical expenses may be used to reduce your countable income; however, these expenses cannot be used to increase the protected rate of pension that you receive.
Type 4 EVR:	If you have income other than VA benefits or SSI, you should report medical expenses. Generally your rate will not be increased unless the medical expenses you paid (including Medicare premiums) exceed 5 percent of your countable annual income. Note: If your spouse is the veteran's other parent and you live together, your spouse will receive a separate EVR and VA Form 21P-8416. You may report all your and your spouse's medical expenses on a single VA Form 21P-8416 or each parent may report his or her medical expenses on separate VA Forms 21P-8416. If you paid medical expenses from a joint account, one parent can claim all the expenses or you may divide up the expenses. Do not report the same medical expenses.
Type 6, 7, 8, 9C, 9S EVR:	If you have income other than VA benefits or SSI, you should report medical expenses. Generally your rate of pension will not be increased unless the medical expenses you paid (including Medicare premiums) exceed 5 percent of the Maximum Annual Pension Rate (MAPR). Rates are frequently changed, so it is not possible to keep this information current in these instructions. You can find out what the current MAPR is by contacting your nearest VA regional office at 1-877-294-6380 (Hearing Impaired TDD line 1-800-829-4833).

If the amount of medical expenses **is not** preprinted on your EVR, you must itemize any medical expenses you wish to claim. Report unreimbursed medical expenses on VA Form 21P-8416, "Medical Expense Report." If you need a copy of this form, contact the VA at 1-877-294-6380 (Hearing Impaired TDD line 711). You may also download the form at www.va.gov/vaforms. **Note:** If your current rate of benefits is based on allowance of a continuing deduction for nursing home fees or other recurring medical expenses, you must complete VA Form 21P-8416 to confirm that you actually paid these expenses or your award will be adjusted retroactively to remove the deduction. This will result in an overpayment in your account and possible termination of benefits.

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6. FAMILY MEDICAL EXPENSES *(Continued)*

If the amount of medical expenses is preprinted on your EVR, write in the total amount of unreimbursed medical expenses you actually paid and the amount you expect to pay during the next income reporting year. If the amounts you enter are substantially the same as the amount preprinted on the EVR, you may submit the EVR without itemizing your medical expenses on VA Form 21P-8416.

IMPORTANT

You may be asked to verify the amounts you actually paid, so keep all receipts or other documentation of payments for at least 3 years after we make a decision on your medical expense claim. If you are unable to provide documentation of the claimed medical expenses when asked to do so by VA, your benefits will be retroactively reduced or terminated.

7. EDUCATIONAL OR VOCATIONAL REHABILITATION EXPENSES

Type 6, 7, 8, 9C, 9S EVRs: Educational or vocational rehabilitation expenses actually paid by you may be deductible from your income. Educational or vocational rehabilitation expenses are amounts paid for courses of education or vocational rehabilitation that you are pursuing, including tuition, fees, and materials. Report only **your** educational expenses. **Do not** include any expenses for which you were or will be reimbursed. **Do not** report your dependents' expenses.

Note: Do not report educational or vocational rehabilitation expenses if you are using the EVR to supplement a pending claim. If entitlement is established, you will have an opportunity to report your expenses at the end of the year.

8. FAMILY MAINTENANCE (Hardship) EXPENSES

Report hardship expenses on the EVR *only* if VA is currently excluding your children's income on the grounds of hardship. If this applies to you, show the total expenses for family maintenance expected for the next 12 months.

VA can exclude all or part of a dependent child's income if it is not reasonably available to you or if it would cause hardship to consider this income in determining your rate of pension. If VA is not currently excluding your children's income and you feel that it should be, you will need to complete VA Form 21-0571, "Application for Exclusion of Children's Income." Contact VA at the address shown at the top of the EVR form and we will send you this form. You may also download this form at www.va.gov/vaforms/**.**

9. SIGNATURE

The EVR form must be signed by the payee who is recognized by VA. Normally, this will be the person to whom the monthly check is payable. The EVR cannot be signed by another person on behalf of the beneficiary unless that person has been recognized as the payee by VA. If you are capable of handling your VA funds but are unable to sign your name, you may sign by "X" mark or thumb print.. If you sign by "X" mark or thumb print, furnish the following statement on a separate sheet which should be attached to the EVR: "I hereby certify that the information on this form is true and correct to the best of my knowledge and belief." Place your mark or thumb print under this statement and have it signed by two witnesses who must also print their names and addresses. Be sure to write the veteran's name and VA claim number on the attachment.

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Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your and your dependents SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 USC 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 USC 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to verify eligibility for pension or Parents' DIC (38 U.S.C. 1506 and 1315). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-877-294-6380 to get information on where to send comments or suggestions about this form.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

OMB Approved No. 2900-0101
Respondent Burden: 40 minutes
Expiration Date: 06/30/2021

FIRST, MIDDLE, LAST NAME OF VETERAN

FIRST, MIDDLE, LAST NAME OF SURVIVING SPOUSE

COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE

Department of Veterans Affairs

IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (Surviving Spouse with Children) 9S

VA FILE NUMBER

VA REGIONAL OFFICE RETURN ADDRESS

IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21P-0510) prior to completing this form.

1A. YOUR SOCIAL SECURITY NUMBER

1B. VETERAN'S SOCIAL SECURITY NUMBER

1C. YOUR DATE OF BIRTH (*Month, Day, Year*)

2. MARITAL STATUS (*Check only one box*)

(1) ☐ I HAVE NOT MARRIED SINCE THE VETERAN DIED (You have not married anyone since the veteran's death.)

(2) ☐ I REMARRIED ON (DATE) _____ AND I AM STILL MARRIED *(*You married after the veteran's death and you are currently married. Enter the day you married your current spouse.)

(3) ☐ I REMARRIED AFTER THE VETERAN DIED BUT THE MARRIAGE ENDED BY DEATH OR DIVORCE ON _____ (DATE). (You remarried but you are not currently married. Show the date your latest marriage ended.)

3A. UNMARRIED DEPENDENT CHILDREN *(Read Paragraph 1 of the EVR Instructions)*

FULL NAME OF EACH CHILD *(First, middle initial, last)*	DATE OF BIRTH *(Mo., day, yr.)*	SOCIAL SECURITY NUMBER	PLEASE CHECK ONE (X)		
			UNDER 18 YEARS OF AGE	OVER 18 AND UNDER 23, AND ATTENDING SCHOOL	ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

3B. UNMARRIED DEPENDENT CHILDREN LISTED IN 3A WHO DO NOT LIVE WITH YOU

NAME OF CHILD	CHILD'S COMPLETE ADDRESS	NAME OF PERSON CHILD LIVES WITH (If Applicable)	MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT

4A. ARE YOU A PATIENT IN A NURSING HOME?

☐ YES ☐ NO *(If "YES," complete Items 4B through 4D. If "NO," go to Item 5.)*

4B. SHOW THE DATE YOU ENTERED THE NURSING HOME

4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (*Please Include ZIP Code*)

4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?

☐ YES ☐ NO

5. DID YOU RECEIVE WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS?

☐ YES ☐ NO

6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE?

☐ YES ☐ NO (*If "YES," write in the VA file number of the other benefit*) _____

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

7A. MONTHLY INCOME *(Read Paragraphs 2 and 3 of the EVR Instructions)*

GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "0" or "none." VA WILL INTERPRET A BLANK SPACE AS "NONE" OR "0.")

SOURCE	SURVIVING SPOUSE	CHILD:	CHILD:
SOCIAL SECURITY			
U.S. CIVIL SERVICE			
U.S. RAILROAD RETIREMENT			
BLACK LUNG BENEFITS			
OTHER RETIREMENT			
OTHER (Show Source)			
OTHER (Show Source)			

7B. ANNUAL INCOME *(Read Paragraphs 2 and 4 of the EVR Instructions)*

If no income was received from a particular source, write "0" or "none." VA WILL INTERPRET A BLANK SPACE AS "NONE" OR "0."

NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column.

SOURCE	SURVIVING SPOUSE		CHILD:		CHILD:	
	FROM: 07/27/2020 THRU: 12/31/2020	FROM: 01/01/2021 THRU: 07/31/2021	FROM: 07/27/2020 THRU: 12/31/2020	FROM: 01/01/2021 THRU: 07/31/2021	FROM: 07/27/2020 THRU: 12/31/2020	FROM: 01/01/2021 THRU: 07/31/2021
GROSS SALARY OR WAGES FROM ALL EMPLOYMENT						$
TOTAL INTEREST AND DIVIDENDS						
ALL OTHER (Show Source)						
ALL OTHER (Show Source)						

7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS? *(Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income.)*

☐ YES ☐ NO *(If "YES," complete Items 7D through 7F. If "NO," go to Item 7G.)*

7D. WHAT INCOME CHANGED? (*Show what income changed, for example, wages, city pension, etc.)*	7E. WHEN DID THE INCOME CHANGE? (*Show the dates you received any new income or the date income changed)*	7F. HOW DID INCOME CHANGE? (*Tell what happened; for example, quit work, got raise, received inheritance)*

7G. NET WORTH *(Read Paragraph 5 of the EVR Instructions)*

SOURCE	SURVIVING SPOUSE	CHILD:	CHILD:
CASH/NON-INTEREST-BEARING BANK ACCOUNTS			
INTEREST-BEARING BANK ACCOUNTS			
IRA'S, KEOGH PLANS, ETC.			
STOCKS, BONDS, MUTUAL FUNDS, ETC.			
REAL PROPERTY *(Not your home)*			
ALL OTHER PROPERTY			

8. FAMILY MEDICAL EXPENSES *(Read Paragraph 6 of the EVR Instructions)*

Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21P-8416, Medical Expense Report. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.

9. SURVIVING SPOUSE'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES *(Read Paragraph 7 of the EVR Instructions)*

Show amounts paid by you during the last 12 months. DO NOT REPORT CHILDRENS' EXPENSES. $

10. FAMILY MAINTENANCE *(HARDSHIP)* EXPENSES FOR NEXT 12 MONTHS *(Read Paragraph 8 of the EVR Instructions)*

Complete ONLY IF VA is currently excluding children's income on the grounds of hardship. Show total family expenses expected for the next 12 months. $ _____

11A. SIGNATURE OF PAYEE *(Read Paragraph 9 of the EVR Instructions before signing)*	11B. DATE

11C. TELEPHONE NUMBERS *(Include Area Code)*

DAYTIME	EVENING

PENALTY The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

OMB Approved No. 2900-0101
Respondent Burden: 40 minutes
Expiration Date: 06/30/2021

FIRST, MIDDLE, LAST NAME OF VETERAN

FIRST, MIDDLE, LAST NAME OF SURVIVING SPOUSE

COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE

Department of Veterans Affairs

IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (Surviving Spouse with Children) 9S

VA FILE NUMBER

VA REGIONAL OFFICE RETURN ADDRESS

IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21P-0510) prior to completing this form.

1A. YOUR SOCIAL SECURITY NUMBER

1B. VETERAN'S SOCIAL SECURITY NUMBER

1C. YOUR DATE OF BIRTH (*Month, Day, Year*)

2. MARITAL STATUS (*Check only one box*)

(1) ☐ I HAVE NOT MARRIED SINCE THE VETERAN DIED (You have not married anyone since the veteran's death.)

(2) ☐ I REMARRIED ON (DATE) _____ AND I AM STILL MARRIED *(*You married after the veteran's death and you are currently married. Enter the day you married your current spouse.)

(3) ☐ I REMARRIED AFTER THE VETERAN DIED BUT THE MARRIAGE ENDED BY DEATH OR DIVORCE ON _____ (DATE). (You remarried but you are not currently married. Show the date your latest marriage ended.)

3A. UNMARRIED DEPENDENT CHILDREN *(Read Paragraph 1 of the EVR Instructions)*

FULL NAME OF EACH CHILD *(First, middle initial, last)*	DATE OF BIRTH *(Mo., day, yr.)*	SOCIAL SECURITY NUMBER	PLEASE CHECK ONE (X)		
			UNDER 18 YEARS OF AGE	OVER 18 AND UNDER 23, AND ATTENDING SCHOOL	ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

3B. UNMARRIED DEPENDENT CHILDREN LISTED IN 3A WHO DO NOT LIVE WITH YOU

NAME OF CHILD	CHILD'S COMPLETE ADDRESS	NAME OF PERSON CHILD LIVES WITH (If Applicable)	MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT

4A. ARE YOU A PATIENT IN A NURSING HOME?

☐ YES ☐ NO *(If "YES," complete Items 4B through 4D. If "NO," go to Item 5.)*

4B. SHOW THE DATE YOU ENTERED THE NURSING HOME

4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (*Please Include ZIP Code*)

4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?

☐ YES ☐ NO

5. DID YOU RECEIVE WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS?

☐ YES ☐ NO

6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE?

☐ YES ☐ NO (*If "YES," write in the VA file number of the other benefit*) _____

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

7A. MONTHLY INCOME *(Read Paragraphs 2 and 3 of the EVR Instructions)*

GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "0" or "none." VA WILL INTERPRET A BLANK SPACE AS "NONE" OR "0.")

SOURCE	SURVIVING SPOUSE	CHILD:	CHILD:
SOCIAL SECURITY			
U.S. CIVIL SERVICE			
U.S. RAILROAD RETIREMENT			
BLACK LUNG BENEFITS			
OTHER RETIREMENT			
OTHER (Show Source)			
OTHER (Show Source)			

7B. ANNUAL INCOME *(Read Paragraphs 2 and 4 of the EVR Instructions)*

If no income was received from a particular source, write "0" or "none." VA WILL INTERPRET A BLANK SPACE AS "NONE" OR "0."

NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column.

SOURCE	SURVIVING SPOUSE		CHILD:		CHILD:	
	FROM 08/01/2021 THRU: 12/31/2021	FROM: THRU:	FROM 08/01/2021 THRU: 12/31/2021	FROM: THRU:	FROM 08/01/2021 THRU: 12/31/2021	FROM: THRU:
GROSS SALARY OR WAGES FROM ALL EMPLOYMENT						$
TOTAL INTEREST AND DIVIDENDS						
ALL OTHER (Show Source)						
ALL OTHER (Show Source)						

7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS? *(Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income.)*

☐ YES ☐ NO *(If "YES," complete Items 7D through 7F. If "NO," go to Item 7G.)*

7D. WHAT INCOME CHANGED? (*Show what income changed, for example, wages, city pension, etc.)*	7E. WHEN DID THE INCOME CHANGE? (*Show the dates you received any new income or the date income changed)*	7F. HOW DID INCOME CHANGE? (*Tell what happened; for example, quit work, got raise, received inheritance)*

7G. NET WORTH *(Read Paragraph 5 of the EVR Instructions)*

SOURCE	SURVIVING SPOUSE	CHILD:	CHILD:
CASH/NON-INTEREST-BEARING BANK ACCOUNTS			
INTEREST-BEARING BANK ACCOUNTS			
IRA'S, KEOGH PLANS, ETC.			
STOCKS, BONDS, MUTUAL FUNDS, ETC.			
REAL PROPERTY *(Not your home)*			
ALL OTHER PROPERTY			

8. FAMILY MEDICAL EXPENSES *(Read Paragraph 6 of the EVR Instructions)*

Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21P-8416, Medical Expense Report. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.

9. SURVIVING SPOUSE'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES *(Read Paragraph 7 of the EVR Instructions)*

Show amounts paid by you during the last 12 months. DO NOT REPORT CHILDRENS' EXPENSES. $

10. FAMILY MAINTENANCE *(HARDSHIP)* EXPENSES FOR NEXT 12 MONTHS *(Read Paragraph 8 of the EVR Instructions)*

Complete ONLY IF VA is currently excluding children's income on the grounds of hardship. Show total family expenses expected for the next 12 months. $ _____

11A. SIGNATURE OF PAYEE *(Read Paragraph 9 of the EVR Instructions before signing)*	11B. DATE

11C. TELEPHONE NUMBERS *(Include Area Code)*

DAYTIME	EVENING

PENALTY The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Department of Veterans Affairs

INSTRUCTIONS FOR MEDICAL EXPENSE REPORT

VA may be able to pay you a higher benefit rate if you identify expenses VA can deduct from your income. Your benefit rate is based on your income. Your out-of-pocket payments for medical and dental expenses may be deductible.

Report any medical or dental expenses that you paid for yourself or for a relative who is a member of your household (spouse, grandchild, parent, etc.) for which you were not reimbursed and do not expect to be reimbursed. Below are examples of expenses you should include, if applicable:

- Hospital expenses
- Doctor's office fees
- Dental fees
- Prescription/non-prescription drug costs
- Vision care costs
- Medical insurance premiums
- Nursing home costs
- Hearing aid costs
- Home health service expenses
- Expenses related to transportation to a hospital, doctor, or other medical facility
- Monthly Medicare deduction

IMPORTANT NOTES

- Do not include any expenses for which you were or will be reimbursed. If you receive reimbursement after you have filed this claim, promptly notify the VA office handling your claim.
- If you are a veteran, VA can deduct allowable expenses paid by either you or your spouse.
- If you are not sure whether VA can deduct a payment for a particular expense, furnish a complete description of the purpose of the payment. We will let you know if we cannot deduct an expense.
- If you are claiming expenses for an in-home care provider or for assisted living or similar care, you ***must*** complete the appropriate worksheet on page 5 ***or*** 6 to determine whether VA may deduct all or some of your payments to the provider or facility.
- VA may require you to verify the amounts you paid, so keep all receipts or other documentation of payments for at least 3 years after we make a decision on your medical expense claim. If you are unable to provide documentation of your claimed medical expenses when VA asks you to do so, your benefits may be retroactively reduced or discontinued.
- If you need more space to report expenses, attach a separate sheet of paper with columns corresponding to those on this form. Be sure to write your VA file number on any attachments.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits provided under law. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine whether medical expenses you paid may be used to reduce the amount of income we count in determining eligibility to benefits (38 U.S.C. 1503). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

OMB Control No. 2900-0161
Respondent Burden: 30 minutes
Expiration Date: 10/31/2021

Department of Veterans Affairs

FOR VA USE ONLY

MEDICAL EXPENSE REPORT

1. FIRST NAME OF VETERAN	2. MIDDLE NAME OF VETERAN	3. LAST NAME OF VETERAN	4. SUFFIX NAME OF VETERAN

5. VETERAN'S SOCIAL SECURITY NO.	6. VA FILE NUMBER

7. FIRST NAME OF CLAIMANT	8. MIDDLE NAME OF CLAIMANT	9. LAST NAME OF CLAIMANT	10. SUFFIX NAME OF CLAIMANT

11. STREET ADDRESS OF CLAIMANT	12. APT. NO.

13. CITY	14. STATE	15. ZIP CODE

16. DAYTIME TELEPHONE NO. OF CLAIMANT *(Include Area Code)*	17. EVENING TELEPHONE NO. OF CLAIMANT *(Include Area Code)*

18. CHANGE OF ADDRESS *(Check box if address in Items 11-15 is different from last address furnished to VA)* ☐ _____	19. E-MAIL ADDRESS OF CLAIMANT *(If applicable)*

20. MILEAGE FOR PRIVATELY OWNED VEHICLE TRAVEL FOR MEDICAL PURPOSES

Report miles traveled to a hospital, doctor, or other medical facility in a privately owned vehicle (POV) such as a car, truck, or motorcycle. Itemize travel occurring between the dates 07/27/2020 and 12/31/2020. If no dates appear on this line, refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX). We will calculate the allowable deduction for your mileage based on the current POV mileage reimbursement rate for automobiles specified by the United States General Services Administration (GSA).

NOTE: You may also claim deductions for other payments related to travel for medical purposes, such as taxi fares, buses, or other forms of public transportation. Report these types of medical travel expenses in Item 22.

A. MEDICAL FACILITY TO WHICH TRAVELED	B. TOTAL ROUNDTRIP MILES TRAVELED	C. AMOUNT REIMBURSED FROM ANOTHER SOURCE *(Such as a VA Medical Center)*	D. DATE TRAVELED *(Month/Day/Year)*	E. WHO NEEDED TO TRAVEL? *(Self, spouse, child)*

IMPORTANT: Be sure to sign and date this form in Items 23A & 23B on page 4. Unsigned reports will be returned.

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21. IN-HOME ATTENDANT EXPENSES

IMPORTANT - You must complete the attached In-Home Attendant Worksheet (page 5) to claim in-home attendant expenses.
Report amounts paid between the dates 07/27/2020 and 12/31/2020 . If no dates appear on this line refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX).

A. NAME OF PROVIDER	B. HOURLY RATE/ NUMBER OF HOURS	C. AMOUNT PAID	D. DATE PAID *(Month/Day/Year)*	E. FOR WHOM PAID *(Self, spouse, child, etc.)*

22. ITEMIZATION OF MEDICAL EXPENSES

IMPORTANT - If you are claiming expenses for care in an assisted living, adult day care, or a similar facility, you must complete the appropriate worksheet (page 6).
Report medical expenses that you paid between the dates 07/27/2020 and 12/31/2020. If no dates appear on this line refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX).

A. MEDICAL EXPENSE *(Physician or Hospital Charges, Eyeglasses, Oxygen Rental, Medical Insurance, etc.)*	B. AMOUNT PAID	C. DATE PAID *(Month/Day/Year)*	D. NAME OF PROVIDER *(Name of doctor, dentist, hospital, lab, etc.)*	E. FOR WHOM PAID *(Self, spouse, child, etc.)*
MEDICARE (PART B)				
MEDICARE (PART D)				
PRIVATE MEDICAL INSURANCE				

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22. ITEMIZATION OF MEDICAL EXPENSES *(Continued)*

IMPORTANT - If you are claiming expenses for care in an assisted living, adult day care, or a similar facility, you must complete the appropriate worksheet (page 6). Report medical expenses that you paid between the dates 07/27/2020 and 12/31/2020. If no dates appear on this line refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX).

A. MEDICAL EXPENSE *(Physician or Hospital Charges, Eyeglasses, Oxygen Rental, Medical Insurance, etc.)*	B. AMOUNT PAID	C. DATE PAID *(Month/Day/Year)*	D. NAME OF PROVIDER *(Name of doctor, dentist, hospital, lab, etc.)*	E. FOR WHOM PAID *(Self, spouse, child, etc.)*
MEDICARE (PART B)				
MEDICARE (PART D)				
PRIVATE MEDICAL INSURANCE				

CERTIFICATION: I have not and will not receive reimbursement for these expenses. I certify that the above information is true.

23A. SIGNATURE OF CLAIMANT *(Do NOT print)*	23B. DATE

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

WORKSHEET FOR IN-HOME ATTENDANT EXPENSES

NOTE: Only complete this worksheet if you are claiming expenses for in-home care.

IMPORTANT: VA recognizes the following five activities as Activities of Daily Living (ADLs) for medical expense purposes:

(1) Eating
(2) Bathing/Showering
(3) Dressing
(4) Transferring (for example, from bed to chair)
(5) Using the toilet

Custodial Care is regular -
- assistance with two or more ADLs, ***or***
- supervision because a person with a mental disorder is unsafe if left alone due to the mental disorder

IMPORTANT: The following activities are examples of Instrumental Activities of Daily Living (IADLs) for VA purposes. VA generally ***does not*** recognize assistance with these activities as medical expenses: (1) Shopping; (2) Food Preparation; (3) Housekeeping; (4) Laundering; (5) Handling medications; (6) Using the telephone; (7) Transportation (except for medical purposes such as transportation to a doctor's appointment).

INSTRUCTIONS: Use this worksheet if you are claiming payments to a disabled person's in-home attendant as an unreimbursed medical expense.

Follow the steps below to determine whether or not:

- the attendant must be a health care provider for VA purposes ***and***
- VA may deduct payment for assistance with IADLs as well as assistance with ADLs and custodial care

STEP 1. Are you (the claimant) the disabled person?

☐ YES ☐ NO (If "NO," skip to Step 6)

STEP 2. Has VA determined that you are eligible for special monthly pension? (Special monthly pension means pension at the aid and attendance or housebound rate ***or*** Parents' DIC at the aid and attendance level)

☐ YES ☐ NO (If "YES," the attendant does not need to be a health care provider. Skip to Step 3)
(If "NO," skip to Step 4)

STEP 3. Is the ***primary responsibility*** of the in-home attendant to provide you with health care services or custodial care?

☐ YES ☐ NO (If "YES," payments to this in-home attendant qualify as medical expenses (even if the attendant also assists you with IADLs). You may claim these expenses in Item 21. Skip to Step 8)
(If "NO," payments to this in-home attendant for assistance with IADLs ***do not*** qualify as medical expenses. Payments for health care services and custodial care qualify as medical expenses. You may claim these expenses in Item 21. Skip to Step 8)

STEP 4. Are you claiming special monthly pension?

☐ YES ☐ NO (If "YES," please complete and attach with this application VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*. Please make sure every item on this form is complete and signed by a Physician, Physician Assistant (PA), Certified Nurse Practitioner (CNP), or Clinical Nurse Specialist (CNS))
(If "NO," the attendant ***must be a health care provider*** and payments for assistance with IADLs ***do not*** qualify as medical expenses. Payments for health care services or assistance with ADLs qualify as medical expenses. You may claim these expenses in Item 21. Skip to Step 8)

STEP 5. Is the ***primary responsibility*** of the in-home attendant to provide you with health care or custodial care?

☐ YES ☐ NO (If "YES," payments to this in-home attendant may qualify as medical expenses ***if*** VA rates you as eligible for special monthly pension. Please report separately in Item 21 amounts you pay an in-home attendant for: (1) health care services or assistance with ADLs provided by a health care provider, (2) assistance with IADLs; and (3) custodial care. Skip to Step 8)
(If "NO," payments to this in-home attendant for assistance with IADLs ***do not*** qualify as medical expenses. Please report separately in Item 21 applicable amounts you pay an in-home attendant for: (1) health care services or assistance with ADLs provided by a health care provider, and (2) custodial care. Skip to Step 8)

STEP 6. Does the disabled person require the health care services or custodial care that the in-home attendant provides to him or her because of the disabled person's mental or physical disability?

☐ YES ☐ NO (If "YES," you must submit a statement from a physician or physician assistant that: (1) the disabled person requires the health care services or custodial care that the attendant provides him or her because of mental or physical disability, and (2) describes the mental or physical disability. The in-home attendant ***does not*** need to be a health care provider)
(If "NO," the attendant ***must be a health care provider*** and payments for assistance with IADLs ***do not*** qualify as medical expenses. Payments to the in-home attendant for health care services or assistance with ADLs provided by a health care provider qualify as medical expenses.. You may claim these expenses in Item 21. Skip to Step 8)

STEP 7. Is the primary responsibility of the in-home attendant to provide the disabled person with health care and/or custodial care?

☐ YES ☐ NO (If "YES," payments to the in-home attendant qualify as medical expenses (even if the attendant also assists the disabled person with IADLs. You may claim these expenses in Item 21)
(If "NO," payments to the in-home attendant for assistance with IADLs ***do not*** qualify as medical expenses. Payments to the in-home attendant for ***health care or custodial care*** qualify as medical expenses. You may report these expenses in Item 21)

STEP 8. Check all activities below that the attendant assists the disabled person with:

ADLs: ☐ EATING ☐ BATHING/SHOWERING ☐ DRESSING ☐ TRANSFERRING ☐ USING THE TOILET ☐ SHOPPING ☐ FOOD PREPARATION
☐ HOUSEKEEPING ☐ LAUNDERING ☐ MANAGING FINANCES ☐ HANDLING MEDICATIONS

IADLs: ☐ USING THE TELEPHONE ☐ TRANSPORTANTION FOR NON-MEDICAL PURPOSES

STEP 9. **In-Home Attendant Certification**: Please submit a current breakdown of the time the attendant spends assisting the disabled person with health care services, ADLs and IADLs.

I CERTIFY that the information stated within this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES is accurate and reflects the current environment pertaining to _____ and his or her care from _____.
(Name of Person Requiring Care)
(Name of Attendant)

_____ _____
(Name, Signature and Title of Certifying Official) (Date Certified)

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WORKSHEET FOR AN ASSISTED LIVING, ADULT DAY CARE, OR A SIMILAR FACILITY

NOTE: Only complete this worksheet if you are claiming expenses for an assisted living facility, adult day care or similar facility.

IMPORTANT: VA recognizes the following five activities as Activities of Daily Living (ADLs) for medical expense purposes:

(1) Eating

(2) Bathing/Showering

(3) Dressing

(4) Transferring (for example, from bed to chair)

(5) Using the toilet

Custodial Care is regular -
- assistance with two or more ADLs, ***or***
- supervision because a person with a mental disorder is unsafe if left alone due to the mental disorder.

INSTRUCTIONS: Use this worksheet if you are claiming a disabled person's care in an assisted living facility, adult day care, or similar facility as unreimbursed medical expenses. Follow the steps below to determine whether VA may deduct all or some of your out-of-pocket payments to the facility.

STEP 1. Are the expenses you wish to claim due to the disabled person's treatment in a hospital, inpatient treatment center, nursing home, or VA approved medical foster home?

☐ YES ☐ NO (If "NO," continue to Step 2)

(If "YES," ***all*** payments to the facility qualify as medical expenses. You may claim these expenses in Item 22. You are finished completing this worksheet)

STEP 2. Do ***all*** of the following apply to the facility?
- The facility is licensed (if the State or country requires it)
- The facility's staff (or the facility's contracted staff) provides the disabled person with health care or custodial care or both.
- If the facility is residential, it is staffed 24 hours per day with caregivers

☐ YES ☐ NO (If "NO," payments to the facility ***do not*** qualify as medical expenses. You are finished completing this worksheet)

STEP 3. Are you (the claimant) the disabled person? Are you a veteran, surviving spouse, or Parents' DIC claimant?

☐ YES ☐ NO (If "NO," to either of these questions, skip to Step 8)

STEP 4. Has VA determined that you are eligible for special monthly pension? (Special monthly pension means pension at the aid and attendance or housebound rate or Parents' DIC at the aid and attendance level)

☐ YES ☐ NO (If "NO," skip to Step 6)

STEP 5. If you answered "YES" in Step 2, you stated that the facility provides you with health care and/or custodial care. Is this the ***primary reason*** you live in the facility (or attend day care in the facility)?

☐ YES ☐ NO (If "YES," all payments to this facility qualify as medical expenses. You may claim these expenses in Item 22. Skip to Step 10)
(If "NO," payments to this facility for meals and lodging ***do not*** qualify as medical expenses. Only claim amounts you pay the facility for health care services or custodial care)

STEP 6. Are you claiming special monthly pension?

☐ YES ☐ NO (If "YES," please complete and attach with this application VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*. Please make sure every item is complete and the form is signed by a Physician, Physician Assistant (PA), Certified Nurse Practitioner (CNP), or Clinical Nurse Specialist (CNS))
(If "NO," payments to this facility for meals and lodging ***do not*** qualify as medical expenses**.** Only claim amounts you pay the facility for ***health care services or assistance with ADLs provided by a health care provider*** in Item 22. Skip to Step 10)

STEP 7. If you answered "YES" in Step 2, you stated that the facility provides you with health care and/or custodial care. Is this the ***primary reason*** you live in the facility (or attend day care in the facility)?

☐ YES ☐ NO (If "YES," all payments to this facility ***may*** qualify as medical expenses ***if*** VA rates you as eligible for special monthly pension or Parents' DIC. Please report separately in Item 22 applicable amounts you pay the facility for: (1) lodging and meals, (2) ***health care services or assistance with ADLs provided by a health care provider***, and (3) custodial care. Skip to Step 10)
(If "NO," payments to this facility for meals and lodging ***do not*** qualify as medical expenses. Please report separately in Item 22 applicable amounts you pay the facility for: (1) ***health care services or assistance with ADLs provided by a health care provider***, and (2) ***custodial care***. Skip to Step 10)

STEP 8. Does the disabled person require the health care services or custodial care that the facility provides to him or her because of the disabled person's mental or physical disability?

☐ YES ☐ NO (If "YES," you must submit a statement from a physician or physician assistant that: (1) the disabled person requires the health care services or custodial care that the facility provides to him or her because of mental or physical disability, and (2) describes the mental or physical disability)
(If "NO," claim only amounts you pay the facility for ***health care services or assistance with ADLs provided by a health care provider*** in Item 22. Skip to Step 10)

STEP 9. If you answered "YES" in Step 2, you stated that the facility provides the disabled person with health care and/or custodial care. Is this the ***primary reason*** the disabled person lives in the facility or attends day care in the facility?

☐ YES ☐ NO (If "YES," claim ***all*** payments to this facility (to include meals and lodging) as medical expenses in Item 22)
(If "NO," payments to this facility for meals and lodging ***do not*** qualify as medical expenses. ***Only*** claim amounts you pay the facility for ***health care services or custodial care*** in Item 22)

STEP 10. Facility Certification: Please submit a current statement showing the fees claimant pays to your facility and breakdown of the care received.

I CERTIFY that the information stated within this WORKSHEET FOR AN ASSISTED LIVING, ADULT DAY CARE, OR SIMILAR FACILITY is accurate and reflects the current environment pertaining to _____ and his or her care at this facility_____.

(Name of person staying at your facility)

(Name and address of facility)

(Name, Signature and Title of Person Certifying for the Facility) (Date Certified)

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Department of Veterans Affairs

INSTRUCTIONS FOR MEDICAL EXPENSE REPORT

VA may be able to pay you a higher benefit rate if you identify expenses VA can deduct from your income. Your benefit rate is based on your income. Your out-of-pocket payments for medical and dental expenses may be deductible.

Report any medical or dental expenses that you paid for yourself or for a relative who is a member of your household (spouse, grandchild, parent, etc.) for which you were not reimbursed and do not expect to be reimbursed. Below are examples of expenses you should include, if applicable:

- Hospital expenses
- Doctor's office fees
- Dental fees
- Prescription/non-prescription drug costs
- Vision care costs
- Medical insurance premiums
- Nursing home costs
- Hearing aid costs
- Home health service expenses
- Expenses related to transportation to a hospital, doctor, or other medical facility
- Monthly Medicare deduction

IMPORTANT NOTES

- Do not include any expenses for which you were or will be reimbursed. If you receive reimbursement after you have filed this claim, promptly notify the VA office handling your claim.
- If you are a veteran, VA can deduct allowable expenses paid by either you or your spouse.
- If you are not sure whether VA can deduct a payment for a particular expense, furnish a complete description of the purpose of the payment. We will let you know if we cannot deduct an expense.
- If you are claiming expenses for an in-home care provider or for assisted living or similar care, you ***must*** complete the appropriate worksheet on page 5 ***or*** 6 to determine whether VA may deduct all or some of your payments to the provider or facility.
- VA may require you to verify the amounts you paid, so keep all receipts or other documentation of payments for at least 3 years after we make a decision on your medical expense claim. If you are unable to provide documentation of your claimed medical expenses when VA asks you to do so, your benefits may be retroactively reduced or discontinued.
- If you need more space to report expenses, attach a separate sheet of paper with columns corresponding to those on this form. Be sure to write your VA file number on any attachments.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits provided under law. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine whether medical expenses you paid may be used to reduce the amount of income we count in determining eligibility to benefits (38 U.S.C. 1503). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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OMB Control No. 2900-0161
Respondent Burden: 30 minutes
Expiration Date: 10/31/2021

Department of Veterans Affairs

FOR VA USE ONLY

MEDICAL EXPENSE REPORT

1. FIRST NAME OF VETERAN	2. MIDDLE NAME OF VETERAN	3. LAST NAME OF VETERAN	4. SUFFIX NAME OF VETERAN

5. VETERAN'S SOCIAL SECURITY NO.	6. VA FILE NUMBER

7. FIRST NAME OF CLAIMANT	8. MIDDLE NAME OF CLAIMANT	9. LAST NAME OF CLAIMANT	10. SUFFIX NAME OF CLAIMANT

11. STREET ADDRESS OF CLAIMANT	12. APT. NO.

13. CITY	14. STATE	15. ZIP CODE

16. DAYTIME TELEPHONE NO. OF CLAIMANT *(Include Area Code)*	17. EVENING TELEPHONE NO. OF CLAIMANT *(Include Area Code)*

18. CHANGE OF ADDRESS *(Check box if address in Items 11-15 is different from last address furnished to VA)* ☐ _____	19. E-MAIL ADDRESS OF CLAIMANT *(If applicable)*

20. MILEAGE FOR PRIVATELY OWNED VEHICLE TRAVEL FOR MEDICAL PURPOSES

Report miles traveled to a hospital, doctor, or other medical facility in a privately owned vehicle (POV) such as a car, truck, or motorcycle. Itemize travel occurring between the dates 01/01/2021 and 07/31/2021. If no dates appear on this line, refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX). We will calculate the allowable deduction for your mileage based on the current POV mileage reimbursement rate for automobiles specified by the United States General Services Administration (GSA).

NOTE: You may also claim deductions for other payments related to travel for medical purposes, such as taxi fares, buses, or other forms of public transportation. Report these types of medical travel expenses in Item 22.

A. MEDICAL FACILITY TO WHICH TRAVELED	B. TOTAL ROUNDTRIP MILES TRAVELED	C. AMOUNT REIMBURSED FROM ANOTHER SOURCE *(Such as a VA Medical Center)*	D. DATE TRAVELED *(Month/Day/Year)*	E. WHO NEEDED TO TRAVEL? *(Self, spouse, child)*

IMPORTANT: Be sure to sign and date this form in Items 23A & 23B on page 4. Unsigned reports will be returned.

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21. IN-HOME ATTENDANT EXPENSES

IMPORTANT - You must complete the attached In-Home Attendant Worksheet (page 5) to claim in-home attendant expenses.
Report amounts paid between the dates __ 01/01/2021 and 07/31/2021 . If no dates appear on this line refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX).

A. NAME OF PROVIDER	B. HOURLY RATE/ NUMBER OF HOURS	C. AMOUNT PAID	D. DATE PAID *(Month/Day/Year)*	E. FOR WHOM PAID *(Self, spouse, child, etc.)*

22. ITEMIZATION OF MEDICAL EXPENSES

IMPORTANT - If you are claiming expenses for care in an assisted living, adult day care, or a similar facility, you must complete the appropriate worksheet (page 6).
Report medical expenses that you paid between the dates 01/01/2021 and 07/31/2021. If no dates appear on this line refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX).

A. MEDICAL EXPENSE *(Physician or Hospital Charges, Eyeglasses, Oxygen Rental, Medical Insurance, etc.)*	B. AMOUNT PAID	C. DATE PAID *(Month/Day/Year)*	D. NAME OF PROVIDER *(Name of doctor, dentist, hospital, lab, etc.)*	E. FOR WHOM PAID *(Self, spouse, child, etc.)*
MEDICARE (PART B)				
MEDICARE (PART D)				
PRIVATE MEDICAL INSURANCE				

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22. ITEMIZATION OF MEDICAL EXPENSES *(Continued)*

IMPORTANT - If you are claiming expenses for care in an assisted living, adult day care, or a similar facility, you must complete the appropriate worksheet (page 6). Report medical expenses that you paid between the dates 01/01/2021 and 07/31/2021. If no dates appear on this line refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX).

A. MEDICAL EXPENSE *(Physician or Hospital Charges, Eyeglasses, Oxygen Rental, Medical Insurance, etc.)*	B. AMOUNT PAID	C. DATE PAID *(Month/Day/Year)*	D. NAME OF PROVIDER *(Name of doctor, dentist, hospital, lab, etc.)*	E. FOR WHOM PAID *(Self, spouse, child, etc.)*
MEDICARE (PART B)				
MEDICARE (PART D)				
PRIVATE MEDICAL INSURANCE				

CERTIFICATION: I have not and will not receive reimbursement for these expenses. I certify that the above information is true.

23A. SIGNATURE OF CLAIMANT *(Do NOT print)*	23B. DATE

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Department of Veterans Affairs

INSTRUCTIONS FOR MEDICAL EXPENSE REPORT

VA may be able to pay you a higher benefit rate if you identify expenses VA can deduct from your income. Your benefit rate is based on your income. Your out-of-pocket payments for medical and dental expenses may be deductible.

Report any medical or dental expenses that you paid for yourself or for a relative who is a member of your household (spouse, grandchild, parent, etc.) for which you were not reimbursed and do not expect to be reimbursed. Below are examples of expenses you should include, if applicable:

- Hospital expenses
- Doctor's office fees
- Dental fees
- Prescription/non-prescription drug costs
- Vision care costs
- Medical insurance premiums
- Nursing home costs
- Hearing aid costs
- Home health service expenses
- Expenses related to transportation to a hospital, doctor, or other medical facility
- Monthly Medicare deduction

IMPORTANT NOTES

- Do not include any expenses for which you were or will be reimbursed. If you receive reimbursement after you have filed this claim, promptly notify the VA office handling your claim.
- If you are a veteran, VA can deduct allowable expenses paid by either you or your spouse.
- If you are not sure whether VA can deduct a payment for a particular expense, furnish a complete description of the purpose of the payment. We will let you know if we cannot deduct an expense.
- If you are claiming expenses for an in-home care provider or for assisted living or similar care, you ***must*** complete the appropriate worksheet on page 5 ***or*** 6 to determine whether VA may deduct all or some of your payments to the provider or facility.
- VA may require you to verify the amounts you paid, so keep all receipts or other documentation of payments for at least 3 years after we make a decision on your medical expense claim. If you are unable to provide documentation of your claimed medical expenses when VA asks you to do so, your benefits may be retroactively reduced or discontinued.
- If you need more space to report expenses, attach a separate sheet of paper with columns corresponding to those on this form. Be sure to write your VA file number on any attachments.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits provided under law. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine whether medical expenses you paid may be used to reduce the amount of income we count in determining eligibility to benefits (38 U.S.C. 1503). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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OMB Control No. 2900-0161
Respondent Burden: 30 minutes
Expiration Date: 10/31/2021

Department of Veterans Affairs

FOR VA USE ONLY

MEDICAL EXPENSE REPORT

1. FIRST NAME OF VETERAN	2. MIDDLE NAME OF VETERAN	3. LAST NAME OF VETERAN	4. SUFFIX NAME OF VETERAN

5. VETERAN'S SOCIAL SECURITY NO.	6. VA FILE NUMBER

7. FIRST NAME OF CLAIMANT	8. MIDDLE NAME OF CLAIMANT	9. LAST NAME OF CLAIMANT	10. SUFFIX NAME OF CLAIMANT

11. STREET ADDRESS OF CLAIMANT	12. APT. NO.

13. CITY	14. STATE	15. ZIP CODE

16. DAYTIME TELEPHONE NO. OF CLAIMANT *(Include Area Code)*	17. EVENING TELEPHONE NO. OF CLAIMANT *(Include Area Code)*

18. CHANGE OF ADDRESS *(Check box if address in Items 11-15 is different from last address furnished to VA)* ☐ _____	19. E-MAIL ADDRESS OF CLAIMANT *(If applicable)*

20. MILEAGE FOR PRIVATELY OWNED VEHICLE TRAVEL FOR MEDICAL PURPOSES

Report miles traveled to a hospital, doctor, or other medical facility in a privately owned vehicle (POV) such as a car, truck, or motorcycle. Itemize travel occurring between the dates 08/01/2021 and 12/31/2021. If no dates appear on this line, refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX). We will calculate the allowable deduction for your mileage based on the current POV mileage reimbursement rate for automobiles specified by the United States General Services Administration (GSA).

NOTE: You may also claim deductions for other payments related to travel for medical purposes, such as taxi fares, buses, or other forms of public transportation. Report these types of medical travel expenses in Item 22.

A. MEDICAL FACILITY TO WHICH TRAVELED	B. TOTAL ROUNDTRIP MILES TRAVELED	C. AMOUNT REIMBURSED FROM ANOTHER SOURCE *(Such as a VA Medical Center)*	D. DATE TRAVELED *(Month/Day/Year)*	E. WHO NEEDED TO TRAVEL? *(Self, spouse, child)*

IMPORTANT: Be sure to sign and date this form in Items 23A & 23B on page 4. Unsigned reports will be returned.

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21. IN-HOME ATTENDANT EXPENSES

IMPORTANT - You must complete the attached In-Home Attendant Worksheet (page 5) to claim in-home attendant expenses.
Report amounts paid between the dates 08/01/2021 and 12/31/2021. If no dates appear on this line refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX).

A. NAME OF PROVIDER	B. HOURLY RATE/ NUMBER OF HOURS	C. AMOUNT PAID	D. DATE PAID *(Month/Day/Year)*	E. FOR WHOM PAID *(Self, spouse, child, etc.)*

22. ITEMIZATION OF MEDICAL EXPENSES

IMPORTANT - If you are claiming expenses for care in an assisted living, adult day care, or a similar facility, you must complete the appropriate worksheet (page 6).
Report medical expenses that you paid between the dates 08/01/2021 and 12/31/2021. If no dates appear on this line refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX).

A. MEDICAL EXPENSE *(Physician or Hospital Charges, Eyeglasses, Oxygen Rental, Medical Insurance, etc.)*	B. AMOUNT PAID	C. DATE PAID *(Month/Day/Year)*	D. NAME OF PROVIDER *(Name of doctor, dentist, hospital, lab, etc.)*	E. FOR WHOM PAID *(Self, spouse, child, etc.)*
MEDICARE (PART B)				
MEDICARE (PART D)				
PRIVATE MEDICAL INSURANCE				

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22. ITEMIZATION OF MEDICAL EXPENSES *(Continued)*

IMPORTANT - If you are claiming expenses for care in an assisted living, adult day care, or a similar facility, you must complete the appropriate worksheet (page 6). Report medical expenses that you paid between the dates 08/01/2021 and 12/31/2021. If no dates appear on this line refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX).

A. MEDICAL EXPENSE *(Physician or Hospital Charges, Eyeglasses, Oxygen Rental, Medical Insurance, etc.)*	B. AMOUNT PAID	C. DATE PAID *(Month/Day/Year)*	D. NAME OF PROVIDER *(Name of doctor, dentist, hospital, lab, etc.)*	E. FOR WHOM PAID *(Self, spouse, child, etc.)*
MEDICARE (PART B)				
MEDICARE (PART D)				
PRIVATE MEDICAL INSURANCE				

CERTIFICATION: I have not and will not receive reimbursement for these expenses. I certify that the above information is true.

23A. SIGNATURE OF CLAIMANT *(Do NOT print)*	23B. DATE

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

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OMB Control No. 2900-0721
Respondent Burden: 30 minutes
Expiration Date: 09-30-2021

Department of Veterans Affairs

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR REGULAR AID AND ATTENDANCE

SECTION I: VETERAN'S IDENTIFICATION INFORMATION

NOTE: You can *either* complete the form online or by hand. Please print the information requested in ink, neatly and legibly to help process the form.

1. VETERAN/BENEFICARY NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER ___ – ___ – ____

3. VA FILE NUMBER *(If applicable)*

4. DATE OF BIRTH *(MM/DD/YYYY)* Month ___ – Day ___ – Year ____

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. GENDER ☐ MALE ☐ FEMALE

7. TELEPHONE NUMBER *(Include Area Code)*

8. PREFERRED E-MAIL ADDRESS *(Optional)*

9. PREFERRED MAILING ADDRESS (*Number and street or rural route, P. O. Box, City, State, ZIP Code and Country*)

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

SECTION II: CLAIM INFORMATION

10. CLAIMANT'S NAME *(First, Middle Initial, Last)*

11. CLAIMANT'S SOCIAL SECURITY NUMBER ___ – ___ – ____

12. RELATIONSHIP OF CLAIMANT TO VETERAN

13. BENEFIT YOU ARE APPLYING FOR (*Choose One*)

☐ **Special Monthly Compensation (SMC) -** Veterans and surviving spouses or parents who are eligible to receive VA compensation due to a service-related disability or death and require aid and attendance of another person to perform personal functions required in everyday living such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting oneself from the hazards of the daily environment may be eligible for Special Monthly Compensation. A Veteran or a deceased Veteran's surviving spouse may also be eligible for Special Monthly Compensation based on being housebound (substantially confined to the immediate premises because of permanent disability). For a Veteran, the disability causing the need for aid and attendance or housebound status must be related to service. These benefits are paid in addition to monthly compensation. They are not paid <u>without</u> eligibility to compensation.

☐ **Special Monthly Pension (SMP) -** Veterans and survivors who are eligible for Veteran's Pension and/or Survivors benefits and require the aid and attendance of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting him/her from the hazards of his/her daily environment, or are housebound (substantially confined to his/her immediate premises because of permanent disability), may be eligible for Special Monthly Pension (SMP). This benefit is an increased monthly amount paid to a Veteran or survivor who is eligible for Veterans Pension or Survivors benefits.

SECTION III: INFORMATION OF EXAMINATION

14. DATE OF EXAMINATION

15. HOME ADDRESS

16A. IS CLAIMANT HOSPITALIZED?

☐ YES ☐ NO *(If "Yes," complete Items 16B and 16C)*

16B. DATE ADMITTED

16C. NAME AND ADDRESS OF HOSPITAL

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PATIENT/VETERAN'S SOCIAL SECURITY NO. ☐☐☐ – ☐☐ – ☐☐☐☐

NOTE: EXAMINER PLEASE READ CAREFULLY

The purpose of this examination is to record manifestations and findings pertinent to the question of whether the claimant is housebound (confined to the home or immediate premises) or in need of the regular aid and attendance of another person. The report should be in sufficient detail for the VA decision makers to determine the extent that disease or injury produces physical or mental impairment, that loss of coordination or enfeeblement affects the ability: to dress and undress; to feed him/herself; to attend to the wants of nature; or keep him/herself ordinarily clean and presentable. Findings should be recorded to show whether the claimant is blind or bedridden. Whether the claimant seeks housebound or aid and attendance benefits, the report should reflect how well he/she ambulates, where he/she goes, and what he/she is able to do during a typical day.

17. COMPLETE DIAGNOSIS *(Diagnosis needs to equate to the level of assistance described in questions 25 through 39)*

18A. AGE	18B. WEIGHT	18C. HEIGHT
	ACTUAL: LBS. ESTIMATED: LBS.	FEET: INCHES:

19. NUTRITION	20. GAIT

21. BLOOD PRESSURE	22. PULSE RATE	23. RESPIRATORY RATE	24. WHAT DISABILITIES RESTRICT THE LISTED ACTIVITIES/FUNCTIONS?

25. IF THE CLAIMANT IS CONFINED TO BED, INDICATE THE NUMBER OF HOURS IN BED

From 9 PM to 9 AM: From 9 AM to 9 PM:

26. IS THE CLAIMANT ABLE TO FEED HIM/HERSELF? *(If "No," provide explanation)*

☐ YES ☐ NO

27. IS CLAIMANT ABLE TO PREPARE OWN MEALS? *(If "No," provide explanation)*

☐ YES ☐ NO

28. DOES THE CLAIMANT NEED ASSISTANCE IN BATHING AND TENDING TO OTHER HYGIENE NEEDS? *(If "Yes," provide explanation)*

☐ YES ☐ NO

29A. IS THE CLAIMANT LEGALLY BLIND? *(If "Yes," provide explanation)*	29B. CORRECTED VISION	
	LEFT EYE	RIGHT EYE
☐ YES ☐ NO		

30. DOES THE CLAIMANT REQUIRE NURSING HOME CARE? *(If "Yes," provide explanation)*

☐ YES ☐ NO

31. DOES THE CLAIMANT REQUIRE MEDICATION MANAGEMENT? *(If "Yes," provide explanation)*

☐ YES ☐ NO

32. IN YOUR JUDGMENT, DOES THE VETERAN/CLAIMANT HAVE THE MENTAL CAPACITY TO MANAGE HIS OR HER BENEFIT PAYMENTS, OR IS HE OR SHE ABLE TO DIRECT SOMEONE TO DO SO? *(If "No," provide examples and rationale to support your conclusion.)*

☐ YES ☐ NO

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PATIENT/VETERAN'S SOCIAL SECURITY NO. ☐☐☐ – ☐☐ – ☐☐☐☐

33. POSTURE AND GENERAL APPEARANCE *(Attach a separate sheet of paper if additional space is needed)*

34. DESCRIBE RESTRICTIONS OF EACH UPPER EXTREMITY WITH PARTICULAR REFERENCE TO GRIP, FINE MOVEMENTS, AND ABILITY TO FEED HIM/HERSELF, TO BUTTON CLOTHING, SHAVE AND ATTEND TO THE NEEDS OF NATURE *(Attach a separate sheet of paper if additional space is needed)*

35. DESCRIBE RESTRICTIONS OF EACH LOWER EXTREMITY WITH PARTICULAR REFERENCE TO THE EXTENT OF LIMITATION OF MOTION, ATROPHY, AND CONTRACTURESOR OTHER INTERFERENCE. IF INDICATED, COMMENT SPECIFICALLY ON WEIGHT BEARING, BALANCE AND PROPULSION OF EACH LOWER EXTREMITY.

36. DESCRIBE RESTRICTION OF THE SPINE, TRUNK AND NECK

37. SET FORTH ALL OTHER PATHOLOGY INCLUDING THE LOSS OF BOWEL OR BLADDER CONTROL OR THE EFFECTS OF ADVANCING AGE, SUCH AS DIZZINESS, LOSS OF MEMORY OR POOR BALANCE, THAT AFFECTS CLAIMANT'S ABILITY TO PERFORM SELF-CARE, AMBULATE OR TRAVEL BEYOND THE PREMISES OF THE HOME, OR, IF HOSPITALIZED, BEYOND THE WARD OR CLINICAL AREA. DESCRIBE WHERE THE CLAIMANT GOES AND WHAT HE OR SHE DOES DURING A TYPICAL DAY.

38. DESCRIBE HOW OFTEN PER DAY OR WEEK AND UNDER WHAT CIRCUMSTANCES THE CLAIMANT IS ABLE TO LEAVE THE HOME OR IMMEDIATE PREMISES

39. ARE AIDS SUCH AS CANES, BRACES, CRUTCHES, OR THE ASSISTANCE OF ANOTHER PERSON REQUIRED FOR LOCOMOTION? *(If so, specify and describe effectiveness in terms of distance that can be traveled, as in Item 32 above)*

☐ YES
☐ NO

(If "YES," give distance) (Check applicable box or specify distance)

☐ 1 BLOCK ☐ 5 or 6 BLOCKS ☐ 1 MILE OTHER *(Specify distance)* _____

40A. PRINTED NAME OF EXAMINING PHYSICIAN	40B. SIGNATURE AND TITLE OF EXAMINING PHYSICIAN	40C. DATE SIGNED

41A. NAME AND ADDRESS OF MEDICAL FACILITY	41B. TELEPHONE NUMBER OF MEDICAL FACILITY *(Include Area Code)*

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records. 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your Social Security Number (SSN) account information is mandatory. Applicants are required to provide their SSN under Title 38, U.S.C. 5701(c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine your eligibility for aid and attendance or housebound benefits. Title 38, United States Code 1521 (d) and (e), 1115(1)(e), 1311(c) and (d), 1315(h), 1122, 1541(d)(e), and 1502 (b) and (c) allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet pate at **http://www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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Department of Veterans Affairs

INFORMATION AND INSTRUCTIONS FOR COMPLETING DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

IMPORTANT: Please read the information below carefully to help you complete this form quickly and accurately. Some parts of the form also contain notes or specific instructions for completing that part.

Use this form to request a SUPPLEMENTAL CLAIM of the decision you received that you disagree with. A **SUPPLEMENTAL CLAIM** is a new review of an issue(s) previously decided by the Department of Veterans Affairs (VA) based on submission of new and relevant evidence. For additional information on the **SUPPLEMENTAL CLAIM** process or other decision review options such as a higher-level review and appeal to the Board of Veterans' Appeals, visit https://www.va.gov/decision-reviews/.

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Submit your **SUPPLEMENTAL CLAIM** request to the local VA office or processing center identified on your decision notification letter. It is important that you keep a copy of all completed forms and materials you give to VA. This form has several key components, which, when filled out completely and accurately, will decrease the amount of time it takes to process your **SUPPLEMENTAL CLAIM** request. This form may only be submitted for review of an issue(s) related to one benefit type *(Compensation, Pension/Survivors Benefits, Fiduciary, Insurance, Education, Loan Guaranty, Vocational Rehabilitation & Employment, Veterans Health Administration, or National Cemetery Administration).* If you would like to file for multiple benefit types, you must complete a separate **SUPPLEMENTAL CLAIM** request form for each benefit type.

You may contact your accredited representative (attorney, claims agent, and Veterans Service Organizations (VSOs) representative) to assist you in completing this request form. If you have not already selected a representative, or if you want to change your representative, a searchable database of VA-recognized VSOs, VA-accredited attorneys, claims agents, and VSO representatives is available at https://www.va.gov/ogc/apps/accreditation/index.asp. Contact your local VA office for assistance with appointing a representative or visit www.ebenefits.va.gov.

You can also ask VA to help you fill out the form by contacting us at the number provided on your decision notification letter or at 1-800-827-1000. Before you contact us, please make sure you gather the necessary information and materials (decision notification letter, etc.), and complete as much of the form as you can.

SPECIFIC INSTRUCTIONS FOR DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

Part I - Claimant's Identifying Information

Please note that it would assist VA if you provide all the personal information in Part I. However, if you provide certain information specific to the claimant such as the claimant's last name and Social Security Number or VA file number, VA will be able to identify the claimant in our system and would not necessarily consider this request incomplete if other information in Part I, such as the claimant's address and telephone number, is excluded. This request form may only be completed for review of an issue(s) related to one benefit type. **Select only one benefit type in Item 12.** If you would like to file for multiple benefit types, you must complete a separate **SUPPLEMENTAL CLAIM** request for each benefit type.

Part II - Information to identify the issues for SUPPLEMENTAL CLAIM

The purpose of this section is for you to identify, in item 13A, each issue decided by VA that you would like VA to review as a **SUPPLEMENTAL CLAIM**. Please refer to your decision notification letter(s) for a list of adjudicated issues. You should also enter the date of VA's decision notice letter for each issue, if possible. Only those issue(s) that you list on this form will be considered as part of your **SUPPLEMENTAL CLAIM**. For those issues you do not list on this form, you will still have ***one*** year from the date of the decision notification letter to file a **SUPPLEMENTAL CLAIM** for those issues to maintain eligibility for the earliest effective date for any granted benefits , or to have them reviewed in a different lane.

Upon receipt of a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC) in the legacy appeals system, you may elect to continue your appeal either in the legacy appeals system or in the modernized review system. Your decision notice contains further details. If you are filing this form to opt-in to the modernized review system for any issues decided in the SOC or SSOC, you must provide notice to VA of your decision to leave the legacy appeal process for those issues. To do so when using this form, please check the box for "**OPT-IN** from SOC/SSOC" in item 13 and list the issue(s) in the SOC or SSOC for which you are seeking review under item 13A as instructed above. Your selection of the **SUPPLEMENTAL CLAIM** option does not prevent you from changing the review option under the modernized review system (in accordance with applicable procedures) before VA renders the supplemental claim decision on an issue.

Please note that by checking the "OPT-IN from SOC/SSOC" box in item 13 you are acknowledging the following: I elect to participate in the modernized review system. I am withdrawing all eligible appeal issues listed on this form in their entirety, and any associated hearing requests, from the legacy appeals system to seek review of those issues in VA's modernized review system. I understand that I cannot return to the legacy appeals process for the issue(s) withdrawn.

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Part III - New and Relevant Evidence

For your **SUPPLEMENTAL CLAIM** application to be complete, you must submit additional evidence that is **NEW AND RELEVANT** to support granting the benefit(s) sought or you must identify existing relevant records that you would like VA to obtain. (**NEW** evidence means information not previously submitted to VA, and **RELEVANT** evidence means information that tends to prove or disprove a matter at issue.)

If you know of evidence not in your possession and want VA to try to get it for you, give VA enough information about the evidence so that we can request it from the person or agency that has it. List all relevant evidence in the custody of a VA medical center (VAMC) or other Federal department or agency in PART II of this application in item 14.A and 14.B. VA will retrieve relevant records from a Federal facility or VAMC, that you adequately identify and authorize VA to obtain. If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence.

VA will make every reasonable effort to obtain relevant records **not held** by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from State or local governments and privately held evidence and information you tell us about, such as private doctor or hospital records from current or former employers. Please review your decision notification letter for the appropriate authorization forms to complete and submit those forms to VA with this request form. The form is available at www.va.gov/vaforms.

Part IV - Certification and Signature

Please be sure to sign this **SUPPLEMENTAL CLAIM** application, certifying that the statements on the form are true and correct to the best of the claimant's or authorized representative's knowledge and belief.

For Compensation claims: If you are filing for review of an issue more than one year after VA provided notice of our decision, please visit www.va.gov/disability-evidence to review the 38 U.S.C. 5103 information regarding evidence necessary to substantiate your claim. Then, check the "**5103 Notice Acknowledgement**" box in item 16 to confirm your receipt of this information. If you cannot review the information online and would like the information mailed to you, do not check the box in item 16 and VA will send you this notice through the mail or other electronic communication.

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the following VA systems of records published in the Federal Register: 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records -VA; 55VA26 Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records -VA; and 36VA29, Veterans and Armed Forces Personnel Programs of Government Life Insurance -VA. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claims file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain.

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OMB Control No. 2900-0862
Respondent Burden: 15 minutes
Expiration Date: 2/28/2022

Department of Veterans Affairs

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 2 BEFORE COMPLETING THIS FORM.

PART I - CLAIMANT'S IDENTIFYING INFORMATION

NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.

1. VETERAN'S NAME *(First, Middle Initial, Last)*

2. VETERAN'S SOCIAL SECURITY NUMBER

3. VA FILE NUMBER *(If applicable)*

4. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*
Month Day Year

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. INSURANCE POLICY NUMBER *(If applicable)*

7. CLAIMANT'S NAME *(First, Middle Initial, Last) (If **other** than veteran)*

8. CLAIMANT TYPE:
☐ VETERAN ☐ VETERAN'S SPOUSE ☐ VETERAN'S CHILD ☐ VETERAN'S PARENT ☐ OTHER *(Specify)*

9. CURRENT MAILING ADDRESS *(Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)*
No. & Street
Apt./Unit Number City
State/Province Country ZIP Code/Postal Code

10. TELEPHONE NUMBER *(Include Area Code)*

11. E-MAIL ADDRESS *(Optional)*

12. BENEFIT TYPE: **PLEASE CHECK <u>ONLY ONE</u>** *(If you would like to file for multiple benefit types, **you must complete a separate request form** for each benefit type.)*
☐ COMPENSATION ☐ PENSION/SURVIVORS BENEFITS ☐ FIDUCIARY ☐ INSURANCE ☐ VETERANS HEALTH ADMINISTRATION
☐ VOCATIONAL REHABILITATION AND EMPLOYMENT ☐ LOAN GUARANTY ☐ EDUCATION ☐ NATIONAL CEMETERY ADMINISTRATION

PART II - ISSUE(S) FOR SUPPLEMENTAL CLAIM

13. YOU MUST LIST EACH ISSUE DECIDED BY VA THAT YOU WOULD LIKE VA TO REVIEW AS PART OF YOUR **SUPPLEMENTAL CLAIM.** *Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision. (You may attach additional sheets of paper, if necessary. Include your name and file number on each additional sheet.*

Check this box if any issue listed below is being withdrawn from the legacy appeals process. ☐ **OPT-IN from SOC/SSOC**

13A. SPECIFIC ISSUE(S)	13B. DATE OF VA DECISION NOTICE

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PART III - NEW AND RELEVANT EVIDENCE

14. To complete your application, you must submit new and relevant evidence to VA or tell us about new and relevant evidence that VA can assist you in gathering in support of your supplemental claim. If you have records in your possession, please attach the records to this form. Please list your name and file number on each page. If you would like VA to obtain **non-federal records,** please review your decision notification letter for the appropriate authorization forms to complete and submit those forms to VA with this request form.

15. DO YOU WANT VA TO GET FEDERAL RECORDS?

LIST BELOW ANY **VA MEDICAL CENTER(S) (VAMC), VA TREATMENT FACILITIES, OR FEDERAL DEPARTMENTS OR AGENCIES** THAT HAVE NEW AND RELEVANT EVIDENCE THAT YOU ARE AUTHORIZING VA TO OBTAIN IN SUPPORT OF YOUR SUPPLEMENTAL CLAIM: *You may attach additional sheets of paper, if necessary. Please list your name and file number on each additional sheet.*

15A. NAME AND LOCATION	15B. DATE(S) OF RECORDS

PART IV - CERTIFICATION AND SIGNATURE

NOTE: This section is **MANDATORY** and completion is required to process your claim, any omission may delay claim processing time.

VA AUTHORIZED REPRESENTATIVES ONLY: I certify that the claimant has authorized the undersigned representative to file this supplemental claim on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.

NOTE: A POA's signature ***will not*** be accepted unless at the time of submission of this claim a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative,* or VA Form 21-22a, *Appointment of Individual As Claimant's Representative,* indicating the appropriate POA is of record with VA.

16. **I CERTIFY THAT** the statements on this form are true and correct to the best of my knowledge and belief.

COMPENSATION BENEFIT CLAIMS ONLY:

☐ **5103 NOTICE Acknowledgment** - I certify I have received the notice to this application titled, ***Notice to Veteran/Service Member of Evidence Necessary to Substantiate a Claim for Veterans Disability Compensation and Related Compensation Benefits*** as provided at ***www.va.gov/disability-evidence***.
If the box is not checked, VA will send you this information through an electronic communication or written correspondence sent to the address on file with VA if your application is being submitted more than one year after VA provided notice of our decision for any issue listed in item 13.

16A. SIGNATURE OF VETERAN OR CLAIMANT OR VA AUTHORIZED REPRESENTATIVE *(Sign in ink)*	16B. DATE SIGNED

16C. NAME OF VA AUTHORIZED REPRESENTATIVE *(Please Print)*

ALTERNATE SIGNER CERTIFICATION AND SIGNATURE

17. **I CERTIFY THAT** by signing on behalf of the claimant, that I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

17A. SIGNATURE OF ALTERNATE SIGNER *(Sign in ink)*	17B. DATE SIGNED

17C. NAME OF ALTERNATE SIGNER *(Please Print)*

PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

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WHERE TO SEND YOUR WRITTEN CORRESPONDENCE

The time it takes your response to reach VA affects how long it takes us to process your claim. We recommend responding electronically whenever possible to minimize the time we spend waiting for mail. Only claimants or representatives can upload responses electronically right now. If you are not a claimant or representative, we recommend faxing so VA can receive your responses immediately.

The **fastest** way to respond to VA is to upload your correspondence electronically through VA.gov.

Visit https://www.va.gov. Under **Disability** click "Upload Evidence to support your claim".

If you cannot upload your correspondence, fax or mail it to the applicable address below. These addresses serve **all United States and foreign locations**.

To determine where to send your correspondence, identify your benefit type (Compensation, Veterans Pension, or Survivor Benefits); then, locate the applicable fax number or mailing address.

Compensation Claims	**Veterans Pension** and **Survivor Benefit Claims**
Fax Toll Free: 844-531-7818	Fax Toll Free: 844-655-1604
Or mail to:	**Or mail to:**
Department of Veterans Affairs Evidence Intake Center **P.O. Box 4444** Janesville, WI, 53547-4444	Department of Veterans Affairs Pension Intake Center **P.O. Box 5365** Janesville, WI 53547-5365

You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

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Additional Benefits Information

The table below lists:

- additional benefits to which you may be entitled, and
- the form for applying for each benefit.

Benefit	Form
Report Change in Household Income	*VA Form 21P-516-01, Improved Pension Eligibility Verification Report (Veteran)* *VA Form 21P-517-01, Improved Pension Verification Report (Veteran with Children)* *VA Form 21P-518-01, Improved Pension Verification Repot (Surviving Spouse)* *VA Form 21P-519s-01 Improved Pension Verification Report (Surviving Spouse with Children)* *VA Form 21P-519c-01 Improved Pension Verification Report (Child or Children)*
Increased Pension Based On Unreimbursed Medical Expenses	*VA Form 21P-8416, Medical Expense Report*
Special Monthly Pension	*VA Form 21-2680, Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*
Resident of Nursing Home or Assisted Living Facility	*VA Form 21-0779, Request for Nursing Home Information in Connection with Claim for Aid and Attendance*
Additional Benefits For a Spouse/ Children and/or Change in Dependent Status	*VA Form 21-686c, Declaration of Status of Dependents*
School Age Dependent	*VA Form 21-674, Request for Approval of School Attendance*
Burial Benefits	*VA Form 21P-530, Application for Burial Benefits*
Report Last Expenses or Monthly Living Expenses	*VA Form 21P-8049, Request for Details of Expenses*
Accrued Benefits	*VA Form 21P-601, Application for Accrued Amounts Due a Deceased Beneficiary*
Dependents' Educational Assistance (DEA)	*VA Form 22-5490, Dependents' Application for VA Education Benefits*
Vocational Rehabilitation	*VA Form 28-1900, Disabled Veterans Application for Vocational Rehabilitation, and VA Form 28-8890, Important Information About Rehabilitation Benefits.*
Health Care for Service Connected disabilities	*VA Form 10-10EZ, Application for Health Benefits*
Automobile or Adaptive Equipment	*VA Form 21-4502, Application for Automobile or Other Conveyance and Adaptive Equipment*
Special adaptive housing	*VA Form 26-4555, Application in Acquiring Specially Adapted Housing or Special Home Adaption Grant*
Veterans' Group Life Insurance (VGLI)	*VA Form 29-4364, Application for Service-Disabled Veterans Insurance*

If you would like forms mailed to you or if you need additional assistance please call the National Call Center at 1-877-294-6380. Information regarding VBA benefits and resources can be found http://www.benefits.va.gov/benefits. For your convenience, the above forms are also available on the Department of Veterans Affairs forms website https://www.va.gov/vaforms.

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Department of Veterans Affairs

LEGAL SUMMARY
SURVIVORS PENSION, DEPENDENCY AND INDEMNITY COMPENSATION, AND ACCRUED BENEFITS

SURVIVORS PENSION

UNITED STATES CODE (U.S.C.)	38 CFR §	TITLE
38 U.S.C. § § 501, 103, 105, 512, 5110, 101	3.1	Definitions
38 U.S.C. § 101	3.2	Periods of war
38 U.S.C. § § 1541, 1543	3.3	Pension
38 U.S.C. § § 5110, 501, 5101	3.4	General
38 U.S.C. § 501	3.5	Spouse and surviving spouse
38 U.S.C. § § 101, 106	3.6	Duty periods
38 U.S.C. § § 5303, 1152, 1504, 106	3.7	Individuals and groups considered to have performed active military, naval, or air service
38 U.S.C. § § 5303, 501	3.12	Character of discharge
38 U.S.C. § 501	3.12a	Minimum active-duty service requirement
38 U.S.C. § 501	3.16	Service pension
38 U.S.C. § § 5310, 5111	3.20	Surviving spouse's benefit for month of veteran's death
38 U.S.C. § § 1541, 501	3.23	Improved pension rates - Veterans and surviving spouses
38 U.S.C. § § 103(a)	3.52	Marriages deemed valid
38 U.S.C. § 501	3.53	Continuous Cohabitation
38 U.S.C. § § 1532, 1534, 1536, 1541, 103(b)	3.54	Marriage dates
38 U.S.C. § § 101, 104, 501, 1541	3.57	Child
38 U.S.C. § 1521(h)(2)	3.60	Definition of "living with"
38 U.S.C. § § 5112, 5110	3.66	Dependency, income and estate
38 U.S.C. § § 501(a), 501, 1506, 5104	3.103	Procedural due process and other rights
38 U.S.C. § 501	3.109	Time limit
38 U.S.C. § § 501, 5101	3.152	Claims for death benefits
38 U.S.C. § 501	3.155	How to file a claim
38 U.S.C. § 501	3.155	How to file a claim
38 U.S.C. § § 5103 and 5103A	3.159	Department of Veterans Affairs assistance in developing claims
38 U.S.C. § 501	3.160	Status of claims
38 U.S.C. § 501	3.205	Marriage
38 U.S.C. § § 501, 1315, 1503, 1506	3.211	Death
38 U.S.C. § § 501, 501(a)	3.271	Computation of income
38 U.S.C. § § 501, 1503	3.272	Exclusions from income

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UNITED STATES CODE (U.S.C.)	38 CFR §	TITLE
38 U.S.C. § 501	3.272	Exclusions from income
38 U.S.C. § 501	3.273	Rate computation
38 U.S.C. § § 1543, 5110, 5112	3.274	Net worth and VA pension
38 U.S.C. § 1543	3.275	How VA determines the asset amount for pension net worth determinations
38 U.S.C. § § 1543, 1506	3.276	Asset transfers and penalty periods
38 U.S.C. § § 501, 1315, 1503, 1506	3.278	Deductible medical expenses
38 U.S.C. § § 1502(b), 1541	3.351	Special monthly dependency and indemnity compensation, death compensation, pension and spouse's compensation ratings
38 U.S.C. § § 1501, 512, 1541	3.356	Conditions which determine permanent incapacity for self-support
38 U.S.C. § § 501, 5110	3.402	Surviving spouse
38 U.S.C. § 5503	3.551	Reduction because of hospitalization
38 U.S.C. § § 501(a), 5313, 5313B	3.666	Incarcerated beneficiaries and fugitive felons - pension

DEPENDENCY AND INDEMNITY COMPENSATION

UNITED STATES CODE (U.S.C.)	38 CFR §	TITLE
38 U.S.C. § § 501, 103, 105, 512, 5110, 101	3.1	Definitions
38 U.S.C. § 1310	3.5	Dependency and indemnity compensation
38 U.S.C. § § 101, 106	3.6	Duty periods
38 U.S.C. § § 5303, 1152, 1504, 106	3.7	Individuals and groups considered to have performed active military, naval, or air space
38 U.S.C. § § 501, 1311, 1314, 1321	3.10	Dependency and indemnity compensation rate for a surviving spouse
38 U.S.C. § § 5303, 501	3.12	Character of discharge
38 U.S.C. § 501	3.12a	Minimum active-duty service requirement
38 U.S.C. § § 5301, 5111	3.20	Surviving spouse's benefit for month of veteran's death
38 U.S.C. § § 1318, 501	3.22	DIC benefits for survivors of certain veterans rated totally disabled at time of death
38 U.S.C. § 501	3.50	Spouse and surviving spouse
38 U.S.C. § 103(a)	3.52	Marriages deemed valid
38 U.S.C. § 501	3.53	Continuous cohabitation
38 U.S.C. § § 1532, 1534, 1536, 1541, 103(b)	3.54	Marriage dates
38 U.S.C. § § 1532, 1534, 1536, 1541, 103(b)	3.55	Reinstatement of benefits eligibility based upon terminated marital relationships
38 U.S.C. § § 101, 104, 1536, 501, 1541	3.57	Child
38 U.S.C. § 1521(h)(2)	3.60	Definition of "living with"
38 U.S.C. § § 501(a), 501, 1506, 5104	3.103	Procedural due process and other rights

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DEPENDENCY AND INDEMNITY COMPENSATION *(Continued)*		
UNITED STATES CODE (U.S.C.)	**38 CFR §**	**TITLE**
38 U.S.C. § 501	3.109	Time limit
38 U.S.C. § § 501, 5101	3.152	Claims for death benefits
38 U.S.C. § 501	3.155	How to file a claim
38 U.S.C. § § 5103, 5103A	3.159	Department of Veterans Affairs assistance in developing claims
38 U.S.C. § 501	3.160	Status of claims
38 U.S.C. § 501	3.205	Marriage
38 U.S.C. § 501	3.211	Death
38 U.S.C. § 501	3.309	Diseases subject to presumptive service connection
38 U.S.C. § § 1502(b), 1541	3.351	Special monthly dependency and indemnity compensation, death compensation, pension and spouse's compensation ratings
38 U.S.C. § 1151	3.361	Benefits under 38 U.S.C. 1151(a) for additional disability or death due to hospital care, medical or surgical treatment, examination, training and rehabilitation services, or compensated work therapy program
38 U.S.C. § § 5110, 501, 5101	3.400	General
38 U.S.C. § § 501, 5110	3.402	Surviving spouse
38 U.S.C. § § 501(a), 5313, 5313B	3.665	Incarcerated beneficiaries and fugitive felons - compensation
38 U.S.C. § Chapter 35	3.807	Dependents' educational assistance; certification

ACCRUED BENEFITS		
UNITED STATES CODE (U.S.C.)	**38 CFR §**	**TITLE**
38 U.S.C. § 103(c)	3.1(j)	Definitions
38 U.S.C. § 501	3.50	Spouse and surviving spouse
38 U.S.C. § 103(a)	3.52	Marriages deemed valid
38 U.S.C. § 501	3.53	Continuous cohabitation
38 U.S.C. § § 1532, 1534, 1536, 1541, 103(b)	3.54	Marriage dates
38 U.S.C. § § 101, 104, 501, 1521, 1541	3.57	Child
38 U.S.C. § § 1521(h)(2)	3.60	Definition of "living with"
38 U.S.C. § § 501, 5101	3.152	Claims for death benefits
38 U.S.C. § § 5103, 5103A	3.159	Department of Veterans Affairs assistance in developing claims
38 U.S.C. § 501	3.160	Status of claims
38 U.S.C. § 501	3.211	Death
38 U.S.C. § 5121	3.1000	Entitlement under 38 U.S.C. § 5121 to benefits due and unpaid upon death of a beneficiary
38 U.S.C. § § 5121, 5121A	3.1010	Substitution under 38 U.S.C. § 5121A following death of a claimant

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January 21, 2021

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To: 330/22R4/MJR
(b) (6)
HOPKINS, Marshall H

DARLENE HOPKINS
310 MAIN ST
ALTAMONT, MO 64620

Dear Ms. Hopkins:

We are writing to you about your claim for dependency indemnity compensation, survivors' pension, and accrued benefits.

How We Made Our Decision

We have enclosed a copy of our Rating Decision for your review. It provides a detailed explanation about our decision. You can find the evidence we considered in the section titled "*Evidence*." The reasons for our decision can be found in the portion of the rating titled "*Reasons for Decision*" or "*Reasons and Bases*".

Favorable Findings

Favorable Finding(s) applicable to the decision on your claim for benefits are listed below:

Active Duty Service	The Veteran had the minimum active duty requirements in order to qualify for pension.
Wartime Service	The Veteran had wartime service.
Character of Service	The Veteran's character of service meets the requirements to qualify for pension.

Elements Not Met

For the elements not met that are required to grant benefits, please see the denial reasons below.

Please refer to the enclosed VA Form 21P-10199, "*Legal Summary - Survivors Pension, Dependency and Indemnity Compensation, and Accrued Benefits*" for the laws used in deciding your claim.

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(b) (6)

Hopkins, Marshall H

What We Decided

Entitlement to Dependency and Indemnity Compensation under 38 U.S.C. 1318 is denied.

Entitlement to Dependency and Indemnity Compensation under 38 USC 1151 is denied.

Service connection for cause of death is denied.

The evidence you submitted shows your income effective July 27, 2020 exceeds the maximum annual pension limit. Therefore, we have disallowed your claim for benefits.

The rate of pension payable depends upon the amount of your family income and number of dependents. If your family income exceeds the applicable pension limit, benefits are not payable.

The income limit for a surviving spouse with one dependent is $12,072.00.

Your income for VA purposes is $23,316.00 based on the following income and allowable expenses:

INCOME	SOURCE
$9,888.00	Retirement Income Annually
$13,428.00	Social Security Income Annually - Child

You Reported Receiving Social Security Income

On your application you did not report you child Kerri Hopkin's Social Security income. However, the Social Security Administration (SSA) has reported her rate of entitlement effective December 2019 was $1,119.00. The law requires that we count the amount of $1,119.00 when determining your eligibility for VA pension. If this information is incorrect, please provide us with a copy of her Social Security benefit letter and we will reconsider this decision.

What Can You Do?

If your income decreases or your medical expenses increase you may reapply for VA pension benefits.

If you would like us to determine your eligibility from (the earliest entitlement date), please complete, sign, and return the following enclosed forms:

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- VA Form 20-0995, Decision Review Request: Supplemental Claim;
- VA Form 21P-0519s-1, Improved Pension Eligibility Verification Report (EVR), for the period of July 27, 2020 through July 31, 2021. We have also enclosed VA Form 21P-0510, Eligibility Verification Report Instructions, to assist you in filling out this form.;
- VA Form 21P-8416, Medical Expense Report, for the period of July 27, 2020 through July 31, 2021.

You cannot claim expenses for the following:

- bills paid by someone else
- bills paid by insurance
- bills you paid, if an insurance company reimbursed you
- bills that are not for health expenses

To claim an income change and family medical expenses, you must return the completed forms to this office no later than December 31, 2022. We may consider family medical expenses you paid after July 27, 2020.

If you wish to file a claim for special monthly pension, please make your claim on the enclosed VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance.*

Accrued Denied

Accrued benefits (benefits due and not paid to the veteran at the time of death) cannot be paid as there are no accrued amounts available.

What You Should Do If You Disagree With Our Decision

If you do not agree with this decision, you have one year from the date of this letter to select a review option to preserve your earliest effective benefit date. The review options and their proper applications are as follows, for a(n):

- **Supplemental Claim**, complete **VA Form 20-0995**, *Decision Review Request: Supplemental Claim*
- **Higher-Level Review**, complete **VA Form 20-0996**, *Decision Review Request: Higher-Level Review*
- **Appeal to the Board**, complete **VA Form 10182**, *Decision Review Request: Board Appeal (Notice of Disagreement)*

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Please see the enclosed VA Form 20-0998, *Your Rights to Seek Further Review of Our Decision.* It explains your options for an additional review. You may obtain any of the required applications by downloading them from www.va.gov/vaforms/ or by contacting us. You can also learn more about the disagreement process at www.va.gov/decision-reviews. If you would like to obtain or access evidence used in making this decision, please contact us as noted below. Some evidence may be obtained by signing in at www.va.gov.

Where to Send Your Written Correspondence

VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please send all correspondence to the appropriate location listed on the attached *Where to Send Your Written Correspondence.*

Do You Have Questions Or Need Assistance?

If you have any questions, call us toll-free by dialing 1-800-827-1000. Our TDD number for the hearing impaired is 711. Our TDD number for international callers is 1-800-829-4833. *If you call, please have this letter with you.*

Sincerely yours,

RO Director
VA Regional Office

Enclosed: VA Form 20-0998
Rating Decision
VA Form 21P-10199
VA Form 20-0995
VA Form 21P-0519c-1
VA Form 21P-8416
VA Form 21P-2680
Where to Send Your Written Correspondence

cc: MVC

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DEPARTMENT OF VETERANS AFFAIRS
Veterans Benefits Administration
Regional Office

MARSHALL HOPKINS

VA File Number
(b) (6) [redacted]

Represented By:
MISSOURI VETERANS COMMISSION
Rating Decision
01/07/2021

INTRODUCTION

The records reflect that MARSHALL H. HOPKINS was a Veteran of the Gulf War Era, Peacetime and Vietnam Era. The veteran served in the Air Force from December 2, 1963 to June 9, 1967 and the Air Force Reserves from December 28, 1990 to February 25, 1991. You filed a new claim for benefits that was received on August 17, 2020. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

1. Entitlement to Dependency and Indemnity Compensation under 38 U.S.C. 1318 is denied.

2. Entitlement to Dependency and Indemnity Compensation under 38 USC 1151 is denied.

3. Service connection for cause of death is denied.

EVIDENCE

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- VA Form 21-0966, Intent to File a Claim for Compensation and/or Pension, or Survivors pension and/or DIC received 07/27/2020
- VA notification letter dated 07/31/2020
- VA Form 21-534EZ, Application for Dependency and Indemnity Compensation, Death Pension and/or Accrued Benefits received 08/17/2020
- Death Certificate of the Veteran received 08/17/2020
- VA Form 21P-0969, Income and Asset Statement in Support of a Claim for Pension or Parents' Dependency and Indemnity Compensation (DIC) received 08/17/2020
- VA development letter dated 09/03/2020
- VA Form 21-4138, Statement in Support of Claim received 09/25/2020
- VA development letter dated 10/08/2020
- VA treatment reports, Kansas City, Amarillo, Memphis, Denver, and Albuquerque VAMCs, for the time period of 10/28/2003 through 10/17/2015
- VA notification letter dated 11/12/2020
- We have been unable to obtain records from Amarillo VAMC for the period of 01/14/2003 through 05/01/2006. We have determined that these records do not exist. We will now make a decision based on the evidence of record.
- VA Medical Opinion dated 01/05/2020
- VA notification letter dated 11/12/2020
- Review of the electronic claims folder of the veteran
- Service records of the veteran (to include service treatment records and copies of documents from the official military personnel file for the veteran's periods of active and reserve service), for the time period of 11/1963 through 07/1994, received on 10/22/1996

REASONS FOR DECISION

1. Entitlement to Dependency and Indemnity Compensation under 38 U.S.C. 1318.

Although the veteran's death may not be due to service-related conditions, Dependency and Indemnity Compensation benefits may be payable as if the cause of death were service connected if the cause of the veteran's death was not due to willful misconduct and the veteran was continuously rated totally disabled by reason of service connected disabilities for a period of 10 years or more immediately preceding death; or for five years if the total evaluation was continuously in effect from the date of discharge from military service; or for one year if the veteran was a former POW who died after September 30, 1999. (38 CFR 3.22, 38 USC 1318)

Although the veteran met the schedular requirements (based on service-connected disabilities) for a potential total evaluation during his lifetime, the Veteran was not considered totally disabled from service-connected disabilities for any period prior to his death.

Entitlement to Dependency and Indemnity Compensation is not established because a total evaluation had not been in effect for more than 10 continuous years preceding death. Entitlement to Dependency and Indemnity Compensation (DIC) under 38 U.S.C. 1318 is denied.

2. Entitlement to Dependency and Indemnity Compensation under 38 USC 1151.

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We have denied entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151 because the evidence fails to establish that VA medical or educational services were the proximate cause of death.

Entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151 may be established for the death of a veteran if the evidence shows that the veteran's death was caused by VA hospitalization, medical or surgical treatment, vocational rehabilitation, compensated work therapy program (CWT), or as the result of having submitted to a VA medical examination. The evidence must show that the veteran's death is actually the result of the VA care. Specifically, carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on the part of the Department in furnishing the hospital care, medical or surgical treatment, or examination must be shown; or the proximate cause of death must be an event not reasonably foreseeable. For training and rehabilitation services or compensated work therapy program, it must be shown that the veteran's participation in an essential activity or function of the training, services, or CWT program provided or authorized by VA proximately caused the veteran's death.

To establish causation, the evidence must show that the hospital care, medical or surgical treatment, or examination resulted in the veteran's death. Merely showing that a veteran received care, treatment, or examination and that that the veteran has died does not establish cause. 38 C.F.R. § 3.361(c)(1). Hospital care, medical or surgical treatment, or examination cannot cause the continuance or natural progress of a disease or injury for which the care, treatment, or examination was furnished unless VA's failure to timely diagnoses and properly treat the disease or injury proximately caused the continuance or natural progress. 38 C.F.R. § 3.361(c)(2). Death caused by a veteran's failure to follow properly given medical instructions is not caused by hospital care, medical or surgical treatment, or examination. 38 C.F.R. § 3.361(c)(3).

To establish that carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on VA's part in furnishing hospital care, medical or surgical treatment, or examination proximately caused a veteran's death, it must be shown that VA failed to exercise the degree of care that would be expected of a reasonable health care provider; or, that VA furnished the hospital care, medical or surgical treatment, or examination without the Veteran's informed consent. 38 C.F.R. § 3.361(d)(1).

Whether the proximate cause of a Veteran's death was an event not reasonably foreseeable is in each claim to be determined based on what a reasonable health care provider would have foreseen. The event need not be completely unforeseeable or unimaginable but must be one that a reasonable health care provider would not have considered to be an ordinary risk of the treatment provided. 38 C.F.R. § 3.361(d)(2).

As specified in 38 C.F.R. § 3.361(d)(2), in determining whether an event was reasonably foreseeable, VA will consider whether the risk of that event was the type of risk that a reasonable health care provider would have disclosed in connection with the informed consent procedures of 38 C.F.R. § 17.32.

On your correspondence that we received on 09/25/2020, you stated that you were seeking

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entitlement to compensation under 38 U.S.C. 1151, claiming that the veteran was given a clean bill of health by VA doctors from the Amarillo VAMC after a colonoscopy/follow-up visit for hernia surgery in August 2015. The claimant stated that "apparently during the colonoscopy his bowels were nicked", and that the veteran was subsequently admitted to the Memphis VAMC and had 3/4 of his colon surgically removed, but later passed away.

A layperson may provide competent medical evidence regarding symptoms. However, a lay opinion is not entitled to any weight when the determinative issue involves questions of medical causation and a medical diagnosis (Espiritu v. Derwinski). The record does not reflect that you possess the medical training and expertise to diagnose or offer an opinion as to the etiology of any claimed disability. When the determinative issue is one of medical causation or a diagnosis, only those with specialized training or expertise are competent to provided evidence on an issue (Jones v. Brown, Espiritu v. Derwinski).

The instructions with your FDC application explained how the application should be filled out and explained what evidence should be submitted to support your claim. The instructions also included full notification of your rights under the Veterans Claims Assistance Act. Specifically, in regard to your claim for entitlement to Dependency and Indemnity Compensation under 38 USC 1151, we informed you that you must provide evidence showing that the veteran's death was a result of undergoing VA hospitalization, medical or surgical treatment, examination, or training, AND that the veteran's death was the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment: OR, the direct result of an event that was not a reasonably expected result or complication of the VA care or treatment; OR, or the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program.

Further, in our VA development letter to you dated 10/08/2020, we requested medical evidence to support your claim for Dependency and Indemnity Compensation under 38 U.S.C. 1151.

Specifically, in regard to your claim for entitlement to Dependency and Indemnity Compensation under 38 USC 1151, we informed you that you must provide evidence that shows that as a result of VA hospitalization, medical or surgical treatment, examination, or training, the veteran had an additional disability or disabilities, or an aggravation of an existing injury or disease, and that the disability was the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment, or not a reasonably expected result or complication of the VA care or treatment, or the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program.

You did not provide us with any additional medical evidence; however, we were able to review the veteran's private treatment reports of record from we were able to review the veteran's VA treatment reports from the Kansas City, Amarillo, Memphis, Denver, and Albuquerque VAMCs, for the time period of 10/28/2003 through 10/17/2015. These VA medical records contain findings of small bowel infarction; however, none of these reports specifically relate the death of the veteran to treatment at the Amarillo VAMC.

Therefore, we submitted the veteran's claim folder to a VA examiner to further evaluate a

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possible relationship between the cause of the veteran's death and the VA medical treatment that he received. After a review of the evidence of record, the examiner opined that the veteran's death was less likely than not (less than 50 percent probability) a result of the VA medical treatment that he received.

In the rational that he provided for his opinion, the VA examiner stated that "Medical records document that the Veteran presented to the Memphis VAMC with necrotic small bowel, associated small bowel perforation, requiring extensive small bowel resection. There is no documentation of colonic pathology or the need for colonic resection. There is no documentation in the medical record that the Veteran had a colonoscopy at any point either prior to or during his hospitalization at the Amarillo VAMC in 8/2015. In fact, he repeatedly refused evaluation with colonoscopy. He underwent cystoscopy at the time as he presented to the Amarillo VAMC 8/2015, with obstructive uropathy, bilateral hydronephrosis and hydroureters and pyelonephritis. There is no indication in the medical records that his bowel was nicked either at the time of his recurrent right inguinal hernia repair 8/2015 or during the cystoscopy that was performed shortly after his right inguinal hernia surgery. Both procedures are documented in the medical record to have been performed without complication. The Veteran's presentation at the Memphis VAMC 9/2015, with necrotic small bowel, and small perforation, as well as sepsis and multiorgan system failure was unanticipated and the clearly the result of an event not reasonably foreseeable. The etiology of the Veteran's small bowel infarct was never elucidated, although he was noted to have the new onset of atrial fibrillation at the time of his hospitalization 9/2015 at the Memphis VAMC. It is possible that his infarcted small bowel was due to cardiac embolization. Review of medical records documents appropriate medical and surgical care at the Kansas City VAMC, the Amarillo VAMC and the Memphis VAMC. There is no indication whatsoever that the veterans death was the result of carelessness, negligence, lack of proper skill, error in judgment, or similar fault on the part of the department of veterans affairs in furnishing the hospital care, medical or surgical treatment, or examination."

Further, the VA examiner stated "a review of medical records documents the Veteran's history of preexisting poorly controlled DM. He underwent uncomplicated repair of recurrent right inguinal hernia 8/2015. Following his discharge from the hospital after the hernia repair, he developed bladder outlet obstruction with bilateral hydronephrosis, hydroureter and pyelonephritis. He was appropriately managed for this condition at the Amarillo VAMC. He was subsequently admitted emergently to the Memphis VAMC with small bowel necrosis/gangrene and perforation with sepsis, and multisystem organ failure. His presentation was complicated by hyponatremia, acute kidney injury, altered mental status and CHF. He was noted to have new onset atrial fibrillation. The Veteran received appropriate treatment at the Memphis VAMC, including intubation, mechanical ventilation, pressor support, antibiotics, crystalloid administration, insulin, and emergent surgery with bowel resection for gangrenous necrotic small bowel complicated by bowel perforation. The only iatrogenic complication that occurred during the terminal hospitalization was pneumothorax that occurred during subclavian line placement, managed with chest tube placement. This complication did not contribute to the Veteran's death. His extensive small bowel infarction with small bowel gangrene, necrosis and perforation were the proximate cause of the Veteran's death. Such extensive small infarction is typically a terminal event despite appropriate and aggressive management as the Veteran received. The treatment the veteran received in connection with his/her death recorded as small bowel infarction with contributing conditions (not resulting in the immediate cause of death), to include diabetes, hyperlipidemia,

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and inguinal hernias, was the not result of carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on VA's part in furnishing care, medical or surgical treatment, or examination."

From the plain language of the statute, it is clear that to establish entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151, all three of the following factors must be shown: (1) Disability/additional disability, (2) that VA hospitalization, treatment, surgery, examination, or training was the cause of such disability, and (3) that there was an element of fault on the part of VA in providing the treatment, hospitalization, surgery, etc., or that the disability resulted from an event not reasonably foreseeable.

To establish causation, the evidence must show that the hospital care, medical or surgical treatment, or examination resulted in the veteran's additional disability or death. Merely showing that a veteran received care, treatment, or examination and that the veteran has an additional disability or died does not establish causation. 38 C.F.R. § 3.361(c)(1).

Therefore, entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151 is not established as the veteran's death was not caused by VA hospitalization, medical or surgical treatment, vocational rehabilitation, compensated work therapy program (CWT), or as the result of having submitted to a VA medical examination. {38 USC 1151}. For medical services, the evidence must show that fault on VA's part or an event not reasonably foreseeable proximately caused death. Entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151 is denied because the evidence fails to establish that VA medical or educational services were the proximate cause of death.

3. Service connection for the cause of death.

Service connection may be granted for a disability which began in or was caused by some event or experience in military service, or if a disability pre-existed such service, was aggravated therein. (38 CFR 3.303)

Service connection may also be granted on a presumptive basis if an applicable chronic disability is manifested to a compensable degree (severe enough to be evaluated at least 10 percent disabling) within a year after military discharge. (38 CFR 3.309)

The death of a veteran will be considered as having been due to a service-connected disability when the evidence establishes that such disability was either the principal or a contributory cause of death. (38 CFR 3.312)

Service connection for the cause of death may be granted to a reserve or National Guard service member if the
service person was disabled during "active" duty for training (ADT or ACDUTRA) due to a disease or injury incurred in the line of duty, AND the disease or injury caused or contributed to the service person's death. Service connection for the cause of death may also be granted to a reserve or National Guard service member if the service person was disabled during " inactive"

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duty training (IADT) due to an injury incurred or aggravated in the line of duty AND that injury caused or contributed to the service person's death, OR if the service member suffered an acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; AND that injury (acute myocardial infarction, cardiac arrest, or cerebrovascular accident) caused or contributed to the service person's death. (38 CFR 3.6)

We received your claim for Dependency and Indemnity Compensation (DIC) under our Fully Developed Claim (FDC) Program on 08/17/2020. The instructions with your FDC application explained how the application should be filled out and explained what evidence should be submitted to support your claim. The instructions also included full notification of your rights under the Veterans Claims Assistance Act. As you submitted and signed your claim on a VA Form 21-534EZ, Application for Dependency and Indemnity Compensation, Death Pension and/or Accrued Benefits under our FDC Program, you were informed of the evidence which was needed in order to support your claim, and you have certified that you have enclosed all the information or evidence to support your claim, and that you have no other information or evidence to give VA to support your claim.

The death certificate documents that the veteran died on 09/18/2015. The cause of death is shown as small bowel infarction with contributing conditions (not resulting in the immediate cause of death), to include diabetes, hyperlipidemia, and inguinal hernias.

According to 38 CFR 3.159 (c)(2), VA will make as many requests as are necessary to obtain relevant records from a Federal department or agency. These records include but are not limited to military records, including service medical records; medical and other records from VA medical facilities; records from non-VA facilities providing examination or treatment at VA expense; and records from other Federal agencies, such as the Social Security Administration. VA will end its efforts to obtain records from a Federal department or agency only if VA concludes that the records sought do not exist or that further efforts to obtain those records would be futile. Cases in which VA may conclude that no further efforts are required include those in which the Federal department or agency advises VA that the requested records do not exist or the custodian does not have them.

The claimant must cooperate fully with VA's reasonable efforts to obtain relevant records from Federal agency or department custodians. If requested by VA, the claimant must provide enough information to identify and locate the existing records, including the custodian or agency holding the records; the approximate time frame covered by the records; and, in the case of medical treatment records, the condition for which treatment was provided. In the case of records requested to corroborate a claimed stressful event in service, the claimant must provide information sufficient for the records custodian to conduct a search of the corroborative records. If necessary, the claimant must authorize the release of existing records in a form acceptable to the custodian or agency holding the records.

Collectively, we were able to review the veteran’s VA treatment reports from the Kansas City, Amarillo, Memphis, Denver, and Albuquerque VAMCs, for the time period of 10/28/2003 through 10/17/2015.

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You informed us that the veteran's treatment from the Memphis VAMC (from 09/18/2015) and Amarillo VAMC (from 01/14/2003) were pertinent to your claim. We were able to review the veteran's VA treatment records from the Memphis VAMC for the time period of 09/16/2015 through 10/17/2015. We were also able to obtain the veteran's records from the Amarillo VAMC from 05/02/2006 through 10/18/2016. (If you feel that there are additional records prior to May 2, 2006 which would be pertinent to your claim, please tell us.)

These VA medical records contain findings of small bowel infarction, diabetes, hyperlipidemia, and inguinal hernias. However, none of these reports specifically relate the death of the veteran to military service.

As of the date of this Rating Decision, evidence establishing a relationship between the death of the veteran and military service has not been received. Lastly, the evidence of record did not reveal that the veteran was disabled due to an injury incurred or aggravated during a period of "active" or "inactive" duty for training. The evidence of record also did not reveal that the veteran suffered an acute myocardial infarction, cardiac arrest, or cerebrovascular accident during a period of "inactive" duty for training.

Therefore, we have denied service connection for the cause of death because there was no evidence supporting a relationship between the listed cause of death and the military service of the veteran, nor was diabetes shown to be manifested to a compensable degree (severe enough to be evaluated at least 10 percent disabling) within one year of military discharge. Also, the evidence did not reveal that the veteran's death was due to an injury incurred or aggravated during a period of "active" or "inactive" duty for training, nor did the evidence show that the veteran suffered an acute myocardial infarction, cardiac arrest, or cerebrovascular accident during a period of "inactive" duty for training.

REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our website, www.va.gov.

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NAME OF VETERAN	VA FILE NUMBER	SOCIAL SECURITY NR	POA
MARSHALL HOPKINS	(b) (6)	(b) (6)	MISSOURI VETERANS COMMISSION

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ACTIVE DUTY			
EOD	**RAD**	**BRANCH**	**CHARACTER OF DISCHARGE**
12/02/1963	06/09/1967	Air Force	Honorable
12/28/1990	02/25/1991	Air Force Reserves	Honorable

LEGACY CODES			
ADD'L SVC CODE	**COMBAT CODE**	**SPECIAL PROV CDE**	**FUTURE EXAM DATE**
	1	4	None

JURISDICTION: New Claim Received 08/17/2020

ASSOCIATED CLAIM(s): 020; PMC New; 08/17/2020

DEATH DECISIONS (8d. NSC Peacetime, Vietnam Era, Gulf War)

Denial, Not Service Connected Death. Cause of death: small bowel infarction with contributing conditions (not resulting in the immediate cause of death), to include diabetes, hyperlipidemia, and inguinal hernias.

Denial, 38 USC 1318.

Denial, 38 USC 1151. Cause of death: small bowel infarction with contributing conditions (not resulting in the immediate cause of death), to include diabetes, hyperlipidemia, and inguinal hernias.

NOTE(S):

1. VSR to administratively address entitlement to death pension and accrued benefits.

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NAME OF VETERAN	VA FILE NUMBER	SOCIAL SECURITY NR	POA
MARSHALL HOPKINS	(b) (6)	(b) (6)	MISSOURI VETERANS COMMISSION

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(b) (6)

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ACTIVE DUTY			
EOD	**RAD**	**BRANCH**	**CHARACTER OF DISCHARGE**
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12/28/1990	02/25/1991	Air Force Reserves	Honorable

LEGACY CODES			
ADD'L SVC CODE	**COMBAT CODE**	**SPECIAL PROV CDE**	**FUTURE EXAM DATE**
	1	4	None

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ASSOCIATED CLAIM(s): 020; PMC New; 08/17/2020

DEATH DECISIONS (8d. NSC Peacetime, Vietnam Era, Gulf War)

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NAME OF VETERAN	VA FILE NUMBER		POA
MARSHALL HOPKINS	(b) (6)	(b) (6)	MISSOURI VETERANS COMMISSION
			COPY TO VBMS eFolder

(b) (6)

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DEPARTMENT OF VETERANS AFFAIRS
Veterans Benefits Administration
Regional Office

MARSHALL HOPKINS

VA File Number
(b) (6)

Represented By:
MISSOURI VETERANS COMMISSION
Rating Decision
01/07/2021

INTRODUCTION

The records reflect that MARSHALL H. HOPKINS was a Veteran of the Gulf War Era, Peacetime and Vietnam Era. The veteran served in the Air Force from December 2, 1963 to June 9, 1967 and the Air Force Reserves from December 28, 1990 to February 25, 1991. You filed a new claim for benefits that was received on August 17, 2020. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

1. Entitlement to Dependency and Indemnity Compensation under 38 U.S.C. 1318 is denied.

2. Entitlement to Dependency and Indemnity Compensation under 38 USC 1151 is denied.

3. Service connection for cause of death is denied.

EVIDENCE

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- VA Form 21-0966, Intent to File a Claim for Compensation and/or Pension, or Survivors pension and/or DIC received 07/27/2020
- VA notification letter dated 07/31/2020
- VA Form 21-534EZ, Application for Dependency and Indemnity Compensation, Death Pension and/or Accrued Benefits received 08/17/2020
- Death Certificate of the Veteran received 08/17/2020
- VA Form 21P-0969, Income and Asset Statement in Support of a Claim for Pension or Parents' Dependency and Indemnity Compensation (DIC) received 08/17/2020
- VA development letter dated 09/03/2020
- VA Form 21-4138, Statement in Support of Claim received 09/25/2020
- VA development letter dated 10/08/2020
- VA treatment reports, Kansas City, Amarillo, Memphis, Denver, and Albuquerque VAMCs, for the time period of 10/28/2003 through 10/17/2015
- VA notification letter dated 11/12/2020
- We have been unable to obtain records from Amarillo VAMC for the period of 01/14/2003 through 05/01/2006. We have determined that these records do not exist. We will now make a decision based on the evidence of record.
- VA Medical Opinion dated 01/05/2020
- VA notification letter dated 11/12/2020
- Review of the electronic claims folder of the veteran
- Service records of the veteran (to include service treatment records and copies of documents from the official military personnel file for the veteran's periods of active and reserve service), for the time period of 11/1963 through 07/1994, received on 10/22/1996

REASONS FOR DECISION

1. Entitlement to Dependency and Indemnity Compensation under 38 U.S.C. 1318.

Although the veteran's death may not be due to service-related conditions, Dependency and Indemnity Compensation benefits may be payable as if the cause of death were service connected if the cause of the veteran's death was not due to willful misconduct and the veteran was continuously rated totally disabled by reason of service connected disabilities for a period of 10 years or more immediately preceding death; or for five years if the total evaluation was continuously in effect from the date of discharge from military service; or for one year if the veteran was a former POW who died after September 30, 1999. (38 CFR 3.22, 38 USC 1318)

Although the veteran met the schedular requirements (based on service-connected disabilities) for a potential total evaluation during his lifetime, the Veteran was not considered totally disabled from service-connected disabilities for any period prior to his death.

Entitlement to Dependency and Indemnity Compensation is not established because a total evaluation had not been in effect for more than 10 continuous years preceding death. Entitlement to Dependency and Indemnity Compensation (DIC) under 38 U.S.C. 1318 is denied.

2. Entitlement to Dependency and Indemnity Compensation under 38 USC 1151.

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We have denied entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151 because the evidence fails to establish that VA medical or educational services were the proximate cause of death.

Entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151 may be established for the death of a veteran if the evidence shows that the veteran's death was caused by VA hospitalization, medical or surgical treatment, vocational rehabilitation, compensated work therapy program (CWT), or as the result of having submitted to a VA medical examination. The evidence must show that the veteran's death is actually the result of the VA care. Specifically, carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on the part of the Department in furnishing the hospital care, medical or surgical treatment, or examination must be shown; or the proximate cause of death must be an event not reasonably foreseeable. For training and rehabilitation services or compensated work therapy program, it must be shown that the veteran's participation in an essential activity or function of the training, services, or CWT program provided or authorized by VA proximately caused the veteran's death.

To establish causation, the evidence must show that the hospital care, medical or surgical treatment, or examination resulted in the veteran's death. Merely showing that a veteran received care, treatment, or examination and that that the veteran has died does not establish cause. 38 C.F.R. § 3.361(c)(1). Hospital care, medical or surgical treatment, or examination cannot cause the continuance or natural progress of a disease or injury for which the care, treatment, or examination was furnished unless VA's failure to timely diagnoses and properly treat the disease or injury proximately caused the continuance or natural progress. 38 C.F.R. § 3.361(c)(2). Death caused by a veteran's failure to follow properly given medical instructions is not caused by hospital care, medical or surgical treatment, or examination. 38 C.F.R. § 3.361(c)(3).

To establish that carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on VA's part in furnishing hospital care, medical or surgical treatment, or examination proximately caused a veteran's death, it must be shown that VA failed to exercise the degree of care that would be expected of a reasonable health care provider; or, that VA furnished the hospital care, medical or surgical treatment, or examination without the Veteran's informed consent. 38 C.F.R. § 3.361(d)(1).

Whether the proximate cause of a Veteran's death was an event not reasonably foreseeable is in each claim to be determined based on what a reasonable health care provider would have foreseen. The event need not be completely unforeseeable or unimaginable but must be one that a reasonable health care provider would not have considered to be an ordinary risk of the treatment provided. 38 C.F.R. § 3.361(d)(2).

As specified in 38 C.F.R. § 3.361(d)(2), in determining whether an event was reasonably foreseeable, VA will consider whether the risk of that event was the type of risk that a reasonable health care provider would have disclosed in connection with the informed consent procedures of 38 C.F.R. § 17.32.

On your correspondence that we received on 09/25/2020, you stated that you were seeking

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entitlement to compensation under 38 U.S.C. 1151, claiming that the veteran was given a clean bill of health by VA doctors from the Amarillo VAMC after a colonoscopy/follow-up visit for hernia surgery in August 2015. The claimant stated that "apparently during the colonoscopy his bowels were nicked", and that the veteran was subsequently admitted to the Memphis VAMC and had 3/4 of his colon surgically removed, but later passed away.

A layperson may provide competent medical evidence regarding symptoms. However, a lay opinion is not entitled to any weight when the determinative issue involves questions of medical causation and a medical diagnosis (Espiritu v. Derwinski). The record does not reflect that you possess the medical training and expertise to diagnose or offer an opinion as to the etiology of any claimed disability. When the determinative issue is one of medical causation or a diagnosis, only those with specialized training or expertise are competent to provided evidence on an issue (Jones v. Brown, Espiritu v. Derwinski).

The instructions with your FDC application explained how the application should be filled out and explained what evidence should be submitted to support your claim. The instructions also included full notification of your rights under the Veterans Claims Assistance Act. Specifically, in regard to your claim for entitlement to Dependency and Indemnity Compensation under 38 USC 1151, we informed you that you must provide evidence showing that the veteran's death was a result of undergoing VA hospitalization, medical or surgical treatment, examination, or training, AND that the veteran's death was the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment: OR, the direct result of an event that was not a reasonably expected result or complication of the VA care or treatment; OR, or the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program.

Further, in our VA development letter to you dated 10/08/2020, we requested medical evidence to support your claim for Dependency and Indemnity Compensation under 38 U.S.C. 1151.

Specifically, in regard to your claim for entitlement to Dependency and Indemnity Compensation under 38 USC 1151, we informed you that you must provide evidence that shows that as a result of VA hospitalization, medical or surgical treatment, examination, or training, the veteran had an additional disability or disabilities, or an aggravation of an existing injury or disease, and that the disability was the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment, or not a reasonably expected result or complication of the VA care or treatment, or the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program.

You did not provide us with any additional medical evidence; however, we were able to review the veteran's private treatment reports of record from we were able to review the veteran's VA treatment reports from the Kansas City, Amarillo, Memphis, Denver, and Albuquerque VAMCs, for the time period of 10/28/2003 through 10/17/2015. These VA medical records contain findings of small bowel infarction; however, none of these reports specifically relate the death of the veteran to treatment at the Amarillo VAMC.

Therefore, we submitted the veteran's claim folder to a VA examiner to further evaluate a

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possible relationship between the cause of the veteran's death and the VA medical treatment that he received. After a review of the evidence of record, the examiner opined that the veteran's death was less likely than not (less than 50 percent probability) a result of the VA medical treatment that he received.

In the rational that he provided for his opinion, the VA examiner stated that "Medical records document that the Veteran presented to the Memphis VAMC with necrotic small bowel, associated small bowel perforation, requiring extensive small bowel resection. There is no documentation of colonic pathology or the need for colonic resection. There is no documentation in the medical record that the Veteran had a colonoscopy at any point either prior to or during his hospitalization at the Amarillo VAMC in 8/2015. In fact, he repeatedly refused evaluation with colonoscopy. He underwent cystoscopy at the time as he presented to the Amarillo VAMC 8/2015, with obstructive uropathy, bilateral hydronephrosis and hydroureters and pyelonephritis. There is no indication in the medical records that his bowel was nicked either at the time of his recurrent right inguinal hernia repair 8/2015 or during the cystoscopy that was performed shortly after his right inguinal hernia surgery. Both procedures are documented in the medical record to have been performed without complication. The Veteran's presentation at the Memphis VAMC 9/2015, with necrotic small bowel, and small perforation, as well as sepsis and multiorgan system failure was unanticipated and the clearly the result of an event not reasonably foreseeable. The etiology of the Veteran's small bowel infarct was never elucidated, although he was noted to have the new onset of atrial fibrillation at the time of his hospitalization 9/2015 at the Memphis VAMC. It is possible that his infarcted small bowel was due to cardiac embolization. Review of medical records documents appropriate medical and surgical care at the Kansas City VAMC, the Amarillo VAMC and the Memphis VAMC. There is no indication whatsoever that the veterans death was the result of carelessness, negligence, lack of proper skill, error in judgment, or similar fault on the part of the department of veterans affairs in furnishing the hospital care, medical or surgical treatment, or examination."

Further, the VA examiner stated "a review of medical records documents the Veteran's history of preexisting poorly controlled DM. He underwent uncomplicated repair of recurrent right inguinal hernia 8/2015. Following his discharge from the hospital after the hernia repair, he developed bladder outlet obstruction with bilateral hydronephrosis, hydroureter and pyelonephritis. He was appropriately managed for this condition at the Amarillo VAMC. He was subsequently admitted emergently to the Memphis VAMC with small bowel necrosis/gangrene and perforation with sepsis, and multisystem organ failure. His presentation was complicated by hyponatremia, acute kidney injury, altered mental status and CHF. He was noted to have new onset atrial fibrillation. The Veteran received appropriate treatment at the Memphis VAMC, including intubation, mechanical ventilation, pressor support, antibiotics, crystalloid administration, insulin, and emergent surgery with bowel resection for gangrenous necrotic small bowel complicated by bowel perforation. The only iatrogenic complication that occurred during the terminal hospitalization was pneumothorax that occurred during subclavian line placement, managed with chest tube placement. This complication did not contribute to the Veteran's death. His extensive small bowel infarction with small bowel gangrene, necrosis and perforation were the proximate cause of the Veteran's death. Such extensive small infarction is typically a terminal event despite appropriate and aggressive management as the Veteran received. The treatment the veteran received in connection with his/her death recorded as small bowel infarction with contributing conditions (not resulting in the immediate cause of death), to include diabetes, hyperlipidemia,

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and inguinal hernias, was the not result of carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on VA's part in furnishing care, medical or surgical treatment, or examination."

From the plain language of the statute, it is clear that to establish entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151, all three of the following factors must be shown: (1) Disability/additional disability, (2) that VA hospitalization, treatment, surgery, examination, or training was the cause of such disability, and (3) that there was an element of fault on the part of VA in providing the treatment, hospitalization, surgery, etc., or that the disability resulted from an event not reasonably foreseeable.

To establish causation, the evidence must show that the hospital care, medical or surgical treatment, or examination resulted in the veteran's additional disability or death. Merely showing that a veteran received care, treatment, or examination and that the veteran has an additional disability or died does not establish causation. 38 C.F.R. § 3.361(c)(1).

Therefore, entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151 is not established as the veteran's death was not caused by VA hospitalization, medical or surgical treatment, vocational rehabilitation, compensated work therapy program (CWT), or as the result of having submitted to a VA medical examination. {38 USC 1151}. For medical services, the evidence must show that fault on VA's part or an event not reasonably foreseeable proximately caused death. Entitlement to Dependency and Indemnity Compensation (DIC) under 38 USC 1151 is denied because the evidence fails to establish that VA medical or educational services were the proximate cause of death.

3. Service connection for the cause of death.

Service connection may be granted for a disability which began in or was caused by some event or experience in military service, or if a disability pre-existed such service, was aggravated therein. (38 CFR 3.303)

Service connection may also be granted on a presumptive basis if an applicable chronic disability is manifested to a compensable degree (severe enough to be evaluated at least 10 percent disabling) within a year after military discharge. (38 CFR 3.309)

The death of a veteran will be considered as having been due to a service-connected disability when the evidence establishes that such disability was either the principal or a contributory cause of death. (38 CFR 3.312)

Service connection for the cause of death may be granted to a reserve or National Guard service member if the
service person was disabled during "active" duty for training (ADT or ACDUTRA) due to a disease or injury incurred in the line of duty, AND the disease or injury caused or contributed to the service person's death. Service connection for the cause of death may also be granted to a reserve or National Guard service member if the service person was disabled during " inactive"

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duty training (IADT) due to an injury incurred or aggravated in the line of duty AND that injury caused or contributed to the service person's death, OR if the service member suffered an acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; AND that injury (acute myocardial infarction, cardiac arrest, or cerebrovascular accident) caused or contributed to the service person's death. (38 CFR 3.6)

We received your claim for Dependency and Indemnity Compensation (DIC) under our Fully Developed Claim (FDC) Program on 08/17/2020. The instructions with your FDC application explained how the application should be filled out and explained what evidence should be submitted to support your claim. The instructions also included full notification of your rights under the Veterans Claims Assistance Act. As you submitted and signed your claim on a VA Form 21-534EZ, Application for Dependency and Indemnity Compensation, Death Pension and/or Accrued Benefits under our FDC Program, you were informed of the evidence which was needed in order to support your claim, and you have certified that you have enclosed all the information or evidence to support your claim, and that you have no other information or evidence to give VA to support your claim.

The death certificate documents that the veteran died on 09/18/2015. The cause of death is shown as small bowel infarction with contributing conditions (not resulting in the immediate cause of death), to include diabetes, hyperlipidemia, and inguinal hernias.

According to 38 CFR 3.159 (c)(2), VA will make as many requests as are necessary to obtain relevant records from a Federal department or agency. These records include but are not limited to military records, including service medical records; medical and other records from VA medical facilities; records from non-VA facilities providing examination or treatment at VA expense; and records from other Federal agencies, such as the Social Security Administration. VA will end its efforts to obtain records from a Federal department or agency only if VA concludes that the records sought do not exist or that further efforts to obtain those records would be futile. Cases in which VA may conclude that no further efforts are required include those in which the Federal department or agency advises VA that the requested records do not exist or the custodian does not have them.

The claimant must cooperate fully with VA's reasonable efforts to obtain relevant records from Federal agency or department custodians. If requested by VA, the claimant must provide enough information to identify and locate the existing records, including the custodian or agency holding the records; the approximate time frame covered by the records; and, in the case of medical treatment records, the condition for which treatment was provided. In the case of records requested to corroborate a claimed stressful event in service, the claimant must provide information sufficient for the records custodian to conduct a search of the corroborative records. If necessary, the claimant must authorize the release of existing records in a form acceptable to the custodian or agency holding the records.

Collectively, we were able to review the veteran’s VA treatment reports from the Kansas City, Amarillo, Memphis, Denver, and Albuquerque VAMCs, for the time period of 10/28/2003 through 10/17/2015.

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You informed us that the veteran's treatment from the Memphis VAMC (from 09/18/2015) and Amarillo VAMC (from 01/14/2003) were pertinent to your claim. We were able to review the veteran's VA treatment records from the Memphis VAMC for the time period of 09/16/2015 through 10/17/2015. We were also able to obtain the veteran's records from the Amarillo VAMC from 05/02/2006 through 10/18/2016. (If you feel that there are additional records prior to May 2, 2006 which would be pertinent to your claim, please tell us.)

These VA medical records contain findings of small bowel infarction, diabetes, hyperlipidemia, and inguinal hernias. However, none of these reports specifically relate the death of the veteran to military service.

As of the date of this Rating Decision, evidence establishing a relationship between the death of the veteran and military service has not been received. Lastly, the evidence of record did not reveal that the veteran was disabled due to an injury incurred or aggravated during a period of "active" or "inactive" duty for training. The evidence of record also did not reveal that the veteran suffered an acute myocardial infarction, cardiac arrest, or cerebrovascular accident during a period of "inactive" duty for training.

Therefore, we have denied service connection for the cause of death because there was no evidence supporting a relationship between the listed cause of death and the military service of the veteran, nor was diabetes shown to be manifested to a compensable degree (severe enough to be evaluated at least 10 percent disabling) within one year of military discharge. Also, the evidence did not reveal that the veteran's death was due to an injury incurred or aggravated during a period of "active" or "inactive" duty for training, nor did the evidence show that the veteran suffered an acute myocardial infarction, cardiac arrest, or cerebrovascular accident during a period of "inactive" duty for training.

REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our website, www.va.gov.

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SSA Inquiry Results

SSA Request Selection Criteria

Veteran File No:
(b) (6)

Veteran Name:
MARSHALL H HOPKINS

Subject SSN:
522949287

CAN:

Subject Name:
DARLENE HOPKINS

BIC:

Subject DOB:
07/02/1964

Search Reason:
Verify Benefits

Relationship To Veteran:
Spouse

Date of Inquiry:
01/07/2021

Profile

Ver SSN:
522949287

DOD:

Ver Code:
SSN Verified

DOD Source Code:

First Name:
DARLENE

Title II Status:
Y

Middle Initial:
R

Title XVI Status:
N

Last Name:
HOPKINS

Title II CAN:
(b) (6)

Other Last Name:

BIC:
E00

Mailing Address:
DARLENE R HOPKINS
8734 N 4003 DR
COPAN OK
74022-4703

BIC Applies To:
E00 - Undefined

Person's Own Ver SSN:

Phone Number:

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DOB:
07/02/1964

Sex Code:
F

Marital Status:

Proof of Age:
Alleged

Direct Deposit:
Checking

SSN Correction Indicator:

Other SSNs:

SSN

Verify SSNs:

SSN

SSA Basic Info

Disability Onset Date:

SSI Disability Payment Code:

Initial Entitlement Date:
01/2007

Current Entitlement Date:
09/2015

Susp or Term Date:
08/2019

LAF:
T4 - Undefined

Deferred Payment Date:

Payment Indicator:

Retro Payment Date:

Retro Amount:

SMI Details

Option Code:

Start Date:

Stop Date:

Premium Amount:

Buy-In Option Code:

Buy-in Start Date:

Buy-In Stop Date:

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Current Payment Amount:

Combined Check:

Cross-Reference Account Numbers:

CAN	BIC	Code

Monthly Benefit Credited:

Date	Amount	Type
08/2019	$1102.00	Not Paid
12/2018	$1102.00	Paid
12/2017	$1072.00	Paid
12/2016	$1051.00	Paid
09/2015	$1047.00	Paid
12/2014	$583.00	Paid

Dual Entitlement CAN List:

CAN	BIC

SSI Basic Info

Payment Date:

Gross Payable Amount (Current):

Unearned Income-Net Countable Amount:

Earned Income-Net Countable

Gross Payable Amount:

Income History

Black Lung Payment Amount:

Federal Countable Income(FCI):

Earned Income-Net Self-Employed Estimate:

Earned Income-Wage Amount:

Railroad Retirement:

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Unearned Income:

Type Code	Verification Code	Start Date	End Date	Amount	Claim Or ID#

Additional Addresses

Payee Address:

Residential Address:

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SSA Inquiry Results

SSA Request Selection Criteria

Veteran File No:
(b) (6)

Veteran Name:
MARSHALL H HOPKINS

Subject SSN:
(b) (6)

CAN:

Subject Name:
KERRI HOPKINS

BIC:

Subject DOB:
(b) (6)

Search Reason:
Verify Benefits

Relationship To Veteran:
Child

Date of Inquiry:
01/07/2021

Profile

Ver SSN:
(b) (6)

DOD:

Ver Code:
SSN Verified

DOD Source Code:

First Name:
KERRI

Title II Status:
Y

Middle Initial:
L

Title XVI Status:
Y

Last Name:
HOPKINS

Title II CAN:
(b) (6)

Other Last Name:
HOPKINS

BIC:
C01

Mailing Address:
DARLENE HOPKINS FOR
KERRI L HOPKINS
(b) (6)

BIC Applies To:
Child

Person's Own Ver SSN:
(b) (6)

Phone Number:
(b) (6)

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DOB:
(b) (6)

Sex Code:
F

Marital Status:

Proof of Age:
Birth/Baptismal Certificate

Direct Deposit:
Checking

SSN Correction Indicator:

Other SSNs:

SSN

Verify SSNs:

SSN

SSA Basic Info

Disability Onset Date:

SMI Details

SSI Disability Payment Code:
NO DISABILITY DETERMINATION

Option Code:

Initial Entitlement Date:
01/2007

Start Date:

Current Entitlement Date:
01/2007

Stop Date:

Susp or Term Date:

Premium Amount:

LAF:
Current Payment

Buy-In Option Code:

Deferred Payment Date:

Buy-in Start Date:

Payment Indicator:

Buy-In Stop Date:

Retro Payment Date:

Retro Amount:

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Current Payment Amount:

Combined Check:

Cross-Reference Account Numbers:

CAN	BIC	Code

Monthly Benefit Credited:

Date	Amount	Type
12/2020	$1134.00	Paid
12/2019	$1119.00	Paid
12/2018	$1102.00	Paid
12/2017	$1072.00	Paid
12/2016	$1051.00	Paid
12/2015	$1047.00	Paid
09/2015	$1047.00	Paid
12/2014	$583.00	Paid

Dual Entitlement CAN List:

CAN	BIC

SSI Basic Info

Payment Date:

Gross Payable Amount (Current):

Unearned Income-Net Countable Amount:

Earned Income-Net Countable

Gross Payable Amount:

Income History

Black Lung Payment Amount:

Federal Countable Income(FCI):

Earned Income-Net Self-Employed Estimate:

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Earned Income-Wage Amount:

Railroad Retirement:

Unearned Income:

Type Code	Verification Code	Start Date	End Date	Amount	Claim Or ID#
Social Security	Number and income have not been verified	06/2018		$1072.00	529567575C10

Additional Addresses

Payee Address:

DARLERHOPKINS
8734 N 4003 Dr
copan OK
74022-4703

Residential Address:

8734 N 4003 DR
COPAN OK
74022-0000

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Veterans Evaluation Services

Ph: 1.877.637.8387 vesservices.com

MARSHALL HOPKINS
310 MAIN ST
ALTAMONT, MO 64620

DATE : 12/31/2020
VES #: 22620740930

Veterans Evaluation Services (VES) is currently working with the VA to assist in addressing the backlog of Veterans requiring compensation and/or pension evaluations. A request was sent to us by the VA to handle your compensation/pension exams, for a record review only.

APPOINTMENT INFORMATION

Provider: **ARTHUR CANTOR, M.D.**

Please note this is a record review only. You will not need to report for an examination. This letter is simply to notify you of the VA's request.

VES is working to complete your case on an expedited basis. The results are a critical component in determining your eligibility for VA disability compensation and/or pension benefits.

- **Please contact VES with any questions. You can do this via our website at www.vesservices.com by clicking the Contact – Veteran Contact tab, or by calling 1-877-637-8387.**

NOTICE OF PRIVACY PRACTICES AND FREQUENTLY ASKED QUESTIONS

The evaluation services provided by Veterans Evaluation Services (VES) are covered under the Privacy Rule of Health Insurance Portability and Accountability Act (HIPAA). Your claim-related medical information is received directly from the VA and is shared only with the C&P medical examiners. VES is merely the temporary custodian of this information, and therefore it can only be released back to the VA. Should you require any of your own medical information, or wish to obtain a copy of your exam report, please contact the VA at 1-800-827-1000.

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About your examiner:
Name: ARTHUR CANTOR; Specialty/Field: GenMed ; M.D. ; License Number: 1326131863 / MD11288 OR; State: OR; Board Certifications: Internal Medicine; Education: UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE; C&P Experience: 0-1 Year; Years of Medical Experience: 43.

Compensation and pension related training received: Traumatic Brain Injury, MST, Medical Opinion, Musculoskeletal, Aggravated Opinion, Gulf War Examination, General Trained, MST Trained, VES Demo.

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Medical Opinion
Disability Benefits Questionnaire

FIRST NAME, LAST NAME, MIDDLE NAME *(SUFFIX):*	SOCIAL SECURITY NUMBER/FILE NUMBER:	TODAY'S DATE:
MARSHALL HOPKINS H	(b) (6)	01/04/2021
HOME ADDRESS: (b) (6)	**EXAMINING LOCATION AND ADDRESS:** VES	
HOME TELEPHONE: IMO		

CONTRACTOR:	VES NUMBER:	VA CLAIM NUMBER:
VES	22620740930	

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) ***WILL NOT PAY*** OR ***REIMBURSE*** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION ON REVERSE BEFORE COMPLETING FORM.

NOTE TO EXAMINER - The Veteran is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

For the Claimed Compensation Condition of - SERVICE-CONNECTION FOR CAUSE OF DEATH

Is this questionnaire being completed in conjunction with a VA21-2507, C&P examination request?
[X] Yes [] No

How was the examination completed? (check all that apply)
[] In-person examination
[X] Records reviewed
[] Examination via approved video telehealth
[] Other, please specify in comments box:

Comments:
IMO ONLY, VETERAN IS DECEASED

ACCEPTABLE CLINICAL EVIDENCE (ACE)

Indicate the method used to obtain medical information to complete this document:

[] Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.

[] Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with a telephone interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

EVIDENCE REVIEW

[] Not requested
[] VA claims file (hard copy paper C-file)
[X] VA e-folder
[] VA electronic health record
[] Other, please identify other evidence reviewed:

[] No records were reviewed

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Evidence comments:

Recommendations of treating team/consultants: Patient went for emergency surgery on night of 9/16/15- found to have necrotic small bowel and underwent resection with temporary closure- has remained on multiple pressors with little improvement in his clinical status and has remained a GCS of 3 despite no sedation medications- wife stated her husband would not want to live like this on "life support"

-Veteran is a 72 yo CM w/ pmhx significant for DM who presented to the Memphis VA ER with complaints of coffee ground emesis, lethargy, and decreased mental status. Patient was found to be hypotensive in the ED to the low 60s. Imaging was concerning for pneumoperitoneum taken back to the OR for emergent ex lap with small bowel resection this AM now POD#1 72 yo CM w PMHx DM, HTN, HLD s/p RIHR 1 mo ago who presented in septic shock due to ischemic bowel now POD 1 ex lap, SBR, temporary abdominal closure

HPI: Pt is a 72 yo M with PMH of Dm, Hl, BPH who was en route to north Carolina and had hematemesis and melena and was found to be hypotensive when brought to the ER last night. Pt. had free air in abdomen on KUB and was taken for exploratory laparotomy during which he was found to have ischemic bowel now s/p resection. He remains in ICU with temporary abdominal closure and is being treated for septic shock. He was noted to have hematuria, for which urology is being consulted along with a request to be present for his repeat exploration tomorrow 9/18 to evaluate the bladder.
Of note pt had a inguinal hernia repair about 1 month ago and had been having issues with urinary retention after that. he was admitted for bladder outlet obstruction and was found to have hydronephrosis/pyelo and was treated with rocephin. per the wife, he has since been seen by Urology in Amarillo, Texas and had cystoscopy, which was negative for concerning findings.

SECTION I - DEFINITIONS

Aggravation of preexisting nonservice-connected disabilities. A preexisting injury or disease will be considered to have been aggravated by active military, naval, or air service, where there is an increase in disability during such service, unless there is a specific finding that the increase in disability is due to the natural progress of the disease.

Aggravation of nonservice-connected disabilities. Any increase in severity of a nonservice-connected disease or injury that is proximately due to or the result of a service-connected disease or injury, and not due to the natural progress of the nonservice-connected disease, will be service connected.

SECTION II – RESTATEMENT OF REQUESTED OPINION

2A. Insert requested opinion from general remarks:

PLEASE REVIEW THE VETERAN'S PREVIOUS EXAMS, ALONG WITH MEDICAL RECORDS.

PLEASE NOTE THIS IMO IS TO ACKNOWLEDGE THAT RECORDS HAVE BEEN REVIEWED AS WELL AS ADDRESSING ANY ADDITIONAL QUESTIONS NOTED AT THE BOTTOM OF THE DBQ.

THE SURVIVING SPOUSE IS SEEKING ENTITLEMENT TO COMPENSATION UNDER 38 U.S.C. 1151, CLAIMING THAT THE VETERAN WAS GIVEN A CLEAN BILL OF HEALTH BY VA DOCTORS FROM THE AMIRRILLO VAMC AFTER A COLONOSCOPY/FOLLOW-UP VISIT FOR HERNIA SURGERY IN AUGUST 2015. THE CLAIMANT STATED THAT APPARENTLY DURING THE COLONOSCOPY HIS BOWELS WERE NICKED, AND THAT THE VETERAN WAS SUBSEQUENTLY ADMITTED TO THE MEMPHIS VAMC AND HAD OF HIS COLON SURGICALLY REMOVED, BUT LATER PASSED AWAY. THE DEATH CERTIFICATE DOCUMENTS THAT THE VETERAN DIED ON 09/18/2015. THE CAUSE OF DEATH IS SHOWN AS SMALL BOWEL INFARCTION WITH CONTRIBUTING CONDITIONS (NOT RESULTING IN THE IMMEDIATE CAUSE OF DEATH), TO INCLUDE DIABETES, HYPERLIPIDEMIA, AND INGUINAL HERNIAS.

2B. Indicate type of exam for which opinion has been requested *(e.g. skin diseases)*:

IMO – Independent Medical Opinion only

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SECTION III – MEDICAL OPINION FOR DIRECT SERVICE CONNECTION

Choose the statement that most closely approximates the etiology of the claimed condition.
3A. [] The claimed condition was at least as likely as not *(50 percent or greater probability)* incurred in or caused by the claimed in-service injury, event, or illness.

Provide rationale in section c.

3B. [] The claimed condition was less likely than not *(less than 50 percent probability)* incurred in or caused by the claimed in-service injury, event, or illness.

Provide rationale in section c.

3C. Rationale:

SECTION IV - MEDICAL OPINION FOR SECONDARY SERVICE CONNECTION

4A. [] The claimed condition is at least as likely as not *(50 percent or greater probability)* proximately due to or the result of the Veteran's service connected condition.

Provide rationale in section c.

4B. [] The claimed condition is less likely than not *(less than 50 percent probability)* proximately due to or the result of the Veteran's service connected condition.

Provide rationale in section c.

4C. Rationale:

SECTION V - MEDICAL OPINION FOR AGGRAVATION OF A CONDITION THAT EXISTED PRIOR TO SERVICE

5A. [] The claimed condition, which clearly and unmistakably existed prior to service, was aggravated beyond its natural progression by an in-service injury, event, or illness.

Provide rationale in section c.

5B. [] The claimed condition, which clearly and unmistakably existed prior to service, was clearly and unmistakably not aggravated beyond its natural progression by an in-service injury, event, or illness.

Provide rationale in section c.

5C. Rationale:

SECTION VI - MEDICAL OPINION FOR AGGRAVATION OF A NONSERVICE CONNECTED CONDITION BY A SERVICE CONNECTED CONDITION

6A. Can you determine a baseline level of severity of *(claimed condition/diagnosis)* based upon medical evidence available prior to aggravation or the earliest medical evidence following aggravation by *(service connected condition)*?
[] Yes [] No

If "Yes" to question 6A, answer the following:

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I. Describe the baseline level of severity of *(claimed condition/diagnosis)* based upon medical evidence available prior to aggravation or the earliest medical evidence following aggravation by *(service connected condition)*:

II. Provide the date and nature of the medical evidence used to provide the baseline:

III. Is the current severity of the *(claimed condition/diagnosis)* greater than the baseline?
[] Yes [] No
If yes, was the Veteran's *(claimed condition/diagnosis)* at least as likely as not aggravated beyond its natural progression by *(insert "service connected condition")*?
[] Yes *(provide rationale in section 6B.)*
[] No *(provide rationale in section 6B.)*

If "No" to question 6A, answer the following:

I. Provide rationale as to why a baseline cannot be established *(e.g. medical evidence is not sufficient to support a determination of baseline level of severity)*:

II. Regardless of an established baseline, was the Veteran's *(claimed condition/diagnosis)* at least as likely as not aggravated beyond its natural progression by (insert "service connected condition")?
[] Yes *(provide rationale in section 6B.)*
[] No *(provide rationale in section 6B.)*

6B. Provide rationale:

SECTION VII - OPINION REGARDING CONFLICTING MEDICAL EVIDENCE

7. I have reviewed the conflicting medical evidence and am providing the following opinion:

Is there a need for the Veteran to follow up with his/her primary care provider regarding any life threatening findings in this examination (not limited to claimed condition(s))?
[] Yes [X] No

Additional Question 1:	PLEASE OPINE AS TO WHETHER IT IS AS LEAST AS LIKELY AS NOT THAT THE VETERANS DEATH WAS THE RESULT OF CARELESSNESS, NEGLIGENCE, LACK OF PROPER SKILL, ERROR IN JUDGMENT, OR SIMILAR FAULT ON THE PART OF THE DEPARTMENT OF VETERANS AFFAIRS IN FURNISHING THE HOSPITAL CARE, MEDICAL OR SURGICAL TREATMENT, OR EXAMINATION; OR IF IT WAS THE RESULT OF AN EVENT NOT REASONABLY FORESEEABLE.
Answer Question 1:	RECORDS HAVE BEEN REVIEWED. IT IS AS LESS LIKELY THAN NOT THAT THE VETERANS DEATH WAS THE RESULT OF CARELESSNESS, NEGLIGENCE, LACK OF PROPER SKILL, ERROR IN JUDGMENT, OR SIMILAR FAULT ON THE PART OF THE DEPARTMENT OF VETERANS AFFAIRS IN FURNISHING THE HOSPITAL CARE, MEDICAL OR SURGICAL TREATMENT, OR EXAMINATION; OR IF IT WAS THE RESULT OF AN EVENT NOT REASONABLY FORESEEABLE.
Additional Question 2:	PLEASE PROVIDE YOUR MEDICAL RATIONALE.
Answer Question 2:	The Veteran's wife claims the Veteran had colonscopy following repair of recurrent right inguinal hernia in August, 2015. She claims that his bowel was nicked with that procedure and that he required colon resection 9/2015. Medical records docuent that the Veteran presented to the Memphis VAMC with necrotic small bowel, associated small bowel perforation, requiring extensive small bowel

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resection. There is no documentation of colonic pathology or the need for colonic resection. There is no documentation in the medical record that the Veteran had a colonscopy at any point either prior to or during his hospitalization at the Amarillo VAMC in 8/2015. In fact, he repeatedly refused evaluation with colonscopy. He underwent cystoscopy at the time as he presented to the Amarillo VAMC 8/2015, with obstructive uropathy, bilateral hydronephrosis and hydroureters and pyelonephritis. There is no indication in the medical records that his bowel was nicked either at the time of his recurrent right inguinal hernia repair 8/2015 or during the cystoscopy that was performed shortly after his right inguinal hernia surgery. Both procedures are documented in the medical record to have been performed without complication. The Veteran's presentation at the Memphis VAMC 9/2015, with necrotic small bowel, and small perforation, as well as sepsis and mutiorgan system failure was unanticipated and the clearly the result of an event not reasonably foreseeable. The etiology of the Veteran's small bowel infarct was never elucidated, athough he was noted to have the new onset of atrial fibrillation at the time of his hospitalization 9/2015 at the Memphis VAMC. It is possible that his infarcted small bowel was due to cardiac embolization. Review of medical records documents appropriate medical and surgical care at the Kansas City VAMC, the Amarillo VAMC and the Memphis VAMC. There is no indication whatsoever THAT THE VETERANS DEATH WAS THE RESULT OF CARELESSNESS, NEGLIGENCE, LACK OF PROPER SKILL, ERROR IN JUDGMENT, OR SIMILAR FAULT ON THE PART OF THE DEPARTMENT OF VETERANS AFFAIRS IN FURNISHING THE HOSPITAL CARE, MEDICAL OR SURGICAL TREATMENT, OR EXAMINATION.

Additional Question 3: PLEASE PROVIDE AN OPINION AS TO WHETHER THE TREATMENT THE VETERAN RECEIVED IN CONNECTION WITH HIS/HER DEATH RECORDED AS SMALL BOWEL INFARCTION WITH CONTRIBUTING CONDITIONS (NOT RESULTING IN THE IMMEDIATE CAUSE OF DEATH), TO INCLUDE DIABETES, HYPERLIPIDEMIA, AND INGUINAL HERNIAS, WAS THE RESULT OF CARELESSNESS, NEGLIGENCE, LACK OF PROPER SKILL, ERROR IN JUDGMENT, OR SIMILAR INSTANCE OF FAULT ON VA'S PART IN FURNISHING CARE, MEDICAL OR SURGICAL TREATMENT, OR EXAMINATION. IF SO, PLEASE PROVIDE AN OPINION AS TO WHETHER THE TREATMENT CONTRIBUTED TO OR CAUSED THE VETERAN'S DEATH.

Answer Question 3: THE TREATMENT THE VETERAN RECEIVED IN CONNECTION WITH HIS/HER DEATH RECORDED AS SMALL BOWEL INFARCTION WITH CONTRIBUTING CONDITIONS (NOT RESULTING IN THE IMMEDIATE CAUSE OF DEATH), TO INCLUDE DIABETES, HYPERLIPIDEMIA, AND INGUINAL HERNIAS, WAS THE NOT RESULT OF CARELESSNESS, NEGLIGENCE, LACK OF PROPER SKILL, ERROR IN JUDGMENT, OR SIMILAR INSTANCE OF FAULT ON VA'S PART IN FURNISHING CARE, MEDICAL OR SURGICAL TREATMENT, OR EXAMINATION.

Additional Question 4: PLEASE PROVIDE YOUR MEDICAL RATIONALE.

Answer Question 4: Review of medical records documents the Veteran's history of preexisting poorly controlled DM. He underwent uncomplicated repair of recurrent right inguinal hernia 8/2015. Following his discharge from the hospital after the hernia repair, he developed bladder outlet obstruction with bilateral hydronephrosis, hydroureter and pyelonephritis. He was appropriately managed for this condition at the Amarillo VAMC. He was subsequently admitted emergently to the Memphis VAMC with small bowel necrosis/gangrene and peforation with sepsis, and multisystem organ failure. His presentation was complicated by hyponatremia, acute kidney injury, altered mental status and CHF. He was noted to have new onset atrial fibrillation. The Veteran received approporiate treatment at the Memphis VAMC, including intubation, mechanical ventilation, pressor support, antibiotics, crystalloid administration, insulin, and emergent surgery with bowel resection for gangrenous necrotic small bowel complicated by bowel perforation. The only iatragenic complication that occurred during the terminal hospitalization was pneumothorax that occurred during subclavian line placement, managed with chest tube placement. This complication did not contribute to the Veteran's death. His extensive small bowel infarction with small bowel gangrene, necrosis and perforation were the proximate cause of the Veteran's death. Such extensive small infarction is typically a terminal event despite appropriate and aggressive management as the Veteran received. THE TREATMENT THE VETERAN RECEIVED IN CONNECTION WITH HIS/HER DEATH RECORDED AS SMALL BOWEL INFARCTION WITH CONTRIBUTING CONDITIONS (NOT RESULTING IN THE IMMEDIATE CAUSE OF DEATH), TO INCLUDE

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DIABETES, HYPERLIPIDEMIA, AND INGUINAL HERNIAS, WAS THE NOT RESULT OF CARELESSNESS, NEGLIGENCE, LACK OF PROPER SKILL, ERROR IN JUDGMENT, OR SIMILAR INSTANCE OF FAULT ON VA'S PART IN FURNISHING CARE, MEDICAL OR SURGICAL TREATMENT, OR EXAMINATION.

SECTION VIII - PHYSICIAN'S CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

8A. PHYSICIAN'S SIGNATURE:	ARTHUR S CANTOR MD ARTHUR S CANTOR MD (Jan 5, 2021 07:33 PST)
8B. PHYSICIAN'S PRINTED NAME:	ARTHUR S. CANTOR, M.D.
8C. DATE SIGNED:	See date in digital signature above.
8D. PHYSICIAN'S PHONE/FAX NUMBERS:	1-877-637-8387 Fax: 1-800-320-3908
8E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER AND MEDICAL LICENSE NUMBER AND STATE:	1326131863 / MD11288 OR
8F. PHYSICIAN'S ADDRESS:	VA-IMO OREGON 123 IMO ONLY, OREGON, OR 99999
8G. PHYSICIAN'S SPECIALTY:	Internal Medicine

NOTE: VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the Veteran's application.

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Department of Veterans Affairs

PO BOX 5365
JANESVILLE WI 53547-5365

31

December 17, 2020

DARLENE HOPKINS
310 MAIN ST
ALTAMONT MO 64620-8185

In Reply Refer To:
File Number:
(b) (6)
M H HOPKI
Payee 10

We are still processing your application for Dependency and Indemnity Compensation. We apologize for the delay. You will be notified upon completion of processing. If you need to contact us, be sure to show the file number and full name of the veteran.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

If you reside in the Continental United States, Alaska, Hawaii, Guam, the Northern Marianas, or Puerto Rico, you may contact VA with questions and receive free help by calling our toll-free number 1-800-827-1000 (for hearing impaired TDD 1-800-829-4833). From American Samoa you may dial toll free 684-699-3730. Philippines residents call 632-550-3888.

Note: TDD phone number 1-800-829-4833 does not work for callers residing in Guam and the Northern Marianas.

Sincerely yours,

Regional Office Director

NE514441

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Exam Scheduling Request

MARSHALL H HOPKINS
(b) (6)

USA
Preferred Geographic Location: YES

Phone: N/A
Email: N/A

(b) (6)

DOB: July 20, 1943
DOD: September 18, 2015
Gender: M
Exam Jurisdiction RO: 331

Branch(es) of Service	Entry on Duty	Release Active Duty	Era(s) of Service
Air Force Reserves	Dec 28, 1990	Feb 25, 1991	Vietnam Era Gulf War
Air Force	Dec 02, 1963	Jun 09, 1967	Vietnam Era Gulf War

020 **Date of Claim: 08/17/2020**
PMC New

Post-Discharge Claim
Payee Number: 10 Remand: NO

DARLENE HOPKINS Gender: F

Phone: 1-602-272-4822
Email: N/A

Standard Language Output Text:
This Exam Scheduling Request has been requested on behalf of a dependent of the Veteran.

Veteran Priority Issues:
- Claims made concerning deceased Veteran that may need an opinion

dependency and indemnity compensation
Classification: Service Connected Death
Type: NEW

Contention Priority Issues:
- 1151 Claim and Tort Claim

Standard Language Output Text:
TYPE OF MEDICAL OPINION REQUESTED: Service-connection for cause of death based on U.S.C. 1151.

Please provide an opinion as to whether the treatment the Veteran received in connection with his/her Death recorded as:small bowel infarction with contributing conditions (not resulting in the immediate cause of death), to include diabetes, hyperlipidemia, and inguinal hernias. , was the result of carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on VA's part in furnishing care, medical or surgical treatment, or examination. If so, please provide an opinion as to whether the treatment contributed to or caused the Veteran's death.

Rationale must be provided in the appropriate section.

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Please review the Veteran's electronic folder(s) and state that it was reviewed in your report.

Your review is not limited to the evidence identified on this request form, or tabbed in the claims folder. If an examination or additional testing is required, obtain them prior to rendering your opinion.

POTENTIALLY RELEVANT EVIDENCE: Please enter all tab descriptions of evidence, locations, and dates.

NOTE: Your (examiner) review of the record is NOT restricted to the evidence listed below. This list is provided in an effort to assist the examiner in locating potentially relevant evidence.
Contention:
The surviving spouse is seeking entitlement to compensation under 38 U.S.C. 1151, claiming that the veteran was given a clean bill of health by VA doctors from the Amirrillo VAMC after a colonoscopy/follow-up visit for hernia surgery in August 2015. The claimant stated that “apparently during the colonoscopy his bowels were nicked”, and that the veteran was subsequently admitted to the Memphis VAMC and had ¾ of his colon surgically removed, but later passed away.

The death certificate documents that the veteran died on 09/18/2015. The cause of death is shown as small bowel infarction with contributing conditions (not resulting in the immediate cause of death), to include diabetes, hyperlipidemia, and inguinal hernias.

Benefits Pursuant to 38 U.S.C.A. § 1151:
Benefits pursuant to 38 U.S.C.A. § 1151 may be awarded, if the evidence shows that the Veteran's death was not the result of the veteran's willful misconduct, the death was caused by hospital care or medical treatment furnished by the VA, and the death was proximately caused by carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on the part of VA in furnishing the hospital care, medical or surgical treatment, or examination, or by an event not reasonably foreseeable. See 38 U.S.C.A. § 1151 (West 2002); 38 C.F.R. §§ 3.358, 3.361 (2010).

To establish causation, the evidence must show that the hospital care, medical or surgical treatment, or examination resulted in the veteran's death. Merely showing that a veteran received care, treatment, or examination and that that the veteran has died does not establish cause. 38 C.F.R. § 3.361(c)(1). Hospital care, medical or surgical treatment, or examination cannot cause the continuance or natural progress of a disease or injury for which the care, treatment, or examination was furnished unless VA's failure to timely diagnoses and properly treat the disease or injury proximately caused the continuance or natural progress. 38 C.F.R. § 3.361(c)(2). Death caused by a veteran's failure to follow properly given medical instructions is not caused by hospital care, medical or surgical treatment, or examination. 38 C.F.R. § 3.361(c)(3).

To establish that carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on VA's part in furnishing hospital care, medical or surgical treatment, or examination proximately caused a veteran's death, it must be shown that VA failed to exercise the degree of care that would be expected of a reasonable health care provider; or, that VA furnished the hospital care, medical or surgical treatment, or examination without the Veteran's informed consent. 38 C.F.R. § 3.361(d)(1).

Whether the proximate cause of a Veteran's death was an event not reasonably foreseeable is in each claim to be determined based on what a reasonable health care provider would have foreseen. The event need not be completely unforeseeable or unimaginable but must be one that a reasonable health care provider would not have considered to be an ordinary risk of the treatment provided. 38 C.F.R. § 3.361(d)(2). As specified in 38 C.F.R. § 3.361(d)(2), in determining whether an event was reasonably foreseeable, VA will consider whether the risk of that event was the type of risk that a reasonable health care provider would have disclosed in connection with the informed consent procedures of 38 C.F.R. § 17.32.

Opinion Requested:
Please opine as to whether it is as least as likely as not that the veteran’s death was the result of carelessness, negligence, lack of proper skill, error in judgment, or similar fault on the part of the Department of Veteran’s Affairs in furnishing the hospital care, medical or surgical treatment, or examination; or if it was the result of an event not reasonably foreseeable.

Special Instructions:
Contention:

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The surviving spouse is seeking entitlement to compensation under 38 U.S.C. 1151, claiming that the veteran was given a clean bill of health by VA doctors from the Amirrillo VAMC after a colonoscopy/follow-up visit for hernia surgery in August 2015. The claimant stated that "apparently during the colonoscopy his bowels were nicked", and that the veteran was subsequently admitted to the Memphis VAMC and had ¾ of his colon surgically removed, but later passed away.

The death certificate documents that the veteran died on 09/18/2015. The cause of death is shown as small bowel infarction with contributing conditions (not resulting in the immediate cause of death), to include diabetes, hyperlipidemia, and inguinal hernias.

For this Contention, VBMS expects a results package to at minimum include data pertaining to the following DBQ(s):

- DBQ Medical Opinion

Created By: (b) (6)
Exam Request Destination: VES

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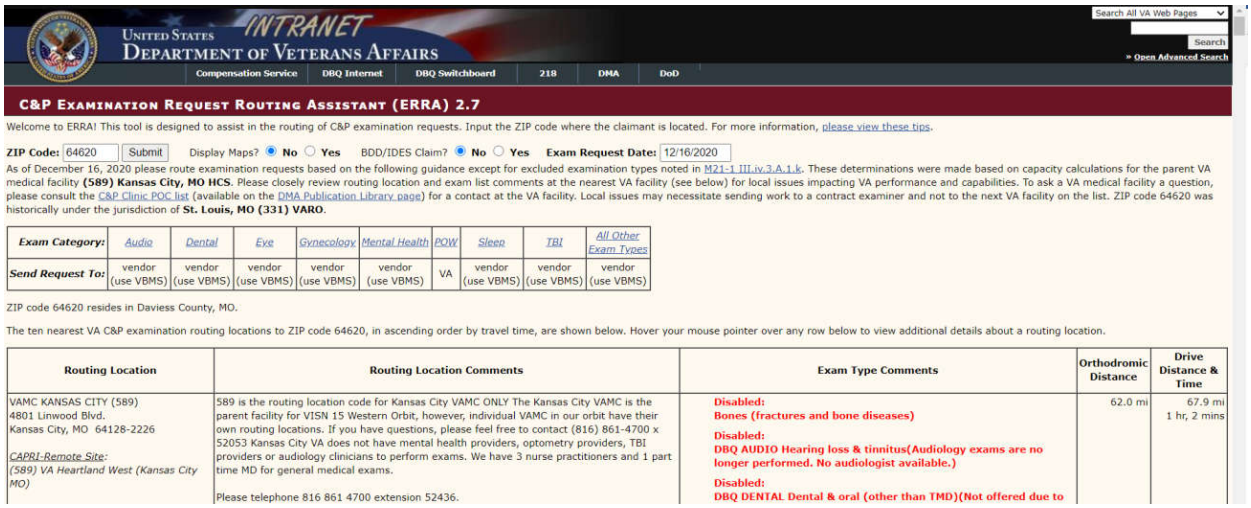

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS INTRANET

Search All VA Web Pages | Search | » Open Advanced Search

Compensation Service | DBQ Internet | DBQ Switchboard | 218 | DMA | DoD

C&P Examination Request Routing Assistant (ERRA) 2.7

Welcome to ERRA! This tool is designed to assist in the routing of C&P examination requests. Input the ZIP code where the claimant is located. For more information, please view these tips.

ZIP Code: 64620 Submit Display Maps? **No** **Yes** BDD/IDES Claim? **No** **Yes** **Exam Request Date:** 12/16/2020

As of December 16, 2020 please route examination requests based on the following guidance except for excluded examination types noted in M21-1 III.iv.3.A.1.k. These determinations were made based on capacity calculations for the parent VA medical facility **(589) Kansas City, MO HCS**. Please closely review routing location and exam list comments at the nearest VA facility (see below) for local issues impacting VA performance and capabilities. To ask a VA medical facility a question, please consult the C&P Clinic POC list (available on the DMA Publication Library page) for a contact at the VA facility. Local issues may necessitate sending work to a contract examiner and not to the next VA facility on the list. ZIP code 64620 was historically under the jurisdiction of **St. Louis, MO (331) VARO**.

Exam Category:	*Audio*	*Dental*	*Eye*	*Gynecology*	*Mental Health*	*POW*	*Sleep*	*TBI*	*All Other Exam Types*
Send Request To:	vendor (use VBMS)	vendor (use VBMS)	vendor (use VBMS)	vendor (use VBMS)	vendor (use VBMS)	VA	vendor (use VBMS)	vendor (use VBMS)	vendor (use VBMS)

ZIP code 64620 resides in Daviess County, MO.

The ten nearest VA C&P examination routing locations to ZIP code 64620, in ascending order by travel time, are shown below. Hover your mouse pointer over any row below to view additional details about a routing location.

Routing Location	Routing Location Comments	Exam Type Comments	Orthodromic Distance	Drive Distance & Time
VAMC KANSAS CITY (589) 4801 Linwood Blvd. Kansas City, MO 64128-2226 *CAPRI-Remote Site:* *(589) VA Heartland West (Kansas City MO)*	589 is the routing location code for Kansas City VAMC ONLY The Kansas City VAMC is the parent facility for VISN 15 Western Orbit, however, individual VAMC in our orbit have their own routing locations. If you have questions, please feel free to contact (816) 861-4700 x 52053 Kansas City VA does not have mental health providers, optometry providers, TBI providers or audiology clinicians to perform exams. We have 3 nurse practitioners and 1 part time MD for general medical exams. Please telephone 816 861 4700 extension 52436.	**Disabled:** **Bones (fractures and bone diseases)** **Disabled:** **DBQ AUDIO Hearing loss & tinnitus(Audiology exams are no longer performed. No audiologist available.)** **Disabled:** **DBQ DENTAL Dental & oral (other than TMD)(Not offered due to**	62.0 mi	67.9 mi 1 hr, 2 mins

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DEPARTMENT OF VETERANS AFFAIRS

November 12, 2020

DARLENE HOPKINS
310 MAIN ST
ALTAMONT MO 64620

In reply, refer to:
330/22R4/KLB
File Number: (b) (6)
Marshall H. Hopkins

IMPORTANT -- reply needed

Dear Darlene Hopkins:

We are working on your claim for:

- Accrued Benefits
- Survivors Pension
- Dependency and Indemnity Compensation

What Do We Still Need from You?

We need additional evidence from you. Please put your VA file number on the first page of every document you send us.

We are continuing to work on your claim.
We received your claim and your request to participate in the Fully Developed Claim (FDC) Program. If you have information or evidence not previously submitted to VA that supports your claim, we recommend you submit it. As a reminder, if you identify or submit any additional information or evidence at this point, VA will remove your claim from the FDC Program and process it under standard claims-processing procedures.
We requested the Veteran's Medical Records from the Amarillo Veterans Affairs Medical Center form January 14, 2003 until the Veteran's passing.
We have determined that records cannot be located from January 14, 2003, through May 1, 2006, and therefore are unavailable for review. All efforts to obtain the needed information have been exhausted, and based on these facts, we have determined that further attempts to obtain the records would be futile. Your claim file contains documentation of the written efforts we made to attempt to obtain these records.
We have taken the following actions in an effort to obtain these records:
We submitted a request to the Amarillo Veterans Affairs Medical Center requesting submission of the Veteran's Medical Records.
We received a positive reply for these records from the Amarillo Veterans Affairs Medical Center for dates May 2, 2006 to October 18, 2016. There were no records prior to May 2, 2006.

What Do We Still Need From You?

Please submit any relevant documents in your possession including:

- Any available copies of the veteran's Medical records.

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- Any other relevant evidence or information that you think will support your claim.

You may be able to furnish documents that can substitute for Medical records. Submit any copies of the following documents you have that relate to the veteran's disability during service:

- Statements from military medical personnel (nurses, medics, corpsmen, doctors)
- "Buddy" certificates or affidavits - (A "buddy" certificate or affidavit is a statement by a person who knew him when he was in service and knows of any disability he had while on active duty. The statement should state the dates and places they saw the condition(s) and should describe what they saw. If the person making the statement was on active duty at the time, they should show their service number and unit of assignment.)
- State or local accident and police reports
- Employment physical examinations
- Medical evidence from hospitals, clinics and private physicians by which or by whom you may have been treated after separation
- Letters written during service
- Photographs taken during service
- Pharmacy prescription records
- Insurance examinations

How Soon Should You Send What We Need?

We strongly encourage you to send any information or evidence as soon as you can. VA will decide your claim based on the evidence of record.

Where Should You Send What We Need?

VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please send all correspondence to the appropriate location listed on the attached *Where to Send Your Written Correspondence.*

How Soon Should You Send What We Need?

We strongly encourage you to send any information or evidence as soon as you can. If we do not hear from you, we may make a decision on your claim after 30 days. However, you have up to one year from the date of this letter to submit the information and evidence necessary to support your claim. If we decide your claim before one year from the date of this letter, you will still

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have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.

What is eBenefits?

eBenefits provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Request a Veterans Service Officer to represent you
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in eBenefits is easy. Just visit www.eBenefits.va.gov for more information. If you submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our web site at http://www.va.gov. Otherwise, you can contact us in several ways. Please give us your VA file number, **529 56 7575**, when you do contact us.

- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711 (international number is 1-800-829-4833).
- Send us an inquiry using the Internet at https://iris.va.gov.

We look forward to resolving your claim in a fair and timely manner.

We sent a copy of this letter to the Missouri Veterans Commission. You appointed that organization to represent you. We will continue to send copies of all correspondence to that organization.

Sincerely yours,

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DARLENE HOPKINS

File Number: (b) (6)
Marshall H. Hopkins

Regional Office Director
VA Regional Office

Enclosures: Where to Send Your Written Correspondence
VA Form 21-4138

cc: MISSOURI VETERANS COMMISSION

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OMB Control No. 2900-0075
Respondent Burden: 15 minutes
Expiration Date: 12/31/2020

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

STATEMENT IN SUPPORT OF CLAIM

INSTRUCTIONS: Read the Privacy Act and Respondent Burden on Page 2 before completing the form. Complete as much of Section I as possible. The information requested will help process your claim for benefits. If you need any additional room, use the second page.

SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION

NOTE: You will *either* complete the form online or by hand. Please print the information request in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

2. VETERAN'S SOCIAL SECURITY NUMBER

(b) (6) *cable)*

4. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*
Month – Day – Year

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. TELEPHONE NUMBER *(Include Area Code)*

7. E-MAIL ADDRESS *(Optional)*

8. MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code –

SECTION II: REMARKS

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

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VETERAN'S SOCIAL SECURITY NO. [ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ] 529 56 7575

SECTION II: REMARKS ***(Continued)***
(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE *(Sign in ink)*	10. DATE SIGNED *(MM/DD/YYYY)*

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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WHERE TO SEND YOUR WRITTEN CORRESPONDENCE

The time it takes your response to reach VA affects how long it takes us to process your claim. We recommend responding electronically whenever possible to minimize the time we spend waiting for mail. Only claimants or representatives can upload responses electronically right now. If you are not a claimant or representative, we recommend faxing so VA can receive your responses immediately.

The **fastest** way to respond to VA is to upload your correspondence electronically through VA.gov.

Visit https://www.va.gov. Under **Disability** click "Upload Evidence to support your claim".

If you cannot upload your correspondence, fax or mail it to the applicable address below. These addresses serve **all United States and foreign locations**.

To determine where to send your correspondence, identify your benefit type (Compensation, Veterans Pension, or Survivor Benefits); then, locate the applicable fax number or mailing address.

Compensation Claims	**Veterans Pension** and **Survivor Benefit Claims**
Fax Toll Free: 844-531-7818	Fax Toll Free: 844-655-1604
Or mail to:	**Or mail to:**
Department of Veterans Affairs Evidence Intake Center **P.O. Box 4444** Janesville, WI, 53547-4444	Department of Veterans Affairs Pension Intake Center **P.O. Box 5365** Janesville, WI 53547-5365

You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

v4.02

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** PROGRESS NOTES **********

LOCAL TITLE: PC-TELEPHONE CONTACT
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: OCT 18, 2016@17:07 ENTRY DATE: OCT 18, 2016@17:07:33
AUTHOR: GONZALEZ-UEHARA,MAD EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

10.17.2016

Called the contact phone number on veterans geographic informtion and the daughter informed me that the veteran had passed away on 09.2015. Checked to see if any recall reminders were in his charts and open appoitments. All appointments and recall reminders were cancelled. I had requested from the daughter to please send in a copy of the death certificate if it has not been sent in.

/es/ MADELYNE INEZ GONZALEZ-UEHARA
MSA
Signed: 10/18/2016 17:10

LOCAL TITLE: PATIENT ALIGNED CARE TEAM NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: OCT 15, 2015@14:27 ENTRY DATE: OCT 15, 2015@14:27:15
AUTHOR: AMMONS,ANNIE EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Team: TEAM PATRIOT
Type of call: GEN INFO.

The following identifiers were used to verify this patient: SSN.
SPOUSE called in for HOPKINS,MARSHALL HUGH (b) (6) Phone: (b) (6)
Caller Area: AMARILLO
Contact Phone Number: (b) (6)

Comments:
According to the wife this vet died on Sept 18,2015.

Chief Complaint: Not applicable to call.
Identified problem: OTHER UNSPECIFIED COUNSELING.

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Caller Response: *OTHER

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).
Starting at: 10/15/2015 @ 1:01:07 PM
Ending at: 10/15/2015 @ 1:01:38 PM
Length: 0 minutes.
Author: HORTON,CHAD THOMAS

/es/ Annie Ericson RN
RN
Signed: 10/15/2015 14:27

Receipt Acknowledged By:
11/04/2015 16:45 /es/ ZENITHA ROSALES
RN, MSN

LOCAL TITLE: NO SHOW
STANDARD TITLE: NO SHOW NOTE
DATE OF NOTE: OCT 05, 2015@14:40 ENTRY DATE: OCT 05, 2015@14:41:06
AUTHOR: FOSTER,ANN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

This patient was a 'No Show' for his/her scheduled clinic appointment today in:
OCT 5 PACT PATRIOT 2 P.M.

/es/ ANN F BROOKS
ACCT TECH
Signed: 10/05/2015 14:41

Receipt Acknowledged By:
10/07/2015 11:10 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician

LOCAL TITLE: PATIENT EDUCATION - NURSING
STANDARD TITLE: NURSING EDUCATION NOTE
DATE OF NOTE: SEP 10, 2015@16:15 ENTRY DATE: SEP 10, 2015@16:15:15
AUTHOR: LEWIS,DEBORAH E EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

NOTE DATED: SEP 10, 2015 16:15 PATIENT EDUCATION - NURSING
Visit: 09/10/15 13:30
Assessment :
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English

Desire and Motivation: Eager to learn
Comphrension: High
Method of Teaching: Verbal, Written

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Topics Covered:
Evaluation of Patient/Family Education: Voiced understanding/Return demonstration
Self catheterization instructions and return demonstration.

/es/ DEBORAH E LEWIS
LVN
Signed: 09/10/2015 16:17

LOCAL TITLE: PATIENT EDUCATION - NURSING
STANDARD TITLE: NURSING EDUCATION NOTE
DATE OF NOTE: SEP 10, 2015@16:00 ENTRY DATE: SEP 10, 2015@16:14:04
AUTHOR: LEWIS,DEBORAH E EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

NOTE DATED: SEP 10, 2015 16:14 PATIENT EDUCATION - NURSING
Visit: 09/10/15 13:30
Assessment :
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English

Desire and Motivation: Eager to learn
Comphrension: High
Method of Teaching: Verbal, Written
Topics Covered: Pre-Procedure Instructions, Post-Procedure Instructions
Evaluation of Patient/Family Education: Voiced understanding/Return demonstration
Cystoscopy procedure discussed with patient. Verbal and written consent for the procedure were obtained. Patient verbalized understanding of procedure and follow-up care.

Patient instructed that he may have some blood in his urine for several voidings. He may also experience burning, pain and frequency. Patient instructed to drink plenty of fluids to flush the bladder. If any of these symptoms persist for more than a couple of days he should contact the clinic. Contact information and written instructions given to the patient. Patient voiced understanding of post cysto instructions.

Post procedure pain level 0 on a scale of 0-10.

Tracking:
Cystoscope - W805354
Camera - SN7817157

/es/ DEBORAH E LEWIS

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LVN
Signed: 09/10/2015 16:17

LOCAL TITLE: TIME OUT
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 10, 2015@15:15 ENTRY DATE: SEP 10, 2015@16:10:48
AUTHOR: LEWIS,DEBORAH E EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Time out performed @ Sep 10,2015@15:15
Procedure to be performed: Cystoscopy
Verified by: Eric Rice, PA-C, Debbie Lewis, LVN and patient, Marshall Hopkins

Correct Patient: Yes
Correct side and site: Bladder

Site marked: No
Consent completed and verified: Yes
Correct patient position: supine
Correct implants and equipment or special requirements available: Yes

Tracking Number
Cystoscopy - W805354
Camera: - SN7817157

/es/ DEBORAH E LEWIS
LVN
Signed: 09/10/2015 16:17

LOCAL TITLE: INFORMED CONSENT DISCUSSION (ICT)
STANDARD TITLE: CONSENT
DATE OF NOTE: SEP 10, 2015@15:09:12 ENTRY DATE: SEP 10, 2015@15:09:59
AUTHOR: RICE,ERIC T EXP COSIGNER:
INSTITUTION:
DIVISION:
URGENCY: STATUS: COMPLETED

Signature Informed Consent for
BLADDER - CYSTOSCOPY DIAGNOSTIC (POSSIBLE INTERVENTIONS)
1. Anatomical Location: See description of treatment/procedure.
2. Informed consent was obtained at 3:09 PM on September 10, 2015.
The full consent document can be accessed through Vista Imaging.
3. Patient name: HOPKINS, MARSHALL HUGH
4. The patient HAS decision-making capacity.
5. Surrogate (if applicable):
6. Reason for the treatment (diagnosis, condition, or indication): To examine the urethra and bladder for disease or abnormality. Treatment(s) may be performed depending on findings.
7. Treatment/procedure: Your doctor will look at your bladder and urethra with a scope. A scope is a thin, lighted tube. It is used to see inside the urethra and bladder. The scope is passed through the urethra into the bladder. In males, it passes through the

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prostate. Your doctor may also do other procedures, including:
Bladder biopsy: a small amount of tissue is taken for examination.
Cytology: the bladder is flushed with a salt-water solution. The fluid is collected and examined.
Dilation: narrow parts of your urethra may be stretched.

8. Neither anesthesia nor moderate sedation will be used.
9. Consent to Blood Products (if applicable):
It is not expected that blood products will be used in this treatment/procedure.
10. Practitioner obtaining consent: Rice,Eric T (PHYSICIAN ASSISTANT)
11. Supervising practitioner: Ford,Ronald W (PHYSICIAN)
12. Practitioner(s) performing or supervising treatment/procedure (if not listed above):
13. Witness Name(s):

14. Comments:

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 09/10/2015
by: BGP PSEUDOUSER

LOCAL TITLE: PROCEDURE REPORT DICTATED
STANDARD TITLE: PROCEDURE REPORT
DATE OF NOTE: SEP 10, 2015@13:30 ENTRY DATE: SEP 11, 2015@11:36:29
AUTHOR: RICE,ERIC T EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PATIENT NAME: HOPKINS, MARSHALL

DATE: 09/10/2015

HISTORY OF PRESENT ILLNESS: 72-year-old gentleman with a history of postoperative urinary retention. He has failed multiple voiding trials, most recently following his encounter with me earlier this month. No history of

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significant voiding problems prior to surgery. He currently complains of penile discomfort since catheter was replaced in the Emergency Department on September 3, 2015. No associated fever or chills. Patient comes in today for diagnostic cystoscopy.

PROCEDURE: Informed consent was obtained. External examination revealed inguinal and scrotal candidiasis. Area was copiously cleaned with betadine solution and patient draped in the usual fashion. Cystoscopy was performed revealing prostatic hyperplasia without significant obstruction. Bladder appeared to be irritated but visualization was limited due to snow effect consistent with candiduria. Procedure was well tolerated. Postprocedure void residual was 470 mL.

ASSESSMENT/PLAN: Urinary retention, without significant outlet obstruction. I suspect patient has detrusor incompetence aggraviated by poorly controlled diabetes. He also has inguinal candidiasis and suspected candiduria. Start Diflucan 200 milligrams daily for 14 days. Patient will finish out previously issued Cipro as directed. We elected to defer replacing indwelling catheter. Patient was educated on self-catheterization which he performed in clinic without difficulty. Issued Betadine scrub solution to clean groin and scrotal area twice daily as directed. Return to clinic in 1 month for re-evaluation, sooner if any problems develop.

1218003/pp(09/10/2015 18:07:27)15948702
D: 09/10/2015 17:33:17 T: 09/10/2015 18:07:27
$END

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/11/2015 15:28

LOCAL TITLE: SPECIALTY CLINIC INTERVIEW
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: SEP 10, 2015@13:24 ENTRY DATE: SEP 10, 2015@13:24:14
AUTHOR: LEWIS,DEBORAH E EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Today's Date and Time: SEP 10, 2015 13:24 Patient Age: 72
Allergies: Patient has answered NKA
T: 98.5 F [36.9 C] (09/10/2015 13:22)
P: 82 (09/10/2015 13:22)
R: 16 (09/10/2015 13:22)
B/P: 144/73 (09/10/2015 13:22)
Ht: 71.5 in [181.6 cm] (09/10/2015 13:22)
Wt: 170.3 lb [77.4 kg] (09/10/2015 13:22)
Pain: 0 (09/10/2015 13:22)
O2 Sat: 9/10/15 @ 1322 PULSE OXIMETRY: 97
IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
****
Reason for visit: Patient to Urology clinic for diagnostic cystoscopy

****

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Is the patient febrile? No
Any travel or exposure to individuals who have traveled outside the US in past 6 months? No
Patient has been in the hospital since last visit:
NO
Patient has been seen by an outside provider:
NO
Patient given new medications outside the VA:
NO
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
Congestive Heart Failure:
Patient does not have a known diagnosis of Congestive Heart Failure
*Cancer:
Patient does not currently have cancer.
PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain: 0
Fall Risk Assessment:
0 = No History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
15 = Forgets limitations Mental Status
30 TOTAL SCORE
Scoring:
25-44 Moderate Risk
Implement Universal Fall Precautions
Implement Additional Interventions Based on Identified Area of Risk
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None
Desire and Motivation: Eager to learn
Comphrehension: High
Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
Topics Covered: Fall Prevention

/es/ DEBORAH E LEWIS
LVN
Signed: 09/10/2015 13:26

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 03, 2015@10:59:32 ENTRY DATE: SEP 03, 2015@10:59:33
AUTHOR: RICE,ERIC T EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Pt presented to the Emergency Department 09-03-15 due to inability to void. PVR was > 999 mL. Foley catheter was replaced and left indwelling. Have scheduled

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diagnostic cystoscopy 09-10-15. Pt was called and message left regarding upcoming appointment. He was encouraged to call this clinic if any questions.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 11:02

Receipt Acknowledged By:
09/03/2015 13:51 /es/ DEBORAH E LEWIS
LVN

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--- Original Document ---

09/01/15 UROLOGY-OUTPATIENT (C):
PATIENT NAME: HOPKINS, MARSHALL

DATE: 09/01/2015

HISTORY OF PRESENT ILLNESS: 72-year-old gentleman presents in consultation regarding postoperative urinary retention. Patient underwent hernia repair last month and developed postoperative urinary retention. He initially presented to the hospital in Liberal, Kansas. CT at that time reported bilateral hydroureteronephrosis and bladder distention (films are not available for my review). Foley catheter was placed and patient was transferred to this facility for continued care.

Hospital course was uneventful and patient was discharged with indwelling catheter. No previous history of urinary retention or bothersome lower urinary tract symptoms prior to surgery. He currently denies fever, chills, dysuria, or gross hematuria.

LABORATORY DATA: PSA 1.04 and serum creatinine 0.77 a few weeks ago.

PHYSICAL EXAMINATION: EXTERNAL GENITALIA: Indwelling Foley catheter with clear urine output. DIGITAL RECTAL EXAMINATION: Prostate estimated be 40 cc in volume with a boggy consistency. No suspicious induration or nodularity appreciated.

ASSESSMENT/PLAN: Postoperative urinary retention, as above. Foley catheter is removed for voiding trial. Patient will continue tamsulosin as prescribed. Will issue an empiric course of antibiotics and repeat computed tomography (CT) abdomen and pelvis today. Return to clinic later this month for a postvoid residual. Routine urinary retention warnings were given. Schedule routine urology follow up in 3 months for re-evaluation.

1182595/pp(09/01/2015 15:57:03)15846040
D: 09/01/2015 15:46:16 T: 09/01/2015 15:57:03
$END

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:44

09/03/2015 ADDENDUM STATUS: COMPLETED

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CT revealed bilateral renal cysts without nephrolithiasis. No clinically significant hydroureteronephrosis appreciated. Nonspecific bladder wall thickening without obvious mass. Will likely need to consider cystoscopy in the future.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:53

LOCAL TITLE: UROLOGY-OUTPATIENT (C)
STANDARD TITLE: UROLOGY CONSULT
DATE OF NOTE: SEP 01, 2015@15:45 ENTRY DATE: SEP 02, 2015@12:19:57
AUTHOR: RICE,ERIC T EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

*** UROLOGY-OUTPATIENT (C) Has ADDENDA ***

PATIENT NAME: HOPKINS, MARSHALL

DATE: 09/01/2015

HISTORY OF PRESENT ILLNESS: 72-year-old gentleman presents in consultation regarding postoperative urinary retention. Patient underwent hernia repair last month and developed postoperative urinary retention. He initially presented to the hospital in Liberal, Kansas. CT at that time reported bilateral hydroureteronephrosis and bladder distention (films are not available for my review). Foley catheter was placed and patient was transferred to this facility for continued care.

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1182595/pp(09/01/2015 15:57:03)15846040
D: 09/01/2015 15:46:16 T: 09/01/2015 15:57:03
$END

/es/ ERIC T. RICE, PA-C

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:44

09/03/2015 ADDENDUM STATUS: COMPLETED
CT revealed bilateral renal cysts without nephrolithiasis. No clinically significant hydroureteronephrosis appreciated. Nonspecific bladder wall thickening without obvious mass. Will likely need to consider cystoscopy in the future.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:53

09/03/2015 ADDENDUM STATUS: COMPLETED
Pt presented to the Emergency Department 09-03-15 due to inability to void. PVR was > 999 mL. Foley catheter was replaced and left indwelling. Have scheduled diagnostic cystoscopy 09-10-15. Pt was called and message left regarding upcoming appointment. He was encouraged to call this clinic if any questions.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 11:02

Receipt Acknowledged By:
09/03/2015 13:51 /es/ DEBORAH E LEWIS
LVN

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 03, 2015@10:48:33 ENTRY DATE: SEP 03, 2015@10:48:34
AUTHOR: RICE,ERIC T EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

CT revealed bilateral renal cysts without nephrolithiasis. No clinically significant hydroureteronephrosis appreciated. Nonspecific bladder wall thickening without obvious mass. Will likely need to consider cystoscopy in the future.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:53

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--- Original Document ---

09/01/15 UROLOGY-OUTPATIENT (C):
PATIENT NAME: HOPKINS, MARSHALL

DATE: 09/01/2015

HISTORY OF PRESENT ILLNESS: 72-year-old gentleman presents in consultation regarding postoperative urinary retention. Patient underwent hernia repair

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

last month and developed postoperative urinary retention. He initially presented to the hospital in Liberal, Kansas. CT at that time reported bilateral hydroureteronephrosis and bladder distention (films are not available for my review). Foley catheter was placed and patient was transferred to this facility for continued care.

Hospital course was uneventful and patient was discharged with indwelling catheter. No previous history of urinary retention or bothersome lower urinary tract symptoms prior to surgery. He currently denies fever, chills, dysuria, or gross hematuria.

LABORATORY DATA: PSA 1.04 and serum creatinine 0.77 a few weeks ago.

PHYSICAL EXAMINATION: EXTERNAL GENITALIA: Indwelling Foley catheter with clear urine output. DIGITAL RECTAL EXAMINATION: Prostate estimated be 40 cc in volume with a boggy consistency. No suspicious induration or nodularity appreciated.

ASSESSMENT/PLAN: Postoperative urinary retention, as above. Foley catheter is removed for voiding trial. Patient will continue tamsulosin as prescribed. Will issue an empiric course of antibiotics and repeat computed tomography (CT) abdomen and pelvis today. Return to clinic later this month for a postvoid residual. Routine urinary retention warnings were given. Schedule routine urology follow up in 3 months for re-evaluation.

1182595/pp(09/01/2015 15:57:03)15846040
D: 09/01/2015 15:46:16 T: 09/01/2015 15:57:03
$END

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:44

09/03/2015 ADDENDUM STATUS: COMPLETED
Pt presented to the Emergency Department 09-03-15 due to inability to void. PVR was > 999 mL. Foley catheter was replaced and left indwelling. Have scheduled diagnostic cystoscopy 09-10-15. Pt was called and message left regarding upcoming appointment. He was encouraged to call this clinic if any questions.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 11:02

Receipt Acknowledged By:
09/03/2015 13:51 /es/ DEBORAH E LEWIS
LVN

LOCAL TITLE: EMERGENCY ROOM NURSING NOTE
STANDARD TITLE: EMERGENCY DEPT NOTE
DATE OF NOTE: SEP 03, 2015@09:20 ENTRY DATE: SEP 03, 2015@10:21:40
AUTHOR: KILLINGSWORTH,AMY A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

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Pt presents to ED ambulatory from home c/o not being able to urinate the last 2 days. While driving to the ER pt felt urge to void so he pulled over and was able to get some relief. Pt made 3 simular stops like this on his way to the VA today. On arrival to ER post void bladder scan revealed >999ml. An 18c foley using sterile technique was inserted and 1350ml was drained from pt's bladder. Pt voiced relief put c/o lower abdominal pain. I instructed pt that he had a urology appt on 9/17/2015 for PVR, pt will need to keep this foley in place until he follows up with urology. Pt not happy but willing to do so. A leg bag with stat lock was applied to pt's rt leg to keep in place. Pt denies any complaints with todays visit and will follow up with urology as scheduled.

/es/ AMY A MORRISON
Registered Nurse
Signed: 09/03/2015 10:26

LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: SEP 01, 2015@11:23 ENTRY DATE: SEP 01, 2015@11:25:29
AUTHOR: CUMMINGS,VICKY L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Order to remove staples. Surgical wound site cleansed with CarraKlenz dermal wound cleanser. Patient had "natural ointment" covering wound/staples; he stated that his wife had been putting on incision. Staples removed. Benzoin spray applied. Staples removed and steri-strips placed where indicated. Steri-strips were adhered to wound. Pt tolerated procedure well without complaint. Pt teaching provided regarding steri-strips, hygiene and wound site care, infection control, activity level and restrictions. Pt verbalized understanding of all information presented, expressing intent to comply.

/es/ VICKY L CUMMINGS
LVN
Signed: 09/01/2015 11:33

LOCAL TITLE: SURGICAL OUTPATIENT NOTE (T)
STANDARD TITLE: SURGERY OUTPATIENT NOTE
DATE OF NOTE: SEP 01, 2015@11:21 ENTRY DATE: SEP 01, 2015@11:21:34
AUTHOR: AHMED,SYED H EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Chief complaint:s/p right inguinal hernia repair.

History of Present Illness: Feels well. Has a Foley catheter due to retention.

Exam: Well healing incision in the right groin. Staples in place.

Assessment: Doing well

Plan: Remove staples
Follow up as needed

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Medication reconciliation was completed with the patient/caregiver.

/es/ Syed H Ahmed MD
Surgeon
Signed: 09/01/2015 11:23

LOCAL TITLE: SPECIALTY CLINIC INTERVIEW
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: SEP 01, 2015@11:07 ENTRY DATE: SEP 01, 2015@11:07:24
AUTHOR: CUMMINGS,VICKY L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Today's Date and Time: SEP 01, 2015 11:07 Patient Age: 72
Allergies: Patient has answered NKA
T: 98 F [36.7 C] (09/01/2015 11:06)
P: 87 (09/01/2015 11:06)
R: 18 (09/01/2015 11:06)
B/P: 127/79 (09/01/2015 11:06)
Ht: 71.5 in [181.6 cm] (08/26/2015 23:10)
Wt: 168.1 lb [76.4 kg] (09/01/2015 11:06)
Pain: 0 (09/01/2015 11:06)
O2 Sat: 9/1/15 @ 1106 PULSE OXIMETRY: 95
IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
****
Reason for visit: f/u

****
Is the patient febrile? No
Any travel or exposure to individuals who have traveled outside the US in past 6 months? No
Patient has been in the hospital since last visit:
no
Patient has been seen by an outside provider:
no
Patient given new medications outside the VA:
no
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
Congestive Heart Failure:
Patient does not have a known diagnosis of Congestive Heart Failure
Cancer:
Patient does not currently have cancer.
PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain: 0
PLAN:
Pain level will be reassessed at future appointments.
Fall Risk Assessment:

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History of Falling
15 = Yes Secondary diagnosis
Ambulatory aid
IV/Heparin Lock
Gait/transferring
Mental Status
15 TOTAL SCORE
Scoring:
0-24 Low Risk
Implement Universal Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None
Desire and Motivation: Eager to learn
Comphrehension: High
Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
Topics Covered:

/es/ VICKY L CUMMINGS
LVN
Signed: 09/01/2015 11:08

LOCAL TITLE: PACT HIGH RISK EDUCATION
STANDARD TITLE: NURSING OUTPATIENT NOTE
DATE OF NOTE: AUG 31, 2015@15:50 ENTRY DATE: AUG 31, 2015@15:50:13
AUTHOR: ROSALES,ZENITHA EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Has "The View" been completed?
No
Problem identified:
Diabetes

HBG A1C	13.4	H	%	JUL 14,2015@07:37:44
Microalbumin	0.6		mg/dl	JUL 14,2015@12:47:20
Lipid Profile				
HDL Cholesterol	42		mg/dL	JUL 14,2015@07:37:45
LDL Cholesterol	140	H	mg/dL	MAY 2,2006@08:06:41
LDL Calc	165	H	mg/dL	JUL 14,2015@07:37:45
Triglyceride	153	H	mg/dL	JUL 14,2015@07:37:45

Patient has had Retinopathy/Optometry appointment: YES 04-18-13 in ALBQ.

Education provided: Instructed Mrs. Hopkins the pt.'s A1c is 13.4 and the normal is <6.0 but we would like to get his down to 9 then within the normal range. I instructed her the A1c and average of what his blood sugar levels have been in the past 3 months. The patient is currently monitoring his blood sugars every other day and I instructed her an appt., will be rescheduled soon in order to change his finger sticks to daily and offer him a few more services he may benefit from, maybe tele-health and a dietary consult. Patient was given insulin during this hospital stay. Labs will be repeated at the next scheduled appt., with Team Patriot.

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Handouts/Pamphlets given:
Team discussion/comments: The team agrees with the above instructions.

Time: 15-18 minutes.

/es/ ZENITHA ROSALES
RN, MSN
Signed: 08/31/2015 16:01

LOCAL TITLE: PATIENT ALIGNED CARE TEAM 2 DAY DISCHARGE FOLLOWUP
STANDARD TITLE: NURSING TELEHEALTH NOTE
DATE OF NOTE: AUG 31, 2015@15:43 ENTRY DATE: AUG 31, 2015@15:43:45
AUTHOR: ROSALES,ZENITHA EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

HOSPITAL DISCHARGE FOLLOWUP

Contact: Spouse patient present
Discharge Date: 08-27-15
Discharge Diagnosis: Urinary Incontinence, Diabetes, Inguinal Hernia
Patients comments regarding current treatment plan:
"he is doing fine. He has an appointment tomorrow".

Evaluation & assessment of current treatment plan:
Mr. Hopkins acknowledge understanding of the current D/C POC.

Patient education:
I instructed Mrs. Hopkins the clinic has been cancelled for Team Patriot for this Friday. I also instructed her each patient is be rescheduled. I ask Mrs.
Hopkins if they had a preference and she states no. "Just send the new appt., when available".

Any changes in your condition since discharge? No

Date of follow up appointment:
09/01/2015 11:00 AMA-GEN SURG NEW YELLOW
09/01/2015 13:45 AMA-UROLOGY/PA
09/04/2015 10:00 AMA-PACT PATRIOT (cancelled)

Anything specific you want to talk to your PCP about? Yes
See HR Education note

The patient/family was asked the following:
1. Were you provided a copy of your updated medication list upon discharge from this facility? Yes

2. Do you know where to call to get more information? Yes

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Pain
Patient currently has no pain. "he said he does not have pain".

Time Spent: 11-20 minutes
Nursing Comments: Including HR education.

/es/ ZENITHA ROSALES
RN, MSN
Signed: 08/31/2015 15:49

LOCAL TITLE: ACCU CHEK AVIVA GLUCOMETER (C)
STANDARD TITLE: DIABETOLOGY CONSULT
DATE OF NOTE: AUG 28, 2015@14:40 ENTRY DATE: AUG 28, 2015@14:41:01
AUTHOR: OWENS,WHITNEY B EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PATIENT EDUCATION ACCU-CHEK AVIVA GLUCOMETER
ASSESSMENT:
PERSON BEING ASSESSED: Patient

BARRIERS TO LEARNING: None

DESIRE AND MOTIVATION: Eager to learn

COMPREHENSIVE ABILITY: Moderate

METHOD OF TEACHING: Verbal, Demonstration, Written Material

EDUCATIONAL NEEDS/PLAN/GOALS:The patient will be able to do blood glucose testing at home.

Accu-Chek Aviva Meter topics covered:
1. Review procedure for code key.
2. Perform test procedure.
3. Problem solving - refer to User's Manual if a problem with testing occurs.
4. Getting a good drop of blood.
5. Display messages.
6. Error messages.
7. Battery replacement.
8. Alternate site testing discussed. Patient informed hypoglycemia is not detected by this method. Approval by physician is needed to do alternate site testing.
9. Meter Warranty and replacement discussed.

Serial number of machine: 45520117052

EVALUATION OF PT/FAMILY EDUCATION: Voiced understanding/Return demonstration

OTHER PATIENT EDUCATION TOPICS COVERED OR COMMENTS:

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/es/ WHITNEY B KOCH
PHARMACIST
Signed: 08/28/2015 14:41

LOCAL TITLE: MEDICATION RECONCILIATION AT DISCHARGE
STANDARD TITLE: MEDICATION MGT DISCHARGE NOTE
DATE OF NOTE: AUG 28, 2015@12:43 ENTRY DATE: AUG 28, 2015@12:43:16
AUTHOR: ASHFAQ,MUHAMMAD ZUB EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

MEDICATIONS AT DISCHARGE

Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACCUCHEK AVIVA PLUS (GLUCOSE) TEST STRIP USE 1 STRIP FOR TESTING EVERY OTHER DAY	ACTIVE
2)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN, INITIAL RX WAS MAILED OUT	ACTIVE
3)	GLIpizIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY 30 MINS BEFORE BREAKFAST	ACTIVE
4)	LANCETS ACCUCHEK *SOFTCLIX* (EA) USE LANCET EVERY OTHER DAY	ACTIVE
5)	TAMSULOSIN 0.4MG CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY	ACTIVE

Active and Recently Expired Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACCUCHEK AVIVA PLUS (GLUCOSE) TEST STRIP USE 1 STRIP FOR TESTING EVERY OTHER DAY	ACTIVE
2)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN, INITIAL RX WAS MAILED OUT	ACTIVE
3)	GLIpizIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY 30 MINS BEFORE BREAKFAST	ACTIVE
4)	LANCETS ACCUCHEK *SOFTCLIX* (EA) USE LANCET EVERY OTHER DAY	ACTIVE
5)	TAMSULOSIN 0.4MG CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY	ACTIVE

Compared Outpatient medications list (at admission) with current list of Outpatient medications (post discharge).

No Medication discrepancies found.

List of current medications given to patient and/or caregiver at discharge.

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Current Outpatient medications list (post discharge) was reviewed with patientand/or family.

Encouraged to keep list of current medications with them in case of an emergency.

/es/ MUHAMMAD ZUBAIR ASHFAQ, MC
RESIDENT PHYSICIAN
Signed: 08/28/2015 12:43

LOCAL TITLE: REHAB MEDICINE INITIAL INPATIENT (C)
STANDARD TITLE: PHYSICAL MEDICINE REHAB INPATIENT CONSULT
DATE OF NOTE: AUG 27, 2015@16:23 ENTRY DATE: AUG 27, 2015@16:23:33
AUTHOR: BARNES,MOLLIE R EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PT evaluation completed 08/27/15; please see initial assessment for details.

/es/ MOLLIE R BARNES
PHYSICAL THERAPIST
Signed: 08/27/2015 16:23

LOCAL TITLE: NURSING DISCHARGE NOTE
STANDARD TITLE: NURSING DISCHARGE NOTE
DATE OF NOTE: AUG 27, 2015@16:13 ENTRY DATE: AUG 27, 2015@16:13:12
AUTHOR: LANGFORD,HOLLY EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Patient was discharged to home/self care.

Patient Discharge Instructions
Today's Date: AUG 27, 2015
Patient's Doctor/Provider: Wan
Patient's Discharge Diagnosis: Urinary incontinance, diabetes, Inguinal hernia s/p surgical repair
Discharge Instructions given to Patient
Patient Assessment at time of discharge:
OrientedStable
****NOTE TO PATIENT: PLEASE CAREFULLY FOLLOW THE INSTRUCTIONS BELOW*******
Resume home medications as prescribed? Yes
Activity:
Up and about as desired and tolerated
List personal items brought to hospital documented on the Nursing Admission Assessment:
black cell phone, glasses, phone charger, Grey overalls, brown sandal, hygiene items
YES--Were these items returned to Patient at discharge?
NO--Did the patient acknowledge having cash in the Nursing Admission Assessment

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Note?
NA--If yes, did the patient secure cash with the Agent Cashier?
(If the patient secured cash with the Agent Cashier, information to contact the Agent Cashier at 806-355-9703 ext. 7364 was provided.)
NA--Did you get assistance with any fears or anxieties that you had during your admission?
NA--Do you have any further concerns that we can help you with before you are discharged?
Explanation of above responses:

****
Does Patient have Congestive Heart Failure?
No
****
Is the patient going home with a Foley catheter? Yes
If yes, Foley Catheter Care pamphlet provided Yes
****
Does the patient have MRSA? No
MRSA pamphlet provided NA
****
Post-op instructions (Pacemaker/ICD/Loop recorder) provided NA
****
Central Line IV Site Care pamphlet provided NA
****
Post Cardiac Procedure Education Sheet provided NA
****
Pain Scale at discharge: 0
(See Focus note or Daily Assessment note for comphrehensive assessment of pain greater than 0)
****
Patient does not have Wounds or Pressure Ulcer.
Diet: Other: Diabetic
****
Call your doctor for any signs / or symptoms of: Reddened wound, wound drainage, swelling,red streaks, increased pain, temperature 101 or higher, or bleeding.
CALL:
Your admitting doctor (name at top of page) 355-9703 ask operator anytime.
Your primary care provider (8am - 4pm) 355-9703 ask operator.
Emergency Department(anytime) 355-9703, ask operator for Emergency Department.
Day Surgery (6am-6pm) 355-9703 ext. 7200 or ask operator.

As part of your discharge today, you will receive a printout of upcoming appointments;
including this post-discharge follow-up phone call. At any time after leaving today,
if you know you will be unavailable for the scheduled phone call; please contact Telephone Triage at (806)354-7837 or 1 (800) 687-8633 between the hours of 8:00a.m to 4:00p.m. Monday through Friday.

Keep all previously scheduled appointments.
Your return appointment is: Sep 4,2015@10:00 with Dr Rodriquez
Letter will be sent for follow up date and time, approx 1 week

Or you will receive a letter in the mail with your appointment. IF YOU DO NOT

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RECEIVE A
LETTER, PLEASE CALL YOUR ADMITTING DOCTOR to arrange an appointment.
Other instructions:
Mode of Discharge: Wheelchair
Accompanied by: friend
Relationship: Friend
****
Patient was given a current list of medications on discharge.
Patient verbalizes understanding of discharge instructions: Yes

This patient has received Healthy Lifestyle Instructions which include instructions
for Heart Failure including: activity level, diet/fluid intake, discharge medications,
follow-up care, weight monitoring, and what to do if symptoms worsen.

This patient has received a copy of the Passport to Healthy Living which includes the following list of stroke symptoms:
  Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
  Sudden confusion, trouble speaking or understanding
  Sudden trouble seeing in one or both eyes
  Sudden trouble walking, dizziness, loss of balance or coordination
  Sudden, severe headache with no known cause

If you experience any of the above symptoms of stroke, call 911 and go to your nearest stroke facility.
****
A COPY OF THIS NOTE IS TO BE PROVIDED FOR THE PATIENT PRIOR TO
LEAVING THE MEDICAL CENTER.

MRSA Education provided.
Informed verbal consent obtained.
MRSA nares culture obtained.

Nurse's Signature Date

I have received and understand these Discharge Instructions:

Patient's Signature Date

/es/ HOLLY LANGFORD
RN
Signed: 08/27/2015 16:19

LOCAL TITLE: PHYSICAL THERAPY ASSESSMENT NOTE
STANDARD TITLE: PHYSICAL MEDICINE REHAB OUTPATIENT INITIAL EVALU
DATE OF NOTE: AUG 27, 2015@16:04 ENTRY DATE: AUG 27, 2015@16:04:12
AUTHOR: BARNES,MOLLIE R EXP COSIGNER:

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INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PRIMARY DIAGNOSIS: Abnormality of gait
TREATMENT DIAGNOSIS: Abnormality of gait
ONSET DATE: 08/27/15
EVALUATION DATE: 08/27/15

GENERAL INFO: pt. is a 72 year old male presents to 3N medical floor for evaluation of sudden onset abnormality of gait. Pt. underwent hernia surgery last week, and incurred sudden onset of urinary incontinence and unsteady gait. Pt. was admitted to a hospital in Kansas and subsequently transferred to this VA. Pt. has folley catheter present and is supine in bed with no complaints of pain upon arrival. Also noted in the medical record is previously uncontrolled DM.

PRIOR FUNCTIONAL LEVEL: I with all ambulation, functional activities and transfers

EXPECTED DC LOCATION: (x)Home with family/independent ( )SNF ( )LTC facility
( )Hospice care ( )Other:

PERTINENT MEDICAL HX: DM, hyperlipidemia, MDD, inguinal hernia (surgically repaired)

S: CHIEF COMPLAINT: pt. states that he had experienced some unsteady gait and imbalance, but now these sx's have resolved and he was able to walk to<>from the bathroom independently this morning.

PAIN INDEX: none stated

PATIENT'S GOAL(S): to go home

O:
Pt assessed- (x)at bedside ( )in PT clinic.

RANGE OF MOTION
UE- WNL B

LE- WNL B

STRENGTH TESTING

UEs- (x)Functional UE strength testing exhibits no gross deficits
( )UE strength deficit noted as follows (specify):

LEs- B LE strength grossly 4+/5 throughout

FUNCTIONAL ASSESSMENT
Mental status: A&O X 3

Communication: (x)No deficits noted ( )Hard of hearing
( )Other (specify):

Functional Mobility Status:

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Bed mobility ( )Stand by Assist
(x)Independent with siderails ( )Min assist of 1
( )Mod assist of 1 ( )Max assist of 1 ( )Total assist

Supine<->sit (x)Independent ( ) Modified Indpendent
( ) Stand by Assist
( )Min assist of 1 ( )Mod assist of 1 ( )Max assist of 1
( )Total assist

Sit->stand (x)Independent
( )Modified Independent with assistive device
( )Stand by Assist
( )Min assist of 1 ( )Mod assist of 1 ( )Max assist of 1
( )Total assist

Bed<->chair transfer (x)Independent
( )Modified Independent with assistive device
( )Stand by Assist
( )Min assist of 1 ( )Mod assist of 1 ( )Max assist of 1
( )Total assist

Gait assessment: pt. ambulated 150' independently in hall way while this therapist carried catheter bag; pt. demonstrates good dynamic balance, cadence and equal stride length and toe clearance. Pt. reports no dizziness or feelings of unsteadiness; no LOB observed

Fall risk: ( )yes (x)no

BALANCE
Sitting: (x)Good ( )Fair ( )Poor
Static standing: (x)Good ( )Fair ( )Poor
Dynamic standing: (x)Good ( )Fair ( )Poor

OTHER INFORMATION- pt. reports he does not want to take any medications and has not taken any since 1991

PATIENT EDUCATION- educated pt. on the possibility of uncontrolled DM contributing to unsteady gait and dizziness; also educated on contacting primary care for prosthetics consult if grab bars are needed in his new home

A:
Patient education barriers to learning-
(x)None ( )Cognitive ( )Physical ( )Emotional
( )Cultural ( )Other(explain):

Description of disability- pt. demonstrates resolve of unsteady gait, good dynamic balance, independent ambulation and 4+/5 strength throughout B LE's. Pt. does not require skilled therapy services at this time, and is appropriate for d/c home when medically cleared.

Precautions: ( )cardiac ( )monitor vitals ( )frequent rests needed
( )limited WB status (specify):
(x)other: folley cath in place

One time evaluation, no goals needed

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P: pt. does not require skilled therapy services at this time and will not be picked up for PT during hospital stay.

/es/ MOLLIE R BARNES
PHYSICAL THERAPIST
Signed: 08/27/2015 16:23

LOCAL TITLE: NURSING DISCHARGE MEDICATION EDUCATION
STANDARD TITLE: NURSING DISCHARGE NOTE
DATE OF NOTE: AUG 27, 2015@16:03 ENTRY DATE: AUG 27, 2015@16:03:24
AUTHOR: LANGFORD,HOLLY EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Medication education given by RN:
AUG 27, 2015 16:03
Person Being Assessed: Patient
Barriers to Learning: None
Desire and Motivation: Eager to learn
Comphrension: High
Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
Topics Covered: Medication reconciliation- which meds to take at home. Patient was educated to discard medications that have been discontinued. Patient was educated as to dosage changes for medications they are currently taking. Patient was educated about new medications.
The following list of medications was given to the patient:
MWS - Medication Worksheet

Date: Aug 27, 2015 PATIENT MEDICATION INFORMATION Page: 1
PRINTED BY THE VA MEDICAL CENTER AT: AMARILLO HCS
FOR PRESCRIPTION REFILLS CALL (806) 354-7894

Name: HOPKINS,MARSHALL HUGH - 7575 PHARMACY - AMARILLO DIVISION (806-354-7894)

	MORNING	NOON	EVENING	BEDTIME	COMMENTS
CODEINE 30/ACETAMINOPHEN 300MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN, INITIAL RX WAS MAILED OUT 0 refill(s) remaining prior to Sep 19, 2015					
UNITS PER DOSE:					
GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY 30 MINS BEFORE BREAKFAST 2 refill(s) remaining prior to Aug 27, 2016					
UNITS PER DOSE:					

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|~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~|
|                                                                             |
|TAMSULOSIN HCL 0.4MG CAP                                                     |
|     TAKE ONE CAPSULE BY MOUTH EVERY DAY                                     |
|     0 refill(s) remaining prior to Sep 26, 2015                             |
|-----------------------------------------------------------------------------|
| UNITS PER DOSE: |       |       |       |       |                           |
|~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~|
|                                                                             |
|SUPPLY ITEMS:                                                                |
|ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP                                     |
|LANCET,SOFTCLIX                                                              |
|-----------------------------------------------------------------------------|
```

RXIV - IV Pharmacy

Drug	Dose	Status	Start	Stop
CEFTRIAXONE	1 GM	A	08/27/2015	09/10/2015

In: SODIUM CHLORIDE 0.9% 50 ML INFUSE OVER 30 MINUTES DAILY

Any medication items listed as "pending" are those that have just been written by your provider(s). These medication orders will be reviewed by your pharmacist, prior to the prescription(s) being dispensed. When you receive your new prescription(s), by mail or from the pharmacy window, be sure to follow the instructions on the prescription label. If you have any question about your medication, please call your provider or your pharmacist.

Allergies/Adverse Reactions:
Patient has answered NKA

HOPKINS,MARSHALL HUGH
PO BOX 702
HOOKER, OKLAHOMA 73945
Temporary Address Start: APR 8,2015
Temporary Address Stop: APR 1,2035
(620)272-4825

/es/ HOLLY LANGFORD
RN
Signed: 08/27/2015 16:03

LOCAL TITLE: CARE PLAN UPDATE
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 27, 2015@15:35 ENTRY DATE: AUG 27, 2015@15:35:07
AUTHOR: LANGFORD,HOLLY EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

ACTIVITY INTOLERANCE
Activity Intolerance Reviewed

ACTION/INTERVENTIONS

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Assessed patient's level of physical activity before
experiencing angina, Encouraged adequate rest periods between
activities, Assessed nutritional status, Observed and document
response to activity

OBSERVED OUTCOME
Performed activity within limits of ischemic disease as
evidenced by absence of chest pain/discomfort, Maintained
activity level within capabilities as evidenced by normal heart
rate and BP, Verbalized use of oxygen and conservation
techniques,
New target date Aug 30,2015

INCONTINENCE WITH BOWEL/BLADDER
Incontinence With Bowel/Bladder Reviewed
ACTION/INTERVENTION
Assessed patient's normal bladder/bowel elimination pattern,
Established bladder and bowel training program by toileting
patient every two hours, Gave perineal care after each episode of
incontinence, Allowed privacy and respect patient's dignity

OBSERVED OUTCOME
Had regular bladder and bowel habits, Decreased episodes of
bladder/bowel incontinence
New target date Aug 30,2015

/es/ HOLLY LANGFORD
RN
Signed: 08/27/2015 15:35

LOCAL TITLE: 3S/3N - C RN FOCUS NOTE
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 27, 2015@15:35 ENTRY DATE: AUG 27, 2015@15:35:59
AUTHOR: LANGFORD,HOLLY EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Nursing Narrative:**********
0745 Report received from Miranda, RN. Walking rounds completed. 1030
Patient seen by urology. 1530 Discharge orders active. Patient prepared for
discharge. 1555 Patient discharged without incidence.
Physical Assessment:**********
Assessment
Respiratory:
Regular, unlabored, no abnormal breath sounds
Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate.
Neurological:
Alert, oriented x 3, follows commands, PERRLA
Musculo Skeletal:
ROM all joints, hand grips equal.
Other:

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GastroIntestinal
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Appetite: Fair
Date Last BM:
Genito-Urinary
Other:
Indwelling foley cathetar draining yellow urine via gravity.

Skin - Document on form: vanod reassessment
Oral/Dental:
Teeth appear in good condition, Mucosa moist and pink
Patient has No Pain (Patient rates pain as "0" on a scale of 0-10)**********
IVs:**********
Site #1
Catheter size: 20 Saline Lock
Date sited: Aug 27,2015
Location: R upper arm
IV Care: Saline lock flushed per policy., Site inspected and palpated; clean w/o s/s infiltration or infection.
Site Appearance: Palpated & inspected, Drsg clean, dry and intact
Education**********
  Person Being Assessed: Patient
   Barriers to Learning: None

  Desire and Motivation: Eager to learn
           Comphrension: High
     Preferred Language: English
     Method of Teaching: Verbal in preferred language
Evaluation of Education: Voiced understanding
                Topics: as per discharge

/es/ HOLLY LANGFORD
RN
Signed: 08/27/2015 20:02

 LOCAL TITLE: SKIN REASSESSMENT VANOD
STANDARD TITLE: NURSING SKIN ASSESSMENT NOTE
DATE OF NOTE: AUG 27, 2015@15:29   ENTRY DATE: AUG 27, 2015@15:29:35
      AUTHOR: LANGFORD,HOLLY   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

BRADEN SKIN RISK ASSESSMENT

Sensory Perception:4 = No Impairment
Moisture: 4 = Rarely Moist
Activity: 3 = Walks Occasionally
Mobility: 4 = No Limitation
Nutrition: 3 = Adequate
Friction: 3 = No Apparent Problem

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19-23 No Risk
Score: 21

CURRENT SKIN ASSESSMENT
Skin Color:
Color: Normal for ethnic group
Skin Temperature
Temp: Warm
Skin Moisture
Moisture: Dry
Skin Turgor
Turgor: Within normal limits

SKIN PROBLEMS
Wound -location, type, description
surgical wound to right leg/groin, redness and swelling to scrotum

INTERVENTIONS
Education
Provide patient/caregiver education regarding causes and prevention of pressure ulcers.
Teach patient/caregiver importance of changing position frequently for pressure ulcer prevention.
Provide patient/caregiver with education materials.
Pressure-Redistribution Measures
Use specialty bed
Specify type: atmos air
Encourage small, frequent position changes
Turn and reposition every 2 hours while in bed, using pillows to separate pressure areas
Avoid turning/position on side at greater than 30 degree angle
Maximize Mobilization
Encourage activity as tolerated
Limit sitting out of bed to less than two hours at a time
Manage Moisture
Maintain clean and dry skin
Offer bedpan or urinal at scheduled intervals if patient is bed-bound
Instruct patient/caregiver to request assistance as needed
Manage Nutrition
Encourage eating and assist with meals
Encourage meals and assist with meals as needed
Provide or encourage oral care prn
Offer liquids every 2 hours when turning
Monitor fluid/food intake
Reduce Friction and Shear
Use a bed trapeze or pull sheet to lift up in bed or turn
Elevate head of bed for meals, then lower within 1 hour after eating (unless contraindicated)

If any of the below indications are marked, pressure ulcer risk interventions must be initiated and added to the care plan. These should be reviewed and updated with each assessment and PRN as the patient's needs change.

Please mark all that apply: Medical Device (artificial limb, brace,

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splint, oxygen tubing, Foley or condom catheter, tracheostomy, feeding tube, compression stockings, SCD's, restraints, cushions)
Pressure Ulcer/Wound Reassessment:

Wound(s) present:
Wound #1
Type of wound: incision
Location: right groin
Dimensions: Length: 9.5 cm.
Width: 0 cm.
Depth: 0 cm.
Wound Base Color:
None; wound well approximated.
Drainage: None.
Odor: None.
Granulation Present: No.
Epithelialization Present: No.
Undermining is present:
No.
Skin tunneling is present:
No.
Surrounding Tissue: Intact
Patient Pain:
No.
Wound initial assessment.

/es/ HOLLY LANGFORD
RN
Signed: 08/27/2015 15:34

LOCAL TITLE: INPATIENT MEDICINE PROGRESS NOTE (SOAP)
STANDARD TITLE: INTERNAL MEDICINE INPATIENT NOTE
DATE OF NOTE: AUG 27, 2015@14:48 ENTRY DATE: AUG 27, 2015@14:48:31
AUTHOR: MIRZA,ASADULLAH B EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Subjective: He was seen this morning with Dr.Wan. He has no complaints. He has indwelling catheter and his output is good. He is vitally stable. His loss of balance has resolved and he is able to walk today.
Objective:
==========INPATIENT MEDICATIONS==========

Active Inpatient Medications (including Supplies):

	Active Inpatient Medications	Status
1)	CEFTRIAXONE INJ,SOLN CEFTRIAXONE 1 GM in SODIUM CHLORIDE 0.9% 50 ML INFUSE OVER 30 MINUTES IVPB DAILY	ACTIVE
2)	DEXTROSE 50% INJ,SOLN 1 AMP IVP D-STIX PRN FOR FINGER STICK GLUCOSE READINGS BELOW 60, WHEN ORAL	ACTIVE

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       GLUCOSE IS NOT INDICATED.  MAY BE TITRATED.
3)   GLIpizIDE TAB  5MG PO DAILY 30 mins before meal        ACTIVE
4)   GLIpizIDE TAB  5MG PO NOW 30 mins before meal          ACTIVE
5)   INSULIN ASPART INJ  SLIDING SCALE SQ AC 61-130 = O     ACTIVE
       UNIT // 131-150 = 2 UNITS // 151-200 = 4 UNITS //
       201-250 = 8 UNITS // 251-300 = 12 UNITS //
       301-GREATER CALL PROVIDER // PLEASE DON'T COVER
       BEDTIME READING
6)   TAMSULOSIN CAP,ORAL  0.4MG PO DAILY                    ACTIVE

=========================================================================

Active and Recently Expired Outpatient Medications (including Supplies):

     Active Outpatient Medications                          Status
=========================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY  ACTIVE
       MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN,
       INITIAL RX WAS MAILED OUT

=========================================================================

Vital Signs:
TEMPERATURE                96.8 F [36.0 C] (08/27/2015 08:00)
PULSE                      69 (08/27/2015 08:00)
RESPIRATION                18 (08/27/2015 08:00)
BLOOD PRESSURE             162/98 (08/27/2015 08:00)
WEIGHT                     175 lb [79.5 kg] (08/26/2015 23:10)
HEIGHT                     71.5 in [181.6 cm] (08/26/2015 23:10)
PULSE OX                   8/27/15 @ 0800      PULSE OXIMETRY: 95
8/26/15 @ 2310      PULSE OXIMETRY: 94
8/20/15 @ 0914      PULSE OXIMETRY: 97
PAIN                       0 (08/27/2015 08:00)

Physical Exam:
Lungs: Clear to auscultation bilaterally
CVS: Normal s1 s2 , no murmurs or rubs
Abd: Soft, NT, ND
Ext: No pedal edema


Current Labs:
SODIUM:                    139   meq/L   AUG 27,2015@05:00:01
POTASSIUM                  4.2   mmol/L   AUG 27,2015@05:00:01
CHLORIDE                   108   meq/L   AUG 27,2015@05:00:01
CO2                        30   meq/L   AUG 27,2015@05:00:01
GLUCOSE                    246  H mg/dL   AUG 27,2015@05:00:01
BUN                        12   mg/dl   AUG 27,2015@05:00:01


CREATININE                 8/27/15 05:00     0.77
CPK                        88   IU/L   APR 5,2012@07:30:12
CPK-MB                     Not found in computer CK-MB (VALID ONLY IF TOTAL
ELEVATED)
TROPONIN                   Not found in computer TROPONIN I
WBC                        11.5  H K/cumm   AUG 27,2015@05:00
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RBC	4.27	L Million/uL	AUG 27,2015@05:00
HGB	12.3	L gm/dL	AUG 27,2015@05:00
HCT	38.6	%	AUG 27,2015@05:00
MCV	90.4	fL	AUG 27,2015@05:00
MCH	28.9	pg	AUG 27,2015@05:00
MCHC	31.9	L gm/dL	AUG 27,2015@05:00
PLATELET COUNT	298	K/cumm	AUG 27,2015@05:00
PT	Not found in computer PT		
PTT	28.0	Seconds	AUG 27,2015@05:00:03

==========

Plan/Assessment:
1. Obstructive uropathy 2/2 to elarged prostate (BPH vs malignancy). PSA is 1.0. We will keep him on foley cather and he will see urologist on an outpatient basis next week.

2. Loss of balance: He has been complaining of loss of balance since after hernia surgery 10 days ago. However he is better today and was able to walk without problems. He was evaluated by PT and he is cleared for discharge.

2. UTI VS bactriuria in presence of obstructive uropathy which necessiate Abx treatment. No evidence of urine infection from urinalysis reports obtained from kansas. will continue Rocephin
3. Uncontrolled DM II: We have d/c'ed his sliding scale and put him on lantus and glipizide.
4. AKI. resolved.
5. VTE. declined anticoagulations. kept on SCDs.
6. Moderate protein cal malnutrition.
[ ] Medication reconciliation was completed with the patient/caregiver.

Indwelling catheter assessment of continuing need:
Catheter present.

Central venous line assessment of continuing need:
No Central Venous Line present.

/es/ ASADULLAH B MIRZA, MD
RESIDENT PHYSICIAN
Signed: 08/27/2015 14:55

LOCAL TITLE: ATTENDING PHYSICIAN NOTE (T)
STANDARD TITLE: ATTENDING NOTE
DATE OF NOTE: AUG 27, 2015@13:20 ENTRY DATE: AUG 27, 2015@13:20:39
AUTHOR: WAN,BANG EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Patient seen, examed and discussed with team.

72 y/o male with h/o HLD, DM2, and depression was transferred from Liberal, Kasas hospital for urinary retention and b/l hydronephrosis and hydroureter. He had right inguinal hernia repair on 8/19/15 here. According to the patient, after he was discharged after the surgery, he had unsteady gait, urinary

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incontinence and hick up. On questioning, he reported that he did not have urinary hecitency or dribbling. No feelings or incomplete voiding or urinary urgency. He went to Liberal OPC and was sent to local hospital on 8/24/15. There CT abd/pelvis revealed b/l hydronephrosis and hydroureter. Bladder scan showed 700cc residue. A Foley was inserted that resulted in 500cc of urine. He was hospitalized and started on flomax and rocephin there. At admission, he has mildly elevated BUN/creatinine. These went back to baselin in 2 days. Transferred here for further care because it was unsure there if he was able to walk since the patient declined rehab evaluation there. During mmorning round, the patient reported that he fould his unsteadiness resolved this morning and he was able to walk to the bathroom and back with no difficulty. He was not taking any medicine before he was hospitalized in Liberal although he has DM2. His BS was >400 when he presented to Liberal Hosital.

	Active Inpatient Medications	Status
1)	CEFTRIAXONE INJ,SOLN CEFTRIAXONE 1 GM in SODIUM CHLORIDE 0.9% 50 ML INFUSE OVER 30 MINUTES IVPB DAILY	ACTIVE
2)	DEXTROSE 50% INJ,SOLN 1 AMP IVP D-STIX PRN FOR FINGER STICK GLUCOSE READINGS BELOW 60, WHEN ORAL GLUCOSE IS NOT INDICATED. MAY BE TITRATED.	ACTIVE
3)	INSULIN ASPART INJ SLIDING SCALE SQ AC 61-130 = O UNIT // 131-150 = 2 UNITS // 151-200 = 4 UNITS // 201-250 = 8 UNITS // 251-300 = 12 UNITS // 301-GREATER CALL PROVIDER // PLEASE DON'T COVER BEDTIME READING	ACTIVE
4)	TAMSULOSIN CAP,ORAL 0.4MG PO DAILY	ACTIVE

O.E.

Conscious. In no acute distress.
Vitals: Tmax: 95.9, P: 89, R: 16, BP: 144/102, SaO2 94% RA.
Chest: CTA.
CVS: S1 and S2+. S3 or murmurs-.
Abd: Soft. Non-tender. B.S.+.
Ext: No edema. P.P.+.
CNS: Alert. Oriented. NFND.

Current Labs:

SODIUM:	139	meq/L	AUG 27,2015@05:00:01
POTASSIUM	4.2	mmol/L	AUG 27,2015@05:00:01
CHLORIDE	108	meq/L	AUG 27,2015@05:00:01
CO2	30	meq/L	AUG 27,2015@05:00:01
GLUCOSE	246 H	mg/dL	AUG 27,2015@05:00:01
BUN	12	mg/dl	AUG 27,2015@05:00:01
CREATININE	0.77		
WBC	11.5 H	K/cumm	AUG 27,2015@05:00
RBC	4.27 L	Million/uL	AUG 27,2015@05:00
HGB	12.3 L	gm/dL	AUG 27,2015@05:00
HCT	38.6	%	AUG 27,2015@05:00
MCV	90.4	fL	AUG 27,2015@05:00
MCV	90.4	fL	AUG 27,2015@05:00
MCH	28.9	pg	AUG 27,2015@05:00
MCHC	31.9 L	gm/dL	AUG 27,2015@05:00
PLATELET COUNT	298	K/cumm	AUG 27,2015@05:00

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PT 12
INR 1.1 ratio AUG 27,2015@05:00:03
PTT 28.0 Seconds AUG 27,2015@05:00:03

Assessment:
1) Urinary incontinence, most commen cause in a male at this age is overflow incontinence 2' to BPH. The patient's lack of subjective incomplete voiding or urinary urgency and his uncontroled DM2 makes neurogenic bladder another possibility.
2) DM2, BS not well controlled.

Plan:
1) Discharge with indwelling Foley, leg bag and follow in Urology Clinic in 1 to 2 weeks for voiding trial. He had a Surgical Clinic follow up on 9/1/15, will try to arrange the Urology Clinic follow up on the same day.
3) He needs out patient hypoglycemics. will start him on glipizide and ask him to follow up with PCP in Liberal Clinic.

/es/ BANG WAN
MD
Signed: 08/27/2015 13:41

LOCAL TITLE: CHAPLAIN SPIRITUAL ASSESSMENT GENERAL
STANDARD TITLE: PASTORAL CARE COUNSELING NOTE
DATE OF NOTE: AUG 27, 2015@13:13 ENTRY DATE: AUG 27, 2015@13:13:30
AUTHOR: MURPHY,RORY G O EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Visited day 2 patient for spiritual assessment per Chaplaincy protocol. Mr. Hopkins appeared alert, oriented, and in fair spirit. Veteran's spiritual request was for religious literature. Provided pastoral support, listening, blessing, and literature. Advised patient of Chaplain services and left Service information literature. Follow-up as requested or per Chaplaincy protocol.

/es/ RORY G O MURPHY
CHAPLAIN
Signed: 08/27/2015 13:15

LOCAL TITLE: MNT - NUTRITIONAL ASSESSMENT
STANDARD TITLE: NUTRITION DIETETICS NOTE
DATE OF NOTE: AUG 27, 2015@11:25:57 ENTRY DATE: AUG 27, 2015@11:25:59
AUTHOR: BOHON,AMANDA B EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

MEDICAL NUTRITION THERAPY -- INITIAL NUTRITIONAL ASSESSMENT

Food and Nutrition History:

--Appetite: Pt reports having a good appetite and eating well. Pt reports he ate

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100% of his breakfast this morning.
--Diet followed prior to admission: Pt reports he follows a regular diet at home. Pt reports he was eating well prior to admission
--Feeding Assistance Required: No
--N/V: None reported
--Diarrhea or constipation: None reported
--Chewing or swallowing difficulties: None reported
--Food Allergies: None reported
--Food Preferences: Honored via select menus/room service.
--Ethnic/Religious Food Preferences: None reported
--Pertinent Meds: aspart
--OTC Herbal Supplements/Vitamins: None reported
--Skin Assessment Score: Braden score is 21 (no risk for skin impairment); surgical incision from recent hernia repair noted.

Admitting Diagnosis: hydronephrosis

Past Medical History includes: DM

Current Diet: 1800 ADA

Height: 5' 11.5" (182 cm)
Weight: 175 lbs (79.5 kg) Weight Taken: 26-Aug-15
Usual Weight: 180 lbs (81.8 kg) % Usual Wt: 97%
Target Weight: 175 lbs (79.5 kg) % Target Wt: 100%
Frame Size: Medium Body Mass Index: 24.1

-- Pt reports he has lost about 10# over past year d/t eating less and being more active. Pt reports his UBW is around 180#. Pt reports his wt does fluctuate some. Reviewed wt chart. Current wt is up 4# from previous wt. BMI: 24.1 (normal). Goal for this admission with wt maintenance.

Laboratory Data

Test	Result	units	Ref. range	Date
GLUCOSE	246 H	mg/dL	74 - 118	27-Aug-15
UREA NITROGEN	12	mg/dl	7 - 18	27-Aug-15
CREATININE, SERUM	0.77	mg/dL	.6 - 1.3	27-Aug-15
POTASSIUM	4.2	mmol/L	3.5 - 5.0	27-Aug-15
ALBUMIN	2.6 L	g/dL	3.5 - 4.8	27-Aug-15
TRIGLYCERIDE	153 H	mg/dL	0 - 150	14-Jul-15
PAB	14.3 L	mg/dL	18 - 38	27-Aug-15
HGB	12.3 L	gm/dL	14 - 18	27-Aug-15
HCT	38.6	%	37 - 52	27-Aug-15
HEMOGLOBIN A1C %	13.4 H	%	- 6.0	14-Jul-15

-- Glucose is elevated- pt is on insulin and receives a diabetic diet. A1C indicates poor glucose control. PAB and Albumin are low indicating visceral protein depletion.

Energy Requirements: 2064 Kcal/day Kcal:N 161:1
    Energy calculation is based on: Energy Factor of 1, Harris-Benedict, and Actual Body Wt
Protein Requirements: 80 gm/day NPC:N 136:1

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Protein calculation is based on: Actual Body Wt and protein level of 1
Fluid Requirements: 2386 ml/day

Appearance: well-nourished male
Nutrition Status: Mildly Compromised

Nutrition Diagnosis: Altered nutrition related lab values related to DM as evidenced by glucose of 246 and A1C of 13.4.

Nutrition Intervention: Will continue 1800 ADA diet as ordered to meet nutritional needs and to help with glucose control. Encourage adequate po intake. Will honor food preferences as voiced, when appropriate.

Nutrition Monitoring/Evaluation:
1. Meet greater than 75% of estimated nutritional needs.
2. Follow weight trends -- Goal for maintenance of 1-2% of admission weight
3. Monitor nutritionally pertinent labs as available-- Gluc, PAB, Alb.
4. Monitor skin integrity for changes.

/es/ Amanda B Bohon MA, RD
Clinical Dietitian
Signed: 08/27/2015 11:32

LOCAL TITLE: DISCHARGE CODE STATUS
STANDARD TITLE: ATTENDING INPATIENT NOTE
DATE OF NOTE: AUG 27, 2015@09:28 ENTRY DATE: AUG 27, 2015@09:28:38
AUTHOR: WAN,BANG EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

I concur with the DNR note entered by the Resident or Midlevel.

/es/ BANG WAN
MD
Signed: 08/27/2015 09:28

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 27, 2015@07:53:18 ENTRY DATE: AUG 27, 2015@07:53:19
AUTHOR: BIRD,STACEY R EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

8/26 - Transfer to Amarillo VAMC requested.

DISCHARGE DISPOSITION:
Discharge Date: Aug 26,2015

Name of Contact:Amarillo VAMC NOD

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Disposition at Discharge (Document specific information in clinical note section): Transferred (indicate location below) Amarillo VAMC 3 North

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/27/2015 07:54

Receipt Acknowledged By:
12/23/2015 10:07 /es/ LORI L OLOUGHLIN

08/27/2015 18:36 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
08/28/2015 13:32 /es/ ZENITHA ROSALES
RN, MSN

==========

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08/25/15 NON VA CARE HOSPITAL NOTIFICATION NOTE (D):
NON VA FACILITY - INTAKE SECTION:

Facility:
Hospital Notification Date: Aug 25,2015@12:07

Method of Contact: Phone Call

Point of Contact Name: Casey

Point of Contact Dept: Other:

Point of Contact Phone #: 620-624-1651

Point of Contact Fax #:

Non-VA Hospital Name: SW Medical Center
Address:
City: Liberal
State: KS Zip:
Phone:

Date Presenting to the Facility:

Chief Complaint: Bil Hydronephrosis

Patient Admitted? Yes
Date/Time: Aug 24,2015@21:10

Admission Diagnosis: Bil. Hydronephrosis

Attending-Treating MD: Chanda

Type of Bed: Medicine

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Veteran requesting transfer? No
Additional Comments:

UNAUTHORIZED ADMISSION- 70%SC (UNRELATED). Veteran has Medicare A private insurance listed. Amarillo VAMC Initial notification of admission 8/25/15. Amarillo VAMC unable to provide care (Geographical location). DX: Bil. Hydronephrosis

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/25/2015 12:10

Receipt Acknowledged By:
01/15/2016 10:19 /es/ LORI L OLOUGHLIN

08/25/2015 12:19 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
08/28/2015 13:33 /es/ ZENITHA ROSALES
RN, MSN

LOCAL TITLE: NON VA CARE HOSPITAL NOTIFICATION NOTE (D)
STANDARD TITLE: NONVA REFERRAL NOTE
DATE OF NOTE: AUG 25, 2015@12:07 ENTRY DATE: AUG 25, 2015@12:07:32
AUTHOR: BIRD,STACEY R EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

*** NON VA CARE HOSPITAL NOTIFICATION NOTE (D) Has ADDENDA ***

NON VA FACILITY - INTAKE SECTION:

Facility:
Hospital Notification Date: Aug 25,2015@12:07

Method of Contact: Phone Call

Point of Contact Name: Casey

Point of Contact Dept: Other:

Point of Contact Phone #: 620-624-1651

Point of Contact Fax #:

Non-VA Hospital Name: SW Medical Center
Address:
City: Liberal
State: KS Zip:
Phone:

Date Presenting to the Facility:

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Chief Complaint: Bil Hydronephrosis

Patient Admitted? Yes
Date/Time: Aug 24,2015@21:10

Admission Diagnosis: Bil. Hydronephrosis

Attending-Treating MD: Chanda

Type of Bed: Medicine

Veteran requesting transfer? No
Additional Comments:

UNAUTHORIZED ADMISSION- 70%SC (UNRELATED). Veteran has Medicare A private insurance listed. Amarillo VAMC Initial notification of admission 8/25/15. Amarillo VAMC unable to provide care (Geographical location). DX: Bil. Hydronephrosis

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/25/2015 12:10

Receipt Acknowledged By:
01/15/2016 10:19 /es/ LORI L OLOUGHLIN

08/25/2015 12:19 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
08/28/2015 13:33 /es/ ZENITHA ROSALES
RN, MSN

08/27/2015 ADDENDUM STATUS: COMPLETED
8/26 - Transfer to Amarillo VAMC requested.

DISCHARGE DISPOSITION:
Discharge Date: Aug 26,2015

Name of Contact:Amarillo VAMC NOD
Disposition at Discharge (Document specific information in clinical note section): Transferred (indicate location below) Amarillo VAMC 3 North

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/27/2015 07:54

Receipt Acknowledged By:
12/23/2015 10:07 /es/ LORI L OLOUGHLIN

08/27/2015 18:36 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
08/28/2015 13:32 /es/ ZENITHA ROSALES
RN, MSN

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LOCAL TITLE: INTERFACILITY TRANSFER NOTE (FORM10-2649A)
STANDARD TITLE: TRANSFER SUMMARIZATION NOTE
DATE OF NOTE: AUG 27, 2015@07:51 ENTRY DATE: AUG 27, 2015@07:51:28
AUTHOR: LEE,STEVEN H EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PATIENT IDENTIFICATION
Name: HOPKINS,MARSHALL HUGH (b)(6) DOB:JUL 20,1943
Next of Kin/POA Name:Darlene Hopkins (spouse)
Next of Kin/POA Phone:620-272-4822

REASON FOR TRANSFER
Diagnosis:bilateral hydronephrosis
Nature of Services Needed By Patient Requiring Transfer:
Return to Primary Health Facility

Does the patient have any of the following symptoms: fever, headache, joint and muscle
aches,weakness, fatigue, diarrhea, vomiting, stomach pain, lack of appetite, or bleeding? NO

Has the patient travelled to West Africa (Guinea, Liberia, Senegal, Sierra Leone or other countries where Ebola Virus Disease transmission has been reported by WHO)
within 21 days (3 weeks) of symptom onset? NO

Description of Further Treatment Required:
Treatment of bilateral hydronephrosis

RESPONSIBLE INDIVIDUALS
Referring Physician: Dr Chanda Pager:
Referring Facility:Liberal Kansas Hospital
Case Manager/Phone:
Floor/Phone:

Accepting Physician:Dr WanPhone:806-355-9703
Name/Address/Floor and full phone number including unit extension of accepting facility:Thomas E. Creek Amarillo VAMC
6010 Amnarillo Boulevard West
Amarillo, Texas 79106 806-355-9703

Patient Has Advance Directives:No
If yes, include hard copy in chart.
Code Status: full code

CONDITION OF PATIENT ON TRANSFER
Is patient medically stable for transfer: Yes
VITALS:
Pain: 0 (08/26/2015 23:10)

Mental Status: Behaviorally Stable, Alert Oriented x 3

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Special Equipment:
none

Oxygen/Liter Flow: Not Applicable
Ventilator Settings: Not Applicable
IV Lines(#):Not Applicable
IV Fluids: Not Applicable
Safety Devices Needed: Not Applicable

Reconciled medication list sent with the patient Yes
Other Clinical Information (Significant hx, labs, films with patient):
labs, x-ray, EKG, Notes

Reason for Special Mode Transportation and Attendant Care Requirements:
N/A, sent by POV per Liberal Kansas

Transport: POV
Ambulance Company Name: Not Applicable

Special Mode Transportation is: Disapproved

ETA Date and Time:

CONSENT SIGNED BY PATIENT OR POA FOR TRANSFER:

ELIGIBILITY INFORMATION:

NSC PENSION: Yes

/es/ STEVEN H LEE
RN
Signed: 08/27/2015 07:56

Receipt Acknowledged By:
08/27/2015 09:28 /es/ BANG WAN
MD

LOCAL TITLE: HISTORY & PHYSICAL
STANDARD TITLE: H & P NOTE
DATE OF NOTE: AUG 27, 2015@07:17:54 ENTRY DATE: AUG 27, 2015@07:17:54
AUTHOR: SULIMAN,ABDELRAZIG EXP COSIGNER: WAN,BANG
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PATIENT NAME: HOPKINS,MARSHALL

DATE: 08/26/2015

DOB: 07/20/1943

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ADMITTING PHYSICIAN: Abdelrazig Suliman, MD

ATTENDING PHYSICIAN: Bang Wan, MD

This patient will be admitted to team 1.

CHIEF COMPLAINT: The patient was transferred from Kansas because of obstructive uropathy and uncontrolled diabetes mellitus.

HISTORY OF PRESENTING ILLNESS: This is a 72-year-old male with past medical history of diabetes mellitus type 2. The patient was not on any kind of medication. The patient's story started on August 20 after he underwent right hernia repair surgery here in Amarillo. Patient was discharged home the next day after the surgery. He stated that on his way to his home town in Kansas he noticed that he became incontinent with his urine. On the next day, the patient also stated that he had some transient hiccup and some sort of unsteady gait. The patient was send out here on hydrocodone to control his pain and he has been taking that as well. Because of the patient's urinary incontinence and hiccup, he called the Amarillo VA here and he was told to go to the nearest medical facility. The patient was admitted there in Southwest Medical Center in Kansas and CT scan abdomen was done and that showed bilateral hydronephrosis and hydroureters indicative of obstructive uropathy. The patient received a Foley catheter and he also was started on antibiotic for UTI infection. The patient also was found to have some mild kidney injury at that time with a creatinine level of 1.5, but he responded quite well to IV fluids and his creatinine went back to normal. The patient denied any history of prostatism or any kind of other urinary symptoms during the last few months. He also denied taking any kind of medication and he assumed that he was able to control his diabetes only with diet and he did not believe that he had diabetes but he kept saying that he had high blood sugar but his blood sugar was almost always controlled.

REVIEW OF SYSTEMS: All systems including head and neck, cardiovascular, pulmonary, gastrointestinal, hematology, neurology, musculoskeletal, genitourinary, and dermatology are all negative except what is mentioned above.

ALLERGIES: None.

PAST MEDICAL HISTORY: Type 2 diabetes mellitus and per records he has history of vitamin D deficiency, history of dyslipidemia, history of microscopic hematuria, history of vitamin B12 deficiency, and history of depression and have.

MEDICATION: Patient was not on any medication at home but his hospital medication that he came in taking from Kansas include per records:
1. Ambien 5 mg.
2. Flomax 0.4 mg.
3. Senna.
4. Ceftriaxone injection.

PAST SURGICAL HISTORY: Include right hernia repair, which is recent.

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SOCIAL HISTORY: The patient quit smoking in 1972. He denied alcohol and denied drugs.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 125/74, heart rate 81, respiratory rate 16, temperature 97.8, and oxygen saturation 98% on ambient air.
SKIN EXAMINATION: Patient is alert, oriented, very nice veteran, in no acute distress.
HEENT: Normocephalic, atraumatic. Extraocular movements intact. Pupils are equal, round, reactive to light and accommodation. There is no conjunctival pallor, jaundice, or cyanosis.
NECK: Supple. No JVD. No lymphadenopathy. No thyromegaly.
PULMONARY EXAMINATION: Clear to auscultation bilaterally. There are no added sounds.
CARDIOVASCULAR EXAMINATION: Regular rate and rhythm. S1, S2 are normal. No murmur. No gallop. No rub.
ABDOMEN: Soft, nontender. No organomegaly. Bowel sounds are normoactive in all quadrants.
CNS EXAMINATION: Cranial nerves II through XII appear grossly to be intact. Strength 5/5 in all muscle groups with normal tone and normal deep tender reflexes, proximal and distal. Sensation intact to pinprick, touch, and temperature in all dermatomes, with normal proprioception and normal vibration sense. Coordination is intact on the right side. The patient is slightly having some sort of dysdiadochokinesia on repetitive movement on the left hand. This is probably because the patient is right handed.
EXTREMITIES: There is no pedal edema. Peripheral pulses are intact.

DIAGNOSTIC DATA: Laboratory data includes labs from August 24 in Kansas. CBC: White cell count 13.4; hemoglobin 13.7; hematocrit 40.9; and platelets 285,000,. Chemistry from August 25, also from Kansas, sodium 141, potassium 3.4, chloride 104, bicarbonate 25, BUN 24, creatinine 0.8, blood glucose 213, calcium 8.5, magnesium 1.3, total protein 5.9, albumin 2.8, alkaline phosphatase 56, AST 64, ALT 50. Cardiac markers are negative. Urinalysis shows rbc's 5 to 10. Imaging studies: EKG normal sinus rhythm with first-degree heart block and multiple PVCs. He also has T-wave inversion in the lateral leads and kind of flat T-waves in the anterior leads with left axis.

IMPRESSION AND PLAN:
1. Obstructive uropathy with overflow incontinence most likely secondary to enlarged prostate. We cannot rule out prostate cancer at this time. Patient is having Foley catheter right now and he is making a good amount of urine. He is also started on Flomax 0.4 milligrams and we will have the patient to be assessed by Urology for possible prostate surgery.
2. Urinary tract infection. The patient actually was on Rocephin that was started in Kansas. His urinalysis does not show much of infection, but his computed tomography (CT) scan showed some stranding in the perinephric area and in the periureteric area, second possible inflammation. Also, I could not find any bacteria in his urine that could also justify him being on Rocephin. For now, we will continue his Rocephin as he has some inflammatory markers and we will check his procalcitonin as well.
3. Uncontrolled diabetes. Patient has been diabetic for the last 4

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years, but he has never been on any kind of antidiabetic medication. His hemoglobin A1c is 10.8, which is obviously uncontrolled, so we will keep him on sliding scale insulin for now and he will probably need to be started on oral antidiabetic medication to take care of his uncontrolled diabetes.
4. Deep vein thrombosis (DVT) prophylaxis. The patient is moderate risk for deep vein thrombosis (DVT), but he declined anticoagulant shots and he agreed on receiving sequential compression devices (SCDs) instead.
5. Resolved acute kidney injury. The patient's creatinine from 2 days ago was 1.5 and since yesterday it came back to his baseline of 0.8. So for now, we will increase oral hydration and we will monitor his kidney function as well.
6. Case will be discussed with the team in the morning.

1161102/tj(08/27/2015 04:40:56)15784860
D: 08/27/2015 02:31:15 T: 08/27/2015 04:40:56
$END

/es/ ABDELRAZIG BABIKER SIRAG SULIMAN, MD
RESIDENT PHYSICIAN
Signed: 08/27/2015 22:26

/es/ BANG WAN
MD
Cosigned: 08/28/2015 12:04

LOCAL TITLE: 24 HOUR INTAKE AND OUTPUT
STANDARD TITLE: NURSING INTAKE & OUTPUT NOTE
DATE OF NOTE: AUG 27, 2015@06:22 ENTRY DATE: AUG 27, 2015@06:22:39
AUTHOR: INPENG,CHITHALONE EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

24 HOUR INTAKE AND OUTPUT
I & O IS RECORDED FROM 20:00 TO 19:59
Date: Aug 27,2015 @ 00:00 to Aug 27,2015 @ 07:59

INTAKE:
Intake Total: 120ml

OUTPUT:
Output Total: 1100ml

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/es/ CHITHALONE INPENG
RN, BSN
Signed: 08/27/2015 06:24

LOCAL TITLE: INTERIM NOTE
STANDARD TITLE: PHYSICIAN NOTE
DATE OF NOTE: AUG 27, 2015@04:36 ENTRY DATE: AUG 27, 2015@04:37:04
AUTHOR: SULIMAN,ABDELRAZIG EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

72 year old veteran male from Kansas. PMH of DMII not on meds. Has been transfered to VA amarillo for obstructive uropathy. patient underwent surgery for hernia repair a week ago here in the VA and was discharged the next day. stated that On his way to Kansas he some urinary incontinence accident for the first time. No prior history of prostatism or diagnosis of BPH. He aslo had a few episodes of hiccups and what he describes as unsteady gait. He called VA amarillo and was told to seek a medical advice close to his residence. He was admitted to southwest medical center in Kansas after his CT scan showed bilateral hydronephrosis and hydroureters with periureteric and perinephric stranding, prominent prostate and distended bladder. Placement of indweling foley catheter retrieved considerable amount of urine. He was also found to have some kidney injury with creatinine of 1.5 that came back to normal after 24 hours of obstruction relief.
He was also not on any antidiabetic meds with HbA1c of 10.8. patient has an unshakable believes in not taking meds, he would prefer taking herbs to treat his medical problems.
VS BP125/74. HR 81. RR 16. Tem 97.8. physical exam unremarkable except for mild dysdiadochokinesia in left hand. patient is right-handed. DRE not done.
most recent labs from yesterday remarkable for: WCC 13.4, HB 13.7, BUN/Crea 24/0.8, HbA1c 10.8, Albumin 2.8.

plan: Admitted for:
1. Obstructive uropathy 2/2 to elarged prostate (BPH vs malignancy). will check DRE and PSA for possible cancer. keep foley cather and urology consult .
2. UTI VS bactriuria in presence of obstructive uropathy which necessiate Abx treatment. No evidence of urine infection from urinalysis reports obtained from kansas. will continue Rocephin and team will decide upon it.
3. Uncontrolled DM II. SSI with aspart.
4. AKI. resolved.
5. VTE. declined anticoagulations. kept on SCDs.
6. Moderate protein cal malnutrition.

for more info please refer to detailed H&P dectated on 8/27/2015

/es/ ABDELRAZIG BABIKER SIRAG SULIMAN, MD
RESIDENT PHYSICIAN
Signed: 08/27/2015 05:03

LOCAL TITLE: ACTIVITIES OF DAILY LIVING
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 27, 2015@01:16 ENTRY DATE: AUG 27, 2015@01:16:28

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AUTHOR: INPENG,CHITHALONE EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Night tour activities and care.
STATUS: Alert; Oriented
ACTIVITY: As Tolerated, Ambulate
ISOLATION: N/A
MOBILITY: Independent

HYGIENE: self
Oral Care:
Shave:
Peri Care:
Linens:
SAFETY: Bed in low position, brakes on., Call light within reach, Food/water within reach, ID Band on, Lighting adequate, Footware appropriate, Siderail up to help me turn or get out of bed and then lowered
Protective Devices: N/A
NUTRITION: Breakfast:
Lunch:
Supper:
Fluids offered q2h: Yes

ELIMINATION
Toileting offered q2h:
Urine: Foley
Foley secure devices: YES

Urine Color: Amber
Clear
BM: #BMs: Colostomy:

SKIN: Intact
IV Site: Hep/Saline Lock
IV Location: R arm
Post Op Care: SCD on Bilateral
Nursing Comments: 00:00 Assumed care of patient
07:30-08:00 Report given to next shift

/es/ CHITHALONE INPENG
RN, BSN
Signed: 08/27/2015 08:08

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 27, 2015@00:59:04 ENTRY DATE: AUG 27, 2015@00:59:05
AUTHOR: ALMAGER,MIRANDA L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Scrotum red and swollen, "It's been like that since the surgery"

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/es/ MIRANDA LIN HUGHES
RN
Signed: 08/27/2015 00:59

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--- Original Document ---

08/26/15 SKIN ASSESSMENT INITIAL VANOD:
BRADEN SKIN RISK ASSESSMENT

Sensory Perception:4 = No Impairment
Moisture: 3 = Occasionally Moist
Activity: 4 = Walks Frequently
Mobility: 4 = No Limitation
Nutrition: 3 = Adequate
Friction: 3 = No Apparent Problem
19-23 No Risk
Score: 21

SKIN PATCHES
The patient does not have any patches on the skin.

MAJOR RISK FACTORS / SPECIAL POPULATIONS
The patient does not have any spinal cord injury, paralysis or neurologic disease.

CURRENT SKIN ASSESSMENT
Skin Color:
Color: Normal for ethnic group
Skin Temperature
Temp: Warm
Skin Moisture
Moisture: Dry
Skin Turgor
Turgor: Within normal limits

SKIN PROBLEMS
Wound -location, type, description
R inguinal hernia repair incision, staples in tact, well approximated

INTERVENTIONS
The pressure ulcer prevention protocol was not needed - patient is not at risk.

If any of the below indications are marked, pressure ulcer risk interventions must be initiated and added to the care plan. These should be reviewed and updated with each assessment and PRN as the patient's needs change.

Please mark all that apply: None

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Wound(s) present:
Wound #1
Type of wound: surgical incision
  Location: right leg
    Comment: Groin
  Dimensions: Length: 9.5 cm.
               Width: x cm.
               Depth: x cm.
  Wound Base Color:
  None; wound well approximated.
  Drainage: None.
  Odor: None.
  Granulation Present: No.
  Epithelialization Present: No.
  Undermining is present:
    No.
  Skin tunneling is present:
    No.
  Surrounding Tissue: Intact
Patient Pain:
  No.
Wound initial assessment.

/es/ MIRANDA LIN HUGHES
RN
Signed: 08/26/2015 23:55

 LOCAL TITLE: SKIN ASSESSMENT INITIAL VANOD
STANDARD TITLE: NURSING SKIN ASSESSMENT NOTE
DATE OF NOTE: AUG 26, 2015@23:50   ENTRY DATE: AUG 26, 2015@23:50:58
      AUTHOR: ALMAGER,MIRANDA L   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

   *** SKIN ASSESSMENT INITIAL VANOD Has ADDENDA ***

BRADEN SKIN RISK ASSESSMENT

Sensory Perception:4 = No Impairment
Moisture: 3 = Occasionally Moist
Activity: 4 = Walks Frequently
Mobility: 4 = No Limitation
Nutrition: 3 = Adequate
Friction: 3 = No Apparent Problem
  19-23   No Risk
    Score: 21

SKIN PATCHES
The patient does not have any patches on the skin.

MAJOR RISK FACTORS / SPECIAL POPULATIONS

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The patient does not have any spinal cord injury, paralysis or neurologic disease.

CURRENT SKIN ASSESSMENT
    Skin Color:
      Color: Normal for ethnic group
    Skin Temperature
      Temp: Warm
    Skin Moisture
      Moisture: Dry
    Skin Turgor
      Turgor: Within normal limits

  SKIN PROBLEMS
    Wound -location, type, description
       R inguinal hernia repair incision, staples in tact, well approximated

INTERVENTIONS
  The pressure ulcer prevention protocol was not needed - patient is not at risk.

If any of the below indications are marked, pressure ulcer risk interventions must be initiated and added to the care plan. These should be reviewed and updated with each assessment and PRN as the patient's needs change.

Please mark all that apply: None

Wound(s) present:
Wound #1
Type of wound: surgical incision
  Location: right leg
    Comment: Groin
  Dimensions: Length: 9.5 cm.
               Width: x cm.
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  None; wound well approximated.
  Drainage: None.
  Odor: None.
  Granulation Present: No.
  Epithelialization Present: No.
  Undermining is present:
    No.
  Skin tunneling is present:
    No.
  Surrounding Tissue: Intact
Patient Pain:
  No.
Wound initial assessment.

/es/ MIRANDA LIN HUGHES

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RN
Signed: 08/26/2015 23:55

08/27/2015 ADDENDUM STATUS: COMPLETED
Scrotum red and swollen, "It's been like that since the surgery"

/es/ MIRANDA LIN HUGHES
RN
Signed: 08/27/2015 00:59

LOCAL TITLE: MEDICATION RECONCILIATION AT ADMISSION
STANDARD TITLE: INPATIENT MEDICATION MGT NOTE
DATE OF NOTE: AUG 27, 2015@00:51 ENTRY DATE: AUG 27, 2015@00:51:28
AUTHOR: SULIMAN,ABDELRAZIG EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Active Inpatient Medications (including Supplies):

	Pending Inpatient Medications	Status
1)	CEFTRIAXONE INJ,SOLN 1GM/1VIAL IVPB DAILY	PENDING
2)	DEXTROSE 50% INJ,SOLN 1 AMP IVP D-STIX PRN	PENDING
3)	INSULIN ASPART INJ SLIDING SCALE SQ AC	PENDING
4)	TAMSULOSIN CAP,ORAL 0.4MG PO DAILY	PENDING

Active and Recently Expired Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN, INITIAL RX WAS MAILED OUT	ACTIVE

Home medications or patient's list of medications reviewed.
No Medication discrepancies found.
Pre-Admission and current medication lists reviewed with patient and/or caregiver, and the patient and/or caregiver verbalized understanding of the discussion

Encouraged to keep list of current medications with them in case of an emergency.

/es/ ABDELRAZIG BABIKER SIRAG SULIMAN, MD
RESIDENT PHYSICIAN
Signed: 08/27/2015 00:51

LOCAL TITLE: DISCHARGE CODE STATUS
STANDARD TITLE: ATTENDING INPATIENT NOTE
DATE OF NOTE: AUG 27, 2015@00:51 ENTRY DATE: AUG 27, 2015@00:52:08
AUTHOR: SULIMAN,ABDELRAZIG EXP COSIGNER: WAN,BANG

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INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

DNR INFORMED CONSENT DISCUSSION
Date/time of the Discussion: Aug 27,2015
Persons present at the discussion:
Patient

DNR Status discussed and concurrence received from Dr. Bang Wan M.D.

Patient's mental status: alert The patient has decision making capacity

Name(s) of the practitioner(s) responsible for designation of DNR Status:

DNR Status discussed as described below: patient does not want to be resuscitated if he arrested. does not want any heroic measures to bring him back to life. stated that he lived a good live.

Diagnosis: Obstructive uropathy/uncontrolled DMII

Indications: patient wish

DNR Status has been discussed with the patient/surrogate decision maker in language that they could understand; and that they indicated comprehension of the discussion.

The diagnosis and indications have been explained and the opportunity to ask questions was offered.

/es/ ABDELRAZIG BABIKER SIRAG SULIMAN, MD
RESIDENT PHYSICIAN
Signed: 08/27/2015 00:53

/es/ BANG WAN
MD
Cosigned: 08/27/2015 09:28

LOCAL TITLE: VTE PROPHYLAXIS
STANDARD TITLE: RISK ASSESSMENT SCREENING NOTE
DATE OF NOTE: AUG 27, 2015@00:47 ENTRY DATE: AUG 27, 2015@00:47:59
AUTHOR: SULIMAN,ABDELRAZIG EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

RISK FACTOR ASSESSMENT:
Age 61 - 74 years 2 points
2 = Total Risk Factor Score.

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Prophylaxis Regimen:
Total Risk Factor Score: 2 Moderate Risk, 10%-20%
Bilateral SCDs ordered
patient declined taking anticoagulant for DVT ppx.

/es/ ABDELRAZIG BABIKER SIRAG SULIMAN, MD
RESIDENT PHYSICIAN
Signed: 08/27/2015 00:51

LOCAL TITLE: CARE PLAN
STANDARD TITLE: TEAM TREATMENT PLAN NOTE
DATE OF NOTE: AUG 26, 2015@23:48 ENTRY DATE: AUG 26, 2015@23:49:01
AUTHOR: ALMAGER,MIRANDA L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

ACTIVITY INTOLERANCE
related to Prolonged bed rest

EXPECTED OUTCOME
Target date Aug 29,2015
Maintains activity level within capabilities as evidenced by normal heart rate and BP, Verbalizes use of oxygen and conservation techniques

ACTION/INTERVENTIONS
Assess patient's level of physical activity before experiencing angina, Evaluate factors that may precipitate fatigue or discomfort, Encourage adequate rest periods between activities, Assess nutritional status, Assess needs for assistive devices, Observe and document response to activity

INCONTINENCE WITH BOWEL/BLADDER
related to Lack of bladder/bowel control, Spontaneous voiding/evacuation

EXPECTED OUTCOME
Target date Aug 29,2015
Regular bladder and bowel habits, Perineal skin remain intact, Decreased episodes of bladder/bowel incontinence
ACTION/INTERVENTION
Assess patient's normal bladder/bowel elimination pattern, Encourage mobility or exercise as tolerated, Establish bladder and bowel training program by toileting patient every two hours, Give perineal care after each episode of incontinence, Mark bathroom doors conspicuously, Allow privacy and respect patient's dignity, Culture urine as ordered

/es/ MIRANDA LIN HUGHES
RN

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Signed: 08/26/2015 23:50

LOCAL TITLE: NURSING ADMISSION ASSESSMENT
STANDARD TITLE: NURSING ADMISSION EVALUATION NOTE
DATE OF NOTE: AUG 26, 2015@23:33 ENTRY DATE: AUG 26, 2015@23:33:49
AUTHOR: ALMAGER,MIRANDA L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Patient admitted to 3N
**********Reason for Admission**********
Time of arrival on floor: Aug 26,2015@23:05
Report from: B. Munoz, RN to L. Hobbs, RN
Reason for admission: Bilateral Hydronephrosis

What is the patient's understanding of the reason for admission and expectation of care? To figure out why I have no bladder control
See Providers Admitting H&P for medical and surgical history.
Mode of arrival: Wheelchair
Accompanied by: Family

Name: HOPKINS,MARSHALL HUGH Gender: MALE
DOB: 07/20/1943 Age:72
Marital Status: MARRIED
Address: 101 OKLAHOMA ST
HOOKER OKLAHOMA 73945
H Phone: (620)272-4825
W Phone: (620)272-4825
Service Connected %: 70
LTC Co-Pay Status: EXEMPT
Reason: Veteran has compensable SC disability.

Primary Next of Kin Information
HOPKINS,DARLENE R
Relationship to Patient: SPOUSE
101 OKLAHOMA ST
HOOKER, OKLAHOMA 73945
Home Phone Number: (620)272-4822

If different from above:
Current Patient address:
Phone:
Emergency contact name:
Phone:
Relationship:
During your hospitalization, how would you like our staff to refer to you (i.e. by Mr./Ms. patient's last name, by patient's first name, by a nickname, or something else)? Please specify: Marshall
Preferred Language: English
Does the patient want his/her admission information withheld from family and public disclosure?No

Allergies:Patient has answered NKA
Other patient stated allergies:

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Type of Reaction:
******MEDICATION RECONCILIATION*********
Does Patient take any non-prescription meds, including herbal supplements, vitamins, etc? No If so, what? youngevity 90 essentials
*Any non VA meds need to be added to the NON VA Meds
on the Orders tab in CPRS*
Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN, INITIAL RX WAS MAILED OUT	ACTIVE

*******FUNCTIONAL ASSESSMENT***********
Dress/Groom: Self Care
Feeding: Self Care
Home routine: Self Care
Toileting: Self Care
Bathing: Self Care
Wandering/ Missing Patient Risk**
Does the patient:
No Lack cognitive ability (either permanently or temporarily) to make relevant decisions.
No Have physical or mental impairments that increase their risk of harm to self or others.
No Are considered dangerous to self or others
No Have a court-appointed legal guardian

If any above answers are yes the patient is incapacitated.
Is the patient independently mobile?

If patient is independently mobile, contact police service (dial 66)for enrollment in the LifeSaver program

If patient is not independently mobile, continue to monitor for changes in mobility.

If patient is absent from the treament area, contact charge nurse and refer to facility MCM.

*******SPIRITUAL - CULTURAL***********
Other
Are there religious practices or spiritual concerns you want the chaplain, your physician, an other health care team members to immediately know about?
No If so, explain and initiate a consult to Chaplin Services.
Mormon
Physical Assessment (for Med/Surg patients)

Respiratory:
Regular, unlabored, no abnormal breath sounds
Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate. Red swollen scrotum "It's been like that since surgery last week."
Neurologic
Alert, oriented x 3, follows commands.
Musculo Skeletal:

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ROM all joints, hand grips equal.
Other:
States "I am unsteady on my feet lately"

Gastrointestinal:
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Other:
Last BM: 8-26-15

Genito-Urinary:
Other:
Foley catheter inserted 8-24-15

Sexual/Reproductive
Male
Problems: Scrotal problems
ISOLATION: N/A
Lines/Tubes:
Foley
    Foley secure devices: Yes

n
IVs:
           Size: 20g
     Date sited: Aug 25,2015
       Location: R lower arm
Fluids infusing: N/A
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 0
        Patient's acceptable level of pain: 6
PLAN*:
Refer to care plan and MD orders for treatment plan, All unresolved pain will be referred to ordering provider, Pain level will be reassessed at PC appointments

**********Patient Belongings**********
Designee for patient personal property addressed with patient:
Patient appointed a designee (see scanned document)
Click here for link to Designee for Personal Property Form
Did the patient bring medications: NO
Disposition of home medications: not applicable
Valuables/Jewelry
Describe:black cell phone, glasses, phone charger
Disposition of belongings: Kept by patient
Cash
Describe (include amount): $0
Disposition of belongings: Did not bring
Clothing, shoes, etc:
    grey cover-alls, brown sandals, hygeine items,
Disposition of belongings: Kept by patient
********Fall Risk Assessment********
0 = No   History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
20 = Yes IV/Heparin Lock

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10 = Weak Gait/transferring
0 = Oriented to own ability Mental Status
45 TOTAL SCORE
Scoring:
25-44 Moderate Risk
Implement Universal Fall Precautions
Implement Additional Interventions Based on Identified Area of Risk
**********MRSA CULTURE**********
MRSA Education provided.
Informed verbal consent obtained.
MRSA nares culture obtained.
**********Patient Education**********
Person Being Assessed: Patient
Barriers to Learning: None

Desire and Motivation: Eager to learn
Comphrension: High
Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
Topics Covered: MRSA Isolation and Infection prevention information provided, Hand Hygiene Practices
Room Orientation: Inpatient Safety and Orientation including: High/Low bed control system, Call system, Phone, TV, Visiting Hours, Smoking policy, Bathroom emergency call, how to get help, how to report pain, and how to report problems. Patient and family encouraged to participate in the care plan.
"Passport to Healthy Living" given to patient or family members that provides contact information for patient safety concerns to facility and to the Joint Commission (Speak Up Program).
Other topics covered include:
Smoking Cessation
Organ Donation
Patient Rights and Responsibilities
Medical Error Prevention
Patient Privacy
Suicide Prevention Hotline
Healthy Living Promotion
Preventing infection during your hospital stay
Should I take the MRSA test?

This patient has received Healthy Lifestyle Instructions for Heart Failure including: activity level, diet/fluid intake, discharge medications, follow-up care, weight monitoring, and what to do if symptoms worsen.
*******DISCHARGE PLANNING**********
Patient will be independent on discharge.
Anticipated DC needs:
None identified at this time
**********Nursing Comments**********
2340- Assessment completed as noted.
0030- Dr Sullivan at bedside discussing plan of care.
0100-0740- Resting quietly respirations even and non labored. Easily aroused. Denies needs at this time.

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/es/ MIRANDA LIN HUGHES
RN
Signed: 08/27/2015 08:10

LOCAL TITLE: NURSING ADMISSION SCREENING
STANDARD TITLE: NURSING ADMISSION EVALUATION NOTE
DATE OF NOTE: AUG 26, 2015@23:19 ENTRY DATE: AUG 26, 2015@23:19:44
AUTHOR: ALMAGER,MIRANDA L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

ALCOHOL SCREENING (AUDIT C)

How often did you have a drink containing alcohol in the past year? Never (0 points)

How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? 0 drinks (o points)

How often did you have six or more drinks on one occasion in the past year? Never (0 points)

Total score of above questions: 0

DRUG USE SCREENING

In the last 6 months, have you used any illegal drugs or misused any prescription medications?
NO

MENTAL STATUS SCREENING
Is the patient threatening to hurt or kill self?
No
Is the patient looking for ways to kill self; seeking access to pills, weapons or other means?
No
Is the patient talking or writing about death, dying or suicide?
No
Does the patient have concerns about hospitalization? No
If yes, please explain:

Does the patient have trouble sleeping? No
If yes, please explain:

Does the patient have any fears about this admission or the treatment plan? No
If yes, please explain:

Does the patient have family or friends for emotional support? Yes

What usually helps the patient relieve stress? uses mental relaxation, work

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Affect: appropriate

Mood: calm

Behavior: cooperative, friendly

Thought process: organized

TOBACCO SCREENING
Patient has not used any forms of tobacco in the past 30 days.

NUTRITIONAL/METABOLIC SCREENING
The patient has the following nutritional/metabolic issues:
  No problems identified.
ORAL SCREEN

Patient:
has own natural teeth
DYSPHAGIA SCREENING

Dysphagia Risk Factors:
No problems identified
  Swallowing Status Screen:
  No abnormality observed

ADVANCE DIRECTIVE SCREENING
  Patient has an advance directive and it is scanned into record. (see
  postings)

          Does the advance directive still reflect the patient's wishes?
    Yes

ORGAN/TISSUE DONATION
  Patient is an organ/tissue donor.

OBSERVATION FOR ABUSE/NEGLECT
Does the patient have unaccounted for bruises or other trauma?
No
Is the patient's hygiene adequate?
No - social work consult placed.
Does the patient seem fearful or withdrawn around caregiver?
No

INFLUENZA SCREEN
Patient refused the influenza vaccine. Patient was advised of risks and
benefits of influenza vaccine.

/es/ MIRANDA LIN HUGHES
RN
Signed: 08/26/2015 23:33

 LOCAL TITLE: AMARILLO INPATIENT MEDICAL RECORD
STANDARD TITLE: SCANNED NOTE
DATE OF NOTE: AUG 26, 2015   ENTRY DATE: SEP 02, 2015@16:21:14
      AUTHOR: MARTIN,VINCE RAY   EXP COSIGNER:

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INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

VistA Imaging - Scanned Document

AMARILLO INPATIENT MEDICAL RECORD

08/26/2015 to 08/27/2015

/es/ VINCE RAY MARTIN
Motor Vehicle Operator
Signed: 09/02/2015 16:21

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 24, 2015@11:19:12 ENTRY DATE: AUG 24, 2015@11:19:13
AUTHOR: ROTHMAN,J LATAYNE EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

wife called. they are going to libreal va clinic for eval.

/es/ J LATAYNE ROTHMAN
NURSE PRACTITIONER
Signed: 08/24/2015 11:19

==========

--- Original Document ---

08/24/15 TELEPHONE CONTACT:
PT CALLED IN REQUESTING INFORMATION.

I RETURNED HIS CALL
HE HAD RIH REPAIR ON 8/19/2015 . STAYED IN THE HOSPITAL OVERNIGHT AND THEN FELT NORMAL AND WENT HOME

TODAY HE REPORTS NEW SEVERE HICKUPS AND MAY PASS OUT DUE TO NO AIR IF HE HAS 3 IN A ROW.
NEW: NO BALANCE. WEAK, INC OF URNIE, NO APPETITE.
IS PASING RECTAL GAS. FEELS VERY WRONG.
DENIES NAUSEA OR VOMITING,

I ENCOURAGED HIM TO COME IN TO THE ER FOR LABS AND POSIBLE CT OF HIS ABD IF NEEDED.

HE STATES HE HAS A 12 YR OLD DAUGHTER AND HE CAN NOT COME IN AS SHE WOULD COME HOME TO A EMPTY HOUSE. HE WILL TRY TO COME TOMORROW.
I ENCOURAGED HIM TO COME TODAY.

/es/ J LATAYNE ROTHMAN
NURSE PRACTITIONER
Signed: 08/24/2015 11:18

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LOCAL TITLE: TELEPHONE CONTACT
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: AUG 24, 2015@10:16 ENTRY DATE: AUG 24, 2015@10:17:24
AUTHOR: ROTHMAN,J LATAYNE EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

*** TELEPHONE CONTACT Has ADDENDA ***

PT CALLED IN REQUESTING INFORMATION.

I RETURNED HIS CALL
HE HAD RIH REPAIR ON 8/19/2015 . STAYED IN THE HOSPITAL OVERNIGHT AND THEN FELT NORMAL AND WENT HOME

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I ENCOURAGED HIM TO COME TODAY.

/es/ J LATAYNE ROTHMAN
NURSE PRACTITIONER
Signed: 08/24/2015 11:18

08/24/2015 ADDENDUM STATUS: COMPLETED
wife called. they are going to libreal va clinic for eval.

/es/ J LATAYNE ROTHMAN
NURSE PRACTITIONER
Signed: 08/24/2015 11:19

LOCAL TITLE: TELEPHONE TRIAGE/INFORMATION(2) PROGRAM NOTE
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: AUG 24, 2015@11:12:44 ENTRY DATE: AUG 24, 2015@11:22:46
AUTHOR: DAVIS,DARRELL R EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

The following identifiers were used to verify this patient: DOB. SSN.
Team: TEAM PATRIOT
SPOUSE called in for HOPKINS,MARSHALL HUGH (b) (6) Phone: (b) (6)
Contact Phone Number: (b) (6)

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Caller Area: AMARILLO
Type of call: INFORMATION.

Comments:
Caller states her husband had hernia repair on 8/19, reports his wound is doing good and he is not requiring pain meds. Her concern today is "he has no bladder control and no balance". Stated he has had not bladder control since he went home 4 days ago and has been in bed for the past 3 days.

She reports concern that they live 2 1/2 hours away from Amarillo and she feels he needs to be seen. Encouraged her to bring him to the ED for evaluation, she did NOT want to because of the distance. Spouse stated she plans to try to have him seen at the Liberal, Kansas VA Clinic if possible. She did acknowledge that he needs to be evaluated and the ED is available 24/7. She did verbalize a plan to have him seen today.

Chief Complaint: Not applicable to call.
Identified problem: OTH UNSP COUNSEL.

Spouse will bring the Vet to the ED if unable to access care at the Liberal VA Clinic.

Caller Response: *OTHER

Patient/Caller agrees with plan.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).
Starting at: 08/24/2015 @ 11:12:44 AM
Ending at: 08/24/2015 @ 11:21:55 AM
Length: 9 minutes.
Author: DAVIS,DARRELL R

/es/ Darrell R. Davis, RN
Telephone Triage
Signed: 08/24/2015 11:22

Receipt Acknowledged By:
08/25/2015 15:47 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
09/04/2015 16:31 /es/ ZENITHA ROSALES
RN, MSN

LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: AUG 24, 2015@11:08 ENTRY DATE: AUG 24, 2015@11:08:29
AUTHOR: GATELY,NORA EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

1100 PT'S WIFE, DARLENE, CALLED INQUIRING AS TO WHETHER OR NOT MR HOPKINS COULD BE SEEN IN THE VA CLINIC IN LIBERAL, KS INSTEAD OF DRIVING TO AMARILLO ER TODAY. I SPOKE WITH L ROTHMAN, NP, SHE INSTRUCTED ME TO HAVE THE PT'S WIFE VERIFY THAT THEY COULD BE SEEN IN THE CLINIC IN LIBERAL, KS VS. AMARILLO ER, THROUGH THE

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AMARILLO ER. PT'S WIFE IS GIVEN THE ER EXT. 7210 SINCE I COULD NOT TRANSFER HER FROM THE EXT. I WAS ON IN DSU. PT'S WIFE VERBALIZES UNDERSTANDING OF INSTRUCTIONS.

/es/ NORA GATELY, RN
REGISTERED NURSE
Signed: 08/24/2015 11:12

LOCAL TITLE: NON VA CARE CONSULT RESULT NOTE
STANDARD TITLE: NONVA CONSULT
DATE OF NOTE: AUG 24, 2015 ENTRY DATE: SEP 04, 2015@17:26:57
AUTHOR: SCHMITZ,YOLANDA EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

NVCC INPATIENT

******Scanned document attached to this note******
Please refer to the scanned text document att
by Tools, Imagi

/es/ YOLANDA SCHMITZ

Signed: 09/04/2015 17:26

LOCAL TITLE: PHARMACY INPATIENT REVIEW
STANDARD TITLE: PHARMACY INPATIENT NOTE
DATE OF NOTE: AUG 20, 2015@10:50 ENTRY DATE: AUG 20, 2015@10:50:43
AUTHOR: HENSON,KATHLEEN S EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Medication Reconciliation List

Active and Recently Expired Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN, INITIAL RX WAS MAILED OUT	ACTIVE

****

Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN, INITIAL RX WAS MAILED OUT	ACTIVE

****

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Comments:Home this morning, come back for check up in 7-10 days

RECOMMENDATIONS: none

/es/ KATHLEEN S HENSON
pharmacist
Signed: 08/20/2015 12:31

LOCAL TITLE: PERIOPERATIVE DISCHARGE FOLLOW UP NOTE
STANDARD TITLE: SURGERY DISCHARGE NOTE
DATE OF NOTE: AUG 20, 2015@10:17 ENTRY DATE: AUG 20, 2015@10:17:27
AUTHOR: RIVERA,CAROLINA RUI EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Procedure:Right inguinal hernia
Physician:Dr Ahmed
Admission Date:Aug 19,2015
Discharge Date:
Current condition:

Were discharge instructions understood?

Do you know what medications were prescribed for you? Do you understand how and when to take it?

Emotional support: Was the staff caring and supportive during your visit?

How is your pain (related to the procedure)? Is it adequately controlled with your pain medicine?

Do you have a dressing? Is it clean and dry and still on? Do you know when to remove it?

Could we have done anything to make the stay more pleasant?

Do you have any questions or comments for me?

Follow up call attempted on this date: AUG 20, 2015
No follow up call accomplished:
Patient admitted, follow up call deferred.

/es/ CAROLINA RUIZ RIVERA
RN
Signed: 08/20/2015 10:18

LOCAL TITLE: NURSING DISCHARGE NOTE
STANDARD TITLE: NURSING DISCHARGE NOTE
DATE OF NOTE: AUG 20, 2015@09:47 ENTRY DATE: AUG 20, 2015@09:47:28
AUTHOR: JONES,JAMES R EXP COSIGNER:

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INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Patient was discharged to home/self care.

Patient Discharge Instructions
Today's Date: AUG 20, 2015
Patient's Doctor/Provider: AHMED
Patient's Discharge Diagnosis: S/P LAP CHOLE,HERNIA REPAIR
Discharge Instructions given to
Patient Assessment at time of discharge:
OrientedStable
****NOTE TO PATIENT: PLEASE CAREFULLY FOLLOW THE INSTRUCTIONS BELOW*******
Resume home medications as prescribed? NA
Activity:
Up and about as desired and tolerated, Shower only, Avoid heavy lifting and/or exercise
List personal items brought to hospital documented on the Nursing Admission Assessment:
GLASSES, BOOK, CLOTHES, CELL PHONE
YES--Were these items returned to Patient at discharge?
NO--Did the patient acknowledge having cash in the Nursing Admission Assessment Note?
NA--If yes, did the patient secure cash with the Agent Cashier?
(If the patient secured cash with the Agent Cashier, information to contact the Agent Cashier at 806-355-9703 ext. 7364 was provided.)
NA--Did you get assistance with any fears or anxieties that you had during your admission?
NA--Do you have any further concerns that we can help you with before you are discharged?
Explanation of above responses:

****
Does Patient have Congestive Heart Failure?
No
****
Is the patient going home with a Foley catheter? No
If yes, Foley Catheter Care pamphlet provided NA
****
Does the patient have MRSA? No
MRSA pamphlet provided NA
****
Post-op instructions (Pacemaker/ICD/Loop recorder) provided NA
****
Central Line IV Site Care pamphlet provided NA
****
Post Cardiac Procedure Education Sheet provided NA
****
Pain Scale at discharge:
(See Focus note or Daily Assessment note for comphrehensive assessment of pain greater than 0)
****
Patient has Wound(s) or unhealed Pressure Ulcer(s).
Patient/caregiver received instructions for performing care
Wound Care:

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May remove dressing on:Aug 21,2015
Diet: Resume the diet you were on before
****
Call your doctor for any signs / or symptoms of: Reddened wound, wound drainage, swelling,red streaks, increased pain, temperature 101 or higher, or bleeding.
CALL:
Your admitting doctor (name at top of page) 355-9703 ask operator anytime.
Your primary care provider (8am - 4pm) 355-9703 ask operator.
Emergency Department(anytime) 355-9703, ask operator for Emergency Department.
Day Surgery (6am-6pm) 355-9703 ext. 7200 or ask operator.

As part of your discharge today, you will receive a printout of upcoming appointments;
including this post-discharge follow-up phone call. At any time after leaving today,
if you know you will be unavailable for the scheduled phone call; please contact Telephone Triage at (806)354-7837 or 1 (800) 687-8633 between the hours of 8:00a.m to 4:00p.m. Monday through Friday.

Keep all previously scheduled appointments.
Your return appointment is: Sep 1,2015@11:00
Or you will receive a letter in the mail with your appointment. IF YOU DO NOT RECEIVE A
LETTER, PLEASE CALL YOUR ADMITTING DOCTOR to arrange an appointment.
Other instructions:
Mode of Discharge: Wheelchair
Accompanied by: WIFE
Relationship:
****
Patient was given a current list of medications on discharge.
Patient verbalizes understanding of discharge instructions: Yes

This patient has received Healthy Lifestyle Instructions which include instructions
for Heart Failure including: activity level, diet/fluid intake, discharge medications,
follow-up care, weight monitoring, and what to do if symptoms worsen.

This patient has received a copy of the Passport to Healthy Living which includes the following list of stroke symptoms:
  Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
  Sudden confusion, trouble speaking or understanding
  Sudden trouble seeing in one or both eyes
  Sudden trouble walking, dizziness, loss of balance or coordination
  Sudden, severe headache with no known cause

If you experience any of the above symptoms of stroke, call 911 and go to your nearest stroke facility.
****
A COPY OF THIS NOTE IS TO BE PROVIDED FOR THE PATIENT PRIOR TO LEAVING THE MEDICAL CENTER.

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MRSA Education not provided because (explanation required)
NA

Informed verbal consent obtained.
MRSA nares culture obtained.

Nurse's Signature Date

I have received and understand these Discharge Instructions:

Patient's Signature Date

/es/ JAMES R. JONES, R.N.
STAFF NURSE
Signed: 08/20/2015 09:52

LOCAL TITLE: NURSING DISCHARGE MEDICATION EDUCATION
STANDARD TITLE: NURSING DISCHARGE NOTE
DATE OF NOTE: AUG 20, 2015@09:45 ENTRY DATE: AUG 20, 2015@09:45:33
AUTHOR: JONES,JAMES R EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Medication education provided by Pharmacy.
The following medication list was given to the patient at discharge.
Active and Recently Expired Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN MANAGEMENT]	ACTIVE

/es/ JAMES R. JONES, R.N.
STAFF NURSE
Signed: 08/20/2015 09:46

LOCAL TITLE: CHAPLAIN SPIRITUAL ASSESSMENT GENERAL
STANDARD TITLE: PASTORAL CARE COUNSELING NOTE
DATE OF NOTE: AUG 20, 2015@09:33 ENTRY DATE: AUG 20, 2015@09:33:41
AUTHOR: WILLIS,SCOTT L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Day 2 visit Spiritual Assessment per Chaplain protocol. Chaplain provided veteran a ministry of presence by listening and blessing. Chaplain assessed veteran to be up and awake in bed, alert, oriented, and in good spirits. Veteran

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indicated that his religious preference is "Latter Day Saints." Veteran was provided w/a brochure about services as well as religious literature. Veteran was appreciative of Chaplain visit. Follow-up as requested or per Chaplain protocol.

/es/ Scott L. Willis, CCC
Chaplain
Signed: 08/20/2015 09:34

LOCAL TITLE: ANESTHESIA POST OPERATIVE
STANDARD TITLE: ANESTHESIOLOGY POST OPERATIVE E & M NOTE
DATE OF NOTE: AUG 20, 2015@09:28 ENTRY DATE: AUG 20, 2015@09:28:11
AUTHOR: WARREN,JAMES F EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

ANESTHESIA POST OPERATIVE NOTE

1. Date of Surgery and Anesthesia: Aug 19,2015

2. Vital Signs

Cardiovascular Function: stable, no vasoactive medications
Respiratory Function: not intubated, comments: breathing well
Temperature: See PACU admission vital signs
Post-operative Hydration: Per Surgeon's orders

3. Mental Status: alert, oriented

4. Is pain control satisfactory? yes
Current pain level (0-10 scale): 3
5. N/V? No

Side Effects Grade: 0=absent, 1=present, no treatment required, 2=present, treatment effective, 3=present, treatment not effective

6. Any anesthesia related complications?
No

Any need for follow-up care and/or observations? No

7. Awareness/recall under general anesthesia?
No

/es/ JAMES F WARREN

Signed: 08/20/2015 09:29

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LOCAL TITLE: MEDICATION RECONCILIATION AT DISCHARGE
STANDARD TITLE: MEDICATION MGT DISCHARGE NOTE
DATE OF NOTE: AUG 20, 2015@08:42 ENTRY DATE: AUG 20, 2015@08:42:40
AUTHOR: LOVELADY,JAIMEE L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

MEDICATIONS AT DISCHARGE

Active Inpatient Medications (including Supplies):

	Active Inpatient Medications	Status
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB 1 TABLET PO Q4H PRN post op pain	ACTIVE
2)	ACETAMINOPHEN TAB 500MG PO Q6H PRN elevated temperature	ACTIVE
3)	CEFAZOLIN INJ CEFAZOLIN 1 GM in SODIUM CHLORIDE 0.9% 50 ML INFUSE OVER 30 MINUTES Instructions too long. See order details for full text. IVPB Q6H	ACTIVE
4)	DEXTROSE 50% INJ,SOLN 1 AMP IVP D-STIX PRN FOR FINGER STICK GLUCOSE READINGS BELOW 60, WHEN ORAL GLUCOSE IS NOT INDICATED. MAY BE TITRATED.	ACTIVE
5)	INSULIN REGULAR (HUMAN) INJ SLIDING SCALE SC Q4H 0-150 = 0 UNIT // // 151-200 = 2 UNITS // 201-250 = 4 UNITS // 251-300 = 6 UNITS // 301-350 = 8 UNITS // 351-400 = 10 UNITS // 401-450 = 12 UNITS // 451-GREATER CALL PHYSICIAN	ACTIVE
6)	ONDANSETRON INJ,SOLN 4MG/2ML IVP Q6H PRN nausea	ACTIVE
7)	SODIUM CHLORIDE 0.9% W/KCL 20MEQ, 1000ML INJ,SOLN in SODIUM CHLORIDE 0.9%/KCL 20MEQ 1000 ML 50 ml/hr IV	ACTIVE

Active and Recently Expired Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN MANAGEMENT]	ACTIVE

Compared Outpatient medications list (at admission) with current list of Outpatient medications (post discharge).

Medication discrepancies found and reconciled: no home meds, tylenol #3 ordered for post op pain to be taken as needed

non smoker

List of current medications given to patient and/or caregiver at discharge.

Current Outpatient medications list (post discharge) was reviewed with

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patient and/or family.

Encouraged to keep list of current medications with them in case of an emergency.

/es/ JAIMEE L CHAPMOND
APRN, FNP-C, MSN
Signed: 08/20/2015 08:43

LOCAL TITLE: INPATIENT SURGERY PROGRESS NOTE
STANDARD TITLE: SURGERY INPATIENT NOTE
DATE OF NOTE: AUG 20, 2015@08:40 ENTRY DATE: AUG 20, 2015@08:40:39
AUTHOR: AHMED,SYED H EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Subjective:s/p repair of right inguinal hernia

Objective:
Feels well. Pain is not too bad. Ambulating. Tolerating PO. Passing urine.

Active Inpatient Medications (including Supplies):

	Active Inpatient Medications	Status
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB 1 TABLET PO Q4H PRN post op pain	ACTIVE
2)	ACETAMINOPHEN TAB 500MG PO Q6H PRN elevated temperature	ACTIVE
3)	CEFAZOLIN INJ CEFAZOLIN 1 GM in SODIUM CHLORIDE 0.9% 50 ML INFUSE OVER 30 MINUTES Instructions too long. See order details for full text. IVPB Q6H	ACTIVE
4)	DEXTROSE 50% INJ,SOLN 1 AMP IVP D-STIX PRN FOR FINGER STICK GLUCOSE READINGS BELOW 60, WHEN ORAL GLUCOSE IS NOT INDICATED. MAY BE TITRATED.	ACTIVE
5)	INSULIN REGULAR (HUMAN) INJ SLIDING SCALE SC Q4H 0-150 = 0 UNIT // // 151-200 = 2 UNITS // 201-250 = 4 UNITS // 251-300 = 6 UNITS // 301-350 = 8 UNITS // 351-400 = 10 UNITS // 401-450 = 12 UNITS // 451-GREATER CALL PHYSICIAN	ACTIVE
6)	ONDANSETRON INJ,SOLN 4MG/2ML IVP Q6H PRN nausea	ACTIVE
7)	SODIUM CHLORIDE 0.9% W/KCL 20MEQ, 1000ML INJ,SOLN in SODIUM CHLORIDE 0.9%/KCL 20MEQ 1000 ML 50 ml/hr. IV	ACTIVE

Active and Recently Expired Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN	ACTIVE

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MANAGEMENT]

Vital Signs:
TEMPERATURE 97.7 F [36.5 C] (08/19/2015 20:00)
PULSE 88 (08/19/2015 20:00)
RESPIRATION 20 (08/19/2015 20:00)
BLOOD PRESSURE 118/68 (08/19/2015 20:00)
WEIGHT 171.6 lb. [78.0 kg] (08/19/2015 06:35)
HEIGHT 71.5 in [181.6 cm] (08/19/2015 06:35)
PULSE OX 8/19/15 @ 2000 PULSE OXIMETRY: 94
8/19/15 @ 0635 PULSE OXIMETRY: 96
8/13/15 @ 1337 PULSE OXIMETRY: 84
PAIN 0 (08/19/2015 20:00)

Physical Exam:
Lungs: Clear
CVS: Stable
Abd: Soft. JP 60
Ext: No swelling

Current Labs:
SODIUM: 136 meq/L AUG 13,2015@15:01:14
POTASSIUM 4.2 mmol/L AUG 13,2015@15:01:14
CHLORIDE 99 L meq/L AUG 13,2015@15:01:14
CO2 27 meq/L AUG 13,2015@15:01:14
GLUCOSE 234 H mg/dL AUG 13,2015@15:01:14
BUN 22 H mg/dl AUG 13,2015@15:01:14

CREATININE 8/13/15 15:01 0.83
CPK 88 IU/L APR 5,2012@07:30:12
CPK-MB Not found in computer CK-MB (VALID ONLY IF TOTAL ELEVATED)
TROPONIN Not found in computer TROPONIN I
WBC 9.8 K/cumm AUG 13,2015@15:01:13
RBC 5.08 Million/uL AUG 13,2015@15:01:13
HGB 14.9 gm/dL AUG 13,2015@15:01:13
HCT 46.5 % AUG 13,2015@15:01:13
MCV 91.5 fL AUG 13,2015@15:01:13
MCH 29.3 pg AUG 13,2015@15:01:13
MCHC 32.0 L gm/dL AUG 13,2015@15:01:13
PLATELET COUNT 268 K/cumm AUG 13,2015@15:01:13
PT Not found in computer PT
PTT 24.7 Seconds AUG 13,2015@15:01:15
Plan/Assessment:

1) Remove JP
2) Discharge home.
3) Follow up 1-2 weeks.

[X] Medication reconciliation was completed with the patient/caregiver.

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Indwelling catheter assessment of continuing need:
No catheter present.

Central venous line assessment of continuing need:
No Central Venous Line present.

/es/ Syed H Ahmed MD
Surgeon
Signed: 08/20/2015 08:43

LOCAL TITLE: TELEMETRY NOTE
STANDARD TITLE: CARDIOPULMONARY NOTE
DATE OF NOTE: AUG 20, 2015@08:27 ENTRY DATE: AUG 20, 2015@08:27:51
AUTHOR: CLOUNCH,JOYCE D EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Rhythm: sr/first degee av block pr 0.24
Rate Range: 90's
Sa02: n/a
Arrhythmia Present: (type, duration, # of significant events)
pvc's
Notification to : n/a
Time Notified: n/a
Comments: 0715 telemetry dc'd

/es/ JOYCE D CLOUNCH
HEALTH TECH
Signed: 08/20/2015 08:28

LOCAL TITLE: 24 HOUR INTAKE AND OUTPUT
STANDARD TITLE: NURSING INTAKE & OUTPUT NOTE
DATE OF NOTE: AUG 20, 2015@05:15 ENTRY DATE: AUG 20, 2015@05:15:20
AUTHOR: RAMOS,LORI B EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

24 HOUR INTAKE AND OUTPUT
I & O IS RECORDED FROM 20:00 TO 19:59
Date: Aug 19,2015 @ 08:00 to Aug 20,2015 @ 07:59
INTAKE:
*PO: 1080ml
*IV: 756ml
Intake Total: 1836ml
Fluid Orders:
Patient does not have a fluid restriction order.
OUTPUT:
Urine
Void 350x1 unmeasured
BM
Stool x1
JP Drain: 60ml

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Output Total: 410ml

/es/ LORI B RAMOS
CNA
Signed: 08/20/2015 05:17

LOCAL TITLE: 3S/3N - C RN FOCUS NOTE
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 20, 2015@03:27 ENTRY DATE: AUG 20, 2015@03:27:54
AUTHOR: INPENG,CHITHALONE EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Nursing Narrative:**********
19:30-20:00 Received report from April McCary, RN. Assumed care of patient. Patient resting in bed. Patient states he wants to get some rest and not to disturb him as much as possible.
23:00 Patient resting with eyes closed. No distress noted.
01:00 Med Pass, charted in BCMA.
04:30 Med Pass, charted in BCMA. Assisted patient to scoot up in bed.
07:15 Received verbal orders from Dr. Ahmed, S. to dc tele. Dr. Ahmed said he will put the orders in the computer when he gets to his office. Called telemetry to notified them about Dr. Ahmed's verbal orders.
07:30-08:00 Report given to oncoming nurse during walking rounds.

Physical Assessment:**********
Assessment
Respiratory:
Regular, unlabored, no abnormal breath sounds
Supplemental O2 : 2L NC

Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate.
Telemetry: #:
Neurological:
Alert, oriented x 3, follows commands, PERRLA
Musculo Skeletal:
ROM all joints, hand grips equal.
GastroIntestinal
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Appetite:
Date Last BM:
Genito-Urinary
Voids without difficulty, clear urine, no distention.
Skin - Document on form:
Patient has No Pain (Patient rates pain as "0" on a scale of 0-10)
****
IVs:**********
Site #1
Catheter size: 20 IV Fluids
Date sited: Aug 19,2015
Location: L upper arm
IV Care: IV fluids infusing well., Site inspected and palpated; clean w/o s/s infiltration or infection.

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Site Appearance: Palpated & inspected, Drsg clean, dry and intact
Education**********
  Person Being Assessed: Patient
   Barriers to Learning: None

  Desire and Motivation: Seems uninterested
           Comphrension: High
     Preferred Language: English
     Method of Teaching: Verbal in preferred language
Evaluation of Education: Voiced understanding
                 Topics: Plan of Care
Fall risk reassessment:**********
********Fall Risk Assessment********
0 = No   History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
20 = Yes IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
35 TOTAL SCORE
Scoring:
25-44 Moderate Risk
        Implement Universal Fall Precautions
        Implement Additional Interventions Based on Identified Area of Risk

/es/ CHITHALONE INPENG
RN, BSN
Signed: 08/20/2015 07:57

 LOCAL TITLE: CARE PLAN UPDATE
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 20, 2015@03:23   ENTRY DATE: AUG 20, 2015@03:23:45
      AUTHOR: INPENG,CHITHALONE   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

    INFECTION
      Infection Reviewed
        ACTION/INTERVENTION
        Monitored vital signs, WBC, Assessed wound for redness, swelling,
        warmth, drainage and pain, Assessed color, clarity and odor of
        urine, Practiced good hand washing technique

        OBSERVED OUTCOME
        Had normal body temperature postoperatively, Had clear breath
        sounds

    SKIN INTEGRITY (IMPAIRED) (ACTUAL OR POTENTIAL)
      Skin Integrity (Impaired) Reviewed

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ACTION/INTERVENTIONS
(See Skin Assessment Initial VANOD/Skin Reassessment VANOD notes for details)
Assessed wound for: healing, bleeding, Assessed itchiness and scratching, pruritus, Kept skin clean and moistened at all times, Assessed skin for redness or irritations, dry and scaling, Reinforced/changed dressing as ordered

OBSERVED OUTCOME
Skin remained intact Other:

/es/ CHITHALONE INPENG
RN, BSN
Signed: 08/20/2015 03:25

LOCAL TITLE: SKIN REASSESSMENT VANOD
STANDARD TITLE: NURSING SKIN ASSESSMENT NOTE
DATE OF NOTE: AUG 20, 2015@03:20 ENTRY DATE: AUG 20, 2015@03:20:17
AUTHOR: INPENG,CHITHALONE EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

BRADEN SKIN RISK ASSESSMENT

Sensory Perception:4 = No Impairment
Moisture: 4 = Rarely Moist
Activity: 3 = Walks Occasionally
Mobility: 3 = Slightly Limited
Nutrition: 3 = Adequate
Friction: 3 = No Apparent Problem
19-23 No Risk
Score: 20

CURRENT SKIN ASSESSMENT
Skin Color:
Color: Normal for ethnic group
Skin Temperature
Temp: Warm
Skin Moisture
Moisture: Dry
Skin Turgor
Turgor: Within normal limits

SKIN PROBLEMS
Wound -location, type, description
s/p rt inguinal repair with JP drain

INTERVENTIONS
The pressure ulcer prevention protocol was not needed - patient is not at risk.

If any of the below indications are marked, pressure ulcer risk

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interventions must be initiated and added to the care plan. These should be reviewed and updated with each assessment and PRN as the patient's needs change.

Please mark all that apply: None
Pressure Ulcer/Wound Reassessment:
No pressure ulcer/wound noted.

Wound(s) present:
Unable to assess wound:
Wound location: rt groin
Reason unable to assess: new surgical dressing with jp drain.
Drsg: C/D/I

/es/ CHITHALONE INPENG
RN, BSN
Signed: 08/20/2015 03:23

LOCAL TITLE: ACTIVITIES OF DAILY LIVING
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 20, 2015@02:16 ENTRY DATE: AUG 20, 2015@02:16:52
AUTHOR: RAMOS,LORI B EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Night tour activities and care.
STATUS: Alert; Oriented
ACTIVITY: Up in Chair
ISOLATION: N/A
MOBILITY: With Assistance

HYGIENE:
Oral Care:
Shave:
Peri Care:
Linens:
SAFETY: Bed in low position, brakes on., Call light within reach, Urinal within reach, Food/water within reach, ID Band on, Toileting offered q 2 hr, Lighting adequate, Footware appropriate, Siderail up to help me turn or get out of bed and then lowered
Protective Devices:
NUTRITION: Breakfast:
Lunch:
Supper:
Fluids offered q2h: Yes

ELIMINATION
Toileting offered q2h: Yes
Urine: Voids
Foley secure devices: Not Applicable

Urine Color: Yellow

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Clear
BM: No #BMs: Colostomy: No

SKIN:
IV Site: Fluid
IV Location: L arm
Post Op Care:
Nursing Comments:

/es/ LORI B RAMOS
CNA
Signed: 08/20/2015 02:18

LOCAL TITLE: TELEMETRY NOTE
STANDARD TITLE: CARDIOPULMONARY NOTE
DATE OF NOTE: AUG 20, 2015@02:05 ENTRY DATE: AUG 20, 2015@02:05:16
AUTHOR: WEBB,MARY C EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Rhythm: SR WITH 1ST DEG AVB (.22 TO .24 PRI) TO SR
Rate Range: 80-90
Sa02: N/A
Arrhythmia Present: (type, duration, # of significant events)
PVC'S, MF PVC'S, PAC'S
Notification to : N/A
Time Notified:
Comments:

/es/ MARY C WEBB
RN
Signed: 08/20/2015 06:43

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 19, 2015@19:16:12 ENTRY DATE: AUG 19, 2015@19:16:12
AUTHOR: MCCARY,APRIL D EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

1930-2000 walking rounds completed and report to next shift

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 19:16

==========

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08/19/15 TRANSFER NOTE:
Transferred to 3N
from OR
via Stretcher/Bed Aug 19,2015@13:41.
Pt s/p ingulinal herina repair

HAND OFF Communication Report:
Report from (sending nurse): JonRN
Called to (receiving nurse): AprilRN
Patient prefers to be called/referred to as: Mr Hopkins
Does the patient want his/her admission information withheld from family and public disclosure?No
Assessments:

Education**********
  Person Being Assessed: Patient
   Barriers to Learning: None
  Desire and Motivation: Eager to learn
           Comphrension: Moderate
     Preferred Language: English
     Method of Teaching: Verbal in preferred language
Evaluation of Education: Voiced understanding
                 Topics: Diabetes, Speak Up, Plan of Care
**********Dysphagia Screen**********
Oral Screen:
Patient/Resident:
     Uses own teeth and/or dentures for chewing
Part 1- Dysphagia Risk Factors
     No problems identified
Assessment
Respiratory:
Regular, unlabored, no abnormal breath sounds
Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate.
Neurological:
Alert, oriented x 3, follows commands, PERRLA
Musculo Skeletal:
ROM all joints, hand grips equal.
Other:
slight unsteady at this time

GastroIntestinal
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Appetite: Good
Date Last BM:pre admitt
Genito-Urinary
Voids without difficulty, clear urine, no distention.
Other:
rt inglunial herina repair

Urine: Voids
    Foley secure devices: YES

Skin - Document on form:
**********Patient Belongings**********

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Clothing, shoes, etc:
    glasses, book, shoes, pants, shirt,
Disposition of belongings: Kept by patient
**********Nutritional Screening**********
*******NUTRITIONAL/METABOLIC**********
Send a DIETARY CONSULT for any checked problems under this heading.
Screening: No problems identified}
**********Functional Assessment**********
  Dress/Groom: Self Care
  Feeding: Self Care
  Home routine: Self Care
  Toileting: Self Care
  Bathing: Self Care
**********Fall Risk Reassessment**********
0 = No   History of Falling
0 = No   Secondary diagnosis
15 = Crutches, cane, walker   Ambulatory aid
20 = Yes IV/Heparin Lock
20 = Impaired   Gait/transferring
15 = Forgets limitations   Mental Status
 TOTAL SCORE
Scoring:
45 and Higher   High Risk
        Implement Universal Fall Precautions
        Implement Additional Interventions Based on Identified Area of Risk
Fall Risk
      Goals/Expected Outcomes:
         Prevention of Falls
         Prevention of Injury from Falls
      Plan: Monitor and provide safe environment. Fall precautions reviewed with patient. These include use of assistive devices, removing rugs, maintaining clear pathways and use of lighting.
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 0
        Patient's acceptable level of pain: 0
PLAN*:
Refer to care plan and MD orders for treatment plan, All unresolved pain will be referred to ordering provider

**********MRSA CULTURE**********
MRSA Education provided.
Informed verbal consent obtained.
MRSA nares culture obtained.
Informed verbal consent obtained.
MRSA nares culture obtained: No (if no, explain):yes obtain
****
1140 APPROX ARRIVED TO WARD
1216 refused insulin
1306 report to Rothman NP that pt refused insulin
1330 nurse (self) talked with pt for a while about the importants of blood sugar control. Pt expressed that he does not beleive in taking meds. Pt states that his wife is a nturietist and tells diabetic but that they have been living apart and that he has not been doing what he should. Education provide to area that uncontroled diabetes effect
1400 pt void approx 300 cc

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 14:03

08/19/2015 ADDENDUM STATUS: COMPLETED
1600 up to bathroom, had large BM
1730 eat supper
1900 resting in bed, no c/o, given extra blanket

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 19:03

LOCAL TITLE: TRANSFER NOTE
STANDARD TITLE: NURSING INPATIENT TRANSFER SUMMARIZATION NOTE
DATE OF NOTE: AUG 19, 2015@12:30 ENTRY DATE: AUG 19, 2015@13:41:25
AUTHOR: MCCARY,APRIL D EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

*** TRANSFER NOTE Has ADDENDA ***

Transferred to 3N
from OR
via Stretcher/Bed Aug 19,2015@13:41.
Pt s/p ingulinal herina repair

HAND OFF Communication Report:
Report from (sending nurse): JonRN
Called to (receiving nurse): AprilRN
Patient prefers to be called/referred to as: Mr Hopkins
Does the patient want his/her admission information withheld from family and public disclosure?No
Assessments:

Education**********
Person Being Assessed: Patient
Barriers to Learning: None
Desire and Motivation: Eager to learn
Comphrension: Moderate
Preferred Language: English
Method of Teaching: Verbal in preferred language
Evaluation of Education: Voiced understanding
Topics: Diabetes, Speak Up, Plan of Care
**********Dysphagia Screen**********
Oral Screen:
Patient/Resident:
Uses own teeth and/or dentures for chewing
Part 1- Dysphagia Risk Factors
No problems identified
Assessment
Respiratory:
Regular, unlabored, no abnormal breath sounds

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate.
Neurological:
Alert, oriented x 3, follows commands, PERRLA
Musculo Skeletal:
ROM all joints, hand grips equal.
Other:
slight unsteady at this time

GastroIntestinal
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Appetite: Good
Date Last BM:pre admitt
Genito-Urinary
Voids without difficulty, clear urine, no distention.
Other:
rt inglunial herina repair

Urine: Voids
    Foley secure devices: YES

Skin - Document on form:
**********Patient Belongings**********
Clothing, shoes, etc:
    glasses, book, shoes, pants, shirt,
Disposition of belongings: Kept by patient
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*******NUTRITIONAL/METABOLIC**********
Send a DIETARY CONSULT for any checked problems under this heading.
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0 = No   History of Falling
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 TOTAL SCORE
Scoring:
45 and Higher   High Risk
        Implement Universal Fall Precautions
        Implement Additional Interventions Based on Identified Area of Risk
Fall Risk
      Goals/Expected Outcomes:
         Prevention of Falls
         Prevention of Injury from Falls
      Plan: Monitor and provide safe environment. Fall precautions reviewed with patient. These include use of assistive devices, removing rugs, maintaining clear pathways and use of lighting.
VERBAL PAIN ASSESSMENT

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 0
        Patient's acceptable level of pain: 0
PLAN*:
Refer to care plan and MD orders for treatment plan, All unresolved pain will be referred to ordering provider

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1400 pt void approx 300 cc

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 14:03

08/19/2015 ADDENDUM   STATUS: COMPLETED
1600 up to bathroom, had large BM
1730 eat supper
1900 resting in bed, no c/o, given extra blanket

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 19:03

08/19/2015 ADDENDUM   STATUS: COMPLETED
1930-2000 walking rounds completed and report to next shift

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 19:16

 LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 19, 2015@18:56:30 ENTRY DATE: AUG 19, 2015@18:56:30
      AUTHOR: MCCARY,APRIL D   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

1600 up to bathroom, had large BM
1730 eat supper
1900 resting in bed, no c/o, given extra blanket

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 19:03

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--- Original Document ---

08/19/15 TRANSFER NOTE:
Transferred to 3N
from OR
via Stretcher/Bed Aug 19,2015@13:41.
Pt s/p ingulinal herina repair

HAND OFF Communication Report:
Report from (sending nurse): JonRN
Called to (receiving nurse): AprilRN
Patient prefers to be called/referred to as: Mr Hopkins
Does the patient want his/her admission information withheld from family and public disclosure?No
Assessments:

Education**********
  Person Being Assessed: Patient
   Barriers to Learning: None
  Desire and Motivation: Eager to learn
           Comphrension: Moderate
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                 Topics: Diabetes, Speak Up, Plan of Care
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Patient/Resident:
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     No problems identified
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Appetite: Good
Date Last BM:pre admitt
Genito-Urinary
Voids without difficulty, clear urine, no distention.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Other:
rt inglunial herina repair

Urine: Voids
    Foley secure devices: YES

Skin - Document on form:
**********Patient Belongings**********
Clothing, shoes, etc:
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Disposition of belongings: Kept by patient
**********Nutritional Screening**********
*******NUTRITIONAL/METABOLIC**********
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MRSA nares culture obtained: No (if no, explain):yes obtain
****
1140 APPROX ARRIVED TO WARD

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1330 nurse (self) talked with pt for a while about the importants of blood sugar control. Pt expressed that he does not beleive in taking meds. Pt states that his wife is a nturietist and tells diabetic but that they have been living apart and that he has not been doing what he should. Education provide to area that uncontroled diabetes effect
1400 pt void approx 300 cc

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 14:03

08/19/2015 ADDENDUM STATUS: COMPLETED
1930-2000 walking rounds completed and report to next shift

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 19:16

LOCAL TITLE: TELEMETRY NOTE
STANDARD TITLE: CARDIOPULMONARY NOTE
DATE OF NOTE: AUG 19, 2015@14:57 ENTRY DATE: AUG 19, 2015@14:57:41
AUTHOR: CLOUNCH,JOYCE D EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Rhythm: sr/first degree av block pr 0.24
Rate Range: 80-90's
Sa02: n/a
Arrhythmia Present: (type, duration, # of significant events)
pvc's/couplets
Notification to : n/a
Time Notified: n/a
Comments:

/es/ JOYCE D CLOUNCH
HEALTH TECH
Signed: 08/19/2015 14:58

LOCAL TITLE: NURSING ADMISSION SCREENING
STANDARD TITLE: NURSING ADMISSION EVALUATION NOTE
DATE OF NOTE: AUG 19, 2015@14:19 ENTRY DATE: AUG 19, 2015@14:32:38
AUTHOR: MCCARY,APRIL D EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

ALCOHOL SCREENING (AUDIT C)

How often did you have a drink containing alcohol in the past year? Never (0 points)

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How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? 0 drinks (o points)

How often did you have six or more drinks on one occasion in the past year? Never (0 points)

Total score of above questions: 0

DRUG USE SCREENING

In the last 6 months, have you used any illegal drugs or misused any prescription medications?
NO

MENTAL STATUS SCREENING
Is the patient threatening to hurt or kill self?
No
Is the patient looking for ways to kill self; seeking access to pills, weapons or other means?
No
Is the patient talking or writing about death, dying or suicide?
No
Does the patient have concerns about hospitalization? No
If yes, please explain:

Does the patient have trouble sleeping? No
If yes, please explain:

Does the patient have any fears about this admission or the treatment plan? No
If yes, please explain:

Does the patient have family or friends for emotional support? No

What usually helps the patient relieve stress? "food is my passion"

Affect: appropriate

Mood: calm

Behavior: cooperative

Thought process: organized

TOBACCO SCREENING
Patient has not used any forms of tobacco in the past 30 days.

NUTRITIONAL/METABOLIC SCREENING
The patient has the following nutritional/metabolic issues:
No problems identified.
ORAL SCREEN

Patient:
has own natural teeth
DYSPHAGIA SCREENING

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Dysphagia Risk Factors:
No problems identified
  Swallowing Status Screen:
  Abnormality observed

ADVANCE DIRECTIVE SCREENING
  Patient has an advance directive and it is scanned into record. (see
  postings)

          Does the advance directive still reflect the patient's wishes?
    Yes

ORGAN/TISSUE DONATION
  Patient declines organ donation information.

OBSERVATION FOR ABUSE/NEGLECT
Does the patient have unaccounted for bruises or other trauma?
No
Is the patient's hygiene adequate?
Yes
Does the patient seem fearful or withdrawn around caregiver?
No

INFLUENZA SCREEN
Patient refused the influenza vaccine. Patient was advised of risks and
benefits of influenza vaccine.

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 14:35

 LOCAL TITLE: CARE PLAN
STANDARD TITLE: TEAM TREATMENT PLAN NOTE
DATE OF NOTE: AUG 19, 2015@14:17   ENTRY DATE: AUG 19, 2015@14:17:46
      AUTHOR: MCCARY,APRIL D   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

  INFECTION
    related to Open incision, Presence of tubes and drains; JP, Penrose,
    hemovac

    EXPECTED OUTCOME
    Target date Aug 22,2015
    Healing wound free of redness, swelling, warmth, drainage and pain,
    Normal body temperature postoperatively, Clear breath sounds, Free of
    signs and symptoms of infection
    ACTION/INTERVENTION
    Monitor vital signs, WBC, Assess wound for redness, swelling, warmth,
    drainage and pain, Assess color, clarity and odor of urine, Use of
    aseptic technique during dressing changes, wound care, handling or
    manipulation of tubes/drains, Obtain specimens for cultures i.e.

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blood, urine, stool etc. as ordered, Practice good hand washing technique

SKIN INTEGRITY (IMPAIRED) (ACTUAL OR POTENTIAL)
related to Surgical incision

EXPECTED OUTCOME
Target date Aug 22,2015
Skin remains intact, wounds healed
Other:
ACTION/INTERVENTIONS
(See Skin Assessment Initial VANOD/Skin Reassessment VANOD notes for details)
Assess wound for: healing, bleeding, Assess itchiness and scratching, pruritus, Keep skin clean and moistened at all times, Administer antihistamines as ordered, Assess skin for redness or irritations, dry and scaling, Turn and reposition q 2 hours, Reinforce/change dressing as ordered

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 14:19

LOCAL TITLE: SKIN ASSESSMENT INITIAL VANOD
STANDARD TITLE: NURSING SKIN ASSESSMENT NOTE
DATE OF NOTE: AUG 19, 2015@14:06 ENTRY DATE: AUG 19, 2015@14:06:44
AUTHOR: MCCARY,APRIL D EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

BRADEN SKIN RISK ASSESSMENT

Sensory Perception:4 = No Impairment
Moisture: 4 = Rarely Moist
Activity: 4 = Walks Frequently
Mobility: 3 = Slightly Limited
Nutrition: 3 = Adequate
Friction: 3 = No Apparent Problem
19-23 No Risk
Score: 21

SKIN PATCHES
The patient has the following patches on the skin.
tele pads

MAJOR RISK FACTORS / SPECIAL POPULATIONS
The patient does not have any spinal cord injury, paralysis or neurologic disease.

CURRENT SKIN ASSESSMENT
Skin Color:
Color: Normal for ethnic group
Skin Temperature

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Temp: Warm
Skin Moisture
Moisture: Dry
Skin Turgor
Turgor: Within normal limits

SKIN PROBLEMS
Wound -location, type, description
s/p rt inglunial repair, with JP drain

INTERVENTIONS
The pressure ulcer prevention protocol was not needed - patient is not at risk.

If any of the below indications are marked, pressure ulcer risk interventions must be initiated and added to the care plan. These should be reviewed and updated with each assessment and PRN as the patient's needs change.

Please mark all that apply: None

Wound(s) present:
Unable to assess wound:
Wound location: rt groin
Reason unable to assess: dressing in place

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 14:13

LOCAL TITLE: INTERIM NOTE
STANDARD TITLE: PHYSICIAN NOTE
DATE OF NOTE: AUG 19, 2015@13:05 ENTRY DATE: AUG 19, 2015@13:05:47
AUTHOR: ROTHMAN,J LATAYNE EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

nurse reports pt blood sugar is 262 at this time. pt refuses any insulin. states he doesnt take it at home and he is not taking it here

discussed with dr ahmed
will add ancef 1 gm q 6 for 3 doses to cover for infection related concerns with high glucose. and mesh implant post op/

dr ahmed will speak with the pt

a1c is 13.4

/es/ J LATAYNE ROTHMAN
NURSE PRACTITIONER
Signed: 08/19/2015 13:08

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LOCAL TITLE: ACTIVITIES OF DAILY LIVING
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 19, 2015@11:56 ENTRY DATE: AUG 19, 2015@11:56:31
AUTHOR: HEATH,KANDY D EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Day tour activities and care.
STATUS: Alert; Oriented
ACTIVITY: Bedrest
ISOLATION: N/A
MOBILITY: With Assistance

HYGIENE:
Oral Care:
Shave:
Peri Care:
Linens:
SAFETY: Bed in low position, brakes on., Call light within reach, Urinal within reach, Food/water within reach, ID Band on, Lighting adequate, Footware appropriate, Siderail up to help me turn or get out of bed and then lowered
Protective Devices: N/A
NUTRITION: Breakfast:
Lunch: 100
Supper: 100
Fluids offered q2h: Yes

ELIMINATION
Toileting offered q2h: Yes
Urine: Voids
Foley secure devices: Not Applicable

Urine Color: Amber
Clear
BM: #BMs: Colostomy: No

SKIN: Intact
IV Site: Fluid
IV Location: L arm
Post Op Care: SCD on Bilateral
Nursing Comments:

Patient came to unit following day surgery.
Arrived on unit: AUG 19,2015
Vital Signs taken and entered into CPRS.
Inpatient Safety and Orientation provided including: High/Low bed control system, Call system, Phone, TV, Visiting Hours, Smoking policy, Bathroom emergency call, telemetry monitoring was discussed with patient. Patient was informed that he is responsible for participation in his own care.
Patients understanding of orientation:Verbalizes understanding of orientation

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/es/ KANDY D HEATH
NURSING ASSISTANT
Signed: 08/19/2015 18:43

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 19, 2015@11:51:31 ENTRY DATE: AUG 19, 2015@11:51:31
AUTHOR: BIRD,STACEY R EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Change Treating Specialty to Surgical Observation

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/19/2015 11:51

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--- Original Document ---

08/19/15 PRE-ADMISSION MEDS/NOTE:
Admission Info: Admit to 3 N-Surg/General Surgery for the services of Dr. Ahmed. DX: Right Inguinal hernia Repair

Detailed Active Meds
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status Refills	Issue Date Last Fill Expiration
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB Qty: 30 for 7 days Sig: TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN MANAGEMENT]	ACTIVE Refills: 0	Issu:08-18-15 Last:08-19-15 Expr:09-17-15

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/19/2015 09:37

Receipt Acknowledged By:
08/19/2015 11:05 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
09/04/2015 16:26 /es/ ZENITHA ROSALES
RN, MSN

LOCAL TITLE: PRE-ADMISSION MEDS/NOTE
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: AUG 19, 2015@09:36 ENTRY DATE: AUG 19, 2015@09:36:48
AUTHOR: BIRD,STACEY R EXP COSIGNER:

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

*** PRE-ADMISSION MEDS/NOTE Has ADDENDA ***

Admission Info: Admit to 3 N-Surg/General Surgery for the services of Dr. Ahmed. DX: Right Inguinal hernia Repair

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Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status Refills	Issue Date Last Fill Expiration
1) ACETAMINOPHEN 300MG/CODEINE 30MG TAB Qty: 30 for 7 days Sig: TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN MANAGEMENT]	ACTIVE Refills: 0	Issu:08-18-15 Last:08-19-15 Expr:09-17-15

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/19/2015 09:37

Receipt Acknowledged By:
08/19/2015 11:05 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
09/04/2015 16:26 /es/ ZENITHA ROSALES
RN, MSN

08/19/2015 ADDENDUM STATUS: COMPLETED
Change Treating Specialty to Surgical Observation

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/19/2015 11:51

LOCAL TITLE: PACU PICIS RECORD
STANDARD TITLE: ANESTHESIOLOGY NOTE
DATE OF NOTE: AUG 19, 2015@11:35 ENTRY DATE: AUG 19, 2015@11:29:53
AUTHOR: PICIS,CTS EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

See linked PDF file

/es/ CTS PICIS

Signed: 08/19/2015 11:29

LOCAL TITLE: MEDICATION RECONCILIATION AT ADMISSION
STANDARD TITLE: INPATIENT MEDICATION MGT NOTE

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE OF NOTE: AUG 19, 2015@10:20 ENTRY DATE: AUG 19, 2015@10:20:11
AUTHOR: LOVELADY,JAIMEE L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Active Inpatient Medications (including Supplies):

No Medications Found

Active and Recently Expired Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN MANAGEMENT]	ACTIVE

Home medications or patient's list of medications reviewed.
No Medication discrepancies found. No chronic home meds.

Pre-Admission and current medication lists reviewed with patient and/or caregiver, and the patient and/or caregiver verbalized understanding of the discussion

Encouraged to keep list of current medications with them in case of an emergency.

non smoker

/es/ JAIMEE L CHAPMOND
APRN, FNP-C, MSN
Signed: 08/19/2015 10:20

LOCAL TITLE: BRIEF OPERATIVE NOTE (GT)
STANDARD TITLE: OPERATIVE NOTE
DATE OF NOTE: AUG 19, 2015@10:12 ENTRY DATE: AUG 19, 2015@10:12:58
AUTHOR: AHMED,SYED H EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

1. Verify Patient Name/SSN? YES
2. Time Out: Aug 19,2015@08:25
3. Site: R groin

4. Procedure: Inguinal hernia repair

5. Primary Surgeon and assistants- Syed Ahmed
Jamie Tindal

6. Findings- LArge inguino scrotal hernia

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7. Technical procedure used- Repair with mesh plug

8. Specimens removed- Sac

9. Estimated Blood Loss-25 ml
10. Post-Operative Diagnosis- Same

/es/ Syed H Ahmed MD
Surgeon
Signed: 08/19/2015 10:15

LOCAL TITLE: ANESTHESIA PICIS RECORD
STANDARD TITLE: ANESTHESIOLOGY NOTE
DATE OF NOTE: AUG 19, 2015@10:11 ENTRY DATE: AUG 19, 2015@10:10:42
AUTHOR: PICIS,CTS EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

See linked PDF file

/es/ CTS PICIS

Signed: 08/19/2015 10:10

LOCAL TITLE: LACE INDEX SCORING
STANDARD TITLE: NURSING E & M NOTE
DATE OF NOTE: AUG 19, 2015@09:39 ENTRY DATE: AUG 19, 2015@09:39:26
AUTHOR: BIRD,STACEY R EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

LACE INDEX SCORING:
LENGTH OF STAY:
.....BOX L: 0
ACUITY:

Patient was admitted via the emergency department.....BOX A: 3

COMORBIDITIES:
No significant comorbidities.....0

.....BOX C: 0
EMERGENCY DEPARTMENT VISITS:

.....BOX E: 0
LACE:
.....LACE SCORE: 0

LACE Score Risk of Readmission: 0 - 4 Low, 5 - 9 Moderate, > 9 High Risk
If the patient has a LACE score is greater than or equal to 10 the patient can

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be referred to the virtual ward.

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/19/2015 09:39

LOCAL TITLE: ANESTHESIA DAY OF SURGERY NOTE
STANDARD TITLE: ANESTHESIOLOGY PRE OPERATIVE E & M NOTE
DATE OF NOTE: AUG 19, 2015@07:52 ENTRY DATE: AUG 19, 2015@07:52:59
AUTHOR: WARREN,JAMES F EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

ANESTHESIA DAY OF SURGERY PRE-OPERATIVE EVALUATION NOTE
Patient NPO after: Aug 18,2015@23:59. Vital signs stable. All posed questions were answered to the patient's satisfaction regarding the planned anesthetic.

Anesthesia Pre-op Evaluation reviewed. Date of Note: Aug 17,2015

No interval change in patient medical status noted.

I have reviewed updated active medication list.
ACTIVE MEDICATIONS

Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN MANAGEMENT]	ACTIVE

ACETAMINOPHEN 300MG/CODEINE 30MG TAB Fill Date: AUG 19, 2015
Sig: TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN MANAGEMENT]
AIRWAY EXAM:

Airway Exam:
ROM Neck Normal
Mallampati airway class 2
Mouth opening Normal
Dentition: Abnormalpoor dentition, no loose teeth
Thyromental Distance: Normal
PHYSICAL EXAMINATION:

Heart: Regular rate and rhythm, S1, S2 auscultated, w/o murmurs [ ]Other (specify):

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Lungs: [X] Clear to Auscultation [ ] Other (specify):

Other: A + O x 3 , no focal deficiets

ASA: 3

ECG: 8/13/15 SR w SA w 1st degree AVB

CXR: 8/13/15 NAD

PAIN MANAGEMENT DISCUSSED iv pain meds

I have informed the patient, or the person authorized to extend the patient's consent, of the methods of anesthesia proposed. I have explained, consistent with accepted medical judgment, the nature and purposes of the anesthesia, the reasonable alternative methods,the risks involved and possiblity of complications.

I have explained that the anesthetic which is proposed to be used is a General but that an alternative form of anesthesia may be used if required by conditions arising before or during the procedure.

OTHER PROCEDURES DISCUSSED:
Anesthesia awareness

Risks, benefits, and postoperative pain management options have been discussed and are acceptable to the patient.

Patient states understanding and wishes to proceed.

COMMENTS:

Note: See scanned image of anesthesia record.
LABS:

Hemoglobin:	14.9	gm/dL	AUG 13,2015@15:01:13
Hematocrit:	46.5	%	AUG 13,2015@15:01:13
WBC:	9.8	K/cumm	AUG 13,2015@15:01:13
Platelet Count:	268	K/cumm	AUG 13,2015@15:01:13

Chem:				
	SODIUM	136	meq/L	AUG 13,2015@15:01:14
	POTASSIUM	4.2	mmol/L	AUG 13,2015@15:01:14
	CL	99 L	meq/L	AUG 13,2015@15:01:14
	CO2	27	meq/L	AUG 13,2015@15:01:14
	GLUCOSE	234 H	mg/dL	AUG 13,2015@15:01:14
	BUN	22 H	mg/dl	AUG 13,2015@15:01:14
	CALCIUM	9.4	mg/dL	AUG 13,2015@15:01:14
	CREATININE			8/13/15 15:01 0.83
	T. PROTEIN	7.5	gm/dL	JUL 14,2015@07:37:45
	ALBUMIN	4.4	g/dL	JUL 14,2015@07:37:45
	BILI T	0.6	mg/dL	JUL 14,2015@07:37:45
	ALK PHOS	53	IU/L	JUL 14,2015@07:37:45
	AST	11	IU/L	JUL 14,2015@07:37:45

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```
                ALT         15   IU/L   JUL 14,2015@07:37:45
                MAG         2.0   mg/dL   JUL 14,2015@07:37:45
                PHOS        3.5   mg/dl   JUL 14,2015@07:37:45
                TSH         2.45   mIU/mL   JUL 14,2015@07:37:46


HGB A1C:        13.4  H  %   JUL 14,2015@07:37:44

PTT:             24.7   Seconds   AUG 13,2015@15:01:15

PT:              11.0   Seconds   AUG 13,2015@15:01:15

INR:             0.9   ratio   AUG 13,2015@15:01:15

TSH:             2.45   mIU/mL   JUL 14,2015@07:37:46

URINE DRUG SCREEN:
SCLU - Urine Drug Screen
  No data available for PCP SCREEN; BENZODIAZEPINE SCREEN; COCAINE SCREEN;
AMPHETAMINE SCREEN; CANNABINOID SCREEN; OPIATE SCREEN; BARBITUATE SCREEN

TOTAL BETA HCG
SLT - Lab Tests Selected
  No data available for HCG BETA, TOTAL (PREGNANCY TEST)

FINGER STICK GLUCOSE: 247  H mg/dL   AUG 19,2015@07:07
LABS:

Hemoglobin:     14.9   gm/dL   AUG 13,2015@15:01:13

Hematocrit:     46.5   %    AUG 13,2015@15:01:13

WBC:            9.8   K/cumm   AUG 13,2015@15:01:13

Platelet Count: 268   K/cumm   AUG 13,2015@15:01:13

Chem:           SODIUM     136   meq/L   AUG 13,2015@15:01:14
                POTASSIUM  4.2   mmol/L   AUG 13,2015@15:01:14
                CL         99  L meq/L   AUG 13,2015@15:01:14
                CO2        27   meq/L   AUG 13,2015@15:01:14
                GLUCOSE    234  H mg/dL   AUG 13,2015@15:01:14
                BUN        22  H mg/dl   AUG 13,2015@15:01:14
                CALCIUM    9.4   mg/dL   AUG 13,2015@15:01:14
                CREATININE                  8/13/15 15:01     0.83
                T. PROTEIN 7.5   gm/dL   JUL 14,2015@07:37:45
                ALBUMIN    4.4   g/dL   JUL 14,2015@07:37:45
                BILI T     0.6   mg/dL   JUL 14,2015@07:37:45
                ALK PHOS   53   IU/L   JUL 14,2015@07:37:45
                AST        11   IU/L   JUL 14,2015@07:37:45
                ALT        15   IU/L   JUL 14,2015@07:37:45
                MAG        2.0   mg/dL   JUL 14,2015@07:37:45
                PHOS       3.5   mg/dl   JUL 14,2015@07:37:45
                TSH        2.45   mIU/mL   JUL 14,2015@07:37:46


HGB A1C:        13.4  H  %   JUL 14,2015@07:37:44
```


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PTT: 24.7 Seconds AUG 13,2015@15:01:15

PT: 11.0 Seconds AUG 13,2015@15:01:15

INR: 0.9 ratio AUG 13,2015@15:01:15

TSH: 2.45 mIU/mL JUL 14,2015@07:37:46

URINE DRUG SCREEN:
SCLU - Urine Drug Screen
No data available for PCP SCREEN; BENZODIAZEPINE SCREEN; COCAINE SCREEN; AMPHETAMINE SCREEN; CANNABINOID SCREEN; OPIATE SCREEN; BARBITUATE SCREEN

TOTAL BETA HCG
SLT - Lab Tests Selected
No data available for HCG BETA, TOTAL (PREGNANCY TEST)

FINGER STICK GLUCOSE: 247 H mg/dL AUG 19,2015@07:07

/es/ JAMES F WARREN

Signed: 08/19/2015 07:55

LOCAL TITLE: PERIOPERATIVE NURSING CARE PLAN
STANDARD TITLE: SURGERY NURSING NOTE
DATE OF NOTE: AUG 19, 2015@07:22 ENTRY DATE: AUG 19, 2015@07:22:25
AUTHOR: BLACKWELL,APRIL L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

NURSING DIAGNOSIS:
1. Potential for injury related to allergies to medications, prep solutions, contrast dyes.
2. Potential for injury related to prosthetic devices.
3. Potential for injury related to jewelry
4. Potential for injury related to electrical equipment used during surgical procedure.
5. Alterations in urine elimination related to altered level of consciousness and sensation.
6. Potential for skin impairment related to physical immobilization during surgery.
7. Potential for skin impairment related to hypothermia.
8. Potential for skin impairment related to altered circulation & sensation.
9. Potential for skin impairment related to use of protective devices.
10. Potential for infection related to break in skin integrity.

Goals:
1. No evidence of injury during or immediately post-op related to medications or prep solutions
2. No evidence of injury related to prosthetic device left on during surgical procedure
3. No injury related to jewelry worn during surgical procedure
4. No evidence of injury resulting from use of electrical equipment

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5. Prevent bladder distention during procedure and immediately post op
6. Absence of preventable injuries incurred while in the OR area
7. Patient will maintain temperature of 35 degrees C. (95 F.)
8. Patient will present with adequate airway
9. DNR status will be communicated
10.Adequate information will be communicated to receiving nurse upon transfer

Interventions:
1. Ask about allergies to medications, prep solutions, contrast dyes
2. Verify NPO status, procedure and site with patient; communicate to surgical team.
3. Verify Informed Consent for procedure, (Blood consent obtained when required), History and Physical completed as required.
4. Ask patient about prosthetic devices
5. Remove prosthetic devices
6. Visual check to assure that all jewelry is removed prior to coming to OR
7. If jewelry not removable, it will be secured with tape
8. Ambient room temperature warmed prior to prepping and draping
9. Assure warming blanket in place prior to draping
10. Remind anesthesia about prophylactic antibiotics prior to incision
11. Use grounding pads, check connections and placement
12. Insure no body part touching uncovered bed sections
13. Check length of proposed surgical procedure and type of procedure
14. Pad bony prominences
15. Position carefully, pad and/or support body parts as needed
16. Check pressure points
17. Apply Safety straps
18. Establish sterile field
19. Monitor for breaks in sterile technique, correct and document as needed
20. Maintain sterile field
21. Apply sterile wound cover
22. Assist with maintaining patient airway during transport post procedure
23. Verbally communicate procedure, meds given, type of anesthesia
24. Verbally communicate patient's condition
25. Surgical site infection prevention teaching conducted.

Goals met upon discharge to: PACU
-- No evidence of injury during or immediately post-op related to medications or prep solutions
-- No evidence of injury related to prosthetic device left on during surgical procedure
-- No injury related to jewelry worn during surgical procedure
-- No evidence of injury resulting from use of electrical equipment
-- Prevent bladder distention during procedure and immediately post op
-- Absence of preventable injuries incurred while in the OR area
-- Surgical site infection prevention teaching completed.
-- No evidence of infection on post-op period
-- Patient will maintain temperature of 35 degrees C. (95 F.)
-- Patient will present with adequate airway
-- DNR status will be communicated
-- Adequate information will be communicated to recieving nurse upon transfer

/es/ APRIL L BLACKWELL
RN
Signed: 08/19/2015 10:00

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LOCAL TITLE: H&P INTERIM
STANDARD TITLE: H & P NOTE
DATE OF NOTE: AUG 19, 2015@07:13 ENTRY DATE: AUG 19, 2015@07:13:45
AUTHOR: AHMED,SYED H EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

HOPKINS,MARSHALL HUGH
(b) (6)

History and Physical dictated on Aug 13,2015
Pertinent Medical History:
Recurrent rigth inguinal hernia

History and Physical has been reviewed, the patient has been examined,
and the surgical site has been signed.
Hernia repair is still medically indicated.

New changes (if any) to history and Physical are as follows:

No changes

/es/ Syed H Ahmed MD
Surgeon
Signed: 08/19/2015 07:14

LOCAL TITLE: SURGICAL ADMISSION NURSING NOTE
STANDARD TITLE: SURGERY ADMISSION EVALUATION NOTE
DATE OF NOTE: AUG 19, 2015@06:35 ENTRY DATE: AUG 19, 2015@07:33:51
AUTHOR: RIVERA,CAROLINA RUI EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Adm. Date and Time: AUG 19, 2015 07:33 Age:72 Race: WHITE
Unit: Day Surgery
Reason for admission: Right inguinal hernia repair

Mode of arrival: Ambulatory without assistance
Accompanied by: Spouse
Primary Next of Kin Information
HOPKINS,DARLENE R
Relationship to Patient: SPOUSE
101 OKLAHOMA ST
HOOKER, OKLAHOMA 73945
Home Phone Number: (620)272-4822

If different from above:
Emergency contact name:
Phone:
Relationship:
Name of person driving

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```
          patient home: Darlene Hopkins
                 Phone: (620)272-4822
Yes--- Patient received a copy of "Patient's Rights and Responsibilities"
Yes--- Patient agrees to public admission.

Personal items:
Dentures --      N/A
Hearing Aides -- NA
Eyeglasses --    Yes
Clothing --      Yes
Other --         NA
Disposition of valuables:DSU#2

Allergies: Patient has answered NKA

Vital signs:
Blood Pressure: 132/77 (08/19/2015 06:35)
Pulse: 67 (08/19/2015 06:35)
Respiration: 11 (08/19/2015 06:35)
Pulse Ox: 8/19/15 @ 0635      PULSE OXIMETRY: 96
8/13/15 @ 1337      PULSE OXIMETRY: 84
7/14/15 @ 1020      PULSE OXIMETRY: 95
Temperature: 96.1 F [35.6 C] (08/19/2015 06:35)
Weight: 171.6 lb [78.0 kg] (08/19/2015 06:35)
******************Medication Reconcilliation**************************
Medications reviewed at time of admission.Yes
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? No If so, what?
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
******************Pre Procedure Decolonization************************
Decolonization needed?  No
Mupirocin ointment  days
Hibiclens shower  days

Surgical site infection prevention teaching and use of CHG wipes. Yes
Surgical site clipped. Yes
******************Post Procedure Plan*********************************
Yes--Patient instructed Not to drive a vehicle for 24 hours.
No--Patient likely to need home 02.
No--Patient likely to need assistance at home.
Other needs patient may have upon discharge:
******************Advance Directive***********************************
No--Does the patient state that they have an advanced directive?
The Advanced Directive is located: N/A
Yes--Information offered to patient?
No-- Patient requests initiation of an advance directive?
(If YES, RN is to place an Advance Directive Consult)
No--Patient has living will / durable power of attorney.
Patient's living will/durable power of attorney is located: N/A
************************Education*************************************
  Person Being Assessed: Patient
   Barriers to Learning: None
  Desire and Motivation: Eager to learn
           Comphrension: Moderate
     Method of Teaching: Verbal
```


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Evaluation of Education: Voiced understanding
Topics Covered:Site/Procedure Verification, Prep/NPO compliance, Privacy and Safety measures, Patient Rights, Orientation to Hospital Room, Pre-Op instructions, Pre-Procedure Instructions, Visitation Policy, Safety, Call bell, Exits
**********Functional Assessment***************
  Dress/Groom: Self Care
  Feeding: Self Care
  Home routine: Self Care
  Toileting: Self Care
  Bathing: Self Care
**************OBSERVATION FOR ABUSE/NEGLECT*****************************
No- does the patient have unaccounted for bruises or other trauma?
Yes- is the patient's hygiene adequate?
No- does the patient seem fearful or withdrawn around caregiver?

************************Medications*********************************
Beta Blocker   LAST DOSE: n/a
Anti Coagulant   LAST DOSE: n/a
Other morning meds taken:
PAIN ASSESSMENT
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 0
        Patient's acceptable level of pain:
************************Physical Assessment:************************
Assessment
Respiratory:
Regular, unlabored, no abnormal breath sounds
Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate.
Neurological:
Alert, oriented x 3, follows commands, PERRLA
Musculo Skeletal:
ROM all joints, hand grips equal.
GastroIntestinal
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Date Last BM:8/18
Genito-Urinary
Voids without difficulty, clear urine, no distention.
Oral/Dental:
Teeth appear in good condition
Lines/Tubes
          Foley:
         Drains:
   Existing IVs:
          Size:
      Location:
Fluids infusing:

IV started times 1 attempts using aseptic technique.
Fluids infusing well. Site without signs/symptoms of infiltration.
          Size: 20g
   Time started: Aug 19,2015
       Location: L upper arm

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Fluids infusing: LR
  IV started by: C.Rivera RN

**********Day Surgery Patient Care Plan**********

Patient Care Plan Goals
       Patient will demonstrate understanding of pre-op instructions
       and surgical site infection prevention teaching.
       Patient will return demonstrate deep breathing, turn, and cough
       Patient will indicate decreased anxiety and fear.
       Patient will exhibit knowledge of procedure(s),
           and/or disease processes
       Other:
Patient Care Plan Interventions:
       Expectations/possible results explained to patient as possible.
       Routine of unit will be explained to patient and family/other.
       Privacy will be provided to patient.
       Staff will use active listening techniques.
       Staff will monitor anxiety level/occurrence.
       Other:
Goals Met: Yes Aug 19,2015@06:35
**********Nursing Comments**********
0635-Patient arrived to DSU via ambulation for scheduled procedure right inguinal hernia repair, wife in waiting area. Patient alert and orientated x3,stated full name, SSN, procedure and DOB.Patient denies any drug allergies. Patient verified to be NPO since "6 o clock" last night.CHG wipes given to patient instructed to clean under arms and surgical site avoiding eyes,ears and mouth voiced understanding.Patient able to change self into hospital gown.Shirt and pants placed in personal belongings bag that will remain in DSU2.Patient removed glassess and placed in bag with all other belongings.Denies any removeable implants or prosthetics.Monitors to patient,vital signs stable. Warm blankets x2 to patient.Surgical site clipped, skin intact no reddness or irritation noted to site.SR up x2,stretcher in low locked position and call light within reach.Wife at side.

0720-Report given to A.Blackwell RN

0754-Patient transported to OR via stretcher by A.Blackwell RN

/es/ CAROLINA RUIZ RIVERA
RN
Signed: 08/19/2015 10:53

 LOCAL TITLE: AMARILLO INPATIENT MEDICAL RECORD
STANDARD TITLE: SCANNED NOTE
DATE OF NOTE: AUG 19, 2015   ENTRY DATE: AUG 28, 2015@08:21:10
      AUTHOR: MARTIN,VINCE RAY   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

   VistA Imaging - Scanned Document

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/es/ VINCE RAY MARTIN
Motor Vehicle Operator
Signed: 08/28/2015 08:21

LOCAL TITLE: SOCIAL WORK TELEPHONE NOTE
STANDARD TITLE: SOCIAL WORK TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: AUG 18, 2015@16:28 ENTRY DATE: AUG 18, 2015@16:28:40
AUTHOR: BRANDON,MAXINE R EXP COSIGNER: HIATT,DEBORAH L
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED
SUBJECT: Lodging Request

Lodging request for next appointment on 8-19-15. Patient reported he will only need overnight as he will be admitted after procedure. Patient is ambulatory w/o assistance, performs independently all ADL's, able to follow written/verbal instructions. Patient instructed to see AOD for admission to Lodge.

/es/ Maxine R. Brandon
LMSW-IPR,LPC
Signed: 09/03/2015 16:41

/es/ DEBORAH L HIATT
Social Work Executive
Cosigned: 09/11/2015 15:48

LOCAL TITLE: PHONE CONTACT
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: AUG 18, 2015@15:21 ENTRY DATE: AUG 18, 2015@15:21:14
AUTHOR: DELGADO,MICHAEL J EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

I called and spoke with the patient about his procedure on 8/19/15 at 6:30am and to come to the 4th floor waiting room. And also no eating or drinking after midnight. And also to have a driver with him to go home with.

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5 min visit.

/es/ MICHAEL J DELGADO
Medical Support Assistant
Signed: 08/18/2015 15:24

LOCAL TITLE: SURGERY (GENERAL)-OUTPATIENT (C)
STANDARD TITLE: SURGERY CONSULT
DATE OF NOTE: AUG 18, 2015@08:20 ENTRY DATE: AUG 18, 2015@08:21:06
AUTHOR: AHMED,SYED H EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

For repair of recurrent inguinal hernia on 8/19/15.

/es/ Syed H Ahmed MD
Surgeon
Signed: 08/18/2015 08:21

LOCAL TITLE: ANESTHESIA PRE OP EVALUATION
STANDARD TITLE: ANESTHESIOLOGY PRE OPERATIVE E & M NOTE
DATE OF NOTE: AUG 17, 2015@13:32 ENTRY DATE: AUG 17, 2015@13:32:49
AUTHOR: WARREN,JAMES F EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

ANESTHESIA PREOPERATIVE EVALUATION NOTE
Pre-operative evaluation.
Patient is a 72 year old MALE.

VITALS:

Temperature:	97.9 F [36.6 C] (08/13/2015 13:37)
BP:	116/72 (08/13/2015 13:37)
Respirations:	18 (08/13/2015 13:37)
Pulse:	85 (08/13/2015 13:37)
Pulse Oximetry:	8/13/15 @ 1337 PULSE OXIMETRY: 84
Height:	71.5 in [181.6 cm] (04/05/2012 08:36)
Weight:	177.9 lb [80.9 kg] (08/13/2015 13:37)
BMI:	24.5

DATE OF SURGERY: Aug 19,2015

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DIAGNOSIS: Right inguinal hernia

PROCEDURE: Right inguinal hernia repair

CARDIAC RISK PREDICTOR
Clinical Risk Predictors
Diabetes mellitus (with or without insulin therapy)
Functional capacity METS > 4 (e.g. climb flight of stairs or walks 4 miles/hr)

ALLERGIES/ADVERSE REACTIONS
Patient has answered NKA

ACTIVE MEDICATIONS

Active Outpatient Medications (including Supplies):

No Medications Found

Patient on beta blocker
No

ACTIVE PROBLEMS

Active problems - Computerized Problem List is the source for the following:

1. Chronic Back Pain
2. Hyperlipidemia *
3. Microscopic Hematuria
4. Diabetes Mellitus without mention of Complication,04/05/12
KADAKIA,BHADRESH
5. Vitamin D Deficiency
6. Vitamin B 12 Deficiency
7. MDD, Recur, Mild 04/08/13
HARRIS,HEATHER R

REVIEW OF SYSTEMS: All systems are negative except for those indicated below:
Cardiovascular:
Hyperlipidemia

Obstructive Sleep Apnea
Continuous positive airway pressure at cm
Neurologic:

CLBP
Endocrine:

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Diabetes years

vit B12 and D deficiency
Psychiatric history: depression

HISTORY
Social history: Smoking: denies Alchohol:denies Recreational
Drugs:denies

PAST SURGICAL HISTORY: IHR x 2
Anesthetic history for patient: General

Positive for the following problems:
None
Anesthetic family history:
None
Physical/Airway exam to be done on day of surgery by Anesthesia care provider.
PHYSICAL EXAMINATION as per Medical Record:
ASA: 2

ECG: 8/13/15 SR with SA with 1st degree AVB, occassional pvc's, ns T wave abnl

CXR: 8/13/15 NAD

LABS:

Hemoglobin:	14.9	gm/dL	AUG 13,2015@15:01:13
Hematocrit:	46.5	%	AUG 13,2015@15:01:13
WBC:	9.8	K/cumm	AUG 13,2015@15:01:13
Platelet Count:	268	K/cumm	AUG 13,2015@15:01:13

Chem:	SODIUM	136	meq/L	AUG 13,2015@15:01:14
	POTASSIUM	4.2	mmol/L	AUG 13,2015@15:01:14
	CL	99 L	meq/L	AUG 13,2015@15:01:14
	CO2	27	meq/L	AUG 13,2015@15:01:14
	GLUCOSE	234 H	mg/dL	AUG 13,2015@15:01:14
	BUN	22 H	mg/dl	AUG 13,2015@15:01:14
	CALCIUM	9.4	mg/dL	AUG 13,2015@15:01:14
	CREATININE			8/13/15 15:01 0.83
	T. PROTEIN	7.5	gm/dL	JUL 14,2015@07:37:45
	ALBUMIN	4.4	g/dL	JUL 14,2015@07:37:45
	BILI T	0.6	mg/dL	JUL 14,2015@07:37:45
	ALK PHOS	53	IU/L	JUL 14,2015@07:37:45
	AST	11	IU/L	JUL 14,2015@07:37:45
	ALT	15	IU/L	JUL 14,2015@07:37:45
	MAG	2.0	mg/dL	JUL 14,2015@07:37:45
	PHOS	3.5	mg/dl	JUL 14,2015@07:37:45
	TSH	2.45	mIU/mL	JUL 14,2015@07:37:46

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HGB A1C: 13.4 H % JUL 14,2015@07:37:44

PTT: 24.7 Seconds AUG 13,2015@15:01:15

PT: 11.0 Seconds AUG 13,2015@15:01:15

INR: 0.9 ratio AUG 13,2015@15:01:15

TSH: 2.45 mIU/mL JUL 14,2015@07:37:46

URINE DRUG SCREEN:
SCLU - Urine Drug Screen
No data available for PCP SCREEN; BENZODIAZEPINE SCREEN; COCAINE SCREEN; AMPHETAMINE SCREEN; CANNABINOID SCREEN; OPIATE SCREEN; BARBITUATE SCREEN

TOTAL BETA HCG
SLT - Lab Tests Selected
No data available for HCG BETA, TOTAL (PREGNANCY TEST)

FINGER STICK GLUCOSE: Not found in computer FINGERSTICK GLUCOSE

/es/ JAMES F WARREN

Signed: 08/17/2015 13:38

LOCAL TITLE: PRE OPERATIVE
STANDARD TITLE: SURGERY PRE OPERATIVE E & M NOTE
DATE OF NOTE: AUG 13, 2015@16:50 ENTRY DATE: AUG 13, 2015@16:50:43
AUTHOR: MOORE,KARA L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

ADMISSION TYPE:
Day Surgery

Next of Kin: HOPKINS,DARLENE R
101 OKLAHOMA ST
(620)272-4822
MARITAL STATUS - MARRIED
Contact Notification:

Phone: 620-272-4825

ANTICIPATED DATE OF ADMISSION:Aug 19,2015@09:00
Pre Operative Diagnosis: right inguinal hernia
Planned Procedure: Right inguinal hernia repair
Surgeon: Dr. Ahmed - provider credentials given to patient

Type of Anesthesia Expected: choice
Allergies: Patient has answered NKA
Age: 72
Height: 71.5 in [181.6 cm] (04/05/2012 08:36)
Weight: 177.9 lb [80.9 kg] (08/13/2015 13:37)

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Blood Pressure: 116/72 (08/13/2015 13:37)
85 (08/13/2015 13:37)
18 (08/13/2015 13:37)

Medications NOT listed on Pharmacy Profile (list):
none

History of Medical Problems: "Patient states he does not take any medications"
No --Central Nervous System
No --Seizures
No --Cardiac
No --Hypertension:
No --Diabetes
No --Hepatitis
No --GI Problems
No--Breathing Problems
No --Urinary/Kidney Problems
Yes --Visual Problems:Yes--wears glasses.
Yes --Dental Problems: Upper Partial Plate

No --Wears hearing aides
No --Cancer

Yes --Interpreter Needed

Religious concerns: no
Alcohol use: no
Drug use: no
Tobacco use: Pt states not a current tobacco user. Quit in 1976

Mental Status: Alert
Functional Status: Independent

Education Assessment:
Person Being Assessed: Patient
Barriers to Learning: None
Desire and Motivation: Eager to learn
Comphrension: High
Method of Teaching: Verbal Written Handouts
Eval.of Education: Voiced understanding
Topics Covered: MRSA testing and precautions, Pre op shower with hibicleanse, NPO before procedure, Procedure schedule time, DSU arrival time, Need for post op transportation home, Procedure information, Instructed to remain NPO on day of surgery, Instructed to bring hearing aids and glasses, Instructed to stop taking ASA/Blood Thinners 4-7 days before OR, Wear comfortable clothing on day of OR
Yes Given information on Patient Rights and Responsibilities
Yes Given Patient Guide to Pain Management
{Yes}Given Guide To Having Surgery revised edition September 2013
*******Advance Directive**************
Pt was given information on Advance Directives.
YES Sent to Social Worker for Hospiltality House.... Spoke with Maxine Brandon SW and reserved lodging for both patient and his wife for Aug 18th.
Active Outpatient Medications (including Supplies):

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No Medications Found

/es/ KARA L DANIEL
RN, BSN
Signed: 08/13/2015 16:56

LOCAL TITLE: EKG TECH
STANDARD TITLE: CARDIOPULMONARY NOTE
DATE OF NOTE: AUG 13, 2015@15:36 ENTRY DATE: AUG 13, 2015@15:36:26
AUTHOR: ESCOTO,CARRIE J EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

EKG PROGRESS NOTE:
Symptoms/Diagnosis:v81.2

Technician from the Respiratory Department performed an Electrocardiogram on this
patient.

Measeurements taken and information uploaded for Cardiologist review and official interpretation.

Technician report given to
Comments:
EKG ready to be read

/es/ CARRIE J ESCOTO
medical instrumental technician
Signed: 08/13/2015 15:36

LOCAL TITLE: INFORMED CONSENT DISCUSSION (ICT)
STANDARD TITLE: CONSENT
DATE OF NOTE: AUG 13, 2015@14:02:40 ENTRY DATE: AUG 13, 2015@14:03:49
AUTHOR: AHMED,SYED H EXP COSIGNER:
INSTITUTION:
DIVISION:
URGENCY: STATUS: COMPLETED

Signature Informed Consent for
GROIN - HERNIA INGUINAL (OPEN) (HERNIA INGUINAL (OPEN))
1. Anatomical Location: Repair of right inguinal hernia
2. Informed consent was obtained at 2:03 PM on August 13, 2015.
The full consent document can be accessed through Vista Imaging.
3. Patient name: HOPKINS, MARSHALL HUGH
4. The patient HAS decision-making capacity.
5. Surrogate (if applicable):

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6. Reason for the treatment (diagnosis, condition, or indication):
This procedure is performed in patients with an inguinal hernia (an abnormal bulge in the groin area, due to a weakness in the abdominal wall).

7. Treatment/procedure: The goal of this procedure is to surgically repair an inguinal hernia (the intestines push through a weak spot on the inguinal canal, a triangle-shaped opening in the abdominal wall near the groin).

During the operation, the surgeon makes an incision (cut) in the groin. The segment of intestine that is bulging through the abdominal wall is located and placed back into the abdominal cavity. Next, the muscle and fascia (a sheet of tissue that envelops or binds soft body structures together) are stitched closed to repair the opening in the abdominal wall. Often, a piece of plastic mesh is used to reinforce the closure.
Once the hernia repair is performed, the surgeon closes the incision in layers and places a dressing over the surgical site.

8. Anesthesia will be administered.
9. Consent to Blood Products (if applicable):
It is not expected that blood products will be used in this treatment/procedure.
10. Practitioner obtaining consent: Ahmed,Syed H (PHYSICIAN)
11. Supervising practitioner:
12. Practitioner(s) performing or supervising treatment/procedure (if not listed above):
13. Witness Name(s):

14. Comments:
Tissues removed during the course of this treatment/procedure will be disposed of in accordance with hospital procedures.

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 08/13/2015
by: BGP PSEUDOUSER

LOCAL TITLE: SPECIALTY CLINIC INTERVIEW

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

STANDARD TITLE: NURSING NOTE
DATE OF NOTE: AUG 13, 2015@13:39 ENTRY DATE: AUG 13, 2015@13:39:30
AUTHOR: CUMMINGS,VICKY L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Today's Date and Time: AUG 13, 2015 13:39 Patient Age: 72
Allergies: Patient has answered NKA
T: 97.9 F [36.6 C] (08/13/2015 13:37)
P: 85 (08/13/2015 13:37)
R: 18 (08/13/2015 13:37)
B/P: 116/72 (08/13/2015 13:37)
Ht: 71.5 in [181.6 cm] (04/05/2012 08:36)
Wt: 177.9 lb [80.9 kg] (08/13/2015 13:37)
Pain: 0 (08/13/2015 13:37)
O2 Sat: 8/13/15 @ 1337 PULSE OXIMETRY: 84
IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
****
Reason for visit: consult

****
Is the patient febrile? No
Any travel or exposure to individuals who have traveled outside the US in past 6 months? No
Patient has been in the hospital since last visit:
no
Patient has been seen by an outside provider:
no
Patient given new medications outside the VA:
no
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
Congestive Heart Failure:
Patient does not have a known diagnosis of Congestive Heart Failure
Cancer:
Patient does not currently have cancer.
PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain: 0
PLAN:
Pain level will be reassessed at future appointments.
Fall Risk Assessment:
History of Falling
15 = Yes Secondary diagnosis
Ambulatory aid
IV/Heparin Lock
Gait/transferring
Mental Status
15 TOTAL SCORE
Scoring:
0-24 Low Risk
Implement Universal Fall Precautions

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EDUCATION
  Person Being Assessed: Patient
   Barriers to Learning: None
  Desire and Motivation: Eager to learn
         Comphrehension: High
     Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
         Topics Covered:

/es/ VICKY L CUMMINGS
LVN
Signed: 08/13/2015 13:40

 LOCAL TITLE: HISTORY & PHYSICAL (II)(T)
STANDARD TITLE: H & P NOTE
DATE OF NOTE: AUG 13, 2015@08:11   ENTRY DATE: AUG 18, 2015@08:11:15
      AUTHOR: AHMED,SYED H   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

                                  HISTORY
MILITARY SERVICE BRANCH:

PRIMARY CARE PROVIDER:

CHIEF COMPLAINT(S):
1. Establish care
2. Swelling in the right groin.

H/O PRESENT ILLNESS:
This 72 year old MALE in to establish care. The patient has swelling in the right groin for the last several months. He had surgery for the hernia at an outside hosptial several years ago. The hernia is reducible. It causes aching discomfort going down to the testicle. He is able to reduce it manually but is getting increasingly difficult to do so.

PAST MEDICAL HISTORY:
1. Diabetes
2. Chronic back pain

SURGERIES:
1. Hernia surgery
2.
3.

MEDICATIONS:
ACTIVE OUTPATIENT PRESCRIPTIONS - NONE FOUND

ALLERGIES:
Patient has answered NKA

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HABITS
-Smoking: No
-Alcohol: No
-Other drug abuse: Denied
-Caffeine: Coffee cups/day

SOCIAL HISTORY:
-Marital status: Married
-Occupation: Retired
-Exercise: ADL's
-Diet: General
-Immunizations:
TD:
Flu:
Pneumonia:

FAMILY HISTORY:
No signigicant illnesses.

REVIEW OF SYSTEMS:

-CONSTITUTIONAL: Feels OK otherwise
-NEUROLOGICAL: No seizures
-EYES/EARS: No acute problems
-CARDIAC: No chest pain
-RESPIRATORY: No cough
-GASTROINTESTINAL: Regular bowel movements
-GENITOURINARY: No acute problems
-HEMATOLOGIC: NO bleeding disorder
-DERMATOLOGIC: NO rash
-RHEUMATOLOGIC: Chronic back pain
EMOTIONAL: Stable

PHYSICAL EXAM

VITALS: TEMP: 98.0 F
PULSE: 85 (08/13/2015 13:37)
RESP: 18 (08/13/2015 13:37)
B/P: 116/72 (08/13/2015 13:37)
WT: 177.9 lb [80.9 kg] (08/13/2015 13:37)
HT: 71.5 in [181.6 cm] (04/05/2012 08:36)
PULSE OX: 8/13/15 @ 1337 PULSE OXIMETRY: 84
7/14/15 @ 1020 PULSE OXIMETRY: 95

GENERAL: Looks anxious
LYMPH NODES: Not enlarged
HEENT:Normal
SKIN: Normal
CHEST WALL & SPINE: Normal
HEART:Normal
LUNGS: Clear
ABDOMEN:SOft, non-tender. No organomegaly. Right inguinal hernia. Reducible. Reduces with a gurgle
EXTREMITIES: Normal
NEUROLOGICAL: Grossly normal

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LABs
Sodium: 136 meq/L AUG 13,2015@15:01:14
Potassium: 4.2 mmol/L AUG 13,2015@15:01:14
BUN: 22 H mg/dl AUG 13,2015@15:01:14
Creatinine:
AST: 11 IU/L JUL 14,2015@07:37:45
ALT: 15 IU/L JUL 14,2015@07:37:45
LDH: Not found in computer LDH
Alk. Phos.: 53 IU/L JUL 14,2015@07:37:45
GGTP: 18 APR 5,2012@07:30:12
T. Bilirubin: 0.6 mg/dL JUL 14,2015@07:37:45

WBC: 9.8 K/cumm AUG 13,2015@15:01:13
Hgb: 14.9 gm/dL AUG 13,2015@15:01:13
Hct: 46.5 % AUG 13,2015@15:01:13

Assessment:
1. Right inguinal hernia

Plan:
1. New Pt Lab, EKG, CXR
2. RTC
3. Refill Meds
4. Age and diagnosis appropriate education and health maintenance counseling and education given Re: Prostate exam, PSA, tobacco & alcohol abuse, diabetes, flex sig & immunizations.
5. For repair of right inguinal hernia

(x Code Status discussed.

/es/ Syed H Ahmed MD
Surgeon
Signed: 08/18/2015 08:20

LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JUL 14, 2015@11:36 ENTRY DATE: JUL 14, 2015@11:36:51
AUTHOR: RODRIGUEZ-FRONTERA, EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

SUBJECTIVE: This is a 71 year old male ambulatory to Primary Care. Comes for his regular medical evaluation. Very concerned person about treatment only with natural products.presenting lab. results with very high glucose levels and despite our observation, he insist not to follow any other treatment than natural things provided by his wife.Also presenting a recurrent left inguinal hernia condition. Has had two previos inguinal repair surgeries on the same side.

CHIEF COMPLAINT: INGUINAL HERNIA.

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PHYSICAL EXAM:
VITALS: TEMP: 98.3 F [36.8 C] (07/14/2015 10:20)
PULSE: 70 (07/14/2015 10:20)
RESP: 18 (07/14/2015 10:20)
B/P: 146/92 (07/14/2015 10:32)
WT: 182.8 lb [83.1 kg] (07/14/2015 10:20)
HT: 71.5 in [181.6 cm] (04/05/2012 08:36)
PAIN: 5 (07/14/2015 10:20)
HEENT: PERLA
LUNGS: CTA
HEART: NSR
ABD: LEFT INGUINAL HERNIA. NOT INCARCERATED. NOT PAINFUL
RECTAL:
EXT: AROM
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

No Medications Found

Medication reconciliation was completed with the patient/caregiver.

LABS:

SODIUM:	138	meq/L	JUL 14,2015@07:37:45
POTASSIUM:	4.1	mmol/L	JUL 14,2015@07:37:45
BUN:	19 H	mg/dl	JUL 14,2015@07:37:45
CREATININE	7/14/15 07:37	0.77	
GLUCOSE:	327 H	mg/dL	JUL 14,2015@07:37:45
AST:	11	IU/L	JUL 14,2015@07:37:45
ALT:	15	IU/L	JUL 14,2015@07:37:45
LDH:	Not found in computer LDH		
ALK. PHOS.:	53	IU/L	JUL 14,2015@07:37:45
GGTP:	18		APR 5,2012@07:30:12
T. BILIRUBIN:	0.6	mg/dL	JUL 14,2015@07:37:45
WBC:	9.0	K/cumm	JUL 14,2015@07:37:43
HGB:	14.5	gm/dL	JUL 14,2015@07:37:43
HCT:	43.5	%	JUL 14,2015@07:37:43
MICROALBUMIN:	1.4	mg/dl	APR 5,2012@07:30:18
CHOLESTEROL:	237 H	mg/dL	JUL 14,2015@07:37:45
HDL:	42	mg/dL	JUL 14,2015@07:37:45
LDL	165 H	mg/dL	JUL 14,2015@07:37:45
LDL-CHOL CALC:	Not found in computer LDL-CHOL CALCULATION		
LDL:	140 H	mg/dL	MAY 2,2006@08:06:41
TRIG:	153 H	mg/dL	JUL 14,2015@07:37:45
FOB1:	Not found in computer OCCULT BLOOD		
FOB2:	Not found in computer OCCULT BLOOD #2		
FOB3:	Not found in computer OCCULT BLOOD #3		
PSA:	0.674	ng/mL	JUL 14,2015@07:37:46
TSH:	2.45	mIU/mL	JUL 14,2015@07:37:46

PROCEDURES:

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ASSESSMENT/PLAN:
1. IDDM - PT. REFUSES ANY OPTION OF TREATMENT. HE WILL CONTINUE TO FOLLOW THE NATURAL MEDICATIONS PRESCRIBED BY HIS WIFE.
2. INGUINAL HERNIA (RECURRENT)
3.
4.
5. RTC
10 mo.
Colorectal Cancer Screening:
The patient was offered referral to GI for colonoscopy/sigmoidoscopy and declines to accept the referral.
Reason: DOES NOT BELIVE IS NECESSARY
DIABETIC EYE EXAM:
Patient had eye exam previously.
Location: AMA- VA
MONTH AND YEAR (REQUIRED): FEB.2015
Diabetic Foot Exam:
Patient declined Diabetic Foot Exam.
Comment: DOES NOT BELIVE HE IS DIABETIC
PROSTATE CANCER EDUCATION:
PROSTATE CANCER SCREENING
PROVIDER EDUCATION: Today, the patient received written information and/or verbal counseling, including risks and benefits, about prostate cancer screening and had an opportunity to ask questions.
Level of Understanding: Good
Hemoglobin A1C:
Patient refused diabetic education consult.
ELEVATED BP >140/90:
Patient has a blood pressure cuff at home.
DIABETIC ELEVATED HEMOGLOBIN A1C:
Patient refused Diabetic Education.
MEDICATION RECONCILIATION-PACT:

Active and Recently Expired Outpatient Medications (including Supplies):

No Medications Found

IV Medications
==========
=== No data available

Home medications or patient's list of medications reviewed.

No Medication discrepancies found.

Current medication list reviewed with patient and/or caregiver. List of current medications given to patient and/or caregiver at discharge.

Encouraged to keep list of current medications with them in case of an emergency.

/es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
Signed: 07/14/2015 11:58

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: JUL 14, 2015@10:41:48 ENTRY DATE: JUL 14, 2015@10:41:48
AUTHOR: CANTU,LEIGH A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Positive depression, PCP and SW notified. Pt denies SI/HI. Pt reports that he has conquered all of his dream and just hasn't found anything that sparks his drive to explore a new environment. Pt reports that he does not believe in medicines or vaccines. Self-reported that only natural medicines/herbs are preferred.

/es/ LEIGH ANN BODDY
LVN
Signed: 07/14/2015 10:47

Receipt Acknowledged By:
07/14/2015 11:12 /es/ TRACY M. KILGORE, LCSW
LICENSED CLINICAL SOCIAL WORKER
07/14/2015 11:17 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician

==========

--- Original Document ---

07/14/15 CLINICAL REMINDER NOTE:
Pneumococcal PCV13 (Prevnar13):
The patient declines to receive the recommended dose of pneumococcal conjugate vaccine PCV13 (Prevnar 13).
Comment: "I don't take any medicines or shots"
HEALTHY LIVING/COPING SKILLS:
Exercise Screening:

Yes--Are you physically active, exercise 3 times a week 20-30 min.
Patient received education regarding exercise.
Weight/Nutrition Screening:

Yes Does your diet contain more fruit, grain, and vegetables than meats?
No Have you had your stool checked for blood in the last year?
Weight/Nutrition Education was provided to patient.
Miscellaneous:

No 1. Have you had a flex sig by an outside provider or at the Amarillo VA within the last 5 years?
No 2. Have you had a colonoscopy by an outside provider or at the Amarillo VA within the last 10 years?
No 4. Do you take an aspirin daily?
Depression Screening:
PHQ-2

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A PHQ-2 screen was performed. The score was 4 which is a positive screen for depression.

1. Little interest or pleasure in doing things
More than half the days

2. Feeling down, depressed, or hopeless
More than half the days

Alcohol Screening:
AUDC (Mental Health Instrument)
An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?
Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?
Response not required due to responses to other questions.

Tetanus Reminder:
Patient refused Tetanus immunization.

ELEVATED BP >140/90:
Blood Pressure taken at this visit.
B/P: 146/92
Patient is not on blood pressure medication.

Tobacco Use Screen:
Patient states they are a former tobacco user but has quit more than 12 months ago.

MINI-COGNITIVE IMPAIRMENT SCREENING:
Give 1 point for each recalled word after the CDT distracter.

Score=3 (0-3 for recall).

Give 2 points for a normal CDT, and 0 points for an abnormal CDT. The CDT is considered normal if all numbers are depicted, once each, in the correct sequence and position, and the hands readably display the requested time.

Score=2 (0 or 2 for CDT).

Total Score=5 (Add the word recall and CDT scores together to get the Mini-Cog Score).
Patient tested negative in the screen for cognitive impairment.

My HealtheVet Education:
The patient does not have access and does not use the internet.

Homelessness Screening:
In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.
Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

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No - Not worried about housing near future
PRIMARY CARE PRESSURE ULCER RISK:
1. Is the Veteran bed-confined or a wheelchair-user (wheelchair-user defined as being wheelchair bound for >50% of wake hours)?
No

2. Does the Veteran require assistance to transfer/change positions?
No

3. Does the Veteran report any current pressure ulcers, a history of pressure ulcers, or a wound from a medical device, such as artificial limb, braces, spling, implanted pump, automatic implanted cardioverter-defibrillator, oxygen tubing, Foley or condom catheter, tracheostomy, feeding tube, or other medical device?
No

The patient is NEGATIVE for pressure ulcer risk.

/es/ LEIGH ANN BODDY
LVN
Signed: 07/14/2015 10:34

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: JUL 14, 2015@10:21 ENTRY DATE: JUL 14, 2015@10:21:09
AUTHOR: CANTU,LEIGH A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

*** CLINICAL REMINDER NOTE Has ADDENDA ***

Pneumococcal PCV13 (Prevnar13):
The patient declines to receive the recommended dose of pneumococcal conjugate vaccine PCV13 (Prevnar 13).
Comment: "I don't take any medicines or shots"
HEALTHY LIVING/COPING SKILLS:
Exercise Screening:

Yes--Are you physically active, exercise 3 times a week 20-30 min.
Patient received education regarding exercise.
Weight/Nutrition Screening:

Yes Does your diet contain more fruit, grain, and vegetables than meats?
No Have you had your stool checked for blood in the last year?
Weight/Nutrition Education was provided to patient.
Miscellaneous:

No 1. Have you had a flex sig by an outside provider or at the Amarillo VA within the last 5 years?
No 2. Have you had a colonoscopy by an outside provider or at the Amarillo VA within the last 10 years?

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

No 4. Do you take an aspirin daily?

Depression Screening:

PHQ-2

A PHQ-2 screen was performed. The score was 4 which is a positive screen for depression.

1. Little interest or pleasure in doing things
More than half the days

2. Feeling down, depressed, or hopeless
More than half the days

Alcohol Screening:

AUDC (Mental Health Instrument)

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

1. How often did you have a drink containing alcohol in the past year?
Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?
Response not required due to responses to other questions.

Tetanus Reminder:

Patient refused Tetanus immunization.

ELEVATED BP >140/90:

Blood Pressure taken at this visit.

B/P: 146/92

Patient is not on blood pressure medication.

Tobacco Use Screen:

Patient states they are a former tobacco user but has quit more than 12 months ago.

MINI-COGNITIVE IMPAIRMENT SCREENING:

Give 1 point for each recalled word after the CDT distracter.

Score=3 (0-3 for recall).

Give 2 points for a normal CDT, and 0 points for an abnormal CDT. The CDT is considered normal if all numbers are depicted, once each, in the correct sequence and position, and the hands readably display the requested time.

Score=2 (0 or 2 for CDT).

Total Score=5 (Add the word recall and CDT scores together to get the Mini-Cog Score).

Patient tested negative in the screen for cognitive impairment.

My HealtheVet Education:

The patient does not have access and does not use the internet.

Homelessness Screening:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

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Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?
No - Not worried about housing near future

PRIMARY CARE PRESSURE ULCER RISK:

1. Is the Veteran bed-confined or a wheelchair-user (wheelchair-user defined as being wheelchair bound for >50% of wake hours)?
No

2. Does the Veteran require assistance to transfer/change positions?
No

3. Does the Veteran report any current pressure ulcers, a history of pressure ulcers, or a wound from a medical device, such as artificial limb, braces, spling, implanted pump, automatic implanted cardioverter-defibrillator, oxygen tubing, Foley or condom catheter, tracheostomy, feeding tube, or other medical device?
No

The patient is NEGATIVE for pressure ulcer risk.

/es/ LEIGH ANN BODDY
LVN
Signed: 07/14/2015 10:34

07/14/2015 ADDENDUM STATUS: COMPLETED
Positive depression, PCP and SW notified. Pt denies SI/HI. Pt reports that he has conquered all of his dream and just hasn't found anything that sparks his drive to explore a new environment. Pt reports that he does not believe in medicines or vaccines. Self-reported that only natural medicines/herbs are preferred.

/es/ LEIGH ANN BODDY
LVN
Signed: 07/14/2015 10:47

Receipt Acknowledged By:
07/14/2015 11:12 /es/ TRACY M. KILGORE, LCSW
LICENSED CLINICAL SOCIAL WORKER
07/14/2015 11:17 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician

LOCAL TITLE: PACT SCHEDULED VISIT
STANDARD TITLE: PACT NOTE
DATE OF NOTE: JUL 14, 2015@10:34 ENTRY DATE: JUL 14, 2015@10:34:37
AUTHOR: CANTU,LEIGH A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Patient identified by the following 2 identifiers: Patient Name , Social Security number, Date of Birth

Reason for visit/Has the patient had any concerns or problems since last visit?
pt here today to re-est care with pcp. pt stated c/o hernia discomfort to the right testicle for the past year.

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Is the patient febrile? No
Any travel or exposure to individuals who have traveled outside the US in past 6 months? No

Current Vital Signs
Temperature: 98.3 F [36.8 C] (07/14/2015 10:20)
Pulse: 70 (07/14/2015 10:20)
Respirations: 18 (07/14/2015 10:20)
B/P: 146/92 (07/14/2015 10:32)
Height(ins): 71.5 in [181.6 cm] (04/05/2012 08:36)
Weight(lbs): 182.8 lb [83.1 kg] (07/14/2015 10:20)
BMI: 25.2
Pain: 5 (07/14/2015 10:20) (Scale from 1-10)
O2 Sat: 7/14/15 @ 1020 PULSE OXIMETRY: 95
On Room Air

Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:

RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND

Nicotine use:Pt states not a current tobacco user.

MEDICATION RECONCILIATION
Has the patient been given new medications outside the VA? NO

Does Patient take any non-prescription meds, including herbal supplements, vitamins, etc? YES

Medication list reviewed with patient. Provider to be informed of any variance to list.

Has the patient been in the hospital or seen an outside provider since last visit? NO

OBSERVATIONS FOR ABUSE/NEGLECT
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?

SKIN IMPAIRMENT RISK SCREEN
(Braden Scale) -

4 = No Impairment	Sensory Perception
4 = Rarely Moist	Moisture
4 = Walks Frequently	Activity
4 = No Limitations	Mobility
4 = Excellent	Nutrition

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3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE

15-18 = low risk
    If score is 18 or less, an impaired or potentially impaired skin
    integrity problem exists and is to be reflected in the patient/resident
    plan of care.
13-14 = moderate risk
12 or less = high risk
    If score is 12 or less, the PCP may enter a Enterostomal/Wound
                                                Care Nurse consult

No -- Does Patient have an open wound of any type?

**********FALL RISK**********
Patient has NO history of falling in the last 12 months
PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 5
        Patient's acceptable level of pain:
LOCATION: neck
QUALITY:
dull
ache
ONSET: CHRONIC
Description for onset of pain: pt reports that he is treated by a chiropractor
DURATION: Intermittent
PLAN:
Pain level will be reassessed at primary care appointments
EDUCATION
  Person Being Assessed: Patient
   Barriers to Learning: None

  Desire and Motivation: Eager to learn
           Comphrension: Moderate
     Preferred Language: English
     Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
                 Topics: Plan of Care
Plan of Care for this visit: pt to be seen by pcp.

/es/ LEIGH ANN BODDY
LVN
Signed: 07/14/2015 10:38

 LOCAL TITLE: FEE EMERGENCY ROOM
STANDARD TITLE: SCANNED REPORT
DATE OF NOTE: JUN 26, 2015@10:15:16 ENTRY DATE: JUL 17, 2015@10:15:16
      AUTHOR: DIXON,JENNIFER N   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

FEE EMERGENCY ROOM

******Scanned document attached to this note******
Please refer to the scanned text document att
by Tools, Imaging then Display

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 07/17/2015
by: JENNIFER N RAY

LOCAL TITLE: CPAP/BIPAP NOTE
STANDARD TITLE: CARDIOPULMONARY NOTE
DATE OF NOTE: APR 24, 2013@16:25 ENTRY DATE: APR 24, 2013@16:25:34
AUTHOR: FOX,JIMMY D EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Pt with diagnosis of sleep apnea was seen in the CPAP follow/up
clinic today and his equipment was downloaded. Download will be
scanned into CPRS for viewing. Pt wore his equipment 43 of 60
days. Pt wore his equipment greater than 4 hrs 60 % of the time.
When pt wears equipment it operates at 9.6cmh2o and his AHI=0.6.

Patient is having problems with his current mask hurting his nose.
A request will be placed for a large Mirage Quatro FX mask #61702.

Pt encouraged to wear his equipment all night every night and to
Call if he has any problems.

/es/ Jimmy D Fox,RRT
Home Oxygen Coordinator
Signed: 04/24/2013 16:29

Receipt Acknowledged By:
04/25/2013 11:39 /es/ ANJALI SUBHASH KHERDEKAR M.D.
STAFF PHYSICIAN
04/29/2013 15:58 /es/ SERGIO MUNIZ MD
CHIEF, PULMONARY SECTION
04/26/2013 09:21 /es/ JAMES F ROBINSON
[17~

LOCAL TITLE: MHS-GENERAL NOTE (NON-S.O.A.P.)
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: APR 24, 2013@13:43 ENTRY DATE: APR 24, 2013@13:43:57
AUTHOR: HARRIS,HEATHER R EXP COSIGNER:

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Mr. Hopkins was seen for 45 minute follow up to address depression. He was last seen in this clinic on 4/8/13. He stated he continues to struggle with sleep issues and has a follow up appt. for his CPAP this afternoon. He stated since his last visit he has done a lot of thinking and has decided his issues are physical and not mental health related. He also stated he has been talking to his friends which has helped him with his perspective. Most of session spent in supportive counseling. Will remain available as needed.

Impressions:
Appearance: dress appropriately with good hygiene
Behavior: Appropriate.
Speech: normal rate and volume
Mood: depressed
Affects: dysthymic
Thought processes: coherent and logic.
Thought content: No delusion.
Suicidal ideation: thoughts, no plan or intent
Homicidal ideation: No
Cognition: alert and oriented.
Insight: fair.
Judgment: good

Dx:
MDD, recurrent

Plan: F/U PRN

/es/ Heather R Harris, LCSW
Licensed Clinical Social Worker
Signed: 04/24/2013 13:46

LOCAL TITLE: DIABETIC RETINOPATHY SURVEILLANCE
STANDARD TITLE: CONSULT
DATE OF NOTE: APR 09, 2013@10:45 ENTRY DATE: APR 09, 2013@10:45:17
AUTHOR: MCGUIRE,WENDY L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Diabetic Retinopathy Surveillance Consult follow-up note

RESULTS from Diabetic Teleretinal Imaging consult:
Exam result:
Exam Result: Normal
on date: April 9, 2013
********** REMOTE RESULTS **********

TIU Document from:
NEW MEXICO HCS
Associated on: Apr 08, 2013@16:43:16

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

LOCAL TITLE: DIABETIC TELERETINAL READER CONSULT REPORT
STANDARD TITLE: DIABETOLOGY NOTE
DATE OF NOTE: APR 08, 2013@15:42 ENTRY DATE: APR 08, 2013@15:42:27
AUTHOR: POWELL,JASON R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PUPIL DILATION:
Pupils not dilated for imaging

IMAGE QUALITY ASSESSMENT:
Image quality adequate

DIABETIC SURVEILLANCE ASSESSMENT:
RIGHT RETINAL IMAGES:
Retinopathy Assessment Rt eye:
No Diabetic Retinopathy
Macula Assessment Rt eye:
No apparent abnormalities
Optic Nerve Assessment Rt Eye:
No apparent abnormalities
LEFT RETINAL IMAGES:
Retinopathy Assessment Lt eye:
No Diabetic Retinopathy
Macula Assessment Lt eye:
No apparent abnormalities
Optic Nerve Assessment Lt eye:
No apparent abnormalities

EYE EXAM RESULTS:
Diabetic Retinopathy:
Eye exam Retinopathy: Normal
Macula findings:
Eye exam Macula: Normal
Optic Nerve Findings:
Eye exam Optic Nerve: Normal

RECOMMENDATIONS:
Refer for comprehensive eye exam
Refer to:
EITHER Ophthalmology or Optometry
Within 1 year
Referral/appointment reason:
Routine eye care
Poor control of diabetes.

****
*Digital retinal imaging has been shown to be an effective method *
*of screening for diabetic retinopathy, but cannot substitute for *
*a comprehensive eye exam. *
****

/es/ JASON R POWELL, OD
OPTOMETRIST
Signed: 04/08/2013 15:43

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********** END OF REMOTE RESULTS
****

/es/ WENDY L WOODS
DIABETIC RETINAL IMAGER
Signed: 04/09/2013 10:45

LOCAL TITLE: DIABETIC TELERETINAL IMAGING CONSULT NOTE
STANDARD TITLE: CONSULT
DATE OF NOTE: APR 08, 2013@16:43:15 ENTRY DATE: APR 08, 2013@16:43:15
AUTHOR: POWELL,JASON R EXP COSIGNER:
INSTITUTION:
DIVISION:
URGENCY: STATUS: COMPLETED

Please refer to Inter-facility Consult for results.

Automatically generated note - signature not required.

Electronically Filed: 04/08/2013
by: JASON R POWELL

LOCAL TITLE: MHS-GENERAL NOTE (NON-S.O.A.P.)
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: APR 08, 2013@15:04 ENTRY DATE: APR 08, 2013@15:04:30
AUTHOR: HARRIS,HEATHER R EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Mr. Hopkins was seen for 60 minutes to address depression. He was last seen in this clinic on 10/24/12. He stated he continues to struggle with sleep issues despite having a sleep study and starting on the CPAP. Mr. Hopkins also reports lack of motivation, loss of interest in activities, and emotional numbing. He feels like he has ran out of dreams and has accomplished everything he wants to accomplish. He is struggling with finding a purpose in life. He stated he is volunteering and finds that to be rewarding and also likes to study religion. He is working but does not enjoy what he is doing. He stated he has retired in the past and doesn't like not having a job. He does not relate his purpose with his family saying "they're doing fine on their own."

Mr. Hopkins stated he wants to know why he is depressed. Provided information to veteran regarding depression, however; he appeared fixated on wanting to know the exact cause of his depression.

Impressions:
Appearance: dress appropriately with good hygiene
Behavior: Appropriate.
Speech: normal rate and volume

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Mood: depressed
Affects: dysthymic
Thought processes: coherent and logic.
Thought content: No delusion.
Suicidal ideation: thoughts, no plan or intent
Homicidal ideation: No
Cognition: alert and oriented.
Insight: fair.
Judgment: good

Dx:
MDD, recurrent

Plan: F/U on 4/24/13.

/es/ Heather R Harris, LCSW
Licensed Clinical Social Worker
Signed: 04/08/2013 15:13

LOCAL TITLE: DIABETIC RETINOPATHY SURVEILLANCE
STANDARD TITLE: CONSULT
DATE OF NOTE: APR 08, 2013@12:51 ENTRY DATE: APR 08, 2013@12:51:21
AUTHOR: MCGUIRE,WENDY L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

REASON FOR REQUEST: Diabetic Teleretinal Imaging for Diabetic Retinopathy
PATIENT DEMOGRAPHICS:
Sex: MALE
Date of birth: JUL 20,1943
Patient race: WHITE
Patient ethnicity: NOT HISPANIC OR LATINO

PATIENT HISTORY:
Duration of diabetes (years):
1-5 years
Date: April 5, 2012
Information obtained by:
Chart documentation
Last retinal evaluation:
Date:
Date: November 7, 2006
Location: Va AmARILLO
Information obtained by:
Chart documentation
Comprehensive face-to-face eye exam
LABS:
Hemoglobin A1C :8.1 H % APR 5,2012@07:30:11
Not found in computer LIPID PROFILE

CURRENT DIABETES THERAPY:
None

DISPOSITION:

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Patient scheduled for Diabetic Teleretinal Imaging
PT IS NOT DILATED TRODAY
PT IS NON COMPLIANT WITH MEDS, DOES NOT TAKE THEM

/es/ WENDY L WOODS
DIABETIC RETINAL IMAGER
Signed: 04/08/2013 12:53

LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: FEB 28, 2013@16:49 ENTRY DATE: FEB 28, 2013@16:49:08
AUTHOR: MOORE,ROGENA S EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Ear lavaged ordered by: DR. KADAKIA (x) both ears

Tepid tap water and standare ear irrigation syringe w/irrigation tip used per hospital protocol.
Pre medicated gtts prior to lavage:(x)yes

Results:
(x)Waxy debris removed w/o difficulty.
(x)Tm(s)visible and intact.
(x)Patient tolerated procedure well
(x)Patient denies tenderness and pain with lavage .

Comments: Dx Impacted Cerumen

/es/ ROGENA S MOORE
LVN
Signed: 02/28/2013 16:57

LOCAL TITLE: CPAP/BIPAP
STANDARD TITLE: ORTHOTICS PROSTHETICS HOME HEALTH NOTE
DATE OF NOTE: FEB 28, 2013@16:31 ENTRY DATE: FEB 28, 2013@16:31:19
AUTHOR: FOX,JIMMY D EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

CPAP NOTE

Patient with diagnosis obstructive sleep apnea presented to the CPAP Education group to receive his CPAP. Patient was issued a Resmed S9 CPAP #23121702618, a humidifier #23121480772, a large full face mask #61203, and one package of filters. Patient's machine was configured with the following settings:

cmh20: 8-18
EPR: 2
ramp: 5
ramp time: 15
alarm/led: 0/1

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heater: adj

Patient was able to provide return demonstration on operation and verbally acknowledged understanding on how to clean the equipment. Pt instructed to contact the VA for any problems with his CPAP. Pt also instructed to take his CPAP with him when he sleeps away from home.

Pt will be seen in the follow/up clinic in three months.

/es/ Jimmy D Fox,RRT
Home Oxygen Coordinator
Signed: 02/28/2013 16:32

Receipt Acknowledged By:
03/01/2013 06:34   /es/ BHADRESH K KADAKIA
                             physician
03/04/2013 15:01   /es/ SERGIO MUNIZ MD
                             CHIEF, PULMONARY SECTION
03/05/2013 13:39   /es/ JAMES F ROBINSON
                             [17~

 LOCAL TITLE: ADVANCE DIRECTIVE DISCUSSION
STANDARD TITLE: ADVANCE DIRECTIVE DISCUSSION
DATE OF NOTE: FEB 28, 2013@16:21   ENTRY DATE: FEB 28, 2013@16:21:37
      AUTHOR: MARTINEZ,ANTONIO   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

Met with patient on this date for an advance directive discussion, patient is awake, alert, and able to make own decisions.

Provided education and assistance regarding: patient rights, advance directive, and advance directive execution procedure.

Educated patient in both verbal and written forms regarding advance directives.

Patient elected to accept the material for possible completion at a later date.

Provided numbers for patient to reach a social worker should he/she need assistance. SW will remain available to provide further assistance and education as needed.

/es/ ANTONIO MARTINEZ
LMSW
Signed: 02/28/2013 16:21

 LOCAL TITLE: PATIENT ALIGNED CARE TEAM NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: FEB 26, 2013@16:01   ENTRY DATE: FEB 26, 2013@16:01:43
      AUTHOR: MOORE,ROGENA S   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

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PACT Nursing Note

Nursing : CALLED MR. MARSHALL PER PROVIDER INSTRUCTIONS TO ADVISE THAT 2/28/13 @ 15:30PM ,AN APPOINTMENT HAS BEEN MADE FOR CHECKING HIS EARS AND POSSIBLE LAVAGE.
Time Spent: 5-10 minutes
Nursing Comments: MR. MARSHALL VOICED UNDERSTANDING OF NURSE VISIT.

/es/ ROGENA S MOORE
LVN
Signed: 02/26/2013 16:05

LOCAL TITLE: CPAP/BIPAP NOTE
STANDARD TITLE: CARDIOPULMONARY NOTE
DATE OF NOTE: FEB 08, 2013@14:40 ENTRY DATE: FEB 08, 2013@14:40:07
AUTHOR: FOX,JIMMY D EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Pt sleep study equipment received and a copy of the sleep report will be scanned into CPRS for viewing. Based on results Pt will need to be placed on an auto CPAP with a pressure range of 8-18 Cmh2o and a ramp pressure of 5 CMH2O x 20 min.

Pt contacted advised to refrain from driving and operating heavy Machinery until he receives CPAP therapy.

/es/ Jimmy D Fox,RRT
Home Oxygen Coordinator
Signed: 02/08/2013 14:40

Receipt Acknowledged By:
02/08/2013 15:06 /es/ BHADRESH K KADAKIA
physician
02/19/2013 10:43 /es/ SERGIO MUNIZ MD
CHIEF, PULMONARY SECTION

LOCAL TITLE: SLEEP STUDIES OUTPATIENT (C)
STANDARD TITLE: SLEEP MEDICINE NOTE
DATE OF NOTE: FEB 05, 2013@11:45 ENTRY DATE: FEB 05, 2013@11:45:23
AUTHOR: MUNIZ,SERGIO E EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Pt observed the Watch PAT-100 training DVD. After DVD, operation of the equipment was demonstrated by me. Pt did not have any questions at this time. Pt issued equipment #21019, return postage and instructed to mail it back tomorrow. Pt reminded that there is an instruction card inside the carrying case. Pt advised to refrain from driving and operating heavy machinery while going through the testing phases for sleep apnea and at least until pt receives therapy if needed.

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Pt's resting room air spo2 = 92%. Pt states he quit smoking in 1972, but smoked 1.5 pks a day for 22 years. Pt fitted for a large full face mask #61203 in case he qualifies for CPAP therapy.

Pt Signed Authorization to Release Medical Information for sleep study Equipment and it will be sent to be scanned into CPRS.

/es/ SERGIO MUNIZ MD
CHIEF, PULMONARY SECTION
Signed: 02/05/2013 12:42

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: OCT 24, 2012@13:38:40 ENTRY DATE: OCT 24, 2012@13:38:40
AUTHOR: ZINN,MELISSA K EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Epworth sleepiness scale administered at this visit. Patient with score of 20. Sleep study consult placed. Patient appreciative.

This will be reviewed with Dr. Kadakia

/es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator
Signed: 10/24/2012 13:45

Receipt Acknowledged By:
10/24/2012 13:46 /es/ BHADRESH K KADAKIA
physician

==========

--- Original Document ---

10/24/12 PATIENT ALIGNED CARE TEAM NURSING NOTE:
PACT Nursing Note

Nursing
Patient presents to Team Patriot at this visit per PCP request for Epworth Sleepiness scale.
PLAN - CAN YOU RUN EPWORTH SEEPYNESS SCALE THROUGH TELEPHONE ENCOUNTER? AND THEN ON THE BASIS OF THE SCORE SLEEP STUDY CAN BE ORDERED.

/es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator
Signed: 10/24/2012 13:31

LOCAL TITLE: PATIENT ALIGNED CARE TEAM NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: OCT 24, 2012@13:20 ENTRY DATE: OCT 24, 2012@13:21:09
AUTHOR: ZINN,MELISSA K EXP COSIGNER:

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

*** PATIENT ALIGNED CARE TEAM NURSING NOTE Has ADDENDA ***

PACT Nursing Note

Nursing
Patient presents to Team Patriot at this visit per PCP request for Epworth Sleepiness scale.
PLAN - CAN YOU RUN EPWORTH SEEPYNESS SCALE THROUGH TELEPHONE ENCOUNTER? AND THEN ON THE BASIS OF THE SCORE SLEEP STUDY CAN BE ORDERED.

/es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator
Signed: 10/24/2012 13:31

10/24/2012 ADDENDUM STATUS: COMPLETED
Epworth sleepiness scale administered at this visit. Patient with score of 20. Sleep study consult placed. Patient appreciative.

This will be reviewed with Dr. Kadakia

/es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator
Signed: 10/24/2012 13:45

Receipt Acknowledged By:
10/24/2012 13:46 /es/ BHADRESH K KADAKIA
physician

LOCAL TITLE: PATIENT ALIGNED CARE TEAM NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: OCT 24, 2012@12:11 ENTRY DATE: OCT 24, 2012@12:11:43
AUTHOR: ZINN,MELISSA K EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PACT Nursing Note

Nursing
Contacted patient per PCP request on Epworth sleepiness scale. Patient recently left VA and can return for questionnaire. Will place for nurse visit. Patient appreciative.
Patient contact#620-272-4825

/es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator
Signed: 10/24/2012 12:14

LOCAL TITLE: Addendum

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

STANDARD TITLE: ADDENDUM
DATE OF NOTE: OCT 24, 2012@11:10:07 ENTRY DATE: OCT 24, 2012@11:10:08
AUTHOR: KADAKIA,BHADRESH K EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Please call and inform about the following plan of action, thanks

"Mr. Hopkins stated his main concern is that he is "tired of being tired." He reports waking up tired and not having energy throughout the day. He stated he doesn't have any difficulty falling asleep but he does wake up several times throughout the night. He reports he wakes up because he is snoring or quits breathing. Per Mr. Hopkins, his wife has also commented on his snoring."

PLAN - CAN YOU RUN EPWORTH SEEPYNESS SCALE THROUGH TELEPHONE ENCOUNTER? AND THEN ON THE BASIS OF THE SCORE SLEEP STUDY CAN BE ORDERED.

/es/ BHADRESH K KADAKIA
physician
Signed: 10/24/2012 11:14

Receipt Acknowledged By:
10/24/2012 13:20 /es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator

==========

--- Original Document ---

08/23/12 AMBULATORY CARE NOTE:

PATIENT NAME: HOPKINS, MARSHALL H

DATE: 08/23/2012

SUBJECTIVE: The patient reports today earlier than his annual followup. The patient was last seen in April 2012. Reported depression and wanted it to be evaluated. The patient has a depression listed as a service-connected disability. Discussed about his other chronic comorbidities, as well, at the current interview.

PAST MEDICAL HISTORY: Reviewed.

CURRENT MEDICATIONS:
1. Cholecalciferol.
2. Ergocalciferol.
3. Cyanocobalamin injections.

ALLERGIES: Patient is not known to have allergy to prescription medications.

REVIEW OF SYSTEMS: Negative for most systems.

PHYSICAL EXAMINATION:

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VITAL SIGNS: Temperature 97.9, pulse 70. Respiratory rate is 18, blood pressure 142/90. Weight is 207 pounds. Pain is 4/10, 10 being the worst pain on a scale of 10, pulse oximetry 96% on room air. BMI is 28.
GENERAL: Alert, oriented x3, cooperative, in no acute distress.
ABDOMEN: Soft and nontender. Bowel sounds heard.
EXTREMITIES: No pedal edema.
NEUROLOGIC: Cranial nerves II through XII normal. Strength 5/5. Balance and gait normal. Sensation preserved.

ASSESSMENT AND PLAN:
1. Depression. Ran Patient Health Questionnaire-9 (PHQ9) questionnaire. Patient reported weired dreams recently and, hence, introduced patient to the Mental Health social worker for definitive management.
2. Vitamin B12 deficiency. The patient received vitamin B12 injection at the clinic, and we agreed to take on a once-a-week basis for a total of 18 more injections.
3. Vitamin D deficiency. As the patient did not have any financial obligation, gave not only ergocalciferol but also cholecalciferol through the Veterans Affairs (VA).
4. Patient consistently refusing preventive vaccines of influenza (flu) and pneumonia, colorectal cancer screening. Patient is refusing also treatment for diabetes mellitus type 2 and dyslipidemia. Offered patient to get started on aspirin for stroke and heart protection, which was also refused by the patient. Patient to be followed up as needed.

54758054/2110478(08/23/2012 10:11:30)43267466
D: 08/23/2012 09:58:24 T: 08/23/2012 10:11:30
$END

/es/ BHADRESH K KADAKIA
physician
Signed: 08/24/2012 06:46

LOCAL TITLE: AMBULATORY CARE NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: AUG 23, 2012@08:00 ENTRY DATE: AUG 23, 2012@17:53:36
AUTHOR: KADAKIA,BHADRESH K EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

*** AMBULATORY CARE NOTE Has ADDENDA ***

PATIENT NAME: HOPKINS, MARSHALL H

DATE: 08/23/2012

SUBJECTIVE: The patient reports today earlier than his annual followup. The patient was last seen in April 2012. Reported depression and wanted it to be evaluated. The patient has a depression listed as a service-connected disability. Discussed about his other chronic comorbidities, as well, at the current interview.

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PAST MEDICAL HISTORY: Reviewed.

CURRENT MEDICATIONS:
1. Cholecalciferol.
2. Ergocalciferol.
3. Cyanocobalamin injections.

ALLERGIES: Patient is not known to have allergy to prescription medications.

REVIEW OF SYSTEMS: Negative for most systems.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 97.9, pulse 70. Respiratory rate is 18, blood pressure 142/90. Weight is 207 pounds. Pain is 4/10, 10 being the worst pain on a scale of 10, pulse oximetry 96% on room air. BMI is 28.
GENERAL: Alert, oriented x3, cooperative, in no acute distress.
ABDOMEN: Soft and nontender. Bowel sounds heard.
EXTREMITIES: No pedal edema.
NEUROLOGIC: Cranial nerves II through XII normal. Strength 5/5. Balance and gait normal. Sensation preserved.

ASSESSMENT AND PLAN:
1. Depression. Ran Patient Health Questionnaire-9 (PHQ9) questionnaire. Patient reported weired dreams recently and, hence, introduced patient to the Mental Health social worker for definitive management.
2. Vitamin B12 deficiency. The patient received vitamin B12 injection at the clinic, and we agreed to take on a once-a-week basis for a total of 18 more injections.
3. Vitamin D deficiency. As the patient did not have any financial obligation, gave not only ergocalciferol but also cholecalciferol through the Veterans Affairs (VA).
4. Patient consistently refusing preventive vaccines of influenza (flu) and pneumonia, colorectal cancer screening. Patient is refusing also treatment for diabetes mellitus type 2 and dyslipidemia. Offered patient to get started on aspirin for stroke and heart protection, which was also refused by the patient. Patient to be followed up as needed.

54758054/2110478(08/23/2012 10:11:30)43267466
D: 08/23/2012 09:58:24 T: 08/23/2012 10:11:30
$END

/es/ BHADRESH K KADAKIA
physician
Signed: 08/24/2012 06:46

10/24/2012 ADDENDUM STATUS: COMPLETED
Please call and inform about the following plan of action, thanks

"Mr. Hopkins stated his main concern is that he is "tired of being tired." He reports waking up tired and not having energy throughout the day. He stated he doesn't have any difficulty falling asleep but he does wake up several times throughout the night. He reports he wakes up because he is snoring or quits breathing. Per Mr. Hopkins, his wife has also commented on his snoring."

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PLAN - CAN YOU RUN EPWORTH SEEPYNESS SCALE THROUGH TELEPHONE ENCOUNTER? AND THEN ON THE BASIS OF THE SCORE SLEEP STUDY CAN BE ORDERED.

/es/ BHADRESH K KADAKIA
physician
Signed: 10/24/2012 11:14

Receipt Acknowledged By:
10/24/2012 13:20 /es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator

LOCAL TITLE: MHS-GENERAL NOTE (NON-S.O.A.P.)
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: OCT 24, 2012@10:54 ENTRY DATE: OCT 24, 2012@10:54:35
AUTHOR: HARRIS,HEATHER R EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Mr. Hopkins was referred for individual counseling by Rosalinda Barrera, LMSW. Veteran had a full intake on 9/20/12. Mr. Hopkins stated his main concern is that he is "tired of being tired." He reports waking up tired and not having energy throughout the day. He stated he doesn't have any difficulty falling asleep but he does wake up several times throughout the night. He reports he wakes up because he is snoring or quits breathing. Per Mr. Hopkins, his wife has also commented on his snoring. Discussed sleep hygiene techniques which veteran feels he is already doing. He denied any nightmares or waking due to dreams.

Mr. Hopkins denied feeling depressed, down, or hopeless. He does report some issues with motivation. He feels that he has reached all of the goals he has set for himself and doesn't have any goals he wants to work on. He has started a new project after talking to a social worker in primary care. Mr. Hopkins is skeptical of medication and prefers holistic/natural remedies to health concerns.

Discussed counseling options and he declined counseling at this time. He would like a referral for a sleep study to rule out sleep apnea. He believes his sleep issues are "mechanical." Will forward this request to his primary care provider.

Impressions:
Appearance: dress appropriately with good hygiene
Behavior: Appropriate.
Speech: normal rate and volume
Mood: "good"
Affects: euthymic
Thought processes: coherent and logic.
Thought content: No delusion.
Suicidal ideation: thoughts, no plan or intent
Homicidal ideation: No
Cognition: alert and oriented.
Insight: good.
Judgment: good

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Plan: Gave veteran clinic contact information should he desire counseling services in the future. Will forward request for sleep study to primary care provider.

/es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker
Signed: 10/24/2012 11:03

Receipt Acknowledged By:
10/24/2012 11:09 /es/ KRISTELL BRINKMANN, LCSW
LICENSED CLINICAL SOCIAL WORKER
10/24/2012 11:25 /es/ BHADRESH K KADAKIA
physician

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 24, 2012@14:23:31 ENTRY DATE: SEP 24, 2012@14:23:31
AUTHOR: HARRIS,HEATHER R EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Attempted to call veteran to schedule individual therapy appt. No answer and unable to leave message.

/es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker
Signed: 09/24/2012 14:25

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--- Original Document ---

09/20/12 MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T):
xxxAge:69
SERVICE CONNECTION:SERVICE CONNECTED % - 70 GENDER:MALE RACE: WHITE
MARITAL STATUS: Married.

CLINICAL HISTORY

PRESENTING CHIEF COMPLAINT/REFERRAL QUESTION:
Veteran was referred by primary care. He is complaining of tiredness/lethargy. He has noticed within the last 6 months a lack of energy. He says he has lived out every dream he has ever had and now life is boring. He spoke with Rita Sandoval last week who recommended that he come up with some new goals/dreams and he has done that. He has started on a new project which he says he enjoys and has energy while doing that but when he is not working on it he feels tired. His grand idea is to "build the world's largest railroad museum". He figures he "might as well go big or go home".

He also has some trouble sleeping, will wake up feeling just as tired as when he went to bed, not feeling rested and has started taking naps during the day. He is unsure of why he is feeling this way. He feels his PCP has not been very

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helpful in finding out the cause if it is medical so he is willing to try and figure out the reason for the symptoms if they may be mental health related.

HISTORY OF CURRENT ILLNESS:
Veteran reports symptoms for the last 6 months.

PAST PSYCHIATRIC HISTORY:
None

CURRENT AND HISTORY OF SUICIDAL ACTS AND SELF HARM
None
Passive thoughts but denies any plan or intent. Occasionally thinks "why live the
rest of my life like this". He has recently developed a faith in God and says that would be disappointing to God so he would never do that.

CURRENT AND HISTORY OF VIOLENCE/ASSUALTING OTHERS:
None

SUBSTANCE USE HISTORY TO INCLUDE PAST TREATMENT, RELAPSE HISTORY, AND RESPONSE TO TREATMENT:
Former alcoholic. Has been sober since 1972. He went to a rehab program. He says he did not know he had a drinking problem, it was just a way of life until he started having medical problems with his liver and kidneys.

MENTAL ILLNESS AND SUBSTANCE ABUSE IN FAMILY MEMBERS:
Nonveteran does not know much about his family.

PSYCHOSOCIAL HISTORY:

Childhood/Developmental History: Veteran grew up all over the US. His family were migrant farm workers so they
followed the crops. He was raised by both parents until age 12 when he was on his own after that. He had gotten a job and lied about his age and left his family behind to work that job. His family took off on to the next job and he never saw them again. He says he found his mother 35 years later and helped care for her until she died. He had two brothers. They have both passed.

He says his father was married 7 times and he has brothers and sisters he does not know. He has multiple half siblings.

Physical, sexual and emotional trauma:
None

Family Circumstances: Veterans mother in law recently went under surgery for a hysterectomy and woke
up mentally "messed up". The anesthesia affected her brain.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Adult Relationship History: Veterans wife teaches health and wellness. He and his wife have a 9 year old daughter that they are raising.

Current significant family and/or peer group relationships:
Veteran was married once before. He currently has been married 10 years. He had 5 children in his first marriage whom he remains close with. He says they all turned out good and he is proud of them. He and his wife have a 9 yr old daughter together. His current wife did not have any kids or married before so they had one together. They are looking at adopting more children or providing foster care for teenagers. Veteran loves to travel. He says he has had "lots of windshield time".

MILITARY HISTORY:
Branch:
US Air Force, Air Force guard and reserve for a total of 32 years. He received disability retirement. He had a bad car wreck and was forced to retire due to medical issues that left him unable to fly anymore. He spent 24 years on the same plane. The wreck happened while on duty so he now gets SC disability.

He has been all over the world and was deployed to multiple places.

Veteran's perception of most distressing events while in the military:

MEDICAL INFORMATION

CURRENT AND PAST MEDICAL PROBLEMS:
Active problems - Computerized Problem List is the source for the following:

1. Chronic Back Pain
2. Hyperlipidemia *
3. Microscopic Hematuria
4. Diabetes Mellitus without mention of Complication, type II or unspecified ty
5. Depression *
6. Vitamin D Deficiency
7. Vitamin B 12 Deficiency

Are there any new medical problems to report?

CURRENT MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	CHOLECALCIFEROL 1000IU TAB (OTC) TAKE TWO TABLETS BY MOUTH EVERY DAY VIT D	ACTIVE
2)	CYANOCOBALAMIN 1000MCG/ML INJ, (PER ML) INJECT 1000MCG (1ML) INTRAMUSCULAR EVERY 7 DAYS VIT B12	ACTIVE

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3) ERGOCALCIFEROL 50,000U CAP TAKE 50000UNT BY MOUTH ACTIVE
      EVERY WEEK VIT D
4) SYRINGE-NEEDLE COMBO,25G 5/8IN,3CC,(EA) USE SYRINGE ACTIVE
      EVERY 7 DAYS

    ALLERGIES AND ADVERSE DRUG REACTIONS:
Patient has answered NKA

    ACTIVITIES OF DAILY LIVING ISSUES:
    Are there any self care issues? No

PAIN ASSESSMENT:
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 2
        Patient's acceptable level of pain:
Description of exacerbating factors or relieving measures: Veteran does not use medication, he says he has learned pain management
MENTAL STATUS EXAM:

ORIENTATION AND CONSCIOUSNESS:
APPEARANCE AND BEHAVIOR:
  cooperative and reasonable
SPEECH:
  normal rate/rhythm
LANGUAGE:
  intact
MOOD AND AFFECT:
  mood euthymic
  affect is congruent with mood
PERCEPTUAL DISTURBANCE (hallucinations, illusions):
  none
THOUGHT PROCESS AND ASSOCIATION:
  normal, coherent
THOUGHT CONTENT (delusions, obsessions etc.):
  no unusual thought content
INSIGHT:
  good
JUDGMENT:
  good
MEMORY:
  impaired recent
  details: normal forgetfulness

FUND OF KNOWLEDGE
    Above Average
MENTAL STATUS COMMENTS:

Needs Assessment:
Education and Learning Needs Assessment

Educational Background:

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Highest grade achieved: less than high school with GED8th grade then GED

Educational/learning difficulties: no known educational learning disability

Attitudes toward learning: not interested in academic achievement

Assessment of primary language spoken in the home and veteran's preference of language for clinical communication: English

Legal Status Screening:
Is there evidence from the interview that the veteran has legal issues or concerns that would warrant a more in-depth assessment?
No. No further assessment indicated.
Housing and Income Assessment:
Do you currently have a stable place to live?
Yes
What is your current income and sources of income?
$0 per month
Sources:

Nutritional Status Screening:
Is there evidence from the interview that the veteran has nutritional issues or concerns (including weight gain or loss of more than 5% in last 3 months or 10% in last year, dietary concerns, eating disorder signs or symptoms) that would warrant a more in-depth assessment?
No. No further assessment indicated.

Screening for Abuse, Neglect, or Exploitation:
Is there any evidence from the interview that the veteran is a victim of physical assault, rape, sexual molestation, domestic abuse, elder neglect or abuse, or other serious abuse or exploitation?
No. No further assessment indicated.

Screening for Bereavement Issues:
Is there evidence from the interview that the veteran is actively suffering from bereavement issues?
No. No further assessment indicated.

Screening for Vocational Needs Assessment:
Is there evidence from the interview that the veteran has any vocational deficits or needs?
No. No further assessment indicated.

Spiritual and Religious Orientation: Personal spiritual beliefs but does not attend organized religious activities

INITIAL DSM-IV DIAGNOSES:
Axis I Clinical Disorder:
Depressive Disorder: NOS (Not Otherwise Specified)
General Categories None
Axis II Personality Disorders/Traits:
None
Axis III Current Medical Conditions: See Medical History above
Axis IV Current Psychosocial Stressors:
None

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Axis V GAF Score (current level of functioning): 60-65
(past year level of functioning):

SUMMARY AND FORMULATION: This is a 69 yr old 70%SC Vietnam era veteran who was referred by primary care. He is reporting symptoms of lethargy and trouble sleeping. He is unsure if the cause of the problem is medical or mental so he is wanting to be evaluated and try therapy here in the mental health clinic. He denied any SI/HI today.

Preliminary Treatment Plan:
-The veteran was given social workers business card along with clinic numbers and the crisis hotline number
-The veteran was educated on all emergency procedures
-He will be referred for therapy

Patient does not desire to have family members, significant others, or advocates to participate in patient chart.

/es/ ROSALINDA I BARRERA
Social Worker, LMSW
Signed: 09/21/2012 08:49

Receipt Acknowledged By:
09/24/2012 08:35 /es/ Margaret Lair, LCSW BCD
Licensed Clinical Social Worker
09/23/2012 11:11 /es/ PAUL DAVE WHITTAKER
Psychologist

09/23/2012 ADDENDUM STATUS: COMPLETED
Will refer to Mrs. Harris for short-term therapy linked to depression management.

/es/ PAUL DAVE WHITTAKER
Psychologist
Signed: 09/23/2012 11:12

Receipt Acknowledged By:
09/25/2012 10:50 /es/ ROSALINDA I BARRERA
Social Worker, LMSW
09/24/2012 07:42 /es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker

LOCAL TITLE: MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T)
STANDARD TITLE: MENTAL HEALTH INITIAL EVALUATION NOTE
DATE OF NOTE: SEP 20, 2012@14:16 ENTRY DATE: SEP 20, 2012@14:16:57
AUTHOR: HEIDER,ROSALINDA I EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

*** MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T) Has ADDENDA ***

xxxAge:69
SERVICE CONNECTION:SERVICE CONNECTED % - 70 GENDER:MALE RACE: WHITE
MARITAL STATUS: Married.

CLINICAL HISTORY

PRESENTING CHIEF COMPLAINT/REFERRAL QUESTION:
Veteran was referred by primary care. He is complaining of tiredness/lethargy. He has noticed within the last 6 months a lack of energy. He says he has lived out every dream he has ever had and now life is boring. He spoke with Rita Sandoval last week who recommended that he come up with some new goals/dreams and he has done that. He has started on a new project which he says he enjoys and has energy while doing that but when he is not working on it he feels tired. His grand idea is to "build the world's largest railroad museum". He figures he "might as well go big or go home".

He also has some trouble sleeping, will wake up feeling just as tired as when he went to bed, not feeling rested and has started taking naps during the day. He is unsure of why he is feeling this way. He feels his PCP has not been very helpful in finding out the cause if it is medical so he is willing to try and figure out the reason for the symptoms if they may be mental health related.

HISTORY OF CURRENT ILLNESS:
Veteran reports symptoms for the last 6 months.

PAST PSYCHIATRIC HISTORY:
None

CURRENT AND HISTORY OF SUICIDAL ACTS AND SELF HARM
None
Passive thoughts but denies any plan or intent. Occasionally thinks "why live the
rest of my life like this". He has recently developed a faith in God and says that would be disappointing to God so he would never do that.

CURRENT AND HISTORY OF VIOLENCE/ASSUALTING OTHERS:
None

SUBSTANCE USE HISTORY TO INCLUDE PAST TREATMENT, RELAPSE HISTORY, AND RESPONSE TO TREATMENT:
Former alcoholic. Has been sober since 1972. He went to a rehab program. He says he did not know he had a drinking problem, it was just a way of life until he started having medical problems with his liver and kidneys.

MENTAL ILLNESS AND SUBSTANCE ABUSE IN FAMILY MEMBERS:
Nonveteran does not know much about his family.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

PSYCHOSOCIAL HISTORY:

Childhood/Developmental History: Veteran grew up all over the US. His family were migrant farm workers so they
followed the crops. He was raised by both parents until age 12 when he was on his own after that. He had gotten a job and lied about his age and left his family behind to work that job. His family took off on to the next job and he never saw them again. He says he found his mother 35 years later and helped care for her until she died. He had two brothers. They have both passed.

He says his father was married 7 times and he has brothers and sisters he does not know. He has multiple half siblings.

Physical, sexual and emotional trauma:
None

Family Circumstances: Veterans mother in law recently went under surgery for a hysterectomy and woke
up mentally "messed up". The anesthesia affected her brain.

Adult Relationship History: Veterans wife teaches health and wellness. He and his wife have a 9 year old daughter that they are raising.

Current significant family and/or peer group relationships:
Veteran was married once before. He currently has been married 10 years. He had 5 children in his first marriage whom he remains close with. He says they all turned out good and he is proud of them. He and his wife have a 9 yr old daughter together. His current wife did not have any kids or married before so they had one together. They are looking at adopting more children or providing foster care for teenagers. Veteran loves to travel. He says he has had "lots of windshield time".

MILITARY HISTORY:
Branch:
US Air Force, Air Force guard and reserve for a total of 32 years. He received disability retirement. He had a bad car wreck and was forced to retire due to medical issues that left him unable to fly anymore. He spent 24 years on the same plane. The wreck happened while on duty so he now gets SC disability.

He has been all over the world and was deployed to multiple places.

Veteran's perception of most distressing events while in the military:

MEDICAL INFORMATION

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

CURRENT AND PAST MEDICAL PROBLEMS:
Active problems - Computerized Problem List is the source for the following:

1. Chronic Back Pain
2. Hyperlipidemia *
3. Microscopic Hematuria
4. Diabetes Mellitus without mention of Complication, type II or unspecified ty
5. Depression *
6. Vitamin D Deficiency
7. Vitamin B 12 Deficiency

Are there any new medical problems to report?

CURRENT MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	CHOLECALCIFEROL 1000IU TAB (OTC) TAKE TWO TABLETS BY MOUTH EVERY DAY VIT D	ACTIVE
2)	CYANOCOBALAMIN 1000MCG/ML INJ, (PER ML) INJECT 1000MCG (1ML) INTRAMUSCULAR EVERY 7 DAYS VIT B12	ACTIVE
3)	ERGOCALCIFEROL 50,000U CAP TAKE 50000UNT BY MOUTH EVERY WEEK VIT D	ACTIVE
4)	SYRINGE-NEEDLE COMBO,25G 5/8IN,3CC,(EA) USE SYRINGE EVERY 7 DAYS	ACTIVE

ALLERGIES AND ADVERSE DRUG REACTIONS:
Patient has answered NKA

ACTIVITIES OF DAILY LIVING ISSUES:
Are there any self care issues? No

PAIN ASSESSMENT:
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 2
Patient's acceptable level of pain:
Description of exacerbating factors or relieving measures: Veteran does not use medication, he says he has learned pain management
MENTAL STATUS EXAM:

ORIENTATION AND CONSCIOUSNESS:
APPEARANCE AND BEHAVIOR:
cooperative and reasonable
SPEECH:
normal rate/rhythm
LANGUAGE:
intact
MOOD AND AFFECT:
mood euthymic

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

affect is congruent with mood
PERCEPTUAL DISTURBANCE (hallucinations, illusions):
none
THOUGHT PROCESS AND ASSOCIATION:
normal, coherent
THOUGHT CONTENT (delusions, obsessions etc.):
no unusual thought content
INSIGHT:
good
JUDGMENT:
good
MEMORY:
impaired recent
details: normal forgetfulness

FUND OF KNOWLEDGE
Above Average
MENTAL STATUS COMMENTS:

Needs Assessment:
Education and Learning Needs Assessment

Educational Background:

Highest grade achieved: less than high school with GED8th grade then GED

Educational/learning difficulties: no known educational learning disability

Attitudes toward learning: not interested in academic achievement

Assessment of primary language spoken in the home and veteran's preference of language for clinical communication: English

Legal Status Screening:
Is there evidence from the interview that the veteran has legal issues or concerns that would warrant a more in-depth assessment?
No. No further assessment indicated.
Housing and Income Assessment:
Do you currently have a stable place to live?
Yes
What is your current income and sources of income?
$0 per month
Sources:

Nutritional Status Screening:
Is there evidence from the interview that the veteran has nutritional issues or concerns (including weight gain or loss of more than 5% in last 3 months or 10% in last year, dietary concerns, eating disorder signs or symptoms) that would warrant a more in-depth assessment?
No. No further assessment indicated.

Screening for Abuse, Neglect, or Exploitation:
Is there any evidence from the interview that the veteran is a victim of physical assault, rape, sexual molestation, domestic abuse, elder neglect or abuse, or other serious abuse or exploitation?
No. No further assessment indicated.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Screening for Bereavement Issues:
Is there evidence from the interview that the veteran is actively suffering from bereavement issues?
No. No further assessment indicated.

Screening for Vocational Needs Assessment:
Is there evidence from the interview that the veteran has any vocational deficits or needs?
No. No further assessment indicated.

Spiritual and Religious Orientation: Personal spiritual beliefs but does not attend organized religious activities

INITIAL DSM-IV DIAGNOSES:
Axis I Clinical Disorder:
Depressive Disorder: NOS (Not Otherwise Specified)
General Categories None
Axis II Personality Disorders/Traits:
None
Axis III Current Medical Conditions: See Medical History above
Axis IV Current Psychosocial Stressors:
None

Axis V GAF Score (current level of functioning): 60-65
(past year level of functioning):

SUMMARY AND FORMULATION: This is a 69 yr old 70%SC Vietnam era veteran who was referred by primary care. He is reporting symptoms of lethargy and trouble sleeping. He is unsure if the cause of the problem is medical or mental so he is wanting to be evaluated and try therapy here in the mental health clinic. He denied any SI/HI today.

Preliminary Treatment Plan:
-The veteran was given social workers business card along with clinic numbers and the crisis hotline number
-The veteran was educated on all emergency procedures
-He will be referred for therapy

Patient does not desire to have family members, significant others, or advocates to participate in patient chart.

/es/ ROSALINDA I BARRERA
Social Worker, LMSW
Signed: 09/21/2012 08:49

Receipt Acknowledged By:
09/24/2012 08:35 /es/ Margaret Lair, LCSW BCD
Licensed Clinical Social Worker
09/23/2012 11:11 /es/ PAUL DAVE WHITTAKER
Psychologist

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

09/23/2012 ADDENDUM STATUS: COMPLETED
Will refer to Mrs. Harris for short-term therapy linked to depression management.

/es/ PAUL DAVE WHITTAKER
Psychologist
Signed: 09/23/2012 11:12

Receipt Acknowledged By:
09/25/2012 10:50 /es/ ROSALINDA I BARRERA
Social Worker, LMSW
09/24/2012 07:42 /es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker

09/24/2012 ADDENDUM STATUS: COMPLETED
Attempted to call veteran to schedule individual therapy appt. No answer and unable to leave message.

/es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker
Signed: 09/24/2012 14:25

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 23, 2012@11:11:50 ENTRY DATE: SEP 23, 2012@11:11:51
AUTHOR: WHITTAKER,PAUL DAVE EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Will refer to Mrs. Harris for short-term therapy linked to depression management.

/es/ PAUL DAVE WHITTAKER
Psychologist
Signed: 09/23/2012 11:12

Receipt Acknowledged By:
09/25/2012 10:50 /es/ ROSALINDA I BARRERA
Social Worker, LMSW
09/24/2012 07:42 /es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker

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--- Original Document ---

09/20/12 MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T):
xxxAge:69
SERVICE CONNECTION:SERVICE CONNECTED % - 70 GENDER:MALE RACE: WHITE
MARITAL STATUS: Married.

CLINICAL HISTORY

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

PRESENTING CHIEF COMPLAINT/REFERRAL QUESTION:
Veteran was referred by primary care. He is complaining of tiredness/lethargy. He has noticed within the last 6 months a lack of energy. He says he has lived out every dream he has ever had and now life is boring. He spoke with Rita Sandoval last week who recommended that he come up with some new goals/dreams and he has done that. He has started on a new project which he says he enjoys and has energy while doing that but when he is not working on it he feels tired. His grand idea is to "build the world's largest railroad museum". He figures he "might as well go big or go home".

He also has some trouble sleeping, will wake up feeling just as tired as when he went to bed, not feeling rested and has started taking naps during the day. He is unsure of why he is feeling this way. He feels his PCP has not been very helpful in finding out the cause if it is medical so he is willing to try and figure out the reason for the symptoms if they may be mental health related.

HISTORY OF CURRENT ILLNESS:
Veteran reports symptoms for the last 6 months.

PAST PSYCHIATRIC HISTORY:
None

CURRENT AND HISTORY OF SUICIDAL ACTS AND SELF HARM
None
Passive thoughts but denies any plan or intent. Occasionally thinks "why live the
rest of my life like this". He has recently developed a faith in God and says that would be disappointing to God so he would never do that.

CURRENT AND HISTORY OF VIOLENCE/ASSUALTING OTHERS:
None

SUBSTANCE USE HISTORY TO INCLUDE PAST TREATMENT, RELAPSE HISTORY, AND RESPONSE TO TREATMENT:
Former alcoholic. Has been sober since 1972. He went to a rehab program. He says he did not know he had a drinking problem, it was just a way of life until he started having medical problems with his liver and kidneys.

MENTAL ILLNESS AND SUBSTANCE ABUSE IN FAMILY MEMBERS:
Nonveteran does not know much about his family.

PSYCHOSOCIAL HISTORY:

Childhood/Developmental History: Veteran grew up all over the US. His family were migrant farm workers so they
followed the crops. He was raised by both parents until age 12 when he was on his own after that. He had gotten a job and lied about his age and left his family behind to work that job. His family took off on to the next job and he

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never saw them again. He says he found his mother 35 years later and helped care for her until she died. He had two brothers. They have both passed.

He says his father was married 7 times and he has brothers and sisters he does not know. He has multiple half siblings.

Physical, sexual and emotional trauma:
None

Family Circumstances: Veterans mother in law recently went under surgery for a hysterectomy and woke
up mentally "messed up". The anesthesia affected her brain.

Adult Relationship History: Veterans wife teaches health and wellness. He and his wife have a 9 year old daughter that they are raising.

Current significant family and/or peer group relationships:
Veteran was married once before. He currently has been married 10 years. He had 5 children in his first marriage whom he remains close with. He says they all turned out good and he is proud of them. He and his wife have a 9 yr old daughter together. His current wife did not have any kids or married before so they had one together. They are looking at adopting more children or providing foster care for teenagers. Veteran loves to travel. He says he has had "lots of windshield time".

MILITARY HISTORY:
Branch:
US Air Force, Air Force guard and reserve for a total of 32 years. He received disability retirement. He had a bad car wreck and was forced to retire due to medical issues that left him unable to fly anymore. He spent 24 years on the same plane. The wreck happened while on duty so he now gets SC disability.

He has been all over the world and was deployed to multiple places.

Veteran's perception of most distressing events while in the military:

MEDICAL INFORMATION

CURRENT AND PAST MEDICAL PROBLEMS:
Active problems - Computerized Problem List is the source for the following:

1. Chronic Back Pain
2. Hyperlipidemia *
3. Microscopic Hematuria
4. Diabetes Mellitus without mention of Complication, type II or unspecified ty
5. Depression *
6. Vitamin D Deficiency

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7. Vitamin B 12 Deficiency
   Are there any new medical problems to report?

   CURRENT MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	CHOLECALCIFEROL 1000IU TAB (OTC) TAKE TWO TABLETS BY MOUTH EVERY DAY VIT D	ACTIVE
2)	CYANOCOBALAMIN 1000MCG/ML INJ, (PER ML) INJECT 1000MCG (1ML) INTRAMUSCULAR EVERY 7 DAYS VIT B12	ACTIVE
3)	ERGOCALCIFEROL 50,000U CAP TAKE 50000UNT BY MOUTH EVERY WEEK VIT D	ACTIVE
4)	SYRINGE-NEEDLE COMBO,25G 5/8IN,3CC,(EA) USE SYRINGE EVERY 7 DAYS	ACTIVE

   ALLERGIES AND ADVERSE DRUG REACTIONS:
Patient has answered NKA

   ACTIVITIES OF DAILY LIVING ISSUES:
   Are there any self care issues? No

PAIN ASSESSMENT:
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 2
        Patient's acceptable level of pain:
Description of exacerbating factors or relieving measures: Veteran does not use medication, he says he has learned pain management
MENTAL STATUS EXAM:

ORIENTATION AND CONSCIOUSNESS:
APPEARANCE AND BEHAVIOR:
  cooperative and reasonable
SPEECH:
  normal rate/rhythm
LANGUAGE:
  intact
MOOD AND AFFECT:
  mood euthymic
  affect is congruent with mood
PERCEPTUAL DISTURBANCE (hallucinations, illusions):
  none
THOUGHT PROCESS AND ASSOCIATION:
  normal, coherent
THOUGHT CONTENT (delusions, obsessions etc.):
  no unusual thought content
INSIGHT:
  good

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JUDGMENT:
good
MEMORY:
impaired recent
details: normal forgetfulness

FUND OF KNOWLEDGE
Above Average
MENTAL STATUS COMMENTS:

Needs Assessment:
Education and Learning Needs Assessment

Educational Background:

Highest grade achieved: less than high school with GED8th grade then GED

Educational/learning difficulties: no known educational learning disability

Attitudes toward learning: not interested in academic achievement

Assessment of primary language spoken in the home and veteran's preference of language for clinical communication: English

Legal Status Screening:
Is there evidence from the interview that the veteran has legal issues or concerns that would warrant a more in-depth assessment?
No. No further assessment indicated.
Housing and Income Assessment:
Do you currently have a stable place to live?
Yes
What is your current income and sources of income?
$0 per month
Sources:

Nutritional Status Screening:
Is there evidence from the interview that the veteran has nutritional issues or concerns (including weight gain or loss of more than 5% in last 3 months or 10% in last year, dietary concerns, eating disorder signs or symptoms) that would warrant a more in-depth assessment?
No. No further assessment indicated.

Screening for Abuse, Neglect, or Exploitation:
Is there any evidence from the interview that the veteran is a victim of physical assault, rape, sexual molestation, domestic abuse, elder neglect or abuse, or other serious abuse or exploitation?
No. No further assessment indicated.

Screening for Bereavement Issues:
Is there evidence from the interview that the veteran is actively suffering from bereavement issues?
No. No further assessment indicated.

Screening for Vocational Needs Assessment:
Is there evidence from the interview that the veteran has any vocational deficits or needs?

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No. No further assessment indicated.

Spiritual and Religious Orientation: Personal spiritual beliefs but does not attend organized religious activities

INITIAL DSM-IV DIAGNOSES:
Axis I Clinical Disorder:
  Depressive Disorder: NOS (Not Otherwise Specified)
General Categories None
Axis II Personality Disorders/Traits:
  None
Axis III Current Medical Conditions: See Medical History above
Axis IV Current Psychosocial Stressors:
None

Axis V GAF Score (current level of functioning): 60-65
(past year level of functioning):

SUMMARY AND FORMULATION: This is a 69 yr old 70%SC Vietnam era veteran who was referred by primary care. He is reporting symptoms of lethargy and trouble sleeping. He is unsure if the cause of the problem is medical or mental so he is wanting to be evaluated and try therapy here in the mental health clinic. He denied any SI/HI today.

Preliminary Treatment Plan:
-The veteran was given social workers business card along with clinic numbers and the crisis hotline number
-The veteran was educated on all emergency procedures
-He will be referred for therapy

Patient does not desire to have family members, significant others, or advocates to participate in patient chart.

/es/ ROSALINDA I BARRERA
Social Worker, LMSW
Signed: 09/21/2012 08:49

Receipt Acknowledged By:
09/24/2012 08:35 /es/ Margaret Lair, LCSW BCD
Licensed Clinical Social Worker
09/23/2012 11:11 /es/ PAUL DAVE WHITTAKER
Psychologist

09/24/2012 ADDENDUM STATUS: COMPLETED
Attempted to call veteran to schedule individual therapy appt. No answer and unable to leave message.

/es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker
Signed: 09/24/2012 14:25

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LOCAL TITLE: MENTAL HEALTH(AMA)/PSYCHIATRY OUTPATIENT (C)
STANDARD TITLE: MENTAL HEALTH CONSULT
DATE OF NOTE: SEP 21, 2012@12:38 ENTRY DATE: SEP 21, 2012@12:38:28
AUTHOR: HEIDER,ROSALINDA I EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

The consult was received and the veteran was seen on 9/20/12 for an intake. He will be referred for therapy. Thank you.

/es/ ROSALINDA I BARRERA
Social Worker, LMSW
Signed: 09/21/2012 12:39

LOCAL TITLE: PC-TELEPHONE CONTACT
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: SEP 11, 2012@16:18 ENTRY DATE: SEP 11, 2012@16:18:36
AUTHOR: SANDOVAL,RITA A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

DATE:9/11/12

PROCEDURE:

DIAGNOSIS:
1.depression

2.
PATIENT'S COMPLAINTS/ISSUES (Check all that apply):

Other Received request from mental health clinic for initiation of a referral via a consult for this Veteran. Veteran was seen by this worker in the past during which time he was not interest in being referred to mental health.

PLAN (include instructions to patient):
1.Consult initiated.
2.

/es/ RITA A. SANDOVAL, MSSW,LCSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 09/11/2012 16:20

LOCAL TITLE: MHS-SUICIDE RISK ASSESSMENT
STANDARD TITLE: SUICIDE RISK ASSESSMENT NOTE
DATE OF NOTE: AUG 23, 2012@13:09 ENTRY DATE: AUG 23, 2012@13:09:56
AUTHOR: SANDOVAL,RITA A EXP COSIGNER:

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INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

SUICIDE RISK ASSESSMENT

SADPERSONS 10-POINT SUICIDE RISK ASSESSMENT

Each letter represents one risk factor and one point. The scale emphasizes long term risk. High scores may occur due to demographic risk factors in the absence of imminent suicidal ideation or intent. The scale does not correct for mitigating factors such as investment in family, treatment, or religious beliefs.

S (gender)	M = 1 Fem = 0	1
A (age)	>65 = 1 <65 = 0	1
D (depression)	Yes = 1 No = 0	1
P (prev attempt)	Yes = 1 No = 0	0
E (EtOH excess)	Yes = 1 No = 0	0
R (Irrational)	Yes = 1 No = 0	0
S (low social support)	Yes = 1 No = 0	0
O (organized plan)	Yes = 1 No = 0	0
N (no spouse)	Yes = 1 No = 0	0
S (serious sickness)	Yes = 1 No = 0	0
	TOTAL SCORE:	3

Interpretation: 0-2="no" risk; 3-4=low risk; 5-6=moderate risk; 7-10=high risk

Additional Suicide Risk Assessment

1. CURRENT IDEATION, INTENT and PLAN
The patient denies having current thoughts or plans of harming self.

2. RISK FACTORS:

Is Male gender, Does have some signs of depression, Has chronic pain syndrome

3. PROTECTIVE FACTORS:

Veteran has significant attachments to a family member, dependent, friend, pet, or other, Has some family and friend social support, Has cultural or religious beliefs deterring suicide, Shows capacity to make treatment alliance, Is concerned about self and family , Is future oriented

4. CLINICIAN'S OVERALL IMPRESSION

Based on risk factors and protective factors and my interview and history, it is my opinion that this patient :

Is not at imminent danger to self at this time , Is appropriate for continued outpatient management

5. Interventions and Follow-up

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National VA suicide prevention hotline was provided: 1-800-273-TALK 1-800-273-8255)., The patient was advised on how to reach this clinic at numbers provided or go to our emergency department at any time.

/es/ RITA A. SANDOVAL, MSSW,LCSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 08/23/2012 13:10

LOCAL TITLE: PCMHI NOTE
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: AUG 23, 2012@12:49 ENTRY DATE: AUG 23, 2012@12:49:45
AUTHOR: SANDOVAL,RITA A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

SESSION DURATION: 90 Minutes
TYPE: Individual/warm hand off
REFERRING PCP: Dr. Kadakia
REASON FOR REFERRAL: Veteran voicing depressive symptoms.
BEHAVIORAL HEALTH PROVIDER ROLE EXPLAINED: Yes
SESSION FOCUS: This is a 69 year old Veteran who is 30% SC for Depressive disorder. Veteran indicates that he has been feeling very tired lately, voices being "tired of living". Veteran states that he experiences very poor sleep and indicates that he had been diagnosed with sleep apnea, but does not use a CPAP machine. He states that for the last 3 months he has just been feeling "down" and "tired", no real interest in anything. Veteran begins to describe a very full and productive life during which he states that he has been very successful. States that he has done everything he has ever wanted to do. He feels that he has no further interests to pursue, he "has done it all" and "well", he has no further "passion" to pursue.
MSE:
Appearance: dress appropriately with good hygiene
Behavior: Appropriate.
Speech: normal rate and volume
Mood: mildly depressed
Affects: congruent with mood
Thought processes: coherent and logic.
Thought content: No delusion.
Suicidal ideation: thoughts, no plan or intent
Homicidal ideation: No
Cognition: alert and oriented.
Insight: good.
Judgment: Appropriate
INTERVENTIONS: Supportive counseling provided to the Veteran. We also discussed treatment options for his consideration which included referral for full assessment and medication evaluation and counseling in the mental health clinic or management of symptoms and counseling in the primary care setting. Cognitive Strategies utilized in this session include: identifying dysfunctional thinking, generating alternatives to ineffective thought processes and alteration of negative cognitions. Veteran was allowed to discuss the current issues, problem solving was used, also utilized life review and exploration of possible avenues for the Veteran to consider. Veteran and worker did discuss treatment options, however, he was not currently open to medication management and declined

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referral for counseling. Session was unusually lengthy, but at the end of the session, Veteran was appreciative and did state that he had felt a spark of enthusiasm at the thought of future ventures that he could consider.
DIAGNOSTIC IMPRESSION: Hx of MDD, Adjustment disorder with depression.
LETHALITY: Today, Aug. 23,2012, the patient denied suicidal or aggressive ideation or plans. There were no indications, signs, or symptoms to indicate imminent danger. The Veteran and this worker did have a lengthy discussion about his comment about being ready to die. Veteran admits to thoughts of suicide in the past, but assures me that he has not now or then a plan or intent to actually do anything to hurt himself.
FOLLOW-UP: To be followed in Primary Care
PLAN:
1. Veteran declined referral to the mental health clinic for assessment and evaluation of medication management.
2. Instructed to call this mental health counselor for questions or concerns, if symptoms worsen.
3. Patient has the 24H VA Hotline suicide phone crisis number (1-

/es/ RITA A. SANDOVAL, MSSW,LCSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 08/23/2012 13:09

Receipt Acknowledged By:
08/23/2012 13:17 /es/ BHADRESH K KADAKIA
physician

LOCAL TITLE: INJECTION NOTE
STANDARD TITLE: PRIMARY CARE IMMUNIZATION NOTE
DATE OF NOTE: AUG 23, 2012@10:23 ENTRY DATE: AUG 23, 2012@10:23:58
AUTHOR: MOORE,ROGENA S EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Diagnosis:B12 ANEMIA
Allergies: Patient has answered NKA
Patient received the following injection:
B12
Dose/Amt: 1000MCG IM
Injection site: Left Deltoid
Date of previous injection: UNKNOWN
PER PROVIDER INSTRUCTIONS

/es/ ROGENA S MOORE
LVN
Signed: 08/23/2012 10:25

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: AUG 23, 2012@08:51 ENTRY DATE: AUG 23, 2012@08:51:37

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AUTHOR: KADAKIA,BHADRESH K EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Colorectal Cancer Screening:
The patient was offered referral to GI for colonoscopy/sigmoidoscopy and declines to accept the referral.
DIABETIC EYE EXAM:
Patient had eye exam previously.
Exam Result: Normal
Location: V a amarillo
MONTH AND YEAR (REQUIRED): 11/2006
PNEUMOCOCCAL VACCINE:
Patient declines Pneumococcal Vaccine.
ELEVATED BP >140/90:
Patient is not on blood pressure medication.
Patient has a blood pressure cuff at home.
Patient can demonstrate/voice appropriate placement of cuff.
DIABETIC/CAD ELEVATED LIPID REPORT:
Patient refused treatment for elevated LDL.
Influenza Immunization:
Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.
BMI > 30 or > 24.99 in High Risk:
At this visit, the health risks of obesity were reviewed and discussed with the patient, and the benefits of a weight management treatment program, such as MOVE! was discussed and offered to the patient."
Patient Refuses referral. After discussing the health risks of obesity and offering a referral to MOVE or another weight loss program outside the VA, the patient REFUSES REFERRAL to MOVE or other weight loss program at this time.
MEDICATION RECONCILIATION-PACT:

Active and Recently Expired Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	CHOLECALCIFEROL 1000IU TAB TAKE TWO TABLETS BY MOUTH EVERY DAY VIT D	ACTIVE

	Pending Outpatient Medications	Status
1)	CYANOCOBALAMIN 1000MCG/ML INJ, (PER ML) INJECT 1000MCG (1ML) INTRAMUSCULAR EVERY 7 DAYS	PENDING
2)	ERGOCALCIFEROL 50,000U CAP TAKE 50000UNT BY MOUTH EVERY WEEK	PENDING
3)	SYRINGE-NEEDLE COMBO,25G 5/8IN,3CC,(EA) USE SYRINGE EVERY 7 DAYS	PENDING

4 Total Medications

IV Medications

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=== No data available

Home medications or patient's list of medications reviewed.

No Medication discrepancies found.

Current medication list reviewed with patient and/or caregiver. List of current medications given to patient and/or caregiver at discharge.

Encouraged to keep list of current medications with them in case of an emergency.

/es/ BHADRESH K KADAKIA
physician
Signed: 08/23/2012 08:53

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: AUG 23, 2012@08:31 ENTRY DATE: AUG 23, 2012@08:31:59
AUTHOR: MOORE,ROGENA S EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PNEUMOCOCCAL VACCINE-NURSE:
Patient declines Pneumococcal Vaccine.
DIABETIC BP<130/85:
Patient blood pressure recorded.
142/90
Influenza Immunization:
Patient did not receive flu shot due to vaccine not available.
Tetanus Reminder:
Patient refused Tetanus immunization.
ELEVATED BP >140/90:
Blood Pressure taken at this visit.
B/P: 142/90
Patient is not on blood pressure medication.
Patient has a blood pressure cuff at home.
Patient can demonstrate/voice appropriate placement of cuff.
PREFERRED LANGUAGE/PREFERRED NAME:
Is the patient's preferred oral communication language English? Yes

Is the patient's preferred written communication language English? Yes

Patient wishes to be addressed as MARSHALL.

/es/ ROGENA S MOORE
LVN
Signed: 08/23/2012 08:33

LOCAL TITLE: HEALTHY LIVING/COPING SKILLS

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STANDARD TITLE: NURSING NOTE
DATE OF NOTE: AUG 23, 2012@08:29 ENTRY DATE: AUG 23, 2012@08:29:55
AUTHOR: MOORE,ROGENA S EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Exercise Screening:

Yes--Are you physically active, exercise 3 times a week
20-30 min.
Weight/Nutrition Screening:

Yes Does your diet contain more fruit, grain, and vegetables
than meats?
No Have you had your stool checked for blood in the last
year?
Miscellaneous:

No 1. Have you had a flex sig by an outside provider
or at the Amarillo VA within the last 5 years?
Yes 2. Have you had a colonoscopy by an outside provider
or at the Amarillo VA within the last 10 years?
No 3. Do you have an advance directive or living will?
No 4. Do you take an aspirin daily?

/es/ ROGENA S MOORE
LVN
Signed: 08/23/2012 08:31

LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: AUG 23, 2012@08:25 ENTRY DATE: AUG 23, 2012@08:25:25
AUTHOR: MOORE,ROGENA S EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Primary Care Nursing Interview
Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit: Desires medication refill.
ROUTINE VISIT

~~~~~~
Current Vital Signs
Temperature: 97.9 F [36.6 C] (08/23/2012 08:16)
Pulse: 70 (08/23/2012 08:16)
Respirations: 18 (08/23/2012 08:16)
B/P: 142/90 (08/23/2012 08:16)
Height(ins): 71.5 in [181.6 cm] (04/05/2012 08:36)
Weight(lbs): 207.2 lb [94.2 kg] (08/23/2012 08:16)
BMI: 28.6
Pain: 4 (08/23/2012 08:16) (Scale from 1-10)

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O2 Sat: 8/23/12 @ 0816 PULSE OXIMETRY: 96
On Room Air
~~~~~~
Age: 69
Living arrangements: Spouse/family / WIFE
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements, vitamins, etc? No
*Any non VA meds need to be added to the NON VA Meds
on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
*********************Dietary Screen**********************************

Prealbumin <18	PAB: Not found in computer PAB
BMI < 21 or > 30	BMI: 28.6
HgbA1C > 9	HgbA1C: 8.1 H % APR 5,2012@07:30:11
Glucose >125	GLUCOSE: 160 H mg/dL APR 5,2012@07:30:12
B/P>140/90	B/P: 142/90 (08/23/2012 08:16)

*************FALL RISK*****************
Patient has NO history of falling in the last 12 months
****************SKIN IMPAIRMENT RISK SCREEN**********************
(Braden Scale) -

4 = No Impairment	Sensory Perception
4 = Rarely Moist	Moisture
4 = Walks Frequently	Activity
4 = No Limitations	Mobility
4 = Excellent	Nutrition
3 = No Apparent Problem	Friction and Shear

23 = TOTAL SCORE

15-18 = low risk
13-14 = moderate risk
If score is 18 or less, an impaired or potentially impaired skin integrity problem exists and is to be reflected in the patient/resident plan of care.
12 or less = high risk
If score is 12 or less, the PCP may enter a Enterostomal/Wound Care Nurse consult

No -- Does Patient have an open wound of any type?

Pt does not want dietary counseling at this time

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PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 4
        Patient's acceptable level of pain: 0
LOCATION: NECK
QUALITY:
ache
ONSET: ACUTE
Exact date of onset:YEARS
DURATION: Continuous

PLAN*:
All unresolved pain will be referred to ordering provider

Patient does not have Congestive Heart Failure.
EDUCATION
  Person Being Assessed: Patient
   Barriers to Learning:

  Desire and Motivation: Eager to learn
            Comphrension: Moderate
     Preferred Language: English
     Method of Teaching: Verbal Handouts
Evaluation of Education: Voiced understanding
                 Topics: Speak Up, Plan of Care
Additional education: medications, follow-up appt, labs

/es/ ROGENA S MOORE
LVN
Signed: 08/23/2012 08:29

 LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: AUG 23, 2012@08:21   ENTRY DATE: AUG 23, 2012@08:21:44
      AUTHOR: THOMAS,PATRICIA R   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

  My HealtheVet Education:
    The patient does not have access and does not use the internet.

/es/ PATRICIA R THOMAS
PROGRAM SUPPORT ASSISTANT
Signed: 08/23/2012 08:22

 LOCAL TITLE: PATIENT ALIGNED CARE TEAM NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: AUG 15, 2012@09:06   ENTRY DATE: AUG 15, 2012@09:07:20

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AUTHOR: ZINN,MELISSA K EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PACT Nursing Note

Nursing
Returned call to patient per message of "feeling tired/run down". Patient reports that for the past 3-5 months he has had ^ fatigue. "I feel worn out in the evenings and have periods of depression". When questioned on SI, patient stated "thoughts cross my mind". Patient denies plan or HI at this visit. Patient denies other symptoms at this visit. Patient feels that he is missing a mineral/vitamin in his body and is requesting lab orders prior to appointment. Encouraged patient to speak with R. Sandoval SW for MH concerns. Patient is in agreement. Encouraged patient to present to ED for nursing evaluation and disposition if symptoms ^ or worsen. Patient scheduled with PCP on 8/23/12 @ 0800. Patient verbalized understanding with information given at this visit. Patient contact#(580)652-2430

This will be reviewed with Dr. Kadakia

/es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator
Signed: 08/15/2012 09:42

Receipt Acknowledged By:
08/15/2012 10:29 /es/ BHADRESH K KADAKIA
physician
08/15/2012 10:19 /es/ ROGENA S MOORE
LVN
08/16/2012 11:21 /es/ RITA A. SANDOVAL, MSSW,LCSW
LICENSED CLINICAL SOCIAL WORKER

LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: APR 05, 2012@09:45 ENTRY DATE: APR 05, 2012@16:32:48
AUTHOR: MOORE,ROGENA S EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Ear lavaged ordered by: DR. KADAKIA (x) both ears

Tepid tap water and standare ear irrigation syringe w/irrigation tip used per hospital protocol.
Pre medicated gtts prior to lavage:(x)yes

Results:
(x)Waxy debris removed w/o difficulty.
(x)Tm(s)visible and intact.
(x)Patient tolerated procedure well
(x)Patient denies tenderness or pain with lavage.

Comments: Dx Impacted Cerumen

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LATE ENTRY

/es/ ROGENA S MOORE
LVN
Signed: 04/05/2012 16:35

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: APR 05, 2012@09:24 ENTRY DATE: APR 05, 2012@09:25:08
AUTHOR: KADAKIA,BHADRESH K EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Diabetic Foot Exam:
Inspection for skin ulcers, inflammation and calluses was performed along with palpation of DP and PT pulses, and Monofilament sensation testing.

Abnormalities observed: inflammation
DIABETIC/CAD ELEVATED LIPID REPORT:
Patient refused treatment for elevated LDL.

/es/ BHADRESH K KADAKIA
physician
Signed: 04/05/2012 09:28

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: APR 05, 2012@09:20 ENTRY DATE: APR 05, 2012@09:20:53
AUTHOR: KADAKIA,BHADRESH K EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Colorectal Cancer Screening:
The patient was asked and declines to return any Hemoccult cards for performing colorectal cancer screening.
The patient was offered referral to GI for colonoscopy/sigmoidoscopy and declines to accept the referral.
PNEUMOCOCCAL VACCINE:
Patient declines Pneumococcal Vaccine.
PROSTATE CANCER EDUCATION:
PROSTATE CANCER SCREENING
PROVIDER EDUCATION: Today, the patient received written information and/or verbal counseling, including risks and benefits, about prostate cancer screening and had an opportunity to ask questions.
Level of Understanding: Good
DRE performed at this visit.
Influenza Immunization:
Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

/es/ BHADRESH K KADAKIA
physician
Signed: 04/05/2012 09:24

LOCAL TITLE: AMBULATORY CARE NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: APR 05, 2012@09:00 ENTRY DATE: APR 05, 2012@13:35:25
AUTHOR: KADAKIA,BHADRESH K EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PATIENT NAME: HOPKINS, MARSHALL H

DATE: 04/05/2012

SUBJECTIVE: The patient follows up at 11 months for a routine checkup with the laboratory. Previous primary care physician was Dr. Burns. At the current interview, the patient did not have any new issues to discuss. All he wanted was a physical examination. Suggested that his chronic issues with back pain, neck pain, fibromyalgia, but all his complaints are managed by diet and he does not expect to be on any medications, but was interested in knowing his lab results.

PAST MEDICAL HISTORY: Significant for chronic back pain, dyslipidemia, microscopic hematuria and diabetes mellitus type 2.

CURRENT MEDICATIONS: None.

ALLERGIES: Patient is not known to have allergy to prescription medications.

REVIEW OF SYMPTOMS: Negative for most systems.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 97.5, pulse 61, respiratory rate is 18, blood pressure 140/85, weight is 201 pounds. Pulse oximetry 96% on room air. BMI is 27.
GENERAL: Alert, oriented x3, cooperative, in no acute distress.
HEENT: Head normal. Pupils equally reacting to the light. Conjunctivae pink. Tympanic membranes could not be seen because of the wax in both ear canals.
NOSE: Mucosa normal. Oropharynx mucosa normal.
CHEST: Lungs CTAP. No wheezes, no rales, no rhonchi.
HEART: Rhythm regular. S1, S2 normal. No murmur.
ABDOMEN: Soft and nontender. Bowel sounds heard.
EXTREMITIES: Pulses 2+. No pedal edema.
GENITOURINARY: Digital rectal examination done. Prostate minimally enlarged, bilobed, firm in consistency, smooth in contour. No nodularity, nontender.
NEUROLOGIC: Cranial nerves normal. Strength 5/5. Balance and gait normal. Sensation preserved. The patient has got an evidence of Athlete's foot in the form of macerated skin within the fourth and the fifth the toe web spaces of both the feet.

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LABORATORY DATA: The lab done today showed elevated LDL cholesterol of 131 and elevated A1c 8.1.

ASSESSMENT AND PLAN:
1. Dyslipidemia. Patient refuses to get started on any pharmacotherapy.
2. Elevated hemoglobin A1c, uncontrolled diabetes mellitus type 2. The patient does not want to get started on any pharmacotherapy. Dietary education provided regarding the need to go on a low-carb diet and eat a healthy protein in the form of either vegetable proteins consisting of beans and an animal protein consisting of chicken, turkey, and fish. The patient verbalized understanding.
3. Both ear wax. Both ears were lavaged at the clinic at the current interview.
4. Patient has been consistently refusing colorectal cancer screening, diabetic eye examination and pneumonia vaccine, and Fu vaccine.

The patient elected to have followup annually with the laboratory or earlier if needed.

53153980/2110409(04/05/2012 13:13:13)41904984
D: 04/05/2012 10:39:37 T: 04/05/2012 13:13:13
$END

/es/ BHADRESH K KADAKIA
physician
Signed: 04/05/2012 14:20

LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: APR 05, 2012@08:53 ENTRY DATE: APR 05, 2012@08:53:57
AUTHOR: MOORE,ROGENA S EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Primary Care Nursing Interview
Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit: Desires medication refill.
ROUTINE VISIT

~~~~~~
Current Vital Signs
Temperature: 97.5 F [36.4 C] (04/05/2012 08:36)
Pulse: 61 (04/05/2012 08:36)
Respirations: 18 (04/05/2012 08:36)
B/P: 140/85 (04/05/2012 08:49)
Height(ins): 71.5 in [181.6 cm] (04/05/2012 08:36)
Weight(lbs): 201.9 lb [91.8 kg] (04/05/2012 08:36)
BMI: 27.8
Pain: 0 (04/05/2012 08:36) (Scale from 1-10)
O2 Sat: 4/5/12 @ 0836 PULSE OXIMETRY: 96
On Room Air

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Age: 68
Living arrangements: Spouse/family WIFE
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? No
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
*********************Dietary Screen**********************************

Prealbumin <18   PAB: Not found in computer PAB
BMI < 21 or > 30   BMI: 27.8
HgbA1C > 9   HgbA1C: 8.1 H %   APR 5,2012@07:30:11
Glucose >125   GLUCOSE: 160 H mg/dL   APR 5,2012@07:30:12
B/P>140/90   B/P: 140/85 (04/05/2012 08:49)
*************FALL RISK*****************
Patient has NO history of falling in the last 12 months
*****************SKIN IMPAIRMENT RISK SCREEN***********************
                     (Braden Scale) -
4 = No Impairment   Sensory Perception
4 = Rarely Moist   Moisture
4 = Walks Frequently   Activity
4 = No Limitations   Mobility
4 = Excellent   Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE

15-18 = low risk
13-14 = moderate risk
    If score is 18 or less, an impaired or potentially impaired skin
    integrity problem exists and is to be reflected in the patient/resident
    plan of care.
12 or less = high risk
    If score is 12 or less, the PCP may enter a Enterostomal/Wound
                                                 Care Nurse consult

No -- Does Patient have an open wound of any type?

No problems identified

PAIN ASSESSMENT:

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VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain: 0

PLAN*:
All unresolved pain will be referred to ordering provider

Patient does not have Congestive Heart Failure.
EDUCATION
Person Being Assessed: Patient
Barriers to Learning:

Visual(Blind,Poor Eyesight), Education Level
Desire and Motivation: Eager to learn
Comphrension: High
Preferred Language: English
Method of Teaching: Verbal Written
Evaluation of Education: Voiced understanding
Topics: Speak Up, Plan of Care
Additional education: medications, follow-up appt, labs

/es/ ROGENA S MOORE
LVN
Signed: 04/05/2012 09:01

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: APR 05, 2012@08:46 ENTRY DATE: APR 05, 2012@08:47:04
AUTHOR: MOORE,ROGENA S EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

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

1. Little interest or pleasure in doing things
Not at all

2. Feeling down, depressed, or hopeless
Not at all
Alcohol Screening:
AUDC (Mental Health Instrument)
An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?
Never

2. How many drinks containing alcohol did you have on a typical day

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when you were drinking in the past year?
Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?
Response not required due to responses to other questions.

Influenza Immunization:
Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.

PNEUMOCOCCAL VACCINE-NURSE:
Patient declines Pneumococcal Vaccine.

Tetanus Reminder:
Patient refused Tetanus immunization.

Tobacco Use Screen:
Patient states they are a former tobacco user but has quit more than 12 months ago.
Meds offered, patient declined further treatment.

ELEVATED BP >140/90:
Blood Pressure taken at this visit.
B/P: 140/85
Patient is not on blood pressure medication.
Patient does not have a blood pressure cuff at home.
Patient can demonstrate/voice appropriate placement of cuff.

MINI-COGNITIVE IMPAIRMENT SCREENING:
Give 1 point for each recalled word after the CDT distracter.

Score=3 (0-3 for recall).

Give 2 points for a normal CDT, and 0 points for an abnormal CDT. The CDT is considered normal if all numbers are depicted, once each, in the correct sequence and position, and the hands readably display the requested time.

Score=2 (0 or 2 for CDT).

Total Score=5 (Add the word recall and CDT scores together to get the Mini-Cog Score).
Patient tested negative in the screen for cognitive impairment.

/es/ ROGENA S MOORE
LVN
Signed: 04/05/2012 08:51

LOCAL TITLE: HEALTHY LIVING/COPING SKILLS
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: APR 05, 2012@08:42 ENTRY DATE: APR 05, 2012@08:42:36
AUTHOR: MOORE,ROGENA S EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Exercise Screening:

Yes--Are you physically active, exercise 3 times a week 20-30 min.

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Weight/Nutrition Screening:

    Yes Does your diet contain more fruit, grain, and vegetables
    than meats?
    Yes Have you had your stool checked for blood in the last
    year?
Miscellaneous:

     No 1. Have you had a flex sig by an outside provider
or at the Amarillo VA within the last 5 years?
     Yes 2. Have you had a colonoscopy by an outside provider
or at the Amarillo VA within the last 10 years?
     Yes 3. Do you have an advance directive or living will?
     No 4. Do you take an aspirin daily?

/es/ ROGENA S MOORE
LVN
Signed: 04/05/2012 08:46

 LOCAL TITLE: PATIENT ALIGNED CARE TEAM NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: MAR 30, 2012@13:19   ENTRY DATE: MAR 30, 2012@13:19:24
      AUTHOR: SINCLAIR,GENEVIEVE   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

PACT Nursing Note

Phone contact, spoke with patient re his scheduled appt next week, April 5th
@ 090 with fasting labs. Pt states he will be here.

Time Spent: 5-10 minutes

/es/ GENEVIEVE C SINCLAIR RN
TEAM PATRIOT CARE COORDINATOR
Signed: 03/30/2012 13:20

 LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: MAY 17, 2011@08:55:41 ENTRY DATE: MAY 17, 2011@08:55:41
      AUTHOR: FLETCHER,MARIA ELMA EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

Per PCP request, contacted pt to discuss hyperlipidemia and diabetes. Pt states
that he normally follows a very healthy diet but "fell off the wagon" the last
few weeks. He does not believe he has diabetes and states that he and his wife
do not believe in taking medications; they are into natural foods and herbals.
Discussed that A1c is a 90 day average of blood glucose. Pt would like to
repeat lab work in 3 months. Also, mentioned glucometer; pt indicated that his

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wife may have a meter that he can use (was given to them by someone who was a diabetic and was able to discontinue medication). Pt also states that he usually has blood in his urine during most of his physicals. Transferred pt to TA to make appt in 3 months.

/es/ Elma Fletcher
RN, BSN
Signed: 05/17/2011 09:08

Receipt Acknowledged By:
05/17/2011 09:23 /es/ Russell F Burns M D
physican

==========

--- Original Document ---

05/13/11 PRIMARY CARE NP (T)(S):
SUBJECTIVE: This is a 67 year old male ambulatory to Primary Care. Routine f/u [Liberal,Ks.]concern re poor sleep habits.Goes to bed by 8pm and arises at 5am.Seems that the main concern is nasal congestion.Uses a OTC nasal spray called Duration.spouse does not seem terribly concerned re the problem but does states he snores[by report].NO daytime somnulence of consequence noted. Denies any observed hematuria/stones by hx.NO dysuria,NO tobacco in many yrs., has 1 time/n nocturia.

PHYSICAL EXAM:
VITALS: TEMP: 97.9 F [36.6 C] (05/13/2011 10:04)
PULSE: 70 (05/13/2011 10:04)
RESP: 16 (05/13/2011 10:04)
B/P: 131/80 (05/13/2011 10:04)
WT: 209 lb [95.0 kg] (05/13/2011 10:04)
HT: 71.5 in [181.6 cm] (05/13/2011 10:15)
PAIN: 0 (02/17/2011 10:12)
HEENT: no abnl noted x modest nasal conj. no bruits
LUNGS:clear to a/p
HEART:no auscl abnl.
ABD:no HSM
RECTAL:
EXT:no edema
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	NITROGLYCERIN 0.4MG SL TAB *25'S* DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 AS NEEDED FOR CHEST PAIN - IF NO RELIEF AFTER 3 CONTACT PROVIDER	ACTIVE

Medication reconciliation was completed with the patient/caregiver.

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LABS: Fasting by report --ate a large amt of desserts yesterday
SODIUM: 138   meq/L   MAY 13,2011@08:44:38
POTASSIUM: 4.5   meq/L   MAY 13,2011@08:44:38
BUN: 12   mg/dl   MAY 13,2011@08:44:38

CREATININE   5/13/11 08:44   0.74
GLUCOSE: 155 H mg/dL   MAY 13,2011@08:44:38
AST: 23   IU/L   MAY 13,2011@08:44:38
ALT: 22   IU/L   MAY 13,2011@08:44:38
LDH: Not found in computer LDH
ALK. PHOS.:   63   IU/L   MAY 13,2011@08:44:38
GGTP: 17   MAY 13,2011@08:44:38
T. BILIRUBIN: 0.9   mg/dL   MAY 13,2011@08:44:38
WBC: 7.4   K/cumm   MAY 13,2011@08:44:35
HGB: 15.3   gm/dL   MAY 13,2011@08:44:35
HCT: 45.0   %   MAY 13,2011@08:44:35
MICROALBUMIN: Not found in computer MICROALBUMIN
CHOLESTEROL: 197   mg/dL   MAY 13,2011@08:44:38
HDL: 40   mg/dL   MAY 13,2011@08:44:38
LDL   118 H mg/dL   MAY 13,2011@08:44:38
LDL-CHOL CALC: Not found in computer LDL-CHOL CALCULATION
LDL: 140 H mg/dL   MAY 2,2006@08:06:41
TRIG: 193 H mg/dL   MAY 13,2011@08:44:38

PSA: 0.52   ngm/ml   MAY 13,2011@08:44:37
TSH: 1.87   mIU/mL   JUL 14,2009@09:10:45

PROCEDURES:

ASSESSMENT/PLAN:
1.suspect DM II will check HbgA1c
2.hematuria
3.?? allergic diathesis trial of oral antihistamines and nasal spray
4.
5. RTC
  Influenza Immunization:
    Patient refused the influenza vaccine. Patient was advised of risks
    and benefits of influenza vaccine.
  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PSA lab test ordered.
  BMI > 30 or > 24.99 in High Risk:
    At this visit, the health risks of obesity were reviewed and discussed
    with the patient, and the benefits of a weight management treatment
    program, such as MOVE! was discussed and offered to the patient."
    Patient Refuses referral. After discussing the health risks of
    obesity and offering a referral to MOVE or another weight loss program
    outside the VA, the patient REFUSES REFERRAL to MOVE or other weight
    loss program at this time.
  PNEUMOCOCCAL VACCINE:
    Patient declines Pneumococcal Vaccine.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 10:50

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05/13/2011 ADDENDUM STATUS: COMPLETED
Has modest microscopic hematuria on UA.The CT scan did NOT show any concerns.Suggest he have repeat UA in 3 months an if still having hematuria then would get GU consult.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 13:52

Receipt Acknowledged By:
05/13/2011 13:54 /es/ Elma Fletcher
RN, BSN

05/13/2011 ADDENDUM STATUS: COMPLETED
Contacted pt and informed of CT results and recommendation to repeat UA in 3 months (can do this at Liberal clinic). Pt verbalized understanding.

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 13:58

05/17/2011 ADDENDUM STATUS: COMPLETED
As discussed in the visit last Friday he DOES have diabetes based on his ^ FBS and HbgA1c of 8.5%.He needs to restrict his carbohydrate intake, exercise daily, and start meds as rx incld. metformin 500mg bid and his cholesterol is too high for a diabetic so will rx pravastatin 40mg daily at bedtime.

/es/ Russell F Burns M D
physican
Signed: 05/17/2011 08:12

Receipt Acknowledged By:
05/17/2011 08:34 /es/ Elma Fletcher
RN, BSN

LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: MAY 13, 2011@10:19 ENTRY DATE: MAY 13, 2011@10:19:13
AUTHOR: BURNS,RUSSELL F EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

*** PRIMARY CARE NP (T)(S) Has ADDENDA ***

SUBJECTIVE: This is a 67 year old male ambulatory to Primary Care. Routine f/u [Liberal,Ks.]concern re poor sleep habits.Goes to bed by 8pm and arises at 5am.Seems that the main concern is nasal congestion.Uses a OTC nasal spray called Duration.spouse does not seem terribly concerned re the problem but does states he snores[by report].NO daytime somnulence of consequence noted. Denies any observed hematuria/stones by hx.NO dysuria,NO tobacco in many yrs., has 1 time/n nocturia.

PHYSICAL EXAM:
VITALS: TEMP: 97.9 F [36.6 C] (05/13/2011 10:04)

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```
               PULSE:  70 (05/13/2011 10:04)
               RESP:   16 (05/13/2011 10:04)
               B/P:    131/80 (05/13/2011 10:04)
               WT:     209 lb [95.0 kg] (05/13/2011 10:04)
               HT:     71.5 in [181.6 cm] (05/13/2011 10:15)
               PAIN:   0 (02/17/2011 10:12)
       HEENT: no abnl noted x modest nasal conj.  no bruits
       LUNGS:clear to a/p
       HEART:no auscl abnl.
       ABD:no HSM
       RECTAL:
       EXT:no edema
       MISC:


ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

     Active Outpatient Medications                                  Status
==========================================================================
1)   NITROGLYCERIN 0.4MG SL TAB *25'S* DISSOLVE ONE TABLET  ACTIVE
       UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 AS NEEDED
       FOR CHEST PAIN - IF NO RELIEF AFTER 3 CONTACT
       PROVIDER

Medication reconciliation was completed with the patient/caregiver.

LABS:  Fasting by report --ate a large amt of desserts yesterday
SODIUM:          138   meq/L   MAY 13,2011@08:44:38
POTASSIUM:       4.5   meq/L   MAY 13,2011@08:44:38
BUN:             12   mg/dl   MAY 13,2011@08:44:38

CREATININE                5/13/11 08:44     0.74
GLUCOSE:         155  H mg/dL   MAY 13,2011@08:44:38
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ALT:             22   IU/L   MAY 13,2011@08:44:38
LDH:             Not found in computer LDH
ALK. PHOS.:      63   IU/L   MAY 13,2011@08:44:38
GGTP:            17      MAY 13,2011@08:44:38
T. BILIRUBIN:    0.9   mg/dL   MAY 13,2011@08:44:38
WBC:             7.4   K/cumm   MAY 13,2011@08:44:35
HGB:             15.3   gm/dL   MAY 13,2011@08:44:35
HCT:             45.0   %    MAY 13,2011@08:44:35
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CHOLESTEROL:     197   mg/dL   MAY 13,2011@08:44:38
HDL:             40   mg/dL   MAY 13,2011@08:44:38
LDL              118  H mg/dL   MAY 13,2011@08:44:38
LDL-CHOL CALC:   Not found in computer LDL-CHOL CALCULATION
LDL:             140  H mg/dL   MAY 2,2006@08:06:41
TRIG:            193  H mg/dL   MAY 13,2011@08:44:38

PSA:             0.52   ngm/ml   MAY 13,2011@08:44:37
TSH:             1.87   mIU/mL   JUL 14,2009@09:10:45

PROCEDURES:
```


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ASSESSMENT/PLAN:
1.suspect DM II will check HbgA1c
2.hematuria
3.?? allergic diathesis trial of oral antihistamines and nasal spray
4.
5. RTC
  Influenza Immunization:
    Patient refused the influenza vaccine. Patient was advised of risks
    and benefits of influenza vaccine.
  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PSA lab test ordered.
  BMI > 30 or > 24.99 in High Risk:
    At this visit, the health risks of obesity were reviewed and discussed
    with the patient, and the benefits of a weight management treatment
    program, such as MOVE! was discussed and offered to the patient."
    Patient Refuses referral. After discussing the health risks of
    obesity and offering a referral to MOVE or another weight loss program
    outside the VA, the patient REFUSES REFERRAL to MOVE or other weight
    loss program at this time.
  PNEUMOCOCCAL VACCINE:
    Patient declines Pneumococcal Vaccine.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 10:50

05/13/2011 ADDENDUM   STATUS: COMPLETED
Has modest microscopic hematuria on UA.The CT scan did NOT show any
concerns.Suggest he have repeat UA in 3 months an if still having hematuria then
would get GU consult.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 13:52

Receipt Acknowledged By:
05/13/2011 13:54   /es/ Elma Fletcher
                             RN, BSN

05/13/2011 ADDENDUM   STATUS: COMPLETED
Contacted pt and informed of CT results and recommendation to repeat UA in 3
months (can do this at Liberal clinic). Pt verbalized understanding.

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 13:58

05/17/2011 ADDENDUM   STATUS: COMPLETED
As discussed in the visit last Friday he DOES have diabetes based on his ^ FBS
and HbgA1c of 8.5%.He needs to restrict his carbohydrate intake, exercise daily,
and start meds as rx incld. metformin 500mg bid and his cholesterol is too high
for a diabetic so will rx pravastatin 40mg daily at bedtime.

/es/ Russell F Burns M D
physican

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Signed: 05/17/2011 08:12

Receipt Acknowledged By:
05/17/2011 08:34 /es/ Elma Fletcher
RN, BSN

05/17/2011 ADDENDUM STATUS: COMPLETED
Per PCP request, contacted pt to discuss hyperlipidemia and diabetes. Pt states that he normally follows a very healthy diet but "fell off the wagon" the last few weeks. He does not believe he has diabetes and states that he and his wife do not believe in taking medications; they are into natural foods and herbals. Discussed that A1c is a 90 day average of blood glucose. Pt would like to repeat lab work in 3 months. Also, mentioned glucometer; pt indicated that his wife may have a meter that he can use (was given to them by someone who was a diabetic and was able to discontinue medication). Pt also states that he usually has blood in his urine during most of his physicals. Transferred pt to TA to make appt in 3 months.

/es/ Elma Fletcher
RN, BSN
Signed: 05/17/2011 09:08

Receipt Acknowledged By:
05/17/2011 09:23 /es/ Russell F Burns M D
physican

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: MAY 13, 2011@13:49:08 ENTRY DATE: MAY 13, 2011@13:49:08
AUTHOR: BURNS,RUSSELL F EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Has modest microscopic hematuria on UA.The CT scan did NOT show any concerns.Suggest he have repeat UA in 3 months an if still having hematuria then would get GU consult.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 13:52

Receipt Acknowledged By:
05/13/2011 13:54 /es/ Elma Fletcher
RN, BSN

==========

--- Original Document ---

05/13/11 PRIMARY CARE NP (T)(S):
SUBJECTIVE: This is a 67 year old male ambulatory to Primary Care. Routine f/u [Liberal,Ks.]concern re poor sleep habits.Goes to bed by 8pm and arises at 5am.Seems that the main concern is nasal congestion.Uses a OTC

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

nasal spray called Duration.spouse does not seem terribly concerned re the problem but does states he snores[by report].NO daytime somnulence of consequence noted. Denies any observed hematuria/stones by hx.NO dysuria,NO tobacco in many yrs., has 1 time/n nocturia.

PHYSICAL EXAM:
VITALS: TEMP: 97.9 F [36.6 C] (05/13/2011 10:04)
         PULSE: 70 (05/13/2011 10:04)
         RESP: 16 (05/13/2011 10:04)
         B/P: 131/80 (05/13/2011 10:04)
         WT: 209 lb [95.0 kg] (05/13/2011 10:04)
         HT: 71.5 in [181.6 cm] (05/13/2011 10:15)
         PAIN: 0 (02/17/2011 10:12)
HEENT: no abnl noted x modest nasal conj. no bruits
LUNGS:clear to a/p
HEART:no auscl abnl.
ABD:no HSM
RECTAL:
EXT:no edema
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	NITROGLYCERIN 0.4MG SL TAB *25'S* DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 AS NEEDED FOR CHEST PAIN - IF NO RELIEF AFTER 3 CONTACT PROVIDER	ACTIVE

Medication reconciliation was completed with the patient/caregiver.

LABS: Fasting by report --ate a large amt of desserts yesterday
SODIUM: 138 meq/L MAY 13,2011@08:44:38
POTASSIUM: 4.5 meq/L MAY 13,2011@08:44:38
BUN: 12 mg/dl MAY 13,2011@08:44:38

CREATININE 5/13/11 08:44 0.74
GLUCOSE: 155 H mg/dL MAY 13,2011@08:44:38
AST: 23 IU/L MAY 13,2011@08:44:38
ALT: 22 IU/L MAY 13,2011@08:44:38
LDH: Not found in computer LDH
ALK. PHOS.: 63 IU/L MAY 13,2011@08:44:38
GGTP: 17 MAY 13,2011@08:44:38
T. BILIRUBIN: 0.9 mg/dL MAY 13,2011@08:44:38
WBC: 7.4 K/cumm MAY 13,2011@08:44:35
HGB: 15.3 gm/dL MAY 13,2011@08:44:35
HCT: 45.0 % MAY 13,2011@08:44:35
MICROALBUMIN: Not found in computer MICROALBUMIN
CHOLESTEROL: 197 mg/dL MAY 13,2011@08:44:38
HDL: 40 mg/dL MAY 13,2011@08:44:38
LDL 118 H mg/dL MAY 13,2011@08:44:38
LDL-CHOL CALC: Not found in computer LDL-CHOL CALCULATION
LDL: 140 H mg/dL MAY 2,2006@08:06:41

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

TRIG: 193 H mg/dL MAY 13,2011@08:44:38

PSA: 0.52 ngm/ml MAY 13,2011@08:44:37
TSH: 1.87 mIU/mL JUL 14,2009@09:10:45

PROCEDURES:

ASSESSMENT/PLAN:
1.suspect DM II will check HbgA1c
2.hematuria
3.?? allergic diathesis trial of oral antihistamines and nasal spray
4.
5. RTC
Influenza Immunization:
Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.
PROSTATE CANCER EDUCATION:
PROSTATE CANCER SCREENING
PSA lab test ordered.
BMI > 30 or > 24.99 in High Risk:
At this visit, the health risks of obesity were reviewed and discussed with the patient, and the benefits of a weight management treatment program, such as MOVE! was discussed and offered to the patient."
Patient Refuses referral. After discussing the health risks of obesity and offering a referral to MOVE or another weight loss program outside the VA, the patient REFUSES REFERRAL to MOVE or other weight loss program at this time.
PNEUMOCOCCAL VACCINE:
Patient declines Pneumococcal Vaccine.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 10:50

05/13/2011 ADDENDUM STATUS: COMPLETED
Contacted pt and informed of CT results and recommendation to repeat UA in 3 months (can do this at Liberal clinic). Pt verbalized understanding.

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 13:58

05/17/2011 ADDENDUM STATUS: COMPLETED
As discussed in the visit last Friday he DOES have diabetes based on his ^ FBS and HbgA1c of 8.5%.He needs to restrict his carbohydrate intake, exercise daily, and start meds as rx incld. metformin 500mg bid and his cholesterol is too high for a diabetic so will rx pravastatin 40mg daily at bedtime.

/es/ Russell F Burns M D
physican
Signed: 05/17/2011 08:12

Receipt Acknowledged By:
05/17/2011 08:34 /es/ Elma Fletcher
RN, BSN

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

05/17/2011 ADDENDUM STATUS: COMPLETED
Per PCP request, contacted pt to discuss hyperlipidemia and diabetes. Pt states that he normally follows a very healthy diet but "fell off the wagon" the last few weeks. He does not believe he has diabetes and states that he and his wife do not believe in taking medications; they are into natural foods and herbals. Discussed that A1c is a 90 day average of blood glucose. Pt would like to repeat lab work in 3 months. Also, mentioned glucometer; pt indicated that his wife may have a meter that he can use (was given to them by someone who was a diabetic and was able to discontinue medication). Pt also states that he usually has blood in his urine during most of his physicals. Transferred pt to TA to make appt in 3 months.

/es/ Elma Fletcher
RN, BSN
Signed: 05/17/2011 09:08

Receipt Acknowledged By:
05/17/2011 09:23 /es/ Russell F Burns M D
physican

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: MAY 13, 2011@13:57:07 ENTRY DATE: MAY 13, 2011@13:57:07
AUTHOR: FLETCHER,MARIA ELMA EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Contacted pt and informed of CT results and recommendation to repeat UA in 3 months (can do this at Liberal clinic). Pt verbalized understanding.

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 13:58

==========

--- Original Document ---

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SUBJECTIVE: This is a 67 year old male ambulatory to Primary Care. Routine f/u [Liberal,Ks.]concern re poor sleep habits.Goes to bed by 8pm and arises at 5am.Seems that the main concern is nasal congestion.Uses a OTC nasal spray called Duration.spouse does not seem terribly concerned re the problem but does states he snores[by report].NO daytime somnulence of consequence noted. Denies any observed hematuria/stones by hx.NO dysuria,NO tobacco in many yrs., has 1 time/n nocturia.

PHYSICAL EXAM:
VITALS: TEMP: 97.9 F [36.6 C] (05/13/2011 10:04)
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RESP: 16 (05/13/2011 10:04)
B/P: 131/80 (05/13/2011 10:04)
WT: 209 lb [95.0 kg] (05/13/2011 10:04)

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

```
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              PAIN:   0 (02/17/2011 10:12)
       HEENT: no abnl noted x modest nasal conj.  no bruits
       LUNGS:clear to a/p
       HEART:no auscl abnl.
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       RECTAL:
       EXT:no edema
       MISC:


ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

     Active Outpatient Medications                                  Status
==========================================================================
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       FOR CHEST PAIN - IF NO RELIEF AFTER 3 CONTACT
       PROVIDER

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LABS:  Fasting by report --ate a large amt of desserts yesterday
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POTASSIUM:       4.5   meq/L   MAY 13,2011@08:44:38
BUN:             12   mg/dl   MAY 13,2011@08:44:38

CREATININE                5/13/11 08:44     0.74
GLUCOSE:         155  H mg/dL   MAY 13,2011@08:44:38
AST:             23   IU/L   MAY 13,2011@08:44:38
ALT:             22   IU/L   MAY 13,2011@08:44:38
LDH:             Not found in computer LDH
ALK. PHOS.:      63   IU/L   MAY 13,2011@08:44:38
GGTP:            17      MAY 13,2011@08:44:38
T. BILIRUBIN:    0.9   mg/dL   MAY 13,2011@08:44:38
WBC:             7.4   K/cumm   MAY 13,2011@08:44:35
HGB:             15.3   gm/dL   MAY 13,2011@08:44:35
HCT:             45.0   %    MAY 13,2011@08:44:35
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CHOLESTEROL:     197   mg/dL   MAY 13,2011@08:44:38
HDL:             40   mg/dL   MAY 13,2011@08:44:38
LDL              118  H mg/dL   MAY 13,2011@08:44:38
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LDL:             140  H mg/dL   MAY 2,2006@08:06:41
TRIG:            193  H mg/dL   MAY 13,2011@08:44:38

PSA:             0.52   ngm/ml   MAY 13,2011@08:44:37
TSH:             1.87   mIU/mL   JUL 14,2009@09:10:45

PROCEDURES:

ASSESSMENT/PLAN:
1.suspect DM II  will check HbgA1c
2.hematuria
3.?? allergic diathesis trial of oral antihistamines and nasal spray
```


COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

4.
5. RTC
  Influenza Immunization:
    Patient refused the influenza vaccine. Patient was advised of risks
    and benefits of influenza vaccine.
  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PSA lab test ordered.
  BMI > 30 or > 24.99 in High Risk:
    At this visit, the health risks of obesity were reviewed and discussed
    with the patient, and the benefits of a weight management treatment
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    Patient Refuses referral. After discussing the health risks of
    obesity and offering a referral to MOVE or another weight loss program
    outside the VA, the patient REFUSES REFERRAL to MOVE or other weight
    loss program at this time.
  PNEUMOCOCCAL VACCINE:
    Patient declines Pneumococcal Vaccine.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 10:50

05/13/2011 ADDENDUM   STATUS: COMPLETED
Has modest microscopic hematuria on UA.The CT scan did NOT show any
concerns.Suggest he have repeat UA in 3 months an if still having hematuria then
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physican
Signed: 05/13/2011 13:52

Receipt Acknowledged By:
05/13/2011 13:54   /es/ Elma Fletcher
                             RN, BSN

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and start meds as rx incld. metformin 500mg bid and his cholesterol is too high
for a diabetic so will rx pravastatin 40mg daily at bedtime.

/es/ Russell F Burns M D
physican
Signed: 05/17/2011 08:12

Receipt Acknowledged By:
05/17/2011 08:34   /es/ Elma Fletcher
                             RN, BSN

05/17/2011 ADDENDUM   STATUS: COMPLETED
Per PCP request, contacted pt to discuss hyperlipidemia and diabetes. Pt states
that he normally follows a very healthy diet but "fell off the wagon" the last
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Discussed that A1c is a 90 day average of blood glucose. Pt would like to

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repeat lab work in 3 months. Also, mentioned glucometer; pt indicated that his wife may have a meter that he can use (was given to them by someone who was a diabetic and was able to discontinue medication). Pt also states that he usually has blood in his urine during most of his physicals. Transferred pt to TA to make appt in 3 months.

/es/ Elma Fletcher
RN, BSN
Signed: 05/17/2011 09:08

Receipt Acknowledged By:
05/17/2011 09:23 /es/ Russell F Burns M D
physican

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: MAY 17, 2011@08:07:47 ENTRY DATE: MAY 17, 2011@08:07:48
AUTHOR: BURNS,RUSSELL F EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

As discussed in the visit last Friday he DOES have diabetes based on his ^ FBS and HbgA1c of 8.5%.He needs to restrict his carbohydrate intake, exercise daily, and start meds as rx incld. metformin 500mg bid and his cholesterol is too high for a diabetic so will rx pravastatin 40mg daily at bedtime.

/es/ Russell F Burns M D
physican
Signed: 05/17/2011 08:12

Receipt Acknowledged By:
05/17/2011 08:34 /es/ Elma Fletcher
RN, BSN

==========

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VITALS: TEMP: 97.9 F [36.6 C] (05/13/2011 10:04)
PULSE: 70 (05/13/2011 10:04)
RESP: 16 (05/13/2011 10:04)
B/P: 131/80 (05/13/2011 10:04)
WT: 209 lb [95.0 kg] (05/13/2011 10:04)

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

```
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              PAIN:   0 (02/17/2011 10:12)
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       HEART:no auscl abnl.
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       EXT:no edema
       MISC:


ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

     Active Outpatient Medications                                  Status
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       FOR CHEST PAIN - IF NO RELIEF AFTER 3 CONTACT
       PROVIDER

Medication reconciliation was completed with the patient/caregiver.

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POTASSIUM:       4.5   meq/L   MAY 13,2011@08:44:38
BUN:             12   mg/dl   MAY 13,2011@08:44:38

CREATININE                5/13/11 08:44     0.74
GLUCOSE:         155  H mg/dL   MAY 13,2011@08:44:38
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ALT:             22   IU/L   MAY 13,2011@08:44:38
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ALK. PHOS.:      63   IU/L   MAY 13,2011@08:44:38
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T. BILIRUBIN:    0.9   mg/dL   MAY 13,2011@08:44:38
WBC:             7.4   K/cumm   MAY 13,2011@08:44:35
HGB:             15.3   gm/dL   MAY 13,2011@08:44:35
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CHOLESTEROL:     197   mg/dL   MAY 13,2011@08:44:38
HDL:             40   mg/dL   MAY 13,2011@08:44:38
LDL              118  H mg/dL   MAY 13,2011@08:44:38
LDL-CHOL CALC:   Not found in computer LDL-CHOL CALCULATION
LDL:             140  H mg/dL   MAY 2,2006@08:06:41
TRIG:            193  H mg/dL   MAY 13,2011@08:44:38

PSA:             0.52   ngm/ml   MAY 13,2011@08:44:37
TSH:             1.87   mIU/mL   JUL 14,2009@09:10:45

PROCEDURES:

ASSESSMENT/PLAN:
1.suspect DM II  will check HbgA1c
2.hematuria
3.?? allergic diathesis trial of oral antihistamines and nasal spray
```


COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

4.
5. RTC
  Influenza Immunization:
    Patient refused the influenza vaccine. Patient was advised of risks
    and benefits of influenza vaccine.
  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PSA lab test ordered.
  BMI > 30 or > 24.99 in High Risk:
    At this visit, the health risks of obesity were reviewed and discussed
    with the patient, and the benefits of a weight management treatment
    program, such as MOVE! was discussed and offered to the patient."
    Patient Refuses referral. After discussing the health risks of
    obesity and offering a referral to MOVE or another weight loss program
    outside the VA, the patient REFUSES REFERRAL to MOVE or other weight
    loss program at this time.
  PNEUMOCOCCAL VACCINE:
    Patient declines Pneumococcal Vaccine.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 10:50

05/13/2011 ADDENDUM   STATUS: COMPLETED
Has modest microscopic hematuria on UA.The CT scan did NOT show any
concerns.Suggest he have repeat UA in 3 months an if still having hematuria then
would get GU consult.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 13:52

Receipt Acknowledged By:
05/13/2011 13:54   /es/ Elma Fletcher
                             RN, BSN

05/13/2011 ADDENDUM   STATUS: COMPLETED
Contacted pt and informed of CT results and recommendation to repeat UA in 3
months (can do this at Liberal clinic). Pt verbalized understanding.

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 13:58

05/17/2011 ADDENDUM   STATUS: COMPLETED
Per PCP request, contacted pt to discuss hyperlipidemia and diabetes. Pt states
that he normally follows a very healthy diet but "fell off the wagon" the last
few weeks. He does not believe he has diabetes and states that he and his wife
do not believe in taking medications; they are into natural foods and herbals.
Discussed that A1c is a 90 day average of blood glucose. Pt would like to
repeat lab work in 3 months. Also, mentioned glucometer; pt indicated that his
wife may have a meter that he can use (was given to them by someone who was a
diabetic and was able to discontinue medication). Pt also states that he usually
has blood in his urine during most of his physicals. Transferred pt to TA to
make appt in 3 months.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

/es/ Elma Fletcher
RN, BSN
Signed: 05/17/2011 09:08

Receipt Acknowledged By:
05/17/2011 09:23 /es/ Russell F Burns M D
physican

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 13, 2011@10:14 ENTRY DATE: MAY 13, 2011@10:15:01
AUTHOR: FLETCHER,MARIA ELMA EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PNEUMOCOCCAL VACCINE-NURSE:
Patient declines Pneumococcal Vaccine.
Influenza Immunization:
Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.
Tetanus Reminder:
Patient refused Tetanus immunization.
Height:
Height:
Height: 71.5 in [181.6 cm)

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 10:15

LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: MAY 13, 2011@10:06 ENTRY DATE: MAY 13, 2011@10:07:18
AUTHOR: FLETCHER,MARIA ELMA EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Primary Care Nursing Interview
Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit: No significant health problems since last visit.
having problems sleeping, tired all the time.

~~~~~~
Current Vital Signs
Temperature: 97.9 F [36.6 C] (05/13/2011 10:04)
Pulse: 70 (05/13/2011 10:04)
Respirations: 16 (05/13/2011 10:04)
B/P: 131/80 (05/13/2011 10:04)
Height(ins): 71.5 in [181.6 cm] (05/13/2011 10:04)

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION
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```
   Weight(lbs): 209 lb [95.0 kg] (05/13/2011 10:04)
           BMI: 28.8
          Pain: 0 (02/17/2011 10:12) (Scale from 1-10)
        O2 Sat: 5/13/11 @ 1004      PULSE OXIMETRY: 94
                On Room Air
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 67
Living arrangements: Spouse/family in Hooker, OK
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Medication list reviewed with patient.  Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
*********************Dietary Screen**********************************

Glucose >125            GLUCOSE: 155  H mg/dL   MAY 13,2011@08:44:38
*************FALL RISK*****************
Patient has NO history of falling in the last 12 months
****************SKIN IMPAIRMENT RISK SCREEN**********************
                      (Braden Scale) -
4 = No Impairment       Sensory Perception
4 = Rarely Moist        Moisture
4 = Walks Frequently    Activity
4 = No Limitations      Mobility
3 = Adequate            Nutrition
3 = No  Apparent ProblemFriction and Shear
22 = TOTAL SCORE


15-18 = low risk
13-14 = moderate risk
    If score is 18 or less, an impaired or potentially impaired skin
    integrity problem exists and is to be reflected in the patient/resident
    plan of care.
12 or less = high risk
    If score is 12 or less, the PCP may enter a Enterostomal/Wound
                                                 Care Nurse consult

No -- Does Patient have an open wound of any type?


Pt does not want dietary counseling at this time

PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain:    4
```


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Patient's acceptable level of pain:
Patient does not have Congestive Heart Failure.
Additional education: medications, follow-up appt

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 10:14

LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: FEB 22, 2011@14:43 ENTRY DATE: FEB 22, 2011@14:43:21
AUTHOR: COLLINS,ALMA L EXP COSIGNER:
INSTITUTION: ZZ-LIBERAL KANSAS CBOC
DIVISION: VACBC LIBERAL
URGENCY: STATUS: COMPLETED

Veteran at clinic for ear lavage. Bil ears irrigated with 1 part Peroxide to 8 parts warm water. Bil wax plugs and large amount of wax returned. Ear canals clean and clear, tympanic membrane visible and clean.

/es/ ALMA L COLLINS
RN
Signed: 02/22/2011 14:48

LOCAL TITLE: PRIMARY CARE ASSESSMENT NOTE
STANDARD TITLE: PRIMARY CARE OUTPATIENT NOTE
DATE OF NOTE: FEB 17, 2011@10:40 ENTRY DATE: FEB 17, 2011@10:41:07
AUTHOR: WETMORE,ELIZABETH B EXP COSIGNER:
INSTITUTION: ZZ-LIBERAL KANSAS CBOC
DIVISION: VACBC LIBERAL
URGENCY: STATUS: COMPLETED

SUBJECTIVE:

PHYSICAL EXAM:
VS:
HEENT:
LUNGS:
HEART:
ABD:
RECTAL:
EXT:
MISC:

LABS:

PROCEDURES:

CHRONIC DISEASE INDEX:

PFTs:
CREATININE:
GLUCOSE: 119 H mg/dL OCT 5,2010@09:04:10

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A1C: 5.9   %   MAY 2,2006@08:06:40
MICROALBUMIN: Not found in computer MICROALBUMIN
PSA: 0.49   ngm/ml   JUL 14,2009@09:10:45
CHOLESTEROL: 188   mg/dL   JUL 14,2009@09:10:44
TRIGLYCERIDE: 160 H mg/dL   JUL 14,2009@09:10:44
HDL: 36 L mg/dL   JUL 14,2009@09:10:44
LDL-CHOL CALC: Not found in computer LDL-CHOL CALCULATION
LDL   120   mg/dl   JUL 14,2009@09:10:44
LDL: 140 H mg/dL   MAY 2,2006@08:06:41
OCC#1:   Not found in computer OCCULT BLOOD
OCC#2:   Not found in computer OCCULT BLOOD #2
OCC#3:   Not found in computer OCCULT BLOOD #3

FLEXIBLE SIGMOIDOSCOPY:

PNEUMOCOCCAL VACCINE:
TET/DIP:

ASSESSMENT/PLAN:
                1.
                2.
                3.
Patient is in today for scheduled visit to evaluate ear wax problem, always gets unbalanced this time of year and it is
usually ear was that causes the cooncern. went to see his cardiologist, could find nothing wrong with him, will do nuclear studies at the end of the month to make sure it is nothing. bowels and bladder are working well.

SUBJECTIVE: This is a 67 year old MALE ambulatory to
Primary Care.

PMH: aytipical chest pain, cerumen concerns

PHYSICAL EXAM:
VITALS: TEMP: 97 F [36.1 C] (02/17/2011 10:12)
                PULSE: 68 (02/17/2011 10:12)
                RESP: 16 (02/17/2011 10:12)
                B/P: 124/86 (02/17/2011 10:12)
                WT: 207.5 lb [94.3 kg] (02/17/2011 10:12)
                HT: 72.5 in [184.2 cm] (08/11/2009 12:49)
                PAIN: 0 (02/17/2011 10:12)
       HEENT: Normocephalic, Pupils Equal and Round, Regular in Size, , Oropharynx pink moist no lesions very hard ear wax noted bilterally
       LUNGS: Clear to Auscultation Bilaterally , Good air entry

       HEART: Regular Rate and Rythmn, No murmur, No gallop, No rub
       ABD: softFlat, Bowel sounds are present x 4 quadrants. , No tenderness
is noted on exam., No hepatosplenomegaly organomagaly absent
       RECTAL:deferred by pt. request
       EXT: No peripheral edema, Peripheral pulses 2+

        MISC:

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ACTIVE MEDICATIONS: Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) NITROGLYCERIN 0.4MG SL TAB *25'S* DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 AS NEEDED FOR CHEST PAIN - IF NO RELIEF AFTER 3 CONTACT PROVIDER	ACTIVE

LABS:
SODIUM:136 meq/L OCT 5,2010@09:04:10
POTASSIUM:4.2 meq/L OCT 5,2010@09:04:10
BUN:11 mg/dL OCT 5,2010@09:04:10
CREATININE:
No data available for CREATININE, SERUM
GLUCOSE:
119 H mg/dL OCT 5,2010@09:04:10
AST:23 IU/L OCT 5,2010@09:04:10
ALT:24 IU/L OCT 5,2010@09:04:10
LDH:Not found in computer LDH
ALK. PHOS.: 56 IU/L OCT 5,2010@09:04:10
GGTP:19 IU/L JUL 14,2009@09:10:44
T. BILIRUBIN: 0.6 mg/dL OCT 5,2010@09:04:10
WBC:7.0 K/cumm OCT 5,2010@09:04:08
HGB:14.7 gm/dL OCT 5,2010@09:04:08
HCT:42.5 % OCT 5,2010@09:04:08
MICROALBUMIN: Not found in computer MICROALBUMIN
CHOLESTEROL:188 mg/dL JUL 14,2009@09:10:44
HDL: 36 L mg/dL JUL 14,2009@09:10:44
LDL:140 H mg/dL MAY 2,2006@08:06:41
TRIG:160 H mg/dL JUL 14,2009@09:10:44
FOB1: Not found in computer OCCULT BLOOD
FOB2: Not found in computer OCCULT BLOOD #2
FOB3: Not found in computer OCCULT BLOOD #3
PSA: Not found in computer PSA (ABBOTT-MEIA) M-F
TSH:1.87 mIU/mL JUL 14,2009@09:10:45

PROCEDURES: lab drawn today, ear softener (wax) placed in ears but it will be tomorrow before we can get this out, he will come back in the morning

ASSESSMENT/PLAN:
1. cerumen, see above

2. atypical chest pain, make sure he has his nitro on hand at all times

3. see back in 1 year.

4.
5.

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/es/ ELIZABETH B WETMORE

Signed: 02/17/2011 10:47

LOCAL TITLE: PRIMARY CARE ASSESSMENT NOTE
STANDARD TITLE: PRIMARY CARE OUTPATIENT NOTE
DATE OF NOTE: FEB 17, 2011@10:30 ENTRY DATE: FEB 17, 2011@10:30:21
AUTHOR: WETMORE,ELIZABETH B EXP COSIGNER:
INSTITUTION: ZZ-LIBERAL KANSAS CBOC
DIVISION: VACBC LIBERAL
URGENCY: STATUS: COMPLETED

SUBJECTIVE:

PHYSICAL EXAM:
VS:
HEENT:
LUNGS:
HEART:
ABD:
RECTAL:
EXT:
MISC:

LABS:

PROCEDURES:

CHRONIC DISEASE INDEX:

PFTs:
CREATININE:

GLUCOSE:	119 H	mg/dL	OCT 5,2010@09:04:10
A1C:	5.9	%	MAY 2,2006@08:06:40
MICROALBUMIN:	Not found in computer MICROALBUMIN		
PSA:	0.49	ngm/ml	JUL 14,2009@09:10:45
CHOLESTEROL:	188	mg/dL	JUL 14,2009@09:10:44
TRIGLYCERIDE:	160 H	mg/dL	JUL 14,2009@09:10:44
HDL:	36 L	mg/dL	JUL 14,2009@09:10:44
LDL-CHOL CALC:	Not found in computer LDL-CHOL CALCULATION		
LDL	120	mg/dl	JUL 14,2009@09:10:44
LDL:	140 H	mg/dL	MAY 2,2006@08:06:41
OCC#1:	Not found in computer OCCULT BLOOD		
OCC#2:	Not found in computer OCCULT BLOOD #2		
OCC#3:	Not found in computer OCCULT BLOOD #3		

FLEXIBLE SIGMOIDOSCOPY:

PNEUMOCOCCAL VACCINE:
TET/DIP:

ASSESSMENT/PLAN:
1.
2.

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3.
  PNEUMOCOCCAL VACCINE-NURSE:
    Patient declines Pneumococcal Vaccine.
  Influenza Immunization:
    Patient refused the influenza vaccine. Patient was advised of risks
    and benefits of influenza vaccine.
  Tetanus Reminder:
    Patient refused Tetanus immunization.

/es/ ELIZABETH B WETMORE

Signed: 02/17/2011 10:47

 LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: FEB 17, 2011@10:18   ENTRY DATE: FEB 17, 2011@10:18:09
      AUTHOR: COLLINS,ALMA L   EXP COSIGNER:
 INSTITUTION: ZZ-LIBERAL KANSAS CBOC
    DIVISION: VACBC LIBERAL
     URGENCY: STATUS: COMPLETED

Primary Care Nursing Interview
   Clinic location: Liberal
Scheduled
Presented: Ambulatory without assistance
Reason for visit: No significant health problems since last visit.

~~~~~~
Current Vital Signs
   Temperature: 97 F [36.1 C] (02/17/2011 10:12)
         Pulse: 68 (02/17/2011 10:12)
  Respirations: 16 (02/17/2011 10:12)
           B/P: 124/86 (02/17/2011 10:12)
   Height(ins): 72.5 in [184.2 cm] (08/11/2009 12:49)
   Weight(lbs): 207.5 lb [94.3 kg] (02/17/2011 10:12)
           BMI: 27.8
          Pain: 0 (02/17/2011 10:12) (Scale from 1-10)
        O2 Sat: 10/5/10 @ 1039   PULSE OXIMETRY: 96

~~~~~~
Age: 67
Living arrangements: Spouse/family
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? Yes
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use:

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**********Dietary Screen**********

All available dietary screening labs have been reviewed and are within acceptable range.

**********SKIN IMPAIRMENT RISK SCREEN**********
(Braden Scale) -

4 = No Impairment Sensory Perception
4 = Rarely Moist Moisture
4 = Walks Frequently Activity
4 = No Limitations Mobility
3 = Adequate Nutrition
3 = No Apparent ProblemFriction and Shear
22 = TOTAL SCORE

15-18 = low risk
13-14 = moderate risk
If score is 18 or less, an impaired or potentially impaired skin integrity problem exists and is to be reflected in the patient/resident plan of care.
12 or less = high risk
If score is 12 or less, the PCP may enter a Enterostomal/Wound Care Nurse consult

No -- Does Patient have an open wound of any type?

No problems identified

PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain: 0
Patient does not have Congestive Heart Failure.

**********MORSE FALL SCALE**********
0 = No History of Falling
0 = No Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
0 TOTAL SCORE
Scoring:
0-24 No Risk
25-45 Low Risk, Standard Fall Precautions
>44 High Risk, High Risk Fall Precautions

EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None

Desire and Motivation: Denies need for education
Comphrension: Moderate

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Preferred Language: English
Method of Teaching:
Evaluation of Education:
Topics:
Nursing Comments: Veteran here for f/u cardiology appt.

Denies chest pain since then.

c/o "equilibrium problem" he says he feels it is due to ears plugged up.

Pt is not fasting.

/es/ ALMA L COLLINS
RN
Signed: 02/17/2011 10:22

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: FEB 17, 2011@10:14 ENTRY DATE: FEB 17, 2011@10:14:30
AUTHOR: COLLINS,ALMA L EXP COSIGNER:
INSTITUTION: ZZ-LIBERAL KANSAS CBOC
DIVISION: VACBC LIBERAL
URGENCY: STATUS: COMPLETED

PNEUMOCOCCAL VACCINE-NURSE:
Patient declines Pneumococcal Vaccine.
Influenza Immunization:
Patient states he/she did not get a flu shot during the latest flu season.
Tetanus Reminder:
Patient refused Tetanus immunization.
Screen for PTSD:
PC PTSD
A PTSD screening test (PTSD 4Q) was negative (score=0).

1. Have had any nightmares about it or thought about it when you did not want to?
No

2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
No

3. Were constantly on guard, watchful, or easily startled?
No

4. Felt numb or detached from others, activities, or your surroundings?
No

/es/ ALMA L COLLINS
RN
Signed: 02/17/2011 10:17

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LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: NOV 22, 2010@07:53:39 ENTRY DATE: NOV 22, 2010@07:53:40
AUTHOR: COLEMAN,MARSHALL C EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Have called patient with normal stress test results.

/es/ Marshall Chad Coleman FNP, BC
APRN, BC
Signed: 11/22/2010 07:54

==========

--- Original Document ---

10/05/10 CARDIOLOGY - OUTPATIENT (C):

PATIENT NAME: HOPKINS, MARSHALL H

DATE: 10/05/2010

DATE OF BIRTH: 07/20/1943

CHIEF COMPLAINT: Complaints of chest discomfort.

PAST MEDICAL HISTORY: The patient has no known coronary artery disease. He reports possible TIAs in the mid-1990s. He has a history of obesity. He has lost 100 pounds over the past several years. He also has dyslipidemia.

SUBJECTIVE: The patient reports about a month ago he was in his work area when he began to have a painful heaviness from the left mid-axilla to the right mid-axilla, across the chest wall and what appears to have gathered in the center of the chest. He states this again happened 2 days later, and again described it as feeling "constrict ed." What he has reported to me is that this lasted for several seconds and then disappeared. What he reported to his primary care provider is that it lasted several minutes. The patient is unable to recall exactly what he was doing or exactly how long this episode lasted. These have not occurred since, and he has been relatively active. He states he breaths okay except for at night he gets "stopped up a little bit." He has had some dizziness after standing, but is dealing with that. No feelings of palpitations . No syncope. No swelling of extremities. No tobacco or alcohol use. He stays active. He follows a very strict regimen and diet. His wife is a natural herbalist. He is on absolutely no medications, and is a very strong believer in homeopathic teachings.

OBJECTIVE: Vital signs: Temperature 98.3, pulse 78,

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respirations 16, blood pressure 139/95 which is elevated from previous blood pressures, height 72 inches, weigh t 206 pounds, pulse oximetry 96% on room air.

General: This is a very pleasant gentleman who comes to the clinic ambulatory in no acute distress.
Neurological: Speech clear and appropriate. Follows commands. Alert and oriented to person, time, and place. Has strong and equal hand grips.
Neck: No carotid bruit appreciated. No JVD.
Lungs : Clear.
Heart: S1, S2 auscultated with a possible S1 splitting. No murmurs. No pain upon palpation of the chest wall. No rubs.
Abdomen: Nontender. Bowel sounds present.
Periphery: No pedal edema.

MEDICATIONS: None.

LABORATORY AND TESTS: The patient's EKG today shows a sinus rhythm with a first degree AV block, rate is 72. A lipid panel shows a total cholesterol of 188, LDL 120, HDL 30 and triglycerides 160.

ASSESSMENT:
1. Chest pain.
2. Dyslipidemia.

PLAN: Of course, there will be no addition of medication for this patient as he does not feel that he is treated appropriately with medications. This brings its own set of unique circum stances to this patient's presentation. His complaints of chest heaviness or "constriction" is compelling for ischemic heart disease. However, he has not been able to bring on these episodes since. He has an elevated blood pressure today, although it does not appear that it is chronic. His cholesterol levels are not at goal. However, he is of course not interested in any kind of statin. I have talked to him at length about the process should he have a stress test and should that stress test be positive. He would then be recommended for a left heart catheterization, which would require Plavix should he have an intervention. I have gone to explain that should he be found to have ischemic heart disease he would have to take Plavix for at least 1 year and other medications would be strongly recommended. I have also explained that there is a potential for bypass. He has verbalized understanding and is interested in having the stress test. He is also interested in having another lipid panel the day of that stress test to see if his wife will be able to help increase his HDL in the next month. I have encouraged appropriate routine exercise. I have also stressed when he should report to the Emergency Room, and he has verbalized understanding of that. We will follow him as appropriate.

45652604/2110422(10/07/2010 22:24:04)35758700
$END

/es/ Marshall Chad Coleman FNP, BC

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

APRN, BC
Signed: 10/15/2010 13:45

LOCAL TITLE: CARDIOLOGY - OUTPATIENT (C)
STANDARD TITLE: CARDIOLOGY OUTPATIENT CONSULT
DATE OF NOTE: OCT 05, 2010@12:31 ENTRY DATE: OCT 10, 2010@12:22:39
AUTHOR: COLEMAN,MARSHALL C EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

*** CARDIOLOGY - OUTPATIENT (C) Has ADDENDA ***

PATIENT NAME: HOPKINS, MARSHALL H

DATE: 10/05/2010

DATE OF BIRTH: 07/20/1943

CHIEF COMPLAINT: Complaints of chest discomfort.

PAST MEDICAL HISTORY: The patient has no known coronary artery disease. He reports possible TIAs in the mid-1990s. He has a history of obesity. He has lost 100 pounds over the past several years. He also has dyslipidemia.

SUBJECTIVE: The patient reports about a month ago he was in his work area when he began to have a painful heaviness from the left mid-axilla to the right mid-axilla, across the chest wall and what appears to have gathered in the center of the chest. He states this again happened 2 days later, and again described it as feeling "constrict ed." What he has reported to me is that this lasted for several seconds and then disappeared. What he reported to his primary care provider is that it lasted several minutes. The patient is unable to recall exactly what he was doing or exactly how long this episode lasted. These have not occurred since, and he has been relatively active. He states he breaths okay except for at night he gets "stopped up a little bit." He has had some dizziness after standing, but is dealing with that. No feelings of palpitations . No syncope. No swelling of extremities. No tobacco or alcohol use. He stays active. He follows a very strict regimen and diet. His wife is a natural herbalist. He is on absolutely no medications, and is a very strong believer in homeopathic teachings.

OBJECTIVE: Vital signs: Temperature 98.3, pulse 78, respirations 16, blood pressure 139/95 which is elevated from previous blood pressures, height 72 inches, weigh t 206 pounds, pulse oximetry 96% on room air.

General: This is a very pleasant gentleman who comes to the clinic ambulatory in no acute distress.

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Neurological: Speech clear and appropriate. Follows commands. Alert and oriented to person, time, and place. Has strong and equal hand grips.
Neck: No carotid bruit appreciated. No JVD.
Lungs : Clear.
Heart: S1, S2 auscultated with a possible S1 splitting. No murmurs. No pain upon palpation of the chest wall. No rubs.
Abdomen: Nontender. Bowel sounds present.
Periphery: No pedal edema.

MEDICATIONS: None.

LABORATORY AND TESTS: The patient's EKG today shows a sinus rhythm with a first degree AV block, rate is 72. A lipid panel shows a total cholesterol of 188, LDL 120, HDL 30 and triglycerides 160.

ASSESSMENT:
1. Chest pain.
2. Dyslipidemia.

PLAN: Of course, there will be no addition of medication for this patient as he does not feel that he is treated appropriately with medications. This brings its own set of unique circum stances to this patient's presentation. His complaints of chest heaviness or "constriction" is compelling for ischemic heart disease. However, he has not been able to bring on these episodes since. He has an elevated blood pressure today, although it does not appear that it is chronic. His cholesterol levels are not at goal. However, he is of course not interested in any kind of statin. I have talked to him at length about the process should he have a stress test and should that stress test be positive. He would then be recommended for a left heart catheterization, which would require Plavix should he have an intervention. I have gone to explain that should he be found to have ischemic heart disease he would have to take Plavix for at least 1 year and other medications would be strongly recommended. I have also explained that there is a potential for bypass. He has verbalized understanding and is interested in having the stress test. He is also interested in having another lipid panel the day of that stress test to see if his wife will be able to help increase his HDL in the next month. I have encouraged appropriate routine exercise. I have also stressed when he should report to the Emergency Room, and he has verbalized understanding of that. We will follow him as appropriate.

45652604/2110422(10/07/2010 22:24:04)35758700
$END

/es/ Marshall Chad Coleman FNP, BC
APRN, BC
Signed: 10/15/2010 13:45

11/22/2010 ADDENDUM STATUS: COMPLETED
Have called patient with normal stress test results.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

/es/ Marshall Chad Coleman FNP, BC
APRN, BC
Signed: 11/22/2010 07:54

LOCAL TITLE: NUCLEAR MEDICINE NOTE
STANDARD TITLE: NUCLEAR MEDICINE NOTE
DATE OF NOTE: NOV 19, 2010@15:11 ENTRY DATE: NOV 19, 2010@15:11:14
AUTHOR: KINZER,ALAN E EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

A TIME-OUT WAS PERFORMED TO CONFIRM PATIENT IDENTIFICATION. I.V. INJECTION(S) OF 9.4 mCi and 32.9 mCi Tc99m Sestamibi given for rest and stress respectively as part of a nuclear heart scan.

/es/ ALAN E KINZER C.N.M.T.RT(R)(N)
NUCLEAR MEDICINE TECHNOLOGIST
Signed: 11/19/2010 15:12

LOCAL TITLE: INFORMED CONSENT DISCUSSION (ICT)
STANDARD TITLE: CONSENT
DATE OF NOTE: NOV 19, 2010@11:52:53 ENTRY DATE: NOV 19, 2010@11:53:15
AUTHOR: GREEN,VIRGINIA R EXP COSIGNER:
INSTITUTION:
DIVISION:
URGENCY: STATUS: COMPLETED

Signature Informed Consent for
HEART - STRESS TEST EXERCISE MPI (EXERCISE STRESS TEST WITH MYOCARDIAL PERFUSION IMAGING)
1. Anatomical Location: See description of treatment/procedure.
2. Informed consent was obtained at 11:52 AM on November 19, 2010.
The full consent document can be accessed through Vista Imaging.
3. Patient name: HOPKINS, MARSHALL HUGH
4. The patient HAS decision-making capacity.
5. Surrogate (if applicable):
6. Condition or diagnosis: Your doctor has requested a cardiac (heart) scan to determine whether there are any important blockages in your coronary arteries (the blood vessels that feed the heart muscle). This could lead to reduced oxygen supply to part of the heart muscle.
7. Treatment/procedure: The purpose of this test is to evaluate the heart's blood supply and function during a controlled period of increasingly strenuous exercise, using a motor-driven treadmill or exercise bike.
During this procedure an IV will be inserted into the patient's arm. The patient will be connected to an electrocardiogram or ECG machine (test that records the electrical activity of the heart) to monitor the heart. The patient first starts out exercising at a slow pace, but will progressively increase effort.
As the patient exercises, heart function, as well as blood pressure, is monitored continuously. Exercise is stopped when the patient becomes fatigued, develops chest pain, reaches a target heart rate,

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or at any time that monitoring personnel become concerned for patient safety. Once the desired level of exercise is achieved, the patient will be injected with a small amount of radioactive tracer. During and after the stress test the patient's heart and blood pressure will be frequently monitored. After a period of time, the patient will be placed under a camera and images of the heart will be obtained.

8. It is not expected that an anesthesia practitioner will be involved in this treatment/procedure.
9. Consent to Blood Products (if applicable):
It is not expected that blood products will be used in this treatment/procedure.
10. Practitioner obtaining consent: Allison,Walter M (MEDICAL DOCTOR)
11. Supervising practitioner:
12. Practitioner(s) performing or supervising treatment/procedure (if not listed above):
13. Witness Name: VIRGINIA GREEN

14. Comments:
In certain circumstances, the presence of a vendor representative (company representative) is important to the success of the procedure. Prior to the procedure the representative will sign an agreement to strictly adhere to VA's privacy rules. The representative may provide technical advice but will not physically participate in the procedure. The representative will be closely monitored by the VA treatment team.

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 11/19/2010
by: BGP PSEUDOUSER

LOCAL TITLE: PROCEDURE REPORT DICTATED
STANDARD TITLE: PROCEDURE REPORT
DATE OF NOTE: NOV 19, 2010@10:00 ENTRY DATE: NOV 19, 2010@16:11:04
AUTHOR: ALLISON,WALTER M EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

PATIENT NAME: HOPKINS, MARSHALL H

DATE: 11/19/2010

PROCEDURE: Treadmill Cardiolite.

Resting EKG reveals nonspecific ST-T changes. During exercise, the T-waves become more inverted, but there is no pronounced ST depression. There is an occasional PVC and PAC.

Post exercise, again occasional PVC and PAC. The T-waves turn upright when the heart rate goes up, but there again is no ST segment shift of significance.

The patient walked on the treadmill for 7 minutes and 21 seconds, achieved a heart rate of 155. Heart rate stated by the computer of 171 is incorrect. Although he did achieve greater than 85% of his MPHR.

CONCLUSION:
1. No reproduction of symptoms.
2. Occasional premature ventricular contractions (PVC) and premature atrial complex (PAC).
3. ST-T changes as described above but no classic ischemia.
4. See image report.

46394963/2110412(11/19/2010 15:24:38)36319274
$END

/es/ WALTER M ALLISON
CARDIOLOGIST
Signed: 11/23/2010 15:59

LOCAL TITLE: SPECIALTY CLINIC CARDIOLOGY
STANDARD TITLE: CARDIOLOGY OUTPATIENT NOTE
DATE OF NOTE: OCT 05, 2010@10:45 ENTRY DATE: OCT 05, 2010@10:45:23
AUTHOR: KING,G LYNN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Today's Date and Time: OCT 05, 2010 10:45 Patient Age: 67
Allergies:
Patient has answered NKA
Active Outpatient Medications (including Supplies):

No Medications Found

Temperature: 98.3 F [36.8 C] (10/05/2010 10:39)
Pulse: 78 (10/05/2010 10:39)
Respirations: 16 (10/05/2010 10:39)
Blood Pressure: 139/95 (10/05/2010 10:39)
Height: 72.5 in [184.2 cm] (08/11/2009 12:49)
Weight: 206 lb [93.6 kg] (10/05/2010 10:39)
Pain: 0 (10/05/2010 10:39)

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O2 Sat: 10/5/10 @ 1039 PULSE OXIMETRY: 96
****
Reason for visit: Here for consult concerning "unusual" CP

****
Nursing Comments: Denies CP at this time

Have you been hospitalized since last visit?No
If yes, where?
Have you seen an outside physician since last visit? No
Were you given any new medications?
Nicotine use:Pt states they have not used tobacco in the last 12 mos.

Inhaler use: No
PAIN ASSESSMENT
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain:
Fall Risk Assessment:

0 = No History of falling, immediate or within 3 months
0 = No Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
0 TOTAL SCORE
0-24 No Risk
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None
Desire and Motivation: Eager to learn
Comprehension: High
Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
Topics Covered: Speak Up: YES

/es/ G LYNN KING
RN
Signed: 10/05/2010 10:49

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: OCT 05, 2010@08:46:37 ENTRY DATE: OCT 05, 2010@08:46:38
AUTHOR: COLLINS,ALMA L EXP COSIGNER:
INSTITUTION: ZZ-LIBERAL KANSAS CBOC
DIVISION: VACBC LIBERAL
URGENCY: STATUS: COMPLETED

Veteran returned call and was given lab results. Per Provider Glucose 138. He was instructed to repeat Glucose. He verbalizes understanding.

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/es/ ALMA L COLLINS
RN
Signed: 10/05/2010 08:47

==========

--- Original Document ---

08/26/10 AMBULATORY CARE NOTE:

PATIENT NAME: Hopkins, Marshall

CHIEF COMPLAINT: This is a 67-year-old veteran presenting for an annual visit. He takes no medications.

SUBJECTIVE: He continues to use supplements and herbals for all of his needs. At this visit though he is complaining that he has experienced 2 episodes in the last month of chest pain and pressure running from one axilla to the other. He states that it felt like "a pulled muscle." It lasted for several minutes and he did have some lightheadedness associated with this, but denies any nausea, vomiting, or diaphoresis. Each episode is associated with mild exertion. He denies any episodes at rest.

PAST MEDICAL HISTORY: Significant for:
1. Motor vehicle accident in 1991 with neck and back injuries.
2. Fibromyalgia.
3. Tic to the right side of the face.
4. Hyperlipidemia.

ALLERGIES: No known allergies.

IMMUNIZATIONS: He takes none.

REVIEW OF SYSTEMS: Chest pain with chest pressure, 2 episodes within the past month with mild exertion. Pain reaching from the axilla to axilla and associated also with chest pressure and some lightheadedness. He denies any diaphoresis, syncope, and no peripheral or pedal edema. He also denies any changes with bowel or bladder habits. No diarrhea, constipation, melena, or abdominal pain. No changes with urination. No urgency, hesitancy. Nocturia is once per night, but he denies any dysuria or hematuria. His appetite remains robust. He denies any nausea, vomiting, or epigastric upset. He denies any problems with range of motion. He has some impairment to his back and his neck due to previous motor vehicle accident for which he continues to receive some chiropractic care. He denies any mood changes, anxiety, or depression.

OBJECTIVE:
VITAL SIGNS: Blood pressure is 112/60, pulse 56, respirations 16, temperature is 96.1. Weight 201.
GENERAL: He is alert, awake, and in no apparent distress.
HEENT: EOM's are intact. PERRL. TMs are gray and intact. Oropharynx is moist and pink. No lesions.
NECK: Supple. Trachea is midline. No thyromegaly, JVD, or

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bruit.
CARDIOVASCULAR: Regular rate and rhythm. S1, S2. No gallops, murmurs, or rubs. I possibly hear a split.
RESPIRATORY: Clear to auscultation bilaterally. No rales, rhonchi, or wheezing.
ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No organomegaly is noted.
GU: Deferred per request.
MUSCULOSKELETAL: Fast range of motion in the upper and lower extremities. Pedal pulses are 2+ and equal. No pedal edema.

ASSESSMENT/PLAN:
1. Chest pain; submit for Cardiology consult. He is instructed that if the episodes do occur again he should present himself to the Emergency Department. He verbalizes understanding.
2. Hyperlipidemia; pending lab results. He takes no medications at this time. We will advise fish oil 2000 to 3000 mg daily.
3. Chronic neck and back pain; he does continue to seek care with chiropractic and also has continued pursuing care through the VA as well.
4. Fibromyalgia; stable.
5. I discussed the above examination with the gentleman and he will be notified of his Cardiology consult. He continues to take no medications, relying on supplements and herbals. He will be notified of his lab results when completed. He will be seen again as necessary and for his annual appointment.

DD: 08/26/10@1350/KWatts-Harkness, NP
DT: 08/27/10@0833/6250/DTS/206928

/es/ KATHRYN WATTS-HARKNESS

Signed: 09/14/2010 13:05

LOCAL TITLE: AMBULATORY CARE NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: AUG 26, 2010@13:50 ENTRY DATE: AUG 27, 2010@12:20:22
AUTHOR: WATTS-HARKNESS,KATH EXP COSIGNER:
INSTITUTION: ZZ-LIBERAL KANSAS CBOC
DIVISION: VACBC LIBERAL
URGENCY: STATUS: COMPLETED

*** AMBULATORY CARE NOTE Has ADDENDA ***

PATIENT NAME: Hopkins, Marshall

CHIEF COMPLAINT: This is a 67-year-old veteran presenting for an annual visit. He takes no medications.

SUBJECTIVE: He continues to use supplements and herbals for all

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of his needs. At this visit though he is complaining that he has experienced 2 episodes in the last month of chest pain and pressure running from one axilla to the other. He states that it felt like "a pulled muscle." It lasted for several minutes and he did have some lightheadedness associated with this, but denies any nausea, vomiting, or diaphoresis. Each episode is associated with mild exertion. He denies any episodes at rest.

PAST MEDICAL HISTORY: Significant for:
1. Motor vehicle accident in 1991 with neck and back injuries.
2. Fibromyalgia.
3. Tic to the right side of the face.
4. Hyperlipidemia.

ALLERGIES: No known allergies.

IMMUNIZATIONS: He takes none.

REVIEW OF SYSTEMS: Chest pain with chest pressure, 2 episodes within the past month with mild exertion. Pain reaching from the axilla to axilla and associated also with chest pressure and some lightheadedness. He denies any diaphoresis, syncope, and no peripheral or pedal edema. He also denies any changes with bowel or bladder habits. No diarrhea, constipation, melena, or abdominal pain. No changes with urination. No urgency, hesitancy. Nocturia is once per night, but he denies any dysuria or hematuria. His appetite remains robust. He denies any nausea, vomiting, or epigastric upset. He denies any problems with range of motion. He has some impairment to his back and his neck due to previous motor vehicle accident for which he continues to receive some chiropractic care. He denies any mood changes, anxiety, or depression.

OBJECTIVE:
VITAL SIGNS: Blood pressure is 112/60, pulse 56, respirations 16, temperature is 96.1. Weight 201.
GENERAL: He is alert, awake, and in no apparent distress.
HEENT: EOM's are intact. PERRL. TMs are gray and intact. Oropharynx is moist and pink. No lesions.
NECK: Supple. Trachea is midline. No thyromegaly, JVD, or bruit.
CARDIOVASCULAR: Regular rate and rhythm. S1, S2. No gallops, murmurs, or rubs. I possibly hear a split.
RESPIRATORY: Clear to auscultation bilaterally. No rales, rhonchi, or wheezing.
ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No organomegaly is noted.
GU: Deferred per request.
MUSCULOSKELETAL: Fast range of motion in the upper and lower extremities. Pedal pulses are 2+ and equal. No pedal edema.

ASSESSMENT/PLAN:
1. Chest pain; submit for Cardiology consult. He is instructed that if the episodes do occur again he should present himself to the Emergency Department. He verbalizes understanding.
2. Hyperlipidemia; pending lab results. He takes no medications

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at this time. We will advise fish oil 2000 to 3000 mg daily.
3. Chronic neck and back pain; he does continue to seek care with chiropractic and also has continued pursuing care through the VA as well.
4. Fibromyalgia; stable.
5. I discussed the above examination with the gentleman and he will be notified of his Cardiology consult. He continues to take no medications, relying on supplements and herbals. He will be notified of his lab results when completed. He will be seen again as necessary and for his annual appointment.

DD: 08/26/10@1350/KWatts-Harkness, NP
DT: 08/27/10@0833/6250/DTS/206928

/es/ KATHRYN WATTS-HARKNESS

Signed: 09/14/2010 13:05

10/05/2010 ADDENDUM STATUS: COMPLETED
Veteran returned call and was given lab results. Per Provider Glucose 138. He was instructed to repeat Glucose. He verbalizes understanding.

/es/ ALMA L COLLINS
RN
Signed: 10/05/2010 08:47

LOCAL TITLE: MEDICATION RECONCILLIATION PROVIDER NOTE
STANDARD TITLE: MEDICATION MGT DISCHARGE NOTE
DATE OF NOTE: AUG 26, 2010@09:30 ENTRY DATE: AUG 26, 2010@09:30:09
AUTHOR: WATTS-HARKNESS,KATH EXP COSIGNER:
INSTITUTION: ZZ-LIBERAL KANSAS CBOC
DIVISION: VACBC LIBERAL
URGENCY: STATUS: COMPLETED

//

Active Outpatient Medications (including Supplies):

No Medications Found

//

Active and Recently Expired Outpatient Medications (including Supplies):

No Medications Found

//

/es/ KATHRYN WATTS-HARKNESS

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Signed: 08/26/2010 09:30

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 LOCAL TITLE: AMBULATORY CARE NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: AUG 26, 2010@09:28     ENTRY DATE: AUG 26, 2010@09:28:14
      AUTHOR: WATTS-HARKNESS,KATH  EXP COSIGNER:
 INSTITUTION: ZZ-LIBERAL KANSAS CBOC
    DIVISION: VACBC LIBERAL
     URGENCY:                            STATUS: COMPLETED

  HIV Screening :
    Patient has been offered HIV testing and has declined. I have
    explained that HIV testing is recommended for all adults, even if all
    risk factors are absent.
  Influenza H1N1 Vaccine:
    The patient declines to be vaccinated for Influenza H1N1.
  Influenza Immunization:
    Patient refused the influenza vaccine.  Patient was advised of risks
    and benefits of influenza vaccine.
  PNEUMOCOCCAL VACCINE:
    Patient declines Pneumococcal Vaccine.

/es/ KATHRYN WATTS-HARKNESS

Signed: 08/26/2010 09:29


 LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: AUG 26, 2010@08:53     ENTRY DATE: AUG 26, 2010@08:53:41
      AUTHOR: COLLINS,ALMA L       EXP COSIGNER:
 INSTITUTION: ZZ-LIBERAL KANSAS CBOC
    DIVISION: VACBC LIBERAL
     URGENCY:                            STATUS: COMPLETED

Primary Care Nursing Interview
   Clinic location: Liberal
Scheduled
Presented: Ambulatory without assistance
Reason for visit:  No significant health problems since last visit.


~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Current Vital Signs
   Temperature: 96 F [35.6 C] (08/26/2010 08:43)
         Pulse: 56 (08/26/2010 08:43)
  Respirations: 16 (08/26/2010 08:43)
           B/P: 112/60 (08/26/2010 08:43)
   Height(ins): 72.5 in [184.2 cm] (08/11/2009 12:49)
   Weight(lbs): 201.9 lb [91.8 kg] (08/26/2010 08:43)
           BMI: 27.1
          Pain: 0 (08/26/2010 08:43) (Scale from 1-10)
       O2 Sat: 2/2/10 @ 1406       PULSE OXIMETRY: 96
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Age: 67
Living arrangements: Spouse/family
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? Yes
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
*********************Dietary Screen**********************************

All available dietary screening labs have been reviewed and are within
acceptable range.
****************SKIN IMPAIRMENT RISK SCREEN**********************
                      (Braden Scale) -
4 = No Impairment   Sensory Perception
4 = Rarely Moist   Moisture
4 = Walks Frequently   Activity
4 = No Limitations   Mobility
3 = Adequate   Nutrition
3 = No Apparent ProblemFriction and Shear
22 = TOTAL SCORE

15-18 = low risk
13-14 = moderate risk
    If score is 18 or less, an impaired or potentially impaired skin
    integrity problem exists and is to be reflected in the patient/resident
    plan of care.
12 or less = high risk
    If score is 12 or less, the PCP may enter a Enterostomal/Wound
                                                Care Nurse consult

No -- Does Patient have an open wound of any type?

No problems identified

PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 0
        Patient's acceptable level of pain: 0
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
25 = Yes History of Falling
0 = No   Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid

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0 = No   IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
25 TOTAL SCORE
Scoring:
0-24 No Risk
25-45 Low Risk, Standard Fall Precautions
>44   High Risk, High Risk Fall Precautions
EDUCATION
  Person Being Assessed: Patient
   Barriers to Learning: None

  Desire and Motivation: Denies need for education
           Comphrension: High
       Primary Language: English
     Method of Teaching:
Evaluation of Education:
                 Topics:
Nursing Comments: veteran here for annual visit.

Veteran reports 2 episodes of pain across chest, "feels heavy"

Reports dizziness x 2 when standing up.

He voices concern with decrease memory.

Pt is fasting. Seracult kit given with instructions.

/es/ ALMA L COLLINS
RN
Signed: 08/26/2010 08:59

 LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: AUG 26, 2010@08:46   ENTRY DATE: AUG 26, 2010@08:47:07
      AUTHOR: COLLINS,ALMA L   EXP COSIGNER:
 INSTITUTION: ZZ-LIBERAL KANSAS CBOC
    DIVISION: VACBC LIBERAL
     URGENCY: STATUS: COMPLETED

  PNEUMOCOCCAL VACCINE-NURSE:
    Patient declines Pneumococcal Vaccine.
  HEALTHY LIVING/COPING SKILLS:
    PHQ-2
      A PHQ-2 screen was performed. The score was 1 which is a negative
          screen for depression.

          1. Little interest or pleasure in doing things
          Not at all

          2. Feeling down, depressed, or hopeless
          Several days

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Exercise Screening:

Yes--Are you physically active, exercise 3 times a week 20-30 min.

Weight/Nutrition Screening:

Yes Does your diet contain more fruit, grain, and vegetables than meats?
No Have you had your stool checked for blood in the last year?

Miscellaneous:

No 1. Have you had a flex sig by an outside provider or at the Amarillo VA within the last 5 years?
No 2. Have you had a colonoscopy by an outside provider or at the Amarillo VA within the last 10 years?
No 3. Do you have an advance directive or living will?
No 4. Do you take an aspirin daily?

Depression Screening:

PHQ-2

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

1. Little interest or pleasure in doing things
Not at all

2. Feeling down, depressed, or hopeless
Several days

Alcohol Screening:

AUDC (Mental Health Instrument)

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

1. How often did you have a drink containing alcohol in the past year?
Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?
Response not required due to responses to other questions.

Influenza Immunization:

Patient states he/she did not get a flu shot during the latest flu season.

Tetanus Reminder:

Patient refused Tetanus immunization.

Tobacco Use Screen:

Patient states they are a former tobacco user but has quit more than 12 months ago.

Influenza H1N1 Vaccine:

The patient declines to be vaccinated for Influenza H1N1.

MINI-COGNITIVE IMPAIRMENT SCREENING:

Give 1 point for each recalled word after the CDT distracter.

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Score=3 (0-3 for recall).

Give 2 points for a normal CDT, and 0 points for an abnormal CDT. The CDT is considered normal if all numbers are depicted, once each, in the correct sequence and position, and the hands readably display the requested time.

Score=2 (0 or 2 for CDT).

Total Score=5 (Add the word recall and CDT scores together to get the Mini-Cog Score).
Patient tested negative in the screen for cognitive impairment.

/es/ ALMA L COLLINS
RN
Signed: 08/26/2010 08:53

LOCAL TITLE: AMBULATORY CARE NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: FEB 02, 2010@18:04 ENTRY DATE: FEB 03, 2010@06:53:39
AUTHOR: WATTS-HARKNESS,KATH EXP COSIGNER:
INSTITUTION: ZZ-LIBERAL KANSAS CBOC
DIVISION: VACBC LIBERAL
URGENCY: STATUS: COMPLETED

PATIENT NAME: HOPKINS,MARSHALL

CHIEF COMPLAINT: This is a 66-year-old gentleman presenting to the clinic with inquiry as to if the VA is going to approve his chiropractic treatments that he has been receiving and paying on his own for the past for approximately ten years due to a motor vehicle accident he was in in which he was rear-ended while he was working on duty in Colorado Springs, Colorado. He continues to complain of neck and back pain. He states that he has had difficulty over the past several months with his neck, in particular due to sleeping on some motel beds that placed his neck in misalignment. He states he had received chiropractic treatment from Dr. Buckley in Garden City, Kansas, but he states that in the past month now he has felt that his neck is becoming out of alignment again and wishes to have another treatment, but for the VA to pick this up. This gentleman has undergone the Amarillo VA and Case Management review of his medical records and some documentation to determine whether he had any cervical subluxation. Most recent x-ray reports said that subluxation was not present and that neck injuries were chronic in nature. Therefore, the VA could not cover any outside chiropractic treatments. His x-ray reports did show, though, that he does have cervical spur on C5 and C6 with a bilateral neural foramen encroachment by the spurs. At the time, though, this x-ray did show that he was in good alignment with no subluxation or spondylolisthesis.

PAST MEDICAL HISTORY:
1. Significant for motor vehicle accident in 1991, incurring neck and back injuries.

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2. Fibromyalgia.
3. He states he has tic douloureux.
4. Histoplasmosis.
5. Hyperlipidemia.

ALLERGIES: No known allergies.

OBJECTIVE: Examination on the gentleman shows:
HEENT: Normocephalic. Eyes: PERRL. EOMs are intact. Sclerae is white. Conjunctivae is pink. Ears: TMs are gray and intact with no lesions. External ears are clear. Oropharynx is moist and pink with no lesions.
NECK: Supple. Trachea is midline. No thyromegaly is noted. No JVD or bruit. No cervical adenopathy.
LUNGS: Clear to auscultation bilaterally. No rales, rhonchi, or wheezing.
HEART: Regular rate and rhythm. No murmur, gallop, or rub.
ABDOMEN: Soft, nontender, nondistended. Positive bowel sounds. No organomegaly.
RECTAL: Deferred.
EXTREMITIES: No peripheral edema. Peripheral pulses are 2+. Full range of motion. Grips are equal bilaterally.

ASSESSMENT AND PLAN: Chronic back and neck pain. Patient does not wish to take any medications whatsoever for his pain. He does continue to seek VA compensation for the injury that he stated was incurred while he was on military duty in Colorado Springs. I informed him that if he had documentation to support that, it needs to be submitted, as he states that he should be receiving compensation and the chiropractic care. He decided that he will contact his current chiropractor for documentation. Also, he will obtain documentation from his former chiropractor, who is now deceased, but the information is still available to him in Colorado Springs. He will return to clinic when he obtains this information, and we will discuss further plans.

DD: 02/02/10@1804/KWatts-Harkness, NP
DT: 02/02/10@2120/1957/DTS/72835

/es/ KATHRYN WATTS-HARKNESS

Signed: 02/04/2010 12:23

LOCAL TITLE: AMBULATORY CARE NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: FEB 02, 2010@15:04 ENTRY DATE: FEB 02, 2010@15:05
AUTHOR: WATTS-HARKNESS,KATH EXP COSIGNER:
INSTITUTION: ZZ-LIBERAL KANSAS CBOC
DIVISION: VACBC LIBERAL
URGENCY: STATUS: COMPLETED

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Influenza H1N1 Vaccine:
The patient declines to be vaccinated for Influenza H1N1.
Influenza Immunization:
Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.
PNEUMOCOCCAL VACCINE:
Patient declines Pneumococcal Vaccine.
Colorectal Cancer Screening:
Occult blood ordered.
The patient has no recent history of a colonoscopy, sigmoidoscopy or air contrast barium enema.
BMI > 30 or > 24.99 in High Risk:
At this visit, the health risks of obesity were reviewed and discussed with the patient, and the benefits of a weight management treatment program, such as MOVE! was discussed and offered to the patient."
Patient Refuses referral. After discussing the health risks of obesity and offering a referral to MOVE or another weight loss program outside the VA, the patient REFUSES REFERRAL to MOVE or other weight loss program at this time.
PROSTATE CANCER EDUCATION:
PROSTATE CANCER SCREENING
PROVIDER EDUCATION: Today, the patient received written information and/or verbal counseling, including risks and benefits, about prostate cancer screening and had an opportunity to ask questions.
Level of Understanding: Good
Patient declines DRE

/es/ KATHRYN WATTS-HARKNESS

Signed: 02/02/2010 15:15

LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: FEB 02, 2010@14:12 ENTRY DATE: FEB 02, 2010@14:12:24
AUTHOR: COLLINS,ALMA L EXP COSIGNER:
INSTITUTION: ZZ-LIBERAL KANSAS CBOC
DIVISION: VACBC LIBERAL
URGENCY: STATUS: COMPLETED

Primary Care Nursing Interview
Clinic location: Liberal
Scheduled
Presented: Ambulatory without assistance
Reason for visit: No significant health problems since last visit.

~~~~~~
Current Vital Signs
Temperature: 96.8 F [36.0 C] (02/02/2010 14:06)
Pulse: 64 (02/02/2010 14:06)
Respirations: 16 (02/02/2010 14:06)
B/P: 116/76 (02/02/2010 14:06)
Height(ins): 72.5 in [184.2 cm] (08/11/2009 12:49)
Weight(lbs): 212.7 lb [96.7 kg] (02/02/2010 14:06)
BMI: 28.5

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          Pain: 4 (02/02/2010 14:06) (Scale from 1-10)
         O2 Sat: 2/2/10 @ 1406       PULSE OXIMETRY: 96
                 On Room Air
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 66
Living arrangements: Spouse/family
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? No
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Nicotine use:Pt states not a current tobacco user.
Inhaler use:
*********************Dietary Screen**********************************

All available dietary screening labs have been reviewed and are within
acceptable range.
*****************SKIN IMPAIRMENT RISK SCREEN***********************
                      (Braden Scale) -
4 = No Impairment       Sensory Perception
4 = Rarely Moist        Moisture
4 = Walks Frequently    Activity
4 = No Limitations      Mobility
3 = Adequate            Nutrition
3 = No  Apparent ProblemFriction and Shear
22 = TOTAL SCORE


15-18 = low risk
13-14 = moderate risk
    If score is 18 or less, an impaired or potentially impaired skin
    integrity problem exists and is to be reflected in the patient/resident
    plan of care.
12 or less = high risk
    If score is 12 or less, the Nurse is to enter a Enterostomal/Wound
    Care Nurse consult under the PCP's name.

No -- Does Patient have an open wound of any type?


No problems identified
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain:    4
        Patient's acceptable level of pain: 3
LOCATION:   c/o neck pain
Quality:
throbbing
ONSET:  CHRONIC
Exact date of onset:2001
```


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Description for onset of pain: Involved in mva in 2001

DURATION: Intermittent
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE**********
0 = No   History of Falling
0 = No   Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No   IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
0 TOTAL SCORE
Scoring:
0-24 No Risk
25-45 Low Risk, Standard Fall Precautions
>44   High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English
Desire and Motivation: Denies need for education
Comprehension: High
Nursing Comments: Veteran is here for annual visit.

reports neck pain. pl-4-5.

Pt is not fasting.
seracult kit given.

/es/ ALMA L COLLINS
RN
Signed: 02/02/2010 14:21

 LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: FEB 02, 2010@14:10   ENTRY DATE: FEB 02, 2010@14:10:39
      AUTHOR: COLLINS,ALMA L   EXP COSIGNER:
 INSTITUTION: ZZ-LIBERAL KANSAS CBOC
    DIVISION: VACBC LIBERAL
     URGENCY: STATUS: COMPLETED

  PNEUMOCOCCAL VACCINE-NURSE:
    Patient declines Pneumococcal Vaccine.
  Colorectal Cancer Screening:
    Occult blood ordered.
  Influenza Immunization:
    Patient refused the influenza vaccine. Patient was advised of risks
    and benefits of influenza vaccine.
  Tetanus Reminder:
    Patient refused Tetanus immunization.
  Influenza H1N1 Vaccine:
    The patient declines to be vaccinated for Influenza H1N1.

/es/ ALMA L COLLINS

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

RN
Signed: 02/02/2010 14:12

LOCAL TITLE: CASE MANAGER (C)
STANDARD TITLE: CASE MANAGER CONSULT
DATE OF NOTE: JAN 18, 2010@07:03 ENTRY DATE: JAN 18, 2010@07:03:37
AUTHOR: FREDERIKSEN,NANCY L EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Please see Vista Imaging scanned document titled: Outside Records - Neurology dated 7/23/08 for clinical documentation by DR BUCKLEY CHIROPRACTIC.

/es/ NANCY L FREDERIKSEN
RN
Signed: 01/18/2010 07:05

Receipt Acknowledged By:
01/19/2010 06:47 /es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER

LOCAL TITLE: OUTSIDE RECORDS-NEUROLOGY
STANDARD TITLE: SCANNED REPORT
DATE OF NOTE: DEC 31, 2009 ENTRY DATE: JAN 15, 2010@14:21:34
AUTHOR: PANTOJA,ALBERT EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

VistA Imaging - Scanned Document
See Vista Imaging for scanned document.
OUTSIDE BUCKLEY CHIROPRACTIC
DATE:12/31/09

/es/ ALBERT PANTOJA
FILEROOM
Signed: 01/15/2010 14:21

LOCAL TITLE: HAS/IMAGING (C)
STANDARD TITLE: NONVA CONSULT
DATE OF NOTE: AUG 27, 2009@10:34 ENTRY DATE: AUG 27, 2009@10:34:07
AUTHOR: CONNELLY,MICHELLE EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Report(s) received 8/20/2009.

Please refer to the scanned text document attached. This can be accessed by selecting Tools menu, then select Imaging and then Display.

/es/ MICHELLE CONNELLY

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Signed: 08/27/2009 10:34

LOCAL TITLE: FEE BASIS (IMAGING SCANNING)
STANDARD TITLE: SCANNED REPORT
DATE OF NOTE: AUG 19, 2009 ENTRY DATE: DEC 29, 2009@09:37:51
AUTHOR: HAYHURST,LINDA EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

VistA Imaging - Scanned Document
Please see VISTA Imaging Display for scanned document.
RADIOLOGY

/es/ LINDA HAYHURST
file clerk
Signed: 12/29/2009 09:37

LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: AUG 11, 2009@13:31 ENTRY DATE: AUG 11, 2009@13:31:52
AUTHOR: SEGARRA,ORLANDO EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

SUBJECTIVE: This is a 66 year old male ambulatory to Primary Care for f/u and evaluation of neck and back pains. Denied any chest pains or SOB. No nausea, vomiting, diarrhea or constipation. Denied any smoking or ETOH since 1972. C/O neck pains, would like to be refer to Chiropractor care.

PAST MEDICAL HISTORY:
1. MVA 1991 - neck/back injuries
2. Fibromyalgia
3. Tick (right side of face)
4. Histoplasmosis
5. Hyperlipidemia
6. Hematuria
7. Cerumen impaction

PHYSICAL EXAM:
VITALS: TEMP: 98.5 F [36.9 C] (08/11/2009 12:49)
PULSE: 68 (08/11/2009 12:49)
RESP: 18 (08/11/2009 12:49)
B/P: 128/90 (08/11/2009 12:49)
WT: 209.5 lb [95.2 kg] (08/11/2009 12:49)
HT: 72.5 in [184.2 cm] (08/11/2009 12:49)
PAIN: 4 (08/11/2009 12:49)

HEENT: Normocephalic, PEARRL, External ears normal, TM's pink no lesions, Oropharynx pink moist no lesions, Neck supple no cervical adenopathy, Thyroid mid-line no enlargement, No JVD or Bruit.

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LUNGS: CTAB, No rales, ronchi, wheezing or hemopthysis.
HEART: RRR No murmur, gallop or rub.
ABD: Soft NTND, Positive bowel sounds, No Organomegaly.
RECTAL: Deferred.
EXT: No peripheral edema, Peripheral pulses 2+.
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) UREA 20% CR (PER GM) APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY TO RIGHT KNEE FOR KERATOSIS OF KNEE SKIN.	ACTIVE

LABS:
SODIUM: 137 meq/L JUL 14,2009@09:10:44
POTASSIUM: 3.7 meq/L JUL 14,2009@09:10:44
BUN: 11 mg/dL JUL 14,2009@09:10:44
CREATININE: 1.0 mg/dL JUL 14,2009@09:10:44
GLUCOSE: 134 H mg/dL JUL 14,2009@09:10:44
AST: 20 IU/L JUL 14,2009@09:10:44
ALT: 23 IU/L JUL 14,2009@09:10:44
ALK. PHOS.: 56 IU/L JUL 14,2009@09:10:44
GGTP: 19 IU/L JUL 14,2009@09:10:44
T. BILIRUBIN: 0.7 mg/dL JUL 14,2009@09:10:44
WBC: 6.5 K/cumm JUL 14,2009@09:10:43
HGB: 14.6 gm/dL JUL 14,2009@09:10:43
HCT: 42 % JUL 14,2009@09:10:43
CHOLESTEROL: 188 mg/dL JUL 14,2009@09:10:44
HDL: 36 L mg/dL JUL 14,2009@09:10:44
LDL 120 mg/dl JUL 14,2009@09:10:44
TRIG: 160 H mg/dL JUL 14,2009@09:10:44
PSA: 0.49 ngm/ml JUL 14,2009@09:10:45
TSH: 1.87 mIU/mL JUL 14,2009@09:10:45

ASSESSMENT/PLAN:
1. Chronic neck and back pains: will get x-ray c-spine and refer to case manager for Chiropractor care if needed.
2. Hyperlipidemia: improving.
3. Allergic Rhinitis: refused treatment. Advice natural remedies.
4. RTC in 6 months with labs prior, and PRN if needed.

/es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER
Signed: 08/11/2009 13:43

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: AUG 11, 2009@13:23 ENTRY DATE: AUG 11, 2009@13:23:51
AUTHOR: SEGARRA,ORLANDO EXP COSIGNER:
INSTITUTION: AMARILLO HCS

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

AAA Risk Screen:
FEE-BASIS AORTA ECHOGRAM W/O DOPPLER ordered to screen for AAA.

/es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER
Signed: 08/11/2009 13:26

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 11, 2009@12:53:34 ENTRY DATE: AUG 11, 2009@12:53:35
AUTHOR: HANNA,SUSAN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Pt to have fee basis aorta echogram, c-spine 4 view x ray, and case manager consult.

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 16:13

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--- Original Document ---

08/11/09 PC - NURSING INTERVIEW NOTE:
Primary Care Nursing Interview
Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit: Desires medication refill.
Reports he is having trouble with his upper abdomen. States " It expands at times and is tender."

~~~~~~~~~~
Current Vital Signs
Temperature: 98.5 F [36.9 C] (08/11/2009 12:49)
Pulse: 68 (08/11/2009 12:49)
Respirations: 18 (08/11/2009 12:49)
B/P: 128/90 (08/11/2009 12:49)
Height(inches): 72.5 in [184.2 cm] (08/11/2009 12:49)
Weight(lbs): 209.5 lb [95.2 kg] (08/11/2009 12:49)
BMI: 28.1
Pain: 4 (08/11/2009 12:49) (Scale from 1-10)
O2 Sat: 8/11/09 @ 1249 PULSE OXIMETRY: 94 On Room Air
~~~~~~~~~~
Age: 66
Living arrangements: Spouse/family in Hooker
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed: nkda
RECENT IMMUNIZATIONS:

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IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements, vitamins, etc? Yes
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
*********************Dietary Screen**********************************

Glucose >125 GLUCOSE: 134 H mg/dL   JUL 14,2009@09:10:44
****************SKIN IMPAIRMENT RISK ASSESSMENT**********************
                      (Braden Scale)
4 = No Impairment   Sensory Perception
4 = Rarely Moist   Moisture
4 = Walks Frequently   Activity
4 = No Limitations   Mobility
4 = Excellent   Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin integrity problem exists and is to be reflected in the patient/resident plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

Pt does not want dietary counseling at this time
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 4
        Patient's acceptable level of pain: 0
LOCATION: neck
Quality:
ache
ONSET: ACUTE
Exact date of onset:August 8,2009
DURATION: Continuous
PLAN*:
All unresolved pain will be referred to ordering provider

Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
0 = No   History of Falling

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15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
10 = Yes Medication: Cardiac drugs, Diuretics, Sedatives
25 TOTAL SCORE
Scoring:
0-24 No Risk
25-45 Low Risk, Standard Fall Precautions
>44 High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English
Desire and Motivation: Eager to learn
Comprehension: High
Method of Teaching: Verbal, Handouts
Topics Covered:
Speak Up: YES
Plan of Care
Evaluation of Patient/Family Education: Voiced understanding
Additional education: follow-up appt

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 12:53

LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: AUG 11, 2009@12:50 ENTRY DATE: AUG 11, 2009@12:50:15
AUTHOR: HANNA,SUSAN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

*** PC - NURSING INTERVIEW NOTE Has ADDENDA ***

Primary Care Nursing Interview
Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit: Desires medication refill.
Reports he is having trouble with his upper abdomen. States " It expands at times and is tender."

~~~~~~
Current Vital Signs
Temperature: 98.5 F [36.9 C] (08/11/2009 12:49)
Pulse: 68 (08/11/2009 12:49)
Respirations: 18 (08/11/2009 12:49)
B/P: 128/90 (08/11/2009 12:49)
Height(inches): 72.5 in [184.2 cm] (08/11/2009 12:49)

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION
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   Weight(lbs): 209.5 lb [95.2 kg] (08/11/2009 12:49)
   BMI: 28.1
   Pain: 4 (08/11/2009 12:49) (Scale from 1-10)
   O2 Sat: 8/11/09 @ 1249      PULSE OXIMETRY: 94 On Room Air
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 66
Living arrangements: Spouse/family in Hooker
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:  nkda
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW************
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? Yes
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient.  Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
*********************Dietary Screen*********************************

Glucose >125 GLUCOSE: 134  H mg/dL   JUL 14,2009@09:10:44
****************SKIN IMPAIRMENT RISK ASSESSMENT**********************
                     (Braden Scale)
4 = No Impairment       Sensory Perception
4 = Rarely Moist        Moisture
4 = Walks Frequently    Activity
4 = No Limitations      Mobility
4 = Excellent           Nutrition
3 = No  Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin
integrity problem exists and is to be reflected in the patient/resident
plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

Pt does not want dietary counseling at this time
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain:    4
        Patient's acceptable level of pain: 0
LOCATION:   neck
Quality:
```


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ache
ONSET: ACUTE
Exact date of onset:August 8,2009
DURATION: Continuous
PLAN*:
All unresolved pain will be referred to ordering provider

Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
0 = No   History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No   IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
10 = Yes Medication: Cardiac drugs, Diuretics, Sedatives
25 TOTAL SCORE
Scoring:
0-24 No Risk
25-45 Low Risk, Standard Fall Precautions
>44   High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English
Desire and Motivation: Eager to learn
Comprehension: High
Method of Teaching: Verbal, Handouts
Topics Covered:
Speak Up: YES
Plan of Care
Evaluation of Patient/Family Education: Voiced understanding
Additional education: follow-up appt

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 12:53

08/11/2009 ADDENDUM   STATUS: COMPLETED
Pt to have fee basis aorta echogram, c-spine 4 view x ray, and case manager
consult.

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 16:13

 LOCAL TITLE: FLU SHOT NOTE
STANDARD TITLE: IMMUNIZATION NOTE
DATE OF NOTE: AUG 11, 2009@12:47   ENTRY DATE: AUG 11, 2009@12:47:03
      AUTHOR: HANNA,SUSAN   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

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Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.
  PNEUMOCOCCAL VACCINE-NURSE:
    Patient declines Pneumococcal Vaccine.
  Tetanus Diphtheria (TD-Adult):
    Patient refused Tetanus immunization.

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 12:47

 LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: AUG 11, 2009@12:47   ENTRY DATE: AUG 11, 2009@12:47:36
      AUTHOR: HANNA,SUSAN   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

  Tobacco Use Screen:
      Patient states they are a former tobacco user but has quit more than 12 months ago.

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 12:47

 LOCAL TITLE: HEALTHY LIVING/COPING SKILLS
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: AUG 11, 2009@12:47   ENTRY DATE: AUG 11, 2009@12:47:53
      AUTHOR: HANNA,SUSAN   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

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

  1. Over the past two weeks, how often have you been bothered by the following problems? Little interest or pleasure in doing things: Several days

  2. Over the past two weeks, how often have you been bothered by the following problems? Feeling down, depressed, or hopeless: Not at all
AUDC (Mental Health Instrument)
  An alcohol screening test (AUDIT-C) was negative (score=0).

  1. Please read each item carefully and select the correct answer for you. How often did you have a drink containing alcohol in the past year? Never

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2. Please read each item carefully and select the correct answer for you. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? 0 drinks

3. Please read each item carefully and select the correct answer for you. How often did you have six or more drinks on one occasion in the past year? Never

Exercise Screening:

No--Are you physically active, exercise 3 times a week 20-30 min.

Patient received education regarding exercise.

Weight/Nutrition Screening:

Yes Does your diet contain more fruit, grain, and vegetables than meats?

No Have you had your stool checked for blood in the last year?

Miscellaneous:

No 1. Have you had a flex sig by an outside provider or at the Amarillo VA within the last 5 years?

No 2. Have you had a colonoscopy by an outside provider or at the Amarillo VA within the last 10 years?

No 3. Do you have an advance directive or living will?

No 4. Do you take an aspirin daily?

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 12:48

Receipt Acknowledged By:
08/11/2009 16:37 /es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER

LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: JUL 14, 2009@10:26 ENTRY DATE: JUL 14, 2009@10:26:46
AUTHOR: MUNIZ,KIM J EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Bilateral ear irrigation performed per order. Moderate amt of impacted cerumen noted from both ears. Ear canals clear to eardrums following procedure. Pt reported improved hearing ability and tolerated without incident.

/es/ KIM J MUNIZ
RN
Signed: 07/14/2009 10:32

LOCAL TITLE: AMBULATORY CARE NO-SHOW NOTE
STANDARD TITLE: PRIMARY CARE ADMINISTRATIVE NOTE
DATE OF NOTE: JUL 14, 2009@09:09 ENTRY DATE: JUL 14, 2009@09:09:41

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AUTHOR: SEGARRA,ORLANDO EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Patient no-showed for his/her clinic appointment this date:

(x) No show #1

(x) Do not reschedule patient

/es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER
Signed: 07/14/2009 09:10

LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: APR 24, 2009@14:57 ENTRY DATE: APR 24, 2009@14:57:15
AUTHOR: KIRSCH,BEVERLY A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PT CALLED REQUESTING TO TALK TO ORLANDO SEGARRA ABOUT PUTTING A CONSULT IN SO THAT HE CAN GET CHIROPRACTOR IN HIS AREA. PT IS GOING TO FAX THE INFORMATION.

/es/ BEVERLY A KIRSCH
LVN
Signed: 04/24/2009 15:02

Receipt Acknowledged By:
04/25/2009 09:35 /es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER

LOCAL TITLE: PHYSICAL THERAPY ASSESSMENT NOTE
STANDARD TITLE: PHYSICAL MEDICINE REHAB OUTPATIENT INITIAL EVALU
DATE OF NOTE: NOV 04, 2008@13:30 ENTRY DATE: NOV 10, 2008@14:34:50
AUTHOR: GLOVER,JOHN M EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

DATE OF CONSULTATION:11/4/08
REFERRED FOR: Please provide therapeutic modalities for lower back ad left sciatica. Spinal manipulation if needed.
REHAB DX: clbp
GENERAL INFO: This is a pleasant 65 yo male seen as an outpatient. He lives in Oklahoma. He reports a hx of lbp which he has received a great deal of physical therapy for in the past. He has had relief in the past from a specific Chiropractor who uses the 'clicker techniques' (which are unavailable from PT services). He states it usually only takes a few treatments and his pain resolves for a year or more. We have recently fee basised him to a chiropractor near where he lives for neck pain. He states that he would prefer going to Colorado Springs instead of Garden City, though. 1 month ago he was lifting and twisting and had a

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sudden onset of pain with continues and is not improving. Pain is worse with walking and when he first sits down, better with standing and changing positions.
PAIN INDEX: now:4/10, Worst:10/10, Best 0/10

O: DESCRIPTION OF IMPAIRMENT:
Pain provoked with flexion, extension slightly decreases pain.

A:Pt is appropriate for referral to Chiro close to his home as he has had quick relief in the past.
PATIENT EDUCATION - BARRIERS TO LEARNING:
(x)None

P: Feebasis for referral.

/es/ JOHN M GLOVER
PT, ScD, COMT
Signed: 11/19/2008 07:41

LOCAL TITLE: PATIENT EDUCATION - PHYSICAL MEDICINE AND REHAB
STANDARD TITLE: PHYSICAL MEDICINE REHAB EDUCATION NOTE
DATE OF NOTE: SEP 15, 2008@16:13 ENTRY DATE: SEP 15, 2008@16:13:33
AUTHOR: EHLY,DEBRA A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

SEP 15, 2008 PATIENT EDUCATION - PHYSICAL MEDICINE & REHAB

ASSESSMENT :
PERSON BEING ASSESSED:
(xx) Patient
( ) Family Member/Other

DX:sprain of lateral collateral ligament of knee

BARRIERS TO LEARNING:
(xx) None
( ) Cognitive
( ) Physical
( ) Emotional
( ) Cultural
( ) Religious
( ) Language
EXPLAIN:

DESIRE AND MOTIVATION:
(xx) Eager to learn
( ) Seems uninterested
( ) Denies need for education

COMPREHENSIVE ABILITY:
(xx) High
( ) Moderate
( ) Low

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METHOD OF TEACHING:
(xx) Verbal
( ) Written Material
( ) Video, CCTV
(xx) Demonstration

PATIENT EDUCATION TOPICS COVERED:
( ) Diabetic Foot Care
( ) ADL Training
(xx) Splint wearing schedule and care
( ) Posture and body mechanics
( ) Hip precautions
( ) Weight bearing status
( ) Adaptive equipment:
( ) Joint precaution
( ) Energy conservation
( ) Wheelchair training
( ) Pressure relief training
( ) Paraffin bath
( ) TENS Unit
( ) Exercise
( ) Home Exercise Program
( ) Assistive device:
( ) Cane
( ) Crutches
( ) Walker

EVALUATION OF PT/FAMILY EDUCATION:
(xx) Voiced understanding
( ) Return demonstration completed
( ) Needs reinforcement
( ) Unable to teach due to barriers

COMMENTS:Patient was instructed in donning of large knee brace. Wearing of and care of brace discussed with patient. Brace issued. D/C from PT.

/es/ DEBRA A EHLY
PHYSICAL THERAPIST
Signed: 09/15/2008 16:14

LOCAL TITLE: PHYSICAL THERAPY DAILY NOTE
STANDARD TITLE: PHYSICAL MEDICINE REHAB NOTE
DATE OF NOTE: SEP 15, 2008@16:12 ENTRY DATE: SEP 15, 2008@16:12:40
AUTHOR: EHLY,DEBRA A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

REHAB DIAGNOSIS: sprain of lateral collateral ligament of knee INITIAL EVAL DATE:
TREATMENT NUMBER: 1 OF 1

PATIENT STATUS: Outpatient

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

PHYSICAL THERAPY PROGRESS NOTE:

MODALITIES:

PROCEDURES:
ORTHOTIC FITTING/TRAINING EA 15 MIN X 1

/es/ DEBRA A EHLY
PHYSICAL THERAPIST
Signed: 09/15/2008 16:13

LOCAL TITLE: PATIENT EDUCATION - PHARMACY COUNSELING REFUSED
STANDARD TITLE: PHARMACY COUNSELING NOTE
DATE OF NOTE: SEP 15, 2008@14:38 ENTRY DATE: SEP 15, 2008@14:38:24
AUTHOR: CRAVENS,KENDRA N EXP COSIGNER: SIMMONS,TAMYRA S
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

ASSESSMENT:
PERSON BEING ASSESSED:
(X) Patient
( ) Family Member/Other

BARRIERS TO LEARNING:
(X) None
( ) Cognitive
( ) Physical
( ) Emotional
( ) Cultural
( ) Religious
( ) Language
EXPLAIN:

DESIRE AND MOTIVATION:
( ) Eager to learn
( ) Seems uninterested
(X) Denies need for education
Medications:
( ) Refuses counseling
( ) Not available for counseling

Method of Teaching:
( ) Verbal
(X) Written Material
( ) Video, CCTV
( ) Demonstration

Indomethacin and Urea cream

/es/ KENDRA N CRAVENS
pharmacy student-4
Signed: 09/15/2008 14:38

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/es/ TAMYRA S SIMMONS
REGISTERED PHARMACIST
Cosigned: 09/16/2008 08:11

LOCAL TITLE: PRIMARY CARE WALK IN NP (T)(A)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: SEP 15, 2008@10:36 ENTRY DATE: SEP 15, 2008@10:36:12
AUTHOR: SEGARRA,ORLANDO EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

SUBJECTIVE: This is a 65 year old male ambulatory to Walk In Clinic with c/o Desires medication refill. Reports problems with right knee for past couple of months. Reports pain and swelling. Denied any chest pains or SOB. No nausea, vomiting, diarrhea or constipation. Denied any smoking or ETOH since 1972.

PAST MEDICAL HISTORY:
1. MVA 1991 - neck/back injuries
2. Fibromyalgia
3. Tick (right side of face)
4. Histoplasmosis
5. Hyperlipidemia
6. Hematuria
7. Cerumen impaction

PHYSICAL EXAM:
VITALS: TEMP: 98.2 F [36.8 C] (09/15/2008 09:41)
PULSE: 77 (09/15/2008 09:41)
RESP: 18 (09/15/2008 09:41)
B/P: 123/72 (09/15/2008 09:41)
WT: 209.8 lb [95.4 kg] (09/15/2008 09:41)
HT: 73 in [185.4 cm] (07/23/2008 13:49)

HEENT: Normocephalic, PEARRL, External ears normal, TM's pink no lesions, Oropharynx pink moist no lesions, Neck supple no cervical adenopathy, Thyroid mid-line no enlargement, No JVD or Bruit.
LUNGS: CTAB, No rales, ronchi, wheezing or Hemoptysis.
HEART: RRR No murmur, gallop or rub.
ABD: Soft NTND, Positive bowel sounds, No Organomegaly.
RECTAL: Deferred.
EXT: No peripheral edema, Peripheral pulses 2+.
MISC: Mild right bursitis. Tender lateral ligament.

ALLERGIES:
Patient has answered NKA

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

Pending Outpatient Medications	Status

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1) INDOMETHACIN 25MG CAP TAKE ONE CAPSULE BY MOUTH THREE PENDING
      TIMES A DAY AS NEEDED
2) UREA 20% CR (PER GM) APPLY SMALL AMOUNT TO AFFECTED   PENDING
      AREA TWICE A DAY

LABS: None today.

ASSESSMENT/PLAN:
1. Right knee bursitis and lateral ligament sprain: will get x-ray and issue Knee brace.
2. Lower back pains: will get x-ray today and refer to Rehab.
3. RTC as schedule or prn.

/es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER
Signed: 09/15/2008 10:43

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 15, 2008@09:44:28 ENTRY DATE: SEP 15, 2008@09:44:28
AUTHOR: HANNA,SUSAN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Pt. givenprosthetics request, rehab medicine referral, and is to have 2 view weight bearing both knees and 4 view lumbo sacral spine.

/es/ SUSAN HANNA
LVN
Signed: 09/15/2008 15:25

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--- Original Document ---

09/15/08 PC - NURSING INTERVIEW NOTE:
Primary Care Nursing Interview
Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit: Desires medication refill.
Reports problems with right knee for past couple of mohts. Reports pain and swelling.

~~~~~~~~~~
Current Vital Signs
Temperature: 98.2 F [36.8 C] (09/15/2008 09:41)
Pulse: 77 (09/15/2008 09:41)
Respirations: 18 (09/15/2008 09:41)
B/P: 123/72 (09/15/2008 09:41)
Height(inches): 73 in [185.4 cm] (07/23/2008 13:49)

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION
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Weight(lbs): 209.8 lb [95.4 kg] (09/15/2008 09:41)
BMI: 27.7
Pain: 0 (09/15/2008 09:41) (Scale from 1-10)
O2 Sat: 9/15/08 @ 0941 PULSE OXIMETRY: 94 On Room Air
~~~~~~
Age: 65
Living arrangements: Spouse/family in Hooker
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed: nkda
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements, vitamins, etc? No
*Any non VA meds need to be added to the NON VA Meds
on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
**********************Dietary Screen**********************************

All available dietary screening labs have been reviewed and are within acceptable range.
*****************SKIN IMPAIRMENT RISK ASSESSMENT**********************
(Braden Scale)
4 = No Impairment Sensory Perception
4 = Rarely Moist Moisture
4 = Walks Frequently Activity
4 = No Limitations Mobility
4 = Excellent Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin integrity problem exists and is to be reflected in the patient/resident plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

No problems identified
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain: 0
Patient does not have Congestive Heart Failure.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION
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**********MORSE FALL SCALE*************
0 = No   History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No   IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
10 = Yes Medication: Cardiac drugs, Diuretics, Sedatives
25 TOTAL SCORE
Scoring:
0-24 No Risk
25-50 Low Risk, Standard Fall Precautions
>51   High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English
Desire and Motivation: Eager to learn
Comprehension: High
Method of Teaching: Verbal, Handouts
Topics Covered:
Speak Up: YES
Plan of Care
Evaluation of Patient/Family Education: Voiced understanding
Additional education: follow-up appt

/es/ SUSAN HANNA
LVN
Signed: 09/15/2008 09:44

 LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: SEP 15, 2008@09:42   ENTRY DATE: SEP 15, 2008@09:42:09
      AUTHOR: HANNA,SUSAN   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

   *** PC - NURSING INTERVIEW NOTE Has ADDENDA ***

Primary Care Nursing Interview
   Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit: Desires medication refill.
  Reports problems with right knee for past couple of mohts. Reports
  pain and swelling.

~~~~~~
Current Vital Signs
   Temperature: 98.2 F [36.8 C] (09/15/2008 09:41)
   Pulse: 77 (09/15/2008 09:41)
   Respirations: 18 (09/15/2008 09:41)
   B/P: 123/72 (09/15/2008 09:41)

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Height(inches): 73 in [185.4 cm] (07/23/2008 13:49)
Weight(lbs): 209.8 lb [95.4 kg] (09/15/2008 09:41)
BMI: 27.7
Pain: 0 (09/15/2008 09:41) (Scale from 1-10)
O2 Sat: 9/15/08 @ 0941 PULSE OXIMETRY: 94 On Room Air
~~~~~~
Age: 65
Living arrangements: Spouse/family in Hooker
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed: nkda
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements, vitamins, etc? No
*Any non VA meds need to be added to the NON VA Meds
on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
*********************Dietary Screen**********************************

All available dietary screening labs have been reviewed and are within acceptable range.
*****************SKIN IMPAIRMENT RISK ASSESSMENT**********************
(Braden Scale)
4 = No Impairment Sensory Perception
4 = Rarely Moist Moisture
4 = Walks Frequently Activity
4 = No Limitations Mobility
4 = Excellent Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin integrity problem exists and is to be reflected in the patient/resident plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

No problems identified
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain: 0

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~~~~~~

Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
0 = No   History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No   IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
10 = Yes Medication: Cardiac drugs, Diuretics, Sedatives
25 TOTAL SCORE
Scoring:
0-24 No Risk
25-50 Low Risk, Standard Fall Precautions
>51   High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English
Desire and Motivation: Eager to learn
Comprehension: High
Method of Teaching: Verbal, Handouts
Topics Covered:
Speak Up: YES
Plan of Care
Evaluation of Patient/Family Education: Voiced understanding
Additional education: follow-up appt

/es/ SUSAN HANNA
LVN
Signed: 09/15/2008 09:44

09/15/2008 ADDENDUM   STATUS: COMPLETED
Pt. givenprosthetics request, rehab medicine referral, and is to have 2 view weight bearing both knees and 4 view lumbo sacral spine.

/es/ SUSAN HANNA
LVN
Signed: 09/15/2008 15:25

 LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: SEP 15, 2008@09:40   ENTRY DATE: SEP 15, 2008@09:40:08
      AUTHOR: HANNA,SUSAN   EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY: STATUS: COMPLETED

  PNEUMOCOCCAL VACCINE-NURSE:
    Patient declines Pneumococcal Vaccine.
  Tetanus Diphtheria (TD-Adult):
    Patient refused Tetanus immunization.

/es/ SUSAN HANNA
LVN

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Signed: 09/15/2008 09:40

LOCAL TITLE: FLU SHOT NOTE
STANDARD TITLE: IMMUNIZATION NOTE
DATE OF NOTE: SEP 15, 2008@09:40 ENTRY DATE: SEP 15, 2008@09:40:33
AUTHOR: HANNA,SUSAN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Patient states he/she did not get a flu shot during the latest flu season.

/es/ SUSAN HANNA
LVN
Signed: 09/15/2008 09:40

LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: JUL 23, 2008@15:01 ENTRY DATE: JUL 23, 2008@15:02:02
AUTHOR: KIRSCH,BEVERLY A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

BILATERAL EAR IRRIGATION DONE WITH OUT ANY COMPLAINTS. XXLG AMOUNT OF WAX REMOVED FROM BILATERAL EAR. CLEAR TO EARDRUMS.

/es/ BEVERLY A KIRSCH
LVN
Signed: 07/23/2008 15:03

LOCAL TITLE: PRIMARY CARE WALK IN NP (T)(A)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JUL 23, 2008@14:24 ENTRY DATE: JUL 23, 2008@14:24:55
AUTHOR: SEGARRA,ORLANDO EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

SUBJECTIVE: This is a 65 year old male ambulatory to Walk In Clinic with c/o No significant health problems since last visit., Desires medication refill. alert, oriented x3, here for reg. check up visit. c/o R ear being plugged up for past month. Denied any chest pains or SOB. No nausea,
vomiting, diarrhea or constipation. Denied any smoking or ETOH since 1972.

PAST MEDICAL HISTORY:
1. MVA 1991 - neck/back injuries
2. Fibromyalgia
3. Tick (right side of face)
4. Histoplasmosis
5. Hyperlipidemia
6. Hematuria
7. Cerumen impaction

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PHYSICAL EXAM:
VITALS: TEMP: 98.2 F [36.8 C] (07/23/2008 13:49)
         PULSE: 80 (07/23/2008 13:49)
         RESP: 20 (07/23/2008 13:49)
         B/P: 123/80 (07/23/2008 13:49)
         WT: 207.8 lb [94.5 kg] (07/23/2008 13:49)
         HT: 73 in [185.4 cm] (07/23/2008 13:49)

HEENT: Normocephalic, PEARRL, External ears normal, TM's pink no lesions, Oropharynx pink moist no lesions, Neck supple no cervical adenopathy, Thyroid mid-line no enlargement, No JVD or Bruit. Bilateral Cerumen impaction.

ALLERGIES:
Patient has answered NKA

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

No Medications Found

LABS: none today.

ASSESSMENT/PLAN:
1. Bilateral Cerumen impaction: will irrigated today.
2. RTC as schedule or prn.

/es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER
Signed: 07/23/2008 14:31

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: JUL 23, 2008@13:54 ENTRY DATE: JUL 23, 2008@13:54:48
AUTHOR: JONES,RHONDA M EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PNEUMOCOCCAL VACCINE-NURSE:
Patient declines Pneumococcal Vaccine.
Influenza Immunization:
Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.
Tetanus Diphtheria (TD-Adult):
Patient refused Tetanus immunization.

/es/ RHONDA M JONES
LVN
Signed: 07/23/2008 13:55

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 LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: JUL 23, 2008@13:50     ENTRY DATE: JUL 23, 2008@13:50:27
      AUTHOR: JONES,RHONDA M       EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY:                            STATUS: COMPLETED

Primary Care Nursing Interview
   Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit:  No significant health problems since last visit., Desires
medication refill.
  alert, oriented x3, here for reg. check up visit. c/o R ear being
  plugged upr for past month.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Current Vital Signs
   Temperature: 98.2 F [36.8 C] (07/23/2008 13:49)
   Pulse: 80 (07/23/2008 13:49)
   Respirations: 20 (07/23/2008 13:49)
   B/P: 123/80 (07/23/2008 13:49)
   Height(inches): 73 in [185.4 cm] (07/23/2008 13:49)
   Weight(lbs): 207.8 lb [94.5 kg] (07/23/2008 13:49)
   BMI: 27.5
   Pain: 0 (07/23/2008 13:49) (Scale from 1-10)
   O2 Sat: 7/23/08 @ 1349      PULSE OXIMETRY: 95 On Room Air
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 65
Living arrangements: Spouse/family w/wife
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:  nka
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW************
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? No
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient.  Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
*********************Dietary Screen*********************************

All available dietary screening labs have been reviewed and are within
acceptable range.
*****************SKIN IMPAIRMENT RISK ASSESSMENT************************
                      (Braden Scale)
```


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4 = No Impairment Sensory Perception
4 = Rarely Moist Moisture
4 = Walks Frequently Activity
4 = No Limitations Mobility
4 = Excellent Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin integrity problem exists and is to be reflected in the patient/resident plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

No problems identified
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain:
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
0 = No History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock
0 = Normal, bed rest, immoblile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
TOTAL SCORE
Scoring:
0-24 No Risk
25-50 Low Risk, Standard Fall Precautions
>51 High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English
Desire and Motivation:
Comprehension:
Method of Teaching: Verbal, Written, Handouts
Topics Covered:
Speak Up: NO (previously given)
Evaluation of Patient/Family Education: Voiced understanding
Nursing Comments: to inform DR. of pt complaint.

Additional education: medications, follow-up appt, labs as scheduled.

/es/ RHONDA M JONES
LVN

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Signed: 07/23/2008 13:54

LOCAL TITLE: PHYSICAL THERAPY DAILY NOTE
STANDARD TITLE: PHYSICAL MEDICINE REHAB NOTE
DATE OF NOTE: MAY 30, 2008@15:39 ENTRY DATE: MAY 30, 2008@15:39:39
AUTHOR: NICHOLSON,R KEVIN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

REHAB DIAGNOSIS: Cervical pain INITIAL EVAL DATE: May 30,2008

PATIENT STATUS: Outpatient
PHYSICAL THERAPY PROGRESS NOTE: Pt seen for PT Eval this date. Refer to eval document for details.

PROCEDURES:
PHYSICAL THERAPY EVALUATION

/es/ R. Kevin Nicholson
PT
Signed: 05/30/2008 15:40

LOCAL TITLE: PHYSICAL THERAPY ASSESSMENT NOTE
STANDARD TITLE: PHYSICAL MEDICINE REHAB OUTPATIENT INITIAL EVALU
DATE OF NOTE: MAY 30, 2008@15:19 ENTRY DATE: MAY 30, 2008@15:19:18
AUTHOR: NICHOLSON,R KEVIN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

PRIMARY DIAGNOSIS: Cervical pain
TREATMENT DIAGNOSIS: Cervical pain
ONSET DATE: 5/13/08 (date of rehab medicine consult)
EVALUATION DATE: 5/30/08

GENERAL INFO: 64 year old male referred to PT from his PCP. This pt relates a rather long and complicated history regarding his neck pain, dating back to 1991. He states that he was rear-ended while at a standstill. Impact was great enough to break his driver's seat away from the frame. He has had problems with severe neck pain since then. He states that he has had numerous treatments over the years- extensive PT for exercise, modalities, and traction, use of home cervical traction, chiropractic for manual adjustment, MD specialists, etc. He stated that the only treatment that provides relief is chiropractic. He currently goes to a chiropractor for rx 3-4 times per year, when his pain is severe. He no longer receives manual adjustments, instead his chiropractor uses an "actuator" treatment, which has been beneficial per his report.

PERTINENT MEDICAL HX: Noncontributory

S: CHIEF COMPLAINT: Cervical pain that is worse if he sleeps without adequate support for head and neck. Treatments for his neck pain have been unsuccessful

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except for the chiropractic rx over the years. He is currently experiencing severe neck pain, 6-7/10, which happens periodically and is usually when he gets his care from chiropractic.

PATIENT'S GOAL(S): Would like to be considered for chiropractic care through the VA.

O:
RANGE OF MOTION- No ROM deficits noted for UEs on screening exam. Cervical ROM not tested.
STRENGTH TESTING- Deferred this date.

FUNCTIONAL ASSESSMENT
Mental status: A&O X 3
Communication: No deficits noted
Pt is independent with self care ADLs. He remains active, only limited by cervical pain.

OTHER INFORMATION- Further exam and testing for this pt is deferred at this time.

EQUIPMENT/MEDICAL DEVICES ISSUED- None

A:
Patient education barriers to learning- None

Description of disability- Pt presents with c/o chronic cervical pain. His only relief is with chiropractic rx using this "actuator" system. He is specific in that no other treatment has been effective for relief since his MVA injury.

An order was entered for case mgt for chiropractic care in 2007, but is was declined for lack of recent xrays and no documentation of acute flare up of current condition. At this time, I would recommend that he be considered for chiropractic care, via fee basis. He lives in Oklahoma, and goes to chiropractor in Garden City, KS when he needs rx. Will contact PCP with this information.

P:
Recommendations as noted above.

/es/ R. Kevin Nicholson
PT
Signed: 05/30/2008 15:39

LOCAL TITLE: PHYSICAL THERAPY (C)
STANDARD TITLE: PHYSICAL MEDICINE REHAB E & M CONSULT
DATE OF NOTE: MAY 30, 2008@15:17 ENTRY DATE: MAY 30, 2008@15:17:56
AUTHOR: NICHOLSON,R KEVIN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Pt seen for PT eval this date. Evaluation to follow.

/es/ R. Kevin Nicholson
PT

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Signed: 05/30/2008 15:18

LOCAL TITLE: PRIMARY CARE TELEPHONE NOTE
STANDARD TITLE: PRIMARY CARE E & M NOTE
DATE OF NOTE: MAY 12, 2008@11:33 ENTRY DATE: MAY 12, 2008@11:33:50
AUTHOR: JONES,RHONDA M EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

pt calls to inquire about the x-rays of back that were taken-pt would like to know if he will be able to see the chiropractor through the VA.

explained that this msg will be given to pcp.

pt verbalizes understanding and may be reached at 620-272-4825

/es/ RHONDA M JONES
LVN
Signed: 05/12/2008 11:35

Receipt Acknowledged By:
05/13/2008 16:13 /es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER

LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: MAY 06, 2008@08:44 ENTRY DATE: MAY 06, 2008@08:44:34
AUTHOR: SEGARRA,ORLANDO EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

SUBJECTIVE: This is a 64 year old male ambulatory to Primary Care for f/u and evaluation of neck and back pains. Denied any chest pains or SOB. No nausea, vomiting, diarrhea or constipation. Denied any smoking or ETOH since 1972. C/O neck pains, would like to be refer to Chiropractor care.

PAST MEDICAL HISTORY:
1. MVA 1991 - neck/back injuries
2. Fibromyalgia
3. Tick (right side of face)
4. Histoplasmosis
5. Hyperlipidemia
6. Hematuria
7. Cerumen impaction

PHYSICAL EXAM:
VITALS: TEMP: 97.8 F [36.6 C] (05/06/2008 08:12)
PULSE: 76 (05/06/2008 08:12)
RESP: 16 (05/06/2008 08:12)
B/P: 126/82 (05/06/2008 08:12)
WT: 208.8 lb [94.9 kg] (05/06/2008 08:12)
HT: 73.25 in [186.1 cm] (05/06/2008 08:12)

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PAIN: 0 (05/06/2008 08:12)

HEENT: Normocephalic, PEARRL, External ears normal, TM's pink no lesions, Oropharynx pink moist no lesions, Neck supple no cervical adenopathy, Thyroid mid-line no enlargement, No JVD or Bruit.
LUNGS: CTAB, No rales, ronchi, wheezing or Hemoptysis.
HEART: RRR No murmur, gallop or rub.
ABD: Soft NTND, Positive bowel sounds, No Organomegaly.
RECTAL: Deferred.
EXT: No peripheral edema, Peripheral pulses 2+.
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

No Medications Found

LABS:
WBC: 7.2 K/cumm MAY 6,2008@07:14:43
HGB: 14.53 gm/dL MAY 6,2008@07:14:43
HCT: 43.05 % MAY 6,2008@07:14:43

ASSESSMENT/PLAN:
1. Chronic neck and back pains: will get x-ray c-spine and refer to case manager for Chiropractor care if needed.
2. Hyperlipidemia: counseled pt about diet changes and exercise activity.
3. Cerumen impaction: pt does not want removal or irrigation today, pt states his wife will clean them.
4. Allergic Rhinitis: refused treatment. Advice natural remedies.
5. RTC in 12 months with labs prior, and PRN if needed.

/es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
FAMILY NURSE PRACTITIONER
Signed: 05/06/2008 08:49

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 06, 2008@08:37 ENTRY DATE: MAY 06, 2008@08:37:11
AUTHOR: SEGARRA,ORLANDO EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Colorectal Cancer Screening:
The patient was asked and declines to return any Hemoccult cards for performing colorectal cancer screening.
The patient was offered referral to GI for colonoscopy/sigmoidoscopy and declines to accept the referral.

PROSTATE CANCER EDUCATION:
PROSTATE CANCER SCREENING

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PROVIDER EDUCATION: Today, the patient received written information
and/or verbal counseling, including risks and benefits, about
prostate cancer screening and had an opportunity to ask
questions.
Level of Understanding: Good
Patient declines DRE

Influenza Immunization:
Patient refused the influenza vaccine. Patient was advised of risks
and benefits of influenza vaccine.

/es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
FAMILY NURSE PRACTITIONER
Signed: 05/06/2008 08:43

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: MAY 06, 2008@08:20:33 ENTRY DATE: MAY 06, 2008@08:20:33
AUTHOR: KIRSCH,BEVERLY A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

RTC IN 12 MONTHS WITH LABS. SPINE CERVICAL MIN 4 VIEWS.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/06/2008 16:00

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--- Original Document ---

05/06/08 PC - NURSING INTERVIEW NOTE:
Primary Care Nursing Interview
Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit:
PT HERE FOR 12 MONTHS VISIT WITH LABS. PT STATES," I WOULD LIKE TO
KNOW WHAT THE RESULTS OF THE XRAY FROM VISIT ON FEB 20." DENAIL OF
ANY OTHER COMPLAINTS AT THIS TIME.

~~~~~~~~~~
Current Vital Signs
Temperature: 97.8 F [36.6 C] (05/06/2008 08:12)
Pulse: 76 (05/06/2008 08:12)
Respirations: 16 (05/06/2008 08:12)
B/P: 126/82 (05/06/2008 08:12)
Height(inches): 73.25 in [186.1 cm] (05/06/2008 08:12)
Weight(lbs): 208.8 lb [94.9 kg] (05/06/2008 08:12)
BMI: 27.4
Pain: 0 (05/06/2008 08:12) (Scale from 1-10)
O2 Sat: 5/6/08 @ 0812 PULSE OXIMETRY: 94 On Room Air
~~~~~~~~~~

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Age: 64
Living arrangements: Spouse/family
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements, vitamins, etc? Yes
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use:
*******************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
No Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
*********************Dietary Screen**********************************

All available dietary screening labs have been reviewed and are within acceptable range.
****************SKIN IMPAIRMENT RISK ASSESSMENT**********************
                     (Braden Scale)
4 = No Impairment   Sensory Perception
4 = Rarely Moist   Moisture
4 = Walks Frequently   Activity
4 = No Limitations   Mobility
4 = Excellent   Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin integrity problem exists and is to be reflected in the patient/resident plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

Not eligible for dietary counseling (Champus VA/Tri-Care)
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 0
        Patient's acceptable level of pain:
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
  History of Falling
15 = Yes Secondary diagnosis
 Ambulatory aid
 IV/Heparin Lock
 Gait/transferring

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Mental Status
Medication: Cardiac drugs, Diuretics, Sedatives
15 TOTAL SCORE
Scoring:
0-24 No Risk
25-50 Low Risk, Standard Fall Precautions
>51   High Risk, High Risk Fall Precautions
EDUCATION:
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English

Desire and Motivation: Eager to learn
Comprehension:
Method of Teaching: Verbal
Topics Covered:
Evaluation of Patient/Family Education:Voiced understanding

Nursing Comments: WILL DISCUSS WITH DOCTOR

Additional education: follow-up appt, labs

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/06/2008 08:20

LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: MAY 06, 2008@08:15 ENTRY DATE: MAY 06, 2008@08:15:40
AUTHOR: KIRSCH,BEVERLY A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

*** PC - NURSING INTERVIEW NOTE Has ADDENDA ***

Primary Care Nursing Interview
Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit:
PT HERE FOR 12 MONTHS VISIT WITH LABS. PT STATES," I WOULD LIKE TO KNOW WHAT THE RESULTS OF THE XRAY FROM VISIT ON FEB 20." DENAIL OF ANY OTHER COMPLAINTS AT THIS TIME.

~~~~~~
Current Vital Signs
Temperature: 97.8 F [36.6 C] (05/06/2008 08:12)
Pulse: 76 (05/06/2008 08:12)
Respirations: 16 (05/06/2008 08:12)
B/P: 126/82 (05/06/2008 08:12)
Height(inches): 73.25 in [186.1 cm] (05/06/2008 08:12)
Weight(lbs): 208.8 lb [94.9 kg] (05/06/2008 08:12)
BMI: 27.4

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION
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   Pain: 0 (05/06/2008 08:12) (Scale from 1-10)
   O2 Sat: 5/6/08 @ 0812       PULSE OXIMETRY: 94 On Room Air
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 64
Living arrangements: Spouse/family
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? Yes
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient.  Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use:
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
No Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
**********************Dietary Screen*********************************

All available dietary screening labs have been reviewed and are within
acceptable range.
*****************SKIN IMPAIRMENT RISK ASSESSMENT**********************
                      (Braden Scale)
4 = No Impairment       Sensory Perception
4 = Rarely Moist        Moisture
4 = Walks Frequently    Activity
4 = No Limitations      Mobility
4 = Excellent           Nutrition
3 = No  Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin
integrity problem exists and is to be reflected in the patient/resident
plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

Not eligible for dietary counseling (Champus VA/Tri-Care)
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain:    0
        Patient's acceptable level of pain:
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
  History of Falling
15 = Yes Secondary diagnosis
```


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Ambulatory aid
IV/Heparin Lock
Gait/transferring
Mental Status
Medication: Cardiac drugs, Diuretics, Sedatives
15 TOTAL SCORE
Scoring:
0-24 No Risk
25-50 Low Risk, Standard Fall Precautions
>51   High Risk, High Risk Fall Precautions
EDUCATION:
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English

Desire and Motivation: Eager to learn
Comprehension:
Method of Teaching: Verbal
Topics Covered:
Evaluation of Patient/Family Education:Voiced understanding

Nursing Comments: WILL DISCUSS WITH DOCTOR

Additional education: follow-up appt, labs

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/06/2008 08:20

05/06/2008 ADDENDUM STATUS: COMPLETED
RTC IN 12 MONTHS WITH LABS. SPINE CERVICAL MIN 4 VIEWS.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/06/2008 16:00

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 06, 2008@08:15 ENTRY DATE: MAY 06, 2008@08:15:05
AUTHOR: KIRSCH,BEVERLY A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Tetanus Diphtheria (TD-Adult):
Patient refused Tetanus immunization.
Influenza Immunization:
Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/06/2008 08:15

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LOCAL TITLE: PRIMARY CARE WALK IN NP (T)(A)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: FEB 20, 2008@08:44 ENTRY DATE: FEB 20, 2008@08:44:07
AUTHOR: SEGARRA,ORLANDO EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

SUBJECTIVE: This is a 64 year old male ambulatory to Walk In Clinic with c/o a dry raspy cough in Nov, Dec and Jan and is wondering if this could be the Histoplasmosis that he had in the 70's. Denied any chest pains or SOB. No nausea, vomiting, diarrhea or constipation. Denied any smoking or ETOH since 1972.

PAST MEDICAL HISTORY:
1. MVA 1991 - neck/back injuries
2. Fibromyalgia
3. Tick (right side of face)
4. Histoplasmosis
5. Hyperlipidemia
6. Hematuria
7. Cerumen impaction

PHYSICAL EXAM:
VITALS: TEMP: 98.3 F [36.8 C] (02/20/2008 08:21)
PULSE: 70 (02/20/2008 08:21)
RESP: 18 (02/20/2008 08:21)
B/P: 145/79 (02/20/2008 08:21)
WT: 208.8 lb [94.9 kg] (02/20/2008 08:21)
HT: 73.25 in [186.1 cm] (02/20/2008 08:21)

HEENT: Normocephalic, PEARRL, External ears normal, TM's pink no lesions, Oropharynx pink moist no lesions, Neck supple no cervical adenopathy, Thyroid mid-line no enlargement, No JVD or Bruit.
LUNGS: CTAB, No rales, ronchi, wheezing or Hemoptysis.
HEART: RRR No murmur, gallop or rub.
ABD: Soft NTND, Positive bowel sounds, No Organomegaly.
RECTAL: Deferred.
EXT: No peripheral edema, Peripheral pulses 2+.
MISC:

ALLERGIES:
Patient has answered NKA

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

No Medications Found

LABS: none today.

ASSESSMENT/PLAN:

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1. Dry hacking cough: resolved. Will get CXR, PFT and UGI to r/o Esophagitis and other problems.
2. RTC as schedule or PRN if needed.

/es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
FAMILY NURSE PRACTITIONER
Signed: 02/20/2008 08:49

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: FEB 20, 2008@08:31:03 ENTRY DATE: FEB 20, 2008@08:31:03
AUTHOR: HANNA,SUSAN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Pt. to have PFT's, 2 veiw CXR, upper GI and esophogram.

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 13:36

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--- Original Document ---

02/20/08 PC - NURSING INTERVIEW NOTE:
Primary Care Nursing Interview
Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit:
Reports a dry raspy cough in Nov, Dec and Jan and is wondering if this could be the histoplasmosis that he had in the 70's.

~~~~~~~~~~
Current Vital Signs
Temperature: 98.3 F [36.8 C] (02/20/2008 08:21)
Pulse: 70 (02/20/2008 08:21)
Respirations: 18 (02/20/2008 08:21)
B/P: 145/79 (02/20/2008 08:21)
Height(inches): 73.25 in [186.1 cm] (02/20/2008 08:21)
Weight(lbs): 208.8 lb [94.9 kg] (02/20/2008 08:21)
BMI: 27.4
Pain: 0 (02/20/2008 08:21) (Scale from 1-10)
O2 Sat: 2/20/08 @ 0821 PULSE OXIMETRY: 96 On Room Air
~~~~~~~~~~
Age: 64
Living arrangements: Spouse/family in Hooker, Ok
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed: NKDA
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements,

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vitamins, etc? No
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
**********OBSERVATIONS FOR ABUSE/NEGLECT**********
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
**********Dietary Screen**********

B/P>140/90   B/P: 145/79 (02/20/2008 08:21)
**********SKIN IMPAIRMENT RISK ASSESSMENT**********
                    (Braden Scale)
4 = No Impairment   Sensory Perception
4 = Rarely Moist   Moisture
4 = Walks Frequently   Activity
4 = No Limitations   Mobility
4 = Excellent   Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin integrity problem exists and is to be reflected in the patient/resident plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

No problems identified
PAIN ASSESSMENT

Patient is not experiencing pain.
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE**********
0 = No   History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No   IV/Heparin Lock
0 = Normal, bed rest, immoblile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
15 TOTAL SCORE
Scoring:
0-24 No Risk
25-50 Low Risk, Standard Fall Precautions
>51   High Risk, High Risk Fall Precautions
****
EDUCATION:
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English

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Desire and Motivation: Eager to learn
Comprehension: High
Method of Teaching: Verbal
Topics Covered: Plan of Care
Evaluation of Patient/Family Education:Voiced understanding

Nursing Comments: Initial b/p 145/79 p70, rechecked in 5 min 133/89 p70.

Additional education: follow-up appt

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 08:30

LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: FEB 20, 2008@08:22 ENTRY DATE: FEB 20, 2008@08:22:31
AUTHOR: HANNA,SUSAN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

*** PC - NURSING INTERVIEW NOTE Has ADDENDA ***

Primary Care Nursing Interview
Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit:
Reports a dry raspy cough in Nov, Dec and Jan and is wondering if this could be the histoplasmosis that he had in the 70's.

~~~~~~
Current Vital Signs
Temperature: 98.3 F [36.8 C] (02/20/2008 08:21)
Pulse: 70 (02/20/2008 08:21)
Respirations: 18 (02/20/2008 08:21)
B/P: 145/79 (02/20/2008 08:21)
Height(inches): 73.25 in [186.1 cm] (02/20/2008 08:21)
Weight(lbs): 208.8 lb [94.9 kg] (02/20/2008 08:21)
BMI: 27.4
Pain: 0 (02/20/2008 08:21) (Scale from 1-10)
O2 Sat: 2/20/08 @ 0821 PULSE OXIMETRY: 96 On Room Air
~~~~~~
Age: 64
Living arrangements: Spouse/family in Hooker, Ok
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed: NKDA
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements, vitamins, etc? No

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*Any non VA meds need to be added to the NON VA Meds
on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
**********OBSERVATIONS FOR ABUSE/NEGLECT**********
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
**********Dietary Screen**********

B/P>140/90 B/P: 145/79 (02/20/2008 08:21)
**********SKIN IMPAIRMENT RISK ASSESSMENT**********
(Braden Scale)
4 = No Impairment Sensory Perception
4 = Rarely Moist Moisture
4 = Walks Frequently Activity
4 = No Limitations Mobility
4 = Excellent Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin integrity problem exists and is to be reflected in the patient/resident plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

No problems identified
PAIN ASSESSMENT

Patient is not experiencing pain.
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE**********
0 = No History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock
0 = Normal, bed rest, immoblile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
15 TOTAL SCORE
Scoring:
0-24 No Risk
25-50 Low Risk, Standard Fall Precautions
>51 High Risk, High Risk Fall Precautions
****
EDUCATION:
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English

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Desire and Motivation: Eager to learn
Comprehension: High
Method of Teaching: Verbal
Topics Covered: Plan of Care
Evaluation of Patient/Family Education:Voiced understanding

Nursing Comments: Initial b/p 145/79 p70, rechecked in 5 min 133/89 p70.

Additional education: follow-up appt

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 08:30

02/20/2008 ADDENDUM STATUS: COMPLETED
Pt. to have PFT's, 2 veiw CXR, upper GI and esophogram.

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 13:36

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: FEB 20, 2008@08:19 ENTRY DATE: FEB 20, 2008@08:19:07
AUTHOR: HANNA,SUSAN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Tetanus Diphtheria (TD-Adult):
Patient refused Tetanus immunization.

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 08:19

LOCAL TITLE: HEALTHY LIVING/COPING SKILLS
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: FEB 20, 2008@08:19 ENTRY DATE: FEB 20, 2008@08:19:28
AUTHOR: HANNA,SUSAN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Depression Screening (PHQ-2):
Over the past two weeks, how often have you been bothered by any of the following problems?

a. Little interest or pleasure in doing things: Not at all (0)

b. Feeling down, depressed or hopeless Not at all (0)

Total point score: 0 Positive score is 3 or more.

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Patient had a negative 2 question depression screen.
Alcohol Screening:

AUDC (Mental Health Instrument)
  An alcohol screening test (AUDIT-C) was negative (score=0).

  1. Please read each item carefully and select the correct answer for you. How often did you have a drink containing alcohol in the past year? Never

  2. Please read each item carefully and select the correct answer for you. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? Not rated

  3. Please read each item carefully and select the correct answer for you. How often did you have six or more drinks on one occasion in the past year? Not rated
Exercise Screening:

    No--Are you physically active, exercise 3 times a week 20-30 min.
Patient received education regarding exercise.
Weight/Nutrition Screening:

    Yes Does your diet contain more fruit, grain, and vegetables than meats?
    Yes Have you had your stool checked for blood in the last year?
Miscellaneous:

     No 1. Have you had a flex sig by an outside provider or at the Amarillo VA within the last 5 years?
     No 2. Have you had a colonoscopy by an outside provider or at the Amarillo VA within the last 10 years?
     No 3. Do you have an advance directive or living will?
     No 4. Do you take an aspirin daily?
Patient Education Assessment:

    Person being assessed:Patient
    Barriers to learning: None
       Explain:
    Desire and motivation:Eager to learn
    Comprehensive ability:High
    Method of teaching: Verbal
    Evaluation of pt/family education:
              Voiced understanding/Return demonstration
    Comments:

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 08:20

Receipt Acknowledged By:
02/25/2008 06:36   /es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
                             FAMILY NURSE PRACTITIONER

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

LOCAL TITLE: FLU SHOT NOTE
STANDARD TITLE: IMMUNIZATION NOTE
DATE OF NOTE: FEB 20, 2008@08:18 ENTRY DATE: FEB 20, 2008@08:18:26
AUTHOR: HANNA,SUSAN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 08:18

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: FEB 20, 2008@08:18 ENTRY DATE: FEB 20, 2008@08:18:41
AUTHOR: HANNA,SUSAN EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Tobacco Use Screen FY07:
Patient states they are a former tobacco user but has quit more than 12 months ago.

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 08:19

LOCAL TITLE: ADVANCED DIRECTIVE (C)
STANDARD TITLE: ADVANCE DIRECTIVE DISCUSSION
DATE OF NOTE: MAY 18, 2007@10:01 ENTRY DATE: MAY 18, 2007@10:01:51
AUTHOR: CRAWFORD,ANNA M EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

SERVICE CONNECTED % - 70
VA ADVANCE DIRECTIVE: LIVING WILL AND DURABLE POWER OF ATTORNEY FOR HEALTH CARE NOTE

Patient is alert
The patient has decision-making capacity.
Met with patient on this date and provided education and assistance regarding: Patient Rights, Advance Directives, Advance Directive Execution Procedure
PATIENT EDUCATION:
Patient took Advance Directive materials to complete/file at later date.

/es/ ANNA SELLMYER

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MSSW LMSW
Signed: 05/18/2007 10:02

LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: MAY 18, 2007@09:42 ENTRY DATE: MAY 18, 2007@09:43
AUTHOR: SEGARRA,ORLANDO EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

SUBJECTIVE: This is a 63 year old male ambulatory to Primary Care for f/u neck and back pains. Denied any chest pains or SOB. No nausea, vomiting, diarrhea or constipation. Denied any smoking or ETOH since 1972. No new problems voiced today.

PAST MEDICAL HISTORY:
1. MVA 1991 - neck/back injuries
2. Fibromyalgia
3. Tick (right side of face)
4. Histoplasmosis
5. Hyperlipidemia
6. Hematuria
7. Cerumen impaction

PHYSICAL EXAM:
VITALS: TEMP: 97.9 F [36.6 C] (05/18/2007 08:21)
PULSE: 75 (05/18/2007 08:36)
RESP: 20 (05/18/2007 08:21)
B/P: 118/80 (05/18/2007 08:36)
WT: 203.5 lb [92.5 kg] (05/18/2007 08:21)
HT: 74 in [188.0 cm] (05/02/2006 09:55)
PAIN: 0 (05/18/2007 08:21)

HEENT: Normocephalic, PEARRL, External ears normal, TM's pink no lesions, Oropharynx pink moist no lesions, Neck supple no cervical adenopathy, Thyroid mid-line no enlargement, No JVD or Bruit. Nose beefy red and swelling.
LUNGS: CTAB, No rales, ronchi, wheezing or Hemoptysis.
HEART: RRR No murmur, gallop or rub.
ABD: Soft NTND, Positive bowel sounds, No Organomegaly.
RECTAL: Deferred.
EXT: No peripheral edema, Peripheral pulses 2+.
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

No Medications Found

LABS:
SODIUM: 138 meq/L MAY 18,2007@07:16:59

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POTASSIUM: 3.9 meq/L MAY 18,2007@07:16:59
BUN: 10 mg/dL MAY 2,2006@08:06:41
CREATININE: 1.0 mg/dL MAY 2,2006@08:06:41
GLUCOSE: 123 H mg/dL MAY 2,2006@08:06:41
AST: 35 IU/L MAY 18,2007@07:16:59
ALT: 33 IU/L MAY 18,2007@07:16:59
ALK. PHOS.: 61 IU/L MAY 18,2007@07:16:59
GGTP: 19 IU/L MAY 18,2007@07:16:59
T. BILIRUBIN: 1.3 H mg/dL MAY 18,2007@07:16:59
WBC: 5.8 K/cumm MAY 18,2007@07:16:58
HGB: 15.4 gm/dL MAY 18,2007@07:16:58
HCT: 45 % MAY 18,2007@07:16:58
CHOLESTEROL: 174 mg/dL MAY 18,2007@07:16:59
HDL: 31 L mg/dL MAY 18,2007@07:16:59
LDL 119 mg/dl MAY 18,2007@07:16:59
TRIG: 120 mg/dL MAY 18,2007@07:16:59
PSA: 0.49 ngm/ml MAY 18,2007@07:16:59
TSH: 1.750 mIU/mL MAY 18,2007@07:16:59

ASSESSMENT/PLAN:
1. Chronic neck and back pains: will refer to case manager for Chiropractor care.
2. Hyperlipidemia: counseled pt about diet changes and exercise activity.
3. Cerumen impaction: pt does not want removal or irrigation today, pt states his wife will clean them.
4. Allergic Rhinitis: refused treatment. Advice natural remedies.
5. RTC in 12 months with labs prior, and PRN if needed.

/es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
FAMILY NURSE PRACTITIONER
Signed: 05/18/2007 09:50

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 18, 2007@09:25 ENTRY DATE: MAY 18, 2007@09:25:10
AUTHOR: SEGARRA,ORLANDO EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Colorectal Cancer Screen (Provider):
Patient had fobt education (home) at this encounter.
Level of Understanding: Refused
Patient declined fobt education (home) at this encounter.
Patient refuses flex-sig.
Patient refuses colonoscopy.

PROSTATE CANCER EDUCATION:
PROSTATE CANCER SCREENING
PROVIDER EDUCATION: Today, the patient received written information and/or verbal counseling, including risks and benefits, about prostate cancer screening and had an opportunity to ask questions.
Level of Understanding: Good
Patient declines DRE

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Influenza Immunization:
Patient states he/she did not get a flu shot during the latest flu season.

/es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
FAMILY NURSE PRACTITIONER
Signed: 05/18/2007 09:32

LOCAL TITLE: PATIENT EDUCATION - NURSING
STANDARD TITLE: NURSING EDUCATION NOTE
DATE OF NOTE: MAY 18, 2007@08:41 ENTRY DATE: MAY 18, 2007@08:41:22
AUTHOR: KIRSCH,BEVERLY A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

NOTE DATED: MAY 18, 2007 08:41 PATIENT EDUCATION - NURSING
VISIT: 05/18/07 10:00
ASSESSMENT :
PERSON BEING ASSESSED: Patient
BARRIERS TO LEARNING: None
EXPLAIN:

DESIRE AND MOTIVATION:
COMPREHENSIVE ABILITY: Moderate
METHOD OF TEACHING: Verbal

PATIENT EDUCATION TOPICS COVERED:Appointment for follow-up in 12 months, Hydration, Maintaining proper, NPO for (12) hours before next appt/ test
EVALUATION OF PT/FAMILY EDUCATION:
Voiced understanding/Return demonstration
COMMENTS:SOCIAL WORKER CONSULT. CASE MANAGER CONSULT.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/18/2007 13:19

LOCAL TITLE: HEALTHY LIVING/COPING SKILLS
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: MAY 18, 2007@08:37 ENTRY DATE: MAY 18, 2007@08:37:59
AUTHOR: KIRSCH,BEVERLY A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Depression Screening (PHQ-2):
Over the past two weeks, how often have you been bothered by any of the following problems?

a. Little interest or pleasure in doing things: Not at all (0)

b. Feeling down, depressed or hopeless Not at all (0)

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Total point score: 0 Positive score is 3 or more.
Patient had a negative 2 question depression screen.
Alcohol Screening:

AUDC (Mental Health Instrument)
  An alcohol screening test (AUDIT-C) was negative (score=0).

  1. How often did you have a drink containing alcohol in the past year?
  Never

  2. How many drinks containing alcohol did you have on a typical day when
  you were drinking in the past year? 1 or 2

  3. How often did you have six or more drinks on one occasion in the past
  year? Never
Exercise Screening:

    --Are you physically active, exercise 3 times a week
    20-30 min.
Weight/Nutrition Screening:

    Yes Does your diet contain more fruit, grain, and vegetables
    than meats?
    No Have you had your stool checked for blood in the last
    year?
Miscellaneous:

     No 1. Have you had a flex sig by an outside provider
or at the Amarillo VA within the last 5 years?
     No 2. Have you had a colonoscopy by an outside provider
or at the Amarillo VA within the last 10 years?
     No 3. Do you have an advance directive or living will?
     No 4. Do you take an aspirin daily?
Patient Education Assessment:

    Person being assessed:Patient
    Barriers to learning: None
       Explain:
    Desire and motivation:
    Comprehensive ability:Moderate
    Method of teaching: Verbal
    Evaluation of pt/family education:
              Voiced understanding/Return demonstration
    Comments:

    Additional patient education topics covered:
    Appointment for follow-up, NPO for (   ) hours before next appt/ test

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/18/2007 08:41

Receipt Acknowledged By:
05/21/2007 10:10   /es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
                             FAMILY NURSE PRACTITIONER

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 LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: MAY 18, 2007@08:28     ENTRY DATE: MAY 18, 2007@08:28:39
      AUTHOR: KIRSCH,BEVERLY A     EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY:                          STATUS: COMPLETED

APPOINTMENT TIME: 1000
Type of Visit: Scheduled Visit
Allergies as listed in CPRS: Patient has answered NKA
Any other patient stated allergies:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
SUBJECTIVE: PT HERE FOR SCHEDULED VISIT. PT STATES," SNORING IS GETTING REALLY
GETTING BAD. WHEN I SLEEP I NOTICE THAT  ONE NASAL PASSAGE IS OPEN AND
THEN DURING THE NIGHT IT WILL CLOSE AND IT WILL WAKE ME UP AND I'LL
HAVE TO TURN OVER TO THE OPEN NASAL PASSAGE. SOMETIME WHEN BOTH NASAL
PASSAGES ARE CLOSED I HAVE TO SLEEP WITH MY MOUTH OPEN." DENIAL OF ANY
OTHER COMPLAINT AT THIS TIME.RECHECKED B/P 118/80 P-75

Patient Age: 63
Living arrangements: PT LIVES IN HOOKER OK WITH WIFE

*************************************************************************
Tobacco use: Pt states not a current tobacco user.
*************************************************************************
Inhaler use: No Return Demonstration: No
Presented: Ambulatory without assistance
No Have you been in the hospital since last visit?
If so where?
No Have you seen an outside physician since last visit?
No Were you given any new medications?
***************MEDICATION RECONCILIATION*********************************
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? No
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
*************************************************************************
No significant health problems since last visit.
    Temperature: 97.9 F [36.6 C] (05/18/2007 08:21)
          Pulse: 75 (05/18/2007 08:21)
   Respirations: 20 (05/18/2007 08:21)
            B/P: 145/82 (05/18/2007 08:21)
 Height(inches): 74 in [188.0 cm] (05/02/2006 09:55)
    Weight(lbs): 203.5 lb [92.5 kg] (05/18/2007 08:21)
            BMI: 26.2
           Pain: 0 (05/18/2007 08:21) (Scale from 1-10)
         O2 Sat: 5/18/07 @ 0821      PULSE OXIMETRY: 96

SCREENING TESTS REQUESTED- Lab
OTHER- 02 SAT 96% ON ROOM AIR
***********************************DIETARY*********************************
 Has Prealbumin <18   Dietary consult needed.
 Has BMI < 21 Dietary consult needed. BMI: 26.2
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 Has BMI > 30 Dietary consult needed. BMI: 26.2
 Has HgbA1C > 10 Dietary consult needed.
                HgbA1C: 5.9    %   MAY 2,2006@08:06:40
 Has Glucose > 125 Dietary consult needed.
                 GLUCOSE: 123  H mg/dL   MAY 2,2006@08:06:41
 Has B/P > 140/90  Dietary consult needed.
No problems identified
**************************************************************************
Known Diagnosis of CHF No
   Educational packet given  No
   Patient was advised to weigh daily, to keep a record, contact their
PCP if weight changes >2-3 lbs overnight or >3-5 lbs during a week.
Heart Failure Instruction Packet given to patient.  No

PAIN MANAGEMENT-      Free of pain with no complaints of discomfort.
Location:  Patient denies pain

Intensity (current pain on a 0-10 scale): 0 (05/18/2007 08:21)
Acceptable level of pain: 0
Plan: NA

PLAN-
Schedule routine appointment, Healthy Living Update , Coping Update
Nursing Comments: WILL DISCUSS WITH DOCTOR

MORSE FALL RISK SCALE
 History of falling, immediate or within 3 months
15 = Yes Secondary diagnosis
 Ambulatory aid
 IV/Heparin Lock
 Gait/transferring
 Mental Status
 Medication: Cardiac drugs, Diuretics, Sedatives
15 TOTAL SCORE
Scoring:
0-24  No Risk
25-50 Low Risk, Standard Fall Precautions
>51   High Risk, High Risk Fall Precautions
      PLAN: Monitor and provide safe environment. Information sheet given.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/18/2007 08:37


 LOCAL TITLE: FLU SHOT NOTE
STANDARD TITLE: IMMUNIZATION NOTE
DATE OF NOTE: MAY 18, 2007@08:27     ENTRY DATE: MAY 18, 2007@08:27:18
      AUTHOR: KIRSCH,BEVERLY A     EXP COSIGNER:
 INSTITUTION: AMARILLO HCS
    DIVISION: VAMC AMARILLO
     URGENCY:                          STATUS: COMPLETED

Patient refused the influenza vaccine.  Patient was advised of risks and
benefits of influenza vaccine.
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/es/ BEVERLY A KIRSCH
LVN
Signed: 05/18/2007 08:27

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 18, 2007@08:26 ENTRY DATE: MAY 18, 2007@08:26:07
AUTHOR: KIRSCH,BEVERLY A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Tobacco Use Screen FY07:
Patient states they are a former tobacco user but has quit.QUIT IN 1972.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/18/2007 08:26

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 18, 2007@08:26 ENTRY DATE: MAY 18, 2007@08:26:46
AUTHOR: KIRSCH,BEVERLY A EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Tetanus Diphtheria (TD-Adult):
Patient refused Tetanus immunization.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/18/2007 08:27

LOCAL TITLE: OPTOMETRY
STANDARD TITLE: OPTOMETRY NOTE
DATE OF NOTE: NOV 07, 2006@14:20 ENTRY DATE: NOV 07, 2006@14:20:18
AUTHOR: LOVEN,TRAVIS M EXP COSIGNER: OCONNOR,JAMES M
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Active Outpatient Medications (including Supplies):

No Medications Found

Age 63/Race WHITE

Subjective Complaint:
VARIABLE VISION WHEN LOOKING AT DIST 6 MO
NO PROBLEM WITH READERING

PMHx

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HRT:No
HTN:No
THY: No
RESP: No
CA: No
DM: No
Other:

POHx
LEE:1992
Surgeries: NONE
Trauma:HIT IN HEAD 1992
Diseases:NONE
Ocular meds:NONE

Visual Acuity: without
Right Eye 20:20 PH Right Eye 20:
Left Eye 20:30-2 PH Left Eye 20:20
Both Eyes 20:

Habitual RX
Right Eye:+2.00   0.00
Left Eye:+2.00   0.00
Add:otc r

Auto Refraction
Right Eye:+0.25 0.00   DS
Left Eye:+0.50 0.00   DS
Add:

Manifest Refraction
Right Eye:+0.50   0.00   20:20
Left Eye:+0.50   0.00   20:20
Add:

Ocular Motility: FULL
Confrontation Fields:FTFC
Pupils:4-3/4-3 R RL -APD
Other:

Anterior Segment Exam
L/L:CLEAN
C/S:WHITE
K:CLEAR
IRIS:FLAT BLUE
A/C:D+Q
Lens: TR NS
Other:

Applanation Tonometry: Goldmann
Right Eye:12
Left Eye:12
TIME:NOV 07, 2006 14:20

Dilated Fundus Exam

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C/D:0.35 ROUND
DVM NL
P OD MILD PIGMENTARY CHANGES @10:00
  OS MILD PIGMENTARY CHANGES @ 4:30

IMPRESSION:
NL OCULAR HEALTH

PLAN:RTC 2 YRS

Attending physician concurs with findings.

/es/ JAMES M O'CONNOR
OPTOMETRIST
Signed: 11/07/2006 15:28
for TRAVIS M LOVEN
OPTOMETRIST

/es/ JAMES M O'CONNOR
OPTOMETRIST
Cosigned: 11/07/2006 15:28

LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: OCT 03, 2006@14:56 ENTRY DATE: OCT 03, 2006@14:56:42
AUTHOR: BRALLEY,KAREN J EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Bilateral ear irrigation completed as ordered. Lg amounts of wax removed from both ears. Pt states, "I can hear better."

/es/ KAREN J BRALLEY
RN
Signed: 10/03/2006 14:57

LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: OCT 03, 2006@10:28 ENTRY DATE: OCT 03, 2006@10:28:18
AUTHOR: BRALLEY,KAREN J EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Pt came into clinic and reports that on his last visit to clinic he requested Chiropratic Services from: Garden City Kanasas for Buckley Chiropratic at (620) 275-1221. Pt has talked with above chiropratic and they have not been contacted by the VA. Pt is requesting that this be done so he can continue with tx. Informed pt that above request would be forwarded to provider for review and consideration.

/es/ KAREN J BRALLEY
RN

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Signed: 10/03/2006 14:15

LOCAL TITLE: AUDIOLOGY OUTPATIENT (C)
STANDARD TITLE: AUDIOLOGY CONSULT
DATE OF NOTE: OCT 03, 2006@08:30 ENTRY DATE: OCT 03, 2006@15:36:39
AUTHOR: BACK,CATHERINE T EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

The veteran was seen today for an audiological assessment.

Chief complaint(s) and case history:
Bilateral hearing loss. Pt reports military noise exposure as a C-130 Loadmaster for 24 years. He reports some occupational noise exposure with hearing protection. Pt denies recreational noise exposure. The veteran denies tinnitus, dizziness, otalgia, and aural pressure.

Audiological Assessment:
Otoscopic examinations revealed complete cerumen impaction, bilaterally. I requested a bilateral ear lavage from Team 2. When pt returned from his ear lavage, otoscopic examinations revealed clear external auditory canals. Normal tympanic membrane landmarks were observed in each ear. Puretone testing in the right ear revealed normal hearing sensitivity at 250 - 1500 Hz and a mild to moderate high frequency hearing loss at 2000 - 8000 Hz. All bone condution thresholds are WNL, but there are no air/bone gaps. Puretone testing in the left ear revealed normal hearing sensitivity at 250 - 6000 Hz and a mild hearing loss at 8000 Hz only. Today's word recognition scores are excellent at 96% correct in the right and left ears, respectively. Today's results were explained to the veteran. Discussed borderline candidacy for hearing aid in the right ear. Pt declined amplification at this time.

Recommendation(s):
Recommend annual audiograms to monitor mild hearing loss in the right ear and candidacy/readiness for amplification.

/es/ CATHERINE T. ZAMBITO, Au.D.
AUDIOLOGIST
Signed: 10/03/2006 15:43

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 02, 2006@10:53 ENTRY DATE: MAY 02, 2006@10:53:43
AUTHOR: BILLINGTON,LINDY J EXP COSIGNER: SEGARRA,ORLANDO
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

Colorectal Cancer Screen (Provider):
Stool Cards X3 issued and lab orders placed.
PROSTATE CANCER EDUCATION:
PROSTATE CANCER SCREENING
PROVIDER EDUCATION: Today, the patient received written information and/or verbal counseling, including risks and benefits, about

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prostate cancer screening and had an opportunity to ask
questions.
Level of Understanding: Good
DRE performed at this visit.
Hepatitis C Risk Assessment:
Patient reports a risk factor for Hepatitis C. Order for lab test has
been placed.
MILITARY SEXUAL TRAUMA SCREENING:
Patient does not report Military Sexual Trauma.

/es/ LINDY J BILLINGTON
RN,BSN,Student FNP
Signed: 05/16/2006 09:29

/es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
FAMILY NURSE PRACTITIONER
Cosigned: 05/16/2006 09:41

LOCAL TITLE: HISTORY & PHYSICAL (II)(T)
STANDARD TITLE: H & P NOTE
DATE OF NOTE: MAY 02, 2006@10:32 ENTRY DATE: MAY 02, 2006@10:32:25
AUTHOR: BILLINGTON,LINDY J EXP COSIGNER: KASTNER,DAVID A
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

HISTORY
MILITARY SERVICE BRANCH: USAFR & USAF & ANG

PRIMARY CARE PROVIDER: Orlando Segarra, RN,MSN,FNP

CHIEF COMPLAINT(S):
1. Need chiropractor care referral for neck/back pains.

H/O PRESENT ILLNESS:
This 62 year old MALE in to establish care

PAST MEDICAL HISTORY:
1. MVA 1991 - neck/back injuries
2. Fibromyalgia
3. Tick (right side of face)
4. Histoplasmosis

SURGERIES:
1. 1965 - Inguinal Hernia Repair
2. 1971 - Inguinal Hernia Repair

FRACTURES:
1. 1965 - Left ankle

MEDICATIONS:
no current medications

ALLERGIES:

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none reported

HABITS
-Smoking: not currently smoking (2PPD x 15Years)
-Alcohol: denies
-Other drug abuse: denies
-Caffeine: denies

SOCIAL HISTORY:
-Marital status: Married
-Occupation: Retired
-Exercise: Performs ADL's independently.
-Diet: Fruits/veg, nuts, grains, seeds (rare animal meat intake), little dairy products, no eggs, no processed sugar

-Immunizations:
TD: pt cannot recall, pt not interested in getting booster today
Flu: never rec'd, not interested in receiving vacccine today
Pneumonia: never rec'd, not interested in receiving vaccine today

FAMILY HISTORY:
Maternal:
 Mother: Dead/Elderly/Natural Causes
 Grandmother: Dead/Elderly/Natural Causes
 Grandfather: Dead/Elderly/Natural Causes

Paternal:
 Father: Dead/Elderly/Natural Causes
 Grandmother: Dead/Elderly/Natural Causes
 Grandfather: Dead/Elderly/Natural Causes

Siblings:
 Brothers: 2 brothers, some 1/2 brothers (most still living)
 Sisters: 5 sisters (all still living except one of cancer)
 Family History of: some type of cancer (pt cannot recall)

REVIEW OF SYSTEMS:

-CONSTITUTIONAL: No fever, chills, fatigue, night sweats.
-NEUROLOGICAL: Some tension headaches from neck pain and some neck stiffness. No loss of consciousness, difficulty in speech, muscle weakness, seizures, paraesthesias.
-EYES/EARS: No altered vision, does not wears glasses, some difficulty in hearing.
-CARDIAC: No chest pain, palpitations, shortness of breath,
-RESPIRATORY: No chronic cough, shortness of breath, hemoptysis, pneumonia, or bronchitis.
-GASTROINTESTINAL: No nausea, vomiting, diarrhea, constipation, abdominal pain, frequent belching, hemoptysis, melena, hemorrhoids.
-GENITOURINARY: No hematuria, dysuria, difficulty in initiating urine flow, urinary incontinence, urgency.
-HEMATOLOGIC: No h/o easy bleeding or clot in the legs.
-DERMATOLOGIC: No skin rashes or itching.
-RHEUMATOLOGIC: Periodic joint pain. No swelling, lesions, decreased ROM, numbness, or tingling.
EMOTIONAL: 1992-1993 depression treatment.

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PHYSICAL EXAM

VITALS: TEMP: 98.1 F [36.7 C] (05/02/2006 09:55)
PULSE: 69 (05/02/2006 09:55)
RESP: 20 (05/02/2006 09:55)
B/P: 118/78 (05/02/2006 09:55)
WT: 200.7 lb [91.2 kg] (05/02/2006 09:55)
HT: 74 in [188.0 cm] (05/02/2006 09:55)
PULSE OX: 5/2/06 @ 0954 PULSE OXIMETRY: 95

GENERAL: Well developed, well nourished in no apparent distress male ambulatory oriented x 3 good communication skills.
LYMPH NODES: None palpable.
HEENT: TM's unable to visulize due to cerumen impaction. Normocephalic, PERL, external ears normal, no
pharyngeal erythema, oral mucosa moist, no lesions. Neck supple, no cervical adenopathy, Thyroid mid-line no enlargement or nodules, no Bruit or JVD. Fundoscopic exam wnl
SKIN: No rashes or lesions.
CHEST WALL & SPINE: No deformities, no point tenderness.
HEART: No murmurs or gallup
LUNGS: Good air entry on both sides. No crackles or wheezes.
ABDOMEN: soft, not distended, bowel sounds well heard, no tenderness, no organomegaly.
RECTAL: Prostate no enlargement or nodules, normal contour, approx. 20cc. No tenderness or pain on exam. No hemorrhoids.
GENITALIA: Normal.
EXTREMITIES: No joint swelling or tenderness. No ankle edema. Peripheral pulses 2+. Normal neurosensory.
NEUROLOGICAL: Conscious. Alert. Oriented to time, place and person. Speech normal. Recent memory intact. Motor power 5/5 in all extremities. Motor coordination normal, sensations intact throughout. DTR ++ both sides. No meningeal signs.

LABs
Sodium: 137 meq/L MAY 2,2006@08:06:41
Potassium: 4.1 meq/L MAY 2,2006@08:06:41
BUN: 10 mg/dL MAY 2,2006@08:06:41
Creatinine: 1.0 mg/dL MAY 2,2006@08:06:41
AST: 22 IU/L MAY 2,2006@08:06:41
ALT: 23 IU/L MAY 2,2006@08:06:41
LDH: Not found in computer LDH
Alk. Phos.: 47 IU/L MAY 2,2006@08:06:41
GGTP: 18 IU/L MAY 2,2006@08:06:41
T. Bilirubin: 0.8 mg/dL MAY 2,2006@08:06:41

WBC: 7.5 K/cumm MAY 2,2006@08:06:39
Hgb: 15.4 gm/dL MAY 2,2006@08:06:39
Hct: 45 % MAY 2,2006@08:06:39

Assessment / Plan:
1. Chronic neck and back pains: will send pt for x-rays spinal and cervical series today for evaluation. Referral made to case mgmt. for chiropractor services and VA benefits. Pt denies wanting any medications for pain.
2. Hyperlipidemia: counseled pt about diet changes and exercise activity.

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3. Hematuria: pt with mod. amt. blood in urine this visit, pt denies any problems with urination or pain, will f/u with repeat UA next visit.
4. Cerumen impaction: pt does not want removal or irrigation today, pt states his wife will clean them.
5. Audiology consult: pt requests an evaluation due to decreased hearing ability. Pt instructed to have ears cleaned out(cerumen removed) before evaluation - pt verbalized understanding.
6. Stool cards X3 sent with patient and instructions given for colorectal cancer screening.
7. RTC in 12 months with labs prior, and PRN if needed.
8. Age and diagnosis appropriate education and health maintenance counseling and education given Re: Prostate exam, PSA, tobacco & alcohol abuse, diabetes, flex sig & immunizations.

/es/ LINDY J BILLINGTON
RN,BSN,Student FNP
Signed: 05/02/2006 12:06

/es/ DAVID KASTNER
MD
Cosigned: 05/02/2006 12:13

LOCAL TITLE: HEALTHY LIVING/COPING SKILLS
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: MAY 02, 2006@10:03 ENTRY DATE: MAY 02, 2006@10:03:12
AUTHOR: JONES,RHONDA M EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

2. SCREEN FOR DEPRESSION
The 2 question depression screen was performed and the patient's depression screen is negative.
PTSD Screen:
(Answer all 4 questions)
A. Had nightmares about it or thought about it when you did not want to?
No
B. Tried hard not to think about it; went out of your way to avoid situations that remind you of it?
No
C. Have been constantly on guard, watchful, or easily startled?
No
D. Have felt numb or detached from others, activities, or your surroundings?
No
Patient had a Negative screen for PTSD.
Alcohol Screening:

AUDC (Mental Health Instrument)
An alcohol screening test (AUDIT-C) was negative (score=0).
Patient education was provided regarding alcohol usage.
Tobacco Screening:

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Yes--Have you ever used tobacco products of any kind?
No--Are you currently using tobacco products?

No--Do you want to quit using Nicotine?
Tobacco Education was provided to patient.
Exercise Screening:

No--Are you physically active, exercise 3 times a week
20-30 min.
Patient received education regarding exercise.
Weight/Nutrition Screening:

Yes Does your diet contain more fruit, grain, and vegetables
than meats?
No Have you had your stool checked for blood in the last
year?
Weight/Nutrition Education was provided to patient.
Miscellaneous:

No 1. Have you had a flex sig by an outside provider
or at the Amarillo VA within the last 5 years?
No 2. Have you had a colonoscopy by an outside provider
or at the Amarillo VA within the last 10 years?
No 3. Do you have an advance directive or living will?
No 4. Do you take an aspirin daily?

/es/ RHONDA M JONES
LVN
Signed: 05/02/2006 10:14

Receipt Acknowledged By:
05/02/2006 10:26 /es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
FAMILY NURSE PRACTITIONER

LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: MAY 02, 2006@09:57 ENTRY DATE: MAY 02, 2006@09:57:27
AUTHOR: JONES,RHONDA M EXP COSIGNER:
INSTITUTION: AMARILLO HCS
DIVISION: VAMC AMARILLO
URGENCY: STATUS: COMPLETED

APPOINTMENT TIME: 1000
Type of Visit: Scheduled Visit
Allergies as listed in CPRS: No Allergy Assessment
Any other patient stated allergies:None
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
SUBJECTIVE: alert, oriented x3, here for new pt visit. wouldlike to have a physical today. does not take any medicines. pt would like to get DNR today also.

Patient Age: 62
Living arrangements: lives at home with family

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**************************************************************************
Tobacco use: Quit Smoking
**************************************************************************
Inhaler use: No Return Demonstration:
Presented: Ambulatory without assistance
 Have you been in the hospital since last visit?
If so where?
 Have you seen an outside physician since last visit?
 Were you given any new medications?
Other:
Desires medication refill
    Temperature: 98.1 F [36.7 C] (05/02/2006 09:55)
          Pulse: 69 (05/02/2006 09:55)
   Respirations: 20 (05/02/2006 09:55)
            B/P: 118/78 (05/02/2006 09:55)
 Height(inches): 74 in [188.0 cm] (05/02/2006 09:55)
    Weight(lbs): 200.7 lb [91.2 kg] (05/02/2006 09:55)
            BMI: 25.8
           Pain: 3 (05/02/2006 09:55) (Scale from 1-10)
         O2 Sat: 5/2/06 @ 0954       PULSE OXIMETRY: 95
On Room Air
SCREENING TESTS REQUESTED- Lab
OTHER-
**********************************DIETARY*********************************
 Has Prealbumin <18   Dietary consult needed.
 Has BMI < 21 Dietary consult needed. BMI: 25.8
 Has BMI > 27 Dietary consult needed. BMI: 25.8
 Has HgbA1C > 10 Dietary consult needed.
                 HgbA1C: 5.9    %   MAY 2,2006@08:06:40 Has Glucose > 125
Dietary consult needed.
                  GLUCOSE: 123  H mg/dL   MAY 2,2006@08:06:41
 Has HTN Dietary consult needed.
No problems identified
**************************************************************************
Known Diagnosis of CHF No
   Educational packet given  No
   Instructions to contact provider if weight changes by more than 2-3
pounds overnight or more than 3-5 pounds in the course of a week given to
patient who verbalized understanding   No

PAIN MANAGEMENT-      Experiencing pain that is managed effectively
Location:  Neck

Intensity (current pain on a 0-10 scale): 3 (05/02/2006 09:55)
Acceptable level of pain: 0
Plan: to inform np

PLAN-
Routine visit. See provider as scheduled, Schedule routine appointment, Healthy
Living Update , Coping Update
Nursing Comments:
MORSE FALL RISK SCALE
0 = No   History of falling, immediate or within 3 months
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
```


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0 = No IV/Heparin Lock
0 = Normal, bed rest, immoblile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
15 TOTAL SCORE

/es/ RHONDA M JONES
LVN
Signed: 05/02/2006 10:03

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 20, 2008	PULMONARY FUNCTION PROCEDURES	Respiratory therapy Note	MUNIZ,SERGIO E	Allopathic & Osteopathic Physicians	AMARILLO HCS		Yes	VistA	AMA

Notes ~ PULMONARY FUNCTION PROCEDURES

```
     LOCAL TITLE: PULMONARY FUNCTION PROCEDURES
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: FEB 20, 2008@10:29:46  ENTRY DATE: FEB 20, 2008@10:29:46
      AUTHOR: MUNIZ,SERGIO E       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

PROCEDURE SUMMARY CODE: Normal
DATE/TIME PERFORMED: FEB 20, 2008@09:57

SEE VISTA IMAGING

/es/ SERGIO E MUNIZ
PHYSICIAN
Signed: 03/21/2008 15:45
 1
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Mar 05, 2015	TELE-EYE SCREENING CONSULT	Nurse Consult note	GREGORY,JANICE E	Nursing Service Related Providers	CAMERON CBOC			VistA	KAN

Notes ~ TELE-EYE SCREENING CONSULT

```
     LOCAL TITLE: TELE-EYE SCREENING CONSULT
STANDARD TITLE: NURSING CONSULT
DATE OF NOTE: MAR 05, 2015@14:41     ENTRY DATE: MAR 05, 2015@14:42:13
      AUTHOR: GREGORY,JANICE E     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

REASON FOR REQUEST: Diabetic Teleretinal Imaging for Diabetic Retinopathy
PATIENT DEMOGRAPHICS:
  Sex: MALE
  Date of birth: JUL 20,1943
  Patient race: WHITE
  Patient ethnicity: NOT HISPANIC OR LATINO

PATIENT HISTORY:
  Duration of diabetes (years):
    1-5 years
      Date: March, 2013  ? Exact date is unknown
    Information obtained by:
      Self report
  Last retinal evaluation:
    Date unknown
      Comment: Had one last year in Texas.
    Information obtained by:
      Self Report
  Education: Patient provided with information on Teleretinal Images taken
  and given Diabetic Retinopathy material.
LABS:
HEMOGLOBIN A1C        BLOOD  08/28/14@0940   10.7   H  %        4.0 - 6.0


 CHOL:     239      (04/08/14 08:15)
 HDL:      44       (04/08/14 08:15)
```


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```
 LDL-CAL:  145      (04/08/14 08:15)
 RISK FA:  18       (04/08/14 08:15)
 TGL:      249      (04/08/14 08:15)

CURRENT DIABETES THERAPY:
  Diet
    Comment: Pt. is on a diet, seem to know what he should eat.
  None
    Comment: Is on no medicationl

DISPOSITION:
  Patient scheduled for Diabetic Teleretinal Imaging
Patient Education :

Discussed with pt the ABC's of diabetic eye disease Aic, Blood pressure,
Cholesterol and the importance of keeping these numbers low. Discussed
etiology
of Diabetic Retinopathy, discussed terms in diabetes glossary, and longterm
complications of diabetes such as retinopathy. Spoke with pt about the
importance of every 1-2 year eye screening to prevent loss of eyesight. Gave
pt
(and discussed) the following Krames pt ed materials to take with him today:
1) What is Diabetic Retinopathy?
2) Diabetes Glossary
3) Longterm Complications of Diabetes

Also gave pt the following National Eye Institute material:
1) Don't Lose Sight of Diabetic Eye Disease

Reviewed eye anatomy; macula, optic nerve, blood vessels and viewed
and discussed normal retinal images and images with diabetic retinopathy
with patient, utilizing the Conditions of The Retina poster provided by
Topcon.

Pt verbalizes understanding of all above and has material to review at home.

Eye History: None


Ocular Surgery (excluding eyelid, cataract, laser refractive like lasik or
Photorefractive Keratectomy): none


Ocular Trauma? None


Ocular medications? None


Family History of ocular disease? None


Does pt give verbal consent for imaging today? Yes, has given consent.

/es/ Janice Gregory
H.T.\ Teleretinal Imager
Signed: 03/05/2015 14:48
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	Addendum to EMERGENCY DEPARTMENT PROVIDER		KARI,SURESH		MEM EMERGENCY ROOM - EVENING			VistA	MEM

Notes ~ Addendum to EMERGENCY DEPARTMENT PROVIDER

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 16, 2015@21:19     ENTRY DATE: SEP 16, 2015@21:19
      AUTHOR: KARI,SURESH          EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED
```


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pt labs improved - BS 540s
Cr stable unchanged
Acidosis improving
K stable

TEam at bedside and Surgery at bedside
Levophed at 3 mic SBP > 90
fluids and Levophed being decreased

Insulin drip decreased to 4 units/hr
recheck Foley since little uop

/es/ SURESH KARI, MD
Staff Physician
Signed: 09/16/2015 21:21

==========

--- Original Document ---

09/16/15 EMERGENCY DEPARTMENT PROVIDER:
Physician's Exam Time: Sep 16,2015@20:00
----------CHIEF COMPLAINT----------
Mental stauts changes
----------HISTORY OF PRESENT ILLNESS----------
Patient is a 72 yo WM came up to ER door - pt obtuneded on arrival w hemetemesis and dark stools as well. pt with hx of DM and with recent Aug R inguinal hernia repair. had urinatry obst w Stone. pt was supposed to i/o caths at home not doing. pt with incr BS at home.

----------REVIEW OF SYSTEMS----------
See above HPI
----------PAST MEDICAL HX----------
Noted in CPRS
DM
Renal stone
R inguinal hernia repair w STONE
----------PAST SURGICAL HX----------
Noted in CPRS
R inguinal hernia repair
----------ALLERGIES & MEDICATIONS----------

Allergies: Patient has answered NKA

Allergy profile has been reviewed: Yes

The Patient's medication list has been reviewed with the patient or their caregiver. If any changes are made, they are documented in the Plan or d/c instructions.

----------PHYSICAL EXAM----------
VITAL SIGNS: Noted in CPRS

DATE/TIME	TEMP	PULSE	RESP	BP	PAIN
9/16/15 @ 1935	97	121	14	68/38	

PULSE OX:	Measurement DT	(L/MIN)	POx (%)
	09/16/2015 19:35		90

LEVEL OF CONSCIOUSNESS: lethargic

ORIENTATION: person

GENERAL APPEARANCE: white MALE well nourished, well hydrated, moderate distress

EYES:
Pupils: equally, round, reactive to light
Ocular: muscles are intact
External: sclera anicteric, conjunctiva clear

ENT:
Pharynx: dry mucosal membranes
Dark material in mouth
Hearing: grossly intact
Nasal: mucosa, septum, and turbinates normal
Neck: supple, no masses, trachea midline, no cervical lymphadenopathy

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RESPIRATORY:
Auscultation: clear breath sounds bilaterally with no rales, rhonchi, or wheezes
Respiratory effort: (-) intercostal retractions or use of accessory muscles

CARDIOVASCULAR:
Auscultation: tachycardic rhythm

GASTROINTESTINAL:
Abdomen: soft, bowel sounds decreased, protuberant
(-) rebound, (-) guarding, (+) tenderness

GENITOURINARY:
Foley Placed - was urinating dark bloody partly and liquid urine

EXTREMITIES: no clubbing, cyanosis or edema
+ Lower ext pulses 2+ and Mottling noted
----------LABS----------
 Noted in CPRS

MANUAL-DIFF: O
WBC3: 29.44 H*
RBC3: 4.01
HCT3: 33.3 L
MCV3: 83.0
MCH3: 29.2
MCHC3: 35.1
RDW3: comment
PLT3: 192
NE%3: comment
LY%3: comment
MO%3: comment
EO%3: comment
BA%3: comment
NE#3: comment
LY#3: comment
MO#3: comment
EO#3: comment
BA#3: comment
HGB3: 11.7 L
NRBC%3: comment
NRBC#3: comment
MPV/3: comment
IG%: comment
IG#: comment
IPF: comment
APPEARANCE: Ex.Turbid
UR COLOR: RED
SPECIFIC GRAVITY: 1.012 L
UROBILINOGEN: <2.0
UR BLOOD: 3+
UR BILIRUBIN: Neg
UR KETONES: Neg
UR GLUCOSE: 3+
UR PROTEIN: 2+
UR PH: 5.0
NITRITE, URINE: Neg
LEUKOCYTE ESTERASE, URINE: 3+
URINE MICROSCOPIC: DONE
UR RBC: >100 H
UR WBC: >100 H
UR BACTERIA: 4+
URINE MUCUS: MANY
AMORPHOUS CRYSTAL: MOD
URINE WBC CLUMPS: MANY
I-STAT PH: 7.28 L
I-STAT PCO2: 28.90 L
I-STAT PO2: 123.00 H
I-STAT BASE EXCESS: -13
I-STAT O2: 98.00
I-STAT TCO2: 14.00 L
I-STAT HCO3: 13.60 L
----------DIAGNOSTICS:----------

Chest XRAY: Free air R Diaphragm
NO PTX

Abdominal XRAY: + Bowel Obstruction

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+ free Air

Cardiac Monitor: sinus tachycardia

Nurse's note reviewed and I do concur.
----------DIAGNOSIS----------
1. SEPSIS ?DKA vs HHNS
2. Coffee Ground Emesis +/- Free Air Under R diaphragm
3. Renal stones
----------ER COURSE & PLAN----------
1. Given 2 L NS bolus w pressure bag and 3 and 4 liter started goal MAP >65 at least
SBP 90s after 2 l but dropping.
GIven ZOSYN and VANC
GIven PRotonix 80 IV then drip
Given Inuslin 10 U bolus then 7 u/hr

d/w ICU Fellow will admit
d/w Surgery will follow and will see

TOO UNSTABLE TO SCAN CURRENTLY

Plan admit ICU

Proc: Central Line
Initially preppred R chest - since he was dry - diff access EJ one single INT after sticks in Left forearm
Was in trendelenberg 20Deg given his Vomitting

4-5 attempts w repositioning don emergently - FInal stick arterial Pressure applied - (CXR No ptx no free air withdrawn)

Central line in Left groin - cut w clippers and hair removed w tape and cleaned w chrolorprep - pt stick x 3-4 Vein hit and secured without diff. all ports open.

Proc: NGT
NGT placed w/o diff - 400 cc coffee ground then stopped
Placed on Low intermitent suction

CONCURRENTLY LABS being drawn from groin intially on Left
and ABG done when central line attempted subclaivan emergently

Assisted By. Drs. Washington and Hernandez-Ford
Multi- Physician approach for crashing unstable pt

Critical Care Note:
TIME IS SPENT INDEPENDENT OF ANY PROCEDURES DONE
[x] time: 70 min
[] Each additional hour x [] Hrs

Organ System at Risk:
[] central nervous system failure
[] Cardiac/circulatory failure
[x] shock
[] renal
[] hepatic
[x] metabolic
[] respiratory failure

Procedures:
[] CPR
[] Defibrillation
[] Intubation
[x] Central Venous Access
[] External Jug Access
[x] ABG
[x] EKG
Time spent eval pt/HX/Physical/reviewing labs/Records
Stabilizing & d/w consultants and arranging admission

TOTAL OUTPUT : 1200 CC from NGT at 2040

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/es/ SURESH KARI, MD
Staff Physician
Signed: 09/16/2015 20:48
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 20, 2008	Addendum to PC - NURSING INTERVIEW NOTE		HANNA,SUSAN		ZZ11AMA-TEAM 2 SEGARRA			VistA	AMA

Notes ~ Addendum to PC - NURSING INTERVIEW NOTE

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: FEB 20, 2008@08:31:03  ENTRY DATE: FEB 20, 2008@08:31:03
      AUTHOR: HANNA,SUSAN          EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Pt. to have PFT's, 2 veiw CXR, upper GI and esophogram.

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 13:36

==========================================================================

 --- Original Document ---

02/20/08 PC - NURSING INTERVIEW NOTE:
Primary Care Nursing Interview
   Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit:
  Reports a dry raspy cough in Nov, Dec and Jan and is wondering if
  this could be the histoplasmosis that he had in the 70's.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Current Vital Signs
   Temperature: 98.3 F [36.8 C] (02/20/2008 08:21)
   Pulse: 70 (02/20/2008 08:21)
   Respirations: 18 (02/20/2008 08:21)
   B/P: 145/79 (02/20/2008 08:21)
   Height(inches): 73.25 in [186.1 cm] (02/20/2008 08:21)
   Weight(lbs): 208.8 lb [94.9 kg] (02/20/2008 08:21)
   BMI: 27.4
   Pain: 0 (02/20/2008 08:21) (Scale from 1-10)
   O2 Sat: 2/20/08 @ 0821      PULSE OXIMETRY: 96 On Room Air
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 64
Living arrangements: Spouse/family in Hooker, Ok
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:  NKDA
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW************
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? No
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient.  Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT*************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
********************Dietary Screen**********************************

B/P>140/90       B/P: 145/79 (02/20/2008 08:21)
****************SKIN IMPAIRMENT RISK ASSESSMENT**********************
```


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(Braden Scale)
4 = No Impairment Sensory Perception
4 = Rarely Moist Moisture
4 = Walks Frequently Activity
4 = No Limitations Mobility
4 = Excellent Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin integrity problem exists and is to be reflected in the patient/resident plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

No problems identified
PAIN ASSESSMENT

Patient is not experiencing pain.
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE**********
0 = No History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock
0 = Normal, bed rest, immoblile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
15 TOTAL SCORE
Scoring:
0-24 No Risk
25-50 Low Risk, Standard Fall Precautions
>51 High Risk, High Risk Fall Precautions
****
EDUCATION:
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English

Desire and Motivation: Eager to learn
Comprehension: High
Method of Teaching: Verbal
Topics Covered: Plan of Care
Evaluation of Patient/Family Education:Voiced understanding

Nursing Comments: Initial b/p 145/79 p70, rechecked in 5 min 133/89 p70.

Additional education: follow-up appt

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 08:30
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	ORGAN DONATION	Note	WALKER,KATHY LYNN		MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ ORGAN DONATION

LOCAL TITLE: ORGAN DONATION
STANDARD TITLE: DONOR NOTE
DATE OF NOTE: SEP 18, 2015@12:03 ENTRY DATE: SEP 18, 2015@12:03:10
AUTHOR: WALKER,KATHY LYNN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

ORGAN AND TISSUE DONATION

1. Upon notification of a patient's status of brain death or imminent death and before calling the Organ/Tissue Donation Program, the Designated Requestor (the Nursing Service Acute Care Supervisor)shall perform a preliminary review to determine if the medical record contains appropriate consent for release of information according to medical center policy and VHA Directive 2000-003. If appropriate consent is not available, the Designated Requestor will obtain it, if possible.

Was the Organ Donation Agency Contacted? yes
If, NO, Indicate Reason (s):

2. If appropriate consent has been executed, the Designated Requestor will Call Organ/Tissue Donation Program at (901) 366-6775 and complete the following information:

Name of Employee Calling Organ/Tissue Donation Program:
KATHY WALKER,RN

Date/TIME: Sep 18,2015@08:15

Name of Donor Program Representative Who Returned Call:
AMANDA ARRINGTON
Date/Time Call Received: Sep 18,2015@08:40

Was Patient Accepted or Declined by Donor Program?
Declined
If Declined, Indicate Reason(s): SEPSIS

Was Patient Accepted for Research Donation only? no

3. If Patient Is Accepted by Donor Program, indicate specifically which Organs/Tissues that are acceptable: N/A

4. If Accepted by Donor Program, indicate name of persons approaching patient and/or Next-of Kin: N/A

Name (Designated Requestor): Position/Title:

Date/Time:

Was Family Offered The Opportunity to Donate? yes

Indicate Name of Person Approaching Next-of-kin About Donation & Date/Time

Approach Made:

Name: Position/Title:
Date/Time: Sep 18,2015@08:10

5. Was Consent for Donation of Organs/Tissue Obtained?

6. Date and Time of Patient's Death: 09/18/15 08:38 A.M.

/es/ KATHY LYNN WALKER
RN
Signed: 09/18/2015 12:07

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	Addendum to TRANSFER NOTE		MCCARY,APRIL D		3N-SURG			VistA	AMA

Notes ~ Addendum to TRANSFER NOTE

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 19, 2015@19:16:12  ENTRY DATE: AUG 19, 2015@19:16:12
      AUTHOR: MCCARY,APRIL D       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

1930-2000 walking rounds completed and report to next shift

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 19:16

==========================================================================

 --- Original Document ---

08/19/15 TRANSFER NOTE:
Transferred to 3N
from OR
via Stretcher/Bed Aug 19,2015@13:41.
Pt s/p ingulinal herina repair

HAND OFF Communication Report:
Report from (sending nurse): JonRN
Called to (receiving nurse): AprilRN
Patient prefers to be called/referred to as: Mr Hopkins
Does the patient want his/her admission information withheld from family and
public disclosure?No
Assessments:

Education**********************************
  Person Being Assessed: Patient
   Barriers to Learning: None
  Desire and Motivation: Eager to learn
           Comphrension: Moderate
     Preferred Language: English
     Method of Teaching: Verbal in preferred language
Evaluation of Education: Voiced understanding
                Topics: Diabetes, Speak Up, Plan of Care
***********Dysphagia Screen***************
Oral Screen:
Patient/Resident:
     Uses own teeth and/or dentures for chewing
Part 1- Dysphagia Risk Factors
     No problems identified
Assessment
Respiratory:
Regular, unlabored, no abnormal breath sounds
Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate.
Neurological:
Alert, oriented x 3, follows commands, PERRLA
Musculo Skeletal:
ROM all joints, hand grips equal.
Other:
slight unsteady at this time

GastroIntestinal
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Appetite: Good
Date Last BM:pre admitt
Genito-Urinary
Voids without difficulty, clear urine, no distention.
Other:
rt inglunial herina repair
```


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Urine: Voids
    Foley secure devices: YES

Skin - Document on form:
**********Patient Belongings**********
Clothing, shoes, etc:
    glasses, book, shoes, pants, shirt,
Disposition of belongings: Kept by patient
**********Nutritional Screening**********
*******NUTRITIONAL/METABOLIC**********
Send a DIETARY CONSULT for any checked problems under this heading.
Screening: No problems identified}
**********Functional Assessment**********
  Dress/Groom: Self Care
  Feeding: Self Care
  Home routine: Self Care
  Toileting: Self Care
  Bathing: Self Care
**********Fall Risk Reassessment**********
0 = No   History of Falling
0 = No   Secondary diagnosis
15 = Crutches, cane, walker   Ambulatory aid
20 = Yes IV/Heparin Lock
20 = Impaired   Gait/transferring
15 = Forgets limitations   Mental Status
 TOTAL SCORE
Scoring:
45 and Higher   High Risk
        Implement Universal Fall Precautions
        Implement Additional Interventions Based on Identified Area of Risk
Fall Risk
      Goals/Expected Outcomes:
         Prevention of Falls
         Prevention of Injury from Falls
      Plan: Monitor and provide safe environment. Fall precautions reviewed with
patient. These include use of assistive devices, removing rugs, maintaining
clear pathways and use of lighting.
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 0
        Patient's acceptable level of pain: 0
PLAN*:
Refer to care plan and MD orders for treatment plan, All unresolved pain will
be referred to ordering provider

**********MRSA CULTURE**********
MRSA Education provided.
Informed verbal consent obtained.
MRSA nares culture obtained.
Informed verbal consent obtained.
MRSA nares culture obtained: No (if no, explain):yes obtain
****
1140 APPROX ARRIVED TO WARD
1216 refused insulin
1306 report to Rothman NP that pt refused insulin
1330 nurse (self) talked with pt for a while about the importants of blood sugar
control. Pt expressed that he does not beleive in taking meds. Pt states that
his wife is a nturietist and tells diabetic but that they have been living apart
and that he has not been doing what he should. Education provide to area that
uncontroled diabetes effect
1400 pt void approx 300 cc

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 14:03

08/19/2015 ADDENDUM   STATUS: COMPLETED
1600 up to bathroom, had large BM
1730 eat supper
1900 resting in bed, no c/o, given extra blanket

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 19:03
 0

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 05, 2012	HEALTHY LIVING/COPING SKILLS	Nurse Note	MOORE,ROGENA S	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ HEALTHY LIVING/COPING SKILLS

```
     LOCAL TITLE: HEALTHY LIVING/COPING SKILLS
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: APR 05, 2012@08:42     ENTRY DATE: APR 05, 2012@08:42:36
      AUTHOR: MOORE,ROGENA S       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Exercise Screening:

    Yes--Are you physically active, exercise 3 times a week
    20-30 min.
Weight/Nutrition Screening:

    Yes Does your diet contain more fruit, grain, and vegetables
    than meats?
    Yes Have you had your stool checked for blood in the last
    year?
Miscellaneous:

     No 1. Have you had a flex sig by an outside provider
or at the Amarillo VA within the last 5 years?
     Yes 2. Have you had a colonoscopy by an outside provider
or at the Amarillo VA within the last 10 years?
     Yes 3.  Do you have an advance directive or living will?
     No 4.  Do you take an aspirin daily?

/es/ ROGENA S MOORE
LVN
Signed: 04/05/2012 08:46
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	SURGERY PRE-OP NOTE	Surgery Preoperative evaluation and management note	STILES,ZACHARY E	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ SURGERY PRE-OP NOTE

```
     LOCAL TITLE: SURGERY PRE-OP NOTE
STANDARD TITLE: SURGERY PRE OPERATIVE E & M NOTE
DATE OF NOTE: SEP 16, 2015@22:42     ENTRY DATE: SEP 16, 2015@22:42:27
      AUTHOR: STILES,ZACHARY E     EXP COSIGNER: VERA,SANTIAGO RAFAEL
     URGENCY:                            STATUS: COMPLETED

   *** SURGERY PRE-OP NOTE Has ADDENDA ***

GENERAL SURGERY


                              PRE-OPERATIVE SURGEON'S NOTE

1.Proposed Procedure(s):exploratory laparotomy

2.Surgeon:
  Paulus Elena

3.Attending(s):
  VERA, SANTIAGO
```


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4.Date and Time of Consent:Sep 16,2015@22:43

5.Patient has decision-making capacity to give informed consent.Yes

6.Reviewed the procedure with patient and discussed major potential
risks. Patient indicated understanding of procedure, its risks and
benfits, as well as alternative therapies. Patient was given opportunity
to ask questions and wishes to proceed with procedure as planned.

7.Risks of procedure discussed:
Death, Bleeding, Infection, Failure of Procedure, Procedure affecting other
organs or systems
   Other Risks Include:

8.Consequences of refusal discussed with patient   Yes

9.Pre-Operative Impression
  perforated viscus

10.Alernative Options discussed with patient included:
  non operative management

11.Present at time of discussion:
   spouse, child

12. History and Physical reviewed?   Yes

Active Outpatient Medications (including Supplies):

No Medications Found

Surgical case is considered to be Emergent

Attending notified:by telephone

VENOUS THROMBOEMBOLISM PROPHYLAXIS
SEQUENTIAL COMPRESSION DEVICE
METRONODAZOLE 500MG IVPB PRE-OP AND VANCOMYCIN 1GM IVPB PRE-OP

JUSTIFICATION FOR USE: Documentationof patient being high-risk due to acute
inpatient hospitalization within the last year
No Pre-Operative beta-blocker therapy needed

Justification:Patient not taking beta-blockers prior to admission/surgery

/es/ ZACHARY E STILES
resident
Signed: 09/16/2015 22:46

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:16

09/17/2015 ADDENDUM   STATUS: COMPLETED
I have examined the patient and reviewed the patient's initial
presentation and
laboratory and test results.I agree with the diagnostic and therapeutic plans of
the housestaff.
        For this patient there is a moderate risk for surgical intervention ,but
I believe it is the best
option. The risk of failure or poor outcome is known and has been discussed with
the patient.
Complications explained include: Anesthetic adverse actions,perioperative
bleeding,infection,
injury to adjacent structures,reaction to medications and blood and death.The
patient understands the
alternatives treatment options as well as the sequelae of no intervention.

The diagnosis is acute abdomen

The intended procedure laparotomy

/es/ SANTIAGO RAFAEL VERA
MD

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Signed: 09/17/2015 07:17

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 17, 2011	PC - NURSING INTERVIEW NOTE	Primary care Nurse Note	COLLINS,ALMA L		ZZ-LIBERAL KANSAS CBOC			VistA	AMA

Notes ~ PC - NURSING INTERVIEW NOTE

```
     LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: FEB 17, 2011@10:18     ENTRY DATE: FEB 17, 2011@10:18:09
      AUTHOR: COLLINS,ALMA L       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Primary Care Nursing Interview
   Clinic location: Liberal
Scheduled
Presented: Ambulatory without assistance
Reason for visit:  No significant health problems since last visit.


~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Current Vital Signs
   Temperature: 97 F [36.1 C] (02/17/2011 10:12)
         Pulse: 68 (02/17/2011 10:12)
  Respirations: 16 (02/17/2011 10:12)
           B/P: 124/86 (02/17/2011 10:12)
   Height(ins): 72.5 in [184.2 cm] (08/11/2009 12:49)
   Weight(lbs): 207.5 lb [94.3 kg] (02/17/2011 10:12)
           BMI: 27.8
          Pain: 0 (02/17/2011 10:12) (Scale from 1-10)
       O2 Sat: 10/5/10 @ 1039      PULSE OXIMETRY: 96

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 67
Living arrangements: Spouse/family
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? Yes
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient.  Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use:
*********************Dietary Screen***********************************

All available dietary screening labs have been reviewed and are within
acceptable range.
*****************SKIN IMPAIRMENT RISK SCREEN***********************
                     (Braden Scale) -
4 = No Impairment       Sensory Perception
4 = Rarely Moist        Moisture
4 = Walks Frequently    Activity
4 = No Limitations      Mobility
3 = Adequate            Nutrition
3 = No  Apparent ProblemFriction and Shear
22 = TOTAL SCORE


15-18 = low risk
13-14 = moderate risk
    If score is 18 or less, an impaired or potentially impaired skin
    integrity problem exists and is to be reflected in the patient/resident
    plan of care.
12 or less = high risk
    If score is 12 or less, the PCP may enter a Enterostomal/Wound
```


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No -- Does Patient have an open wound of any type?

No problems identified

PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain: 0
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE**********
0 = No History of Falling
0 = No Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
0 TOTAL SCORE
Scoring:
0-24 No Risk
25-45 Low Risk, Standard Fall Precautions
>44 High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None

Desire and Motivation: Denies need for education
Comphrension: Moderate
Preferred Language: English
Method of Teaching:
Evaluation of Education:
Topics:
Nursing Comments: Veteran here for f/u cardiology appt.

Denies chest pain since then.

c/o "equilibrium problem" he says he feels it is due to ears plugged up.

Pt is not fasting.

/es/ ALMA L COLLINS
RN
Signed: 02/17/2011 10:22

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	ANESTHESIA DAY OF SURGERY NOTE	Anesthesiology Preoperative evaluation and management note	WARREN,JAMES F	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ ANESTHESIA DAY OF SURGERY NOTE

LOCAL TITLE: ANESTHESIA DAY OF SURGERY NOTE
STANDARD TITLE: ANESTHESIOLOGY PRE OPERATIVE E & M NOTE
DATE OF NOTE: AUG 19, 2015@07:52 ENTRY DATE: AUG 19, 2015@07:52:59
AUTHOR: WARREN,JAMES F EXP COSIGNER:
URGENCY: STATUS: COMPLETED

ANESTHESIA DAY OF SURGERY PRE-OPERATIVE EVALUATION NOTE
Patient NPO after: Aug 18,2015@23:59. Vital signs stable. All posed questions were answered to the patient's satisfaction regarding the planned anesthetic.

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Anesthesia Pre-op Evaluation reviewed. Date of Note: Aug 17,2015

No interval change in patient medical status noted.

I have reviewed updated active medication list.
ACTIVE MEDICATIONS

Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN MANAGEMENT]	ACTIVE

ACETAMINOPHEN 300MG/CODEINE 30MG TAB Fill Date: AUG 19, 2015
Sig: TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN MANAGEMENT]
AIRWAY EXAM:

Airway Exam:
ROM Neck Normal
Mallampati airway class 2
Mouth opening Normal
Dentition: Abnormalpoor dentition, no loose teeth
Thyromental Distance: Normal
PHYSICAL EXAMINATION:

Heart: Regular rate and rhythm, S1, S2 auscultated, w/o murmurs [ ]Other (specify):

Lungs: [X] Clear to Auscultation [ ] Other (specify):

Other: A + O x 3 , no focal deficiets

ASA: 3

ECG: 8/13/15 SR w SA w 1st degree AVB

CXR: 8/13/15 NAD

PAIN MANAGEMENT DISCUSSED iv pain meds

I have informed the patient, or the person authorized to extend the patient's consent, of the methods of anesthesia proposed. I have explained, consistent with accepted medical judgment, the nature and purposes of the anesthesia, the reasonable alternative methods,the risks involved and possiblity of complications.

I have explained that the anesthetic which is proposed to be used is a General but that an alternative form of anesthesia may be used if required by conditions arising before or during the procedure.

OTHER PROCEDURES DISCUSSED:
Anesthesia awareness
Risks, benefits, and postoperative pain management options have been discussed and are acceptable to the patient.

Patient states understanding and wishes to proceed.

COMMENTS:

Note: See scanned image of anesthesia record.
LABS:

Hemoglobin: 14.9 gm/dL AUG 13,2015@15:01:13

Hematocrit: 46.5 % AUG 13,2015@15:01:13

WBC: 9.8 K/cumm AUG 13,2015@15:01:13

Platelet Count: 268 K/cumm AUG 13,2015@15:01:13

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Chem:
SODIUM	136	meq/L	AUG 13,2015@15:01:14	
POTASSIUM	4.2	mmol/L	AUG 13,2015@15:01:14	
CL	99 L	meq/L	AUG 13,2015@15:01:14	
CO2	27	meq/L	AUG 13,2015@15:01:14	
GLUCOSE	234 H	mg/dL	AUG 13,2015@15:01:14	
BUN	22 H	mg/dl	AUG 13,2015@15:01:14	
CALCIUM	9.4	mg/dL	AUG 13,2015@15:01:14	
CREATININE			8/13/15 15:01	0.83
T. PROTEIN	7.5	gm/dL	JUL 14,2015@07:37:45	
ALBUMIN	4.4	g/dL	JUL 14,2015@07:37:45	
BILI T	0.6	mg/dL	JUL 14,2015@07:37:45	
ALK PHOS	53	IU/L	JUL 14,2015@07:37:45	
AST	11	IU/L	JUL 14,2015@07:37:45	
ALT	15	IU/L	JUL 14,2015@07:37:45	
MAG	2.0	mg/dL	JUL 14,2015@07:37:45	
PHOS	3.5	mg/dl	JUL 14,2015@07:37:45	
TSH	2.45	mIU/mL	JUL 14,2015@07:37:46	

HGB A1C: 13.4 H % JUL 14,2015@07:37:44

PTT: 24.7 Seconds AUG 13,2015@15:01:15

PT: 11.0 Seconds AUG 13,2015@15:01:15

INR: 0.9 ratio AUG 13,2015@15:01:15

TSH: 2.45 mIU/mL JUL 14,2015@07:37:46

URINE DRUG SCREEN:
SCLU - Urine Drug Screen
No data available for PCP SCREEN; BENZODIAZEPINE SCREEN; COCAINE SCREEN; AMPHETAMINE SCREEN; CANNABINOID SCREEN; OPIATE SCREEN; BARBITUATE SCREEN

TOTAL BETA HCG
SLT - Lab Tests Selected
No data available for HCG BETA, TOTAL (PREGNANCY TEST)

FINGER STICK GLUCOSE: 247 H mg/dL AUG 19,2015@07:07
LABS:

Hemoglobin: 14.9 gm/dL AUG 13,2015@15:01:13

Hematocrit: 46.5 % AUG 13,2015@15:01:13

WBC: 9.8 K/cumm AUG 13,2015@15:01:13

Platelet Count: 268 K/cumm AUG 13,2015@15:01:13

Chem:
SODIUM	136	meq/L	AUG 13,2015@15:01:14	
POTASSIUM	4.2	mmol/L	AUG 13,2015@15:01:14	
CL	99 L	meq/L	AUG 13,2015@15:01:14	
CO2	27	meq/L	AUG 13,2015@15:01:14	
GLUCOSE	234 H	mg/dL	AUG 13,2015@15:01:14	
BUN	22 H	mg/dl	AUG 13,2015@15:01:14	
CALCIUM	9.4	mg/dL	AUG 13,2015@15:01:14	
CREATININE			8/13/15 15:01	0.83
T. PROTEIN	7.5	gm/dL	JUL 14,2015@07:37:45	
ALBUMIN	4.4	g/dL	JUL 14,2015@07:37:45	
BILI T	0.6	mg/dL	JUL 14,2015@07:37:45	
ALK PHOS	53	IU/L	JUL 14,2015@07:37:45	
AST	11	IU/L	JUL 14,2015@07:37:45	
ALT	15	IU/L	JUL 14,2015@07:37:45	
MAG	2.0	mg/dL	JUL 14,2015@07:37:45	
PHOS	3.5	mg/dl	JUL 14,2015@07:37:45	
TSH	2.45	mIU/mL	JUL 14,2015@07:37:46	

HGB A1C: 13.4 H % JUL 14,2015@07:37:44

PTT: 24.7 Seconds AUG 13,2015@15:01:15

PT: 11.0 Seconds AUG 13,2015@15:01:15

INR: 0.9 ratio AUG 13,2015@15:01:15

TSH: 2.45 mIU/mL JUL 14,2015@07:37:46

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URINE DRUG SCREEN:
SCLU - Urine Drug Screen
  No data available for PCP SCREEN; BENZODIAZEPINE SCREEN; COCAINE SCREEN;
AMPHETAMINE SCREEN; CANNABINOID SCREEN; OPIATE SCREEN; BARBITUATE SCREEN

TOTAL BETA HCG
SLT - Lab Tests Selected
  No data available for HCG BETA, TOTAL (PREGNANCY TEST)

FINGER STICK GLUCOSE: 247 H mg/dL   AUG 19,2015@07:07

/es/ JAMES F WARREN

Signed: 08/19/2015 07:55

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 28, 2015	ACCU CHEK AVIVA GLUCOMETER (C)	Diabetology Consult note	OWENS,WHITNEY B	Pharmacy Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ ACCU CHEK AVIVA GLUCOMETER (C)

     LOCAL TITLE: ACCU CHEK AVIVA GLUCOMETER (C)
STANDARD TITLE: DIABETOLOGY CONSULT
DATE OF NOTE: AUG 28, 2015@14:40   ENTRY DATE: AUG 28, 2015@14:41:01
      AUTHOR: OWENS,WHITNEY B   EXP COSIGNER:
     URGENCY: STATUS: COMPLETED

PATIENT EDUCATION   ACCU-CHEK AVIVA GLUCOMETER
ASSESSMENT:
PERSON BEING ASSESSED: Patient

BARRIERS TO LEARNING: None

DESIRE AND MOTIVATION: Eager to learn

COMPREHENSIVE ABILITY: Moderate

METHOD OF TEACHING: Verbal, Demonstration, Written Material

EDUCATIONAL NEEDS/PLAN/GOALS:The patient will be able to do blood glucose
testing at home.

Accu-Chek Aviva Meter topics covered:
 1. Review procedure for code key.
 2. Perform test procedure.
 3. Problem solving - refer to User's
     Manual if a problem with testing occurs.
 4. Getting a good drop of blood.
 5. Display messages.
 6. Error messages.
 7. Battery replacement.
 8. Alternate site testing discussed. Patient informed hypoglycemia is
     not detected by this method. Approval by physician is needed to
     do alternate site testing.
 9. Meter Warranty and replacement discussed.

Serial number of machine: 45520117052

EVALUATION OF PT/FAMILY EDUCATION: Voiced understanding/Return
demonstration

OTHER PATIENT EDUCATION TOPICS COVERED OR COMMENTS:

/es/ WHITNEY B KOCH
PHARMACIST
Signed: 08/28/2015 14:41

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 26, 2010	PC - NURSING INTERVIEW NOTE	Primary care Nurse Note	COLLINS,ALMA L		ZZ-LIBERAL KANSAS CBOC			VistA	AMA

Notes ~ PC - NURSING INTERVIEW NOTE

```
     LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: AUG 26, 2010@08:53     ENTRY DATE: AUG 26, 2010@08:53:41
      AUTHOR: COLLINS,ALMA L       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Primary Care Nursing Interview
   Clinic location: Liberal
Scheduled
Presented: Ambulatory without assistance
Reason for visit:  No significant health problems since last visit.


~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Current Vital Signs
   Temperature: 96 F [35.6 C] (08/26/2010 08:43)
         Pulse: 56 (08/26/2010 08:43)
  Respirations: 16 (08/26/2010 08:43)
           B/P: 112/60 (08/26/2010 08:43)
   Height(ins): 72.5 in [184.2 cm] (08/11/2009 12:49)
   Weight(lbs): 201.9 lb [91.8 kg] (08/26/2010 08:43)
           BMI: 27.1
          Pain: 0 (08/26/2010 08:43) (Scale from 1-10)
       O2 Sat: 2/2/10 @ 1406       PULSE OXIMETRY: 96

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 67
Living arrangements: Spouse/family
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW************
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? Yes
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient.  Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
*********************Dietary Screen***********************************

All available dietary screening labs have been reviewed and are within
acceptable range.
****************SKIN IMPAIRMENT RISK SCREEN**********************
                     (Braden Scale) -
4 = No Impairment       Sensory Perception
4 = Rarely Moist        Moisture
4 = Walks Frequently    Activity
4 = No Limitations      Mobility
3 = Adequate            Nutrition
3 = No  Apparent ProblemFriction and Shear
22 = TOTAL SCORE


15-18 = low risk
13-14 = moderate risk
    If score is 18 or less, an impaired or potentially impaired skin
    integrity problem exists and is to be reflected in the patient/resident
    plan of care.
12 or less = high risk
    If score is 12 or less, the PCP may enter a Enterostomal/Wound
                                               Care Nurse consult
```


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No -- Does Patient have an open wound of any type?

No problems identified

PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain: 0
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE**********
25 = Yes History of Falling
0 = No Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
25 TOTAL SCORE
Scoring:
0-24 No Risk
25-45 Low Risk, Standard Fall Precautions
>44 High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None

Desire and Motivation: Denies need for education
Comphrension: High
Primary Language: English
Method of Teaching:
Evaluation of Education:
Topics:
Nursing Comments: veteran here for annual visit.

Veteran reports 2 episodes of pain across chest, "feels heavy"

Reports dizziness x 2 when standing up.

He voices concern with decrease memory.

Pt is fasting. Seracult kit given with instructions.

/es/ ALMA L COLLINS
RN
Signed: 08/26/2010 08:59

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 08, 2013	DIABETIC TELERETINAL READER CONSULT REPORT	Diabetology Note	POWELL,JASON R	Eye and Vision Services Providers	RAYMOND G. MURPHY VAMC			VistA	ABQ

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Notes ~ DIABETIC TELERETINAL READER CONSULT REPORT

```
     LOCAL TITLE: DIABETIC TELERETINAL READER CONSULT REPORT
STANDARD TITLE: DIABETOLOGY NOTE
DATE OF NOTE: APR 08, 2013@15:42     ENTRY DATE: APR 08, 2013@15:42:27
      AUTHOR: POWELL,JASON R       EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

PUPIL DILATION:
  Pupils not dilated for imaging

IMAGE QUALITY ASSESSMENT:
  Image quality adequate

DIABETIC SURVEILLANCE ASSESSMENT:
  RIGHT RETINAL IMAGES:
    Retinopathy Assessment Rt eye:
      No Diabetic Retinopathy
    Macula Assessment Rt eye:
      No apparent abnormalities
    Optic Nerve Assessment Rt Eye:
      No apparent abnormalities
  LEFT RETINAL IMAGES:
    Retinopathy Assessment Lt eye:
      No Diabetic Retinopathy
    Macula Assessment Lt eye:
      No apparent abnormalities
    Optic Nerve Assessment Lt eye:
      No apparent abnormalities

EYE EXAM RESULTS:
  Diabetic Retinopathy:
    Eye exam Retinopathy: Normal
  Macula findings:
    Eye exam Macula: Normal
  Optic Nerve Findings:
    Eye exam Optic Nerve: Normal

RECOMMENDATIONS:
  Refer for comprehensive eye exam
    Refer to:
      EITHER Ophthalmology or Optometry
        Within 1 year
    Referral/appointment reason:
      Routine eye care
 Poor control of diabetes.

*********************************************************************
*Digital retinal imaging has been shown to be an effective method *
*of screening for diabetic retinopathy, but cannot substitute for *
*a comprehensive eye exam.                                         *
*********************************************************************

/es/ JASON R POWELL, OD
OPTOMETRIST
Signed: 04/08/2013 15:43
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 26, 2015	WI-ADMINISTRATIVE NOTE (BP,O)	Administrative note	RIDGE,TODD A	Physician Assistants & Advanced Practice Nursing Providers	LIBERAL CBOC			VistA	KAN

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Notes ~ WI-ADMINISTRATIVE NOTE (BP,O)

```
     LOCAL TITLE: WI-ADMINISTRATIVE NOTE (BP,O)
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: JUN 26, 2015@10:02     ENTRY DATE: JUN 26, 2015@10:02:54
      AUTHOR: RIDGE,TODD A         EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

RN triaged patient this am. Please see CPRS note.
Hx of DM.
no current DM meds.
dizzy, n/v, visual changes, wt loss.
consistent with DKA.
driving alone on way to KC.
will send to local ER via EMS.
non-va ER consult submitted.

/es/ TODD A RIDGE
ANP
Signed: 06/26/2015 10:04
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 06, 2008	Addendum to PC - NURSING INTERVIEW NOTE		KIRSCH,BEVERLY A		ZZ11AMA-TEAM 2 SEGARRA			VistA	AMA

Notes ~ Addendum to PC - NURSING INTERVIEW NOTE

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: MAY 06, 2008@08:20:33  ENTRY DATE: MAY 06, 2008@08:20:33
      AUTHOR: KIRSCH,BEVERLY A     EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

RTC IN 12 MONTHS WITH LABS. SPINE CERVICAL MIN 4 VIEWS.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/06/2008 16:00

================================================================================

 --- Original Document ---

05/06/08 PC - NURSING INTERVIEW NOTE:
Primary Care Nursing Interview
   Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit:
  PT HERE FOR 12 MONTHS VISIT WITH LABS. PT STATES," I WOULD LIKE TO
  KNOW WHAT THE RESULTS OF THE XRAY FROM VISIT ON FEB 20." DENAIL OF
  ANY OTHER COMPLAINTS AT THIS TIME.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Current Vital Signs
   Temperature: 97.8 F [36.6 C] (05/06/2008 08:12)
   Pulse: 76 (05/06/2008 08:12)
   Respirations: 16 (05/06/2008 08:12)
   B/P: 126/82 (05/06/2008 08:12)
   Height(inches): 73.25 in [186.1 cm] (05/06/2008 08:12)
   Weight(lbs): 208.8 lb [94.9 kg] (05/06/2008 08:12)
   BMI: 27.4
   Pain: 0 (05/06/2008 08:12) (Scale from 1-10)
   O2 Sat: 5/6/08 @ 0812       PULSE OXIMETRY: 94 On Room Air
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 64
Living arrangements: Spouse/family
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
```


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IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW************
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? Yes
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use:
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
No Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
*********************Dietary Screen************************************

All available dietary screening labs have been reviewed and are within
acceptable range.
****************SKIN IMPAIRMENT RISK ASSESSMENT**********************
                      (Braden Scale)
4 = No Impairment   Sensory Perception
4 = Rarely Moist   Moisture
4 = Walks Frequently   Activity
4 = No Limitations   Mobility
4 = Excellent   Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin
integrity problem exists and is to be reflected in the patient/resident
plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

Not eligible for dietary counseling (Champus VA/Tri-Care)
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 0
        Patient's acceptable level of pain:
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
  History of Falling
15 = Yes Secondary diagnosis
 Ambulatory aid
 IV/Heparin Lock
 Gait/transferring
 Mental Status
 Medication: Cardiac drugs, Diuretics, Sedatives
15 TOTAL SCORE
Scoring:
0-24 No Risk
25-50 Low Risk, Standard Fall Precautions
>51   High Risk, High Risk Fall Precautions
EDUCATION:
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English

Desire and Motivation: Eager to learn
Comprehension:
Method of Teaching: Verbal
Topics Covered:
Evaluation of Patient/Family Education:Voiced understanding

Nursing Comments: WILL DISCUSS WITH DOCTOR

Additional education: follow-up appt, labs

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/06/2008 08:20
 0

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 21, 2015	Addendum to DEATH PRONOUNCEMENT		MINARD,GAYLE		3-SICU			VistA	MEM

Notes ~ Addendum to DEATH PRONOUNCEMENT

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 21, 2015@12:52:28  ENTRY DATE: SEP 21, 2015@12:52:28
      AUTHOR: MINARD,GAYLE         EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

seen and examined patient with resident, agree with pronouncement.

/es/ GAYLE MINARD
MD
Signed: 09/21/2015 12:52

==========================================================================

 --- Original Document ---

09/18/15 DEATH PRONOUNCEMENT:
I have identified the patient by first name, last name and Social Security
number. Patient's code status at the time of death was DNR - Do Not Resuscitate
The attending physician of record is Gayle Minard and
the attending physician has been notified

This patient does not respond to verbal or tactile stimuli.  There is no
carotid pulse. There are no respirations. The pupils are fixed, midline and do
not respond to light. I have listened for a heartbeat and observed for
respirations for at least 1 minute.  There is no heartbeat and no respirations.

Date and time of death: Sep 18,2015@08:38
Name of person contacted:HOPKINS,DARLENE R
The Family/NOK or concerned individual contacted? Yes contact made with spouse



The family declines an autopsy

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 09:44

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:52

09/18/2015 ADDENDUM                      STATUS: COMPLETED
Family has requested autopsy at this time.

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 10:59

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:53
 0
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 15, 2008	PC - NURSING INTERVIEW NOTE	Primary care Nurse Note	HANNA,SUSAN	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PC - NURSING INTERVIEW NOTE

```
     LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: SEP 15, 2008@09:42     ENTRY DATE: SEP 15, 2008@09:42:09
      AUTHOR: HANNA,SUSAN          EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

   *** PC - NURSING INTERVIEW NOTE Has ADDENDA ***

Primary Care Nursing Interview
   Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit:  Desires medication refill.
  Reports problems with right knee for past couple of mohts. Reports
  pain and swelling.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Current Vital Signs
   Temperature: 98.2 F [36.8 C] (09/15/2008 09:41)
   Pulse: 77 (09/15/2008 09:41)
   Respirations: 18 (09/15/2008 09:41)
   B/P: 123/72 (09/15/2008 09:41)
   Height(inches): 73 in [185.4 cm] (07/23/2008 13:49)
   Weight(lbs): 209.8 lb [95.4 kg] (09/15/2008 09:41)
   BMI: 27.7
   Pain: 0 (09/15/2008 09:41) (Scale from 1-10)
   O2 Sat: 9/15/08 @ 0941      PULSE OXIMETRY: 94 On Room Air
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 65
Living arrangements: Spouse/family in Hooker
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:  nkda
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW************
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? No
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient.  Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
*******************OBSERVATIONS FOR ABUSE/NEGLECT*************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
********************Dietary Screen***********************************

All available dietary screening labs have been reviewed and are within
acceptable range.
****************SKIN IMPAIRMENT RISK ASSESSMENT**********************
                      (Braden Scale)
4 = No Impairment       Sensory Perception
4 = Rarely Moist        Moisture
4 = Walks Frequently    Activity
4 = No Limitations      Mobility
4 = Excellent           Nutrition
3 = No  Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin
integrity problem exists and is to be reflected in the patient/resident
plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

No problems identified
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
```


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```
        Patient's present level of pain:    0
        Patient's acceptable level of pain: 0
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
0 = No    History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No   IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
10 = Yes Medication: Cardiac drugs, Diuretics, Sedatives
25 TOTAL SCORE
Scoring:
0-24  No Risk
25-50 Low Risk, Standard Fall Precautions
>51   High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning:           None
Primary Language: English
Desire and Motivation: Eager to learn
Comprehension: High
Method of Teaching:           Verbal, Handouts
Topics Covered:
Speak Up: YES
Plan of Care
Evaluation of Patient/Family Education: Voiced understanding
Additional education:  follow-up appt


/es/ SUSAN HANNA
LVN
Signed: 09/15/2008 09:44

09/15/2008 ADDENDUM                        STATUS: COMPLETED
Pt. givenprosthetics request, rehab medicine referral, and is to have 2 view
weight bearing both knees and 4 view lumbo sacral spine.

/es/ SUSAN HANNA
LVN
Signed: 09/15/2008 15:25
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 18, 2011	WI-FORM LETTER DIAGNOSTIC RESULTS	Diagnostic study note	WETMORE,ELIZABETH B		LIBERAL CBOC			VistA	KAN

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Notes ~ WI-FORM LETTER DIAGNOSTIC RESULTS

```
     LOCAL TITLE: WI-FORM LETTER DIAGNOSTIC RESULTS
STANDARD TITLE: DIAGNOSTIC STUDY REPORT
DATE OF NOTE: FEB 18, 2011@07:36     ENTRY DATE: FEB 18, 2011@07:36:34
      AUTHOR: WETMORE,ELIZABETH B  EXP COSIGNER:
     URGENCY:                              STATUS: COMPLETED

                                                  Department of Veterans Affairs
                                                          Robert J. Dole
                                                         5500 E. Kellogg
                                                       Wichita, KS  67218




        MARSHALL HUGH  HOPKINS
        101 OKLAHOMA ST
        HOOKER, OKLAHOMA, 73945


        This letter was mailed to the patient.
        Feb 18,2011


        DEAR VETERAN,

        THIS LETTER IS TO INFORM YOU OF YOUR RECENT STUDY RESULTS PERFORMED
        AT THE ROBERT J. DOLE VAMC, WICHITA KS.
        _____________________________________________________
        PRIMARY CARE
        LABORATORY
        complete blood count (CBC), lipid panel, comprehensive metabolic panel,
glucose, urine test, PSA
          results were normal
        Comments:trace of bacteria in your urine, how about some cranberyy pills
2 a
day for 10
days? other than that, your lousy (LDL) cholesterol needs some work, exercise,
fish oil pills (2 q day)se you soon!!! Liz

        ******************
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	CRITICAL TEST RESULTS REPORTING	Diagnostic study note	MASTERS,AMANDA L	Nursing Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ CRITICAL TEST RESULTS REPORTING

```
     LOCAL TITLE: CRITICAL TEST RESULTS REPORTING
STANDARD TITLE: DIAGNOSTIC STUDY REPORT
DATE OF NOTE: SEP 17, 2015@13:55     ENTRY DATE: SEP 17, 2015@21:53:15
      AUTHOR: MASTERS,AMANDA L     EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Critical Test Results Reporting
Critical Lab Value
Date/time provider notified: Sep 17,2015@13:55

Name of Provider notified by nurse - Paulas/Gibson

Critical test result(s) values reported and read back were: K+ 2.8



/es/ AMANDA L. MASTERS
REGISTERED NURSE
Signed: 09/17/2015 21:53
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	NURSING DISCHARGE MEDICATION EDUCATION	Nurse Discharge summary	JONES,JAMES R	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING DISCHARGE MEDICATION EDUCATION

```
     LOCAL TITLE: NURSING DISCHARGE MEDICATION EDUCATION
STANDARD TITLE: NURSING DISCHARGE NOTE
DATE OF NOTE: AUG 20, 2015@09:45     ENTRY DATE: AUG 20, 2015@09:45:33
      AUTHOR: JONES,JAMES R        EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Medication education provided by Pharmacy.
The following medication list was given to the patient at discharge.
Active and Recently Expired Outpatient Medications (including Supplies):

     Active Outpatient Medications                          Status
==========================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY  ACTIVE
       MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN
       MANAGEMENT]

/es/ JAMES R. JONES, R.N.
STAFF NURSE
Signed: 08/20/2015 09:46
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 02, 2006	PC - NURSING INTERVIEW NOTE	Primary care Nurse Note	JONES,RHONDA M	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PC - NURSING INTERVIEW NOTE

```
     LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: MAY 02, 2006@09:57     ENTRY DATE: MAY 02, 2006@09:57:27
      AUTHOR: JONES,RHONDA M       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

APPOINTMENT TIME: 1000
Type of Visit: Scheduled Visit
Allergies as listed in CPRS: No Allergy Assessment
```


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Any other patient stated allergies:None
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
SUBJECTIVE: alert, oriented x3, here for new pt visit. wouldlike to have a physical today. does not take any medicines. pt would like to get DNR today also.

Patient Age: 62
Living arrangements: lives at home with family

****
Tobacco use: Quit Smoking
****
Inhaler use: No Return Demonstration:
Presented: Ambulatory without assistance
Have you been in the hospital since last visit?
If so where?
Have you seen an outside physician since last visit?
Were you given any new medications?
Other:
Desires medication refill
Temperature: 98.1 F [36.7 C] (05/02/2006 09:55)
Pulse: 69 (05/02/2006 09:55)
Respirations: 20 (05/02/2006 09:55)
B/P: 118/78 (05/02/2006 09:55)
Height(inches): 74 in [188.0 cm] (05/02/2006 09:55)
Weight(lbs): 200.7 lb [91.2 kg] (05/02/2006 09:55)
BMI: 25.8
Pain: 3 (05/02/2006 09:55) (Scale from 1-10)
O2 Sat: 5/2/06 @ 0954 PULSE OXIMETRY: 95
On Room Air
SCREENING TESTS REQUESTED- Lab
OTHER-
**********DIETARY**********
Has Prealbumin <18 Dietary consult needed.
Has BMI < 21 Dietary consult needed. BMI: 25.8
Has BMI > 27 Dietary consult needed. BMI: 25.8
Has HgbA1C > 10 Dietary consult needed.
HgbA1C: 5.9 % MAY 2,2006@08:06:40 Has Glucose > 125 Dietary consult needed.
GLUCOSE: 123 H mg/dL MAY 2,2006@08:06:41
Has HTN Dietary consult needed.
No problems identified
****
Known Diagnosis of CHF No
Educational packet given No
Instructions to contact provider if weight changes by more than 2-3 pounds overnight or more than 3-5 pounds in the course of a week given to patient who verbalized understanding No

PAIN MANAGEMENT- Experiencing pain that is managed effectively
Location: Neck

Intensity (current pain on a 0-10 scale): 3 (05/02/2006 09:55)
Acceptable level of pain: 0
Plan: to inform np

PLAN-
Routine visit. See provider as scheduled, Schedule routine appointment, Healthy Living Update , Coping Update
Nursing Comments:
MORSE FALL RISK SCALE
0 = No History of falling, immediate or within 3 months
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock
0 = Normal, bed rest, immoblile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
15 TOTAL SCORE

/es/ RHONDA M JONES
LVN
Signed: 05/02/2006 10:03

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	SURGERY	Surgery Note	ULM,IRENE E	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ SURGERY

```
     LOCAL TITLE: SURGERY
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 17, 2015@07:51     ENTRY DATE: SEP 17, 2015@07:52:06
      AUTHOR: ULM,IRENE E          EXP COSIGNER: MATHEW,ALEXANDER
     URGENCY:                           STATUS: COMPLETED

   *** SURGERY Has ADDENDA ***

General Surgery

No events post op.  Still requiring BP support

98, HR 112-113, SBP 91-100
L IJ cordis
NGT in place w dark output
tachycardic regular rhythm
L CT to sxn
intubated, coarse BS
L femoral CVL
soft, midline open w cassett closure, no leaking or drainage from incision
R groin incision well healed
foley in place w blood in tubing

2205/210
u 120
ng 50
ct 40

BCx p
UCx p
Peritoneal Cx p

A/P  72 yo CM w PMHx DM, HTN, HLD s/p RIHR 1 mo ago who presented in septic
shock due to ischemic bowel now POD 0 ex lap, SBR, temporary abdominal closure

Neuro:
CVS:  afib post op, current NSR. on amiodarone gtt.  on levophed @ 58 &
vassopressin @ 2.4 wean as tolerated.
Resp:  intubated, SIMV.  iatrogenic L pnx s/p L CT to sxn, residual pxn on CXR
this AM. will place a second chest tube.
FEN/GI:  NPO, NGT to LIS.  NS @ 125.  insulin gtt @ 20.  BG 236-436 post op.
GU:  cont foley.  hematuria.  will consult urology for eval on take back
HEME/ID:  will monitor H/H.  on
MSK:  PT consult when appropriate
PPx:  PPI, chemical ppx held currently

critically ill, will cont close monitoring.


/es/ IRENE E ULM, MD
RESIDENT PHYSICIAN
Signed: 09/17/2015 09:31

/es/ ALEXANDER MATHEW
SURGEON
Cosigned: 09/17/2015 11:22

09/17/2015 ADDENDUM                     STATUS: COMPLETED
TEACHING PHYSICIAN ATTESTATION

I have seen and examined the patient together with the housestaff.  I agree with
the findings and plan as documented in Dr. Ulm's note.  Pt remains critically
ill with increasing pressor support.  PA catheter placement.  Supportive care.
Poor prognosis.

/es/ ALEXANDER MATHEW
SURGEON
Signed: 09/17/2015 11:19
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	BLOOD TRANSFUSION	Blood banking and transfusion medicine Nurse Note	MASTERS,AMANDA L	Nursing Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ BLOOD TRANSFUSION

```
     LOCAL TITLE: BLOOD TRANSFUSION
STANDARD TITLE: BLOOD BANKING TRANSFUSION NURSING NOTE
DATE OF NOTE: SEP 17, 2015@19:18     ENTRY DATE: SEP 17, 2015@21:55:33
      AUTHOR: MASTERS,AMANDA L     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Blood Product Transfusion: (Please add the additional signer)

Product to be Transfused: One unit of FFP


Leukocyte Reduction Filter (PALL) No

Irradiated Unit: No

Unit #:W2277 15 050966

Pre Transfusion Verification Data:

The 1st and 2nd verifiers have verified the following:

Blood Consent signed in Imed or on chart, Unit number on blood component bag is
same as on caution tag, Patient full name on Red Blood Bank ID Band same as
caution tag, Patient full SSN# on Red Blood Bank ID Band same as caution tag,
Patient Red Blood Bank wrist band ID # same as on caution tag, Blood type on
Blood Component bag same as on caution tag

Patient was instructed on how to recognize a transfusion reaction, either
immediate or delayed.  Yes

Red Blood Wristband # PVKU 0011

Pre-Medication:  n/a

Blood Administration Set Lot#:  0061438546

Pre-Transfusion Vitals:

Additional Signer: T. Pallera, RN

Vital signs(other):
Time: 19:15Temp:101.5Pulse: 124
Resp. Rate: 23  B/P: 113/65

Transfusion start time: Sep 17,2015@19:18

Vitals during transfusion: (every 5 min 1st 15 min then every 15 min x3 then
every hr and/or at the completion of infusion)
Time 19:18Temp: 101.8Pulse:  123 Resp. Rate:  25  B/P: 108/65
Time 19:20Temp: 101.7Pulse:  123 Resp. Rate:  25  B/P: 111/61
Time 19:25Temp: 101.5Pulse:  123 Resp. Rate:  26  B/P: 112/65
Time 19:30Temp: 101.5Pulse:  123 Resp. Rate:  26  B/P: 115/60
Time 19:35Temp: 101.5Pulse:  123 Resp. Rate:  25  B/P: 115/43
Time Temp: Pulse:   Resp. Rate:    B/P:
Time Temp: Pulse:   Resp. Rate:    B/P:
Time Temp: Pulse:   Resp. Rate:    B/P:
Post - Blood Product Transfusion Data:

Time Transfusion Completed/Interrupted:  Sep 17,2015@19:35

Amount Infused: 100%

Vitals:
```


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Temp: 97.8 F [36.6 C] (09/17/2015 08:00) Pulse: 115 (09/17/2015 08:00) BP:
91/66 (09/17/2015 08:00)
Other: Time: 19:35Temp: 101.5Pulse: 123Resp. Rate: 25 B/P:115/43

Reaction: none
 Description of Reaction:

Other Difficulties (Equipment, clots, etc.) No

Transfusion completed/Interrupted by (name of nurse)A. Masters

(Form # 518-124)

/es/ AMANDA L. MASTERS
REGISTERED NURSE
Signed: 09/17/2015 22:04

Receipt Acknowledged By:
09/21/2015 18:11   /es/ ANTHONY A. PALLERA
                             REGISTERED NURSE

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 15, 2008	FLU SHOT NOTE	Immunization note	HANNA,SUSAN	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ FLU SHOT NOTE

     LOCAL TITLE: FLU SHOT NOTE
STANDARD TITLE: IMMUNIZATION NOTE
DATE OF NOTE: SEP 15, 2008@09:40   ENTRY DATE: SEP 15, 2008@09:40:33
      AUTHOR: HANNA,SUSAN   EXP COSIGNER:
     URGENCY: STATUS: COMPLETED

Patient states he/she did not get a flu shot during the latest flu season.

/es/ SUSAN HANNA
LVN
Signed: 09/15/2008 09:40

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 02, 2010	AMBULATORY CARE NOTE	Primary care Note	WATTS-HARKNESS,KATHRYN A	Physician Assistants & Advanced Practice Nursing Providers	ZZ-LIBERAL KANSAS CBOC			VistA	AMA

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Notes ~ AMBULATORY CARE NOTE

```
     LOCAL TITLE: AMBULATORY CARE NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: FEB 02, 2010@15:04     ENTRY DATE: FEB 02, 2010@15:05
      AUTHOR: WATTS-HARKNESS,KATH  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

  Influenza H1N1 Vaccine:
    The patient declines to be vaccinated for Influenza H1N1.
  Influenza Immunization:
    Patient refused the influenza vaccine.  Patient was advised of risks
    and benefits of influenza vaccine.
  PNEUMOCOCCAL VACCINE:
    Patient declines Pneumococcal Vaccine.
  Colorectal Cancer Screening:
    Occult blood ordered.
    The patient has no recent history of a colonoscopy, sigmoidoscopy or
    air contrast barium enema.
  BMI > 30 or > 24.99 in High Risk:
    At this visit, the health risks of obesity were reviewed and discussed
    with the patient, and the benefits of a weight management treatment
    program, such as MOVE! was discussed and offered to the patient."
    Patient Refuses referral.  After discussing the health risks of
    obesity and offering a referral to MOVE or another weight loss program
    outside the VA, the patient REFUSES REFERRAL to MOVE or other weight
    loss program at this time.
  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PROVIDER EDUCATION: Today, the patient received written information
      and/or verbal counseling, including risks and benefits, about
      prostate cancer screening and had an opportunity to ask questions.
        Level of Understanding: Good
      Patient declines DRE

/es/ KATHRYN WATTS-HARKNESS

Signed: 02/02/2010 15:15
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 11, 2009	PC - NURSING INTERVIEW NOTE	Primary care Nurse Note	HANNA,SUSAN	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PC - NURSING INTERVIEW NOTE

```
     LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: AUG 11, 2009@12:50     ENTRY DATE: AUG 11, 2009@12:50:15
      AUTHOR: HANNA,SUSAN          EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

   *** PC - NURSING INTERVIEW NOTE Has ADDENDA ***

Primary Care Nursing Interview
   Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit:  Desires medication refill.
  Reports he is having trouble with his upper abdomen. States " It
  expands at times and is tender."

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Current Vital Signs
   Temperature: 98.5 F [36.9 C] (08/11/2009 12:49)
   Pulse: 68 (08/11/2009 12:49)
   Respirations: 18 (08/11/2009 12:49)
   B/P: 128/90 (08/11/2009 12:49)
   Height(inches): 72.5 in [184.2 cm] (08/11/2009 12:49)
   Weight(lbs): 209.5 lb [95.2 kg] (08/11/2009 12:49)
   BMI: 28.1
```


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```
   Pain: 4 (08/11/2009 12:49) (Scale from 1-10)
   O2 Sat: 8/11/09 @ 1249      PULSE OXIMETRY: 94 On Room Air
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 66
Living arrangements: Spouse/family in Hooker
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:  nkda
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW************
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? Yes
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient.  Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
*********************Dietary Screen***********************************

Glucose >125 GLUCOSE: 134  H mg/dL   JUL 14,2009@09:10:44
****************SKIN IMPAIRMENT RISK ASSESSMENT************************
                    (Braden Scale)
4 = No Impairment       Sensory Perception
4 = Rarely Moist        Moisture
4 = Walks Frequently    Activity
4 = No Limitations      Mobility
4 = Excellent           Nutrition
3 = No  Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin
integrity problem exists and is to be reflected in the patient/resident
plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

Pt does not want dietary counseling at this time
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain:    4
        Patient's acceptable level of pain: 0
LOCATION:   neck
Quality:
ache
ONSET:  ACUTE
Exact date of onset:August 8,2009
DURATION:  Continuous
PLAN*:
All unresolved pain will be referred to ordering provider

Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
0 = No    History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No   IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
10 = Yes Medication: Cardiac drugs, Diuretics, Sedatives
25 TOTAL SCORE
Scoring:
0-24  No Risk
25-45 Low Risk, Standard Fall Precautions
>44   High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning:          None
```


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Primary Language: English
Desire and Motivation: Eager to learn
Comprehension: High
Method of Teaching: Verbal, Handouts
Topics Covered:
Speak Up: YES
Plan of Care
Evaluation of Patient/Family Education: Voiced understanding
Additional education: follow-up appt

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 12:53

08/11/2009 ADDENDUM STATUS: COMPLETED
Pt to have fee basis aorta echogram, c-spine 4 view x ray, and case manager consult.

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 16:13

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 26, 2015	AMARILLO INPATIENT MEDICAL RECORD	Note	MARTIN,VINCE RAY		AMARILLO HCS		Yes	VistA	AMA

Notes ~ AMARILLO INPATIENT MEDICAL RECORD

LOCAL TITLE: AMARILLO INPATIENT MEDICAL RECORD
STANDARD TITLE: SCANNED NOTE
DATE OF NOTE: AUG 26, 2015 ENTRY DATE: SEP 02, 2015@16:21:14
AUTHOR: MARTIN,VINCE RAY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

VistA Imaging - Scanned Document

AMARILLO INPATIENT MEDICAL RECORD

08/26/2015 to 08/27/2015

/es/ VINCE RAY MARTIN
Motor Vehicle Operator
Signed: 09/02/2015 16:21
1

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 28, 2013	ADVANCE DIRECTIVE DISCUSSION	Advance directives	MARTINEZ,ANTONIO	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ ADVANCE DIRECTIVE DISCUSSION

```
     LOCAL TITLE: ADVANCE DIRECTIVE DISCUSSION
STANDARD TITLE: ADVANCE DIRECTIVE DISCUSSION
DATE OF NOTE: FEB 28, 2013@16:21     ENTRY DATE: FEB 28, 2013@16:21:37
      AUTHOR: MARTINEZ,ANTONIO     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Met with patient on this date for an advance directive discussion, patient is
awake, alert, and able to make own decisions.

Provided education and assistance regarding:  patient rights, advance
directive, and advance directive execution procedure.

Educated patient in both verbal and written forms regarding advance directives.

Patient elected to accept the material for possible completion at a later date.

Provided numbers for patient to reach a social worker should he/she need
assistance. SW will remain available to provide further assistance and education
as needed.

/es/ ANTONIO MARTINEZ
LMSW
Signed: 02/28/2013 16:21
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	SURGERY ATTENDING	Surgery Attending Note	VERA,SANTIAGO RAFAEL		MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ SURGERY ATTENDING

```
     LOCAL TITLE: SURGERY ATTENDING
STANDARD TITLE: SURGERY ATTENDING NOTE
DATE OF NOTE: SEP 18, 2015@08:27     ENTRY DATE: SEP 18, 2015@08:27:27
      AUTHOR: VERA,SANTIAGO RAFAE  EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED



I reviewed all clinical elements inclulding physical findings, Labs, Radiographs
and path reports. I agree with diagnosis and plan
We have aproved DNR in view on very poor prognosis.

/es/ SANTIAGO RAFAEL VERA
MD
Signed: 09/18/2015 08:28
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 24, 2012	Addendum to AMBULATORY CARE NOTE		KADAKIA,BHADRESH K		ZZ18AMA-PACT PATRIOT			VistA	AMA

Notes ~ Addendum to AMBULATORY CARE NOTE

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: OCT 24, 2012@11:10:07  ENTRY DATE: OCT 24, 2012@11:10:08
      AUTHOR: KADAKIA,BHADRESH K   EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Please call and inform about the following plan of action, thanks

"Mr. Hopkins stated his main concern is that he is "tired of being tired."  He
```


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reports waking up tired and not having energy throughout the day. He stated he doesn't have any difficulty falling asleep but he does wake up several times throughout the night. He reports he wakes up because he is snoring or quits breathing. Per Mr. Hopkins, his wife has also commented on his snoring."

PLAN - CAN YOU RUN EPWORTH SEEPYNESS SCALE THROUGH TELEPHONE ENCOUNTER? AND THEN ON THE BASIS OF THE SCORE SLEEP STUDY CAN BE ORDERED.

/es/ BHADRESH K KADAKIA
physician
Signed: 10/24/2012 11:14

Receipt Acknowledged By:
10/24/2012 13:20 /es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator

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--- Original Document ---

08/23/12 AMBULATORY CARE NOTE:

PATIENT NAME: HOPKINS, MARSHALL H

DATE: 08/23/2012

SUBJECTIVE: The patient reports today earlier than his annual followup. The patient was last seen in April 2012. Reported depression and wanted it to be evaluated. The patient has a depression listed as a service-connected disability. Discussed about his other chronic comorbidities, as well, at the current interview.

PAST MEDICAL HISTORY: Reviewed.

CURRENT MEDICATIONS:
1. Cholecalciferol.
2. Ergocalciferol.
3. Cyanocobalamin injections.

ALLERGIES: Patient is not known to have allergy to prescription medications.

REVIEW OF SYSTEMS: Negative for most systems.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 97.9, pulse 70. Respiratory rate is 18, blood pressure 142/90. Weight is 207 pounds. Pain is 4/10, 10 being the worst pain on a scale of 10, pulse oximetry 96% on room air. BMI is 28.
GENERAL: Alert, oriented x3, cooperative, in no acute distress.
ABDOMEN: Soft and nontender. Bowel sounds heard.
EXTREMITIES: No pedal edema.
NEUROLOGIC: Cranial nerves II through XII normal. Strength 5/5. Balance and gait normal. Sensation preserved.

ASSESSMENT AND PLAN:
1. Depression. Ran Patient Health Questionnaire-9 (PHQ9) questionnaire. Patient reported weired dreams recently and, hence, introduced patient to the Mental Health social worker for definitive management.
2. Vitamin B12 deficiency. The patient received vitamin B12 injection at the clinic, and we agreed to take on a once-a-week basis for a total of 18 more injections.
3. Vitamin D deficiency. As the patient did not have any financial obligation, gave not only ergocalciferol but also cholecalciferol through the Veterans Affairs (VA).
4. Patient consistently refusing preventive vaccines of influenza (flu) and pneumonia, colorectal cancer screening. Patient is refusing also treatment for diabetes mellitus type 2 and dyslipidemia. Offered patient to get started on aspirin for stroke and heart protection, which was also refused by the patient. Patient to be followed up as needed.

54758054/2110478(08/23/2012 10:11:30)43267466
D: 08/23/2012 09:58:24 T: 08/23/2012 10:11:30
$END

/es/ BHADRESH K KADAKIA
physician

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Signed: 08/24/2012 06:46
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 26, 2015	Addendum to NON VA CARE COORDINATION NOTE		STEWART,SHERRY K		COM CARE-WI ADMIN			VistA	KAN

Notes ~ Addendum to NON VA CARE COORDINATION NOTE

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: JUN 26, 2015@11:13:40  ENTRY DATE: JUN 26, 2015@11:13:40
      AUTHOR: STEWART,SHERRY K     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Additional notifications:  KC VA patient.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 06/26/2015 11:14

Receipt Acknowledged By:
06/29/2015 07:40        /es/ Barbara Bernhardt, RN MS
                             Transfer Nurse/Case Manager/Care Coordinator
06/26/2015 13:46        /es/ SCOTT S TALPERS
                             M.D.

================================================================================

 --- Original Document ---

06/26/15 NON VA CARE COORDINATION NOTE:


REFERRAL TO NON VA EMERGENCY DEPARTMENT:

  Veteran was sent from: VA-CBOC  Libral

  Chief Complaint: dizzy, n/v, visual changes, wt loss

  Patient admitted: Unknown


  Non VA Specialty if applicable: ED Provider  Southwest Medical Center Libral,
Ks (620) 624-1651



  Clinical Notes: traveling alone on way to KC and stopped at CBOC with
  c/o dizzy, n/v, visual  changes, wt loss which is consitent with DKA; hx
  of DM; on no current DM  meds

/es/ LORI LEWIS
RN
Signed: 06/26/2015 10:48

Receipt Acknowledged By:
06/26/2015 15:26        /es/ GEORGE B MARTINEZ
                             Staff Physician
* AWAITING SIGNATURE *       RAFFI,SYED

06/26/2015 10:52        /es/ TRACY C RAMSEY
                             MD
06/26/2015 16:05        /es/ TODD A RIDGE
                             ANP
06/26/2015 11:12        /es/ SHERRY K STEWART RN
                             QM UR RN
06/26/2015 13:47        /es/ SCOTT S TALPERS
                             M.D.
 0
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Nov 19, 2010	INFORMED CONSENT DISCUSSION (ICT)	Consent Document			AMARILLO HCS		Yes	VistA	AMA

Notes ~ INFORMED CONSENT DISCUSSION (ICT)

```
     LOCAL TITLE: INFORMED CONSENT DISCUSSION (ICT)
STANDARD TITLE: CONSENT
DATE OF NOTE: NOV 19, 2010@11:52:53  ENTRY DATE: NOV 19, 2010@11:53:15
      AUTHOR: GREEN,VIRGINIA R     EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Signature Informed Consent for
   HEART - STRESS TEST EXERCISE MPI (EXERCISE STRESS TEST WITH
MYOCARDIAL PERFUSION IMAGING)
1. Anatomical Location: See description of treatment/procedure.
2. Informed consent was obtained at 11:52 AM on November 19, 2010.
  The full consent document can be accessed through Vista Imaging.
3. Patient name:  HOPKINS, MARSHALL HUGH
4. The patient HAS decision-making capacity.
5. Surrogate (if applicable):
6. Condition or diagnosis: Your doctor has requested a cardiac
(heart) scan to determine whether there are any important blockages
in your coronary arteries (the blood vessels that feed the heart
muscle).  This could lead to reduced oxygen supply to part of the
heart muscle.
7. Treatment/procedure: The purpose of this test is to evaluate the
heart's blood supply and function during a controlled period of
increasingly strenuous exercise, using a motor-driven treadmill or
exercise bike.
During this procedure an IV will be inserted into the patient's arm.
The patient will be connected to an electrocardiogram or ECG machine
(test that records the electrical activity of the heart) to monitor
the heart.  The patient first starts out exercising at a slow pace,
but will progressively increase effort.
As the patient exercises, heart function, as well as blood pressure,
is monitored continuously.  Exercise is stopped when the patient
becomes fatigued, develops chest pain, reaches a target heart rate,
or at any time that monitoring personnel become concerned for patient
safety.  Once the desired level of exercise is achieved, the patient
will be injected with a small amount of radioactive tracer. During
and after the stress test the patient's heart and blood pressure will
be frequently monitored. After a period of time, the patient will be
placed under a camera and images of the heart will be obtained.


8. It is not expected that an anesthesia practitioner will be
involved in this treatment/procedure.
9. Consent to Blood Products (if applicable):
It is not expected that blood products will be used in this
treatment/procedure.
10. Practitioner obtaining consent:  Allison,Walter M (MEDICAL
DOCTOR)
11. Supervising practitioner:
12. Practitioner(s) performing or supervising treatment/procedure (if
    not listed above):
13. Witness Name:  VIRGINIA GREEN

14. Comments:
  In certain circumstances, the presence of a vendor representative
(company representative) is important to the success of the
procedure.  Prior to the procedure the representative will sign an
agreement to strictly adhere to VA's privacy rules.  The
representative may provide technical advice but will not physically
participate in the procedure.  The representative will be closely
monitored by the VA treatment team.
```


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Electronically Filed: 11/19/2010
by: BGP PSEUDOUSER

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 25, 2015	NON VA CARE HOSPITAL NOTIFICATION NOTE (D)	Referral note	BIRD,STACEY R	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NON VA CARE HOSPITAL NOTIFICATION NOTE (D)

LOCAL TITLE: NON VA CARE HOSPITAL NOTIFICATION NOTE (D)
STANDARD TITLE: NONVA REFERRAL NOTE
DATE OF NOTE: AUG 25, 2015@12:07 ENTRY DATE: AUG 25, 2015@12:07:32
AUTHOR: BIRD,STACEY R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** NON VA CARE HOSPITAL NOTIFICATION NOTE (D) Has ADDENDA ***

NON VA FACILITY - INTAKE SECTION:

Facility:
Hospital Notification Date: Aug 25,2015@12:07

Method of Contact: Phone Call

Point of Contact Name: Casey

Point of Contact Dept: Other:

Point of Contact Phone #: 620-624-1651

Point of Contact Fax #:

Non-VA Hospital Name: SW Medical Center
Address:
City: Liberal
State: KS Zip:
Phone:

Date Presenting to the Facility:

Chief Complaint: Bil Hydronephrosis

Patient Admitted? Yes
Date/Time: Aug 24,2015@21:10

Admission Diagnosis: Bil. Hydronephrosis

Attending-Treating MD: Chanda

Type of Bed: Medicine

Veteran requesting transfer? No
Additional Comments:

UNAUTHORIZED ADMISSION- 70%SC (UNRELATED). Veteran has Medicare A private

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insurance listed. Amarillo VAMC Initial notification of admission 8/25/15.
Amarillo VAMC unable to provide care (Geographical location). DX: Bil.
Hydronephrosis

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/25/2015 12:10

Receipt Acknowledged By:
01/15/2016 10:19 /es/ LORI L OLOUGHLIN

08/25/2015 12:19 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
08/28/2015 13:33 /es/ ZENITHA ROSALES
RN, MSN

08/27/2015 ADDENDUM STATUS: COMPLETED
8/26 - Transfer to Amarillo VAMC requested.

DISCHARGE DISPOSITION:
Discharge Date: Aug 26,2015

Name of Contact:Amarillo VAMC NOD
Disposition at Discharge (Document specific information in clinical note section): Transferred (indicate location below) Amarillo VAMC 3 North

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/27/2015 07:54

Receipt Acknowledged By:
12/23/2015 10:07 /es/ LORI L OLOUGHLIN

08/27/2015 18:36 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
08/28/2015 13:32 /es/ ZENITHA ROSALES
RN, MSN

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Nov 19, 2010	NUCLEAR MEDICINE NOTE	Nuclear medicine Note	KINZER,ALAN E		AMARILLO HCS			VistA	AMA

Notes ~ NUCLEAR MEDICINE NOTE

LOCAL TITLE: NUCLEAR MEDICINE NOTE
STANDARD TITLE: NUCLEAR MEDICINE NOTE
DATE OF NOTE: NOV 19, 2010@15:11 ENTRY DATE: NOV 19, 2010@15:11:14
AUTHOR: KINZER,ALAN E EXP COSIGNER:
URGENCY: STATUS: COMPLETED

A TIME-OUT WAS PERFORMED TO CONFIRM PATIENT IDENTIFICATION. I.V. INJECTION(S) OF 9.4 mCi and 32.9 mCi Tc99m Sestamibi given for rest and stress respectively as part of a nuclear heart scan.

/es/ ALAN E KINZER C.N.M.T.RT(R)(N)
NUCLEAR MEDICINE TECHNOLOGIST
Signed: 11/19/2010 15:12

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 20, 2012	MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T)	Mental health Initial evaluation note	HEIDER,ROSALINDA I	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T)

LOCAL TITLE: MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T)
STANDARD TITLE: MENTAL HEALTH INITIAL EVALUATION NOTE
DATE OF NOTE: SEP 20, 2012@14:16 ENTRY DATE: SEP 20, 2012@14:16:57
AUTHOR: HEIDER,ROSALINDA I EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T) Has ADDENDA ***

xxxAge:69
SERVICE CONNECTION:SERVICE CONNECTED % - 70 GENDER:MALE RACE: WHITE
MARITAL STATUS: Married.

CLINICAL HISTORY

PRESENTING CHIEF COMPLAINT/REFERRAL QUESTION:
Veteran was referred by primary care. He is complaining of tiredness/lethargy. He has noticed within the last 6 months a lack of energy. He says he has lived out every dream he has ever had and now life is boring. He spoke with Rita Sandoval last week who recommended that he come up with some new goals/dreams and he has done that. He has started on a new project which he says he enjoys and has energy while doing that but when he is not working on it he feels tired. His grand idea is to "build the world's largest railroad museum". He figures he "might as well go big or go home".

He also has some trouble sleeping, will wake up feeling just as tired as when he went to bed, not feeling rested and has started taking naps during the day. He is unsure of why he is feeling this way. He feels his PCP has not been very helpful in finding out the cause if it is medical so he is willing to try and figure out the reason for the symptoms if they may be mental health related.

HISTORY OF CURRENT ILLNESS:
Veteran reports symptoms for the last 6 months.

PAST PSYCHIATRIC HISTORY:
None

CURRENT AND HISTORY OF SUICIDAL ACTS AND SELF HARM
None
Passive thoughts but denies any plan or intent. Occasionally thinks "why live the
rest of my life like this". He has recently developed a faith in God and says that would be disappointing to God so he would never do that.

CURRENT AND HISTORY OF VIOLENCE/ASSUALTING OTHERS:
None

SUBSTANCE USE HISTORY TO INCLUDE PAST TREATMENT, RELAPSE HISTORY, AND RESPONSE TO TREATMENT:
Former alcoholic. Has been sober since 1972. He went to a rehab program. He says he did not know he had a drinking problem, it was just a way of life until he started having medical problems with his liver and kidneys.

MENTAL ILLNESS AND SUBSTANCE ABUSE IN FAMILY MEMBERS:
Nonveteran does not know much about his family.

PSYCHOSOCIAL HISTORY:

Childhood/Developmental History: Veteran grew up all over the US. His family were migrant farm workers so they
followed the crops. He was raised by both parents until age 12 when he was on his own after that. He had gotten a job and lied about his age and left his family behind to work that job. His family took off on to the next job and he never saw them again. He says he found his mother 35 years later and helped care for her until she died. He had two brothers. They have both passed.

He says his father was married 7 times and he has brothers and sisters he does not know. He has multiple half siblings.

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Physical, sexual and emotional trauma:
None

Family Circumstances: Veterans mother in law recently went under surgery for a hysterectomy and woke
up mentally "messed up". The anesthesia affected her brain.

Adult Relationship History: Veterans wife teaches health and wellness. He and his wife have a 9 year old daughter that they are raising.

Current significant family and/or peer group relationships:
Veteran was married once before. He currently has been married 10 years. He had 5 children in his first marriage whom he remains close with. He says they all turned out good and he is proud of them. He and his wife have a 9 yr old daughter together. His current wife did not have any kids or married before so they had one together. They are looking at adopting more children or providing foster care for teenagers. Veteran loves to travel. He says he has had "lots of windshield time".

MILITARY HISTORY:
Branch:
US Air Force, Air Force guard and reserve for a total of 32 years. He received disability retirement. He had a bad car wreck and was forced to retire due to medical issues that left him unable to fly anymore. He spent 24 years on the same plane. The wreck happened while on duty so he now gets SC disability.

He has been all over the world and was deployed to multiple places.

Veteran's perception of most distressing events while in the military:

MEDICAL INFORMATION

CURRENT AND PAST MEDICAL PROBLEMS:
Active problems - Computerized Problem List is the source for the following:

1. Chronic Back Pain
2. Hyperlipidemia *
3. Microscopic Hematuria
4. Diabetes Mellitus without mention of Complication, type II or unspecified ty
5. Depression *
6. Vitamin D Deficiency
7. Vitamin B 12 Deficiency

Are there any new medical problems to report?

CURRENT MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	CHOLECALCIFEROL 1000IU TAB (OTC) TAKE TWO TABLETS BY MOUTH EVERY DAY VIT D	ACTIVE
2)	CYANOCOBALAMIN 1000MCG/ML INJ, (PER ML) INJECT 1000MCG (1ML) INTRAMUSCULAR EVERY 7 DAYS VIT B12	ACTIVE
3)	ERGOCALCIFEROL 50,000U CAP TAKE 50000UNT BY MOUTH EVERY WEEK VIT D	ACTIVE
4)	SYRINGE-NEEDLE COMBO,25G 5/8IN,3CC,(EA) USE SYRINGE EVERY 7 DAYS	ACTIVE

ALLERGIES AND ADVERSE DRUG REACTIONS:
Patient has answered NKA

ACTIVITIES OF DAILY LIVING ISSUES:
Are there any self care issues? No

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PAIN ASSESSMENT:
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 2
Patient's acceptable level of pain:
Description of exacerbating factors or relieving measures: Veteran does not use medication, he says he has learned pain management
MENTAL STATUS EXAM:

ORIENTATION AND CONSCIOUSNESS:
APPEARANCE AND BEHAVIOR:
cooperative and reasonable
SPEECH:
normal rate/rhythm
LANGUAGE:
intact
MOOD AND AFFECT:
mood euthymic
affect is congruent with mood
PERCEPTUAL DISTURBANCE (hallucinations, illusions):
none
THOUGHT PROCESS AND ASSOCIATION:
normal, coherent
THOUGHT CONTENT (delusions, obsessions etc.):
no unusual thought content
INSIGHT:
good
JUDGMENT:
good
MEMORY:
impaired recent
details: normal forgetfulness

FUND OF KNOWLEDGE
Above Average
MENTAL STATUS COMMENTS:

Needs Assessment:
Education and Learning Needs Assessment

Educational Background:

Highest grade achieved: less than high school with GED8th grade then GED

Educational/learning difficulties: no known educational learning disability

Attitudes toward learning: not interested in academic achievement

Assessment of primary language spoken in the home and veteran's preference of language for clinical communication: English

Legal Status Screening:
Is there evidence from the interview that the veteran has legal issues or concerns that would warrant a more in-depth assessment?
No. No further assessment indicated.
Housing and Income Assessment:
Do you currently have a stable place to live?
Yes
What is your current income and sources of income?
$0 per month
Sources:

Nutritional Status Screening:
Is there evidence from the interview that the veteran has nutritional issues or concerns (including weight gain or loss of more than 5% in last 3 months or 10% in last year, dietary concerns, eating disorder signs or symptoms) that would warrant a more in-depth assessment?
No. No further assessment indicated.

Screening for Abuse, Neglect, or Exploitation:
Is there any evidence from the interview that the veteran is a victim of physical assault, rape, sexual molestation, domestic abuse, elder neglect or abuse, or other serious abuse or exploitation?
No. No further assessment indicated.

Screening for Bereavement Issues:
Is there evidence from the interview that the veteran is actively suffering

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from bereavement issues?
No. No further assessment indicated.

Screening for Vocational Needs Assessment:
Is there evidence from the interview that the veteran has any vocational deficits or needs?
No. No further assessment indicated.

Spiritual and Religious Orientation: Personal spiritual beliefs but does not attend organized religious activities

INITIAL DSM-IV DIAGNOSES:
Axis I Clinical Disorder:
Depressive Disorder: NOS (Not Otherwise Specified)
General Categories None
Axis II Personality Disorders/Traits:
None
Axis III Current Medical Conditions: See Medical History above
Axis IV Current Psychosocial Stressors:
None

Axis V GAF Score (current level of functioning): 60-65
(past year level of functioning):

SUMMARY AND FORMULATION: This is a 69 yr old 70%SC Vietnam era veteran who was referred by primary care. He is reporting symptoms of lethargy and trouble sleeping. He is unsure if the cause of the problem is medical or mental so he is wanting to be evaluated and try therapy here in the mental health clinic. He denied any SI/HI today.

Preliminary Treatment Plan:
-The veteran was given social workers business card along with clinic numbers and the crisis hotline number
-The veteran was educated on all emergency procedures
-He will be referred for therapy

Patient does not desire to have family members, significant others, or advocates to participate in patient chart.

/es/ ROSALINDA I BARRERA
Social Worker, LMSW
Signed: 09/21/2012 08:49

Receipt Acknowledged By:
09/24/2012 08:35 /es/ Margaret Lair, LCSW BCD
Licensed Clinical Social Worker
09/23/2012 11:11 /es/ PAUL DAVE WHITTAKER
Psychologist

09/23/2012 ADDENDUM STATUS: COMPLETED
Will refer to Mrs. Harris for short-term therapy linked to depression management.

/es/ PAUL DAVE WHITTAKER
Psychologist
Signed: 09/23/2012 11:12

Receipt Acknowledged By:
09/25/2012 10:50 /es/ ROSALINDA I BARRERA
Social Worker, LMSW
09/24/2012 07:42 /es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker

09/24/2012 ADDENDUM STATUS: COMPLETED
Attempted to call veteran to schedule individual therapy appt. No answer and unable to leave message.

/es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker
Signed: 09/24/2012 14:25

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	VTE PROPHYLAXIS	Risk assessment and screening note	SULIMAN,ABDELRAZIG BABIKER SIRAG	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ VTE PROPHYLAXIS

```
     LOCAL TITLE: VTE PROPHYLAXIS
STANDARD TITLE: RISK ASSESSMENT SCREENING NOTE
DATE OF NOTE: AUG 27, 2015@00:47     ENTRY DATE: AUG 27, 2015@00:47:59
      AUTHOR: SULIMAN,ABDELRAZIG   EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

RISK FACTOR ASSESSMENT:
Age 61 - 74 years                                      2 points
 2 = Total Risk Factor Score.




Prophylaxis Regimen:
Total Risk Factor Score: 2                      Moderate Risk, 10%-20%
  Bilateral SCDs ordered
  patient declined taking anticoagulant for DVT ppx.


/es/ ABDELRAZIG BABIKER SIRAG SULIMAN, MD
RESIDENT PHYSICIAN
Signed: 08/27/2015 00:51
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Nov 22, 2010	Addendum to CARDIOLOGY - OUTPATIENT (C)		COLEMAN,MARSHALL C		ZZ17AMA-CARDIOLOGY NP CLINIC			VistA	AMA

Notes ~ Addendum to CARDIOLOGY - OUTPATIENT (C)

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: NOV 22, 2010@07:53:39  ENTRY DATE: NOV 22, 2010@07:53:40
      AUTHOR: COLEMAN,MARSHALL C   EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Have called patient with normal stress test results.

/es/ Marshall Chad Coleman FNP, BC
APRN, BC
Signed: 11/22/2010 07:54

==========================================================================

 --- Original Document ---

10/05/10 CARDIOLOGY - OUTPATIENT (C):

PATIENT NAME:  HOPKINS, MARSHALL H

DATE:  10/05/2010
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DATE OF BIRTH: 07/20/1943

CHIEF COMPLAINT: Complaints of chest discomfort.

PAST MEDICAL HISTORY: The patient has no known coronary artery disease. He reports possible TIAs in the mid-1990s. He has a history of obesity. He has lost 100 pounds over the past several years. He also has dyslipidemia.

SUBJECTIVE: The patient reports about a month ago he was in his work area when he began to have a painful heaviness from the left mid-axilla to the right mid-axilla, across the chest wall and what appears to have gathered in the center of the chest. He states this again happened 2 days later, and again described it as feeling "constrict ed." What he has reported to me is that this lasted for several seconds and then disappeared. What he reported to his primary care provider is that it lasted several minutes. The patient is unable to recall exactly what he was doing or exactly how long this episode lasted. These have not occurred since, and he has been relatively active. He states he breaths okay except for at night he gets "stopped up a little bit." He has had some dizziness after standing, but is dealing with that. No feelings of palpitations . No syncope. No swelling of extremities. No tobacco or alcohol use. He stays active. He follows a very strict regimen and diet. His wife is a natural herbalist. He is on absolutely no medications, and is a very strong believer in homeopathic teachings.

OBJECTIVE: Vital signs: Temperature 98.3, pulse 78, respirations 16, blood pressure 139/95 which is elevated from previous blood pressures, height 72 inches, weigh t 206 pounds, pulse oximetry 96% on room air.

General: This is a very pleasant gentleman who comes to the clinic ambulatory in no acute distress.
Neurological: Speech clear and appropriate. Follows commands. Alert and oriented to person, time, and place. Has strong and equal hand grips.
Neck: No carotid bruit appreciated. No JVD.
Lungs : Clear.
Heart: S1, S2 auscultated with a possible S1 splitting. No murmurs. No pain upon palpation of the chest wall. No rubs.
Abdomen: Nontender. Bowel sounds present.
Periphery: No pedal edema.

MEDICATIONS: None.

LABORATORY AND TESTS: The patient's EKG today shows a sinus rhythm with a first degree AV block, rate is 72. A lipid panel shows a total cholesterol of 188, LDL 120, HDL 30 and triglycerides 160.

ASSESSMENT:
1. Chest pain.
2. Dyslipidemia.

PLAN: Of course, there will be no addition of medication for this patient as he does not feel that he is treated appropriately with medications. This brings its own set of unique circum stances to this patient's presentation. His complaints of chest heaviness or "constriction" is compelling for ischemic heart disease. However, he has not been able to bring on these episodes since. He has an elevated blood pressure today, although it does not appear that it is chronic. His cholesterol levels are not at goal. However, he is of course not interested in any kind of statin. I have talked to him at length about the process should he have a stress test and should that stress test be positive. He would then be recommended for a left heart catheterization, which would require Plavix should he have an intervention. I have gone to explain that should he be found to have ischemic heart disease he would have to take Plavix for at least 1 year and other medications would be strongly recommended. I have also explained that there is a potential for bypass. He has verbalized understanding and is interested in having the stress test. He is also interested in having another lipid panel the day of that stress test to see if his wife will be able to help increase his HDL in the next month. I have

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encouraged appropriate routine exercise. I have also stressed when
he should report to the Emergency Room, and he has verbalized
understanding of that. We will follow him as appropriate.

45652604/2110422(10/07/2010 22:24:04)35758700
$END

/es/ Marshall Chad Coleman FNP, BC
APRN, BC
Signed: 10/15/2010 13:45
 0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	DISCHARGE CODE STATUS	Attending Hospital Note	SULIMAN,ABDELRAZIG BABIKER SIRAG	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ DISCHARGE CODE STATUS

     LOCAL TITLE: DISCHARGE CODE STATUS
STANDARD TITLE: ATTENDING INPATIENT NOTE
DATE OF NOTE: AUG 27, 2015@00:51   ENTRY DATE: AUG 27, 2015@00:52:08
      AUTHOR: SULIMAN,ABDELRAZIG   EXP COSIGNER: WAN,BANG
     URGENCY: STATUS: COMPLETED

DNR INFORMED CONSENT DISCUSSION
Date/time of the Discussion: Aug 27,2015
Persons present at the discussion:
  Patient

 DNR Status discussed and concurrence received from Dr. Bang Wan M.D.

Patient's mental status: alert   The patient has decision making capacity

 Name(s) of the practitioner(s) responsible for designation of DNR Status:

DNR Status discussed as described below: patient does not want to be
resuscitated if he arrested. does not want any heroic measures to bring
him back to life. stated that he lived a good live.

Diagnosis: Obstructive uropathy/uncontrolled DMII

Indications: patient wish

DNR Status has been discussed with the patient/surrogate decision maker in
language that they could understand; and that they indicated comprehension
of the discussion.

The diagnosis and indications have been explained and the opportunity to
ask questions was offered.

/es/ ABDELRAZIG BABIKER SIRAG SULIMAN, MD
RESIDENT PHYSICIAN
Signed: 08/27/2015 00:53

/es/ BANG WAN
MD
Cosigned: 08/27/2015 09:28

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 28, 2015	MEDICATION RECONCILIATION AT DISCHARGE	Discharge summary	ASHFAQ,MUHAMMAD ZUBAIR	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

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Notes ~ MEDICATION RECONCILIATION AT DISCHARGE

```
     LOCAL TITLE: MEDICATION RECONCILIATION AT DISCHARGE
STANDARD TITLE: MEDICATION MGT DISCHARGE NOTE
DATE OF NOTE: AUG 28, 2015@12:43     ENTRY DATE: AUG 28, 2015@12:43:16
      AUTHOR: ASHFAQ,MUHAMMAD ZUB  EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

MEDICATIONS AT DISCHARGE

Active Outpatient Medications (including Supplies):

     Active Outpatient Medications                              Status
==========================================================================
1)   ACCUCHEK AVIVA PLUS (GLUCOSE) TEST STRIP USE 1 STRIP   ACTIVE
       FOR TESTING    EVERY OTHER DAY
2)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY  ACTIVE
       MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN,
       INITIAL RX WAS MAILED OUT
3)   GLIpizIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY   ACTIVE
       30 MINS BEFORE BREAKFAST
4)   LANCETS ACCUCHEK *SOFTCLIX* (EA) USE LANCET    EVERY   ACTIVE
       OTHER DAY
5)   TAMSULOSIN 0.4MG CAP TAKE ONE CAPSULE BY MOUTH EVERY   ACTIVE
       DAY

Active and Recently Expired Outpatient Medications (including Supplies):

     Active Outpatient Medications                              Status
==========================================================================
1)   ACCUCHEK AVIVA PLUS (GLUCOSE) TEST STRIP USE 1 STRIP   ACTIVE
       FOR TESTING    EVERY OTHER DAY
2)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY  ACTIVE
       MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN,
       INITIAL RX WAS MAILED OUT
3)   GLIpizIDE 5MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY   ACTIVE
       30 MINS BEFORE BREAKFAST
4)   LANCETS ACCUCHEK *SOFTCLIX* (EA) USE LANCET    EVERY   ACTIVE
       OTHER DAY
5)   TAMSULOSIN 0.4MG CAP TAKE ONE CAPSULE BY MOUTH EVERY   ACTIVE
       DAY



Compared Outpatient medications list (at admission) with current list of
Outpatient medications (post discharge).

No Medication discrepancies found.

List of current medications given to patient and/or caregiver at discharge.

Current  Outpatient medications list (post discharge) was reviewed with
patientand/or family.


Encouraged to keep list of current medications with them in case of an
emergency.

/es/ MUHAMMAD ZUBAIR ASHFAQ, MC
RESIDENT PHYSICIAN
Signed: 08/28/2015 12:43
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	MEDICATION RECONCILIATION AT ADMISSION	Hospital Medication management note	SULIMAN,ABDELRAZIG BABIKER SIRAG	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

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Notes ~ MEDICATION RECONCILIATION AT ADMISSION

```
     LOCAL TITLE: MEDICATION RECONCILIATION AT ADMISSION
STANDARD TITLE: INPATIENT MEDICATION MGT NOTE
DATE OF NOTE: AUG 27, 2015@00:51     ENTRY DATE: AUG 27, 2015@00:51:28
      AUTHOR: SULIMAN,ABDELRAZIG   EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Active Inpatient Medications (including Supplies):

     Pending Inpatient Medications                          Status
==============================================================================
1)   CEFTRIAXONE INJ,SOLN  1GM/1VIAL IVPB DAILY             PENDING
2)   DEXTROSE 50% INJ,SOLN  1 AMP IVP D-STIX PRN           PENDING
3)   INSULIN ASPART INJ  SLIDING SCALE SQ AC               PENDING
4)   TAMSULOSIN CAP,ORAL  0.4MG PO DAILY                   PENDING


Active and Recently Expired Outpatient Medications (including Supplies):

     Active Outpatient Medications                          Status
==============================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY  ACTIVE
       MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN,
       INITIAL RX WAS MAILED OUT


Home medications or patient's list of medications reviewed.
No Medication discrepancies found.
Pre-Admission and current medication lists reviewed with patient and/or
caregiver, and the patient and/or caregiver verbalized understanding of the
discussion

Encouraged to keep list of current medications with them in case of an
emergency.

/es/ ABDELRAZIG BABIKER SIRAG SULIMAN, MD
RESIDENT PHYSICIAN
Signed: 08/27/2015 00:51
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	Addendum to SKIN ASSESSMENT INITIAL VANOD		ALMAGER,MIRANDA L		3N-MED			VistA	AMA

Notes ~ Addendum to SKIN ASSESSMENT INITIAL VANOD

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 27, 2015@00:59:04  ENTRY DATE: AUG 27, 2015@00:59:05
      AUTHOR: ALMAGER,MIRANDA L    EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Scrotum red and swollen, "It's been like that since the surgery"

/es/ MIRANDA LIN HUGHES
RN
Signed: 08/27/2015 00:59

==============================================================================

 --- Original Document ---

08/26/15 SKIN ASSESSMENT INITIAL VANOD:
BRADEN SKIN RISK ASSESSMENT

Sensory Perception:4 = No Impairment
Moisture:          3 = Occasionally Moist
Activity:          4 = Walks Frequently
Mobility:          4 = No Limitation
Nutrition:         3 = Adequate
```


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Friction: 3 = No Apparent Problem
19-23 No Risk
Score: 21

SKIN PATCHES
The patient does not have any patches on the skin.

MAJOR RISK FACTORS / SPECIAL POPULATIONS
The patient does not have any spinal cord injury, paralysis or neurologic disease.

CURRENT SKIN ASSESSMENT
Skin Color:
Color: Normal for ethnic group
Skin Temperature
Temp: Warm
Skin Moisture
Moisture: Dry
Skin Turgor
Turgor: Within normal limits

SKIN PROBLEMS
Wound -location, type, description
R inguinal hernia repair incision, staples in tact, well approximated

INTERVENTIONS
The pressure ulcer prevention protocol was not needed - patient is not at risk.

If any of the below indications are marked, pressure ulcer risk interventions must be initiated and added to the care plan. These should be reviewed and updated with each assessment and PRN as the patient's needs change.

Please mark all that apply: None

Wound(s) present:
Wound #1
Type of wound: surgical incision
Location: right leg
Comment: Groin
Dimensions: Length: 9.5 cm.
Width: x cm.
Depth: x cm.
Wound Base Color:
None; wound well approximated.
Drainage: None.
Odor: None.
Granulation Present: No.
Epithelialization Present: No.
Undermining is present:
No.
Skin tunneling is present:
No.
Surrounding Tissue: Intact
Patient Pain:
No.
Wound initial assessment.

/es/ MIRANDA LIN HUGHES
RN
Signed: 08/26/2015 23:55
0

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 26, 2015	WI-SCANNED CLINIC OTHER	Administrative note			ROBERT J. DOLE VAMC		Yes	VistA	KAN

Notes ~ WI-SCANNED CLINIC OTHER

```
     LOCAL TITLE: WI-SCANNED CLINIC OTHER
STANDARD TITLE: SCANNED ADMINISTRATIVE NOTE
DATE OF NOTE: JUN 26, 2015@10:53:40  ENTRY DATE: MAY 20, 2016@10:53:40
      AUTHOR: WARNER,NATHAN C      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

FEE CLINIC OTHER- SEWARD COUNTY EMS/6.26.15



*****Scanned document attached to this note******

                          *** SCANNED DOCUMENT ***
                           SIGNATURE NOT REQUIRED


  Electronically Filed: 05/20/2016
                    by: NATHAN C WARNER
                        PERSONNEL FILING CLERK
 1
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 23, 2012	PCMHI NOTE	Mental health Note	SANDOVAL,RITA A	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PCMHI NOTE

```
     LOCAL TITLE: PCMHI NOTE
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: AUG 23, 2012@12:49     ENTRY DATE: AUG 23, 2012@12:49:45
      AUTHOR: SANDOVAL,RITA A      EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

SESSION DURATION: 90 Minutes
TYPE: Individual/warm hand off
REFERRING PCP: Dr. Kadakia
REASON FOR REFERRAL: Veteran voicing depressive symptoms.
BEHAVIORAL HEALTH PROVIDER ROLE EXPLAINED: Yes
SESSION FOCUS: This is a 69 year old Veteran who is 30% SC for Depressive
disorder. Veteran indicates that he has been feeling very tired lately, voices
being "tired of living". Veteran states that he experiences very poor sleep and
indicates that he had been diagnosed with sleep apnea,  but does not use a CPAP
machine. He states that for the last 3 months he has just been feeling "down"
and "tired", no real interest in anything. Veteran begins to describe a very
full and productive life during which he states that he has been very
successful. States that he has done everything he has ever wanted to do. He
feels that he has no further interests to pursue, he "has done it all" and
"well", he has no further "passion" to pursue.
MSE:
   Appearance: dress appropriately with good hygiene
   Behavior: Appropriate.
   Speech: normal rate and volume
   Mood: mildly depressed
   Affects: congruent with mood
   Thought processes: coherent and logic.
   Thought content: No delusion.
   Suicidal ideation: thoughts, no plan or intent
   Homicidal ideation: No
   Cognition: alert and oriented.
   Insight: good.
   Judgment: Appropriate
INTERVENTIONS: Supportive counseling provided to the Veteran. We also discussed
treatment options for his consideration which included referral for full
assessment and medication evaluation and counseling in the mental health clinic
or management of symptoms and counseling in the primary care setting. Cognitive
Strategies utilized in this session include: identifying dysfunctional thinking,
generating alternatives to ineffective thought processes and alteration of
negative cognitions. Veteran was allowed to discuss the current issues, problem
solving was used, also utilized life review and exploration of possible avenues
for the Veteran to consider. Veteran and worker did discuss treatment options,
however, he was not currently open to medication management and declined
referral for counseling. Session was unusually lengthy, but at the end of the
session, Veteran was appreciative and did state that he had felt a spark of
enthusiasm at the thought of future ventures that he could consider.
DIAGNOSTIC IMPRESSION: Hx of MDD, Adjustment disorder with depression.
LETHALITY: Today, Aug. 23,2012, the patient denied suicidal or aggressive
ideation or plans.  There were no indications, signs, or symptoms to indicate
imminent danger. The Veteran and this worker did have a lengthy discussion about
his comment about being ready to die. Veteran admits to thoughts of suicide in
the past, but assures me that he has not now or then a plan or intent to
actually do anything to hurt himself.
FOLLOW-UP: To be followed in Primary Care
PLAN:
1. Veteran declined referral to the mental health clinic for assessment and
evaluation of medication management.
2. Instructed to call this mental health counselor for questions or concerns, if
symptoms worsen.
3. Patient has the 24H VA Hotline suicide phone crisis number (1-



/es/ RITA A. SANDOVAL, MSSW,LCSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 08/23/2012 13:09

Receipt Acknowledged By:
08/23/2012 13:17        /es/ BHADRESH K KADAKIA
                             physician
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	PHYSICAL THERAPY ASSESSMENT NOTE	Physical medicine and rehab Outpatient Initial evaluation note	BARNES,MOLLIE R	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PHYSICAL THERAPY ASSESSMENT NOTE

```
     LOCAL TITLE: PHYSICAL THERAPY ASSESSMENT NOTE
STANDARD TITLE: PHYSICAL MEDICINE REHAB OUTPATIENT INITIAL EVALU
DATE OF NOTE: AUG 27, 2015@16:04     ENTRY DATE: AUG 27, 2015@16:04:12
      AUTHOR: BARNES,MOLLIE R      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

PRIMARY DIAGNOSIS: Abnormality of gait
TREATMENT DIAGNOSIS: Abnormality of gait
ONSET DATE: 08/27/15
EVALUATION DATE: 08/27/15

GENERAL INFO: pt. is a 72 year old male presents to 3N medical floor for
evaluation of sudden onset abnormality of gait. Pt. underwent hernia surgery
last week, and incurred sudden onset of urinary incontinence and unsteady gait.
Pt. was admitted to a hospital in Kansas and subsequently transferred to this
VA. Pt. has folley catheter present and is supine in bed with no complaints of
pain upon arrival. Also noted in the medical record is previously uncontrolled
DM.

PRIOR FUNCTIONAL LEVEL: I with all ambulation, functional activities and
transfers

EXPECTED DC LOCATION: (x)Home with family/independent   ( )SNF   ( )LTC facility
                          ( )Hospice care  ( )Other:

PERTINENT MEDICAL HX: DM, hyperlipidemia, MDD, inguinal hernia (surgically
repaired)

S: CHIEF COMPLAINT: pt. states that he had experienced some unsteady gait and
imbalance, but now these sx's have resolved and he was able to walk to<>from the
bathroom independently this morning.

PAIN INDEX: none stated

PATIENT'S GOAL(S): to go home

O:
Pt assessed- (x)at bedside  ( )in PT clinic.

RANGE OF MOTION
        UE- WNL B

        LE- WNL B

STRENGTH TESTING

UEs-    (x)Functional UE strength testing exhibits no gross deficits
        ( )UE strength deficit noted as follows (specify):

LEs- B LE strength grossly 4+/5 throughout

FUNCTIONAL ASSESSMENT
Mental status: A&O X 3

Communication: (x)No deficits noted ( )Hard of hearing
                  ( )Other (specify):

Functional Mobility Status:
Bed mobility            ( )Stand by Assist
                        (x)Independent with siderails ( )Min assist of 1
                        ( )Mod assist of 1 ( )Max assist of 1 ( )Total assist

Supine<->sit            (x)Independent     ( ) Modified Indpendent
                        ( ) Stand by Assist
```


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( )Min assist of 1 ( )Mod assist of 1 ( )Max assist of 1
( )Total assist

Sit->stand (x)Independent
( )Modified Independent with assistive device
( )Stand by Assist
( )Min assist of 1 ( )Mod assist of 1 ( )Max assist of 1
( )Total assist

Bed<->chair transfer (x)Independent
( )Modified Independent with assistive device
( )Stand by Assist
( )Min assist of 1 ( )Mod assist of 1 ( )Max assist of 1
( )Total assist

Gait assessment: pt. ambulated 150' independently in hall way while this therapist carried catheter bag; pt. demonstrates good dynamic balance, cadence and equal stride length and toe clearance. Pt. reports no dizziness or feelings of unsteadiness; no LOB observed

Fall risk: ( )yes (x)no

BALANCE
Sitting: (x)Good ( )Fair ( )Poor
Static standing: (x)Good ( )Fair ( )Poor
Dynamic standing: (x)Good ( )Fair ( )Poor

OTHER INFORMATION- pt. reports he does not want to take any medications and has not taken any since 1991

PATIENT EDUCATION- educated pt. on the possibility of uncontrolled DM contributing to unsteady gait and dizziness; also educated on contacting primary care for prosthetics consult if grab bars are needed in his new home

A:
Patient education barriers to learning-
(x)None ( )Cognitive ( )Physical ( )Emotional
( )Cultural ( )Other(explain):

Description of disability- pt. demonstrates resolve of unsteady gait, good dynamic balance, independent ambulation and 4+/5 strength throughout B LE's. Pt. does not require skilled therapy services at this time, and is appropriate for d/c home when medically cleared.

Precautions: ( )cardiac ( )monitor vitals ( )frequent rests needed
( )limited WB status (specify):
(x)other: folley cath in place

One time evaluation, no goals needed

P: pt. does not require skilled therapy services at this time and will not be picked up for PT during hospital stay.

/es/ MOLLIE R BARNES
PHYSICAL THERAPIST
Signed: 08/27/2015 16:23

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 05, 2012	AMBULATORY CARE NOTE	Primary care Note	KADAKIA,BHADRESH K	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ AMBULATORY CARE NOTE

LOCAL TITLE: AMBULATORY CARE NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: APR 05, 2012@09:00 ENTRY DATE: APR 05, 2012@13:35:25
AUTHOR: KADAKIA,BHADRESH K EXP COSIGNER:
URGENCY: STATUS: COMPLETED

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PATIENT NAME: HOPKINS, MARSHALL H

DATE: 04/05/2012

SUBJECTIVE: The patient follows up at 11 months for a routine checkup with the laboratory. Previous primary care physician was Dr. Burns. At the current interview, the patient did not have any new issues to discuss. All he wanted was a physical examination. Suggested that his chronic issues with back pain, neck pain, fibromyalgia, but all his complaints are managed by diet and he does not expect to be on any medications, but was interested in knowing his lab results.

PAST MEDICAL HISTORY: Significant for chronic back pain, dyslipidemia, microscopic hematuria and diabetes mellitus type 2.

CURRENT MEDICATIONS: None.

ALLERGIES: Patient is not known to have allergy to prescription medications.

REVIEW OF SYMPTOMS: Negative for most systems.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 97.5, pulse 61, respiratory rate is 18, blood pressure 140/85, weight is 201 pounds. Pulse oximetry 96% on room air. BMI is 27.
GENERAL: Alert, oriented x3, cooperative, in no acute distress.
HEENT: Head normal. Pupils equally reacting to the light. Conjunctivae pink. Tympanic membranes could not be seen because of the wax in both ear canals.
NOSE: Mucosa normal. Oropharynx mucosa normal.
CHEST: Lungs CTAP. No wheezes, no rales, no rhonchi.
HEART: Rhythm regular. S1, S2 normal. No murmur.
ABDOMEN: Soft and nontender. Bowel sounds heard.
EXTREMITIES: Pulses 2+. No pedal edema.
GENITOURINARY: Digital rectal examination done. Prostate minimally enlarged, bilobed, firm in consistency, smooth in contour. No nodularity, nontender.
NEUROLOGIC: Cranial nerves normal. Strength 5/5. Balance and gait normal. Sensation preserved. The patient has got an evidence of Athlete's foot in the form of macerated skin within the fourth and the fifth the toe web spaces of both the feet.

LABORATORY DATA: The lab done today showed elevated LDL cholesterol of 131 and elevated A1c 8.1.

ASSESSMENT AND PLAN:
1. Dyslipidemia. Patient refuses to get started on any pharmacotherapy.
2. Elevated hemoglobin A1c, uncontrolled diabetes mellitus type 2. The patient does not want to get started on any pharmacotherapy. Dietary education provided regarding the need to go on a low-carb diet and eat a healthy protein in the form of either vegetable proteins consisting of beans and an animal protein consisting of chicken, turkey, and fish. The patient verbalized understanding.
3. Both ear wax. Both ears were lavaged at the clinic at the current interview.
4. Patient has been consistently refusing colorectal cancer screening, diabetic eye examination and pneumonia vaccine, and Fu vaccine.

The patient elected to have followup annually with the laboratory or earlier if needed.

53153980/2110409(04/05/2012 13:13:13)41904984
D: 04/05/2012 10:39:37 T: 04/05/2012 13:13:13
$END

/es/ BHADRESH K KADAKIA
physician
Signed: 04/05/2012 14:20

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 13, 2015	SPECIALTY CLINIC INTERVIEW	Nurse Note	CUMMINGS,VICKY L	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ SPECIALTY CLINIC INTERVIEW

```
     LOCAL TITLE: SPECIALTY CLINIC INTERVIEW
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: AUG 13, 2015@13:39     ENTRY DATE: AUG 13, 2015@13:39:30
      AUTHOR: CUMMINGS,VICKY L     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Today's Date and Time: AUG 13, 2015 13:39   Patient Age:  72
Allergies: Patient has answered NKA
T:    97.9 F [36.6 C] (08/13/2015 13:37)
P:    85 (08/13/2015 13:37)
R:    18 (08/13/2015 13:37)
B/P: 116/72 (08/13/2015 13:37)
Ht:  71.5 in [181.6 cm] (04/05/2012 08:36)
Wt:  177.9 lb [80.9 kg] (08/13/2015 13:37)
Pain:  0 (08/13/2015 13:37)
O2 Sat:  8/13/15 @ 1337      PULSE OXIMETRY: 84
IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
**********************************************
Reason for visit:  consult

**********************************************
Is the patient febrile?  No
Any travel or exposure to individuals who have traveled outside the US in past 6
months?  No
Patient has been in the hospital since last visit:
no
Patient has been seen by an outside provider:
no
Patient given new medications outside the VA:
no
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
Congestive Heart Failure:
Patient does not have a known diagnosis of Congestive Heart Failure
Cancer:
Patient does not currently have cancer.
PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain:    0
        Patient's acceptable level of pain: 0
PLAN:
Pain level will be reassessed at future appointments.
Fall Risk Assessment:
  History of Falling
15 = Yes Secondary diagnosis
 Ambulatory aid
 IV/Heparin Lock
 Gait/transferring
 Mental Status
15 TOTAL SCORE
Scoring:
0-24  Low Risk
        Implement Universal Fall Precautions
EDUCATION
  Person Being Assessed: Patient
   Barriers to Learning: None
  Desire and Motivation: Eager to learn
         Comphrehension: High
     Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
         Topics Covered:

/es/ VICKY L CUMMINGS
LVN
Signed: 08/13/2015 13:40
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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 23, 2012	CLINICAL REMINDER NOTE	Preventive medicine Note	KADAKIA,BHADRESH K	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

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Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: AUG 23, 2012@08:51     ENTRY DATE: AUG 23, 2012@08:51:37
      AUTHOR: KADAKIA,BHADRESH K   EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

  Colorectal Cancer Screening:
    The patient was offered referral to GI for colonoscopy/sigmoidoscopy
    and declines to accept the referral.
  DIABETIC EYE EXAM:
    Patient had eye exam previously.
      Exam Result: Normal
      Location: V a amarillo
      MONTH AND YEAR (REQUIRED): 11/2006
  PNEUMOCOCCAL VACCINE:
    Patient declines Pneumococcal Vaccine.
  ELEVATED BP >140/90:
    Patient is not on blood pressure medication.
    Patient has a blood pressure cuff at home.
    Patient can demonstrate/voice appropriate placement of cuff.
  DIABETIC/CAD ELEVATED LIPID REPORT:
    Patient refused treatment for elevated LDL.
  Influenza Immunization:
    Patient refused the influenza vaccine.  Patient was advised of risks
    and benefits of influenza vaccine.
  BMI > 30 or > 24.99 in High Risk:
    At this visit, the health risks of obesity were reviewed and discussed
    with the patient, and the benefits of a weight management treatment
    program, such as MOVE! was discussed and offered to the patient."
    Patient Refuses referral.  After discussing the health risks of
    obesity and offering a referral to MOVE or another weight loss program
    outside the VA, the patient REFUSES REFERRAL to MOVE or other weight
    loss program at this time.
  MEDICATION RECONCILIATION-PACT:

    Active and Recently Expired Outpatient Medications (including
    Supplies):

         Active Outpatient Medications                          Status
    ==========================================================================
    ===
    1)   CHOLECALCIFEROL 1000IU TAB TAKE TWO TABLETS BY MOUTH   ACTIVE
           EVERY DAY VIT D

         Pending Outpatient Medications                         Status
    ==========================================================================
    ===
    1)   CYANOCOBALAMIN 1000MCG/ML INJ, (PER ML) INJECT         PENDING
           1000MCG (1ML) INTRAMUSCULAR EVERY 7 DAYS
    2)   ERGOCALCIFEROL 50,000U CAP TAKE 50000UNT BY MOUTH      PENDING
           EVERY WEEK
    3)   SYRINGE-NEEDLE COMBO,25G 5/8IN,3CC,(EA) USE SYRINGE    PENDING
           EVERY 7 DAYS

    4 Total Medications

         IV Medications
    ==========================================================================
    ===   No data available

    Home medications or patient's list of medications reviewed.

    No Medication discrepancies found.

    Current medication list reviewed with patient and/or caregiver.  List
    of current medications given to patient and/or caregiver at discharge.

    Encouraged to keep list of current medications with them in case of an
    emergency.

/es/ BHADRESH K KADAKIA
physician
Signed: 08/23/2012 08:53
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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 24, 2012	MHS-GENERAL NOTE (NON-S.O.A.P.)	Mental health Note	HARRIS,HEATHER R	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ MHS-GENERAL NOTE (NON-S.O.A.P.)

```
     LOCAL TITLE: MHS-GENERAL NOTE (NON-S.O.A.P.)
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: OCT 24, 2012@10:54     ENTRY DATE: OCT 24, 2012@10:54:35
      AUTHOR: HARRIS,HEATHER R     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Mr. Hopkins was referred for individual counseling by Rosalinda Barrera, LMSW.
Veteran had a full intake on 9/20/12.  Mr. Hopkins stated his main concern is
that he is "tired of being tired."  He reports waking up tired and not having
energy throughout the day.  He stated he doesn't have any difficulty falling
asleep but he does wake up several times throughout the night.  He reports he
wakes up because he is snoring or quits breathing.  Per Mr. Hopkins, his wife
has also commented on his snoring.  Discussed sleep hygiene techniques which
veteran feels he is already doing.  He denied any nightmares or waking due to
dreams.

Mr. Hopkins denied feeling depressed, down, or hopeless.  He does report some
issues with motivation.  He feels that he has reached all of the goals he has
set for himself and doesn't have any goals he wants to work on.  He has started
a new project after talking to a social worker in primary care.  Mr. Hopkins is
skeptical of medication and prefers holistic/natural remedies to health
concerns.

Discussed counseling options and he declined counseling at this time.  He would
like a referral for a sleep study to rule out sleep apnea.  He believes his
sleep issues are "mechanical."  Will forward this request to his primary care
provider.

Impressions:
Appearance: dress appropriately with good hygiene
Behavior: Appropriate.
Speech: normal rate and volume
Mood: "good"
Affects: euthymic
Thought processes: coherent and logic.
Thought content: No delusion.
Suicidal ideation: thoughts, no plan or intent
Homicidal ideation: No
Cognition: alert and oriented.
Insight: good.
Judgment: good

Plan: Gave veteran clinic contact information should he desire counseling
services in the future.  Will forward request for sleep study to primary care
provider.

/es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker
Signed: 10/24/2012 11:03

Receipt Acknowledged By:
10/24/2012 11:09        /es/ KRISTELL BRINKMANN, LCSW
                             LICENSED CLINICAL SOCIAL WORKER
10/24/2012 11:25        /es/ BHADRESH K KADAKIA
                             physician
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	MEDICAL OFFICER OF THE DAY	Internal medicine Hospital Note	ALSHARIF,ABDELHAMID		MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ MEDICAL OFFICER OF THE DAY

```
     LOCAL TITLE: MEDICAL OFFICER OF THE DAY
STANDARD TITLE: INTERNAL MEDICINE INPATIENT NOTE
DATE OF NOTE: SEP 17, 2015@23:07     ENTRY DATE: SEP 17, 2015@23:07:19
      AUTHOR: ALSHARIF,ABDELHAMID  EXP COSIGNER:
     URGENCY:                              STATUS: COMPLETED

S: Pt seen and examined. Chart reviewed. No acute issues at this time.

  DATE/TIME         TEMP      PULSE     RESP      BP        PAIN
9/17/15 @ 2116                                              99
9/17/15 @ 0925                                              99
9/17/15 @ 0915
9/17/15 @ 0800      97.8      115       16        91/66     99
9/17/15 @ 0416                                              99
9/16/15 @ 2200                106       21        125/76
9/16/15 @ 2044                106       18        95/60
9/16/15 @ 1935      97        121       14        68/38

GEN: intubated, sedated
CV:RRR, tachy
CHEST:CTAB +chest tubes
ABD:+abd binder
EXT:No edema

Active Inpatient Medications (including Supplies):

     Active Inpatient Medications                                Status
==========================================================================
1)   AMIODARONE INJ AMIODARONE 450 MG in D5W 250 ML  17     ACTIVE
       ml/hr 1mg/min (=34ml/hr)x 6hrs then 0.5mg/min IVC
2)   D-10-W INJ,SOLN in D10W 1000 ML  50 ml/hr@0           ACTIVE
       Instructions too long. See order details for full
       text. IVC
3)   D-50-W INJ,SOLN  50 ML IV PRN FOR GLUCOSE <70         ACTIVE
4)   FENTANYL INJ,SOLN FENTANYL 1000 MCG in NS  250 ML     ACTIVE
       TITRATE@0 to a BPS score of <4 IVC
5)   GLUCAGON INJ  1MG/1VIAL IM PRN For glucose <70 and    ACTIVE
       patient with signs of severe hypoglycemia;May be
       given IM,SQ or IV
6)   HYDROCORTISONE INJ,SOLN  50MG/1ML IV Q6H              ACTIVE
7)   INFLUENZA VIRUS VACCINE 5ML VI 2015-  0.5ML IM ONCE   ACTIVE
8)   INSULIN  HUMAN  REGULAR INJ  PER SLIDING SCALE SQ PRN  ACTIVE
       LOADING DOSE   Glucose: 201-250 = 2 UNITS IV BOLUS
       Glucose: >250    = 4 UNITS IV BOLUS
9)   INSULIN  HUMAN  REGULAR INJ INSULIN HUMAN REGULAR 100  ACTIVE
       UNITS in NS  100 ML  TITRATE PER SLIDING SCALE@0
       Instructions too long. See order details for full
       text. IVC
10)  MESSAGE TO NURSING MISCELLANEOUS  ACCUCHECK BY         ACTIVE
       NURSING MISC Q1H Q1HR until glucose remains in the
       140-200mg/dl range for 4 hours. then q2HR
11)  NOREPINEPHRINE INJ NOREPINEPHRINE 32 MG in NS  250    ACTIVE
       ML  TITRATE@0 TITRATE TO MAP >65 **QUAD STRENGTH**
       128mcg/ml IVC
12)  PANTOPRAZOLE INJ,PWDR PANTOPRAZOLE 80 MG in D5W 100   ACTIVE
       ML  10 ml/hr IV
13)  PHENYLEPHRINE INJ PHENYLEPHRINE 10 MG in NS  250 ML   ACTIVE
       Titrate@0 TITRATE TO MAP>65 IV
14)  PIPERACILLIN/TAZOBACTAM VIAL INJ                      ACTIVE
       PIPERACILLIN/TAZOBACTAM VIAL 2.25 GM in PRE-MIXED
       IN ISO-OSMOTIC SOLN 50 ML  INFUSE OVER 30 MINUTES
       IVPB Q6H
15)  PROPOFOL INJ in PROPOFOL 1% EMULSION 100 ML           ACTIVE
       Titrate@0 Titrate to RASS of -1 IV
```


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16) SODIUM BICARBONATE INJ,SOLN SODIUM BICARBONATE 150 MEQ in D5W 1000 ML 75 ml/hr IV ACTIVE
17) SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 125 ml/hr@0 IV ACTIVE
18) VASOPRESSIN INJ,SOLN VASOPRESSIN 60 UNITS in NS 250 ML 10 ml/hr Delivers 0.04 units per minute IVC ACTIVE

A/P: Pt is a 72 yo CM PMHx DM, HTN, HLD s/p RIHR 1 mo ago who presented in septic shock due to ischemic bowel now POD 0 ex lap, SBR, temporary abdominal closure.
-On levo, vaso; Neo currently held. On MV SIMV 20/600/10/60/5 with MV 12-13.
-Has PAC: PAOP 12, SvO2 52%, CCI 4.5, SVR 360-400. Cont IVF resuscitation. Echo pending.
-On zosyn.
-Prognosis very gaurded at this point.
-Cont current mgmt and ICU care.
-Nurse and resident aware to page for any questions or concerns.

/es/ ABDELHAMID ALSHARIF, MD
MOD / PULMONARY & CRITICAL CARE FELLOW
Signed: 09/17/2015 23:12

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 21, 2014	KC-TELEPHONE CONTACT	Telephone encounter Note	NEWMAN,DENISE L		VA HEARTLAND - WEST, VISN 15			VistA	KAN

Notes ~ KC-TELEPHONE CONTACT

LOCAL TITLE: KC-TELEPHONE CONTACT
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUN 21, 2014@11:30 ENTRY DATE: JUN 21, 2014@11:30:28
AUTHOR: NEWMAN,DENISE L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** KC-TELEPHONE CONTACT Has ADDENDA ***

The radiology exam on 06/22/14@1300 was not performed as patient requested the exam be rescheduled. Out of town

The next appointment is being scheduled for 07/08/14 at 9am hours.
(If within 30 days of desired date)
OK confirm fasting

/es/ DENISE L NEWMAN
RADIOLOGY RECEPTIONIST
Signed: 06/21/2014 11:32

07/07/2014 ADDENDUM STATUS: COMPLETED
Left message to call 815-922-2723 to confirm 07/08/14@9am appointment.

/es/ DENISE L NEWMAN
RADIOLOGY RECEPTIONIST
Signed: 07/07/2014 17:40

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HOPKINS, MARSHALL HUGH **DOB:** 19430720 **SSN:** ***-**-7575 **Created:** November 10, 2020 12:07 pm

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 20, 2008	PRIMARY CARE WALK IN NP (T)(A)	Primary care Note	SEGARRA,ORLANDO		AMARILLO HCS			VistA	AMA

Notes ~ PRIMARY CARE WALK IN NP (T)(A)

```
     LOCAL TITLE: PRIMARY CARE WALK IN NP (T)(A)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: FEB 20, 2008@08:44     ENTRY DATE: FEB 20, 2008@08:44:07
      AUTHOR: SEGARRA,ORLANDO      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

SUBJECTIVE:  This is a 64 year old male ambulatory to Walk In Clinic with c/o a
dry raspy cough in Nov, Dec and Jan and is wondering if this could be the
Histoplasmosis that he had in the 70's. Denied any chest pains or SOB. No nausea,
vomiting, diarrhea or constipation. Denied any smoking or ETOH since 1972.

PAST MEDICAL HISTORY:
1.  MVA 1991 - neck/back injuries
2.  Fibromyalgia
3.  Tick (right side of face)
4.  Histoplasmosis
5.  Hyperlipidemia
6.  Hematuria
7.  Cerumen impaction


PHYSICAL EXAM:
VITALS:        TEMP:   98.3 F [36.8 C] (02/20/2008 08:21)
               PULSE:  70 (02/20/2008 08:21)
               RESP:   18 (02/20/2008 08:21)
               B/P:    145/79 (02/20/2008 08:21)
               WT:     208.8 lb [94.9 kg] (02/20/2008 08:21)
               HT:     73.25 in [186.1 cm] (02/20/2008 08:21)

       HEENT:  Normocephalic, PEARRL, External ears normal, TM's
       pink no lesions, Oropharynx pink moist no lesions, Neck
       supple no cervical adenopathy, Thyroid mid-line no
       enlargement, No JVD or Bruit.
       LUNGS:  CTAB, No rales, ronchi, wheezing or Hemoptysis.
       HEART:  RRR No murmur, gallop or rub.
       ABD:  Soft NTND, Positive bowel sounds, No Organomegaly.
       RECTAL:  Deferred.
       EXT:  No peripheral edema, Peripheral pulses 2+.
       MISC:

ALLERGIES:
Patient has answered NKA

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

No Medications Found



LABS: none today.

ASSESSMENT/PLAN:
1.  Dry hacking cough: resolved. Will get CXR, PFT and UGI to r/o Esophagitis and
other problems.
2.  RTC as schedule or PRN if needed.

/es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
FAMILY NURSE PRACTITIONER
Signed: 02/20/2008 08:49
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	BLOOD TRANSFUSION	Blood banking and transfusion medicine Nurse Note	MATTISON,CAROL FAITH		MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ BLOOD TRANSFUSION

```
     LOCAL TITLE: BLOOD TRANSFUSION
STANDARD TITLE: BLOOD BANKING TRANSFUSION NURSING NOTE
DATE OF NOTE: SEP 18, 2015@04:45     ENTRY DATE: SEP 18, 2015@07:47:51
      AUTHOR: MATTISON,CAROL FAIT  EXP COSIGNER:
     URGENCY:                              STATUS: COMPLETED

Blood Product Transfusion: (Please add the additional signer)

Product to be Transfused: One unit of PRBC


Leukocyte Reduction Filter (PALL) No

Irradiated Unit: No

Unit #:w001715301342

Pre Transfusion Verification Data:

The 1st and 2nd verifiers have verified the following:

Blood Consent signed in Imed or on chart, Unit number on blood component bag is
same as on caution tag, Patient full name on Red Blood Bank ID Band same as
caution tag, Patient full SSN# on Red Blood Bank ID Band same as caution tag,
Patient Red Blood Bank wrist band ID # same as on caution tag, Blood type on
Blood Component bag same as on caution tag

Patient was instructed on how to recognize a transfusion reaction, either
immediate or delayed.  Yes

Red Blood Wristband # PVKU0011

Pre-Medication:  NA

Blood Administration Set Lot#:  0061438546

Pre-Transfusion Vitals:

Additional Signer: Harpreet Singh, RN

Vital signs(other):
Time: 0240Temp:103.3Pulse: 136
Resp. Rate: 20  B/P: 109/63

Transfusion start time: Sep 18,2015@02:40

Vitals during transfusion: (every 5 min 1st 15 min then every 15 min x3 then
every hr and/or at the completion of infusion)
Time 0245Temp: 103.3Pulse:   Resp. Rate:  20  B/P: 110/60
Time 0250Temp: 103.3Pulse:   Resp. Rate:  20  B/P: 104/69
Time 0255Temp: 103.3Pulse:   Resp. Rate:  20  B/P: 104/62
Time 0300Temp: Pulse:  136 Resp. Rate:  20  B/P: 98/63
Time 0315Temp: Pulse:   Resp. Rate:  20  B/P: 90/57
Time 0345Temp: Pulse:   Resp. Rate:  20  B/P: 99/41
Time 0400Temp: 103.0Pulse:  111 Resp. Rate:  20  B/P: 111/59
Time 0445Temp: Pulse:   Resp. Rate:  20  B/P: 114/61
Post - Blood Product Transfusion Data:

Time Transfusion Completed/Interrupted:  Sep 18,2015@04:45

Amount Infused: 100%

Vitals:

Temp:  103 F [39.4 C] (09/18/2015 04:00) Pulse: 111 (09/18/2015 04:00) BP:
111/59 (09/18/2015 04:00)
Other: Time:  0445Temp: 103Pulse: 113Resp. Rate: 20  B/P:114/61
```


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Reaction: none
Description of Reaction:

Other Difficulties (Equipment, clots, etc.) No

Transfusion completed/Interrupted by (name of nurse)Carol Mattison, RN

(Form # 518-124)

/es/ Carol Faith MATTISON
RN
Signed: 09/18/2015 08:01

Receipt Acknowledged By:
09/19/2015 21:40 /es/ harpreet kaur SINGH
RN

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 15, 2008	CLINICAL REMINDER NOTE	Preventive medicine Note	HANNA,SUSAN	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: SEP 15, 2008@09:40 ENTRY DATE: SEP 15, 2008@09:40:08
AUTHOR: HANNA,SUSAN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PNEUMOCOCCAL VACCINE-NURSE:
Patient declines Pneumococcal Vaccine.
Tetanus Diphtheria (TD-Adult):
Patient refused Tetanus immunization.

/es/ SUSAN HANNA
LVN
Signed: 09/15/2008 09:40

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 22, 2011	NURSING NOTE	Nurse Note	COLLINS,ALMA L		ZZ-LIBERAL KANSAS CBOC			VistA	AMA

Notes ~ NURSING NOTE

LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: FEB 22, 2011@14:43 ENTRY DATE: FEB 22, 2011@14:43:21
AUTHOR: COLLINS,ALMA L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Veteran at clinic for ear lavage. Bil ears irrigated with 1 part Peroxide to 8 parts warm water. Bil wax plugs and large amount of wax returned. Ear canals clean and clear, tympanic membrane visible and clean.

/es/ ALMA L COLLINS
RN
Signed: 02/22/2011 14:48

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	Addendum to EMERGENCY DEPARTMENT NURSING		AYERS,TERRI L		MEM EMERGENCY ROOM - EVENING			VistA	MEM

Notes ~ Addendum to EMERGENCY DEPARTMENT NURSING

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 16, 2015@20:51:39  ENTRY DATE: SEP 16, 2015@20:51:39
      AUTHOR: AYERS,TERRI L        EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

2100 note that this is hx collected from family. pt was pulled from private car
unresponsive to any stimuli with shallow breathing.pt was rushed to ed resus room.
this is collected history
1910 20 g int x 2 placed in right forearm.1st ns bolus infusing bp 65/38
1915 2nd l bolus infusing.triple lumen placed in left groin area per dr kari with
good blood return in all lumens.16 foley placed with no return of urine. 80/60
1948 zofran 4mg ivp adminstered
1949 protonix 80 mg ivp completed
1957 ng tube placed and applied to suction with return of 600cc coffeeground
emesis. pt pale and remains unresponsive  to stimuli. zofran  4.5 mg ivpb infusing
2000 1st gram vanc  infusing
2030 regular insulin 10units ivp adminstered
2041 reg insulin drip infusing 7cc/hr
2100 2nd gram vanc infusing. norpinephrine 8mg/250cc infusing 5cc/hr
2110 protonix infusing 10cc/hr
2130 5 l bolus ns has infused. pt is now responding verbally,surgery team is at
bedside
2340 at this time surgery team has been working with pt for approximately 2 hours.
art line was placed in left radial. at this time surgery team attempted left
subclavian and o2 sat has now decreased from 100 percent to 74 percent stat
portable chest film obtained

/es/ TERRI L. AYERS,RN
ER STAFF NURSE
Signed: 09/19/2015 08:34

==========================================================================

 --- Original Document ---

09/16/15 EMERGENCY DEPARTMENT NURSING:

                     Emergency Department Nursing Assessment

Patient First Identifier:  patient full name Patient Second Identifier:
patient full ssn

Code Status: Full

Patient's Past Medical HX: no past hx to reveiw

ALLERGIES: Patient has answered NKA
 Allergies verified: Yes
 Other allergies:

Bed/Room: 25

Patient received emergency care/treatment services prior to arrival to ER?
No
 Type of Treatment received:

Patient received Aspirin by Emergency Medical Service prior to ER arrival?
No

Alcohol Screen:

 In the past 12 months, has the patient had ANY drinks containing
 alcohol? patient declined to answer questions about alcohol use.
 Comments:

Mental Health:
```


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Mood:somel
Comments: unable to respond upon arrivial

RISK ASSESSMENT/MISSING PATIENT:
CRITERIA (HIGH RISK SCREEN)

Has patient been diagnosed with Alzheimers/Dementia? - No

Patient is independently mobile (Ambulatory or wheelchair) - Yes

Patient is disoriented or unable to care for own safety - Yes

Wander (brown label) visible on wristband -no

Does patient have any suicidal/homicidal thoughts? - No

A Yes answer to any question below must result in a consult to Social Work Service per Policy.

(To notify Social Service after 5 P.M., weekends, & holidays, contact the MAA)

Special Needs/Abuse Screening:

Patient shows signs of neglect or abuse - No
Patient has no Source of Support and/or Homeless - No
Patient's caregiver unable to meet patient's needs - No
Patient admitted from nursing home or other extended care facility - No
Patient has severe visual impairment - No

Patient has an Advance Directive/Living Will/Power of Attorney:
No If no: Do you want an Advance Directive?
NO -
Consult sent to Social Work Service - No

Review of Systems:

Neuro:

Level of Consciousness: obtunded/stuporous/semi coma

Glasgow Coma Score:(complete the Glasgow Coma Scale if the patient has an altered level of consciousness.
Date/Time: Sep 16,2015
Best Eye Opening Response: To Pain (2pts)
Best Verbal Response: No Response: (1pt)
Best Motor Response (Best Upper Limb/To Painful Stimuli):
No Response (1pt)
Unable to Test (reason)-
Total Score: 4

Pupil Size and Response to Light:
Pupil Gauge:
Right 0mm
Left 0mm

Pupil Reaction:
Additional Comments:

Have you taken any pain medication prior to coming to ED? No. Name/time taken: do not know

Pain location/score:
Score:
Location:
Pain Quality(choose all that apply): unable to assess
Pain onset:
Pain Duration:
Comment/Action taken:

ED Pain Interventions:
Med given -

Cardiovascular Rhythm: ST
Comment:

Pulses:

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Right Score
Radial +
Pedal +
Posterior Tibia +

Left Score
Radial +
Pedal +
Posterior Tibia +

Capillary refill:

Edema:
Generalized - +
Upper Extremity - +
Facial - +
Lower Extremity - +
Orbital - +
Neck - +
Other/Comment:

Pacemaker: - AICD:

Respiratory:
Lung/Breath sounds (choose all that apply: inspiratory , expiratory,
rales , decreased
Other/comments:_

Location:

Oxygen (O2): Bi-nasal canula (BNC)
Other comments:

Ventilator:
Mode (if yes)

Tracheostomy in place:

GI:
Abdomen: tender, distended
Bowel Sounds: absent , hypoactive
Last BM-
Comment:

Falls Assessment:

Morse Fall Scale:

1. History of falling; immediate or within 3 months - (no = 0, yes = 25)
   Score = 0
2. Secondary diagnosis - (No = 0, yes = 15)
   Score = 15
3. Ambulatory aid - (None, bedrest, wheelchair, nurse = 0) Crutches,
   cane walker = 15; Furniture = 30)
   Score = 0
4. IV/Heparin Lock - (no = 0, yes = 20)
   Score = 0
5. Gait/Transferring - (Normal, bedrest, immobile = 0; weak = 10;
   Impaired = 20) Score = 0
6. Mental Status - (Oriented to own ability = 0; Forget limitations =
   15) Score = 0

Total Score = 15 Risk Level/Intervention Required: 0-24 points No Risk
No additional intervention

Skin Assessment:
Skin Intact:
Color(choose all that apply):

Turgor (choose all that apply):

Temperature:
Moisture:

Ostomy: Stoma pink, moist, and warm - n/a
Comment:

Wounds (choose all that apply):surgical incision
Ulcer Stage (choose one):
Wound Consult - n/a
Specialty Bed - n/a

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Other/ comment:
BRADEN SKIN RISK ASSESSMENT

Sensory Perception:1 = Completely Limited
Moisture: 4 = Rarely Moist
Activity: 3 = Walks Occasionally
Mobility: 1 = Completely Immobile
Nutrition: 2 = Probably Inadequate
Friction: 1 = Problem
10-12 High Risk
Score: 12

/es/ TERRI L. AYERS,RN
ER STAFF NURSE
Signed: 09/16/2015 20:51
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	INTERIM NOTE	Physician Note	ROTHMAN,J LATAYNE	Physician Assistants & Advanced Practice Nursing Providers	AMARILLO HCS			VistA	AMA

Notes ~ INTERIM NOTE

LOCAL TITLE: INTERIM NOTE
STANDARD TITLE: PHYSICIAN NOTE
DATE OF NOTE: AUG 19, 2015@13:05 ENTRY DATE: AUG 19, 2015@13:05:47
AUTHOR: ROTHMAN,J LATAYNE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

nurse reports pt blood sugar is 262 at this time. pt refuses any insulin.
states he doesnt take it at home and he is not taking it here

discussed with dr ahmed
will add ancef 1 gm q 6 for 3 doses to cover for infection related concerns
with high glucose. and mesh implant post op/

dr ahmed will speak with the pt

a1c is 13.4

/es/ J LATAYNE ROTHMAN
NURSE PRACTITIONER
Signed: 08/19/2015 13:08

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Nov 07, 2006	OPTOMETRY	Optometry Note	OCONNOR,JAMES M	Eye and Vision Services Providers	AMARILLO HCS			VistA	AMA

Notes ~ OPTOMETRY

LOCAL TITLE: OPTOMETRY
STANDARD TITLE: OPTOMETRY NOTE
DATE OF NOTE: NOV 07, 2006@14:20 ENTRY DATE: NOV 07, 2006@14:20:18
AUTHOR: LOVEN,TRAVIS M EXP COSIGNER: OCONNOR,JAMES M
URGENCY: STATUS: COMPLETED

Active Outpatient Medications (including Supplies):

No Medications Found

Age 63/Race WHITE

Subjective Complaint:
VARIABLE VISION WHEN LOOKING AT DIST 6 MO
NO PROBLEM WITH READERING

PMHx

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HRT:No
HTN:No
THY: No
RESP: No
CA: No
DM: No
Other:

POHx
LEE:1992
Surgeries: NONE
Trauma:HIT IN HEAD 1992
Diseases:NONE
Ocular meds:NONE

Visual Acuity: without
Right Eye 20:20 PH Right Eye 20:
Left Eye 20:30-2 PH Left Eye 20:20
Both Eyes 20:

Habitual RX
Right Eye:+2.00   0.00
Left Eye:+2.00   0.00
Add:otc r

Auto Refraction
Right Eye:+0.25 0.00   DS
Left Eye:+0.50 0.00   DS
Add:

Manifest Refraction
Right Eye:+0.50   0.00   20:20
Left Eye:+0.50   0.00   20:20
Add:

Ocular Motility: FULL
Confrontation Fields:FTFC
Pupils:4-3/4-3 R RL -APD
Other:

Anterior Segment Exam
L/L:CLEAN
C/S:WHITE
K:CLEAR
IRIS:FLAT BLUE
A/C:D+Q
Lens: TR NS
Other:

Applanation Tonometry: Goldmann
Right Eye:12
Left Eye:12
TIME:NOV 07, 2006 14:20

Dilated Fundus Exam
C/D:0.35 ROUND
DVM NL
P OD MILD PIGMENTARY CHANGES @10:00
  OS MILD PIGMENTARY CHANGES @ 4:30

IMPRESSION:
NL OCULAR HEALTH

PLAN:RTC 2 YRS

Attending physician concurs with findings.

/es/ JAMES M O'CONNOR
OPTOMETRIST
Signed: 11/07/2006 15:28
for TRAVIS M LOVEN
OPTOMETRIST

/es/ JAMES M O'CONNOR
OPTOMETRIST
Cosigned: 11/07/2006 15:28

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 23, 2008	NURSING NOTE	Nurse Note	KIRSCH,BEVERLY A	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING NOTE

```
     LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: JUL 23, 2008@15:01     ENTRY DATE: JUL 23, 2008@15:02:02
      AUTHOR: KIRSCH,BEVERLY A     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

BILATERAL EAR IRRIGATION DONE WITH OUT ANY COMPLAINTS. XXLG AMOUNT OF WAX
REMOVED FROM BILATERAL EAR. CLEAR TO EARDRUMS.

/es/ BEVERLY A KIRSCH
LVN
Signed: 07/23/2008 15:03
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	TRANSFER NOTE	Nurse Hospital Transfer summary note	MCCARY,APRIL D	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ TRANSFER NOTE

```
     LOCAL TITLE: TRANSFER NOTE
STANDARD TITLE: NURSING INPATIENT TRANSFER SUMMARIZATION NOTE
DATE OF NOTE: AUG 19, 2015@12:30     ENTRY DATE: AUG 19, 2015@13:41:25
      AUTHOR: MCCARY,APRIL D       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

   *** TRANSFER NOTE Has ADDENDA ***

Transferred to 3N
from OR
via Stretcher/Bed Aug 19,2015@13:41.
Pt s/p ingulinal herina repair

HAND OFF Communication Report:
Report from (sending nurse): JonRN
Called to (receiving nurse): AprilRN
Patient prefers to be called/referred to as: Mr Hopkins
Does the patient want his/her admission information withheld from family and
public disclosure?No
Assessments:

Education**********************************
  Person Being Assessed: Patient
   Barriers to Learning: None
  Desire and Motivation: Eager to learn
           Comphrension: Moderate
     Preferred Language: English
     Method of Teaching: Verbal in preferred language
Evaluation of Education: Voiced understanding
                 Topics: Diabetes, Speak Up, Plan of Care
***********Dysphagia Screen***************
Oral Screen:
Patient/Resident:
     Uses own teeth and/or dentures for chewing
Part 1- Dysphagia Risk Factors
     No problems identified
Assessment
Respiratory:
Regular, unlabored, no abnormal breath sounds
Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate.
```


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Neurological:
Alert, oriented x 3, follows commands, PERRLA
Musculo Skeletal:
ROM all joints, hand grips equal.
Other:
slight unsteady at this time

GastroIntestinal
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Appetite: Good
Date Last BM:pre admitt
Genito-Urinary
Voids without difficulty, clear urine, no distention.
Other:
rt inglunial herina repair

Urine: Voids
    Foley secure devices: YES

Skin - Document on form:
**********Patient Belongings**********
Clothing, shoes, etc:
    glasses, book, shoes, pants, shirt,
Disposition of belongings: Kept by patient
**********Nutritional Screening**********
*******NUTRITIONAL/METABOLIC**********
Send a DIETARY CONSULT for any checked problems under this heading.
Screening: No problems identified}
**********Functional Assessment**********
  Dress/Groom: Self Care
  Feeding: Self Care
  Home routine: Self Care
  Toileting: Self Care
  Bathing: Self Care
**********Fall Risk Reassessment**********
0 = No   History of Falling
0 = No   Secondary diagnosis
15 = Crutches, cane, walker   Ambulatory aid
20 = Yes IV/Heparin Lock
20 = Impaired   Gait/transferring
15 = Forgets limitations   Mental Status
 TOTAL SCORE
Scoring:
45 and Higher   High Risk
        Implement Universal Fall Precautions
        Implement Additional Interventions Based on Identified Area of Risk
Fall Risk
      Goals/Expected Outcomes:
         Prevention of Falls
         Prevention of Injury from Falls
      Plan: Monitor and provide safe environment. Fall precautions reviewed with
patient. These include use of assistive devices, removing rugs, maintaining
clear pathways and use of lighting.
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 0
        Patient's acceptable level of pain: 0
PLAN*:
Refer to care plan and MD orders for treatment plan, All unresolved pain will
be referred to ordering provider

**********MRSA CULTURE**********
MRSA Education provided.
Informed verbal consent obtained.
MRSA nares culture obtained.
Informed verbal consent obtained.
MRSA nares culture obtained: No (if no, explain):yes obtain
****
1140 APPROX ARRIVED TO WARD
1216 refused insulin
1306 report to Rothman NP that pt refused insulin
1330 nurse (self) talked with pt for a while about the importants of blood sugar
control. Pt expressed that he does not beleive in taking meds. Pt states that
his wife is a nturietist and tells diabetic but that they have been living apart
and that he has not been doing what he should. Education provide to area that
uncontroled diabetes effect
1400 pt void approx 300 cc

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 14:03

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08/19/2015 ADDENDUM STATUS: COMPLETED
1600 up to bathroom, had large BM
1730 eat supper
1900 resting in bed, no c/o, given extra blanket

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 19:03

08/19/2015 ADDENDUM STATUS: COMPLETED
1930-2000 walking rounds completed and report to next shift

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 19:16

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 06, 2010	CP EKG	Cardiology Note			AMARILLO HCS		Yes	VistA	AMA

Notes ~ CP EKG

LOCAL TITLE: CP EKG
STANDARD TITLE: CARDIOLOGY NOTE
DATE OF NOTE: OCT 06, 2010@16:18:54 ENTRY DATE: OCT 06, 2010@16:18:54
AUTHOR: CLINICAL,DEVICE PRO EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PROCEDURE SUMMARY CODE: Machine Resulted
DATE/TIME PERFORMED: OCT 05, 2010@10:19:3

** DOCUMENT IN VISTA IMAGING **
SEE FULL REPORT IN VISTA IMAGING

SIGNATURE NOT REQUIRED
SEE SIGNATURE IN VISTA IMAGING

** (Muse EKG) AUTO-INSTRUMENT DIAGNOSIS **

Procedure: 93000 12 Lead ECG

Release Status: Released Off-Line Verified
Date Verified: Oct 06, 2010@16:20:39

93000.2 Ventricular Rate: 72 BPM
93000.3 Atrial Rate: 72 BPM
93000.4 P-R Interval: 220 ms
93000.5 QRS Duration: 90 ms
93000.6 Q-T Interval: 404 ms
93000 QTC Calculation(Bezet):442 ms
93000.12 Calculated P Axis: 23 degrees
93000.13 Calculated R Axis: 12 degrees
93000.14 Calculated T Axis: 25 degrees
Sinus rhythm with sinus arrhythmia with 1st degree A-V block
Otherwise normal ECG
No previous ECGs available
Confirmed by HERNANDEZ MD, P (500) on 10/6/2010 4:20:36 PM

Administrative Closure: 10/06/2010
by:
Clinical,Device Proxy Service

1

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	EDUCATION PATIENT/FAMILY	Education note	MCFARLAND,KYLE E	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ EDUCATION PATIENT/FAMILY

```
     LOCAL TITLE: EDUCATION PATIENT/FAMILY
STANDARD TITLE: EDUCATION NOTE
DATE OF NOTE: SEP 17, 2015@02:43     ENTRY DATE: SEP 17, 2015@02:43:08
      AUTHOR: MCFARLAND,KYLE E     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Learning Needs Assessment done during this encounter - No Barriers Noted
Barrier to Learning - SEVERE ILLNESS
Barrier to Learning - OTHER  POST OP SEDATION
Education done.
Level of Understanding: Poor (Plan needed for poor comprehension)  Person
who received the education: Patient

/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/17/2015 02:44
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	NURSING DISCHARGE MEDICATION EDUCATION	Nurse Discharge summary	LANGFORD,HOLLY	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING DISCHARGE MEDICATION EDUCATION

```
     LOCAL TITLE: NURSING DISCHARGE MEDICATION EDUCATION
STANDARD TITLE: NURSING DISCHARGE NOTE
DATE OF NOTE: AUG 27, 2015@16:03     ENTRY DATE: AUG 27, 2015@16:03:24
      AUTHOR: LANGFORD,HOLLY       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Medication education given by RN:
AUG 27, 2015 16:03
  Person Being Assessed: Patient
   Barriers to Learning: None
  Desire and Motivation: Eager to learn
           Comphrension: High
     Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
         Topics Covered: Medication reconciliation- which meds to take at
home. Patient was educated to discard medications that have been discontinued.
Patient was educated as to dosage changes for medications they are currently
taking. Patient was educated about new medications.
The following list of medications was given to the patient:
MWS -  Medication Worksheet

Date: Aug 27, 2015      PATIENT MEDICATION INFORMATION              Page: 1
           PRINTED BY THE VA MEDICAL CENTER AT: AMARILLO HCS
           FOR PRESCRIPTION REFILLS CALL (806) 354-7894

Name: HOPKINS,MARSHALL HUGH - 7575 PHARMACY - AMARILLO DIVISION (806-354-7894)

|-------------------------------------------------------------------------|
|                  |MORNING| NOON  |EVENING|BEDTIME|       COMMENTS         |
|~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~|
|                                                                         |
|CODEINE 30/ACETAMINOPHEN 300MG TAB                                       |
|     TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN,    |
|     INITIAL RX WAS MAILED OUT                                           |
|     0 refill(s) remaining prior to Sep 19, 2015                         |
```


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```
|-------------------------------------------------------------------------|
| UNITS PER DOSE: |       |       |       |                                 |
|~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~|
|                                                                         |
|GLIPIZIDE 5MG TAB                                                        |
|     TAKE ONE TABLET BY MOUTH EVERY DAY 30 MINS BEFORE BREAKFAST         |
|     2 refill(s) remaining prior to Aug 27, 2016                         |
|-------------------------------------------------------------------------|
| UNITS PER DOSE: |       |       |       |                                 |
|~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~|
|                                                                         |
|TAMSULOSIN HCL 0.4MG CAP                                                 |
|     TAKE ONE CAPSULE BY MOUTH EVERY DAY                                 |
|     0 refill(s) remaining prior to Sep 26, 2015                         |
|-------------------------------------------------------------------------|
| UNITS PER DOSE: |       |       |       |                                 |
|~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~|
|                                                                         |
|SUPPLY ITEMS:                                                            |
|ACCU-CHEK AVIVA PLUS(GLUCOSE) TEST STRIP                                 |
|LANCET,SOFTCLIX                                                          |
|-------------------------------------------------------------------------|

RXIV - IV Pharmacy
Drug                                Dose        Status  Start     Stop

CEFTRIAXONE                         1 GM        A       08/27/2015  09/10/2015
   In: SODIUM CHLORIDE 0.9% 50 ML INFUSE OVER 30 MINUTES DAILY

Any medication items listed as "pending" are those that have just been
written by your provider(s).  These medication orders will be reviewed
by your pharmacist, prior to the prescription(s) being dispensed.
When you receive your new prescription(s), by mail or from the pharmacy
window, be sure to follow the instructions on the prescription label.
If you have any question about your medication, please call your provider
or your pharmacist.

Allergies/Adverse Reactions:
Patient has answered NKA


HOPKINS,MARSHALL HUGH
PO BOX 702
HOOKER, OKLAHOMA  73945
Temporary Address Start: APR 8,2015
Temporary Address Stop: APR 1,2035
(620)272-4825

/es/ HOLLY LANGFORD
RN
Signed: 08/27/2015 16:03
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 11, 2009	PRIMARY CARE NP (T)(S)	Primary care Note	SEGARRA,ORLANDO		AMARILLO HCS			VistA	AMA

Notes ~ PRIMARY CARE NP (T)(S)

```
     LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: AUG 11, 2009@13:31     ENTRY DATE: AUG 11, 2009@13:31:52
      AUTHOR: SEGARRA,ORLANDO      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

SUBJECTIVE:  This is a 66 year old male ambulatory to Primary Care for f/u and
evaluation of neck and back pains. Denied any chest pains or SOB. No nausea,
vomiting, diarrhea or constipation. Denied any smoking or ETOH since 1972. C/O
neck pains, would like to be refer to Chiropractor care.

PAST MEDICAL HISTORY:
1.  MVA 1991 - neck/back injuries
2.  Fibromyalgia
3.  Tick (right side of face)
```


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4. Histoplasmosis
5. Hyperlipidemia
6. Hematuria
7. Cerumen impaction

PHYSICAL EXAM:
VITALS: TEMP: 98.5 F [36.9 C] (08/11/2009 12:49)
PULSE: 68 (08/11/2009 12:49)
RESP: 18 (08/11/2009 12:49)
B/P: 128/90 (08/11/2009 12:49)
WT: 209.5 lb [95.2 kg] (08/11/2009 12:49)
HT: 72.5 in [184.2 cm] (08/11/2009 12:49)
PAIN: 4 (08/11/2009 12:49)

HEENT: Normocephalic, PEARRL, External ears normal, TM's pink no lesions, Oropharynx pink moist no lesions, Neck supple no cervical adenopathy, Thyroid mid-line no enlargement, No JVD or Bruit.
LUNGS: CTAB, No rales, ronchi, wheezing or hemopthysis.
HEART: RRR No murmur, gallop or rub.
ABD: Soft NTND, Positive bowel sounds, No Organomegaly.
RECTAL: Deferred.
EXT: No peripheral edema, Peripheral pulses 2+.
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	UREA 20% CR (PER GM) APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY TO RIGHT KNEE FOR KERATOSIS OF KNEE SKIN.	ACTIVE

LABS:
SODIUM: 137 meq/L JUL 14,2009@09:10:44
POTASSIUM: 3.7 meq/L JUL 14,2009@09:10:44
BUN: 11 mg/dL JUL 14,2009@09:10:44
CREATININE: 1.0 mg/dL JUL 14,2009@09:10:44
GLUCOSE: 134 H mg/dL JUL 14,2009@09:10:44
AST: 20 IU/L JUL 14,2009@09:10:44
ALT: 23 IU/L JUL 14,2009@09:10:44
ALK. PHOS.: 56 IU/L JUL 14,2009@09:10:44
GGTP: 19 IU/L JUL 14,2009@09:10:44
T. BILIRUBIN: 0.7 mg/dL JUL 14,2009@09:10:44
WBC: 6.5 K/cumm JUL 14,2009@09:10:43
HGB: 14.6 gm/dL JUL 14,2009@09:10:43
HCT: 42 % JUL 14,2009@09:10:43
CHOLESTEROL: 188 mg/dL JUL 14,2009@09:10:44
HDL: 36 L mg/dL JUL 14,2009@09:10:44
LDL 120 mg/dl JUL 14,2009@09:10:44
TRIG: 160 H mg/dL JUL 14,2009@09:10:44
PSA: 0.49 ngm/ml JUL 14,2009@09:10:45
TSH: 1.87 mIU/mL JUL 14,2009@09:10:45

ASSESSMENT/PLAN:
1. Chronic neck and back pains: will get x-ray c-spine and refer to case manager for Chiropractor care if needed.
2. Hyperlipidemia: improving.
3. Allergic Rhinitis: refused treatment. Advice natural remedies.
4. RTC in 6 months with labs prior, and PRN if needed.

/es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER
Signed: 08/11/2009 13:43

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	NURSING ADMISSION	Nurse Hospital Admission evaluation note	DELA CRUZ,NOEMI R	Nursing Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ NURSING ADMISSION

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LOCAL TITLE: NURSING ADMISSION
STANDARD TITLE: NURSING INPATIENT ADMISSION EVALUATION NOTE
DATE OF NOTE: SEP 17, 2015@04:14 ENTRY DATE: SEP 17, 2015@04:14:13
AUTHOR: DELA CRUZ,NOEMI R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

NURSING ADMISSION HISTORY

OIF/OEF COMBAT STATUS:None Indicated

Arrived on unit at Sep 17,2015@02:35

Mental Status: unarousable

Home Environment:

Allergies: Patient has answered NKA
** Allergies Verified by nurse - no
Other: no family members around, pt. sedated

Reason for admission (from patient or other): small bowel obstruction

Patient Height: unknown

Patient Weight: 77kg

Past Medical History: (refer to H&P)
MRSA Swab Done? -
Yes
Education:
Patient educated on how, why, and outcome of possible positive MRSA swab test results. Patient acknowledges his understanding and consents to nares swab. Patient advised test may be performed multiple times throughout admission and prior to discharge. The benefit of hand hygiene on prevention of spread of MDRO was included. Handouts were provided for the patient and the family.
Tobacco Screen: Patient has quit tobacco (nicotine) use over one to seven (7) yrs

Alcohol Screen:

In the past 12 months, has the patient had ANY drinks containing alcohol?

no - no alcohol in the past 12 mths
Comments: per doctors note
PAIN ASSESSMENT-1st Location:
Patient states "experiencing pain" on a scale of 1-10.
Stated pain is: 99
OUTCOME: There will be a 50% reduction in pain (inpatients within 24 hours and outpatients within 2 encounters). Select at three interventions to achieve this goal. For pharmacological interventions see Pain Management Policy.
Patient/Family Outcome: Able to explain critical information about the following:
States understanding of rights and responsibilities of pain management.
Discharge Planning Screening Criteria:

A yes answer to any question below must result in a consult to Social Work Service per Policy.

(To notify Social Service after 5 P.M., weekends, & holidays, contact the MAA)

Special Needs Assessment Screening Criteria Questions:

Patient shows signs of neglect or abuse - n/a
Patient has no Source of Support and/or Homeless - n/a
Patient's caregiver unable to meet patient's needs - n/a
Patient admitted from nursing home or other extended care facility - n/a
Patient has severe visual impairment - n/a
Alcohol and /or substance abuse on admission - n/a

Patient has an Advance Directive/Living Will/Power of Attorney: n/a If no: Do you want an Advance Directive? n/a Consult sent to Social Work Service - n/a - Patient received educational information on Advance Directives -n/a
Fall Risk Screening:

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Frequent toileting - Unable to respond

How many times do you get up during the night? 0,
Catheter

What times do you usually get up to urinate at night?

Polypharmacy (6 or greater prescription medications)?
Unable to respond

Receiving outpatient Physical Therapy? Unable to respond

History of Falls (CV/light headed-dizzy, Dysequilibrium - loss of balance with no abnormal motion sensation, Vestibular/Vertigo, Musculoskeletal/give way, combination, other) -
Unable to respondMorse Fall Scale:

History of falling; immediate or within 3 months - (no = 0, yes = 25)
Score = 25

Secondary diagnosis - (No = 0, yes = 15)
Score = 15

Ambulatory aid - (None, bedrest, wheelchair, nurse = 0) Crutches, cane walker = 15; Furniture = 30) Score = 0

IV/Heparin Lock - (no = 0, yes = 20)
Score = 20

Gait/Transferring - (Normal, bedrest, immobile = 0; weak = 10; Impaired = 20) Score = 0

Mental Status - (Oriented to own ability = 0; Forget limitations = 15)
Score = 0

Total Score = 60

Risk Level/Intervention Required: > 50 points High Risk High Risk
Fall Prevention Interventions

Note: If patient is identified as a high risk for falls, implement fall prevention and management program.

Standard Fall Prevention Interventions:

Assess patient's fall risk upon admission, change in status, transfer to another unit and discharge.

Assign the patient to a bed that enables the patient to exist toward his/her stronger side whenever possible.

Assess the patient's coordination and balance before assisting with transfer and mobility activities.

Implement bowel and bladder programs to decrease urgency and incontinence.

Use treaded socks for all patients.

High Risk Fall Prevention Interventions: (Place on Falling Leaves Program)
Equipment: bed in low position, personal items and call light within reach
Environment: Patient's environment cleared of all hazards.

FUNCTIONAL SCREENING CRITERIA: - High Risk Screen
(If Answer Is Yes Appropriate Consult Must Be Sent)

Ability to carry out ADL: Total Care
Name of caregiver -

Patient has impaired mobility, ADL/needs adaptive equipment/Limb loss (past or present) n/a

Assistive Devices:

Clothing/Valuables Disposition:

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List of valuables:

RISK ASSESSMENT/MISSING PATIENT:
CRITERIA (HIGH RISK SCREEN)

Patient is independently mobile (Ambulatory/wheelchair/motorized stretcher) - n/a

Patient is disoriented or unable to care for own safety - n/a

Wander (brown label) visible on wristband -n/a
Next of Kin and Patient Care Information:
Legal Next of Kin:
Primary Next of Kin Information
HOPKINS,DARLENE R
Relationship to Patient: SPOUSE
101 OKLAHOMA ST
HOOKER, OKLAHOMA 73945
Home Phone Number: (620)272-4822

Is this still valid? Yes

(if no enter name, relationship and phone number below)

Is this the person you want contacted in case of an emergency?

(if not, please enter below)

If behavioral restraints are necessary at any time during your hospital stay, whom would you like notified? spouse

Patient Care Needs:

Diet:

List of medications inventoried:
Disposition of inventoried medications:

Educational Assessment:
Reviewed Patient Rights/Responsibilities - no
Patient understands current diagnoses - no
Family understands current diagnosis - yes
Patient is able to read - no
Patient is able to write - no
Patient is able to communicate - yes

Orientation to Unit: no
pt. unresponsive
Education done.
Level of Understanding: Group-no assessment Person who received the education: Family Doctor Paulus and Dr. Stiles spoke with pt. wife
Foley Maintenance/Site Care:
Number of observations completed per shift - 6

Drainage system sterile and continuously closed - yes

Catheter properly secured at completion of each observation- yes

Collection bag below the level of the bladder - yes

Unobstructed urine flow - yes

Clinical indication written for continuance of indwelling catheter if beyond removal date - yes

Daily hygiene care completed - yes

Additional comments:
RN ASSESSMENT (RN Only)
Maintenance/Site Care:(Peripheral/Central Lines)
Peripheral IV Maintenance:

Use of appropriate barrier precautions:
hand hygiene - yes

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gloves worn - yes

Device Location: left, hand

Insertion Date: Sep 16,2015
Change Date: - N/A

Site Inspection:
signs of infiltration - no
redness - no
edema - no
pain - no
blood return present - yes flushes easily - yes

Dressing:
dressing clean/dry/intact - yes
dressing changed - no- dressing dated/initialed/timed if changed - n/a
type of dressing if changed
transparent dressing applied- n/a
dressing initialed/dated/timed - yes
stat lock or approved securement device - n/a

Chlorhexidine used instead of betadine as disinfectant -yes

Comments/Recommendations/Interventions:
Central Line Maintenance:
Cordis Maintenance:
Maximum Barrier Precautions:
("Always Required" for Insertion and Dressing Changes) If a dressing change is not needed, a N/A response is applicable for all questions "except" Hand Hygiene.
Hand Hygiene Completed:
Yes
Mask Worn By Inserter:
n/a
Sterile Gloves Worn By Inserter:
n/a
Chlorhexidine Used:
n/a
Device Location:left ,jugular

Site Inspection:
signs of infiltration - no
redness - no
edema - no
pain - no
blood return present - yes flushes easily - yes

Dressing:
dressing clean/dry/intact - yes
dressing changed -no - dressing dated/initialed/timed - n/a
type of dressing applied (if changed) -
transparent dressing applied - n/a and biopatch dressing applied - n/a
stat lock device or approved securement device used -yes

Comments/Recommendations/Interventions:
Double/triple lumen Maintenance:
Maximum Barrier Precautions:
("Always Required" for Insertion and Dressing Changes) If a dressing change is not needed, a N/A response is applicable for all questions "except" Hand Hygiene.
Hand Hygiene Completed:
Yes
Mask Worn By Inserter:
n/a
Sterile Gloves Worn By Inserter:
n/a
Chlorhexidine Used:
n/a

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Device Location: left,femoral

Site Inspection:
 signs of infiltration - no
 redness - no
 edema - no
 pain - no
 blood return present -yes flushes easily -yes

Dressing:
 dressing clean/dry/intact - yes
 dressing changed -no - dressing dated/initialed/timed -
 n/a
 type of dressing applied (if changed) -
  transparent dressing applied -n/a and biopatch dressing
  applied -n/a
  stat lock device or approved securement device used -n/a

Comments/Recommendations/Interventions:
Arterial Line Maintenance/Site Care:
Maximum barrier precautions:
 hand hygiene completed - yes
 mask worn - yes
 sterile gloves worn - yes

Device Location: left,

Site Inspection:
 redness - no
 edema - no
 blood return present - yes flushes easily - yes

Use Transparent Dressing "ONLY"

Dressing:
 dressing clean/dry/intact - yes
 dressing changed - no - dressing dated/initialed/timed -
 n/a
 type of dressing applied (if changed) -
  transparent dressing applied - n/a
  stat lock device or approved securement device used - yes

Chlorhexidine used instead of betadine as disinfectant -yes

Comments/Recommendations/Interventions: left radial art line
Acute Care Dysphagia Screen

Instructions:

If any of the following Profound Risk Factors in Section I is present,
Go to Step IV and follow instructions given, "Do NOT complete sections
II and III."

If no Profound Risk Factors are noted in Step I, Proceed to Step II.

If any of the Mild to Moderate Risk Factors are present, Go to Step III.

If no Risk Factors are Identified in Step I and II, Go to Step IV.

Note: Testing of swallow is to be done by the nurse at bedside prior to
      sending a consult, using the procedure in Step III and Step IV #2.
Step I: Profound Risk Factors: none
Step II: Mild to Moderate Risk Factors:
 Other (NPO Admission, PEG, Etc.)
BRADEN SKIN RISK ASSESSMENT

Sensory Perception:2 = Very Limited
Moisture: 4 = Rarely Moist
Activity: 1 = Bedfast
Mobility: 2 = Very Limited
Nutrition: 2 = Probably Inadequate
Friction: 2 = Potential Problem
  13-14   Moderate Risk
    Score: 13

SKIN PATCHES
The patient has the following patches on the skin.

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MAJOR RISK FACTORS / SPECIAL POPULATIONS
The patient does not have any spinal cord injury, paralysis or neurologic disease.

CURRENT SKIN ASSESSMENT
Skin Color:
Color: Normal for ethnic group
Skin Temperature
Temp: Cool
Skin Moisture
Moisture: Dry
Skin Turgor
Turgor: Within normal limits

SKIN PROBLEMS
Bruising
BUE's
Wound -location, type, description
midabdominal surgical incision open, covered with cassett
Other
redness to perineal area;redness/echymmosis to BLE's;scratches to left upper chest area

INTERVENTIONS
The pressure ulcer protocol was implemented.
Education
Provide patient/caregiver education regarding causes and prevention of pressure ulcers.
Pressure-Redistribution Measures
Turn and reposition every 2 hours while in bed, using pillows to separate pressure areas
Elevate heels using pillows or foam blocks
Apply heel/elbow pads
Maximize Mobilization
Perform range of motion exercises when turning/repositioning
Manage Moisture
Maintain clean and dry skin
Apply protective barrier ointment
Manage Nutrition
Provide or encourage oral care as needed
Monitor fluid/food intake
Reduce Friction and Shear
Use a bed trapeze or pull sheet to lift up in bed or turn
Raise the knee when elevating head of bed
Nursing Plan of Care:

NURSING PROBLEMS:
DECREASED CARDIAC OUTPUT:

Decreased cardiac output related to medical condition

Target date for review of problem: Sep 20,2015
Target date must be no less than 3 days and no greater than 5 days.

Goals:
Maintains cardiac output , Returns to and maintains normal sinus rhythm, Maintains therapeutic levels of anti-arrhythmic agents, Avoids toxicity/allergic reactions to drugs, Limits myocardial infarction area

Interventions:
Monitor vital signs, Monitor Intake and Output, Assess heart rate/rhythm , Monitor for drug toxicity

---

RISK FOR INFECTION:

Infection related to
surgery
Target date for review of problem: Sep 20,2015
Target date must be no less than 3 days and no greater than 5 days.

Goals:
Has normal sputum production, Afebrile, Maintain skin integrity, Absence of tenderness , Absence of inflammation, purulent drainage, Maintain optimal fluid balance

Interventions:
Monitor Vital Signs , Monitor Intake and Output, Provide adequate hydration and nutrition, Universal precautions maintained, Monitor lab

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values (serum albumin, CBC and C&S), Assess respiratory rate and pattern/breath sounds, Teach prevention of infection techniques, Provide skin care, Reposition and turn q 2 hours
Additional Comments:

0630-Dr. Paulus and Dr. Stiles was at the bedside since pt. came from OR @ 0235 till 0430,aware of pt. condition and what he is getting to stabilized his VS; Dr. Paulus spoke with pt. wife earlier, but unbale to now for her to come see the pt.;on high dose of pressors;pt. still unresponsive;notified Dr. Paulus about Ca 6.5
0655-surgery team at the bedside, aware of the 120ml urine output,they changed the dressing;waiting for Ca IV
0720-check ICU flowsheet for VS,intake and output total

/es/ NOEMI R DELA CRUZ
RN
Signed: 09/17/2015 07:29

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	DISCHARGE CODE STATUS	Attending Hospital Note	WAN,BANG	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ DISCHARGE CODE STATUS

LOCAL TITLE: DISCHARGE CODE STATUS
STANDARD TITLE: ATTENDING INPATIENT NOTE
DATE OF NOTE: AUG 27, 2015@09:28 ENTRY DATE: AUG 27, 2015@09:28:38
AUTHOR: WAN,BANG EXP COSIGNER:
URGENCY: STATUS: COMPLETED

I concur with the DNR note entered by the Resident or Midlevel.

/es/ BANG WAN
MD
Signed: 08/27/2015 09:28

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	HISTORY & PHYSICAL	History and physical note	SULIMAN,ABDELRAZIG BABIKER SIRAG	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ HISTORY & PHYSICAL

LOCAL TITLE: HISTORY & PHYSICAL
STANDARD TITLE: H & P NOTE
DATE OF NOTE: AUG 27, 2015@07:17:54 ENTRY DATE: AUG 27, 2015@07:17:54
AUTHOR: SULIMAN,ABDELRAZIG EXP COSIGNER: WAN,BANG
URGENCY: STATUS: COMPLETED

PATIENT NAME: HOPKINS,MARSHALL

DATE: 08/26/2015

DOB: 07/20/1943

ADMITTING PHYSICIAN: Abdelrazig Suliman, MD

ATTENDING PHYSICIAN: Bang Wan, MD

This patient will be admitted to team 1.

CHIEF COMPLAINT: The patient was transferred from Kansas because of obstructive uropathy and uncontrolled diabetes mellitus.

HISTORY OF PRESENTING ILLNESS: This is a 72-year-old male with past

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medical history of diabetes mellitus type 2. The patient was not on any kind of medication. The patient's story started on August 20 after he underwent right hernia repair surgery here in Amarillo. Patient was discharged home the next day after the surgery. He stated that on his way to his home town in Kansas he noticed that he became incontinent with his urine. On the next day, the patient also stated that he had some transient hiccup and some sort of unsteady gait. The patient was send out here on hydrocodone to control his pain and he has been taking that as well. Because of the patient's urinary incontinence and hiccup, he called the Amarillo VA here and he was told to go to the nearest medical facility. The patient was admitted there in Southwest Medical Center in Kansas and CT scan abdomen was done and that showed bilateral hydronephrosis and hydroureters indicative of obstructive uropathy. The patient received a Foley catheter and he also was started on antibiotic for UTI infection. The patient also was found to have some mild kidney injury at that time with a creatinine level of 1.5, but he responded quite well to IV fluids and his creatinine went back to normal. The patient denied any history of prostatism or any kind of other urinary symptoms during the last few months. He also denied taking any kind of medication and he assumed that he was able to control his diabetes only with diet and he did not believe that he had diabetes but he kept saying that he had high blood sugar but his blood sugar was almost always controlled.

REVIEW OF SYSTEMS: All systems including head and neck, cardiovascular, pulmonary, gastrointestinal, hematology, neurology, musculoskeletal, genitourinary, and dermatology are all negative except what is mentioned above.

ALLERGIES: None.

PAST MEDICAL HISTORY: Type 2 diabetes mellitus and per records he has history of vitamin D deficiency, history of dyslipidemia, history of microscopic hematuria, history of vitamin B12 deficiency, and history of depression and have.

MEDICATION: Patient was not on any medication at home but his hospital medication that he came in taking from Kansas include per records:
1. Ambien 5 mg.
2. Flomax 0.4 mg.
3. Senna.
4. Ceftriaxone injection.

PAST SURGICAL HISTORY: Include right hernia repair, which is recent.

SOCIAL HISTORY: The patient quit smoking in 1972. He denied alcohol and denied drugs.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 125/74, heart rate 81, respiratory rate 16, temperature 97.8, and oxygen saturation 98% on ambient air.
SKIN EXAMINATION: Patient is alert, oriented, very nice veteran, in no acute distress.
HEENT: Normocephalic, atraumatic. Extraocular movements intact. Pupils are equal, round, reactive to light and accommodation. There is no conjunctival pallor, jaundice, or cyanosis.
NECK: Supple. No JVD. No lymphadenopathy. No thyromegaly.
PULMONARY EXAMINATION: Clear to auscultation bilaterally. There are no added sounds.
CARDIOVASCULAR EXAMINATION: Regular rate and rhythm. S1, S2 are normal. No murmur. No gallop. No rub.
ABDOMEN: Soft, nontender. No organomegaly. Bowel sounds are normoactive in all quadrants.
CNS EXAMINATION: Cranial nerves II through XII appear grossly to be intact. Strength 5/5 in all muscle groups with normal tone and normal deep tender reflexes, proximal and distal. Sensation intact to pinprick, touch, and temperature in all dermatomes, with normal proprioception and normal vibration sense. Coordination is intact on the right side. The patient is slightly having some sort of dysdiadochokinesia on repetitive movement on the left hand. This is probably because the patient is right handed.
EXTREMITIES: There is no pedal edema. Peripheral pulses are intact.

DIAGNOSTIC DATA: Laboratory data includes labs from August 24 in Kansas. CBC: White cell count 13.4; hemoglobin 13.7; hematocrit 40.9; and platelets 285,000,. Chemistry from August 25, also from Kansas, sodium 141, potassium 3.4, chloride 104, bicarbonate 25, BUN 24, creatinine 0.8, blood glucose 213, calcium 8.5, magnesium 1.3, total protein 5.9, albumin 2.8, alkaline phosphatase 56, AST 64, ALT

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50. Cardiac markers are negative. Urinalysis shows rbc's 5 to 10. Imaging studies: EKG normal sinus rhythm with first-degree heart block and multiple PVCs. He also has T-wave inversion in the lateral leads and kind of flat T-waves in the anterior leads with left axis.

IMPRESSION AND PLAN:
1. Obstructive uropathy with overflow incontinence most likely secondary to enlarged prostate. We cannot rule out prostate cancer at this time. Patient is having Foley catheter right now and he is making a good amount of urine. He is also started on Flomax 0.4 milligrams and we will have the patient to be assessed by Urology for possible prostate surgery.
2. Urinary tract infection. The patient actually was on Rocephin that was started in Kansas. His urinalysis does not show much of infection, but his computed tomography (CT) scan showed some stranding in the perinephric area and in the periureteric area, second possible inflammation. Also, I could not find any bacteria in his urine that could also justify him being on Rocephin. For now, we will continue his Rocephin as he has some inflammatory markers and we will check his procalcitonin as well.
3. Uncontrolled diabetes. Patient has been diabetic for the last 4 years, but he has never been on any kind of antidiabetic medication. His hemoglobin A1c is 10.8, which is obviously uncontrolled, so we will keep him on sliding scale insulin for now and he will probably need to be started on oral antidiabetic medication to take care of his uncontrolled diabetes.
4. Deep vein thrombosis (DVT) prophylaxis. The patient is moderate risk for deep vein thrombosis (DVT), but he declined anticoagulant shots and he agreed on receiving sequential compression devices (SCDs) instead.
5. Resolved acute kidney injury. The patient's creatinine from 2 days ago was 1.5 and since yesterday it came back to his baseline of 0.8. So for now, we will increase oral hydration and we will monitor his kidney function as well.
6. Case will be discussed with the team in the morning.

1161102/tj(08/27/2015 04:40:56)15784860
D: 08/27/2015 02:31:15 T: 08/27/2015 04:40:56
$END

/es/ ABDELRAZIG BABIKER SIRAG SULIMAN, MD
RESIDENT PHYSICIAN
Signed: 08/27/2015 22:26

/es/ BANG WAN
MD
Cosigned: 08/28/2015 12:04

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	RESPIRATORY THERAPY FLOW SHEET	Respiratory therapy Note	MCFARLAND,KYLE E	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ RESPIRATORY THERAPY FLOW SHEET

```
     LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@02:39     ENTRY DATE: SEP 17, 2015@02:39:18
      AUTHOR: MCFARLAND,KYLE E     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

     Respiratory Therapy Flow Sheet

Date: Sep 17,2015@02:39
MECHANICAL VENTILATION STATUS:
 Mode:    SIMV
 Face Mask VentilationNo
If yes you MUST answer the Skin Integrity AND Action Plan Section

Other

 Set Rate:  12
 Set Tidal Volume:  600mL
 Set Fi02: 80%
 Set PEEP: 5 cmH20
 Set HIGH PEEP:  cmH20
 Set Pressure Support: 10
 Set Pressure Control:
 I:E Ratio:
 Low Volume Alarm:  250 mL
 High Pressure Limit Alarm:  40
 Low Pressure Limit Alarm:
 Plateau:       Peak Inspiratory Pressure:  22
 Patient Respiratory Rate 12
 Exhaled Tidal Volume 645ML
 Exhaled Minute Volume 7.34L
 Low Peep Alarm:
 Alarms checked: Yes  Alarms functioning properly: Yes
 Ventilator circuit temperature:  HME
 Cuff Pressure: MOV cmH20
 ETT Size: 8 Fr
 ETT Secured @: 26 cm
 Serial #: 614 EE26971
 Comments:
Head of Bed:
Pre Ventilator check:
Head of bed elevated when the respiratory therapist entered the patient's room.
Yes
POST Ventilator check:
Head of bed elevated when the respiratory therapist departed the patient's room.
Yes
Vital Signs:
     Before      After
HR:    147
RR:    12
Oxygen Saturation 97 %
BREATH SOUNDS:
Pre-Therapy:
Adventitious Breath Sounds

Rales:
PATIENT COUGH ASSESSMENT:
COUGH: Non-Productive,
 Comments:

SUCTIONING: Endotracheal
Comments (indicate any adverse reactions):

SECRETION STATUS:
 AMOUNT: None
 CONSISTENCY:  none
 APPEARANCE:  None
 Odor- no
 Comments:

/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/17/2015 02:46
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 25, 2015	Addendum to WI-NURSE/CBOC		STEWART,SHERRY K		WI-LIBERAL PACT NURSE			VistA	KAN

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Notes ~ Addendum to WI-NURSE/CBOC

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 25, 2015@10:59:20  ENTRY DATE: AUG 25, 2015@10:59:20
      AUTHOR: STEWART,SHERRY K     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

KCVA patient.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 08/25/2015 11:00

Receipt Acknowledged By:
* AWAITING SIGNATURE *       BERNHARDT,BARBARA S


==========================================================================

 --- Original Document ---

08/24/15 WI-NURSE/CBOC:
Reason for appointment
  Nurse Clinic:
   Reason for appointment:
    RN Triage

    Is the patient diabetic?
      Yes - patient is a diabetic.

      Last HGBA1c value and time done: 13.6  3/19/15

      HGBA1c < 7, repeat in 6 months HGBA1c > 7, repeat in 3 months
  Are you registered for My HealtheVet (MHV)?
    No - Are you interested in registering? No If 'yes' please hand
    Veteran My HealtheVet brochure.

Pt ambulatory to clinic, unstable in gait, leaning against wall while walking
down hall, accompanied by wife.  States had right inguinal hernia repair at
Amarillo VA on 8/19/15 and was dismissed on 8/20/15.  States since 8/20/15  "I
have no bladder control.  I don't know when it is going to start or stop until
running down my leg."  Also states now having constant hiccups which interfers
with speech, sleep, and eating.  "I also have no coordination.  When I get up I
feel like I'm going to fall"  and states this started on 8/21/15.  C/o no
appetite and no energy.  Was taking acetaminophen 300mg with codeine 30mg tabs,
taking 1 tab every 4 hours prn for pain but has not had any medication since
yesterday.  Has diabetes but unwilling to take medication.  Fingerstick bs at
clinic is 360.  On exam abd is protruded, rounded, and firm with pain rated as
4-5/10.  No bowel sounds heard x 4 quadrants.  Last bowel movement was on
morning of 8/20.  Right inguinal incision open to air with staples intact.
Wound edges approximated well with no redness or drainage noted.  T 98.7, P 85,
R 20, b/p 137/90, SpO2 93%.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/24/2015 15:48

Receipt Acknowledged By:
08/24/2015 15:57        /es/ TODD A RIDGE
                             ANP

08/24/2015 ADDENDUM                      STATUS: COMPLETED
Instructed per provider to send pt to local ED.  Wife taking pt to Southwest
Medical Center ED, Liberal, KS.  ED called and report given to RN.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/24/2015 16:03

Receipt Acknowledged By:
08/24/2015 16:23        /es/ TODD A RIDGE
                             ANP
08/24/2015 16:23        /es/ Dawn D. Campbell, RN, MSN
                             CBOC Coordinator, PC Operations
08/25/2015 10:58        /es/ SHERRY K STEWART RN
                             QM UR RN
 0
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 13, 2015	PRE OPERATIVE	Surgery Preoperative evaluation and management note	MOORE,KARA L	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PRE OPERATIVE

```
     LOCAL TITLE: PRE OPERATIVE
STANDARD TITLE: SURGERY PRE OPERATIVE E & M NOTE
DATE OF NOTE: AUG 13, 2015@16:50     ENTRY DATE: AUG 13, 2015@16:50:43
      AUTHOR: MOORE,KARA L         EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

ADMISSION TYPE:
Day Surgery

 Next of Kin: HOPKINS,DARLENE R
                                 101 OKLAHOMA ST
                                 (620)272-4822
                                 MARITAL STATUS - MARRIED
Contact Notification:

       Phone: 620-272-4825

    ANTICIPATED DATE OF ADMISSION:Aug 19,2015@09:00
    Pre Operative Diagnosis:  right inguinal hernia
          Planned Procedure:  Right inguinal hernia repair
Surgeon:  Dr. Ahmed - provider credentials given to patient

Type of Anesthesia Expected:  choice
                  Allergies:  Patient has answered NKA
                        Age:  72
                     Height:  71.5 in [181.6 cm] (04/05/2012 08:36)
                     Weight:  177.9 lb [80.9 kg] (08/13/2015 13:37)
             Blood Pressure:  116/72 (08/13/2015 13:37)
                              85 (08/13/2015 13:37)
                              18 (08/13/2015 13:37)

Medications NOT listed on Pharmacy Profile (list):
none

History of Medical Problems: "Patient states he does not take any medications"
No --Central Nervous System
No --Seizures
No --Cardiac
No --Hypertension:
No --Diabetes
No --Hepatitis
No --GI Problems
No--Breathing Problems
No --Urinary/Kidney Problems
Yes --Visual Problems:Yes--wears glasses.
Yes --Dental Problems: Upper Partial Plate

No --Wears hearing aides
No --Cancer

Yes --Interpreter Needed

   Religious concerns: no
          Alcohol use: no
             Drug use: no
          Tobacco use: Pt states not a current tobacco user. Quit in 1976

        Mental Status: Alert
    Functional Status: Independent


Education Assessment:
Person Being Assessed: Patient
 Barriers to Learning: None
Desire and Motivation: Eager to learn
         Comphrension: High
   Method of Teaching: Verbal  Written  Handouts
    Eval.of Education: Voiced understanding
```


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Topics Covered: MRSA testing and precautions, Pre op shower with hibicleanse, NPO before procedure, Procedure schedule time, DSU arrival time, Need for post op transportation home, Procedure information, Instructed to remain NPO on day of surgery, Instructed to bring hearing aids and glasses, Instructed to stop taking ASA/Blood Thinners 4-7 days before OR, Wear comfortable clothing on day of OR
Yes Given information on Patient Rights and Responsibilities
Yes Given Patient Guide to Pain Management
{Yes}Given Guide To Having Surgery revised edition September 2013
*******Advance Directive***************
Pt was given information on Advance Directives.
YES Sent to Social Worker for Hospiltality House.... Spoke with Maxine Brandon SW and reserved lodging for both patient and his wife for Aug 18th.
Active Outpatient Medications (including Supplies):

No Medications Found

/es/ KARA L DANIEL
RN, BSN
Signed: 08/13/2015 16:56

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 26, 2013	PATIENT ALIGNED CARE TEAM NURSING NOTE	Nurse Note	MOORE,ROGENA S	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PATIENT ALIGNED CARE TEAM NURSING NOTE

LOCAL TITLE: PATIENT ALIGNED CARE TEAM NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: FEB 26, 2013@16:01 ENTRY DATE: FEB 26, 2013@16:01:43
AUTHOR: MOORE,ROGENA S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PACT Nursing Note

Nursing : CALLED MR. MARSHALL PER PROVIDER INSTRUCTIONS TO ADVISE THAT 2/28/13 @ 15:30PM ,AN APPOINTMENT HAS BEEN MADE FOR CHECKING HIS EARS AND POSSIBLE LAVAGE.
Time Spent: 5-10 minutes
Nursing Comments: MR. MARSHALL VOICED UNDERSTANDING OF NURSE VISIT.

/es/ ROGENA S MOORE
LVN
Signed: 02/26/2013 16:05

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 03, 2006	NURSING NOTE	Nurse Note	BRALLEY,KAREN J	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ NURSING NOTE

```
     LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: OCT 03, 2006@14:56     ENTRY DATE: OCT 03, 2006@14:56:42
      AUTHOR: BRALLEY,KAREN J      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Bilateral ear irrigation completed as ordered. Lg amounts of wax removed from
both ears. Pt states, "I can hear better."

/es/ KAREN J BRALLEY
RN
Signed: 10/03/2006 14:57
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	RESPIRATORY THERAPY FLOW SHEET	Respiratory therapy Note	WHITE,JAMES AUSTIN	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ RESPIRATORY THERAPY FLOW SHEET

```
     LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 18, 2015@08:12     ENTRY DATE: SEP 18, 2015@08:12:09
      AUTHOR: WHITE,JAMES AUSTIN   EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Ventilator Patient Respiratory Therapy Flow Sheet

Date: Sep 18,2015@08:12

Respiratory Treatment was:
 Indicate Reason Held or Not Given:

Oxygen Saturation on (SPO2) on Room Air:
NA% times NA minutes

Breath Sounds:
Pre-Therapy:
CTA
Post Therapy:
CTA
     Before      After
HR:    109         109
RR:    22         22
System Assessment:
Oxygen Saturation 98 %  in conjunction with respiratory treatment

PRN Treatment:

Cough: Weak,
 Comments:

Suctioning: Endotracheal
 Comments (indicate any adverse reactions):

Secretion Status:
 Amount: Medium
 Consistency:  thick
 Appearance:  Beige
 Odor- no
 Comments:

Adverse Reaction:(if yes specify)  no
Mechanical Ventilation Status:
Face Mask Ventilation: If YES you MUST answer the Skin Integrity AND Action
Plan Section
No
Mode/other info: SIMV
Other
PS
```


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Set Rate:20
Set Tidal Volume: 600mL
Set Fi02: 40%
Set PEEP: 5 cmH20
Set Pressure Support: NA
Set Pressure Control: NA
I:E Ratio: 1:1.5
Low Volume Alarm: 200 mL
High Pressure Limit Alarm: 40
Low Pressure Limit Alarm: NA
Plateau: 17 Peak Inspiratory Pressure: 19
Exhaled Tidal Volume 648L
Exhaled Minute Volume 13.3L
Patient Respiratory Rate 21
Low Peep Alarm: NA
Alarms checked: Yes
Alarms functioning properly: Yes
Ventilator circuit temperature: HME
Cuff Pressure: MOV cmH20
ETT Secured@: 4cm
ETT Size: 8 FR
Serial #: 614 EE26971
Comments:
Head of Bed elevated when Respiratory Therapist entered patient room?
Yes
Head of Bed elevated when Respiratory Therapist departed patient room?
Call to Bedside:

/es/ James Austin WHITE
RRT
Signed: 09/18/2015 08:18

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 24, 2012	PATIENT ALIGNED CARE TEAM NURSING NOTE	Nurse Note	ZINN,MELISSA K	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PATIENT ALIGNED CARE TEAM NURSING NOTE

LOCAL TITLE: PATIENT ALIGNED CARE TEAM NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: OCT 24, 2012@12:11 ENTRY DATE: OCT 24, 2012@12:11:43
AUTHOR: ZINN,MELISSA K EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PACT Nursing Note

Nursing
Contacted patient per PCP request on Epworth sleepiness scale. Patient recently left VA and can return for questionnaire. Will place for nurse visit. Patient appreciative.
Patient contact#620-272-4825

/es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator
Signed: 10/24/2012 12:14

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 24, 2012	PATIENT ALIGNED CARE TEAM NURSING NOTE	Nurse Note	ZINN,MELISSA K	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PATIENT ALIGNED CARE TEAM NURSING NOTE

```
     LOCAL TITLE: PATIENT ALIGNED CARE TEAM NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: OCT 24, 2012@13:20     ENTRY DATE: OCT 24, 2012@13:21:09
      AUTHOR: ZINN,MELISSA K       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

   *** PATIENT ALIGNED CARE TEAM NURSING NOTE Has ADDENDA ***

PACT Nursing Note

Nursing
Patient presents to Team Patriot at this visit per PCP request for Epworth
Sleepiness scale.
PLAN - CAN YOU RUN EPWORTH SEEPYNESS SCALE THROUGH TELEPHONE ENCOUNTER? AND THEN
ON THE BASIS OF THE SCORE SLEEP STUDY CAN BE ORDERED.


/es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator
Signed: 10/24/2012 13:31

10/24/2012 ADDENDUM                    STATUS: COMPLETED
Epworth sleepiness scale administered at this visit. Patient with score of 20.
Sleep study consult placed. Patient appreciative.

This will be reviewed with Dr. Kadakia

/es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator
Signed: 10/24/2012 13:45

Receipt Acknowledged By:
10/24/2012 13:46        /es/ BHADRESH K KADAKIA
                             physician
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 05, 2010	SPECIALTY CLINIC CARDIOLOGY	Cardiology Outpatient Note	KING,G LYNN	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ SPECIALTY CLINIC CARDIOLOGY

```
     LOCAL TITLE: SPECIALTY CLINIC CARDIOLOGY
STANDARD TITLE: CARDIOLOGY OUTPATIENT NOTE
DATE OF NOTE: OCT 05, 2010@10:45     ENTRY DATE: OCT 05, 2010@10:45:23
      AUTHOR: KING,G LYNN          EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Today's Date and Time: OCT 05, 2010 10:45  Patient Age:  67
Allergies:
Patient has answered NKA
Active Outpatient Medications (including Supplies):

No Medications Found

          Temperature: 98.3 F [36.8 C] (10/05/2010 10:39)
                Pulse: 78 (10/05/2010 10:39)
         Respirations: 16 (10/05/2010 10:39)
       Blood Pressure: 139/95 (10/05/2010 10:39)
               Height: 72.5 in [184.2 cm] (08/11/2009 12:49)
               Weight: 206 lb [93.6 kg] (10/05/2010 10:39)
                 Pain: 0 (10/05/2010 10:39)
               O2 Sat:  10/5/10 @ 1039      PULSE OXIMETRY: 96
**********************************************
Reason for visit:  Here for consult concerning "unusual" CP

**********************************************
Nursing Comments: Denies CP at this time

Have you been hospitalized since last visit?No
     If yes, where?
Have you seen an outside physician since last visit? No
               Were you given any new medications?
Nicotine use:Pt states they have not used tobacco in the last 12
mos.

Inhaler use: No
PAIN ASSESSMENT
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain:    0
        Patient's acceptable level of pain:
Fall Risk Assessment:

0 = No   History of falling, immediate or within 3 months
0 = No   Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No   IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
0 TOTAL SCORE
0-24  No Risk
EDUCATION
  Person Being Assessed: Patient
   Barriers to Learning: None
  Desire and Motivation: Eager to learn
          Comprehension: High
     Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
         Topics Covered: Speak Up: YES

/es/ G LYNN KING
RN
Signed: 10/05/2010 10:49
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 23, 2008	PC - NURSING INTERVIEW NOTE	Primary care Nurse Note	JONES,RHONDA M	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PC - NURSING INTERVIEW NOTE

```
     LOCAL TITLE: PC - NURSING INTERVIEW NOTE
```


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STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: JUL 23, 2008@13:50 ENTRY DATE: JUL 23, 2008@13:50:27
AUTHOR: JONES,RHONDA M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Primary Care Nursing Interview
Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit: No significant health problems since last visit., Desires medication refill.
alert, oriented x3, here for reg. check up visit. c/o R ear being plugged upr for past month.

~~~~~~
Current Vital Signs
Temperature: 98.2 F [36.8 C] (07/23/2008 13:49)
Pulse: 80 (07/23/2008 13:49)
Respirations: 20 (07/23/2008 13:49)
B/P: 123/80 (07/23/2008 13:49)
Height(inches): 73 in [185.4 cm] (07/23/2008 13:49)
Weight(lbs): 207.8 lb [94.5 kg] (07/23/2008 13:49)
BMI: 27.5
Pain: 0 (07/23/2008 13:49) (Scale from 1-10)
O2 Sat: 7/23/08 @ 1349 PULSE OXIMETRY: 95 On Room Air
~~~~~~
Age: 65
Living arrangements: Spouse/family w/wife
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed: nka
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW************
Does Patient take any non-prescription meds, including herbal supplements, vitamins, etc? No
Any non VA meds need to be added to the NON VA Meds on the Orders tab in CPRS
Medication list reviewed with patient. Provider to be informed of any variance to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT*************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
**********************Dietary Screen***********************************

All available dietary screening labs have been reviewed and are within acceptable range.
****************SKIN IMPAIRMENT RISK ASSESSMENT**********************
(Braden Scale)
4 = No Impairment Sensory Perception
4 = Rarely Moist Moisture
4 = Walks Frequently Activity
4 = No Limitations Mobility
4 = Excellent Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin integrity problem exists and is to be reflected in the patient/resident plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

No problems identified
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain:
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
0 = No History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock

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0 = Normal, bed rest, immoblile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
 TOTAL SCORE
Scoring:
0-24 No Risk
25-50 Low Risk, Standard Fall Precautions
>51   High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English
Desire and Motivation:
Comprehension:
Method of Teaching: Verbal, Written, Handouts
Topics Covered:
Speak Up: NO (previously given)
Evaluation of Patient/Family Education: Voiced understanding
Nursing Comments: to inform DR. of pt complaint.

Additional education: medications, follow-up appt, labs
as scheduled.

/es/ RHONDA M JONES
LVN
Signed: 07/23/2008 13:54

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 21, 2012	MENTAL HEALTH(AMA)/PSYCHIATRY OUTPATIENT (C)	Mental health Consult note	HEIDER,ROSALINDA I	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ MENTAL HEALTH(AMA)/PSYCHIATRY OUTPATIENT (C)

     LOCAL TITLE: MENTAL HEALTH(AMA)/PSYCHIATRY OUTPATIENT (C)
STANDARD TITLE: MENTAL HEALTH CONSULT
DATE OF NOTE: SEP 21, 2012@12:38   ENTRY DATE: SEP 21, 2012@12:38:28
      AUTHOR: HEIDER,ROSALINDA I   EXP COSIGNER:
     URGENCY: STATUS: COMPLETED

The consult was received and the veteran was seen on 9/20/12 for an intake. He
will be referred for therapy. Thank you.

/es/ ROSALINDA I BARRERA
Social Worker, LMSW
Signed: 09/21/2012 12:39

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	ANESTHESIA POST OPERATIVE	Anesthesiology Postoperative evaluation and management note	WARREN,JAMES F	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

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Notes ~ ANESTHESIA POST OPERATIVE

```
     LOCAL TITLE: ANESTHESIA POST OPERATIVE
STANDARD TITLE: ANESTHESIOLOGY POST OPERATIVE E & M NOTE
DATE OF NOTE: AUG 20, 2015@09:28     ENTRY DATE: AUG 20, 2015@09:28:11
      AUTHOR: WARREN,JAMES F       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED


                    ANESTHESIA POST OPERATIVE NOTE

1.  Date of Surgery and Anesthesia: Aug 19,2015

2.  Vital Signs

  Cardiovascular Function:  stable, no vasoactive medications
  Respiratory Function:  not intubated, comments: breathing well
  Temperature:  See PACU admission vital signs
  Post-operative Hydration:  Per Surgeon's orders


3.  Mental Status:  alert, oriented


4.  Is pain control satisfactory?  yes
  Current pain level (0-10 scale): 3
5.  N/V? No

Side Effects Grade: 0=absent, 1=present, no treatment required, 2=present,
treatment effective, 3=present, treatment not effective


6.  Any anesthesia related complications?
  No


Any need for follow-up care and/or observations? No


7.  Awareness/recall under general anesthesia?
  No

/es/ JAMES F WARREN

Signed: 08/20/2015 09:29
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	H&P	History and physical note	KUMAR,SACHIN		MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ H&P

```
     LOCAL TITLE: H&P
STANDARD TITLE: H & P NOTE
DATE OF NOTE: SEP 17, 2015@02:06     ENTRY DATE: SEP 17, 2015@02:07:14
      AUTHOR: KUMAR,SACHIN         EXP COSIGNER: MUTHIAH,MUTHIAH P
     URGENCY:                            STATUS: COMPLETED

HOPKINS,MARSHALL HUGH (b) (6)      Date 09/17/15 00:22
72YO WHITE MALE


CC: Decreased responsiveness

HPI: Pt is a 72 yo CM with PMH of Dm, Hl, BPH who was brought to the ER by his
wife due to decreased responsiveness and just generalized weakness. patient was
altered at the time of exam and most history was obtained from ER physician.
apparently pt and his wife were travelling from somewhere and he got sick on the
way.

Pt had a inguinal hernia repair about 1 month ago and  had been having issues
with urinary retention after that. he was admitted for bladder outlet
obstruction and was found to have hydronephrosis/pyelo and was treated with
rocephin. Pt
```


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Has had lack of appetite for last 1-2 wks and more weakness.
Pt was very unsteady on his feet last 2 days and began vomiting coffee ground emesis last night. Also had dark melanotic stools. Some vague abd pain.
Subjective fevers/chills.

Pt initially presented with BP in 60s per ED physician but has responed to 2 L bolus. NG tube was put under suction which drained > 1400 ml black fluid.
patient was also found to have gas under the diaphragm on chest xray and surgery was consulted.

ROS:
unobtainable 2/2 AMS

PMH:
DM
HL
BPH

PSH:
Inguinal hernia repair
SEP 17, 2015@00:25 Proc: EXPLORATORY LAPAROTOMY, WITH BOWEL RESECTION

FH: non contributory

SH:
Marital Status: MARRIED

ALLERGIES:
Patient has answered NKA

HOME MEDS:
ACTIVE OUTPATIENT PRESCRIPTIONS - NONE FOUND

PHYSICAL EXAM:

DATE/TIME	TEMP	PULSE	RESP	BP	PAIN
9/16/15 @ 2200		106	21	125/76	
9/16/15 @ 2044		106	18	95/60	
9/16/15 @ 1935	97	121	14	68/38	

GEN: AAOX2, some abdominal pain causing distress
HEENT: NCAT, EOMI, PERRL, Nasal canals patent, throat pink/moist
CVS: RRR, S1/S2 normal, no m/r/g, No JVD or carotid bruits
RESP: non-labored, CTAB
ABD: normal to inspection, hypoactive BS, firm, mildly tender
EXT: normal to inspection, FROM, 2+ pulses, no edema or lesions

LABS:

AMYLASE (00): 285 H
LIPASEV: 228 H
KETONES: NEG
INR (STA2): 1.50 H
PTSTA4: 17.6 H
MANUAL-DIFF: O
WBC3: 29.44 H*
RBC3: 4.01
HCT3: 33.3 L
MCV3: 83.0
MCH3: 29.2
MCHC3: 35.1
RDW3: comment
PLT3: 192
NE%3: comment
LY%3: comment
MO%3: comment
EO%3: comment
BA%3: comment
NE#3: comment
LY#3: comment
MO#3: comment
EO#3: comment
BA#3: comment
HGB3: 11.7 L
NRBC%3: comment
NRBC#3: comment
MPV/3: comment
IG%: comment

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IG#: comment
IPF: comment
PO4: 7.1 H
PROTEIN,TOTAL: 6.4 L
BILIRUBIN,TOTAL: 0.7
MAGNESIUM: 2.4 H
LACTATE: 9.7 H
UREA NITROGEN (00): 96 H
SODIUM (00): 118 L*
POTASSIUM (00): 4.2
CHLORIDE (00): 79 L*
GLUCOSE (00): 755 H*
CALCIUM (00): 7.9 L
ALBUMINV: 3.3 L
ALKALINEPHOS: 118
CARBONDIOX: 11 L
AST: 80 H
ALT: 86 H
CREATININE 2: 4.4 H
NT-proBNP: 18800.00
APPEARANCE: Ex.Turbid
UR COLOR: RED
SPECIFIC GRAVITY: 1.012 L
UROBILINOGEN: <2.0
UR BLOOD: 3+
UR BILIRUBIN: Neg
UR KETONES: Neg
UR GLUCOSE: 3+
UR PROTEIN: 2+
UR PH: 5.0
NITRITE, URINE: Neg
LEUKOCYTE ESTERASE, URINE: 3+
URINE MICROSCOPIC: DONE
UR RBC: >100 H
UR WBC: >100 H
UR BACTERIA: 4+
URINE MUCUS: MANY
AMORPHOUS CRYSTAL: MOD
URINE WBC CLUMPS: MANY
I-STAT PH: 7.28 L
I-STAT PCO2: 28.90 L
I-STAT PO2: 123.00 H
I-STAT BASE EXCESS: -13
I-STAT O2: 98.00
I-STAT TCO2: 14.00 L
I-STAT HCO3: 13.60 L

IMAGING:

Sept 17,2015

Impression:

No significant interval change in the left-sided pneumothorax
with chest tube now present.

Interval subcutaneous emphysema tracking along the left lateral
chest wall.

*** Exam date: SEP 16, 2015@22:48 Proc: PORTABLE CHEST ***
Impression:
1. Endotracheal tube tip is 4.6 and is above the carina.

2. There is left pneumothorax of approximately 40 % volume.

3. Lucency underneath the right hemidiaphragm consistent with
free intra-abdominal air. This is unchanged from prior.

*** Exam date: SEP 16, 2015@19:53 Proc: ABDOMEN 1 VIEW ***
Impression:

1. Findings consistent with partial small bowel obstruction.

*** Exam date: SEP 16, 2015@19:31 Proc: PORTABLE CHEST ***
No report info on file!

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ASSESSMENT/PLAN:

1. Severe sepsis/septic shock 2/2 small bowel necrosis and perforation and ?UTI
- has a history of bladder outlet obstruction and b/l pyelonephritis recently
- WBC increased, tachycardic, tachypneic,elevated lactate at 9.7
- given 4lt IVF in the ER 2/2 hypotension
- on maintainance IVF @ 125ml/hr
- started on vanc and zosyn; renally dose antibiotics 2/2 AKI
- also on vasopressors now
- surgery took the patient to the OR and found 75% necrotic bowels which were resected; condition critical

2. AMS
- likely 2/2 sepsis
- patient was more responsive since coming to the ER

3. DM
- has history of poorly controlled DM and non compliance with medications
- initial BS 755
- ketones negative in both blood and urine
- last A1c was >12
- was started on glipizide but likely non compliant
- was given 10U IV insulin in the ER and then started on insulin drip
- monitor BS and BMPs; not DKA; serum osmolality pending

4. ?UGIB
- pt had some coffee ground emesis
- NG tube was put in the ER and put under suction with >1400 ml of dark blackish liquid in around 2 hours
- pt was started on PPI drip
- also likley 2/2 ischemic gut

5. hematuria
- gross hematuria
- cause unknown
- pt taken to the OR

6. BPH
- hold BPH meds 2/2 hypotension

7. Bowel perforation
- free air seen under the diaphragm on the CXR
- surgery was consulted and took the patient to the OR asap; found frankly gangrenous necrotic small bowel.

8. ? CHF
- pro- BNP elevated at >18000
- will order a TTE

9. Pneumothorax
- iatrogenic
- 2/2 subclavian line placement
- s/p chest tube placement

10. hyponatremia
- new onset
- will recommend slow correction to prevent brain injury

11. Anion gap metabolic acidosis
- 2/2 lactic acidosis
-

12. AKI
- s/p fluid resuscitation; repeat creatinine check awaited
- baseline creatinine around 1; came with 4.4 in ER

13. atrial fibrillation
- new onset A fib
- patient hypotensive and on pressors so will avoid beta blocker or CCB
- recommend checking electrolytes and replacing them.
- keep K>4 and Mg>2; replace calcium for normal Ionized calcium levels
- can give bolus amiodarone and start on amidarone drip if needed.

13. Code status
- full code but patient doesnt want to be on prolonged life sustaining machines

DISPO: pt was taken by surgery on their service post-op. MICU will follow as consult and continue to give recs about management.

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/es/ SACHIN KUMAR, MD
MEDICINE RESIDENT PHYSICIAN
Signed: 09/17/2015 04:12

/es/ MUTHIAH P MUTHIAH
STAFF PHYSICIAN
Cosigned: 09/17/2015 17:30

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 26, 2015	CARE PLAN	Team Plan of care note	ALMAGER,MIRANDA L	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CARE PLAN

```
     LOCAL TITLE: CARE PLAN
STANDARD TITLE: TEAM TREATMENT PLAN NOTE
DATE OF NOTE: AUG 26, 2015@23:48     ENTRY DATE: AUG 26, 2015@23:49:01
      AUTHOR: ALMAGER,MIRANDA L    EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

  ACTIVITY INTOLERANCE
    related to Prolonged bed rest

    EXPECTED OUTCOME
      Target date Aug 29,2015
         Maintains activity level within capabilities as evidenced by
      normal heart rate and BP, Verbalizes use of oxygen and conservation
      techniques

    ACTION/INTERVENTIONS
         Assess patient's level of physical activity before experiencing
      angina, Evaluate factors that may precipitate fatigue or discomfort,
      Encourage adequate rest periods between activities, Assess
      nutritional status, Assess needs for assistive devices, Observe and
      document response to activity

  INCONTINENCE WITH BOWEL/BLADDER
    related to Lack of bladder/bowel control, Spontaneous
    voiding/evacuation

    EXPECTED OUTCOME
    Target date Aug 29,2015
    Regular bladder and bowel habits, Perineal skin remain intact,
    Decreased episodes of bladder/bowel incontinence
    ACTION/INTERVENTION
    Assess patient's normal bladder/bowel elimination pattern, Encourage
    mobility or exercise as tolerated, Establish bladder and bowel
    training program by toileting patient every two hours, Give perineal
    care after each episode of incontinence, Mark bathroom doors
    conspicuously, Allow privacy and respect patient's dignity, Culture
    urine as ordered

/es/ MIRANDA LIN HUGHES
RN
Signed: 08/26/2015 23:50
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	TELEMETRY NOTE	Cardiology Note	CLOUNCH,JOYCE D		AMARILLO HCS			VistA	AMA

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Notes ~ TELEMETRY NOTE

```
     LOCAL TITLE: TELEMETRY NOTE
STANDARD TITLE: CARDIOPULMONARY NOTE
DATE OF NOTE: AUG 19, 2015@14:57     ENTRY DATE: AUG 19, 2015@14:57:41
      AUTHOR: CLOUNCH,JOYCE D      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

    Rhythm: sr/first degree av block pr 0.24
Rate Range: 80-90's
      Sa02: n/a
Arrhythmia Present: (type, duration, # of significant events)
pvc's/couplets
Notification to : n/a
Time Notified:  n/a
Comments:

/es/ JOYCE D CLOUNCH
HEALTH TECH
Signed: 08/19/2015 14:58
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 18, 2007	CLINICAL REMINDER NOTE	Preventive medicine Note	SEGARRA,ORLANDO		AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 18, 2007@09:25     ENTRY DATE: MAY 18, 2007@09:25:10
      AUTHOR: SEGARRA,ORLANDO      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

  Colorectal Cancer Screen (Provider):
    Patient had fobt education (home) at this encounter.
      Level of Understanding: Refused
    Patient declined fobt education (home) at this encounter.
    Patient refuses flex-sig.
    Patient refuses colonoscopy.

  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PROVIDER EDUCATION: Today, the patient received written information
          and/or verbal counseling, including risks and benefits, about
          prostate cancer screening and had an opportunity to ask
          questions.
        Level of Understanding: Good
      Patient declines DRE

  Influenza Immunization:
    Patient states he/she did not get a flu shot during the latest flu
        season.

/es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
FAMILY NURSE PRACTITIONER
Signed: 05/18/2007 09:32
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 20, 2008	PC - NURSING INTERVIEW NOTE	Primary care Nurse Note	HANNA,SUSAN	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PC - NURSING INTERVIEW NOTE

```
     LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: FEB 20, 2008@08:22     ENTRY DATE: FEB 20, 2008@08:22:31
```


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AUTHOR: HANNA,SUSAN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** PC - NURSING INTERVIEW NOTE Has ADDENDA ***

Primary Care Nursing Interview
Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit:
Reports a dry raspy cough in Nov, Dec and Jan and is wondering if this could be the histoplasmosis that he had in the 70's.

~~~~~~
Current Vital Signs
Temperature: 98.3 F [36.8 C] (02/20/2008 08:21)
Pulse: 70 (02/20/2008 08:21)
Respirations: 18 (02/20/2008 08:21)
B/P: 145/79 (02/20/2008 08:21)
Height(inches): 73.25 in [186.1 cm] (02/20/2008 08:21)
Weight(lbs): 208.8 lb [94.9 kg] (02/20/2008 08:21)
BMI: 27.4
Pain: 0 (02/20/2008 08:21) (Scale from 1-10)
O2 Sat: 2/20/08 @ 0821 PULSE OXIMETRY: 96 On Room Air
~~~~~~
Age: 64
Living arrangements: Spouse/family in Hooker, Ok
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed: NKDA
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements, vitamins, etc? No
Any non VA meds need to be added to the NON VA Meds on the Orders tab in CPRS
Medication list reviewed with patient. Provider to be informed of any variance to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
**********************Dietary Screen**********************************

B/P>140/90 B/P: 145/79 (02/20/2008 08:21)
***************SKIN IMPAIRMENT RISK ASSESSMENT**********************
(Braden Scale)
4 = No Impairment Sensory Perception
4 = Rarely Moist Moisture
4 = Walks Frequently Activity
4 = No Limitations Mobility
4 = Excellent Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin integrity problem exists and is to be reflected in the patient/resident plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

No problems identified
PAIN ASSESSMENT

Patient is not experiencing pain.
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
0 = No History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock
0 = Normal, bed rest, immoblile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
15 TOTAL SCORE
Scoring:

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0-24 No Risk
25-50 Low Risk, Standard Fall Precautions
>51   High Risk, High Risk Fall Precautions
****
EDUCATION:
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English

Desire and Motivation: Eager to learn
Comprehension: High
Method of Teaching: Verbal
Topics Covered: Plan of Care
Evaluation of Patient/Family Education:Voiced understanding

Nursing Comments: Initial b/p 145/79 p70, rechecked in 5 min 133/89 p70.

Additional education: follow-up appt

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 08:30

02/20/2008 ADDENDUM STATUS: COMPLETED
Pt. to have PFT's, 2 veiw CXR, upper GI and esophogram.

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 13:36

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 31, 2015	PACT HIGH RISK EDUCATION	Nurse Outpatient Note	ROSALES,ZENITHA	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PACT HIGH RISK EDUCATION

```
     LOCAL TITLE: PACT HIGH RISK EDUCATION
STANDARD TITLE: NURSING OUTPATIENT NOTE
DATE OF NOTE: AUG 31, 2015@15:50     ENTRY DATE: AUG 31, 2015@15:50:13
      AUTHOR: ROSALES,ZENITHA      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED


Has "The View" been completed?
No
Problem identified:
Diabetes
        HBG A1C       13.4  H  %   JUL 14,2015@07:37:44
        Microalbumin  0.6   mg/dl   JUL 14,2015@12:47:20
        Lipid Profile
           HDL Cholesterol        42   mg/dL   JUL 14,2015@07:37:45
               LDL Cholesterol   140  H mg/dL   MAY 2,2006@08:06:41
               LDL Calc          165  H mg/dL   JUL 14,2015@07:37:45
               Triglyceride      153  H mg/dL   JUL 14,2015@07:37:45

Patient has had Retinopathy/Optometry appointment:  YES 04-18-13 in ALBQ.

Education provided:      Instructed Mrs. Hopkins the pt.'s A1c is 13.4 and the
normal is <6.0 but we would like to get his down to 9 then within the normal
range.  I instructed her the A1c and average of what his blood sugar levels have
been in the past 3 months.  The patient is currently monitoring his blood sugars
every other day and I instructed her an appt., will be rescheduled soon in order
to change his finger sticks to daily and offer him a few more services he may
benefit from,  maybe tele-health and a dietary consult.  Patient was given
insulin during this hospital stay.  Labs will be repeated at the next scheduled
appt., with Team Patriot.

Handouts/Pamphlets given:
Team discussion/comments:  The team agrees with the above instructions.

Time: 15-18 minutes.

/es/ ZENITHA ROSALES
RN, MSN
Signed: 08/31/2015 16:01
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 26, 2015	SKIN ASSESSMENT INITIAL VANOD	Nurse Note	ALMAGER,MIRANDA L	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ SKIN ASSESSMENT INITIAL VANOD

```
     LOCAL TITLE: SKIN ASSESSMENT INITIAL VANOD
STANDARD TITLE: NURSING SKIN ASSESSMENT NOTE
DATE OF NOTE: AUG 26, 2015@23:50     ENTRY DATE: AUG 26, 2015@23:50:58
      AUTHOR: ALMAGER,MIRANDA L    EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

   *** SKIN ASSESSMENT INITIAL VANOD Has ADDENDA ***

BRADEN SKIN RISK ASSESSMENT

Sensory Perception:4 = No Impairment
Moisture:          3 = Occasionally Moist
Activity:          4 = Walks Frequently
Mobility:          4 = No Limitation
Nutrition:         3 = Adequate
Friction:          3 = No Apparent Problem
  19-23   No Risk
    Score:  21

SKIN PATCHES
The patient does not have any patches on the skin.


MAJOR RISK FACTORS / SPECIAL POPULATIONS
The patient does not have any spinal cord injury, paralysis or neurologic
```


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disease.

CURRENT SKIN ASSESSMENT
    Skin Color:
      Color: Normal for ethnic group
    Skin Temperature
      Temp: Warm
    Skin Moisture
      Moisture: Dry
    Skin Turgor
      Turgor: Within normal limits

  SKIN PROBLEMS
    Wound -location, type, description
       R inguinal hernia repair incision, staples in tact, well
      approximated

INTERVENTIONS
  The pressure ulcer prevention protocol was not needed - patient is not
at risk.

If any of the below indications are marked, pressure ulcer risk
interventions must be initiated and added to the care plan. These should
be reviewed and updated with each assessment and PRN as the patient's
needs change.

Please mark all that apply: None

Wound(s) present:
Wound #1
Type of wound: surgical incision
  Location: right leg
    Comment: Groin
  Dimensions: Length: 9.5 cm.
               Width: x cm.
               Depth: x cm.
  Wound Base Color:
  None; wound well approximated.
  Drainage: None.
  Odor: None.
  Granulation Present: No.
  Epithelialization Present: No.
  Undermining is present:
    No.
  Skin tunneling is present:
    No.
  Surrounding Tissue: Intact
Patient Pain:
  No.
Wound initial assessment.

/es/ MIRANDA LIN HUGHES
RN
Signed: 08/26/2015 23:55

08/27/2015 ADDENDUM   STATUS: COMPLETED
Scrotum red and swollen, "It's been like that since the surgery"

/es/ MIRANDA LIN HUGHES
RN
Signed: 08/27/2015 00:59

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 23, 2012	CLINICAL REMINDER NOTE	Preventive medicine Note	MOORE,ROGENA S	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: AUG 23, 2012@08:31     ENTRY DATE: AUG 23, 2012@08:31:59
      AUTHOR: MOORE,ROGENA S       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

  PNEUMOCOCCAL VACCINE-NURSE:
    Patient declines Pneumococcal Vaccine.
  DIABETIC BP<130/85:
    Patient blood pressure recorded.
      142/90
  Influenza Immunization:
    Patient did not receive flu shot due to vaccine not available.
  Tetanus Reminder:
    Patient refused Tetanus immunization.
  ELEVATED BP >140/90:
    Blood Pressure taken at this visit.
      B/P: 142/90
    Patient is not on blood pressure medication.
    Patient has a blood pressure cuff at home.
    Patient can demonstrate/voice appropriate placement of cuff.
  PREFERRED LANGUAGE/PREFERRED NAME:
    Is the patient's preferred oral communication language English? Yes


    Is the patient's preferred written communication language English? Yes


    Patient wishes to be addressed as MARSHALL.

/es/ ROGENA S MOORE
LVN
Signed: 08/23/2012 08:33
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	ICU DAILY NURSING ASSESSMENT	Intensive care unit Admission evaluation note	WILLIAMS,NINA FLANIGAN		MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ ICU DAILY NURSING ASSESSMENT

```
     LOCAL TITLE: ICU DAILY NURSING ASSESSMENT
STANDARD TITLE: CRITICAL CARE UNIT ADMISSION EVALUATION NOTE
DATE OF NOTE: SEP 17, 2015@09:24     ENTRY DATE: SEP 17, 2015@09:24:36
      AUTHOR: WILLIAMS,NINA FLANI  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED


                          ICU Daily Nursing Assessment

Date Adm/Tran to ICU: Sep 17,2015

Code Status: Full

Can patient be directly discharged from ICU? no

Vital:
Measurement DT    TEMP          PULSE   RESP        BP
                  F
09/17/2015 08:00  97.8            16          91/66

Measurement DT    PAIN

09/17/2015 08:00  Unable to Respond
 Reviewed by nurse?  yes

Mental Health:
 Mood:somel

Activity: Bedrest

PAIN ASSESSMENT-1st Location:
```


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Patient states "experiencing pain" on a scale of 1-10.
Stated pain is: 99
Comment: pt unresponsive
OUTCOME: There will be a 50% reduction in pain (inpatients within 24 hours and outpatients within 2 encounters). Select at three interventions to achieve this goal. For pharmacological interventions see Pain Management Policy.
Pain Interventions: N/A
Effective - Yes
Score (after interventions)
Level of pain is well controlled

REVIEW OF SYSTEMS:
Neuro:
Level of Consciousness: coma

Glasgow Coma Score:
Date/Time: Sep 17,2015@08:00
Best Eye Opening Response: No Response (1pt)
Best Verbal Response: No Response: (1pt)
Best Motor Response (Best Upper Limb/To Painful Stimuli):
No Response (1pt)
Unable to Test (reason)- patient intubated
Total Score: 3

Pupil Size and Response to Light:
Pupil Gauge:
Right 4mm
Left 4mm

Pupil Reaction: none
Additional Comments:

RASS:
Cardiovascular Rhythm: ST

Patient on telemetry: yes (answer following questions)
Cardiac Rhythm: ST
Atrial Rate: 115
Ventricular Rate: 115
PR Interval: 0.20
QRS: 0.08

Pulses:

Right	Score
Radial	2+
Pedal	1+

Left	Score
Radial	Aline
Pedal	

Capillary refill: < 3 sec

Edema:
Generalized - 1+

DVT prophylaxis within 24 hr - yes

Spontaneous Compression Devices (SCDs) in use - yes

Respiratory:
Lung/Breath sounds (choose all that apply: clear
Location: all lobes

Oxygen (O2):
FIO2 - 80%

Ventilator: ETT
ETT size: 8
Location(cm):26@
Mode (initial settings only): A/C
Fio2: 80
Peep: 5
PS: 10
VT set:600
Secretions/sputum (choose all that apply):white

GI:
Abdomen:
Bowel Sounds: absent

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Diet: NPO

Tube Feeds: No

Bowel/Urinary Elimination:
  Foley
    Foley Maintenance/Site Care:
    Number of observations completed per shift - 4

    Drainage system sterile and continuously closed - yes

    Catheter properly secured at completion of each observation- yes

    Collection bag below the level of the bladder - yes

    Unobstructed urine flow - yes

    Clinical indication written for continuance of indwelling catheter if
    beyond removal date - yes

    Daily hygiene care completed - yes

Surgical Site:
 Types of tubes/drains - chest tube
 L lateral CT c serosanguinous drainage

Braden Scale - For Predicting Pressure Sore Risk
Sensory Perception:1 = Completely Limited
Moisture: 4 = Rarely Moist
Activity: 1 = Bedfast
Mobility: 1 = Completely Immobile
Nutrition: 1 = Very Poor
Friction: 1 = Problem
  6-9   Severe Risk
    Score: 9

CURRENT SKIN ASSESSMENT
    Skin Color:
      Color: Normal for ethnic group
    Skin Temperature
      Temp: Warm
    Skin Moisture
      Moisture: Dry
    Skin Turgor
      Turgor: Within normal limits

SKIN PROBLEMS
  Unable to assess
    Comment: pt unresponsive, on on pressors, unstable

INTERVENTIONS
  Education
    Provide patient/caregiver education regarding causes and prevention of
    pressure ulcers.
  Pressure-Redistribution Measures
    Use specialty bed
      Specify type: Hill Rom
    Turn and reposition every 2 hours while in bed, using pillows to
    separate pressure areas
  Maximize Mobilization
    Perform range of motion exercises when turning/repositioning
  Manage Moisture
    Maintain clean and dry skin
    Apply protective barrier ointment
  Manage Nutrition
    Monitor fluid/food intake
  Reduce Friction and Shear
    Use a bed trapeze or pull sheet to lift up in bed or turn
    Raise the knee when elevating head of bed
    Keep head of bed at or below 30 degrees when not eating

Isolation - no

Maintenance/Site Care:(Peripheral/Central Lines)
Central Line Maintenance:
Cordis Maintenance:
Maximum Barrier Precautions:
 ("Always Required" for Insertion and Dressing Changes) If a dressing
change is not needed, a N/A
response is applicable for all questions

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"except" Hand Hygiene.
  Hand Hygiene Completed:
  Yes
  Mask Worn By Inserter:
    n/a
  Sterile Gloves Worn By Inserter:
    n/a
  Chlorhexidine Used:
    n/a
Device Location:left ,subclavian
Site Inspection:
 signs of infiltration - no
 redness - no
 edema -   no
 pain -   no
 blood return present - yes flushes easily - yes
Dressing:
 dressing clean/dry/intact - yes
 dressing changed -no - dressing dated/initialed/timed -
 n/a
 type of dressing applied (if changed) -
  transparent dressing applied - n/a and biopatch dressing
  applied - n/a
  stat lock device or approved securement device used -no

Arterial Line Maintenance/Site Care:
Maximum barrier precautions:
 hand hygiene completed - yes
 mask worn - no
 sterile gloves worn - no
Device Location: left,radial
Site Inspection:
 redness - no
 edema -   no
 blood return present - yes flushes easily - yes
Use Transparent Dressing "ONLY"
Dressing:
 dressing clean/dry/intact - yes
 dressing changed - no - dressing dated/initialed/timed -
 n/a
 type of dressing applied (if changed) -
  transparent dressing applied - n/a
  stat lock device or approved securement device used - no
Chlorhexidine used instead of betadine as disinfectant -no

Falls Assessment:

Morse Fall Scale:

1. History of falling; immediate or within 3 months - (no = 0, yes = 25)
    Score = 0
2. Secondary diagnosis - (No = 0, yes = 15)
    Score = 15
3. Ambulatory aid - (None, bedrest, wheelchair, nurse = 0) Crutches,
    cane walker = 15; Furniture = 30)
    Score = 0
4. IV/Heparin Lock - (no = 0, yes = 20)
    Score = 20
5. Gait/Transferring - (Normal, bedrest, immobile = 0; weak = 10;
    Impaired = 20) Score = 0
6. Mental Status - (Oriented to own ability = 0; Forget limitations =
    15) Score = 0

Total Score = 35

Risk Level/Intervention Required: 25-50 points   Low Risk   Standard
Fall Prevention Interventions
SEP 17, 2015@00:22:12   Ward: 3-SICU   DX: UGIB SMALL BOWEL OBSTRUCTION

Change in patient's condition warrants an update to the Nursing Care
Plan
(If YES, continue with Care Plan below and make changes) no
Nursing Plan of Care:

 NURSING PROBLEMS:
CURRENT CARE PLAN IN PLACE

/es/ NINA FLANIGAN WILLIAMS
RN
Signed: 09/17/2015 10:59

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	SCANNED INPATIENT STAY	Ophthalmology Hospital Note	HUNTER,MARIO LACLERE		MEMPHIS VA MEDICAL CENTER		Yes	VistA	MEM

Notes ~ SCANNED INPATIENT STAY

```
     LOCAL TITLE: SCANNED INPATIENT STAY
STANDARD TITLE: VIST INPATIENT NOTE
DATE OF NOTE: SEP 18, 2015@17:10     ENTRY DATE: OCT 26, 2015@10:23:15
      AUTHOR: HUNTER,MARIO LACLER  EXP COSIGNER:
     URGENCY:                             STATUS: COMPLETED

   VistA Imaging - Scanned Document

/es/ MARIO LACLERE HUNTER
mario
Signed: 10/26/2015 10:23
 1
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	SURGERY	Surgery Note	ULM,IRENE E	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ SURGERY

```
     LOCAL TITLE: SURGERY
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 18, 2015@06:19     ENTRY DATE: SEP 18, 2015@06:20:06
      AUTHOR: ULM,IRENE E          EXP COSIGNER: VERA,SANTIAGO RAFAEL
     URGENCY:                           STATUS: COMPLETED

General Surgery

HR into 160s o/n, amio bolused (3rd).  No other acute events

103.6, HR 111-148, SBP 70-107
L IJ cordis w PAC in place
NGT bilous output
tachycardic
L CT x2 to sxn; air leak in CT 2
intubated, coarse BS
soft, distended, open midline w cassett in place
L femoral triple lumen catheter
foley-hematuria

15224/1660
U 450
NGT 600
CT1 330
CT2 37

BCx p
UCx p
Peritoneal Cx no organisms seen

9/18 CXR pending

A/P  72 yo CM w PMHx DM, HTN, HLD s/p RIHR 1 mo ago who presented in septic
shock due to ischemic bowel now POD 1 ex lap, SBR, temporary abdominal closure

Neuro:  sedation  held due to hypotension
CVS:  intermittent afib, on amnio gtt, s/p 3 boluses.  on levo @ 99, vaso @ 2.4,
pheneylephrine @ 30.  PAC in place SvO2 53, CI 4.6, SVR 424 currenlty.
Resp:  SIMV, no change o/n.  2 CT in place, CT 2 w persistent airleak.  CXR
pending this AM.
FEN/GI:  cont NOP, NGT to LIS, LS @ 125 + boluses as needed.  off insulin gtt.
cont HCO3 gtt.
GU:  foley for strict i/o, minimal UOP.  persistent hematuria.  GU aware.
HEME/ID:  s/p 2 u PRBC o/n.  on Zosyn & renal dosed vanc.
PPx:  PPI, no chemical ppx at this time

Grave prognosis.  Will discuss with wife again goals of care.

/es/ IRENE E ULM, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 07:54

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/18/2015 08:26
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	SURGERY ATTENDING	Surgery Attending Note	VERA,SANTIAGO RAFAEL		MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ SURGERY ATTENDING

```
     LOCAL TITLE: SURGERY ATTENDING
STANDARD TITLE: SURGERY ATTENDING NOTE
DATE OF NOTE: SEP 17, 2015@09:18     ENTRY DATE: SEP 17, 2015@09:18:35
      AUTHOR: VERA,SANTIAGO RAFAE  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Mr Hopkins condition remains very critical. We will place a second small l chest
tube for control of air leak with subcutaneous emphysema. Still anuric and
acidotic. Filling presures are adequate, but requires pressors and antiarrythmic
support.
The prognosis is quite poor but warrants full critical care.

/es/ SANTIAGO RAFAEL VERA
MD
Signed: 09/17/2015 09:22
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 09, 2013	DIABETIC RETINOPATHY SURVEILLANCE	Consult note	MCGUIRE,WENDY L	Eye and Vision Services Providers	AMARILLO HCS			VistA	AMA

Notes ~ DIABETIC RETINOPATHY SURVEILLANCE

```
     LOCAL TITLE: DIABETIC RETINOPATHY SURVEILLANCE
STANDARD TITLE: CONSULT
DATE OF NOTE: APR 09, 2013@10:45     ENTRY DATE: APR 09, 2013@10:45:17
      AUTHOR: MCGUIRE,WENDY L      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Diabetic Retinopathy Surveillance Consult follow-up note

  RESULTS from Diabetic Teleretinal Imaging consult:
    Exam result:
      Exam Result: Normal
      on date: April 9, 2013
****************************** REMOTE RESULTS
******************************

                              TIU Document from:
                                NEW MEXICO HCS
                        Associated on: Apr 08, 2013@16:43:16

 LOCAL TITLE: DIABETIC TELERETINAL READER CONSULT REPORT
STANDARD TITLE: DIABETOLOGY NOTE
DATE OF NOTE: APR 08, 2013@15:42     ENTRY DATE: APR 08, 2013@15:42:27
      AUTHOR: POWELL,JASON R       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

PUPIL DILATION:
  Pupils not dilated for imaging

IMAGE QUALITY ASSESSMENT:
  Image quality adequate

DIABETIC SURVEILLANCE ASSESSMENT:
  RIGHT RETINAL IMAGES:
    Retinopathy Assessment Rt eye:
      No Diabetic Retinopathy
    Macula Assessment Rt eye:
      No apparent abnormalities
    Optic Nerve Assessment Rt Eye:
      No apparent abnormalities
  LEFT RETINAL IMAGES:
    Retinopathy Assessment Lt eye:
      No Diabetic Retinopathy
    Macula Assessment Lt eye:
      No apparent abnormalities
    Optic Nerve Assessment Lt eye:
      No apparent abnormalities

EYE EXAM RESULTS:
  Diabetic Retinopathy:
```


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```
    Eye exam Retinopathy: Normal
  Macula findings:
    Eye exam Macula: Normal
  Optic Nerve Findings:
    Eye exam Optic Nerve: Normal

RECOMMENDATIONS:
  Refer for comprehensive eye exam
    Refer to:
      EITHER Ophthalmology or Optometry
        Within 1 year
    Referral/appointment reason:
      Routine eye care
 Poor control of diabetes.

*****************************************************************
*Digital retinal imaging has been shown to be an effective method *
*of screening for diabetic retinopathy, but cannot substitute for *
*a comprehensive eye exam.                                       *
*****************************************************************

/es/ JASON R POWELL, OD
OPTOMETRIST
Signed: 04/08/2013 15:43

************************** END OF REMOTE RESULTS
**************************

/es/ WENDY L WOODS
DIABETIC RETINAL IMAGER
Signed: 04/09/2013 10:45
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	EMERGENCY DEPARTMENT RAPID TRIAGE NOTE	Emergency department Triage note	AYERS,TERRI L	Nursing Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ EMERGENCY DEPARTMENT RAPID TRIAGE NOTE

```
     LOCAL TITLE: EMERGENCY DEPARTMENT RAPID TRIAGE NOTE
STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE
DATE OF NOTE: SEP 16, 2015@19:36     ENTRY DATE: SEP 16, 2015@19:36:22
      AUTHOR: AYERS,TERRI L        EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

                                Emergency Department Rapid Triage Nursing Note

Gender
Male
Patient: HOPKINS,MARSHALL HUGH

Date/Time patient seen -Sep 16,2015@19:36

Patient Arrival: wheelchair

Chief Complaint: unresponsive

Due to Trauma/Injury?  no
 How injury occurred -
 Geographical place injury occurred (house, yard, driveway., etc.) -


Does patient have suicidal/homicidal thoughts? no

Have you traveled outside of the United States in the last
 six months?   No

Allergies: No Allergy Assessment
 Allergies reviewed: no -
 unable to locate or respond

Triage Vitals:
 Temp: 97     HR: 121
 B/P:  68/38     Resp: 14
 02 Sat - 90   Device Type -



Assessment (Brief): pt was pulled from private car outside of ed. family states
they have
been traveling for awaile and she is unsure how long he has been
unresponsive. coffee ground emesis on tshirt and pt had soided clothing


Medication Review:
                                                              09/16/2015 19:36
**********  CONFIDE            OP Meds SUMMARY   pg. 1 **********
HOPKINS,MARSHALL HUGH  (b)(6)                                 DOB: 07/20/1943

*************************************************************************

Emergency Severity Index: Level 1 (unresponsive)

Plan:  Order Set Used: yes
       Orders: labs

Disposition: ER

/es/ TERRI L. AYERS,RN
ER STAFF NURSE
Signed: 09/16/2015 19:42
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	INTERFACILITY TRANSFER NOTE (FORM10-2649A)	Transfer summary note	LEE,STEVEN H	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ INTERFACILITY TRANSFER NOTE (FORM10-2649A)

```
     LOCAL TITLE: INTERFACILITY TRANSFER NOTE (FORM10-2649A)
STANDARD TITLE: TRANSFER SUMMARIZATION NOTE
```


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DATE OF NOTE: AUG 27, 2015@07:51 ENTRY DATE: AUG 27, 2015@07:51:28
AUTHOR: LEE,STEVEN H EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PATIENT IDENTIFICATION
Name: HOPKINS,MARSHALL HUGH (b)(6) DOB:JUL 20,1943
Next of Kin/POA Name:Darlene Hopkins (spouse)
Next of Kin/POA Phone:620-272-4822

REASON FOR TRANSFER
Diagnosis:bilateral hydronephrosis
Nature of Services Needed By Patient Requiring Transfer:
Return to Primary Health Facility

Does the patient have any of the following symptoms: fever, headache, joint and muscle
aches,weakness, fatigue, diarrhea, vomiting, stomach pain, lack of appetite, or bleeding? NO

Has the patient travelled to West Africa (Guinea, Liberia, Senegal, Sierra Leone or other countries where Ebola Virus Disease transmission has been reported by WHO)
within 21 days (3 weeks) of symptom onset? NO

Description of Further Treatment Required:
Treatment of bilateral hydronephrosis

RESPONSIBLE INDIVIDUALS
Referring Physician: Dr Chanda Pager:
Referring Facility:Liberal Kansas Hospital
Case Manager/Phone:
Floor/Phone:

Accepting Physician:Dr WanPhone:806-355-9703
Name/Address/Floor and full phone number including unit extension of accepting facility:Thomas E. Creek Amarillo VAMC
6010 Amnarillo Boulevard West
Amarillo, Texas 79106 806-355-9703

Patient Has Advance Directives:No
If yes, include hard copy in chart.
Code Status: full code

CONDITION OF PATIENT ON TRANSFER
Is patient medically stable for transfer: Yes
VITALS:
Pain: 0 (08/26/2015 23:10)

Mental Status: Behaviorally Stable, Alert Oriented x 3

Special Equipment:
none

Oxygen/Liter Flow: Not Applicable
Ventilator Settings: Not Applicable
IV Lines(#):Not Applicable
IV Fluids: Not Applicable
Safety Devices Needed: Not Applicable

Reconciled medication list sent with the patient Yes
Other Clinical Information (Significant hx, labs, films with patient):
labs, x-ray, EKG, Notes

Reason for Special Mode Transportation and Attendant Care Requirements:
N/A, sent by POV per Liberal Kansas

Transport: POV
Ambulance Company Name: Not Applicable

Special Mode Transportation is: Disapproved

ETA Date and Time:

CONSENT SIGNED BY PATIENT OR POA FOR TRANSFER:

ELIGIBILITY INFORMATION:

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NSC PENSION: Yes

/es/ STEVEN H LEE
RN
Signed: 08/27/2015 07:56

Receipt Acknowledged By:
08/27/2015 09:28 /es/ BANG WAN
MD

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 24, 2009	NURSING NOTE	Nurse Note	KIRSCH,BEVERLY A	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING NOTE

LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: APR 24, 2009@14:57 ENTRY DATE: APR 24, 2009@14:57:15
AUTHOR: KIRSCH,BEVERLY A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PT CALLED REQUESTING TO TALK TO ORLANDO SEGARRA ABOUT PUTTING A CONSULT IN SO THAT HE CAN GET CHIROPRACTOR IN HIS AREA. PT IS GOING TO FAX THE INFORMATION.

/es/ BEVERLY A KIRSCH
LVN
Signed: 04/24/2009 15:02

Receipt Acknowledged By:
04/25/2009 09:35 /es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	ATTENDING PHYSICIAN NOTE (T)	Attending Note	WAN,BANG	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ ATTENDING PHYSICIAN NOTE (T)

LOCAL TITLE: ATTENDING PHYSICIAN NOTE (T)
STANDARD TITLE: ATTENDING NOTE
DATE OF NOTE: AUG 27, 2015@13:20 ENTRY DATE: AUG 27, 2015@13:20:39
AUTHOR: WAN,BANG EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient seen, examed and discussed with team.

72 y/o male with h/o HLD, DM2, and depression was transferred from Liberal, Kasas hospital for urinary retention and b/l hydronephrosis and hydroureter. He had right inguinal hernia repair on 8/19/15 here. According to the patient, after he was discharged after the surgery, he had unsteady gait, urinary incontinence and hick up. On questioning, he reported that he did not have urinary hecitency or dribbling. No feelings or incomplete voiding or urinary urgency. He went to Liberal OPC and was sent to local hospital on 8/24/15. There CT abd/pelvis revealed b/l hydronephrosis and hydroureter. Bladder scan showed 700cc residue. A Foley was inserted that resulted in 500cc of urine. He was hospitalized and started on flomax and rocephin there. At admission, he has mildly elevated BUN/creatinine. These went back to baselin in 2 days. Transferred here for further care because it was unsure there if he was able to walk since the patient declined rehab evaluation there. During mmorning round, the patient reported that he fould his unsteadiness resolved this morning and he was able to walk to the bathroom and back with no difficulty. He was not taking any medicine before he was hospitalized in Liberal although he has DM2. His BS was >400 when he presented to Liberal Hosital.

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```
     Active Inpatient Medications                                  Status
================================================================================
1)   CEFTRIAXONE INJ,SOLN CEFTRIAXONE 1 GM in SODIUM              ACTIVE
       CHLORIDE 0.9% 50 ML  INFUSE OVER 30 MINUTES IVPB
       DAILY
2)   DEXTROSE 50% INJ,SOLN  1 AMP IVP D-STIX PRN FOR             ACTIVE
       FINGER STICK GLUCOSE READINGS BELOW 60, WHEN ORAL
       GLUCOSE IS NOT INDICATED.  MAY BE TITRATED.
3)   INSULIN ASPART INJ  SLIDING SCALE SQ AC 61-130 = O          ACTIVE
       UNIT // 131-150 = 2 UNITS // 151-200 = 4 UNITS //
       201-250 = 8 UNITS // 251-300 = 12 UNITS //
       301-GREATER CALL PROVIDER // PLEASE DON'T COVER
       BEDTIME READING
4)   TAMSULOSIN CAP,ORAL  0.4MG PO DAILY                         ACTIVE

O.E.
        Conscious. In no acute distress.
        Vitals: Tmax: 95.9, P: 89, R: 16, BP: 144/102, SaO2 94% RA.
        Chest:  CTA.
        CVS:    S1 and S2+. S3 or murmurs-.
        Abd:    Soft. Non-tender. B.S.+.
        Ext:    No edema. P.P.+.
        CNS:    Alert. Oriented. NFND.

Current Labs:
SODIUM:          139   meq/L   AUG 27,2015@05:00:01
POTASSIUM        4.2   mmol/L   AUG 27,2015@05:00:01
CHLORIDE         108   meq/L   AUG 27,2015@05:00:01
CO2              30   meq/L   AUG 27,2015@05:00:01
GLUCOSE          246  H mg/dL   AUG 27,2015@05:00:01
BUN              12   mg/dl   AUG 27,2015@05:00:01
CREATININE       0.77

WBC              11.5  H K/cumm   AUG 27,2015@05:00
RBC              4.27  L Million/uL   AUG 27,2015@05:00
HGB              12.3  L gm/dL   AUG 27,2015@05:00
HCT              38.6   %    AUG 27,2015@05:00
MCV              90.4   fL   AUG 27,2015@05:00
MCV              90.4   fL   AUG 27,2015@05:00
MCH              28.9   pg   AUG 27,2015@05:00
MCHC             31.9  L gm/dL   AUG 27,2015@05:00
PLATELET COUNT   298   K/cumm   AUG 27,2015@05:00

PT               12
INR              1.1   ratio   AUG 27,2015@05:00:03
PTT              28.0   Seconds   AUG 27,2015@05:00:03

Assessment:
1) Urinary incontinence, most commen cause in a male at this age is overflow
incontinence 2' to BPH. The patient's lack of subjective incomplete voiding or
urinary urgency and his uncontroled DM2 makes neurogenic bladder another
possibility.
2) DM2, BS not well controlled.

Plan:
1) Discharge with indwelling Foley, leg bag and follow in Urology Clinic in 1 to
2 weeks for voiding trial. He had a Surgical Clinic follow up on 9/1/15, will
try to arrange the Urology Clinic follow up on the same day.
3) He needs out patient hypoglycemics. will start him on glipizide and ask him
to follow up with PCP in Liberal Clinic.

/es/ BANG WAN
MD
Signed: 08/27/2015 13:41
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 05, 2015	NO SHOW	Administrative note	FOSTER,ANN		AMARILLO HCS			VistA	AMA

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Notes ~ NO SHOW

```
     LOCAL TITLE: NO SHOW
STANDARD TITLE: NO SHOW NOTE
DATE OF NOTE: OCT 05, 2015@14:40     ENTRY DATE: OCT 05, 2015@14:41:06
      AUTHOR: FOSTER,ANN           EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

This patient was a 'No Show' for his/her scheduled clinic appointment today in:
 OCT 5 PACT PATRIOT 2 P.M.

/es/ ANN F BROOKS
ACCT TECH
Signed: 10/05/2015 14:41

Receipt Acknowledged By:
10/07/2015 11:10        /es/ JOSE RODRIGUEZ-FRONTERA MD
                             Physician
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 23, 2008	PRIMARY CARE WALK IN NP (T)(A)	Primary care Note	SEGARRA,ORLANDO		AMARILLO HCS			VistA	AMA

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Notes ~ PRIMARY CARE WALK IN NP (T)(A)

```
     LOCAL TITLE: PRIMARY CARE WALK IN NP (T)(A)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JUL 23, 2008@14:24     ENTRY DATE: JUL 23, 2008@14:24:55
      AUTHOR: SEGARRA,ORLANDO      EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

SUBJECTIVE:  This is a 65 year old male ambulatory to Walk In Clinic with c/o No
significant health problems since last visit., Desires medication refill.   alert,
oriented x3, here for reg. check up visit. c/o R ear being plugged up for past
month. Denied any chest pains or SOB. No nausea,
vomiting, diarrhea or constipation. Denied any smoking or ETOH since 1972.

PAST MEDICAL HISTORY:
1.  MVA 1991 - neck/back injuries
2.  Fibromyalgia
3.  Tick (right side of face)
4.  Histoplasmosis
5.  Hyperlipidemia
6.  Hematuria
7.  Cerumen impaction


PHYSICAL EXAM:
VITALS:        TEMP:   98.2 F [36.8 C] (07/23/2008 13:49)
               PULSE:  80 (07/23/2008 13:49)
               RESP:   20 (07/23/2008 13:49)
               B/P:    123/80 (07/23/2008 13:49)
               WT:     207.8 lb [94.5 kg] (07/23/2008 13:49)
               HT:     73 in [185.4 cm] (07/23/2008 13:49)

       HEENT:  Normocephalic, PEARRL, External ears normal, TM's
       pink no lesions, Oropharynx pink moist no lesions, Neck
       supple no cervical adenopathy, Thyroid mid-line no
       enlargement, No JVD or Bruit. Bilateral Cerumen impaction.

ALLERGIES:
Patient has answered NKA

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

No Medications Found



LABS: none today.


ASSESSMENT/PLAN:
1. Bilateral Cerumen impaction: will irrigated today.
2. RTC as schedule or prn.

/es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER
Signed: 07/23/2008 14:31
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Nov 19, 2010	PROCEDURE REPORT DICTATED	Procedure note	ALLISON,WALTER M	Allopathic & Osteopathic Physicians	AMARILLO HCS		Yes	VistA	AMA

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Notes ~ PROCEDURE REPORT DICTATED

```
     LOCAL TITLE: PROCEDURE REPORT DICTATED
STANDARD TITLE: PROCEDURE REPORT
DATE OF NOTE: NOV 19, 2010@10:00     ENTRY DATE: NOV 19, 2010@16:11:04
      AUTHOR: ALLISON,WALTER M     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED


PATIENT NAME:  HOPKINS, MARSHALL H

DATE:  11/19/2010

PROCEDURE: Treadmill Cardiolite.

Resting EKG reveals nonspecific ST-T changes. During exercise, the T-
waves become more inverted, but there is no pronounced ST depression.
There is an occasional PVC and PAC.

Post exercise, again occasional PVC and PAC. The T-waves turn upright
when the heart rate goes up, but there again is no ST segment shift of
significance.

The patient walked on the treadmill for 7 minutes and 21 seconds,
achieved a heart rate of 155. Heart rate stated by the computer of 171 is
incorrect. Although he did achieve greater than 85% of his MPHR.

CONCLUSION:
1. No reproduction of symptoms.
2. Occasional premature ventricular contractions (PVC) and premature
atrial complex (PAC).
3. ST-T changes as described above but no classic ischemia.
4. See image report.

46394963/2110412(11/19/2010 15:24:38)36319274
$END

/es/ WALTER M ALLISON
CARDIOLOGIST
Signed: 11/23/2010 15:59
 1
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 26, 2015	WI-SCANNED CLINIC OTHER	Administrative note			ROBERT J. DOLE VAMC		Yes	VistA	KAN

Notes ~ WI-SCANNED CLINIC OTHER

```
     LOCAL TITLE: WI-SCANNED CLINIC OTHER
STANDARD TITLE: SCANNED ADMINISTRATIVE NOTE
DATE OF NOTE: JUN 26, 2015@13:48:08  ENTRY DATE: OCT 15, 2015@13:48:08
      AUTHOR: BLAND,NICOLE M       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

FEE CLINIC OTHER-EMS/SEWARD CO/6.26.15



*****Scanned document attached to this note******

                          *** SCANNED DOCUMENT ***
                           SIGNATURE NOT REQUIRED


  Electronically Filed: 10/15/2015
                    by: NICOLE M BLAND
                        nmb885
 1
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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	SURGERY	Surgery Note	GIBSON,GRIFFIN FRAZER		MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ SURGERY

```
     LOCAL TITLE: SURGERY
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 18, 2015@06:22     ENTRY DATE: SEP 18, 2015@06:22:28
      AUTHOR: GIBSON,GRIFFIN FRAZ  EXP COSIGNER: MINARD,GAYLE
     URGENCY:                          STATUS: COMPLETED

GENERAL SURGERY - PGY1 ICU DAILY PROGRESS NOTE

SUBJECTIVE:
     Overnight: required 2unitsFFP, 2unitsPRBC o/n. Required addition of Neo for
pressor support. required max dose @99.8mcg/min levophed and vassopressin @
10cc.hr to maintain MAP. Reverted to Afib yesterday with RVR and given 1x bolus
amiodarone 150mg. Was also given an additional 2amps of bicarb based on ABG
trend. Primary team spoke with spouse this AM and spouse stated pt wouldn't wish
for current medical management and requested code status change to DNR.

OBJECTIVE:
Physical Exam:
Weight:189.8 lb [86.3 kg] (09/17/2015 09:15)
Tmax: degrees 103.6F; SBP: 111-148; P:70-107; ETT FiO2. 50%
GEN: Sedated.
HEENT: Normocephalic.Pupils responsive to light. ETT in place. NGT in place with
greenish output
CV: NSR presently. Amiodarone drip going. Levophed, Vassopressin for bp support
PULM: Clear to auscultation right sided. Persistent left pneumothorax 2/2
iatrogenic pneumothorax. Decreased/minimal breath sound LUL. Distant breath
sounds LLL.
ABD: Soft, nd, no grimace with palpation. R groin incision/healing scar from
RIHR 8/2014. Open abd wound from ex lap. Incision covered with plastic sutured
to open incision walls as pt bowels are still in discontinuity
EXT: palpable pulses. No e/c. discoloration of b/l UE digits 2/2 pressor
support.
GU: Evidence of gross/clotted hematuria in foley bag. Dark/bloody urine in
catheter line.

I/O = 13425.2/1554
     UOP = 350
     NG = 600
     Chest tube = 1 - 330, 2 - 29
Lines: left cordis, left PAC, Left femoral line, peripheral IV.

Medications:
Drug                                Dose        Status  Start     Stop
D-50-W INJ,SOLN                     50 ML       A       09/17/2015  10/17/2015
  PRN INTRAVENOUS
HYDROCORTISONE INJ,SOLN             50MG/1ML    A       09/17/2015  10/17/2015
  Q6H INTRAVENOUS
MESSAGE TO NURSING                  1           A       09/17/2015  10/17/2015
  Q1H MISCELLANEOUS
GLUCAGON INJ                        1MG/1VIAL   A       09/17/2015  10/17/2015
  PRN INTRAMUSCULAR
INSULIN HUMAN REG 100 UNITS/ML 10ML 1           A       09/17/2015  10/17/2015
  PRN SUBCUTANEOUS


ASSESSMENT/PLAN:
-Veteran is a 72 yo CM w/ pmhx significant for DM who presented to the Memphis
VA ER with complaints of coffee ground emesis, lethargy, and decreased mental
status. Patient was found to be hypotensive in the ED to the low 60s. Imaging
was concerning for pneumoperitoneum taken back to the OR for emergent ex lap
with small bowel resection this AM now POD#1

1. Neuro: Sedated presently. Holding Fentanyl/Propofol with persistent
hypotension.
2. CV: Afib. Amiodarone drip. Levophed/vassopressin/Neo for bp support. PA
catheter placed with primary team.
3. Pulm: intubated. Chest tubes x2 left chest wall. Metabolic acidosis with
trending ABGS. bicarb drip w/ D5 @75ml/hr.
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4. FEN/GI: NPO. Aggressive fluid replacement. Insulin drip held currently. acceptable glycemic control. Repleting ca/
5. GU: Foley. hematuria. strict I&O. urology consulte.
6. ID/HEME: Vanc/zosyn D2. H/H stable following transfussions. Thrombocytopenia at 82. Fibrinogen 655. D-Dimer 6.94.
7. MSK: no restraints. actively monitoring sedation to ensure patient doesn't become arousable.
8. Ppx: SCDs, SQH.
9. Dispo: continue ICU care for now. DNR discussion with family. Will begin to remove pressor support this am.

Patient was seen,examined and discussed with attending.

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 09:43

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:53

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Medical Record

HOPKINS, MARSHALL HUGH **DOB:** 19430720 **SSN:** ***-**-7575 **Created:** November 10, 2020 12:10 pm

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 15, 2014	KC-NOTIFICATION OF TEST RESULTS BY LETTER	Letter	DEAN,ELIZABETH E	Allopathic & Osteopathic Physicians	CAMERON CBOC			VistA	KAN

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Notes ~ KC-NOTIFICATION OF TEST RESULTS BY LETTER

LOCAL TITLE: KC-NOTIFICATION OF TEST RESULTS BY LETTER
STANDARD TITLE: LETTERS
DATE OF NOTE: APR 15, 2014@14:16 ENTRY DATE: APR 15, 2014@14:16:18
AUTHOR: DEAN,ELIZABETH E EXP COSIGNER:
URGENCY: STATUS: COMPLETED

APR 15, 2014

MARSHALL HUGH HOPKINS
6674 ANA DRIVE
POLO, MISSOURI 64671
Temporary Address Start: MAR 27,2014
Temporary Address Stop: MAY 27,2014

Dear MARSHALL HUGH HOPKINS,

This letter is written in followup of your recent visit.

As we discussed, you have diabetes with very high blood sugar (BS) on average. We know this because your A1C is 9.8, average BS for the last 3 months is 240.

We will provide a glucose meter and supplies, so that you can monitor your home BS readings. Please call the clinic to arrange provision of the meter and instructions.

Your surgery appointment is 4/23/14 at 9:30am. It is not the surgery but a pre-surgery evaulation.

If you have any questions, please call.

Sincerely,

Elizabeth Dean, D.O.
SENT ON KCVA LETTERHEAD

Elizabeth Dean, D.O.

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 05, 2012	NURSING NOTE	Nurse Note	MOORE,ROGENA S	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING NOTE

```
     LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: APR 05, 2012@09:45     ENTRY DATE: APR 05, 2012@16:32:48
      AUTHOR: MOORE,ROGENA S       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Ear lavaged ordered by:  DR. KADAKIA    (x) both ears

Tepid tap water and standare ear irrigation syringe w/irrigation tip used per
hospital protocol.
Pre medicated gtts prior to lavage:(x)yes

Results:
(x)Waxy debris removed w/o difficulty.
(x)Tm(s)visible and intact.
(x)Patient tolerated procedure well
(x)Patient denies tenderness or pain with lavage.

Comments: Dx Impacted Cerumen

LATE ENTRY

/es/ ROGENA S MOORE
LVN
Signed: 04/05/2012 16:35
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	NUTRITION	Nutrition and dietetics Note	CUNNINGHAM,MICHELLE A	Dietary & Nutritional Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ NUTRITION

```
     LOCAL TITLE: NUTRITION
STANDARD TITLE: NUTRITION DIETETICS NOTE
DATE OF NOTE: SEP 17, 2015@08:44     ENTRY DATE: SEP 17, 2015@08:44:55
      AUTHOR: CUNNINGHAM,MICHELLE  EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

MEDICAL NUTRITION THERAPY
SEP 17, 2015
PATIENT: HOPKINS,MARSHALL HUGH
Reason for visit: Initial Evaluation/Screening

NUTRITION ASSESSMENT: Veteran is a 72 y/o with PMHx significant for DM, BPH, and
recent hernia repair and hospital stay for " hydronephrosis/pyelo", BOO presents
to the VAMC with sepsis secondary to bowel necrosis, perforation, and ?UTI. Pt
s/p exploratory laparotomy, small bowel resection, and temporary abdominal
closure, POD#1. Pt remains critical, hemodynamically unstable, and poor
prognosis per review of the medical record and discussion on ICU rounds. Of
note, pt has 120cm of small bowel remaining per MD.

Energy Intake: unable to assess energy intake. Per H&P, pt with poor appetite x
1-2 weeks pre-admission. Per review of nutrition note completed in Amarillo, pt
was eating 100%/adequately in August. No family present to obtain further
nutritional history.
```


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Current Diet Order: NPO
Current/Pertinent Meds: Vasopressin (10cc/hr), Levo (running), Propofol (OFF), Insulin gtt (22cc/hr), Protonix, NS @ 125mL/hr

Laboratory Data:

HCT3	25.4L	%	40 - 51	17-Sep-15
PO4	5.1H	mg/dl	2.2 - 4.5	17-Sep-15
MAGNESIUM	2.0	mg/dl	1.5 - 2.2	17-Sep-15
UREANITROGEN,BL	93H	mg/dl	7 - 23	17-Sep-15
SODIUM	135	mmol/	134 - 144	17-Sep-15
POTASSIUM	4.0	mmol/	3.5 - 5.0	17-Sep-15
GLUCOSE	337H	mg/dl	70 - 110	17-Sep-15
CALCIUM	6.5L	mg/dl	8.5 - 10.2	17-Sep-15
ALBUMIN	1.9L	g/dL	3.4 - 5.2	17-Sep-15
CREACTIVEPROTEI	467.6H	mg/L	0.0 - 4.0	17-Sep-15
CREATININE2	3.7H	mg/dl	.7 - 1.6	17-Sep-15

Blood Pressure: 125/76 (09/16/2015 22:00)
Comments: hemoglobin a1c in July is uncontrolled at 13.4%, pt currently ordered an insulin gtt to help better control glucoses (236-436mg/dL). Hypocalcemic (primary repleting). Renal function noted.

Skin Integrity: +surgical incision
BRADEN SCALE: 12-13 indicating moderate risk for HAPU

Assessment of Inflammation: marked inflammation as evidenced by CRP, sepsis

Physical Assessment:
Subjective evaluation noted patient to have deficits in the following aspects of body composition: none noted.

Anthropometrics:
BMI: 23; acceptable
HT: 182 cm (8/2015)
WT: 77 kg (RN admission note, 169 lbs)
WT: 175 lbs (8/2015)
DBW: 178 lbs
%DBW: 100%
UBW: 180 lbs (wife report back in August, pt was intentionally trying to lose this weight)
Weight Loss: possible 6 lbs weight loss x 1 month (3%)

Estimated Nutrition Needs (PENN State)
REE: 1552, Ve: 11, Tmax: 98
Calorie range: 1742 kcal
Protein range: 77-92g pro/day (1-1.2g pro/kg for AKI)
Fluid range: 1 ml/kcal or per PCP

Nutrition Status: NS3/Moderate

Based on the above findings malnutrition classification per AND/ASPEN criteria is as follows: n/a

NUTRITION DIAGNOSIS - Inadequate oral food and beverage intake related to bowel necrosis, hemodynamic instability as evidenced by NPO status

NUTRITION INTERVENTION:
Nutrition Prescription: avoid prolonged NPO status

Food/and/or Nutrient Delivery: NPO status to continue as pt receiving high dose pressors and currently hemodynamically unstable. Will continue to evaluate appropriateness of nutrition support with ICU team.

Nutrition Education: n/a; pt intubated/sedated. Will need nutrition education on an outpatient basis.

NUTRITION MONITORING
-NPO status (< 7-10 days)
-Labs: (Hemoglobin a1c and accuchecks)

/es/ Michelle Grabowski, RD, LDN
Registered Dietitian
Signed: 09/17/2015 12:05

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	24 HOUR INTAKE AND OUTPUT	Nurse Note	RAMOS,LORI B		AMARILLO HCS			VistA	AMA

Notes ~ 24 HOUR INTAKE AND OUTPUT

```
     LOCAL TITLE: 24 HOUR INTAKE AND OUTPUT
STANDARD TITLE: NURSING INTAKE & OUTPUT NOTE
DATE OF NOTE: AUG 20, 2015@05:15     ENTRY DATE: AUG 20, 2015@05:15:20
      AUTHOR: RAMOS,LORI B         EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

24 HOUR INTAKE AND OUTPUT
I & O IS RECORDED FROM 20:00 TO 19:59
Date:  Aug 19,2015 @ 08:00 to Aug 20,2015 @ 07:59
INTAKE:
*PO:                    1080ml
*IV:                    756ml
Intake Total:           1836ml
Fluid Orders:
Patient does not have a fluid restriction order.
OUTPUT:
Urine
  Void                 350x1 unmeasured
BM
  Stool                  x1
JP Drain:                60ml
Output Total:            410ml

/es/ LORI B RAMOS
CNA
Signed: 08/20/2015 05:17
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Mar 30, 2012	PATIENT ALIGNED CARE TEAM NURSING NOTE	Nurse Note	SINCLAIR,GENEVIEVE C	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PATIENT ALIGNED CARE TEAM NURSING NOTE

```
     LOCAL TITLE: PATIENT ALIGNED CARE TEAM NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: MAR 30, 2012@13:19     ENTRY DATE: MAR 30, 2012@13:19:24
      AUTHOR: SINCLAIR,GENEVIEVE   EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

PACT Nursing Note

Phone contact, spoke with patient re his scheduled appt next week, April 5th
@ 090 with fasting labs.  Pt states he will  be here.


Time Spent:  5-10 minutes


/es/ GENEVIEVE C SINCLAIR RN
TEAM PATRIOT CARE COORDINATOR
Signed: 03/30/2012 13:20
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 15, 2008	PATIENT EDUCATION - PHYSICAL MEDICINE AND REHAB	Physical medicine and rehab Education note	EHLY,DEBRA A	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PATIENT EDUCATION - PHYSICAL MEDICINE AND REHAB

```
     LOCAL TITLE: PATIENT EDUCATION - PHYSICAL MEDICINE AND REHAB
STANDARD TITLE: PHYSICAL MEDICINE REHAB EDUCATION NOTE
DATE OF NOTE: SEP 15, 2008@16:13     ENTRY DATE: SEP 15, 2008@16:13:33
      AUTHOR: EHLY,DEBRA A         EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

SEP 15, 2008    PATIENT EDUCATION - PHYSICAL MEDICINE & REHAB

ASSESSMENT :
  PERSON BEING ASSESSED:
       (xx) Patient
       (  ) Family Member/Other

  DX:sprain of lateral collateral ligament of knee

  BARRIERS TO LEARNING:
       (xx)  None
       (  )  Cognitive
       (  )  Physical
       (  )  Emotional
       (  )  Cultural
       (  )  Religious
       (  )  Language
      EXPLAIN:

   DESIRE AND MOTIVATION:
       (xx)  Eager to learn
       (  )  Seems uninterested
       (  )  Denies need for education

  COMPREHENSIVE ABILITY:
       (xx)  High
       (  )  Moderate
       (  )  Low

  METHOD OF TEACHING:
       (xx)  Verbal
       (  )  Written Material
       (  )  Video, CCTV
       (xx)  Demonstration

PATIENT EDUCATION TOPICS COVERED:
       (  )  Diabetic Foot Care
       (  )  ADL Training
       (xx)  Splint wearing schedule and care
       (  )  Posture and body mechanics
       (  )  Hip precautions
       (  )  Weight bearing status
       (  )  Adaptive equipment:
       (  )  Joint precaution
       (  )  Energy conservation
       (  )  Wheelchair training
       (  )  Pressure relief training
       (  )  Paraffin bath
       (  )  TENS Unit
       (  )  Exercise
       (  )  Home Exercise Program
       (  )  Assistive device:
             (  )  Cane
             (  )  Crutches
             (  )  Walker
```


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EVALUATION OF PT/FAMILY EDUCATION:
(xx) Voiced understanding
( ) Return demonstration completed
( ) Needs reinforcement
( ) Unable to teach due to barriers

COMMENTS:Patient was instructed in donning of large knee brace. Wearing of and care of brace discussed with patient. Brace issued. D/C from PT.

/es/ DEBRA A EHLY
PHYSICAL THERAPIST
Signed: 09/15/2008 16:14

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 17, 2011	Addendum to PRIMARY CARE NP (T)(S)		BURNS,RUSSELL F		AMA-PC AMARILLO			VistA	AMA

Notes ~ Addendum to PRIMARY CARE NP (T)(S)

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: MAY 17, 2011@08:07:47 ENTRY DATE: MAY 17, 2011@08:07:48
AUTHOR: BURNS,RUSSELL F EXP COSIGNER:
URGENCY: STATUS: COMPLETED

As discussed in the visit last Friday he DOES have diabetes based on his ^ FBS and HbgA1c of 8.5%.He needs to restrict his carbohydrate intake, exercise daily, and start meds as rx incld. metformin 500mg bid and his cholesterol is too high for a diabetic so will rx pravastatin 40mg daily at bedtime.

/es/ Russell F Burns M D
physican
Signed: 05/17/2011 08:12

Receipt Acknowledged By:
05/17/2011 08:34 /es/ Elma Fletcher
RN, BSN

==========

--- Original Document ---

05/13/11 PRIMARY CARE NP (T)(S):
SUBJECTIVE: This is a 67 year old male ambulatory to Primary Care. Routine f/u [Liberal,Ks.]concern re poor sleep habits.Goes to bed by 8pm and arises at 5am.Seems that the main concern is nasal congestion.Uses a OTC nasal spray called Duration.spouse does not seem terribly concerned re the problem but does states he snores[by report].NO daytime somnulence of consequence noted. Denies any observed hematuria/stones by hx.NO dysuria,NO tobacco in many yrs., has 1 time/n nocturia.

PHYSICAL EXAM:
VITALS: TEMP: 97.9 F [36.6 C] (05/13/2011 10:04)
PULSE: 70 (05/13/2011 10:04)
RESP: 16 (05/13/2011 10:04)
B/P: 131/80 (05/13/2011 10:04)
WT: 209 lb [95.0 kg] (05/13/2011 10:04)
HT: 71.5 in [181.6 cm] (05/13/2011 10:15)
PAIN: 0 (02/17/2011 10:12)
HEENT: no abnl noted x modest nasal conj. no bruits
LUNGS:clear to a/p
HEART:no auscl abnl.
ABD:no HSM
RECTAL:
EXT:no edema
MISC:

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ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) NITROGLYCERIN 0.4MG SL TAB *25'S* DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 AS NEEDED FOR CHEST PAIN - IF NO RELIEF AFTER 3 CONTACT PROVIDER	ACTIVE

Medication reconciliation was completed with the patient/caregiver.

LABS: Fasting by report --ate a large amt of desserts yesterday

SODIUM:	138	meq/L	MAY 13,2011@08:44:38
POTASSIUM:	4.5	meq/L	MAY 13,2011@08:44:38
BUN:	12	mg/dl	MAY 13,2011@08:44:38
CREATININE		5/13/11 08:44	0.74
GLUCOSE:	155 H	mg/dL	MAY 13,2011@08:44:38
AST:	23	IU/L	MAY 13,2011@08:44:38
ALT:	22	IU/L	MAY 13,2011@08:44:38
LDH:	Not found in computer LDH		
ALK. PHOS.:	63	IU/L	MAY 13,2011@08:44:38
GGTP:	17		MAY 13,2011@08:44:38
T. BILIRUBIN:	0.9	mg/dL	MAY 13,2011@08:44:38
WBC:	7.4	K/cumm	MAY 13,2011@08:44:35
HGB:	15.3	gm/dL	MAY 13,2011@08:44:35
HCT:	45.0	%	MAY 13,2011@08:44:35
MICROALBUMIN:	Not found in computer MICROALBUMIN		
CHOLESTEROL:	197	mg/dL	MAY 13,2011@08:44:38
HDL:	40	mg/dL	MAY 13,2011@08:44:38
LDL	118 H	mg/dL	MAY 13,2011@08:44:38
LDL-CHOL CALC:	Not found in computer LDL-CHOL CALCULATION		
LDL:	140 H	mg/dL	MAY 2,2006@08:06:41
TRIG:	193 H	mg/dL	MAY 13,2011@08:44:38
PSA:	0.52	ngm/ml	MAY 13,2011@08:44:37
TSH:	1.87	mIU/mL	JUL 14,2009@09:10:45

PROCEDURES:

ASSESSMENT/PLAN:
1.suspect DM II will check HbgA1c
2.hematuria
3.?? allergic diathesis trial of oral antihistamines and nasal spray
4.
5. RTC
  Influenza Immunization:
    Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.
  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PSA lab test ordered.
  BMI > 30 or > 24.99 in High Risk:
    At this visit, the health risks of obesity were reviewed and discussed with the patient, and the benefits of a weight management treatment program, such as MOVE! was discussed and offered to the patient."
    Patient Refuses referral. After discussing the health risks of obesity and offering a referral to MOVE or another weight loss program outside the VA, the patient REFUSES REFERRAL to MOVE or other weight loss program at this time.
  PNEUMOCOCCAL VACCINE:
    Patient declines Pneumococcal Vaccine.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 10:50

05/13/2011 ADDENDUM STATUS: COMPLETED
Has modest microscopic hematuria on UA.The CT scan did NOT show any concerns.Suggest he have repeat UA in 3 months an if still having hematuria then would get GU consult.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 13:52

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Receipt Acknowledged By:
05/13/2011 13:54 /es/ Elma Fletcher
RN, BSN

05/13/2011 ADDENDUM STATUS: COMPLETED
Contacted pt and informed of CT results and recommendation to repeat UA in 3 months (can do this at Liberal clinic). Pt verbalized understanding.

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 13:58

05/17/2011 ADDENDUM STATUS: COMPLETED
Per PCP request, contacted pt to discuss hyperlipidemia and diabetes. Pt states that he normally follows a very healthy diet but "fell off the wagon" the last few weeks. He does not believe he has diabetes and states that he and his wife do not believe in taking medications; they are into natural foods and herbals. Discussed that A1c is a 90 day average of blood glucose. Pt would like to repeat lab work in 3 months. Also, mentioned glucometer; pt indicated that his wife may have a meter that he can use (was given to them by someone who was a diabetic and was able to discontinue medication). Pt also states that he usually has blood in his urine during most of his physicals. Transferred pt to TA to make appt in 3 months.

/es/ Elma Fletcher
RN, BSN
Signed: 05/17/2011 09:08

Receipt Acknowledged By:
05/17/2011 09:23 /es/ Russell F Burns M D
physican
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 13, 2015	INFORMED CONSENT DISCUSSION (ICT)	Consent Document			AMARILLO HCS		Yes	VistA	AMA

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Notes ~ INFORMED CONSENT DISCUSSION (ICT)

LOCAL TITLE: INFORMED CONSENT DISCUSSION (ICT)
STANDARD TITLE: CONSENT
DATE OF NOTE: AUG 13, 2015@14:02:40 ENTRY DATE: AUG 13, 2015@14:03:49
AUTHOR: AHMED,SYED H EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Signature Informed Consent for
GROIN - HERNIA INGUINAL (OPEN) (HERNIA INGUINAL (OPEN))
1. Anatomical Location: Repair of right inguinal hernia
2. Informed consent was obtained at 2:03 PM on August 13, 2015.
The full consent document can be accessed through Vista Imaging.
3. Patient name: HOPKINS, MARSHALL HUGH
4. The patient HAS decision-making capacity.
5. Surrogate (if applicable):
6. Reason for the treatment (diagnosis, condition, or indication):
This procedure is performed in patients with an inguinal hernia (an abnormal bulge in the groin area, due to a weakness in the abdominal wall).

7. Treatment/procedure: The goal of this procedure is to surgically repair an inguinal hernia (the intestines push through a weak spot on the inguinal canal, a triangle-shaped opening in the abdominal wall near the groin).

During the operation, the surgeon makes an incision (cut) in the groin. The segment of intestine that is bulging through the abdominal wall is located and placed back into the abdominal cavity. Next, the muscle and fascia (a sheet of tissue that envelops or binds soft body structures together) are stitched closed to repair the opening in the abdominal wall. Often, a piece of plastic mesh is used to reinforce the closure.
Once the hernia repair is performed, the surgeon closes the incision in layers and places a dressing over the surgical site.

8. Anesthesia will be administered.
9. Consent to Blood Products (if applicable):
It is not expected that blood products will be used in this treatment/procedure.
10. Practitioner obtaining consent: Ahmed,Syed H (PHYSICIAN)
11. Supervising practitioner:
12. Practitioner(s) performing or supervising treatment/procedure (if not listed above):
13. Witness Name(s):

14. Comments:
Tissues removed during the course of this treatment/procedure will be disposed of in accordance with hospital procedures.

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 08/13/2015
by: BGP PSEUDOUSER

1

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	NURSING DISCHARGE	Nurse Discharge summary	WALKER,KATHY LYNN		MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ NURSING DISCHARGE

```
     LOCAL TITLE: NURSING DISCHARGE
STANDARD TITLE: NURSING DISCHARGE NOTE
DATE OF NOTE: SEP 18, 2015@11:59     ENTRY DATE: SEP 18, 2015@11:59:18
      AUTHOR: WALKER,KATHY LYNN    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

NURSING DISCHARGE NOTE:

Discharge Date/Time: Sep 18,2015@11:30
DISPOSITION:    Morgue

 Accompanied by:  N/A


 Mode of Transportation:  Stretcher

 Referral Service:  None


Last Vitals:
Measurement DT    TEMP          PULSE   RESP        BP
                  F(C)
09/18/2015 04:00  103(39.4)     111     20          111/59

Measurement DT    PAIN

09/18/2015 04:00  Unable to Respond

 Mobility and Functioning Status: N/A


 ADL: N/A

 Bowel Function:  N/A
 Last BM,

 Bladder Function:  N/A

 Mental Status: N/A

 Aware of surroundings and relates to environmental stimuli,
 N/A (If no, describe behavior exhibited)


MEDICATIONS PRESCRIBED: Expired
 Patient/family indicates an understanding of medication effects,
 side effects, and how to contact healthcare provider if questions
 arise.  N/A

PAIN INSTRUCTIONS:
 Information provided about managing pain at home and how to contact
 health care provider if pain plan is not effective was given to -
 N/A

SKIN CONDITION:

 Braden Risk Score Assessment: (Patients with a total score of 18 or
 less are considered to be at risk for developing pressure ulcers)

 SENSORY:     N/A
 MOISTURE:    N/A
 ACTIVITY:    N/A
 MOBILITY:    N/A
 NUTRITION:   N/A
```


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```
 FRICTION:    N/A
 TOTAL SCORE: n/a

Scale: 15-18       = low risk
       13-14       = moderate risk
       12 or less  = high risk
(Notify ET Nurse for scores less than 12)

Morse Fall Scale:

1.  History of falling; immediate or within 3 months - (no = 0, yes = 25)
    Score = 0
2.  Secondary diagnosis -  (No = 0, yes = 15)
    Score = 0
3.  Ambulatory aid - (None, bedrest, wheelchair, nurse = 0) Crutches,
    cane walker = 15; Furniture = 30)
    Score = 0
4.  IV/Heparin Lock - (no = 0, yes = 20)
    Score = 0
5.  Gait/Transferring - (Normal, bedrest, immobile = 0; weak = 10;
    Impaired = 20)
    Score = 0
6.  Mental Status - (Oriented to own ability = 0; Forget limitations = 15)
    Score = 0

Total Score =  0

Risk Level/Intervention Required:   0-24 points    No Risk     No
additional intervention

 Dressing Education and Instructions Given To:
    N/A

 Appliance/Equipment Education and Instructions Given To:
    N/A

 Follow-Up Appointments:
 Appointments  are listed on the physician discharge instruction
 sheet. These were discussed and given to     N/A

 Heart Failure: Discharge instruction brochure given -
 NO

 Diet and Weight Instructions:  Patient's diet and weight education and
 instructions were discussed and given to-   N/A.
 Specific diet and weight instructions include:
MDRO Swab Done? -
Yes -

/es/ KATHY LYNN WALKER
RN
Signed: 09/18/2015 12:02
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 15, 2008	PHYSICAL THERAPY DAILY NOTE	Physical medicine and rehab Note	EHLY,DEBRA A	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PHYSICAL THERAPY DAILY NOTE

```
     LOCAL TITLE: PHYSICAL THERAPY DAILY NOTE
STANDARD TITLE: PHYSICAL MEDICINE REHAB NOTE
DATE OF NOTE: SEP 15, 2008@16:12     ENTRY DATE: SEP 15, 2008@16:12:40
      AUTHOR: EHLY,DEBRA A         EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

REHAB DIAGNOSIS:  sprain of lateral collateral ligament of knee  INITIAL EVAL
DATE:
TREATMENT NUMBER:  1 OF 1

PATIENT STATUS: Outpatient
PHYSICAL THERAPY PROGRESS NOTE:

MODALITIES:



PROCEDURES:
ORTHOTIC FITTING/TRAINING EA 15 MIN X 1

/es/ DEBRA A EHLY
PHYSICAL THERAPIST
Signed: 09/15/2008 16:13
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	Addendum to DEATH PRONOUNCEMENT		GIBSON,GRIFFIN FRAZER		3-SICU			VistA	MEM

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Notes ~ Addendum to DEATH PRONOUNCEMENT

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 18, 2015@10:57     ENTRY DATE: SEP 18, 2015@10:57:58
      AUTHOR: GIBSON,GRIFFIN FRAZ  EXP COSIGNER: MINARD,GAYLE
     URGENCY:                          STATUS: COMPLETED

Family has requested autopsy at this time.

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 10:59

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:53

==========================================================================

 --- Original Document ---

09/18/15 DEATH PRONOUNCEMENT:
I have identified the patient by first name, last name and Social Security
number. Patient's code status at the time of death was DNR - Do Not Resuscitate
The attending physician of record is Gayle Minard and
the attending physician has been notified

This patient does not respond to verbal or tactile stimuli.  There is no
carotid pulse. There are no respirations. The pupils are fixed, midline and do
not respond to light. I have listened for a heartbeat and observed for
respirations for at least 1 minute.  There is no heartbeat and no respirations.

Date and time of death: Sep 18,2015@08:38
Name of person contacted:HOPKINS,DARLENE R
The Family/NOK or concerned individual contacted? Yes contact made with spouse



The family declines an autopsy

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 09:44

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:52

09/21/2015 ADDENDUM                    STATUS: COMPLETED
seen and examined patient with resident, agree with pronouncement.

/es/ GAYLE MINARD
MD
Signed: 09/21/2015 12:52
 0
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 26, 2015	NURSING ADMISSION SCREENING	Nurse Admission evaluation note	ALMAGER,MIRANDA L	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING ADMISSION SCREENING

```
     LOCAL TITLE: NURSING ADMISSION SCREENING
STANDARD TITLE: NURSING ADMISSION EVALUATION NOTE
DATE OF NOTE: AUG 26, 2015@23:19     ENTRY DATE: AUG 26, 2015@23:19:44
      AUTHOR: ALMAGER,MIRANDA L    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

ALCOHOL SCREENING (AUDIT C)
```


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How often did you have a drink containing alcohol in the past year? Never (0 points)

How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? 0 drinks (o points)

How often did you have six or more drinks on one occasion in the past year? Never (0 points)

Total score of above questions: 0

DRUG USE SCREENING

In the last 6 months, have you used any illegal drugs or misused any prescription medications?
NO

MENTAL STATUS SCREENING
Is the patient threatening to hurt or kill self?
No
Is the patient looking for ways to kill self; seeking access to pills, weapons or other means?
No
Is the patient talking or writing about death, dying or suicide?
No
Does the patient have concerns about hospitalization? No
If yes, please explain:

Does the patient have trouble sleeping? No
If yes, please explain:

Does the patient have any fears about this admission or the treatment plan? No
If yes, please explain:

Does the patient have family or friends for emotional support? Yes

What usually helps the patient relieve stress? uses mental relaxation, work

Affect: appropriate

Mood: calm

Behavior: cooperative, friendly

Thought process: organized

TOBACCO SCREENING
Patient has not used any forms of tobacco in the past 30 days.

NUTRITIONAL/METABOLIC SCREENING
The patient has the following nutritional/metabolic issues:
No problems identified.
ORAL SCREEN

Patient:
has own natural teeth
DYSPHAGIA SCREENING

Dysphagia Risk Factors:
No problems identified
Swallowing Status Screen:
No abnormality observed

ADVANCE DIRECTIVE SCREENING
Patient has an advance directive and it is scanned into record. (see postings)

Does the advance directive still reflect the patient's wishes?
Yes

ORGAN/TISSUE DONATION
Patient is an organ/tissue donor.

OBSERVATION FOR ABUSE/NEGLECT

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Does the patient have unaccounted for bruises or other trauma?
No
Is the patient's hygiene adequate?
No - social work consult placed.
Does the patient seem fearful or withdrawn around caregiver?
No

INFLUENZA SCREEN
Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.

/es/ MIRANDA LIN HUGHES
RN
Signed: 08/26/2015 23:33

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 18, 2007	PRIMARY CARE NP (T)(S)	Primary care Note	SEGARRA,ORLANDO		AMARILLO HCS			VistA	AMA

Notes ~ PRIMARY CARE NP (T)(S)

LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: MAY 18, 2007@09:42 ENTRY DATE: MAY 18, 2007@09:43
AUTHOR: SEGARRA,ORLANDO EXP COSIGNER:
URGENCY: STATUS: COMPLETED

SUBJECTIVE: This is a 63 year old male ambulatory to Primary Care for f/u neck and back pains. Denied any chest pains or SOB. No nausea, vomiting, diarrhea or constipation. Denied any smoking or ETOH since 1972. No new problems voiced today.

PAST MEDICAL HISTORY:
1. MVA 1991 - neck/back injuries
2. Fibromyalgia
3. Tick (right side of face)
4. Histoplasmosis
5. Hyperlipidemia
6. Hematuria
7. Cerumen impaction

PHYSICAL EXAM:
VITALS: TEMP: 97.9 F [36.6 C] (05/18/2007 08:21)
PULSE: 75 (05/18/2007 08:36)
RESP: 20 (05/18/2007 08:21)
B/P: 118/80 (05/18/2007 08:36)
WT: 203.5 lb [92.5 kg] (05/18/2007 08:21)
HT: 74 in [188.0 cm] (05/02/2006 09:55)
PAIN: 0 (05/18/2007 08:21)

HEENT: Normocephalic, PEARRL, External ears normal, TM's pink no lesions, Oropharynx pink moist no lesions, Neck supple no cervical adenopathy, Thyroid mid-line no enlargement, No JVD or Bruit. Nose beefy red and swelling.
LUNGS: CTAB, No rales, ronchi, wheezing or Hemoptysis.
HEART: RRR No murmur, gallop or rub.
ABD: Soft NTND, Positive bowel sounds, No Organomegaly.
RECTAL: Deferred.
EXT: No peripheral edema, Peripheral pulses 2+.
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

No Medications Found

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LABS:
SODIUM: 138 meq/L MAY 18,2007@07:16:59
POTASSIUM: 3.9 meq/L MAY 18,2007@07:16:59
BUN: 10 mg/dL MAY 2,2006@08:06:41
CREATININE: 1.0 mg/dL MAY 2,2006@08:06:41
GLUCOSE: 123 H mg/dL MAY 2,2006@08:06:41
AST: 35 IU/L MAY 18,2007@07:16:59
ALT: 33 IU/L MAY 18,2007@07:16:59
ALK. PHOS.: 61 IU/L MAY 18,2007@07:16:59
GGTP: 19 IU/L MAY 18,2007@07:16:59
T. BILIRUBIN: 1.3 H mg/dL MAY 18,2007@07:16:59
WBC: 5.8 K/cumm MAY 18,2007@07:16:58
HGB: 15.4 gm/dL MAY 18,2007@07:16:58
HCT: 45 % MAY 18,2007@07:16:58
CHOLESTEROL: 174 mg/dL MAY 18,2007@07:16:59
HDL: 31 L mg/dL MAY 18,2007@07:16:59
LDL 119 mg/dl MAY 18,2007@07:16:59
TRIG: 120 mg/dL MAY 18,2007@07:16:59
PSA: 0.49 ngm/ml MAY 18,2007@07:16:59
TSH: 1.750 mIU/mL MAY 18,2007@07:16:59

ASSESSMENT/PLAN:
1. Chronic neck and back pains: will refer to case manager for Chiropractor care.
2. Hyperlipidemia: counseled pt about diet changes and exercise activity.
3. Cerumen impaction: pt does not want removal or irrigation today, pt states his wife will clean them.
4. Allergic Rhinitis: refused treatment. Advice natural remedies.
5. RTC in 12 months with labs prior, and PRN if needed.

/es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
FAMILY NURSE PRACTITIONER
Signed: 05/18/2007 09:50

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 23, 2012	AMBULATORY CARE NOTE	Primary care Note	KADAKIA,BHADRESH K	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ AMBULATORY CARE NOTE

LOCAL TITLE: AMBULATORY CARE NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: AUG 23, 2012@08:00 ENTRY DATE: AUG 23, 2012@17:53:36
AUTHOR: KADAKIA,BHADRESH K EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** AMBULATORY CARE NOTE Has ADDENDA ***

PATIENT NAME: HOPKINS, MARSHALL H

DATE: 08/23/2012

SUBJECTIVE: The patient reports today earlier than his annual followup. The patient was last seen in April 2012. Reported depression and wanted it to be evaluated. The patient has a depression listed as a service-connected disability. Discussed about his other chronic comorbidities, as well, at the current interview.

PAST MEDICAL HISTORY: Reviewed.

CURRENT MEDICATIONS:
1. Cholecalciferol.
2. Ergocalciferol.
3. Cyanocobalamin injections.

ALLERGIES: Patient is not known to have allergy to prescription medications.

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REVIEW OF SYSTEMS: Negative for most systems.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 97.9, pulse 70. Respiratory rate is 18, blood pressure 142/90. Weight is 207 pounds. Pain is 4/10, 10 being the worst pain on a scale of 10, pulse oximetry 96% on room air. BMI is 28.
GENERAL: Alert, oriented x3, cooperative, in no acute distress.
ABDOMEN: Soft and nontender. Bowel sounds heard.
EXTREMITIES: No pedal edema.
NEUROLOGIC: Cranial nerves II through XII normal. Strength 5/5. Balance and gait normal. Sensation preserved.

ASSESSMENT AND PLAN:
1. Depression. Ran Patient Health Questionnaire-9 (PHQ9) questionnaire. Patient reported weired dreams recently and, hence, introduced patient to the Mental Health social worker for definitive management.
2. Vitamin B12 deficiency. The patient received vitamin B12 injection at the clinic, and we agreed to take on a once-a-week basis for a total of 18 more injections.
3. Vitamin D deficiency. As the patient did not have any financial obligation, gave not only ergocalciferol but also cholecalciferol through the Veterans Affairs (VA).
4. Patient consistently refusing preventive vaccines of influenza (flu) and pneumonia, colorectal cancer screening. Patient is refusing also treatment for diabetes mellitus type 2 and dyslipidemia. Offered patient to get started on aspirin for stroke and heart protection, which was also refused by the patient. Patient to be followed up as needed.

54758054/2110478(08/23/2012 10:11:30)43267466
D: 08/23/2012 09:58:24 T: 08/23/2012 10:11:30
$END

/es/ BHADRESH K KADAKIA
physician
Signed: 08/24/2012 06:46

10/24/2012 ADDENDUM STATUS: COMPLETED
Please call and inform about the following plan of action, thanks

"Mr. Hopkins stated his main concern is that he is "tired of being tired." He reports waking up tired and not having energy throughout the day. He stated he doesn't have any difficulty falling asleep but he does wake up several times throughout the night. He reports he wakes up because he is snoring or quits breathing. Per Mr. Hopkins, his wife has also commented on his snoring."

PLAN - CAN YOU RUN EPWORTH SEEPYNESS SCALE THROUGH TELEPHONE ENCOUNTER? AND THEN ON THE BASIS OF THE SCORE SLEEP STUDY CAN BE ORDERED.

/es/ BHADRESH K KADAKIA
physician
Signed: 10/24/2012 11:14

Receipt Acknowledged By:
10/24/2012 13:20 /es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 30, 2008	PHYSICAL THERAPY DAILY NOTE	Physical medicine and rehab Note	NICHOLSON,R KEVIN		AMARILLO HCS			VistA	AMA

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Notes ~ PHYSICAL THERAPY DAILY NOTE

```
     LOCAL TITLE: PHYSICAL THERAPY DAILY NOTE
STANDARD TITLE: PHYSICAL MEDICINE REHAB NOTE
DATE OF NOTE: MAY 30, 2008@15:39     ENTRY DATE: MAY 30, 2008@15:39:39
      AUTHOR: NICHOLSON,R KEVIN    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

REHAB DIAGNOSIS:  Cervical pain  INITIAL EVAL DATE: May 30,2008

PATIENT STATUS: Outpatient
PHYSICAL THERAPY PROGRESS NOTE:  Pt seen for PT Eval this date. Refer to eval
document for details.



PROCEDURES:
PHYSICAL THERAPY EVALUATION

/es/ R. Kevin Nicholson
PT
Signed: 05/30/2008 15:40
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	INVASIVE PROCEDURE	Procedure note	PAULUS,ELENA M	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ INVASIVE PROCEDURE

```
     LOCAL TITLE: INVASIVE PROCEDURE
STANDARD TITLE: PROCEDURE NOTE
DATE OF NOTE: SEP 17, 2015@10:35     ENTRY DATE: SEP 17, 2015@10:35:53
      AUTHOR: PAULUS,ELENA M       EXP COSIGNER: MATHEW,ALEXANDER
     URGENCY:                          STATUS: COMPLETED

   *** INVASIVE PROCEDURE Has ADDENDA ***

                                     INVASIVE PROCEDURE NOTE

TYPE OF PROCEDURE:Other (type below)PA catheter

Yes  Patient Identity:  Two (2) identifiers: Patient
name and SSN, birthday, or other VA-approved identifier

Yes  Consent Form: Confirm patient, procedure,
side/site, reason

Yes  Procedure: Procedure name and description

Yes  Side/Site: Confirm laterality, surgical site
marked (visible after draping) and/or special purpose
wristband verified

Yes  Imaging (as applicable): Two (2) members
confirm imaging studies are available and properly
labeled and presented.

Yes  Allergies: Confirm allergies

Yes  Specialty or Unit Specific Element: Include
specific directions regarding other checklist elements such
as implants, patient position, cultures, special equipment, etc.

SIDE ON WHICH PROCEDURE WAS PERFORMED:left

INDICATION FOR PROCEDURE:Monitoring

DESCRIPTION OF PROCEDURE AND FINDINGS:
PA catheter wedged at 50cm, stat pCXR ordered post
procedure
```


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POST PROCEDURE:
Post procedural X-Ray:YES
Post Procedure Specimens:NOT APPLICABLE
Vital Signs Stable:NO

TIME OUT done at:

TEAM MEMBERS PRESENT:
  Providers:
Elena Paulus Lamb
Gayle Minard

  Anesthesia:

  Nurse(s):

  Tech(s):

COMPLICATIONS:
Procedure tolerated, no complications

Prior to procedure, the operative/procedure team members verbally confirmed:
     Correct patient identity (2 identifiers)
     Correct operation/procedure to be performed
     Correct operative/procedure site/side
     Correct consent form
     Correct position
     Correct imaging labeled and displayed
     Correct implant(s) available, if applicable
     Special equipment available, if applicable
     Allergies confirmed

COMMENTS:

/es/ elena m PAULUS
resident physician
Signed: 09/17/2015 10:37

/es/ ALEXANDER MATHEW
SURGEON
Cosigned: 09/17/2015 11:16

09/17/2015 ADDENDUM STATUS: COMPLETED
TEACHING PHYSICIAN ATTESTATION

I was present in the room and supervising the housestaff during the placement of the PA catheter.

/es/ ALEXANDER MATHEW
SURGEON
Signed: 09/17/2015 11:16

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 08, 2013	MHS-GENERAL NOTE (NON-S.O.A.P.)	Mental health Note	HARRIS,HEATHER R	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ MHS-GENERAL NOTE (NON-S.O.A.P.)

```
     LOCAL TITLE: MHS-GENERAL NOTE (NON-S.O.A.P.)
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: APR 08, 2013@15:04     ENTRY DATE: APR 08, 2013@15:04:30
      AUTHOR: HARRIS,HEATHER R     EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Mr. Hopkins was seen for 60 minutes to address depression.  He was last seen in
this clinic on 10/24/12.  He stated he continues to struggle with sleep issues
despite having a sleep study and starting on the CPAP.  Mr. Hopkins also reports
lack of motivation, loss of interest in activities, and emotional numbing.  He
feels like he has ran out of dreams and has accomplished everything he wants to
accomplish.  He is struggling with finding a purpose in life.  He stated he is
volunteering and finds that to be rewarding and also likes to study religion.
He is working but does not enjoy what he is doing.  He stated he has retired in
the past and doesn't like not having a job.  He does not relate his purpose with
his family saying "they're doing fine on their own."

Mr. Hopkins stated he wants to know why he is depressed.  Provided information
to veteran regarding depression, however; he appeared fixated on wanting to know
the exact cause of his depression.

Impressions:
Appearance: dress appropriately with good hygiene
Behavior: Appropriate.
Speech: normal rate and volume
Mood: depressed
Affects: dysthymic
Thought processes: coherent and logic.
Thought content: No delusion.
Suicidal ideation: thoughts, no plan or intent
Homicidal ideation: No
Cognition: alert and oriented.
Insight: fair.
Judgment: good

Dx:
MDD, recurrent

Plan: F/U on 4/24/13.

/es/ Heather R Harris, LCSW
Licensed Clinical Social Worker
Signed: 04/08/2013 15:13
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	OPERATION REPORT	Surgical operation note	PAULUS,ELENA M	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ OPERATION REPORT

```
     LOCAL TITLE: OPERATION REPORT
STANDARD TITLE: OPERATIVE REPORT
   DICT DATE: SEP 17, 2015          ENTRY DATE: SEP 17, 2015@02:11:32
     SURGEON: PAULUS,ELENA M         ATTENDING: VERA,SANTIAGO RAFAEL
     URGENCY: routine                   STATUS: COMPLETED
     SUBJECT: Case #: 141470


DATE OF OPERATION: September 17, 2015

PREOPERATIVE DIAGNOSIS:  Ischemic bowel.

POSTOPERATIVE DIAGNOSIS:  Necrotic, gangrenous small bowel.

OPERATION PERFORMED:
1.  Exploratory laparotomy.
2.  Small bowel resection.
3.  Temporary abdominal closure.
```


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4. Left ultrasound-guided internal jugular (IJ) central line placement.

SPECIMENS OBTAINED:
1. Peritoneal fluid sent for Gram stain and sensitivities.
2. Small bowel.

ANESTHESIA: General endotracheal anesthesia.

ATTENDING SURGEON: Santiago Vera, MD

RESIDENT SURGEONS:
1. Elena Paulus, MD
2. Zachary Stiles, MD

INDICATIONS FOR OPERATION: 72-year-old male who presented with the onset of coffee ground emesis, melena, abdominal pain. On physical examination, he had findings consistent with peritonitis, and on workup he was found to have a lactic acidosis, as well as free air underneath his diaphragm on imaging, with dilated loops of bowel. After the risks, benefits, and alternatives of surgery were discussed in detail with the patient and with his wife, he was taken emergently to the Operating Room. He was on 50 mcg of Levophed en route to the Operating Room.

OPERATIVE PROCEDURE IN DETAIL: The patient was brought to the Operating Room, placed in the supine position. General endotracheal anesthesia was then induced per Anesthesia. He received antibiotics with Cipro and Flagyl, and the patient's abdomen was then prepped and draped in the standard sterile fashion. A time out was performed according to protocol.

The operation began with a midline incision, with a #10 blade from below the xiphoid process to below the umbilicus. Dissection continued down through the subcutaneous tissue with the Bovie electrocautery. The abdomen was then entered sharply and then it was opened the length of the incision with the Bovie electrocautery.

Upon entering the abdomen, there was noted to be a frankly necrotic, dead, gangrenous small bowel. The proximal portion of the small bowel was spared and there was 120 cm of pink, small bowel that was healthy from the ligament of Treitz, and then afterwards there was frankly necrotic areas for the remaining of the small bowel. The Doppler was used and there was a pulse that was detected within the superior mesenteric artery. Afterwards, at the point of frankly necrotic bowel, the point of transection was demarcated with the hemostat and then a GIA-55 stapler was used in order to transect the small bowel. Just proximal to the ileocecal valve, the point of distal transection was also demarcated and a GIA stapler was used in order to divide this portion of the bowel. Next, the LigaSure was used in order to divide the mesentery and then the small bowel was sent off as a specimen. At this point, inspection continued and there was noted to be no perforation in the duodenum, stomach, and the lesser sac was entered and there was noted to be no perforation in the posterior wall of the stomach. The bladder appeared very shriveled and irregular appearing. The area of the plug mesh in the patient's right groin was identified. The abdomen was then irrigated with normal saline and then a temporary cassette cover was sewn to the skin with a PDS suture. Kerlix, ABD pads, and an abdominal binder were then placed on the patient's abdomen.

Next, the patient's left neck was then prepped and draped in the sterile fashion, and using an ultrasound-guided technique, a left IJ Cordis catheter was then placed using sterile Seldinger technique. It was placed on the first stick. Subsequently, the Cordis catheter was threaded through. The patient then was transferred to the Surgical ICU in critical condition on Levophed as well as Neo-Synephrine.

Attending physician, Dr. Santiago Vera, was present and scrubbed throughout all critical portions of this operation, with an attending level of involvement B.

The patient's wife was discussed with at the end of this operation, the critical nature of the patient's state, and the

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critical operative findings.

Date Transcribed: 09-17-15
Date Dictated: 09-17-15
JOB#:370899
eal:VMTS

/es/ elena m PAULUS
resident physician
Signed: 09/18/2015 17:01

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/18/2015 21:42

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	RESPIRATORY	Respiratory therapy Note	GOREE,GLORIA	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ RESPIRATORY

```
     LOCAL TITLE: RESPIRATORY
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@20:17     ENTRY DATE: SEP 17, 2015@20:17:14
      AUTHOR: GOREE,GLORIA         EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Breath Sounds:
Pre-Therapy:
CTA
Post Therapy:
CTA
     Before      After
HR:    119        120
RR:    22         23
System Assessment:
Oxygen Saturation 100%  in conjunction with respiratory treatment
Cough: Non-Productive,
 Comments:
Suctioning: Endotracheal
 Comments (indicate any adverse reactions):
Secretion Status:
 Amount: small
 Consistency: thin
 Appearance: brown
 Odor-
 Comments:
Adverse Reaction:(if yes specify)  no
Mechanical Ventilation Status:
Face Mask Ventilation: If YES you MUST answer the Skin Integrity AND Action
Plan Section
No
Mode/other info: SIMV
Other
Set Rate:20
Set Tidal Volume:  600mL
Set Fi02: 50%
Set PEEP: 5 cmH20
Set Pressure Support: 10
Set Pressure Control: 0
I:E Ratio:        1:2.3
Low Volume Alarm:  200 mL
High Pressure Limit Alarm:  40
Low Pressure Limit Alarm:    0
Plateau: 18 Peak Inspiratory Pressure:26
Exhaled Tidal Volume 769L
Exhaled Minute Volume 12.5L
Patient Respiratory Rate 23
Low Peep Alarm: 0
Alarms checked: Yes
Alarms functioning properly: Yes
Ventilator circuit temperature:  hme
Cuff Pressure: mlt cmH20
ETT Secured@: 24cm
ETT Size: 8 FR
Serial #: 614 EE26971
Comments:
Head of Bed elevated when Respiratory Therapist entered patient room?
Yes
Head of Bed elevated when Respiratory Therapist departed patient room?
Yes

/es/ GLORIA GOREE RRT
Registered Respiratory Therapist
Signed: 09/17/2015 20:24
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 01, 2015	NURSING NOTE	Nurse Note	CUMMINGS,VICKY L	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING NOTE

```
     LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: SEP 01, 2015@11:23     ENTRY DATE: SEP 01, 2015@11:25:29
      AUTHOR: CUMMINGS,VICKY L     EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Order to remove staples. Surgical wound site cleansed with CarraKlenz dermal
wound cleanser. Patient had "natural ointment" covering wound/staples; he stated
that his wife had been putting on incision. Staples removed. Benzoin spray
applied. Staples removed and steri-strips placed where indicated. Steri-strips
were adhered to wound. Pt tolerated procedure well without complaint. Pt
teaching provided regarding steri-strips, hygiene and wound site care, infection
control, activity level and restrictions. Pt verbalized understanding of all
information presented, expressing intent to comply.

/es/ VICKY L CUMMINGS
LVN
Signed: 09/01/2015 11:33
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	NURSE INTRAOPERATIVE REPORT	Surgery Nurse Surgical operation note	ELZIE,JOHN N	Nursing Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ NURSE INTRAOPERATIVE REPORT

```
     LOCAL TITLE: NURSE INTRAOPERATIVE REPORT
STANDARD TITLE: SURGERY NURSING OPERATIVE NOTE
DATE OF NOTE: SEP 17, 2015@00:25     ENTRY DATE: SEP 17, 2015@02:11:32
      AUTHOR: ELZIE,JOHN N         EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED
     SUBJECT: Case #: 141470

Operating Room:  OR4                    Surgical Priority: EMERGENCY

Patient in Hold: NOT ENTERED            Patient in OR:  SEP 17, 2015  00:25
Operation Begin: SEP 17, 2015  00:42    Operation End:  SEP 17, 2015  01:57
                                        Patient Out OR: SEP 17, 2015  02:11

Major Operations Performed:
Primary: EXPLORATORY LAPAROTOMY, WITH BOWEL RESECTION

Wound Classification: CLEAN/CONTAMINATED
Operation Disposition: ICU
Discharged Via: ICU BED

Primary Surgeon: PAULUS,ELENA M         First Assist: STILES,ZACHARY E
Attending Surgeon: VERA,SANTIAGO RAFAEL Second Assist: N/A
Anesthetist: ANDREWS,JEREMY BRADLEY     Assistant Anesth: N/A

OR Support Personnel:
  Scrubbed                              Circulating
  PEELER,EBONY MONIQUE (FULLY TRAINED)  ELZIE,JOHN N (FULLY TRAINED)

Preop Mood:       RELAXED               Preop Consc:    ANESTHETIZED
Preop Skin Integ: FRAGILE               Preop Converse: N/A
```


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--- Time Out Checklist ---
Confirm Correct Patient Identity: YES
Confirm Procedure To Be Performed: YES
Confirm Site of the Procedure, Including Laterality: YES
Confirm Valid Consent: YES, PAPER
Confirm Patient Position: YES
Confirm Procedure Site has been Marked Appropriately and that the Site of the
Mark is Visible After Prep and Draping: YES
Pertinent Medical Images Have Been Confirmed: N/A
Correct Medical Implant(s) is Available: NOT APPLICABLE
Availability of Special Equipment: YES
Appropriate Antibiotic Prophylaxis: YES
Appropriate Deep Vein Thrombosis Prophylaxis: YES
Blood Availability: YES
Checklist Comment: NO COMMENTS ENTERED

Time-Out Document Completed By: ELZIE,JOHN N
Time-Out Completed: SEP 17, 2015@00:41

Skin Prep By: PAULUS,ELENA M Skin Prep Agent: CHLORAPREP

Preop Surgical Site Hair Removal by: STILES,ZACHARY E
Surgical Site Hair Removal Method: CLIPPER
Hair Removal Comments: NO COMMENTS ENTERED

Surgery Position(s):
SUPINE Placed: N/A

Restraints and Position Aids:
SAFETY STRAP Applied By: N/A

Electrocautery Unit: 60407
ESU Coagulation Range: 0-40
ESU Cutting Range: 0-40
Electroground Position(s): RIGHT ANT THIGH

Material Sent to Laboratory for Analysis:
Specimens:
1. SMALL BOWEL
Cultures:
1. PERITONEAL FLUID

Anesthesia Technique(s):
GENERAL (PRINCIPAL)

Tubes and Drains:
FOLEY 16fr

Thermal Unit:
BAIR LOWER, 60340, UPPER 60348 Temperature: 43
Time On: SEP 17, 2015 00:30 Time Off: N/A

Medications:
GENTAMICIN INJ 80MG/2ML
BACITRACIN 50,000 UNITS INJ,IRR.

Irrigation Solution(s):
BACITRACIN SOLUTION

Possible Item Retention: YES
Sponge Final Count Correct: YES
Sharps Final Count Correct: YES
Instrument Final Count Correct: YES
Wound Sweep: YES
Wound Sweep Comment: NO COMMENTS ENTERED
Intra-Operative X-Ray: NO
Intra-Operative X-Ray Comment: NO COMMENTS ENTERED
Counter: PEELER,EBONY MONIQUE
Counts Verified By: ELZIE,JOHN N

Dressing: CASSETTE COVER, SEWED IN
Packing: NONE

Blood Loss: 25 ml Urine Output: 200 ml

Postoperative Mood: RELAXED
Postoperative Consciousness: ANESTHETIZED

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Postoperative Skin Integrity: FRAGILE

Sequential Compression Device: YES

Immediate Use Steam Sterilization Episodes:
   Contamination: 0
   SPS Processing/OR Management Issues: 0
   Emergency Case: 0
   No Better Option: 0
   Loaner or Short Notice Instrument: 0
   Decontamination of Instruments Contaminated During the Case: 0

Nursing Care Comments:

   72 Y/O WM received in Emergency room, intubated. NPO status unknown, no
  known allergies per family. family present. Patient identified per dual
  parameters. Patient transported to OR4 per stretcher, transferred with
  complete assistance, properly aligned and safety measures implemented.
  Time out conducted per protocol. (JNE).
  Unable to contact family @ 2436. JNE

/es/ JOHN N ELZIE
RN, NM
Signed: 09/17/2015 02:11

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 17, 2011	Addendum to PRIMARY CARE NP (T)(S)		FLETCHER,MARIA ELMA		AMA-PC AMARILLO			VistA	AMA

Notes ~ Addendum to PRIMARY CARE NP (T)(S)

     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: MAY 17, 2011@08:55:41 ENTRY DATE: MAY 17, 2011@08:55:41
      AUTHOR: FLETCHER,MARIA ELMA EXP COSIGNER:
     URGENCY: STATUS: COMPLETED

Per PCP request, contacted pt to discuss hyperlipidemia and diabetes. Pt states
that he normally follows a very healthy diet but "fell off the wagon" the last
few weeks. He does not believe he has diabetes and states that he and his wife
do not believe in taking medications; they are into natural foods and herbals.
Discussed that A1c is a 90 day average of blood glucose. Pt would like to
repeat lab work in 3 months. Also, mentioned glucometer; pt indicated that his
wife may have a meter that he can use (was given to them by someone who was a
diabetic and was able to discontinue medication). Pt also states that he usually
has blood in his urine during most of his physicals. Transferred pt to TA to
make appt in 3 months.

/es/ Elma Fletcher
RN, BSN
Signed: 05/17/2011 09:08

Receipt Acknowledged By:
05/17/2011 09:23   /es/ Russell F Burns M D
                             physican

==========

 --- Original Document ---

05/13/11 PRIMARY CARE NP (T)(S):
SUBJECTIVE: This is a 67 year old male ambulatory to Primary
Care. Routine f/u [Liberal,Ks.]concern re poor sleep habits.Goes to bed by 8pm
and arises at 5am.Seems that the main concern is nasal congestion.Uses a OTC
nasal spray called Duration.spouse does not seem terribly concerned re the
problem but does states he snores[by report].NO daytime somnulence of
consequence noted. Denies any observed hematuria/stones by hx.NO dysuria,NO

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tobacco in many yrs., has 1 time/n nocturia.

PHYSICAL EXAM:
VITALS: TEMP: 97.9 F [36.6 C] (05/13/2011 10:04)
         PULSE: 70 (05/13/2011 10:04)
         RESP: 16 (05/13/2011 10:04)
         B/P: 131/80 (05/13/2011 10:04)
         WT: 209 lb [95.0 kg] (05/13/2011 10:04)
         HT: 71.5 in [181.6 cm] (05/13/2011 10:15)
         PAIN: 0 (02/17/2011 10:12)
HEENT: no abnl noted x modest nasal conj. no bruits
LUNGS:clear to a/p
HEART:no auscl abnl.
ABD:no HSM
RECTAL:
EXT:no edema
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) NITROGLYCERIN 0.4MG SL TAB *25'S* DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 AS NEEDED FOR CHEST PAIN - IF NO RELIEF AFTER 3 CONTACT PROVIDER	ACTIVE

Medication reconciliation was completed with the patient/caregiver.

LABS: Fasting by report --ate a large amt of desserts yesterday
SODIUM: 138 meq/L MAY 13,2011@08:44:38
POTASSIUM: 4.5 meq/L MAY 13,2011@08:44:38
BUN: 12 mg/dl MAY 13,2011@08:44:38

CREATININE 5/13/11 08:44 0.74
GLUCOSE: 155 H mg/dL MAY 13,2011@08:44:38
AST: 23 IU/L MAY 13,2011@08:44:38
ALT: 22 IU/L MAY 13,2011@08:44:38
LDH: Not found in computer LDH
ALK. PHOS.: 63 IU/L MAY 13,2011@08:44:38
GGTP: 17 MAY 13,2011@08:44:38
T. BILIRUBIN: 0.9 mg/dL MAY 13,2011@08:44:38
WBC: 7.4 K/cumm MAY 13,2011@08:44:35
HGB: 15.3 gm/dL MAY 13,2011@08:44:35
HCT: 45.0 % MAY 13,2011@08:44:35
MICROALBUMIN: Not found in computer MICROALBUMIN
CHOLESTEROL: 197 mg/dL MAY 13,2011@08:44:38
HDL: 40 mg/dL MAY 13,2011@08:44:38
LDL 118 H mg/dL MAY 13,2011@08:44:38
LDL-CHOL CALC: Not found in computer LDL-CHOL CALCULATION
LDL: 140 H mg/dL MAY 2,2006@08:06:41
TRIG: 193 H mg/dL MAY 13,2011@08:44:38

PSA: 0.52 ngm/ml MAY 13,2011@08:44:37
TSH: 1.87 mIU/mL JUL 14,2009@09:10:45

PROCEDURES:

ASSESSMENT/PLAN:
1.suspect DM II will check HbgA1c
2.hematuria
3.?? allergic diathesis trial of oral antihistamines and nasal spray
4.
5. RTC
  Influenza Immunization:
    Patient refused the influenza vaccine. Patient was advised of risks
    and benefits of influenza vaccine.
  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PSA lab test ordered.
  BMI > 30 or > 24.99 in High Risk:
    At this visit, the health risks of obesity were reviewed and discussed
    with the patient, and the benefits of a weight management treatment
    program, such as MOVE! was discussed and offered to the patient."
    Patient Refuses referral. After discussing the health risks of

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obesity and offering a referral to MOVE or another weight loss program
outside the VA, the patient REFUSES REFERRAL to MOVE or other weight
loss program at this time.
PNEUMOCOCCAL VACCINE:
Patient declines Pneumococcal Vaccine.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 10:50

05/13/2011 ADDENDUM STATUS: COMPLETED
Has modest microscopic hematuria on UA.The CT scan did NOT show any concerns.Suggest he have repeat UA in 3 months an if still having hematuria then would get GU consult.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 13:52

Receipt Acknowledged By:
05/13/2011 13:54 /es/ Elma Fletcher
RN, BSN

05/13/2011 ADDENDUM STATUS: COMPLETED
Contacted pt and informed of CT results and recommendation to repeat UA in 3 months (can do this at Liberal clinic). Pt verbalized understanding.

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 13:58

05/17/2011 ADDENDUM STATUS: COMPLETED
As discussed in the visit last Friday he DOES have diabetes based on his ^ FBS and HbgA1c of 8.5%.He needs to restrict his carbohydrate intake, exercise daily, and start meds as rx incld. metformin 500mg bid and his cholesterol is too high for a diabetic so will rx pravastatin 40mg daily at bedtime.

/es/ Russell F Burns M D
physican
Signed: 05/17/2011 08:12

Receipt Acknowledged By:
05/17/2011 08:34 /es/ Elma Fletcher
RN, BSN
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Dec 31, 2009	OUTSIDE RECORDS-NEUROLOGY	Report	PANTOJA,ALBERT		AMARILLO HCS		Yes	VistA	AMA

Notes ~ OUTSIDE RECORDS-NEUROLOGY

LOCAL TITLE: OUTSIDE RECORDS-NEUROLOGY
STANDARD TITLE: SCANNED REPORT
DATE OF NOTE: DEC 31, 2009 ENTRY DATE: JAN 15, 2010@14:21:34
AUTHOR: PANTOJA,ALBERT EXP COSIGNER:
URGENCY: STATUS: COMPLETED

VistA Imaging - Scanned Document
See Vista Imaging for scanned document.
OUTSIDE BUCKLEY CHIROPRACTIC
DATE:12/31/09

/es/ ALBERT PANTOJA
FILEROOM
Signed: 01/15/2010 14:21
1

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 16, 2015	KC-CDI/PI SCREENING NOTE	Risk assessment and screening note	HOPPER,MELISSA	Nursing Service Providers	CAMERON CBOC			VistA	KAN

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Notes ~ KC-CDI/PI SCREENING NOTE

```
     LOCAL TITLE: KC-CDI/PI SCREENING NOTE
STANDARD TITLE: RISK ASSESSMENT SCREENING NOTE
DATE OF NOTE: APR 16, 2015@09:49     ENTRY DATE: APR 16, 2015@09:49:08
      AUTHOR: HOPPER,MELISSA       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED


   ADVANCE DIRECTIVE EDUCATION:
    Information on Advanced Directives was provided at this visit
  ALCOHOL ABUSE SCREEN:
  Audit-C (Mental Health Instrument)
    An alcohol screening test (AUDIT-C) was negative (score=0).

    1. How often did you have a drink containing alcohol in the past year?
    Never

    2. How many drinks containing alcohol did you have on a typical day
    when you were drinking in the past year?
    Response not required due to responses to other questions.

    3. How often did you have six or more drinks on one occasion in the
    past year?
    Response not required due to responses to other questions.

   COLORECTAL CANCER SCREEN:
  Patient provided education/counseling related to colorectal cancer
  screening, but declined.
  DEPRESSION SCREEN:
  PHQ-2 (Mental Health Instrument)
    A PHQ-2 screen was performed. The score was 0 which is a negative
    screen for depression.

    1. Little interest or pleasure in doing things
    Not at all

    2. Feeling down, depressed, or hopeless
    Not at all

   INFLUENZA VACCINE (SEASONAL):
    Patient counseled on health risks/benefits of influenza vaccine, but
    declined vaccine during flu season.
  PRESSURE ULCER RISK SCREEN:
                                     --STATUS-- --DUE DATE--  --LAST
  DONE--
  KC-Pressure Ulcer Risk Screening     DUE NOW    04/15/2015    04/15/2014
    All responses are negative. Screening for risk is negative.
  Fall Risk Assessment
    1. Do you feel you are at risk for falling?
      No
    2. By observation patient appears to have instability with
       functional mobility.
      No
    3. Have you fallen within the last 12 months?
      No
    Temperature:
      98.2 F (36.8 C)
    Pulse:
      78
    Respiration:
      20
    B/P:
      145/85
    Pain:
      0
    Wt:
      186.4 lb (84.7 kg)

/es/ MELISSA HOPPER
LPN
Signed: 04/16/2015 09:54
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 26, 2015	NURSING ADMISSION ASSESSMENT	Nurse Admission evaluation note	ALMAGER,MIRANDA L	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING ADMISSION ASSESSMENT

```
     LOCAL TITLE: NURSING ADMISSION ASSESSMENT
STANDARD TITLE: NURSING ADMISSION EVALUATION NOTE
DATE OF NOTE: AUG 26, 2015@23:33     ENTRY DATE: AUG 26, 2015@23:33:49
      AUTHOR: ALMAGER,MIRANDA L    EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Patient admitted to 3N
**********Reason for Admission*****************
Time of arrival on floor: Aug 26,2015@23:05
             Report from: B. Munoz, RN to L. Hobbs, RN
    Reason for admission: Bilateral Hydronephrosis

What is the patient's understanding of the reason for admission and expectation
of care?      To figure out why I have no bladder control
See Providers Admitting H&P for medical and surgical history.
         Mode of arrival: Wheelchair
          Accompanied by: Family

                Name: HOPKINS,MARSHALL HUGH  Gender: MALE
                 DOB: 07/20/1943  Age:72
       Marital Status: MARRIED
              Address: 101 OKLAHOMA ST
                       HOOKER OKLAHOMA 73945
              H Phone: (620)272-4825
              W Phone: (620)272-4825
  Service Connected %: 70
    LTC Co-Pay Status: EXEMPT
               Reason: Veteran has compensable SC disability.

Primary Next of Kin Information
HOPKINS,DARLENE R
Relationship to Patient: SPOUSE
101 OKLAHOMA ST
HOOKER, OKLAHOMA 73945
Home Phone Number: (620)272-4822

If different from above:
Current Patient address:
                   Phone:
  Emergency contact name:
                   Phone:
             Relationship:
During your hospitalization, how would you like our staff to refer to you (i.e.
by Mr./Ms. patient's last name, by patient's first name, by a nickname, or
something else)? Please specify: Marshall
Preferred Language: English
Does the patient want his/her admission information withheld from family and
public disclosure?No

Allergies:Patient has answered NKA
Other patient stated allergies:
Type of Reaction:
******MEDICATION RECONCILIATION*********
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? No If so, what? youngevity 90 essentials
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Active and Recently Expired Outpatient Medications (including Supplies):

     Active Outpatient Medications                          Status
==========================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY  ACTIVE
       MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN,
       INITIAL RX WAS MAILED OUT
```


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*******FUNCTIONAL ASSESSMENT***********
  Dress/Groom: Self Care
  Feeding: Self Care
  Home routine: Self Care
  Toileting: Self Care
  Bathing: Self Care
Wandering/ Missing Patient Risk**
Does the patient:
No Lack cognitive ability (either permanently or temporarily) to make
            relevant decisions.
No Have physical or mental impairments that increase their risk of
            harm to self or others.
No Are considered dangerous to self or others
No Have a court-appointed legal guardian

If any above answers are yes the patient is incapacitated.
 Is the patient independently mobile?

If patient is independently mobile, contact police service (dial 66)for
enrollment in the LifeSaver program

If patient is not independently mobile, continue to monitor for changes in
mobility.

If patient is absent from the treament area, contact charge nurse and refer
to facility MCM.

*******SPIRITUAL - CULTURAL***********
          Other
Are there religious practices or spiritual concerns you want the chaplain,
your physician, an other health care team members to immediately know about?
No If so, explain and initiate a consult to Chaplin Services.
Mormon
Physical Assessment (for Med/Surg patients)

Respiratory:
Regular, unlabored, no abnormal breath sounds
Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate. Red swollen
scrotum "It's been like that since surgery last week."
Neurologic
Alert, oriented x 3, follows commands.
Musculo Skeletal:
ROM all joints, hand grips equal.
Other:
States "I am unsteady on my feet lately"

Gastrointestinal:
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Other:
Last BM: 8-26-15

Genito-Urinary:
Other:
Foley catheter inserted 8-24-15

Sexual/Reproductive
Male
Problems: Scrotal problems
ISOLATION: N/A
Lines/Tubes:
Foley
    Foley secure devices: Yes

n
IVs:
           Size: 20g
     Date sited: Aug 25,2015
       Location: R lower arm
Fluids infusing: N/A
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 0
        Patient's acceptable level of pain: 6
PLAN*:
Refer to care plan and MD orders for treatment plan, All unresolved pain will
be referred to ordering provider, Pain level will be reassessed at PC

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appointments

**********Patient Belongings**********
Designee for patient personal property addressed with patient:
Patient appointed a designee (see scanned document)
Click here for link to Designee for Personal Property Form
Did the patient bring medications: NO
Disposition of home medications: not applicable
Valuables/Jewelry
Describe:black cell phone, glasses, phone charger
Disposition of belongings: Kept by patient
Cash
Describe (include amount): $0
Disposition of belongings: Did not bring
Clothing, shoes, etc:
    grey cover-alls, brown sandals, hygeine items,
Disposition of belongings: Kept by patient
********Fall Risk Assessment********
0 = No   History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
20 = Yes IV/Heparin Lock
10 = Weak   Gait/transferring
0 = Oriented to own ability Mental Status
45 TOTAL SCORE
Scoring:
25-44 Moderate Risk
        Implement Universal Fall Precautions
        Implement Additional Interventions Based on Identified Area of Risk
**********MRSA CULTURE**********
MRSA Education provided.
Informed verbal consent obtained.
MRSA nares culture obtained.
**********Patient Education**********
 Person Being Assessed: Patient
   Barriers to Learning: None

  Desire and Motivation: Eager to learn
          Comphrension: High
     Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
         Topics Covered: MRSA Isolation and Infection prevention information
provided, Hand Hygiene Practices
Room Orientation: Inpatient Safety and Orientation including: High/Low
                  bed control system, Call system, Phone, TV, Visiting Hours,
                  Smoking policy, Bathroom emergency call, how to get help, how
                    to report pain, and how to report problems. Patient and
family
                  encouraged to participate in the care plan.
"Passport to Healthy Living" given to patient or family members that provides
contact information for patient safety concerns to facility and to the Joint
Commission (Speak Up Program).
Other topics covered include:
Smoking Cessation
Organ Donation
Patient Rights and Responsibilities
Medical Error Prevention
Patient Privacy
Suicide Prevention Hotline
Healthy Living Promotion
Preventing infection during your hospital stay
Should I take the MRSA test?

This patient has received Healthy Lifestyle Instructions for Heart Failure
including: activity level, diet/fluid intake, discharge medications, follow-up
care, weight monitoring, and what to do if symptoms worsen.
*******DISCHARGE PLANNING**********
Patient will be independent on discharge.
Anticipated DC needs:
None identified at this time
**********Nursing Comments**********
2340- Assessment completed as noted.
0030- Dr Sullivan at bedside discussing plan of care.
0100-0740- Resting quietly respirations even and non labored. Easily aroused.
Denies needs at this time.

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/es/ MIRANDA LIN HUGHES
RN
Signed: 08/27/2015 08:10

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 13, 2011	PC - NURSING INTERVIEW NOTE	Primary care Nurse Note	FLETCHER,MARIA ELMA	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PC - NURSING INTERVIEW NOTE

```
     LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: MAY 13, 2011@10:06     ENTRY DATE: MAY 13, 2011@10:07:18
      AUTHOR: FLETCHER,MARIA ELMA  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Primary Care Nursing Interview
   Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit:  No significant health problems since last visit.
  having problems sleeping, tired all the time.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Current Vital Signs
   Temperature: 97.9 F [36.6 C] (05/13/2011 10:04)
         Pulse: 70 (05/13/2011 10:04)
  Respirations: 16 (05/13/2011 10:04)
          B/P: 131/80 (05/13/2011 10:04)
   Height(ins): 71.5 in [181.6 cm] (05/13/2011 10:04)
   Weight(lbs): 209 lb [95.0 kg] (05/13/2011 10:04)
          BMI: 28.8
         Pain: 0 (02/17/2011 10:12) (Scale from 1-10)
       O2 Sat: 5/13/11 @ 1004      PULSE OXIMETRY: 94
               On Room Air
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 67
Living arrangements: Spouse/family in Hooker, OK
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW************
Medication list reviewed with patient.  Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
********************Dietary Screen***********************************

Glucose >125            GLUCOSE: 155  H mg/dL   MAY 13,2011@08:44:38
*************FALL RISK*****************
Patient has NO history of falling in the last 12 months
****************SKIN IMPAIRMENT RISK SCREEN************************
                     (Braden Scale) -
4 = No Impairment       Sensory Perception
4 = Rarely Moist        Moisture
4 = Walks Frequently    Activity
4 = No Limitations      Mobility
3 = Adequate            Nutrition
3 = No  Apparent ProblemFriction and Shear
22 = TOTAL SCORE
```


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15-18 = low risk
13-14 = moderate risk
    If score is 18 or less, an impaired or potentially impaired skin
    integrity problem exists and is to be reflected in the patient/resident
    plan of care.
12 or less = high risk
    If score is 12 or less, the PCP may enter a Enterostomal/Wound
                                                Care Nurse consult

No -- Does Patient have an open wound of any type?

Pt does not want dietary counseling at this time

PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 4
        Patient's acceptable level of pain:
Patient does not have Congestive Heart Failure.
Additional education: medications, follow-up appt

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 10:14

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 02, 2010	AMBULATORY CARE NOTE	Primary care Note	WATTS-HARKNESS,KATHRYN A	Physician Assistants & Advanced Practice Nursing Providers	ZZ-LIBERAL KANSAS CBOC			VistA	AMA

Notes ~ AMBULATORY CARE NOTE

     LOCAL TITLE: AMBULATORY CARE NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: FEB 02, 2010@18:04   ENTRY DATE: FEB 03, 2010@06:53:39
      AUTHOR: WATTS-HARKNESS,KATH EXP COSIGNER:
     URGENCY: STATUS: COMPLETED

PATIENT NAME: HOPKINS,MARSHALL

CHIEF COMPLAINT: This is a 66-year-old gentleman presenting to the clinic with inquiry as to if the VA is going to approve his chiropractic treatments that he has been receiving and paying on his own for the past for approximately ten years due to a motor vehicle accident he was in in which he was rear-ended while he was working on duty in Colorado Springs, Colorado. He continues to complain of neck and back pain. He states that he has had difficulty over the past several months with his neck, in particular due to sleeping on some motel beds that placed his neck in misalignment. He states he had received chiropractic treatment from Dr. Buckley in Garden City, Kansas, but he states that in the past month now he has felt that his neck is becoming out of alignment again and wishes to have another treatment, but for the VA to pick this up. This gentleman has undergone the Amarillo VA and Case Management review of his medical records and some documentation to determine whether he had any cervical subluxation. Most recent x-ray reports said that subluxation was not present and that neck injuries were chronic in nature. Therefore, the VA could not cover any outside chiropractic treatments. His x-ray reports did show, though, that he does have cervical spur on C5 and C6 with a bilateral neural foramen encroachment by the spurs. At the time, though, this x-ray did show that he was in good alignment with no subluxation or spondylolisthesis.

PAST MEDICAL HISTORY:

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1. Significant for motor vehicle accident in 1991, incurring neck and back injuries.
2. Fibromyalgia.
3. He states he has tic douloureux.
4. Histoplasmosis.
5. Hyperlipidemia.

ALLERGIES: No known allergies.

OBJECTIVE: Examination on the gentleman shows:
HEENT: Normocephalic. Eyes: PERRL. EOMs are intact. Sclerae is white. Conjunctivae is pink. Ears: TMs are gray and intact with no lesions. External ears are clear. Oropharynx is moist and pink with no lesions.
NECK: Supple. Trachea is midline. No thyromegaly is noted. No JVD or bruit. No cervical adenopathy.
LUNGS: Clear to auscultation bilaterally. No rales, rhonchi, or wheezing.
HEART: Regular rate and rhythm. No murmur, gallop, or rub.
ABDOMEN: Soft, nontender, nondistended. Positive bowel sounds. No organomegaly.
RECTAL: Deferred.
EXTREMITIES: No peripheral edema. Peripheral pulses are 2+. Full range of motion. Grips are equal bilaterally.

ASSESSMENT AND PLAN: Chronic back and neck pain. Patient does not wish to take any medications whatsoever for his pain. He does continue to seek VA compensation for the injury that he stated was incurred while he was on military duty in Colorado Springs. I informed him that if he had documentation to support that, it needs to be submitted, as he states that he should be receiving compensation and the chiropractic care. He decided that he will contact his current chiropractor for documentation. Also, he will obtain documentation from his former chiropractor, who is now deceased, but the information is still available to him in Colorado Springs. He will return to clinic when he obtains this information, and we will discuss further plans.

DD: 02/02/10@1804/KWatts-Harkness, NP
DT: 02/02/10@2120/1957/DTS/72835

/es/ KATHRYN WATTS-HARKNESS

Signed: 02/04/2010 12:23

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	EMERGENCY DEPARTMENT NURSING	Nurse Emergency department Note	AYERS,TERRI L	Nursing Service Providers	MEMPHIS VA MEDICAL CENTER		Yes	VistA	MEM

Notes ~ EMERGENCY DEPARTMENT NURSING

LOCAL TITLE: EMERGENCY DEPARTMENT NURSING
STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: SEP 16, 2015@20:44 ENTRY DATE: SEP 16, 2015@20:44:58
AUTHOR: AYERS,TERRI L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** EMERGENCY DEPARTMENT NURSING Has ADDENDA ***

Emergency Department Nursing Assessment

Patient First Identifier: patient full name Patient Second Identifier:
patient full ssn

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Code Status: Full

Patient's Past Medical HX: no past hx to reveiw

ALLERGIES: Patient has answered NKA
Allergies verified: Yes
Other allergies:

Bed/Room: 25

Patient received emergency care/treatment services prior to arrival to ER?
No
Type of Treatment received:

Patient received Aspirin by Emergency Medical Service prior to ER arrival?
No

Alcohol Screen:

In the past 12 months, has the patient had ANY drinks containing alcohol? patient declined to answer questions about alcohol use.
Comments:

Mental Health:
Mood:somel
Comments: unable to respond upon arrivial

RISK ASSESSMENT/MISSING PATIENT:
CRITERIA (HIGH RISK SCREEN)

Has patient been diagnosed with Alzheimers/Dementia? - No

Patient is independently mobile (Ambulatory or wheelchair) - Yes

Patient is disoriented or unable to care for own safety - Yes

Wander (brown label) visible on wristband -no

Does patient have any suicidal/homicidal thoughts? - No

A Yes answer to any question below must result in a consult to Social Work Service per Policy.

(To notify Social Service after 5 P.M., weekends, & holidays, contact the MAA)

Special Needs/Abuse Screening:

Patient shows signs of neglect or abuse - No
Patient has no Source of Support and/or Homeless - No
Patient's caregiver unable to meet patient's needs - No
Patient admitted from nursing home or other extended care facility - No
Patient has severe visual impairment - No

Patient has an Advance Directive/Living Will/Power of Attorney:
No If no: Do you want an Advance Directive?
NO -
Consult sent to Social Work Service - No

Review of Systems:

Neuro:

Level of Consciousness: obtunded/stuporous/semi coma

Glasgow Coma Score:(complete the Glasgow Coma Scale if the patient has an altered level of consciousness.
Date/Time: Sep 16,2015
Best Eye Opening Response: To Pain (2pts)
Best Verbal Response: No Response: (1pt)
Best Motor Response (Best Upper Limb/To Painful Stimuli):
No Response (1pt)
Unable to Test (reason)-

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Total Score: 4

Pupil Size and Response to Light:
Pupil Gauge:
Right 0mm
Left 0mm

Pupil Reaction:
Additional Comments:

Have you taken any pain medication prior to coming to ED? No. Name/time taken: do not know

Pain location/score:
Score:
Location:
Pain Quality(choose all that apply): unable to assess
Pain onset:
Pain Duration:
Comment/Action taken:

ED Pain Interventions:
Med given -

Cardiovascular Rhythm: ST
Comment:

Pulses:

Right	Score
Radial	+
Pedal	+
Posterior Tibia	+

Left	Score
Radial	+
Pedal	+
Posterior Tibia	+

Capillary refill:

Edema:
Generalized - +
Upper Extremity - +
Facial - +
Lower Extremity - +
Orbital - +
Neck - +
Other/Comment:

Pacemaker: - AICD:

Respiratory:
Lung/Breath sounds (choose all that apply: inspiratory , expiratory, rales , decreased
Other/comments:_

Location:

Oxygen (O2): Bi-nasal canula (BNC)
Other comments:

Ventilator:
Mode (if yes)

Tracheostomy in place:

GI:
Abdomen: tender, distended
Bowel Sounds: absent , hypoactive
Last BM-
Comment:

Falls Assessment:

Morse Fall Scale:

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1. History of falling; immediate or within 3 months - (no = 0, yes = 25)
   Score = 0
2. Secondary diagnosis - (No = 0, yes = 15)
   Score = 15
3. Ambulatory aid - (None, bedrest, wheelchair, nurse = 0) Crutches,
   cane walker = 15; Furniture = 30)
   Score = 0
4. IV/Heparin Lock - (no = 0, yes = 20)
   Score = 0
5. Gait/Transferring - (Normal, bedrest, immobile = 0; weak = 10;
   Impaired = 20) Score = 0
6. Mental Status - (Oriented to own ability = 0; Forget limitations =
   15) Score = 0

Total Score = 15 Risk Level/Intervention Required: 0-24 points No Risk
No additional intervention

Skin Assessment:
Skin Intact:
Color(choose all that apply):

Turgor (choose all that apply):

Temperature:
Moisture:

Ostomy: Stoma pink, moist, and warm - n/a
Comment:

Wounds (choose all that apply):surgical incision
Ulcer Stage (choose one):
Wound Consult - n/a
Specialty Bed - n/a
Other/ comment:

BRADEN SKIN RISK ASSESSMENT

Sensory Perception:1 = Completely Limited
Moisture: 4 = Rarely Moist
Activity: 3 = Walks Occasionally
Mobility: 1 = Completely Immobile
Nutrition: 2 = Probably Inadequate
Friction: 1 = Problem
10-12 High Risk
Score: 12

/es/ TERRI L. AYERS,RN
ER STAFF NURSE
Signed: 09/16/2015 20:51

09/16/2015 ADDENDUM STATUS: COMPLETED

2100 note that this is hx collected from family. pt was pulled from private car unresponsive to any stimuli with shallow breathing.pt was rushed to ed resus room. this is collected history
1910 20 g int x 2 placed in right forearm.1st ns bolus infusing bp 65/38
1915 2nd l bolus infusing.triple lumen placed in left groin area per dr kari with good blood return in all lumens.16 foley placed with no return of urine. 80/60
1948 zofran 4mg ivp adminstered
1949 protonix 80 mg ivp completed
1957 ng tube placed and applied to suction with return of 600cc coffeeground emesis. pt pale and remains unresponsive to stimuli. zofran 4.5 mg ivpb infusing
2000 1st gram vanc infusing
2030 regular insulin 10units ivp adminstered
2041 reg insulin drip infusing 7cc/hr
2100 2nd gram vanc infusing. norpinephrine 8mg/250cc infusing 5cc/hr
2110 protonix infusing 10cc/hr
2130 5 l bolus ns has infused. pt is now responding verbally,surgery team is at bedside
2340 at this time surgery team has been working with pt for approximately 2 hours. art line was placed in left radial. at this time surgery team attempted left subclavian and o2 sat has now decreased from 100 percent to 74 percent stat portable chest film obtained

/es/ TERRI L. AYERS,RN
ER STAFF NURSE
Signed: 09/19/2015 08:34
1

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 17, 2011	PRIMARY CARE ASSESSMENT NOTE	Primary care Note	WETMORE,ELIZABETH B		ZZ-LIBERAL KANSAS CBOC			VistA	AMA

Notes ~ PRIMARY CARE ASSESSMENT NOTE

```
     LOCAL TITLE: PRIMARY CARE ASSESSMENT NOTE
STANDARD TITLE: PRIMARY CARE OUTPATIENT NOTE
DATE OF NOTE: FEB 17, 2011@10:40     ENTRY DATE: FEB 17, 2011@10:41:07
      AUTHOR: WETMORE,ELIZABETH B  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

SUBJECTIVE:

PHYSICAL EXAM:
                VS:
                HEENT:
                LUNGS:
                HEART:
                ABD:
                RECTAL:
                EXT:
                MISC:

       LABS:

       PROCEDURES:

     CHRONIC DISEASE INDEX:

PFTs:
CREATININE:
GLUCOSE:                119  H mg/dL   OCT 5,2010@09:04:10
A1C:                    5.9    %   MAY 2,2006@08:06:40
MICROALBUMIN:           Not found in computer MICROALBUMIN
PSA:                    0.49   ngm/ml   JUL 14,2009@09:10:45
CHOLESTEROL:            188   mg/dL   JUL 14,2009@09:10:44
TRIGLYCERIDE:           160  H mg/dL   JUL 14,2009@09:10:44
HDL:                    36  L mg/dL   JUL 14,2009@09:10:44
LDL-CHOL CALC:          Not found in computer LDL-CHOL CALCULATION
LDL                     120   mg/dl   JUL 14,2009@09:10:44
LDL:                    140  H mg/dL   MAY 2,2006@08:06:41
OCC#1:                  Not found in computer OCCULT BLOOD
OCC#2:                  Not found in computer OCCULT BLOOD #2
OCC#3:                  Not found in computer OCCULT BLOOD #3

FLEXIBLE SIGMOIDOSCOPY:

PNEUMOCOCCAL VACCINE:
TET/DIP:


ASSESSMENT/PLAN:
                1.
                2.
                3.
Patient is in today for scheduled visit to evaluate ear wax problem, always
gets unbalanced this time of year and it is
usually ear was that causes the cooncern. went to see his cardiologist,
could find nothing wrong with him, will do nuclear studies at the end
of the month to make sure it is nothing. bowels and bladder are working
well.

SUBJECTIVE:  This is a 67 year old MALE ambulatory to
Primary Care.

PMH: aytipical chest pain, cerumen concerns
```


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PHYSICAL EXAM:
VITALS: TEMP: 97 F [36.1 C] (02/17/2011 10:12)
         PULSE: 68 (02/17/2011 10:12)
         RESP: 16 (02/17/2011 10:12)
         B/P: 124/86 (02/17/2011 10:12)
         WT: 207.5 lb [94.3 kg] (02/17/2011 10:12)
         HT: 72.5 in [184.2 cm] (08/11/2009 12:49)
         PAIN: 0 (02/17/2011 10:12)
HEENT: Normocephalic, Pupils Equal and Round, Regular in Size, ,
Oropharynx pink moist no lesions very hard ear wax noted bilterally
LUNGS: Clear to Auscultation Bilaterally , Good air entry

HEART: Regular Rate and Rythmn, No murmur, No gallop, No rub
ABD: softFlat, Bowel sounds are present x 4 quadrants. , No
tenderness
is noted on exam., No hepatosplenomegaly organomagaly absent
RECTAL:deferred by pt. request
EXT: No peripheral edema, Peripheral pulses 2+

MISC:

ACTIVE MEDICATIONS: Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	NITROGLYCERIN 0.4MG SL TAB *25'S* DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 AS NEEDED FOR CHEST PAIN - IF NO RELIEF AFTER 3 CONTACT PROVIDER	ACTIVE

LABS:
SODIUM:136 meq/L OCT 5,2010@09:04:10
POTASSIUM:4.2 meq/L OCT 5,2010@09:04:10
BUN:11 mg/dL OCT 5,2010@09:04:10
CREATININE:
No data available for CREATININE, SERUM
GLUCOSE:
119 H mg/dL OCT 5,2010@09:04:10
AST:23 IU/L OCT 5,2010@09:04:10
ALT:24 IU/L OCT 5,2010@09:04:10
LDH:Not found in computer LDH
ALK. PHOS.: 56 IU/L OCT 5,2010@09:04:10
GGTP:19 IU/L JUL 14,2009@09:10:44
T. BILIRUBIN: 0.6 mg/dL OCT 5,2010@09:04:10
WBC:7.0 K/cumm OCT 5,2010@09:04:08
HGB:14.7 gm/dL OCT 5,2010@09:04:08
HCT:42.5 % OCT 5,2010@09:04:08
MICROALBUMIN: Not found in computer MICROALBUMIN
CHOLESTEROL:188 mg/dL JUL 14,2009@09:10:44
HDL: 36 L mg/dL JUL 14,2009@09:10:44
LDL:140 H mg/dL MAY 2,2006@08:06:41
TRIG:160 H mg/dL JUL 14,2009@09:10:44
FOB1: Not found in computer OCCULT BLOOD
FOB2: Not found in computer OCCULT BLOOD #2
FOB3: Not found in computer OCCULT BLOOD #3
PSA: Not found in computer PSA (ABBOTT-MEIA) M-F
TSH:1.87 mIU/mL JUL 14,2009@09:10:45

PROCEDURES: lab drawn today, ear softener (wax) placed in ears but it will be
tomorrow before we can get this out, he will come back in the morning

ASSESSMENT/PLAN:
1. cerumen, see above

2. atypical chest pain, make sure he has his nitro on hand at all times

3. see back in 1 year.

4.
5.

/es/ ELIZABETH B WETMORE

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Signed: 02/17/2011 10:47

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 20, 2008	FLU SHOT NOTE	Immunization note	HANNA,SUSAN	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ FLU SHOT NOTE

```
     LOCAL TITLE: FLU SHOT NOTE
STANDARD TITLE: IMMUNIZATION NOTE
DATE OF NOTE: FEB 20, 2008@08:18     ENTRY DATE: FEB 20, 2008@08:18:26
      AUTHOR: HANNA,SUSAN          EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Patient refused the influenza vaccine.  Patient was advised of risks and
benefits of influenza vaccine.

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 08:18
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	PHARMACY INPATIENT REVIEW	Pharmacology Hospital Note	HENSON,KATHLEEN S	Pharmacy Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PHARMACY INPATIENT REVIEW

```
     LOCAL TITLE: PHARMACY INPATIENT REVIEW
STANDARD TITLE: PHARMACY INPATIENT NOTE
DATE OF NOTE: AUG 20, 2015@10:50     ENTRY DATE: AUG 20, 2015@10:50:43
      AUTHOR: HENSON,KATHLEEN S    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Medication Reconciliation List

Active and Recently Expired Outpatient Medications (including Supplies):

     Active Outpatient Medications                          Status
==========================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY  ACTIVE
       MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN,
       INITIAL RX WAS MAILED OUT
**************************************************

Active Outpatient Medications (including Supplies):

     Active Outpatient Medications                          Status
==========================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY  ACTIVE
       MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN,
       INITIAL RX WAS MAILED OUT
**************************************************

Comments:Home this morning, come back for check up in 7-10 days

RECOMMENDATIONS: none

/es/ KATHLEEN S HENSON
pharmacist
Signed: 08/20/2015 12:31
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	TELEMETRY NOTE	Cardiology Note	WEBB,MARY C	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ TELEMETRY NOTE

```
     LOCAL TITLE: TELEMETRY NOTE
STANDARD TITLE: CARDIOPULMONARY NOTE
DATE OF NOTE: AUG 20, 2015@02:05     ENTRY DATE: AUG 20, 2015@02:05:16
      AUTHOR: WEBB,MARY C          EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

    Rhythm: SR WITH 1ST DEG AVB (.22 TO .24 PRI) TO SR
Rate Range: 80-90
      Sa02: N/A
Arrhythmia Present: (type, duration, # of significant events)
PVC'S, MF PVC'S, PAC'S
Notification to : N/A
Time Notified:
Comments:

/es/ MARY C WEBB
RN
Signed: 08/20/2015 06:43
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 20, 2008	CLINICAL REMINDER NOTE	Preventive medicine Note	HANNA,SUSAN	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: FEB 20, 2008@08:18     ENTRY DATE: FEB 20, 2008@08:18:41
      AUTHOR: HANNA,SUSAN          EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

  Tobacco Use Screen FY07:
      Patient states they are a former tobacco user but has quit more than
          12 months ago.

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 08:19
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 03, 2015	Addendum to UROLOGY-OUTPATIENT (C)		RICE,ERIC T		ZZ19AMA-UROLOGY/PA			VistA	AMA

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Notes ~ Addendum to UROLOGY-OUTPATIENT (C)

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 03, 2015@10:48:33 ENTRY DATE: SEP 03, 2015@10:48:34
AUTHOR: RICE,ERIC T EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CT revealed bilateral renal cysts without nephrolithiasis. No clinically significant hydroureteronephrosis appreciated. Nonspecific bladder wall thickening without obvious mass. Will likely need to consider cystoscopy in the future.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:53

==========

--- Original Document ---

09/01/15 UROLOGY-OUTPATIENT (C):
PATIENT NAME: HOPKINS, MARSHALL

DATE: 09/01/2015

HISTORY OF PRESENT ILLNESS: 72-year-old gentleman presents in consultation regarding postoperative urinary retention. Patient underwent hernia repair last month and developed postoperative urinary retention. He initially presented to the hospital in Liberal, Kansas. CT at that time reported bilateral hydroureteronephrosis and bladder distention (films are not available for my review). Foley catheter was placed and patient was transferred to this facility for continued care.

Hospital course was uneventful and patient was discharged with indwelling catheter. No previous history of urinary retention or bothersome lower urinary tract symptoms prior to surgery. He currently denies fever, chills, dysuria, or gross hematuria.

LABORATORY DATA: PSA 1.04 and serum creatinine 0.77 a few weeks ago.

PHYSICAL EXAMINATION: EXTERNAL GENITALIA: Indwelling Foley catheter with clear urine output. DIGITAL RECTAL EXAMINATION: Prostate estimated be 40 cc in volume with a boggy consistency. No suspicious induration or nodularity appreciated.

ASSESSMENT/PLAN: Postoperative urinary retention, as above. Foley catheter is removed for voiding trial. Patient will continue tamsulosin as prescribed. Will issue an empiric course of antibiotics and repeat computed tomography (CT) abdomen and pelvis today. Return to clinic later this month for a postvoid residual. Routine urinary retention warnings were given. Schedule routine urology follow up in 3 months for re-evaluation.

1182595/pp(09/01/2015 15:57:03)15846040
D: 09/01/2015 15:46:16 T: 09/01/2015 15:57:03
$END

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:44

09/03/2015 ADDENDUM STATUS: COMPLETED
Pt presented to the Emergency Department 09-03-15 due to inability to void. PVR was > 999 mL. Foley catheter was replaced and left indwelling. Have scheduled diagnostic cystoscopy 09-10-15. Pt was called and message left regarding upcoming appointment. He was encouraged to call this clinic if any questions.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 11:02

Receipt Acknowledged By:
09/03/2015 13:51 /es/ DEBORAH E LEWIS
LVN
0

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	INTUBATION DOCUMENTATION	Respiratory therapy Note	FORTNER,DONNA	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ INTUBATION DOCUMENTATION

```
     LOCAL TITLE: INTUBATION DOCUMENTATION
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 16, 2015@23:20     ENTRY DATE: SEP 16, 2015@23:20:40
      AUTHOR: FORTNER,DONNA        EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

                                Intubation Documentation

Patient, HOPKINS,MARSHALL HUGH, was intubated on Sep 16,2015@22:45
 PM by - Donna Fortner,Resp.Therapist


Number of intubation attempts by this provider - (1)

Was this  a "Code Blue" intubation? No

Did anyone else make an intubation attempt? no

Names of others who attempted this intubation (if applicable):
 nan/a Number of attempts:
 nan/a Number of attempts:
 nan/a Number of attempts:
 nan/a Number of attempts:


If more than one attempt at intubation was patient ventilated via
bag/mask between intubation attempts? Yes

Was laryngeal mask airway placement attempted? No

Endotracheal Tube Placement assessed by (check all that apply):
EtC02 Monitor , Chest Auscultation (equal bilateral breath sounds)

Tube Size:      8

Cuff Pressure:  mltcmH2O

Endotracheal tube secured at :26 cm at gum line.

Ease of intubation:  Easy to intubate

Comments:

/es/ DONNA FORTNER
REGISTERED RESPIRATORY THERAPIST
Signed: 09/16/2015 23:22
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 26, 2010	AMBULATORY CARE NOTE	Primary care Note	WATTS-HARKNESS,KATHRYN A	Physician Assistants & Advanced Practice Nursing Providers	ZZ-LIBERAL KANSAS CBOC			VistA	AMA

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Notes ~ AMBULATORY CARE NOTE

LOCAL TITLE: AMBULATORY CARE NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: AUG 26, 2010@13:50 ENTRY DATE: AUG 27, 2010@12:20:22
AUTHOR: WATTS-HARKNESS,KATH EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** AMBULATORY CARE NOTE Has ADDENDA ***

PATIENT NAME: Hopkins, Marshall

CHIEF COMPLAINT: This is a 67-year-old veteran presenting for an annual visit. He takes no medications.

SUBJECTIVE: He continues to use supplements and herbals for all of his needs. At this visit though he is complaining that he has experienced 2 episodes in the last month of chest pain and pressure running from one axilla to the other. He states that it felt like "a pulled muscle." It lasted for several minutes and he did have some lightheadedness associated with this, but denies any nausea, vomiting, or diaphoresis. Each episode is associated with mild exertion. He denies any episodes at rest.

PAST MEDICAL HISTORY: Significant for:
1. Motor vehicle accident in 1991 with neck and back injuries.
2. Fibromyalgia.
3. Tic to the right side of the face.
4. Hyperlipidemia.

ALLERGIES: No known allergies.

IMMUNIZATIONS: He takes none.

REVIEW OF SYSTEMS: Chest pain with chest pressure, 2 episodes within the past month with mild exertion. Pain reaching from the axilla to axilla and associated also with chest pressure and some lightheadedness. He denies any diaphoresis, syncope, and no peripheral or pedal edema. He also denies any changes with bowel or bladder habits. No diarrhea, constipation, melena, or abdominal pain. No changes with urination. No urgency, hesitancy. Nocturia is once per night, but he denies any dysuria or hematuria. His appetite remains robust. He denies any nausea, vomiting, or epigastric upset. He denies any problems with range of motion. He has some impairment to his back and his neck due to previous motor vehicle accident for which he continues to receive some chiropractic care. He denies any mood changes, anxiety, or depression.

OBJECTIVE:
VITAL SIGNS: Blood pressure is 112/60, pulse 56, respirations 16, temperature is 96.1. Weight 201.
GENERAL: He is alert, awake, and in no apparent distress.
HEENT: EOM's are intact. PERRL. TMs are gray and intact. Oropharynx is moist and pink. No lesions.
NECK: Supple. Trachea is midline. No thyromegaly, JVD, or bruit.
CARDIOVASCULAR: Regular rate and rhythm. S1, S2. No gallops, murmurs, or rubs. I possibly hear a split.
RESPIRATORY: Clear to auscultation bilaterally. No rales, rhonchi, or wheezing.
ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No organomegaly is noted.
GU: Deferred per request.
MUSCULOSKELETAL: Fast range of motion in the upper and lower extremities. Pedal pulses are 2+ and equal. No pedal edema.

ASSESSMENT/PLAN:
1. Chest pain; submit for Cardiology consult. He is instructed that if the episodes do occur again he should present himself to the Emergency Department. He verbalizes understanding.
2. Hyperlipidemia; pending lab results. He takes no medications at this time. We will advise fish oil 2000 to 3000 mg daily.
3. Chronic neck and back pain; he does continue to seek care with chiropractic and also has continued pursuing care through the VA as well.

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4. Fibromyalgia; stable.
5. I discussed the above examination with the gentleman and he will be notified of his Cardiology consult. He continues to take no medications, relying on supplements and herbals. He will be notified of his lab results when completed. He will be seen again as necessary and for his annual appointment.

DD: 08/26/10@1350/KWatts-Harkness, NP
DT: 08/27/10@0833/6250/DTS/206928

/es/ KATHRYN WATTS-HARKNESS

Signed: 09/14/2010 13:05

10/05/2010 ADDENDUM STATUS: COMPLETED
Veteran returned call and was given lab results. Per Provider Glucose 138. He was instructed to repeat Glucose. He verbalizes understanding.

/es/ ALMA L COLLINS
RN
Signed: 10/05/2010 08:47

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 03, 2015	EMERGENCY ROOM NURSING NOTE	Emergency department Note	KILLINGSWORTH,AMY A	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ EMERGENCY ROOM NURSING NOTE

LOCAL TITLE: EMERGENCY ROOM NURSING NOTE
STANDARD TITLE: EMERGENCY DEPT NOTE
DATE OF NOTE: SEP 03, 2015@09:20 ENTRY DATE: SEP 03, 2015@10:21:40
AUTHOR: KILLINGSWORTH,AMY A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Pt presents to ED ambulatory from home c/o not being able to urinate the last 2 days. While driving to the ER pt felt urge to void so he pulled over and was able to get some relief. Pt made 3 simular stops like this on his way to the VA today. On arrival to ER post void bladder scan revealed >999ml. An 18c foley using sterile technique was inserted and 1350ml was drained from pt's bladder. Pt voiced relief put c/o lower abdominal pain. I instructed pt that he had a urology appt on 9/17/2015 for PVR, pt will need to keep this foley in place until he follows up with urology. Pt not happy but willing to do so. A leg bag with stat lock was applied to pt's rt leg to keep in place. Pt denies any complaints with todays visit and will follow up with urology as scheduled.

/es/ AMY A MORRISON
Registered Nurse
Signed: 09/03/2015 10:26

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 19, 2015	CRITICAL TEST RESULTS REPORTING	Diagnostic study note	JONES-BRIGGS,TREASA	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ CRITICAL TEST RESULTS REPORTING

```
     LOCAL TITLE: CRITICAL TEST RESULTS REPORTING
STANDARD TITLE: DIAGNOSTIC STUDY REPORT
DATE OF NOTE: SEP 19, 2015@03:17     ENTRY DATE: SEP 19, 2015@03:17:19
      AUTHOR: JONES-BRIGGS,TREASA  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Critical Test Results Reporting
Other Critical Values
Date/time provider notified: Sep 17,2015@12:45

Name of Provider notified by nurse - Dr Paulus, Elena M

Critical test result(s) values reported and read back were:


Reporting Lab: MEMPHIS, TN VAMC [CLIA# 44D0987294]
               1030 JEFFERSON AVENUE MEMPHIS, TN 38104-2127

Report Released Date/Time: Sep 17, 2015@12:56
Provider: KUMAR,SACHIN
  Specimen: BLOOD, MIXED VENO MEANC 0917 4243
    Specimen Collection Date: Sep 17, 2015@12:42
      Test name               Result    units      Ref.   range   Site Code
I-STAT MVBG PH               7.283 L              7.30 - 7.40      [614]
I-STAT MVBG PCO2              54.0 H   mmHg       41 - 51          [614]
I-STAT MVBG PO2                 30 L*  mmHg       35 - 50          [614]
I-STAT MVBG HCO3              25.6     mmol/L     22 - 26          [614]
I-STAT MVBG O2HB% (SAT)         49     %          Ref: >=66        [614]
I-STAT MVBG BASE EXCESS         -1     mmol/L     -5 - 5           [614]
I-STAT MVBG TCO2                27     mmol/L     23 - 31          [614]
FIO2                            60                                 [614]
Comment: Ventilator; IMV; V.T 600; Line Draw; ; Allen's Test
        Tested by: Cisero Treasa  Results from meter: 333699

/es/ TREASA J CISERO
RESPIRATORY THERAPIST
Signed: 09/19/2015 03:18
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 23, 2012	INJECTION NOTE	Primary care Immunization note	MOORE,ROGENA S	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ INJECTION NOTE

```
     LOCAL TITLE: INJECTION NOTE
STANDARD TITLE: PRIMARY CARE IMMUNIZATION NOTE
DATE OF NOTE: AUG 23, 2012@10:23     ENTRY DATE: AUG 23, 2012@10:23:58
      AUTHOR: MOORE,ROGENA S       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Diagnosis:B12 ANEMIA
Allergies: Patient has answered NKA
Patient received the following injection:
B12
                 Dose/Amt:   1000MCG IM
            Injection site:  Left Deltoid
Date of previous injection:  UNKNOWN
PER PROVIDER INSTRUCTIONS


/es/ ROGENA S MOORE
LVN
Signed: 08/23/2012 10:25
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	H&P INTERIM	History and physical note	AHMED,SYED H	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ H&P INTERIM

```
     LOCAL TITLE: H&P INTERIM
STANDARD TITLE: H & P NOTE
DATE OF NOTE: AUG 19, 2015@07:13     ENTRY DATE: AUG 19, 2015@07:13:45
      AUTHOR: AHMED,SYED H         EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

HOPKINS,MARSHALL HUGH
(b) (6)

History and Physical dictated on Aug 13,2015
Pertinent Medical History:
    Recurrent rigth inguinal hernia

History and Physical has been reviewed, the patient has been examined,
and the surgical site has been signed.
Hernia repair is still medically indicated.

New changes (if any) to history and Physical are as follows:

No changes

/es/ Syed H Ahmed MD
Surgeon
Signed: 08/19/2015 07:14
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	PRE-ADMISSION MEDS/NOTE	Pharmacology Note	BIRD,STACEY R	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PRE-ADMISSION MEDS/NOTE

```
     LOCAL TITLE: PRE-ADMISSION MEDS/NOTE
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: AUG 19, 2015@09:36     ENTRY DATE: AUG 19, 2015@09:36:48
      AUTHOR: BIRD,STACEY R        EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

   *** PRE-ADMISSION MEDS/NOTE Has ADDENDA ***

Admission Info: Admit to 3 N-Surg/General Surgery for the services of Dr.
Ahmed. DX: Right Inguinal hernia Repair

Detailed Active Meds
Active Outpatient Medications (including Supplies):

                                                                Issue Date
                                                 Status         Last Fill
     Active Outpatient Medications               Refills        Expiration
==========================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB        ACTIVE         Issu:08-18-15
       Qty: 30 for 7 days  Sig: TAKE 1 TABLET    Refills: 0     Last:08-19-15
       BY MOUTH EVERY 4 HOURS AS NEEDED [FOR                    Expr:09-17-15
       POST OP PAIN MANAGEMENT]

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/19/2015 09:37

Receipt Acknowledged By:
08/19/2015 11:05        /es/ JOSE RODRIGUEZ-FRONTERA MD
                             Physician
09/04/2015 16:26        /es/ ZENITHA ROSALES
                             RN, MSN

08/19/2015 ADDENDUM                      STATUS: COMPLETED
Change Treating Specialty to Surgical Observation

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/19/2015 11:51
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 01, 2015	SPECIALTY CLINIC INTERVIEW	Nurse Note	CUMMINGS,VICKY L	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ SPECIALTY CLINIC INTERVIEW

```
     LOCAL TITLE: SPECIALTY CLINIC INTERVIEW
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: SEP 01, 2015@11:07     ENTRY DATE: SEP 01, 2015@11:07:24
      AUTHOR: CUMMINGS,VICKY L     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Today's Date and Time: SEP 01, 2015 11:07   Patient Age:  72
Allergies: Patient has answered NKA
T:    98 F [36.7 C] (09/01/2015 11:06)
P:    87 (09/01/2015 11:06)
R:    18 (09/01/2015 11:06)
B/P: 127/79 (09/01/2015 11:06)
Ht:  71.5 in [181.6 cm] (08/26/2015 23:10)
Wt:  168.1 lb [76.4 kg] (09/01/2015 11:06)
Pain:  0 (09/01/2015 11:06)
O2 Sat:  9/1/15 @ 1106       PULSE OXIMETRY: 95
IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
**************************************************
Reason for visit:  f/u

**************************************************
Is the patient febrile?  No
Any travel or exposure to individuals who have traveled outside the US in past 6
months?  No
Patient has been in the hospital since last visit:
no
Patient has been seen by an outside provider:
no
Patient given new medications outside the VA:
no
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
Congestive Heart Failure:
Patient does not have a known diagnosis of Congestive Heart Failure
Cancer:
Patient does not currently have cancer.
PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain:    0
        Patient's acceptable level of pain: 0
PLAN:
Pain level will be reassessed at future appointments.
Fall Risk Assessment:
  History of Falling
15 = Yes Secondary diagnosis
 Ambulatory aid
 IV/Heparin Lock
 Gait/transferring
 Mental Status
15 TOTAL SCORE
Scoring:
0-24  Low Risk
        Implement Universal Fall Precautions
EDUCATION
  Person Being Assessed: Patient
   Barriers to Learning: None
  Desire and Motivation: Eager to learn
         Comphrehension: High
     Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
          Topics Covered:

/es/ VICKY L CUMMINGS
LVN
Signed: 09/01/2015 11:08
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 24, 2012	Addendum to PATIENT ALIGNED CARE TEAM NURSING NOTE		ZINN,MELISSA K		AMA-NURSE PACT PATRIOT			VistA	AMA

Notes ~ Addendum to PATIENT ALIGNED CARE TEAM NURSING NOTE

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: OCT 24, 2012@13:38:40  ENTRY DATE: OCT 24, 2012@13:38:40
      AUTHOR: ZINN,MELISSA K       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Epworth sleepiness scale administered at this visit. Patient with score of 20.
Sleep study consult placed. Patient appreciative.

This will be reviewed with Dr. Kadakia

/es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator
Signed: 10/24/2012 13:45

Receipt Acknowledged By:
10/24/2012 13:46        /es/ BHADRESH K KADAKIA
                             physician

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10/24/12 PATIENT ALIGNED CARE TEAM NURSING NOTE:
PACT Nursing Note

Nursing
Patient presents to Team Patriot at this visit per PCP request for Epworth
Sleepiness scale.
PLAN - CAN YOU RUN EPWORTH SEEPYNESS SCALE THROUGH TELEPHONE ENCOUNTER? AND THEN
ON THE BASIS OF THE SCORE SLEEP STUDY CAN BE ORDERED.


/es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator
Signed: 10/24/2012 13:31
 0
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	DEATH PRONOUNCEMENT	Summary of death note	GIBSON,GRIFFIN FRAZER		MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ DEATH PRONOUNCEMENT

```
     LOCAL TITLE: DEATH PRONOUNCEMENT
STANDARD TITLE: SUMMARY OF DEATH NOTE
DATE OF NOTE: SEP 18, 2015@09:18     ENTRY DATE: SEP 18, 2015@09:18:44
      AUTHOR: GIBSON,GRIFFIN FRAZ  EXP COSIGNER: MINARD,GAYLE
     URGENCY:                          STATUS: COMPLETED

   *** DEATH PRONOUNCEMENT Has ADDENDA ***

I have identified the patient by first name, last name and Social Security
number. Patient's code status at the time of death was DNR - Do Not Resuscitate
The attending physician of record is Gayle Minard and
the attending physician has been notified

This patient does not respond to verbal or tactile stimuli.  There is no
carotid pulse. There are no respirations. The pupils are fixed, midline and do
not respond to light. I have listened for a heartbeat and observed for
respirations for at least 1 minute.  There is no heartbeat and no respirations.

Date and time of death: Sep 18,2015@08:38
Name of person contacted:HOPKINS,DARLENE R
The Family/NOK or concerned individual contacted? Yes contact made with spouse



The family declines an autopsy

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 09:44

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:52

09/18/2015 ADDENDUM                   STATUS: COMPLETED
Family has requested autopsy at this time.

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 10:59

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:53

09/21/2015 ADDENDUM                   STATUS: COMPLETED
seen and examined patient with resident, agree with pronouncement.

/es/ GAYLE MINARD
MD
Signed: 09/21/2015 12:52
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	CARE PLAN	Team Plan of care note	MCCARY,APRIL D	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ CARE PLAN

```
     LOCAL TITLE: CARE PLAN
STANDARD TITLE: TEAM TREATMENT PLAN NOTE
DATE OF NOTE: AUG 19, 2015@14:17     ENTRY DATE: AUG 19, 2015@14:17:46
      AUTHOR: MCCARY,APRIL D       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED


  INFECTION
    related to Open incision, Presence of tubes and drains; JP, Penrose,
    hemovac

    EXPECTED OUTCOME
    Target date Aug 22,2015
    Healing wound free of redness, swelling, warmth, drainage and pain,
    Normal body temperature postoperatively, Clear breath sounds, Free of
    signs and symptoms of infection
    ACTION/INTERVENTION
    Monitor vital signs, WBC, Assess wound for redness, swelling, warmth,
    drainage and pain, Assess color, clarity and odor of urine, Use of
    aseptic technique during dressing changes, wound care, handling or
    manipulation of tubes/drains, Obtain specimens for cultures i.e.
    blood, urine, stool etc. as ordered, Practice good hand washing
    technique

  SKIN INTEGRITY (IMPAIRED) (ACTUAL OR POTENTIAL)
    related to Surgical incision

    EXPECTED OUTCOME
      Target date Aug 22,2015
      Skin remains intact, wounds healed
      Other:
    ACTION/INTERVENTIONS
    (See Skin Assessment Initial VANOD/Skin Reassessment VANOD notes for
    details)
    Assess wound for: healing, bleeding, Assess itchiness and scratching,
    pruritus, Keep skin clean and moistened at all times, Administer
    antihistamines as ordered, Assess skin for redness or irritations, dry
    and scaling, Turn and reposition q 2 hours, Reinforce/change dressing
    as ordered

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 14:19
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 20, 2008	CLINICAL REMINDER NOTE	Preventive medicine Note	HANNA,SUSAN	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: FEB 20, 2008@08:19     ENTRY DATE: FEB 20, 2008@08:19:07
      AUTHOR: HANNA,SUSAN          EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

  Tetanus Diphtheria (TD-Adult):
    Patient refused Tetanus immunization.

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 08:19
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Nov 04, 2008	PHYSICAL THERAPY ASSESSMENT NOTE	Physical medicine and rehab Outpatient Initial evaluation note	GLOVER,JOHN M	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PHYSICAL THERAPY ASSESSMENT NOTE

```
     LOCAL TITLE: PHYSICAL THERAPY ASSESSMENT NOTE
STANDARD TITLE: PHYSICAL MEDICINE REHAB OUTPATIENT INITIAL EVALU
DATE OF NOTE: NOV 04, 2008@13:30     ENTRY DATE: NOV 10, 2008@14:34:50
      AUTHOR: GLOVER,JOHN M        EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

DATE OF CONSULTATION:11/4/08
REFERRED FOR: Please provide therapeutic modalities for lower back ad left
sciatica. Spinal manipulation if needed.
REHAB DX: clbp
GENERAL INFO: This is a pleasant 65 yo male seen as an outpatient.  He lives in
Oklahoma.  He reports a hx of lbp which he has received a great deal of physical
therapy for in the past.  He has had relief in the past from a specific
Chiropractor who uses the 'clicker techniques' (which are unavailable from PT
services). He states it usually only takes a few treatments and his pain resolves
for a year or more.  We have recently fee basised him to a chiropractor near where
he lives for neck pain.  He states that he would prefer going to Colorado Springs
instead of Garden City, though. 1 month ago he was lifting and twisting and had a
sudden onset of pain with continues and is not improving. Pain is worse with
walking and when he first sits down, better with standing and changing positions.
PAIN INDEX: now:4/10, Worst:10/10, Best 0/10

O: DESCRIPTION OF IMPAIRMENT:
Pain provoked with flexion, extension slightly decreases pain.

A:Pt is appropriate for referral to Chiro close to his home as he has had quick
relief in the past.
PATIENT EDUCATION - BARRIERS TO LEARNING:
          (x)None

P: Feebasis for referral.

/es/ JOHN M GLOVER
PT, ScD, COMT
Signed: 11/19/2008 07:41
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	Addendum to NON VA CARE HOSPITAL NOTIFICATION NOTE (D)		BIRD,STACEY R		AMA-CASE MANAGEMENT PHONE-X			VistA	AMA

Notes ~ Addendum to NON VA CARE HOSPITAL NOTIFICATION NOTE (D)

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 27, 2015@07:53:18  ENTRY DATE: AUG 27, 2015@07:53:19
      AUTHOR: BIRD,STACEY R        EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

8/26 - Transfer to Amarillo VAMC requested.

DISCHARGE DISPOSITION:
  Discharge Date: Aug 26,2015

  Name of Contact:Amarillo VAMC NOD
```


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Disposition at Discharge (Document specific information in clinical note section): Transferred (indicate location below) Amarillo VAMC 3 North

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/27/2015 07:54

Receipt Acknowledged By:
12/23/2015 10:07 /es/ LORI L OLOUGHLIN

08/27/2015 18:36 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
08/28/2015 13:32 /es/ ZENITHA ROSALES
RN, MSN

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08/25/15 NON VA CARE HOSPITAL NOTIFICATION NOTE (D):
NON VA FACILITY - INTAKE SECTION:

Facility:
Hospital Notification Date: Aug 25,2015@12:07

Method of Contact: Phone Call

Point of Contact Name: Casey

Point of Contact Dept: Other:

Point of Contact Phone #: 620-624-1651

Point of Contact Fax #:

Non-VA Hospital Name: SW Medical Center
Address:
City: Liberal
State: KS Zip:
Phone:

Date Presenting to the Facility:

Chief Complaint: Bil Hydronephrosis

Patient Admitted? Yes
Date/Time: Aug 24,2015@21:10

Admission Diagnosis: Bil. Hydronephrosis

Attending-Treating MD: Chanda

Type of Bed: Medicine

Veteran requesting transfer? No
Additional Comments:

UNAUTHORIZED ADMISSION- 70%SC (UNRELATED). Veteran has Medicare A private insurance listed. Amarillo VAMC Initial notification of admission 8/25/15. Amarillo VAMC unable to provide care (Geographical location). DX: Bil. Hydronephrosis

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/25/2015 12:10

Receipt Acknowledged By:
01/15/2016 10:19 /es/ LORI L OLOUGHLIN

08/25/2015 12:19 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
08/28/2015 13:33 /es/ ZENITHA ROSALES
RN, MSN
0

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 05, 2010	Addendum to AMBULATORY CARE NOTE		COLLINS,ALMA L		ZZ11LIBERAL-PC MIDLEVEL			VistA	AMA

Notes ~ Addendum to AMBULATORY CARE NOTE

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: OCT 05, 2010@08:46:37  ENTRY DATE: OCT 05, 2010@08:46:38
      AUTHOR: COLLINS,ALMA L       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Veteran returned call and was given lab results. Per Provider Glucose 138. He
was instructed to repeat Glucose. He verbalizes understanding.

/es/ ALMA L COLLINS
RN
Signed: 10/05/2010 08:47

==========================================================================

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08/26/10 AMBULATORY CARE NOTE:

PATIENT NAME:  Hopkins, Marshall

CHIEF COMPLAINT:  This is a 67-year-old veteran presenting
for an annual visit.  He takes no medications.

SUBJECTIVE:  He continues to use supplements and herbals for all
of his needs.  At this visit though he is complaining that he has
experienced 2 episodes in the last month of chest pain and
pressure running from one axilla to the other.  He states that it
felt like "a pulled muscle."  It lasted for several minutes and
he did have some lightheadedness associated with this, but denies
any nausea, vomiting, or diaphoresis.  Each episode is associated
with mild exertion.  He denies any episodes at rest.

PAST MEDICAL HISTORY:  Significant for:
1.  Motor vehicle accident in 1991 with neck and back injuries.
2.  Fibromyalgia.
3.  Tic to the right side of the face.
4.  Hyperlipidemia.

ALLERGIES:  No known allergies.

IMMUNIZATIONS:  He takes none.

REVIEW OF SYSTEMS:  Chest pain with chest pressure, 2 episodes
within the past month with mild exertion.  Pain reaching from the
axilla to axilla and associated also with chest pressure and some
lightheadedness.  He denies any diaphoresis, syncope, and no
peripheral or pedal edema.  He also denies any changes with bowel
or bladder habits.  No diarrhea, constipation, melena, or
abdominal pain.  No changes with urination.  No urgency,
hesitancy.  Nocturia is once per night, but he denies any dysuria
or hematuria.  His appetite remains robust.  He denies any
nausea, vomiting, or epigastric upset.  He denies any problems
with range of motion.  He has some impairment to his back and his
neck due to previous motor vehicle accident for which he
continues to receive some chiropractic care.  He denies any mood
changes, anxiety, or depression.

OBJECTIVE:
VITAL SIGNS:  Blood pressure is 112/60, pulse 56, respirations
16, temperature is 96.1.  Weight 201.
GENERAL:  He is alert, awake, and in no apparent distress.
HEENT:  EOM's are intact.  PERRL.  TMs are gray and intact.
Oropharynx is moist and pink.  No lesions.
```


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NECK: Supple. Trachea is midline. No thyromegaly, JVD, or bruit.
CARDIOVASCULAR: Regular rate and rhythm. S1, S2. No gallops, murmurs, or rubs. I possibly hear a split.
RESPIRATORY: Clear to auscultation bilaterally. No rales, rhonchi, or wheezing.
ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No organomegaly is noted.
GU: Deferred per request.
MUSCULOSKELETAL: Fast range of motion in the upper and lower extremities. Pedal pulses are 2+ and equal. No pedal edema.

ASSESSMENT/PLAN:
1. Chest pain; submit for Cardiology consult. He is instructed that if the episodes do occur again he should present himself to the Emergency Department. He verbalizes understanding.
2. Hyperlipidemia; pending lab results. He takes no medications at this time. We will advise fish oil 2000 to 3000 mg daily.
3. Chronic neck and back pain; he does continue to seek care with chiropractic and also has continued pursuing care through the VA as well.
4. Fibromyalgia; stable.
5. I discussed the above examination with the gentleman and he will be notified of his Cardiology consult. He continues to take no medications, relying on supplements and herbals. He will be notified of his lab results when completed. He will be seen again as necessary and for his annual appointment.

DD: 08/26/10@1350/KWatts-Harkness, NP
DT: 08/27/10@0833/6250/DTS/206928

/es/ KATHRYN WATTS-HARKNESS

Signed: 09/14/2010 13:05
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 18, 2015	SURGERY (GENERAL)-OUTPATIENT (C)	Surgery Consult note	AHMED,SYED H	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ SURGERY (GENERAL)-OUTPATIENT (C)

LOCAL TITLE: SURGERY (GENERAL)-OUTPATIENT (C)
STANDARD TITLE: SURGERY CONSULT
DATE OF NOTE: AUG 18, 2015@08:20 ENTRY DATE: AUG 18, 2015@08:21:06
AUTHOR: AHMED,SYED H EXP COSIGNER:
URGENCY: STATUS: COMPLETED

For repair of recurrent inguinal hernia on 8/19/15.

/es/ Syed H Ahmed MD
Surgeon
Signed: 08/18/2015 08:21

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 10, 2014	Addendum to KC-GENERAL SURGERY		STARK,STEVEN P		ZZKC-GEN SURG-FOLLOW UP			VistA	KAN

Notes ~ Addendum to KC-GENERAL SURGERY

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 10, 2014@09:00:45  ENTRY DATE: SEP 10, 2014@09:00:45
      AUTHOR: STARK,STEVEN P       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

As above, pt has to have blood sugar under control for elective recurrent hernia
repair with prosthetic mesh...

/es/ Steven P. Stark, MD.
Staff Surgeon
Signed: 09/10/2014 09:01

Receipt Acknowledged By:
09/10/2014 13:51        /es/ ELIZABETH E DEAN DO
                             Staff Physician, Cameron CBOC

==========================================================================

 --- Original Document ---

09/10/14 KC-GENERAL SURGERY:
Mr Hopkins is a 71yo M who ptc for f/u RIH. Was last seen on 8/30 with concerns
of reducible RIH. However, HgA1C 9.8 with BS >240. Decision was made to attempt
to reduce BS and follow up. Pt refuses medications of any kind. Today, pt states
has cut out almost all sweets and is eating a lot of fruits since last visit.
Hernia continues to be present, and reducible at all times. Still has truss
which he wears occasionally

a/o, nad, normocephalic
eomi
mmm
reg rate
nonlabored resp, symmetric expansion
abd soft, nt/nd
RIH, reducible
maee

71yo M with RIH

Most recent A1C 10.7 on 8/28. Pt refusing medication at this time
Discussed need for diet modification and exercise
Return precautions given
Plan for rtc 6months with repeat A1C at that time

/es/ TREVOR H BECKHAM
resident physician
Signed: 09/10/2014 08:34

/es/ Steven P. Stark, MD.
Staff Surgeon
Cosigned: 09/10/2014 09:00
 0
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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	RESPIRATORY	Respiratory therapy Note	GOREE,GLORIA	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ RESPIRATORY

```
     LOCAL TITLE: RESPIRATORY
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@16:31     ENTRY DATE: SEP 17, 2015@16:31:32
      AUTHOR: GOREE,GLORIA         EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Breath Sounds:
Pre-Therapy:
CTA
Post Therapy:
CTA
     Before      After
HR:    122         122
RR:    22          23
System Assessment:
Oxygen Saturation 100%  in conjunction with respiratory treatment
Cough: Non-Productive,
 Comments:
Suctioning: Endotracheal
 Comments (indicate any adverse reactions):
Secretion Status:
 Amount: None
 Consistency:
 Appearance:
 Odor-
 Comments:
Adverse Reaction:(if yes specify)  no
Mechanical Ventilation Status:
Face Mask Ventilation: If YES you MUST answer the Skin Integrity AND Action
Plan Section
No
Mode/other info: SIMV
Other
Set Rate:20
Set Tidal Volume:  600mL
Set Fi02: 50%
Set PEEP: 5 cmH20
Set Pressure Support: 10
Set Pressure Control: 0
I:E Ratio:        1:2.3
Low Volume Alarm:  200 mL
High Pressure Limit Alarm:  40
Low Pressure Limit Alarm:    0
Plateau: 17  Peak Inspiratory Pressure:21
Exhaled Tidal Volume 640L
Exhaled Minute Volume 12.7L
Patient Respiratory Rate 23
Low Peep Alarm: 0
Alarms checked: Yes
Alarms functioning properly: Yes
Ventilator circuit temperature:  hme
Cuff Pressure: mlt cmH20
ETT Secured@: 24cm
ETT Size: 8 FR
Serial #: 614 EE26971
Comments:
Head of Bed elevated when Respiratory Therapist entered patient room?
Yes
Head of Bed elevated when Respiratory Therapist departed patient room?
Yes

/es/ GLORIA GOREE RRT
Registered Respiratory Therapist
Signed: 09/17/2015 16:35
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 20, 2008	HEALTHY LIVING/COPING SKILLS	Nurse Note	HANNA,SUSAN	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ HEALTHY LIVING/COPING SKILLS

```
     LOCAL TITLE: HEALTHY LIVING/COPING SKILLS
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: FEB 20, 2008@08:19     ENTRY DATE: FEB 20, 2008@08:19:28
      AUTHOR: HANNA,SUSAN          EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Depression Screening (PHQ-2):
Over the past two weeks, how often have you been bothered by any of the
following problems?

a.  Little interest or pleasure in doing things: Not at all (0)

b.  Feeling down, depressed or hopeless Not at all (0)

Total point score:  0 Positive score is 3 or more.
Patient had a negative 2 question depression screen.
Alcohol Screening:

AUDC (Mental Health Instrument)
  An alcohol screening test (AUDIT-C) was negative (score=0).


  1. Please read each item carefully and select the correct answer for
  you. How often did you have a drink containing alcohol in the past year?
  Never

  2. Please read each item carefully and select the correct answer for
  you. How many drinks containing alcohol did you have on a typical day
  when you were drinking in the past year? Not rated

  3. Please read each item carefully and select the correct answer for
  you. How often did you have six or more drinks on one occasion in the
  past year? Not rated
Exercise Screening:

    No--Are you physically active, exercise 3 times a week
    20-30 min.
Patient received education regarding exercise.
Weight/Nutrition Screening:

    Yes Does your diet contain more fruit, grain, and vegetables
    than meats?
    Yes Have you had your stool checked for blood in the last
    year?
Miscellaneous:

     No 1. Have you had a flex sig by an outside provider
or at the Amarillo VA within the last 5 years?
     No 2. Have you had a colonoscopy by an outside provider
or at the Amarillo VA within the last 10 years?
     No 3.  Do you have an advance directive or living will?
     No 4.  Do you take an aspirin daily?
Patient Education Assessment:

    Person being assessed:Patient
    Barriers to learning:          None
       Explain:
    Desire and motivation:Eager to learn
    Comprehensive ability:High
    Method of teaching:          Verbal
    Evaluation of pt/family education:
              Voiced understanding/Return demonstration
    Comments:

/es/ SUSAN HANNA
LVN
Signed: 02/20/2008 08:20

Receipt Acknowledged By:
02/25/2008 06:36        /es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
                             FAMILY NURSE PRACTITIONER
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 24, 2013	MHS-GENERAL NOTE (NON-S.O.A.P.)	Mental health Note	HARRIS,HEATHER R	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ MHS-GENERAL NOTE (NON-S.O.A.P.)

```
     LOCAL TITLE: MHS-GENERAL NOTE (NON-S.O.A.P.)
STANDARD TITLE: MENTAL HEALTH NOTE
DATE OF NOTE: APR 24, 2013@13:43     ENTRY DATE: APR 24, 2013@13:43:57
      AUTHOR: HARRIS,HEATHER R     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Mr. Hopkins was seen for 45 minute follow up to address depression.  He was last
seen in this clinic on 4/8/13.  He stated he continues to struggle with sleep
issues and has a follow up appt. for his CPAP this afternoon.  He stated since
his last visit he has done a lot of thinking and has decided his issues are
physical and not mental health related.  He also stated he has been talking to
his friends which has helped him with his perspective.  Most of session spent in
supportive counseling.  Will remain available as needed.

Impressions:
Appearance: dress appropriately with good hygiene
Behavior: Appropriate.
Speech: normal rate and volume
Mood: depressed
Affects: dysthymic
Thought processes: coherent and logic.
Thought content: No delusion.
Suicidal ideation: thoughts, no plan or intent
Homicidal ideation: No
Cognition: alert and oriented.
Insight: fair.
Judgment: good

Dx:
MDD, recurrent

Plan: F/U PRN

/es/ Heather R Harris, LCSW
Licensed Clinical Social Worker
Signed: 04/24/2013 13:46
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 24, 2015	TELEPHONE CONTACT	Telephone encounter Note	ROTHMAN,J LATAYNE	Physician Assistants & Advanced Practice Nursing Providers	AMARILLO HCS			VistA	AMA

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Notes ~ TELEPHONE CONTACT

```
     LOCAL TITLE: TELEPHONE CONTACT
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: AUG 24, 2015@10:16     ENTRY DATE: AUG 24, 2015@10:17:24
      AUTHOR: ROTHMAN,J LATAYNE    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

   *** TELEPHONE CONTACT Has ADDENDA ***

PT CALLED IN REQUESTING INFORMATION.

I RETURNED HIS CALL
 HE HAD  RIH REPAIR ON 8/19/2015 . STAYED IN THE HOSPITAL OVERNIGHT AND THEN
FELT NORMAL AND WENT HOME

  TODAY HE REPORTS  NEW SEVERE HICKUPS AND MAY PASS OUT DUE TO NO AIR IF HE HAS
3 IN A ROW.
NEW: NO BALANCE. WEAK, INC OF URNIE, NO APPETITE.
IS PASING RECTAL GAS. FEELS VERY WRONG.
DENIES NAUSEA OR VOMITING,

I ENCOURAGED HIM TO COME IN TO THE ER FOR LABS AND POSIBLE CT OF HIS ABD IF
NEEDED.

HE STATES HE HAS A 12 YR OLD DAUGHTER AND HE CAN NOT COME IN AS SHE WOULD COME
HOME TO A EMPTY HOUSE.  HE WILL TRY TO COME TOMORROW.
 I ENCOURAGED HIM TO COME TODAY.

/es/ J LATAYNE ROTHMAN
NURSE PRACTITIONER
Signed: 08/24/2015 11:18

08/24/2015 ADDENDUM                    STATUS: COMPLETED
wife called.  they are going to libreal va clinic for eval.

/es/ J LATAYNE ROTHMAN
NURSE PRACTITIONER
Signed: 08/24/2015 11:19
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 26, 2015	WI-SCANNED CLINIC OTHER	Administrative note			ROBERT J. DOLE VAMC		Yes	VistA	KAN

Notes ~ WI-SCANNED CLINIC OTHER

```
     LOCAL TITLE: WI-SCANNED CLINIC OTHER
STANDARD TITLE: SCANNED ADMINISTRATIVE NOTE
DATE OF NOTE: JUN 26, 2015@12:11:56  ENTRY DATE: DEC 22, 2015@12:11:56
      AUTHOR: MILLER,LEANA J       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

*****Scanned document attached to this note******

                          *** SCANNED DOCUMENT ***
                           SIGNATURE NOT REQUIRED


  Electronically Filed: 12/22/2015
                    by: LEANA J MILLER

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 23, 2008	CLINICAL REMINDER NOTE	Preventive medicine Note	JONES,RHONDA M	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: JUL 23, 2008@13:54     ENTRY DATE: JUL 23, 2008@13:54:48
      AUTHOR: JONES,RHONDA M       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

  PNEUMOCOCCAL VACCINE-NURSE:
    Patient declines Pneumococcal Vaccine.
  Influenza Immunization:
    Patient refused the influenza vaccine.  Patient was advised of risks
        and benefits of influenza vaccine.
  Tetanus Diphtheria (TD-Adult):
    Patient refused Tetanus immunization.

/es/ RHONDA M JONES
LVN
Signed: 07/23/2008 13:55
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	EMERGENCY DEPARTMENT PROVIDER	Emergency department Note	KARI,SURESH	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ EMERGENCY DEPARTMENT PROVIDER

```
     LOCAL TITLE: EMERGENCY DEPARTMENT PROVIDER
STANDARD TITLE: EMERGENCY DEPT E & M NOTE
DATE OF NOTE: SEP 16, 2015@20:07:19  ENTRY DATE: SEP 16, 2015@20:07:19
      AUTHOR: KARI,SURESH          EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

   *** EMERGENCY DEPARTMENT PROVIDER Has ADDENDA ***

Physician's Exam Time: Sep 16,2015@20:00
---------------------------CHIEF COMPLAINT----------------------------
Mental stauts changes
--------------------------HISTORY OF PRESENT ILLNESS-----------------
Patient is a 72 yo WM came up to ER door - pt obtuneded on arrival w hemetemesis
and dark stools as well. pt with hx of DM and with recent Aug R inguinal hernia
repair. had urinatry obst w Stone. pt was supposed to i/o caths at home not
doing. pt with incr BS at home.

---------------------------REVIEW OF SYSTEMS--------------------------
See above HPI
---------------------------PAST MEDICAL HX----------------------------
Noted in CPRS
DM
Renal stone
R inguinal hernia repair w STONE
---------------------------PAST SURGICAL HX---------------------------
Noted in CPRS
R inguinal hernia repair
--------------------------ALLERGIES & MEDICATIONS--------------------

Allergies: Patient has answered NKA
```


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Allergy profile has been reviewed: Yes

The Patient's medication list has been reviewed with the patient or their caregiver. If any changes are made, they are documented in the Plan or d/c instructions.

----------PHYSICAL EXAM----------
VITAL SIGNS: Noted in CPRS

DATE/TIME	TEMP	PULSE	RESP	BP	PAIN
9/16/15 @ 1935	97	121	14	68/38	

PULSE OX:	Measurement DT	POx (L/MIN)(%)
	09/16/2015 19:35	90

LEVEL OF CONSCIOUSNESS: lethargic

ORIENTATION: person

GENERAL APPEARANCE: white MALE well nourished, well hydrated, moderate distress

EYES:
Pupils: equally, round, reactive to light
Ocular: muscles are intact
External: sclera anicteric, conjunctiva clear

ENT:
Pharynx: dry mucosal membranes
Dark material in mouth
Hearing: grossly intact
Nasal: mucosa, septum, and turbinates normal
Neck: supple, no masses, trachea midline, no cervical lymphadenopathy

RESPIRATORY:
Auscultation: clear breath sounds bilaterally with no rales, rhonchi, or wheezes
Respiratory effort: (-) intercostal retractions or use of accessory muscles

CARDIOVASCULAR:
Auscultation: tachycardic rhythm

GASTROINTESTINAL:
Abdomen: soft, bowel sounds decreased, protuberant
(-) rebound, (-) guarding, (+) tenderness

GENITOURINARY:
Foley Placed - was urinating dark bloody partly and liquid urine

EXTREMITIES: no clubbing, cyanosis or edema
+ Lower ext pulses 2+ and Mottling noted
----------LABS----------
Noted in CPRS

MANUAL-DIFF: O
WBC3: 29.44 H*
RBC3: 4.01
HCT3: 33.3 L
MCV3: 83.0
MCH3: 29.2
MCHC3: 35.1
RDW3: comment
PLT3: 192
NE%3: comment
LY%3: comment
MO%3: comment
EO%3: comment
BA%3: comment
NE#3: comment
LY#3: comment
MO#3: comment
EO#3: comment
BA#3: comment
HGB3: 11.7 L
NRBC%3: comment
NRBC#3: comment

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MPV/3: comment
IG%: comment
IG#: comment
IPF: comment
APPEARANCE: Ex.Turbid
UR COLOR: RED
SPECIFIC GRAVITY: 1.012 L
UROBILINOGEN: <2.0
UR BLOOD: 3+
UR BILIRUBIN: Neg
UR KETONES: Neg
UR GLUCOSE: 3+
UR PROTEIN: 2+
UR PH: 5.0
NITRITE, URINE: Neg
LEUKOCYTE ESTERASE, URINE: 3+
URINE MICROSCOPIC: DONE
UR RBC: >100 H
UR WBC: >100 H
UR BACTERIA: 4+
URINE MUCUS: MANY
AMORPHOUS CRYSTAL: MOD
URINE WBC CLUMPS: MANY
I-STAT PH: 7.28 L
I-STAT PCO2: 28.90 L
I-STAT PO2: 123.00 H
I-STAT BASE EXCESS: -13
I-STAT O2: 98.00
I-STAT TCO2: 14.00 L
I-STAT HCO3: 13.60 L
----------DIAGNOSTICS:----------

Chest XRAY: Free air R Diaphragm
NO PTX

Abdominal XRAY: + Bowel Obstruction
+ free Air

Cardiac Monitor: sinus tachycardia

Nurse's note reviewed and I do concur.
----------DIAGNOSIS----------
1. SEPSIS ?DKA vs HHNS
2. Coffee Ground Emesis +/- Free Air Under R diaphragm
3. Renal stones
----------ER COURSE & PLAN----------
1. Given 2 L NS bolus w pressure bag and 3 and 4 liter started goal MAP >65 at
least
        SBP 90s after 2 l but dropping.
        GIven ZOSYN and VANC
        GIven PRotonix 80 IV then drip
        Given Inuslin 10 U bolus then 7 u/hr

        d/w ICU Fellow will admit
        d/w Surgery will follow and will see

TOO UNSTABLE TO SCAN CURRENTLY

Plan admit ICU

Proc: Central Line
        Initially preppred R chest - since he was dry - diff access EJ one
        single INT after sticks in Left forearm
        Was in trendelenberg 20Deg given his Vomitting

        4-5 attempts w repositioning don emergently - FInal stick arterial
        Pressure applied - (CXR No ptx no free air withdrawn)

     Central line in Left groin - cut w clippers and hair removed w tape
        and cleaned w chrolorprep - pt stick x 3-4 Vein hit and secured
        without diff. all ports open.

Proc: NGT
        NGT placed w/o diff - 400 cc coffee ground then stopped
        Placed on Low intermitent suction

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CONCURRENTLY LABS being drawn from groin intially on Left
and ABG done when central line attempted subclaivan emergently

Assisted By. Drs. Washington and Hernandez-Ford
Multi- Physician approach for crashing unstable pt

_____
Critical Care Note:
TIME IS SPENT INDEPENDENT OF ANY PROCEDURES DONE
[x] time: 70 min
[] Each additional hour x [] Hrs

Organ System at Risk:
[] central nervous system failure
[] Cardiac/circulatory failure
[x] shock
[] renal
[] hepatic
[x] metabolic
[] respiratory failure

Procedures:
[] CPR
[] Defibrillation
[] Intubation
[x] Central Venous Access
[] External Jug Access
[x] ABG
[x] EKG
Time spent eval pt/HX/Physical/reviewing labs/Records
Stabilizing & d/w consultants and arranging admission
_____

TOTAL OUTPUT : 1200 CC from NGT at 2040

/es/ SURESH KARI, MD
Staff Physician
Signed: 09/16/2015 20:48

09/16/2015 ADDENDUM STATUS: COMPLETED
pt labs improved - BS 540s
Cr stable unchanged
Acidosis improving
K stable

TEam at bedside and Surgery at bedside
Levophed at 3 mic SBP > 90
fluids and Levophed being decreased

Insulin drip decreased to 4 units/hr
recheck Foley since little uop

/es/ SURESH KARI, MD
Staff Physician
Signed: 09/16/2015 21:21

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 13, 2011	Addendum to PRIMARY CARE NP (T)(S)		FLETCHER,MARIA ELMA		AMA-PC AMARILLO			VistA	AMA

Notes ~ Addendum to PRIMARY CARE NP (T)(S)

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: MAY 13, 2011@13:57:07 ENTRY DATE: MAY 13, 2011@13:57:07

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AUTHOR: FLETCHER,MARIA ELMA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Contacted pt and informed of CT results and recommendation to repeat UA in 3 months (can do this at Liberal clinic). Pt verbalized understanding.

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 13:58

==========

--- Original Document ---

05/13/11 PRIMARY CARE NP (T)(S):
SUBJECTIVE: This is a 67 year old male ambulatory to Primary Care. Routine f/u [Liberal,Ks.]concern re poor sleep habits.Goes to bed by 8pm and arises at 5am.Seems that the main concern is nasal congestion.Uses a OTC nasal spray called Duration.spouse does not seem terribly concerned re the problem but does states he snores[by report].NO daytime somnulence of consequence noted. Denies any observed hematuria/stones by hx.NO dysuria,NO tobacco in many yrs., has 1 time/n nocturia.

PHYSICAL EXAM:
VITALS: TEMP: 97.9 F [36.6 C] (05/13/2011 10:04)
PULSE: 70 (05/13/2011 10:04)
RESP: 16 (05/13/2011 10:04)
B/P: 131/80 (05/13/2011 10:04)
WT: 209 lb [95.0 kg] (05/13/2011 10:04)
HT: 71.5 in [181.6 cm] (05/13/2011 10:15)
PAIN: 0 (02/17/2011 10:12)
HEENT: no abnl noted x modest nasal conj. no bruits
LUNGS:clear to a/p
HEART:no auscl abnl.
ABD:no HSM
RECTAL:
EXT:no edema
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	NITROGLYCERIN 0.4MG SL TAB *25'S* DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 AS NEEDED FOR CHEST PAIN - IF NO RELIEF AFTER 3 CONTACT PROVIDER	ACTIVE

Medication reconciliation was completed with the patient/caregiver.

LABS: Fasting by report --ate a large amt of desserts yesterday
SODIUM: 138 meq/L MAY 13,2011@08:44:38
POTASSIUM: 4.5 meq/L MAY 13,2011@08:44:38
BUN: 12 mg/dl MAY 13,2011@08:44:38

CREATININE 5/13/11 08:44 0.74
GLUCOSE: 155 H mg/dL MAY 13,2011@08:44:38
AST: 23 IU/L MAY 13,2011@08:44:38
ALT: 22 IU/L MAY 13,2011@08:44:38
LDH: Not found in computer LDH
ALK. PHOS.: 63 IU/L MAY 13,2011@08:44:38
GGTP: 17 MAY 13,2011@08:44:38
T. BILIRUBIN: 0.9 mg/dL MAY 13,2011@08:44:38
WBC: 7.4 K/cumm MAY 13,2011@08:44:35
HGB: 15.3 gm/dL MAY 13,2011@08:44:35
HCT: 45.0 % MAY 13,2011@08:44:35
MICROALBUMIN: Not found in computer MICROALBUMIN
CHOLESTEROL: 197 mg/dL MAY 13,2011@08:44:38
HDL: 40 mg/dL MAY 13,2011@08:44:38
LDL 118 H mg/dL MAY 13,2011@08:44:38
LDL-CHOL CALC: Not found in computer LDL-CHOL CALCULATION
LDL: 140 H mg/dL MAY 2,2006@08:06:41
TRIG: 193 H mg/dL MAY 13,2011@08:44:38

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PSA: 0.52 ngm/ml MAY 13,2011@08:44:37
TSH: 1.87 mIU/mL JUL 14,2009@09:10:45

PROCEDURES:

ASSESSMENT/PLAN:
1.suspect DM II will check HbgA1c
2.hematuria
3.?? allergic diathesis trial of oral antihistamines and nasal spray
4.
5. RTC
  Influenza Immunization:
    Patient refused the influenza vaccine. Patient was advised of risks
    and benefits of influenza vaccine.
  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PSA lab test ordered.
  BMI > 30 or > 24.99 in High Risk:
    At this visit, the health risks of obesity were reviewed and discussed
    with the patient, and the benefits of a weight management treatment
    program, such as MOVE! was discussed and offered to the patient."
    Patient Refuses referral. After discussing the health risks of
    obesity and offering a referral to MOVE or another weight loss program
    outside the VA, the patient REFUSES REFERRAL to MOVE or other weight
    loss program at this time.
  PNEUMOCOCCAL VACCINE:
    Patient declines Pneumococcal Vaccine.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 10:50

05/13/2011 ADDENDUM STATUS: COMPLETED
Has modest microscopic hematuria on UA.The CT scan did NOT show any
concerns.Suggest he have repeat UA in 3 months an if still having hematuria then
would get GU consult.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 13:52

Receipt Acknowledged By:
05/13/2011 13:54 /es/ Elma Fletcher
                  RN, BSN

05/17/2011 ADDENDUM STATUS: COMPLETED
As discussed in the visit last Friday he DOES have diabetes based on his ^ FBS
and HbgA1c of 8.5%.He needs to restrict his carbohydrate intake, exercise daily,
and start meds as rx incld. metformin 500mg bid and his cholesterol is too high
for a diabetic so will rx pravastatin 40mg daily at bedtime.

/es/ Russell F Burns M D
physican
Signed: 05/17/2011 08:12

Receipt Acknowledged By:
05/17/2011 08:34 /es/ Elma Fletcher
                  RN, BSN

05/17/2011 ADDENDUM STATUS: COMPLETED
Per PCP request, contacted pt to discuss hyperlipidemia and diabetes. Pt states
that he normally follows a very healthy diet but "fell off the wagon" the last
few weeks. He does not believe he has diabetes and states that he and his wife
do not believe in taking medications; they are into natural foods and herbals.
Discussed that A1c is a 90 day average of blood glucose. Pt would like to
repeat lab work in 3 months. Also, mentioned glucometer; pt indicated that his
wife may have a meter that he can use (was given to them by someone who was a
diabetic and was able to discontinue medication). Pt also states that he usually
has blood in his urine during most of his physicals. Transferred pt to TA to
make appt in 3 months.

/es/ Elma Fletcher
RN, BSN
Signed: 05/17/2011 09:08

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Receipt Acknowledged By:
05/17/2011 09:23 /es/ Russell F Burns M D
physican
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 23, 2012	CLINICAL REMINDER NOTE	Preventive medicine Note	THOMAS,PATRICIA R		AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: AUG 23, 2012@08:21 ENTRY DATE: AUG 23, 2012@08:21:44
AUTHOR: THOMAS,PATRICIA R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

My HealtheVet Education:
The patient does not have access and does not use the internet.

/es/ PATRICIA R THOMAS
PROGRAM SUPPORT ASSISTANT
Signed: 08/23/2012 08:22

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 28, 2003	GENERAL INFORMATION CBCB	Administrative note	WOOD,TAMMY KATHY		PUEBLO VA CLINIC			VistA	ECH

Notes ~ GENERAL INFORMATION CBCB

LOCAL TITLE: GENERAL INFORMATION CBCB
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: OCT 28, 2003@08:20 ENTRY DATE: OCT 28, 2003@08:20:10
AUTHOR: WOOD,TAMMY KATHY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

**Please use this title to document general patient information. This
progress note will not generate encounter information. Please user
another title to document your note if encounter information is
necessary.

++
MAILED LETTER/1010 TO UPDATE INFORMATION AND DISCHARGE PAPERS FOR VERIFICATION
ON ON 9-8-03. NO RESPONSE; THEREFORE, WILL RETURN SCREENING FORM TO CONNIE FOR
FUTURE REFERENCE.

/es/ TAMMY KATHY WOOD
ADMIN SUPPORT ASST
Signed: 10/28/2003 08:21

Receipt Acknowledged By:
10/28/2003 08:37 /es/ CONNIE L GAUT
PCMM COORDINATOR

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	24 HOUR INTAKE AND OUTPUT	Nurse Note	INPENG,CHITHALONE	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ 24 HOUR INTAKE AND OUTPUT

```
     LOCAL TITLE: 24 HOUR INTAKE AND OUTPUT
STANDARD TITLE: NURSING INTAKE & OUTPUT NOTE
DATE OF NOTE: AUG 27, 2015@06:22     ENTRY DATE: AUG 27, 2015@06:22:39
      AUTHOR: INPENG,CHITHALONE    EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

24 HOUR INTAKE AND OUTPUT
I & O IS RECORDED FROM 20:00 TO 19:59
Date:  Aug 27,2015 @ 00:00 to Aug 27,2015 @ 07:59

INTAKE:
Intake Total:           120ml

OUTPUT:
Output Total:            1100ml

/es/ CHITHALONE INPENG
RN, BSN
Signed: 08/27/2015 06:24
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	PERIOPERATIVE NURSING CARE PLAN	Surgery Nurse Note	BLACKWELL,APRIL L	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PERIOPERATIVE NURSING CARE PLAN

```
     LOCAL TITLE: PERIOPERATIVE NURSING CARE PLAN
STANDARD TITLE: SURGERY NURSING NOTE
DATE OF NOTE: AUG 19, 2015@07:22     ENTRY DATE: AUG 19, 2015@07:22:25
      AUTHOR: BLACKWELL,APRIL L    EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

NURSING DIAGNOSIS:
1. Potential for injury related to allergies to medications, prep solutions,
   contrast dyes.
2. Potential for injury related to prosthetic devices.
3. Potential for injury related to jewelry
4. Potential for injury related to electrical equipment used during surgical
   procedure.
5. Alterations in urine elimination related to altered level of consciousness
   and sensation.
6. Potential for skin impairment related to physical immobilization during
   surgery.
7. Potential for skin impairment related to hypothermia.
8. Potential for skin impairment related to altered circulation & sensation.
9. Potential for skin impairment related to use of protective devices.
10.Potential for infection related to break in skin integrity.

Goals:
1. No evidence of injury during or immediately post-op related to medications
   or prep solutions
2. No evidence of injury related to prosthetic device left on during surgical
   procedure
3. No injury related to jewelry worn during surgical procedure
4. No evidence of injury resulting from use of electrical equipment
```


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5. Prevent bladder distention during procedure and immediately post op
6. Absence of preventable injuries incurred while in the OR area
7. Patient will maintain temperature of 35 degrees C. (95 F.)
8. Patient will present with adequate airway
9. DNR status will be communicated
10.Adequate information will be communicated to receiving nurse upon transfer

Interventions:
1. Ask about allergies to medications, prep solutions, contrast dyes
2. Verify NPO status, procedure and site with patient; communicate to surgical team.
3. Verify Informed Consent for procedure, (Blood consent obtained when required), History and Physical completed as required.
4. Ask patient about prosthetic devices
5. Remove prosthetic devices
6. Visual check to assure that all jewelry is removed prior to coming to OR
7. If jewelry not removable, it will be secured with tape
8. Ambient room temperature warmed prior to prepping and draping
9. Assure warming blanket in place prior to draping
10. Remind anesthesia about prophylactic antibiotics prior to incision
11. Use grounding pads, check connections and placement
12. Insure no body part touching uncovered bed sections
13. Check length of proposed surgical procedure and type of procedure
14. Pad bony prominences
15. Position carefully, pad and/or support body parts as needed
16. Check pressure points
17. Apply Safety straps
18. Establish sterile field
19. Monitor for breaks in sterile technique, correct and document as needed
20. Maintain sterile field
21. Apply sterile wound cover
22. Assist with maintaining patient airway during transport post procedure
23. Verbally communicate procedure, meds given, type of anesthesia
24. Verbally communicate patient's condition
25. Surgical site infection prevention teaching conducted.

Goals met upon discharge to: PACU
-- No evidence of injury during or immediately post-op related to medications or prep solutions
-- No evidence of injury related to prosthetic device left on during surgical procedure
-- No injury related to jewelry worn during surgical procedure
-- No evidence of injury resulting from use of electrical equipment
-- Prevent bladder distention during procedure and immediately post op
-- Absence of preventable injuries incurred while in the OR area
-- Surgical site infection prevention teaching completed.
-- No evidence of infection on post-op period
-- Patient will maintain temperature of 35 degrees C. (95 F.)
-- Patient will present with adequate airway
-- DNR status will be communicated
-- Adequate information will be communicated to recieving nurse upon transfer

/es/ APRIL L BLACKWELL
RN
Signed: 08/19/2015 10:00

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	RESPIRATORY	Respiratory therapy Note	FORTNER,DONNA	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ RESPIRATORY

LOCAL TITLE: RESPIRATORY
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 16, 2015@23:17 ENTRY DATE: SEP 16, 2015@23:17:16
AUTHOR: FORTNER,DONNA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Respiratory Therapy Flow Sheet

Date: Sep 16,2015@22:45
MECHANICAL VENTILATION STATUS:
Mode: Assist Control
Face Mask VentilationNo
If yes you MUST answer the Skin Integrity AND Action Plan Section

Other

Set Rate: 16
Set Tidal Volume: 450mL
Set Fi02: 100%
Set PEEP: 5 cmH20
Set HIGH PEEP: na cmH20
Set Pressure Support: na
Set Pressure Control: na
I:E Ratio: 1:3.2
Low Volume Alarm: 250 mL
High Pressure Limit Alarm: 50
Low Pressure Limit Alarm: na
Plateau: na Peak Inspiratory Pressure: 30
Patient Respiratory Rate 32
Exhaled Tidal Volume 452ML
Exhaled Minute Volume 22.2L
Low Peep Alarm: 5
Alarms checked: Yes Alarms functioning properly: Yes
Ventilator circuit temperature: hme
Cuff Pressure: mlt cmH20
ETT Size: 8 Fr
ETT Secured @: 26 cm
Serial #: 26971
Comments:
Head of Bed:
Pre Ventilator check:
Head of bed elevated when the respiratory therapist entered the patient's room.
No Medically unstable (e.g., hypotension)
POST Ventilator check:
Head of bed elevated when the respiratory therapist departed the patient's room.
Yes
Vital Signs:

	Before	After
HR:	117	
RR:	36	

Oxygen Saturation 90 %
PATIENT COUGH ASSESSMENT:
COUGH: Not Attempted,
Comments: Just intubated

SUCTIONING: Endotracheal
Comments (indicate any adverse reactions):

SECRETION STATUS:
AMOUNT: Small
CONSISTENCY: thick
APPEARANCE: Brown
Odor- no
Comments:

/es/ DONNA FORTNER
REGISTERED RESPIRATORY THERAPIST
Signed: 09/16/2015 23:20

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	Addendum to RADIOLOGY		QUEEN,TRACY		MEM EMERGENCY ROOM - EVENING			VistA	MEM

Notes ~ Addendum to RADIOLOGY

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 17, 2015@01:03:55  ENTRY DATE: SEP 17, 2015@01:03:55
      AUTHOR: QUEEN,TRACY          EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Mr Hopkins was too unstable to come to ct...was going to the OR then 3SICU per
Ralph..thankyou

/es/ TRACY QUEEN,RT (R)(CT) ARRT
DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
Signed: 09/17/2015 01:05

==========================================================================

 --- Original Document ---

09/16/15 RADIOLOGY:
I called Keith at 941pm and informed him that we needed MR Hopkins to CT. At
943pm Fina called and said patient was unstable and it would be a while before
he would come to CT. As of 1138pm ther patient still has not made it to CT.

/es/ REGINALD E MOSLEY
DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
Signed: 09/16/2015 23:39
 0
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	SURGERY ATTENDING	Surgery Attending Note	MINARD,GAYLE		MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ SURGERY ATTENDING

```
     LOCAL TITLE: SURGERY ATTENDING
STANDARD TITLE: SURGERY ATTENDING NOTE
DATE OF NOTE: SEP 17, 2015@16:57     ENTRY DATE: SEP 17, 2015@16:57:56
      AUTHOR: MINARD,GAYLE         EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Patient acutely ill on levo and vas

s/p significant small bowel resection due to infarction, not clear etiology,
echo pending

closed with cassette, will need re exploration if survives

pa catheter placed while on rounds, needs more fluids

left ptx, placed two chest tubes

cortisol 33

Still needs foley as has minimal output and hematuria

Patient seen and examined by me with resident.  Agree with resident's exam and
plan of care.



/es/ GAYLE MINARD
MD
Signed: 09/17/2015 17:07
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 26, 2015	WI-NURSE/CBOC	Nurse Outpatient Note	HECOX,STEPHEN W	Nursing Service Providers	LIBERAL CBOC			VistA	KAN

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Notes ~ WI-NURSE/CBOC

```
     LOCAL TITLE: WI-NURSE/CBOC
STANDARD TITLE: NURSING OUTPATIENT NOTE
DATE OF NOTE: JUN 26, 2015@09:20     ENTRY DATE: JUN 26, 2015@09:20:56
      AUTHOR: HECOX,STEPHEN W      EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Reason for appointment
  Nurse Clinic:
   Reason for appointment:
    RN Triage

    Is the patient diabetic?
      Yes - patient is a diabetic.

      Last HGBA1c value and time done: 13.6  3/19/15

      HGBA1c < 7, repeat in 6 months HGBA1c > 7, repeat in 3 months
  Are you registered for My HealtheVet (MHV)?
    No - Are you interested in registering? No If 'yes' please hand
    Veteran My HealtheVet brochure.

Pt ambulatory to clinic states he is dizzy and eyes are blurring.  Primary
residence is in Hooker, OK and pt was driving to Kansas City this am and
developed sx while driving.  States he waited a few minutes and continued
feeling light headed and somewhat confused.  States had dizziness 3-4 times in
past 2 weeks and just thought maybe he was getting up too fast.  Night before
last vomited x 5, denies having fever.  Unsteady gait while walking down hall in
clinic this am, used wall to support self at times. States "my body just feels
strange." Hx of diabetes but refuses medication.  Latest hgb a1c 13.6 on
5/19/15. States has lost approx. 20 lbs in last month. Oriented x 4.  Pulse
irregular and weak.  Denies chest pain or nausea.  Lungs sounds clear to
auscultation.  Hand grips strong bilaterally.  Denies SOB.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 06/26/2015 09:41

Receipt Acknowledged By:
06/26/2015 09:50        /es/ TODD A RIDGE
                             ANP
06/26/2015 12:38        /es/ SHERRY K STEWART RN
                             QM UR RN
06/26/2015 12:27        /es/ Dawn D. Campbell, RN, MSN
                             CBOC Coordinator, PC Operations
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 02, 2006	CLINICAL REMINDER NOTE	Preventive medicine Note	BILLINGTON,LINDY J		AMARILLO HCS			VistA	AMA

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Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 02, 2006@10:53     ENTRY DATE: MAY 02, 2006@10:53:43
      AUTHOR: BILLINGTON,LINDY J   EXP COSIGNER: SEGARRA,ORLANDO
     URGENCY:                          STATUS: COMPLETED

  Colorectal Cancer Screen (Provider):
    Stool Cards X3 issued and lab orders placed.
  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PROVIDER EDUCATION: Today, the patient received written information
          and/or verbal counseling, including risks and benefits, about
          prostate cancer screening and had an opportunity to ask
          questions.
        Level of Understanding: Good
      DRE performed at this visit.
  Hepatitis C Risk Assessment:
    Patient reports a risk factor for Hepatitis C.  Order for lab test has
        been placed.
  MILITARY SEXUAL TRAUMA SCREENING:
    Patient does not report Military Sexual Trauma.

/es/ LINDY J BILLINGTON
RN,BSN,Student FNP
Signed: 05/16/2006 09:29

/es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
FAMILY NURSE PRACTITIONER
Cosigned: 05/16/2006 09:41
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	NURSING ADMISSION SCREENING	Nurse Admission evaluation note	MCCARY,APRIL D	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING ADMISSION SCREENING

```
     LOCAL TITLE: NURSING ADMISSION SCREENING
STANDARD TITLE: NURSING ADMISSION EVALUATION NOTE
DATE OF NOTE: AUG 19, 2015@14:19     ENTRY DATE: AUG 19, 2015@14:32:38
      AUTHOR: MCCARY,APRIL D       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

ALCOHOL SCREENING (AUDIT C)

How often did you have a drink containing alcohol in the past year? Never
(0 points)

How many drinks containing alcohol did you have on a typical day when you
were drinking in the past year? 0 drinks (o points)

How often did you have six or more drinks on one occasion in the past
year? Never (0 points)

Total score of above questions:  0


DRUG USE SCREENING

In the last 6 months, have you used any illegal drugs or misused any
prescription medications?
  NO

MENTAL STATUS SCREENING
Is the patient threatening to hurt or kill self?
No
Is the patient looking for ways to kill self; seeking access to pills,
```


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weapons or other means?
No
Is the patient talking or writing about death, dying or suicide?
No
Does the patient have concerns about hospitalization? No
If yes, please explain:

Does the patient have trouble sleeping? No
If yes, please explain:

Does the patient have any fears about this admission or the treatment plan? No
If yes, please explain:

Does the patient have family or friends for emotional support? No

What usually helps the patient relieve stress? "food is my passion"

Affect: appropriate

Mood: calm

Behavior: cooperative

Thought process: organized

TOBACCO SCREENING
Patient has not used any forms of tobacco in the past 30 days.

NUTRITIONAL/METABOLIC SCREENING
The patient has the following nutritional/metabolic issues:
No problems identified.
ORAL SCREEN

Patient:
has own natural teeth
DYSPHAGIA SCREENING

Dysphagia Risk Factors:
No problems identified
Swallowing Status Screen:
Abnormality observed

ADVANCE DIRECTIVE SCREENING
Patient has an advance directive and it is scanned into record. (see postings)

Does the advance directive still reflect the patient's wishes?
Yes

ORGAN/TISSUE DONATION
Patient declines organ donation information.

OBSERVATION FOR ABUSE/NEGLECT
Does the patient have unaccounted for bruises or other trauma?
No
Is the patient's hygiene adequate?
Yes
Does the patient seem fearful or withdrawn around caregiver?
No

INFLUENZA SCREEN
Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 14:35

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 13, 2015	HISTORY & PHYSICAL (II)(T)	History and physical note	AHMED,SYED H	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ HISTORY & PHYSICAL (II)(T)

```
     LOCAL TITLE: HISTORY & PHYSICAL (II)(T)
STANDARD TITLE: H & P NOTE
DATE OF NOTE: AUG 13, 2015@08:11     ENTRY DATE: AUG 18, 2015@08:11:15
      AUTHOR: AHMED,SYED H         EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

                                  HISTORY
MILITARY SERVICE BRANCH:

PRIMARY CARE PROVIDER:

CHIEF COMPLAINT(S):
1.  Establish care
2.  Swelling in the right groin.

H/O PRESENT ILLNESS:
This 72 year old MALE in to establish care. The patient has swelling in the
right groin for the last several months. He had surgery for the hernia at an
outside hosptial several years ago. The hernia is reducible. It causes aching
discomfort going down to the testicle. He is able to reduce it manually but is
getting increasingly difficult to do so.


PAST MEDICAL HISTORY:
1. Diabetes
2. Chronic back pain


SURGERIES:
1. Hernia surgery
2.
3.


MEDICATIONS:
ACTIVE OUTPATIENT PRESCRIPTIONS - NONE FOUND

ALLERGIES:
Patient has answered NKA

HABITS
-Smoking: No
-Alcohol: No
-Other drug abuse: Denied
-Caffeine: Coffee  cups/day

SOCIAL HISTORY:
-Marital status: Married
-Occupation: Retired
-Exercise: ADL's
-Diet: General
-Immunizations:
TD:
Flu:
Pneumonia:

FAMILY HISTORY:
No signigicant illnesses.

REVIEW OF SYSTEMS:

-CONSTITUTIONAL: Feels OK otherwise
-NEUROLOGICAL: No seizures
```


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-EYES/EARS: No acute problems
-CARDIAC: No chest pain
-RESPIRATORY: No cough
-GASTROINTESTINAL: Regular bowel movements
-GENITOURINARY: No acute problems
-HEMATOLOGIC: NO bleeding disorder
-DERMATOLOGIC: NO rash
-RHEUMATOLOGIC: Chronic back pain
EMOTIONAL: Stable

PHYSICAL EXAM

VITALS: TEMP: 98.0 F
PULSE: 85 (08/13/2015 13:37)
RESP: 18 (08/13/2015 13:37)
B/P: 116/72 (08/13/2015 13:37)
WT: 177.9 lb [80.9 kg] (08/13/2015 13:37)
HT: 71.5 in [181.6 cm] (04/05/2012 08:36)
PULSE OX: 8/13/15 @ 1337 PULSE OXIMETRY: 84
7/14/15 @ 1020 PULSE OXIMETRY: 95

GENERAL: Looks anxious
LYMPH NODES: Not enlarged
HEENT:Normal
SKIN: Normal
CHEST WALL & SPINE: Normal
HEART:Normal
LUNGS: Clear
ABDOMEN:SOft, non-tender. No organomegaly. Right inguinal hernia. Reducible.
Reduces with a gurgle
EXTREMITIES: Normal
NEUROLOGICAL: Grossly normal

LABs
Sodium: 136 meq/L AUG 13,2015@15:01:14
Potassium: 4.2 mmol/L AUG 13,2015@15:01:14
BUN: 22 H mg/dl AUG 13,2015@15:01:14
Creatinine:
AST: 11 IU/L JUL 14,2015@07:37:45
ALT: 15 IU/L JUL 14,2015@07:37:45
LDH: Not found in computer LDH
Alk. Phos.: 53 IU/L JUL 14,2015@07:37:45
GGTP: 18 APR 5,2012@07:30:12
T. Bilirubin: 0.6 mg/dL JUL 14,2015@07:37:45

WBC: 9.8 K/cumm AUG 13,2015@15:01:13
Hgb: 14.9 gm/dL AUG 13,2015@15:01:13
Hct: 46.5 % AUG 13,2015@15:01:13

Assessment:
1. Right inguinal hernia

Plan:
1. New Pt Lab, EKG, CXR
2. RTC
3. Refill Meds
4. Age and diagnosis appropriate education and health maintenance
    counseling and education given Re: Prostate exam, PSA, tobacco &
    alcohol abuse, diabetes, flex sig & immunizations.
5. For repair of right inguinal hernia

(x Code Status discussed.

/es/ Syed H Ahmed MD
Surgeon
Signed: 08/18/2015 08:20

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 03, 2006	AUDIOLOGY OUTPATIENT (C)	Audiology Consult note	BACK,CATHERINE T	Speech, Language and Hearing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ AUDIOLOGY OUTPATIENT (C)

```
     LOCAL TITLE: AUDIOLOGY OUTPATIENT (C)
STANDARD TITLE: AUDIOLOGY CONSULT
DATE OF NOTE: OCT 03, 2006@08:30     ENTRY DATE: OCT 03, 2006@15:36:39
      AUTHOR: BACK,CATHERINE T     EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

The veteran was seen today for an audiological assessment.

Chief complaint(s) and case history:
Bilateral hearing loss. Pt reports military noise exposure as a C-130 Loadmaster
for 24 years. He reports some occupational noise exposure with hearing
protection. Pt denies recreational noise exposure. The veteran denies tinnitus,
dizziness, otalgia, and aural pressure.

Audiological Assessment:
Otoscopic examinations revealed complete cerumen impaction, bilaterally. I
requested a bilateral ear lavage from Team 2. When pt returned from his ear
lavage, otoscopic examinations revealed clear external auditory canals. Normal
tympanic membrane landmarks were observed in each ear. Puretone testing in the
right ear revealed normal hearing sensitivity at 250 - 1500 Hz and a mild to
moderate high frequency hearing loss at 2000 - 8000 Hz. All bone condution
thresholds are WNL, but there are no air/bone gaps. Puretone testing in the left
ear revealed normal hearing sensitivity at 250 - 6000 Hz and a mild hearing loss
at 8000 Hz only. Today's word recognition scores are excellent at 96% correct in
the right and left ears, respectively. Today's results were explained to the
veteran. Discussed borderline candidacy for hearing aid in the right ear. Pt
declined amplification at this time.

Recommendation(s):
Recommend annual audiograms to monitor mild hearing loss in the right ear and
candidacy/readiness for amplification.

/es/ CATHERINE T. ZAMBITO, Au.D.
AUDIOLOGIST
Signed: 10/03/2006 15:43
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 29, 2015	PALLIATIVE CARE	Palliative care Note	PFEIFFER,JOSEPH R	Behavioral Health & Social Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ PALLIATIVE CARE

```
     LOCAL TITLE: PALLIATIVE CARE
STANDARD TITLE: PALLIATIVE CARE NOTE
DATE OF NOTE: SEP 29, 2015@14:40     ENTRY DATE: SEP 29, 2015@14:40:58
      AUTHOR: PFEIFFER,JOSEPH R    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Bereavement Follow-up Telephone Call:

Attempted to speak to: Wife-Darlene Hopkins

Called telephone number listed in record and/or found on "Deceased Veteran
Profile" face sheet. Reached voicemail.  Left a message of condolence and
provided contact information.

Will follow-up with the appropriate mailing of a condolence letter, Sympathy
card signed by staff, bereavement/loss handouts, and other appropriate materials
within a short period of time.

/es/ Joseph R. Pfeiffer
STAFF CHAPLAIN
Signed: 09/29/2015 14:42
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 18, 2007	CLINICAL REMINDER NOTE	Preventive medicine Note	KIRSCH,BEVERLY A	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 18, 2007@08:26     ENTRY DATE: MAY 18, 2007@08:26:46
      AUTHOR: KIRSCH,BEVERLY A     EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

  Tetanus Diphtheria (TD-Adult):
    Patient refused Tetanus immunization.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/18/2007 08:27
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	INVASIVE PROCEDURE	Procedure note	PAULUS,ELENA M	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ INVASIVE PROCEDURE

```
     LOCAL TITLE: INVASIVE PROCEDURE
STANDARD TITLE: PROCEDURE NOTE
DATE OF NOTE: SEP 17, 2015@02:45     ENTRY DATE: SEP 17, 2015@02:45:14
      AUTHOR: PAULUS,ELENA M       EXP COSIGNER: VERA,SANTIAGO RAFAEL
     URGENCY:                          STATUS: COMPLETED

                                    INVASIVE PROCEDURE NOTE

TYPE OF PROCEDURE:Central Venous line insertion

Yes  Patient Identity:  Two (2) identifiers: Patient
```


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name and SSN, birthday, or other VA-approved identifier

Yes Consent Form: Confirm patient, procedure, side/site, reason

Yes Procedure: Procedure name and description

Yes Side/Site: Confirm laterality, surgical site marked (visible after draping) and/or special purpose wristband verified

N/A Imaging (as applicable): Two (2) members confirm imaging studies are available and properly labeled and presented.

Yes Allergies: Confirm allergies

Yes Specialty or Unit Specific Element: Include specific directions regarding other checklist elements such as implants, patient position, cultures, special equipment, etc.

SIDE ON WHICH PROCEDURE WAS PERFORMED:left

INDICATION FOR PROCEDURE:Monitoring

DESCRIPTION OF PROCEDURE AND FINDINGS:
Previous left and right subclavian CVL attempted by other MDs in ED- pt w/ L ptx s/p CT placement- Left ultrasound guided IJ CVL placement with 1st stick, no complications placed in OR

POST PROCEDURE:
Post procedural X-Ray:YES
Post Procedure Specimens:NO
Vital Signs Stable:NO

TIME OUT done at:

TEAM MEMBERS PRESENT:
  Providers:
Elena Paulus Lamb

  Anesthesia:
Dr. Perkins

  Nurse(s):

  Tech(s):

COMPLICATIONS:
Procedure tolerated, no complications

Prior to procedure, the operative/procedure team members verbally confirmed:
- Correct patient identity (2 identifiers)
- Correct operation/procedure to be performed
- Correct operative/procedure site/side
- Correct consent form
- Correct position
- Correct imaging labeled and displayed
- Correct implant(s) available, if applicable
- Special equipment available, if applicable
- Allergies confirmed

COMMENTS:

/es/ elena m PAULUS
resident physician
Signed: 09/17/2015 02:47

/es/ SANTIAGO RAFAEL VERA
MD

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Cosigned: 09/17/2015 07:17

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 18, 2007	FLU SHOT NOTE	Immunization note	KIRSCH,BEVERLY A	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ FLU SHOT NOTE

```
     LOCAL TITLE: FLU SHOT NOTE
STANDARD TITLE: IMMUNIZATION NOTE
DATE OF NOTE: MAY 18, 2007@08:27     ENTRY DATE: MAY 18, 2007@08:27:18
      AUTHOR: KIRSCH,BEVERLY A     EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Patient refused the influenza vaccine.  Patient was advised of risks and
benefits of influenza vaccine.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/18/2007 08:27
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 15, 2014	KC-HISTORY AND PHYSICAL (NEW)	History and physical note	DEAN,ELIZABETH E	Allopathic & Osteopathic Physicians	CAMERON CBOC			VistA	KAN

Notes ~ KC-HISTORY AND PHYSICAL (NEW)

```
     LOCAL TITLE: KC-HISTORY AND PHYSICAL (NEW)
STANDARD TITLE: H & P NOTE
DATE OF NOTE: APR 15, 2014@13:37     ENTRY DATE: APR 15, 2014@13:37:09
      AUTHOR: DEAN,ELIZABETH E     EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

(x)Nurse's intake/assessment note reviewed.

HISTORY: See Problem List.
INGUINAL HERNIA RIGHT
RIGHT SHOULDER PAIN
DIABETES


OUTPATIENT MEDICATIONS:
ACTIVE OUTPATIENT PRESCRIPTIONS
PT. DECLINES TO TAKE ANY THERAPY


DRUG ALLERGIES:  Patient has answered NKA

PRIVATE DOCTORS:  NONE

HPI:

ROS:
CONSTITUTIONAL/SLEEP/WEIGHT:
EYES: Last Exam:    ()Glasses
HEAD, EARS, NOSE, MOUTH, THROAT:  no problems with scalp, hearing normal,
nose & sinuses normal, swallowing normal, teeth
CARDIOVASCULAR:  No chest pain or edema.  No claudication.
RESPIRATORY:  No SOB or cough. SMOKER ()YES ()NO
```


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GI: No indigestion, stooling normal. COLONOSCOPY ()YES ()NO
GU: Stream normal; nocturia
MUSCULOSKELETAL: No pain or dysfunction. SEVERE MVA 1991 WHILE IN THE SERVICE.
SKIN: No lesions or rashes.
NEUROLOGIC: No headaches, no history of loc or seizure. No dizziness.
PSYCHIATRIC: Normal.
ENDOCRINE: Denies excessive thirst, urination or weight loss. Normal blood sugar. Denies abnormal thyroid.
HEMATOLOGIC/LYMPHATIC: No anemia or other blood dyscrasia. Has not received blood products.
SEASONAL/FOOD ALLERGIES: None
CHILDHOOD DISEASES: UNK
OTHER: NONE

PAST MEDICAL/FAMILY/SOCIAL HISTORY:

SURGERIES: 1969 RIGHT IH REPAIR
1994 REVISION W/MESH RIH REPAIR

MEDICAL/SURGICAL: See Problem List

FAMILY HISTORY:
FATHER DIED AGE 74 OF UNK CAUSES; MOTHER DIED AGE 86 UNK CAUSE. 2 BROTHERS DIED. 1 HAD BRAIN CANCER. OTHER UNK. 6 CHILDLREN A&W.

SOCIAL HISTORY:

MARITAL STATUS - MARRIED X 12 YRS TO 2ND WIFE. DIVORCED X 1 AFTER 16 YRS.
OCCUPATION - DISABILITY ON DUTY FROM THE AIR FORCE. HAS OWNED GROCERY STORES, RESTAURANT. HAS BEEN A FARMER/RACHER, SELLS LIGHTS AT THIS TIME.
RELIGIOUS PREFERENCE: LDS

MILITARY SERVICE:
PERIOD OF SERVICE - 1961 1967 AIR FORCE; AIR GUARD 1974 - 1982; USAF RESERVES 1982 - 1994.
LAST BRANCH OF SERVICE - AIR FORCE

HABITS:
CIGARETTE USE (packs per day): QUIT 1972, 2 - 2 1/2 PPD X 20 YRS.
ALCOHOL USE (drinks per day): QUIT 1972, ALCOHOLIC. PARTICIPATED IN A PROGRAM.
CAFFEINE (cups per day): NONE
RECREATIONAL DRUG USE: (X)No ()Yes. Drugs used:
EXERCISE (days per week): WORKS, ACTIVE
SEAT BELT USE (X)Yes ()No
HOBBIES/INTERESTS: WORK

EXAM:
VITALS:
HT. 74", WT. 196.4 LBS., BMI 25.27; BP 154/90, RECK 124/86, PULSE 81, RESP 20, TEMP 98.3. P.O. NONE; PAIN 5/10 LOWER ABD. P.O. 97%

GENERAL APPEARANCE: TALL, AVERAGE WEIGHT CAUCASIAN MALE. SALT AND PEPPER HAIR CUT SHORT. MUSTACHE. BLUE EYES, NO GLASSES. LOOKS YOUNGER THAN HIS STATED AGE.
EYES: PERL; lids normal, no injection.
HEAD, EARS, NOSE, MOUTH, THROAT: Ears and nose normal; hearing normal, nares patent; lips normal. TEETH - IN GOOD REPAIR.
NECK: Symmetrical and thyroid normal.
CARDIOVASCULAR: RRR, no murmur, no JVD or edema, PMI normal carotid, abdominal pulses normal.
RESPIRATORY: CTA, no adventitious sounds, no dyspnea.
CHEST/BREASTS: Symmetrical, no masses.
GI: NTTP, no masses, no hepato or splenomegaly, no hernia.
GU: DEFERRED
RECTAL: DEFERRED
LYMPHATIC: Cervical normal.
MUSCULOSKELETAL: Gait normal, digits and nails normal, joints - RIGHT SHOULDER STIFF W/REDUCED ROM AND SOME PAIN ESPECIALLY IN THE UPPER ARM, BICEP AREA.
SKIN: No rashes or lesions.
FEET: DEFERRED.
NEUROLOGIC: CN 2-12 normal, no tremor.

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PSYCHIATRIC: Oriented x 3, memory intact, mood normal.

LAB:

04/08/14	8:15	HEMOGLOBIN A1C	9.8H
04/08/14	8:15	WBC	8.2
04/08/14	8:15	RBC	5.20
04/08/14	8:15	HGB	15.4
04/08/14	8:15	HCT	46.8
04/08/14	8:15	MCV	90.0
04/08/14	8:15	MCH	29.7
04/08/14	8:15	MCHC	32.9L
04/08/14	8:15	RDW	13.7
04/08/14	8:15	PLATELET COUNT	242
04/08/14	8:15	MPV	8.2
04/08/14	8:15	LYMPH, AUTO %	29.5
04/08/14	8:15	MONOCYTE, ABSOLUTE	0.5
04/08/14	8:15	EOSINOPHIL, ABSOLU	0.1
04/08/14	8:15	BASO, ABSOLUTE	0.1
04/08/14	8:15	NEUTROPHILS,ABSOLU	5.2
04/08/14	8:15	NEUTROPHILS, AUTO	63.0
04/08/14	8:15	MONONUCLEAR, AUTO	5.8
04/08/14	8:15	EOS, AUTO %	1.0
04/08/14	8:15	BASOPHIL, AUTO %	0.7
04/08/14	8:15	LYMPHOCYTE, ABSOLU	2.4
04/08/14	8:15	GLUCOSE	244H
04/08/14	8:15	UREA NITROGEN mg/d	12
04/08/14	8:15	*CREATININE	0.90
04/08/14	8:15	SODIUM	142
04/08/14	8:15	POTASSIUM	3.8
04/08/14	8:15	CALCIUM (mg/dL)	9.4
04/08/14	8:15	CHOLESTEROL	239H
04/08/14	8:15	PROTEIN,TOTAL	8.1
04/08/14	8:15	ALBUMIN	4.3
04/08/14	8:15	TOTAL BILIRUBIN	0.7
04/08/14	8:15	ASPARTATE TRANSAMI	15
04/08/14	8:15	ALANINE AMINOTRANS	19
04/08/14	8:15	TRIGS	249H
04/08/14	8:15	ANION GAP	14.0
04/08/14	8:15	RISK FACTOR	18
04/08/14	8:15	HDL-CHOLESTEROL	44
04/08/14	8:15	CHLORIDE	99
04/08/14	8:15	CO2	29
04/08/14	8:15	ALKALINE PHOSPHATA	58
04/08/14	8:15	LDL (CALC)	145H
04/08/14	8:15	EGFR	83.4
04/08/14	8:15	TSH	2.310

X-RAY: RIGHT SHOULDER PENDING

ASSESSMENT/PLAN:
1. DIABETES - PT. DECLINES ANY THERAPY. DISCUSSED A1C INTERPRETATION, AVERAGE BS IN LAST 3 MOS OF 240. ALSO ADVISED PT. THAT IMPLICATIONS OF HIGH BS ARE RISK OF CARDIOVASCULAR DISEASE. LOW CHO DIET DISCUSSED AND INFORMATOIN DISPENSED.

2. SCREENING FOR MALIGNANT NEOPLASMS OF COLON - PT. DECLINES TO HAVE COLONOSCOPY. HE AGREED TO COMPLETE STOOL CARDS. DISPENSED.

3. HYPERLIPIDEMIA - DECLINES THERAPY. DISCUSSED RESULTS AND GOALS.

4. RIGHT SHOULDER PAIN - XRAY PENDING.

5. RIH RECURRENT - SURGERY CONSULT. PT. ADVISED THAT SINCE HIS BS IS HIGH THEY MAY BE RELUCTANT TO PERFORM THE SURGERY.

6. SLEEP APNEA - PT. HAS CPAP BUT DECLINES TO USE IT.

7. ALCOHOLISM IN REMISSION - ACCOLADES.

8. TOBACCO USE IN REMISSION - ACCOLADES.

PATIENT EDUCATION:
(X)Diet: weight and cholesterol management. LOW CHO, LOW FAT
()Exercise: 20 minutes or to capacity; four days per week minimum.
(X)Medications: benefits and side effects. NA. NOT TAKING AND REFUSING

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MEDICATIONS.
(X)Lab: reviewed with patient. COPIES OF LABS TO PT AND DISCUSSED W/HIM TODAY.
(X)Smoking cessation: advised and supported. ACCOLADES
()Other:

CLINICAL REMINDER ACTIVITY:
  Zoster/Shingles Vac Candidate (KC):
    Zoster/Shingles vaccine (Zostavax)
      Patient counseled on health risks/benefits of Zoster/Shingles vaccine, but declined vaccine at this time.

  Screen for PTSD (KC):
    PC PTSD
      A PTSD screening test (PTSD 4Q) was negative (score=0).

      1. Have had any nightmares about it or thought about it when you did not want to?
      No

      2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
      No

      3. Were constantly on guard, watchful, or easily startled?
      No

      4. Felt numb or detached from others, activities, or your surroundings?
      No
  Elopement Risk Assessment (KC):
    ELOPEMENT RISK ASSESSMENT
      Conditions that might lead to this decision may include but not limited to:

      High risk elopement factor(s) no longer apply
  Homelessness Screening(KC):
        In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.
          Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?
            No - Not worried about housing near future
  Medication Reconciliation (KC):
    MEDICATION RECONCILIATION
    1. I have reviewed the list of medications the patient is taking with the patient and/or caregiver and reconciled the medications to the extent appropriate to the scope of this visit.
      No differences identified
    3. Copy of reconciled medication list given to patient and/or caregiver.
    Patient verbalizes understanding:

        yes.

    Patient educated on:
      - Medication side effects
      - Importance of taking medications as prescribed
      - Updating medication list when medications are discontinued, changed, or new medications are added
      - Always bringing a list of current medication information to all doctor visits
      - Always carrying current medication information in the event of emergency situations
  Quit Tobacco Intervention:
    This patient is not a current tobacco user.
  KC-MOVE!:

      Patient was provided with weight loss counseling about risks of being overweight and/or obese by this provider. Recommendation was made for the Veteran to increase activity and participate in a weight management program.

        Patient declined/or would not benefit referral to MOVE!/Weight

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Management Program at this time due to:
Medical Condition: AT IBW
Learning Assessment (KC):

LEARNING ASSESSMENT
Patient has religious, cultural, or ethnic preferences that impact his/her care?
No
Patient Preferred Health Care language is:
English
LEARNING BARRIER(S)**
Has no barriers to learning.
READINESS TO LEARN**
Patient is ready to learn
READING ABILITY**
Patient reads well.
LEARNING ABILITY**
Able
PREFERRED METHOD OF LEARNING**
Reading
N:Hepatitis C Risk Assessment:
Risk factors for Hepatitis C include Blood Transfusions prior to 1992, IV Drug Use, Exposure to Blood/Blood Products, Multiple Sexual Partners, Hemodialysis, Tattoo/Body Piercing, Cocaine Use, Unexplained Liver Disease, Unexplained Abnormal ALT/SGPT, History of Alcohol Abuse.
Patient has no risk factors for Hepatitis C.

LETTER TO PT. IN FU OF DIABETES, VERY HIGH BS, ABNORMAL CHOLESTEROL, HIGH RISK OF CAD. OFFER METER FOR BS MONITORING.

RTC 12 MOS - A1C, VIT. D, B12, FLP, L/R, PSA, TSH, CBC W/DIFF.

/es/ ELIZABETH E DEAN DO
Staff Physician, Cameron CBOC
Signed: 04/15/2014 14:15

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	RESPIRATORY THERAPY ASSESSMENT NOTE	Respiratory therapy Note	MCFARLAND,KYLE E	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ RESPIRATORY THERAPY ASSESSMENT NOTE

LOCAL TITLE: RESPIRATORY THERAPY ASSESSMENT NOTE
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@02:44 ENTRY DATE: SEP 17, 2015@02:44:43
AUTHOR: MCFARLAND,KYLE E EXP COSIGNER:
URGENCY: STATUS: COMPLETED

RESPIRATORY THERAPY CARE ASSESSMENT NOTE

Vitals: DATE/TIME	TEMP	PULSE	RESP	BP	PAIN
9/16/15 @ 2200		106	21	125/76	
9/16/15 @ 2044		106	18	95/60	
9/16/15 @ 1935	97	121	14	68/38	

Ht:
Wt:

Pulse Oximetry Reading: Measurement DT	POx (L/MIN)(%)
09/16/2015 22:00	93
09/16/2015 19:35	90

Oxygen Saturation 95 %
Comments:

Isolation Status: Standard Precautions
Comments:

COUGH: (select all that apply)Not Attempted,
Comments:

DYSPNEA EVALUATION: None
Comments:

AIR MOVEMENT STATUS: Somewhat good movement
Comments:

OXYGEN THERAPY: ventilator FiO2: %
Liter Flow:

MOST RECENT LAB RESULTS AT TIME OF NOTE (AUTOMATIC ENTRY with dates):
hemoglobin- 0
hematocrit- 0
RBC- SCLU - Red Blood Cells
No data available for ZZRBC (DO NOT USE)
WBC- WBC2 - NONE FOUND
Comments:

SMOKING HISTORY:
non-smoker
No. of packs per day: n/a
Comment/Year Quit Smoking:
BREATH SOUNDS:
At time of assessment:
Adventitious Breath Sounds

other: RALES
HR: 147
RR: 12
PHYSICAL APPEARANCE:(check all that apply)no problems noted
Physical appearance comments:

RESPIRATORY BREATHING PATTERNS: normal
Comment:

MENTAL STATUS:SEDATED

CYANOSIS: None observed
comments:

EDEMA: None

/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/17/2015 02:46

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 11, 2009	FLU SHOT NOTE	Immunization note	HANNA,SUSAN	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ FLU SHOT NOTE

```
     LOCAL TITLE: FLU SHOT NOTE
STANDARD TITLE: IMMUNIZATION NOTE
DATE OF NOTE: AUG 11, 2009@12:47     ENTRY DATE: AUG 11, 2009@12:47:03
      AUTHOR: HANNA,SUSAN          EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Patient refused the influenza vaccine.  Patient was advised of risks and
benefits of influenza vaccine.
  PNEUMOCOCCAL VACCINE-NURSE:
    Patient declines Pneumococcal Vaccine.
  Tetanus Diphtheria (TD-Adult):
    Patient refused Tetanus immunization.

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 12:47
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 23, 2012	HEALTHY LIVING/COPING SKILLS	Nurse Note	MOORE,ROGENA S	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ HEALTHY LIVING/COPING SKILLS

```
     LOCAL TITLE: HEALTHY LIVING/COPING SKILLS
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: AUG 23, 2012@08:29     ENTRY DATE: AUG 23, 2012@08:29:55
      AUTHOR: MOORE,ROGENA S       EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Exercise Screening:

    Yes--Are you physically active, exercise 3 times a week
    20-30 min.
Weight/Nutrition Screening:

    Yes Does your diet contain more fruit, grain, and vegetables
    than meats?
    No Have you had your stool checked for blood in the last
    year?
Miscellaneous:

     No 1. Have you had a flex sig by an outside provider
or at the Amarillo VA within the last 5 years?
     Yes 2. Have you had a colonoscopy by an outside provider
or at the Amarillo VA within the last 10 years?
     No 3.  Do you have an advance directive or living will?
     No 4.  Do you take an aspirin daily?

/es/ ROGENA S MOORE
LVN
Signed: 08/23/2012 08:31
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 02, 2006	HISTORY & PHYSICAL (II)(T)	History and physical note	BILLINGTON,LINDY J		AMARILLO HCS			VistA	AMA

Notes ~ HISTORY & PHYSICAL (II)(T)

```
     LOCAL TITLE: HISTORY & PHYSICAL (II)(T)
STANDARD TITLE: H & P NOTE
DATE OF NOTE: MAY 02, 2006@10:32     ENTRY DATE: MAY 02, 2006@10:32:25
      AUTHOR: BILLINGTON,LINDY J   EXP COSIGNER: KASTNER,DAVID A
     URGENCY:                           STATUS: COMPLETED

                                  HISTORY
MILITARY SERVICE BRANCH: USAFR & USAF & ANG

PRIMARY CARE PROVIDER: Orlando Segarra, RN,MSN,FNP

CHIEF COMPLAINT(S):
1.  Need chiropractor care referral for neck/back pains.

H/O PRESENT ILLNESS:
This 62 year old MALE in to establish care


PAST MEDICAL HISTORY:
1. MVA 1991 - neck/back injuries
2. Fibromyalgia
3. Tick (right side of face)
4. Histoplasmosis

SURGERIES:
1. 1965 - Inguinal Hernia Repair
2. 1971 - Inguinal Hernia Repair

FRACTURES:
1. 1965 - Left ankle

MEDICATIONS:
no current medications

ALLERGIES:
none reported

HABITS
-Smoking: not currently smoking (2PPD x 15Years)
-Alcohol: denies
-Other drug abuse: denies
-Caffeine: denies

SOCIAL HISTORY:
-Marital status: Married
-Occupation: Retired
-Exercise:  Performs ADL's independently.
-Diet: Fruits/veg, nuts, grains, seeds (rare animal meat intake), little dairy
products, no eggs, no processed sugar

-Immunizations:
TD: pt cannot recall, pt not interested in getting booster today
Flu: never rec'd, not interested in receiving vacccine today
Pneumonia: never rec'd, not interested in receiving vaccine today

FAMILY HISTORY:
Maternal:
 Mother: Dead/Elderly/Natural Causes
 Grandmother: Dead/Elderly/Natural Causes
 Grandfather: Dead/Elderly/Natural Causes

Paternal:
 Father: Dead/Elderly/Natural Causes
```


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Grandmother: Dead/Elderly/Natural Causes
Grandfather: Dead/Elderly/Natural Causes

Siblings:
Brothers: 2 brothers, some 1/2 brothers (most still living)
Sisters: 5 sisters (all still living except one of cancer)
Family History of: some type of cancer (pt cannot recall)

REVIEW OF SYSTEMS:

-CONSTITUTIONAL: No fever, chills, fatigue, night sweats.
-NEUROLOGICAL: Some tension headaches from neck pain and some neck stiffness. No loss of consciousness, difficulty in speech, muscle weakness, seizures, paraesthesias.
-EYES/EARS: No altered vision, does not wears glasses, some difficulty in hearing.
-CARDIAC: No chest pain, palpitations, shortness of breath,
-RESPIRATORY: No chronic cough, shortness of breath, hemoptysis, pneumonia, or bronchitis.
-GASTROINTESTINAL: No nausea, vomiting, diarrhea, constipation, abdominal pain, frequent belching, hemoptysis, melena, hemorrhoids.
-GENITOURINARY: No hematuria, dysuria, difficulty in initiating urine flow, urinary incontinence, urgency.
-HEMATOLOGIC: No h/o easy bleeding or clot in the legs.
-DERMATOLOGIC: No skin rashes or itching.
-RHEUMATOLOGIC: Periodic joint pain. No swelling, lesions, decreased ROM, numbness, or tingling.
EMOTIONAL: 1992-1993 depression treatment.

PHYSICAL EXAM

VITALS:	TEMP:	98.1 F [36.7 C] (05/02/2006 09:55)
	PULSE:	69 (05/02/2006 09:55)
	RESP:	20 (05/02/2006 09:55)
	B/P:	118/78 (05/02/2006 09:55)
	WT:	200.7 lb [91.2 kg] (05/02/2006 09:55)
	HT:	74 in [188.0 cm] (05/02/2006 09:55)
	PULSE OX:	5/2/06 @ 0954 PULSE OXIMETRY: 95

GENERAL: Well developed, well nourished in no apparent distress male ambulatory oriented x 3 good communication skills.
LYMPH NODES: None palpable.
HEENT: TM's unable to visulize due to cerumen impaction. Normocephalic, PERL, external ears normal, no
pharyngeal erythema, oral mucosa moist, no lesions. Neck supple, no cervical adenopathy, Thyroid mid-line no enlargement or nodules, no Bruit or JVD. Fundoscopic exam wnl
SKIN: No rashes or lesions.
CHEST WALL & SPINE: No deformities, no point tenderness.
HEART: No murmurs or gallup
LUNGS: Good air entry on both sides. No crackles or wheezes.
ABDOMEN: soft, not distended, bowel sounds well heard, no tenderness, no organomegaly.
RECTAL: Prostate no enlargement or nodules, normal contour, approx. 20cc. No tenderness or pain on exam. No hemorrhoids.
GENITALIA: Normal.
EXTREMITIES: No joint swelling or tenderness. No ankle edema. Peripheral pulses 2+. Normal neurosensory.
NEUROLOGICAL: Conscious. Alert. Oriented to time, place and person. Speech normal. Recent memory intact. Motor power 5/5 in all extremities. Motor coordination normal, sensations intact throughout. DTR ++ both sides. No meningeal signs.

LABs
Sodium: 137 meq/L MAY 2,2006@08:06:41
Potassium: 4.1 meq/L MAY 2,2006@08:06:41
BUN: 10 mg/dL MAY 2,2006@08:06:41
Creatinine: 1.0 mg/dL MAY 2,2006@08:06:41
AST: 22 IU/L MAY 2,2006@08:06:41
ALT: 23 IU/L MAY 2,2006@08:06:41
LDH: Not found in computer LDH
Alk. Phos.: 47 IU/L MAY 2,2006@08:06:41
GGTP: 18 IU/L MAY 2,2006@08:06:41
T. Bilirubin: 0.8 mg/dL MAY 2,2006@08:06:41

WBC: 7.5 K/cumm MAY 2,2006@08:06:39

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Hgb: 15.4   gm/dL   MAY 2,2006@08:06:39
Hct: 45   %   MAY 2,2006@08:06:39

Assessment / Plan:
1. Chronic neck and back pains: will send pt for x-rays spinal and cervical series today for evaluation. Referral made to case mgmt. for chiropractor services and VA benefits. Pt denies wanting any medications for pain.
2. Hyperlipidemia: counseled pt about diet changes and exercise activity.
3. Hematuria: pt with mod. amt. blood in urine this visit, pt denies any problems with urination or pain, will f/u with repeat UA next visit.
4. Cerumen impaction: pt does not want removal or irrigation today, pt states his wife will clean them.
5. Audiology consult: pt requests an evaluation due to decreased hearing ability. Pt instructed to have ears cleaned out(cerumen removed) before evaluation - pt verbalized understanding.
6. Stool cards X3 sent with patient and instructions given for colorectal cancer screening.
7. RTC in 12 months with labs prior, and PRN if needed.
8. Age and diagnosis appropriate education and health maintenance
    counseling and education given Re: Prostate exam, PSA, tobacco &
    alcohol abuse, diabetes, flex sig & immunizations.

/es/ LINDY J BILLINGTON
RN,BSN,Student FNP
Signed: 05/02/2006 12:06

/es/ DAVID KASTNER
MD
Cosigned: 05/02/2006 12:13

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 11, 2009	CLINICAL REMINDER NOTE	Preventive medicine Note	HANNA,SUSAN	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: AUG 11, 2009@12:47   ENTRY DATE: AUG 11, 2009@12:47:36
      AUTHOR: HANNA,SUSAN   EXP COSIGNER:
     URGENCY: STATUS: COMPLETED

  Tobacco Use Screen:
      Patient states they are a former tobacco user but has quit more than
      12 months ago.

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 12:47

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 18, 2007	PC - NURSING INTERVIEW NOTE	Primary care Nurse Note	KIRSCH,BEVERLY A	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PC - NURSING INTERVIEW NOTE

     LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: MAY 18, 2007@08:28   ENTRY DATE: MAY 18, 2007@08:28:39

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AUTHOR: KIRSCH,BEVERLY A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

APPOINTMENT TIME: 1000
Type of Visit: Scheduled Visit
Allergies as listed in CPRS: Patient has answered NKA
Any other patient stated allergies:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
SUBJECTIVE: PT HERE FOR SCHEDULED VISIT. PT STATES," SNORING IS GETTING REALLY GETTING BAD. WHEN I SLEEP I NOTICE THAT ONE NASAL PASSAGE IS OPEN AND THEN DURING THE NIGHT IT WILL CLOSE AND IT WILL WAKE ME UP AND I'LL HAVE TO TURN OVER TO THE OPEN NASAL PASSAGE. SOMETIME WHEN BOTH NASAL PASSAGES ARE CLOSED I HAVE TO SLEEP WITH MY MOUTH OPEN." DENIAL OF ANY OTHER COMPLAINT AT THIS TIME.RECHECKED B/P 118/80 P-75

Patient Age: 63
Living arrangements: PT LIVES IN HOOKER OK WITH WIFE

****
Tobacco use: Pt states not a current tobacco user.
****
Inhaler use: No Return Demonstration: No
Presented: Ambulatory without assistance
No Have you been in the hospital since last visit?
If so where?
No Have you seen an outside physician since last visit?
No Were you given any new medications?
**********MEDICATION RECONCILIATION**********
Does Patient take any non-prescription meds, including herbal supplements, vitamins, etc? No
Any non VA meds need to be added to the NON VA Meds on the Orders tab in CPRS
****
No significant health problems since last visit.
Temperature: 97.9 F [36.6 C] (05/18/2007 08:21)
Pulse: 75 (05/18/2007 08:21)
Respirations: 20 (05/18/2007 08:21)
B/P: 145/82 (05/18/2007 08:21)
Height(inches): 74 in [188.0 cm] (05/02/2006 09:55)
Weight(lbs): 203.5 lb [92.5 kg] (05/18/2007 08:21)
BMI: 26.2
Pain: 0 (05/18/2007 08:21) (Scale from 1-10)
O2 Sat: 5/18/07 @ 0821 PULSE OXIMETRY: 96

SCREENING TESTS REQUESTED- Lab
OTHER- 02 SAT 96% ON ROOM AIR
**********DIETARY**********
Has Prealbumin <18 Dietary consult needed.
Has BMI < 21 Dietary consult needed. BMI: 26.2
Has BMI > 30 Dietary consult needed. BMI: 26.2
Has HgbA1C > 10 Dietary consult needed.
HgbA1C: 5.9 % MAY 2,2006@08:06:40
Has Glucose > 125 Dietary consult needed.
GLUCOSE: 123 H mg/dL MAY 2,2006@08:06:41
Has B/P > 140/90 Dietary consult needed.
No problems identified
****
Known Diagnosis of CHF No
Educational packet given No
Patient was advised to weigh daily, to keep a record, contact their PCP if weight changes >2-3 lbs overnight or >3-5 lbs during a week.
Heart Failure Instruction Packet given to patient. No

PAIN MANAGEMENT- Free of pain with no complaints of discomfort.
Location: Patient denies pain

Intensity (current pain on a 0-10 scale): 0 (05/18/2007 08:21)
Acceptable level of pain: 0
Plan: NA

PLAN-
Schedule routine appointment, Healthy Living Update , Coping Update
Nursing Comments: WILL DISCUSS WITH DOCTOR

MORSE FALL RISK SCALE

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 History of falling, immediate or within 3 months
15 = Yes Secondary diagnosis
 Ambulatory aid
 IV/Heparin Lock
 Gait/transferring
 Mental Status
 Medication: Cardiac drugs, Diuretics, Sedatives
15 TOTAL SCORE
Scoring:
0-24  No Risk
25-50 Low Risk, Standard Fall Precautions
>51   High Risk, High Risk Fall Precautions
      PLAN: Monitor and provide safe environment. Information sheet given.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/18/2007 08:37
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	Addendum to SURGERY		VERA,SANTIAGO RAFAEL		3-SICU			VistA	MEM

Notes ~ Addendum to SURGERY

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 17, 2015@07:19:35  ENTRY DATE: SEP 17, 2015@07:19:35
      AUTHOR: VERA,SANTIAGO RAFAE  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED



I have reviewed resident H&P and patient counseling and performed a brief
examination.
I agree with the diagnosis of acute abdomen
I agree with the proposed treatment plan laparotomy


/es/ SANTIAGO RAFAEL VERA
MD
Signed: 09/17/2015 07:22

==========================================================================

 --- Original Document ---

09/16/15 SURGERY:
SURGERY CONSULT

CONSULTING SERVICE: Emergency Dept Dr. Kari

REASON FOR CONSULTATION: pneumoperitoneum, SBO

HPI: Called by ED physician to evaluate pt. who had presented to Memphis VA with
complaints of vomiting coffee ground emesis and lethargy. Pt is from out of
town. Had RIH repaired in Texas 1 month ago. Per op report pt had marlex plug
and patch repair. This was a recurrent RIH. Pt also has had LIH in past.

Pt lethargic and progressively more obtunded on evaluation in ED. Most of
history obtained from wife. Pt had issues with urinary retention and
incontinence post op requiring catheterization, cystoscopy and in and out
catheterizations. Has had lack of appetite for last 1-2 wks and more weakness.
Pt was very unsteady on his feet last 2 days and began vomiting coffee ground
emesis last night. Also had dark melanotic stools. Some vague abd pain.
Subjective fevers/chills.

Pt initially presented with BP in 60s per ED physician but has responed to 2 L
bolus and is now in 90s.
```


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ROS: unable to be accurately obtained at this time 2/2 patients mental status

PMHx:
1. DM

PSHx:
1. LIHR
2. RIHR
3. Repair of recurrent RIH in August

Allergies: NKDA

Meds: per wife only takes insulin and flomax

Social History: former smoker but quit many years ago, former heavy drinker but quit several years ago. Wife denies illicits.

Family Hx: mult family members with hernias, otherwise non contributory

Exam:
Initial VS in ED: afebrile, HR 100-120, SBP 90-100, Saturating 93-98% on nasal cannula
Neuro: awake but lethargic, at times nearly obtunded. Slurring speech. MAE. No gross deficits
HEENT: NCAT. pupils 4 mm bilaterally. Sclerae non icteric. Dry oral mucosa
Neck: No JVD
Chest: coarse breath sounds bilaterally. Tachypneic to 30. Respirations somewhat labored
Cardiac: tachycardic. HR regular
Abd: firm, diffusely tender to palpation with rebound tenderness, consistent with peritonitis. No masses palpable. Well healed L groin scar. R groin scar healing well. Some steri strips still in place. No erythema or fluctuance
Genitalia: Scrotum large and fluid filled, somewhat firm near R inginal canal
Extremities: no edema, pedal and radial pulses easily palpable

Labs reviewed:
WBC 29.4
Hct 33.3
Plt 192
Na 118
K 4.2
BUN 96
Cr 4.4
BG 755
Mg 2.4
BNP 18800
Lactate 9.7
INR 1.5

Imaging: Upright CXR shows what appears to be free air under the diaphragm on the right and possibly also on the left. No chest abnormalities. KUB shows multiple dilated loops of small bowel concerning for obstructive process

Assessment:
1. Pneumoperitoneum, likely perforated viscus
2. GIB
3. Sepsis
4. Hyperglycemia
5. AKI
6. Profound hyponatremia

Plan:
1. Pt has physical exam findings consistent with peritonitis and severely deranged laboratory values. At this point the patient needs to proceed to the operating room emergently for an exploratory laparotomy. Operative intervention was discussed with the patient and his wife at the bedside. The critical nature of the patient was conveyed to both the patient and his wife. Risks including death were discussed. It was also related to patient that there is a good chance he may die he does not go to the operating room. They have both agreed to proceed and his wife will sign the consent form on his behalf
2. Pt is in critical condition. At this point he desires to be full code
3. To SICU post op

Seen and examined with Dr. Elena M. Paulus, chief

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/es/ ZACHARY E STILES
resident
Signed: 09/17/2015 03:42

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:19
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 11, 2009	HEALTHY LIVING/COPING SKILLS	Nurse Note	HANNA,SUSAN	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ HEALTHY LIVING/COPING SKILLS

```
     LOCAL TITLE: HEALTHY LIVING/COPING SKILLS
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: AUG 11, 2009@12:47     ENTRY DATE: AUG 11, 2009@12:47:53
      AUTHOR: HANNA,SUSAN          EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

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

  1. Over the past two weeks, how often have you been bothered by the
  following problems? Little interest or pleasure in doing things: Several
  days

  2. Over the past two weeks, how often have you been bothered by the
  following problems? Feeling down, depressed, or hopeless: Not at all
AUDC (Mental Health Instrument)
  An alcohol screening test (AUDIT-C) was negative (score=0).


  1. Please read each item carefully and select the correct answer for
  you. How often did you have a drink containing alcohol in the past year?
  Never

  2. Please read each item carefully and select the correct answer for
  you. How many drinks containing alcohol did you have on a typical day
  when you were drinking in the past year? 0 drinks

  3. Please read each item carefully and select the correct answer for
  you. How often did you have six or more drinks on one occasion in the
  past year? Never
Exercise Screening:

    No--Are you physically active, exercise 3 times a week
    20-30 min.
Patient received education regarding exercise.
Weight/Nutrition Screening:

    Yes Does your diet contain more fruit, grain, and vegetables
    than meats?
    No Have you had your stool checked for blood in the last
    year?
Miscellaneous:

     No 1. Have you had a flex sig by an outside provider
or at the Amarillo VA within the last 5 years?
     No 2. Have you had a colonoscopy by an outside provider
or at the Amarillo VA within the last 10 years?
     No 3.  Do you have an advance directive or living will?
     No 4.  Do you take an aspirin daily?

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 12:48

Receipt Acknowledged By:
08/11/2009 16:37        /es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
                             FAMILY NURSE PRACTITIONER
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 10, 2015	INFORMED CONSENT DISCUSSION (ICT)	Consent Document			AMARILLO HCS		Yes	VistA	AMA

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Notes ~ INFORMED CONSENT DISCUSSION (ICT)

```
     LOCAL TITLE: INFORMED CONSENT DISCUSSION (ICT)
STANDARD TITLE: CONSENT
DATE OF NOTE: SEP 10, 2015@15:09:12  ENTRY DATE: SEP 10, 2015@15:09:59
      AUTHOR: RICE,ERIC T          EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

  Signature Informed Consent for
   BLADDER - CYSTOSCOPY DIAGNOSTIC (POSSIBLE INTERVENTIONS)
1. Anatomical Location: See description of treatment/procedure.
2. Informed consent was obtained  at 3:09 PM on September 10, 2015.
  The full consent document can be accessed through Vista Imaging.
3. Patient name:  HOPKINS, MARSHALL HUGH
4. The patient HAS decision-making capacity.
5. Surrogate (if applicable):
6. Reason for the treatment (diagnosis, condition, or indication): To
examine the urethra and bladder for disease or abnormality.
Treatment(s) may be performed depending on findings.
7. Treatment/procedure: Your doctor will look at your bladder and
urethra with a scope.  A scope is a thin, lighted tube.  It is used
to see inside the urethra and bladder.  The scope is passed through
the urethra into the bladder.  In males, it passes through the
prostate. Your doctor may also do other procedures, including:
Bladder biopsy: a small amount of tissue is taken for examination.
Cytology: the bladder is flushed with a salt-water solution.  The
fluid is collected and examined.
Dilation: narrow parts of your urethra may be stretched.



8. Neither anesthesia nor moderate sedation will be used.
9. Consent to Blood Products (if applicable):
It is not expected that blood products will be used in this
treatment/procedure.
10. Practitioner obtaining consent:  Rice,Eric T (PHYSICIAN
ASSISTANT)
11. Supervising practitioner:  Ford,Ronald W (PHYSICIAN)
12. Practitioner(s) performing or supervising treatment/procedure (if
    not listed above):
13. Witness Name(s):

14. Comments:









                          *** SCANNED DOCUMENT ***
                           SIGNATURE NOT REQUIRED


  Electronically Filed: 09/10/2015
                    by: BGP PSEUDOUSER

 1
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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	DO NOT RESUSCITATE/DNR	Do not resuscitate	PAULUS,ELENA M	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ DO NOT RESUSCITATE/DNR

```
     LOCAL TITLE: DO NOT RESUSCITATE/DNR
STANDARD TITLE: DNR
DATE OF NOTE: SEP 18, 2015@06:56     ENTRY DATE: SEP 18, 2015@06:56:25
      AUTHOR: PAULUS,ELENA M       EXP COSIGNER: VERA,SANTIAGO RAFAEL
     URGENCY:                           STATUS: COMPLETED

DNR NOTE:

Does patient have decision-making capacity? No
Person contacted:
  Surrogate
    Surrogate's name: Darlene Hopkins
    Surrogate's relationship: wife


Diagnosis: necrotic small bowel
Prognosis: poor


Recommendations of treating team/consultants: Patient went for emergency
surgery on night of 9/16/15- found to have necrotic  small bowel and
underwent resection with temporary closure- has remained on  multiple
pressors with little improvement in his clinical status and has remained
a GCS of 3 despite no sedation medications- wife stated her husband would
not  want to live like this on "life support"
Names of treating team/consultants: General Surgery
DNR Attending Name/Notification: Santiago Vera Discussed with attending by
phone.

Explanation of DNR consequences (informed consent): With withdrawal of
care- patient will likely die
Patient's/Surrogate's wishes: Per surrogate (patient's wife), pt would not
not pressors and to be on the  ventilator for prolonged periods of time
with grim prognosis
Medical efforts that will be maintained: IVF
DNR order:

/es/ elena m PAULUS
resident physician
Signed: 09/18/2015 07:03

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/18/2015 07:17
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 26, 2010	AMBULATORY CARE NOTE	Primary care Note	WATTS-HARKNESS,KATHRYN A	Physician Assistants & Advanced Practice Nursing Providers	ZZ-LIBERAL KANSAS CBOC			VistA	AMA

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Notes ~ AMBULATORY CARE NOTE

```
     LOCAL TITLE: AMBULATORY CARE NOTE
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: AUG 26, 2010@09:28     ENTRY DATE: AUG 26, 2010@09:28:14
      AUTHOR: WATTS-HARKNESS,KATH  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

  HIV Screening :
    Patient has been offered HIV testing and has declined. I have
    explained that HIV testing is recommended for all adults, even if all
    risk factors are absent.
  Influenza H1N1 Vaccine:
    The patient declines to be vaccinated for Influenza H1N1.
  Influenza Immunization:
    Patient refused the influenza vaccine.  Patient was advised of risks
    and benefits of influenza vaccine.
  PNEUMOCOCCAL VACCINE:
    Patient declines Pneumococcal Vaccine.

/es/ KATHRYN WATTS-HARKNESS

Signed: 08/26/2010 09:29
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	CHAPLAIN	Pastoral care Note	LIVINGSTON,BENITA F	Behavioral Health & Social Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ CHAPLAIN

```
     LOCAL TITLE: CHAPLAIN
STANDARD TITLE: PASTORAL CARE NOTE
DATE OF NOTE: SEP 18, 2015@11:07     ENTRY DATE: SEP 18, 2015@11:07:38
      AUTHOR: LIVINGSTON,BENITA F  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Chaplain was called, patient died and family was present at bedside.  Met
family, provided grief counseling, gave spiritual support, had prayer with
family.  Took family to Decedent Affairs.

/es/ BENITA F LIVINGSTON
Chaplain
Signed: 09/18/2015 11:08
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 03, 2015	Addendum to UROLOGY-OUTPATIENT (C)		RICE,ERIC T		ZZ19AMA-UROLOGY/PA			VistA	AMA

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Notes ~ Addendum to UROLOGY-OUTPATIENT (C)

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 03, 2015@10:59:32 ENTRY DATE: SEP 03, 2015@10:59:33
AUTHOR: RICE,ERIC T EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Pt presented to the Emergency Department 09-03-15 due to inability to void. PVR was > 999 mL. Foley catheter was replaced and left indwelling. Have scheduled diagnostic cystoscopy 09-10-15. Pt was called and message left regarding upcoming appointment. He was encouraged to call this clinic if any questions.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 11:02

Receipt Acknowledged By:
09/03/2015 13:51 /es/ DEBORAH E LEWIS
LVN

==========

--- Original Document ---

09/01/15 UROLOGY-OUTPATIENT (C):
PATIENT NAME: HOPKINS, MARSHALL

DATE: 09/01/2015

HISTORY OF PRESENT ILLNESS: 72-year-old gentleman presents in consultation regarding postoperative urinary retention. Patient underwent hernia repair last month and developed postoperative urinary retention. He initially presented to the hospital in Liberal, Kansas. CT at that time reported bilateral hydroureteronephrosis and bladder distention (films are not available for my review). Foley catheter was placed and patient was transferred to this facility for continued care.

Hospital course was uneventful and patient was discharged with indwelling catheter. No previous history of urinary retention or bothersome lower urinary tract symptoms prior to surgery. He currently denies fever, chills, dysuria, or gross hematuria.

LABORATORY DATA: PSA 1.04 and serum creatinine 0.77 a few weeks ago.

PHYSICAL EXAMINATION: EXTERNAL GENITALIA: Indwelling Foley catheter with clear urine output. DIGITAL RECTAL EXAMINATION: Prostate estimated be 40 cc in volume with a boggy consistency. No suspicious induration or nodularity appreciated.

ASSESSMENT/PLAN: Postoperative urinary retention, as above. Foley catheter is removed for voiding trial. Patient will continue tamsulosin as prescribed. Will issue an empiric course of antibiotics and repeat computed tomography (CT) abdomen and pelvis today. Return to clinic later this month for a postvoid residual. Routine urinary retention warnings were given. Schedule routine urology follow up in 3 months for re-evaluation.

1182595/pp(09/01/2015 15:57:03)15846040
D: 09/01/2015 15:46:16 T: 09/01/2015 15:57:03
$END

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:44

09/03/2015 ADDENDUM STATUS: COMPLETED
CT revealed bilateral renal cysts without nephrolithiasis. No clinically significant hydroureteronephrosis appreciated. Nonspecific bladder wall thickening without obvious mass. Will likely need to consider cystoscopy in the future.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:53
0

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	LACE INDEX SCORING	Nurse Note	BIRD,STACEY R	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ LACE INDEX SCORING

```
     LOCAL TITLE: LACE INDEX SCORING
STANDARD TITLE: NURSING E & M NOTE
DATE OF NOTE: AUG 19, 2015@09:39     ENTRY DATE: AUG 19, 2015@09:39:26
      AUTHOR: BIRD,STACEY R        EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

LACE INDEX SCORING:
LENGTH OF STAY:
.....................................................BOX L: 0
ACUITY:

Patient was admitted via the emergency department.......BOX A: 3

COMORBIDITIES:
No significant comorbidities.................................0

.....................................................BOX C: 0
EMERGENCY DEPARTMENT VISITS:

.....................................................BOX E: 0
LACE:
.................................................LACE SCORE: 0


LACE   Score Risk of Readmission: 0 - 4 Low, 5 - 9 Moderate, > 9 High Risk
If the patient has a LACE score is greater than or equal to 10 the patient can
be referred to the virtual ward.

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/19/2015 09:39
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	ICU DAILY NURSING ASSESSMENT	Intensive care unit Admission evaluation note	MATTISON,CAROL FAITH		MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ ICU DAILY NURSING ASSESSMENT

```
     LOCAL TITLE: ICU DAILY NURSING ASSESSMENT
STANDARD TITLE: CRITICAL CARE UNIT ADMISSION EVALUATION NOTE
DATE OF NOTE: SEP 18, 2015@00:30     ENTRY DATE: SEP 18, 2015@08:03:18
      AUTHOR: MATTISON,CAROL FAIT  EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED


                          ICU Daily Nursing Assessment

Date Adm/Tran to ICU: Sep 17,2015

Code Status: Full

Can patient be directly discharged from ICU? no

Vital:
```


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Measurement DT	TEMP F(C)	PULSE	RESP	BP
09/18/2015 04:00	103(39.4)	111	20	111/59

Measurement DT	PAIN
09/18/2015 04:00	Unable to Respond

Reviewed by nurse? yes

Mental Health:
Mood:somnolent
Comments:

Activity: Bedrest, HOB 30 degrees
PAIN ASSESSMENT-1st Location:
Patient states "experiencing pain" on a scale of 1-10.
Stated pain is: 99
OUTCOME: There will be a 50% reduction in pain (inpatients within 24 hours and outpatients within 2 encounters). Select at three interventions to achieve this goal. For pharmacological interventions see Pain Management Policy.
Pain Interventions: comfort measures
Med given -
Effective - Yes
Score (after interventions) 99
Level of pain is well controlled
(define discomfort) pt unable to verbalize discomfort
REVIEW OF SYSTEMS:
Neuro:

Level of Consciousness: obtunded/stuporous/semi coma

Glasgow Coma Score:
Date/Time: Sep 18,2015@00:25
Best Eye Opening Response: No Response (1pt)
Best Verbal Response: No Response: (1pt)
Best Motor Response (Best Upper Limb/To Painful Stimuli):
Localizes Pain (5pts)
Unable to Test (reason)-
Total Score: 7

Pupil Size and Response to Light:
Pupil Gauge:
Right 3mm
Left 3mm

Pupil Reaction: brisk
Additional Comments:

RASS:
Cardiovascular Rhythm: A fib

Patient on telemetry: yes (answer following questions)
Cardiac Rhythm: Afib
Atrial Rate:
Ventricular Rate: 114
PR Interval: 0.06
QRS:
QT length:

Comment:

Pulses:

Right	Score
Radial	+
Ulna	+
Brachial	+
Pedal	+
Posterior Tibia	+
Femoral	+

Left	Score
Radial	-+
Ulna	-+
Brachial	-+
Pedal	-+

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```
  Posterior Tibia -+
  Femoral         -+

Capillary refill: > 5 sec

Edema:
 Generalized -     3+
 Upper Extremity - +
 Facial  -         +
 Lower Extremity - +
 Orbital -         +
 Neck            - +
 Other/Comment:


Pacemaker:
 Percentage(%) paced-
 Sensing appropriate -
 Capturing appropriate-
 Comment/action taken:

Intra-Aortic Balloon Pump (IABP):
 Arterial Blood Pressure:
 Mode(choose one):
 Comment:

PA Catheter (initial reading only):
 Measurement - 50cm
 CO  -
 CI  -
 PA  -
 PAS -
 PAD -
 CVP -
 PCWP -
 SVR -
 PVR -
 A-line
 MAP
 Comment:

DVT prophylaxis within 24 hr -  n/a

Spontaneous Compression Devices (SCDs) in use - yes BLE
Respiratory:
 Lung/Breath sounds (choose all that apply: clear
 Other/comments:_

Location: all lobes

Oxygen (O2):
 FIO2 -     Percentage - %
 Other comments:

Ventilator: ETT
 ETT size:
 Location(cm):
 Mode (initial settings only):

 Fio2: 50
 Peep: 5
 PS:   10
 VT set:600    VT exhaled: 536
 Vent Days:
 Secretions/sputum (choose all that apply):brown
  Comments:

Sedation Vacation:  Spontaneous Breathing trail:  Readiness to wean:
Comments:

Clearance:

Tracheostomy in place:
 Tracheostomy site:
GI:
 Abdomen: large
```


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Bowel Sounds: not passing flatus, hypoactive, distant

Diet: TPN

Tube Feeds: No
Type - Rate - /ml/hr
Goal met -
Tube Feeds route:
Tube Measurement:
Residuals:
Bolus:ml Emesis: ml
Other/Comment:Salem sump NGT draining dark green fluid to LIS
Bowel/Urinary Elimination:

Patient is on a toileting program - no

Bowel Movements: Last bowel movement date:
Color/appearance:

Patient has/uses.....
Foley
Foley Maintenance/Site Care:
Number of observations completed per shift - 6

Drainage system sterile and continuously closed - yes

Catheter properly secured at completion of each observation- yes

Collection bag below the level of the bladder - yes

Unobstructed urine flow - yes

Clinical indication written for continuance of indwelling catheter if beyond removal date - yes

Daily hygiene care completed - yes

Additional comments:
Braden Scale - For Predicting Pressure Sore Risk
Sensory Perception:2 = Very Limited
Moisture: 1 = Constantly Moist
Activity: 1 = Bedfast
Mobility: 1 = Completely Immobile
Nutrition: 2 = Probably Inadequate
Friction: 2 = Potential Problem
6-9 Severe Risk
Score: 9

CURRENT SKIN ASSESSMENT
Skin Color:
Color: Pale, Mottled hands and feet
Skin Temperature
Temp: Warm
Skin Moisture
Moisture: Moist
Skin Turgor
Turgor: Abnormal

SKIN PROBLEMS
Wound -location, type, description
large open abd surgical wound covered with clear occlusive dressing and abd pads, thorax wrapped with abd binder

INTERVENTIONS
Education
Provide patient/caregiver education regarding causes and prevention of pressure ulcers.
Isolation - no
Type of Isolation:
Comments:
Falls Assessment:

Morse Fall Scale:

1. History of falling; immediate or within 3 months - (no = 0, yes = 25)
Score = 0

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2. Secondary diagnosis - (No = 0, yes = 15)
   Score = 15
3. Ambulatory aid - (None, bedrest, wheelchair, nurse = 0) Crutches,
   cane walker = 15; Furniture = 30)
   Score = 0
4. IV/Heparin Lock - (no = 0, yes = 20)
   Score = 20
5. Gait/Transferring - (Normal, bedrest, immobile = 0; weak = 10;
   Impaired = 20) Score = 0
6. Mental Status - (Oriented to own ability = 0; Forget limitations =
   15) Score = 15

Total Score = 50

Risk Level/Intervention Required: 25-50 points Low Risk Standard
Fall Prevention Interventions
SEP 17, 2015@00:22:12 Ward: 3-SICU DX: UGIB SMALL BOWEL OBSTRUCTION

Change in patient's condition warrants an update to the Nursing Care
Plan
(If YES, continue with Care Plan below and make changes) no
Nursing Plan of Care:

NURSING PROBLEMS: Risk for Infection due for review 9/20/15
CURRENT CARE PLAN IN PLACE

0057 On-call MD for ICUS paged at #1260 concerning ABG results. Awaiting return
call.
0106 No answer from MD, On-call MD for ICUS re-paged at #1260.
0117 Attempted to reach Dr. Busby at #1380, awaiting return call.
0120 MOD at bedside, writing orders to get repeat ABG after blood transfusion
complete.
0145-0155 DR. Paulus updated on events up to this time including but not limited
to PRBCs infusing and ABG results. Order received for 2 amps of bicarb.
0245 Dr. Paulus notified of Afib with RVR sustained @15minutes. Order received
for Amiodarone 150mg bolus.
0500 Bath and linen change performed without s/sx complications.
0700 Dr. Paulus and pt's wife at bedside discussing pt's wishes and
resucitation status.
0745 Handoff completed with report given to K. Walker, RN.

/es/ Carol Faith MATTISON
RN
Signed: 09/18/2015 08:32

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 14, 2009	AMBULATORY CARE NO-SHOW NOTE	Primary care Administrative note	SEGARRA,ORLANDO		AMARILLO HCS			VistA	AMA

Notes ~ AMBULATORY CARE NO-SHOW NOTE

LOCAL TITLE: AMBULATORY CARE NO-SHOW NOTE
STANDARD TITLE: PRIMARY CARE ADMINISTRATIVE NOTE
DATE OF NOTE: JUL 14, 2009@09:09 ENTRY DATE: JUL 14, 2009@09:09:41
AUTHOR: SEGARRA,ORLANDO EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient no-showed for his/her clinic appointment this date:

(x) No show #1

(x) Do not reschedule patient

/es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER
Signed: 07/14/2009 09:10

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 29, 2015	Addendum to NON VA CARE COORDINATION NOTE KC		BERNHARDT,BARBARA S		KC-TRANSFER NURSE NC			VistA	KAN

Notes ~ Addendum to NON VA CARE COORDINATION NOTE KC

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: JUN 29, 2015@13:49:13  ENTRY DATE: JUN 29, 2015@13:49:14
      AUTHOR: BERNHARDT,BARBARA S  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Received notification from WIVA Transfer Nurse that patient discharged from
Southwest MC ER 6/26/15.

/es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
Signed: 06/29/2015 13:50

Receipt Acknowledged By:
06/30/2015 14:16        /es/ JOHN L CRAWFORD
                             claims assistant
06/29/2015 14:25        /es/ SCOTT S TALPERS
                             M.D.

==========================================================================

 --- Original Document ---

06/29/15 NON VA CARE COORDINATION NOTE KC:
Received notification that patient with diabetic ketoacidosis, transferred
6/26/15 from Liberal CBOC to Southwest MC in Liberal, KS.  See NVCC consult #
6135732 dated 6/26/15.

/es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
Signed: 06/29/2015 07:42

Receipt Acknowledged By:
* AWAITING SIGNATURE *       CRAWFORD,JOHN L

06/29/2015 10:37        /es/ SCOTT S TALPERS
                             M.D.
 0
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 24, 2015	NON VA CARE CONSULT RESULT NOTE	Consult note	SCHMITZ,YOLANDA		AMARILLO HCS		Yes	VistA	AMA

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Notes ~ NON VA CARE CONSULT RESULT NOTE

```
     LOCAL TITLE: NON VA CARE CONSULT RESULT NOTE
STANDARD TITLE: NONVA CONSULT
DATE OF NOTE: AUG 24, 2015           ENTRY DATE: SEP 04, 2015@17:26:57
      AUTHOR: SCHMITZ,YOLANDA      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

NVCC INPATIENT

******Scanned document attached to this note******
Please refer to the scanned text document att
by Tools, Imagi

/es/ YOLANDA SCHMITZ

Signed: 09/04/2015 17:26
 1
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	CRITICAL TEST RESULTS REPORTING	Diagnostic study note	MCFARLAND,KYLE E	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ CRITICAL TEST RESULTS REPORTING

```
     LOCAL TITLE: CRITICAL TEST RESULTS REPORTING
STANDARD TITLE: DIAGNOSTIC STUDY REPORT
DATE OF NOTE: SEP 17, 2015@03:00     ENTRY DATE: SEP 17, 2015@03:00:23
      AUTHOR: MCFARLAND,KYLE E     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

                        RESPIRATORY CRITICAL VALUES

A critical PH value of 7.196 was reported
and correctly read back by Stiles,Zachary E - RESIDENT PHYSICAN
on/at Sep 17,2015@03:00

/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/17/2015 03:00
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 18, 2016	PC-TELEPHONE CONTACT	Primary care Telephone encounter Note	GONZALEZ-UEHARA,MADELYNE INEZ		AMARILLO HCS			VistA	AMA

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Notes ~ PC-TELEPHONE CONTACT

```
     LOCAL TITLE: PC-TELEPHONE CONTACT
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: OCT 18, 2016@17:07     ENTRY DATE: OCT 18, 2016@17:07:33
      AUTHOR: GONZALEZ-UEHARA,MAD  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

10.17.2016

Called the contact phone number on veterans geographic informtion and the daughter
informed me that the veteran had passed away on 09.2015. Checked to see if any
recall reminders were in his charts and open appoitments. All appointments and
recall reminders were cancelled. I had requested from the daughter to please send
in a copy of the death certificate if it has not been sent in.




/es/ MADELYNE INEZ GONZALEZ-UEHARA
MSA
Signed: 10/18/2016 17:10
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 14, 2015	CLINICAL REMINDER NOTE	Preventive medicine Note	CANTU,LEIGH A	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: JUL 14, 2015@10:21     ENTRY DATE: JUL 14, 2015@10:21:09
      AUTHOR: CANTU,LEIGH A        EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

   *** CLINICAL REMINDER NOTE Has ADDENDA ***

  Pneumococcal PCV13 (Prevnar13):
    The patient declines to receive the recommended dose of pneumococcal
    conjugate vaccine PCV13 (Prevnar 13).
      Comment: "I don't take any medicines or shots"
  HEALTHY LIVING/COPING SKILLS:
    Exercise Screening:

        Yes--Are you physically active, exercise 3 times a week
        20-30 min.
    Patient received education regarding exercise.
    Weight/Nutrition Screening:

        Yes Does your diet contain more fruit, grain, and vegetables
        than meats?
        No Have you had your stool checked for blood in the last
        year?
    Weight/Nutrition Education was provided to patient.
    Miscellaneous:

         No 1. Have you had a flex sig by an outside provider
    or at the Amarillo VA within the last 5 years?
         No 2. Have you had a colonoscopy by an outside provider
    or at the Amarillo VA within the last 10 years?
         No 4.  Do you take an aspirin daily?
```


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Depression Screening:
PHQ-2
A PHQ-2 screen was performed. The score was 4 which is a positive screen for depression.

1. Little interest or pleasure in doing things
More than half the days

2. Feeling down, depressed, or hopeless
More than half the days

Alcohol Screening:
AUDC (Mental Health Instrument)
An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?
Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?
Response not required due to responses to other questions.

Tetanus Reminder:
Patient refused Tetanus immunization.

ELEVATED BP >140/90:
Blood Pressure taken at this visit.
B/P: 146/92
Patient is not on blood pressure medication.

Tobacco Use Screen:
Patient states they are a former tobacco user but has quit more than 12 months ago.

MINI-COGNITIVE IMPAIRMENT SCREENING:
Give 1 point for each recalled word after the CDT distracter.

Score=3 (0-3 for recall).

Give 2 points for a normal CDT, and 0 points for an abnormal CDT. The CDT is considered normal if all numbers are depicted, once each, in the correct sequence and position, and the hands readably display the requested time.

Score=2 (0 or 2 for CDT).

Total Score=5 (Add the word recall and CDT scores together to get the Mini-Cog Score).
Patient tested negative in the screen for cognitive impairment.

My HealtheVet Education:
The patient does not have access and does not use the internet.

Homelessness Screening:
In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.
Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?
No - Not worried about housing near future

PRIMARY CARE PRESSURE ULCER RISK:
1. Is the Veteran bed-confined or a wheelchair-user (wheelchair-user defined as being wheelchair bound for >50% of wake hours)?
No

2. Does the Veteran require assistance to transfer/change positions?
No

3. Does the Veteran report any current pressure ulcers, a history of pressure ulcers, or a wound from a medical device, such as artificial limb, braces, spling, implanted pump, automatic implanted cardioverter-defibrillator, oxygen tubing, Foley or condom catheter, tracheostomy, feeding tube, or other medical device?
No

The patient is NEGATIVE for pressure ulcer risk.

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/es/ LEIGH ANN BODDY
LVN
Signed: 07/14/2015 10:34

07/14/2015 ADDENDUM STATUS: COMPLETED
Positive depression, PCP and SW notified. Pt denies SI/HI. Pt reports that he has conquered all of his dream and just hasn't found anything that sparks his drive to explore a new environment. Pt reports that he does not believe in medicines or vaccines. Self-reported that only natural medicines/herbs are preferred.

/es/ LEIGH ANN BODDY
LVN
Signed: 07/14/2015 10:47

Receipt Acknowledged By:
07/14/2015 11:12 /es/ TRACY M. KILGORE, LCSW
LICENSED CLINICAL SOCIAL WORKER
07/14/2015 11:17 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 18, 2007	CLINICAL REMINDER NOTE	Preventive medicine Note	KIRSCH,BEVERLY A	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 18, 2007@08:26 ENTRY DATE: MAY 18, 2007@08:26:07
AUTHOR: KIRSCH,BEVERLY A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Tobacco Use Screen FY07:
Patient states they are a former tobacco user but has quit.QUIT IN 1972.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/18/2007 08:26

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 02, 2010	PC - NURSING INTERVIEW NOTE	Primary care Nurse Note	COLLINS,ALMA L		ZZ-LIBERAL KANSAS CBOC			VistA	AMA

Notes ~ PC - NURSING INTERVIEW NOTE

LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: FEB 02, 2010@14:12 ENTRY DATE: FEB 02, 2010@14:12:24
AUTHOR: COLLINS,ALMA L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Primary Care Nursing Interview
Clinic location: Liberal
Scheduled
Presented: Ambulatory without assistance
Reason for visit: No significant health problems since last visit.

~~~~~~
Current Vital Signs

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```
   Temperature: 96.8 F [36.0 C] (02/02/2010 14:06)
         Pulse: 64 (02/02/2010 14:06)
  Respirations: 16 (02/02/2010 14:06)
           B/P: 116/76 (02/02/2010 14:06)
   Height(ins): 72.5 in [184.2 cm] (08/11/2009 12:49)
   Weight(lbs): 212.7 lb [96.7 kg] (02/02/2010 14:06)
           BMI: 28.5
          Pain: 4 (02/02/2010 14:06) (Scale from 1-10)
        O2 Sat: 2/2/10 @ 1406       PULSE OXIMETRY: 96
                On Room Air
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 66
Living arrangements: Spouse/family
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW************
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? No
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Nicotine use:Pt states not a current tobacco user.
Inhaler use:
**********************Dietary Screen***********************************

All available dietary screening labs have been reviewed and are within
acceptable range.
****************SKIN IMPAIRMENT RISK SCREEN**********************
                     (Braden Scale) -
4 = No Impairment       Sensory Perception
4 = Rarely Moist        Moisture
4 = Walks Frequently    Activity
4 = No Limitations      Mobility
3 = Adequate            Nutrition
3 = No  Apparent ProblemFriction and Shear
22 = TOTAL SCORE


15-18 = low risk
13-14 = moderate risk
    If score is 18 or less, an impaired or potentially impaired skin
    integrity problem exists and is to be reflected in the patient/resident
    plan of care.
12 or less = high risk
    If score is 12 or less, the Nurse is to enter a Enterostomal/Wound
    Care Nurse consult under the PCP's name.

No -- Does Patient have an open wound of any type?


No problems identified
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain:    4
        Patient's acceptable level of pain: 3
LOCATION:   c/o neck pain
Quality:
throbbing
ONSET:  CHRONIC
Exact date of onset:2001
Description for onset of pain: Involved in mva in 2001

DURATION:  Intermittent
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
0 = No    History of Falling
0 = No   Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No   IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
0 = No Medication: Cardiac drugs, Diuretics, Sedatives
0 TOTAL SCORE
```


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Scoring:
0-24 No Risk
25-45 Low Risk, Standard Fall Precautions
>44   High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English
Desire and Motivation: Denies need for education
Comprehension: High
Nursing Comments: Veteran is here for annual visit.

reports neck pain. pl-4-5.

Pt is not fasting.
seracult kit given.

/es/ ALMA L COLLINS
RN
Signed: 02/02/2010 14:21

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2009	FEE BASIS (IMAGING SCANNING)	Report	HAYHURST,LINDA		AMARILLO HCS		Yes	VistA	AMA

Notes ~ FEE BASIS (IMAGING SCANNING)

     LOCAL TITLE: FEE BASIS (IMAGING SCANNING)
STANDARD TITLE: SCANNED REPORT
DATE OF NOTE: AUG 19, 2009   ENTRY DATE: DEC 29, 2009@09:37:51
      AUTHOR: HAYHURST,LINDA   EXP COSIGNER:
     URGENCY: STATUS: COMPLETED

   VistA Imaging - Scanned Document
Please see VISTA Imaging Display for scanned document.
RADIOLOGY

/es/ LINDA HAYHURST
file clerk
Signed: 12/29/2009 09:37
 1

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Medical Record

HOPKINS, MARSHALL HUGH **DOB:** 19430720 **SSN:** ***-**-7575 **Created:** November 10, 2020 12:18 pm

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 23, 2012	PC - NURSING INTERVIEW NOTE	Primary care Nurse Note	MOORE,ROGENA S	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PC - NURSING INTERVIEW NOTE

```
     LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: AUG 23, 2012@08:25     ENTRY DATE: AUG 23, 2012@08:25:25
      AUTHOR: MOORE,ROGENA S       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Primary Care Nursing Interview
   Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit:  Desires medication refill.
  ROUTINE VISIT

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Current Vital Signs
   Temperature: 97.9 F [36.6 C] (08/23/2012 08:16)
         Pulse: 70 (08/23/2012 08:16)
  Respirations: 18 (08/23/2012 08:16)
           B/P: 142/90 (08/23/2012 08:16)
   Height(ins): 71.5 in [181.6 cm] (04/05/2012 08:36)
   Weight(lbs): 207.2 lb [94.2 kg] (08/23/2012 08:16)
           BMI: 28.6
          Pain: 4 (08/23/2012 08:16) (Scale from 1-10)
       O2 Sat: 8/23/12 @ 0816      PULSE OXIMETRY: 96
               On Room Air
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Age: 69
Living arrangements: Spouse/family / WIFE
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW************
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? No
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient.  Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
*********************Dietary Screen***********************************

Prealbumin <18          PAB: Not found in computer PAB
BMI < 21 or > 30        BMI: 28.6
HgbA1C > 9              HgbA1C: 8.1  H  %   APR 5,2012@07:30:11
Glucose >125            GLUCOSE: 160  H mg/dL   APR 5,2012@07:30:12
B/P>140/90              B/P: 142/90 (08/23/2012 08:16)
*************FALL RISK*****************
Patient has NO history of falling in the last 12 months
****************SKIN IMPAIRMENT RISK SCREEN**********************
                     (Braden Scale) -
4 = No Impairment       Sensory Perception
4 = Rarely Moist        Moisture
4 = Walks Frequently    Activity
```


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```
4 = No Limitations      Mobility
4 = Excellent           Nutrition
3 = No  Apparent ProblemFriction and Shear
23 = TOTAL SCORE


15-18 = low risk
13-14 = moderate risk
    If score is 18 or less, an impaired or potentially impaired skin
    integrity problem exists and is to be reflected in the patient/resident
    plan of care.
12 or less = high risk
    If score is 12 or less, the PCP may enter a Enterostomal/Wound
                                                Care Nurse consult

No -- Does Patient have an open wound of any type?


Pt does not want dietary counseling at this time

PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain:    4
        Patient's acceptable level of pain: 0
LOCATION: NECK
QUALITY:
ache
ONSET:  ACUTE
Exact date of onset:YEARS
DURATION:  Continuous

PLAN*:
All unresolved pain will be referred to ordering provider

Patient does not have Congestive Heart Failure.
EDUCATION
  Person Being Assessed: Patient
   Barriers to Learning:



  Desire and Motivation: Eager to learn
           Comphrension: Moderate
     Preferred Language: English
     Method of Teaching: Verbal  Handouts
Evaluation of Education: Voiced understanding
                 Topics: Speak Up, Plan of Care
Additional education:  medications, follow-up appt, labs


/es/ ROGENA S MOORE
LVN
Signed: 08/23/2012 08:29
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	MEDICATION RECONCILIATION AT ADMISSION	Hospital Medication management note	LOVELADY,JAIMEE L	Physician Assistants & Advanced Practice Nursing Providers	AMARILLO HCS			VistA	AMA

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Notes ~ MEDICATION RECONCILIATION AT ADMISSION

```
     LOCAL TITLE: MEDICATION RECONCILIATION AT ADMISSION
STANDARD TITLE: INPATIENT MEDICATION MGT NOTE
DATE OF NOTE: AUG 19, 2015@10:20     ENTRY DATE: AUG 19, 2015@10:20:11
      AUTHOR: LOVELADY,JAIMEE L    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Active Inpatient Medications (including Supplies):

No Medications Found



Active and Recently Expired Outpatient Medications (including Supplies):

     Active Outpatient Medications                          Status
==========================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY  ACTIVE
       MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN
       MANAGEMENT]


Home medications or patient's list of medications reviewed.
No Medication discrepancies found. No chronic home meds.

Pre-Admission and current medication lists reviewed with patient and/or
caregiver, and the patient and/or caregiver verbalized understanding of the
discussion

Encouraged to keep list of current medications with them in case of an
emergency.

non smoker

/es/ JAIMEE L CHAPMOND
APRN, FNP-C, MSN
Signed: 08/19/2015 10:20
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	SKIN REASSESSMENT VANOD	Nurse Note	LANGFORD,HOLLY	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ SKIN REASSESSMENT VANOD

```
     LOCAL TITLE: SKIN REASSESSMENT VANOD
STANDARD TITLE: NURSING SKIN ASSESSMENT NOTE
DATE OF NOTE: AUG 27, 2015@15:29     ENTRY DATE: AUG 27, 2015@15:29:35
      AUTHOR: LANGFORD,HOLLY       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

BRADEN SKIN RISK ASSESSMENT

Sensory Perception:4 = No Impairment
Moisture:          4 = Rarely Moist
Activity:          3 = Walks Occasionally
Mobility:          4 = No Limitation
Nutrition:         3 = Adequate
Friction:          3 = No Apparent Problem
  19-23   No Risk
    Score:  21

CURRENT SKIN ASSESSMENT
    Skin Color:
      Color:  Normal for ethnic group
    Skin Temperature
      Temp:  Warm
    Skin Moisture
      Moisture:  Dry
```


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Skin Turgor
Turgor: Within normal limits

SKIN PROBLEMS
Wound -location, type, description
surgical wound to right leg/groin, redness and swelling to scrotum

INTERVENTIONS
Education
Provide patient/caregiver education regarding causes and prevention of pressure ulcers.
Teach patient/caregiver importance of changing position frequently for pressure ulcer prevention.
Provide patient/caregiver with education materials.
Pressure-Redistribution Measures
Use specialty bed
Specify type: atmos air
Encourage small, frequent position changes
Turn and reposition every 2 hours while in bed, using pillows to separate pressure areas
Avoid turning/position on side at greater than 30 degree angle
Maximize Mobilization
Encourage activity as tolerated
Limit sitting out of bed to less than two hours at a time
Manage Moisture
Maintain clean and dry skin
Offer bedpan or urinal at scheduled intervals if patient is bed-bound
Instruct patient/caregiver to request assistance as needed
Manage Nutrition
Encourage eating and assist with meals
Encourage meals and assist with meals as needed
Provide or encourage oral care prn
Offer liquids every 2 hours when turning
Monitor fluid/food intake
Reduce Friction and Shear
Use a bed trapeze or pull sheet to lift up in bed or turn
Elevate head of bed for meals, then lower within 1 hour after eating (unless contraindicated)

If any of the below indications are marked, pressure ulcer risk interventions must be initiated and added to the care plan. These should be reviewed and updated with each assessment and PRN as the patient's needs change.

Please mark all that apply: Medical Device (artificial limb, brace, splint, oxygen tubing, Foley or condom catheter, tracheostomy, feeding tube, compression stockings, SCD's, restraints, cushions)
Pressure Ulcer/Wound Reassessment:

Wound(s) present:
Wound #1
Type of wound: incision
Location: right groin
Dimensions: Length: 9.5 cm.
Width: 0 cm.
Depth: 0 cm.
Wound Base Color:
None; wound well approximated.
Drainage: None.
Odor: None.
Granulation Present: No.
Epithelialization Present: No.
Undermining is present:
No.
Skin tunneling is present:
No.
Surrounding Tissue: Intact
Patient Pain:
No.
Wound initial assessment.

/es/ HOLLY LANGFORD
RN
Signed: 08/27/2015 15:34

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 17, 2015	ICU FLOW SHEET	Nurse Intensive care unit Flowsheet	SMITH,MICHAEL A		MEMPHIS VA MEDICAL CENTER		Yes	VistA	MEM

Notes ~ ICU FLOW SHEET

```
     LOCAL TITLE: ICU FLOW SHEET
STANDARD TITLE: NURSING CRITICAL CARE UNIT FLOWSHEET
DATE OF NOTE: OCT 17, 2015           ENTRY DATE: OCT 20, 2015@14:54:38
      AUTHOR: SMITH,MICHAEL A      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

   VistA Imaging - Scanned Document

/es/ MICHAEL A SMITH

Signed: 10/20/2015 14:54
 1
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Mar 09, 2015	TELE-EYE IMAGING CONSULT	Telehealth Consult note	MOYER,KRISTEN L	Eye and Vision Services Providers	VA HEARTLAND - WEST, VISN 15		Yes	VistA	KAN

Notes ~ TELE-EYE IMAGING CONSULT

```
     LOCAL TITLE: TELE-EYE IMAGING CONSULT
STANDARD TITLE: TELEHEALTH CONSULT
DATE OF NOTE: MAR 09, 2015@08:18     ENTRY DATE: MAR 09, 2015@08:18:43
      AUTHOR: MOYER,KRISTEN L      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

PUPIL DILATION:
  Information not provided on pupil dilation
IMAGE QUALITY ASSESSMENT:
  Image quality adequate
DIABETIC SURVEILLANCE ASSESSMENT:
  RIGHT RETINAL IMAGES:
    No Diabetic Retinopathy
  LEFT RETINAL IMAGES:
    No Diabetic Retinopathy
EXAM:
  Result:
    Exam Result: Normal
RECOMMENDATIONS:
  Repeat imaging appointment:
    Return 2 years per VA Clinical Practice Guidelines.


*****************************************************************
*Digital retinal imaging has been shown to be an effective method *
*of screening for diabetic retinopathy, but cannot substitute for *
*a comprehensive eye exam.                                       *
*****************************************************************

/es/ KRISTEN L MOYER
Staff Optometrist
Signed: 03/09/2015 08:19
 1
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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	Addendum to SURGERY PRE-OP NOTE		VERA,SANTIAGO RAFAEL		MEM EMERGENCY ROOM - EVENING			VistA	MEM

Notes ~ Addendum to SURGERY PRE-OP NOTE

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 17, 2015@07:16:43  ENTRY DATE: SEP 17, 2015@07:16:43
      AUTHOR: VERA,SANTIAGO RAFAE  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

I have examined the patient and reviewed the patient's initial
presentation and
laboratory and test results.I agree with the diagnostic and therapeutic plans of
the housestaff.
        For this patient there is a moderate risk for surgical intervention ,but
I believe it is the best
option. The risk of failure or poor outcome is known and has been discussed with
the patient.
Complications explained include: Anesthetic adverse actions,perioperative
bleeding,infection,
injury to adjacent structures,reaction to medications and blood and death.The
patient understands the
alternatives treatment options as well as the sequelae of no intervention.

The diagnosis is acute abdomen

The intended procedure laparotomy


/es/ SANTIAGO RAFAEL VERA
MD
Signed: 09/17/2015 07:17

==========================================================================

 --- Original Document ---

09/16/15 SURGERY PRE-OP NOTE:
GENERAL SURGERY


                              PRE-OPERATIVE SURGEON'S NOTE

1.Proposed Procedure(s):exploratory laparotomy

2.Surgeon:
  Paulus Elena

3.Attending(s):
  VERA, SANTIAGO


4.Date and Time of Consent:Sep 16,2015@22:43

5.Patient has decision-making capacity to give informed consent.Yes

6.Reviewed the procedure with patient and discussed major potential
risks. Patient indicated understanding of procedure, its risks and
benfits, as well as alternative therapies.  Patient was given opportunity
to ask questions and wishes to proceed with procedure as planned.


7.Risks of procedure discussed:
Death, Bleeding, Infection, Failure of Procedure, Procedure affecting other
organs or systems
   Other Risks Include:
```


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8.Consequences of refusal discussed with patient Yes

9.Pre-Operative Impression
perforated viscus

10.Alernative Options discussed with patient included:
non operative management

11.Present at time of discussion:
spouse, child

12. History and Physical reviewed? Yes

Active Outpatient Medications (including Supplies):

No Medications Found

Surgical case is considered to be Emergent

Attending notified:by telephone

VENOUS THROMBOEMBOLISM PROPHYLAXIS
SEQUENTIAL COMPRESSION DEVICE
METRONODAZOLE 500MG IVPB PRE-OP AND VANCOMYCIN 1GM IVPB PRE-OP

JUSTIFICATION FOR USE: Documentationof patient being high-risk due to acute inpatient hospitalization within the last year
No Pre-Operative beta-blocker therapy needed

Justification:Patient not taking beta-blockers prior to admission/surgery

/es/ ZACHARY E STILES
resident
Signed: 09/16/2015 22:46

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:16
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	INTERIM NOTE	Physician Note	SULIMAN,ABDELRAZIG BABIKER SIRAG	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

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Notes ~ INTERIM NOTE

```
     LOCAL TITLE: INTERIM NOTE
STANDARD TITLE: PHYSICIAN NOTE
DATE OF NOTE: AUG 27, 2015@04:36     ENTRY DATE: AUG 27, 2015@04:37:04
      AUTHOR: SULIMAN,ABDELRAZIG   EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED


72 year old veteran male from Kansas. PMH of DMII not on meds. Has been
transfered to VA amarillo for obstructive uropathy. patient underwent surgery
for hernia repair a week ago here in the VA and was discharged the next day.
stated that On his way to Kansas he some urinary incontinence accident for the
first time. No prior history of prostatism or diagnosis of BPH. He aslo had a
few episodes of hiccups and what he describes as unsteady gait. He called VA
amarillo and was told to seek a medical advice close to his residence. He was
admitted to southwest medical center in Kansas after his CT scan showed
bilateral hydronephrosis and hydroureters with periureteric and perinephric
stranding, prominent prostate and distended bladder. Placement of indweling
foley catheter retrieved considerable amount of urine. He was also found to have
some kidney injury with creatinine of 1.5 that came back to normal after 24
hours of obstruction relief.
He was also not on any antidiabetic meds with HbA1c of 10.8.  patient has an
unshakable believes in not taking meds, he would prefer taking herbs to treat
his medical problems.
VS BP125/74. HR 81. RR 16. Tem 97.8. physical exam unremarkable except for mild
dysdiadochokinesia in left hand. patient is right-handed.  DRE  not done.
most recent labs from yesterday remarkable for: WCC 13.4, HB 13.7, BUN/Crea
24/0.8, HbA1c 10.8, Albumin 2.8.

plan: Admitted for:
1. Obstructive uropathy 2/2 to elarged prostate (BPH vs malignancy). will check
DRE and PSA for possible cancer. keep foley cather and urology consult .
2. UTI VS bactriuria in presence of obstructive uropathy which necessiate Abx
treatment. No evidence of urine infection from urinalysis reports obtained from
kansas. will continue Rocephin and team will decide upon it.
3. Uncontrolled DM II. SSI with aspart.
4. AKI. resolved.
5. VTE. declined anticoagulations. kept on SCDs.
6. Moderate protein cal malnutrition.

for more info please refer to detailed H&P dectated on 8/27/2015

/es/ ABDELRAZIG BABIKER SIRAG SULIMAN, MD
RESIDENT PHYSICIAN
Signed: 08/27/2015 05:03
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 23, 2012	Addendum to MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T)		WHITTAKER,PAUL DAVE		AMA-MHC SCOUT			VistA	AMA

Notes ~ Addendum to MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T)

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 23, 2012@11:11:50  ENTRY DATE: SEP 23, 2012@11:11:51
      AUTHOR: WHITTAKER,PAUL DAVE  EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Will refer to Mrs. Harris for short-term therapy linked to depression
management.

/es/ PAUL DAVE WHITTAKER
Psychologist
Signed: 09/23/2012 11:12

Receipt Acknowledged By:
09/25/2012 10:50        /es/ ROSALINDA I BARRERA
```


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Social Worker, LMSW
09/24/2012 07:42 /es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker

==========

--- Original Document ---

09/20/12 MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T):
xxxAge:69
SERVICE CONNECTION:SERVICE CONNECTED % - 70 GENDER:MALE RACE: WHITE
MARITAL STATUS: Married.

CLINICAL HISTORY

PRESENTING CHIEF COMPLAINT/REFERRAL QUESTION:
Veteran was referred by primary care. He is complaining of tiredness/lethargy. He has noticed within the last 6 months a lack of energy. He says he has lived out every dream he has ever had and now life is boring. He spoke with Rita Sandoval last week who recommended that he come up with some new goals/dreams and he has done that. He has started on a new project which he says he enjoys and has energy while doing that but when he is not working on it he feels tired. His grand idea is to "build the world's largest railroad museum". He figures he "might as well go big or go home".

He also has some trouble sleeping, will wake up feeling just as tired as when he went to bed, not feeling rested and has started taking naps during the day. He is unsure of why he is feeling this way. He feels his PCP has not been very helpful in finding out the cause if it is medical so he is willing to try and figure out the reason for the symptoms if they may be mental health related.

HISTORY OF CURRENT ILLNESS:
Veteran reports symptoms for the last 6 months.

PAST PSYCHIATRIC HISTORY:
None

CURRENT AND HISTORY OF SUICIDAL ACTS AND SELF HARM
None
Passive thoughts but denies any plan or intent. Occasionally thinks "why live the
rest of my life like this". He has recently developed a faith in God and says that would be disappointing to God so he would never do that.

CURRENT AND HISTORY OF VIOLENCE/ASSUALTING OTHERS:
None

SUBSTANCE USE HISTORY TO INCLUDE PAST TREATMENT, RELAPSE HISTORY, AND RESPONSE TO TREATMENT:
Former alcoholic. Has been sober since 1972. He went to a rehab program. He says he did not know he had a drinking problem, it was just a way of life until he started having medical problems with his liver and kidneys.

MENTAL ILLNESS AND SUBSTANCE ABUSE IN FAMILY MEMBERS:
Nonveteran does not know much about his family.

PSYCHOSOCIAL HISTORY:

Childhood/Developmental History: Veteran grew up all over the US. His family were migrant farm workers so they
followed the crops. He was raised by both parents until age 12 when he was on his own after that. He had gotten a job and lied about his age and left his family behind to work that job. His family took off on to the next job and he never saw them again. He says he found his mother 35 years later and helped care for her until she died. He had two brothers. They have both passed.

He says his father was married 7 times and he has brothers and sisters he does not know. He has multiple half siblings.

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Physical, sexual and emotional trauma:
None

Family Circumstances: Veterans mother in law recently went under surgery for a hysterectomy and woke
up mentally "messed up". The anesthesia affected her brain.

Adult Relationship History: Veterans wife teaches health and wellness. He and his wife have a 9 year old daughter that they are raising.

Current significant family and/or peer group relationships:
Veteran was married once before. He currently has been married 10 years. He had 5 children in his first marriage whom he remains close with. He says they all turned out good and he is proud of them. He and his wife have a 9 yr old daughter together. His current wife did not have any kids or married before so they had one together. They are looking at adopting more children or providing foster care for teenagers. Veteran loves to travel. He says he has had "lots of windshield time".

MILITARY HISTORY:
Branch:
US Air Force, Air Force guard and reserve for a total of 32 years. He received disability retirement. He had a bad car wreck and was forced to retire due to medical issues that left him unable to fly anymore. He spent 24 years on the same plane. The wreck happened while on duty so he now gets SC disability.

He has been all over the world and was deployed to multiple places.

Veteran's perception of most distressing events while in the military:

MEDICAL INFORMATION

CURRENT AND PAST MEDICAL PROBLEMS:
Active problems - Computerized Problem List is the source for the following:

1. Chronic Back Pain
2. Hyperlipidemia *
3. Microscopic Hematuria
4. Diabetes Mellitus without mention of Complication, type II or unspecified ty
5. Depression *
6. Vitamin D Deficiency
7. Vitamin B 12 Deficiency

Are there any new medical problems to report?

CURRENT MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	CHOLECALCIFEROL 1000IU TAB (OTC) TAKE TWO TABLETS BY MOUTH EVERY DAY VIT D	ACTIVE
2)	CYANOCOBALAMIN 1000MCG/ML INJ, (PER ML) INJECT 1000MCG (1ML) INTRAMUSCULAR EVERY 7 DAYS VIT B12	ACTIVE
3)	ERGOCALCIFEROL 50,000U CAP TAKE 50000UNT BY MOUTH EVERY WEEK VIT D	ACTIVE
4)	SYRINGE-NEEDLE COMBO,25G 5/8IN,3CC,(EA) USE SYRINGE EVERY 7 DAYS	ACTIVE

ALLERGIES AND ADVERSE DRUG REACTIONS:
Patient has answered NKA

ACTIVITIES OF DAILY LIVING ISSUES:

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Are there any self care issues? No

PAIN ASSESSMENT:
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 2
Patient's acceptable level of pain:
Description of exacerbating factors or relieving measures: Veteran does not use medication, he says he has learned pain management
MENTAL STATUS EXAM:

ORIENTATION AND CONSCIOUSNESS:
APPEARANCE AND BEHAVIOR:
cooperative and reasonable
SPEECH:
normal rate/rhythm
LANGUAGE:
intact
MOOD AND AFFECT:
mood euthymic
affect is congruent with mood
PERCEPTUAL DISTURBANCE (hallucinations, illusions):
none
THOUGHT PROCESS AND ASSOCIATION:
normal, coherent
THOUGHT CONTENT (delusions, obsessions etc.):
no unusual thought content
INSIGHT:
good
JUDGMENT:
good
MEMORY:
impaired recent
details: normal forgetfulness

FUND OF KNOWLEDGE
Above Average
MENTAL STATUS COMMENTS:

Needs Assessment:
Education and Learning Needs Assessment

Educational Background:

Highest grade achieved: less than high school with GED8th grade then GED

Educational/learning difficulties: no known educational learning disability

Attitudes toward learning: not interested in academic achievement

Assessment of primary language spoken in the home and veteran's preference of language for clinical communication: English

Legal Status Screening:
Is there evidence from the interview that the veteran has legal issues or concerns that would warrant a more in-depth assessment?
No. No further assessment indicated.
Housing and Income Assessment:
Do you currently have a stable place to live?
Yes
What is your current income and sources of income?
$0 per month
Sources:

Nutritional Status Screening:
Is there evidence from the interview that the veteran has nutritional issues or concerns (including weight gain or loss of more than 5% in last 3 months or 10% in last year, dietary concerns, eating disorder signs or symptoms) that would warrant a more in-depth assessment?
No. No further assessment indicated.

Screening for Abuse, Neglect, or Exploitation:
Is there any evidence from the interview that the veteran is a victim of physical assault, rape, sexual molestation, domestic abuse, elder neglect or abuse, or other serious abuse or exploitation?
No. No further assessment indicated.

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Screening for Bereavement Issues:
Is there evidence from the interview that the veteran is actively suffering from bereavement issues?
No. No further assessment indicated.

Screening for Vocational Needs Assessment:
Is there evidence from the interview that the veteran has any vocational deficits or needs?
No. No further assessment indicated.

Spiritual and Religious Orientation: Personal spiritual beliefs but does not attend organized religious activities

INITIAL DSM-IV DIAGNOSES:
Axis I Clinical Disorder:
Depressive Disorder: NOS (Not Otherwise Specified)
General Categories None
Axis II Personality Disorders/Traits:
None
Axis III Current Medical Conditions: See Medical History above
Axis IV Current Psychosocial Stressors:
None

Axis V GAF Score (current level of functioning): 60-65
(past year level of functioning):

SUMMARY AND FORMULATION: This is a 69 yr old 70%SC Vietnam era veteran who was referred by primary care. He is reporting symptoms of lethargy and trouble sleeping. He is unsure if the cause of the problem is medical or mental so he is wanting to be evaluated and try therapy here in the mental health clinic. He denied any SI/HI today.

Preliminary Treatment Plan:
-The veteran was given social workers business card along with clinic numbers and the crisis hotline number
-The veteran was educated on all emergency procedures
-He will be referred for therapy

Patient does not desire to have family members, significant others, or advocates to participate in patient chart.

/es/ ROSALINDA I BARRERA
Social Worker, LMSW
Signed: 09/21/2012 08:49

Receipt Acknowledged By:
09/24/2012 08:35 /es/ Margaret Lair, LCSW BCD
Licensed Clinical Social Worker
09/23/2012 11:11 /es/ PAUL DAVE WHITTAKER
Psychologist

09/24/2012 ADDENDUM STATUS: COMPLETED
Attempted to call veteran to schedule individual therapy appt. No answer and unable to leave message.

/es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker
Signed: 09/24/2012 14:25
0

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 28, 2013	CPAP/BIPAP	Orthotics prosthetics Patient's home Note	FOX,JIMMY D	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CPAP/BIPAP

```
     LOCAL TITLE: CPAP/BIPAP
STANDARD TITLE: ORTHOTICS PROSTHETICS HOME HEALTH NOTE
DATE OF NOTE: FEB 28, 2013@16:31     ENTRY DATE: FEB 28, 2013@16:31:19
      AUTHOR: FOX,JIMMY D          EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

CPAP NOTE

Patient with diagnosis obstructive sleep apnea presented to the CPAP Education
group to receive his CPAP. Patient was issued a Resmed S9 CPAP #23121702618, a
humidifier #23121480772, a large full face mask #61203, and one package of
filters.  Patient's machine was configured with the following settings:

cmh20:                 8-18
EPR:                     2
ramp:                    5
ramp time:              15
alarm/led:             0/1
heater:                adj

Patient was able to provide return demonstration on operation and verbally
acknowledged understanding on how to clean the equipment.  Pt instructed to
contact the VA for any problems with his CPAP.  Pt also instructed to take his
CPAP with him when he sleeps away from home.

Pt will be seen in the follow/up clinic in three months.

/es/ Jimmy D Fox,RRT
Home Oxygen Coordinator
Signed: 02/28/2013 16:32

Receipt Acknowledged By:
03/01/2013 06:34        /es/ BHADRESH K KADAKIA
                             physician
03/04/2013 15:01        /es/ SERGIO MUNIZ MD
                             CHIEF, PULMONARY SECTION
03/05/2013 13:39        /es/ JAMES F ROBINSON
                             [17~
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Mar 20, 2015	Addendum to KC-ADMINISTRATIVE NOTE		SNAPP,DEBRA		KC-CAMERON-PACT PCP01			VistA	KAN

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Notes ~ Addendum to KC-ADMINISTRATIVE NOTE

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: MAR 20, 2015@10:37:51  ENTRY DATE: MAR 20, 2015@10:37:51
      AUTHOR: SNAPP,DEBRA          EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Spoke with pt. about his recent A1C of 13.6.  I ask him if he wanted to start
some medication for the hi blood sugars and he stated, "I would rather die
first."

/es/ Debra Snapp RN
Registered Nurse
Signed: 03/20/2015 10:40

==========================================================================

 --- Original Document ---

03/20/15 KC-ADMINISTRATIVE NOTE:
Glucose 361 on 3/19/2015
He has diabetes mellitus but past records report he has refused medication to
treat his diabetes.
Please contact him and ask if he will be agreeable to take medicine to treat his
diabetes mellitus and keep scheduled appt.

/es/ SCOTT S TALPERS
M.D.
Signed: 03/20/2015 08:12

Receipt Acknowledged By:
03/20/2015 10:40        /es/ Debra Snapp RN
                             Registered Nurse
 0
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	SKIN ASSESSMENT INITIAL VANOD	Nurse Note	MCCARY,APRIL D	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ SKIN ASSESSMENT INITIAL VANOD

```
     LOCAL TITLE: SKIN ASSESSMENT INITIAL VANOD
STANDARD TITLE: NURSING SKIN ASSESSMENT NOTE
DATE OF NOTE: AUG 19, 2015@14:06     ENTRY DATE: AUG 19, 2015@14:06:44
      AUTHOR: MCCARY,APRIL D       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

BRADEN SKIN RISK ASSESSMENT

Sensory Perception:4 = No Impairment
Moisture:          4 = Rarely Moist
Activity:          4 = Walks Frequently
Mobility:          3 = Slightly Limited
Nutrition:         3 = Adequate
Friction:          3 = No Apparent Problem
  19-23   No Risk
    Score:  21

SKIN PATCHES
The patient has the following patches on the skin.
   tele pads


MAJOR RISK FACTORS / SPECIAL POPULATIONS
The patient does not have any spinal cord injury, paralysis or neurologic
disease.

CURRENT SKIN ASSESSMENT
    Skin Color:
      Color:  Normal for ethnic group
    Skin Temperature
      Temp:  Warm
    Skin Moisture
      Moisture:  Dry
    Skin Turgor
      Turgor:  Within normal limits

  SKIN PROBLEMS
    Wound -location, type, description
       s/p rt inglunial repair, with JP drain

INTERVENTIONS
  The pressure ulcer prevention protocol was not needed - patient is not
at risk.


If any of the below indications are marked, pressure ulcer risk
interventions must be initiated and added to the care plan.  These should
be reviewed and updated with each assessment and PRN as the patient's
needs change.

Please mark all that apply: None



Wound(s) present:
Unable to assess wound:
        Wound location:  rt groin
        Reason unable to assess:  dressing in place

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 14:13
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 26, 2010	MEDICATION RECONCILLIATION PROVIDER NOTE	Discharge summary	WATTS-HARKNESS,KATHRYN A	Physician Assistants & Advanced Practice Nursing Providers	ZZ-LIBERAL KANSAS CBOC			VistA	AMA

Notes ~ MEDICATION RECONCILLIATION PROVIDER NOTE

```
     LOCAL TITLE: MEDICATION RECONCILLIATION PROVIDER NOTE
STANDARD TITLE: MEDICATION MGT DISCHARGE NOTE
DATE OF NOTE: AUG 26, 2010@09:30     ENTRY DATE: AUG 26, 2010@09:30:09
      AUTHOR: WATTS-HARKNESS,KATH  EXP COSIGNER:
     URGENCY:                              STATUS: COMPLETED

//////////////////////////////////////////////////////////////////////

Active Outpatient Medications (including Supplies):

No Medications Found


//////////////////////////////////////////////////////////////////////

Active and Recently Expired Outpatient Medications (including Supplies):

No Medications Found


//////////////////////////////////////////////////////////////////////

/es/ KATHRYN WATTS-HARKNESS

Signed: 08/26/2010 09:30
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	ACTIVITIES OF DAILY LIVING	Nurse Hospital Note	INPENG,CHITHALONE	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ ACTIVITIES OF DAILY LIVING

```
     LOCAL TITLE: ACTIVITIES OF DAILY LIVING
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 27, 2015@01:16     ENTRY DATE: AUG 27, 2015@01:16:28
      AUTHOR: INPENG,CHITHALONE    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Night tour activities and care.
STATUS: Alert; Oriented
ACTIVITY: As Tolerated, Ambulate
ISOLATION: N/A
MOBILITY: Independent

HYGIENE:       self
   Oral Care:
       Shave:
   Peri Care:
      Linens:
SAFETY: Bed in low position, brakes on., Call light within reach, Food/water
within reach, ID Band on, Lighting adequate, Footware appropriate, Siderail up
to help me turn or get out of bed and then lowered
Protective Devices: N/A
NUTRITION:  Breakfast:
               Lunch:
              Supper:
 Fluids offered q2h: Yes

ELIMINATION
 Toileting offered q2h:
          Urine: Foley
    Foley secure devices: YES

     Urine Color: Amber
                  Clear
              BM:     #BMs:     Colostomy:

SKIN: Intact
    IV Site: Hep/Saline Lock
    IV Location: R arm
Post Op Care: SCD on Bilateral
Nursing Comments: 00:00 Assumed care of patient
                  07:30-08:00 Report given to next shift


/es/ CHITHALONE INPENG
RN, BSN
Signed: 08/27/2015 08:08
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 10, 2014	KC-TELEPHONE CONTACT	Telephone encounter Note	NEWMAN,DENISE L		VA HEARTLAND - WEST, VISN 15			VistA	KAN

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Notes ~ KC-TELEPHONE CONTACT

```
     LOCAL TITLE: KC-TELEPHONE CONTACT
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 10, 2014@14:16     ENTRY DATE: JUL 10, 2014@14:16:52
      AUTHOR: NEWMAN,DENISE L      EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Reminder call was made to MR. Hopkins, Marshall H. for radiology appointment on
07/11/14@8am day.
OK confirm fasting

/es/ DENISE L NEWMAN
RADIOLOGY RECEPTIONIST
Signed: 07/10/2014 14:17
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	ICU DAILY NURSING ASSESSMENT	Intensive care unit Admission evaluation note	MASTERS,AMANDA L	Nursing Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ ICU DAILY NURSING ASSESSMENT

```
     LOCAL TITLE: ICU DAILY NURSING ASSESSMENT
STANDARD TITLE: CRITICAL CARE UNIT ADMISSION EVALUATION NOTE
DATE OF NOTE: SEP 17, 2015@12:00     ENTRY DATE: SEP 17, 2015@21:16:24
      AUTHOR: MASTERS,AMANDA L     EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED


                          ICU Daily Nursing Assessment

Date Adm/Tran to ICU: Sep 17,2015

Code Status: Full

Can patient be directly discharged from ICU? no

Mental Health:
 Mood:
 Comments:

Activity: Bedrest
PAIN ASSESSMENT-1st Location:
  Patient states "experiencing pain" on a scale of 1-10.
    Stated pain is: 99
  OUTCOME:  There will be a 50% reduction in pain (inpatients within 24
  hours and outpatients within 2 encounters).  Select at three
  interventions to achieve this goal.  For pharmacological interventions
  see Pain Management Policy.
Pain Interventions:
 Med given -
 Effective  -
 Score (after interventions) 0
 Level of pain is well controlled
 (define discomfort)


REVIEW OF SYSTEMS:
Neuro:

 Level of Consciousness:

 Glasgow Coma Score:
  Date/Time: Sep 17,2015@12:00
  Best Eye Opening Response: No Response (1pt)
  Best Verbal Response:      No Response: (1pt)
  Best Motor Response (Best Upper Limb/To Painful Stimuli):
  No Response (1pt)
```


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Unable to Test (reason)- patient intubated
Total Score: 3

Pupil Size and Response to Light:
Pupil Gauge:
Right 4mm
Left 4mm

Pupil Reaction: brisk
Additional Comments:

RASS:
Cardiovascular Rhythm: A fib

Patient on telemetry: yes (answer following questions)
Cardiac Rhythm: Afib RVR
Atrial Rate: n/a
Ventricular Rate: 115
PR Interval: n/a
QRS: .04
QT length: n/a

Comment:

Pulses:

Right	Score
Radial	1+
Ulna	+
Brachial	+
Pedal	1+
Posterior Tibia	+
Femoral	+

Left	Score
Radial	-1+
Ulna	-+
Brachial	-+
Pedal	-1+
Posterior Tibia	-+
Femoral	-+

Capillary refill:

Edema:
Generalized - 1+
Upper Extremity - +
Facial - +
Lower Extremity - +
Orbital - +
Neck - +
Other/Comment:

DVT prophylaxis within 24 hr -

Spontaneous Compression Devices (SCDs) in use - yes

Respiratory:
Lung/Breath sounds: clear

Oxygen (O2):
FIO2 - 60%
Ventilator: ETT
ETT size: 8cm
Location(cm): 24 @ teeth
Mode (initial settings only): SIMV

Fio2: 60
Peep: 5
PS: 10
VT set:600 VT exhaled:
Vent Days: 1
Secretions/sputum (choose all that apply):brown
Comments:

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Sedation Vacation: yes Spontaneous Breathing trail: Readiness to wean:

GI:
 Abdomen:
 Bowel Sounds: absent

Diet: NPO

Tube Feeds: No

Bowel/Urinary Elimination:

   Patient is on a toileting program - no

   Bowel Movements: Last bowel movement date:
      Color/appearance:

   Patient has/uses.....
  Foley
    Foley Maintenance/Site Care:
    Number of observations completed per shift - 6

    Drainage system sterile and continuously closed - yes

    Catheter properly secured at completion of each observation- yes

    Collection bag below the level of the bladder - yes

    Unobstructed urine flow - yes

    Clinical indication written for continuance of indwelling catheter if
    beyond removal date - yes

    Daily hygiene care completed - yes

Surgical Site:
 Types of tubes/drains - chest tube

Braden Scale - For Predicting Pressure Sore Risk
Sensory Perception:1 = Completely Limited
Moisture: 3 = Occasionally Moist
Activity: 1 = Bedfast
Mobility: 1 = Completely Immobile
Nutrition: 1 = Very Poor
Friction: 2 = Potential Problem
  6-9   Severe Risk
    Score: 9

CURRENT SKIN ASSESSMENT
    Skin Color:
      Color: Normal for ethnic group
    Skin Temperature
      Temp: Warm
    Skin Moisture
      Moisture: Dry
    Skin Turgor
      Turgor: Within normal limits

SKIN PROBLEMS
    Abrasion/Laceration
       Scratches to Lt upper chest, and rt groin scratches
    Bruising
       BUE
    Wound -location, type, description
       Midabd open wound, pink, covered w/ cassett, kerlix, abd pad and
      abd binder. drsg   changed by surgeons
    Other
       unable to turn pt due to instability

INTERVENTIONS
  Education
    Provide patient/caregiver education regarding causes and prevention of
    pressure ulcers.
    Provide patient/caregiver education regarding treatment plan for

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pressure ulcers.
Teach patient/caregiver importance of changing position frequently for pressure ulcer prevention.
Pressure-Redistribution Measures
Use specialty bed
Maximize Mobilization
Perform range of motion exercises when turning/repositioning
Manage Moisture
Maintain clean and dry skin
Instruct patient/caregiver to request assistance as needed
Manage Nutrition
Other:
Comment: NPO
Reduce Friction and Shear
Use a bed trapeze or pull sheet to lift up in bed or turn
Raise the knee when elevating head of bed

Isolation - no
Type of Isolation:Universal precautions

Maintenance/Site Care:(Peripheral/Central Lines)
Central Line Maintenance:
Cordis Maintenance:
Maximum Barrier Precautions:
("Always Required" for Insertion and Dressing Changes) If a dressing change is not needed, a N/A response is applicable for all questions "except" Hand Hygiene.
Hand Hygiene Completed:
Yes
Mask Worn By Inserter:
n/a
Sterile Gloves Worn By Inserter:
n/a
Chlorhexidine Used:
n/a
Device Location:left ,jugular

Site Inspection:
signs of infiltration - no
redness - no
edema - no
pain - no
blood return present - yes flushes easily - yes

Dressing:
dressing clean/dry/intact - yes
dressing changed -no

PA (Pulm Artery) Maintenance
Maximum Barrier Precautions:
("Always Required" for Insertion and Dressing Changes) If a dressing change is not needed, a N/A response is applicable for all questions "except" Hand Hygiene.
Hand Hygiene Completed:
Yes
Mask Worn By Inserter:
n/a
Sterile Gloves Worn By Inserter:
n/a
Chlorhexidine Used:
n/a
Device Location: left ,jugular

Site Inspection:
signs of infiltration - no
redness - no
edema - no
pain - no
blood return present - yes flushes easily - yes

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Dressing:
 dressing clean/dry/intact -yes
 dressing changed - no

Arterial Line Maintenance/Site Care:
Maximum barrier precautions:
 hand hygiene completed - yes
 mask worn - no
 sterile gloves worn - no

Device Location: left,

Site Inspection:
 redness - no
 edema - no
 blood return present - yes flushes easily - yes

Use Transparent Dressing "ONLY"

Dressing:
 dressing clean/dry/intact - yes
 dressing changed - no

Falls Assessment:

Morse Fall Scale:

1. History of falling; immediate or within 3 months - (no = 0, yes = 25)
   Score = 0
2. Secondary diagnosis - (No = 0, yes = 15)
   Score = 15
3. Ambulatory aid - (None, bedrest, wheelchair, nurse = 0) Crutches,
   cane walker = 15; Furniture = 30)
   Score = 0
4. IV/Heparin Lock - (no = 0, yes = 20)
   Score = 20
5. Gait/Transferring - (Normal, bedrest, immobile = 0; weak = 10;
   Impaired = 20) Score = 0
6. Mental Status - (Oriented to own ability = 0; Forget limitations =
   15) Score = 0

Total Score = 35

Risk Level/Intervention Required: 25-50 points Low Risk Standard
Fall Prevention Interventions
SEP 17, 2015@00:22:12 Ward: 3-SICU DX: UGIB SMALL BOWEL OBSTRUCTION

Change in patient's condition warrants an update to the Nursing Care
Plan
(If YES, continue with Care Plan below and make changes) no
Nursing Plan of Care:

 NURSING PROBLEMS:
CURRENT CARE PLAN IN PLACE--risk for infection, review date 09/20/15

Assummed care @ 11:45. Pt on the vent, 8cm ETT, 24 @ teeth, SIMV rate 16, FiO2
60%, PEEP 5, Ps 10, Vt 600. Brown sputum noted. Lungs sound clear to
auscultaiton. Tele-Afib rate 115. Left PA and cordis patent w/ blood rtrn noted.
Left A-Line patent w/ blood rtrn noted. Abd has binder in place, kerlix and abd
pads covering open wound w/ clear cassett. Surgeons instructions to keep pt
still due to risk of bowels dislodging. Abd drsg changed by surgeons. Foley in
place w/ hematuria. MDs aware. BLE w/ SCDs in place. Generalized edema.
Summarized charting:
Pt is on multiple gtts including the following: protonix @ 10ml/hr. Amiodarone @
17ml/hr. NS @ 125ml/hr. Vasopressin @ 10ml/hr. Levophed titrating to MAP >65.
Bicarb gtt @ 75 ml/hr. Fentanyl @ 10ml/hr. Throughout my shift MDs orderd 500
ALbumin, x2 NS 1L bolus, 2 amps Bicarb, Electrolye replacements, and
Phynelephrine to titrate to MAP>65. 2 units FFP given.
Dr. Busby informed of labs and pt oozing from abd wound. New orders for
electrolytes and 2U PRBCs and repeat ABG, orderd placed and all care transferred
to night nurse

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/es/ AMANDA L. MASTERS
REGISTERED NURSE
Signed: 09/18/2015 00:07

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 02, 2010	CLINICAL REMINDER NOTE	Preventive medicine Note	COLLINS,ALMA L		ZZ-LIBERAL KANSAS CBOC			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: FEB 02, 2010@14:10     ENTRY DATE: FEB 02, 2010@14:10:39
      AUTHOR: COLLINS,ALMA L       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

  PNEUMOCOCCAL VACCINE-NURSE:
    Patient declines Pneumococcal Vaccine.
  Colorectal Cancer Screening:
    Occult blood ordered.
  Influenza Immunization:
    Patient refused the influenza vaccine.  Patient was advised of risks
    and benefits of influenza vaccine.
  Tetanus Reminder:
    Patient refused Tetanus immunization.
  Influenza H1N1 Vaccine:
    The patient declines to be vaccinated for Influenza H1N1.

/es/ ALMA L COLLINS
RN
Signed: 02/02/2010 14:12
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	Addendum to WI-NURSE/CBOC		HECOX,STEPHEN W		WI-LIBERAL PACT ADMIN-X			VistA	KAN

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Notes ~ Addendum to WI-NURSE/CBOC

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 27, 2015@10:08     ENTRY DATE: AUG 27, 2015@10:08:01
      AUTHOR: HECOX,STEPHEN W      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

In receipt of fax from Southwest Medical Center, Liberal, KS with ED notes and
hospital discharge notes.  Will forward to provider for review.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/27/2015 10:10

Receipt Acknowledged By:
08/27/2015 12:12        /es/ TODD A RIDGE
                             ANP

==========================================================================

 --- Original Document ---

08/27/15 WI-NURSE/CBOC:
Spoke with nursing personnel at Southwest Medical Center, Liberal, KS, regarding
pt status.  States he was transferred via private vehicle to Amarillo VA
hospital evening of 8/26/15.  Refer to Viata Web.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/27/2015 09:11

Receipt Acknowledged By:
08/27/2015 12:12        /es/ TODD A RIDGE
                             ANP
08/27/2015 09:30        /es/ SHERRY K STEWART RN
                             QM UR RN
 0
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 24, 2015	Addendum to WI-NURSE/CBOC		HECOX,STEPHEN W		WI-LIBERAL PACT NURSE			VistA	KAN

Notes ~ Addendum to WI-NURSE/CBOC

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 24, 2015@16:00:58  ENTRY DATE: AUG 24, 2015@16:00:58
      AUTHOR: HECOX,STEPHEN W      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Instructed per provider to send pt to local ED.  Wife taking pt to Southwest
Medical Center ED, Liberal, KS.  ED called and report given to RN.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/24/2015 16:03

Receipt Acknowledged By:
08/24/2015 16:23        /es/ TODD A RIDGE
                             ANP
08/24/2015 16:23        /es/ Dawn D. Campbell, RN, MSN
                             CBOC Coordinator, PC Operations
08/25/2015 10:58        /es/ SHERRY K STEWART RN
                             QM UR RN

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08/24/15 WI-NURSE/CBOC:
Reason for appointment
  Nurse Clinic:
   Reason for appointment:
    RN Triage

    Is the patient diabetic?
      Yes - patient is a diabetic.

      Last HGBA1c value and time done: 13.6 3/19/15

      HGBA1c < 7, repeat in 6 months HGBA1c > 7, repeat in 3 months
  Are you registered for My HealtheVet (MHV)?
    No - Are you interested in registering? No If 'yes' please hand
    Veteran My HealtheVet brochure.

Pt ambulatory to clinic, unstable in gait, leaning against wall while walking down hall, accompanied by wife. States had right inguinal hernia repair at Amarillo VA on 8/19/15 and was dismissed on 8/20/15. States since 8/20/15 "I have no bladder control. I don't know when it is going to start or stop until running down my leg." Also states now having constant hiccups which interfers with speech, sleep, and eating. "I also have no coordination. When I get up I feel like I'm going to fall" and states this started on 8/21/15. C/o no appetite and no energy. Was taking acetaminophen 300mg with codeine 30mg tabs, taking 1 tab every 4 hours prn for pain but has not had any medication since yesterday. Has diabetes but unwilling to take medication. Fingerstick bs at clinic is 360. On exam abd is protruded, rounded, and firm with pain rated as 4-5/10. No bowel sounds heard x 4 quadrants. Last bowel movement was on morning of 8/20. Right inguinal incision open to air with staples intact. Wound edges approximated well with no redness or drainage noted. T 98.7, P 85, R 20, b/p 137/90, SpO2 93%.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/24/2015 15:48

Receipt Acknowledged By:
08/24/2015 15:57   /es/ TODD A RIDGE
                             ANP

08/25/2015 ADDENDUM   STATUS: COMPLETED
KCVA patient.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 08/25/2015 11:00

Receipt Acknowledged By:
* AWAITING SIGNATURE *   BERNHARDT,BARBARA S

 0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 18, 2015	SOCIAL WORK TELEPHONE NOTE	Social worker Telephone encounter Note	BRANDON,MAXINE R	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ SOCIAL WORK TELEPHONE NOTE

```
     LOCAL TITLE: SOCIAL WORK TELEPHONE NOTE
STANDARD TITLE: SOCIAL WORK TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: AUG 18, 2015@16:28     ENTRY DATE: AUG 18, 2015@16:28:40
      AUTHOR: BRANDON,MAXINE R     EXP COSIGNER: HIATT,DEBORAH L
     URGENCY:                           STATUS: COMPLETED
     SUBJECT: Lodging Request

Lodging request for next appointment on 8-19-15. Patient reported he will only
need overnight as he will be admitted after procedure. Patient is ambulatory w/o
assistance, performs independently all ADL's, able to follow written/verbal
instructions. Patient instructed to see AOD for admission to Lodge.

/es/ Maxine R. Brandon
LMSW-IPR,LPC
Signed: 09/03/2015 16:41

/es/ DEBORAH L HIATT
Social Work Executive
Cosigned: 09/11/2015 15:48
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 17, 2011	PRIMARY CARE ASSESSMENT NOTE	Primary care Note	WETMORE,ELIZABETH B		ZZ-LIBERAL KANSAS CBOC			VistA	AMA

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Notes ~ PRIMARY CARE ASSESSMENT NOTE

```
     LOCAL TITLE: PRIMARY CARE ASSESSMENT NOTE
STANDARD TITLE: PRIMARY CARE OUTPATIENT NOTE
DATE OF NOTE: FEB 17, 2011@10:30     ENTRY DATE: FEB 17, 2011@10:30:21
      AUTHOR: WETMORE,ELIZABETH B  EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

SUBJECTIVE:

PHYSICAL EXAM:
                VS:
                HEENT:
                LUNGS:
                HEART:
                ABD:
                RECTAL:
                EXT:
                MISC:

       LABS:

       PROCEDURES:

     CHRONIC DISEASE INDEX:

PFTs:
CREATININE:
GLUCOSE:                119  H mg/dL   OCT 5,2010@09:04:10
A1C:                    5.9    %   MAY 2,2006@08:06:40
MICROALBUMIN:           Not found in computer MICROALBUMIN
PSA:                    0.49   ngm/ml   JUL 14,2009@09:10:45
CHOLESTEROL:            188   mg/dL   JUL 14,2009@09:10:44
TRIGLYCERIDE:           160  H mg/dL   JUL 14,2009@09:10:44
HDL:                    36  L mg/dL   JUL 14,2009@09:10:44
LDL-CHOL CALC:          Not found in computer LDL-CHOL CALCULATION
LDL                     120   mg/dl   JUL 14,2009@09:10:44
LDL:                    140  H mg/dL   MAY 2,2006@08:06:41
OCC#1:                  Not found in computer OCCULT BLOOD
OCC#2:                  Not found in computer OCCULT BLOOD #2
OCC#3:                  Not found in computer OCCULT BLOOD #3

FLEXIBLE SIGMOIDOSCOPY:

PNEUMOCOCCAL VACCINE:
TET/DIP:


ASSESSMENT/PLAN:
                1.
                2.
                3.
  PNEUMOCOCCAL VACCINE-NURSE:
    Patient declines Pneumococcal Vaccine.
  Influenza Immunization:
    Patient refused the influenza vaccine.  Patient was advised of risks
    and benefits of influenza vaccine.
  Tetanus Reminder:
    Patient refused Tetanus immunization.

/es/ ELIZABETH B WETMORE

Signed: 02/17/2011 10:47
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 15, 2015	PATIENT ALIGNED CARE TEAM NURSING NOTE	Nurse Note	AMMONS,ANNIE	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PATIENT ALIGNED CARE TEAM NURSING NOTE

```
     LOCAL TITLE: PATIENT ALIGNED CARE TEAM NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: OCT 15, 2015@14:27     ENTRY DATE: OCT 15, 2015@14:27:15
      AUTHOR: AMMONS,ANNIE         EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Team: TEAM PATRIOT
Type of call: GEN INFO.

The following identifiers were used to verify this patient:  SSN.
SPOUSE called in for HOPKINS,MARSHALL HUGH (b) (6)          Phone: (620)272-4822.
Caller Area: AMARILLO
Contact Phone Number: (620)272-4822

Comments:
According to the wife this vet died on Sept 18,2015.

Chief Complaint: Not applicable to call.
Identified problem: OTHER UNSPECIFIED COUNSELING.

Caller Response: *OTHER


Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).
Starting at: 10/15/2015 @ 1:01:07 PM
Ending at: 10/15/2015 @ 1:01:38 PM
Length: 0 minutes.
Author: HORTON,CHAD THOMAS

/es/ Annie Ericson RN
RN
Signed: 10/15/2015 14:27

Receipt Acknowledged By:
11/04/2015 16:45        /es/ ZENITHA ROSALES
                             RN, MSN
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 29, 2015	WI-PRIMARY CARE FOLLOW-UP	Primary care Note	HECOX,STEPHEN W	Nursing Service Providers	LIBERAL CBOC			VistA	KAN

Notes ~ WI-PRIMARY CARE FOLLOW-UP

```
     LOCAL TITLE: WI-PRIMARY CARE FOLLOW-UP
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JUN 29, 2015@09:46     ENTRY DATE: JUN 29, 2015@09:47:20
      AUTHOR: HECOX,STEPHEN W      EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

   *** WI-PRIMARY CARE FOLLOW-UP Has ADDENDA ***

Primary Care Follow-Up

Patient recently treated in:
Non-VA Emergency Room
Southwest Medical Center Liberal, KS

Diagnoses were: Hyperglycemia, dizziness


Medications added, stopped or changed:
None- SWMC ED notes: "pt strongly refused to take any medication or any medical
intervention to lower his blood sugar."


Follow-up issues: Spoke with pt via phone this am.  States he was discharged
from ED on 6/26/15 and spent the weekend at his residence at Hooker, OK.  This
```


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am traveling to his home in Missouri. States he is feeling fine. Denies dizziness, confusion, n/v, or blurred vision. Blood sugar by EMS on 6/26/15 was 355 and at hospital lab 408. Pt does not admit that he has diabetes and states "I am working on some things regarding my pancreas." Nurse strongly encouraged pt to follow-up with provider at KC VA due to high blood sugars. States he would.

Will forward Southwest Medical Center ED notes to provider for review.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 06/29/2015 10:12

Receipt Acknowledged By:
06/29/2015 10:26 /es/ TODD A RIDGE
ANP
06/29/2015 10:16 /es/ SHERRY K STEWART RN
QM UR RN
06/29/2015 10:20 /es/ Dawn D. Campbell, RN, MSN
CBOC Coordinator, PC Operations

06/29/2015 ADDENDUM STATUS: COMPLETED
Adding additional alerts.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 06/29/2015 10:18

Receipt Acknowledged By:
06/29/2015 13:47 /es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
06/29/2015 10:37 /es/ SCOTT S TALPERS
M.D.

06/29/2015 ADDENDUM STATUS: COMPLETED
received faxed progress notes from ER visit.
notes reviewed.
BUN-32*
Creatinine-1.5*
eGFR-46
Gluc-406*
wbc-6.6
rbc-3.45*
hgb-10.6*
hct-30.9*
Na-133*
K-3.9
ast-12
alt-15
Urine gluc- greater >1000
Urine ketones- trace
Urine blood-trace

/es/ TODD A RIDGE
ANP
Signed: 06/29/2015 11:32

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 10, 2015	PATIENT EDUCATION - NURSING	Nurse Education note	LEWIS,DEBORAH E	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PATIENT EDUCATION - NURSING

```
     LOCAL TITLE: PATIENT EDUCATION - NURSING
STANDARD TITLE: NURSING EDUCATION NOTE
DATE OF NOTE: SEP 10, 2015@16:15     ENTRY DATE: SEP 10, 2015@16:15:15
      AUTHOR: LEWIS,DEBORAH E      EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

NOTE DATED: SEP 10, 2015 16:15  PATIENT EDUCATION - NURSING
Visit: 09/10/15 13:30
Assessment :
Person Being Assessed: Patient
Barriers to Learning:           None
Primary Language: English

Desire and Motivation: Eager to learn
Comphrension: High
Method of Teaching:           Verbal, Written
Topics Covered:
Evaluation of Patient/Family Education:          Voiced understanding/Return
demonstration
 Self catheterization instructions and return demonstration.

/es/ DEBORAH E LEWIS
LVN
Signed: 09/10/2015 16:17
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 14, 2015	PACT SCHEDULED VISIT	Physical medicine and rehab Note	CANTU,LEIGH A	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PACT SCHEDULED VISIT

```
     LOCAL TITLE: PACT SCHEDULED VISIT
STANDARD TITLE: PACT NOTE
DATE OF NOTE: JUL 14, 2015@10:34     ENTRY DATE: JUL 14, 2015@10:34:37
      AUTHOR: CANTU,LEIGH A        EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Patient identified by the following 2 identifiers:  Patient Name , Social
Security number, Date of Birth

Reason for visit/Has the patient had any concerns or problems since last visit?
    pt here today to re-est care with pcp. pt stated c/o hernia
    discomfort to the right testicle for the past year.

Is the patient febrile?  No
Any travel or exposure to individuals who have traveled outside the US in past 6
months?  No


Current Vital Signs
   Temperature: 98.3 F [36.8 C] (07/14/2015 10:20)
         Pulse: 70 (07/14/2015 10:20)
  Respirations: 18 (07/14/2015 10:20)
           B/P: 146/92 (07/14/2015 10:32)
   Height(ins): 71.5 in [181.6 cm] (04/05/2012 08:36)
   Weight(lbs): 182.8 lb [83.1 kg] (07/14/2015 10:20)
           BMI: 25.2
          Pain: 5 (07/14/2015 10:20) (Scale from 1-10)
       O2 Sat: 7/14/15 @ 1020      PULSE OXIMETRY: 95
               On Room Air

Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:

RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
```


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Nicotine use:Pt states not a current tobacco user.

MEDICATION RECONCILIATION
Has the patient been given new medications outside the VA? NO

Does Patient take any non-prescription meds, including herbal supplements, vitamins, etc? YES

Medication list reviewed with patient. Provider to be informed of any variance to list.

Has the patient been in the hospital or seen an outside provider since last visit? NO

OBSERVATIONS FOR ABUSE/NEGLECT
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?

SKIN IMPAIRMENT RISK SCREEN
(Braden Scale) -
4 = No Impairment Sensory Perception
4 = Rarely Moist Moisture
4 = Walks Frequently Activity
4 = No Limitations Mobility
4 = Excellent Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE

15-18 = low risk
If score is 18 or less, an impaired or potentially impaired skin integrity problem exists and is to be reflected in the patient/resident plan of care.
13-14 = moderate risk
12 or less = high risk
If score is 12 or less, the PCP may enter a Enterostomal/Wound Care Nurse consult

No -- Does Patient have an open wound of any type?

**********FALL RISK**********
Patient has NO history of falling in the last 12 months
PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 5
Patient's acceptable level of pain:
LOCATION: neck
QUALITY:
dull
ache
ONSET: CHRONIC
Description for onset of pain: pt reports that he is treated by a chiropractor
DURATION: Intermittent
PLAN:
Pain level will be reassessed at primary care appointments
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None

Desire and Motivation: Eager to learn
Comphrension: Moderate
Preferred Language: English
Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
Topics: Plan of Care
Plan of Care for this visit: pt to be seen by pcp.

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/es/ LEIGH ANN BODDY
LVN
Signed: 07/14/2015 10:38

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 12, 2015	PALLIATIVE CARE	Palliative care Note	PFEIFFER,JOSEPH R	Behavioral Health & Social Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ PALLIATIVE CARE

LOCAL TITLE: PALLIATIVE CARE
STANDARD TITLE: PALLIATIVE CARE NOTE
DATE OF NOTE: OCT 12, 2015@15:18 ENTRY DATE: OCT 12, 2015@15:18:33
AUTHOR: PFEIFFER,JOSEPH R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

A letter of condolence as well as a copy of the "Butterfly Poem" and bereavement handouts on loss and grief was placed in the USPS mail Wednesday October 14, 2015

Packet of materials was addressed to: Wife-Darlene Hopkins

A copy (one-page-two-sided) of "VA Burial Benefits and Information For Survivors"" from the Chaplain's Service was included in the mailing.

The condolence letter referenced the Memorial Service which will be held in the future. Further information will be mailed separately. Usually two-three weeks prior to service.

Decedent Affairs is an essential service of chaplain's office. A letter from Decedent Affairs is mailed approximately two-three weeks prior to the Memorial Service.

Contact information (business card) was included in the mailing. Chaplain will be available to family members as needed. Will refer to other resources as appropriate.

/es/ Joseph R. Pfeiffer
STAFF CHAPLAIN
Signed: 10/12/2015 15:18

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 24, 2015	Addendum to TELEPHONE CONTACT		ROTHMAN,JLATAYNE		AMA-SURGERY FOLLOWUP PHONE-X			VistA	AMA

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Notes ~ Addendum to TELEPHONE CONTACT

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 24, 2015@11:19:12  ENTRY DATE: AUG 24, 2015@11:19:13
      AUTHOR: ROTHMAN,J LATAYNE    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

wife called.  they are going to libreal va clinic for eval.

/es/ J LATAYNE ROTHMAN
NURSE PRACTITIONER
Signed: 08/24/2015 11:19

==========================================================================

 --- Original Document ---

08/24/15 TELEPHONE CONTACT:
PT CALLED IN REQUESTING INFORMATION.

I RETURNED HIS CALL
 HE HAD  RIH REPAIR ON 8/19/2015 . STAYED IN THE HOSPITAL OVERNIGHT AND THEN
FELT NORMAL AND WENT HOME

  TODAY HE REPORTS  NEW SEVERE HICKUPS AND MAY PASS OUT DUE TO NO AIR IF HE HAS
3 IN A ROW.
NEW: NO BALANCE. WEAK, INC OF URNIE, NO APPETITE.
IS PASING RECTAL GAS. FEELS VERY WRONG.
DENIES NAUSEA OR VOMITING,

I ENCOURAGED HIM TO COME IN TO THE ER FOR LABS AND POSIBLE CT OF HIS ABD IF
NEEDED.

HE STATES HE HAS A 12 YR OLD DAUGHTER AND HE CAN NOT COME IN AS SHE WOULD COME
HOME TO A EMPTY HOUSE.  HE WILL TRY TO COME TOMORROW.
 I ENCOURAGED HIM TO COME TODAY.

/es/ J LATAYNE ROTHMAN
NURSE PRACTITIONER
Signed: 08/24/2015 11:18
 0
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 31, 2015	KC-ADMINISTRATIVE NOTE	Administrative note	SUGGS,MAURA E	Nursing Service Providers	VA HEARTLAND - WEST, VISN 15			VistA	KAN

Notes ~ KC-ADMINISTRATIVE NOTE

```
     LOCAL TITLE: KC-ADMINISTRATIVE NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: AUG 31, 2015@11:07     ENTRY DATE: AUG 31, 2015@11:07:41
      AUTHOR: SUGGS,MAURA E        EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

RN covering for Cameron,MO PACT contacted veteran when his recent discharge
alert came up.  He was recently discharged from VAMC in Amarillo.  He has a new
PACT that is following him in Liberal, KS.  Alert to admin to have changed.

/es/ Maura Suggs RN
Registered Nurse
Signed: 08/31/2015 11:16

Receipt Acknowledged By:
09/03/2015 12:55        /es/ DANIELLE L WHITE
                             PCMM COORDINATOR
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 14, 2015	PRIMARY CARE NP (T)(S)	Primary care Note	RODRIGUEZ-FRONTERA,JOSE	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ PRIMARY CARE NP (T)(S)

```
     LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JUL 14, 2015@11:36     ENTRY DATE: JUL 14, 2015@11:36:51
      AUTHOR: RODRIGUEZ-FRONTERA,  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

SUBJECTIVE:  This is a 71 year old male ambulatory to Primary Care.       Comes
for his regular medical evaluation. Very concerned person about treatment
    only with natural products.presenting lab. results with very high glucose
    levels and despite our observation, he insist not to follow any other
treatment
    than natural things provided by his wife.Also presenting a recurrent left
    inguinal hernia condition. Has had two previos inguinal repair surgeries on
the
    same side.

CHIEF COMPLAINT:      INGUINAL HERNIA.

PHYSICAL EXAM:
VITALS:         TEMP:   98.3 F [36.8 C] (07/14/2015 10:20)
                PULSE:  70 (07/14/2015 10:20)
                RESP:   18 (07/14/2015 10:20)
                B/P:    146/92 (07/14/2015 10:32)
                WT:     182.8 lb [83.1 kg] (07/14/2015 10:20)
                HT:     71.5 in [181.6 cm] (04/05/2012 08:36)
                PAIN:   5 (07/14/2015 10:20)
        HEENT:    PERLA
        LUNGS:     CTA
        HEART:    NSR
        ABD:    LEFT INGUINAL HERNIA. NOT INCARCERATED. NOT PAINFUL
        RECTAL:
        EXT:    AROM
        MISC:


ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

No Medications Found


Medication reconciliation was completed with the patient/caregiver.

LABS:
SODIUM:          138   meq/L   JUL 14,2015@07:37:45
POTASSIUM:       4.1   mmol/L   JUL 14,2015@07:37:45
BUN:             19  H mg/dl   JUL 14,2015@07:37:45

CREATININE                  7/14/15 07:37     0.77
GLUCOSE:         327  H mg/dL   JUL 14,2015@07:37:45
AST:             11   IU/L   JUL 14,2015@07:37:45
ALT:             15   IU/L   JUL 14,2015@07:37:45
LDH:             Not found in computer LDH
ALK. PHOS.:      53   IU/L   JUL 14,2015@07:37:45
GGTP:            18      APR 5,2012@07:30:12
T. BILIRUBIN:    0.6   mg/dL   JUL 14,2015@07:37:45
WBC:             9.0   K/cumm   JUL 14,2015@07:37:43
HGB:             14.5   gm/dL   JUL 14,2015@07:37:43
HCT:             43.5   %    JUL 14,2015@07:37:43
MICROALBUMIN:    1.4   mg/dl   APR 5,2012@07:30:18
CHOLESTEROL:     237  H mg/dL   JUL 14,2015@07:37:45
HDL:             42   mg/dL   JUL 14,2015@07:37:45
LDL              165  H mg/dL   JUL 14,2015@07:37:45
LDL-CHOL CALC:   Not found in computer LDL-CHOL CALCULATION
```


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LDL: 140 H mg/dL MAY 2,2006@08:06:41
TRIG: 153 H mg/dL JUL 14,2015@07:37:45
FOB1: Not found in computer OCCULT BLOOD
FOB2: Not found in computer OCCULT BLOOD #2
FOB3: Not found in computer OCCULT BLOOD #3
PSA: 0.674 ng/mL JUL 14,2015@07:37:46
TSH: 2.45 mIU/mL JUL 14,2015@07:37:46

PROCEDURES:

ASSESSMENT/PLAN:
1. IDDM - PT. REFUSES ANY OPTION OF TREATMENT. HE WILL CONTINUE TO FOLLOW THE NATURAL MEDICATIONS PRESCRIBED BY HIS WIFE.
2. INGUINAL HERNIA (RECURRENT)
3.
4.
5. RTC
10 mo.
Colorectal Cancer Screening:
The patient was offered referral to GI for colonoscopy/sigmoidoscopy and declines to accept the referral.
Reason: DOES NOT BELIVE IS NECESSARY
DIABETIC EYE EXAM:
Patient had eye exam previously.
Location: AMA- VA
MONTH AND YEAR (REQUIRED): FEB.2015
Diabetic Foot Exam:
Patient declined Diabetic Foot Exam.
Comment: DOES NOT BELIVE HE IS DIABETIC
PROSTATE CANCER EDUCATION:
PROSTATE CANCER SCREENING
PROVIDER EDUCATION: Today, the patient received written information and/or verbal counseling, including risks and benefits, about prostate cancer screening and had an opportunity to ask questions.
Level of Understanding: Good
Hemoglobin A1C:
Patient refused diabetic education consult.
ELEVATED BP >140/90:
Patient has a blood pressure cuff at home.
DIABETIC ELEVATED HEMOGLOBIN A1C:
Patient refused Diabetic Education.
MEDICATION RECONCILIATION-PACT:

Active and Recently Expired Outpatient Medications (including Supplies):

No Medications Found

IV Medications
==========
=== No data available

Home medications or patient's list of medications reviewed.

No Medication discrepancies found.

Current medication list reviewed with patient and/or caregiver. List of current medications given to patient and/or caregiver at discharge.

Encouraged to keep list of current medications with them in case of an emergency.

/es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
Signed: 07/14/2015 11:58

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	PERIOPERATIVE DISCHARGE FOLLOW UP NOTE	Surgery Discharge summary	RIVERA,CAROLINA RUIZ	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PERIOPERATIVE DISCHARGE FOLLOW UP NOTE

```
     LOCAL TITLE: PERIOPERATIVE DISCHARGE FOLLOW UP NOTE
STANDARD TITLE: SURGERY DISCHARGE NOTE
DATE OF NOTE: AUG 20, 2015@10:17     ENTRY DATE: AUG 20, 2015@10:17:27
      AUTHOR: RIVERA,CAROLINA RUI   EXP COSIGNER:
     URGENCY:                              STATUS: COMPLETED



        Procedure:Right inguinal hernia
        Physician:Dr Ahmed
   Admission Date:Aug 19,2015
   Discharge Date:
Current condition:

Were discharge instructions understood?

Do you know what medications were prescribed for you? Do you understand how
and when to take it?

Emotional support: Was the staff caring and supportive during your visit?


How is your pain (related to the procedure)? Is it adequately controlled with
your pain medicine?

Do you have a dressing? Is it clean and dry and still on?  Do you know when
to remove it?

Could we have done anything to make the stay more pleasant?

Do you have any questions or comments for me?

Follow up call attempted on this date: AUG 20, 2015
No follow up call accomplished:
Patient admitted, follow up call deferred.

/es/ CAROLINA RUIZ RIVERA
RN
Signed: 08/20/2015 10:18
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	MEDICATION RECONCILIATION AT DISCHARGE	Discharge summary	LOVELADY,JAIMEE L	Physician Assistants & Advanced Practice Nursing Providers	AMARILLO HCS			VistA	AMA

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Notes ~ MEDICATION RECONCILIATION AT DISCHARGE

```
     LOCAL TITLE: MEDICATION RECONCILIATION AT DISCHARGE
STANDARD TITLE: MEDICATION MGT DISCHARGE NOTE
DATE OF NOTE: AUG 20, 2015@08:42     ENTRY DATE: AUG 20, 2015@08:42:40
      AUTHOR: LOVELADY,JAIMEE L    EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED
```

MEDICATIONS AT DISCHARGE

Active Inpatient Medications (including Supplies):

```
     Active Inpatient Medications                          Status
=========================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB  1 TABLET PO Q4H  ACTIVE
       PRN post op pain
2)   ACETAMINOPHEN TAB  500MG PO Q6H PRN elevated           ACTIVE
       temperature
3)   CEFAZOLIN INJ CEFAZOLIN 1 GM in SODIUM CHLORIDE        ACTIVE
       0.9% 50 ML  INFUSE OVER 30 MINUTES Instructions too
       long. See order details for full text. IVPB Q6H
4)   DEXTROSE 50% INJ,SOLN  1 AMP IVP D-STIX PRN FOR        ACTIVE
       FINGER STICK GLUCOSE READINGS BELOW 60, WHEN ORAL
       GLUCOSE IS NOT INDICATED.  MAY BE TITRATED.
5)   INSULIN REGULAR (HUMAN) INJ  SLIDING SCALE SC Q4H      ACTIVE
       0-150 = 0 UNIT // // 151-200 = 2 UNITS // 201-250 =
       4 UNITS // 251-300 = 6 UNITS // 301-350 = 8 UNITS
       // 351-400 = 10 UNITS // 401-450 = 12 UNITS //
       451-GREATER CALL PHYSICIAN
6)   ONDANSETRON INJ,SOLN  4MG/2ML IVP Q6H PRN nausea       ACTIVE
7)   SODIUM CHLORIDE 0.9% W/KCL 20MEQ, 1000ML INJ,SOLN in   ACTIVE
       SODIUM CHLORIDE 0.9%/KCL 20MEQ 1000 ML  50 ml/hr IV
```

Active and Recently Expired Outpatient Medications (including Supplies):

```
     Active Outpatient Medications                         Status
=========================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY  ACTIVE
       MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN
       MANAGEMENT]
```

Compared Outpatient medications list (at admission) with current list of Outpatient medications (post discharge).

Medication discrepancies found and reconciled: no home meds, tylenol #3 ordered for post op pain to be taken as needed

non smoker

List of current medications given to patient and/or caregiver at discharge.

Current Outpatient medications list (post discharge) was reviewed with patient and/or family.

Encouraged to keep list of current medications with them in case of an emergency.

/es/ JAIMEE L CHAPMOND
APRN, FNP-C, MSN
Signed: 08/20/2015 08:43

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 12, 2008	PRIMARY CARE TELEPHONE NOTE	Primary care Note	JONES,RHONDA M	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PRIMARY CARE TELEPHONE NOTE

```
     LOCAL TITLE: PRIMARY CARE TELEPHONE NOTE
STANDARD TITLE: PRIMARY CARE E & M NOTE
DATE OF NOTE: MAY 12, 2008@11:33     ENTRY DATE: MAY 12, 2008@11:33:50
      AUTHOR: JONES,RHONDA M       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

pt calls to inquire about the x-rays of back that were taken-pt would like to
know if he will be able to see the chiropractor through the VA.

explained that this msg will be given to pcp.

pt verbalizes understanding and may be reached at 620-272-4825

/es/ RHONDA M JONES
LVN
Signed: 05/12/2008 11:35

Receipt Acknowledged By:
05/13/2008 16:13        /es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
                             FAMILY NURSE PRACTITIONER
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	Addendum to PRE-ADMISSION MEDS/NOTE		BIRD,STACEY R		AMA-CASE MANAGEMENT-X			VistA	AMA

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Notes ~ Addendum to PRE-ADMISSION MEDS/NOTE

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 19, 2015@11:51:31  ENTRY DATE: AUG 19, 2015@11:51:31
      AUTHOR: BIRD,STACEY R        EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Change Treating Specialty to Surgical Observation

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/19/2015 11:51

==============================================================================

 --- Original Document ---

08/19/15 PRE-ADMISSION MEDS/NOTE:
Admission Info: Admit to 3 N-Surg/General Surgery for the services of Dr.
Ahmed. DX: Right Inguinal hernia Repair

Detailed Active Meds
Active Outpatient Medications (including Supplies):

                                                                Issue Date
                                                   Status       Last Fill
     Active Outpatient Medications                 Refills      Expiration
=========================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB          ACTIVE       Issu:08-18-15
       Qty: 30 for 7 days  Sig: TAKE 1 TABLET      Refills: 0   Last:08-19-15
       BY MOUTH EVERY 4 HOURS AS NEEDED [FOR                    Expr:09-17-15
       POST OP PAIN MANAGEMENT]

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/19/2015 09:37

Receipt Acknowledged By:
08/19/2015 11:05        /es/ JOSE RODRIGUEZ-FRONTERA MD
                             Physician
09/04/2015 16:26        /es/ ZENITHA ROSALES
                             RN, MSN
 0
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 11, 2012	PC-TELEPHONE CONTACT	Primary care Telephone encounter Note	SANDOVAL,RITA A	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PC-TELEPHONE CONTACT

```
     LOCAL TITLE: PC-TELEPHONE CONTACT
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: SEP 11, 2012@16:18     ENTRY DATE: SEP 11, 2012@16:18:36
      AUTHOR: SANDOVAL,RITA A      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

DATE:9/11/12

PROCEDURE:


DIAGNOSIS:
1.depression

2.
PATIENT'S COMPLAINTS/ISSUES (Check all that apply):



Other     Received request from mental health clinic for initiation of a
referral via a consult for this Veteran. Veteran was seen by this worker in the
past during which time he was not interest in being referred to mental health.


PLAN (include instructions to patient):
1.Consult initiated.
2.

/es/ RITA A. SANDOVAL, MSSW,LCSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 09/11/2012 16:20
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	NURSING DISCHARGE NOTE	Nurse Discharge summary	JONES,JAMES R	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING DISCHARGE NOTE

```
     LOCAL TITLE: NURSING DISCHARGE NOTE
STANDARD TITLE: NURSING DISCHARGE NOTE
DATE OF NOTE: AUG 20, 2015@09:47     ENTRY DATE: AUG 20, 2015@09:47:28
      AUTHOR: JONES,JAMES R        EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Patient was discharged to home/self care.

Patient Discharge Instructions
Today's Date: AUG 20, 2015
Patient's Doctor/Provider: AHMED
Patient's Discharge Diagnosis: S/P LAP CHOLE,HERNIA REPAIR
Discharge Instructions given to
Patient Assessment at time of discharge:
OrientedStable
****NOTE TO PATIENT: PLEASE CAREFULLY FOLLOW THE INSTRUCTIONS BELOW*******
Resume home medications as prescribed? NA
Activity:
Up and about as desired and tolerated, Shower only, Avoid heavy lifting and/or
exercise
List personal items brought to hospital documented on the Nursing Admission
Assessment:
    GLASSES, BOOK, CLOTHES, CELL  PHONE
YES--Were these items returned to Patient at discharge?
NO--Did the patient acknowledge having cash in the Nursing Admission Assessment
Note?
NA--If yes, did the patient secure cash with the Agent Cashier?
(If the patient secured cash with the Agent Cashier, information to contact the
Agent Cashier at 806-355-9703 ext. 7364 was provided.)
```


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NA--Did you get assistance with any fears or anxieties that
you had during your admission?
NA--Do you have any further concerns that we can help you
with before you are discharged?
Explanation of above responses:

****
Does Patient have Congestive Heart Failure?
No
****
Is the patient going home with a Foley catheter? No
If yes, Foley Catheter Care pamphlet provided NA
****
Does the patient have MRSA? No
MRSA pamphlet provided NA
****
Post-op instructions (Pacemaker/ICD/Loop recorder) provided NA
****
Central Line IV Site Care pamphlet provided NA
****
Post Cardiac Procedure Education Sheet provided NA
****
Pain Scale at discharge:
(See Focus note or Daily Assessment note for comphrehensive assessment of pain
greater than 0)
****
Patient has Wound(s) or unhealed Pressure Ulcer(s).
Patient/caregiver received instructions for performing care
Wound Care:
May remove dressing on:Aug 21,2015
Diet: Resume the diet you were on before
****
Call your doctor for any signs / or symptoms of: Reddened wound,
wound drainage, swelling,red streaks, increased pain, temperature
101 or higher, or bleeding.
CALL:
Your admitting doctor (name at top of page) 355-9703 ask operator anytime.
Your primary care provider (8am - 4pm) 355-9703 ask operator.
Emergency Department(anytime) 355-9703, ask operator for Emergency Department.
Day Surgery (6am-6pm) 355-9703 ext. 7200 or ask operator.

As part of your discharge today, you will receive a printout of upcoming
appointments;
including this post-discharge follow-up phone call. At any time after leaving
today,
if you know you will be unavailable for the scheduled phone call; please
contact Telephone Triage at (806)354-7837 or 1 (800) 687-8633 between the hours
of 8:00a.m to 4:00p.m. Monday through Friday.

Keep all previously scheduled appointments.
Your return appointment is: Sep 1,2015@11:00
Or you will receive a letter in the mail with your appointment. IF YOU DO NOT
RECEIVE A
LETTER, PLEASE CALL YOUR ADMITTING DOCTOR to arrange an appointment.
Other instructions:
Mode of Discharge: Wheelchair
Accompanied by: WIFE
Relationship:
****
Patient was given a current list of medications on discharge.
Patient verbalizes understanding of discharge instructions: Yes

This patient has received Healthy Lifestyle Instructions which include
instructions
for Heart Failure including: activity level, diet/fluid intake, discharge
medications,
follow-up care, weight monitoring, and what to do if symptoms worsen.

This patient has received a copy of the Passport to Healthy Living which
includes the following list of stroke symptoms:
Sudden numbness or weakness of the face, arm or leg, especially on one side
of the body
Sudden confusion, trouble speaking or understanding
Sudden trouble seeing in one or both eyes
Sudden trouble walking, dizziness, loss of balance or coordination
Sudden, severe headache with no known cause

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If you experience any of the above symptoms of stroke, call 911 and go to your nearest stroke facility.
****
A COPY OF THIS NOTE IS TO BE PROVIDED FOR THE PATIENT PRIOR TO LEAVING THE MEDICAL CENTER.

MRSA Education not provided because (explanation required)
NA

Informed verbal consent obtained.
MRSA nares culture obtained.

Nurse's Signature Date

I have received and understand these Discharge Instructions:

Patient's Signature Date

/es/ JAMES R. JONES, R.N.
STAFF NURSE
Signed: 08/20/2015 09:52

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	CHAPLAIN SPIRITUAL ASSESSMENT GENERAL	Pastoral care Counseling note	WILLIS,SCOTT L	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CHAPLAIN SPIRITUAL ASSESSMENT GENERAL

LOCAL TITLE: CHAPLAIN SPIRITUAL ASSESSMENT GENERAL
STANDARD TITLE: PASTORAL CARE COUNSELING NOTE
DATE OF NOTE: AUG 20, 2015@09:33 ENTRY DATE: AUG 20, 2015@09:33:41
AUTHOR: WILLIS,SCOTT L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Day 2 visit Spiritual Assessment per Chaplain protocol. Chaplain provided veteran a ministry of presence by listening and blessing. Chaplain assessed veteran to be up and awake in bed, alert, oriented, and in good spirits. Veteran indicated that his religious preference is "Latter Day Saints." Veteran was provided w/a brochure about services as well as religious literature. Veteran was appreciative of Chaplain visit. Follow-up as requested or per Chaplain protocol.

/es/ Scott L. Willis, CCC
Chaplain
Signed: 08/20/2015 09:34

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 18, 2015	PHONE CONTACT	Telephone encounter Note	DELGADO,MICHAEL J		AMARILLO HCS			VistA	AMA

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Notes ~ PHONE CONTACT

```
     LOCAL TITLE: PHONE CONTACT
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: AUG 18, 2015@15:21     ENTRY DATE: AUG 18, 2015@15:21:14
      AUTHOR: DELGADO,MICHAEL J    EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED
```

I called and spoke with the patient about his procedure on 8/19/15 at 6:30am and to come to the 4th floor waiting room. And also no eating or drinking after midnight. And also to have a driver with him to go home with.

5 min visit.

/es/ MICHAEL J DELGADO
Medical Support Assistant
Signed: 08/18/2015 15:24

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 10, 2015	PATIENT EDUCATION - NURSING	Nurse Education note	LEWIS,DEBORAH E	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PATIENT EDUCATION - NURSING

```
     LOCAL TITLE: PATIENT EDUCATION - NURSING
STANDARD TITLE: NURSING EDUCATION NOTE
DATE OF NOTE: SEP 10, 2015@16:00     ENTRY DATE: SEP 10, 2015@16:14:04
      AUTHOR: LEWIS,DEBORAH E      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

NOTE DATED: SEP 10, 2015 16:14  PATIENT EDUCATION - NURSING
Visit: 09/10/15 13:30
Assessment :
Person Being Assessed: Patient
Barriers to Learning:           None
Primary Language: English

Desire and Motivation: Eager to learn
Comphrension: High
Method of Teaching:           Verbal, Written
Topics Covered:          Pre-Procedure Instructions, Post-Procedure Instructions
Evaluation of Patient/Family Education:          Voiced understanding/Return
demonstration
Cystoscopy procedure discussed with patient.  Verbal and written consent for
the procedure were obtained.  Patient verbalized understanding of procedure
and follow-up care.

Patient instructed that he may have some blood in his urine for several
voidings.  He may also experience burning, pain and frequency.  Patient
instructed to drink plenty of fluids to flush the bladder.  If any of these
symptoms persist for more than a couple of days he should contact the clinic.
Contact information and written instructions given to the patient.  Patient
voiced understanding of post cysto instructions.

Post procedure pain level 0 on a scale of 0-10.

Tracking:
Cystoscope - W805354
Camera     - SN7817157




/es/ DEBORAH E LEWIS
LVN
Signed: 09/10/2015 16:17
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 13, 2015	EKG TECH	Cardiology Note	ESCOTO,CARRIE J	Technologists, Technicians & Other Technical Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ EKG TECH

```
     LOCAL TITLE: EKG TECH
STANDARD TITLE: CARDIOPULMONARY NOTE
DATE OF NOTE: AUG 13, 2015@15:36     ENTRY DATE: AUG 13, 2015@15:36:26
      AUTHOR: ESCOTO,CARRIE J      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

EKG PROGRESS NOTE:
Symptoms/Diagnosis:v81.2

Technician from the Respiratory Department performed an Electrocardiogram on
this
patient.

Measeurements taken and information uploaded for Cardiologist review and
official interpretation.

Technician report given to
Comments:
EKG ready to be read

/es/ CARRIE J ESCOTO
medical instrumental technician
Signed: 08/13/2015 15:36
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	RADIOLOGY	Radiology Note	MOSLEY,REGINALD E	Technologists, Technicians & Other Technical Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ RADIOLOGY

```
     LOCAL TITLE: RADIOLOGY
STANDARD TITLE: RADIOLOGY NOTE
DATE OF NOTE: SEP 16, 2015@23:37     ENTRY DATE: SEP 16, 2015@23:37:28
      AUTHOR: MOSLEY,REGINALD E    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

   *** RADIOLOGY Has ADDENDA ***

I called Keith at 941pm and informed him that we needed MR Hopkins to CT. At
943pm Fina called and said patient was unstable and it would be a while before
he would come to CT. As of 1138pm ther patient still has not made it to CT.

/es/ REGINALD E MOSLEY
DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
Signed: 09/16/2015 23:39

09/17/2015 ADDENDUM                    STATUS: COMPLETED
Mr Hopkins was too unstable to come to ct...was going to the OR then 3SICU per
Ralph..thankyou

/es/ TRACY QUEEN,RT (R)(CT) ARRT
DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
Signed: 09/17/2015 01:05
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	PHARMACY MEDICATION REVIEW	Pharmacology Medication management note	GUIDRY,TOMMIE JO	Pharmacy Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ PHARMACY MEDICATION REVIEW

```
     LOCAL TITLE: PHARMACY MEDICATION REVIEW
STANDARD TITLE: PHARMACY MEDICATION MGT NOTE
DATE OF NOTE: SEP 17, 2015@16:28     ENTRY DATE: SEP 17, 2015@16:28:16
      AUTHOR: GUIDRY,TOMMIE JO     EXP COSIGNER: WELLS,LINDSEY DAWN
     URGENCY:                          STATUS: COMPLETED

S: Pt is a 72 yo CM s/p RIHR 1 mo ago who presented in septic shock due to
ischemic bowel. Pt POD #0 ex lap, SBR, temporary abdominal closure. Developed
post-op afib and started on amio gtt. Pt currently intubated and on pressors.
Started on PPI gtt for GIB. Pt being empirically treated with vanc/zosyn 2/2
sepsis.

HPI: Pt brought to the ER by his wife due to decreased responsiveness and
generalized weakness. Pt with lack of appetite for ~1-2 weeks. Pt with coffee
ground emesis beginning last night. Pt is from out-of-town with most recent care
at the VA in Amarillo. Pt initially presented with BP in 60s per ED physician
but responded to 2 L bolus. NG tube was put under suction which drained > 1400
ml black fluid. Patient was also found to have gas under the diaphragm on chest
xray and surgery was consulted.

PMH: DM, HLD, BPH

O:
VITALS:
bp 91/66 (09/17/2015 08:00)
p 115 (09/17/2015 08:00)
r 16 (09/17/2015 08:00)
pain 99 (09/17/2015 09:25)


 135 / 99 / 90                  9.3
 -------------<64       13.07>------<100
 2.8 / 27 / 3.8                 27.1

Mag: 2
PO4: 3
iCa: 0.98
Lactate: 3 <- 4.2 <- 6.5 <- 9.7

WBC: 13.07 <- 7.87 <- 29.44

189.8 lb [86.3 kg] (09/17/2015 09:15)
Ht: 72 in.
IBW: 78kg
Creatinine: 3.8 mg/dl H    (09/17/2015 13:05)
Estimated CrCl based on Cockroft-Gault is ~20ml/min using IBW

Allergies: Patient has answered NKA

Recent Medication List from VA:
Active and Recently Expired Inpatient Medications (including Supplies):

     Active Inpatient Medications                              Status
==========================================================================
1)   AMIODARONE INJ AMIODARONE 450 MG in D5W 250 ML  17      ACTIVE
       ml/hr 1mg/min (=34ml/hr)x 6hrs then 0.5mg/min IVC
2)   CALCIUM GLUCONATE INJ,SOLN CALCIUM GLUCONATE 9.3 MEQ   ACTIVE
       in D5W 50ML P.A.B. CONTAINER 50 ML  INFUSE OVER 120
       MINUTES IVPB ONCE
3)   D-10-W INJ,SOLN in D10W 1000 ML  50 ml/hr@0            ACTIVE
       Instructions too long. See order details for full
       text. IVC
4)   D-50-W INJ,SOLN  50 ML IV PRN FOR GLUCOSE <70          ACTIVE
```


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5)	FENTANYL INJ,SOLN FENTANYL 1000 MCG in NS 250 ML TITRATE@0 to a BPS score of <4 IVC	ACTIVE
6)	GLUCAGON INJ 1MG/1VIAL IM PRN For glucose <70 and patient with signs of severe hypoglycemia;May be given IM,SQ or IV	ACTIVE
7)	HYDROCORTISONE INJ,SOLN 50MG/1ML IV Q6H	ACTIVE
8)	INFLUENZA VIRUS VACCINE 5ML VI 2015- 0.5ML IM ONCE	ACTIVE
9)	INSULIN HUMAN REGULAR INJ INSULIN HUMAN REGULAR 100 UNITS in NS 100 ML TITRATE PER SLIDING SCALE@0 Instructions too long. See order details for full text. IVC	ACTIVE
10)	INSULIN HUMAN REGULAR INJ PER SLIDING SCALE SQ PRN LOADING DOSE Glucose: 201-250 = 2 UNITS IV BOLUS Glucose: >250 = 4 UNITS IV BOLUS	ACTIVE
11)	MESSAGE TO NURSING MISCELLANEOUS ACCUCHECK BY NURSING MISC Q1H Q1HR until glucose remains in the 140-200mg/dl range for 4 hours. then q2HR	ACTIVE
12)	NOREPINEPHRINE INJ NOREPINEPHRINE 32 MG in NS 250 ML TITRATE@0 TITRATE TO MAP >65 **QUAD STRENGTH** 128mcg/ml IVC	ACTIVE
13)	PANTOPRAZOLE INJ,PWDR PANTOPRAZOLE 80 MG in D5W 100 ML 10 ml/hr IV	ACTIVE
14)	PIPERACILLIN/TAZOBACTAM VIAL INJ PIPERACILLIN/TAZOBACTAM VIAL 2.25 GM in PRE-MIXED IN ISO-OSMOTIC SOLN 50 ML INFUSE OVER 30 MINUTES IVPB Q6H	ACTIVE
15)	PROPOFOL INJ in PROPOFOL 1% EMULSION 100 ML Titrate@0 Titrate to RASS of -1 IV	ACTIVE
16)	SODIUM BICARBONATE INJ,SOLN SODIUM BICARBONATE 150 MEQ in D5W 1000 ML 75 ml/hr IV	ACTIVE
17)	SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 125 ml/hr@0 IV	ACTIVE
18)	VASOPRESSIN INJ,SOLN VASOPRESSIN 60 UNITS in NS 250 ML 10 ml/hr Delivers 0.04 units per minute IVC	ACTIVE

	Pending Inpatient Medications	Status
1)	ALBUMIN INJ 12.5 GM IV NOW	PENDING
2)	PHENYLEPHRINE INJ 10MG/1ML IV	PENDING

	Inactive Inpatient Medications	Status
1)	ALBUMIN INJ in ALBUMIN 5% 250 ML Bolus in 250ml IV NOW	EXPIRED
2)	ALBUMIN INJ in ALBUMIN 5% 250 ML INFUSE OVER 60 MINUTES IV NOW	EXPIRED
3)	AMIODARONE INJ AMIODARONE 150 MG in D5W 100ML P.A.B. CONTAINER 100 ML INFUSE OVER 15 MINUTES IV NOW	EXPIRED
4)	AMIODARONE INJ AMIODARONE 450 MG in D5W 250 ML 34 ml/hr 1mg/min (=34ml/hr)x 6hrs then 0.5mg/min IV	EXPIRED
5)	AMIODARONE INJ AMIODARONE 150 MG in D5W 100ML P.A.B. CONTAINER 100 ML INFUSE OVER 10 MINUTES IV ONCE	EXPIRED
6)	CALCIUM GLUCONATE INJ,SOLN CALCIUM GLUCONATE 9.3 MEQ in D5W 50ML P.A.B. CONTAINER 50 ML INFUSE OVER 120 MINUTES IVPB ONCE	EXPIRED
7)	CALCIUM GLUCONATE INJ,SOLN CALCIUM GLUCONATE 9.3 MEQ in NS 50 ML INFUSE OVER 120 MINUTES IVPB ONCE	EXPIRED
8)	ETOMIDATE INJ,SOLN 20MG/10ML IV ONCE	DISCONTINUED
9)	FENTANYL INJ,SOLN FENTANYL 1000 MCG in NS 250 ML TITRATE@0 to a BPS score of <4 IVC	DISCONTINUED
10)	HYDROCORTISONE INJ,SOLN 50MG/1ML IV ONCE ***SEPSIS PATIENT*** SEND TO ER STAT or CALL 7960/7965	DISCONTINUED
11)	INSULIN HUMAN REGULAR INJ INSULIN HUMAN REGULAR 100 UNITS 1 in NS 100 ML TITRATE PER SLIDING SCALE@0 7 cc HR IVC	DISCONTINUED
12)	INSULIN HUMAN REGULAR INJ 10 UNITS IV ONCE For ER Use Only! Do Not Change dose or schedule CAUTION check Potassium Level to avoid Hypokalemia Number of Units: 0 Re-do accucheck one hour after administration	DISCONTINUED
13)	MIDAZOLAM INJ,SOLN MIDAZOLAM (VERSED) 50 MG in NS 150 ML TITRATE@0 to a RASS of -1 IVC	DISCONTINUED
14)	MORPHINE INJ 2MG/1ML IV Q3H PRN pain	DISCONTINUED
15)	NOREPINEPHRINE INJ NOREPINEPHRINE 16 MG in NS 250 ML TITRATE@0 TITRATE TO MAP >65 concentrate please IVC	DISCONTINUED
16)	NOREPINEPHRINE INJ NOREPINEPHRINE 8 MG 1 in NS 250	DISCONTINUED

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	ML titrate@0 Instructions too long. See order details for full text. IVC	
17)	NOREPINEPHRINE INJ NOREPINEPHRINE 8 MG in NS 250 ML TITRATE@0 TITRATE TO MAP >65 IVC	DISCONTINUED
18)	PANTOPRAZOLE INJ,PWDR PANTOPRAZOLE 80 MG in D5W 100 ML 10 ml/hr@0 ER Medication Order IVC	DISCONTINUED
19)	PANTOPRAZOLE INJ,PWDR 80MG IV ONE TIME ER Meidcation Order: Give as Bolus	DISCONTINUED
20)	PHENYLEPHRINE INJ PHENYLEPHRINE 10 MG in NS 250 ML TITRATE@0 TITRATE TO MAP>65 IVC	DISCONTINUED
21)	PIPERACILLIN/TAZOBACTAM INJ PIPERACILLIN/TAZOBACTAM 4.5 GM in PRE-MIXED IN ISO-OSMOTIC SOLN 100 ML INFUSE OVER 60 MINUTES Instructions too long. See order details for full text. IVPB ONE TIME	DISCONTINUED
22)	POTASSIUM CHLORIDE INJ,SOLN KCL 40MEQ PRE-MIX 40 MEQ in PRE-MIXED IN D-5-W 100 ML IN OVER 2 HOURS to follow completion of the first dose 40meq KCL IV IV NOW	EXPIRED
23)	POTASSIUM CHLORIDE INJ,SOLN KCL 40MEQ PRE-MIX 40 MEQ in PRE-MIXED IN D-5-W 100 ML IN OVER 2 HOURS IV NOW	EXPIRED
24)	ROCURONIUM INJ,SOLN 20MG/2ML IV ONE TIME given in prep for OR by OR team in ER	DISCONTINUED
25)	SODIUM BICARBONATE INJ,SOLN 2 AMPS IV ONCE 2 amps bicarbonate IV x1 now	EXPIRED
26)	SODIUM BICARBONATE INJ,SOLN 2AMP IV NOW 2 amps of bicarb now for ABG	EXPIRED
27)	SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 999 ml/hr@0 1L NS bolus IV over 1 hr x 1 IV	EXPIRED
28)	SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 999ml/hr@0 Bolus 1L NS over 1 hr IV	EXPIRED
29)	SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 150 ml/hr@0 IV	DISCONTINUED
30)	SODIUM CHLORIDE 0.9% INJ,SOLN 1000 ML IV ONE TIME Bolus:For ER use Only; DO NOT change schedule or dose	DISCONTINUED
31)	VANCOMYCIN INJ VANCOMYCIN 1500 MG in D5W 250 ML INFUSE OVER 90 MINUTES IVPB ONCE	EXPIRED
32)	VANCOMYCIN INJ VANCOMYCIN 2000 MG in D5W 400 ML INFUSE OVER 120 MINUTES use 2 x 1 gm bags for dose, IVPB ONCE	DISCONTINUED

52 Total Medications

Micro:
9/17 Peritoneal fluid Cx/GS:
Bacteriology Remark(s):
GRAM STAIN: 2+ POLYMORPHONUCLEAR CELLS, NO ORGANISMS SEEN
9-17-15 SLG
9/16 UCx: pending
9/16 BCx: pending
9/16 BCx: pending

Vancomycin Dosing

Date/Time	Dose	Level	Comments
9/17 1037	1500mg	--	~19mg/kg
9/17 0852	--	18.67	
9/16 2000	2000mg	--	~25mg/kg

A/P:
NEURO: Fentanyl/propofol being held at this time.

PULM: Pt intubated, on SIMV.

CV: Norepi running @ 100mcg/min. Vasopressin @ 0.04units/min. Recommend starting phenylephrine @50mcg/min based on pt's persistent increased HR on NE. Continue amiodarone, currently running @ 17ml/hr.

FENGI: Pt presented with hyperglycemia. Insulin gtt started but now held for BG of 62. Recommend starting renally adjusted insulin gtt once BG warrants. Hypocalcemic, bolused with 6g of calcium gluc. Hypokalemic, bolused with 80 mEq of KCL IV. Hyponatremia now resolved. Continue NaBicarb gtt, currently running @ 75ml/hr. Continue pantoprazole gtt @10ml/hr for GIB.

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ID:
-Pt received vancomycin 2g (~25mg/kg) loading dose in ED at 2000. Level this AM was 18.67 so 1500mg (~19mg/kg) vancomycin was given. Will pulse-dose vanc based on renal function. Random level ordered to be drawn with AM labs. Will redose if level <20.
-Zosyn 4.5g x1 in ED. Dose changed to zosyn 2.25g Q6H based on renal function and indication. Will continue to monitor and adjust as needed.

DVT Prophylaxis: Will not start at this 2/2 GIB.

GI Prophylaxis: pantoprazole gtt

All changes discussed with SICU team during rounds.

Questions or concerns, contact Pharmacist at 6729 or pgr 1436

/es/ TOMMIE JO GUIDRY, PHARM.D.
PGY1 Pharmacy Resident
Signed: 09/17/2015 17:39

/es/ LINDSEY DAWN WELLS
Clinical Pharmacy Specialist
Cosigned: 09/18/2015 07:18

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	Addendum to SURGERY		MATHEW,ALEXANDER		3-SICU			VistA	MEM

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Notes ~ Addendum to SURGERY

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 17, 2015@11:17:10 ENTRY DATE: SEP 17, 2015@11:17:11
AUTHOR: MATHEW,ALEXANDER EXP COSIGNER:
URGENCY: STATUS: COMPLETED

TEACHING PHYSICIAN ATTESTATION

I have seen and examined the patient together with the housestaff. I agree with the findings and plan as documented in Dr. Ulm's note. Pt remains critically ill with increasing pressor support. PA catheter placement. Supportive care. Poor prognosis.

/es/ ALEXANDER MATHEW
SURGEON
Signed: 09/17/2015 11:19

==========

--- Original Document ---

09/17/15 SURGERY:
General Surgery

No events post op. Still requiring BP support

98, HR 112-113, SBP 91-100
L IJ cordis
NGT in place w dark output
tachycardic regular rhythm
L CT to sxn
intubated, coarse BS
L femoral CVL
soft, midline open w cassett closure, no leaking or drainage from incision
R groin incision well healed
foley in place w blood in tubing

2205/210
u 120
ng 50
ct 40

BCx p
UCx p
Peritoneal Cx p

A/P 72 yo CM w PMHx DM, HTN, HLD s/p RIHR 1 mo ago who presented in septic shock due to ischemic bowel now POD 0 ex lap, SBR, temporary abdominal closure

Neuro:
CVS: afib post op, current NSR. on amiodarone gtt. on levophed @ 58 & vassopressin @ 2.4 wean as tolerated.
Resp: intubated, SIMV. iatrogenic L pnx s/p L CT to sxn, residual pxn on CXR this AM. will place a second chest tube.
FEN/GI: NPO, NGT to LIS. NS @ 125. insulin gtt @ 20. BG 236-436 post op.
GU: cont foley. hematuria. will consult urology for eval on take back
HEME/ID: will monitor H/H. on
MSK: PT consult when appropriate
PPx: PPI, chemical ppx held currently

critically ill, will cont close monitoring.

/es/ IRENE E ULM, MD
RESIDENT PHYSICIAN
Signed: 09/17/2015 09:31

/es/ ALEXANDER MATHEW
SURGEON
Cosigned: 09/17/2015 11:22
0

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 24, 2015	NURSING NOTE	Nurse Note	GATELY,NORA	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING NOTE

```
     LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: AUG 24, 2015@11:08     ENTRY DATE: AUG 24, 2015@11:08:29
      AUTHOR: GATELY,NORA          EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

1100  PT'S WIFE, DARLENE, CALLED INQUIRING AS TO WHETHER OR NOT MR HOPKINS COULD
BE SEEN IN THE VA CLINIC IN LIBERAL, KS INSTEAD OF DRIVING TO AMARILLO ER TODAY.
I SPOKE WITH L ROTHMAN, NP, SHE INSTRUCTED ME TO HAVE THE PT'S WIFE VERIFY THAT
THEY COULD BE SEEN IN THE CLINIC IN LIBERAL, KS VS. AMARILLO ER, THROUGH THE
AMARILLO ER.  PT'S WIFE IS GIVEN THE ER EXT. 7210 SINCE I COULD NOT TRANSFER HER
FROM THE EXT. I WAS ON IN DSU.  PT'S WIFE VERBALIZES UNDERSTANDING OF
INSTRUCTIONS.

/es/ NORA GATELY, RN
REGISTERED NURSE
Signed: 08/24/2015 11:12
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 14, 2009	NURSING NOTE	Nurse Note	MUNIZ,KIM J		AMARILLO HCS			VistA	AMA

Notes ~ NURSING NOTE

```
     LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: JUL 14, 2009@10:26     ENTRY DATE: JUL 14, 2009@10:26:46
      AUTHOR: MUNIZ,KIM J          EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Bilateral ear irrigation performed per order.  Moderate amt of impacted cerumen
noted from both ears.  Ear canals clear to eardrums following procedure.  Pt
reported improved hearing ability and tolerated without incident.

/es/ KIM J MUNIZ
RN
Signed: 07/14/2009 10:32
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	MNT - NUTRITIONAL ASSESSMENT	Nutrition and dietetics Note	BOHON,AMANDA B	Dietary & Nutritional Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ MNT - NUTRITIONAL ASSESSMENT

```
     LOCAL TITLE: MNT - NUTRITIONAL ASSESSMENT
STANDARD TITLE: NUTRITION DIETETICS NOTE
DATE OF NOTE: AUG 27, 2015@11:25:57  ENTRY DATE: AUG 27, 2015@11:25:59
      AUTHOR: BOHON,AMANDA B       EXP COSIGNER:
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URGENCY: STATUS: COMPLETED

MEDICAL NUTRITION THERAPY -- INITIAL NUTRITIONAL ASSESSMENT

Food and Nutrition History:

--Appetite: Pt reports having a good appetite and eating well. Pt reports he ate 100% of his breakfast this morning.
--Diet followed prior to admission: Pt reports he follows a regular diet at home. Pt reports he was eating well prior to admission
--Feeding Assistance Required: No
--N/V: None reported
--Diarrhea or constipation: None reported
--Chewing or swallowing difficulties: None reported
--Food Allergies: None reported
--Food Preferences: Honored via select menus/room service.
--Ethnic/Religious Food Preferences: None reported
--Pertinent Meds: aspart
--OTC Herbal Supplements/Vitamins: None reported
--Skin Assessment Score: Braden score is 21 (no risk for skin impairment); surgical incision from recent hernia repair noted.

Admitting Diagnosis: hydronephrosis

Past Medical History includes: DM

Current Diet: 1800 ADA

Height: 5' 11.5" (182 cm)
Weight: 175 lbs (79.5 kg) Weight Taken: 26-Aug-15
Usual Weight: 180 lbs (81.8 kg) % Usual Wt: 97%
Target Weight: 175 lbs (79.5 kg) % Target Wt: 100%
Frame Size: Medium Body Mass Index: 24.1

-- Pt reports he has lost about 10# over past year d/t eating less and being more active. Pt reports his UBW is around 180#. Pt reports his wt does fluctuate some. Reviewed wt chart. Current wt is up 4# from previous wt. BMI: 24.1 (normal). Goal for this admission with wt maintenance.

Laboratory Data

Test	Result	units	Ref. range	Date
GLUCOSE	246 H	mg/dL	74 - 118	27-Aug-15
UREA NITROGEN	12	mg/dl	7 - 18	27-Aug-15
CREATININE, SERUM	0.77	mg/dL	.6 - 1.3	27-Aug-15
POTASSIUM	4.2	mmol/L	3.5 - 5.0	27-Aug-15
ALBUMIN	2.6 L	g/dL	3.5 - 4.8	27-Aug-15
TRIGLYCERIDE	153 H	mg/dL	0 - 150	14-Jul-15
PAB	14.3 L	mg/dL	18 - 38	27-Aug-15
HGB	12.3 L	gm/dL	14 - 18	27-Aug-15
HCT	38.6	%	37 - 52	27-Aug-15
HEMOGLOBIN A1C %	13.4 H	%	- 6.0	14-Jul-15

-- Glucose is elevated- pt is on insulin and receives a diabetic diet. A1C indicates poor glucose control. PAB and Albumin are low indicating visceral protein depletion.

Energy Requirements: 2064 Kcal/day Kcal:N 161:1
Energy calculation is based on: Energy Factor of 1, Harris-Benedict, and Actual Body Wt
Protein Requirements: 80 gm/day NPC:N 136:1
Protein calculation is based on: Actual Body Wt and protein level of 1
Fluid Requirements: 2386 ml/day

Appearance: well-nourished male
Nutrition Status: Mildly Compromised

Nutrition Diagnosis: Altered nutrition related lab values related to DM as evidenced by glucose of 246 and A1C of 13.4.

Nutrition Intervention: Will continue 1800 ADA diet as ordered to meet nutritional needs and to help with glucose control. Encourage adequate po intake. Will honor food preferences as voiced, when appropriate.

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Nutrition Monitoring/Evaluation:
1. Meet greater than 75% of estimated nutritional needs.
2. Follow weight trends -- Goal for maintenance of 1-2% of admission weight
3. Monitor nutritionally pertinent labs as available-- Gluc, PAB, Alb.
4. Monitor skin integrity for changes.

/es/ Amanda B Bohon MA, RD
Clinical Dietitian
Signed: 08/27/2015 11:32

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	3S/3N - C RN FOCUS NOTE	Nurse Hospital Note	INPENG,CHITHALONE	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ 3S/3N - C RN FOCUS NOTE

LOCAL TITLE: 3S/3N - C RN FOCUS NOTE
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 20, 2015@03:27 ENTRY DATE: AUG 20, 2015@03:27:54
AUTHOR: INPENG,CHITHALONE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Nursing Narrative:**********
19:30-20:00 Received report from April McCary, RN. Assumed care of patient. Patient resting in bed. Patient states he wants to get some rest and not to disturb him as much as possible.
23:00 Patient resting with eyes closed. No distress noted.
01:00 Med Pass, charted in BCMA.
04:30 Med Pass, charted in BCMA. Assisted patient to scoot up in bed.
07:15 Received verbal orders from Dr. Ahmed, S. to dc tele. Dr. Ahmed said he will put the orders in the computer when he gets to his office. Called telemetry to notified them about Dr. Ahmed's verbal orders.
07:30-08:00 Report given to oncoming nurse during walking rounds.

Physical Assessment:**********
Assessment
Respiratory:
Regular, unlabored, no abnormal breath sounds
Supplemental O2 : 2L NC

Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate.
Telemetry: #:
Neurological:
Alert, oriented x 3, follows commands, PERRLA
Musculo Skeletal:
ROM all joints, hand grips equal.
GastroIntestinal
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Appetite:
Date Last BM:
Genito-Urinary
Voids without difficulty, clear urine, no distention.
Skin - Document on form:
Patient has No Pain (Patient rates pain as "0" on a scale of 0-10)
****
IVs:**********
Site #1
Catheter size: 20 IV Fluids
Date sited: Aug 19,2015
Location: L upper arm
IV Care: IV fluids infusing well., Site inspected and palpated; clean w/o s/s infiltration or infection.
Site Appearance: Palpated & inspected, Drsg clean, dry and intact
Education**********
Person Being Assessed: Patient
Barriers to Learning: None

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```
  Desire and Motivation: Seems uninterested
          Comphrension: High
     Preferred Language: English
     Method of Teaching: Verbal in preferred language
Evaluation of Education: Voiced understanding
                Topics: Plan of Care
Fall risk reassessment:********************
********Fall Risk Assessment********
0 = No    History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
20 = Yes IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
35 TOTAL SCORE
Scoring:
25-44 Moderate Risk
        Implement Universal Fall Precautions
        Implement Additional Interventions Based on Identified Area of Risk


/es/ CHITHALONE INPENG
RN, BSN
Signed: 08/20/2015 07:57
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 24, 2012	Addendum to MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T)		HARRIS,HEATHER R		AMA-MHC SCOUT			VistA	AMA

Notes ~ Addendum to MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T)

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 24, 2012@14:23:31  ENTRY DATE: SEP 24, 2012@14:23:31
      AUTHOR: HARRIS,HEATHER R     EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Attempted to call veteran to schedule individual therapy appt.  No answer and
unable to leave message.

/es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker
Signed: 09/24/2012 14:25

==========================================================================

 --- Original Document ---

09/20/12 MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T):
xxxAge:69
SERVICE CONNECTION:SERVICE CONNECTED % - 70 GENDER:MALE   RACE: WHITE
MARITAL STATUS:  Married.


                          CLINICAL HISTORY

PRESENTING CHIEF COMPLAINT/REFERRAL QUESTION:
Veteran was referred by primary care. He is complaining of tiredness/lethargy.
He has noticed within the last 6 months a lack of energy. He says he has lived
out every dream he has ever had and now life is  boring. He spoke with
Rita Sandoval last week who recommended that he come up with some new
goals/dreams and he has done that. He has started on a new project which he
says he enjoys and has energy while doing that but when he is not working on it
he feels tired. His grand idea is to "build the world's largest railroad
museum". He figures he "might as well go big or go home".
```


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He also has some trouble sleeping, will wake up feeling just as tired as when he went to bed, not feeling rested and has started taking naps during the day. He is unsure of why he is feeling this way. He feels his PCP has not been very helpful in finding out the cause if it is medical so he is willing to try and figure out the reason for the symptoms if they may be mental health related.

HISTORY OF CURRENT ILLNESS:
Veteran reports symptoms for the last 6 months.

PAST PSYCHIATRIC HISTORY:
None

CURRENT AND HISTORY OF SUICIDAL ACTS AND SELF HARM
None
Passive thoughts but denies any plan or intent. Occasionally thinks "why live the
rest of my life like this". He has recently developed a faith in God and says that would be disappointing to God so he would never do that.

CURRENT AND HISTORY OF VIOLENCE/ASSUALTING OTHERS:
None

SUBSTANCE USE HISTORY TO INCLUDE PAST TREATMENT, RELAPSE HISTORY, AND RESPONSE TO TREATMENT:
Former alcoholic. Has been sober since 1972. He went to a rehab program. He says he did not know he had a drinking problem, it was just a way of life until he started having medical problems with his liver and kidneys.

MENTAL ILLNESS AND SUBSTANCE ABUSE IN FAMILY MEMBERS:
Nonveteran does not know much about his family.

PSYCHOSOCIAL HISTORY:

Childhood/Developmental History: Veteran grew up all over the US. His family were migrant farm workers so they
followed the crops. He was raised by both parents until age 12 when he was on his own after that. He had gotten a job and lied about his age and left his family behind to work that job. His family took off on to the next job and he never saw them again. He says he found his mother 35 years later and helped care for her until she died. He had two brothers. They have both passed.

He says his father was married 7 times and he has brothers and sisters he does not know. He has multiple half siblings.

Physical, sexual and emotional trauma:
None

Family Circumstances: Veterans mother in law recently went under surgery for a hysterectomy and woke
up mentally "messed up". The anesthesia affected her brain.

Adult Relationship History: Veterans wife teaches health and wellness. He and his wife have a 9 year old daughter that they are raising.

Current significant family and/or peer group relationships:
Veteran was married once before. He currently has been married 10 years. He had 5 children in his first marriage whom he remains close with. He says they all turned out good and he is proud of them. He and his wife have a 9 yr old daughter together. His current wife did not have any kids or married before so they had one together. They are looking at adopting more children or providing foster care for teenagers. Veteran loves to travel. He says he has had "lots of windshield time".

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MILITARY HISTORY:
Branch:
US Air Force, Air Force guard and reserve for a total of 32 years. He received disability retirement. He had a bad car wreck and was forced to retire due to medical issues that left him unable to fly anymore. He spent 24 years on the same plane. The wreck happened while on duty so he now gets SC disability.

He has been all over the world and was deployed to multiple places.

Veteran's perception of most distressing events while in the military:

MEDICAL INFORMATION

CURRENT AND PAST MEDICAL PROBLEMS:
Active problems - Computerized Problem List is the source for the following:

1. Chronic Back Pain
2. Hyperlipidemia *
3. Microscopic Hematuria
4. Diabetes Mellitus without mention of Complication, type II or unspecified ty
5. Depression *
6. Vitamin D Deficiency
7. Vitamin B 12 Deficiency

Are there any new medical problems to report?

CURRENT MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	CHOLECALCIFEROL 1000IU TAB (OTC) TAKE TWO TABLETS BY MOUTH EVERY DAY VIT D	ACTIVE
2)	CYANOCOBALAMIN 1000MCG/ML INJ, (PER ML) INJECT 1000MCG (1ML) INTRAMUSCULAR EVERY 7 DAYS VIT B12	ACTIVE
3)	ERGOCALCIFEROL 50,000U CAP TAKE 50000UNT BY MOUTH EVERY WEEK VIT D	ACTIVE
4)	SYRINGE-NEEDLE COMBO,25G 5/8IN,3CC,(EA) USE SYRINGE EVERY 7 DAYS	ACTIVE

ALLERGIES AND ADVERSE DRUG REACTIONS:
Patient has answered NKA

ACTIVITIES OF DAILY LIVING ISSUES:
Are there any self care issues? No

PAIN ASSESSMENT:
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 2
Patient's acceptable level of pain:
Description of exacerbating factors or relieving measures: Veteran does not use medication, he says he has learned pain management
MENTAL STATUS EXAM:

ORIENTATION AND CONSCIOUSNESS:
APPEARANCE AND BEHAVIOR:
cooperative and reasonable
SPEECH:
normal rate/rhythm
LANGUAGE:
intact
MOOD AND AFFECT:
mood euthymic
affect is congruent with mood
PERCEPTUAL DISTURBANCE (hallucinations, illusions):
none
THOUGHT PROCESS AND ASSOCIATION:
normal, coherent

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THOUGHT CONTENT (delusions, obsessions etc.):
  no unusual thought content
INSIGHT:
  good
JUDGMENT:
  good
MEMORY:
  impaired recent
  details: normal forgetfulness

FUND OF KNOWLEDGE
    Above Average
MENTAL STATUS COMMENTS:

Needs Assessment:
Education and Learning Needs Assessment

Educational Background:

   Highest grade achieved: less than high school with GED8th grade then GED

   Educational/learning difficulties: no known educational learning disability

   Attitudes toward learning: not interested in academic achievement

   Assessment of primary language spoken in the home and veteran's preference of language for clinical communication: English

Legal Status Screening:
Is there evidence from the interview that the veteran has legal issues or concerns that would warrant a more in-depth assessment?
No. No further assessment indicated.
Housing and Income Assessment:
Do you currently have a stable place to live?
Yes
What is your current income and sources of income?
$0 per month
Sources:

Nutritional Status Screening:
Is there evidence from the interview that the veteran has nutritional issues or concerns (including weight gain or loss of more than 5% in last 3 months or 10% in last year, dietary concerns, eating disorder signs or symptoms) that would warrant a more in-depth assessment?
No. No further assessment indicated.

Screening for Abuse, Neglect, or Exploitation:
Is there any evidence from the interview that the veteran is a victim of physical assault, rape, sexual molestation, domestic abuse, elder neglect or abuse, or other serious abuse or exploitation?
No. No further assessment indicated.

Screening for Bereavement Issues:
Is there evidence from the interview that the veteran is actively suffering from bereavement issues?
No. No further assessment indicated.

Screening for Vocational Needs Assessment:
Is there evidence from the interview that the veteran has any vocational deficits or needs?
No. No further assessment indicated.

Spiritual and Religious Orientation: Personal spiritual beliefs but does not attend organized religious activities

INITIAL DSM-IV DIAGNOSES:
Axis I Clinical Disorder:
  Depressive Disorder: NOS (Not Otherwise Specified)
General Categories None
Axis II Personality Disorders/Traits:
  None
Axis III Current Medical Conditions: See Medical History above
Axis IV Current Psychosocial Stressors:
None

Axis V GAF Score (current level of functioning): 60-65
                 (past year level of functioning):

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SUMMARY AND FORMULATION: This is a 69 yr old 70%SC Vietnam era veteran who was referred by primary care. He is reporting symptoms of lethargy and trouble sleeping. He is unsure if the cause of the problem is medical or mental so he is wanting to be evaluated and try therapy here in the mental health clinic. He denied any SI/HI today.

Preliminary Treatment Plan:
-The veteran was given social workers business card along with clinic numbers and the crisis hotline number
-The veteran was educated on all emergency procedures
-He will be referred for therapy

Patient does not desire to have family members, significant others, or advocates to participate in patient chart.

/es/ ROSALINDA I BARRERA
Social Worker, LMSW
Signed: 09/21/2012 08:49

Receipt Acknowledged By:
09/24/2012 08:35 /es/ Margaret Lair, LCSW BCD
Licensed Clinical Social Worker
09/23/2012 11:11 /es/ PAUL DAVE WHITTAKER
Psychologist

09/23/2012 ADDENDUM STATUS: COMPLETED
Will refer to Mrs. Harris for short-term therapy linked to depression management.

/es/ PAUL DAVE WHITTAKER
Psychologist
Signed: 09/23/2012 11:12

Receipt Acknowledged By:
09/25/2012 10:50 /es/ ROSALINDA I BARRERA
Social Worker, LMSW
09/24/2012 07:42 /es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	CARE PLAN UPDATE	Nurse Hospital Note	INPENG,CHITHALONE	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ CARE PLAN UPDATE

```
     LOCAL TITLE: CARE PLAN UPDATE
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 20, 2015@03:23     ENTRY DATE: AUG 20, 2015@03:23:45
      AUTHOR: INPENG,CHITHALONE    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED


    INFECTION
      Infection Reviewed
        ACTION/INTERVENTION
        Monitored vital signs, WBC, Assessed wound for redness, swelling,
        warmth, drainage and pain, Assessed color, clarity and odor of
        urine, Practiced good hand washing technique

        OBSERVED OUTCOME
        Had normal body temperature postoperatively, Had clear breath
        sounds


    SKIN INTEGRITY (IMPAIRED) (ACTUAL OR POTENTIAL)
      Skin Integrity (Impaired) Reviewed
        ACTION/INTERVENTIONS
        (See Skin Assessment Initial VANOD/Skin Reassessment VANOD notes
        for details)
        Assessed wound for: healing, bleeding, Assessed itchiness and
        scratching, pruritus, Kept skin clean and moistened at all times,
        Assessed skin for redness or irritations, dry and scaling,
        Reinforced/changed dressing as ordered

        OBSERVED OUTCOME
          Skin remained intact Other:


/es/ CHITHALONE INPENG
RN, BSN
Signed: 08/20/2015 03:25
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	SKIN REASSESSMENT VANOD	Nurse Note	INPENG,CHITHALONE	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ SKIN REASSESSMENT VANOD

```
     LOCAL TITLE: SKIN REASSESSMENT VANOD
STANDARD TITLE: NURSING SKIN ASSESSMENT NOTE
DATE OF NOTE: AUG 20, 2015@03:20     ENTRY DATE: AUG 20, 2015@03:20:17
      AUTHOR: INPENG,CHITHALONE    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

BRADEN SKIN RISK ASSESSMENT

Sensory Perception:4 = No Impairment
Moisture:          4 = Rarely Moist
Activity:          3 = Walks Occasionally
Mobility:          3 = Slightly Limited
Nutrition:         3 = Adequate
Friction:          3 = No Apparent Problem
  19-23   No Risk
    Score:  20

CURRENT SKIN ASSESSMENT
    Skin Color:
      Color:  Normal for ethnic group
    Skin Temperature
      Temp:  Warm
    Skin Moisture
      Moisture:  Dry
    Skin Turgor
      Turgor:  Within normal limits

SKIN PROBLEMS
    Wound -location, type, description
        s/p rt inguinal repair with JP drain

INTERVENTIONS
  The pressure ulcer prevention protocol was not needed - patient is not
at risk.


If any of the below indications are marked, pressure ulcer risk
interventions must be initiated and added to the care plan.  These should
be reviewed and updated with each assessment and PRN as the patient's
needs change.

Please mark all that apply: None
Pressure Ulcer/Wound Reassessment:
No pressure ulcer/wound noted.



Wound(s) present:
Unable to assess wound:
        Wound location:  rt groin
        Reason unable to assess:  new surgical dressing with jp  drain.
Drsg: C/D/I

/es/ CHITHALONE INPENG
RN, BSN
Signed: 08/20/2015 03:23
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	OPERATION REPORT	Surgical operation note	AHMED,SYED H	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ OPERATION REPORT

```
     LOCAL TITLE: OPERATION REPORT
STANDARD TITLE: OPERATIVE REPORT
DATE OF NOTE: AUG 19, 2015@07:55     ENTRY DATE: AUG 19, 2015@10:10:34
     SURGEON: AHMED,SYED H            ATTENDING: AHMED,SYED H
```


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URGENCY: routine STATUS: COMPLETED
SUBJECT: Case #: 65578

PATIENT NAME: HOPKINS,MARSHALL

DATE: 08/19/2015

PREOPERATIVE DIAGNOSIS: Right inguinal hernia.

POSTOPERATIVE DIAGNOSIS: Right inguinal hernia.

PROCEDURE: Repair of right inguinal hernia with Bard mesh plug.

SURGEON: Syed Ahmed, MD

ASSISTANT: Jaime Tindall

ANESTHESIA: General with endotracheal intubation.

JUSTIFICATION FOR THE PROCEDURE: The patient was seen in the Surgical Clinic with very large right inguinal scrotal swelling. The patient had it for several years. According to him he had repair of a right inguinal hernia done twice in the 1970s. On examination, there was a very large inguinal scrotal hernia. Patient was able to reduce it but with difficulty. Diagnosis of right inguinal hernia was discussed with the patient. Repair with mesh was offered as a treatment. The procedure was explained in detail. Risks and benefits of the operation were discussed. These included, but were not limited to, bleeding, infection, nonhealing of the wound, testicular swelling, hematoma formation and possible recurrence of the hernia. The patient had opportunity to ask questions. These were answered to his satisfaction. The patient agreed to proceed with the operation.

DESCRIPTION OF PROCEDURE: After general anesthesia was administered, the skin of the lower abdomen and genitalia was prepared with ChloraPrep and draped. Incision was made in the right groin 2.5 cm above and parallel to the inguinal ligament. The incision was deepened. Subcutaneous fat and the Scarpa fascia was divided and external oblique aponeurosis was identified. External ring was visualized and a very large inguinal scrotal hernia was seen coming out of the external ring and going to the scrotum. The external ring was divided. Superior and inferior flaps were raised in the external oblique aponeurosis to reveal the deep ring. The hernia sac was then mobilized at the level of the pubic tubercle and a Penrose drain was passed around it. The hernia sac was then gradually dissected removing it's coverings. The sac was entered. The sac was then completely separated from the contents of the inguinal canal. The sac was held at the fundus with 2 hemostats and opened with Metzenbaum scissors. The sac was opened up to the level of the deep ring. At that level it was divided and excised. The opening in the sac was then closed with a running suture of 0 Vicryl. The defect was then repaired by placement of a Marlex mesh plug in the deep ring. Sutured in place with interrupted 2-0 Prolene. Adequate tension-free repair was obtained. The spermatic cord, vas deferens and vessels were protected throughout the course of the operation. The wound was irrigated thoroughly with normal saline containing antibiotic solution Ancef. External oblique was closed with a running suture of 0 Vicryl. Subcutaneous fat was approximated with interrupted 3-0 Vicryl. Then, 30 mL of 0.5% Marcaine was infiltrated in the skin edges. The skin was approximated with staples.

Patient tolerated procedure well, was extubated, and transferred to recovery in a stable condition.

ESTIMATED BLOOD LOSS: 25 mL.

SPECIMEN: Hernia sac.

1129468/dh(08/19/2015 11:41:53)15692862
D: 08/19/2015 11:30:15 T: 08/19/2015 11:41:53
$END

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/es/ Syed H Ahmed MD
Surgeon
Signed: 08/20/2015 08:11

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	NURSE INTRAOPERATIVE REPORT	Surgery Nurse Surgical operation note	BLACKWELL,APRIL L	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSE INTRAOPERATIVE REPORT

```
     LOCAL TITLE: NURSE INTRAOPERATIVE REPORT
STANDARD TITLE: SURGERY NURSING OPERATIVE NOTE
DATE OF NOTE: AUG 19, 2015@07:55     ENTRY DATE: AUG 19, 2015@10:10:34
      AUTHOR: BLACKWELL,APRIL L    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED
     SUBJECT: Case #: 65578

Operating Room:  OR3                    Surgical Priority: ELECTIVE

Patient in Hold: NOT ENTERED            Patient in OR:  AUG 19, 2015  07:55
Operation Begin: AUG 19, 2015  08:25    Operation End:  AUG 19, 2015  09:50
                                        Patient Out OR: AUG 19, 2015  09:59

Major Operations Performed:
Primary: repair right inguinal hernia

Wound Classification: CLEAN
Operation Disposition: OBSERVATION UNIT
Discharged Via: STRETCHER

Primary Surgeon: AHMED,SYED H           First Assist: CHAPMOND,JAIMEE L
Attending Surgeon: AHMED,SYED H         Second Assist: N/A
Anesthetist: WARREN,JAMES F             Assistant Anesth: N/A

OR Support Personnel:
  Scrubbed                              Circulating
  BRYANT,TRAVIS LYNN JR (FULLY TRAINED) BLACKWELL,APRIL L (ORIENTEE)

Other Persons in OR:
  Dr Chris Eisenhauer, PGY1 (TTUHSC)
  Paul McCartor, P4 Pharmacy student (TTUHSC)

Preop Mood:       RELAXED               Preop Consc:    ALERT-ORIENTED
Preop Skin Integ: INTACT                Preop Converse: N/A

--- Time Out Checklist ---
Confirm Correct Patient Identity: YES
Confirm Procedure To Be Performed: YES
Confirm Site of the Procedure, Including Laterality: YES
Confirm Valid Consent: YES, i-MED
Confirm Patient Position: YES
Confirm Procedure Site has been Marked Appropriately and that the Site of the
 Mark is Visible After Prep and Draping: YES
Pertinent Medical Images Have Been Confirmed: N/A
Correct Medical Implant(s) is Available: YES
Availability of Special Equipment: NOT APPLICABLE
Appropriate Antibiotic Prophylaxis: YES
Appropriate Deep Vein Thrombosis Prophylaxis: YES
Blood Availability: NOT APPLICABLE
Checklist Comment:
   1gm Cefazolin IVPB administered prior to procedure - completed at 0801 by
   Dr Warren.  0824 - Time out performed - Dr Warren, Dr Ahmed, J Chapmund
```


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APN, A Blackwell RN, T Bryant CFA, Dr Chris Eisenhauer PGY1, and Paul McCartor P4 all in agreement. Pt fire risk 1. All medications verified by A Blackwell RN and T Bryant CFA and labeled on backtable.

Time-Out Document Completed By: BLACKWELL,APRIL L
Time-Out Completed: AUG 19, 2015@08:24

Skin Prep By: BLACKWELL,APRIL L Skin Prep Agent: ChloraPrep 2%

Preop Surgical Site Hair Removal by: RIVERA,CAROLINA RUIZ
Surgical Site Hair Removal Method: CLIPPER
Hair Removal Comments:
Patient partially shaved by C Rivera RN in DSU2 with clippers. Once in the OR, scrotum and right groin shaved by A Blackwell RN with clippers.

Surgery Position(s):
SUPINE Placed: AUG 19, 2015 07:55

Restraints and Position Aids:

SAFETY STRAP	Applied By: BLACKWELL,APRIL L
PILLOW	Applied By: BLACKWELL,APRIL L
ARMBOARD	Applied By: BLACKWELL,APRIL L
EGG CRATE	Applied By: BLACKWELL,APRIL L
GEL PAD UNDER HEAD AND SACRUM	Applied By: BLACKWELL,APRIL L
ARMSHEET	Applied By: BLACKWELL,APRIL L
ADHESIVE TAPE	Applied By: BLACKWELL,APRIL L

Electrocautery Unit: 89796001gel150693010exp2/17
ESU Coagulation Range: 30
ESU Cutting Range: 0
Electroground Position(s): N/A

Anesthesia Technique(s):
GENERAL

Tubes and Drains:
19f round, 072190, LOT NGZD0663, EXP 4/2020

Thermal Unit:
upper Temperature: 43
Time On: AUG 19, 2015 08:15 Time Off: N/A

Medications:
BUPIVACAINE 0.5% INJ, 10ML SDV
Time Administered: AUG 19, 2015 09:45
Route: SUBCUTANEOUS Dosage: 30mL
Ordered By: AHMED,SYED H Admin By: AHMED,SYED H
Comments: NDC 0409-1162-01 LOT 52-025-DK EXP 1/2017
CEFAZOLIN 1GM INJ
Time Administered: AUG 19, 2015 08:38
Route: IRRIGATION Dosage: 1gm
Ordered By: AHMED,SYED H Admin By: AHMED,SYED H
Comments: NDC 44567-707-25 LOT U400 EXP 9/2017

Irrigation Solution(s):
NORMAL SALINE

Possible Item Retention: NO
Sponge Final Count Correct: YES
Sharps Final Count Correct: YES
Instrument Final Count Correct: YES
Wound Sweep: NO
Wound Sweep Comment: NO COMMENTS ENTERED
Intra-Operative X-Ray: NO
Intra-Operative X-Ray Comment: NO COMMENTS ENTERED
Counter: BLACKWELL,APRIL L
Counts Verified By: BRYANT,TRAVIS LYNN JR

Dressing: 4x8, hypofix tape, fluffed kerlix, jock strap
Packing: NONE

Blood Loss: 25 ml Urine Output: 0 ml

Postoperative Mood: RELAXED
Postoperative Consciousness: ALERT-ORIENTED
Postoperative Skin Integrity: APPROXIMATED SURGICAL INCISION

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Sequential Compression Device: YES

Immediate Use Steam Sterilization Episodes:
   Contamination: 0
   SPS Processing/OR Management Issues: 0
   Emergency Case: 0
   No Better Option: 0
   Loaner or Short Notice Instrument: 0
   Decontamination of Instruments Contaminated During the Case: 0

Nursing Care Comments:
  0754 - Received report from C Rivera RN and assumed care of pt. 0755 - Pt transferred from DSU2 to OR3 via stretcher with side rails up x 2 by A Blackwell RN. Pt moved onto OR table with minimal assistance into supine position. Monitors applied at HOB by Dr Warren. General anesthesia induced without incident. Pillow placed underneath head, arms abducted to 90 degrees and supinated on padded armboards with eggcrate foam padding and secured with pillow cases and tape. Safety strap placed across pt thorax. Pt head/thorax/sacrum on megadyne gel bovie pad. Upper body bair hugger applied and turned on. Remaining hair clipped from right groin/scrotum with clippers by A Blackwell RN. Pt RLQ/right groin/scrotum prepped with Chloraprep solution by A Blackwell RN. No pooling of prep solution noted and pt draped by T Bryant CFA. 0824 - Time out performed with all personnel in agreement. 0825 - Procedure begun. 1gm Ancef powder verified and placed on backtable for use as irrigation to soak mesh. Procedure tol well - concluded at 0950. Medium jock strap applied to apply pressure dressing with fluffed kerlix. Pt emerged from anesthesia easily and transferred back onto stretcher via OR personnel with assistance of roller board. Pt transferred to PACU via stretcher with side rails up x 2. 1004 - arrived in PACU, report given to J Gerald RN who assumes care of pt. Monitors placed, VSS, blood glucose checked with result of 258, pt resting comfortably.

  Bard Mesh PerFix Plug, Large
  REF 0112970
  LOT HUYC0688
  EXP 3/2019
  QUANTITY 1

/es/ APRIL L BLACKWELL
RN
Signed: 08/19/2015 11:22

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 24, 2015	Addendum to TELEPHONE CONTACT		ROTHMAN,J LATAYNE		AMA-SURGERY FOLLOW UP PHONE-X			VistA	AMA

Notes ~ Addendum to TELEPHONE CONTACT

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 24, 2015@11:19:12  ENTRY DATE: AUG 24, 2015@11:19:13
      AUTHOR: ROTHMAN,J LATAYNE    EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

wife called.  they are going to libreal va clinic for eval.

/es/ J LATAYNE ROTHMAN
NURSE PRACTITIONER
Signed: 08/24/2015 11:19

==========================================================================

 --- Original Document ---

08/24/15 TELEPHONE CONTACT:
PT CALLED IN REQUESTING INFORMATION.

I RETURNED HIS CALL
 HE HAD  RIH REPAIR ON 8/19/2015 . STAYED IN THE HOSPITAL OVERNIGHT AND THEN
FELT NORMAL AND WENT HOME

  TODAY HE REPORTS  NEW SEVERE HICKUPS AND MAY PASS OUT DUE TO NO AIR IF HE HAS
3 IN A ROW.
NEW: NO BALANCE. WEAK, INC OF URNIE, NO APPETITE.
IS PASING RECTAL GAS. FEELS VERY WRONG.
DENIES NAUSEA OR VOMITING,

I ENCOURAGED HIM TO COME IN TO THE ER FOR LABS AND POSIBLE CT OF HIS ABD IF
NEEDED.

HE STATES HE HAS A 12 YR OLD DAUGHTER AND HE CAN NOT COME IN AS SHE WOULD COME
HOME TO A EMPTY HOUSE.  HE WILL TRY TO COME TOMORROW.
 I ENCOURAGED HIM TO COME TODAY.

/es/ J LATAYNE ROTHMAN
NURSE PRACTITIONER
Signed: 08/24/2015 11:18
 0
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 31, 2015	KC-ADMINISTRATIVE NOTE	Administrative note	SUGGS,MAURA E	Nursing Service Providers	VA HEARTLAND - WEST, VISN 15			VistA	KAN

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Notes ~ KC-ADMINISTRATIVE NOTE

```
     LOCAL TITLE: KC-ADMINISTRATIVE NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: AUG 31, 2015@11:07     ENTRY DATE: AUG 31, 2015@11:07:41
      AUTHOR: SUGGS,MAURA E        EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

RN covering for Cameron,MO PACT contacted veteran when his recent discharge
alert came up.  He was recently discharged from VAMC in Amarillo.  He has a new
PACT that is following him in Liberal, KS.  Alert to admin to have changed.

/es/ Maura Suggs RN
Registered Nurse
Signed: 08/31/2015 11:16

Receipt Acknowledged By:
09/03/2015 12:55        /es/ DANIELLE L WHITE
                             PCMM COORDINATOR
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 14, 2015	PRIMARY CARE NP (T) (S)	Primary care Note	RODRIGUEZ-FRONTERA,JOSE	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ PRIMARY CARE NP (T)(S)

```
     LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JUL 14, 2015@11:36     ENTRY DATE: JUL 14, 2015@11:36:51
      AUTHOR: RODRIGUEZ-FRONTERA,  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

SUBJECTIVE:  This is a 71 year old male ambulatory to Primary Care.       Comes
for his regular medical evaluation. Very concerned person about treatment
    only with natural products.presenting lab. results with very high glucose
    levels and despite our observation, he insist not to follow any other
treatment
    than natural things provided by his wife.Also presenting a recurrent left
    inguinal hernia condition. Has had two previos inguinal repair surgeries on
the
    same side.

CHIEF COMPLAINT:      INGUINAL HERNIA.

PHYSICAL EXAM:
VITALS:        TEMP:   98.3 F [36.8 C] (07/14/2015 10:20)
               PULSE:  70 (07/14/2015 10:20)
               RESP:   18 (07/14/2015 10:20)
               B/P:    146/92 (07/14/2015 10:32)
               WT:     182.8 lb [83.1 kg] (07/14/2015 10:20)
               HT:     71.5 in [181.6 cm] (04/05/2012 08:36)
               PAIN:   5 (07/14/2015 10:20)
       HEENT:    PERLA
       LUNGS:     CTA
       HEART:    NSR
       ABD:    LEFT INGUINAL HERNIA. NOT INCARCERATED. NOT PAINFUL
       RECTAL:
       EXT:    AROM
       MISC:


ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

No Medications Found


Medication reconciliation was completed with the patient/caregiver.
```


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LABS:
SODIUM: 138 meq/L JUL 14,2015@07:37:45
POTASSIUM: 4.1 mmol/L JUL 14,2015@07:37:45
BUN: 19 H mg/dl JUL 14,2015@07:37:45

CREATININE 7/14/15 07:37 0.77
GLUCOSE: 327 H mg/dL JUL 14,2015@07:37:45
AST: 11 IU/L JUL 14,2015@07:37:45
ALT: 15 IU/L JUL 14,2015@07:37:45
LDH: Not found in computer LDH
ALK. PHOS.: 53 IU/L JUL 14,2015@07:37:45
GGTP: 18 APR 5,2012@07:30:12
T. BILIRUBIN: 0.6 mg/dL JUL 14,2015@07:37:45
WBC: 9.0 K/cumm JUL 14,2015@07:37:43
HGB: 14.5 gm/dL JUL 14,2015@07:37:43
HCT: 43.5 % JUL 14,2015@07:37:43
MICROALBUMIN: 1.4 mg/dl APR 5,2012@07:30:18
CHOLESTEROL: 237 H mg/dL JUL 14,2015@07:37:45
HDL: 42 mg/dL JUL 14,2015@07:37:45
LDL 165 H mg/dL JUL 14,2015@07:37:45
LDL-CHOL CALC: Not found in computer LDL-CHOL CALCULATION
LDL: 140 H mg/dL MAY 2,2006@08:06:41
TRIG: 153 H mg/dL JUL 14,2015@07:37:45
FOB1: Not found in computer OCCULT BLOOD
FOB2: Not found in computer OCCULT BLOOD #2
FOB3: Not found in computer OCCULT BLOOD #3
PSA: 0.674 ng/mL JUL 14,2015@07:37:46
TSH: 2.45 mIU/mL JUL 14,2015@07:37:46

PROCEDURES:

ASSESSMENT/PLAN:
1. IDDM - PT. REFUSES ANY OPTION OF TREATMENT. HE WILL CONTINUE TO FOLLOW THE NATURAL MEDICATIONS PRESCRIBED BY HIS WIFE.
2. INGUINAL HERNIA (RECURRENT)
3.
4.
5. RTC
10 mo.
Colorectal Cancer Screening:
The patient was offered referral to GI for colonoscopy/sigmoidoscopy and declines to accept the referral.
Reason: DOES NOT BELIVE IS NECESSARY
DIABETIC EYE EXAM:
Patient had eye exam previously.
Location: AMA- VA
MONTH AND YEAR (REQUIRED): FEB.2015
Diabetic Foot Exam:
Patient declined Diabetic Foot Exam.
Comment: DOES NOT BELIVE HE IS DIABETIC
PROSTATE CANCER EDUCATION:
PROSTATE CANCER SCREENING
PROVIDER EDUCATION: Today, the patient received written information and/or verbal counseling, including risks and benefits, about prostate cancer screening and had an opportunity to ask questions.
Level of Understanding: Good
Hemoglobin A1C:
Patient refused diabetic education consult.
ELEVATED BP >140/90:
Patient has a blood pressure cuff at home.
DIABETIC ELEVATED HEMOGLOBIN A1C:
Patient refused Diabetic Education.
MEDICATION RECONCILIATION-PACT:

Active and Recently Expired Outpatient Medications (including Supplies):

No Medications Found

IV Medications
==========
=== No data available

Home medications or patient's list of medications reviewed.

No Medication discrepancies found.

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Current medication list reviewed with patient and/or caregiver. List of current medications given to patient and/or caregiver at discharge.

Encouraged to keep list of current medications with them in case of an emergency.

/es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
Signed: 07/14/2015 11:58

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	PERIOPERATIVE DISCHARGE FOLLOW UP NOTE	Surgery Discharge summary	RIVERA,CAROLINA RUIZ	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PERIOPERATIVE DISCHARGE FOLLOW UP NOTE

LOCAL TITLE: PERIOPERATIVE DISCHARGE FOLLOW UP NOTE
STANDARD TITLE: SURGERY DISCHARGE NOTE
DATE OF NOTE: AUG 20, 2015@10:17 ENTRY DATE: AUG 20, 2015@10:17:27
AUTHOR: RIVERA,CAROLINA RUI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Procedure:Right inguinal hernia
Physician:Dr Ahmed
Admission Date:Aug 19,2015
Discharge Date:
Current condition:

Were discharge instructions understood?

Do you know what medications were prescribed for you? Do you understand how and when to take it?

Emotional support: Was the staff caring and supportive during your visit?

How is your pain (related to the procedure)? Is it adequately controlled with your pain medicine?

Do you have a dressing? Is it clean and dry and still on? Do you know when to remove it?

Could we have done anything to make the stay more pleasant?

Do you have any questions or comments for me?

Follow up call attempted on this date: AUG 20, 2015
No follow up call accomplished:
Patient admitted, follow up call deferred.

/es/ CAROLINA RUIZ RIVERA
RN
Signed: 08/20/2015 10:18

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	MEDICATION RECONCILIATION AT DISCHARGE	Discharge summary	LOVELADY,JAIMEE L	Physician Assistants & Advanced Practice Nursing Providers	AMARILLO HCS			VistA	AMA

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Notes ~ MEDICATION RECONCILIATION AT DISCHARGE

```
     LOCAL TITLE: MEDICATION RECONCILIATION AT DISCHARGE
STANDARD TITLE: MEDICATION MGT DISCHARGE NOTE
DATE OF NOTE: AUG 20, 2015@08:42     ENTRY DATE: AUG 20, 2015@08:42:40
      AUTHOR: LOVELADY,JAIMEE L    EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

MEDICATIONS AT DISCHARGE

Active Inpatient Medications (including Supplies):

     Active Inpatient Medications                                  Status
=============================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB  1 TABLET PO Q4H  ACTIVE
       PRN post op pain
2)   ACETAMINOPHEN TAB  500MG PO Q6H PRN elevated           ACTIVE
       temperature
3)   CEFAZOLIN INJ CEFAZOLIN 1 GM in SODIUM CHLORIDE        ACTIVE
       0.9% 50 ML  INFUSE OVER 30 MINUTES Instructions too
       long. See order details for full text. IVPB Q6H
4)   DEXTROSE 50% INJ,SOLN  1 AMP IVP D-STIX PRN FOR        ACTIVE
       FINGER STICK GLUCOSE READINGS BELOW 60, WHEN ORAL
       GLUCOSE IS NOT INDICATED.  MAY BE TITRATED.
5)   INSULIN REGULAR (HUMAN) INJ  SLIDING SCALE SC Q4H      ACTIVE
       0-150 = 0 UNIT // // 151-200 = 2 UNITS // 201-250 =
       4 UNITS // 251-300 = 6 UNITS // 301-350 = 8 UNITS
       // 351-400 = 10 UNITS // 401-450 = 12 UNITS //
       451-GREATER CALL PHYSICIAN
6)   ONDANSETRON INJ,SOLN  4MG/2ML IVP Q6H PRN nausea       ACTIVE
7)   SODIUM CHLORIDE 0.9% W/KCL 20MEQ, 1000ML INJ,SOLN in   ACTIVE
       SODIUM CHLORIDE 0.9%/KCL 20MEQ 1000 ML  50 ml/hr IV

Active and Recently Expired Outpatient Medications (including Supplies):

     Active Outpatient Medications                                 Status
=============================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY  ACTIVE
       MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN
       MANAGEMENT]



Compared Outpatient medications list (at admission) with current list of
Outpatient medications (post discharge).

Medication discrepancies found and reconciled: no home meds, tylenol #3 ordered
for post op pain to be taken as needed

non smoker


List of current medications given to patient and/or caregiver at discharge.

Current  Outpatient medications list (post discharge) was reviewed with
patient and/or family.


Encouraged to keep list of current medications with them in case of an
emergency.

/es/ JAIMEE L CHAPMOND
APRN, FNP-C, MSN
Signed: 08/20/2015 08:43
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 12, 2008	PRIMARY CARE TELEPHONE NOTE	Primary care Note	JONES,RHONDA M	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PRIMARY CARE TELEPHONE NOTE

```
     LOCAL TITLE: PRIMARY CARE TELEPHONE NOTE
STANDARD TITLE: PRIMARY CARE E & M NOTE
DATE OF NOTE: MAY 12, 2008@11:33     ENTRY DATE: MAY 12, 2008@11:33:50
      AUTHOR: JONES,RHONDA M       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

pt calls to inquire about the x-rays of back that were taken-pt would like to
know if he will be able to see the chiropractor through the VA.

explained that this msg will be given to pcp.

pt verbalizes understanding and may be reached at 620-272-4825

/es/ RHONDA M JONES
LVN
Signed: 05/12/2008 11:35

Receipt Acknowledged By:
05/13/2008 16:13        /es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
                             FAMILY NURSE PRACTITIONER
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	Addendum to PRE-ADMISSION MEDS/NOTE		BIRD,STACEY R		AMA-CASE MANAGEMENT-X			VistA	AMA

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Notes ~ Addendum to PRE-ADMISSION MEDS/NOTE

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 19, 2015@11:51:31  ENTRY DATE: AUG 19, 2015@11:51:31
      AUTHOR: BIRD,STACEY R        EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Change Treating Specialty to Surgical Observation

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/19/2015 11:51

==========================================================================

 --- Original Document ---

08/19/15 PRE-ADMISSION MEDS/NOTE:
Admission Info: Admit to 3 N-Surg/General Surgery for the services of Dr.
Ahmed. DX: Right Inguinal hernia Repair

Detailed Active Meds
Active Outpatient Medications (including Supplies):

                                                          Issue Date
                                              Status      Last Fill
     Active Outpatient Medications            Refills     Expiration
==========================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB     ACTIVE      Issu:08-18-15
       Qty: 30 for 7 days  Sig: TAKE 1 TABLET Refills: 0  Last:08-19-15
       BY MOUTH EVERY 4 HOURS AS NEEDED [FOR              Expr:09-17-15
       POST OP PAIN MANAGEMENT]

/es/ STACEY R BIRD
RN, BSN, MBA, CCM
Signed: 08/19/2015 09:37

Receipt Acknowledged By:
08/19/2015 11:05        /es/ JOSE RODRIGUEZ-FRONTERA MD
                             Physician
09/04/2015 16:26        /es/ ZENITHA ROSALES
                             RN, MSN
 0
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 11, 2012	PC-TELEPHONE CONTACT	Primary care Telephone encounter Note	SANDOVAL,RITA A	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PC-TELEPHONE CONTACT

```
     LOCAL TITLE: PC-TELEPHONE CONTACT
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: SEP 11, 2012@16:18     ENTRY DATE: SEP 11, 2012@16:18:36
      AUTHOR: SANDOVAL,RITA A      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

DATE:9/11/12

PROCEDURE:


DIAGNOSIS:
1.depression

2.
PATIENT'S COMPLAINTS/ISSUES (Check all that apply):



Other     Received request from mental health clinic for initiation of a
referral via a consult for this Veteran. Veteran was seen by this worker in the
past during which time he was not interest in being referred to mental health.


PLAN (include instructions to patient):
1.Consult initiated.
2.

/es/ RITA A. SANDOVAL, MSSW,LCSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 09/11/2012 16:20
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	NURSING DISCHARGE NOTE	Nurse Discharge summary	JONES,JAMES R	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING DISCHARGE NOTE

```
     LOCAL TITLE: NURSING DISCHARGE NOTE
STANDARD TITLE: NURSING DISCHARGE NOTE
DATE OF NOTE: AUG 20, 2015@09:47     ENTRY DATE: AUG 20, 2015@09:47:28
      AUTHOR: JONES,JAMES R        EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Patient was discharged to home/self care.

Patient Discharge Instructions
Today's Date: AUG 20, 2015
Patient's Doctor/Provider: AHMED
Patient's Discharge Diagnosis: S/P LAP CHOLE,HERNIA REPAIR
Discharge Instructions given to
Patient Assessment at time of discharge:
OrientedStable
****NOTE TO PATIENT: PLEASE CAREFULLY FOLLOW THE INSTRUCTIONS BELOW*******
Resume home medications as prescribed? NA
Activity:
Up and about as desired and tolerated, Shower only, Avoid heavy lifting and/or
exercise
List personal items brought to hospital documented on the Nursing Admission
Assessment:
    GLASSES, BOOK, CLOTHES, CELL  PHONE
YES--Were these items returned to Patient at discharge?
NO--Did the patient acknowledge having cash in the Nursing Admission Assessment
Note?
NA--If yes, did the patient secure cash with the Agent Cashier?
(If the patient secured cash with the Agent Cashier, information to contact the
Agent Cashier at 806-355-9703 ext. 7364 was provided.)
```


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NA--Did you get assistance with any fears or anxieties that
you had during your admission?
NA--Do you have any further concerns that we can help you
with before you are discharged?
Explanation of above responses:

****
Does Patient have Congestive Heart Failure?
No
****
Is the patient going home with a Foley catheter? No
If yes, Foley Catheter Care pamphlet provided NA
****
Does the patient have MRSA? No
MRSA pamphlet provided NA
****
Post-op instructions (Pacemaker/ICD/Loop recorder) provided NA
****
Central Line IV Site Care pamphlet provided NA
****
Post Cardiac Procedure Education Sheet provided NA
****
Pain Scale at discharge:
(See Focus note or Daily Assessment note for comphrehensive assessment of pain
greater than 0)
****
Patient has Wound(s) or unhealed Pressure Ulcer(s).
Patient/caregiver received instructions for performing care
Wound Care:
May remove dressing on:Aug 21,2015
Diet: Resume the diet you were on before
****
Call your doctor for any signs / or symptoms of: Reddened wound,
wound drainage, swelling,red streaks, increased pain, temperature
101 or higher, or bleeding.
CALL:
Your admitting doctor (name at top of page) 355-9703 ask operator anytime.
Your primary care provider (8am - 4pm) 355-9703 ask operator.
Emergency Department(anytime) 355-9703, ask operator for Emergency Department.
Day Surgery (6am-6pm) 355-9703 ext. 7200 or ask operator.

As part of your discharge today, you will receive a printout of upcoming
appointments;
including this post-discharge follow-up phone call. At any time after leaving
today,
if you know you will be unavailable for the scheduled phone call; please
contact Telephone Triage at (806)354-7837 or 1 (800) 687-8633 between the hours
of 8:00a.m to 4:00p.m. Monday through Friday.

Keep all previously scheduled appointments.
Your return appointment is: Sep 1,2015@11:00
Or you will receive a letter in the mail with your appointment. IF YOU DO NOT
RECEIVE A
LETTER, PLEASE CALL YOUR ADMITTING DOCTOR to arrange an appointment.
Other instructions:
Mode of Discharge: Wheelchair
Accompanied by: WIFE
Relationship:
****
Patient was given a current list of medications on discharge.
Patient verbalizes understanding of discharge instructions: Yes

This patient has received Healthy Lifestyle Instructions which include
instructions
for Heart Failure including: activity level, diet/fluid intake, discharge
medications,
follow-up care, weight monitoring, and what to do if symptoms worsen.

This patient has received a copy of the Passport to Healthy Living which
includes the following list of stroke symptoms:
  Sudden numbness or weakness of the face, arm or leg, especially on one side
of the body
  Sudden confusion, trouble speaking or understanding
  Sudden trouble seeing in one or both eyes
  Sudden trouble walking, dizziness, loss of balance or coordination
  Sudden, severe headache with no known cause

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If you experience any of the above symptoms of stroke, call 911 and go to your nearest stroke facility.
****
A COPY OF THIS NOTE IS TO BE PROVIDED FOR THE PATIENT PRIOR TO LEAVING THE MEDICAL CENTER.

MRSA Education not provided because (explanation required)
NA

Informed verbal consent obtained.
MRSA nares culture obtained.

Nurse's Signature Date

I have received and understand these Discharge Instructions:

Patient's Signature Date

/es/ JAMES R. JONES, R.N.
STAFF NURSE
Signed: 08/20/2015 09:52

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	CHAPLAIN SPIRITUAL ASSESSMENT GENERAL	Pastoral care Counseling note	WILLIS,SCOTT L	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CHAPLAIN SPIRITUAL ASSESSMENT GENERAL

LOCAL TITLE: CHAPLAIN SPIRITUAL ASSESSMENT GENERAL
STANDARD TITLE: PASTORAL CARE COUNSELING NOTE
DATE OF NOTE: AUG 20, 2015@09:33 ENTRY DATE: AUG 20, 2015@09:33:41
AUTHOR: WILLIS,SCOTT L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Day 2 visit Spiritual Assessment per Chaplain protocol. Chaplain provided veteran a ministry of presence by listening and blessing. Chaplain assessed veteran to be up and awake in bed, alert, oriented, and in good spirits. Veteran indicated that his religious preference is "Latter Day Saints." Veteran was provided w/a brochure about services as well as religious literature. Veteran was appreciative of Chaplain visit. Follow-up as requested or per Chaplain protocol.

/es/ Scott L. Willis, CCC
Chaplain
Signed: 08/20/2015 09:34

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 18, 2015	PHONE CONTACT	Telephone encounter Note	DELGADO,MICHAEL J		AMARILLO HCS			VistA	AMA

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Notes ~ PHONE CONTACT

```
     LOCAL TITLE: PHONE CONTACT
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: AUG 18, 2015@15:21     ENTRY DATE: AUG 18, 2015@15:21:14
      AUTHOR: DELGADO,MICHAEL J    EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED
```

I called and spoke with the patient about his procedure on 8/19/15 at 6:30am and to come to the 4th floor waiting room. And also no eating or drinking after midnight. And also to have a driver with him to go home with.

5 min visit.

/es/ MICHAEL J DELGADO
Medical Support Assistant
Signed: 08/18/2015 15:24

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 10, 2015	PATIENT EDUCATION - NURSING	Nurse Education note	LEWIS,DEBORAH E	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PATIENT EDUCATION - NURSING

```
     LOCAL TITLE: PATIENT EDUCATION - NURSING
STANDARD TITLE: NURSING EDUCATION NOTE
DATE OF NOTE: SEP 10, 2015@16:00     ENTRY DATE: SEP 10, 2015@16:14:04
      AUTHOR: LEWIS,DEBORAH E      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

NOTE DATED: SEP 10, 2015 16:14  PATIENT EDUCATION - NURSING
Visit: 09/10/15 13:30
Assessment :
Person Being Assessed: Patient
Barriers to Learning:           None
Primary Language: English

Desire and Motivation: Eager to learn
Comphrension: High
Method of Teaching:           Verbal, Written
Topics Covered:          Pre-Procedure Instructions, Post-Procedure Instructions
Evaluation of Patient/Family Education:          Voiced understanding/Return
demonstration
Cystoscopy procedure discussed with patient.  Verbal and written consent for
the procedure were obtained.  Patient verbalized understanding of procedure
and follow-up care.

Patient instructed that he may have some blood in his urine for several
voidings.  He may also experience burning, pain and frequency.  Patient
instructed to drink plenty of fluids to flush the bladder.  If any of these
symptoms persist for more than a couple of days he should contact the clinic.
Contact information and written instructions given to the patient.  Patient
voiced understanding of post cysto instructions.

Post procedure pain level 0 on a scale of 0-10.

Tracking:
Cystoscope - W805354
Camera     - SN7817157




/es/ DEBORAH E LEWIS
LVN
Signed: 09/10/2015 16:17
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 13, 2015	EKG TECH	Cardiology Note	ESCOTO,CARRIE J	Technologists, Technicians & Other Technical Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ EKG TECH

```
     LOCAL TITLE: EKG TECH
STANDARD TITLE: CARDIOPULMONARY NOTE
DATE OF NOTE: AUG 13, 2015@15:36     ENTRY DATE: AUG 13, 2015@15:36:26
      AUTHOR: ESCOTO,CARRIE J      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

EKG PROGRESS NOTE:
Symptoms/Diagnosis:v81.2

Technician from the Respiratory Department performed an Electrocardiogram on
this
patient.

Measeurements taken and information uploaded for Cardiologist review and
official interpretation.

Technician report given to
Comments:
EKG ready to be read

/es/ CARRIE J ESCOTO
medical instrumental technician
Signed: 08/13/2015 15:36
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	RADIOLOGY	Radiology Note	MOSLEY,REGINALD E	Technologists, Technicians & Other Technical Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ RADIOLOGY

```
     LOCAL TITLE: RADIOLOGY
STANDARD TITLE: RADIOLOGY NOTE
DATE OF NOTE: SEP 16, 2015@23:37     ENTRY DATE: SEP 16, 2015@23:37:28
      AUTHOR: MOSLEY,REGINALD E    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

   *** RADIOLOGY Has ADDENDA ***

I called Keith at 941pm and informed him that we needed MR Hopkins to CT. At
943pm Fina called and said patient was unstable and it would be a while before
he would come to CT. As of 1138pm ther patient still has not made it to CT.

/es/ REGINALD E MOSLEY
DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
Signed: 09/16/2015 23:39

09/17/2015 ADDENDUM                    STATUS: COMPLETED
Mr Hopkins was too unstable to come to ct...was going to the OR then 3SICU per
Ralph..thankyou

/es/ TRACY QUEEN,RT (R)(CT) ARRT
DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
Signed: 09/17/2015 01:05
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	PHARMACY MEDICATION REVIEW	Pharmacology Medication management note	GUIDRY,TOMMIE JO	Pharmacy Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ PHARMACY MEDICATION REVIEW

```
     LOCAL TITLE: PHARMACY MEDICATION REVIEW
STANDARD TITLE: PHARMACY MEDICATION MGT NOTE
DATE OF NOTE: SEP 17, 2015@16:28     ENTRY DATE: SEP 17, 2015@16:28:16
      AUTHOR: GUIDRY,TOMMIE JO     EXP COSIGNER: WELLS,LINDSEY DAWN
     URGENCY:                           STATUS: COMPLETED

S: Pt is a 72 yo CM s/p RIHR 1 mo ago who presented in septic shock due to
ischemic bowel. Pt POD #0 ex lap, SBR, temporary abdominal closure. Developed
post-op afib and started on amio gtt. Pt currently intubated and on pressors.
Started on PPI gtt for GIB. Pt being empirically treated with vanc/zosyn 2/2
sepsis.

HPI: Pt brought to the ER by his wife due to decreased responsiveness and
generalized weakness. Pt with lack of appetite for ~1-2 weeks. Pt with coffee
ground emesis beginning last night. Pt is from out-of-town with most recent care
at the VA in Amarillo. Pt initially presented with BP in 60s per ED physician
but responded to 2 L bolus. NG tube was put under suction which drained > 1400
ml black fluid. Patient was also found to have gas under the diaphragm on chest
xray and surgery was consulted.

PMH: DM, HLD, BPH

O:
VITALS:
bp 91/66 (09/17/2015 08:00)
p 115 (09/17/2015 08:00)
r 16 (09/17/2015 08:00)
pain 99 (09/17/2015 09:25)


 135 / 99 / 90                  9.3
 -------------<64       13.07>------<100
 2.8 / 27 / 3.8                 27.1

Mag: 2
PO4: 3
iCa: 0.98
Lactate: 3 <- 4.2 <- 6.5 <- 9.7

WBC: 13.07 <- 7.87 <- 29.44

189.8 lb [86.3 kg] (09/17/2015 09:15)
Ht: 72 in.
IBW: 78kg
Creatinine: 3.8 mg/dl H    (09/17/2015 13:05)
Estimated CrCl based on Cockroft-Gault is ~20ml/min using IBW

Allergies: Patient has answered NKA

Recent Medication List from VA:
Active and Recently Expired Inpatient Medications (including Supplies):

     Active Inpatient Medications                              Status
=================================================================
1)   AMIODARONE INJ AMIODARONE 450 MG in D5W 250 ML  17     ACTIVE
       ml/hr 1mg/min (=34ml/hr)x 6hrs then 0.5mg/min IVC
2)   CALCIUM GLUCONATE INJ,SOLN CALCIUM GLUCONATE 9.3 MEQ   ACTIVE
       in D5W 50ML P.A.B. CONTAINER 50 ML  INFUSE OVER 120
       MINUTES IVPB ONCE
3)   D-10-W INJ,SOLN in D10W 1000 ML  50 ml/hr@0            ACTIVE
       Instructions too long. See order details for full
       text. IVC
4)   D-50-W INJ,SOLN  50 ML IV PRN FOR GLUCOSE <70          ACTIVE
```


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5)	FENTANYL INJ,SOLN FENTANYL 1000 MCG in NS 250 ML TITRATE@0 to a BPS score of <4 IVC	ACTIVE
6)	GLUCAGON INJ 1MG/1VIAL IM PRN For glucose <70 and patient with signs of severe hypoglycemia;May be given IM,SQ or IV	ACTIVE
7)	HYDROCORTISONE INJ,SOLN 50MG/1ML IV Q6H	ACTIVE
8)	INFLUENZA VIRUS VACCINE 5ML VI 2015- 0.5ML IM ONCE	ACTIVE
9)	INSULIN HUMAN REGULAR INJ INSULIN HUMAN REGULAR 100 UNITS in NS 100 ML TITRATE PER SLIDING SCALE@0 Instructions too long. See order details for full text. IVC	ACTIVE
10)	INSULIN HUMAN REGULAR INJ PER SLIDING SCALE SQ PRN LOADING DOSE Glucose: 201-250 = 2 UNITS IV BOLUS Glucose: >250 = 4 UNITS IV BOLUS	ACTIVE
11)	MESSAGE TO NURSING MISCELLANEOUS ACCUCHECK BY NURSING MISC Q1H Q1HR until glucose remains in the 140-200mg/dl range for 4 hours. then q2HR	ACTIVE
12)	NOREPINEPHRINE INJ NOREPINEPHRINE 32 MG in NS 250 ML TITRATE@0 TITRATE TO MAP >65 **QUAD STRENGTH** 128mcg/ml IVC	ACTIVE
13)	PANTOPRAZOLE INJ,PWDR PANTOPRAZOLE 80 MG in D5W 100 ML 10 ml/hr IV	ACTIVE
14)	PIPERACILLIN/TAZOBACTAM VIAL INJ PIPERACILLIN/TAZOBACTAM VIAL 2.25 GM in PRE-MIXED IN ISO-OSMOTIC SOLN 50 ML INFUSE OVER 30 MINUTES IVPB Q6H	ACTIVE
15)	PROPOFOL INJ in PROPOFOL 1% EMULSION 100 ML Titrate@0 Titrate to RASS of -1 IV	ACTIVE
16)	SODIUM BICARBONATE INJ,SOLN SODIUM BICARBONATE 150 MEQ in D5W 1000 ML 75 ml/hr IV	ACTIVE
17)	SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 125 ml/hr@0 IV	ACTIVE
18)	VASOPRESSIN INJ,SOLN VASOPRESSIN 60 UNITS in NS 250 ML 10 ml/hr Delivers 0.04 units per minute IVC	ACTIVE

	Pending Inpatient Medications	Status
1)	ALBUMIN INJ 12.5 GM IV NOW	PENDING
2)	PHENYLEPHRINE INJ 10MG/1ML IV	PENDING

	Inactive Inpatient Medications	Status
1)	ALBUMIN INJ in ALBUMIN 5% 250 ML Bolus in 250ml IV NOW	EXPIRED
2)	ALBUMIN INJ in ALBUMIN 5% 250 ML INFUSE OVER 60 MINUTES IV NOW	EXPIRED
3)	AMIODARONE INJ AMIODARONE 150 MG in D5W 100ML P.A.B. CONTAINER 100 ML INFUSE OVER 15 MINUTES IV NOW	EXPIRED
4)	AMIODARONE INJ AMIODARONE 450 MG in D5W 250 ML 34 ml/hr 1mg/min (=34ml/hr)x 6hrs then 0.5mg/min IV	EXPIRED
5)	AMIODARONE INJ AMIODARONE 150 MG in D5W 100ML P.A.B. CONTAINER 100 ML INFUSE OVER 10 MINUTES IV ONCE	EXPIRED
6)	CALCIUM GLUCONATE INJ,SOLN CALCIUM GLUCONATE 9.3 MEQ in D5W 50ML P.A.B. CONTAINER 50 ML INFUSE OVER 120 MINUTES IVPB ONCE	EXPIRED
7)	CALCIUM GLUCONATE INJ,SOLN CALCIUM GLUCONATE 9.3 MEQ in NS 50 ML INFUSE OVER 120 MINUTES IVPB ONCE	EXPIRED
8)	ETOMIDATE INJ,SOLN 20MG/10ML IV ONCE	DISCONTINUED
9)	FENTANYL INJ,SOLN FENTANYL 1000 MCG in NS 250 ML TITRATE@0 to a BPS score of <4 IVC	DISCONTINUED
10)	HYDROCORTISONE INJ,SOLN 50MG/1ML IV ONCE ***SEPSIS PATIENT*** SEND TO ER STAT or CALL 7960/7965	DISCONTINUED
11)	INSULIN HUMAN REGULAR INJ INSULIN HUMAN REGULAR 100 UNITS 1 in NS 100 ML TITRATE PER SLIDING SCALE@0 7 cc HR IVC	DISCONTINUED
12)	INSULIN HUMAN REGULAR INJ 10 UNITS IV ONCE For ER Use Only! Do Not Change dose or schedule CAUTION check Potassium Level to avoid Hypokalemia Number of Units: 0 Re-do accucheck one hour after administration	DISCONTINUED
13)	MIDAZOLAM INJ,SOLN MIDAZOLAM (VERSED) 50 MG in NS 150 ML TITRATE@0 to a RASS of -1 IVC	DISCONTINUED
14)	MORPHINE INJ 2MG/1ML IV Q3H PRN pain	DISCONTINUED
15)	NOREPINEPHRINE INJ NOREPINEPHRINE 16 MG in NS 250 ML TITRATE@0 TITRATE TO MAP >65 concentrate please IVC	DISCONTINUED
16)	NOREPINEPHRINE INJ NOREPINEPHRINE 8 MG 1 in NS 250	DISCONTINUED

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	ML titrate@0 Instructions too long. See order details for full text. IVC		
17)	NOREPINEPHRINE INJ NOREPINEPHRINE 8 MG in NS 250 ML TITRATE@0 TITRATE TO MAP >65 IVC	DISCONTINUED	
18)	PANTOPRAZOLE INJ,PWDR PANTOPRAZOLE 80 MG in D5W 100 ML 10 ml/hr@0 ER Medication Order IVC	DISCONTINUED	
19)	PANTOPRAZOLE INJ,PWDR 80MG IV ONE TIME ER Meidcation Order: Give as Bolus	DISCONTINUED	
20)	PHENYLEPHRINE INJ PHENYLEPHRINE 10 MG in NS 250 ML TITRATE@0 TITRATE TO MAP>65 IVC	DISCONTINUED	
21)	PIPERACILLIN/TAZOBACTAM INJ PIPERACILLIN/TAZOBACTAM 4.5 GM in PRE-MIXED IN ISO-OSMOTIC SOLN 100 ML INFUSE OVER 60 MINUTES Instructions too long. See order details for full text. IVPB ONE TIME	DISCONTINUED	
22)	POTASSIUM CHLORIDE INJ,SOLN KCL 40MEQ PRE-MIX 40 MEQ in PRE-MIXED IN D-5-W 100 ML IN OVER 2 HOURS to follow completion of the first dose 40meq KCL IV IV NOW	EXPIRED	
23)	POTASSIUM CHLORIDE INJ,SOLN KCL 40MEQ PRE-MIX 40 MEQ in PRE-MIXED IN D-5-W 100 ML IN OVER 2 HOURS IV NOW	EXPIRED	
24)	ROCURONIUM INJ,SOLN 20MG/2ML IV ONE TIME given in prep for OR by OR team in ER	DISCONTINUED	
25)	SODIUM BICARBONATE INJ,SOLN 2 AMPS IV ONCE 2 amps bicarbonate IV x1 now	EXPIRED	
26)	SODIUM BICARBONATE INJ,SOLN 2AMP IV NOW 2 amps of bicarb now for ABG	EXPIRED	
27)	SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 999 ml/hr@0 1L NS bolus IV over 1 hr x 1 IV	EXPIRED	
28)	SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 999ml/hr@0 Bolus 1L NS over 1 hr IV	EXPIRED	
29)	SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 150 ml/hr@0 IV	DISCONTINUED	
30)	SODIUM CHLORIDE 0.9% INJ,SOLN 1000 ML IV ONE TIME Bolus:For ER use Only; DO NOT change schedule or dose	DISCONTINUED	
31)	VANCOMYCIN INJ VANCOMYCIN 1500 MG in D5W 250 ML INFUSE OVER 90 MINUTES IVPB ONCE	EXPIRED	
32)	VANCOMYCIN INJ VANCOMYCIN 2000 MG in D5W 400 ML INFUSE OVER 120 MINUTES use 2 x 1 gm bags for dose, IVPB ONCE	DISCONTINUED	

52 Total Medications

Micro:
9/17 Peritoneal fluid Cx/GS:
Bacteriology Remark(s):
GRAM STAIN: 2+ POLYMORPHONUCLEAR CELLS, NO ORGANISMS SEEN
9-17-15 SLG
9/16 UCx: pending
9/16 BCx: pending
9/16 BCx: pending

Vancomycin Dosing

Date/Time	Dose	Level	Comments
9/17 1037	1500mg	--	~19mg/kg
9/17 0852	--	18.67	
9/16 2000	2000mg	--	~25mg/kg

A/P:
NEURO: Fentanyl/propofol being held at this time.

PULM: Pt intubated, on SIMV.

CV: Norepi running @ 100mcg/min. Vasopressin @ 0.04units/min. Recommend starting phenylephrine @50mcg/min based on pt's persistent increased HR on NE. Continue amiodarone, currently running @ 17ml/hr.

FENGI: Pt presented with hyperglycemia. Insulin gtt started but now held for BG of 62. Recommend starting renally adjusted insulin gtt once BG warrants. Hypocalcemic, bolused with 6g of calcium gluc. Hypokalemic, bolused with 80 mEq of KCL IV. Hyponatremia now resolved. Continue NaBicarb gtt, currently running @ 75ml/hr. Continue pantoprazole gtt @10ml/hr for GIB.

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ID:
-Pt received vancomycin 2g (~25mg/kg) loading dose in ED at 2000. Level this AM was 18.67 so 1500mg (~19mg/kg) vancomycin was given. Will pulse-dose vanc based on renal function. Random level ordered to be drawn with AM labs. Will redose if level <20.
-Zosyn 4.5g x1 in ED. Dose changed to zosyn 2.25g Q6H based on renal function and indication. Will continue to monitor and adjust as needed.

DVT Prophylaxis: Will not start at this 2/2 GIB.

GI Prophylaxis: pantoprazole gtt

All changes discussed with SICU team during rounds.

Questions or concerns, contact Pharmacist at 6729 or pgr 1436

/es/ TOMMIE JO GUIDRY, PHARM.D.
PGY1 Pharmacy Resident
Signed: 09/17/2015 17:39

/es/ LINDSEY DAWN WELLS
Clinical Pharmacy Specialist
Cosigned: 09/18/2015 07:18

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	Addendum to SURGERY		MATHEW,ALEXANDER		3-SICU			VistA	MEM

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Notes ~ Addendum to SURGERY

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 17, 2015@11:17:10  ENTRY DATE: SEP 17, 2015@11:17:11
      AUTHOR: MATHEW,ALEXANDER     EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

TEACHING PHYSICIAN ATTESTATION

I have seen and examined the patient together with the housestaff.  I agree with
the findings and plan as documented in Dr. Ulm's note.  Pt remains critically
ill with increasing pressor support.  PA catheter placement.  Supportive care.
Poor prognosis.

/es/ ALEXANDER MATHEW
SURGEON
Signed: 09/17/2015 11:19

==========================================================================

 --- Original Document ---

09/17/15 SURGERY:
General Surgery

No events post op.  Still requiring BP support

98, HR 112-113, SBP 91-100
L IJ cordis
NGT in place w dark output
tachycardic regular rhythm
L CT to sxn
intubated, coarse BS
L femoral CVL
soft, midline open w cassett closure, no leaking or drainage from incision
R groin incision well healed
foley in place w blood in tubing

2205/210
u 120
ng 50
ct 40

BCx p
UCx p
Peritoneal Cx p

A/P  72 yo CM w PMHx DM, HTN, HLD s/p RIHR 1 mo ago who presented in septic
shock due to ischemic bowel now POD 0 ex lap, SBR, temporary abdominal closure

Neuro:
CVS:  afib post op, current NSR. on amiodarone gtt.  on levophed @ 58 &
vassopressin @ 2.4 wean as tolerated.
Resp:  intubated, SIMV.  iatrogenic L pnx s/p L CT to sxn, residual pxn on CXR
this AM. will place a second chest tube.
FEN/GI:  NPO, NGT to LIS.  NS @ 125.  insulin gtt @ 20.  BG 236-436 post op.
GU:  cont foley.  hematuria.  will consult urology for eval on take back
HEME/ID:  will monitor H/H.  on
MSK:  PT consult when appropriate
PPx:  PPI, chemical ppx held currently

critically ill, will cont close monitoring.


/es/ IRENE E ULM, MD
RESIDENT PHYSICIAN
Signed: 09/17/2015 09:31

/es/ ALEXANDER MATHEW
SURGEON
Cosigned: 09/17/2015 11:22
 0
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 24, 2015	NURSING NOTE	Nurse Note	GATELY,NORA	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING NOTE

```
     LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: AUG 24, 2015@11:08     ENTRY DATE: AUG 24, 2015@11:08:29
      AUTHOR: GATELY,NORA          EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

1100  PT'S WIFE, DARLENE, CALLED INQUIRING AS TO WHETHER OR NOT MR HOPKINS COULD
BE SEEN IN THE VA CLINIC IN LIBERAL, KS INSTEAD OF DRIVING TO AMARILLO ER TODAY.
I SPOKE WITH L ROTHMAN, NP, SHE INSTRUCTED ME TO HAVE THE PT'S WIFE VERIFY THAT
THEY COULD BE SEEN IN THE CLINIC IN LIBERAL, KS VS. AMARILLO ER, THROUGH THE
AMARILLO ER.  PT'S WIFE IS GIVEN THE ER EXT. 7210 SINCE I COULD NOT TRANSFER HER
FROM THE EXT. I WAS ON IN DSU.  PT'S WIFE VERBALIZES UNDERSTANDING OF
INSTRUCTIONS.

/es/ NORA GATELY, RN
REGISTERED NURSE
Signed: 08/24/2015 11:12
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 14, 2009	NURSING NOTE	Nurse Note	MUNIZ,KIM J		AMARILLO HCS			VistA	AMA

Notes ~ NURSING NOTE

```
     LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: JUL 14, 2009@10:26     ENTRY DATE: JUL 14, 2009@10:26:46
      AUTHOR: MUNIZ,KIM J          EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Bilateral ear irrigation performed per order.  Moderate amt of impacted cerumen
noted from both ears.  Ear canals clear to eardrums following procedure.  Pt
reported improved hearing ability and tolerated without incident.

/es/ KIM J MUNIZ
RN
Signed: 07/14/2009 10:32
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	MNT - NUTRITIONAL ASSESSMENT	Nutrition and dietetics Note	BOHON,AMANDA B	Dietary & Nutritional Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ MNT - NUTRITIONAL ASSESSMENT

```
     LOCAL TITLE: MNT - NUTRITIONAL ASSESSMENT
STANDARD TITLE: NUTRITION DIETETICS NOTE
DATE OF NOTE: AUG 27, 2015@11:25:57  ENTRY DATE: AUG 27, 2015@11:25:59
      AUTHOR: BOHON,AMANDA B       EXP COSIGNER:
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URGENCY: STATUS: COMPLETED

MEDICAL NUTRITION THERAPY -- INITIAL NUTRITIONAL ASSESSMENT

Food and Nutrition History:

--Appetite: Pt reports having a good appetite and eating well. Pt reports he ate 100% of his breakfast this morning.
--Diet followed prior to admission: Pt reports he follows a regular diet at home. Pt reports he was eating well prior to admission
--Feeding Assistance Required: No
--N/V: None reported
--Diarrhea or constipation: None reported
--Chewing or swallowing difficulties: None reported
--Food Allergies: None reported
--Food Preferences: Honored via select menus/room service.
--Ethnic/Religious Food Preferences: None reported
--Pertinent Meds: aspart
--OTC Herbal Supplements/Vitamins: None reported
--Skin Assessment Score: Braden score is 21 (no risk for skin impairment); surgical incision from recent hernia repair noted.

Admitting Diagnosis: hydronephrosis

Past Medical History includes: DM

Current Diet: 1800 ADA

Height: 5' 11.5" (182 cm)
Weight: 175 lbs (79.5 kg) Weight Taken: 26-Aug-15
Usual Weight: 180 lbs (81.8 kg) % Usual Wt: 97%
Target Weight: 175 lbs (79.5 kg) % Target Wt: 100%
Frame Size: Medium Body Mass Index: 24.1

-- Pt reports he has lost about 10# over past year d/t eating less and being more active. Pt reports his UBW is around 180#. Pt reports his wt does fluctuate some. Reviewed wt chart. Current wt is up 4# from previous wt. BMI: 24.1 (normal). Goal for this admission with wt maintenance.

Laboratory Data

Test	Result	units	Ref. range	Date
GLUCOSE	246 H	mg/dL	74 - 118	27-Aug-15
UREA NITROGEN	12	mg/dl	7 - 18	27-Aug-15
CREATININE, SERUM	0.77	mg/dL	.6 - 1.3	27-Aug-15
POTASSIUM	4.2	mmol/L	3.5 - 5.0	27-Aug-15
ALBUMIN	2.6 L	g/dL	3.5 - 4.8	27-Aug-15
TRIGLYCERIDE	153 H	mg/dL	0 - 150	14-Jul-15
PAB	14.3 L	mg/dL	18 - 38	27-Aug-15
HGB	12.3 L	gm/dL	14 - 18	27-Aug-15
HCT	38.6	%	37 - 52	27-Aug-15
HEMOGLOBIN A1C %	13.4 H	%	- 6.0	14-Jul-15

-- Glucose is elevated- pt is on insulin and receives a diabetic diet. A1C indicates poor glucose control. PAB and Albumin are low indicating visceral protein depletion.

Energy Requirements: 2064 Kcal/day Kcal:N 161:1
Energy calculation is based on: Energy Factor of 1, Harris-Benedict, and Actual Body Wt
Protein Requirements: 80 gm/day NPC:N 136:1
Protein calculation is based on: Actual Body Wt and protein level of 1
Fluid Requirements: 2386 ml/day

Appearance: well-nourished male
Nutrition Status: Mildly Compromised

Nutrition Diagnosis: Altered nutrition related lab values related to DM as evidenced by glucose of 246 and A1C of 13.4.

Nutrition Intervention: Will continue 1800 ADA diet as ordered to meet nutritional needs and to help with glucose control. Encourage adequate po intake. Will honor food preferences as voiced, when appropriate.

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Nutrition Monitoring/Evaluation:
1. Meet greater than 75% of estimated nutritional needs.
2. Follow weight trends -- Goal for maintenance of 1-2% of admission weight
3. Monitor nutritionally pertinent labs as available-- Gluc, PAB, Alb.
4. Monitor skin integrity for changes.

/es/ Amanda B Bohon MA, RD
Clinical Dietitian
Signed: 08/27/2015 11:32

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	3S/3N - C RN FOCUS NOTE	Nurse Hospital Note	INPENG,CHITHALONE	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ 3S/3N - C RN FOCUS NOTE

LOCAL TITLE: 3S/3N - C RN FOCUS NOTE
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 20, 2015@03:27 ENTRY DATE: AUG 20, 2015@03:27:54
AUTHOR: INPENG,CHITHALONE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Nursing Narrative:**********
19:30-20:00 Received report from April McCary, RN. Assumed care of patient.
Patient resting in bed. Patient states he wants to get some rest and not to
disturb him as much as possible.
23:00 Patient resting with eyes closed. No distress noted.
01:00 Med Pass, charted in BCMA.
04:30 Med Pass, charted in BCMA. Assisted patient to scoot up in bed.
07:15 Received verbal orders from Dr. Ahmed, S. to dc tele. Dr. Ahmed said he
will put the orders in the computer when he gets to his office. Called telemetry
to notified them about Dr. Ahmed's verbal orders.
07:30-08:00 Report given to oncoming nurse during walking rounds.

Physical Assessment:**********
Assessment
Respiratory:
Regular, unlabored, no abnormal breath sounds
Supplemental O2 : 2L NC

Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate.
Telemetry: #:
Neurological:
Alert, oriented x 3, follows commands, PERRLA
Musculo Skeletal:
ROM all joints, hand grips equal.
GastroIntestinal
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Appetite:
Date Last BM:
Genito-Urinary
Voids without difficulty, clear urine, no distention.
Skin - Document on form:
Patient has No Pain (Patient rates pain as "0" on a scale of 0-10)
****
IVs:**********
Site #1
Catheter size: 20 IV Fluids
Date sited: Aug 19,2015
Location: L upper arm
IV Care: IV fluids infusing well., Site inspected and palpated; clean w/o s/s
infiltration or infection.
Site Appearance: Palpated & inspected, Drsg clean, dry and intact
Education**********
Person Being Assessed: Patient
Barriers to Learning: None

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```
  Desire and Motivation: Seems uninterested
          Comphrension: High
     Preferred Language: English
     Method of Teaching: Verbal in preferred language
Evaluation of Education: Voiced understanding
                Topics: Plan of Care
Fall risk reassessment:********************
********Fall Risk Assessment********
0 = No    History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
20 = Yes IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
35 TOTAL SCORE
Scoring:
25-44 Moderate Risk
        Implement Universal Fall Precautions
        Implement Additional Interventions Based on Identified Area of Risk


/es/ CHITHALONE INPENG
RN, BSN
Signed: 08/20/2015 07:57
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 24, 2012	Addendum to MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T)		HARRIS,HEATHER R		AMA-MHC SCOUT			VistA	AMA

Notes ~ Addendum to MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T)

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 24, 2012@14:23:31  ENTRY DATE: SEP 24, 2012@14:23:31
      AUTHOR: HARRIS,HEATHER R     EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Attempted to call veteran to schedule individual therapy appt.  No answer and
unable to leave message.

/es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker
Signed: 09/24/2012 14:25

==========================================================================

 --- Original Document ---

09/20/12 MHS-INITIAL BIOPSYCHOSOCIAL ASSESSMENT(T):
xxxAge:69
SERVICE CONNECTION:SERVICE CONNECTED % - 70 GENDER:MALE   RACE: WHITE
MARITAL STATUS:  Married.


                          CLINICAL HISTORY

PRESENTING CHIEF COMPLAINT/REFERRAL QUESTION:
Veteran was referred by primary care. He is complaining of tiredness/lethargy.
He has noticed within the last 6 months a lack of energy. He says he has lived
out every dream he has ever had and now life is  boring. He spoke with
Rita Sandoval last week who recommended that he come up with some new
goals/dreams and he has done that. He has started on a new project which he
says he enjoys and has energy while doing that but when he is not working on it
he feels tired. His grand idea is to "build the world's largest railroad
museum". He figures he "might as well go big or go home".
```


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He also has some trouble sleeping, will wake up feeling just as tired as when he went to bed, not feeling rested and has started taking naps during the day. He is unsure of why he is feeling this way. He feels his PCP has not been very helpful in finding out the cause if it is medical so he is willing to try and figure out the reason for the symptoms if they may be mental health related.

HISTORY OF CURRENT ILLNESS:
Veteran reports symptoms for the last 6 months.

PAST PSYCHIATRIC HISTORY:
None

CURRENT AND HISTORY OF SUICIDAL ACTS AND SELF HARM
None
Passive thoughts but denies any plan or intent. Occasionally thinks "why live the
rest of my life like this". He has recently developed a faith in God and says that would be disappointing to God so he would never do that.

CURRENT AND HISTORY OF VIOLENCE/ASSUALTING OTHERS:
None

SUBSTANCE USE HISTORY TO INCLUDE PAST TREATMENT, RELAPSE HISTORY, AND RESPONSE TO TREATMENT:
Former alcoholic. Has been sober since 1972. He went to a rehab program. He says he did not know he had a drinking problem, it was just a way of life until he started having medical problems with his liver and kidneys.

MENTAL ILLNESS AND SUBSTANCE ABUSE IN FAMILY MEMBERS:
Nonveteran does not know much about his family.

PSYCHOSOCIAL HISTORY:

Childhood/Developmental History: Veteran grew up all over the US. His family were migrant farm workers so they
followed the crops. He was raised by both parents until age 12 when he was on his own after that. He had gotten a job and lied about his age and left his family behind to work that job. His family took off on to the next job and he never saw them again. He says he found his mother 35 years later and helped care for her until she died. He had two brothers. They have both passed.

He says his father was married 7 times and he has brothers and sisters he does not know. He has multiple half siblings.

Physical, sexual and emotional trauma:
None

Family Circumstances: Veterans mother in law recently went under surgery for a hysterectomy and woke
up mentally "messed up". The anesthesia affected her brain.

Adult Relationship History: Veterans wife teaches health and wellness. He and his wife have a 9 year old daughter that they are raising.

Current significant family and/or peer group relationships:
Veteran was married once before. He currently has been married 10 years. He had 5 children in his first marriage whom he remains close with. He says they all turned out good and he is proud of them. He and his wife have a 9 yr old daughter together. His current wife did not have any kids or married before so they had one together. They are looking at adopting more children or providing foster care for teenagers. Veteran loves to travel. He says he has had "lots of windshield time".

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MILITARY HISTORY:
Branch:
US Air Force, Air Force guard and reserve for a total of 32 years. He received disability retirement. He had a bad car wreck and was forced to retire due to medical issues that left him unable to fly anymore. He spent 24 years on the same plane. The wreck happened while on duty so he now gets SC disability.

He has been all over the world and was deployed to multiple places.

Veteran's perception of most distressing events while in the military:

MEDICAL INFORMATION

CURRENT AND PAST MEDICAL PROBLEMS:
Active problems - Computerized Problem List is the source for the following:

1. Chronic Back Pain
2. Hyperlipidemia *
3. Microscopic Hematuria
4. Diabetes Mellitus without mention of Complication, type II or unspecified ty
5. Depression *
6. Vitamin D Deficiency
7. Vitamin B 12 Deficiency

Are there any new medical problems to report?

CURRENT MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	CHOLECALCIFEROL 1000IU TAB (OTC) TAKE TWO TABLETS BY MOUTH EVERY DAY VIT D	ACTIVE
2)	CYANOCOBALAMIN 1000MCG/ML INJ, (PER ML) INJECT 1000MCG (1ML) INTRAMUSCULAR EVERY 7 DAYS VIT B12	ACTIVE
3)	ERGOCALCIFEROL 50,000U CAP TAKE 50000UNT BY MOUTH EVERY WEEK VIT D	ACTIVE
4)	SYRINGE-NEEDLE COMBO,25G 5/8IN,3CC,(EA) USE SYRINGE EVERY 7 DAYS	ACTIVE

ALLERGIES AND ADVERSE DRUG REACTIONS:
Patient has answered NKA

ACTIVITIES OF DAILY LIVING ISSUES:
Are there any self care issues? No

PAIN ASSESSMENT:
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 2
Patient's acceptable level of pain:
Description of exacerbating factors or relieving measures: Veteran does not use medication, he says he has learned pain management
MENTAL STATUS EXAM:

ORIENTATION AND CONSCIOUSNESS:
APPEARANCE AND BEHAVIOR:
cooperative and reasonable
SPEECH:
normal rate/rhythm
LANGUAGE:
intact
MOOD AND AFFECT:
mood euthymic
affect is congruent with mood
PERCEPTUAL DISTURBANCE (hallucinations, illusions):
none
THOUGHT PROCESS AND ASSOCIATION:
normal, coherent

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THOUGHT CONTENT (delusions, obsessions etc.):
  no unusual thought content
INSIGHT:
  good
JUDGMENT:
  good
MEMORY:
  impaired recent
  details: normal forgetfulness

FUND OF KNOWLEDGE
    Above Average
MENTAL STATUS COMMENTS:

Needs Assessment:
Education and Learning Needs Assessment

Educational Background:

   Highest grade achieved: less than high school with GED8th grade then GED

   Educational/learning difficulties: no known educational learning disability

   Attitudes toward learning: not interested in academic achievement

   Assessment of primary language spoken in the home and veteran's preference of language for clinical communication: English

Legal Status Screening:
Is there evidence from the interview that the veteran has legal issues or concerns that would warrant a more in-depth assessment?
No. No further assessment indicated.
Housing and Income Assessment:
Do you currently have a stable place to live?
Yes
What is your current income and sources of income?
$0 per month
Sources:

Nutritional Status Screening:
Is there evidence from the interview that the veteran has nutritional issues or concerns (including weight gain or loss of more than 5% in last 3 months or 10% in last year, dietary concerns, eating disorder signs or symptoms) that would warrant a more in-depth assessment?
No. No further assessment indicated.

Screening for Abuse, Neglect, or Exploitation:
Is there any evidence from the interview that the veteran is a victim of physical assault, rape, sexual molestation, domestic abuse, elder neglect or abuse, or other serious abuse or exploitation?
No. No further assessment indicated.

Screening for Bereavement Issues:
Is there evidence from the interview that the veteran is actively suffering from bereavement issues?
No. No further assessment indicated.

Screening for Vocational Needs Assessment:
Is there evidence from the interview that the veteran has any vocational deficits or needs?
No. No further assessment indicated.

Spiritual and Religious Orientation: Personal spiritual beliefs but does not attend organized religious activities

INITIAL DSM-IV DIAGNOSES:
Axis I Clinical Disorder:
  Depressive Disorder: NOS (Not Otherwise Specified)
General Categories None
Axis II Personality Disorders/Traits:
  None
Axis III Current Medical Conditions: See Medical History above
Axis IV Current Psychosocial Stressors:
None

Axis V GAF Score (current level of functioning): 60-65
                 (past year level of functioning):

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SUMMARY AND FORMULATION: This is a 69 yr old 70%SC Vietnam era veteran who was referred by primary care. He is reporting symptoms of lethargy and trouble sleeping. He is unsure if the cause of the problem is medical or mental so he is wanting to be evaluated and try therapy here in the mental health clinic. He denied any SI/HI today.

Preliminary Treatment Plan:
-The veteran was given social workers business card along with clinic numbers and the crisis hotline number
-The veteran was educated on all emergency procedures
-He will be referred for therapy

Patient does not desire to have family members, significant others, or advocates to participate in patient chart.

/es/ ROSALINDA I BARRERA
Social Worker, LMSW
Signed: 09/21/2012 08:49

Receipt Acknowledged By:
09/24/2012 08:35 /es/ Margaret Lair, LCSW BCD
Licensed Clinical Social Worker
09/23/2012 11:11 /es/ PAUL DAVE WHITTAKER
Psychologist

09/23/2012 ADDENDUM STATUS: COMPLETED
Will refer to Mrs. Harris for short-term therapy linked to depression management.

/es/ PAUL DAVE WHITTAKER
Psychologist
Signed: 09/23/2012 11:12

Receipt Acknowledged By:
09/25/2012 10:50 /es/ ROSALINDA I BARRERA
Social Worker, LMSW
09/24/2012 07:42 /es/ Heather R Harris, LMSW, C-SWHC
Licensed Master Social Worker
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	CARE PLAN UPDATE	Nurse Hospital Note	INPENG,CHITHALONE	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ CARE PLAN UPDATE

```
     LOCAL TITLE: CARE PLAN UPDATE
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 20, 2015@03:23     ENTRY DATE: AUG 20, 2015@03:23:45
      AUTHOR: INPENG,CHITHALONE    EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED


    INFECTION
      Infection Reviewed
        ACTION/INTERVENTION
        Monitored vital signs, WBC, Assessed wound for redness, swelling,
        warmth, drainage and pain, Assessed color, clarity and odor of
        urine, Practiced good hand washing technique

        OBSERVED OUTCOME
        Had normal body temperature postoperatively, Had clear breath
        sounds


    SKIN INTEGRITY (IMPAIRED) (ACTUAL OR POTENTIAL)
      Skin Integrity (Impaired) Reviewed
        ACTION/INTERVENTIONS
        (See Skin Assessment Initial VANOD/Skin Reassessment VANOD notes
        for details)
        Assessed wound for: healing, bleeding, Assessed itchiness and
        scratching, pruritus, Kept skin clean and moistened at all times,
        Assessed skin for redness or irritations, dry and scaling,
        Reinforced/changed dressing as ordered

        OBSERVED OUTCOME
          Skin remained intact Other:


/es/ CHITHALONE INPENG
RN, BSN
Signed: 08/20/2015 03:25
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	SKIN REASSESSMENT VANOD	Nurse Note	INPENG,CHITHALONE	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ SKIN REASSESSMENT VANOD

```
     LOCAL TITLE: SKIN REASSESSMENT VANOD
STANDARD TITLE: NURSING SKIN ASSESSMENT NOTE
DATE OF NOTE: AUG 20, 2015@03:20     ENTRY DATE: AUG 20, 2015@03:20:17
      AUTHOR: INPENG,CHITHALONE    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

BRADEN SKIN RISK ASSESSMENT

Sensory Perception:4 = No Impairment
Moisture:          4 = Rarely Moist
Activity:          3 = Walks Occasionally
Mobility:          3 = Slightly Limited
Nutrition:         3 = Adequate
Friction:          3 = No Apparent Problem
  19-23   No Risk
    Score:  20

CURRENT SKIN ASSESSMENT
    Skin Color:
      Color:  Normal for ethnic group
    Skin Temperature
      Temp:  Warm
    Skin Moisture
      Moisture:  Dry
    Skin Turgor
      Turgor:  Within normal limits

SKIN PROBLEMS
    Wound -location, type, description
        s/p rt inguinal repair with JP drain

INTERVENTIONS
  The pressure ulcer prevention protocol was not needed - patient is not
at risk.


If any of the below indications are marked, pressure ulcer risk
interventions must be initiated and added to the care plan.  These should
be reviewed and updated with each assessment and PRN as the patient's
needs change.

Please mark all that apply: None
Pressure Ulcer/Wound Reassessment:
No pressure ulcer/wound noted.



Wound(s) present:
Unable to assess wound:
        Wound location:  rt groin
        Reason unable to assess:  new surgical dressing with jp  drain.
Drsg: C/D/I

/es/ CHITHALONE INPENG
RN, BSN
Signed: 08/20/2015 03:23
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	OPERATION REPORT	Surgical operation note	AHMED,SYED H	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ OPERATION REPORT

```
     LOCAL TITLE: OPERATION REPORT
STANDARD TITLE: OPERATIVE REPORT
DATE OF NOTE: AUG 19, 2015@07:55     ENTRY DATE: AUG 19, 2015@10:10:34
     SURGEON: AHMED,SYED H            ATTENDING: AHMED,SYED H
```


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URGENCY: routine STATUS: COMPLETED
SUBJECT: Case #: 65578

PATIENT NAME: HOPKINS,MARSHALL

DATE: 08/19/2015

PREOPERATIVE DIAGNOSIS: Right inguinal hernia.

POSTOPERATIVE DIAGNOSIS: Right inguinal hernia.

PROCEDURE: Repair of right inguinal hernia with Bard mesh plug.

SURGEON: Syed Ahmed, MD

ASSISTANT: Jaime Tindall

ANESTHESIA: General with endotracheal intubation.

JUSTIFICATION FOR THE PROCEDURE: The patient was seen in the Surgical Clinic with very large right inguinal scrotal swelling. The patient had it for several years. According to him he had repair of a right inguinal hernia done twice in the 1970s. On examination, there was a very large inguinal scrotal hernia. Patient was able to reduce it but with difficulty. Diagnosis of right inguinal hernia was discussed with the patient. Repair with mesh was offered as a treatment. The procedure was explained in detail. Risks and benefits of the operation were discussed. These included, but were not limited to, bleeding, infection, nonhealing of the wound, testicular swelling, hematoma formation and possible recurrence of the hernia. The patient had opportunity to ask questions. These were answered to his satisfaction. The patient agreed to proceed with the operation.

DESCRIPTION OF PROCEDURE: After general anesthesia was administered, the skin of the lower abdomen and genitalia was prepared with ChloraPrep and draped. Incision was made in the right groin 2.5 cm above and parallel to the inguinal ligament. The incision was deepened. Subcutaneous fat and the Scarpa fascia was divided and external oblique aponeurosis was identified. External ring was visualized and a very large inguinal scrotal hernia was seen coming out of the external ring and going to the scrotum. The external ring was divided. Superior and inferior flaps were raised in the external oblique aponeurosis to reveal the deep ring. The hernia sac was then mobilized at the level of the pubic tubercle and a Penrose drain was passed around it. The hernia sac was then gradually dissected removing it's coverings. The sac was entered. The sac was then completely separated from the contents of the inguinal canal. The sac was held at the fundus with 2 hemostats and opened with Metzenbaum scissors. The sac was opened up to the level of the deep ring. At that level it was divided and excised. The opening in the sac was then closed with a running suture of 0 Vicryl. The defect was then repaired by placement of a Marlex mesh plug in the deep ring. Sutured in place with interrupted 2-0 Prolene. Adequate tension-free repair was obtained. The spermatic cord, vas deferens and vessels were protected throughout the course of the operation. The wound was irrigated thoroughly with normal saline containing antibiotic solution Ancef. External oblique was closed with a running suture of 0 Vicryl. Subcutaneous fat was approximated with interrupted 3-0 Vicryl. Then, 30 mL of 0.5% Marcaine was infiltrated in the skin edges. The skin was approximated with staples.

Patient tolerated procedure well, was extubated, and transferred to recovery in a stable condition.

ESTIMATED BLOOD LOSS: 25 mL.

SPECIMEN: Hernia sac.

1129468/dh(08/19/2015 11:41:53)15692862
D: 08/19/2015 11:30:15 T: 08/19/2015 11:41:53
$END

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/es/ Syed H Ahmed MD
Surgeon
Signed: 08/20/2015 08:11

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	NURSE INTRAOPERATIVE REPORT	Surgery Nurse Surgical operation note	BLACKWELL,APRIL L	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSE INTRAOPERATIVE REPORT

```
     LOCAL TITLE: NURSE INTRAOPERATIVE REPORT
STANDARD TITLE: SURGERY NURSING OPERATIVE NOTE
DATE OF NOTE: AUG 19, 2015@07:55     ENTRY DATE: AUG 19, 2015@10:10:34
      AUTHOR: BLACKWELL,APRIL L    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED
     SUBJECT: Case #: 65578

Operating Room:  OR3                    Surgical Priority: ELECTIVE

Patient in Hold: NOT ENTERED            Patient in OR:  AUG 19, 2015  07:55
Operation Begin: AUG 19, 2015  08:25    Operation End:  AUG 19, 2015  09:50
                                        Patient Out OR: AUG 19, 2015  09:59

Major Operations Performed:
Primary: repair right inguinal hernia

Wound Classification: CLEAN
Operation Disposition: OBSERVATION UNIT
Discharged Via: STRETCHER

Primary Surgeon: AHMED,SYED H           First Assist: CHAPMOND,JAIMEE L
Attending Surgeon: AHMED,SYED H         Second Assist: N/A
Anesthetist: WARREN,JAMES F             Assistant Anesth: N/A

OR Support Personnel:
  Scrubbed                              Circulating
  BRYANT,TRAVIS LYNN JR (FULLY TRAINED) BLACKWELL,APRIL L (ORIENTEE)

Other Persons in OR:
  Dr Chris Eisenhauer, PGY1 (TTUHSC)
  Paul McCartor, P4 Pharmacy student (TTUHSC)

Preop Mood:       RELAXED               Preop Consc:    ALERT-ORIENTED
Preop Skin Integ: INTACT                Preop Converse: N/A

--- Time Out Checklist ---
Confirm Correct Patient Identity: YES
Confirm Procedure To Be Performed: YES
Confirm Site of the Procedure, Including Laterality: YES
Confirm Valid Consent: YES, i-MED
Confirm Patient Position: YES
Confirm Procedure Site has been Marked Appropriately and that the Site of the
 Mark is Visible After Prep and Draping: YES
Pertinent Medical Images Have Been Confirmed: N/A
Correct Medical Implant(s) is Available: YES
Availability of Special Equipment: NOT APPLICABLE
Appropriate Antibiotic Prophylaxis: YES
Appropriate Deep Vein Thrombosis Prophylaxis: YES
Blood Availability: NOT APPLICABLE
Checklist Comment:
   1gm Cefazolin IVPB administered prior to procedure - completed at 0801 by
   Dr Warren.  0824 - Time out performed - Dr Warren, Dr Ahmed, J Chapmund
```


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APN, A Blackwell RN, T Bryant CFA, Dr Chris Eisenhauer PGY1, and Paul McCartor P4 all in agreement. Pt fire risk 1. All medications verified by A Blackwell RN and T Bryant CFA and labeled on backtable.

Time-Out Document Completed By: BLACKWELL,APRIL L
Time-Out Completed: AUG 19, 2015@08:24

Skin Prep By: BLACKWELL,APRIL L Skin Prep Agent: ChloraPrep 2%

Preop Surgical Site Hair Removal by: RIVERA,CAROLINA RUIZ
Surgical Site Hair Removal Method: CLIPPER
Hair Removal Comments:
Patient partially shaved by C Rivera RN in DSU2 with clippers. Once in the OR, scrotum and right groin shaved by A Blackwell RN with clippers.

Surgery Position(s):
SUPINE Placed: AUG 19, 2015 07:55

Restraints and Position Aids:

SAFETY STRAP	Applied By: BLACKWELL,APRIL L
PILLOW	Applied By: BLACKWELL,APRIL L
ARMBOARD	Applied By: BLACKWELL,APRIL L
EGG CRATE	Applied By: BLACKWELL,APRIL L
GEL PAD UNDER HEAD AND SACRUM	Applied By: BLACKWELL,APRIL L
ARMSHEET	Applied By: BLACKWELL,APRIL L
ADHESIVE TAPE	Applied By: BLACKWELL,APRIL L

Electrocautery Unit: 89796001gel150693010exp2/17
ESU Coagulation Range: 30
ESU Cutting Range: 0
Electroground Position(s): N/A

Anesthesia Technique(s):
GENERAL

Tubes and Drains:
19f round, 072190, LOT NGZD0663, EXP 4/2020

Thermal Unit:
upper Temperature: 43
Time On: AUG 19, 2015 08:15 Time Off: N/A

Medications:
BUPIVACAINE 0.5% INJ, 10ML SDV
Time Administered: AUG 19, 2015 09:45
Route: SUBCUTANEOUS Dosage: 30mL
Ordered By: AHMED,SYED H Admin By: AHMED,SYED H
Comments: NDC 0409-1162-01 LOT 52-025-DK EXP 1/2017
CEFAZOLIN 1GM INJ
Time Administered: AUG 19, 2015 08:38
Route: IRRIGATION Dosage: 1gm
Ordered By: AHMED,SYED H Admin By: AHMED,SYED H
Comments: NDC 44567-707-25 LOT U400 EXP 9/2017

Irrigation Solution(s):
NORMAL SALINE

Possible Item Retention: NO
Sponge Final Count Correct: YES
Sharps Final Count Correct: YES
Instrument Final Count Correct: YES
Wound Sweep: NO
Wound Sweep Comment: NO COMMENTS ENTERED
Intra-Operative X-Ray: NO
Intra-Operative X-Ray Comment: NO COMMENTS ENTERED
Counter: BLACKWELL,APRIL L
Counts Verified By: BRYANT,TRAVIS LYNN JR

Dressing: 4x8, hypofix tape, fluffed kerlix, jock strap
Packing: NONE

Blood Loss: 25 ml Urine Output: 0 ml

Postoperative Mood: RELAXED
Postoperative Consciousness: ALERT-ORIENTED
Postoperative Skin Integrity: APPROXIMATED SURGICAL INCISION

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Sequential Compression Device: YES

Immediate Use Steam Sterilization Episodes:
   Contamination: 0
   SPS Processing/OR Management Issues: 0
   Emergency Case: 0
   No Better Option: 0
   Loaner or Short Notice Instrument: 0
   Decontamination of Instruments Contaminated During the Case: 0

Nursing Care Comments:
  0754 - Received report from C Rivera RN and assumed care of pt. 0755 - Pt transferred from DSU2 to OR3 via stretcher with side rails up x 2 by A Blackwell RN. Pt moved onto OR table with minimal assistance into supine position. Monitors applied at HOB by Dr Warren. General anesthesia induced without incident. Pillow placed underneath head, arms abducted to 90 degrees and supinated on padded armboards with eggcrate foam padding and secured with pillow cases and tape. Safety strap placed across pt thorax. Pt head/thorax/sacrum on megadyne gel bovie pad. Upper body bair hugger applied and turned on. Remaining hair clipped from right groin/scrotum with clippers by A Blackwell RN. Pt RLQ/right groin/scrotum prepped with Chloraprep solution by A Blackwell RN. No pooling of prep solution noted and pt draped by T Bryant CFA. 0824 - Time out performed with all personnel in agreement. 0825 - Procedure begun. 1gm Ancef powder verified and placed on backtable for use as irrigation to soak mesh. Procedure tol well - concluded at 0950. Medium jock strap applied to apply pressure dressing with fluffed kerlix. Pt emerged from anesthesia easily and transferred back onto stretcher via OR personnel with assistance of roller board. Pt transferred to PACU via stretcher with side rails up x 2. 1004 - arrived in PACU, report given to J Gerald RN who assumes care of pt. Monitors placed, VSS, blood glucose checked with result of 258, pt resting comfortably.

  Bard Mesh PerFix Plug, Large
  REF 0112970
  LOT HUYC0688
  EXP 3/2019
  QUANTITY 1

/es/ APRIL L BLACKWELL
RN
Signed: 08/19/2015 11:22

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 06, 2008	CLINICAL REMINDER NOTE	Preventive medicine Note	SEGARRA,ORLANDO		AMARILLO HCS			VistA	AMA

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Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 06, 2008@08:37     ENTRY DATE: MAY 06, 2008@08:37:11
      AUTHOR: SEGARRA,ORLANDO      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

  Colorectal Cancer Screening:
    The patient was asked and declines to return any Hemoccult cards for
        performing colorectal cancer screening.
    The patient was offered referral to GI for colonoscopy/sigmoidoscopy
        and declines to accept the referral.

  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PROVIDER EDUCATION: Today, the patient received written information
          and/or verbal counseling, including risks and benefits, about
          prostate cancer screening and had an opportunity to ask
          questions.
        Level of Understanding: Good
      Patient declines DRE

  Influenza Immunization:
    Patient refused the influenza vaccine.  Patient was advised of risks
        and benefits of influenza vaccine.

/es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
FAMILY NURSE PRACTITIONER
Signed: 05/06/2008 08:43
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	RADIOLOGY	Radiology Note	COBB,TERRY TYRONE	Technologists, Technicians & Other Technical Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ RADIOLOGY

```
     LOCAL TITLE: RADIOLOGY
STANDARD TITLE: RADIOLOGY NOTE
DATE OF NOTE: SEP 17, 2015@08:38     ENTRY DATE: SEP 17, 2015@08:38:31
      AUTHOR: COBB,TERRY TYRONE    EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

CALLED TWICE THIS AM TO GET STATUS ON MR. CARR FOR STAT CT SCAN ORDERED ON
16SEP2015 BUT THERE WAS NO ANSWER. PT WAS UNSTABLE, WENT TO O.R. THEN 3SICU.
PLEASE CALL CT WHEN ABLE WITH RESPONSE #5353 OR #5274 THANKS.

/es/ TERRY TYRONE COBB
RADIOLOGY CT TECHNOLOGIST
Signed: 09/17/2015 08:42
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 08, 2013	DIABETIC TELERETINAL IMAGING CONSULT NOTE	Consult note			AMARILLO HCS		Yes	VistA	AMA

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Notes ~ DIABETIC TELERETINAL IMAGING CONSULT NOTE

```
     LOCAL TITLE: DIABETIC TELERETINAL IMAGING CONSULT NOTE
STANDARD TITLE: CONSULT
DATE OF NOTE: APR 08, 2013@16:43:15  ENTRY DATE: APR 08, 2013@16:43:15
      AUTHOR: POWELL,JASON R       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Please refer to Inter-facility Consult for results.

Automatically generated note - signature not required.

  Electronically Filed: 04/08/2013
                    by: JASON R POWELL
```

1

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	NURSING DISCHARGE NOTE	Nurse Discharge summary	LANGFORD,HOLLY	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING DISCHARGE NOTE

```
     LOCAL TITLE: NURSING DISCHARGE NOTE
STANDARD TITLE: NURSING DISCHARGE NOTE
DATE OF NOTE: AUG 27, 2015@16:13     ENTRY DATE: AUG 27, 2015@16:13:12
      AUTHOR: LANGFORD,HOLLY       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Patient was discharged to home/self care.

Patient Discharge Instructions
Today's Date: AUG 27, 2015
Patient's Doctor/Provider: Wan
Patient's Discharge Diagnosis: Urinary incontinance, diabetes, Inguinal hernia
s/p surgical repair
Discharge Instructions given to Patient
Patient Assessment at time of discharge:
OrientedStable
****NOTE TO PATIENT: PLEASE CAREFULLY FOLLOW THE INSTRUCTIONS BELOW*******
Resume home medications as prescribed? Yes
Activity:
Up and about as desired and tolerated
List personal items brought to hospital documented on the Nursing Admission
Assessment:
    black cell phone, glasses, phone charger, Grey overalls, brown
    sandal, hygiene items
YES--Were these items returned to Patient at discharge?
NO--Did the patient acknowledge having cash in the Nursing Admission Assessment
Note?
NA--If yes, did the patient secure cash with the Agent Cashier?
(If the patient secured cash with the Agent Cashier, information to contact the
Agent Cashier at 806-355-9703 ext. 7364 was provided.)
NA--Did you get assistance with any fears or anxieties that
                 you had during your admission?
NA--Do you have any further concerns that we can help you
                 with before you are discharged?
Explanation of above responses:

************************************************************
Does Patient have Congestive Heart Failure?
No
************************************************************
Is the patient going home with a Foley catheter? Yes
If yes, Foley Catheter Care pamphlet provided Yes
************************************************************
```


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Does the patient have MRSA? No
MRSA pamphlet provided NA
****
Post-op instructions (Pacemaker/ICD/Loop recorder) provided NA
****
Central Line IV Site Care pamphlet provided NA
****
Post Cardiac Procedure Education Sheet provided NA
****
Pain Scale at discharge: 0
(See Focus note or Daily Assessment note for comphrehensive assessment of pain greater than 0)
****
Patient does not have Wounds or Pressure Ulcer.
Diet: Other: Diabetic
****
Call your doctor for any signs / or symptoms of: Reddened wound, wound drainage, swelling,red streaks, increased pain, temperature 101 or higher, or bleeding.
CALL:
Your admitting doctor (name at top of page) 355-9703 ask operator anytime.
Your primary care provider (8am - 4pm) 355-9703 ask operator.
Emergency Department(anytime) 355-9703, ask operator for Emergency Department.
Day Surgery (6am-6pm) 355-9703 ext. 7200 or ask operator.

As part of your discharge today, you will receive a printout of upcoming appointments;
including this post-discharge follow-up phone call. At any time after leaving today,
if you know you will be unavailable for the scheduled phone call; please contact Telephone Triage at (806)354-7837 or 1 (800) 687-8633 between the hours of 8:00a.m to 4:00p.m. Monday through Friday.

Keep all previously scheduled appointments.
Your return appointment is: Sep 4,2015@10:00 with Dr Rodriquez
Letter will be sent for follow up date and time, approx 1 week

Or you will receive a letter in the mail with your appointment. IF YOU DO NOT RECEIVE A
LETTER, PLEASE CALL YOUR ADMITTING DOCTOR to arrange an appointment.
Other instructions:
Mode of Discharge: Wheelchair
Accompanied by: friend
Relationship: Friend
****
Patient was given a current list of medications on discharge.
Patient verbalizes understanding of discharge instructions: Yes

This patient has received Healthy Lifestyle Instructions which include instructions
for Heart Failure including: activity level, diet/fluid intake, discharge medications,
follow-up care, weight monitoring, and what to do if symptoms worsen.

This patient has received a copy of the Passport to Healthy Living which includes the following list of stroke symptoms:
Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
Sudden confusion, trouble speaking or understanding
Sudden trouble seeing in one or both eyes
Sudden trouble walking, dizziness, loss of balance or coordination
Sudden, severe headache with no known cause

If you experience any of the above symptoms of stroke, call 911 and go to your nearest stroke facility.
****
A COPY OF THIS NOTE IS TO BE PROVIDED FOR THE PATIENT PRIOR TO LEAVING THE MEDICAL CENTER.

MRSA Education provided.
Informed verbal consent obtained.
MRSA nares culture obtained.

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Nurse's Signature Date

I have received and understand these Discharge Instructions:

Patient's Signature Date

/es/ HOLLY LANGFORD
RN
Signed: 08/27/2015 16:19

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	ANESTHESIA PICIS RECORD	Anesthesiology Note	PICIS,CTS		AMARILLO HCS		Yes	VistA	AMA

Notes ~ ANESTHESIA PICIS RECORD

LOCAL TITLE: ANESTHESIA PICIS RECORD
STANDARD TITLE: ANESTHESIOLOGY NOTE
DATE OF NOTE: AUG 19, 2015@10:11 ENTRY DATE: AUG 19, 2015@10:10:42
AUTHOR: PICIS,CTS EXP COSIGNER:
URGENCY: STATUS: COMPLETED

See linked PDF file

/es/ CTS PICIS

Signed: 08/19/2015 10:10
1

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 29, 2015	NON VA CARE COORDINATION NOTE KC	Note	BERNHARDT,BARBARA S	Nursing Service Providers	VA HEARTLAND - WEST, VISN 15			VistA	KAN

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Notes ~ NON VA CARE COORDINATION NOTE KC

```
     LOCAL TITLE: NON VA CARE COORDINATION NOTE KC
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: JUN 29, 2015@07:40     ENTRY DATE: JUN 29, 2015@07:40:22
      AUTHOR: BERNHARDT,BARBARA S  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

   *** NON VA CARE COORDINATION NOTE KC Has ADDENDA ***

Received notification that patient with diabetic ketoacidosis, transferred
6/26/15 from Liberal CBOC to Southwest MC in Liberal, KS.  See NVCC consult #
6135732 dated 6/26/15.

/es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
Signed: 06/29/2015 07:42

Receipt Acknowledged By:
* AWAITING SIGNATURE *       CRAWFORD,JOHN L

06/29/2015 10:37        /es/ SCOTT S TALPERS
                             M.D.

06/29/2015 ADDENDUM                   STATUS: COMPLETED
Received notification from WIVA Transfer Nurse that patient discharged from
Southwest MC ER 6/26/15.

/es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
Signed: 06/29/2015 13:50

Receipt Acknowledged By:
06/30/2015 14:16        /es/ JOHN L CRAWFORD
                             claims assistant
06/29/2015 14:25        /es/ SCOTT S TALPERS
                             M.D.
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 07, 2014	Addendum to KC-TELEPHONE CONTACT		NEWMAN,DENISE L		KC-RAD-US			VistA	KAN

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Notes ~ Addendum to KC-TELEPHONE CONTACT

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: JUL 07, 2014@17:39:45  ENTRY DATE: JUL 07, 2014@17:39:45
      AUTHOR: NEWMAN,DENISE L      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Left message to call 815-922-2723 to confirm 07/08/14@9am appointment.

/es/ DENISE L NEWMAN
RADIOLOGY RECEPTIONIST
Signed: 07/07/2014 17:40

==========================================================================

 --- Original Document ---

06/21/14 KC-TELEPHONE CONTACT:
The radiology exam on 06/22/14@1300 was not performed as patient requested
the exam be rescheduled. Out of town

The next appointment is being scheduled for 07/08/14 at 9am hours.
(If within 30 days of desired date)
OK confirm fasting

/es/ DENISE L NEWMAN
RADIOLOGY RECEPTIONIST
Signed: 06/21/2014 11:32
 0
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 24, 2015	WI-SCANNED FEE CONSULT	Report	WEBSTER,KATHERINE ANNE		ROBERT J. DOLE VAMC		Yes	VistA	KAN

Notes ~ WI-SCANNED FEE CONSULT

```
     LOCAL TITLE: WI-SCANNED FEE CONSULT
STANDARD TITLE: SCANNED REPORT
DATE OF NOTE: AUG 24, 2015           ENTRY DATE: DEC 10, 2015@07:09:27
      AUTHOR: WEBSTER,KATHERINE A  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

FEE CONSULT -EMERGENT/SOUTHWEST MED CTR/8/24/15



*****Scanned document attached to this note******

/es/ KATHERINE ANNE WEBSTER
SCANNING SPECIALIST
Signed: 12/10/2015 07:09
 1
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 26, 2010	CLINICAL REMINDER NOTE	Preventive medicine Note	COLLINS,ALMA L		ZZ-LIBERAL KANSAS CBOC			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: AUG 26, 2010@08:46     ENTRY DATE: AUG 26, 2010@08:47:07
```


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AUTHOR: COLLINS,ALMA L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PNEUMOCOCCAL VACCINE-NURSE:
Patient declines Pneumococcal Vaccine.
HEALTHY LIVING/COPING SKILLS:
PHQ-2
A PHQ-2 screen was performed. The score was 1 which is a negative screen for depression.

1. Little interest or pleasure in doing things
Not at all

2. Feeling down, depressed, or hopeless
Several days
Exercise Screening:

Yes--Are you physically active, exercise 3 times a week 20-30 min.
Weight/Nutrition Screening:

Yes Does your diet contain more fruit, grain, and vegetables than meats?
No Have you had your stool checked for blood in the last year?
Miscellaneous:

No 1. Have you had a flex sig by an outside provider or at the Amarillo VA within the last 5 years?
No 2. Have you had a colonoscopy by an outside provider or at the Amarillo VA within the last 10 years?
No 3. Do you have an advance directive or living will?
No 4. Do you take an aspirin daily?
Depression Screening:
PHQ-2
A PHQ-2 screen was performed. The score was 1 which is a negative screen for depression.

1. Little interest or pleasure in doing things
Not at all

2. Feeling down, depressed, or hopeless
Several days
Alcohol Screening:
AUDC (Mental Health Instrument)
An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?
Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?
Response not required due to responses to other questions.
Influenza Immunization:
Patient states he/she did not get a flu shot during the latest flu season.
Tetanus Reminder:
Patient refused Tetanus immunization.
Tobacco Use Screen:
Patient states they are a former tobacco user but has quit more than 12 months ago.
Influenza H1N1 Vaccine:
The patient declines to be vaccinated for Influenza H1N1.
MINI-COGNITIVE IMPAIRMENT SCREENING:
Give 1 point for each recalled word after the CDT distracter.

Score=3 (0-3 for recall).

Give 2 points for a normal CDT, and 0 points for an abnormal CDT. The CDT is considered normal if all numbers are depicted, once each, in the correct sequence and position, and the hands readably display the requested time.

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Score=2 (0 or 2 for CDT).

Total Score=5 (Add the word recall and CDT scores together to get the Mini-Cog Score).
Patient tested negative in the screen for cognitive impairment.

/es/ ALMA L COLLINS
RN
Signed: 08/26/2010 08:53

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	Discharge Summary / Discharge Summary	Discharge summary	VERA,SANTIAGO RAFAEL			completed		VistA	MEM

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LOCAL TITLE: Discharge Summary
STANDARD TITLE: DISCHARGE SUMMARY
DICT DATE: SEP 18, 2015 ENTRY DATE: SEP 23, 2015@08:50:18
DICTATED BY: ULM,IRENE E ATTENDING: VERA,SANTIAGO RAFAEL
URGENCY: routine STATUS: COMPLETED

PATIENT NAME: HOPKINS, MARSHALL H.

DATE OF DISCHARGE: 09/18/2015.

DIAGNOSES:
1. Ischemic small bowel.
2. Sepsis.

PROCEDURES: On September 17, 2015, exploratory laparotomy with bowel resection and temporary abdominal closure.

HISTORY OF PRESENT ILLNESS: The patient is a 72-year-old Caucasian male who presented to the VA Medical Center, on September 16, 2015, with complaints of coffee ground emesis and lethargy that had been present for roughly two days. His wife reports that he had an inguinal hernia repair roughly one month prior to his presentation and had been persistently tired since that time. He was also noted to have some hematuria. They were traveling across the country and presented to the VA Medical Center in Memphis after he was found to have worsening altered mental status.

Upon evaluation in the Emergency Department, the patient had a KUB which was concerning for pneumoperitoneum. Therefore, the General Surgery Service was consulted. He was found to be grossly obtunded with hypertension noted in the low 60s. A central line was placed in the ED. However, he sustained an iatrogenic pneumothorax. Therefore, a chest tube was placed on the left. He ultimately had additional iv access placed and the patient was taken emergently to the Operating Room.

In the Operating Room, the patient had already been started on blood pressure support. An exploratory laparotomy was performed where he was found to have grossly dead bowel. This was resected and he was found to have a total of 120 cm of small bowel remaining. These were stapled and the patient underwent temporary abdominal closure for stabilization prior to reexploration.

He was taken to the ICU where he was continued on both Levophed and vasopressin with attempts to wean as tolerated. However, the next day and a half, the patient's condition progressed and unfortunately he was maximized on blood pressure therapy. At this time, a discussion with his wife for current goals of care and she decided that, per the patient's wishes, she no longer wanted any further blood pressure support. Therefore, the pressors were stopped and the patient passed.

Date Transcribed: 09-23-15
Date Dictated: 09-18-15
JOB#:372463
tgc:VMTS

/es/ SANTIAGO RAFAEL VERA
MD
Signed: 09/28/2015 09:42
for IRENE E ULM, MD
RESIDENT PHYSICIAN

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/28/2015 09:42

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 13, 2011	CLINICAL REMINDER NOTE	Preventive medicine Note	FLETCHER,MARIA ELMA	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 13, 2011@10:14     ENTRY DATE: MAY 13, 2011@10:15:01
      AUTHOR: FLETCHER,MARIA ELMA  EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

  PNEUMOCOCCAL VACCINE-NURSE:
    Patient declines Pneumococcal Vaccine.
  Influenza Immunization:
    Patient refused the influenza vaccine.  Patient was advised of risks
    and benefits of influenza vaccine.
  Tetanus Reminder:
    Patient refused Tetanus immunization.
  Height:
    Height:
      Height: 71.5 in [181.6 cm)

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 10:15
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	INPATIENT SURGERY PROGRESS NOTE	Surgery Hospital Progress note	AHMED,SYED H	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ INPATIENT SURGERY PROGRESS NOTE

```
     LOCAL TITLE: INPATIENT SURGERY PROGRESS NOTE
STANDARD TITLE: SURGERY INPATIENT NOTE
DATE OF NOTE: AUG 20, 2015@08:40     ENTRY DATE: AUG 20, 2015@08:40:39
      AUTHOR: AHMED,SYED H         EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Subjective:s/p repair of right inguinal hernia

Objective:
Feels well. Pain is not too bad. Ambulating. Tolerating PO. Passing urine.


Active Inpatient Medications (including Supplies):

     Active Inpatient Medications                              Status
==========================================================================
1)   ACETAMINOPHEN 300MG/CODEINE 30MG TAB  1 TABLET PO Q4H  ACTIVE
       PRN post op pain
2)   ACETAMINOPHEN TAB  500MG PO Q6H PRN elevated           ACTIVE
       temperature
3)   CEFAZOLIN INJ CEFAZOLIN 1 GM in SODIUM CHLORIDE        ACTIVE
       0.9% 50 ML  INFUSE OVER 30 MINUTES Instructions too
       long. See order details for full text. IVPB Q6H
4)   DEXTROSE 50% INJ,SOLN  1 AMP IVP D-STIX PRN FOR        ACTIVE
       FINGER STICK GLUCOSE READINGS BELOW 60, WHEN ORAL
       GLUCOSE IS NOT INDICATED.  MAY BE TITRATED.
5)   INSULIN REGULAR (HUMAN) INJ  SLIDING SCALE SC Q4H      ACTIVE
       0-150 = 0 UNIT // // 151-200 = 2 UNITS // 201-250 =
       4 UNITS // 251-300 = 6 UNITS // 301-350 = 8 UNITS
```


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// 351-400 = 10 UNITS // 401-450 = 12 UNITS //
451-GREATER CALL PHYSICIAN
6) ONDANSETRON INJ,SOLN 4MG/2ML IVP Q6H PRN nausea ACTIVE
7) SODIUM CHLORIDE 0.9% W/KCL 20MEQ, 1000ML INJ,SOLN in SODIUM CHLORIDE 0.9%/KCL 20MEQ 1000 ML 50 ml/hr. IV ACTIVE

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN MANAGEMENT]	ACTIVE

Vital Signs:

TEMPERATURE	97.7 F [36.5 C] (08/19/2015 20:00)
PULSE	88 (08/19/2015 20:00)
RESPIRATION	20 (08/19/2015 20:00)
BLOOD PRESSURE	118/68 (08/19/2015 20:00)
WEIGHT	171.6 lb. [78.0 kg] (08/19/2015 06:35)
HEIGHT	71.5 in [181.6 cm] (08/19/2015 06:35)
PULSE OX	8/19/15 @ 2000 PULSE OXIMETRY: 94
8/19/15 @ 0635	PULSE OXIMETRY: 96
8/13/15 @ 1337	PULSE OXIMETRY: 84
PAIN	0 (08/19/2015 20:00)

Physical Exam:
Lungs: Clear
CVS: Stable
Abd: Soft. JP 60
Ext: No swelling

Current Labs:

SODIUM:	136	meq/L	AUG 13,2015@15:01:14
POTASSIUM	4.2	mmol/L	AUG 13,2015@15:01:14
CHLORIDE	99 L	meq/L	AUG 13,2015@15:01:14
CO2	27	meq/L	AUG 13,2015@15:01:14
GLUCOSE	234 H	mg/dL	AUG 13,2015@15:01:14
BUN	22 H	mg/dl	AUG 13,2015@15:01:14
CREATININE	8/13/15 15:01	0.83	
CPK	88	IU/L	APR 5,2012@07:30:12
CPK-MB	Not found in computer CK-MB (VALID ONLY IF TOTAL ELEVATED)		
TROPONIN	Not found in computer TROPONIN I		
WBC	9.8	K/cumm	AUG 13,2015@15:01:13
RBC	5.08	Million/uL	AUG 13,2015@15:01:13
HGB	14.9	gm/dL	AUG 13,2015@15:01:13
HCT	46.5	%	AUG 13,2015@15:01:13
MCV	91.5	fL	AUG 13,2015@15:01:13
MCH	29.3	pg	AUG 13,2015@15:01:13
MCHC	32.0 L	gm/dL	AUG 13,2015@15:01:13
PLATELET COUNT	268	K/cumm	AUG 13,2015@15:01:13
PT	Not found in computer PT		
PTT	24.7	Seconds	AUG 13,2015@15:01:15

Plan/Assessment:

1) Remove JP
2) Discharge home.
3) Follow up 1-2 weeks.

[X] Medication reconciliation was completed with the patient/caregiver.

Indwelling catheter assessment of continuing need:
No catheter present.

Central venous line assessment of continuing need:
No Central Venous Line present.

/es/ Syed H Ahmed MD

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Surgeon
Signed: 08/20/2015 08:43

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 08, 2013	CPAP/BIPAP NOTE	Cardiology Note	FOX,JIMMY D	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	AMARILLO HCS		Yes	VistA	AMA

Notes ~ CPAP/BIPAP NOTE

```
     LOCAL TITLE: CPAP/BIPAP NOTE
STANDARD TITLE: CARDIOPULMONARY NOTE
DATE OF NOTE: FEB 08, 2013@14:40     ENTRY DATE: FEB 08, 2013@14:40:07
      AUTHOR: FOX,JIMMY D          EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Pt sleep study equipment received and a copy of the sleep report
will be scanned into CPRS for viewing. Based on results Pt will
need to be placed on an auto CPAP with a pressure range of
8-18 Cmh2o and a ramp pressure of 5 CMH2O x 20 min.

Pt contacted advised to refrain from driving and operating heavy
Machinery until he receives CPAP therapy.

/es/ Jimmy D Fox,RRT
Home Oxygen Coordinator
Signed: 02/08/2013 14:40

Receipt Acknowledged By:
02/08/2013 15:06        /es/ BHADRESH K KADAKIA
                             physician
02/19/2013 10:43        /es/ SERGIO MUNIZ MD
                             CHIEF, PULMONARY SECTION
 1
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 05, 2010	CARDIOLOGY - OUTPATIENT (C)	Cardiology Consult note	COLEMAN,MARSHALL C	Physician Assistants & Advanced Practice Nursing Providers	AMARILLO HCS			VistA	AMA

Notes ~ CARDIOLOGY - OUTPATIENT (C)

```
     LOCAL TITLE: CARDIOLOGY - OUTPATIENT (C)
STANDARD TITLE: CARDIOLOGY OUTPATIENT CONSULT
DATE OF NOTE: OCT 05, 2010@12:31     ENTRY DATE: OCT 10, 2010@12:22:39
      AUTHOR: COLEMAN,MARSHALL C   EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

   *** CARDIOLOGY - OUTPATIENT (C) Has ADDENDA ***


PATIENT NAME:  HOPKINS, MARSHALL H

DATE:  10/05/2010

DATE OF BIRTH:  07/20/1943

CHIEF COMPLAINT:  Complaints of chest discomfort.

PAST MEDICAL HISTORY:  The patient has no known coronary
```


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artery disease. He reports possible TIAs in the mid-1990s. He has a history of obesity. He has lost 100 pounds over the past several years. He also has dyslipidemia.

SUBJECTIVE: The patient reports about a month ago he was in his work area when he began to have a painful heaviness from the left mid-axilla to the right mid-axilla, across the chest wall and what appears to have gathered in the center of the chest. He states this again happened 2 days later, and again described it as feeling "constrict ed." What he has reported to me is that this lasted for several seconds and then disappeared. What he reported to his primary care provider is that it lasted several minutes. The patient is unable to recall exactly what he was doing or exactly how long this episode lasted. These have not occurred since, and he has been relatively active. He states he breaths okay except for at night he gets "stopped up a little bit." He has had some dizziness after standing, but is dealing with that. No feelings of palpitations . No syncope. No swelling of extremities. No tobacco or alcohol use. He stays active. He follows a very strict regimen and diet. His wife is a natural herbalist. He is on absolutely no medications, and is a very strong believer in homeopathic teachings.

OBJECTIVE: Vital signs: Temperature 98.3, pulse 78, respirations 16, blood pressure 139/95 which is elevated from previous blood pressures, height 72 inches, weigh t 206 pounds, pulse oximetry 96% on room air.

General: This is a very pleasant gentleman who comes to the clinic ambulatory in no acute distress.
Neurological: Speech clear and appropriate. Follows commands. Alert and oriented to person, time, and place. Has strong and equal hand grips.
Neck: No carotid bruit appreciated. No JVD.
Lungs : Clear.
Heart: S1, S2 auscultated with a possible S1 splitting. No murmurs. No pain upon palpation of the chest wall. No rubs.
Abdomen: Nontender. Bowel sounds present.
Periphery: No pedal edema.

MEDICATIONS: None.

LABORATORY AND TESTS: The patient's EKG today shows a sinus rhythm with a first degree AV block, rate is 72. A lipid panel shows a total cholesterol of 188, LDL 120, HDL 30 and triglycerides 160.

ASSESSMENT:
1. Chest pain.
2. Dyslipidemia.

PLAN: Of course, there will be no addition of medication for this patient as he does not feel that he is treated appropriately with medications. This brings its own set of unique circum stances to this patient's presentation. His complaints of chest heaviness or "constriction" is compelling for ischemic heart disease. However, he has not been able to bring on these episodes since. He has an elevated blood pressure today, although it does not appear that it is chronic. His cholesterol levels are not at goal. However, he is of course not interested in any kind of statin. I have talked to him at length about the process should he have a stress test and should that stress test be positive. He would then be recommended for a left heart catheterization, which would require Plavix should he have an intervention. I have gone to explain that should he be found to have ischemic heart disease he would have to take Plavix for at least 1 year and other medications would be strongly recommended. I have also explained that there is a potential for bypass. He has verbalized understanding and is interested in having the stress test. He is also interested in having another lipid panel the day of that stress test to see if his wife will be able to help increase his HDL in the next month. I have encouraged appropriate routine exercise. I have also stressed when he should report to the Emergency Room, and he has verbalized understanding of that. We will follow him as appropriate.

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45652604/2110422(10/07/2010 22:24:04)35758700
$END

/es/ Marshall Chad Coleman FNP, BC
APRN, BC
Signed: 10/15/2010 13:45

11/22/2010 ADDENDUM STATUS: COMPLETED
Have called patient with normal stress test results.

/es/ Marshall Chad Coleman FNP, BC
APRN, BC
Signed: 11/22/2010 07:54

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	Addendum to TRANSFER NOTE		MCCARY,APRIL D		3N-SURG			VistA	AMA

Notes ~ Addendum to TRANSFER NOTE

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 19, 2015@18:56:30 ENTRY DATE: AUG 19, 2015@18:56:30
AUTHOR: MCCARY,APRIL D EXP COSIGNER:
URGENCY: STATUS: COMPLETED

1600 up to bathroom, had large BM
1730 eat supper
1900 resting in bed, no c/o, given extra blanket

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 19:03

==========

--- Original Document ---

08/19/15 TRANSFER NOTE:
Transferred to 3N
from OR
via Stretcher/Bed Aug 19,2015@13:41.
Pt s/p ingulinal herina repair

HAND OFF Communication Report:
Report from (sending nurse): JonRN
Called to (receiving nurse): AprilRN
Patient prefers to be called/referred to as: Mr Hopkins
Does the patient want his/her admission information withheld from family and public disclosure?No
Assessments:

Education**********
Person Being Assessed: Patient
Barriers to Learning: None
Desire and Motivation: Eager to learn
Comphrension: Moderate
Preferred Language: English
Method of Teaching: Verbal in preferred language
Evaluation of Education: Voiced understanding
Topics: Diabetes, Speak Up, Plan of Care
**********Dysphagia Screen**********
Oral Screen:
Patient/Resident:
Uses own teeth and/or dentures for chewing
Part 1- Dysphagia Risk Factors
No problems identified
Assessment

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Respiratory:
Regular, unlabored, no abnormal breath sounds
Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate.
Neurological:
Alert, oriented x 3, follows commands, PERRLA
Musculo Skeletal:
ROM all joints, hand grips equal.
Other:
slight unsteady at this time

GastroIntestinal
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Appetite: Good
Date Last BM:pre admitt
Genito-Urinary
Voids without difficulty, clear urine, no distention.
Other:
rt inglunial herina repair

Urine: Voids
    Foley secure devices: YES

Skin - Document on form:
**********Patient Belongings**********
Clothing, shoes, etc:
    glasses, book, shoes, pants, shirt,
Disposition of belongings: Kept by patient
**********Nutritional Screening**********
*******NUTRITIONAL/METABOLIC**********
Send a DIETARY CONSULT for any checked problems under this heading.
Screening: No problems identified}
**********Functional Assessment**********
  Dress/Groom: Self Care
  Feeding: Self Care
  Home routine: Self Care
  Toileting: Self Care
  Bathing: Self Care
**********Fall Risk Reassessment**********
0 = No   History of Falling
0 = No   Secondary diagnosis
15 = Crutches, cane, walker   Ambulatory aid
20 = Yes IV/Heparin Lock
20 = Impaired   Gait/transferring
15 = Forgets limitations   Mental Status
 TOTAL SCORE
Scoring:
45 and Higher   High Risk
        Implement Universal Fall Precautions
        Implement Additional Interventions Based on Identified Area of Risk
Fall Risk
      Goals/Expected Outcomes:
         Prevention of Falls
         Prevention of Injury from Falls
      Plan: Monitor and provide safe environment. Fall precautions reviewed with
patient. These include use of assistive devices, removing rugs, maintaining
clear pathways and use of lighting.
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 0
        Patient's acceptable level of pain: 0
PLAN*:
Refer to care plan and MD orders for treatment plan, All unresolved pain will
be referred to ordering provider

**********MRSA CULTURE**********
MRSA Education provided.
Informed verbal consent obtained.
MRSA nares culture obtained.
Informed verbal consent obtained.
MRSA nares culture obtained: No (if no, explain):yes obtain
****
1140 APPROX ARRIVED TO WARD
1216 refused insulin
1306 report to Rothman NP that pt refused insulin
1330 nurse (self) talked with pt for a while about the importants of blood sugar
control. Pt expressed that he does not beleive in taking meds. Pt states that

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his wife is a nturietist and tells diabetic but that they have been living apart
and that he has not been doing what he should. Education provide to area that
uncontroled diabetes effect
1400 pt void approx 300 cc

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 14:03

08/19/2015 ADDENDUM STATUS: COMPLETED
1930-2000 walking rounds completed and report to next shift

/es/ APRIL D MCCARY
REGISTERED NURSE
Signed: 08/19/2015 19:16
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	RESPIRATORY THERAPY FLOW SHEET	Respiratory therapy Note	JONES-BRIGGS,TREASA	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ RESPIRATORY THERAPY FLOW SHEET

LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@08:37 ENTRY DATE: SEP 17, 2015@08:37:31
AUTHOR: JONES-BRIGGS,TREASA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Ventilator Patient Respiratory Therapy Flow Sheet

Date: Sep 17,2015@08:37

Respiratory Treatment was:
Indicate Reason Held or Not Given:

Oxygen Saturation on (SPO2) on Room Air:
0% times minutes

Breath Sounds:
Pre-Therapy:
CTA
Post Therapy:
CTA

	Before	After
HR:	119	119
RR:	15	15

System Assessment:
Oxygen Saturation 94 % in conjunction with respiratory treatment

PRN Treatment: no

Cough: Non-Productive,
Comments:

Suctioning: Endotracheal
Comments (indicate any adverse reactions):

Secretion Status:
Amount: None
Consistency:
Appearance:
Odor-
Comments:

Adverse Reaction:(if yes specify) no
Mechanical Ventilation Status:
Face Mask Ventilation: If YES you MUST answer the Skin Integrity AND Action

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Plan Section
No
Mode/other info: SIMV
Other

Set Rate:16
Set Tidal Volume: 600mL
Set Fi02: 60%
Set PEEP: 8 cmH20
Set Pressure Support: 10
Set Pressure Control: 0
I:E Ratio: 1:2.9
Low Volume Alarm: 200 mL
High Pressure Limit Alarm: 40
Low Pressure Limit Alarm: 0
Plateau: 22 Peak Inspiratory Pressure: 26
Exhaled Tidal Volume 599L
Exhaled Minute Volume 9.83L
Patient Respiratory Rate 15
Low Peep Alarm: 0
Alarms checked: Yes
Alarms functioning properly: Yes
Ventilator circuit temperature: hme
Cuff Pressure: mlt cmH20
ETT Secured@: 25cm
ETT Size: 8 FR
Serial #: 614 EE26971
Comments:
Head of Bed elevated when Respiratory Therapist entered patient room?
Yes
Head of Bed elevated when Respiratory Therapist departed patient room?
Yes

/es/ TREASA J CISERO
RESPIRATORY THERAPIST
Signed: 09/17/2015 08:42

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	SURGICAL ADMISSION NURSING NOTE	Surgery Admission evaluation note	RIVERA,CAROLINA RUIZ	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ SURGICAL ADMISSION NURSING NOTE

LOCAL TITLE: SURGICAL ADMISSION NURSING NOTE
STANDARD TITLE: SURGERY ADMISSION EVALUATION NOTE
DATE OF NOTE: AUG 19, 2015@06:35 ENTRY DATE: AUG 19, 2015@07:33:51
AUTHOR: RIVERA,CAROLINA RUI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Adm. Date and Time: AUG 19, 2015 07:33 Age:72 Race: WHITE
Unit: Day Surgery
Reason for admission: Right inguinal hernia repair

Mode of arrival: Ambulatory without assistance
Accompanied by: Spouse
Primary Next of Kin Information
HOPKINS,DARLENE R
Relationship to Patient: SPOUSE
101 OKLAHOMA ST
HOOKER, OKLAHOMA 73945
Home Phone Number: (620)272-4822

If different from above:
Emergency contact name:
Phone:
Relationship:
Name of person driving
patient home: Darlene Hopkins

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Phone: (620)272-4822
Yes--- Patient received a copy of "Patient's Rights and Responsibilities"
Yes--- Patient agrees to public admission.

Personal items:
Dentures -- N/A
Hearing Aides -- NA
Eyeglasses -- Yes
Clothing -- Yes
Other -- NA
Disposition of valuables:DSU#2

Allergies: Patient has answered NKA

Vital signs:
Blood Pressure: 132/77 (08/19/2015 06:35)
Pulse: 67 (08/19/2015 06:35)
Respiration: 11 (08/19/2015 06:35)
Pulse Ox: 8/19/15 @ 0635 PULSE OXIMETRY: 96
8/13/15 @ 1337 PULSE OXIMETRY: 84
7/14/15 @ 1020 PULSE OXIMETRY: 95
Temperature: 96.1 F [35.6 C] (08/19/2015 06:35)
Weight: 171.6 lb [78.0 kg] (08/19/2015 06:35)
**********Medication Reconcilliation**********
Medications reviewed at time of admission.Yes
Does Patient take any non-prescription meds, including herbal supplements, vitamins, etc? No If so, what?
Any non VA meds need to be added to the NON VA Meds on the Orders tab in CPRS
**********Pre Procedure Decolonization**********
Decolonization needed? No
Mupirocin ointment days
Hibiclens shower days

Surgical site infection prevention teaching and use of CHG wipes. Yes
Surgical site clipped. Yes
**********Post Procedure Plan**********
Yes--Patient instructed Not to drive a vehicle for 24 hours.
No--Patient likely to need home 02.
No--Patient likely to need assistance at home.
Other needs patient may have upon discharge:
**********Advance Directive**********
No--Does the patient state that they have an advanced directive?
The Advanced Directive is located: N/A
Yes--Information offered to patient?
No-- Patient requests initiation of an advance directive?
(If YES, RN is to place an Advance Directive Consult)
No--Patient has living will / durable power of attorney.
Patient's living will/durable power of attorney is located: N/A
**********Education**********
Person Being Assessed: Patient
Barriers to Learning: None
Desire and Motivation: Eager to learn
Comphrension: Moderate
Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
Topics Covered:Site/Procedure Verification, Prep/NPO compliance, Privacy and Safety measures, Patient Rights, Orientation to Hospital Room, Pre-Op instructions, Pre-Procedure Instructions, Visitation Policy, Safety, Call bell, Exits
**********Functional Assessment**********
Dress/Groom: Self Care
Feeding: Self Care
Home routine: Self Care
Toileting: Self Care
Bathing: Self Care
**********OBSERVATION FOR ABUSE/NEGLECT**********
No- does the patient have unaccounted for bruises or other trauma?
Yes- is the patient's hygiene adequate?
No- does the patient seem fearful or withdrawn around caregiver?

**********Medications**********
Beta Blocker LAST DOSE: n/a
Anti Coagulant LAST DOSE: n/a
Other morning meds taken:
PAIN ASSESSMENT

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VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain:
**********Physical Assessment:**********
Assessment
Respiratory:
Regular, unlabored, no abnormal breath sounds
Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate.
Neurological:
Alert, oriented x 3, follows commands, PERRLA
Musculo Skeletal:
ROM all joints, hand grips equal.
GastroIntestinal
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Date Last BM:8/18
Genito-Urinary
Voids without difficulty, clear urine, no distention.
Oral/Dental:
Teeth appear in good condition
Lines/Tubes
Foley:
Drains:
Existing IVs:
Size:
Location:
Fluids infusing:

IV started times 1 attempts using aseptic technique.
Fluids infusing well. Site without signs/symptoms of infiltration.
Size: 20g
Time started: Aug 19,2015
Location: L upper arm
Fluids infusing: LR
IV started by: C.Rivera RN

**********Day Surgery Patient Care Plan**********

Patient Care Plan Goals
Patient will demonstrate understanding of pre-op instructions
and surgical site infection prevention teaching.
Patient will return demonstrate deep breathing, turn, and cough
Patient will indicate decreased anxiety and fear.
Patient will exhibit knowledge of procedure(s),
and/or disease processes
Other:
Patient Care Plan Interventions:
Expectations/possible results explained to patient as possible.
Routine of unit will be explained to patient and family/other.
Privacy will be provided to patient.
Staff will use active listening techniques.
Staff will monitor anxiety level/occurrence.
Other:
Goals Met: Yes Aug 19,2015@06:35
**********Nursing Comments**********
0635-Patient arrived to DSU via ambulation for scheduled procedure right inguinal hernia repair, wife in waiting area. Patient alert and orientated x3,stated full name, SSN, procedure and DOB.Patient denies any drug allergies. Patient verified to be NPO since "6 o clock" last night.CHG wipes given to patient instructed to clean under arms and surgical site avoiding eyes,ears and mouth voiced understanding.Patient able to change self into hospital gown.Shirt and pants placed in personal belongings bag that will remain in DSU2.Patient removed glassess and placed in bag with all other belongings.Denies any removeable implants or prosthetics.Monitors to patient,vital signs stable. Warm blankets x2 to patient.Surgical site clipped, skin intact no reddness or irritation noted to site.SR up x2,stretcher in low locked position and call light within reach.Wife at side.

0720-Report given to A.Blackwell RN

0754-Patient transported to OR via stretcher by A.Blackwell RN

/es/ CAROLINA RUIZ RIVERA
RN

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Signed: 08/19/2015 10:53

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Mar 09, 2015	KC-CDI/PI NURSE NOTE	Primary care Note	GREGORY,JANICE E	Nursing Service Related Providers	CAMERON CBOC			VistA	KAN

Notes ~ KC-CDI/PI NURSE NOTE

```
     LOCAL TITLE: KC-CDI/PI NURSE NOTE
STANDARD TITLE: PRIMARY CARE OUTPATIENT INITIAL EVALUATION NOTE
DATE OF NOTE: MAR 09, 2015@09:28:18  ENTRY DATE: MAR 09, 2015@09:28:18
      AUTHOR: GREGORY,JANICE E     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Dear HOPKINS,MARSHALL HUGH,

You are receiving this letter in regard to your recent Teleretinal Imaging exam
(eye exam) that was done in CAMERON CBOC 1111Euclid Dr Cameron,MO 64429 CBOC.

Your exam results were normal - no diabetic retinopathy noted.

A one to two year follow up screening was recommended and we will schedule you
for this when the next exam is due.

Thank you so much for allowing us to serve you.

Teleretinal Imaging Department
Kansas City Veterans Affairs Medical Center
CAMERON CBOC 1111Euclid Dr Cameron,MO 64429 CBOC

*Know the ABC's of Diabetic Eye Disease and remember to keep your numbers low,
take all your medication as prescribed, and get regular physical exercise to
maintain a healthy weight.

A- AIC
B- Blood Pressure
C- Cholesterol

/es/ Janice Gregory
H.T.\ Teleretinal Imager
Signed: 03/09/2015 09:28
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	RESPIRATORY THERAPY FLOW SHEET	Respiratory therapy Note	MCFARLAND,KYLE E	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ RESPIRATORY THERAPY FLOW SHEET

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     LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 18, 2015@00:28     ENTRY DATE: SEP 18, 2015@00:29:03
      AUTHOR: MCFARLAND,KYLE E     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

     Respiratory Therapy Flow Sheet

Date: Sep 18,2015@00:29
MECHANICAL VENTILATION STATUS:
 Mode:    Assist Control
 Face Mask VentilationNo
If yes you MUST answer the Skin Integrity AND Action Plan Section

Other

 Set Rate:  20
 Set Tidal Volume:  600mL
 Set Fi02: 50%
 Set PEEP: 5 cmH20
 Set HIGH PEEP:  cmH20
 Set Pressure Support: 10
 Set Pressure Control:
 I:E Ratio:
 Low Volume Alarm:  250 mL
 High Pressure Limit Alarm:  40
 Low Pressure Limit Alarm:
 Plateau:       Peak Inspiratory Pressure:  28
 Patient Respiratory Rate 21
 Exhaled Tidal Volume 745ML
 Exhaled Minute Volume 12.8L
 Low Peep Alarm:
 Alarms checked: Yes  Alarms functioning properly: Yes
 Ventilator circuit temperature:  HME
 Cuff Pressure: MOV cmH20
 ETT Size: 8 Fr
 ETT Secured @: 26 cm
 Serial #: 614 EE26971
 Comments:
Head of Bed:
Pre Ventilator check:
Head of bed elevated when the respiratory therapist entered the patient's room.
Yes
POST Ventilator check:
Head of bed elevated when the respiratory therapist departed the patient's room.
Yes
Vital Signs:
     Before      After
HR:    177
RR:    20
Oxygen Saturation 99 %
BREATH SOUNDS:
Pre-Therapy:
CTA
PATIENT COUGH ASSESSMENT:
COUGH: Non-Productive,
 Comments:

SUCTIONING: Endotracheal
Comments (indicate any adverse reactions):

SECRETION STATUS:
 AMOUNT: None
 CONSISTENCY:  none
 APPEARANCE:  None
 Odor- no
 Comments:

/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/18/2015 00:39
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 24, 2015	WI-NURSE/CBOC	Nurse Outpatient Note	HECOX,STEPHEN W	Nursing Service Providers	LIBERAL CBOC			VistA	KAN

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Notes ~ WI-NURSE/CBOC

```
     LOCAL TITLE: WI-NURSE/CBOC
STANDARD TITLE: NURSING OUTPATIENT NOTE
DATE OF NOTE: AUG 24, 2015@15:28     ENTRY DATE: AUG 24, 2015@15:28:45
      AUTHOR: HECOX,STEPHEN W      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

   *** WI-NURSE/CBOC Has ADDENDA ***

Reason for appointment
  Nurse Clinic:
   Reason for appointment:
    RN Triage

    Is the patient diabetic?
      Yes - patient is a diabetic.

      Last HGBA1c value and time done: 13.6  3/19/15

      HGBA1c < 7, repeat in 6 months HGBA1c > 7, repeat in 3 months
  Are you registered for My HealtheVet (MHV)?
    No - Are you interested in registering? No If 'yes' please hand
    Veteran My HealtheVet brochure.

Pt ambulatory to clinic, unstable in gait, leaning against wall while walking
down hall, accompanied by wife.  States had right inguinal hernia repair at
Amarillo VA on 8/19/15 and was dismissed on 8/20/15.  States since 8/20/15  "I
have no bladder control.  I don't know when it is going to start or stop until
running down my leg."  Also states now having constant hiccups which interfers
with speech, sleep, and eating.  "I also have no coordination.  When I get up I
feel like I'm going to fall"  and states this started on 8/21/15.  C/o no
appetite and no energy.  Was taking acetaminophen 300mg with codeine 30mg tabs,
taking 1 tab every 4 hours prn for pain but has not had any medication since
yesterday.  Has diabetes but unwilling to take medication.  Fingerstick bs at
clinic is 360.  On exam abd is protruded, rounded, and firm with pain rated as
4-5/10.  No bowel sounds heard x 4 quadrants.  Last bowel movement was on
morning of 8/20.  Right inguinal incision open to air with staples intact.
Wound edges approximated well with no redness or drainage noted.  T 98.7, P 85,
R 20, b/p 137/90, SpO2 93%.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/24/2015 15:48

Receipt Acknowledged By:
08/24/2015 15:57        /es/ TODD A RIDGE
                             ANP

08/24/2015 ADDENDUM                      STATUS: COMPLETED
Instructed per provider to send pt to local ED.  Wife taking pt to Southwest
Medical Center ED, Liberal, KS.  ED called and report given to RN.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/24/2015 16:03

Receipt Acknowledged By:
08/24/2015 16:23        /es/ TODD A RIDGE
                             ANP
08/24/2015 16:23        /es/ Dawn D. Campbell, RN, MSN
                             CBOC Coordinator, PC Operations
08/25/2015 10:58        /es/ SHERRY K STEWART RN
                             QM UR RN

08/25/2015 ADDENDUM                      STATUS: COMPLETED
KCVA patient.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 08/25/2015 11:00

Receipt Acknowledged By:
* AWAITING SIGNATURE *       BERNHARDT,BARBARA S
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 30, 2014	KC-GENERAL SURGERY CONSULT	Surgery Consult note	ALVI,SAMEER AHMED	Allopathic & Osteopathic Physicians	VA HEARTLAND - WEST, VISN 15			VistA	KAN

Notes ~ KC-GENERAL SURGERY CONSULT

```
     LOCAL TITLE: KC-GENERAL SURGERY CONSULT
STANDARD TITLE: SURGERY CONSULT
DATE OF NOTE: APR 30, 2014@12:52     ENTRY DATE: APR 30, 2014@12:53:30
      AUTHOR: ALVI,SAMEER AHMED    EXP COSIGNER: STARK,STEVEN P
     URGENCY:                           STATUS: COMPLETED

CC: recurrent right inguinal hernia

HPI: Mr. Hopkins is a 70 y/o M who presents to the clinic for evaluation of a
right inguinal hernia. The patient has had two operations to fix his RIH
previously, the first in 1969 and the second in 1974 (which was done with mesh).
The patient states he again noticed a bulge in his right groin about 3 mo ago.
It is soft and reducible, but not painful. He has been wearing a truss for
support. The patient recently moved to KC from Oklahoma. Of note, Mr. Hopkins is
a diagnosed diabetic with an A1c of 9.8 and blood glucose >240, but refuses any
medical therapy. He states "I do not believe in medication" and states he will
work on his diet to bring down his blood glucose.

PMH:
Active Problem
Shoulder pain (SNOMED CT 45326000) 719.41 04/15/2014 DEAN,ELIZABETH E
Diabetes mellitus (SNOMED CT 73211009) 250.00 04/17/2014 DEAN,ELIZABETH E
Inguinal hernia (SNOMED CT 396232000) 550.90 04/15/2014 DEAN,ELIZABETH E
Hypercholesterolemia (SNOMED CT 13644009) 272 04/15/2014 DEAN,ELIZABETH E
Screening for Malignant Neoplasms of colon V7 04/15/2014 DEAN,ELIZABETH E
Sleep apnea (SNOMED CT 73430006) 780.57 04/15/2014 DEAN,ELIZABETH E
H/O: alcoholism (SNOMED CT 161466001) V11.3 04/15/2014 DEAN,ELIZABETH E
Tobacco Use Disorder, Remission 305.1 04/15/2014 DEAN,ELIZABETH E

PSH:
As mentioned in HPI

MEDICATIONS:
No Medications Found

ALLERGIES:
Patient has answered NKA

SOCIAL HISTORY:
Denies tobacco, alcohol, or illicit drugs. Has hx of smoking and EtOH
consumption but quit in 70s. Lives outside KC with wife.

FAMILY HISTORY:
Reviewed. Noncontributory.

ROS:
12 point system discussed with patient. Negative except as per HPI. + for some
right shoulder pain and limitation in movement.

PHYSICAL EXAM:
Gen: A&O, NAD
Eyes: EOMI, conjunctiva clear
ENT: MMM, neck supple, trachea midline
Heart: RRR
Chest: CTAB
Abd: S/NT/ND
Gu: large reducible right inguinal hernia, normal testes and scrotum
Ext: MAE x4
Derm: warm, dry, and in tact
Neuro: CN2-12 grossly in tact
Psych: approp mood & affect

LABS/RADIOLOGY:
```


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LAB RESULTS FOR: APR 30, 2014 - NONE FOUND, no imaging

A/P: 70 y/o M with recurrent RIH:

The patient is a candidate for open repair with mesh. However, his diabetes needs to be better controlled. We discussed the risk of operative complications including mesh infection and poor wound healing, secondary to his diabetes. The patient adamantly refuses accepting medical therapy for his diabetes, and states he will improve his blood glucose levels with diet alone. We will have him follow up in 1 mo with a fasting blood glucose and HbA1c level checked on the morning of the visit.

Patient seen and discussed with Dr. Stark.

Sameer Alvi, MD PGY-1

/es/ SAMEER AHMED ALVI
Resident Physician
Signed: 04/30/2014 13:10

/es/ Steven P. Stark, MD.
Staff Surgeon
Cosigned: 05/01/2014 08:27

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 18, 2007	PATIENT EDUCATION - NURSING	Nurse Education note	KIRSCH,BEVERLY A	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PATIENT EDUCATION - NURSING

LOCAL TITLE: PATIENT EDUCATION - NURSING
STANDARD TITLE: NURSING EDUCATION NOTE
DATE OF NOTE: MAY 18, 2007@08:41 ENTRY DATE: MAY 18, 2007@08:41:22
AUTHOR: KIRSCH,BEVERLY A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

NOTE DATED: MAY 18, 2007 08:41 PATIENT EDUCATION - NURSING
VISIT: 05/18/07 10:00
ASSESSMENT :
PERSON BEING ASSESSED: Patient
BARRIERS TO LEARNING: None
EXPLAIN:

DESIRE AND MOTIVATION:
COMPREHENSIVE ABILITY: Moderate
METHOD OF TEACHING: Verbal

PATIENT EDUCATION TOPICS COVERED:Appointment for follow-up in 12 months, Hydration, Maintaining proper, NPO for (12) hours before next appt/ test
EVALUATION OF PT/FAMILY EDUCATION:
Voiced understanding/Return demonstration
COMMENTS:SOCIAL WORKER CONSULT. CASE MANAGER CONSULT.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/18/2007 13:19

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	BLOOD TRANSFUSION	Blood banking and transfusion medicine Nurse Note	MASTERS,AMANDA L	Nursing Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ BLOOD TRANSFUSION

```
     LOCAL TITLE: BLOOD TRANSFUSION
STANDARD TITLE: BLOOD BANKING TRANSFUSION NURSING NOTE
DATE OF NOTE: SEP 17, 2015@19:35     ENTRY DATE: SEP 17, 2015@22:27:05
      AUTHOR: MASTERS,AMANDA L     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Blood Product Transfusion: (Please add the additional signer)

Product to be Transfused: One unit of FFP


Leukocyte Reduction Filter (PALL) No

Irradiated Unit: No

Unit #:W2277 15 041797

Pre Transfusion Verification Data:

The 1st and 2nd verifiers have verified the following:

Blood Consent signed in Imed or on chart, Unit number on blood component bag is
same as on caution tag, Patient full name on Red Blood Bank ID Band same as
caution tag, Patient full SSN# on Red Blood Bank ID Band same as caution tag,
Patient Red Blood Bank wrist band ID # same as on caution tag, Blood type on
Blood Component bag same as on caution tag

Patient was instructed on how to recognize a transfusion reaction, either
immediate or delayed.  Yes

Red Blood Wristband # PVKU 0011

Pre-Medication:  n/a

Blood Administration Set Lot#:  0061438546

Pre-Transfusion Vitals:

Additional Signer: T.Pallera, RN

Vital signs(other):
Time: 19:30Temp:101.5Pulse: 123
Resp. Rate: 26  B/P: 115/60

Transfusion start time: Sep 17,2015@19:35

Vitals during transfusion: (every 5 min 1st 15 min then every 15 min x3 then
every hr and/or at the completion of infusion)
Time 19:35Temp: 101.5Pulse:  123 Resp. Rate:  25  B/P: 115/43
Time 19:40Temp: 101.4Pulse:  122 Resp. Rate:  25  B/P: 110/67
Time 19:45Temp: 101.5Pulse:  122 Resp. Rate:  26  B/P: 108/68
Time 19:50Temp: 101.3Pulse:  121 Resp. Rate:  26  B/P: 114/74
Time Temp: Pulse:   Resp. Rate:    B/P:
Time Temp: Pulse:   Resp. Rate:    B/P:
Time Temp: Pulse:   Resp. Rate:    B/P:
Time Temp: Pulse:   Resp. Rate:    B/P:
Post - Blood Product Transfusion Data:

Time Transfusion Completed/Interrupted:  Sep 17,2015@20:00

Amount Infused: 100%

Vitals:
```


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Temp: 97.8 F [36.6 C] (09/17/2015 08:00) Pulse: 115 (09/17/2015 08:00) BP: 91/66 (09/17/2015 08:00)
Other: Time: 20:00Temp: 101.2Pulse: 121Resp. Rate: 25 B/P:118/75

Reaction: none
Description of Reaction:

Other Difficulties (Equipment, clots, etc.) No

Transfusion completed/Interrupted by (name of nurse)A. Masters, RN

(Form # 518-124)

/es/ AMANDA L. MASTERS
REGISTERED NURSE
Signed: 09/17/2015 22:30

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jan 18, 2010	CASE MANAGER (C)	Case manager Consult note	FREDERIKSEN,NANCY L	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CASE MANAGER (C)

LOCAL TITLE: CASE MANAGER (C)
STANDARD TITLE: CASE MANAGER CONSULT
DATE OF NOTE: JAN 18, 2010@07:03 ENTRY DATE: JAN 18, 2010@07:03:37
AUTHOR: FREDERIKSEN,NANCY L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Please see Vista Imaging scanned document titled: Outside Records - Neurology dated 7/23/08 for clinical documentation by DR BUCKLEY CHIROPRACTIC.

/es/ NANCY L FREDERIKSEN
RN
Signed: 01/18/2010 07:05

Receipt Acknowledged By:
01/19/2010 06:47 /es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Nov 09, 1994	POLYSOMNOGRAPHY NOTE (T)	Pulmonary procedure note			ROCKY MOUNTAIN REGIONAL VAMC		Yes	VistA	ECH

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Notes ~ POLYSOMNOGRAPHY NOTE (T)

```
     LOCAL TITLE: POLYSOMNOGRAPHY NOTE (T)
STANDARD TITLE: PULMONARY PROCEDURE NOTE
DATE OF NOTE: NOV 09, 1994           ENTRY DATE: AUG 03, 2009@21:38:57
      AUTHOR: HINKLE,CHANDRA G     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

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                          *** SCANNED DOCUMENT ***
                           SIGNATURE NOT REQUIRED


  Electronically Filed: 08/03/2009
                    by: Chandra G Hinkle
                        Medical Support Asst.



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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 24, 2015	TELEPHONE TRIAGE/INFORMATION(2) PROGRAM NOTE	Telephone encounter Note	DAVIS,DARRELL R	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ TELEPHONE TRIAGE/INFORMATION(2) PROGRAM NOTE

LOCAL TITLE: TELEPHONE TRIAGE/INFORMATION(2) PROGRAM NOTE
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: AUG 24, 2015@11:12:44 ENTRY DATE: AUG 24, 2015@11:22:46
AUTHOR: DAVIS,DARRELL R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

The following identifiers were used to verify this patient: DOB. SSN.
Team: TEAM PATRIOT
SPOUSE called in for HOPKINS,MARSHALL HUGH (b) (6) Phone: (620)272-4825.
Contact Phone Number: (620)272-4825
Caller Area: AMARILLO
Type of call: INFORMATION.

Comments:
Caller states her husband had hernia repair on 8/19, reports his wound is doing good and he is not requiring pain meds. Her concern today is "he has no bladder control and no balance". Stated he has had not bladder control since he went home 4 days ago and has been in bed for the past 3 days.

She reports concern that they live 2 1/2 hours away from Amarillo and she feels he needs to be seen. Encouraged her to bring him to the ED for evaluation, she did NOT want to because of the distance. Spouse stated she plans to try to have him seen at the Liberal, Kansas VA Clinic if possible. She did acknowledge that he needs to be evaluated and the ED is available 24/7. She did verbalize a plan to have him seen today.

Chief Complaint: Not applicable to call.
Identified problem: OTH UNSP COUNSEL.

Spouse will bring the Vet to the ED if unable to access care at the Liberal VA Clinic.

Caller Response: *OTHER

Patient/Caller agrees with plan.

Evaluation/Management Code: HC PRO PHONE CALL 5-10 MIN (98966).
Starting at: 08/24/2015 @ 11:12:44 AM
Ending at: 08/24/2015 @ 11:21:55 AM
Length: 9 minutes.
Author: DAVIS,DARRELL R

/es/ Darrell R. Davis, RN
Telephone Triage
Signed: 08/24/2015 11:22

Receipt Acknowledged By:
08/25/2015 15:47 /es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
09/04/2015 16:31 /es/ ZENITHA ROSALES
RN, MSN

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 23, 2012	MHS-SUICIDE RISK ASSESSMENT	Risk assessment and screening note	SANDOVAL,RITA A	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ MHS-SUICIDE RISK ASSESSMENT

```
     LOCAL TITLE: MHS-SUICIDE RISK ASSESSMENT
STANDARD TITLE: SUICIDE RISK ASSESSMENT NOTE
DATE OF NOTE: AUG 23, 2012@13:09     ENTRY DATE: AUG 23, 2012@13:09:56
      AUTHOR: SANDOVAL,RITA A      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED
```

SUICIDE RISK ASSESSMENT

SADPERSONS 10-POINT SUICIDE RISK ASSESSMENT

Each letter represents one risk factor and one point. The scale emphasizes long term risk. High scores may occur due to demographic risk factors in the absence of imminent suicidal ideation or intent. The scale does not correct for mitigating factors such as investment in family, treatment, or religious beliefs.

S (gender)	M = 1 Fem = 0	1
A (age)	>65 = 1 <65 = 0	1
D (depression)	Yes = 1 No = 0	1
P (prev attempt)	Yes = 1 No = 0	0
E (EtOH excess)	Yes = 1 No = 0	0
R (Irrational)	Yes = 1 No = 0	0
S (low social support)	Yes = 1 No = 0	0
O (organized plan)	Yes = 1 No = 0	0
N (no spouse)	Yes = 1 No = 0	0
S (serious sickness)	Yes = 1 No = 0	0
	TOTAL SCORE:	3

Interpretation: 0-2="no" risk; 3-4=low risk; 5-6=moderate risk; 7-10=high risk

Additional Suicide Risk Assessment

1. CURRENT IDEATION, INTENT and PLAN
The patient denies having current thoughts or plans of harming self.

2. RISK FACTORS:

Is Male gender, Does have some signs of depression, Has chronic pain syndrome

3. PROTECTIVE FACTORS:

Veteran has significant attachments to a family member, dependent, friend, pet, or other, Has some family and friend social support, Has cultural or religious beliefs deterring suicide, Shows capacity to make treatment alliance, Is concerned about self and family , Is future oriented

4. CLINICIAN'S OVERALL IMPRESSION

Based on risk factors and protective factors and my interview and history, it is my opinion that this patient :

Is not at imminent danger to self at this time , Is appropriate for continued outpatient management

5. Interventions and Follow-up

National VA suicide prevention hotline was provided: 1-800-273-TALK 1-800-273-8255)., The patient was advised on how to reach this clinic at numbers provided or go to our emergency department at any time.

/es/ RITA A. SANDOVAL, MSSW,LCSW
LICENSED CLINICAL SOCIAL WORKER
Signed: 08/23/2012 13:10

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 18, 2007	ADVANCED DIRECTIVE (C)	Advance directives	CRAWFORD,ANNA M		AMARILLO HCS			VistA	AMA

Notes ~ ADVANCED DIRECTIVE (C)

```
     LOCAL TITLE: ADVANCED DIRECTIVE (C)
STANDARD TITLE: ADVANCE DIRECTIVE DISCUSSION
DATE OF NOTE: MAY 18, 2007@10:01     ENTRY DATE: MAY 18, 2007@10:01:51
      AUTHOR: CRAWFORD,ANNA M      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

SERVICE CONNECTED % - 70
VA ADVANCE DIRECTIVE: LIVING WILL AND DURABLE POWER OF ATTORNEY FOR
HEALTH CARE NOTE

Patient is alert
The patient has decision-making capacity.
Met with patient on this date and provided education and assistance
regarding: Patient Rights, Advance Directives, Advance Directive Execution
Procedure
PATIENT EDUCATION:
Patient took Advance Directive materials to complete/file at later date.

/es/ ANNA SELLMYER
MSSW LMSW
Signed: 05/18/2007 10:02
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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	AMARILLO INPATIENT MEDICAL RECORD	Note	MARTIN,VINCE RAY		AMARILLO HCS		Yes	VistA	AMA

Notes ~ AMARILLO INPATIENT MEDICAL RECORD

```
     LOCAL TITLE: AMARILLO INPATIENT MEDICAL RECORD
STANDARD TITLE: SCANNED NOTE
DATE OF NOTE: AUG 19, 2015           ENTRY DATE: AUG 28, 2015@08:21:10
      AUTHOR: MARTIN,VINCE RAY     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

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AMARILLO INPATIENT MEDICAL RECORD

08/19/2015 to 08/20/2015

/es/ VINCE RAY MARTIN
Motor Vehicle Operator
Signed: 08/28/2015 08:21
 1
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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 05, 2012	PC - NURSING INTERVIEW NOTE	Primary care Nurse Note	MOORE,ROGENA S	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PC - NURSING INTERVIEW NOTE

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LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: APR 05, 2012@08:53 ENTRY DATE: APR 05, 2012@08:53:57
AUTHOR: MOORE,ROGENA S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Primary Care Nursing Interview
Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit: Desires medication refill.
ROUTINE VISIT

~~~~~~
Current Vital Signs
Temperature: 97.5 F [36.4 C] (04/05/2012 08:36)
Pulse: 61 (04/05/2012 08:36)
Respirations: 18 (04/05/2012 08:36)
B/P: 140/85 (04/05/2012 08:49)
Height(ins): 71.5 in [181.6 cm] (04/05/2012 08:36)
Weight(lbs): 201.9 lb [91.8 kg] (04/05/2012 08:36)
BMI: 27.8
Pain: 0 (04/05/2012 08:36) (Scale from 1-10)
O2 Sat: 4/5/12 @ 0836 PULSE OXIMETRY: 96
On Room Air
~~~~~~
Age: 68
Living arrangements: Spouse/family WIFE
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW************
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? No
*Any non VA meds need to be added to the NON VA Meds
on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT*************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
*********************Dietary Screen***********************************

Prealbumin <18 PAB: Not found in computer PAB
BMI < 21 or > 30 BMI: 27.8
HgbA1C > 9 HgbA1C: 8.1 H % APR 5,2012@07:30:11
Glucose >125 GLUCOSE: 160 H mg/dL APR 5,2012@07:30:12
B/P>140/90 B/P: 140/85 (04/05/2012 08:49)
*************FALL RISK*****************
Patient has NO history of falling in the last 12 months
****************SKIN IMPAIRMENT RISK SCREEN**********************
(Braden Scale) -
4 = No Impairment Sensory Perception
4 = Rarely Moist Moisture
4 = Walks Frequently Activity
4 = No Limitations Mobility
4 = Excellent Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE

15-18 = low risk
13-14 = moderate risk
If score is 18 or less, an impaired or potentially impaired skin
integrity problem exists and is to be reflected in the patient/resident
plan of care.
12 or less = high risk
If score is 12 or less, the PCP may enter a Enterostomal/Wound
Care Nurse consult

No -- Does Patient have an open wound of any type?

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No problems identified

PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain: 0

PLAN*:
All unresolved pain will be referred to ordering provider

Patient does not have Congestive Heart Failure.
EDUCATION
Person Being Assessed: Patient
Barriers to Learning:

Visual(Blind,Poor Eyesight), Education Level
Desire and Motivation: Eager to learn
Comphrension: High
Preferred Language: English
Method of Teaching: Verbal Written
Evaluation of Education: Voiced understanding
Topics: Speak Up, Plan of Care
Additional education: medications, follow-up appt, labs

/es/ ROGENA S MOORE
LVN
Signed: 04/05/2012 09:01

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 10, 2014	KC-ADMINISTRATIVE NOTE	Administrative note	FRANCIS,NANCY		VA HEARTLAND - WEST, VISN 15			VistA	KAN

Notes ~ KC-ADMINISTRATIVE NOTE

LOCAL TITLE: KC-ADMINISTRATIVE NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: JUN 10, 2014@14:23 ENTRY DATE: JUN 10, 2014@14:23:47
AUTHOR: FRANCIS,NANCY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PT WAS CONTACTED AND PREFER TO KEEP HIS ABDOMINAL ULTRASOUND SCHEDULED FOR
SUNDAY JUNE 22,2014@1300 AT THE KCVA MEDICAL CENTER

/es/ Nancy FRANCIS
FILE CLERK
Signed: 06/10/2014 14:25

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 29, 2015	Addendum to WI-PRIMARY CARE FOLLOW-UP		RIDGE,TODD A		WI-LIBERAL PACT TELE NURSE			VistA	KAN

Notes ~ Addendum to WI-PRIMARY CARE FOLLOW-UP

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: JUN 29, 2015@11:25:02 ENTRY DATE: JUN 29, 2015@11:25:02
AUTHOR: RIDGE,TODD A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

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received faxed progress notes from ER visit.
notes reviewed.
BUN-32*
Creatinine-1.5*
eGFR-46
Gluc-406*
wbc-6.6
rbc-3.45*
hgb-10.6*
hct-30.9*
Na-133*
K-3.9
ast-12
alt-15
Urine gluc- greater >1000
Urine ketones- trace
Urine blood-trace

/es/ TODD A RIDGE
ANP
Signed: 06/29/2015 11:32

==========

--- Original Document ---

06/29/15 WI-PRIMARY CARE FOLLOW-UP:
Primary Care Follow-Up

Patient recently treated in:
Non-VA Emergency Room
Southwest Medical Center Liberal, KS

Diagnoses were: Hyperglycemia, dizziness

Medications added, stopped or changed:
None- SWMC ED notes: "pt strongly refused to take any medication or any medical intervention to lower his blood sugar."

Follow-up issues: Spoke with pt via phone this am. States he was discharged from ED on 6/26/15 and spent the weekend at his residence at Hooker, OK. This am traveling to his home in Missouri. States he is feeling fine. Denies dizziness, confusion, n/v, or blurred vision. Blood sugar by EMS on 6/26/15 was 355 and at hospital lab 408. Pt does not admit that he has diabetes and states "I am working on some things regarding my pancreas." Nurse strongly encouraged pt to follow-up with provider at KC VA due to high blood sugars. States he would.

Will forward Southwest Medical Center ED notes to provider for review.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 06/29/2015 10:12

Receipt Acknowledged By:
06/29/2015 10:26 /es/ TODD A RIDGE
ANP
06/29/2015 10:16 /es/ SHERRY K STEWART RN
QM UR RN
06/29/2015 10:20 /es/ Dawn D. Campbell, RN, MSN
CBOC Coordinator, PC Operations

06/29/2015 ADDENDUM STATUS: COMPLETED
Adding additional alerts.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 06/29/2015 10:18

Receipt Acknowledged By:
06/29/2015 13:47 /es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator

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06/29/2015 10:37 /es/ SCOTT S TALPERS
M.D.
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 11, 2009	CLINICAL REMINDER NOTE	Preventive medicine Note	SEGARRA,ORLANDO		AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: AUG 11, 2009@13:23 ENTRY DATE: AUG 11, 2009@13:23:51
AUTHOR: SEGARRA,ORLANDO EXP COSIGNER:
URGENCY: STATUS: COMPLETED

AAA Risk Screen:
FEE-BASIS AORTA ECHOGRAM W/O DOPPLER ordered to screen for AAA.

/es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER
Signed: 08/11/2009 13:26

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Mar 20, 2015	KC-ADMINISTRATIVE NOTE	Administrative note	TALPERS,SCOTT S	Allopathic & Osteopathic Physicians	CAMERON CBOC			VistA	KAN

Notes ~ KC-ADMINISTRATIVE NOTE

LOCAL TITLE: KC-ADMINISTRATIVE NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: MAR 20, 2015@08:09 ENTRY DATE: MAR 20, 2015@08:10:02
AUTHOR: TALPERS,SCOTT S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** KC-ADMINISTRATIVE NOTE Has ADDENDA ***

Glucose 361 on 3/19/2015
He has diabetes mellitus but past records report he has refused medication to treat his diabetes.
Please contact him and ask if he will be agreeable to take medicine to treat his diabetes mellitus and keep scheduled appt.

/es/ SCOTT S TALPERS
M.D.
Signed: 03/20/2015 08:12

Receipt Acknowledged By:
03/20/2015 10:40 /es/ Debra Snapp RN
Registered Nurse

03/20/2015 ADDENDUM STATUS: COMPLETED
Spoke with pt. about his recent A1C of 13.6. I ask him if he wanted to start some medication for the hi blood sugars and he stated, "I would rather die first."

/es/ Debra Snapp RN
Registered Nurse
Signed: 03/20/2015 10:40

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 26, 2015	NON VA CARE COORDINATION NOTE	Note	LEWIS,LORI L	Nursing Service Providers	ROBERT J. DOLE VAMC			VistA	KAN

Notes ~ NON VA CARE COORDINATION NOTE

```
     LOCAL TITLE: NON VA CARE COORDINATION NOTE
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: JUN 26, 2015@10:43     ENTRY DATE: JUN 26, 2015@10:43:13
      AUTHOR: LEWIS,LORI L         EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

   *** NON VA CARE COORDINATION NOTE Has ADDENDA ***



REFERRAL TO NON VA EMERGENCY DEPARTMENT:

  Veteran was sent from: VA-CBOC  Libral

  Chief Complaint: dizzy, n/v, visual changes, wt loss

  Patient admitted: Unknown


  Non VA Specialty if applicable: ED Provider  Southwest Medical Center Libral,
Ks (620) 624-1651



  Clinical Notes: traveling alone on way to KC and stopped at CBOC with
  c/o dizzy, n/v, visual  changes, wt loss which is consitent with DKA; hx
  of DM; on no current DM  meds

/es/ LORI LEWIS
RN
Signed: 06/26/2015 10:48

Receipt Acknowledged By:
06/26/2015 15:26        /es/ GEORGE B MARTINEZ
                             Staff Physician
* AWAITING SIGNATURE *       RAFFI,SYED

06/26/2015 10:52        /es/ TRACY C RAMSEY
                             MD
06/26/2015 16:05        /es/ TODD A RIDGE
                             ANP
06/26/2015 11:12        /es/ SHERRY K STEWART RN
                             QM UR RN
06/26/2015 13:47        /es/ SCOTT S TALPERS
                             M.D.

06/26/2015 ADDENDUM                  STATUS: COMPLETED
Additional notifications:  KC VA patient.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 06/26/2015 11:14

Receipt Acknowledged By:
06/29/2015 07:40        /es/ Barbara Bernhardt, RN MS
                             Transfer Nurse/Case Manager/Care Coordinator
06/26/2015 13:46        /es/ SCOTT S TALPERS
                             M.D.
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 17, 2015	ANESTHESIA PRE OP EVALUATION	Anesthesiology Preoperative evaluation and management note	WARREN,JAMES F	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ ANESTHESIA PRE OP EVALUATION

```
     LOCAL TITLE: ANESTHESIA PRE OP EVALUATION
STANDARD TITLE: ANESTHESIOLOGY PRE OPERATIVE E & M NOTE
DATE OF NOTE: AUG 17, 2015@13:32     ENTRY DATE: AUG 17, 2015@13:32:49
      AUTHOR: WARREN,JAMES F       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED



ANESTHESIA PREOPERATIVE EVALUATION NOTE
  Pre-operative evaluation.
  Patient is a 72 year old MALE.

  VITALS:

     Temperature:     97.9 F [36.6 C] (08/13/2015 13:37)
     BP:              116/72 (08/13/2015 13:37)
     Respirations:    18 (08/13/2015 13:37)
     Pulse:           85 (08/13/2015 13:37)
     Pulse Oximetry:  8/13/15 @ 1337      PULSE OXIMETRY: 84
     Height:          71.5 in [181.6 cm] (04/05/2012 08:36)
     Weight:          177.9 lb [80.9 kg] (08/13/2015 13:37)
     BMI:             24.5

  DATE OF SURGERY:  Aug 19,2015

  DIAGNOSIS: Right inguinal hernia

  PROCEDURE: Right inguinal hernia repair


CARDIAC RISK PREDICTOR
  Clinical Risk Predictors
    Diabetes mellitus (with or without insulin therapy)
  Functional capacity METS > 4 (e.g. climb flight of stairs or walks 4
  miles/hr)


ALLERGIES/ADVERSE REACTIONS
  Patient has answered NKA


ACTIVE MEDICATIONS

  Active Outpatient Medications (including Supplies):

  No Medications Found



Patient on beta blocker
  No


ACTIVE PROBLEMS

  Active problems - Computerized Problem List is the source for the
  following:

   1. Chronic Back Pain
   2. Hyperlipidemia *
   3. Microscopic Hematuria
   4. Diabetes Mellitus without mention of Complication,04/05/12
  KADAKIA,BHADRESH
   5. Vitamin D Deficiency
```


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6. Vitamin B 12 Deficiency
7. MDD, Recur, Mild 04/08/13
HARRIS,HEATHER R

REVIEW OF SYSTEMS: All systems are negative except for those indicated below:
Cardiovascular:
Hyperlipidemia

Obstructive Sleep Apnea
Continuous positive airway pressure at cm
Neurologic:

CLBP
Endocrine:
Diabetes years

vit B12 and D deficiency
Psychiatric history: depression

HISTORY
Social history: Smoking: denies Alchohol:denies Recreational
Drugs:denies

PAST SURGICAL HISTORY: IHR x 2
Anesthetic history for patient: General

Positive for the following problems:
None
Anesthetic family history:
None
Physical/Airway exam to be done on day of surgery by Anesthesia care provider.
PHYSICAL EXAMINATION as per Medical Record:
ASA: 2

ECG: 8/13/15 SR with SA with 1st degree AVB, occassional pvc's, ns T wave abnl

CXR: 8/13/15 NAD

LABS:

Hemoglobin: 14.9 gm/dL AUG 13,2015@15:01:13

Hematocrit: 46.5 % AUG 13,2015@15:01:13

WBC: 9.8 K/cumm AUG 13,2015@15:01:13

Platelet Count: 268 K/cumm AUG 13,2015@15:01:13

Chem:	SODIUM	136	meq/L	AUG 13,2015@15:01:14
	POTASSIUM	4.2	mmol/L	AUG 13,2015@15:01:14
	CL	99 L	meq/L	AUG 13,2015@15:01:14
	CO2	27	meq/L	AUG 13,2015@15:01:14
	GLUCOSE	234 H	mg/dL	AUG 13,2015@15:01:14
	BUN	22 H	mg/dl	AUG 13,2015@15:01:14
	CALCIUM	9.4	mg/dL	AUG 13,2015@15:01:14
	CREATININE		8/13/15 15:01	0.83
	T. PROTEIN	7.5	gm/dL	JUL 14,2015@07:37:45
	ALBUMIN	4.4	g/dL	JUL 14,2015@07:37:45
	BILI T	0.6	mg/dL	JUL 14,2015@07:37:45
	ALK PHOS	53	IU/L	JUL 14,2015@07:37:45
	AST	11	IU/L	JUL 14,2015@07:37:45
	ALT	15	IU/L	JUL 14,2015@07:37:45
	MAG	2.0	mg/dL	JUL 14,2015@07:37:45
	PHOS	3.5	mg/dl	JUL 14,2015@07:37:45
	TSH	2.45	mIU/mL	JUL 14,2015@07:37:46

HGB A1C: 13.4 H % JUL 14,2015@07:37:44

PTT: 24.7 Seconds AUG 13,2015@15:01:15

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PT: 11.0 Seconds AUG 13,2015@15:01:15

INR: 0.9 ratio AUG 13,2015@15:01:15

TSH: 2.45 mIU/mL JUL 14,2015@07:37:46

URINE DRUG SCREEN:
SCLU - Urine Drug Screen
No data available for PCP SCREEN; BENZODIAZEPINE SCREEN; COCAINE SCREEN; AMPHETAMINE SCREEN; CANNABINOID SCREEN; OPIATE SCREEN; BARBITUATE SCREEN

TOTAL BETA HCG
SLT - Lab Tests Selected
No data available for HCG BETA, TOTAL (PREGNANCY TEST)

FINGER STICK GLUCOSE: Not found in computer FINGERSTICK GLUCOSE

/es/ JAMES F WARREN

Signed: 08/17/2015 13:38

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	Addendum to INVASIVE PROCEDURE		MATHEW,ALEXANDER		3-SICU			VistA	MEM

Notes ~ Addendum to INVASIVE PROCEDURE

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 17, 2015@11:15:42 ENTRY DATE: SEP 17, 2015@11:15:42
AUTHOR: MATHEW,ALEXANDER EXP COSIGNER:
URGENCY: STATUS: COMPLETED

TEACHING PHYSICIAN ATTESTATION

I was present in the room and supervising the housestaff during the placement of the PA catheter.

/es/ ALEXANDER MATHEW
SURGEON
Signed: 09/17/2015 11:16

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--- Original Document ---

09/17/15 INVASIVE PROCEDURE:
INVASIVE PROCEDURE NOTE

TYPE OF PROCEDURE:Other (type below)PA catheter

Yes Patient Identity: Two (2) identifiers: Patient name and SSN, birthday, or other VA-approved identifier

Yes Consent Form: Confirm patient, procedure, side/site, reason

Yes Procedure: Procedure name and description

Yes Side/Site: Confirm laterality, surgical site marked (visible after draping) and/or special purpose wristband verified

Yes Imaging (as applicable): Two (2) members confirm imaging studies are available and properly labeled and presented.

Yes Allergies: Confirm allergies

Yes Specialty or Unit Specific Element: Include

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specific directions regarding other checklist elements such
as implants, patient position, cultures, special equipment, etc.

SIDE ON WHICH PROCEDURE WAS PERFORMED:left

INDICATION FOR PROCEDURE:Monitoring

DESCRIPTION OF PROCEDURE AND FINDINGS:
PA catheter wedged at 50cm, stat pCXR ordered post
procedure

POST PROCEDURE:
Post procedural X-Ray:YES
Post Procedure Specimens:NOT APPLICABLE
Vital Signs Stable:NO

TIME OUT done at:

TEAM MEMBERS PRESENT:
  Providers:
Elena Paulus Lamb
Gayle Minard

  Anesthesia:

  Nurse(s):

  Tech(s):

COMPLICATIONS:
Procedure tolerated, no complications

Prior to procedure, the operative/procedure team members verbally
confirmed:
     Correct patient identity (2 identifiers)
     Correct operation/procedure to be performed
     Correct operative/procedure site/side
     Correct consent form
     Correct position
     Correct imaging labeled and displayed
     Correct implant(s) available, if applicable
     Special equipment available, if applicable
     Allergies confirmed

COMMENTS:

/es/ elena m PAULUS
resident physician
Signed: 09/17/2015 10:37

/es/ ALEXANDER MATHEW
SURGEON
Cosigned: 09/17/2015 11:16
 0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 15, 2008	PATIENT EDUCATION - PHARMACY COUNSELING REFUSED	Pharmacology Counseling note	CRAVENS,KENDRAN		AMARILLO HCS			VistA	AMA

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Notes ~ PATIENT EDUCATION - PHARMACY COUNSELING REFUSED

```
     LOCAL TITLE: PATIENT EDUCATION - PHARMACY COUNSELING REFUSED
STANDARD TITLE: PHARMACY COUNSELING NOTE
DATE OF NOTE: SEP 15, 2008@14:38     ENTRY DATE: SEP 15, 2008@14:38:24
      AUTHOR: CRAVENS,KENDRA N     EXP COSIGNER: SIMMONS,TAMYRA S
     URGENCY:                            STATUS: COMPLETED

ASSESSMENT:
       PERSON BEING ASSESSED:
       (X)  Patient
       ( )  Family Member/Other

       BARRIERS TO LEARNING:
       (X)  None
       ( )  Cognitive
       ( )  Physical
       ( )  Emotional
       ( )  Cultural
       ( )  Religious
       ( )  Language
       EXPLAIN:

       DESIRE AND MOTIVATION:
       ( )  Eager to learn
       ( )  Seems uninterested
       (X)  Denies need for education
            Medications:
       ( )  Refuses counseling
       ( )  Not available for counseling

Method of Teaching:
       ( )  Verbal
       (X)  Written Material
       ( )  Video, CCTV
       ( )  Demonstration

Indomethacin and Urea cream

/es/ KENDRA N CRAVENS
pharmacy student-4
Signed: 09/15/2008 14:38

/es/ TAMYRA S SIMMONS
REGISTERED PHARMACIST
Cosigned: 09/16/2008 08:11
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 28, 2013	NURSING NOTE	Nurse Note	MOORE,ROGENA S	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ NURSING NOTE

```
     LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: FEB 28, 2013@16:49     ENTRY DATE: FEB 28, 2013@16:49:08
      AUTHOR: MOORE,ROGENA S       EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Ear lavaged ordered by: DR. KADAKIA    (x) both ears

Tepid tap water and standare ear irrigation syringe w/irrigation tip used per
hospital protocol.
Pre medicated gtts prior to lavage:(x)yes

Results:
(x)Waxy debris removed w/o difficulty.
(x)Tm(s)visible and intact.
(x)Patient tolerated procedure well
(x)Patient denies tenderness and pain with lavage .

Comments: Dx Impacted Cerumen

/es/ ROGENA S MOORE
LVN
Signed: 02/28/2013 16:57
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 02, 2006	HEALTHY LIVING/COPING SKILLS	Nurse Note	JONES,RHONDA M	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ HEALTHY LIVING/COPING SKILLS

```
     LOCAL TITLE: HEALTHY LIVING/COPING SKILLS
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: MAY 02, 2006@10:03     ENTRY DATE: MAY 02, 2006@10:03:12
      AUTHOR: JONES,RHONDA M       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

  2. SCREEN FOR DEPRESSION
  The 2 question depression screen was performed and the patient's
  depression screen is negative.
PTSD Screen:
(Answer all 4 questions)
A.  Had nightmares about it or thought about it when
    you did not want to?
    No
B.  Tried hard not to think about it; went out of your way
    to avoid situations that remind you of it?
    No
C.  Have been constantly on guard, watchful, or easily startled?
    No
D.  Have felt numb or detached from others, activities, or
    your surroundings?
    No
Patient had a Negative screen for PTSD.
Alcohol Screening:

AUDC (Mental Health Instrument)
  An alcohol screening test (AUDIT-C) was negative (score=0).
Patient education was provided regarding alcohol usage.
Tobacco Screening:

    Yes--Have you ever used tobacco products of any kind?
    No--Are you currently using tobacco products?

    No--Do you want to quit using Nicotine?
Tobacco Education was provided to patient.
Exercise Screening:

    No--Are you physically active, exercise 3 times a week
    20-30 min.
Patient received education regarding exercise.
Weight/Nutrition Screening:

    Yes Does your diet contain more fruit, grain, and vegetables
    than meats?
    No Have you had your stool checked for blood in the last
    year?
Weight/Nutrition Education was provided to patient.
Miscellaneous:

     No 1. Have you had a flex sig by an outside provider
or at the Amarillo VA within the last 5 years?
     No 2. Have you had a colonoscopy by an outside provider
or at the Amarillo VA within the last 10 years?
     No 3.  Do you have an advance directive or living will?
     No 4.  Do you take an aspirin daily?


/es/ RHONDA M JONES
LVN
Signed: 05/02/2006 10:14

Receipt Acknowledged By:
05/02/2006 10:26        /es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
                             FAMILY NURSE PRACTITIONER
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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 18, 2007	HEALTHY LIVING/COPING SKILLS	Nurse Note	KIRSCH,BEVERLY A	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ HEALTHY LIVING/COPING SKILLS

```
     LOCAL TITLE: HEALTHY LIVING/COPING SKILLS
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: MAY 18, 2007@08:37     ENTRY DATE: MAY 18, 2007@08:37:59
      AUTHOR: KIRSCH,BEVERLY A     EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Depression Screening (PHQ-2):
Over the past two weeks, how often have you been bothered by any of the
following problems?

a.  Little interest or pleasure in doing things: Not at all (0)

b.  Feeling down, depressed or hopeless Not at all (0)

Total point score:  0 Positive score is 3 or more.
Patient had a negative 2 question depression screen.
Alcohol Screening:

AUDC (Mental Health Instrument)
  An alcohol screening test (AUDIT-C) was negative (score=0).

  1. How often did you have a drink containing alcohol in the past year?
  Never

  2. How many drinks containing alcohol did you have on a typical day when
  you were drinking in the past year? 1 or 2

  3. How often did you have six or more drinks on one occasion in the past
  year? Never
Exercise Screening:

    --Are you physically active, exercise 3 times a week
    20-30 min.
Weight/Nutrition Screening:

    Yes Does your diet contain more fruit, grain, and vegetables
    than meats?
    No Have you had your stool checked for blood in the last
    year?
Miscellaneous:

     No 1. Have you had a flex sig by an outside provider
or at the Amarillo VA within the last 5 years?
     No 2. Have you had a colonoscopy by an outside provider
or at the Amarillo VA within the last 10 years?
     No 3.  Do you have an advance directive or living will?
     No 4.  Do you take an aspirin daily?
Patient Education Assessment:

    Person being assessed:Patient
    Barriers to learning:          None
       Explain:
    Desire and motivation:
    Comprehensive ability:Moderate
    Method of teaching:          Verbal
    Evaluation of pt/family education:
              Voiced understanding/Return demonstration
    Comments:

    Additional patient education topics covered:
    Appointment for follow-up, NPO for (   ) hours before next appt/ test

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/18/2007 08:41

Receipt Acknowledged By:
05/21/2007 10:10        /es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
                             FAMILY NURSE PRACTITIONER
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Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	REHAB MEDICINE INITIAL INPATIENT (C)	Physical medicine and rehab Consult note	BARNES,MOLLIE R	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ REHAB MEDICINE INITIAL INPATIENT (C)

```
     LOCAL TITLE: REHAB MEDICINE INITIAL INPATIENT (C)
STANDARD TITLE: PHYSICAL MEDICINE REHAB INPATIENT CONSULT
DATE OF NOTE: AUG 27, 2015@16:23     ENTRY DATE: AUG 27, 2015@16:23:33
      AUTHOR: BARNES,MOLLIE R      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

PT evaluation completed 08/27/15; please see initial assessment for details.

/es/ MOLLIE R BARNES
PHYSICAL THERAPIST
Signed: 08/27/2015 16:23
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	WI-NURSE/CBOC	Nurse Outpatient Note	HECOX,STEPHEN W	Nursing Service Providers	LIBERAL CBOC			VistA	KAN

Notes ~ WI-NURSE/CBOC

```
     LOCAL TITLE: WI-NURSE/CBOC
STANDARD TITLE: NURSING OUTPATIENT NOTE
DATE OF NOTE: AUG 27, 2015@09:05     ENTRY DATE: AUG 27, 2015@09:05:22
      AUTHOR: HECOX,STEPHEN W      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

   *** WI-NURSE/CBOC Has ADDENDA ***

Spoke with nursing personnel at Southwest Medical Center, Liberal, KS, regarding
pt status.  States he was transferred via private vehicle to Amarillo VA
hospital evening of 8/26/15.  Refer to Viata Web.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/27/2015 09:11

Receipt Acknowledged By:
08/27/2015 12:12        /es/ TODD A RIDGE
                             ANP
08/27/2015 09:30        /es/ SHERRY K STEWART RN
                             QM UR RN

08/27/2015 ADDENDUM                 STATUS: COMPLETED
In receipt of fax from Southwest Medical Center, Liberal, KS with ED notes and
hospital discharge notes.  Will forward to provider for review.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/27/2015 10:10

Receipt Acknowledged By:
08/27/2015 12:12        /es/ TODD A RIDGE
                             ANP
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	INVASIVE PROCEDURE	Procedure note	STILES,ZACHARY E	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER		Yes	VistA	MEM

Notes ~ INVASIVE PROCEDURE

```
     LOCAL TITLE: INVASIVE PROCEDURE
STANDARD TITLE: PROCEDURE NOTE
DATE OF NOTE: SEP 17, 2015@00:30     ENTRY DATE: SEP 17, 2015@03:43:05
      AUTHOR: STILES,ZACHARY E     EXP COSIGNER: VERA,SANTIAGO RAFAEL
     URGENCY:                            STATUS: COMPLETED

                                      INVASIVE PROCEDURE NOTE

TYPE OF PROCEDURE:Central Venous line insertionL subclavian

Yes  Patient Identity:  Two (2) identifiers: Patient
name and SSN, birthday, or other VA-approved identifier

Yes  Consent Form: Confirm patient, procedure,
side/site, reason

Yes  Procedure: Procedure name and description

Yes  Side/Site: Confirm laterality, surgical site
marked (visible after draping) and/or special purpose
wristband verified

N/A  Imaging (as applicable): Two (2) members
confirm imaging studies are available and properly
labeled and presented.

Yes  Allergies: Confirm allergies

No  Specialty or Unit Specific Element: Include
specific directions regarding other checklist elements such
as implants, patient position, cultures, special equipment, etc.

SIDE ON WHICH PROCEDURE WAS PERFORMED:left

INDICATION FOR PROCEDURE:Monitoring

DESCRIPTION OF PROCEDURE AND FINDINGS:
Attempted L subclavian TLC placement. Arterial
stick. Pressure held. Attempted again,
unsuccessful.


POST PROCEDURE:
Post procedural X-Ray:YES Pneumothorax seen, please see separate note
Post Procedure Specimens:NOT APPLICABLE
Vital Signs Stable:YES


TIME OUT done at:

TEAM MEMBERS PRESENT:
  Providers:

  Anesthesia:

  Nurse(s):

  Tech(s):


COMPLICATIONS:
Complications experienced during procedure include:pneumothorax seen on post
stick CXR. See separate note for chest tube
placement
```


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```
Prior to procedure, the operative/procedure team members verbally
confirmed:
     Correct patient identity (2 identifiers)
     Correct operation/procedure to be performed
     Correct operative/procedure site/side
     Correct consent form
     Correct position
     Correct imaging labeled and displayed
     Correct implant(s) available, if applicable
     Special equipment available, if applicable
     Allergies confirmed

COMMENTS:

/es/ ZACHARY E STILES
resident
Signed: 09/17/2015 03:48

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:19
 1
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	CRITICAL TEST RESULTS REPORTING	Diagnostic study note	JONES-BRIGGS,TREASA	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ CRITICAL TEST RESULTS REPORTING

```
     LOCAL TITLE: CRITICAL TEST RESULTS REPORTING
STANDARD TITLE: DIAGNOSTIC STUDY REPORT
DATE OF NOTE: SEP 17, 2015@08:35     ENTRY DATE: SEP 17, 2015@08:35:48
      AUTHOR: JONES-BRIGGS,TREASA  EXP COSIGNER:
     URGENCY:                              STATUS: COMPLETED

Critical Test Results Reporting
Other Critical Values
Date/time provider notified: Sep 17,2015@08:35

Name of Provider notified by nurse - Dr Paulus, Elena M

Critical test result(s) values reported and read back were: 7.184


pc02 49.6
p02 82
BEecf -10
hc03 18.7
tc02 20
s02% 93

/es/ TREASA J CISERO
RESPIRATORY THERAPIST
Signed: 09/17/2015 08:37
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 15, 2012	PATIENT ALIGNED CARE TEAM NURSING NOTE	Nurse Note	ZINN,MELISSA K	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PATIENT ALIGNED CARE TEAM NURSING NOTE

```
     LOCAL TITLE: PATIENT ALIGNED CARE TEAM NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: AUG 15, 2012@09:06     ENTRY DATE: AUG 15, 2012@09:07:20
      AUTHOR: ZINN,MELISSA K       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

PACT Nursing Note

Nursing
Returned call to patient per message of "feeling tired/run down". Patient
reports that for the past 3-5 months he has had ^ fatigue. "I feel worn out in
the evenings and have periods of depression". When questioned on SI, patient
stated "thoughts cross my mind". Patient denies plan or HI at this visit.
Patient denies other symptoms at this visit. Patient feels that he is missing a
mineral/vitamin in his body and is requesting lab orders prior to appointment.
Encouraged patient to speak with R. Sandoval SW for MH concerns. Patient is in
agreement. Encouraged patient to present to ED for nursing evaluation and
disposition if symptoms ^ or worsen. Patient scheduled with PCP on 8/23/12 @
0800. Patient verbalized understanding with information given at this visit.
Patient contact#(580)652-2430

This will be reviewed with Dr. Kadakia

/es/ Melissa K. Zinn RN, BSN
Team Lone Star Care Coordinator
Signed: 08/15/2012 09:42

Receipt Acknowledged By:
08/15/2012 10:29        /es/ BHADRESH K KADAKIA
                             physician
08/15/2012 10:19        /es/ ROGENA S MOORE
                             LVN
08/16/2012 11:21        /es/ RITA A. SANDOVAL, MSSW,LCSW
                             LICENSED CLINICAL SOCIAL WORKER
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	ACTIVITIES OF DAILY LIVING	Nurse Hospital Note	RAMOS,LORI B		AMARILLO HCS			VistA	AMA

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Notes ~ ACTIVITIES OF DAILY LIVING

```
     LOCAL TITLE: ACTIVITIES OF DAILY LIVING
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 20, 2015@02:16     ENTRY DATE: AUG 20, 2015@02:16:52
      AUTHOR: RAMOS,LORI B         EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Night tour activities and care.
STATUS: Alert; Oriented
ACTIVITY: Up in Chair
ISOLATION: N/A
MOBILITY: With Assistance

HYGIENE:
   Oral Care:
       Shave:
   Peri Care:
      Linens:
SAFETY: Bed in low position, brakes on., Call light within reach, Urinal within
reach, Food/water within reach, ID Band on, Toileting offered q 2 hr, Lighting
adequate, Footware appropriate, Siderail up to help me turn or get out of bed
and then lowered
Protective Devices:
NUTRITION:  Breakfast:
               Lunch:
              Supper:
 Fluids offered q2h: Yes

ELIMINATION
 Toileting offered q2h: Yes
           Urine: Voids
    Foley secure devices: Not Applicable

     Urine Color: Yellow
                  Clear
              BM: No    #BMs:     Colostomy: No

SKIN:
    IV Site: Fluid
    IV Location: L arm
Post Op Care:
Nursing Comments:



/es/ LORI B RAMOS
CNA
Signed: 08/20/2015 02:18
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 14, 2015	CP EKG	Cardiology Note			AMARILLO HCS		Yes	VistA	AMA

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Notes ~ CP EKG

```
     LOCAL TITLE: CP EKG
STANDARD TITLE: CARDIOLOGY NOTE
DATE OF NOTE: AUG 14, 2015@10:22:19  ENTRY DATE: AUG 14, 2015@10:22:19
      AUTHOR: CLINICAL,DEVICE PRO  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

PROCEDURE SUMMARY CODE: Machine Resulted
DATE/TIME PERFORMED: AUG 13, 2015@15:29:4

** DOCUMENT IN VISTA IMAGING **
SEE FULL REPORT IN VISTA IMAGING

SIGNATURE NOT REQUIRED
SEE SIGNATURE IN VISTA IMAGING

** (Muse EKG)  AUTO-INSTRUMENT DIAGNOSIS **

Procedure: 93000  12 Lead ECG

Release Status: Released Off-Line Verified
Date Verified: Aug 14, 2015@10:22:20

93000.2  Ventricular Rate:    72      BPM
93000.3  Atrial Rate:         72      BPM
93000.4  P-R Interval:        212     ms
93000.5  QRS Duration:        98      ms
93000.6  Q-T Interval:        388     ms
93000  QTC Calculation(Bezet):424     ms
93000.12  Calculated P Axis:  43      degrees
93000.13  Calculated R Axis:  21      degrees
93000.14  Calculated T Axis:  6       degrees
Sinus rhythm with sinus arrhythmia with 1st degree A-V block  and occasioanl pvcs
Nonspecific T wave abnormality
Abnormal ECG
When compared with ECG of 05-OCT-2010 10:19,
No significant change was found
Confirmed by ESTEVEZ MD, R (501) on 8/14/2015 10:22:18 AM

Administrative Closure: 08/14/2015
                    by:
                        Clinical,Device Proxy Service
```

1

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 13, 2011	PRIMARY CARE NP (T)(S)	Primary care Note	BURNS,RUSSELL F	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ PRIMARY CARE NP (T)(S)

```
     LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: MAY 13, 2011@10:19     ENTRY DATE: MAY 13, 2011@10:19:13
      AUTHOR: BURNS,RUSSELL F      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

   *** PRIMARY CARE NP (T)(S) Has ADDENDA ***

SUBJECTIVE:  This is a 67 year old male ambulatory to Primary
Care. Routine f/u [Liberal,Ks.]concern re poor sleep habits.Goes to bed by 8pm
and arises at 5am.Seems that the main concern is nasal congestion.Uses a OTC
nasal spray called Duration.spouse does not seem terribly concerned re the
problem but does states he snores[by report].NO daytime somnulence of
consequence noted.  Denies any observed hematuria/stones by hx.NO dysuria,NO
tobacco in many yrs., has 1 time/n nocturia.
```


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PHYSICAL EXAM:
VITALS: TEMP: 97.9 F [36.6 C] (05/13/2011 10:04)
PULSE: 70 (05/13/2011 10:04)
RESP: 16 (05/13/2011 10:04)
B/P: 131/80 (05/13/2011 10:04)
WT: 209 lb [95.0 kg] (05/13/2011 10:04)
HT: 71.5 in [181.6 cm] (05/13/2011 10:15)
PAIN: 0 (02/17/2011 10:12)
HEENT: no abnl noted x modest nasal conj. no bruits
LUNGS:clear to a/p
HEART:no auscl abnl.
ABD:no HSM
RECTAL:
EXT:no edema
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	NITROGLYCERIN 0.4MG SL TAB *25'S* DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 AS NEEDED FOR CHEST PAIN - IF NO RELIEF AFTER 3 CONTACT PROVIDER	ACTIVE

Medication reconciliation was completed with the patient/caregiver.

LABS: Fasting by report --ate a large amt of desserts yesterday
SODIUM: 138 meq/L MAY 13,2011@08:44:38
POTASSIUM: 4.5 meq/L MAY 13,2011@08:44:38
BUN: 12 mg/dl MAY 13,2011@08:44:38

CREATININE 5/13/11 08:44 0.74
GLUCOSE: 155 H mg/dL MAY 13,2011@08:44:38
AST: 23 IU/L MAY 13,2011@08:44:38
ALT: 22 IU/L MAY 13,2011@08:44:38
LDH: Not found in computer LDH
ALK. PHOS.: 63 IU/L MAY 13,2011@08:44:38
GGTP: 17 MAY 13,2011@08:44:38
T. BILIRUBIN: 0.9 mg/dL MAY 13,2011@08:44:38
WBC: 7.4 K/cumm MAY 13,2011@08:44:35
HGB: 15.3 gm/dL MAY 13,2011@08:44:35
HCT: 45.0 % MAY 13,2011@08:44:35
MICROALBUMIN: Not found in computer MICROALBUMIN
CHOLESTEROL: 197 mg/dL MAY 13,2011@08:44:38
HDL: 40 mg/dL MAY 13,2011@08:44:38
LDL 118 H mg/dL MAY 13,2011@08:44:38
LDL-CHOL CALC: Not found in computer LDL-CHOL CALCULATION
LDL: 140 H mg/dL MAY 2,2006@08:06:41
TRIG: 193 H mg/dL MAY 13,2011@08:44:38

PSA: 0.52 ngm/ml MAY 13,2011@08:44:37
TSH: 1.87 mIU/mL JUL 14,2009@09:10:45

PROCEDURES:

ASSESSMENT/PLAN:
1.suspect DM II will check HbgA1c
2.hematuria
3.?? allergic diathesis trial of oral antihistamines and nasal spray
4.
5. RTC
Influenza Immunization:
Patient refused the influenza vaccine. Patient was advised of risks and benefits of influenza vaccine.
PROSTATE CANCER EDUCATION:
PROSTATE CANCER SCREENING
PSA lab test ordered.
BMI > 30 or > 24.99 in High Risk:
At this visit, the health risks of obesity were reviewed and discussed with the patient, and the benefits of a weight management treatment program, such as MOVE! was discussed and offered to the patient."
Patient Refuses referral. After discussing the health risks of obesity and offering a referral to MOVE or another weight loss program outside the VA, the patient REFUSES REFERRAL to MOVE or other weight loss program at this time.

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PNEUMOCOCCAL VACCINE:
Patient declines Pneumococcal Vaccine.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 10:50

05/13/2011 ADDENDUM STATUS: COMPLETED
Has modest microscopic hematuria on UA.The CT scan did NOT show any concerns.Suggest he have repeat UA in 3 months an if still having hematuria then would get GU consult.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 13:52

Receipt Acknowledged By:
05/13/2011 13:54 /es/ Elma Fletcher
RN, BSN

05/13/2011 ADDENDUM STATUS: COMPLETED
Contacted pt and informed of CT results and recommendation to repeat UA in 3 months (can do this at Liberal clinic). Pt verbalized understanding.

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 13:58

05/17/2011 ADDENDUM STATUS: COMPLETED
As discussed in the visit last Friday he DOES have diabetes based on his ^ FBS and HbgA1c of 8.5%.He needs to restrict his carbohydrate intake, exercise daily, and start meds as rx incld. metformin 500mg bid and his cholesterol is too high for a diabetic so will rx pravastatin 40mg daily at bedtime.

/es/ Russell F Burns M D
physican
Signed: 05/17/2011 08:12

Receipt Acknowledged By:
05/17/2011 08:34 /es/ Elma Fletcher
RN, BSN

05/17/2011 ADDENDUM STATUS: COMPLETED
Per PCP request, contacted pt to discuss hyperlipidemia and diabetes. Pt states that he normally follows a very healthy diet but "fell off the wagon" the last few weeks. He does not believe he has diabetes and states that he and his wife do not believe in taking medications; they are into natural foods and herbals. Discussed that A1c is a 90 day average of blood glucose. Pt would like to repeat lab work in 3 months. Also, mentioned glucometer; pt indicated that his wife may have a meter that he can use (was given to them by someone who was a diabetic and was able to discontinue medication). Pt also states that he usually has blood in his urine during most of his physicals. Transferred pt to TA to make appt in 3 months.

/es/ Elma Fletcher
RN, BSN
Signed: 05/17/2011 09:08

Receipt Acknowledged By:
05/17/2011 09:23 /es/ Russell F Burns M D
physican

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 24, 2013	CPAP/BIPAP NOTE	Cardiology Note	FOX,JIMMY D	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	AMARILLO HCS		Yes	VistA	AMA

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Notes ~ CPAP/BIPAP NOTE

```
     LOCAL TITLE: CPAP/BIPAP NOTE
STANDARD TITLE: CARDIOPULMONARY NOTE
DATE OF NOTE: APR 24, 2013@16:25     ENTRY DATE: APR 24, 2013@16:25:34
      AUTHOR: FOX,JIMMY D          EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Pt with diagnosis of sleep apnea was seen in the CPAP follow/up
clinic today and his equipment was downloaded. Download will be
scanned into CPRS for viewing. Pt wore his equipment 43 of 60
days. Pt wore his equipment greater than 4 hrs 60 % of the time.
When pt wears equipment it operates at 9.6cmh2o and his AHI=0.6.

Patient is having problems with his current mask hurting his nose.
A request will be placed for a large Mirage Quatro FX mask #61702.

Pt encouraged to wear his equipment all night every night and to
Call if he has any problems.


/es/ Jimmy D Fox,RRT
Home Oxygen Coordinator
Signed: 04/24/2013 16:29

Receipt Acknowledged By:
04/25/2013 11:39        /es/ ANJALI SUBHASH KHERDEKAR M.D.
                             STAFF PHYSICIAN
04/29/2013 15:58        /es/ SERGIO MUNIZ MD
                             CHIEF, PULMONARY SECTION
04/26/2013 09:21        /es/ JAMES F ROBINSON
                             [17~
 1
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	Discharge Summary / DISCHARGE SUMMARY COMPREHENSIVE (T)	Discharge summary	LOVELADY,JAIMEE L	Physician Assistants & Advanced Practice Nursing Providers		completed		VistA	AMA

Discharge/Essentris Note Details ~ VA: Amarillo, TX Discharge Summary

```
 LOCAL TITLE: DISCHARGE SUMMARY COMPREHENSIVE (T)
STANDARD TITLE: DISCHARGE SUMMARY
   DICT DATE: AUG 20, 2015@08:43     ENTRY DATE: AUG 20, 2015@08:43:44
 DICTATED BY: LOVELADY,JAIMEE L       ATTENDING: AHMED,SYED H
     URGENCY: routine                  STATUS: COMPLETED

DISCHARGE SUMMARY

DATE OF ADMISSION: 8/19/2015

DATE OF DISCHARGE: 8/20/2015

ADMITTING DIAGNOSIS: s/p right inguinal hernia repair

DISCHARGE DIAGNOSIS: same

OPERATIONS: right inguinal hernia repair with mesh placement

PROCEDURES: none

CONSULTATIONS: none

HISTORY OF PRESENT ILLNESS: as per H&P

PERTINENT PHYSICAL FINDINGS: as per H&P and daily notes

ABNORMAL FINDINGS (LAB, X-RAY, ETC): n/a
```


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HOSPITAL COURSE/ TREATMENT RENDERED: admitted post op for overnight observation which progressed as expected, JP drain to be removed prior to discharge home this morning

DISCHARGE MEDICATIONS
AUG 20, 2015 08:43
The following medication list was given to the patient at discharge/clinic visit.

Active and Recently Expired Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED [FOR POST OP PAIN MANAGEMENT]	ACTIVE

Allergies/Adverse Reactions:
Patient has answered NKA

Medication reconciliation completed with the patient and the family today on discharge.

SPECIAL INSTRUCTIONS/ teaching: can place bandaid over old JP site, do not bathe, may shower and pat surgical area dry

DIET: as prior to admission

PHYSICAL ACTIVITY LIMITATIONS: no lifting over 10 lbs for 2 weeks and no more than 20 lbs for weeks 2-6

PSCHOSOCIAL NEEDS: APPEAR TO HAVE BEEN MET

DISPOSITION: home

FOLLOW UP: with Dr. Ahmed in 10-14 days

DATE PT MAY RESUME PRE HOSPITAL EMPLOYMENT: n/a

CODE STATUS: full

/es/ JAIMEE L CHAPMOND
APRN, FNP-C, MSN
Signed: 08/20/2015 08:47

/es/ Syed H Ahmed MD
Surgeon
Cosigned: 08/20/2015 08:56

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 30, 2008	PHYSICAL THERAPY ASSESSMENT NOTE	Physical medicine and rehab Outpatient Initial evaluation note	NICHOLSON,R KEVIN		AMARILLO HCS			VistA	AMA

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Notes ~ PHYSICAL THERAPY ASSESSMENT NOTE

LOCAL TITLE: PHYSICAL THERAPY ASSESSMENT NOTE
STANDARD TITLE: PHYSICAL MEDICINE REHAB OUTPATIENT INITIAL EVALU
DATE OF NOTE: MAY 30, 2008@15:19 ENTRY DATE: MAY 30, 2008@15:19:18
AUTHOR: NICHOLSON,R KEVIN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PRIMARY DIAGNOSIS: Cervical pain
TREATMENT DIAGNOSIS: Cervical pain
ONSET DATE: 5/13/08 (date of rehab medicine consult)
EVALUATION DATE: 5/30/08

GENERAL INFO: 64 year old male referred to PT from his PCP. This pt relates a rather long and complicated history regarding his neck pain, dating back to 1991. He states that he was rear-ended while at a standstill. Impact was great enough to break his driver's seat away from the frame. He has had problems with severe neck pain since then. He states that he has had numerous treatments over the years- extensive PT for exercise, modalities, and traction, use of home cervical traction, chiropractic for manual adjustment, MD specialists, etc. He stated that the only treatment that provides relief is chiropractic. He currently goes to a chiropractor for rx 3-4 times per year, when his pain is severe. He no longer receives manual adjustments, instead his chiropractor uses an "actuator" treatment, which has been beneficial per his report.

PERTINENT MEDICAL HX: Noncontributory

S: CHIEF COMPLAINT: Cervical pain that is worse if he sleeps without adequate support for head and neck. Treatments for his neck pain have been unsuccessful except for the chiropractic rx over the years. He is currently experiencing severe neck pain, 6-7/10, which happens periodically and is usually when he gets his care from chiropractic.

PATIENT'S GOAL(S): Would like to be considered for chiropractic care through the VA.

O:
RANGE OF MOTION- No ROM deficits noted for UEs on screening exam. Cervical ROM not tested.
STRENGTH TESTING- Deferred this date.

FUNCTIONAL ASSESSMENT
Mental status: A&O X 3
Communication: No deficits noted
Pt is independent with self care ADLs. He remains active, only limited by cervical pain.

OTHER INFORMATION- Further exam and testing for this pt is deferred at this time.

EQUIPMENT/MEDICAL DEVICES ISSUED- None

A:
Patient education barriers to learning- None

Description of disability- Pt presents with c/o chronic cervical pain. His only relief is with chiropractic rx using this "actuator" system. He is specific in that no other treatment has been effective for relief since his MVA injury.

An order was entered for case mgt for chiropractic care in 2007, but is was declined for lack of recent xrays and no documentation of acute flare up of current condition. At this time, I would recommend that he be considered for chiropractic care, via fee basis. He lives in Oklahoma, and goes to chiropractor in Garden City, KS when he needs rx. Will contact PCP with this information.

P:
Recommendations as noted above.

/es/ R. Kevin Nicholson
PT
Signed: 05/30/2008 15:39

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 26, 2015	FEE EMERGENCY ROOM	Report			AMARILLO HCS		Yes	VistA	AMA

Notes ~ FEE EMERGENCY ROOM

```
     LOCAL TITLE: FEE EMERGENCY ROOM
STANDARD TITLE: SCANNED REPORT
DATE OF NOTE: JUN 26, 2015@10:15:16  ENTRY DATE: JUL 17, 2015@10:15:16
      AUTHOR: DIXON,JENNIFER N     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

FEE EMERGENCY ROOM

******Scanned document attached to this note******
Please refer to the scanned text document att
by Tools, Imaging then Display

                           *** SCANNED DOCUMENT ***
                            SIGNATURE NOT REQUIRED


  Electronically Filed: 07/17/2015
                    by: JENNIFER N RAY

 1
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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 03, 2006	NURSING NOTE	Nurse Note	BRALLEY,KAREN J	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ NURSING NOTE

```
     LOCAL TITLE: NURSING NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: OCT 03, 2006@10:28     ENTRY DATE: OCT 03, 2006@10:28:18
      AUTHOR: BRALLEY,KAREN J      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Pt came into clinic and reports that on his last visit to clinic he requested
Chiropratic Services from: Garden City Kanasas for Buckley Chiropratic at (620)
275-1221. Pt has talked with above chiropratic and they have not been contacted
by the VA. Pt is requesting that this be done so he can continue with tx.
Informed pt that above request would be forwarded to provider for review and
consideration.

/es/ KAREN J BRALLEY
RN
Signed: 10/03/2006 14:15
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 01, 2014	KC-NOTIFICATION OF TEST RESULTS BY LETTER	Letter	DEAN,ELIZABETH E	Allopathic & Osteopathic Physicians	VA HEARTLAND - WEST, VISN 15			VistA	KAN

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Notes ~ KC-NOTIFICATION OF TEST RESULTS BY LETTER

LOCAL TITLE: KC-NOTIFICATION OF TEST RESULTS BY LETTER
STANDARD TITLE: LETTERS
DATE OF NOTE: MAY 01, 2014@12:57 ENTRY DATE: MAY 01, 2014@12:57:58
AUTHOR: DEAN,ELIZABETH E EXP COSIGNER:
URGENCY: STATUS: COMPLETED

MAY 01, 2014

MARSHALL HUGH HOPKINS
(b) (6)
[redacted]

Dear MARSHALL HUGH HOPKINS,

I wanted to update you on your recent lab/test results:

LIPIDS
CHOL: 239 (04/08/14 08:15)
HDL: 44 (04/08/14 08:15)
LDL-CAL: 145 (04/08/14 08:15)
RISK FA: 18 (04/08/14 08:15)
TGL: 249 (04/08/14 08:15)
(LDL is the "bad" cholesterol)
(HDL is the "good" cholesterol. Target is >40. Exercise can increase HDL) (TGL = triglycerides. Target is <150. A nonfasting sample, sweets, alcohol, weight gain, and diabetes can increase these.)
Your goal LDL is <100 (vascular disease or diabetes or chronic kidney disease)

HEMOGLOBIN A1C 9.8 % H (04/08/2014 08:15)
Your target Hgb A1C is 6.5
(The Hgb A1C tells us information about your diabetes control over the past 3 months)

LIVER PANEL
ALB: 4.3 (04/08/14 08:15)
ALKPHOS: 58 (04/08/14 08:15)
ALT: 19 (04/08/14 08:15)
AST: 15 (04/08/14 08:15)
TBIL: 0.7 (04/08/14 08:15)
TP: 8.1 (04/08/14 08:15)
Results are normal

HEMOGLOBIN 15.4 g/dl (04/08/2014 08:15) (red blood cell count)
Results are normal

CHEM 7
ANI GAP: 14.0 (04/08/14 08:15)
BUN: 12 (04/08/14 08:15)
CA: 9.4 (04/08/14 08:15)
CL : 99 (04/08/14 08:15)
CO2 : 29 (04/08/14 08:15)
CRT: 0.90 (04/08/14 08:15)
EGFR: 83.4 (04/08/14 08:15)
GLU: 244 (04/08/14 08:15)
K: 3.8 (04/08/14 08:15)
NA: 142 (04/08/14 08:15)
(BUN and CRT measure kidney function)
Results are normal

TSH 2.310 uIU/mL (04/08/2014 08:15)
This is a thyroid function test. The results are normal.

IN SUMMARY:
1. TC GOAL IS <200, LDL (BAD) GOAL <100 DUE TO DIABETES. YOU HAVE INDICATED THAT YOU DECLINE TO TAKE MEDICATION AT THIS TIME.

2. DIABETES - THE A1C REFLECTS AVERAGE BLOOD SUGAR OF 227. NORMAL A1C IS 5.8, AVERAGE BLOOD SUGAR OF 107. GOAL FOR APPROPIRATELY TREATED DIABETES IS 6.5, AVERAGE BLOOD SUGAR OF 130. YOU HAVE DIABETES. TREATMENT FOR DIABETES IS NEEDED. AT YOUR RECENT VISIT YOU DECLINED THERAPY.

3. INGUINAL HERNIA - PER SURGEON'S NOTE, HE IS UNABLE TO TO PERFORM SURGERY DUE

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TO YOUR UNTREATED DIABETES.

Future Appointments:
06/04/2014 09:00 KC-GEN SURG-FOLLOW UP
06/22/2014 13:00 KC-RAD-US

If you have any questions, please call the clinic. If you decide to initiate medical therapy, let us know.

Sincerely,

Elizabeth Dean, D.O.
SENT ON KCVA LETTERHEAD
ENCLOSE DIABETES INFORMATION

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 30, 2008	PHYSICAL THERAPY (C)	Physical medicine and rehab Consult note	NICHOLSON,R KEVIN		AMARILLO HCS			VistA	AMA

Notes ~ PHYSICAL THERAPY (C)

LOCAL TITLE: PHYSICAL THERAPY (C)
STANDARD TITLE: PHYSICAL MEDICINE REHAB E & M CONSULT
DATE OF NOTE: MAY 30, 2008@15:17 ENTRY DATE: MAY 30, 2008@15:17:56
AUTHOR: NICHOLSON,R KEVIN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Pt seen for PT eval this date. Evaluation to follow.

/es/ R. Kevin Nicholson
PT
Signed: 05/30/2008 15:18

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2009	HAS/IMAGING (C)	Consult note	CONNELLY,MICHELLE		AMARILLO HCS			VistA	AMA

Notes ~ HAS/IMAGING (C)

LOCAL TITLE: HAS/IMAGING (C)
STANDARD TITLE: NONVA CONSULT
DATE OF NOTE: AUG 27, 2009@10:34 ENTRY DATE: AUG 27, 2009@10:34:07
AUTHOR: CONNELLY,MICHELLE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Report(s) received 8/20/2009.

Please refer to the scanned text document attached. This can be accessed by selecting Tools menu, then select Imaging and then Display.

/es/ MICHELLE CONNELLY

Signed: 08/27/2009 10:34

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	UROLOGY CONSULT	Urology Consult note	LAU,GLEN A	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ UROLOGY CONSULT

```
     LOCAL TITLE: UROLOGY CONSULT
STANDARD TITLE: UROLOGY CONSULT
DATE OF NOTE: SEP 17, 2015@16:06     ENTRY DATE: SEP 17, 2015@16:06:33
      AUTHOR: LAU,GLEN A           EXP COSIGNER: HASEN,HOWARD B
     URGENCY:                           STATUS: COMPLETED

Attending of record is HASEN, HOWARD, who agrees with management of care

H&P SEP 17, 2015

HOPKINS,MARSHALL HUGH
(b)(6)

CC: hematuria

HPI: Pt is a 72 yo M with PMH of Dm, Hl, BPH who was en route to north carolina
and had hematemesis and melena and was found to be hypotensive when brought to
the ER last night. Pt. had free air in abdomen on KUB and was taken for
exploratory laparotomy during which he was found to have ischemic bowel now s/p
resection. He remains in ICU with temporary abdominal closure and is being
treated for septic shock. He was noted to have hematuria, for which urology is
being consulted along with a request to be present for his repeat exploration
tomorrow 9/18 to evaluate the bladder.

Of note pt had a inguinal hernia repair about 1 month ago and  had been having
issues
with urinary retention after that. he was admitted for bladder outlet
obstruction and was found to have hydronephrosis/pyelo and was treated with
rocephin. per the wife, he has since been seen by Urology in amarillo, texas and
had cystoscopy, which was negative for concerning findings.




PMH:
DM, HLD, BPH

Surgeries:
SEP 17, 2015@00:25  Proc: EXPLORATORY LAPAROTOMY, WITH BOWEL RESECTION
bilateral inguinal hernia repairs

Family History:
No GU Malignancy

Social History:
former tobacco and alcohol use, none in last few years. no illicits

Medications:
Home medications include Insulin and flomax

ALLERGIES: Patient has answered NKA

Vitals:
  DATE/TIME         TEMP      PULSE     RESP      BP        PAIN
9/17/15 @ 0925                                              99
9/17/15 @ 0915
9/17/15 @ 0800      97.8      115       16        91/66     99
9/17/15 @ 0416                                              99
9/16/15 @ 2200                106       21        125/76
9/16/15 @ 2044                106       18        95/60
9/16/15 @ 1935      97        121       14        68/38

PE:
intubated, sedated
on vent, bilat. breath sounds
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s1/s2, tachycardic
temporary abd. closure
GU:circ phallus, testes desc. bilaterally, no masses.
foley in place with yellow urine and some bloody sediment

Labs:

WB7GLUCOSE: 100.0
CORTISOL (Ortho): 33.30 H
WB7GLUCOSE: 62.0 L
D-DIMER(STA): 6.94 H
FIBSTA4: 655.00 H
WBC3: 13.07 H
RBC3: 3.26 L
HCT3: 27.1 L
MCV3: 83.1
MCH3: 28.5
MCHC3: 34.3
RDW3: 13.9
PLT3: 100 L
NE%3: 75.0 H
LY%3: 17.2
MO%3: 6.3
EO%3: 0.7
BA%3: 0.5
NE#3: 9.81 H
LY#3: 2.25
MO#3: 0.82
EO#3: 0.09
BA#3: 0.06
HGB3: 9.3 L
NRBC%3: 0.0
NRBC#3: 0.0
MPV/3: 11.9
IG%: 0.3
IG#: 0.04
IPF: 12.2 H
INR (STA2): 1.55 H
PTSTA4: 18.0 H
BILIRUBIN,TOTAL: 0.6
LACTATE: 3.0 H
UREA NITROGEN (00): 90 H
SODIUM (00): 135
POTASSIUM (00): 2.8 L*
CHLORIDE (00): 99 L
GLUCOSE (00): 64 L
CALCIUM (00): 6.1 L
ALKALINEPHOS: 58
CARBONDIOX: 27
AST: 477 H
ALT: 188 H
CREATININE 2: 3.8 H
WB7GLUCOSE: 81.0
FIO2 (L. OR %): 60
I-STAT MVBG PH: 7.283 L
I-STAT MVBG PCO2: 54.0 H
I-STAT MVBG PO2: 30 L*
I-STAT MVBG HCO3: 25.6
I-STAT MVBG 02HB% (SAT): 49
I-STAT MVBG BASE EXCESS: -1
I-STAT MVBG TCO2: 27
FIO2 (L. OR %): 60.00
I-STAT PH: 7.30
I-STAT PCO2: 46.60 H
I-STAT PO2: 85.00
I-STAT BASE EXCESS: -3
I-STAT O2: 95.00
I-STAT TCO2: 24.00
I-STAT HCO3: 23.00
WB7GLUCOSE: 99.0
WB7GLUCOSE: 131.0 H
WB7GLUCOSE: 175.0 H
VANCOMYCIN (Ortho): 18.67
WB7GLUCOSE: 256.0 H
PO4: 3.0
LACTATE: 4.2 H
IONIZED CALCIUM (MMOL/L): 0.98 L
FIO2 (L. OR %): 70.00

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I-STAT PH: 7.18 L*
I-STAT PCO2: 49.60 H
I-STAT PO2: 82.00
I-STAT BASE EXCESS: -10
I-STAT O2: 93.00
I-STAT TCO2: 20.00 L
I-STAT HCO3: 18.70 L
WB7GLUCOSE: 245.0 H
WB7GLUCOSE: 236.0 H
WB7GLUCOSE: 379.0 H
WB7GLUCOSE: 436.0 H
WB7GLUCOSE: 370.0 H
INR (STA2): 1.57 H
PTSTA4: 18.2 H
MANUAL-DIFF: comment
WBC3: 7.87
RBC3: 3.07 L
HCT3: 25.4 L
MCV3: 82.7
MCH3: 28.7
MCHC3: 34.6
RDW3: 13.9
PLT3: 140 L
NE%3: 72.7 H
LY%3: 24.7
MO%3: 1.4 L
EO%3: 0.3
BA%3: 0.8
NE#3: 5.73
LY#3: 1.94
MO#3: 0.11 L
EO#3: 0.02
BA#3: 0.06
HGB3: 8.8 L
NRBC%3: 0.6
NRBC#3: 0.1
MPV/3: 11.4
IG%: 0.1
IG#: 0.01
IPF: 12.0 H
PO4: 5.1 H
PROTEIN,TOTAL: 4.1 L
BILIRUBIN,TOTAL: 0.6
MAGNESIUM: 2.0
LACTATE: 6.5 H
UREA NITROGEN (00): 93 H
SODIUM (00): 135
POTASSIUM (00): 4.0
CHLORIDE (00): 95 L
GLUCOSE (00): 337 H
CALCIUM (00): 6.5 L
EGFR: 16.23 L
ALBUMINV: 1.9 L
ALKALINEPHOS: 60
CREACPROT: 467.6 H
CARBONDIOX: 27
AST: 74 H
ALT: 62 H
CREATININE 2: 3.7 H
IONIZED CALCIUM (MMOL/L): 0.93 L
APTT4: 34.8
WB7GLUCOSE: 276.0 H
FIO2 (L. OR %): 80.00
I-STAT PH: 7.20 L*
I-STAT PCO2: 51.20 H
I-STAT PO2: 86.00
I-STAT BASE EXCESS: -8
I-STAT O2: 94.00
I-STAT TCO2: 21.00 L
I-STAT HCO3: 19.80
PO4: 2.4
CALCIUM (00): 6.2 L
TROPONIN I (Ortho): 0.126 H
CORTISOL (Ortho): 23.40
BILIRUBIN,TOTAL: 0.5
ALKALINEPHOS: 61
AST: 74 H
ALT: 60 H

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TROPONIN I (Ortho): 0.087
I-STAT NA: 122.00 L
I-STAT K: 3.9
I-STAT CL: 92.00 L
I-STAT BUN: 101.00 H
I-STAT GLUC: 458.00 H
I-STAT HCT: 35.00 L
I-STAT HGB: 11.90
I-STAT iCa: 0.96 L
I-STAT TCO2: 17.00 L
I-STAT CREA: 4.3 H
ISTATANIONGAP: 18.00
I-STAT NA: 123.00 L
I-STAT K: 3.6
I-STAT CL: 91.00 L
I-STAT BUN: 100.00 H
I-STAT GLUC: 542.00 H*
I-STAT HCT: 28.00 L
I-STAT HGB: 9.50 L
I-STAT iCa: 0.97 L
I-STAT TCO2: 16.00 L
I-STAT CREA: 4.2 H
ISTATANIONGAP: 20.00
AMYLASE (00): 285 H
LIPASEV: 228 H
KETONES: NEG
INR (STA2): 1.50 H
PTSTA4: 17.6 H
MANUAL-DIFF: O
NSEGSMAN: 60
NBANDMAN: 15
METAMAN: 11
MYELOMAN: 4
LYMPHMAN: 5
MONOMAN: 5
PLTCLUMPMAN: F
LGGNTPLTMAN: F
Normochromic/Normocytic: NCN
PATHOLOGIST SLIDE REVIEW: PEARLMAN
WBC3: 29.44 H*
RBC3: 4.01
HCT3: 33.3 L
MCV3: 83.0
MCH3: 29.2
MCHC3: 35.1
RDW3: comment
PLT3: 192
NE%3: comment
LY%3: comment
MO%3: comment
EO%3: comment
BA%3: comment
NE#3: comment
LY#3: comment
MO#3: comment
EO#3: comment
BA#3: comment
HGB3: 11.7 L
NRBC%3: comment
NRBC#3: comment
MPV/3: comment
IG%: comment
IG#: comment
IPF: comment
PO4: 7.1 H
PROTEIN,TOTAL: 6.4 L
BILIRUBIN,TOTAL: 0.7
MAGNESIUM: 2.4 H
LACTATE: 9.7 H
UREA NITROGEN (00): 96 H
SODIUM (00): 118 L*
POTASSIUM (00): 4.2
CHLORIDE (00): 79 L*
GLUCOSE (00): 755 H*
CALCIUM (00): 7.9 L
ALBUMINV: 3.3 L
ALKALINEPHOS: 118
CARBONDIOX: 11 L

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AST: 80 H
ALT: 86 H
CREATININE 2: 4.4 H
NT-proBNP: 18800.00
APPEARANCE: Ex.Turbid
UR COLOR: RED
SPECIFIC GRAVITY: 1.012 L
UROBILINOGEN: <2.0
UR BLOOD: 3+
UR BILIRUBIN: Neg
UR KETONES: Neg
UR GLUCOSE: 3+
UR PROTEIN: 2+
UR PH: 5.0
NITRITE, URINE: Neg
LEUKOCYTE ESTERASE, URINE: 3+
URINE MICROSCOPIC: DONE
UR RBC: >100 H
UR WBC: >100 H
UR BACTERIA: 4+
URINE MUCUS: MANY
AMORPHOUS CRYSTAL: MOD
URINE WBC CLUMPS: MANY
I-STAT NA: 115.00 L*
I-STAT K: 3.9
I-STAT CL: 86.00 L
I-STAT BUN: 100.00 H
I-STAT GLUC: >700.00 H*
I-STAT HCT: 38.00
I-STAT HGB: 12.90
I-STAT iCa: 0.97 L
I-STAT TCO2: 12.00 L
I-STAT CREA: 4.9 H
ISTATANIONGAP: 22.00
I-STAT Troponin: 0.110
I-STAT PH: 7.28 L
I-STAT PCO2: 28.90 L
I-STAT PO2: 123.00 H
I-STAT BASE EXCESS: -13
I-STAT O2: 98.00
I-STAT TCO2: 14.00 L
I-STAT HCO3: 13.60 L

A/P: 72 yo M w/ ischemic bowel s/p exploratory laparotomy and bowel resection w/
temporary abdominal closure, hematuria
- continue critical care management per primary
- foley hand-irrigated with very small amt of clot and cleared almost
immediately, keep foley in place and hand irrigate PRN
- will be available for surgery tomorrow to assist with any urologic issues
- following, please call with questions.

/es/ GLEN A LAU
Resident
Signed: 09/17/2015 16:30

/es/ HOWARD B HASEN MD
PHYSICIAN
Cosigned: 09/18/2015 09:32

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 24, 2015	WI-ADMINISTRATIVE NOTE (BP,O)	Administrative note	RIDGE,TODD A	Physician Assistants & Advanced Practice Nursing Providers	LIBERAL CBOC			VistA	KAN

Notes ~ WI-ADMINISTRATIVE NOTE (BP,O)

     LOCAL TITLE: WI-ADMINISTRATIVE NOTE (BP,O)
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: AUG 24, 2015@15:59   ENTRY DATE: AUG 24, 2015@15:59:21
      AUTHOR: RIDGE,TODD A   EXP COSIGNER:

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URGENCY: STATUS: COMPLETED

chart reviewed. VistaWeb reviewed.
below are the amarillo VA notes for surgery, pcp and some recent lab on this patient. he is NOT taking any diabetes medications.
being sent to local ER today for acute ABD s/p right inguinal repair.
significant history of non-compliance with medical therapy for his diabetes.
hgba1c in july 2015 was 13.4
fsbg on 8-19-15 was 247 am of surgery.
only meds noted in VistaWeb is tylenol with codeine

LOCAL TITLE: OPERATION REPORT
STANDARD TITLE: OPERATIVE REPORT
DATE OF NOTE: AUG 19, 2015@07:55 ENTRY DATE: AUG 19, 2015@10:10:34
SURGEON: AHMED,SYED H ATTENDING: AHMED,SYED H
URGENCY: routine STATUS: COMPLETED
SUBJECT: Case #: 65578

PATIENT NAME: HOPKINS,MARSHALL

DATE: 08/19/2015

PREOPERATIVE DIAGNOSIS: Right inguinal hernia.

POSTOPERATIVE DIAGNOSIS: Right inguinal hernia.

PROCEDURE: Repair of right inguinal hernia with Bard mesh plug.

SURGEON: Syed Ahmed, MD

ASSISTANT: Jaime Tindall

ANESTHESIA: General with endotracheal intubation.

JUSTIFICATION FOR THE PROCEDURE: The patient was seen in the Surgical Clinic with very large right inguinal scrotal swelling. The patient had it for several years. According to him he had repair of a right inguinal hernia done twice in the 1970s. On examination, there was a very large inguinal scrotal hernia. Patient was able to reduce it but with difficulty. Diagnosis of right inguinal hernia was discussed with the patient. Repair with mesh was offered as a treatment. The procedure was explained in detail. Risks and benefits of the operation were discussed. These included, but were not limited to, bleeding, infection, nonhealing of the wound, testicular swelling, hematoma formation and possible recurrence of the hernia. The patient had opportunity to ask questions. These were answered to his satisfaction. The patient agreed to proceed with the operation.

DESCRIPTION OF PROCEDURE: After general anesthesia was administered, the skin of the lower abdomen and genitalia was prepared with ChloraPrep and draped. Incision was made in the right groin 2.5 cm above and parallel to the inguinal ligament. The incision was deepened. Subcutaneous fat and the Scarpa fascia was divided and external oblique aponeurosis was identified. External ring was visualized and a very large inguinal scrotal hernia was seen coming out of the external ring and going to the scrotum. The external ring was divided. Superior and inferior flaps were raised in the external oblique aponeurosis to reveal the deep ring. The hernia sac was then mobilized at the level of the pubic tubercle and a Penrose drain was passed around it. The hernia sac was then gradually dissected removing it's coverings. The sac was entered. The sac was then completely separated from the contents of the inguinal canal. The sac was held at the fundus with 2 hemostats and opened with Metzenbaum scissors. The sac was opened up to the level of the deep ring. At that level it was divided and excised. The opening in the sac was then closed with a running suture of 0 Vicryl. The defect was then repaired by placement of a Marlex mesh plug in the deep ring. Sutured in place with interrupted 2-0 Prolene. Adequate tension-free repair was obtained. The spermatic cord, vas deferens and vessels were protected throughout the course of the operation. The wound was irrigated thoroughly with normal saline containing antibiotic solution Ancef. External oblique was closed with a running suture of 0 Vicryl. Subcutaneous fat was approximated with interrupted 3-0 Vicryl. Then, 30 mL of 0.5% Marcaine was infiltrated

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in the skin edges. The skin was approximated with staples.

Patient tolerated procedure well, was extubated, and transferred to
recovery in a stable condition.

ESTIMATED BLOOD LOSS: 25 mL.

SPECIMEN: Hernia sac.

1129468/dh(08/19/2015 11:41:53)15692862
D: 08/19/2015 11:30:15 T: 08/19/2015 11:41:53
$END

/es/ Syed H Ahmed MD
Surgeon
Signed: 08/20/2015 08:11
==
 LOCAL TITLE: NURSE INTRAOPERATIVE REPORT
STANDARD TITLE: SURGERY NURSING OPERATIVE NOTE
DATE OF NOTE: AUG 19, 2015@07:55   ENTRY DATE: AUG 19, 2015@10:10:34
      AUTHOR: BLACKWELL,APRIL L   EXP COSIGNER:
     URGENCY: STATUS: COMPLETED
     SUBJECT: Case #: 65578

Operating Room: OR3   Surgical Priority: ELECTIVE

Patient in Hold: NOT ENTERED   Patient in OR: AUG 19, 2015 07:55
Operation Begin: AUG 19, 2015 08:25   Operation End: AUG 19, 2015 09:50
                                        Patient Out OR: AUG 19, 2015 09:59

Major Operations Performed:
Primary: repair right inguinal hernia

Wound Classification: CLEAN
Operation Disposition: OBSERVATION UNIT
Discharged Via: STRETCHER

Primary Surgeon: AHMED,SYED H   First Assist: CHAPMOND,JAIMEE L
Attending Surgeon: AHMED,SYED H   Second Assist: N/A
Anesthetist: WARREN,JAMES F   Assistant Anesth: N/A

OR Support Personnel:
  Scrubbed   Circulating
  BRYANT,TRAVIS LYNN JR (FULLY TRAINED) BLACKWELL,APRIL L (ORIENTEE)

Other Persons in OR:
  Dr Chris Eisenhauer, PGY1 (TTUHSC)
  Paul McCartor, P4 Pharmacy student (TTUHSC)

Preop Mood: RELAXED   Preop Consc: ALERT-ORIENTED
Preop Skin Integ: INTACT   Preop Converse: N/A

--- Time Out Checklist ---
Confirm Correct Patient Identity: YES
Confirm Procedure To Be Performed: YES
Confirm Site of the Procedure, Including Laterality: YES
Confirm Valid Consent: YES, i-MED
Confirm Patient Position: YES
Confirm Procedure Site has been Marked Appropriately and that the Site of the
 Mark is Visible After Prep and Draping: YES
Pertinent Medical Images Have Been Confirmed: N/A
Correct Medical Implant(s) is Available: YES
Availability of Special Equipment: NOT APPLICABLE
Appropriate Antibiotic Prophylaxis: YES
Appropriate Deep Vein Thrombosis Prophylaxis: YES
Blood Availability: NOT APPLICABLE
Checklist Comment:
   1gm Cefazolin IVPB administered prior to procedure - completed at 0801 by

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Dr Warren. 0824 - Time out performed - Dr Warren, Dr Ahmed, J Chapmund APN, A Blackwell RN, T Bryant CFA, Dr Chris Eisenhauer PGY1, and Paul McCartor P4 all in agreement. Pt fire risk 1. All medications verified by A Blackwell RN and T Bryant CFA and labeled on backtable.

Time-Out Document Completed By: BLACKWELL,APRIL L
Time-Out Completed: AUG 19, 2015@08:24

Skin Prep By: BLACKWELL,APRIL L Skin Prep Agent: ChloraPrep 2%

Preop Surgical Site Hair Removal by: RIVERA,CAROLINA RUIZ
Surgical Site Hair Removal Method: CLIPPER
Hair Removal Comments:
Patient partially shaved by C Rivera RN in DSU2 with clippers. Once in the OR, scrotum and right groin shaved by A Blackwell RN with clippers.

Surgery Position(s):
SUPINE Placed: AUG 19, 2015 07:55

Restraints and Position Aids:

SAFETY STRAP	Applied By: BLACKWELL,APRIL L
PILLOW	Applied By: BLACKWELL,APRIL L
ARMBOARD	Applied By: BLACKWELL,APRIL L
EGG CRATE	Applied By: BLACKWELL,APRIL L
GEL PAD UNDER HEAD AND SACRUM	Applied By: BLACKWELL,APRIL L
ARMSHEET	Applied By: BLACKWELL,APRIL L
ADHESIVE TAPE	Applied By: BLACKWELL,APRIL L

Electrocautery Unit: 89796001gel150693010exp2/17
ESU Coagulation Range: 30
ESU Cutting Range: 0
Electroground Position(s): N/A

Anesthesia Technique(s):
GENERAL

Tubes and Drains:
19f round, 072190, LOT NGZD0663, EXP 4/2020

Thermal Unit:
upper Temperature: 43
Time On: AUG 19, 2015 08:15 Time Off: N/A

Medications:
BUPIVACAINE 0.5% INJ, 10ML SDV
Time Administered: AUG 19, 2015 09:45
Route: SUBCUTANEOUS Dosage: 30mL
Ordered By: AHMED,SYED H Admin By: AHMED,SYED H
Comments: NDC 0409-1162-01 LOT 52-025-DK EXP 1/2017
CEFAZOLIN 1GM INJ
Time Administered: AUG 19, 2015 08:38
Route: IRRIGATION Dosage: 1gm
Ordered By: AHMED,SYED H Admin By: AHMED,SYED H
Comments: NDC 44567-707-25 LOT U400 EXP 9/2017

Irrigation Solution(s):
NORMAL SALINE

Possible Item Retention: NO
Sponge Final Count Correct: YES
Sharps Final Count Correct: YES
Instrument Final Count Correct: YES
Wound Sweep: NO
Wound Sweep Comment: NO COMMENTS ENTERED
Intra-Operative X-Ray: NO
Intra-Operative X-Ray Comment: NO COMMENTS ENTERED
Counter: BLACKWELL,APRIL L
Counts Verified By: BRYANT,TRAVIS LYNN JR

Dressing: 4x8, hypofix tape, fluffed kerlix, jock strap
Packing: NONE

Blood Loss: 25 ml Urine Output: 0 ml

Postoperative Mood: RELAXED
Postoperative Consciousness: ALERT-ORIENTED
Postoperative Skin Integrity: APPROXIMATED SURGICAL INCISION

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Sequential Compression Device: YES

Immediate Use Steam Sterilization Episodes:
   Contamination: 0
   SPS Processing/OR Management Issues: 0
   Emergency Case: 0
   No Better Option: 0
   Loaner or Short Notice Instrument: 0
   Decontamination of Instruments Contaminated During the Case: 0

Nursing Care Comments:
  0754 - Received report from C Rivera RN and assumed care of pt. 0755 - Pt transferred from DSU2 to OR3 via stretcher with side rails up x 2 by A Blackwell RN. Pt moved onto OR table with minimal assistance into supine position. Monitors applied at HOB by Dr Warren. General anesthesia induced without incident. Pillow placed underneath head, arms abducted to 90 degrees and supinated on padded armboards with eggcrate foam padding and secured with pillow cases and tape. Safety strap placed across pt thorax. Pt head/thorax/sacrum on megadyne gel bovie pad. Upper body bair hugger applied and turned on. Remaining hair clipped from right groin/scrotum with clippers by A Blackwell RN. Pt RLQ/right groin/scrotum prepped with Chloraprep solution by A Blackwell RN. No pooling of prep solution noted and pt draped by T Bryant CFA. 0824 - Time out performed with all personnel in agreement. 0825 - Procedure begun. 1gm Ancef powder verified and placed on backtable for use as irrigation to soak mesh. Procedure tol well - concluded at 0950. Medium jock strap applied to apply pressure dressing with fluffed kerlix. Pt emerged from anesthesia easily and transferred back onto stretcher via OR personnel with assistance of roller board. Pt transferred to PACU via stretcher with side rails up x 2. 1004 - arrived in PACU, report given to J Gerald RN who assumes care of pt. Monitors placed, VSS, blood glucose checked with result of 258, pt resting comfortably.

  Bard Mesh PerFix Plug, Large
  REF 0112970
  LOT HUYC0688
  EXP 3/2019
  QUANTITY 1

/es/ APRIL L BLACKWELL
RN
Signed: 08/19/2015 11:22
==========

PRIMARY CARE NP (T)(S)
Site: Amarillo, TX
Date: 07/14/2015 11:36   Author: JOSE RODRIGUEZ-FRONTERA MD
Location: AMA-PACT PATRIOT

LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JUL 14, 2015@11:36   ENTRY DATE: JUL 14, 2015@11:36:51
      AUTHOR: RODRIGUEZ-FRONTERA, EXP COSIGNER:
     URGENCY: STATUS: COMPLETED

SUBJECTIVE: This is a 71 year old male ambulatory to Primary Care. Comes
for his regular medical evaluation. Very concerned person about treatment
    only with natural products.presenting lab. results with very high glucose
    levels and despite our observation, he insist not to follow any other
treatment
    than natural things provided by his wife.Also presenting a recurrent left
    inguinal hernia condition. Has had two previos inguinal repair surgeries
on
the
    same side.

CHIEF COMPLAINT: INGUINAL HERNIA.

PHYSICAL EXAM:
VITALS: TEMP: 98.3 F [36.8 C] (07/14/2015 10:20)
               PULSE: 70 (07/14/2015 10:20)
               RESP: 18 (07/14/2015 10:20)
               B/P: 146/92 (07/14/2015 10:32)
               WT: 182.8 lb [83.1 kg] (07/14/2015 10:20)

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```
               HT:     71.5 in [181.6 cm] (04/05/2012 08:36)
               PAIN:   5 (07/14/2015 10:20)
       HEENT:    PERLA
       LUNGS:     CTA
       HEART:    NSR
       ABD:    LEFT INGUINAL HERNIA. NOT INCARCERATED. NOT PAINFUL
       RECTAL:
       EXT:    AROM
       MISC:


ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

No Medications Found


Medication reconciliation was completed with the patient/caregiver.

LABS:
SODIUM:          138   meq/L   JUL 14,2015@07:37:45
POTASSIUM:       4.1   mmol/L   JUL 14,2015@07:37:45
BUN:             19  H mg/dl   JUL 14,2015@07:37:45

CREATININE                7/14/15 07:37     0.77
GLUCOSE:         327  H mg/dL   JUL 14,2015@07:37:45
AST:             11   IU/L   JUL 14,2015@07:37:45
ALT:             15   IU/L   JUL 14,2015@07:37:45
LDH:             Not found in computer LDH
ALK. PHOS.:      53   IU/L   JUL 14,2015@07:37:45
GGTP:            18      APR 5,2012@07:30:12
T. BILIRUBIN:    0.6   mg/dL   JUL 14,2015@07:37:45
WBC:             9.0   K/cumm   JUL 14,2015@07:37:43
HGB:             14.5   gm/dL   JUL 14,2015@07:37:43
HCT:             43.5   %    JUL 14,2015@07:37:43
MICROALBUMIN:    1.4   mg/dl   APR 5,2012@07:30:18
CHOLESTEROL:     237  H mg/dL   JUL 14,2015@07:37:45
HDL:             42   mg/dL   JUL 14,2015@07:37:45
LDL              165  H mg/dL   JUL 14,2015@07:37:45
LDL-CHOL CALC:   Not found in computer LDL-CHOL CALCULATION
LDL:             140  H mg/dL   MAY 2,2006@08:06:41
TRIG:            153  H mg/dL   JUL 14,2015@07:37:45
FOB1:            Not found in computer OCCULT BLOOD
FOB2:            Not found in computer OCCULT BLOOD #2
FOB3:            Not found in computer OCCULT BLOOD #3
PSA:             0.674   ng/mL   JUL 14,2015@07:37:46
TSH:             2.45   mIU/mL   JUL 14,2015@07:37:46

PROCEDURES:

ASSESSMENT/PLAN:
1.    IDDM - PT. REFUSES ANY OPTION OF TREATMENT. HE WILL CONTINUE TO FOLLOW
THE
    NATURAL MEDICATIONS PRESCRIBED BY HIS WIFE.
2.    INGUINAL HERNIA (RECURRENT)
3.
4.
5. RTC
    10 mo.
  Colorectal Cancer Screening:
    The patient was offered referral to GI for colonoscopy/sigmoidoscopy
    and declines to accept the referral.
      Reason:  DOES NOT BELIVE IS NECESSARY
  DIABETIC EYE EXAM:
    Patient had eye exam previously.
      Location: AMA- VA
      MONTH AND YEAR (REQUIRED): FEB.2015
  Diabetic Foot Exam:
    Patient declined Diabetic Foot Exam.
      Comment: DOES NOT BELIVE HE IS DIABETIC
  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PROVIDER EDUCATION: Today, the patient received written information
      and/or verbal counseling, including risks and benefits, about
      prostate cancer screening and had an opportunity to ask questions.
        Level of Understanding: Good
  Hemoglobin A1C:
    Patient refused diabetic education consult.
```


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ELEVATED BP >140/90:
Patient has a blood pressure cuff at home.
DIABETIC ELEVATED HEMOGLOBIN A1C:
Patient refused Diabetic Education.
MEDICATION RECONCILIATION-PACT:

Active and Recently Expired Outpatient Medications (including Supplies):

No Medications Found

IV Medications
==========
=== No data available

Home medications or patient's list of medications reviewed.

No Medication discrepancies found.

Current medication list reviewed with patient and/or caregiver. List of current medications given to patient and/or caregiver at discharge.

Encouraged to keep list of current medications with them in case of an emergency.

/es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
Signed: 07/14/2015 11:58
User Class: Allopathic and Osteopathic Physicians (04/24/2015 00:00 to present)

Collection Date/Time:
07/14/2015 07:37

Name:
HEMOGLOBIN A1C %

Specimen:
BLOOD

Result:
13.4

Comments:
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 your Provider for performance characteristics of this assay.

Collection Date/Time:
08/19/2015 07:07

Name:
Fingerstick Glucose

Specimen:
BLOOD

Result:
247

Comments:
Test performed by: 25282 Meter #: UU14009657

Facility:
AMARILLO HCS

Facility:
AMARILLO HCS

ACETAMINOPHEN 300MG/CODEINE 30MG TAB - ACTIVE 12 TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN,

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INITIAL RX WAS MAILED OUT
(AMARILLO HCS)

/es/ TODD A RIDGE
ANP
Signed: 08/24/2015 16:08

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	PORTABLE CHEST	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL				Verified	Yes	VistA	MEM

Radiology Reports Detail ~ VA: Memphis, TN PORTABLE CHEST

Priority:

PORTABLE CHEST

Exm Date: SEP 18, 2015@05:00
Req Phys: PAULUS,ELENA M
Pat Loc: OP Unknown/11-10-2020@12:25
Img Loc: AMB CARE
Service: MEDICAL

(Case 614-091815-1686 COMPLETE)PORTABLE CHEST (RAD Inactive) CPT:71010
Reason for Study: chest tube, intubated

Clinical History:
General Radiology - Chest (Portable)

You are ordering a portable chest X-ray. Based on the clinical needs of the patient, please check below......

URGENT REPORT NEEDED. If necessary send to off-site radiologist by TELERADIOLOGY.

Patient Weight: 189.8 lb [86.3 kg] (09/17/2015 09:15)

Report Status: Verified
Date Reported: SEP 18, 2015
Date Verified: SEP 18, 2015
Verifier E-Sig:/ES/JOSHUA R ALBREKTSON

Report:
71010 CHEST X-RAY C4 568 PORTABLE CHEST 99RAP X-ray of the chest

History: The patient is a 72-year-old male clinical indication chest tube, intubated

Comparison: Examination is compared to exam performed on 9/17/15

Technique: A single frontal view was obtained of the chest

Findings: The cardiac silhouette is enlarged but stable.

There is endotracheal tube and nasogastric tube in appropriate position.

There is a Swan-Ganz catheter with the tip located in the main pulmonary artery.

There are no pleural effusions.

There are no pulmonary infiltrates or focal consolidations.

There is a trace left-sided apical pneumothorax. There is a left-sided pleural drain present. There is elevation the right hemidiaphragm. There are bibasal infiltrates.

There are no focal masses.

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The osseous structures are unremarkable. There is no fracture present.

Impression:
Trace left-sided apical pneumothorax. Lines and tubes are in appropriate position.. Stable cardiomegaly. Improving bibasal infiltrates.

** REPORT SIGNATURE ON FILE 9/18/2015 (4:42 Pacific Time) **
Signed by: Joshua Albrektson, M.D.

Primary Diagnostic Code: MAJOR ABNORMALITY, NO ATTN. NEEDED

Primary Interpreting Staff:
JOSHUA R ALBREKTSON, TeleRadiologist (Verifier)
/JRA

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	PORTABLE CHEST	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL				Verified	Yes	VistA	MEM

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Radiology Reports Detail ~ VA: Memphis, TN PORTABLE CHEST

Priority:

PORTABLE CHEST

Exm Date: SEP 17, 2015@10:35
Req Phys: PAULUS,ELENA M
Pat Loc: OP Unknown/11-10-2020@12:25
Img Loc: MAIN
Service: MEDICAL

(Case 614-091715-1530 COMPLETE) PORTABLE CHEST (RAD Inactive) CPT:71010
Reason for Study: s/p PA catheter placement

Clinical History:
General Radiology - Chest (Portable)

You are ordering a portable chest X-ray. Based on the clinical needs of the patient, please check below.....

URGENT REPORT NEEDED. If necessary send to off-site radiologist by TELERADIOLOGY.

Patient Weight: 189.8 lb [86.3 kg] (09/17/2015 09:15)

Report Status: Verified
Date Reported: SEP 17, 2015
Date Verified: SEP 17, 2015
Verifier E-Sig:/ES/DONNA E. SWAIN, M.D.

Report:
EXAMINATION: PORTABLE CHEST

HISTORY: s/p PA catheter placement

FINDINGS: Comparison exams date back to September 17, 2015. 2 left chest tubes. Extensive subcutaneous emphysema. Minimal residual left 8 with serial pneumothorax. There is been insertion of the left internal jugular Swan-Ganz catheter tip in the main pulmonary artery. No complication of line placement seen.

Impression:
Swan-Ganz catheter tip main pulmonary artery

Primary Diagnostic Code:

Primary Interpreting Staff:
DONNA E. SWAIN, M.D., Staff Radiologist (Verifier)
/DES

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	PORTABLE CHEST	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL				Verified	Yes	VistA	MEM

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Radiology Reports Detail ~ VA: Memphis, TN PORTABLE CHEST

Priority:

PORTABLE CHEST

Exm Date: SEP 17, 2015@09:26
Req Phys: ULM,IRENE E
Pat Loc: OP Unknown/11-10-2020@12:25
Img Loc: MAIN
Service: MEDICAL

(Case 614-091715-1499 COMPLETE) PORTABLE CHEST (RAD Inactive) CPT:71010
Reason for Study: chest tube placement

Clinical History:
General Radiology - Chest (Portable)

You are ordering a portable chest X-ray. Based on the clinical needs of the patient, please check below.....

HOLD FOR ONSITE RADIOLOGIST INTERPRETATION. (AVAILABLE NEXT REGULAR BUSINESS DAY)

Patient Weight: 189.8 lb [86.3 kg] (09/17/2015 09:15)

Report Status: Verified
Date Reported: SEP 17, 2015
Date Verified: SEP 17, 2015
Verifier E-Sig:/ES/DONNA E. SWAIN, M.D.

Report:
EXAMINATION: PORTABLE CHEST

HISTORY: chest tube placement

FINDINGS: Comparison exams date back to September 16, 2015 with September 17, 2015 most recent for comparison. ET tube in good position. NG tube below the hemidiaphragm. Heart size remains mildly enlarged. Chronic elevation right hemidiaphragm unchanged. A moderate left pneumothorax persisted despite left chest tube placement p.m. exam September 17. A second chest tube has now been placed. Its tip is directed toward the left mediastinum. The other chest tubes tip is directed toward the left upper lobe. There has been evacuation of the left pneumothorax but there is extensive left subcutaneous emphysema. This subcutaneous emphysema is extending to the right chest. There is new linear atelectasis right lower lobe. There is lucency about the heart. This is likely a pneumomediastinum.

Impression:
Placement of the second left chest tube has now evacuated the left chest pneumothorax but there is extensive subcutaneous emphysema in both the left and right chest.

Primary Diagnostic Code:

Primary Interpreting Staff:
DONNA E. SWAIN, M.D., Staff Radiologist (Verifier)
/DES

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	PORTABLE CHEST	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL				Verified	Yes	VistA	MEM

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Radiology Reports Detail ~ VA: Memphis, TN PORTABLE CHEST

Priority:

PORTABLE CHEST

Exm Date: SEP 17, 2015@05:00
Req Phys: STILES,ZACHARY E
Pat Loc: OP Unknown/11-10-2020@12:26
Img Loc: AMB CARE
Service: MEDICAL

(Case 614-091715-1412 COMPLETE) PORTABLE CHEST (RAD Inactive) CPT:71010
Reason for Study: chest tube

Clinical History:
General Radiology - Chest (Portable)

You are ordering a portable chest X-ray. Based on the clinical needs of the patient, please check below.....

HOLD FOR ONSITE RADIOLOGIST INTERPRETATION. (AVAILABLE NEXT REGULAR BUSINESS DAY)

Patient Weight:

Report Status: Verified
Date Reported: SEP 17, 2015
Date Verified: SEP 17, 2015
Verifier E-Sig:/ES/DAVID S. ARCHIE M.D.

Report:
CLINICAL HISTORY: chest tube

COMPARISON STUDIES: Bedside chest exams September 16 and September 17 at 0231 hours

TECHNIQUE: Bedside AP chest

FINDINGS: Endotracheal tube remains in satisfactory position. Nasogastric tube present with tip past the level of the EG junction. Left-sided thoracostomy tube partially expanding the left lung. Still a pneumothorax at the apex of the left lung. Probable left subpulmonic pneumothorax as well. High-grade partial atelectasis both lower lobes. Heart size and pulmonary vascularity normal.

No significant improvement in the degree of expansion of the left lung since an exam done at 0231 hours on the 17th.

Impression:
Persistent moderate pneumothorax on the left.

2. Bibasilar atelectasis lower lobes.

Primary Diagnostic Code:

Primary Interpreting Staff:
DAVID S. ARCHIE M.D., Staff Radiologist (Verifier)
/DSA

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	PORTABLE CHEST	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL				Verified	Yes	VistA	MEM

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Priority:

PORTABLE CHEST

Exm Date: SEP 17, 2015@02:27
Req Phys: STILES,ZACHARY E
Pat Loc: OP Unknown/11-10-2020@12:26
Img Loc: AMB CARE
Service: MEDICAL

(Case 614-091715-1399 COMPLETE) PORTABLE CHEST (RAD Inactive) CPT:71010
Reason for Study: s/p chest tube

Clinical History:
General Radiology - Chest (Portable)

You are ordering a portable chest X-ray. Based on the clinical needs of the patient, please check below.....

HOLD FOR ONSITE RADIOLOGIST INTERPRETATION. (AVAILABLE NEXT REGULAR BUSINESS DAY)

Patient Weight:

Report Status: Verified
Date Reported: SEP 17, 2015
Date Verified: SEP 17, 2015
Verifier E-Sig:/ES/NICOLAUS J KUEHN

Report:
71010 CHEST X-RAY C4 568 PORTABLE CHEST 99RAP Chest, Single View:

Indications: Status post chest tube placement

Comparison study: [9/16/2015]

Findings:

Single view obtained at 0235 hrs.. Orogastric tube and endotracheal tube appear unchanged.

Lungs: The lung volumes are normal. No focal consolidation. Pulmonary vasculature is within normal limits.

Pleura: Moderate left-sided pneumothorax with 2.7 cm of pleural parietal separation at the apex. No pleural effusion. Interval left-sided chest tube placement with the tip directed towards the medial apex of the left hemithorax.

Heart and Mediastinum: The cardiomediastinal silhouette is normal in size and contour. The great vessels are normal.

Osseous structures: Visualized osseous structures are intact. Subcutaneous emphysema tracks along the left lateral chest wall.

Impression:

No significant interval change in the left-sided pneumothorax with chest tube now present.

Interval subcutaneous emphysema tracking along the left lateral chest wall.

** REPORT SIGNATURE ON FILE 9/17/2015 (1:10 Pacific Time) **
Signed by: Nicolaus Kuehn, M.D.

Primary Diagnostic Code: ABNORMALITY, ATTN. NEEDED

Primary Interpreting Staff:
NICOLAUS J KUEHN, Radiologist (Verifier)
/NJK

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Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	PORTABLE CHEST	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL				Verified	Yes	VistA	MEM

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Priority:

PORTABLE CHEST

Exm Date: SEP 16, 2015@22:48
Req Phys: KUMAR,SACHIN
Pat Loc: MEM EMERGENCY ROOM - EVENING (
Img Loc: AMB CARE
Service: Unknown

(Case 614-091615-1393 COMPLETE)PORTABLE CHEST (RAD Inactive) CPT:71010
Reason for Study: post intubation

Clinical History:
General Radiology - Chest (Portable)

You are ordering a portable chest X-ray. Based on the clinical needs of the patient, please check below.....

HOLD FOR ONSITE RADIOLOGIST INTERPRETATION. (AVAILABLE NEXT REGULAR BUSINESS DAY)

Patient Weight:

Report Status: Verified
Date Reported: SEP 17, 2015
Date Verified: SEP 17, 2015
Verifier E-Sig:/ES/JEFFREY C CAVERLY

Report:
71010 CHEST X-RAY C4 568 PORTABLE CHEST 99RAP

Call for Critical Findings

Chest 1 View

Clinical history: Postintubation.

Prior: 9/16/2015 at 8 PM

Findings: Tip of endotracheal tube is 4.6 cm above the carina. Density Heart size within normal limits. There is still lucency underneath the right hemidiaphragm. There is a little parenchymal scarring at the lung apices. There is left pneumothorax approximately 40 % volume.

Impression:
1. Endotracheal tube tip is 4.6 and is above the carina.

2. There is left pneumothorax of approximately 40 % volume.

3. Lucency underneath the right hemidiaphragm consistent with free intra-abdominal air. This is unchanged from prior.

** REPORT SIGNATURE ON FILE 9/16/2015 (22:39 Pacific Time) **
Signed by: Jeffrey Caverly, M.D.

Primary Diagnostic Code: CRITICAL ABNORMALITY

Primary Interpreting Staff:
JEFFREY C CAVERLY, Staff Physician (Verifier)
/JCC

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	ABDOMEN 1 VIEW	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW				Verified	Yes	VistA	MEM

Radiology Reports Detail ~ VA: Memphis, TN ABDOMEN 1 VIEW

Priority:

ABDOMEN 1 VIEW

Exm Date: SEP 16, 2015@19:53
Req Phys: KARI,SURESH
Pat Loc: MEM EMERGENCY ROOM - EVENING (
Img Loc: AMB CARE
Service: Unknown

*** THIS IS AN AMENDED REPORT ***

(Case 614-091615-1385 COMPLETE)ABDOMEN 1 VIEW (RAD Inactive) CPT:74000
Reason for Study: resusscitation

Clinical History:
General Radiology Exam (Other)

Pertinent Clinical History: kub needed-resusscitation

Patient Weight:

Report Status: Verified
Date Reported: SEP 16, 2015
Date Verified: SEP 16, 2015
Verifier E-Sig:/ES/NAVID AREFI ARDAKANI

Report:
74000 X-RAY EXAM OF ABDOMEN C4 172 ABDOMEN 1 VIEW 99RAP
TECHNIQUE: 2 views Abdomen

COMPARISON: None.

HISTORY: Pain

FINDINGS: Dilated loops of small intestine are seen which appear stacked one on top of the other, suspicious for either partial small bowel obstruction or adynamic ileus. Maximum dilatation measures up to 4 cm. NG tube terminates in the stomach. Lung bases clear.

No abnormal calcifications seen. No definite subdiaphragmatic air is visualized. No organomegaly. Degenerative changes are present involving the skeleton, which is compatible with patient's age.

Addendum: 74000 X-RAY EXAM OF ABDOMEN C4 172 ABDOMEN 1 VIEW 99RAP

Call for Critical Findings;

Lucency under the RIGHT hemidiaphragm suggests subdiaphragmatic air. Perforated viscus is not excluded.

** REPORT SIGNATURE ON FILE 9/16/2015 (19:09 Pacific Time) **
Signed by: Navid Ardakani, M.D.

Addendum: 74000 X-RAY EXAM OF ABDOMEN C4 172 ABDOMEN 1 VIEW 99RAP

Called for Critical Findings by Tiffiny Gaston to Dr. Hernandez on 9/16/2015 7:38 PM Pacific Time Call for Critical Findings;

Lucency under the RIGHT hemidiaphragm suggests subdiaphragmatic air. Perforated viscus is not excluded.

** REPORT SIGNATURE ON FILE 9/16/2015 (19:09 Pacific Time) **
Signed by: Navid Ardakani, M.D.

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Impression:

1. Findings consistent with partial small bowel obstruction.

** REPORT SIGNATURE ON FILE 9/16/2015 (19:02 Pacific Time) **
Signed by: Navid Ardakani, M.D.

Primary Diagnostic Code: MAJOR ABNORMALITY, PHYSICIAN AWARE

Primary Interpreting Staff:
NAVID AREFI ARDAKANI, Staff Physician (Verifier)
/NAA

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	PORTABLE CHEST	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL				Verified	Yes	VistA	MEM

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Radiology Reports Detail ~ VA: Memphis, TN PORTABLE CHEST

Priority:

PORTABLE CHEST

Exm Date: SEP 16, 2015@19:31
Req Phys: KARI,SURESH
Pat Loc: MEM EMERGENCY ROOM - EVENING (
Img Loc: AMB CARE
Service: Unknown

(Case 614-091615-1384 COMPLETE) PORTABLE CHEST (RAD Inactive) CPT:71010
Reason for Study: CP SOB PT IN RESUS RM

Clinical History:
General Radiology -PORTABLE CHEST (PA & LAT)

Pertinent Clinical History: Emergency Room Request CP

Patient Weight:

Report Status: Verified
Date Reported: SEP 16, 2015
Date Verified: SEP 16, 2015

Verifier E-Sig:/ES/VINOD NIGAM

Report:
71010 CHEST X-RAY C4 568 PORTABLE CHEST 99RAP PROCEDURE: One view portable chest.

CLINICAL INFORMATION: Chest pain, shortness of breath.

COMPARISON: None.

FINDINGS: The heart is enlarged. Left lower lobe disease with loss of definition of the left hemidiaphragm is seen, likely in conjunction with a small left effusion. Subdiaphragmatic free air is felt to be present on the right side. The lungs suggest mild pulmonary vascular congestion. No pneumothorax is seen.

Impression:
1. Suspect right subdiaphragmatic free air.

2. Left lower lobe disease, likely in conjunction with a small left effusion.

3. Mild pulmonary vascular congestion.

** REPORT SIGNATURE ON FILE 9/16/2015 (19:11 Pacific Time) **
Signed by: Vinod Nigam, M.D.

Primary Diagnostic Code: ABNORMALITY, ATTN. NEEDED

Primary Interpreting Staff:
VINOD NIGAM, Staff Physician (Verifier)
/VN

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 01, 2015	CT ABD W/O CONT FOR KIDNEY STONES	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL				Verified	Yes	VistA	AMA

Radiology Reports Detail ~ VA: Amarillo, TX CT ABD W/O CONT FOR KIDNEY STONES

Priority:

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CT ABD W/O CONT FOR KIDNEY STONES

Exm Date: SEP 01, 2015@14:47
Req Phys: RICE,ERIC T

Pat Loc: ZZ19AMA-UROLOGY/PA (Req'g Loc)
Img Loc: AMA-COMPUTED TOMOGRAPHY SCAN-X
Service: Unknown

(Case 498 COMPLETE) CT ABD W/O CONT FOR KIDNEY STONES(CT Inactive) CPT:74150
Reason for Study: h/o bilateral hydroureteronephrosis

Clinical History:

Report Status: Verified

Date Reported: SEP 02, 2015
Date Verified: SEP 02, 2015

Verifier E-Sig:

Report:

Examination: CT of the abdomen and pelvis, without intravenous contrast.

Comparison: CT abdomen pelvis from a 13, 2011.

Indication: History of bilateral hydroureteronephrosis.

Technique: Thin slice axial CT images were obtained without intravenous contrast, without oral contrast. Sagittal and coronal images were reconstructed from the source data and submitted for review. DLP = 885.5 mGy*cm.

Findings:

Examination is limited by lack of contrast.

Lower Chest: Again seen emphysematous changes. 3 mm right middle lobe nodule on image 14/3, stable since previous CT abdomen from 2011. Multiple calcified and noncalcified tiny nodules overlying elevated left hemidiaphragm, this area was not imaged on the previous CT exam of the abdomen. Additional tiny bibasilar noncalcified nodules. The visualized portions of the lung fields demonstrate no infiltrate or focal consolidation. No pleural effusion is identified. Coronary calcifications.

Hepatobiliary: The liver demonstrates no focal mass or lesion within the limits of this noncontrast enhanced study. The hepatic parenchymal architecture is grossly unremarkable. The gallbladder is adequately distended without definite calcified stone. No pericholecystic fluid is identified. There is no extrahepatic biliary ductal dilatation.

Pancreas: Fatty atrophy. There is no focal mass or lesion within the limits of this noncontrast enhanced study. There is no pancreatic ductal dilatation.

Spleen: There is no focal lesion. There is a homogeneous splenic parenchymal architecture.

Adrenal glands: There is no mass or nodularity. Punctate calcification overlying left adrenal gland.

Renal: Multiple bilateral renal hypodensities, some mildly increased in size since the previous exam from 2011, this likely represent cysts, however, incompletely evaluated on this noncontrast exam. Bilateral pelviectasis, more prominent on the left, without significant hydronephrosis. No evidence of hydroureter. Multiple pelvic phleboliths without convincing urolithiasis. The kidneys are normal in size for patient age. There is no nephrolithiasis.

Stomach/Bowel: The stomach is mildly distended. There is no focal mass or lesion within the limits of the study. The duodenum is unremarkable and the duodenal sweep crosses midline to the level of the ligament of treitz. The small bowel and colon are normal in caliber. There is no extraluminal air or free fluid. There is no bowel dilatation or evidence of obstruction. The appendix is unremarkable.

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Intra-abdominal lymph nodes without evidence of enlargement. There are no pathologically enlarged lymph nodes in the retroperitoneum.

Vascular: Mild vascular calcifications. The visualized portion of the aorta is normal in caliber.

Genitourinary: Appearance of mild diffuse urinary bladder wall thickening, more than expected for bladder underdistention, correlate for history of bladder outlet obstruction. Prostate with mild interval increase in size, measuring up to 5.5 cm in transverse diameter, correlate clinically.

Osseous: Stable small sclerotic lesions within the left and right ilia, likely represent bone islands. DJD of the spine with multilevel Schmorl nodes. Mild compression fracture of T12, similar to previous exam. R

Body wall: Bilateral inguinal hernias, right one contains fluid and demonstrates adjacent soft tissue stranding with possibly previous hernia repair, correlate clinically. Eventration of the left hemidiaphragm, similar to previous exam.

Impression:

Multiple bilateral renal hypodensities, some mildly increased in size since the previous exam from 2011, likely represent cysts, however, incompletely evaluated on noncontrast exam. Bilateral pelviectasis, more prominent on the left, without significant hydronephrosis. No evidence of hydroureter. Multiple pelvic phleboliths without convincing urolithiasis. There is no nephrolithiasis.

Appearance of mild diffuse urinary bladder wall thickening, more than expected for bladder underdistention, correlate for history of bladder outlet obstruction. Prostate with mild interval increase in size, measuring up to 5.5 cm in transverse diameter, correlate clinically.

Again seen emphysematous changes. Multiple small calcified and noncalcified bibasilar nodules as above, consider CT chest for further evaluation.

Primary Diagnostic Code: ABNORMALITY NOTED OF UNCERTAIN SIGNIFICANCE

Primary Interpreting Staff:
ANATOLIY NEKOZ, radiologist
(Verifier, no e-sig)
/AN

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 13, 2015	CHEST 2 VIEWS PA&LAT	RADIOLOGIC EXAMINATION, CHEST, 2 VIEWS, FRONTAL AND LATERAL;				Verified	Yes	VistA	AMA

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Radiology Reports Detail ~ VA: Amarillo, TX CHEST 2 VIEWS PA&LAT

Priority:

CHEST 2 VIEWS PA&LAT

Exm Date: AUG 13, 2015@15:09
Req Phys: AHMED,SYED H
Pat Loc: ZZ16AMA-GEN SURG NEW YELLOW (R
Img Loc: AMA-XRAY AMARILLO-X
Service: Unknown

(Case 836 COMPLETE) CHEST 2 VIEWS PA&LAT (RAD Inactive) CPT:71020
Reason for Study: Pre-op

Clinical History:

Report Status: Verified
Date Reported: AUG 14, 2015
Date Verified: AUG 14, 2015

Verifier E-Sig:

Report:
Examination: Chest radiographic series, 2 views

Comparison: October 5, 2010.

Indication: Preoperative.

Findings:

Left hemidiaphragm remains elevated. There is no infiltrate, focal consolidation or pleural effusion. The bilateral hemidiaphragms are normally outlined. The cardiac silhouette, mediastinal contour and aorta are within normal limits. Osteopenia, better seen on lateral views of the spine. No acute bony abnormality is identified.

Impression:
No radiographic evidence of acute cardiopulmonary process.
Osteopenia, better seen on lateral views of the spine.

Primary Diagnostic Code: ABNORMALITY, ATTN. NEEDED

Primary Interpreting Staff:
ANATOLIY NEKOZ, radiologist
(Verifier, no e-sig)
/AN

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 11, 2014	US ABD AORTA LIMITED	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED				Verified	Yes	VistA	KAN

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Radiology Reports Detail ~ VA: Kansas City, MO US ABD AORTA LIMITED

Priority:

US ABD AORTA LIMITED

Exm Date: JUL 11, 2014@07:17
Req Phys: DEAN,ELIZABETH E
Pat Loc: KC-CAMERON-PACT PCP01 (Req'g L
Img Loc: KC-ULTRASOUND
Service: Unknown

(Case 4480 COMPLETE) US ABD AORTA LIMITED (US Detailed) CPT:76775
Reason for Study: FORMER SMOKER

(Case 4481 COMPLETE) US BLOOD FLOW ABD/RENAL (LTD) (US Detailed) CPT:93976

Clinical History:

Report Status: Verified
Date Reported: JUL 11, 2014
Date Verified: JUL 11, 2014
Verifier E-Sig:/ES/Padma Kandula, MD

Report:
Abdominal aorta ultrasound

Technique: Real-time ultrasound images of the abdominal aorta were obtained in transverse and longitudinal planes utilizing grayscale imaging and Doppler exam.

Findings: Comparison abdominal aorta ultrasound is not available.

Proximal abdominal aorta: 2.1 (L) X 1.6(AP) x 2.0 (W) cm.

Mid abdominal aorta: 1.6 (L) X 1.2(AP) x 1.6 (W) cm.

Distal abdominal aorta: 1.2 (L) X 1.2(AP) x 1.5 (W) cm.

Right common iliac artery: 1.3 (L) X 1.0(AP) x 1.0 (W) cm.

Left common iliac artery: 1.3 (L) X 0.9(AP) x 1.1 (W) cm.

Impression:
No evidence of abdominal aortic or common iliac artery aneurysm.

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff:
Padma Kandula, MD, Staff Radiologist (Verifier)
/PK

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 11, 2014	US BLOOD FLOW ABD/RENAL (LTD)	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITONEAL ORGANS; LIMITED STUDY				Verified	Yes	VistA	KAN

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Radiology Reports Detail ~ VA: Kansas City, MO US BLOOD FLOW ABD/RENAL (LTD)

Priority:

US BLOOD FLOW ABD/RENAL (LTD)

Proc Ord: US ABD AORTA LIMITED
Exm Date: JUL 11, 2014@07:17
Req Phys: DEAN,ELIZABETH E
Pat Loc: KC-CAMERON-PACT PCP01 (Req'g L
Img Loc: KC-ULTRASOUND
Service: Unknown

(Case 4480 COMPLETE) US ABD AORTA LIMITED (US Detailed) CPT:76775
Reason for Study: FORMER SMOKER

(Case 4481 COMPLETE) US BLOOD FLOW ABD/RENAL (LTD) (US Detailed) CPT:93976

Clinical History:

Report Status: Verified
Date Reported: JUL 11, 2014
Date Verified: JUL 11, 2014
Verifier E-Sig:/ES/Padma Kandula, MD

Report:
Abdominal aorta ultrasound

Technique: Real-time ultrasound images of the abdominal aorta were obtained in transverse and longitudinal planes utilizing grayscale imaging and Doppler exam.

Findings: Comparison abdominal aorta ultrasound is not available.

Proximal abdominal aorta: 2.1 (L) X 1.6(AP) x 2.0 (W) cm.

Mid abdominal aorta: 1.6 (L) X 1.2(AP) x 1.6 (W) cm.

Distal abdominal aorta: 1.2 (L) X 1.2(AP) x 1.5 (W) cm.

Right common iliac artery: 1.3 (L) X 1.0(AP) x 1.0 (W) cm.

Left common iliac artery: 1.3 (L) X 0.9(AP) x 1.1 (W) cm.

Impression:
No evidence of abdominal aortic or common iliac artery aneurysm.

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff:
Padma Kandula, MD, Staff Radiologist (Verifier)
/PK

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 13, 2011	CT ABD W/O CONT FOR KIDNEY STONES	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL				Verified	Yes	VistA	AMA

Radiology Reports Detail ~ VA: Amarillo, TX CT ABD W/O CONT FOR KIDNEY STONES

Priority:

CT ABD W/O CONT FOR KIDNEY STONES

Exm Date: MAY 13, 2011@11:00
Req Phys: BURNS,RUSSELL F
Pat Loc: AMA-PC AMARILLO (Req'g Loc)

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Img Loc: AMA-COMPUTED TOMOGRAPHY SCAN-X
Service: Unknown

(Case 796 COMPLETE) CT ABD W/O CONT FOR KIDNEY STONES(CT Inactive) CPT:74150
Reason for Study: asxmatic hematuria

Clinical History:
Date/Time of Discussion: May 13,2011 Persons Present with
Provider at Discussion: Patient Reason for Study: pt w/ asxmatic
hematuria

Report Status: Verified Date Reported: MAY 13, 2011
Date Verified: MAY 13, 2011
Verifier E-Sig:

Report:

CT ABDOMEN AND PELVIS WITHOUT CONTRAST

Additional History: None.

Comparison: None.

Technique: Study was protocoled and supervised by the local VA facility. Images were subsequently transmitted to and interpreted by the San Bruno / Menlo Park, CA division of the VA National Teleradiology Program (NTP).

Routine 5 mm images of the abdomen and pelvis were obtained without intravenous or oral contrast. Sagittal and coronal reformats. A total of 4 series and 207 images are available for review.

Findings: Examination limited by lack of intravenous contrast and axial slice thickness. Tumors of the solid organs and filling defects of the collecting system cannot be excluded.

No obstructive stones are seen kidneys or ureters. Several small hypodense lesions are seen in both kidneys that measure 1.5 cm or less in size.

Mild prostatomegaly. No splenomegaly. No adrenal masses. No acute inflammatory changes surrounding the gallbladder, pancreas, or colon. No significant free fluid.

Eventration or elevation of the left hemidiaphragm. Mild compression fracture of T12.

Impression:
Limited examination. No obstructive renal or ureteral calculi.

READING PHYSICIAN: Lee, Gerald, M.D. - 1013928225
DATE-TIME: 2011-05-13 12:20:57 Address: VHA National Teleradiology Program, 1001 Sneath Lane, San Bruno, CA. [612-629-7100]

Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED

Primary Interpreting Staff:
RADIOLOGY,OUTSIDE SERVICE, Staff Physician
/

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Nov 19, 2010	MYOCARDIAL IMAGING DUAL WITH TREADMILL STRESS					Verified	Yes	VistA	AMA

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Priority:

MYOCARDIAL IMAGING DUAL WITH TREADMILL STRESS

Exm Date: NOV 19, 2010@10:00
Req Phys: COLEMAN,MARSHALL C

Pat Loc: ZZ15AMA-CARDIOLOGY (Req'g Loc)
Img Loc: AMA-NUCLEAR(RADIOLOGY)-X
Service: Unknown

(Case 973 COMPLETE) MYOCARDIAL IMAGING DUAL WITH TREA(NM Parent)
CPT Modifiers : TC TECHNICAL COMPONENT
Reason for Study: chest pain

Clinical History:
Discussion of Informed Consent: Date/Time of Discussion: Nov 12,2010 Persons Present: Provider, Patient History and Reason for Procedure: Requested by Dr. Allison. Please schedule next week, thank you

Report Status: Verified
Date Reported: NOV 19, 2010
Date Verified: NOV 19, 2010

Verifier E-Sig:

Report:
STUDY: Stress myocardial perfusion study and left ventricular function analysis.

WORKING CLINICAL DIAGNOSIS: Chest pain.

METHOD OF STRESS: The patient underwent a Bruce treadmill exercise tolerance test for 7 minutes and 21 seconds attaining a maximum heart rate of 155. The resting blood pressure was 165/89 and the maximal blood pressure was 168/97.

REASON FOR TERMINATION: Please make reference to the report.

EKG INTERPRETATION: Please make reference to the report.

RADIOPHARMACEUTICAL: The Nuclear Medicine Technologist injected patient with 9.4 mCi of 99mTc sestamibi intravenously during rest and on the same day injected the patient with 32.9 mCi 99mTc sestamibi intravenously during stress.

MYOCARDIAL PERFUSION AND FUNCTION STUDY: Tomographic SPECT images were obtained during both stress and rest. Attenuation compensation was performed. There is no evidence of stress induced ischemia or myocardial infarction. Left ventricle is of normal size with normal wall motion. The resting left ventricular ejection fraction was equal to 66 percent.

Impression:
1. Normal perfusion without evidence of stress-induced ischemia or myocardial infarctions. 2. Normal left ventricular size and function.

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff:
JOHN C LASHER, Staff Physician
(Verifier, no e-sig)
/JCL

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Nov 19, 2010	PROVISION OF SESTA/MIRA HEART					Verified		VistA	AMA

Radiology Reports Detail ~ VA: Amarillo, TX PROVISION OF SESTA/MIRA HEART

Priority:

PROVISION OF SESTA/MIRA HEART

Exm Date: NOV 19, 2010@10:00
Req Phys: COLEMAN,MARSHALL C
Pat Loc: ZZ15AMA-CARDIOLOGY (Req'g Loc)
Img Loc: AMA-NUCLEAR(RADIOLOGY)-X
Service: Unknown

(Case 975 COMPLETE) PROVISION OF SESTA/MIRA HEART (NM Detailed) CPT:A9500
Proc Modifiers : RESTING
Reason for Study: STRESS

Clinical History:
Discussion of Informed Consent: Date/Time of Discussion: Nov 12,2010 Persons Present: Provider, Patient History and Reason for Procedure: Requested by Dr. Allison. Please schedule next week, thank you

Report Status: Verified
Date Reported: NOV 19, 2010
Date Verified: NOV 19, 2010

Verifier E-Sig:

Report:
Technical component only - This report was completely administratively.

The patient received a dose of radioactivity for the imaging procedure performed in Nuclear Medicine.

Impression:
Technical component only.

See Nuclear Medicine procedure interpretation for examination performed on this day.

Primary Diagnostic Code: NO DIAGNOSTIC CODE DESIGNATED

Primary Interpreting Staff:
JOHN C LASHER, Staff Physician
Verified by transcriptionist for JOHN C LASHER
/AEK

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Nov 19, 2010	PROVISION OF SESTA/MIRA HEART					Verified		VistA	AMA

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Priority:

PROVISION OF SESTA/MIRA HEART

Exm Date: NOV 19, 2010@10:00
Req Phys: COLEMAN,MARSHALL C

Pat Loc: ZZ15AMA-CARDIOLOGY (Req'g Loc)
Img Loc: AMA-NUCLEAR(RADIOLOGY)-X
Service: Unknown

(Case 976 COMPLETE) PROVISION OF SESTA/MIRA HEART (NM Detailed) CPT:A9500
Proc Modifiers : STRESS
Reason for Study: STRESS

Clinical History:
Discussion of Informed Consent: Date/Time of Discussion: Nov 12,2010 Persons Present: Provider, Patient History and Reason for Procedure: Requested by Dr. Allison. Please schedule next week, thank you

Report Status: Verified
Date Reported: NOV 19, 2010
Date Verified: NOV 19, 2010

Verifier E-Sig:

Report:
Technical component only - This report was completely administratively.

The patient received a dose of radioactivity for the imaging procedure performed in Nuclear Medicine.

Impression:
Technical component only.

See Nuclear Medicine procedure interpretation for examination performed on this day.

Primary Diagnostic Code: NO DIAGNOSTIC CODE DESIGNATED

Primary Interpreting Staff:
JOHN C LASHER, Staff Physician
Verified by transcriptionist for JOHN C LASHER
/AEK

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 05, 2010	CHEST 2 VIEWS PA&LAT	RADIOLOGIC EXAMINATION, CHEST, 2 VIEWS, FRONTAL AND LATERAL;				Verified	Yes	VistA	AMA

Radiology Reports Detail ~ VA: Amarillo, TX CHEST 2 VIEWS PA&LAT

Priority:

CHEST 2 VIEWS PA&LAT

Exm Date: OCT 05, 2010@09:40
Req Phys: WATTS-HARKNESS,KATHRYN A
Pat Loc: ZZ11LIBERAL-PC MIDLEVEL (Req'g
Img Loc: AMA-XRAY AMARILLO-X
Service: Unknown

(Case 187 COMPLETE) CHEST 2 VIEWS PA&LAT (RAD Inactive) CPT:71020
Reason for Study: Chest pain 2 episode

Clinical History:
NEW PATIENT R/O CAD

Report Status: Verified
Date Reported: OCT 05, 2010
Date Verified: OCT 05, 2010

Verifier E-Sig:

Report:
Chest, PA and lateral views:

No significant change from 2/20/2008. Lung fields remain clear and expanded. Heart, aorta and mediastinum appeared unremarkable. Left hemidiaphragm remains elevated. Mild kyphosis, thoracic spine. Mild thickening, pleura minor fissure.

Impression:
No significant interval change. No acute pulmonary changes or evidence of cardiac enlargement.

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
VICENTE F MAZA, Chief of RADIOLOGY
(Verifier, no e-sig)
/VFM

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2009	FEE-BASIS ECHOGRAM AORTA W/O DOPPLER	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED				Electronically Filed	Yes	VistA	AMA

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Radiology Reports Detail ~ VA: Amarillo, TX FEE-BASIS ECHOGRAM AORTA W/O DOPPLER

Priority:

FEE-BASIS ECHOGRAM AORTA W/O DOPPLER

Exm Date: AUG 19, 2009@16:47
Req Phys: SEGARRA,ORLANDO
Pat Loc: ZZ11AMA-TEAM 2 SEGARRA (Req'g
Img Loc: AMA-FEE-BASIS-X
Service: Unknown

(Case 627 COMPLETE) FEE-BASIS ECHOGRAM AORTA W/O DOPP(US Detailed) CPT:76775
Reason for Study: AAA screening

Clinical History:
Creatinine at time of order: 1.0 mg/dL JUL
14,2009@09:10:44
Date/Time of Discussion: Aug 11,2009
Persons Present with Provider at Discussion :
Patient
Reason for Study: AAA screening

Report Status: Electronically Filed Date Reported: AUG 19, 2009

Report:

Impression:
Please refer to the attached scanned text document. This can be accessed in CPRS by the selecting Tools Menu, then select Imaging, and then the Display.

Primary Diagnostic Code: FEE-BASIS

VERIFIED BY:

/

****
ELECTRONICALLY FILED
****

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 11, 2009	SPINE CERVICAL MIN 4 VIEWS	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS				Verified	Yes	VistA	AMA

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Radiology Reports Detail ~ VA: Amarillo, TX SPINE CERVICAL MIN 4 VIEWS

Priority:

SPINE CERVICAL MIN 4 VIEWS

Exm Date: AUG 11, 2009@13:40
Req Phys: SEGARRA,ORLANDO
Pat Loc: ZZ11AMA-TEAM 2 SEGARRA (Req'g
Img Loc: AMA-XRAY AMARILLO-X
Service: Unknown

(Case 413 COMPLETE) SPINE CERVICAL MIN 4 VIEWS (RAD Detailed) CPT:72050
Proc Modifiers : WEIGHT BEARING
Reason for Study: Neck pain

Clinical History:
pre-chiropractor care.

Report Status: Verified
Date Reported: AUG 11, 2009
Date Verified: AUG 11, 2009
Verifier E-Sig:

Report:
Cervical spine with at least 4 views. The history is neck pain and prechiropractic care. Previous cervical spine comparison x-ray was 05/06/2008 and 05/02/2006.

Findings: No changes have occurred since the previous x-rays. There is good alignment, with no subluxation or spondylolisthesis. No compression fractures of the vertebral bodies or laminar fractures are present. There is chronic and relatively stable narrowing and degeneration at the C5-C6 disc including bilateral neural foramina encroachment by small spurs at C5-C6.

Impression:
No compression fractures. Alignment is normal. There is narrowing and degeneration at the C5-C6 disc and bilateral neural foramina encroachment by spurs also at C5-C6.

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
HOWARD S NUNN, PHYSICIAN
(Verifier, no e-sig)
/HSN

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 15, 2008	SPINE LUMBOSACRAL MIN 4 VIEWS	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF 4 VIEWS				Verified	Yes	VistA	AMA

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Radiology Reports Detail ~ VA: Amarillo, TX SPINE LUMBOSACRAL MIN 4 VIEWS

Priority:

SPINE LUMBOSACRAL MIN 4 VIEWS

Exm Date: SEP 15, 2008@10:37
Req Phys: SEGARRA,ORLANDO
Pat Loc: ZZ11AMA-TEAM 2 SEGARRA (Req'g
Img Loc: AMA-XRAY AMARILLO-X
Service: Unknown

(Case 95 COMPLETE) SPINE LUMBOSACRAL MIN 4 VIEWS (RAD Detailed) CPT:72110
Proc Modifiers : WEIGHT BEARING, FLEXION, EXTENSION
Reason for Study: See Clinical History:

Clinical History:
Left sciatica.

Report Status: Verified
Date Reported: SEP 15, 2008
Date Verified: SEP 15, 2008

Verifier E-Sig:

Report:
Comparison: 5/2/2006.

Impression:

Stable degenerative changes.

No acute process demonstrated.

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
TULLY J CURRIE
(Verifier, no e-sig)
/TJC

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 15, 2008	KNEE 1 OR 2 VIEWS LEFT	RADIOLOGIC EXAMINATION, KNEE; 1 OR 2 VIEWS				Verified	Yes	VistA	AMA

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Radiology Reports Detail ~ VA: Amarillo, TX KNEE 1 OR 2 VIEWS LEFT

Priority:

KNEE 1 OR 2 VIEWS LEFT

Proc Ord: KNEE 2 VIEWS BILAT NON-WT BRG
Exm Date: SEP 15, 2008@10:36
Req Phys: SEGARRA,ORLANDO
Pat Loc: ZZ11AMA-TEAM 2 SEGARRA (Req'g
Img Loc: AMA-XRAY AMARILLO-X
Service: Unknown

(Case 93 COMPLETE) KNEE 1 OR 2 VIEWS LEFT (RAD Detailed) CPT:73560
Proc Modifiers : WEIGHT BEARING
Reason for Study: See Clinical History:

(Case 94 COMPLETE) KNEE 1 OR 2 VIEWS RIGHT (RAD Detailed) CPT:73560
Proc Modifiers : WEIGHT BEARING

Clinical History:
Right knee lateral sprain. R/O DJD.

Report Status: Verified
Date Reported: SEP 15, 2008
Date Verified: SEP 15, 2008

Verifier E-Sig:

Report:

Impression:

Calcific osteochondromatosis of the right knee.

Mild osteoarthritis bilaterally.

There is no evidence of fracture

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
TULLY J CURRIE
(Verifier, no e-sig)
/TJC

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 15, 2008	KNEE 1 OR 2 VIEWS RIGHT	RADIOLOGIC EXAMINATION, KNEE; 1 OR 2 VIEWS				Verified	Yes	VistA	AMA

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Priority:

KNEE 1 OR 2 VIEWS RIGHT

Proc Ord: KNEE 2 VIEWS BILAT NON-WT BRG
Exm Date: SEP 15, 2008@10:36
Req Phys: SEGARRA,ORLANDO
Pat Loc: ZZ11AMA-TEAM 2 SEGARRA (Req'g
Img Loc: AMA-XRAY AMARILLO-X
Service: Unknown

(Case 93 COMPLETE) KNEE 1 OR 2 VIEWS LEFT (RAD Detailed) CPT:73560
Proc Modifiers : WEIGHT BEARING
Reason for Study: See Clinical History:

(Case 94 COMPLETE) KNEE 1 OR 2 VIEWS RIGHT (RAD Detailed) CPT:73560
Proc Modifiers : WEIGHT BEARING

Clinical History:
Right knee lateral sprain. R/O DJD.

Report Status: Verified
Date Reported: SEP 15, 2008
Date Verified: SEP 15, 2008

Verifier E-Sig:

Report:

Impression:

Calcific osteochondromatosis of the right knee.

Mild osteoarthritis bilaterally.

There is no evidence of fracture

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
TULLY J CURRIE
(Verifier, no e-sig)
/TJC

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 06, 2008	SPINE CERVICAL MIN 4 VIEWS	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS				Verified	Yes	VistA	AMA

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Radiology Reports Detail ~ VA: Amarillo, TX SPINE CERVICAL MIN 4 VIEWS

Priority:

SPINE CERVICAL MIN 4 VIEWS

Exm Date: MAY 06, 2008@08:53
Req Phys: SEGARRA,ORLANDO
Pat Loc: ZZ11AMA-TEAM 2 SEGARRA (Req'g
Img Loc: AMA-XRAY AMARILLO-X
Service: Unknown

(Case 270 COMPLETE) SPINE CERVICAL MIN 4 VIEWS (RAD Detailed) CPT:72050
Reason for Study: See Clinical History:

Clinical History:
F/U DJD cervical spine, r/o sublaxation.

Report Status: Verified
Date Reported: MAY 07, 2008
Date Verified: MAY 07, 2008

Verifier E-Sig:

Report:

Impression:
No fracture or subluxation. Mild degenerative osteophyte formation at C5, C6, and C7. Oblique views do not reveal obvious foraminal stenosis. The frontal and odontoid views are normal.

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
RAKESH SHAH, PHYSICIAN
(Verifier, no e-sig)
/SR

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 27, 2008	UPPER GI + ESOPHOGRAM	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFERVESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH OR WITHOUT DELAYED IMAGES, WITH KUB				Verified	Yes	VistA	AMA

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Radiology Reports Detail ~ VA: Amarillo, TX UPPER GI + ESOPHOGRAM

Priority:

UPPER GI + ESOPHOGRAM

Exm Date: FEB 27, 2008@09:44
Req Phys: SEGARRA,ORLANDO
Pat Loc: ZZ11AMA-TEAM 2 SEGARRA (Req'g
Img Loc: AMA-XRAY AMARILLO-X
Service: Unknown

(Case 475 COMPLETE) UPPER GI + ESOPHOGRAM (RAD Inactive) CPT:74247
Contrast Media : Barium
Reason for Study: See Clinical History:

Clinical History:
R/O GERD vs Esophagitis

Report Status: Verified
Date Reported: FEB 27, 2008
Date Verified: FEB 27, 2008

Verifier E-Sig:

Report:
The swallowing mechanism and esophageal motility appear normal.
No hiatal hernia or gastroesophageal reflux are demonstrated.
There are no esophageal masses or strictures. The mucosal pattern
of the stomach appears normal. There is no gastric outlet
obstruction. The duodenum and proximal jejunum appear
unremarkable.

Impression:
Normal esophagram and upper GI.

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff:
STANLEY D COOK, PHYSICIAN
(Verifier, no e-sig)
/sdc

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 20, 2008	CHEST 2 VIEWS PA&LAT	RADIOLOGIC EXAMINATION, CHEST, 2 VIEWS, FRONTAL AND LATERAL;				Verified	Yes	VistA	AMA

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Radiology Reports Detail ~ VA: Amarillo, TX CHEST 2 VIEWS PA&LAT

Priority:

CHEST 2 VIEWS PA&LAT

Exm Date: FEB 20, 2008@08:48
Req Phys: SEGARRA,ORLANDO
Pat Loc: ZZ11AMA-TEAM 2 SEGARRA (Req'g
Img Loc: AMA-XRAY AMARILLO-X
Service: Unknown

(Case 221 COMPLETE) CHEST 2 VIEWS PA&LAT (RAD Inactive) CPT:71020
Reason for Study: See Clinical History:

Clinical History:
Hackin dry cough

Report Status: Verified
Date Reported: FEB 20, 2008
Date Verified: FEB 20, 2008

Verifier E-Sig:

Report:
Report: No previous.

Impression:
Elevated left hemidiaphragm. No pulmonary infiltrate or pleural effusion. Normal cardiomediastinal structures. No acute process.

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
KIMBERLY A WAUGH, PHYSICIAN
(Verifier, no e-sig)
/KAW

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 02, 2006	SPINE CERVICAL MIN 4 VIEWS	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS				Verified	Yes	VistA	AMA

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Radiology Reports Detail ~ VA: Amarillo, TX SPINE CERVICAL MIN 4 VIEWS

Priority:

SPINE CERVICAL MIN 4 VIEWS

Exm Date: MAY 02, 2006@11:27
Req Phys: SEGARRA,ORLANDO
Pat Loc: ZZ11AMA-TEAM 2 SEGARRA NEW (Re
Img Loc: AMA-XRAY AMARILLO-X
Service: Unknown

(Case 271 COMPLETE) SPINE CERVICAL MIN 4 VIEWS (RAD Detailed) CPT:72050

Clinical History:
MVA 1991 - neck/ back injuries. Pt seeking evaluation for chiropractor care.

Report Status: Verified
Date Reported: MAY 02, 2006
Date Verified: MAY 02, 2006

Verifier E-Sig:

Report:
Cervical spine. No prior comparison.

Impression:

Degenerative changes with anterior spurring of the vertebral bodies particularly at C5,C6 and C7. There is narrowing of the C5-C6 and to a lesser degree C6-C7 disk spaces. Oblique views show encroachment of the neural foramina predominating at C5-C6, left greater than right.

Primary Diagnostic Code: ABNORMALITY, ATTN. NEEDED

Primary Interpreting Staff:
PAUL ATALLAH, radiologist
(Verifier, no e-sig)
/PA

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 02, 2006	SPINE LUMBOSACRAL MIN 4 VIEWS	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF 4 VIEWS				Verified	Yes	VistA	AMA

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Radiology Reports Detail ~ VA: Amarillo, TX SPINE LUMBOSACRAL MIN 4 VIEWS

Priority:

SPINE LUMBOSACRAL MIN 4 VIEWS

Exm Date: MAY 02, 2006@11:27
Req Phys: SEGARRA,ORLANDO
Pat Loc: ZZ11AMA-TEAM 2 SEGARRA NEW (Re
Img Loc: AMA-XRAY AMARILLO-X
Service: Unknown

(Case 272 COMPLETE) SPINE LUMBOSACRAL MIN 4 VIEWS (RAD Detailed) CPT:72110

Clinical History:
MVA 1991 - neck an back injuries, needs evaluation for chiropractor

Report Status: Verified
Date Reported: MAY 02, 2006
Date Verified: MAY 02, 2006

Verifier E-Sig:

Report:
Lumbar spine. The no prior comparison.

Impression:

Moderate osteopenia and mild anterior wedging of T12. Normal alignment of the vertebral bodies. Intervertebral spaces are fairly well-maintained. Moderate facet arthropathy predominating at L5-S1.

Primary Diagnostic Code: MAJOR ABNORMALITY, NO ATTN. NEEDED

Primary Interpreting Staff:
PAUL ATALLAH, radiologist
(Verifier, no e-sig)
/PA

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 07, 1997	ZZSPINE LUMBOSACRAL MIN 2 VIEWS	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF 4 VIEWS				Verified		VistA	ECH

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Radiology Reports Detail ~ VA: Eastern Colorado HCS ZZSPINE LUMBOSACRAL MIN 2 VIEWS

Priority:

ZZSPINE LUMBOSACRAL MIN 2 VIEWS

Proc Ord: Unknown
Exm Date: FEB 07, 1997@10:45
Req Phys: VINSON,RAPHAEL W
Pat Loc: OP Unknown/11-10-2020@11:28
Img Loc: RMR GENERAL RADIOGRAPHY
Service: Unknown

(Case 1641 COMPLETE) ZZSPINE LUMBOSACRAL MIN 2 VIEWS (RAD Inactive) CPT:72110

Clinical History:
MECHANICAL LOW BACK PAIN

Report Status: Verified
Date Reported: FEB 09, 1997
Date Verified: FEB 11, 1997

Verifier E-Sig:/ES/SEAN CASEY

Report:
TWO VIEWS OF LUMBOSACRAL SPINE:

-
AP and lateral radiographs of the lumbosacral spine demonstrate no fractures or subluxations. The intervertebral disk spaces are of uniform height. The vertebral bodies and posterior elements are well aligned. Several punctate calcifications are seen in the pelvis bilaterally, which are consistent with phleboliths.

-

Impression:
Normal radiographs of the lumbosacral spine. There is a small Schmorl's node of the inferior end-plate of the L3 vertebral body, but this is essentially a normal variant.

Primary Diagnostic Code:

Primary Interpreting Staff:
SEAN CASEY, IMAGING (Verifier)
/

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	UROLOGICAL - INPT		PAULUS,ELENA M	Allopathic & Osteopathic Physicians		COMPLETE		VistA	MEM

Consult Encounters Detail ~ VA: Memphis, TN UROLOGICAL - INPT

Current Pat. Status: Outpatient
Primary Eligibility: SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type: SC VETERAN
OEF/OIF: NO

Service Connection/Rated Disabilities
SC Percent: 70%
Rated Disabilities: LUMBOSACRAL OR CERVICAL STRAIN (40%)
MAJOR DEPRESSIVE DISORDER (30%)
LIMITED MOTION IN CERVICAL SPINE (10%)
CLAVICLE OR SCAPULA, IMPAIRMENT OF (10%)

Order Information
To Service: UROLOGICAL - INPT
From Service: 3-SICU
Requesting Provider: PAULUS,ELENA M
Service is to be rendered on an INPATIENT basis
Place: Bedside
Urgency: Routine

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Clinically Ind. Date: Sep 17, 2015
Orderable Item: UROLOGICAL - INPT
Consult: Consult Request
Reason For Request:
  Microscopic/Gross Hematuria
EARLIEST APPROPRIATE DATE: Inpatient

****
Service Connection:
Eligibility: SERVICE CONNECTED 50% to 100% VERIFIED
Total S/C %: 70
MAJOR DEPRESSIVE DISORDER 30%
 S/C
LIMITED MOTION IN CERVICAL SPINE 10%
 S/C
CLAVICLE OR SCAPULA, IMPAIRMENT OF 10%
 S/C
LUMBOSACRAL OR CERVICAL STRAIN 40%
 S/C
MAJOR DEPRESSIVE DISORDER 30% SC
LIMITED MOTION IN CERVICAL SPINE 10% SC
CLAVICLE OR SCAPULA, IMPAIRMENT OF 10% SC
LUMBOSACRAL OR CERVICAL STRAIN 40% SC
****

Patient's current age: 72

[No] Pain associated with hematuria?
Type of hematuria? [ ] Microscopic [X] Gross

Previous Urological Surgery?: CYSTOSCOPY 9/1/15

Most recent labs:
SCLU - Red Blood Cells
  No data available for ZZRBC (DO NOT USE)

APPEARA:	Ex.Turbi	(09/16/15 19:25)
BILIRUB:	Neg	(09/16/15 19:25)
COLOR :	RED	(09/16/15 19:25)
KETONES:	Neg	(09/16/15 19:25)
LEU ASE:	3+	(09/16/15 19:25)
NITRITE:	Neg	(09/16/15 19:25)
PH:	5.0	(09/16/15 19:25)
PROTEIN:	2+	(09/16/15 19:25)
SP.GRAV:	1.012	(09/16/15 19:25)
UR GLU:	3+	(09/16/15 19:25)
UR MICR:	DONE	(09/16/15 19:25)
UR. BLD:	3+	(09/16/15 19:25)
UROBILI:	<2.0	(09/16/15 19:25)
iAMORPH:	MODERATE	(09/16/15 19:25)
iRBC/HP:	>100	(09/16/15 19:25)
iUR BAC:	4+	(09/16/15 19:25)
iUR MUC:	MANY	(09/16/15 19:25)
iWBC/HP:	>100	(09/16/15 19:25)
zWBCC:	MANY	(09/16/15 19:25)

Coll. date: SEP 16, 2015@19:25:52 Coll. Sample: URINE
Site/specimen: URINE Completed:
Gram Stain: NONE LISTED
Organism: NONE LISTED
Bact Report Remarks: NONE LISTED
Mycology Report Remarks: NONE LISTED

Imaging results:

Narrative: ALREADY DISCUSSED W/ CHIEF RESIDENT LAU- CRITICALLY ILL ON
MULTIPLE
PRESSORS

Inter-facility Information
This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE

Facility

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Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	09/17/15 10:35	PAULUS,ELENA M	PAULUS,ELENA M
INCOMPLETE RPT	09/17/15 16:30	LAU,GLEN A	LAU,GLEN A
Note# 27667467			
COMPLETE/UPDATE	09/18/15 09:32	LAU,GLEN A	HASEN,HOWARD B
Note# 27667467			

Note: TIME ZONE is local if not indicated

LOCAL TITLE: UROLOGY CONSULT
STANDARD TITLE: UROLOGY CONSULT
DATE OF NOTE: SEP 17, 2015@16:06 ENTRY DATE: SEP 17, 2015@16:06:33
AUTHOR: LAU,GLEN A EXP COSIGNER: HASEN,HOWARD B
URGENCY: STATUS: COMPLETED

Attending of record is HASEN, HOWARD, who agrees with management of care

H&P SEP 17, 2015

HOPKINS,MARSHALL HUGH
(b)(6)

CC: hematuria

HPI: Pt is a 72 yo M with PMH of Dm, Hl, BPH who was en route to north carolina and had hematemesis and melena and was found to be hypotensive when brought to the ER last night. Pt. had free air in abdomen on KUB and was taken for exploratory laparotomy during which he was found to have ischemic bowel now s/p resection. He remains in ICU with temporary abdominal closure and is being treated for septic shock. He was noted to have hematuria, for which urology is being consulted along with a request to be present for his repeat exploration tomorrow 9/18 to evaluate the bladder.

Of note pt had a inguinal hernia repair about 1 month ago and had been having issues
with urinary retention after that. he was admitted for bladder outlet obstruction and was found to have hydronephrosis/pyelo and was treated with rocephin. per the wife, he has since been seen by Urology in amarillo, texas and had cystoscopy, which was negative for concerning findings.

PMH:
DM, HLD, BPH

Surgeries:
SEP 17, 2015@00:25 Proc: EXPLORATORY LAPAROTOMY, WITH BOWEL RESECTION
bilateral inguinal hernia repairs

Family History:
No GU Malignancy

Social History:
former tobacco and alcohol use, none in last few years. no illicits

Medications:
Home medications include Insulin and flomax

ALLERGIES: Patient has answered NKA

Vitals:

DATE/TIME	TEMP	PULSE	RESP	BP	PAIN
9/17/15 @ 0925					99
9/17/15 @ 0915					
9/17/15 @ 0800	97.8	115	16	91/66	99
9/17/15 @ 0416					99
9/16/15 @ 2200		106	21	125/76	
9/16/15 @ 2044		106	18	95/60	
9/16/15 @ 1935	97	121	14	68/38	

PE:
intubated, sedated
on vent, bilat. breath sounds
s1/s2, tachycardic
temporary abd. closure
GU:circ phallus, testes desc. bilaterally, no masses.

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foley in place with yellow urine and some bloody sediment

Labs:

WB7GLUCOSE: 100.0
CORTISOL (Ortho): 33.30 H
WB7GLUCOSE: 62.0 L
D-DIMER(STA): 6.94 H
FIBSTA4: 655.00 H
WBC3: 13.07 H
RBC3: 3.26 L
HCT3: 27.1 L
MCV3: 83.1
MCH3: 28.5
MCHC3: 34.3
RDW3: 13.9
PLT3: 100 L
NE%3: 75.0 H
LY%3: 17.2
MO%3: 6.3
EO%3: 0.7
BA%3: 0.5
NE#3: 9.81 H
LY#3: 2.25
MO#3: 0.82
EO#3: 0.09
BA#3: 0.06
HGB3: 9.3 L
NRBC%3: 0.0
NRBC#3: 0.0
MPV/3: 11.9
IG%: 0.3
IG#: 0.04
IPF: 12.2 H
INR (STA2): 1.55 H
PTSTA4: 18.0 H
BILIRUBIN,TOTAL: 0.6
LACTATE: 3.0 H
UREA NITROGEN (00): 90 H
SODIUM (00): 135
POTASSIUM (00): 2.8 L*
CHLORIDE (00): 99 L
GLUCOSE (00): 64 L
CALCIUM (00): 6.1 L
ALKALINEPHOS: 58
CARBONDIOX: 27
AST: 477 H
ALT: 188 H
CREATININE 2: 3.8 H
WB7GLUCOSE: 81.0
FIO2 (L. OR %): 60
I-STAT MVBG PH: 7.283 L
I-STAT MVBG PCO2: 54.0 H
I-STAT MVBG PO2: 30 L*
I-STAT MVBG HCO3: 25.6
I-STAT MVBG 02HB% (SAT): 49
I-STAT MVBG BASE EXCESS: -1
I-STAT MVBG TCO2: 27
FIO2 (L. OR %): 60.00
I-STAT PH: 7.30
I-STAT PCO2: 46.60 H
I-STAT PO2: 85.00
I-STAT BASE EXCESS: -3
I-STAT O2: 95.00
I-STAT TCO2: 24.00
I-STAT HCO3: 23.00
WB7GLUCOSE: 99.0
WB7GLUCOSE: 131.0 H
WB7GLUCOSE: 175.0 H
VANCOMYCIN (Ortho): 18.67
WB7GLUCOSE: 256.0 H
PO4: 3.0
LACTATE: 4.2 H
IONIZED CALCIUM (MMOL/L): 0.98 L
FIO2 (L. OR %): 70.00
I-STAT PH: 7.18 L*
I-STAT PCO2: 49.60 H
I-STAT PO2: 82.00
I-STAT BASE EXCESS: -10
I-STAT O2: 93.00

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I-STAT TCO2: 20.00 L
I-STAT HCO3: 18.70 L
WB7GLUCOSE: 245.0 H
WB7GLUCOSE: 236.0 H
WB7GLUCOSE: 379.0 H
WB7GLUCOSE: 436.0 H
WB7GLUCOSE: 370.0 H
INR (STA2): 1.57 H
PTSTA4: 18.2 H
MANUAL-DIFF: comment
WBC3: 7.87
RBC3: 3.07 L
HCT3: 25.4 L
MCV3: 82.7
MCH3: 28.7
MCHC3: 34.6
RDW3: 13.9
PLT3: 140 L
NE%3: 72.7 H
LY%3: 24.7
MO%3: 1.4 L
EO%3: 0.3
BA%3: 0.8
NE#3: 5.73
LY#3: 1.94
MO#3: 0.11 L
EO#3: 0.02
BA#3: 0.06
HGB3: 8.8 L
NRBC%3: 0.6
NRBC#3: 0.1
MPV/3: 11.4
IG%: 0.1
IG#: 0.01
IPF: 12.0 H
PO4: 5.1 H
PROTEIN,TOTAL: 4.1 L
BILIRUBIN,TOTAL: 0.6
MAGNESIUM: 2.0
LACTATE: 6.5 H
UREA NITROGEN (00): 93 H
SODIUM (00): 135
POTASSIUM (00): 4.0
CHLORIDE (00): 95 L
GLUCOSE (00): 337 H
CALCIUM (00): 6.5 L
EGFR: 16.23 L
ALBUMINV: 1.9 L
ALKALINEPHOS: 60
CREACPROT: 467.6 H
CARBONDIOX: 27
AST: 74 H
ALT: 62 H
CREATININE 2: 3.7 H
IONIZED CALCIUM (MMOL/L): 0.93 L
APTT4: 34.8
WB7GLUCOSE: 276.0 H
FIO2 (L. OR %): 80.00
I-STAT PH: 7.20 L*
I-STAT PCO2: 51.20 H
I-STAT PO2: 86.00
I-STAT BASE EXCESS: -8
I-STAT O2: 94.00
I-STAT TCO2: 21.00 L
I-STAT HCO3: 19.80
PO4: 2.4
CALCIUM (00): 6.2 L
TROPONIN I (Ortho): 0.126 H
CORTISOL (Ortho): 23.40
BILIRUBIN,TOTAL: 0.5
ALKALINEPHOS: 61
AST: 74 H
ALT: 60 H
TROPONIN I (Ortho): 0.087
I-STAT NA: 122.00 L
I-STAT K: 3.9
I-STAT CL: 92.00 L
I-STAT BUN: 101.00 H
I-STAT GLUC: 458.00 H
I-STAT HCT: 35.00 L

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I-STAT HGB: 11.90
I-STAT iCa: 0.96 L
I-STAT TCO2: 17.00 L
I-STAT CREA: 4.3 H
ISTATANIONGAP: 18.00
I-STAT NA: 123.00 L
I-STAT K: 3.6
I-STAT CL: 91.00 L
I-STAT BUN: 100.00 H
I-STAT GLUC: 542.00 H*
I-STAT HCT: 28.00 L
I-STAT HGB: 9.50 L
I-STAT iCa: 0.97 L
I-STAT TCO2: 16.00 L
I-STAT CREA: 4.2 H
ISTATANIONGAP: 20.00
AMYLASE (00): 285 H
LIPASEV: 228 H
KETONES: NEG
INR (STA2): 1.50 H
PTSTA4: 17.6 H
MANUAL-DIFF: O
NSEGSMAN: 60
NBANDMAN: 15
METAMAN: 11
MYELOMAN: 4
LYMPHMAN: 5
MONOMAN: 5
PLTCLUMPMAN: F
LGGNTPLTMAN: F
Normochromic/Normocytic: NCN
PATHOLOGIST SLIDE REVIEW: PEARLMAN
WBC3: 29.44 H*
RBC3: 4.01
HCT3: 33.3 L
MCV3: 83.0
MCH3: 29.2
MCHC3: 35.1
RDW3: comment
PLT3: 192
NE%3: comment
LY%3: comment
MO%3: comment
EO%3: comment
BA%3: comment
NE#3: comment
LY#3: comment
MO#3: comment
EO#3: comment
BA#3: comment
HGB3: 11.7 L
NRBC%3: comment
NRBC#3: comment
MPV/3: comment
IG%: comment
IG#: comment
IPF: comment
PO4: 7.1 H
PROTEIN,TOTAL: 6.4 L
BILIRUBIN,TOTAL: 0.7
MAGNESIUM: 2.4 H
LACTATE: 9.7 H
UREA NITROGEN (00): 96 H
SODIUM (00): 118 L*
POTASSIUM (00): 4.2
CHLORIDE (00): 79 L*
GLUCOSE (00): 755 H*
CALCIUM (00): 7.9 L
ALBUMINV: 3.3 L
ALKALINEPHOS: 118
CARBONDIOX: 11 L
AST: 80 H
ALT: 86 H
CREATININE 2: 4.4 H
NT-proBNP: 18800.00
APPEARANCE: Ex.Turbid
UR COLOR: RED
SPECIFIC GRAVITY: 1.012 L
UROBILINOGEN: <2.0
UR BLOOD: 3+

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UR BILIRUBIN: Neg
UR KETONES: Neg
UR GLUCOSE: 3+
UR PROTEIN: 2+
UR PH: 5.0
NITRITE, URINE: Neg
LEUKOCYTE ESTERASE, URINE: 3+
URINE MICROSCOPIC: DONE
UR RBC: >100 H
UR WBC: >100 H
UR BACTERIA: 4+
URINE MUCUS: MANY
AMORPHOUS CRYSTAL: MOD
URINE WBC CLUMPS: MANY
I-STAT NA: 115.00 L*
I-STAT K: 3.9
I-STAT CL: 86.00 L
I-STAT BUN: 100.00 H
I-STAT GLUC: >700.00 H*
I-STAT HCT: 38.00
I-STAT HGB: 12.90
I-STAT iCa: 0.97 L
I-STAT TCO2: 12.00 L
I-STAT CREA: 4.9 H
ISTATANIONGAP: 22.00
I-STAT Troponin: 0.110
I-STAT PH: 7.28 L
I-STAT PCO2: 28.90 L
I-STAT PO2: 123.00 H
I-STAT BASE EXCESS: -13
I-STAT O2: 98.00
I-STAT TCO2: 14.00 L
I-STAT HCO3: 13.60 L

A/P: 72 yo M w/ ischemic bowel s/p exploratory laparotomy and bowel resection w/
temporary abdominal closure, hematuria
- continue critical care management per primary
- foley hand-irrigated with very small amt of clot and cleared almost
immediately, keep foley in place and hand irrigate PRN
- will be available for surgery tomorrow to assist with any urologic issues
- following, please call with questions.

/es/ GLEN A LAU
Resident
Signed: 09/17/2015 16:30

/es/ HOWARD B HASEN MD
PHYSICIAN
Cosigned: 09/18/2015 09:32
==========
========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	TRANSTHORACIC ECHO		KUMAR,SACHIN			COMPLETE		VistA	MEM

Consult Encounters Detail ~ VA: Memphis, TN TRANSTHORACIC ECHO

Current Pat. Status: Outpatient
Primary Eligibility: SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type: SC VETERAN
OEF/OIF: NO

Service Connection/Rated Disabilities
SC Percent: 70%
Rated Disabilities: LUMBOSACRAL OR CERVICAL STRAIN (40%)
MAJOR DEPRESSIVE DISORDER (30%)
LIMITED MOTION IN CERVICAL SPINE (10%)
CLAVICLE OR SCAPULA, IMPAIRMENT OF (10%)

Order Information
To Service: TRANSTHORACIC ECHO

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From Service: 3-SICU
Requesting Provider: KUMAR,SACHIN
Service is to be rendered on an INPATIENT basis
Place: Bedside
Urgency: Today
Clinically Ind. Date: Sep 17, 2015
Orderable Item: TRANSTHORACIC ECHOCARDIOGRAM CP
Procedure: TRANSTHORACIC ECHOCARDIOGRAM CP
Clinical Procedure: ECHO, TRANSTHORACIC
Provisional Diagnosis: CHF
Reason For Request:
PROCEDURE: Transthoracic Echocardiogram

Patient DOB: JUL 20,1943
Patient weight:
Patient height:
EF - EJECTION FRACTION

No Ejection fraction test found.

Reason For Request: shortness of breath

STATUS FOR CONSULT VISIT:Currently an Inpatient (Call/Page Provider/Service)

Select preferred date for scheduling of test:
Sep 17,2015

Inter-facility Information
This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE

Facility Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	09/17/15 02:33	KUMAR,SACHIN	KUMAR,SACHIN
PRINTED TO G231$PRT	09/17/15 02:33		
INCOMPLETE RPT	09/17/15 15:52		USER,BGP
Note# 27667277			
COMPLETE/UPDATE	09/17/15 11:21	CLINICAL,DEVICE P	POSTMASTER
(entered)	09/17/15 16:36		
Note# 27667277			

Note: TIME ZONE is local if not indicated

LOCAL TITLE: CP TRANSTHORACIC ECHO
STANDARD TITLE: CARDIOLOGY DIAGNOSTIC STUDY NOTE
DATE OF NOTE: SEP 17, 2015@15:51:43 ENTRY DATE: SEP 17, 2015@15:51:43
AUTHOR: CLINICAL,DEVICE PRO EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PROCEDURE SUMMARY CODE: Machine Resulted
DATE/TIME PERFORMED: SEP 17, 2015@11:21:4

** DOCUMENT IN VISTA IMAGING **
SEE FULL REPORT IN VISTA IMAGING

SIGNATURE NOT REQUIRED
SEE SIGNATURE IN VISTA IMAGING

** (Xcelera (Tte)) AUTO-INSTRUMENT DIAGNOSIS **

Procedure: Adult

Release Status: Released Off-Line Verified
Date Verified: Sep 17, 2015@15:51:29

Administrative Closure: 09/17/2015
by: CP PROXY
CP PROXY

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=================================== END ========================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	GENERAL SURGERY - OUTPT		KARI,SURESH	Allopathic & Osteopathic Physicians		DISCONTINUED		VistA	MEM

Consult Encounters Detail ~ VA: Memphis, TN GENERAL SURGERY - OUTPT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            GENERAL SURGERY - OUTPT
From Service:          MEM EMERGENCY ROOM - EVENING
Requesting Provider:   KARI,SURESH
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:  Sep 17, 2015
Orderable Item:        GENERAL SURGERY - OUTPT
Consult:               Consult Request
Reason For Request:
Free air under R diaphragm
Hypotensive
SBO w coffee Ground emesis
pt resusictated

RECENT R inguinal hernia surgery
D/w REsident will see
being admitted to MICU

Inter-facility Information
This is not an inter-facility consult request.

Status:                DISCONTINUED
Last Action:           DISCONTINUED

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     09/16/15 21:18      KARI,SURESH         KARI,SURESH
 PRINTED TO B5263$PRT    09/16/15 21:18
 DISCONTINUED            09/18/15 12:40                          BROWN,TYECHIA DIO

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult
=================================== END ========================================
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 28, 2015	PROSTHETICS REQUEST		OWENS,WHITNEY B	Pharmacy Service Providers		COMPLETE		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX PROSTHETICS REQUEST

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            PROSTHETICS REQUEST
From Service:          AMA-MED REFILL CLINIC-X
Requesting Provider:   OWENS,WHITNEY B
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:
Orderable Item:        PROSTHETICS REQUEST
Consult:               Consult Request
Provisional Diagnosis: Diabetes(ICD-9-CM 250.00)
Reason For Request:
++++++++++++++++++++++++++++++++++++++++++++++++++++++++
GLUCOMETER REQUEST
++++++++++++++++++++++++++++++++++++++++++++++++++++++++
For the patient to receive a glucometer, they must be taking diabetic
medications.
Please enter the diabetic medications this patient has active.

GLIPIZIDE

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE
Significant Findings:  Unknown

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     08/28/15 14:40      OWENS,WHITNEY B     OWENS,WHITNEY B
 COMPLETE/UPDATE         08/28/15 14:41      OWENS,WHITNEY B     OWENS,WHITNEY B
     Note# 21043695
 COMPLETE/UPDATE         09/01/15 16:19      BERGSTRESSER,PAME   BERGSTRESSER,PAME
Glucometer stock issued.


Note: TIME ZONE is local if not indicated

Significant Findings: Unknown
-------------------------------------------------------------------------------

 LOCAL TITLE: ACCU CHEK AVIVA GLUCOMETER (C)
STANDARD TITLE: DIABETOLOGY CONSULT
DATE OF NOTE: AUG 28, 2015@14:40     ENTRY DATE: AUG 28, 2015@14:41:01
      AUTHOR: OWENS,WHITNEY B      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

PATIENT EDUCATION     ACCU-CHEK AVIVA GLUCOMETER
ASSESSMENT:
PERSON BEING ASSESSED:  Patient

BARRIERS TO LEARNING:   None
```


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DESIRE AND MOTIVATION: Eager to learn

COMPREHENSIVE ABILITY: Moderate

METHOD OF TEACHING: Verbal, Demonstration, Written Material

EDUCATIONAL NEEDS/PLAN/GOALS:The patient will be able to do blood glucose testing at home.

Accu-Chek Aviva Meter topics covered:
1. Review procedure for code key.
2. Perform test procedure.
3. Problem solving - refer to User's Manual if a problem with testing occurs.
4. Getting a good drop of blood.
5. Display messages.
6. Error messages.
7. Battery replacement.
8. Alternate site testing discussed. Patient informed hypoglycemia is not detected by this method. Approval by physician is needed to do alternate site testing.
9. Meter Warranty and replacement discussed.

Serial number of machine: 45520117052

EVALUATION OF PT/FAMILY EDUCATION: Voiced understanding/Return demonstration

OTHER PATIENT EDUCATION TOPICS COVERED OR COMMENTS:

/es/ WHITNEY B KOCH
PHARMACIST
Signed: 08/28/2015 14:41
==========
========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	UROLOGY OUTPATIENT		ASHFAQ,MUHAMMAD ZUBAIR	Allopathic & Osteopathic Physicians		COMPLETE		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX UROLOGY OUTPATIENT

Current Pat. Status: Outpatient
Primary Eligibility: SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type: SC VETERAN
OEF/OIF: NO

Service Connection/Rated Disabilities
SC Percent: 70%
Rated Disabilities: LUMBOSACRAL OR CERVICAL STRAIN (40%)
MAJOR DEPRESSIVE DISORDER (30%)
LIMITED MOTION IN CERVICAL SPINE (10%)
CLAVICLE OR SCAPULA, IMPAIRMENT OF (10%)

Order Information
To Service: UROLOGY OUTPATIENT
From Service: 3N-MED
Requesting Provider: ASHFAQ,MUHAMMAD ZUBAIR
Service is to be rendered on an OUTPATIENT basis
Place: Consultant's choice
Urgency: Today
Clinically Ind. Date: Sep 01, 2015
Orderable Item: UROLOGY OUTPATIENT
Consult: Consult Request
Provisional Diagnosis: obstructive uropathy
Reason For Request:
SERVICE CONNECTED % - 70
REASON FOR REQUEST: for obstructive uropathy

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HISTORY:came with urine incontinnce,

CLINICAL EXAM:normal

DIAGNOSIS:Obstructive uropathy, resolved, has BPH ,

XRAYS/DIAGNOSTIC STUDIES PERFORMED:
B/L hydroureter nephrosis

Inter-facility Information
This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	08/27/15 12:47	ASHFAQ,MUHAMMAD Z	ASHFAQ,MUHAMMAD Z
PRINTED TO CAN31$PRT 16	08/27/15 12:47		
ADDED COMMENT	08/28/15 14:50	RICE,ERIC T	RICE,ERIC T
Schedule Urology Rice 09-01-15			
SCHEDULED	08/31/15 11:37	ASHFAQ,MUHAMMAD Z	CONSTANCIO,SHIRLE
AMA-UROLOGY/PA Consult Appt. on 09/01/15 @ 13:45			
STATUS CHANGE	08/31/15 11:38	ASHFAQ,MUHAMMAD Z	CONSTANCIO,SHIRLE
AMA-UROLOGY/PA Appt. on 09/01/15 @ 13:45 was cancelled for administrative purposes.			
SCHEDULED	08/31/15 11:38	ASHFAQ,MUHAMMAD Z	CONSTANCIO,SHIRLE
AMA-UROLOGY/PA Consult Appt. on 09/01/15 @ 13:45			
CID:082715,PDD:090115,COORD WITH OTHER APPT.			
INCOMPLETE RPT	09/02/15 12:20	RICE,ERIC T	ROBINSON,KASIE D
Note# 21057059			
COMPLETE/UPDATE	09/03/15 10:44	RICE,ERIC T	RICE,ERIC T
Note# 21057059			

Note: TIME ZONE is local if not indicated

LOCAL TITLE: UROLOGY-OUTPATIENT (C)
STANDARD TITLE: UROLOGY CONSULT
DATE OF NOTE: SEP 01, 2015@15:45 ENTRY DATE: SEP 02, 2015@12:19:57
AUTHOR: RICE,ERIC T EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** UROLOGY-OUTPATIENT (C) Has ADDENDA ***

PATIENT NAME: HOPKINS, MARSHALL

DATE: 09/01/2015

HISTORY OF PRESENT ILLNESS: 72-year-old gentleman presents in consultation regarding postoperative urinary retention. Patient underwent hernia repair last month and developed postoperative urinary retention. He initially presented to the hospital in Liberal, Kansas. CT at that time reported bilateral hydroureteronephrosis and bladder distention (films are not available for my review). Foley catheter was placed and patient was transferred to this facility for continued care.

Hospital course was uneventful and patient was discharged with indwelling catheter. No previous history of urinary retention or bothersome lower urinary tract symptoms prior to surgery. He currently denies fever, chills, dysuria, or gross hematuria.

LABORATORY DATA: PSA 1.04 and serum creatinine 0.77 a few weeks ago.

PHYSICAL EXAMINATION: EXTERNAL GENITALIA: Indwelling Foley catheter with clear urine output. DIGITAL RECTAL EXAMINATION: Prostate estimated be 40 cc in volume with a boggy consistency. No suspicious induration or nodularity appreciated.

ASSESSMENT/PLAN: Postoperative urinary retention, as above. Foley catheter is removed for voiding trial. Patient will continue tamsulosin as prescribed.

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Will issue an empiric course of antibiotics and repeat computed tomography (CT) abdomen and pelvis today. Return to clinic later this month for a postvoid residual. Routine urinary retention warnings were given. Schedule routine urology follow up in 3 months for re-evaluation.

1182595/pp(09/01/2015 15:57:03)15846040
D: 09/01/2015 15:46:16 T: 09/01/2015 15:57:03
$END

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:44

09/03/2015 ADDENDUM STATUS: COMPLETED
CT revealed bilateral renal cysts without nephrolithiasis. No clinically significant hydroureteronephrosis appreciated. Nonspecific bladder wall thickening without obvious mass. Will likely need to consider cystoscopy in the future.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:53

09/03/2015 ADDENDUM STATUS: COMPLETED
Pt presented to the Emergency Department 09-03-15 due to inability to void. PVR was > 999 mL. Foley catheter was replaced and left indwelling. Have scheduled diagnostic cystoscopy 09-10-15. Pt was called and message left regarding upcoming appointment. He was encouraged to call this clinic if any questions.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 11:02

Receipt Acknowledged By:
09/03/2015 13:51 /es/ DEBORAH E LEWIS
LVN
==========
========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	UROLOGY INPATIENT		ASHFAQ,MUHAMMAD ZUBAIR	Allopathic & Osteopathic Physicians		DISCONTINUED		VistA	AMA

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Consult Encounters Detail ~ VA: Amarillo, TX UROLOGY INPATIENT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            UROLOGY INPATIENT
From Service:          3N-MED
Requesting Provider:   ASHFAQ,MUHAMMAD ZUBAIR
Service is to be rendered on an INPATIENT basis
Place:                 Bedside
Urgency:               Routine
Clinically Ind. Date:  Aug 27, 2015
Orderable Item:        UROLOGY INPATIENT
Consult:               Consult Request
Provisional Diagnosis: Benign prostatic hypertrophy without outflow
                       obstruction (SNOMED CT 254902007)(ICD-9-CM 600.00)
Reason For Request:
came with B/L hydronephrosis adn hydroureter, adn obsstructiv uropathy ,
no resolved,  need your valuable input

Inter-facility Information
This is not an inter-facility consult request.

Status:                DISCONTINUED
Last Action:           PRINTED TO

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     08/27/15 07:51      ASHFAQ,MUHAMMAD Z   ASHFAQ,MUHAMMAD Z
 PRINTED TO              08/27/15 07:51
     AMAEE23997$PRT 16
 DISCONTINUED            08/27/15 12:47      ASHFAQ,MUHAMMAD Z   ASHFAQ,MUHAMMAD Z
 PRINTED TO              08/27/15 12:47
     AMAEE23997$PRT 16

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult
=================================== END ====================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	REHAB MEDICINE INITIAL INPATIENT CONSULT		SULIMAN,ABDELRAZIG BABIKER SIRAG	Allopathic & Osteopathic Physicians		COMPLETE		VistA	AMA

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```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            REHAB MEDICINE INITIAL INPATIENT CONSULT
From Service:          3N-MED
Requesting Provider:   SULIMAN,ABDELRAZIG BABIKER SIRAG
Service is to be rendered on an INPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:  Aug 27, 2015
Orderable Item:        REHAB MEDICINE INITIAL INPATIENT CONSULT
Consult:               Consult Request
Provisional Diagnosis: Abnormal gait (SNOMED CT 22325002)(ICD-9-CM 781.2)
Reason For Request:
MAJOR DEPRESSIVE DISORDER  30%  SC
LIMITED MOTION IN CERVICAL SPINE  10%  SC
CLAVICLE OR SCAPULA, IMPAIRMENT OF  10%  SC
LUMBOSACRAL OR CERVICAL STRAIN  40%  SC
For documentation/tracking purposes, please indicate your selection and
send this consult
Patient needs Rehab Medicine Assessment.
REASON FOR REQUEST:Evaluate and treat
PROVISIONAL DIAGNOSIS:unsteadiness/gait assessment

PRECAUTIONS REHAB MEDICINE SHOULD BE AWARE OF:Not Applicable
SERVICE CONNECTED % - 70

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     08/27/15 00:44      SULIMAN,ABDELRAZI   SULIMAN,ABDELRAZI
 PRINTED TO CAN05$PRT 16 08/27/15 00:45
 RECEIVED                08/27/15 08:00      MARTINEZ,FIDELINA   MARTINEZ,FIDELINA
 SCHEDULED               08/27/15 16:03      SULIMAN,ABDELRAZI   THOMAS,PATRICIA R
AMA-PHY PT BLUE Consult Appt. on 08/27/15 @ 13:00
pd082715;inpt ;con#1337735 (60)

 COMPLETE/UPDATE         08/27/15 16:23      BARNES,MOLLIE R     BARNES,MOLLIE R
     Note# 21040279

Note: TIME ZONE is local if not indicated

-------------------------------------------------------------------------------

 LOCAL TITLE: REHAB MEDICINE INITIAL INPATIENT (C)
STANDARD TITLE: PHYSICAL MEDICINE REHAB INPATIENT CONSULT
DATE OF NOTE: AUG 27, 2015@16:23     ENTRY DATE: AUG 27, 2015@16:23:33
      AUTHOR: BARNES,MOLLIE R      EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

PT evaluation completed 08/27/15; please see initial assessment for details.

/es/ MOLLIE R BARNES
PHYSICAL THERAPIST
Signed: 08/27/2015 16:23
===============================================================================
=================================== END ======================================
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 25, 2015	NON VA CARE INPATIENT MEDICAL		RODRIGUEZ-FRONTERA,JOSE	Allopathic & Osteopathic Physicians		COMPLETE		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            NON VA CARE INPATIENT MEDICAL
From Service:          AMA-CASE MANAGEMENT PHONE-X
Requesting Provider:   RODRIGUEZ-FRONTERA,JOSE
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:  Aug 25, 2015
Orderable Item:        NON VA CARE INPATIENT MEDICAL
Consult:               Consult Request
Provisional Diagnosis: Hydronephrosis (SNOMED CT 43064006)(ICD-9-CM 591.)
Reason For Request:
Justification for Non VA Care:
Veteran cannot travel to VA facility due to geographical inaccessibility

Type of Service: Evaluation and Treatment



Chief Complaint: Bilateral Hydronephrosis


Patient History / Clinical Findings / Diagnosis (Co-Morbidities):
UNAUTHORIZED ADMISSION- 70%SC (UNRELATED).  Veteran has Medicare A
private insurance listed. Amarillo VAMC Initial notification of admission
8/25/15. Amarillo VAMC unable to provide care (Geographical location).
DX: Bil. Hydronephrosis



Third Party Liability:
No



   Non VA Care Coordination Required: Yes
   Urgency:
   CLAVICLE OR SCAPULA, IMPAIRMENT OF  10%  SC
LUMBOSACRAL OR CERVICAL STRAIN  40%  SC
MAJOR DEPRESSIVE DISORDER  30%  SC
LIMITED MOTION IN CERVICAL SPINE  10%  SC
   Consult related to service connected condition? No

   WHAT IS THE SPECIFIC SERVICE/PROCEDURE THAT YOU ARE REQUESTING?
inpatient medical services


Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
```


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```
--------------------------------------------------------------------------------
 CPRS RELEASED ORDER     08/25/15 12:13      RODRIGUEZ-FRONTER   BIRD,STACEY R
 PRINTED TO CAN40$PRT 16 08/25/15 12:13
 RECEIVED                08/25/15 12:14      BIRD,STACEY R       BIRD,STACEY R
1. Administrative eligibility verified.
2. Decision: Approved for Non VA Care by HAS/NVCC
3. Preferred Provider for care: SW Medical Center
4. Services authorized (please notate if authorization is to include
facility and/or professional services): inatient medical services
5. Labs, radiology studies, supplies, or training included? **If services
are to be provided by the VA, please notate**
6. Number of visits? 30 days
7. Authorization is for:
                a. Single visit for evaluation purposes only
                b. treatment

8. Date of appointment ( if applicable):8/24/15

NOTE:  NO VA SERVICES AVAILABLE AT THIS TIME

 SCHEDULED               08/25/15 12:55      OLOUGHLIN,LORI L    OLOUGHLIN,LORI L
Notification Internal Number: 8939
AUTH INITIATED AND FAXED TO SW MEDICAL CENTER.
AUTH & LETTER MAILED TO VETERAN.

 COMPLETE/UPDATE         09/04/15 17:26      SCHMITZ,YOLANDA     SCHMITZ,YOLANDA
     Note# 21066816

Note: TIME ZONE is local if not indicated

--------------------------------------------------------------------------------

 LOCAL TITLE: NON VA CARE CONSULT RESULT NOTE
STANDARD TITLE: NONVA CONSULT
DATE OF NOTE: AUG 24, 2015           ENTRY DATE: SEP 04, 2015@17:26:57
      AUTHOR: SCHMITZ,YOLANDA      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

NVCC INPATIENT

******Scanned document attached to this note******
Please refer to the scanned text document att
by Tools, Imagi

/es/ YOLANDA SCHMITZ

Signed: 09/04/2015 17:26
================================================================================
==================================== END =====================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 24, 2015	ZZNON VA CARE WI CBOC EMERGENT EVALUATION-589A7		RIDGE,TODD A	Physician Assistants & Advanced Practice Nursing Providers		COMPLETE		VistA	KAN

Consult Encounters Detail ~ VA: Kansas City, MO

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)

Order Information
To Service:            ZZNON VA CARE WI CBOC EMERGENT EVALUATION-589A7
From Service:          WI-LIBERAL PACT NURSE
```


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Requesting Provider: RIDGE,TODD A
Service is to be rendered on an OUTPATIENT basis
Place: Consultant's choice
Urgency: Routine
Clinically Ind. Date: Aug 24, 2015
Orderable Item: ZZNON VA CARE WI CBOC EMERGENT EVALUATION-589A7
Consult: Consult Request
Provisional Diagnosis: Diabetes mellitus (SNOMED CT 73211009)(ICD-9-CM 250.00)
Reason For Request:
Justification for Non VA Care:
Veteran cannot safely travel to VA facility due to medical reason
(specify
medical reason)

Type of Service: Evaluation and Treatment

Chief Complaint: unsteady gait, feels like I'm going to fall.
no bowel movement since 8/20/15
diabetes mellitus

Patient History / Clinical Findings / Diagnosis (Co-Morbidities):

had right inguinal hernia repair on 8/19/15 at Amarillo VA. has diabetes
but
refuses to take medication. finger stick blood sugar 360. Abd distended
and
firm with no bowel sounds heard.

Third Party Liability:
No

Inter-facility Information
This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	08/24/15 16:23	RIDGE,TODD A	HECOX,STEPHEN W
FORWARDED FROM	08/25/15 08:03	LEWIS,LORI L	LEWIS,LORI L
ZZNON VA CARE WI EMERGENCY DEPT SERVICES-589A7			
ADDED COMMENT	08/25/15 08:07	LEWIS,LORI L	LEWIS,LORI L
Todd Ridge and Dr Parker veteran is assigned to KC VA-they will need to approve/disapprove			
ADDED COMMENT	08/25/15 08:43	PARKER,JAMES M	PARKER,JAMES M
Lori, per current VISN policy if we sent to ED from our facility we are responsible for payment. Approved.			
ADDED COMMENT	08/26/15 08:38	LEWIS,LORI L	LEWIS,LORI L
"Administrative Eligibility Verified" group 1			
RECEIVED	08/26/15 08:39	LEWIS,LORI L	LEWIS,LORI L
consult 6229407 forward for funding			
SCHEDULED	08/26/15 08:41	LEWIS,LORI L	LEWIS,LORI L
8/24/15 Above admission to: Southwest Medical Center 315 W 15th St, Liberal KS 67901 (620) 624-1651 Consult fax to ER 620-629-6649			
Vendor agrees to accept VA Reimbursement as Payment in full			
ADDED COMMENT	08/26/15 09:31	NICKLE,JANET E	NICKLE,JANET E
Funding obligation complete.			
ADDED COMMENT	08/26/15 10:43	HAMPT,DANIEL G	HAMPT,DANIEL G
Authorization entered			

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COMPLETE/UPDATE 12/10/15 07:09 WEBSTER,KATHERINE WEBSTER,KATHERINE
Note# 78493711

Note: TIME ZONE is local if not indicated

LOCAL TITLE: WI-SCANNED FEE CONSULT
STANDARD TITLE: SCANNED REPORT
DATE OF NOTE: AUG 24, 2015 ENTRY DATE: DEC 10, 2015@07:09:27
AUTHOR: WEBSTER,KATHERINE A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

FEE CONSULT -EMERGENT/SOUTHWEST MED CTR/8/24/15

*****Scanned document attached to this note******

/es/ KATHERINE ANNE WEBSTER
SCANNING SPECIALIST
Signed: 12/10/2015 07:09
==========
========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	PROSTHETICS REQUEST		AHMED,SYED H	Allopathic & Osteopathic Physicians		COMPLETE		VistA	AMA

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Consult Encounters Detail ~ VA: Amarillo, TX PROSTHETICS REQUEST

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            PROSTHETICS REQUEST
From Service:          AMA-DAY SURGERY
Requesting Provider:   AHMED,SYED H
Service is to be rendered on an INPATIENT basis
Place:                 Consultant's choice
Urgency:               Stat
Clinically Ind. Date:
Orderable Item:        PROSTHETICS REQUEST
Consult:               Consult Request
Provisional Diagnosis: Inguinal hernia (SNOMED CT 396232000)(ICD-9-CM 550.90)
Reason For Request:
SURGICAL SUPPLIES REPLACEMENT REQUEST for replacement of items used
during surgery.

Sporting Goods
Bike med jock strap
A4466-2
SKU 0003529724
Quantity 1

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE
Significant Findings:  Unknown

Facility
 Activity               Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER    08/19/15 11:08      AHMED,SYED H        BLACKWELL,APRIL L
 COMPLETE/UPDATE        08/20/15 13:32      BERGSTRESSER,PAME   BERGSTRESSER,PAME
Jock strap stock issued and sent replacement to surgery.


Note: TIME ZONE is local if not indicated

Significant Findings: Unknown
-------------------------------------------------------------------------------
No local TIU results or Medicine results available for this consult
===============================================================================
==================================== END ======================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	PROSTHETICS REQUEST		AHMED,SYED H	Allopathic & Osteopathic Physicians		COMPLETE		VistA	AMA

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Consult Encounters Detail ~ VA: Amarillo, TX PROSTHETICS REQUEST

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            PROSTHETICS REQUEST
From Service:          AMA-DAY SURGERY
Requesting Provider:   AHMED,SYED H
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Stat
Clinically Ind. Date:
Orderable Item:        PROSTHETICS REQUEST
Consult:               Consult Request
Provisional Diagnosis: Inguinal hernia (SNOMED CT 396232000)(ICD-9-CM 550.90)
Reason For Request:
SURGICAL SUPPLIES REPLACEMENT REQUEST for replacement of items used
during surgery.


Bard Mesh PerFix Plug, Large
REF 0112970
LOT HUYC0688
EXP 3/2019
QUANTITY 1

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE
Significant Findings:  Unknown

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     08/19/15 09:41      AHMED,SYED H        BLACKWELL,APRIL L
 COMPLETE/UPDATE         08/21/15 14:47      BERGSTRESSER,PAME   BERGSTRESSER,PAME
Mesh stock issued and sent to spd for restock.


Note: TIME ZONE is local if not indicated

Significant Findings: Unknown
-------------------------------------------------------------------------------
No local TIU results or Medicine results available for this consult
===============================================================================
=================================== END ======================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 13, 2015	CP EKG-OUTPAT		AHMED,SYED H	Allopathic & Osteopathic Physicians		COMPLETE		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX CP EKG-OUTPAT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
```


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Rated Disabilities: LUMBOSACRAL OR CERVICAL STRAIN (40%)
MAJOR DEPRESSIVE DISORDER (30%)
LIMITED MOTION IN CERVICAL SPINE (10%)
CLAVICLE OR SCAPULA, IMPAIRMENT OF (10%)

Order Information
To Service: CP EKG-OUTPAT
From Service: ZZ16AMA-GEN SURG NEW YELLOW
Requesting Provider: AHMED,SYED H
Service is to be rendered on an OUTPATIENT basis
Place: Consultant's choice
Urgency: Routine
Clinically Ind. Date: Aug 13, 2015
Orderable Item: CP EKG
Procedure: CP EKG
Clinical Procedure: EKG, ROUTINE (12 LEADS)
Reason For Request:
Date (and Time) needed: Aug 13,2015
Reason:Pre-op

Inter-facility Information
This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	08/13/15 14:11	AHMED,SYED H	AHMED,SYED H
PRINTED TO AMAEE21144$PRT 16	08/13/15 14:11		
SCHEDULED DAY SURGERY 081915	08/13/15 15:22	RENDON,ROBERT	RENDON,ROBERT
INCOMPLETE RPT Note# 20996546	08/14/15 10:22		PSEUDOUSER,BGP
COMPLETE/UPDATE (entered) Note# 20996546	08/13/15 15:29 08/14/15 10:23	CLINICAL,DEVICE P	RAINEY,CHERRI R

Note: TIME ZONE is local if not indicated

LOCAL TITLE: CP EKG
STANDARD TITLE: CARDIOLOGY NOTE
DATE OF NOTE: AUG 14, 2015@10:22:19 ENTRY DATE: AUG 14, 2015@10:22:19
AUTHOR: CLINICAL,DEVICE PRO EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PROCEDURE SUMMARY CODE: Machine Resulted
DATE/TIME PERFORMED: AUG 13, 2015@15:29:4

** DOCUMENT IN VISTA IMAGING **
SEE FULL REPORT IN VISTA IMAGING

SIGNATURE NOT REQUIRED
SEE SIGNATURE IN VISTA IMAGING

** (Muse EKG) AUTO-INSTRUMENT DIAGNOSIS **

Procedure: 93000 12 Lead ECG

Release Status: Released Off-Line Verified
Date Verified: Aug 14, 2015@10:22:20

93000.2	Ventricular Rate:	72	BPM
93000.3	Atrial Rate:	72	BPM
93000.4	P-R Interval:	212	ms
93000.5	QRS Duration:	98	ms
93000.6	Q-T Interval:	388	ms
93000	QTC Calculation(Bezet):	424	ms
93000.12	Calculated P Axis:	43	degrees
93000.13	Calculated R Axis:	21	degrees
93000.14	Calculated T Axis:	6	degrees

Sinus rhythm with sinus arrhythmia with 1st degree A-V block and occasioanl pvcs
Nonspecific T wave abnormality
Abnormal ECG
When compared with ECG of 05-OCT-2010 10:19,

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No significant change was found
Confirmed by ESTEVEZ MD, R (501) on 8/14/2015 10:22:18 AM

Administrative Closure: 08/14/2015
by:
Clinical,Device Proxy Service

==========
========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 14, 2015	SURGERY (GENERAL) OUTPATIENT		RODRIGUEZ-FRONTERA,JOSE	Allopathic & Osteopathic Physicians		COMPLETE		VistA	AMA

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Consult Encounters Detail ~ VA: Amarillo, TX SURGERY (GENERAL) OUTPATIENT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            SURGERY (GENERAL) OUTPATIENT
From Service:          ZZ18AMA-PACT PATRIOT
Requesting Provider:   RODRIGUEZ-FRONTERA,JOSE
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Next available
Clinically Ind. Date:  Jul 14, 2015
Orderable Item:        SURGERY (GENERAL) OUTPATIENT
Consult:               Consult Request
Provisional Diagnosis: INGUINAL HERNIA
Reason For Request:
SERVICE CONNECTED % - 70
PRESENTING A CHRONIC LEFT INGUINAL HERNIA (RECURRENT).Hx. OF TWO PREVIOUS
SURGERIES ON SAME SIDE.WORKS AT HOME LIFTING, CARRYING HEAVY MATERIALS.

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     07/14/15 11:58      RODRIGUEZ-FRONTER   RODRIGUEZ-FRONTER
 PRINTED TO CAN31$PRT 16 07/14/15 11:58
 ADDED COMMENT           07/23/15 09:47      ARIAS,JOSE P        ARIAS,JOSE P
Dr.Arias, within 10 days

 SCHEDULED               07/25/15 12:55      RODRIGUEZ-FRONTER   LUTTRALL,LINDA SU
AMA-GEN SURG NEW YELLOW Consult Appt. on 08/13/15 @ 13:30
pdnxav/con#1324678/herina inguinal/phone

 COMPLETE/UPDATE         08/18/15 08:21      AHMED,SYED H        AHMED,SYED H
     Note# 21005160

Note: TIME ZONE is local if not indicated

-------------------------------------------------------------------------------

 LOCAL TITLE: SURGERY (GENERAL)-OUTPATIENT (C)
STANDARD TITLE: SURGERY CONSULT
DATE OF NOTE: AUG 18, 2015@08:20     ENTRY DATE: AUG 18, 2015@08:21:06
      AUTHOR: AHMED,SYED H         EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

For repair of recurrent inguinal hernia on 8/19/15.

/es/ Syed H Ahmed MD
Surgeon
Signed: 08/18/2015 08:21
===============================================================================
================================== END ========================================
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 26, 2015	ZZNON VA CARE WI EMERGENCY DEPT SERVICES-589A7		RIDGE,TODD A	Physician Assistants & Advanced Practice Nursing Providers		COMPLETE		VistA	KAN

Consult Encounters Detail ~ VA: Kansas City, MO

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)

Order Information
To Service:            ZZNON VA CARE WI EMERGENCY DEPT SERVICES-589A7
From Service:          WI-LIBERAL PACT NURSE
Requesting Provider:   RIDGE,TODD A
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:  Jun 26, 2015
Orderable Item:        ZZNON VA CARE WI EMERGENCY DEPT SERVICES-589A7
Consult:               Consult Request
Provisional Diagnosis: Diabetic ketoacidosis (SNOMED CT 420422005)(ICD-9-CM
                       250.10)
Reason For Request:
Justification for Non VA Care:
VA facility cannot timely provide the required service

Type of Service: Evaluation and Treatment

at liberal cboc. driving to KC alone. stopped at clinic because he is
ill.
seen by RN at clinic. case discussed with PCP and RN. needs EMS to local
ER.


Chief Complaint: dizzy
n/v
blurry vision


Patient History / Clinical Findings / Diagnosis (Co-Morbidities):

diabetic
refusing to take dm meds
last hgba1c was 13.6
R/O DKA


Third Party Liability:
No

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE
Significant Findings:  Unknown

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     06/26/15 09:56      RIDGE,TODD A        RIDGE,TODD A
 ADDED COMMENT           06/26/15 10:30      LEWIS,LORI L        LEWIS,LORI L
Dr Parker
"Administrative Eligibility Verified"  group 1  need approval
```


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SCHEDULED 06/26/15 10:32 LEWIS,LORI L LEWIS,LORI L
consult 6135732
forward for funding

6/26/15
Above admission to:
Southwest Medical Center
315 W 15th St,
Liberal KS 67901
(620) 624-1651
Consult fax to ER 620-629-6649

Vendor agrees to accept VA reimbursement as payment in full.

ADDED COMMENT 06/26/15 10:42 LEWIS,LORI L LEWIS,LORI L
Sherry Stewart
per above thank you

ADDED COMMENT 06/26/15 11:03 PARKER,JAMES M PARKER,JAMES M
Approved

ADDED COMMENT 06/26/15 12:04 NICKLE,JANET E NICKLE,JANET E
Funding obligation complete.

ADDED COMMENT 06/26/15 13:54 NICKLE,JANET E NICKLE,JANET E
Funding obligation complete.

ADDED COMMENT 06/29/15 07:39 BERNHARDT,BARBARA BERNHARDT,BARBARA
Please forward consult to Non VA Care KC.

ADDED COMMENT 06/29/15 07:43 BERNHARDT,BARBARA BERNHARDT,BARBARA
Alert to KCVA COS and NVCC clerk.

ADDED COMMENT 06/29/15 13:48 BERNHARDT,BARBARA BERNHARDT,BARBARA
Discharged from Southwest MC ER 6/26/15.

ADDED COMMENT 06/29/15 17:49 BATRASH,AHMAD BATRASH,AHMAD
approve

ADDED COMMENT 06/30/15 14:25 CRAWFORD,JOHN L CRAWFORD,JOHN L
Southwest Medical Center- Liberal KS
Period of Validity: 6/26/15 to 6/26/15
==========
* OPT Auth entered into FBCS
* uploaded to TriWest PC3 Portal

SCHEDULED 06/30/15 14:29 RIDGE,TODD A CRAWFORD,JOHN L
Consult Appt. on 06/26/15 @ 12:00
non va care appt

ADDED COMMENT 07/09/15 11:36 CRAWFORD,JOHN L CRAWFORD,JOHN L
Southwest Medical Center - Liberal, KS 620-629-6649
Period of Validity: 6/26/15 to 6/26/15
==========
* OPT Auth entered into FBCS
* faxed to Provider (number above); mailed to Pt address of record
NOTE: this Auth replaces earlier TriWest Auth (now voided)

ADDED COMMENT 03/02/17 16:06 DIR,STEPHANIE N DIR,STEPHANIE N
Medical Records stated they would fax the information

COMPLETE/UPDATE 03/02/17 16:16 ROBERSON,SHAINA ROBERSON,SHAINA
?The status of this consults was closed administratively to ?Complete,? by
Dr. Tracy Ramsey , Chief of Care in the Community.

Notes already scanned into Vista imaging dated 6.26.15 under Fee ER cap
7.17.15.

Note: TIME ZONE is local if not indicated

Significant Findings: Unknown

No local TIU results or Medicine results available for this consult
==========
========== END ==========

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Mar 05, 2015	TELE-EYE IMAGING OUTPT		TALPERS,SCOTT S	Allopathic & Osteopathic Physicians		COMPLETE		VistA	KAN

Consult Encounters Detail ~ VA: Kansas City, MO TELE-EYE IMAGING OUTPT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)

Order Information
To Service:            TELE-EYE IMAGING OUTPT
From Service:          KC-TELE EYE SCREENING CAMER
Requesting Provider:   TALPERS,SCOTT S
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:  Mar 05, 2015
Orderable Item:        TELE-EYE IMAGING OUTPT
Consult:               Consult Request
Provisional Diagnosis: Screening for other Eye Conditions(ICD-9-CM V80.2)
Reason For Request:

03/05/2015 14:41  Local Title: DIABETIC RETINOPATHY SURVEILLANCE CONSULT
NOTE
               Standard Title: NURSING CONSULT
REASON FOR REQUEST: Diabetic Teleretinal Imaging for Diabetic Retinopathy
PATIENT DEMOGRAPHICS:
  Sex: MALE
  Date of birth: JUL 20,1943
  Patient race: WHITE
  Patient ethnicity: NOT HISPANIC OR LATINO

PATIENT HISTORY:
  Duration of diabetes (years):
    1-5 years
      Date: March, 2013  ? Exact date is unknown
    Information obtained by:
      Self report
  Last retinal evaluation:
    Date unknown
      Comment: Had one last year in Texas.
    Information obtained by:
      Self Report
  Education: Patient provided with information on Teleretinal Images taken
  and given Diabetic Retinopathy material.
LABS:
HEMOGLOBIN A1C        BLOOD  08/28/14@0940   10.7   H  %        4.0 - 6.0

 CHOL:     239      (04/08/14 08:15)
 HDL:      44       (04/08/14 08:15)
 LDL-CAL:  145      (04/08/14 08:15)
 RISK FA:  18       (04/08/14 08:15)
 TGL:      249      (04/08/14 08:15)

CURRENT DIABETES THERAPY:
  Diet
    Comment: Pt. is on a diet, seem to know what he should eat.
  None
    Comment: Is on no medicationl

DISPOSITION:
  Patient scheduled for Diabetic Teleretinal Imaging
Patient Education :
```


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Discussed with pt the ABC's of diabetic eye disease Aic, Blood pressure, Cholesterol and the importance of keeping these numbers low. Discussed etiology
of Diabetic Retinopathy, discussed terms in diabetes glossary, and longterm
complications of diabetes such as retinopathy. Spoke with pt about the importance of every 1-2 year eye screening to prevent loss of eyesight. Gave
pt
(and discussed) the following Krames pt ed materials to take with him today:
1) What is Diabetic Retinopathy?
2) Diabetes Glossary
3) Longterm Complications of Diabetes

Also gave pt the following National Eye Institute material:
1) Don't Lose Sight of Diabetic Eye Disease

Reviewed eye anatomy; macula, optic nerve, blood vessels and viewed and discussed normal retinal images and images with diabetic retinopathy with patient, utilizing the Conditions of The Retina poster provided by Topcon.

Pt verbalizes understanding of all above and has material to review at home.

Eye History: None

Ocular Surgery (excluding eyelid, cataract, laser refractive like lasik or
Photorefractive Keratectomy): none

Ocular Trauma? None

Ocular medications? None

Family History of ocular disease? None

Does pt give verbal consent for imaging today? Yes, has given consent.

Signed by: /es/ Janice Gregory
H.T.\ Teleretinal Imager
03/05/2015 14:48

Inter-facility Information
This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	03/05/15 14:49	TALPERS,SCOTT S	GREGORY,JANICE E
COMPLETE/UPDATE	03/09/15 08:19	MOYER,KRISTEN L	MOYER,KRISTEN L
Note# 72996315			

Note: TIME ZONE is local if not indicated

LOCAL TITLE: TELE-EYE IMAGING CONSULT
STANDARD TITLE: TELEHEALTH CONSULT
DATE OF NOTE: MAR 09, 2015@08:18 ENTRY DATE: MAR 09, 2015@08:18:43
AUTHOR: MOYER,KRISTEN L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PUPIL DILATION:
Information not provided on pupil dilation
IMAGE QUALITY ASSESSMENT:
Image quality adequate
DIABETIC SURVEILLANCE ASSESSMENT:
RIGHT RETINAL IMAGES:
No Diabetic Retinopathy
LEFT RETINAL IMAGES:
No Diabetic Retinopathy
EXAM:
Result:
Exam Result: Normal
RECOMMENDATIONS:

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Repeat imaging appointment:
Return 2 years per VA Clinical Practice Guidelines.

****
*Digital retinal imaging has been shown to be an effective method *
*of screening for diabetic retinopathy, but cannot substitute for *
*a comprehensive eye exam. *
****

/es/ KRISTEN L MOYER
Staff Optometrist
Signed: 03/09/2015 08:19
==========
========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Mar 05, 2015	TELE-EYE SCREENING (CAMERON) OUTPT		TALPERS,SCOTT S	Allopathic & Osteopathic Physicians		COMPLETE		VistA	KAN

Consult Encounters Detail ~ VA: Kansas City, MO TELE-EYE SCREENING (CAMERON) OUTPT

Current Pat. Status: Outpatient
Primary Eligibility: SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type: SC VETERAN
OEF/OIF: NO

Service Connection/Rated Disabilities
SC Percent: 70%
Rated Disabilities: LUMBOSACRAL OR CERVICAL STRAIN (40%)
MAJOR DEPRESSIVE DISORDER (30%)
CLAVICLE OR SCAPULA, IMPAIRMENT OF (10%)
LIMITED MOTION IN CERVICAL SPINE (10%)

Order Information
To Service: TELE-EYE SCREENING (CAMERON) OUTPT
From Service: KC-TELE EYE SCREENING CAMER
Requesting Provider: TALPERS,SCOTT S
Service is to be rendered on an OUTPATIENT basis
Place: Consultant's choice
Urgency: Routine
Clinically Ind. Date: Mar 05, 2015
Orderable Item: TELE-EYE SCREENING (CAMERON) OUTPT
Consult: Consult Request
Provisional Diagnosis: v80.2
Reason For Request:
Please schedule for diabetic teleretinal imaging.

Inter-facility Information
This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	03/05/15 14:41	TALPERS,SCOTT S	GREGORY,JANICE E
COMPLETE/UPDATE	03/05/15 14:48	GREGORY,JANICE E	GREGORY,JANICE E
Note# 72953513			

Note: TIME ZONE is local if not indicated

LOCAL TITLE: TELE-EYE SCREENING CONSULT
STANDARD TITLE: NURSING CONSULT
DATE OF NOTE: MAR 05, 2015@14:41 ENTRY DATE: MAR 05, 2015@14:42:13
AUTHOR: GREGORY,JANICE E EXP COSIGNER:
URGENCY: STATUS: COMPLETED

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REASON FOR REQUEST: Diabetic Teleretinal Imaging for Diabetic Retinopathy
PATIENT DEMOGRAPHICS:
  Sex: MALE
  Date of birth: JUL 20,1943
  Patient race: WHITE
  Patient ethnicity: NOT HISPANIC OR LATINO

PATIENT HISTORY:
  Duration of diabetes (years):
    1-5 years
      Date: March, 2013 ? Exact date is unknown
    Information obtained by:
      Self report
  Last retinal evaluation:
    Date unknown
      Comment: Had one last year in Texas.
    Information obtained by:
      Self Report
  Education: Patient provided with information on Teleretinal Images taken
  and given Diabetic Retinopathy material.
LABS:
HEMOGLOBIN A1C   BLOOD 08/28/14@0940   10.7   H %   4.0 - 6.0

 CHOL: 239   (04/08/14 08:15)
 HDL: 44   (04/08/14 08:15)
 LDL-CAL: 145   (04/08/14 08:15)
 RISK FA: 18   (04/08/14 08:15)
 TGL: 249   (04/08/14 08:15)

CURRENT DIABETES THERAPY:
  Diet
    Comment: Pt. is on a diet, seem to know what he should eat.
  None
    Comment: Is on no medicationl

DISPOSITION:
  Patient scheduled for Diabetic Teleretinal Imaging
Patient Education :

Discussed with pt the ABC's of diabetic eye disease Aic, Blood pressure,
Cholesterol and the importance of keeping these numbers low. Discussed
etiology
of Diabetic Retinopathy, discussed terms in diabetes glossary, and longterm
complications of diabetes such as retinopathy. Spoke with pt about the
importance of every 1-2 year eye screening to prevent loss of eyesight. Gave
pt
(and discussed) the following Krames pt ed materials to take with him today:
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2) Diabetes Glossary
3) Longterm Complications of Diabetes

Also gave pt the following National Eye Institute material:
1) Don't Lose Sight of Diabetic Eye Disease

Reviewed eye anatomy; macula, optic nerve, blood vessels and viewed
and discussed normal retinal images and images with diabetic retinopathy
with patient, utilizing the Conditions of The Retina poster provided by
Topcon.

Pt verbalizes understanding of all above and has material to review at home.

Eye History: None

Ocular Surgery (excluding eyelid, cataract, laser refractive like lasik or
Photorefractive Keratectomy): none

Ocular Trauma? None

Ocular medications? None

Family History of ocular disease? None

Does pt give verbal consent for imaging today? Yes, has given consent.

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/es/ Janice Gregory
H.T.\ Teleretinal Imager
Signed: 03/05/2015 14:48
==========
========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 15, 2014	KC-GENERAL SURGERY OUTPT		DEAN,ELIZABETH E	Allopathic & Osteopathic Physicians		COMPLETE		VistA	KAN

Consult Encounters Detail ~ VA: Kansas City, MO KC-GENERAL SURGERY OUTPT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)

Order Information
To Service:            KC-GENERAL SURGERY OUTPT
From Service:          KC-CAMERON-PACT PCP01
Requesting Provider:   DEAN,ELIZABETH E
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:  Apr 15, 2014
Orderable Item:        KC-GENERAL SURGERY OUTPT
Consult:               Consult Request
Provisional Diagnosis: RIH
Reason For Request:
Is patient willing to undergo an operation?
Yes

Is the patient willing to have surgery in the
next 3-4 months?
Yes

If the answer to either question is no,
please reconsult at a later date
           OR
explain why the patient should be
evaluated now.



What do you want the Specialist to address?
Evaluate patient and recommend further management

Complaints and findings: RECURRENT RIH.  HAD ORIGINAL REPAIR IN 1969,
REVISION
W/MESH IN 1974.
WEARING A TRUSS


Attempted treatments and responses: TRUSS.  PT. HAS DM AND REFUSES
THERAPY.
LAST A1C 9.8.


Please schedule within 30 days unless specified below:

**Medical justification and desired time frame:

Service Connected Rating overall:
 70%
Service Connected Condition               RATE %
```


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LIMITED MOTION IN CERVICAL SPINE 10%
LUMBOSACRAL OR CERVICAL STRAIN 40%
CLAVICLE OR SCAPULA, IMPAIRMENT OF 10%
MAJOR DEPRESSIVE DISORDER 30%

If the patient has overall service connected rating less than 50%, is this Consult related to one or more of the service connected conditions listed? No

Inter-facility Information
This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	04/15/14 14:09	DEAN,ELIZABETH E	DEAN,ELIZABETH E
ADDED COMMENT	04/15/14 16:46	CORN,ROBERT S	CORN,ROBERT S

NAA

ADDED COMMENT 04/16/14 09:55 DAVIS,DENTENYON D DAVIS,DENTENYON D
Left contact information for vet to return call for scheduling. thanks.

SCHEDULED 04/16/14 10:37 DEAN,ELIZABETH E DAVIS,DENTENYON D
KC-GEN SURG-NEW Consult Appt. on 04/23/14 @ 09:30
per consult/ ptdd

STATUS CHANGE 04/21/14 10:54 DEAN,ELIZABETH E DAVIS,DENTENYON D
KC-GEN SURG-NEW Appt. on 04/23/14 @ 09:30 was cancelled by the Patient.
Remarks: vet out of town

SCHEDULED 04/21/14 11:04 DEAN,ELIZABETH E DAVIS,DENTENYON D
KC-GEN SURG-NEW Consult Appt. on 04/30/14 @ 10:00

INCOMPLETE RPT 04/30/14 13:10 ALVI,SAMEER AHMED ALVI,SAMEER AHMED
Note# 67297933
COMPLETE/UPDATE 05/01/14 08:27 ALVI,SAMEER AHMED STARK,STEVEN P
Note# 67297933

Note: TIME ZONE is local if not indicated

LOCAL TITLE: KC-GENERAL SURGERY CONSULT
STANDARD TITLE: SURGERY CONSULT
DATE OF NOTE: APR 30, 2014@12:52 ENTRY DATE: APR 30, 2014@12:53:30
AUTHOR: ALVI,SAMEER AHMED EXP COSIGNER: STARK,STEVEN P
URGENCY: STATUS: COMPLETED

CC: recurrent right inguinal hernia

HPI: Mr. Hopkins is a 70 y/o M who presents to the clinic for evaluation of a right inguinal hernia. The patient has had two operations to fix his RIH previously, the first in 1969 and the second in 1974 (which was done with mesh). The patient states he again noticed a bulge in his right groin about 3 mo ago. It is soft and reducible, but not painful. He has been wearing a truss for support. The patient recently moved to KC from Oklahoma. Of note, Mr. Hopkins is a diagnosed diabetic with an A1c of 9.8 and blood glucose >240, but refuses any medical therapy. He states "I do not believe in medication" and states he will work on his diet to bring down his blood glucose.

PMH:
Active Problem
Shoulder pain (SNOMED CT 45326000) 719.41 04/15/2014 DEAN,ELIZABETH E
Diabetes mellitus (SNOMED CT 73211009) 250.00 04/17/2014 DEAN,ELIZABETH E
Inguinal hernia (SNOMED CT 396232000) 550.90 04/15/2014 DEAN,ELIZABETH E
Hypercholesterolemia (SNOMED CT 13644009) 272 04/15/2014 DEAN,ELIZABETH E
Screening for Malignant Neoplasms of colon V7 04/15/2014 DEAN,ELIZABETH E
Sleep apnea (SNOMED CT 73430006) 780.57 04/15/2014 DEAN,ELIZABETH E
H/O: alcoholism (SNOMED CT 161466001) V11.3 04/15/2014 DEAN,ELIZABETH E
Tobacco Use Disorder, Remission 305.1 04/15/2014 DEAN,ELIZABETH E

PSH:
As mentioned in HPI

MEDICATIONS:

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No Medications Found

ALLERGIES:
Patient has answered NKA

SOCIAL HISTORY:
Denies tobacco, alcohol, or illicit drugs. Has hx of smoking and EtOH consumption but quit in 70s. Lives outside KC with wife.

FAMILY HISTORY:
Reviewed. Noncontributory.

ROS:
12 point system discussed with patient. Negative except as per HPI. + for some right shoulder pain and limitation in movement.

PHYSICAL EXAM:
Gen: A&O, NAD
Eyes: EOMI, conjunctiva clear
ENT: MMM, neck supple, trachea midline
Heart: RRR
Chest: CTAB
Abd: S/NT/ND
Gu: large reducible right inguinal hernia, normal testes and scrotum
Ext: MAE x4
Derm: warm, dry, and in tact
Neuro: CN2-12 grossly in tact
Psych: approp mood & affect

LABS/RADIOLOGY:
LAB RESULTS FOR: APR 30, 2014 - NONE FOUND, no imaging

A/P: 70 y/o M with recurrent RIH:

The patient is a candidate for open repair with mesh. However, his diabetes needs to be better controlled. We discussed the risk of operative complications including mesh infection and poor wound healing, secondary to his diabetes. The patient adamantly refuses accepting medical therapy for his diabetes, and states he will improve his blood glucose levels with diet alone. We will have him follow up in 1 mo with a fasting blood glucose and HbA1c level checked on the morning of the visit.

Patient seen and discussed with Dr. Stark.

Sameer Alvi, MD PGY-1

/es/ SAMEER AHMED ALVI
Resident Physician
Signed: 04/30/2014 13:10

/es/ Steven P. Stark, MD.
Staff Surgeon
Cosigned: 05/01/2014 08:27
==========
========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 08, 2013	DIABETIC TELERETINAL IMAGING AMARILLO/ALBUQUERQUE OUTPATIENT		MCGUIRE,WENDY L	Eye and Vision Services Providers		COMPLETE		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX DIABETIC TELERETINAL IMAGING AMARILLO/ALBUQUERQUE OUTPATIENT

Current Pat. Status: Outpatient
Primary Eligibility: SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type: SC VETERAN
OEF/OIF: NO

Service Connection/Rated Disabilities
SC Percent: 70%
Rated Disabilities: LUMBOSACRAL OR CERVICAL STRAIN (40%)

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MAJOR DEPRESSIVE DISORDER (30%)
LIMITED MOTION IN CERVICAL SPINE (10%)
CLAVICLE OR SCAPULA, IMPAIRMENT OF (10%)

Order Information
To Service: DIABETIC TELERETINAL IMAGING AMARILLO/ALBUQUERQUE OUTPATIENT
From Service: ZZ17AMA-DIABETIC S&F RETIN SCR
Requesting Provider: MCGUIRE,WENDY L
Service is to be rendered on an OUTPATIENT basis
Place: Consultant's choice
Urgency: Routine
Clinically Ind. Date: Apr 08, 2013
Orderable Item: DIABETIC TELERETINAL IMAGING AMARILLO/ALBUQUERQUE OUTPATIENT
Consult: Consult Request
Provisional Diagnosis: DM
Reason For Request:

04/08/2013 12:51 Local Title: DIABETIC RETINOPATHY SURVEILLANCE
Standard Title: OPTOMETRY CONSULT
REASON FOR REQUEST: Diabetic Teleretinal Imaging for Diabetic Retinopathy
PATIENT DEMOGRAPHICS:
Sex: MALE
Date of birth: JUL 20,1943
Patient race: WHITE
Patient ethnicity: NOT HISPANIC OR LATINO

PATIENT HISTORY:
Duration of diabetes (years):
1-5 years
Date: April 5, 2012
Information obtained by:
Chart documentation
Last retinal evaluation:
Date:
Date: November 7, 2006
Location: Va AmARILLO
Information obtained by:
Chart documentation
Comprehensive face-to-face eye exam
LABS:
Hemoglobin A1C :8.1 H % APR 5,2012@07:30:11
Not found in computer LIPID PROFILE

CURRENT DIABETES THERAPY:
None

DISPOSITION:
Patient scheduled for Diabetic Teleretinal Imaging
PT IS NOT DILATED TRODAY
PT IS NON COMPLIANT WITH MEDS, DOES NOT TAKE THEM

Signed by: /es/ WENDY L WOODS
DIABETIC RETINAL IMAGER
04/08/2013 12:53

Inter-facility Information

Remote Facility: RAYMOND G. MURPHY VAMC
Ordering Provider: MCGUIRE,WENDY L
Remote Consult # 2189255
Remote Service name: DIABETIC TELERETINAL IMAGING VISN18 ABQ TELEREAD
Role: Requesting facility

Status: COMPLETE
Last Action: NEW NOTE ADDED

Facility
Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER RAYMOND G. MURPHY VAMC	04/08/13 12:54	MCGUIRE,WENDY L	MCGUIRE,WENDY L
COMPLETE/UPDATE (entered)	04/08/13 15:43 MST 04/08/13 16:43	POWELL,JASON R	POWELL,JASON R
Remote TIU DOCUMENT #20771726 from RAYMOND G. MURPHY VAMC			
NEW NOTE ADDED Note# 18403736	04/08/13 16:43	POWELL,JASON R	POWELL,JASON R

Note: TIME ZONE is local if not indicated

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Inter-facility Results: Results are available via Display Results action.

 LOCAL TITLE: DIABETIC TELERETINAL IMAGING CONSULT NOTE
STANDARD TITLE: CONSULT
DATE OF NOTE: APR 08, 2013@16:43:15 ENTRY DATE: APR 08, 2013@16:43:15
      AUTHOR: POWELL,JASON R   EXP COSIGNER:
     URGENCY: STATUS: COMPLETED

Please refer to Inter-facility Consult for results.

Automatically generated note - signature not required.

  Electronically Filed: 04/08/2013
                    by: JASON R POWELL

==========
========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 08, 2013	ACS TELERETINAL IMAGING TELEREAD V18 OUTPT CONSULT					COMPLETE		VistA	ABQ

Consult Encounters Detail ~ VA: Albuquerque, NM ACS TELERETINAL IMAGING TELEREAD V18 OUTPT CONSULT

            Current Pat. Status: Outpatient
Primary Eligibility: SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type: SC VETERAN
OEF/OIF: NO

Service Connection/Rated Disabilities
SC Percent: 70%
Rated Disabilities: LUMBOSACRAL OR CERVICAL STRAIN (40%)
                       MAJOR DEPRESSIVE DISORDER (30%)
                       LIMITED MOTION IN CERVICAL SPINE (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF (10%)

Order Information
To Service: ACS TELERETINAL IMAGING TELEREAD V18 OUTPT CONSULT
From Service:
Requesting Provider:
Service is to be rendered on an OUTPATIENT basis
Place: Consultant's choice
Urgency: Routine
Clinically Ind. Date: Apr 08, 2013
Orderable Item:
Consult: Consult Request
Provisional Diagnosis: DM
Reason For Request:

04/08/2013 12:51 Local Title: DIABETIC RETINOPATHY SURVEILLANCE
             Standard Title: OPTOMETRY CONSULT
REASON FOR REQUEST: Diabetic Teleretinal Imaging for Diabetic Retinopathy
PATIENT DEMOGRAPHICS:
  Sex: MALE
  Date of birth: JUL 20,1943
  Patient race: WHITE
  Patient ethnicity: NOT HISPANIC OR LATINO

PATIENT HISTORY:
  Duration of diabetes (years):
    1-5 years
      Date: April 5, 2012
    Information obtained by:
      Chart documentation
  Last retinal evaluation:
    Date:
      Date: November 7, 2006

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Location: Va AmARILLO
Information obtained by:
Chart documentation
Comprehensive face-to-face eye exam
LABS:
Hemoglobin A1C :8.1 H % APR 5,2012@07:30:11
Not found in computer LIPID PROFILE

CURRENT DIABETES THERAPY:
None

DISPOSITION:
Patient scheduled for Diabetic Teleretinal Imaging
PT IS NOT DILATED TRODAY
PT IS NON COMPLIANT WITH MEDS, DOES NOT TAKE THEM

Signed by: /es/ WENDY L WOODS
DIABETIC RETINAL IMAGER
04/08/2013 12:53

Inter-facility Information

Remote Facility: AMARILLO HCS
Ordering Provider: WOODS,WENDY L
Remote Consult # 1096133
Role: Consulting facility

Status: COMPLETE
Last Action: COMPLETE/UPDATE

Facility Activity	Date/Time/Zone	Responsible Person	Entered By
AMARILLO HCS			
REMOTE REQUEST RECEIVED	04/08/13 12:54 CST	WOODS,WENDY L	WOODS,WENDY L
(entered)	04/08/13 15:33		
COMPLETE/UPDATE	04/08/13 15:43	POWELL,JASON R	POWELL,JASON R
Note# 20771726			
AMARILLO HCS			
COMPLETE/UPDATE	04/08/13 16:43 CST	POWELL,JASON R	POWELL,JASON R
(entered)	04/08/13 15:43		
Remote TIU DOCUMENT #18403736 from AMARILLO HCS			

Note: TIME ZONE is local if not indicated

Inter-facility Results: No results available for this consult request.

LOCAL TITLE: DIABETIC TELERETINAL READER CONSULT REPORT
STANDARD TITLE: DIABETOLOGY NOTE
DATE OF NOTE: APR 08, 2013@15:42 ENTRY DATE: APR 08, 2013@15:42:27
AUTHOR: POWELL,JASON R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PUPIL DILATION:
Pupils not dilated for imaging

IMAGE QUALITY ASSESSMENT:
Image quality adequate

DIABETIC SURVEILLANCE ASSESSMENT:
RIGHT RETINAL IMAGES:
Retinopathy Assessment Rt eye:
No Diabetic Retinopathy
Macula Assessment Rt eye:
No apparent abnormalities
Optic Nerve Assessment Rt Eye:
No apparent abnormalities
LEFT RETINAL IMAGES:
Retinopathy Assessment Lt eye:
No Diabetic Retinopathy
Macula Assessment Lt eye:
No apparent abnormalities
Optic Nerve Assessment Lt eye:
No apparent abnormalities

EYE EXAM RESULTS:
Diabetic Retinopathy:
Eye exam Retinopathy: Normal

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```
  Macula findings:
    Eye exam Macula: Normal
  Optic Nerve Findings:
    Eye exam Optic Nerve: Normal

RECOMMENDATIONS:
  Refer for comprehensive eye exam
    Refer to:
      EITHER Ophthalmology or Optometry
        Within 1 year
    Referral/appointment reason:
      Routine eye care
 Poor control of diabetes.

*********************************************************************
*Digital retinal imaging has been shown to be an effective method   *
*of screening for diabetic retinopathy, but cannot substitute for   *
*a comprehensive eye exam.                                          *
*********************************************************************

/es/ JASON R POWELL, OD
OPTOMETRIST
Signed: 04/08/2013 15:43
================================================================================
================================== END =========================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 08, 2013	DIABETIC RETINOPATHY SURVEILLANCE OUTPATIENT		MCGUIRE,WENDY L	Eye and Vision Services Providers		COMPLETE		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX DIABETIC RETINOPATHY SURVEILLANCE OUTPATIENT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            DIABETIC RETINOPATHY SURVEILLANCE OUTPATIENT
From Service:          ZZ17AMA-DIABETIC S&F RETIN SCR
Requesting Provider:   MCGUIRE,WENDY L
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:  Apr 08, 2013
Orderable Item:        DIABETIC RETINOPATHY SURVEILLANCE OUTPATIENT
Consult:               Consult Request
Provisional Diagnosis: DM
Reason For Request:
Please schedule patient for Diabetic Teleretinal Imaging.

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           NEW NOTE ADDED

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     04/08/13 12:51      MCGUIRE,WENDY L     MCGUIRE,WENDY L
 PRINTED TO              04/08/13 12:51
     AMAEE23127$PRT 16
 COMPLETE/UPDATE         04/08/13 12:53      MCGUIRE,WENDY L     MCGUIRE,WENDY L
```


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Note# 18402141
NEW NOTE ADDED 04/09/13 10:45 MCGUIRE,WENDY L MCGUIRE,WENDY L
Note# 18405535

Note: TIME ZONE is local if not indicated

LOCAL TITLE: DIABETIC RETINOPATHY SURVEILLANCE
STANDARD TITLE: CONSULT
DATE OF NOTE: APR 08, 2013@12:51 ENTRY DATE: APR 08, 2013@12:51:21
AUTHOR: MCGUIRE,WENDY L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

REASON FOR REQUEST: Diabetic Teleretinal Imaging for Diabetic Retinopathy
PATIENT DEMOGRAPHICS:
Sex: MALE
Date of birth: JUL 20,1943
Patient race: WHITE
Patient ethnicity: NOT HISPANIC OR LATINO

PATIENT HISTORY:
Duration of diabetes (years):
1-5 years
Date: April 5, 2012
Information obtained by:
Chart documentation
Last retinal evaluation:
Date:
Date: November 7, 2006
Location: Va AmARILLO
Information obtained by:
Chart documentation
Comprehensive face-to-face eye exam
LABS:
Hemoglobin A1C :8.1 H % APR 5,2012@07:30:11
Not found in computer LIPID PROFILE

CURRENT DIABETES THERAPY:
None

DISPOSITION:
Patient scheduled for Diabetic Teleretinal Imaging
PT IS NOT DILATED TRODAY
PT IS NON COMPLIANT WITH MEDS, DOES NOT TAKE THEM

/es/ WENDY L WOODS
DIABETIC RETINAL IMAGER
Signed: 04/08/2013 12:53

LOCAL TITLE: DIABETIC RETINOPATHY SURVEILLANCE
STANDARD TITLE: CONSULT
DATE OF NOTE: APR 09, 2013@10:45 ENTRY DATE: APR 09, 2013@10:45:17
AUTHOR: MCGUIRE,WENDY L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Diabetic Retinopathy Surveillance Consult follow-up note

RESULTS from Diabetic Teleretinal Imaging consult:
Exam result:
Exam Result: Normal
on date: April 9, 2013
********** REMOTE RESULTS
****

TIU Document from:
NEW MEXICO HCS
Associated on: Apr 08, 2013@16:43:16

LOCAL TITLE: DIABETIC TELERETINAL READER CONSULT REPORT
STANDARD TITLE: DIABETOLOGY NOTE
DATE OF NOTE: APR 08, 2013@15:42 ENTRY DATE: APR 08, 2013@15:42:27
AUTHOR: POWELL,JASON R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PUPIL DILATION:
Pupils not dilated for imaging

IMAGE QUALITY ASSESSMENT:

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```
  Image quality adequate

DIABETIC SURVEILLANCE ASSESSMENT:
  RIGHT RETINAL IMAGES:
    Retinopathy Assessment Rt eye:
      No Diabetic Retinopathy
    Macula Assessment Rt eye:
      No apparent abnormalities
    Optic Nerve Assessment Rt Eye:
      No apparent abnormalities
  LEFT RETINAL IMAGES:
    Retinopathy Assessment Lt eye:
      No Diabetic Retinopathy
    Macula Assessment Lt eye:
      No apparent abnormalities
    Optic Nerve Assessment Lt eye:
      No apparent abnormalities

EYE EXAM RESULTS:
  Diabetic Retinopathy:
    Eye exam Retinopathy: Normal
  Macula findings:
    Eye exam Macula: Normal
  Optic Nerve Findings:
    Eye exam Optic Nerve: Normal

RECOMMENDATIONS:
  Refer for comprehensive eye exam
    Refer to:
      EITHER Ophthalmology or Optometry
        Within 1 year
    Referral/appointment reason:
      Routine eye care
 Poor control of diabetes.

*********************************************************************
*Digital retinal imaging has been shown to be an effective method *
*of screening for diabetic retinopathy, but cannot substitute for *
*a comprehensive eye exam.                                         *
*********************************************************************

/es/ JASON R POWELL, OD
OPTOMETRIST
Signed: 04/08/2013 15:43

************************** END OF REMOTE RESULTS
**************************

/es/ WENDY L WOODS
DIABETIC RETINAL IMAGER
Signed: 04/09/2013 10:45
==========================================================================
=================================== END ======================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 19, 2013	PROSTHETICS REQUEST		MUNIZ,SERGIO E	Allopathic & Osteopathic Physicians		COMPLETE		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX PROSTHETICS REQUEST

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)
```


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Order Information
To Service: PROSTHETICS REQUEST
Attention: CASSETTY,JOSIE C
From Service: ZZ17AMA-SLEEP STUDY GROUP ED
Requesting Provider: MUNIZ,SERGIO E
Service is to be rendered on an OUTPATIENT basis
Place: Consultant's choice
Urgency: Routine
Clinically Ind. Date:
Orderable Item: PROSTHETICS REQUEST
Consult: Consult Request
Provisional Diagnosis: Unspecified Sleep Apnea(ICD-9-CM 780.57)
Reason For Request:
CPAP REQUEST TO PROSTHETICS
with Humidifier alarge full face mask #61203
Type: Initial Order
Diagnosis: sleep apnea

Schedule in CPAP education group

Proignosis: good if treated

CPAP: 8-18 cmH2O Pressure
Goals of Cardio-Pulmonary Treatment:
Reduce Sleep Apnea
Current Patient Address on filt is:

101 OKLAHOMA ST
HOOKER, OK 73945
Please list service delivery site if different than that above.

==========
(Describe PROSTHETIC APPLIANCE or REPAIR above LINE)

ISSUING INSTRUCTIONS:
DELIVERY LOCATION
FOR (INPATIENT) - ESTIMATED DISCHARGE DATE:

Inter-facility Information
This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE
Significant Findings: Unknown

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	02/19/13 10:46	MUNIZ,SERGIO E	FOX,JIMMY D
PRINTED TO PSAPS1$PRT 12	02/19/13 10:46		
SCHEDULED	02/19/13 11:38	MUNIZ,SERGIO E	CASSETTY,JOSIE C
AMA-CPAP EDUCATION GROUP Consult Appt. on 03/28/13 @ 13:00			
STATUS CHANGE	02/19/13 11:44	MUNIZ,SERGIO E	CASSETTY,JOSIE C
AMA-CPAP EDUCATION GROUP Appt. on 03/28/13 @ 13:00 was cancelled by the Clinic. Remarks: Wrong month			
SCHEDULED	02/19/13 11:45	MUNIZ,SERGIO E	CASSETTY,JOSIE C
Consult Appt. on 02/28/13 @ 13:00			
ADDED COMMENT	02/19/13 13:30	ROBINSON,JAMES F	ROBINSON,JAMES F
Pending appt on 2/28/2013.			
ADDED COMMENT	02/28/13 13:00	ROBINSON,JAMES F	ROBINSON,JAMES F
Issued mask 61203 and filter 36854 to veteran			
ADDED COMMENT	02/28/13 16:31	FOX,JIMMY D	FOX,JIMMY D
Equipment issued and prosthetics notified.			
COMPLETE/UPDATE	03/01/13 08:03	ROBINSON,JAMES F	ROBINSON,JAMES F
PO to Jordan Reses for replacement cpap S9 to be shipped to pros.			
ADDED COMMENT	04/24/13 16:30	FOX,JIMMY D	FOX,JIMMY D
Patient is having problems with his current mask hurting his nose. Please issue patient a large Mirage Quatro FX mask #61702.			
COMPLETE/UPDATE	04/25/13 07:28	ROBINSON,JAMES F	ROBINSON,JAMES F

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PO to Jordan Reses for mask 61702, to be shipped to veteran.

Note: TIME ZONE is local if not indicated

Significant Findings: Unknown

No local TIU results or Medicine results available for this consult
==========
========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 24, 2012	SLEEP STUDIES OUTPATIENT		KADAKIA,BHADRESH K	Allopathic & Osteopathic Physicians		COMPLETE		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX SLEEP STUDIES OUTPATIENT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            SLEEP STUDIES OUTPATIENT
From Service:          AMA-NURSE PACT PATRIOT
Requesting Provider:   KADAKIA,BHADRESH K
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:  Oct 24, 2012
Orderable Item:        SLEEP STUDIES OUTPATIENT
Consult:               Consult Request
Provisional Diagnosis: Diabetes Mellitus without mention of Complication,
                       type II or unspecified type, not stated as
                       Uncontrolled(ICD-9-CM 250.00)
Reason For Request:
CLAVICLE OR SCAPULA, IMPAIRMENT OF  10%  SC
LUMBOSACRAL OR CERVICAL STRAIN  40%  SC
LIMITED MOTION IN CERVICAL SPINE  10%  SC
MAJOR DEPRESSIVE DISORDER  30%  SC
The Epworth Sleepiness Scale is used to determine the level of daytime
sleepiness. A score of 10 or more is considered sleepy. A score of 18 or
more is very sleepy. If the patient scores 10 or more on this test,
consider
whether obtaining adequate sleep, the need to improve sleep hygiene and/or
need to see a sleep specialist.
The cumulative score on these 8 questions (Epworth score) must be greater
than
9/17 to qualify this patient for sleep studies. A lower score will result
in
this consult being DISCONTINUED. This consult must be completely filled
out in
orderto be scheduled in the Sleep Study Clinic. Failure to do so will
result in
this consult being DISCONTINUED.

Smoking History:

Quit. Packs/year before quitting 2pp/27 years. Patient has quit for over
40 years.


TSH: 1.87   mIU/mL   JUL 14,2009@09:10:45
Thyroid tests have been performed within the last 12 months?No
```


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Oxygen Use:
Patient does not use home oxygen.
Patient has not used CPAP Therapy in the past.

Use the following scale to choose the most appropriate number for each
situation:

0 = would never doze or sleep.
1 = slight chance of dozing or sleeping
2 = moderate chance of dozing or sleeping
3 = high chance of dozing or sleeping

Situation Chance of Dozing or
Sleeping
_____

Sitting and reading 3
_____

Watching TV 3
_____

Sitting inactive in a public place 3
_____

Being a passenger in a motor vehicle for an hour or more 3
_____

Lying down in the afternoon 3
_____

Sitting and talking to someone 0
_____

Sitting quietly after lunch (no alcohol) 3
_____

Stopped for a few minutes in traffic
while driving 2
_____

Total score (add the scores up)
(This is your Epworth score) 20
_____

Do you (does the patient) drive a motor vehicle requiring an CDL and/or
an DOT
Physical.
No

Additional comments/information indicating need for Sleep Study:
"Mr. Hopkins stated his main concern is that he is "tired of being
tired." He
reports waking up tired and not having energy throughout the day. He
stated he
doesn't have any difficulty falling asleep but he does wake up several
times
throughout the night. He reports he wakes up because he is snoring or
quits
breathing. Per Mr. Hopkins, his wife has also commented on his snoring."

Inter-facility Information
This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE

Facility
Activity Date/Time/Zone Responsible Person Entered By

CPRS RELEASED ORDER 10/24/12 13:38 KADAKIA,BHADRESH ZINN,MELISSA K
PRINTED TO 10/24/12 13:38
AMAEE21144$PRT 16
SCHEDULED 10/25/12 09:00 KADAKIA,BHADRESH CASSETTY,JOSIE C
AMA-SLEEP STUDY GROUP ED Consult Appt. on 02/05/13 @ 11:00

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```
 INCOMPLETE RPT          02/05/13 11:47      MUNIZ,SERGIO E      FOX,JIMMY D
     Note# 18217404
 COMPLETE/UPDATE         02/05/13 12:42      MUNIZ,SERGIO E      MUNIZ,SERGIO E
     Note# 18217404

Note: TIME ZONE is local if not indicated

------------------------------------------------------------------------------

 LOCAL TITLE: SLEEP STUDIES OUTPATIENT (C)
STANDARD TITLE: SLEEP MEDICINE NOTE
DATE OF NOTE: FEB 05, 2013@11:45     ENTRY DATE: FEB 05, 2013@11:45:23
      AUTHOR: MUNIZ,SERGIO E       EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Pt observed the Watch PAT-100 training DVD.  After DVD, operation of the
equipment was demonstrated by me.  Pt did not have any questions at this
time. Pt issued equipment #21019, return postage and instructed to mail
it back tomorrow.  Pt reminded that there is an instruction card inside
the carrying case. Pt advised to refrain from driving and operating heavy
machinery while going through the testing phases for sleep apnea and at
least until pt receives therapy if needed.

Pt's resting room air spo2 = 92%.  Pt states he quit smoking in 1972, but
smoked 1.5 pks a day for 22 years. Pt fitted for a large full face mask #61203
in case he qualifies for CPAP therapy.

Pt Signed Authorization to Release Medical Information for sleep study
Equipment and it will be sent to be scanned into CPRS.

/es/ SERGIO MUNIZ MD
CHIEF, PULMONARY SECTION
Signed: 02/05/2013 12:42
==============================================================================
=================================== END =====================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 11, 2012	MENTAL HEALTH(AMA)/PSYCHIATRY OUTPATIENT		SANDOVAL,RITA A	Behavioral Health & Social Service Providers		COMPLETE		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX MENTAL HEALTH(AMA)/PSYCHIATRY OUTPATIENT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            MENTAL HEALTH(AMA)/PSYCHIATRY OUTPATIENT
From Service:          AMA-MHC INTEGRATED PHONE-X
Requesting Provider:   SANDOVAL,RITA A
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:  Sep 11, 2012
Orderable Item:        MENTAL HEALTH(AMA)/PSYCHIATRY OUTPATIENT
Consult:               Consult Request
Reason For Request:
SERVICE CONNECTED % - 70
https://vaww.portal.va.gov/sites/pcmhihub/PCMHI/Document%20Repository%201/
Forms/AllItems.aspx?View=%7b1A2B40CB-15FD-4632-BC1B-DB4F069B15CC%7d&Filter
Field1=Keyword&FilterValue1=Depression
Please describe the issues that require Mental Health specialty
```


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```
consultation:
    Received request from mental health clinic for initiation of a
referral via
a
    consult for this Veteran. Veteran was seen by this worker in the past.

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     09/11/12 16:16      SANDOVAL,RITA A     SANDOVAL,RITA A
 PRINTED TO              09/11/12 16:16
     AMAEE23980$PRT 16
 ADDED COMMENT           09/11/12 16:25      SANDOVAL,RITA A     SANDOVAL,RITA A
Biopsychosocial to be completed by PC-MHI staff.

 ADDED COMMENT           09/12/12 10:01      SANDOVAL,RITA A     SANDOVAL,RITA A
last comment entered in error.

 SCHEDULED               09/12/12 13:49      SANDOVAL,RITA A     WHITE,SUZANNE M
AMA-MHC SCOUT Consult Appt. on 09/20/12 @ 14:00
INTAKE-CONFIRMED

 COMPLETE/UPDATE         09/21/12 12:39      HEIDER,ROSALINDA    HEIDER,ROSALINDA
     Note# 17807314

Note: TIME ZONE is local if not indicated

-------------------------------------------------------------------------------

 LOCAL TITLE: MENTAL HEALTH(AMA)/PSYCHIATRY OUTPATIENT (C)
STANDARD TITLE: MENTAL HEALTH CONSULT
DATE OF NOTE: SEP 21, 2012@12:38     ENTRY DATE: SEP 21, 2012@12:38:28
      AUTHOR: HEIDER,ROSALINDA I   EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

The consult was received and the veteran was seen on 9/20/12 for an intake. He
will be referred for therapy. Thank you.

/es/ ROSALINDA I BARRERA
Social Worker, LMSW
Signed: 09/21/2012 12:39
===============================================================================
==================================== END ======================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 05, 2010	CASE MANAGEMENT ACA		COLEMAN,MARSHALL C	Physician Assistants & Advanced Practice Nursing Providers		DISCONTINUED		VistA	AMA

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Consult Encounters Detail ~ VA: Amarillo, TX

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            CASE MANAGEMENT ACA
From Service:          ZZ17AMA-CARDIOLOGY NP CLINIC
Requesting Provider:   COLEMAN,MARSHALL C
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:
Orderable Item:        CASE MANAGEMENT ACA
Consult:               Consult Request
Provisional Diagnosis: chest pain
Reason For Request:
SERVICE CONNECTED % - 70
Please schedule for one month, thanks

Inter-facility Information
This is not an inter-facility consult request.

Status:                DISCONTINUED
Last Action:           PRINTED TO

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     10/05/10 11:33      COLEMAN,MARSHALL    COLEMAN,MARSHALL
 PRINTED TO CAN40$PRT 16 10/05/10 11:33
 FORWARDED FROM          10/15/10 13:12      HARTMAN,JUDIE       HARTMAN,JUDIE
     CASE MANAGER.
Discussed with Chad Coleman-this consult is for Stress Test.

 PRINTED TO CAN40$PRT 16 10/15/10 13:12
 RECEIVED                10/18/10 10:08      ALVES,MARION        ALVES,MARION
Faxed to NWTH for scheduling.

 SCHEDULED               10/19/10 08:40      ALVES,MARION        ALVES,MARION
REASON FOR REFERRAL FOR NON-VA RESOURCE:  VA FACILITY DOES NOT PROVIDE
REQUIRED SERVICE
ETT fee base ACA 10, pt election- scheduled with NWTH for 11/12/10 @
10:00am., NPO midnight, no meds but bring list. Sent patient a letter.
Authorization/order faxed. RBRVS rate.

 DISCONTINUED            03/17/11 08:34      ALVES,MARION        ALVES,MARION
Patient was a no show for this appointment.

 PRINTED TO CAN40$PRT 16 03/17/11 08:34

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult
=================================== END ====================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Oct 05, 2010	CP EKG-OUTPAT		COLEMAN,MARSHALL C	Physician Assistants & Advanced Practice Nursing Providers		COMPLETE		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX CP EKG-OUTPAT

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```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            CP EKG-OUTPAT
From Service:          ZZ17AMA-CARDIOLOGY NP CLINIC
Requesting Provider:   COLEMAN,MARSHALL C
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:
Orderable Item:        CP EKG
Procedure:             CP EKG
Clinical Procedure:    EKG, ROUTINE (12 LEADS)
Provisional Diagnosis: cp
Reason For Request:
Date (and Time) needed: Oct 5,2010@11:00
Reason:Please obtain today, thanks

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     10/05/10 10:38      COLEMAN,MARSHALL    COLEMAN,MARSHALL
 PRINTED TO              10/05/10 10:38
     AMAEE21144$PRT 16
 RECEIVED                10/05/10 14:17      GREEN,VIRGINIA R    GREEN,VIRGINIA R
ekg done.

 INCOMPLETE RPT          10/06/10 16:19                          PSEUDOUSER,BGP
     Note# 15712637
 COMPLETE/UPDATE         10/05/10 10:19      CLINICAL,DEVICE P   BARKLEY,JEREMY S
               (entered) 10/06/10 16:19
     Note# 15712637

Note: TIME ZONE is local if not indicated

--------------------------------------------------------------------------------

 LOCAL TITLE: CP EKG
STANDARD TITLE: CARDIOLOGY NOTE
DATE OF NOTE: OCT 06, 2010@16:18:54  ENTRY DATE: OCT 06, 2010@16:18:54
      AUTHOR: CLINICAL,DEVICE PRO  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

PROCEDURE SUMMARY CODE: Machine Resulted
DATE/TIME PERFORMED: OCT 05, 2010@10:19:3

** DOCUMENT IN VISTA IMAGING **
SEE FULL REPORT IN VISTA IMAGING

SIGNATURE NOT REQUIRED
SEE SIGNATURE IN VISTA IMAGING

** (Muse EKG)  AUTO-INSTRUMENT DIAGNOSIS **

Procedure: 93000  12 Lead ECG

Release Status: Released Off-Line Verified
Date Verified: Oct 06, 2010@16:20:39

93000.2  Ventricular Rate:    72      BPM
93000.3  Atrial Rate:         72      BPM
93000.4  P-R Interval:        220     ms
93000.5  QRS Duration:        90      ms
93000.6  Q-T Interval:        404     ms
```


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```
93000  QTC Calculation(Bezet):442     ms
93000.12  Calculated P Axis:  23      degrees
93000.13  Calculated R Axis:  12      degrees
93000.14  Calculated T Axis:  25      degrees
Sinus rhythm with sinus arrhythmia with 1st degree A-V block
Otherwise normal ECG
No previous ECGs available
Confirmed by HERNANDEZ MD, P (500) on 10/6/2010 4:20:36 PM

Administrative Closure: 10/06/2010
                    by:
                        Clinical,Device Proxy Service
```

==========

========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 26, 2010	CARDIOLOGY - OUTPATIENT		WATTS-HARKNESS,KATHRYN A	Physician Assistants & Advanced Practice Nursing Providers		COMPLETE		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX CARDIOLOGY - OUTPATIENT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            CARDIOLOGY - OUTPATIENT
From Service:          ZZ11LIBERAL-PC MIDLEVEL
Requesting Provider:   WATTS-HARKNESS,KATHRYN A
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:
Orderable Item:        CARDIOLOGY - OUTPATIENT
Consult:               Consult Request
Reason For Request:
CARDIOLOGY GENERAL
Service connected: SERVICE CONNECTED % - 70
Date CBC ordered:Aug 26,2010
Date Chemistry ordered:Aug 26,2010
Date PTT/PT/INR ordered:Aug 26,2010


REASON FOR CONSULT REQUEST:
Outpatient Consult

HISTORY:
two episodes of chest pain/pressure from axilla to axilla with
exertion. +Lightheadedness, -n/v or diaphorisis.

CLINICAL EXAM:
rrr, s1 s2, no murmur, gallop, rub. possible split

DIAGNOSIS:
Chest pain

DIAGNOSTIC STUDIES INFORMATION:
ordered per consult
```


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Date of stress test (not a required prerequisite):
Date of echocardiogram (not a required prerequisite):

Inter-facility Information
This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	08/26/10 09:26	WATTS-HARKNESS,KA	WATTS-HARKNESS,KA
PRINTED TO AMAEE21141PS1$PRT	08/26/10 09:26		
SCHEDULED	09/10/10 14:21	WATTS-HARKNESS,KA	WEST,DAVID W

AMA-CARDIOLOGY NP CLINIC Consult Appt. on 09/23/10 @ 14:00

STATUS CHANGE	09/15/10 11:19	WATTS-HARKNESS,KA	INCE,PAULA D

AMA-CARDIOLOGY NP CLINIC Appt. on 09/23/10 @ 14:00 was cancelled by the Patient.
Remarks: PPR R/S TO 10/5-NOT NOTES
CANCEL APPOINTMENT letter printed.

SCHEDULED	09/15/10 11:22	WATTS-HARKNESS,KA	INCE,PAULA D

AMA-CARDIOLOGY NP CLINIC Consult Appt. on 10/05/10 @ 11:00
PPR R/S CONSULT FROM 9/23-AGREE NEW DATE/TIME-NO NOTES

ADDED COMMENT	09/21/10 09:33	WATTS-HARKNESS,KA	WATTS-HARKNESS,KA

Report Released Date/Time: Aug 26, 2010@22:29
Provider: WATTS-HARKNESS,KATHRYN A
Specimen: PLASMA. WCH 0826 387
Specimen Collection Date: 08/26/2010 10:00

Test name	Result	units	Ref. range	Site Code
SODIUM	138	mEq/L	136 - 145	[6093]
POTASSIUM	3.9	mEq/L	3.5 - 5.0	[6093]
CHLORIDE	103	mEq/L	98 - 107	[6093]
CO2	23.5	mEq/L	22 - 31	[6093]
UREA NITROGEN	17	mg/dL	10 - 20	[6093]
*CREATININE	0.90	mg/dL	.7 - 1.3	[6093]
EGFR	84.2		Ref: >=60	[6093]
Eval: UNITS ML/MIN/1.73 SQ.M				
Eval: eGFR results >60 are imprecise. Many variables affect the calculated				
Eval: result. Interpretation of eGFR results >60 must be monitored over time"				
GLUCOSE	138 H	mg/dL	72 - 99	[6093]
Eval: Fasting Blood Sugar Interpretation effective 5/3/04:				
Eval: FPG <100 mg/dL = Normal Fasting Glucose				
Eval: FPG 100 - 125 mg/dL = IFG (Impaired Fasting Glucose)				
Eval: FPG >126 mg/dL = Provisional Diagnosis of Diabetes				
Eval: **(Reference: American Diabetes Association's Expert Committee				
Eval: on the Diagnosis and Classification of Diabetes Mellitus 2003)				
Eval:				
Eval: (Reference range prior to 5/3/04: 72-109 mg/dL)				
CALCIUM	9.0	mg/dL	8.4 - 10.2	[6093]
ASPARTATE TRANSAMINASE	18	U/L	5 - 34	[6093]
ALANINE AMINOTRANSFERASE	19	U/L	8 - 40	[6093]
ALKALINE PHOSPHATASE	64	U/L	40 - 150	[6093]
Eval: Reference range for Alk Phos prior to 5/10/04: 30-92 IU/L				
TOTAL BILIRUBIN	0.4	mg/dL	0.2 - 1.0	[6093]
PROTEIN,TOTAL	8.1	g/dL	6.0 - 8.6	[6093]
ALBUMIN	4.5	g/dl	3.4 - 5.0	[6093]
CHOLESTEROL	197	mg/dL	0 - 200	[6093]
Eval:				
>>>>

```
      Eval: <<<<<<<<<<<<<<<<<<<<<<<<<<<<<>>>>>>>>>>>>>>>>>>>>>>>>>>>
      Eval: HDL (mg/dl)  Desirable >40 mg/dl   High Risk  <40 mg/dl
      Eval: <<<<<<<<<<<<<<<<<<<<<<<<<<<<<>>>>>>>>>>>>>>>>>>>>>>>>>>>
LDL (CALC)                    141.0 H   mg/dL      0 - 99.9         [6093]
      Eval: Interpretation LDL (CALC):
      Eval:
      Eval: <100       OPTIMAL
      Eval: 100-129    NEAR OR ABOVE OPTIMAL
      Eval: 130-159    BORDERLINE HIGH
      Eval: 160-189    HIGH
      Eval: >/=190     VERY HIGH
      Eval:
      Eval: THREE CATEGORIES OF RISK THAT MODIFY LDL CHOLESTEROL GOALS:
      Eval: RISK CATEGORY                       LDL GOAL (MG/DL)
      Eval: CHD AND CHD RISK EQUIVALENTS            <100
      Eval: NO CHD, TWO OR MORE RISK FACTORS        <130
      Eval: NO CHD, 0-1 RISK FACTORS                <160
==========================================================================
=====


Report Released Date/Time: Aug 26, 2010@21:20
Provider: WATTS-HARKNESS,KATHRYN A
  Specimen: BLOOD.            WHE 0826 170
    Specimen Collection Date: 08/26/2010 10:00
     Test name                Result    units      Ref.   range   Site
Code
WBC                             7.7     K/cmm      4.8 - 10.8       [6093]
RBC                            4.91     M/ul       4.7 - 6.1        [6093]
HGB                            14.4     g/dl       13 - 18          [6093]
HCT                            44.4     %          39 - 54          [6093]
MCV                            90.4     fl         80 - 96          [6093]
MCH                            29.3     pg         28.0 - 33.0      [6093]
MCHC                           32.4     g/dl       32.0 - 37.0      [6093]
RDW                            13.1     %          11.5 - 14.5      [6093]
PLATELET COUNT                  275     K/cmm      141 - 450        [6093]
MPV                            10.3     mu3        7.00 - 13.00     [6093]
==========================================================================
=====


Report Released Date/Time: Aug 26, 2010@22:23
Provider: WATTS-HARKNESS,KATHRYN A
  Specimen: SERUM.            WCH 0826 384
    Specimen Collection Date: 08/26/2010 10:00
     Test name                Result    units      Ref.   range   Site
Code
PSA                        0.5          ng/mL      0 - 4            [6093]
TSH                            1.51     uIU/mL     0.47 - 5.00      [6093]
==========================================================================
=====

Performing Lab Sites
[6093]  ROBERT J. DOLE DEPARTMENT OF VETERANS AFFAIRS MEDICAL AND REGIONAL
OFFICE CENTER
        5500 E KELLOGG ST  WICHITA, KS 67218-1698
==========================================================================
=====

 INCOMPLETE RPT          10/10/10 12:23      COLEMAN,MARSHALL    ROBINSON,KASIE D
     Note# 15723243
 COMPLETE/UPDATE         10/15/10 13:45      COLEMAN,MARSHALL    COLEMAN,MARSHALL
     Note# 15723243

Note: TIME ZONE is local if not indicated

-------------------------------------------------------------------------------

 LOCAL TITLE: CARDIOLOGY - OUTPATIENT (C)
STANDARD TITLE: CARDIOLOGY OUTPATIENT CONSULT
DATE OF NOTE: OCT 05, 2010@12:31     ENTRY DATE: OCT 10, 2010@12:22:39
      AUTHOR: COLEMAN,MARSHALL C   EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

   *** CARDIOLOGY - OUTPATIENT (C) Has ADDENDA ***


PATIENT NAME:  HOPKINS, MARSHALL H

DATE:  10/05/2010
```


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DATE OF BIRTH: 07/20/1943

CHIEF COMPLAINT: Complaints of chest discomfort.

PAST MEDICAL HISTORY: The patient has no known coronary artery disease. He reports possible TIAs in the mid-1990s. He has a history of obesity. He has lost 100 pounds over the past several years. He also has dyslipidemia.

SUBJECTIVE: The patient reports about a month ago he was in his work area when he began to have a painful heaviness from the left mid-axilla to the right mid-axilla, across the chest wall and what appears to have gathered in the center of the chest. He states this again happened 2 days later, and again described it as feeling "constrict ed." What he has reported to me is that this lasted for several seconds and then disappeared. What he reported to his primary care provider is that it lasted several minutes. The patient is unable to recall exactly what he was doing or exactly how long this episode lasted. These have not occurred since, and he has been relatively active. He states he breaths okay except for at night he gets "stopped up a little bit." He has had some dizziness after standing, but is dealing with that. No feelings of palpitations . No syncope. No swelling of extremities. No tobacco or alcohol use. He stays active. He follows a very strict regimen and diet. His wife is a natural herbalist. He is on absolutely no medications, and is a very strong believer in homeopathic teachings.

OBJECTIVE: Vital signs: Temperature 98.3, pulse 78, respirations 16, blood pressure 139/95 which is elevated from previous blood pressures, height 72 inches, weigh t 206 pounds, pulse oximetry 96% on room air.

General: This is a very pleasant gentleman who comes to the clinic ambulatory in no acute distress.
Neurological: Speech clear and appropriate. Follows commands. Alert and oriented to person, time, and place. Has strong and equal hand grips.
Neck: No carotid bruit appreciated. No JVD.
Lungs : Clear.
Heart: S1, S2 auscultated with a possible S1 splitting. No murmurs. No pain upon palpation of the chest wall. No rubs.
Abdomen: Nontender. Bowel sounds present.
Periphery: No pedal edema.

MEDICATIONS: None.

LABORATORY AND TESTS: The patient's EKG today shows a sinus rhythm with a first degree AV block, rate is 72. A lipid panel shows a total cholesterol of 188, LDL 120, HDL 30 and triglycerides 160.

ASSESSMENT:
1. Chest pain.
2. Dyslipidemia.

PLAN: Of course, there will be no addition of medication for this patient as he does not feel that he is treated appropriately with medications. This brings its own set of unique circum stances to this patient's presentation. His complaints of chest heaviness or "constriction" is compelling for ischemic heart disease. However, he has not been able to bring on these episodes since. He has an elevated blood pressure today, although it does not appear that it is chronic. His cholesterol levels are not at goal. However, he is of course not interested in any kind of statin. I have talked to him at length about the process should he have a stress test and should that stress test be positive. He would then be recommended for a left heart catheterization, which would require Plavix should he have an intervention. I have gone to explain that should he be found to have ischemic heart disease he would have to take Plavix for at least 1 year and other medications would be strongly recommended. I have also explained that there is a potential for bypass. He has verbalized understanding and is interested in having the stress test. He is also interested in having another lipid panel the day of that stress test to see if his wife will be able to help increase his HDL in the next month. I have encouraged appropriate routine exercise. I have also stressed when

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he should report to the Emergency Room, and he has verbalized
understanding of that. We will follow him as appropriate.

45652604/2110422(10/07/2010 22:24:04)35758700
$END

/es/ Marshall Chad Coleman FNP, BC
APRN, BC
Signed: 10/15/2010 13:45

11/22/2010 ADDENDUM STATUS: COMPLETED
Have called patient with normal stress test results.

/es/ Marshall Chad Coleman FNP, BC
APRN, BC
Signed: 11/22/2010 07:54
==========
========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 26, 2010	CP EKG-OUTPAT		WATTS-HARKNESS,KATHRYN A	Physician Assistants & Advanced Practice Nursing Providers		CANCELLED		VistA	AMA

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Consult Encounters Detail ~ VA: Amarillo, TX CP EKG-OUTPAT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            CP EKG-OUTPAT
From Service:          ZZ11LIBERAL-PC MIDLEVEL
Requesting Provider:   WATTS-HARKNESS,KATHRYN A
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:
Orderable Item:        CP EKG
Procedure:             CP EKG
Clinical Procedure:    EKG, ROUTINE (12 LEADS)
Reason For Request:
Date (and Time) needed: Aug 26,2010
Reason:

Inter-facility Information
This is not an inter-facility consult request.

Status:                CANCELLED
Last Action:           CANCELLED

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     08/26/10 09:26      WATTS-HARKNESS,KA   WATTS-HARKNESS,KA
 PRINTED TO              08/26/10 09:26
     AMAEE21144$PRT 16
 CANCELLED               01/31/11 14:11      RENDON,ROBERT       RENDON,ROBERT
NO SHOW


Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult
=================================== END ====================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 12, 2009	HAS/AAA.***		TRYNOSKY,MICHAEL J	Allopathic & Osteopathic Physicians		COMPLETE		VistA	AMA

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```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            HAS/AAA.***
From Service:          ZZ11AMA-TEAM 2 SEGARRA
Requesting Provider:   TRYNOSKY,MICHAEL J
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:
Orderable Item:        HAS/AAA.***
Consult:               Consult Request
Reason For Request:
SERVICE CONNECTED % - 70
Please schedule Aorta Echogram w/o Doppler

Reason for Study: AAA screening

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     08/12/09 08:16      TRYNOSKY,MICHAEL    CONNELLY,MICHELLE
 PRINTED TO              08/12/09 08:16
     ZZAMAEE23996$PRT
 SCHEDULED               08/13/09 10:35      BACK,FLOYD R        BACK,FLOYD R
Fee Basis - Scheduled patient for AAA @ Open Air MRI on 19 Aug 09 @ 1630.
Patient is to check in @ 1600. Mailed appointment letter.

 COMPLETE/UPDATE         08/27/09 10:34      CONNELLY,MICHELLE   CONNELLY,MICHELLE
     Note# 14510129

Note: TIME ZONE is local if not indicated

-------------------------------------------------------------------------------

 LOCAL TITLE: HAS/IMAGING (C)
STANDARD TITLE: NONVA CONSULT
DATE OF NOTE: AUG 27, 2009@10:34     ENTRY DATE: AUG 27, 2009@10:34:07
      AUTHOR: CONNELLY,MICHELLE    EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Report(s) received 8/20/2009.

Please refer to the scanned text document attached.  This can be accessed
by selecting Tools menu, then select Imaging and then Display.

/es/ MICHELLE CONNELLY

Signed: 08/27/2009 10:34
===============================================================================
=================================== END ======================================
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 11, 2009	CASE MANAGER.		SEGARRA,ORLANDO			CANCELLED		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            CASE MANAGER.
From Service:          ZZ11AMA-TEAM 2 SEGARRA
Requesting Provider:   SEGARRA,ORLANDO
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Next available
Clinically Ind. Date:
Orderable Item:        CASE MANAGER.
Consult:               Consult Request
Reason For Request:
SERVICE CONNECTED % - 70
Please refer patient for chiropractor care, was sent on the pass to KS,
but he would rather go see The Active Wellness Chriropractic with Dr
Candice Weigel Tel # 719-260-1010. X-ray done today.

Inter-facility Information
This is not an inter-facility consult request.

Status:                CANCELLED
Last Action:           CANCELLED

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     08/11/09 13:25      SEGARRA,ORLANDO     SEGARRA,ORLANDO
 PRINTED TO CAN40$PRT 16 08/11/09 13:25
 ADDED COMMENT           08/11/09 13:53      SCOTT,SHEILA M      SCOTT,SHEILA M
What is the diagnosis and reason for chiropractic care?

 RECEIVED                08/13/09 14:09      SCOTT,SHEILA M      SCOTT,SHEILA M
 ADDED COMMENT           08/13/09 14:12      SCOTT,SHEILA M      SCOTT,SHEILA M
Mr. Segarra, the consult was reviewed by Franke Robertson. In order for
veteran to qualify for chiropractic care he needs to have a diagnosis and
clinical documentation of subluxation and an acute condition. Without this
documentation, veteran is not eligible for chiropractic care under VA
regulations.

 ADDED COMMENT          08/21/09 15:05      HARTMAN,JUDIE       HARTMAN,JUDIE
LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: AUG 11, 2009@13:31     ENTRY DATE: AUG 11, 2009@13:31:52

      AUTHOR: SEGARRA,ORLANDO      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED


SUBJECTIVE:  This is a 66 year old male ambulatory to Primary Care for f/u
and
evaluation of neck and back pains. Denied any chest pains or SOB. No
nausea,
vomiting, diarrhea or constipation. Denied any smoking or ETOH since 1972.
C/O
neck pains, would like to be refer to Chiropractor care.

PAST MEDICAL HISTORY:
```


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1. MVA 1991 - neck/back injuries
2. Fibromyalgia
3. Tick (right side of face)
4. Histoplasmosis
5. Hyperlipidemia
6. Hematuria
7. Cerumen impaction

PHYSICAL EXAM:
VITALS: TEMP: 98.5 F [36.9 C] (08/11/2009 12:49)
PULSE: 68 (08/11/2009 12:49)
RESP: 18 (08/11/2009 12:49)
B/P: 128/90 (08/11/2009 12:49)
WT: 209.5 lb [95.2 kg] (08/11/2009 12:49)
HT: 72.5 in [184.2 cm] (08/11/2009 12:49)
PAIN: 4 (08/11/2009 12:49)

HEENT: Normocephalic, PEARRL, External ears normal, TM's pink no lesions, Oropharynx pink moist no lesions, Neck supple no cervical adenopathy, Thyroid mid-line no enlargement, No JVD or Bruit.
LUNGS: CTAB, No rales, ronchi, wheezing or hemopthysis.
HEART: RRR No murmur, gallop or rub.
ABD: Soft NTND, Positive bowel sounds, No Organomegaly.
RECTAL: Deferred.
EXT: No peripheral edema, Peripheral pulses 2+.
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	UREA 20% CR (PER GM) APPLY SMALL AMOUNT TO AFFECTED AREA TWICE A DAY TO RIGHT KNEE FOR KERATOSIS OF KNEE SKIN.	ACTIVE

LABS:
SODIUM: 137 meq/L JUL 14,2009@09:10:44
POTASSIUM: 3.7 meq/L JUL 14,2009@09:10:44
BUN: 11 mg/dL JUL 14,2009@09:10:44
CREATININE: 1.0 mg/dL JUL 14,2009@09:10:44
GLUCOSE: 134 H mg/dL JUL 14,2009@09:10:44
AST: 20 IU/L JUL 14,2009@09:10:44
ALT: 23 IU/L JUL 14,2009@09:10:44
ALK. PHOS.: 56 IU/L JUL 14,2009@09:10:44
GGTP: 19 IU/L JUL 14,2009@09:10:44
T. BILIRUBIN: 0.7 mg/dL JUL 14,2009@09:10:44
WBC: 6.5 K/cumm JUL 14,2009@09:10:43
HGB: 14.6 gm/dL JUL 14,2009@09:10:43
HCT: 42 % JUL 14,2009@09:10:43
CHOLESTEROL: 188 mg/dL JUL 14,2009@09:10:44
HDL: 36 L mg/dL JUL 14,2009@09:10:44
LDL 120 mg/dl JUL 14,2009@09:10:44
TRIG: 160 H mg/dL JUL 14,2009@09:10:44
PSA: 0.49 ngm/ml JUL 14,2009@09:10:45
TSH: 1.87 mIU/mL JUL 14,2009@09:10:45

ASSESSMENT/PLAN:
1. Chronic neck and back pains: will get x-ray c-spine and refer to case manager for Chiropractor care if needed.
2. Hyperlipidemia: improving.
3. Allergic Rhinitis: refused treatment. Advice natural remedies.
4. RTC in 6 months with labs prior, and PRN if needed.

ADDED COMMENT 08/21/09 15:08 HARTMAN,JUDIE HARTMAN,JUDIE
Orlando Segarra-

Would you add pt's diagnosis and clinical documentation of subluxation and an acute condition (if applicable) to this consult.

In order for veteran to qualify for chiropractic care he needs to have a diagnosis and clinical documentation of subluxation and an acute condition. Without this documentation, veteran is not eligible for chiropractic care under VA regulations.

Thank You!

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ADDED COMMENT 08/22/09 10:27 SEGARRA,ORLANDO SEGARRA,ORLANDO
No Sublaxation demonstrated. This is a Chronic condition.

ADDED COMMENT 08/26/09 16:08 HARTMAN,JUDIE HARTMAN,JUDIE
Reviewed by Franke Robertson,RN Chief of A&RS. Request for Chiropractic
Care is denied as VA Chiropractic Benefits do not cover Chronic or
Preventative Treatment.
Thank You

CANCELLED 08/26/09 16:09 HARTMAN,JUDIE HARTMAN,JUDIE
Consult cancelled as VA does not cover Chiropractic Care for Chronic or
Preventative Treatment.

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult
========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 15, 2008	PROSTHETICS REQUEST		SEGARRA,ORLANDO			COMPLETE		VistA	AMA

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Consult Encounters Detail ~ VA: Amarillo, TX PROSTHETICS REQUEST

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            PROSTHETICS REQUEST
From Service:          ZZ11AMA-TEAM 2 SEGARRA
Requesting Provider:   SEGARRA,ORLANDO
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:
Orderable Item:        PROSTHETICS REQUEST
Consult:               Consult Request
Provisional Diagnosis: Sprain of lateral collateral ligament of knee
                       (ICD-9-CM 844.0)
Reason For Request:
 Right knee brace with side hinges.

=========================================================================
         (Describe PROSTHETIC APPLIANCE or REPAIR above LINE)

 ISSUING INSTRUCTIONS:
        [x] VETERAN WILL PICK UP
        [] WARD/CLINIC PERSONNEL WILL PICKUP
        [] DELIVERY LOCATION

 FOR (INPATIENT) - ESTIMATED DISCHARGE DATE:

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE
Significant Findings:  Unknown

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     09/15/08 10:34      SEGARRA,ORLANDO     SEGARRA,ORLANDO
 PRINTED TO              09/15/08 10:34
     PSAPS1$PRT 12
 COMPLETE/UPDATE         09/15/08 11:23      BERGSTRESSER,PAME   BERGSTRESSER,PAME
Stock issued hinged knee brace issued thru Rehab.


Note: TIME ZONE is local if not indicated

Significant Findings: Unknown
-------------------------------------------------------------------------------
No local TIU results or Medicine results available for this consult
=========================================================================
=================================== END ===================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 15, 2008	CASE MANAGER.		SEGARRA,ORLANDO			DISCONTINUED		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
```


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Patient Type: SC VETERAN
OEF/OIF: NO

Service Connection/Rated Disabilities
SC Percent: 70%
Rated Disabilities: LUMBOSACRAL OR CERVICAL STRAIN (40%)
MAJOR DEPRESSIVE DISORDER (30%)
LIMITED MOTION IN CERVICAL SPINE (10%)
CLAVICLE OR SCAPULA, IMPAIRMENT OF (10%)

Order Information
To Service: CASE MANAGER.
From Service: ZZ11AMA-TEAM 2 SEGARRA
Requesting Provider: SEGARRA,ORLANDO
Service is to be rendered on an OUTPATIENT basis
Place: Consultant's choice
Urgency: Routine
Clinically Ind. Date:
Orderable Item: CASE MANAGER.
Consult: Consult Request
Reason For Request:
Rehab Medicine Consult
SERVICE CONNECTED % - 70
Is this consult associated with a service connected disability? Yes
Lower back pain

INCOMPLETE CONSULTS WILL BE DENIED
Rehab consult needed for:
Please provide therapeutic modalities for lower back ad left
sciatica. Spinal manipulation if needed.

Inter-facility Information
This is not an inter-facility consult request.

Status: DISCONTINUED
Last Action: ADDED COMMENT

Facility
Activity | Date/Time/Zone | Responsible Person | Entered By

CPRS RELEASED ORDER 09/15/08 10:34 SEGARRA,ORLANDO SEGARRA,ORLANDO
PRINTED TO CAN05$PRT 10 09/15/08 10:34
SCHEDULED 09/29/08 12:15 SEGARRA,ORLANDO HUMPHREY,WALTON R
PHY THERAPY GLOVER-CONSULT Consult Appt. on 10/14/08 @ 09:30
therapeutic modalities for low back and l.sciatica

STATUS CHANGE 10/07/08 08:04 SEGARRA,ORLANDO HUMPHREY,WALTON R
PHY THERAPY GLOVER-CONSULT Appt. on 10/14/08 @ 09:30 was cancelled by the Patient.
Remarks: Out of town

SCHEDULED 10/07/08 08:06 SEGARRA,ORLANDO HUMPHREY,WALTON R
PHY THERAPY GLOVER-CONSULT Consult Appt. on 10/29/08 @ 13:30

STATUS CHANGE 10/07/08 08:06 SEGARRA,ORLANDO HUMPHREY,WALTON R
PHY THERAPY GLOVER-CONSULT Appt. on 10/29/08 @ 13:30 was cancelled for administrative purposes.

SCHEDULED 10/07/08 08:06 SEGARRA,ORLANDO HUMPHREY,WALTON R
PHY THERAPY GLOVER-CONSULT Consult Appt. on 10/29/08 @ 13:30
Resched from 10/14 to this date per patient request

STATUS CHANGE 10/28/08 15:14 SEGARRA,ORLANDO GLOVER,JOHN M
PHY THERAPY GLOVER-CONSULT Appt. on 10/29/08 @ 13:30 was cancelled by the Clinic.
Remarks: clinic closed for construction

FORWARDED FROM 11/10/08 14:39 ROBERTSON,FRANKE GLOVER,JOHN M
REHAB MEDICINE OUTPATIENT
Please refer this pt to a chiropractor of his choice. He has had
excellent results from just a few treatments a few years ago. He states
that for his back pain he prefers a chiropractor in Colorado Springs.

PRINTED TO CAN40$PRT 16 11/10/08 14:39
DISCONTINUED 11/13/08 13:57 ROBERTSON,FRANKE ROBERTSON,FRANKE
Patient was referred to a Dr. Buckley in Garden City, Ks and scheduled and
appointment for 8/11/08. No clinical evaluation has ever been receieved
for additional/further authorizations of care. Will contact Mr. Hopkins
and/or Dr. Buckley for updates.

PRINTED TO CAN40$PRT 16 11/13/08 13:57

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ADDED COMMENT 11/14/08 12:59 GLOVER,JOHN M GLOVER,JOHN M
This is actually as new incidence. The Appointment with Dr Buckley was
for his neck, I beleive and this is for his low back. He requested a
chiro other than Dr Buckley I believe.

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult
========== END ==========

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 23, 2008	HAS/MEDICAL TRACKING. ***		SEGARRA,ORLANDO			COMPLETE		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX

Current Pat. Status: Outpatient
Primary Eligibility: SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type: SC VETERAN
OEF/OIF: NO

Service Connection/Rated Disabilities
SC Percent: 70%
Rated Disabilities: LUMBOSACRAL OR CERVICAL STRAIN (40%)
MAJOR DEPRESSIVE DISORDER (30%)
LIMITED MOTION IN CERVICAL SPINE (10%)
CLAVICLE OR SCAPULA, IMPAIRMENT OF (10%)

Order Information
To Service: HAS/MEDICAL TRACKING. ***
From Service: ZZ11AMA-TEAM 2 SEGARRA
Requesting Provider: SEGARRA,ORLANDO
Service is to be rendered on an OUTPATIENT basis
Place: Consultant's choice
Urgency: Routine
Clinically Ind. Date:
Orderable Item: HAS/MEDICAL TRACKING. ***
Consult: Consult Request
Reason For Request:
SERVICE CONNECTED % - 70
Patient seen by Rehab for Cervical pain. They recommended Chiropractor
care,
please evaluated.

Description of disability- Pt presents with c/o chronic cervical pain.
His only
relief is with chiropractic rx using this "actuator" system. He is
specific in
that no other treatment has been effective for relief since his MVA
injury.

An order was entered for case mgt for chiropractic care in 2007, but is
was
declined for lack of recent xrays and no documentation of acute flare up
of
current condition. At this time, I would recommend that he be considered
for
chiropractic care, via fee basis. He lives in Oklahoma, and goes to
chiropractor
in Garden City, KS when he needs rx.

Inter-facility Information
This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE

Facility
Activity Date/Time/Zone Responsible Person Entered By

CPRS RELEASED ORDER 07/23/08 14:31 SEGARRA,ORLANDO SEGARRA,ORLANDO

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PRINTED TO CAN40$PRT 16 07/23/08 14:31
ADDED COMMENT 07/23/08 15:17 NICHOLSON,R KEVIN NICHOLSON,R KEVIN
Please see my PT evaluation from May 30, 2008 regarding this patient.
Thank you.

RECEIVED 07/23/08 15:17 BIRD,STACEY R BIRD,STACEY R
FORWARDED FROM 07/29/08 08:53 BIRD,STACEY R BIRD,STACEY R
CASE MANAGER.
Reviewed and discussed consult with Franke Robertson RN, Chief of A&RS.
30-day fee basis approval for chiropractic evaluation. Patient notified of
evauluation approval and will schedule appointment with Dr. Randall
Buckley in Garden City, KS. The chiropractor's office number is (620)
275-1221.

HAS: Please enter authorization for chiropractic evaluation and fax to Dr.
Buckley's office.

PRINTED TO 07/29/08 08:53
ZZAMAEE23996$PRT
ADDED COMMENT 07/29/08 08:53 BIRD,STACEY R BIRD,STACEY R
View Alert: HAS

SCHEDULED 07/31/08 16:02 SCULLY,JENNIFER SCULLY,JENNIFER
fee basis for initial evaluation and treatment with Dr. Randall Buckley in
Garden City, KS, office number (620) 275-1221, initial appt. 081108 @
1500.

ADDED COMMENT 07/31/08 16:15 SCULLY,JENNIFER SCULLY,JENNIFER
awaiting call back with fax number of office.

ADDED COMMENT 08/01/08 11:18 SCULLY,JENNIFER SCULLY,JENNIFER
faxed auth. Fax number is same as telephone number.

ADDED COMMENT 08/01/08 11:30 SCULLY,JENNIFER SCULLY,JENNIFER
letter sent to pt.

ADDED COMMENT 09/26/08 16:14 ANDERSON,HEATHER ANDERSON,HEATHER
VIEW ALERT TO JENNIFER BANNER/FLOYD BACK. PLEASE UPDATE AUTHORIZATION TO
INCLUDE POV 75.

ADDED COMMENT 10/03/08 07:59 BACK,FLOYD R BACK,FLOYD R
This did include the treatment for this patient and the authorization
states it.

ADDED COMMENT 01/28/09 11:28 SCULLY,JENNIFER SCULLY,JENNIFER
Called Dr. Buckley's office and requested clinical reports of evaluation
findings and POC be faxed to this office, attn Franke Robertson.

COMPLETE/UPDATE 01/18/10 07:05 FREDERIKSEN,NANCY FREDERIKSEN,NANCY
Note# 14927356

Note: TIME ZONE is local if not indicated

LOCAL TITLE: CASE MANAGER (C)
STANDARD TITLE: CASE MANAGER CONSULT
DATE OF NOTE: JAN 18, 2010@07:03 ENTRY DATE: JAN 18, 2010@07:03:37
AUTHOR: FREDERIKSEN,NANCY L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Please see Vista Imaging scanned document titled: Outside Records - Neurology
dated 7/23/08 for clinical documentation by DR BUCKLEY CHIROPRACTIC.

/es/ NANCY L FREDERIKSEN
RN
Signed: 01/18/2010 07:05

Receipt Acknowledged By:
01/19/2010 06:47 /es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER
==========
========== END ==========

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 13, 2008	REHAB MEDICINE OUTPATIENT		SEGARRA,ORLANDO			COMPLETE		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX REHAB MEDICINE OUTPATIENT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            REHAB MEDICINE OUTPATIENT
From Service:          ZZ11AMA-TEAM 2 SEGARRA
Requesting Provider:   SEGARRA,ORLANDO
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Within 1 week
Clinically Ind. Date:
Orderable Item:        REHAB MEDICINE OUTPATIENT
Consult:               Consult Request
Reason For Request:
Rehab Medicine Consult
SERVICE CONNECTED % - 70
Is this consult associated with a service connected disability? Yes


INCOMPLETE CONSULTS WILL BE DENIED
Rehab consult needed for:
    Impression:
      No fracture or subluxation. Mild degenerative osteophyte
      formation at C5, C6, and C7. Oblique views do not reveal
obvious
      foraminal stenosis. The frontal and odontoid views are
normal.
    Impression:
      No fracture or subluxation. Mild degenerative osteophyte
      formation at C5, C6, and C7. Oblique views do not reveal
obvious
      foraminal stenosis. The frontal and odontoid views are
normal.
Please apply therapeutic modalities and spine manipulation if
needed.

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     05/13/08 16:15      SEGARRA,ORLANDO     SEGARRA,ORLANDO
 PRINTED TO CAN05$PRT 10 05/13/08 16:15
 RECEIVED                05/14/08 07:24      HUMPHREY,WALTON R   HUMPHREY,WALTON R
 SCHEDULED               05/16/08 09:48      SEGARRA,ORLANDO     HUMPHREY,WALTON R
PHY THERAPY NICHOLSON-CONSULT Consult Appt. on 05/30/08 @ 08:30
therapeutic modalities & spine manipulation

 COMPLETE/UPDATE         05/30/08 15:18      NICHOLSON,R KEVIN   NICHOLSON,R KEVIN
     Note# 13288015

Note: TIME ZONE is local if not indicated

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```
 LOCAL TITLE: PHYSICAL THERAPY (C)
STANDARD TITLE: PHYSICAL MEDICINE REHAB E & M CONSULT
DATE OF NOTE: MAY 30, 2008@15:17     ENTRY DATE: MAY 30, 2008@15:17:56
      AUTHOR: NICHOLSON,R KEVIN    EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Pt seen for PT eval this date. Evaluation to follow.

/es/ R. Kevin Nicholson
PT
Signed: 05/30/2008 15:18
==========================================================================
=================================== END ==================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 20, 2008	PULMONARY FUNCTION TEST (PROC) OUTPATIENT		SEGARRA,ORLANDO			COMPLETE		VistA	AMA

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Consult Encounters Detail ~ VA: Amarillo, TX PULMONARY FUNCTION TEST (PROC) OUTPATIENT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            PULMONARY FUNCTION TEST (PROC) OUTPATIENT
From Service:          ZZ11AMA-TEAM 2 SEGARRA
Requesting Provider:   SEGARRA,ORLANDO
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Today
Clinically Ind. Date:
Orderable Item:        PULMONARY FUNCTION TEST
Procedure:             PULMONARY FUNCTION TEST
Clinical Procedure:    PFT
Reason For Request:
Test(s) requested:
Spirometry, P-P Bronchodilator, Lung Volume
R/O Reactive airway disease.

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     02/20/08 08:39      SEGARRA,ORLANDO     SEGARRA,ORLANDO
 PRINTED TO              02/20/08 08:39
     AMACWS22$PRT 16
 INCOMPLETE RPT          02/20/08 10:29                          PSEUDOUSER,BGP
     Note# 13023357
 COMPLETE/UPDATE         03/21/08 15:45      MUNIZ,SERGIO E      MUNIZ,SERGIO E
     Note# 13023357

Note: TIME ZONE is local if not indicated

-------------------------------------------------------------------------------

 LOCAL TITLE: PULMONARY FUNCTION PROCEDURES
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: FEB 20, 2008@10:29:46  ENTRY DATE: FEB 20, 2008@10:29:46
      AUTHOR: MUNIZ,SERGIO E       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

PROCEDURE SUMMARY CODE: Normal
DATE/TIME PERFORMED: FEB 20, 2008@09:57

SEE VISTA IMAGING

/es/ SERGIO E MUNIZ
PHYSICIAN
Signed: 03/21/2008 15:45
===============================================================================
=================================== END ======================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 18, 2007	ADVANCE DIRECTIVE		SEGARRA,ORLANDO			COMPLETE		VistA	AMA

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```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            ADVANCE DIRECTIVE
From Service:          ZZ11AMA-TEAM 2 SEGARRA
Requesting Provider:   SEGARRA,ORLANDO
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:
Orderable Item:        ADVANCE DIRECTIVE
Consult:               Consult Request
Reason For Request:
Patient needs information on Advance Directives

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     05/18/07 09:50      SEGARRA,ORLANDO     SEGARRA,ORLANDO
 PRINTED TO CAN40$PRT 16 05/18/07 09:50
 COMPLETE/UPDATE         05/18/07 10:02      CRAWFORD,ANNA M     CRAWFORD,ANNA M
     Note# 12395667

Note: TIME ZONE is local if not indicated

-------------------------------------------------------------------------------

 LOCAL TITLE: ADVANCED DIRECTIVE (C)
STANDARD TITLE: ADVANCE DIRECTIVE DISCUSSION
DATE OF NOTE: MAY 18, 2007@10:01     ENTRY DATE: MAY 18, 2007@10:01:51
      AUTHOR: CRAWFORD,ANNA M      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

SERVICE CONNECTED % - 70
VA ADVANCE DIRECTIVE: LIVING WILL AND DURABLE POWER OF ATTORNEY FOR
HEALTH CARE NOTE

Patient is alert
The patient has decision-making capacity.
Met with patient on this date and provided education and assistance
regarding: Patient Rights, Advance Directives, Advance Directive Execution
Procedure
PATIENT EDUCATION:
Patient took Advance Directive materials to complete/file at later date.

/es/ ANNA SELLMYER
MSSW LMSW
Signed: 05/18/2007 10:02
===============================================================================
=================================== END ======================================
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 18, 2007	CASE MANAGER.		SEGARRA,ORLANDO			DISCONTINUED		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            CASE MANAGER.
From Service:          ZZ11AMA-TEAM 2 SEGARRA
Requesting Provider:   SEGARRA,ORLANDO
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:
Orderable Item:        CASE MANAGER.
Consult:               Consult Request
Reason For Request:
SERVICE CONNECTED % - 70
Pt seeking VA benefit for chiropractor care. Pt has history of MVA in
1991 -
multiple back and neck injuries.  Pt uses: Dr. Randall E. Buckley, D.C.
(certified
chiropractor sports physician) 504 Teitelbaum Ave. Garden City, KS 67846
LAst x-
ray show DJD of cervical spine and that is what concerns him.

Inter-facility Information
This is not an inter-facility consult request.

Status:                DISCONTINUED
Last Action:           PRINTED TO

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     05/18/07 09:32      SEGARRA,ORLANDO     SEGARRA,ORLANDO
 PRINTED TO CAN40$PRT 16 05/18/07 09:32
 RECEIVED                05/18/07 13:44      SMALL,ROMA D        SMALL,ROMA D
UPON REVIEW OF PATIENT'S RECORDS THERE HAS NOT BEEN ANY RECENT X-RAYS
DONE NOR ANY DOCUMENTATION OF AN ACUTE FLARE UP WITH HIS CHRONIC BACK &
NECK PROBLEMS.  PLEASE ORDER X-RAYS IF INDICATED AND DOCUMENT AN ACUTE
FLARE UP WITH HIS NECK & BACK PROBLEMS BEFORE WE CAN PROCEED WITH THE
REQUEST.

 DISCONTINUED            06/27/07 10:55      SMALL,ROMA D        SMALL,ROMA D
 PRINTED TO CAN40$PRT 16 06/27/07 10:55

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult
=================================== END ====================================
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 08, 2006	REHAB MEDICINE OUTPATIENT		SEGARRA,ORLANDO			DISCONTINUED		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX REHAB MEDICINE OUTPATIENT

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            REHAB MEDICINE OUTPATIENT
From Service:          ZZ11AMA-TEAM 2 SEGARRA NEW
Requesting Provider:   SEGARRA,ORLANDO
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Next available
Clinically Ind. Date:
Orderable Item:        REHAB MEDICINE OUTPATIENT
Consult:               Consult Request
Reason For Request:
SERVICE CONNECTED % - 70
Is this consult associated with a service connected disability?
(if service connected % is 0 select NO) Yes
Please schedule for therapeutic modalities for neck and LBP. Pt has
history of MVA in 1991 - multiple back and neck injuries.

Inter-facility Information
This is not an inter-facility consult request.

Status:                DISCONTINUED
Last Action:           PRINTED TO

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     05/08/06 08:37      SEGARRA,ORLANDO     SEGARRA,ORLANDO
 PRINTED TO CAN05$PRT 10 05/08/06 08:37
 RECEIVED                05/08/06 08:46      CAIN,SANDRA L       CAIN,SANDRA L
 SCHEDULED               05/11/06 09:27      CAIN,SANDRA L       CAIN,SANDRA L
appt 6/7/06

 DISCONTINUED            06/27/06 14:28      CAIN,SANDRA L       CAIN,SANDRA L
appts cancelled

 PRINTED TO CAN05$PRT 10 06/27/06 14:28

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult
=================================== END ====================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 02, 2006	AUDIOLOGY OUTPATIENT		SEGARRA,ORLANDO			COMPLETE		VistA	AMA

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```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            AUDIOLOGY OUTPATIENT
From Service:          ZZ11AMA-TEAM 2 SEGARRA NEW
Requesting Provider:   SEGARRA,ORLANDO
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:
Orderable Item:        AUDIOLOGY OUTPATIENT
Consult:               Consult Request
Reason For Request:
SERVICE CONNECTED % - 70
1. Patient's ears have been checked for cleanliness, obstruction,
growth, etc. Yes
2. Ear wash or other appropriate intervention to clear obstruction has
been
completed prior to this
consult being entered. Yes
3. Ears are free of obstruction. Yes
4. Patient is having difficulty hearing and/or understanding you. No
5. Patient agrees to have an Audiology Evaluation. Yes
Comments: (Please list any medical problems relating to patient's ears,
or any extenuating
circumstances)Pt requests to have a hearing evaluation done for decreased
hearing
abilities

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           COMPLETE/UPDATE

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     05/02/06 11:21      SEGARRA,ORLANDO     BILLINGTON,LINDY
 PRINTED TO              05/02/06 11:21
     AMAEE23984$PRT 16
 SCHEDULED               05/03/06 08:57      ATCHLEY,JUDITH A    ATCHLEY,JUDITH A
APPT SCHEDULED FOR 5-30-06 @ 1400

 ADDED COMMENT           05/22/06 11:14      ATCHLEY,JUDITH A    ATCHLEY,JUDITH A
PATIENT LIVES IN HOOKER, OK COMES TO AMARILLO ON THE FIRST TUESDAY OF
EVERY MONTH
REQUESTS TO BE SCHECULED ON AUGUST 1ST

 ADDED COMMENT           05/30/06 08:55      ATCHLEY,JUDITH A    ATCHLEY,JUDITH A
EFFECTIVE 5-26-06 THE AUDIOLOGY DEPARTMENT WILL TEMPORARILY BE WITHOUT AN
AUDIOLOGIST UNTIL A NEW AUDIOLOGIST IS HIRED

 COMPLETE/UPDATE         10/03/06 15:43      BACK,CATHERINE T    BACK,CATHERINE T
     Note# 11896219

Note: TIME ZONE is local if not indicated

-------------------------------------------------------------------------------

 LOCAL TITLE: AUDIOLOGY OUTPATIENT (C)
STANDARD TITLE: AUDIOLOGY CONSULT
DATE OF NOTE: OCT 03, 2006@08:30     ENTRY DATE: OCT 03, 2006@15:36:39
      AUTHOR: BACK,CATHERINE T     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

The veteran was seen today for an audiological assessment.

Chief complaint(s) and case history:
```


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Bilateral hearing loss. Pt reports military noise exposure as a C-130 Loadmaster for 24 years. He reports some occupational noise exposure with hearing protection. Pt denies recreational noise exposure. The veteran denies tinnitus, dizziness, otalgia, and aural pressure.

Audiological Assessment:
Otoscopic examinations revealed complete cerumen impaction, bilaterally. I requested a bilateral ear lavage from Team 2. When pt returned from his ear lavage, otoscopic examinations revealed clear external auditory canals. Normal tympanic membrane landmarks were observed in each ear. Puretone testing in the right ear revealed normal hearing sensitivity at 250 - 1500 Hz and a mild to moderate high frequency hearing loss at 2000 - 8000 Hz. All bone condution thresholds are WNL, but there are no air/bone gaps. Puretone testing in the left ear revealed normal hearing sensitivity at 250 - 6000 Hz and a mild hearing loss at 8000 Hz only. Today's word recognition scores are excellent at 96% correct in the right and left ears, respectively. Today's results were explained to the veteran. Discussed borderline candidacy for hearing aid in the right ear. Pt declined amplification at this time.

Recommendation(s):
Recommend annual audiograms to monitor mild hearing loss in the right ear and candidacy/readiness for amplification.

/es/ CATHERINE T. ZAMBITO, Au.D.
AUDIOLOGIST
Signed: 10/03/2006 15:43
==========
========== END ==========

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Medical Record

HOPKINS, MARSHALL HUGH **DOB:** 19430720 **SSN:** ***-**-7575 **Created:** November 10, 2020 12:31 pm

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 02, 2006	CASE MANAGER.		SEGARRA,ORLANDO			DISCONTINUED		VistA	AMA

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```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            CASE MANAGER.
From Service:          ZZ11AMA-TEAM 2 SEGARRA NEW
Requesting Provider:   SEGARRA,ORLANDO
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:
Orderable Item:        CASE MANAGER.
Consult:               Consult Request
Reason For Request:
SERVICE CONNECTED % - 70

Pt seeking VA benefit for chiropractor care. Pt has history of MVA in
1991 - multiple back and neck injuries.
Pt uses:
Dr. Randall E. Buckley, D.C. (certified chiropractor sports physician)
504 Teitelbaum Ave.
Garden City, KS 67846

Inter-facility Information
This is not an inter-facility consult request.

Status:                DISCONTINUED
Last Action:           PRINTED TO

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     05/02/06 11:21      SEGARRA,ORLANDO     BILLINGTON,LINDY
 PRINTED TO CAN40$PRT 16 05/02/06 11:21
 RECEIVED                05/03/06 09:12      SMALL,ROMA D        SMALL,ROMA D
PER VHA POLICY: TITLE 38 United States Code (U.S.C)1703 (a) (2) (B) non
VA outpatient chiropractic care is covered but specifically limited to
treatment of spinal subluxation and limited to manual manipulation.


Please indicate if patient has spinal subluxation documented on spinal
xray along with DJD.  If patient has spinal subluxation, he will need to
inform CM of the chiropractor he would like to use so the phone of
chiropractor.  NO services can be authorized unless patient meets
criteria and licence is pre verified.


Also recommend patient be reevalutated by AMAVA PT for recommendation for
therapy.

 ADDED COMMENT          05/08/06 10:39      SEGARRA,ORLANDO     SEGARRA,ORLANDO
No sublaxation per x-ray, will refer to rehab.

 DISCONTINUED           05/19/06 13:14      SMALL,ROMA D        SMALL,ROMA D
 PRINTED TO CAN40$PRT 16 05/19/06 13:14

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult
=================================== END ====================================
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 05, 2006	EKG - OUTPATIENT (PROC)		SEGARRA,ORLANDO			DISCONTINUED		VistA	AMA

Consult Encounters Detail ~ VA: Amarillo, TX

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            EKG - OUTPATIENT (PROC)
From Service:          ZZ11AMA-TEAM 2 SEGARRA NEW
Requesting Provider:   SEGARRA,ORLANDO
Service is to be rendered on an OUTPATIENT basis
Place:                 Consultant's choice
Urgency:               Routine
Clinically Ind. Date:
Orderable Item:        EKG - OUTPATIENT
Procedure:             EKG - OUTPATIENT
Reason For Request:
Date/time  needed: 5/2/06
Electrocardiogram request.

Inter-facility Information
This is not an inter-facility consult request.

Status:                DISCONTINUED
Last Action:           PRINTED TO

Facility
 Activity                Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------------
 CPRS RELEASED ORDER     04/05/06 13:49      SEGARRA,ORLANDO     SEGARRA,ORLANDO
 PRINTED TO              04/05/06 13:49
     AMAEE21144$PRT 16
 SCHEDULED               04/07/06 11:37      RENDON,ROBERT       RENDON,ROBERT
050206

 DISCONTINUED            06/09/06 11:43      RENDON,ROBERT       RENDON,ROBERT
NO SHOW

 PRINTED TO              06/09/06 11:43
     AMAEE21144$PRT 16

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult
=================================== END ====================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 01, 1997	NEUROLOGY (OUTPT)					COMPLETE		VistA	ECH

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Consult Encounters Detail ~ VA: Eastern Colorado HCS NEUROLOGY (OUTPT)

```
            Current Pat. Status:   Outpatient
Primary Eligibility:   SERVICE CONNECTED 50% to 100%(VERIFIED)
Patient Type:          SC VETERAN
OEF/OIF:               NO

Service Connection/Rated Disabilities
SC Percent:            70%
Rated Disabilities:    LUMBOSACRAL OR CERVICAL STRAIN  (40%)
                       MAJOR DEPRESSIVE DISORDER  (30%)
                       LIMITED MOTION IN CERVICAL SPINE  (10%)
                       CLAVICLE OR SCAPULA, IMPAIRMENT OF  (10%)

Order Information
To Service:            NEUROLOGY (OUTPT)
From Service:          EMERGENCY ROOM
Requesting Provider:
Service is to be rendered on an OUTPATIENT basis
Place:                 Not Applicable
Urgency:               Next available
Clinically Ind. Date:
DST ID:
Orderable Item:
Consult:               Consult Request
Reason For Request:
53YO WM W 2 WK H/O INTERMITTENT VERTIGO.  ONLY OTHER SYMPTOM IS R
PERIORBITAL PAIN TRIGGERED BY RUBBING - HAS H/O TIC DOULOREAUX.

Inter-facility Information
This is not an inter-facility consult request.

Status:                COMPLETE
Last Action:           CPRS RELEASED ORDER

Facility
 Activity               Date/Time/Zone      Responsible Person  Entered By
-------------------------------------------------------------------------
 ENTERED IN CPRS        04/01/97 10:35      SWEENEY,MAURINE K   SWEENEY,MAURINE K
 CPRS RELEASED ORDER    04/01/97 10:37      SWEENEY,MAURINE K   SWEENEY,MAURINE K
 PRINTED TO 3086        04/01/97 10:37      SWEENEY,MAURINE K   SWEENEY,MAURINE K
 COMPLETE/UPDATE        08/30/99 15:07      JOSE,SHIRLEY A      JOSE,SHIRLEY A
Administrative Completion.


Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult
==================================== END ====================================
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 24, 2014	DD214 ENLISTED RECORD & RPT OF SEP						Yes	VistA	AMA

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 24, 2014	AMARILLO ADMINISTRATIVE CHART (HISTORICAL)						Yes	VistA	AMA

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 05, 2013	RELEASE OF INFORMATION						Yes	VistA	AMA

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 14, 2009	PHOTO ID						Yes	VistA	AMA

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 04, 2006	MEANS TEST (10-10EZ)						Yes	VistA	AMA

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 04, 2006	DD214 ENLISTED RECORD & RPT OF SEP						Yes	VistA	AMA

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Mar 26, 2014	MEANS TEST (10-10EZR)						Yes	VistA	KAN

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	DECEASED VETERAN PROFILE						Yes	VistA	MEM

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Medical Record

HOPKINS, MARSHALL HUGH **DOB:** 19430720 **SSN:** ***-**-7575 **Created:** November 10, 2020 11:59 am

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	BLOOD TRANSFUSION	Blood banking and transfusion medicine Nurse Note	MATTISON,CAROL FAITH		MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ BLOOD TRANSFUSION

```
     LOCAL TITLE: BLOOD TRANSFUSION
STANDARD TITLE: BLOOD BANKING TRANSFUSION NURSING NOTE
DATE OF NOTE: SEP 18, 2015@02:40     ENTRY DATE: SEP 18, 2015@07:18:03
      AUTHOR: MATTISON,CAROL FAIT  EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Blood Product Transfusion: (Please add the additional signer)

Product to be Transfused: One unit of PRBC


Leukocyte Reduction Filter (PALL) No

Irradiated Unit: No

Unit #:w010415051363

Pre Transfusion Verification Data:

The 1st and 2nd verifiers have verified the following:

Blood Consent signed in Imed or on chart, Unit number on blood component bag is
same as on caution tag, Patient full name on Red Blood Bank ID Band same as
caution tag, Patient full SSN# on Red Blood Bank ID Band same as caution tag,
Patient Red Blood Bank wrist band ID # same as on caution tag, Blood type on
Blood Component bag same as on caution tag

Patient was instructed on how to recognize a transfusion reaction, either
immediate or delayed.  Yes

Red Blood Wristband # PVKU0011

Pre-Medication:  NA

Blood Administration Set Lot#:  0061438546

Pre-Transfusion Vitals:

Additional Signer: T. Deguzman

Vital signs(other):
Time: 0030Temp:103.6Pulse: 116
Resp. Rate: 20  B/P: 106/60

Transfusion start time: Sep 18,2015@00:30

Vitals during transfusion: (every 5 min 1st 15 min then every 15 min x3 then
every hr and/or at the completion of infusion)
Time 0035Temp: 103.6Pulse:  116 Resp. Rate:  20  B/P: 111/59
Time 0040Temp: 103.6Pulse:  115 Resp. Rate:  20  B/P: 107/57
Time 0045Temp: 103.6Pulse:  114 Resp. Rate:  20  B/P: 113/58
Time 0100Temp: Pulse:  115 Resp. Rate:  20  B/P: 103/59
Time 0115Temp: Pulse:   Resp. Rate:  20  B/P: 111/61
Time 0130Temp: Pulse:   Resp. Rate:  20  B/P: 109/61
Time 0200Temp: 103.3Pulse:  115 Resp. Rate:  20  B/P: 116/63
Time 0240Temp: 103.3Pulse:  136 Resp. Rate:  20  B/P: 109/63
Post - Blood Product Transfusion Data:
```


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Time Transfusion Completed/Interrupted: Sep 18,2015@02:40

Amount Infused: 100%

Vitals:

Temp: 103 F [39.4 C] (09/18/2015 04:00) Pulse: 111 (09/18/2015 04:00) BP:
111/59 (09/18/2015 04:00)
Other: Time: 0240Temp: 103.3Pulse: 136Resp. Rate: 20 B/P:109/63

Reaction: none
 Description of Reaction:

Other Difficulties (Equipment, clots, etc.) No

Transfusion completed/Interrupted by (name of nurse)Carol Mattison, RN

(Form # 518-124)

/es/ Carol Faith MATTISON
RN
Signed: 09/18/2015 07:31

Receipt Acknowledged By:
09/18/2015 07:50   /es/ MATHERESA DEGUZMAN
                             RN

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	INVASIVE PROCEDURE	Procedure note	PAULUS,ELENA M	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ INVASIVE PROCEDURE

     LOCAL TITLE: INVASIVE PROCEDURE
STANDARD TITLE: PROCEDURE NOTE
DATE OF NOTE: SEP 17, 2015@02:27   ENTRY DATE: SEP 17, 2015@02:27:48
      AUTHOR: PAULUS,ELENA M   EXP COSIGNER: VERA,SANTIAGO RAFAEL
     URGENCY: STATUS: COMPLETED

                                    INVASIVE PROCEDURE NOTE

TYPE OF PROCEDURE:Chest Tube insertion

Yes Patient Identity: Two (2) identifiers: Patient
name and SSN, birthday, or other VA-approved identifier

Yes Consent Form: Confirm patient, procedure,
side/site, reason

Yes Procedure: Procedure name and description

Yes Side/Site: Confirm laterality, surgical site
marked (visible after draping) and/or special purpose
wristband verified

N/A Imaging (as applicable): Two (2) members
confirm imaging studies are available and properly
labeled and presented.

Yes Allergies: Confirm allergies

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Yes Specialty or Unit Specific Element: Include
specific directions regarding other checklist elements such
as implants, patient position, cultures, special equipment, etc.

SIDE ON WHICH PROCEDURE WAS PERFORMED:left

INDICATION FOR PROCEDURE:Other:left sided pneumothorax

DESCRIPTION OF PROCEDURE AND FINDINGS:
+ air rush, 28 French CT placed

POST PROCEDURE:
Post procedural X-Ray:YES
Post Procedure Specimens:NOT APPLICABLE
Vital Signs Stable:NO

TIME OUT done at:

TEAM MEMBERS PRESENT:
  Providers:
Elena Paulus Lamb

  Anesthesia:

  Nurse(s):

  Tech(s):

COMPLICATIONS:
Procedure tolerated, no complications

Prior to procedure, the operative/procedure team members verbally
confirmed:
     Correct patient identity (2 identifiers)
     Correct operation/procedure to be performed
     Correct operative/procedure site/side
     Correct consent form
     Correct position
     Correct imaging labeled and displayed
     Correct implant(s) available, if applicable
     Special equipment available, if applicable
     Allergies confirmed

COMMENTS:

/es/ elena m PAULUS
resident physician
Signed: 09/17/2015 02:30

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:18

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	3S/3N - C RN FOCUS NOTE	Nurse Hospital Note	LANGFORD,HOLLY	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ 3S/3N - C RN FOCUS NOTE

```
     LOCAL TITLE: 3S/3N - C RN FOCUS NOTE
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 27, 2015@15:35     ENTRY DATE: AUG 27, 2015@15:35:59
      AUTHOR: LANGFORD,HOLLY       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Nursing Narrative:**************************
0745  Report received from Miranda, RN.  Walking rounds completed.  1030
Patient seen by urology.  1530  Discharge orders active.  Patient prepared for
discharge.  1555 Patient discharged without incidence.
Physical Assessment:************************
Assessment
Respiratory:
Regular, unlabored, no abnormal breath sounds
Cardiovascular:
Peripheral pulses present bilaterally, no edema, regular heart rate.
Neurological:
Alert, oriented x 3, follows commands, PERRLA
Musculo Skeletal:
ROM all joints, hand grips equal.
Other:

GastroIntestinal
Abdomen soft, bowel sounds present, no nausea/vomitting/diarrhea.
Appetite: Fair
Date Last BM:
Genito-Urinary
Other:
Indwelling foley cathetar draining yellow urine via gravity.

Skin - Document on form: vanod reassessment
Oral/Dental:
Teeth appear in good condition, Mucosa moist and pink
Patient has No Pain (Patient rates pain as "0" on a scale of 0-10)************
IVs:************************************
Site #1
Catheter size: 20 Saline Lock
Date sited: Aug 27,2015
Location: R upper arm
IV Care: Saline lock flushed per policy., Site inspected and palpated; clean
w/o s/s infiltration or infection.
Site Appearance: Palpated & inspected, Drsg clean, dry and intact
Education*********************************
  Person Being Assessed: Patient
   Barriers to Learning: None



  Desire and Motivation: Eager to learn
           Comphrension: High
     Preferred Language: English
     Method of Teaching: Verbal in preferred language
Evaluation of Education: Voiced understanding
                Topics:  as per discharge


/es/ HOLLY LANGFORD
RN
Signed: 08/27/2015 20:02
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	PACU PICIS RECORD	Anesthesiology Note	PICIS,CTS		AMARILLO HCS		Yes	VistA	AMA

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Notes ~ PACU PICIS RECORD

```
     LOCAL TITLE: PACU PICIS RECORD
STANDARD TITLE: ANESTHESIOLOGY NOTE
DATE OF NOTE: AUG 19, 2015@11:35     ENTRY DATE: AUG 19, 2015@11:29:53
      AUTHOR: PICIS,CTS            EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

See linked PDF file

/es/ CTS PICIS

Signed: 08/19/2015 11:29
 1
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 15, 2008	PRIMARY CARE WALK IN NP (T)(A)	Primary care Note	SEGARRA,ORLANDO		AMARILLO HCS			VistA	AMA

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Notes ~ PRIMARY CARE WALK IN NP (T)(A)

```
     LOCAL TITLE: PRIMARY CARE WALK IN NP (T)(A)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: SEP 15, 2008@10:36     ENTRY DATE: SEP 15, 2008@10:36:12
      AUTHOR: SEGARRA,ORLANDO      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

SUBJECTIVE:  This is a 65 year old male ambulatory to Walk In Clinic with c/o
Desires medication refill. Reports problems with right knee for past couple of
months. Reports pain and swelling. Denied any chest pains or SOB. No nausea,
vomiting, diarrhea or constipation. Denied any smoking or ETOH since 1972.

PAST MEDICAL HISTORY:
1.  MVA 1991 - neck/back injuries
2.  Fibromyalgia
3.  Tick (right side of face)
4.  Histoplasmosis
5.  Hyperlipidemia
6.  Hematuria
7.  Cerumen impaction


PHYSICAL EXAM:
VITALS:        TEMP:   98.2 F [36.8 C] (09/15/2008 09:41)
               PULSE:  77 (09/15/2008 09:41)
               RESP:   18 (09/15/2008 09:41)
               B/P:    123/72 (09/15/2008 09:41)
               WT:     209.8 lb [95.4 kg] (09/15/2008 09:41)
               HT:     73 in [185.4 cm] (07/23/2008 13:49)

       HEENT:  Normocephalic, PEARRL, External ears normal, TM's
       pink no lesions, Oropharynx pink moist no lesions, Neck
       supple no cervical adenopathy, Thyroid mid-line no
       enlargement, No JVD or Bruit.
       LUNGS:  CTAB, No rales, ronchi, wheezing or Hemoptysis.
       HEART:  RRR No murmur, gallop or rub.
       ABD:  Soft NTND, Positive bowel sounds, No Organomegaly.
       RECTAL:  Deferred.
       EXT:  No peripheral edema, Peripheral pulses 2+.
       MISC: Mild right bursitis. Tender lateral ligament.

ALLERGIES:
Patient has answered NKA

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

     Pending Outpatient Medications                          Status
==============================================================================
1)   INDOMETHACIN 25MG CAP TAKE ONE CAPSULE BY MOUTH THREE  PENDING
       TIMES A DAY AS NEEDED
2)   UREA 20% CR (PER GM) APPLY SMALL AMOUNT TO AFFECTED    PENDING
       AREA TWICE A DAY


LABS: None today.

ASSESSMENT/PLAN:
1. Right knee bursitis and lateral ligament sprain: will get x-ray and issue
Knee brace.
2. Lower back pains: will get x-ray today and refer to Rehab.
3. RTC as schedule or prn.



/es/ ORLANDO SEGARRA, RN,MSN,FNP-BC
FAMILY NURSE PRACTITIONER
Signed: 09/15/2008 10:43
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 26, 2015	NON VA CARE COORDINATION NOTE	Note	LEWIS,LORI L	Nursing Service Providers	ROBERT J. DOLE VAMC			VistA	KAN

Notes ~ NON VA CARE COORDINATION NOTE

```
     LOCAL TITLE: NON VA CARE COORDINATION NOTE
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: AUG 26, 2015@09:12     ENTRY DATE: AUG 26, 2015@09:12:21
      AUTHOR: LEWIS,LORI L         EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED



REFERRAL TO NON VA EMERGENCY DEPARTMENT:

  Veteran was sent from: VA-CBOC  liberal

  Chief Complaint: not feeling well; unsteady gait

  Patient admitted: Unknown


  Non VA Specialty if applicable: ED Provider  Southwest Medical Center  (620)
624-1651


  Clinical Notes: no bowel movement since 8/20/15 with abd distended/firm
  with no bowel sounds; BS 360; rt inguinal hernia repair done 8/19/15;
  DM; refuses to take  medication

/es/ LORI LEWIS
RN
Signed: 08/26/2015 09:16

Receipt Acknowledged By:
08/26/2015 16:58        /es/ TODD A RIDGE
                             ANP
08/26/2015 11:31        /es/ SHERRY K STEWART RN
                             QM UR RN
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 15, 2014	KC-CDI/PI SCREENING NOTE	Risk assessment and screening note	HOPPER,MELISSA	Nursing Service Providers	CAMERON CBOC			VistA	KAN

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Notes ~ KC-CDI/PI SCREENING NOTE

```
     LOCAL TITLE: KC-CDI/PI SCREENING NOTE
STANDARD TITLE: RISK ASSESSMENT SCREENING NOTE
DATE OF NOTE: APR 15, 2014@13:06     ENTRY DATE: APR 15, 2014@13:06:10
      AUTHOR: HOPPER,MELISSA       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED


   ADVANCE DIRECTIVE EDUCATION:
    Information on Advanced Directives was provided at this visit
  ALCOHOL ABUSE SCREEN:
  Audit-C (Mental Health Instrument)
    An alcohol screening test (AUDIT-C) was negative (score=0).

    1. How often did you have a drink containing alcohol in the past year?
    Never

    2. How many drinks containing alcohol did you have on a typical day
    when you were drinking in the past year?
    Response not required due to responses to other questions.

    3. How often did you have six or more drinks on one occasion in the
    past year?
    Response not required due to responses to other questions.

   COLORECTAL CANCER SCREEN:
  Patient provided education/counseling related to colorectal cancer
  screening, but declined.
  DEPRESSION SCREEN:
  PHQ-2 (Mental Health Instrument)
    A PHQ-2 screen was performed. The score was 0 which is a negative
    screen for depression.

    1. Little interest or pleasure in doing things
    Not at all

    2. Feeling down, depressed, or hopeless
    Not at all

   PNEUMOCOCCAL VACCINE:
    Patient counseled on health risks/benefits of pneumococcal vaccine,
    but declined vaccine at this visit.
  PRESSURE ULCER RISK SCREEN:
                                     --STATUS-- --DUE DATE--  --LAST
  DONE--
  KC-Pressure Ulcer Risk Screening     DUE NOW     DUE NOW       unknown
    All responses are negative. Screening for risk is negative.
  Fall Risk Assessment
    1. Do you feel you are at risk for falling?
      No
    2. By observation patient appears to have instability with
       functional mobility.
      No
    3. Have you fallen within the last 12 months?
      No
    Temperature:
      98.3 F (36.8 C)
    Pulse:
      81
    Respiration:
      20
    B/P:
      154/90
    Pain:
      2
    Wt:
      196.4 lb (89.3 kg)
    Ht:
      74 in [188 cm)

/es/ MELISSA HOPPER
LPN
Signed: 04/15/2014 13:24
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 10, 2014	KC-GENERAL SURGERY	Surgery Note	BECKHAM,TREVOR H	Allopathic & Osteopathic Physicians	VA HEARTLAND - WEST, VISN 15			VistA	KAN

Notes ~ KC-GENERAL SURGERY

```
     LOCAL TITLE: KC-GENERAL SURGERY
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 10, 2014@08:26     ENTRY DATE: SEP 10, 2014@08:26:38
      AUTHOR: BECKHAM,TREVOR H     EXP COSIGNER: STARK,STEVEN P
     URGENCY:                           STATUS: COMPLETED

   *** KC-GENERAL SURGERY Has ADDENDA ***

Mr Hopkins is a 71yo M who ptc for f/u RIH. Was last seen on 8/30 with concerns
of reducible RIH. However, HgA1C 9.8 with BS >240. Decision was made to attempt
to reduce BS and follow up. Pt refuses medications of any kind. Today, pt states
has cut out almost all sweets and is eating a lot of fruits since last visit.
Hernia continues to be present, and reducible at all times. Still has truss
which he wears occasionally

a/o, nad, normocephalic
eomi
mmm
reg rate
nonlabored resp, symmetric expansion
abd soft, nt/nd
RIH, reducible
maee

71yo M with RIH

Most recent A1C 10.7 on 8/28. Pt refusing medication at this time
Discussed need for diet modification and exercise
Return precautions given
Plan for rtc 6months with repeat A1C at that time

/es/ TREVOR H BECKHAM
resident physician
Signed: 09/10/2014 08:34

/es/ Steven P. Stark, MD.
Staff Surgeon
Cosigned: 09/10/2014 09:00

09/10/2014 ADDENDUM                    STATUS: COMPLETED
As above, pt has to have blood sugar under control for elective recurrent hernia
repair with prosthetic mesh...

/es/ Steven P. Stark, MD.
Staff Surgeon
Signed: 09/10/2014 09:01

Receipt Acknowledged By:
09/10/2014 13:51        /es/ ELIZABETH E DEAN DO
                             Staff Physician, Cameron CBOC
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 16, 2015	SURGERY	Surgery Note	STILES,ZACHARY E	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ SURGERY

```
     LOCAL TITLE: SURGERY
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 16, 2015@23:50     ENTRY DATE: SEP 17, 2015@02:30:27
      AUTHOR: STILES,ZACHARY E     EXP COSIGNER: VERA,SANTIAGO RAFAEL
     URGENCY:                           STATUS: COMPLETED

   *** SURGERY Has ADDENDA ***

SURGERY CONSULT

CONSULTING SERVICE: Emergency Dept Dr. Kari

REASON FOR CONSULTATION: pneumoperitoneum, SBO

HPI: Called by ED physician to evaluate pt. who had presented to Memphis VA with
complaints of vomiting coffee ground emesis and lethargy. Pt is from out of
town. Had RIH repaired in Texas 1 month ago. Per op report pt had marlex plug
and patch repair. This was a recurrent RIH. Pt also has had LIH in past.

Pt lethargic and progressively more obtunded on evaluation in ED. Most of
history obtained from wife. Pt had issues with urinary retention and
incontinence post op requiring catheterization, cystoscopy and in and out
catheterizations. Has had lack of appetite for last 1-2 wks and more weakness.
Pt was very unsteady on his feet last 2 days and began vomiting coffee ground
emesis last night. Also had dark melanotic stools. Some vague abd pain.
Subjective fevers/chills.

Pt initially presented with BP in 60s per ED physician but has responed to 2 L
bolus and is now in 90s.

ROS: unable to be accurately obtained at this time 2/2 patients mental status

PMHx:
1. DM

PSHx:
1. LIHR
2. RIHR
3. Repair of recurrent RIH in August

Allergies: NKDA

Meds: per wife only takes insulin and flomax

Social History: former smoker but quit many years ago, former heavy drinker but
quit several years ago. Wife denies illicits.

Family Hx: mult family members with hernias, otherwise non contributory

Exam:
Initial VS in ED: afebrile, HR 100-120, SBP 90-100, Saturating 93-98% on nasal
cannula
Neuro: awake but lethargic, at times nearly obtunded. Slurring speech. MAE. No
gross deficits
HEENT: NCAT. pupils 4 mm bilaterally. Sclerae non icteric. Dry oral mucosa
Neck: No JVD
Chest: coarse breath sounds bilaterally. Tachypneic to 30. Respirations somewhat
labored
Cardiac: tachycardic. HR regular
Abd: firm, diffusely tender to palpation with rebound tenderness, consistent
with peritonitis. No masses palpable. Well healed L groin scar. R groin scar
healing well. Some steri strips still in place. No erythema or fluctuance
```


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Genitalia: Scrotum large and fluid filled, somewhat firm near R inginal canal
Extremities: no edema, pedal and radial pulses easily palpable

Labs reviewed:
WBC 29.4
Hct 33.3
Plt 192
Na 118
K 4.2
BUN 96
Cr 4.4
BG 755
Mg 2.4
BNP 18800
Lactate 9.7
INR 1.5

Imaging: Upright CXR shows what appears to be free air under the diaphragm on the right and possibly also on the left. No chest abnormalities. KUB shows multiple dilated loops of small bowel concerning for obstructive process

Assessment:
1. Pneumoperitoneum, likely perforated viscus
2. GIB
3. Sepsis
4. Hyperglycemia
5. AKI
6. Profound hyponatremia

Plan:
1. Pt has physical exam findings consistent with peritonitis and severely deranged laboratory values. At this point the patient needs to proceed to the operating room emergently for an exploratory laparotomy. Operative intervention was discussed with the patient and his wife at the bedside. The critical nature of the patient was conveyed to both the patient and his wife. Risks including death were discussed. It was also related to patient that there is a good chance he may die he does not go to the operating room. They have both agreed to proceed and his wife will sign the consent form on his behalf
2. Pt is in critical condition. At this point he desires to be full code
3. To SICU post op

Seen and examined with Dr. Elena M. Paulus, chief

/es/ ZACHARY E STILES
resident
Signed: 09/17/2015 03:42

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:19

09/17/2015 ADDENDUM STATUS: COMPLETED

I have reviewed resident H&P and patient counseling and performed a brief examination.
I agree with the diagnosis of acute abdomen
I agree with the proposed treatment plan laparotomy

/es/ SANTIAGO RAFAEL VERA
MD
Signed: 09/17/2015 07:22

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 01, 2015	SURGICAL OUTPATIENT NOTE (T)	Surgery Outpatient Note	AHMED,SYED H	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ SURGICAL OUTPATIENT NOTE (T)

```
     LOCAL TITLE: SURGICAL OUTPATIENT NOTE (T)
STANDARD TITLE: SURGERY OUTPATIENT NOTE
DATE OF NOTE: SEP 01, 2015@11:21     ENTRY DATE: SEP 01, 2015@11:21:34
      AUTHOR: AHMED,SYED H         EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Chief complaint:s/p right inguinal hernia repair.

History of Present Illness: Feels well. Has a Foley catheter due to retention.

Exam: Well healing incision in the right groin. Staples in place.

Assessment: Doing well

Plan: Remove staples
Follow up as needed


Medication reconciliation was completed with the patient/caregiver.

/es/ Syed H Ahmed MD
Surgeon
Signed: 09/01/2015 11:23
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 05, 2012	CLINICAL REMINDER NOTE	Preventive medicine Note	MOORE,ROGENA S	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: APR 05, 2012@08:46     ENTRY DATE: APR 05, 2012@08:47:04
      AUTHOR: MOORE,ROGENA S       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

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

          1. Little interest or pleasure in doing things
          Not at all

          2. Feeling down, depressed, or hopeless
          Not at all
  Alcohol Screening:
    AUDC (Mental Health Instrument)
      An alcohol screening test (AUDIT-C) was negative (score=0).

      1. How often did you have a drink containing alcohol in the past
      year?
      Never

      2. How many drinks containing alcohol did you have on a typical day
      when you were drinking in the past year?
      Response not required due to responses to other questions.

      3. How often did you have six or more drinks on one occasion in the
      past year?
      Response not required due to responses to other questions.
  Influenza Immunization:
    Patient refused the influenza vaccine.  Patient was advised of risks
    and benefits of influenza vaccine.
  PNEUMOCOCCAL VACCINE-NURSE:
    Patient declines Pneumococcal Vaccine.
  Tetanus Reminder:
    Patient refused Tetanus immunization.
  Tobacco Use Screen:
      Patient states they are a former tobacco user but has quit more than
      12 months ago.
    Meds offered, patient declined further treatment.
  ELEVATED BP >140/90:
    Blood Pressure taken at this visit.
      B/P: 140/85
    Patient is not on blood pressure medication.
    Patient does not have a blood pressure cuff at home.
    Patient can demonstrate/voice appropriate placement of cuff.
  MINI-COGNITIVE IMPAIRMENT SCREENING:
    Give 1 point for each recalled word after the CDT distracter.

    Score=3 (0-3 for recall).

    Give 2 points for a normal CDT, and 0 points for an abnormal CDT.  The
    CDT is considered normal if all numbers are depicted, once each, in
    the correct sequence and position, and the hands readably display the
    requested time.

    Score=2 (0 or 2 for CDT).

    Total Score=5 (Add the word recall and CDT scores together to get the
    Mini-Cog Score).
    Patient tested negative in the screen for cognitive impairment.

/es/ ROGENA S MOORE
LVN
Signed: 04/05/2012 08:51
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 08, 2013	DIABETIC RETINOPATHY SURVEILLANCE	Consult note	MCGUIRE,WENDY L	Eye and Vision Services Providers	AMARILLO HCS			VistA	AMA

Notes ~ DIABETIC RETINOPATHY SURVEILLANCE

```
     LOCAL TITLE: DIABETIC RETINOPATHY SURVEILLANCE
STANDARD TITLE: CONSULT
DATE OF NOTE: APR 08, 2013@12:51     ENTRY DATE: APR 08, 2013@12:51:21
      AUTHOR: MCGUIRE,WENDY L      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

REASON FOR REQUEST: Diabetic Teleretinal Imaging for Diabetic Retinopathy
PATIENT DEMOGRAPHICS:
  Sex: MALE
  Date of birth: JUL 20,1943
  Patient race: WHITE
  Patient ethnicity: NOT HISPANIC OR LATINO

PATIENT HISTORY:
  Duration of diabetes (years):
    1-5 years
      Date: April 5, 2012
    Information obtained by:
      Chart documentation
  Last retinal evaluation:
    Date:
      Date: November 7, 2006
      Location: Va AmARILLO
    Information obtained by:
      Chart documentation
        Comprehensive face-to-face eye exam
LABS:
Hemoglobin A1C :8.1  H  %   APR 5,2012@07:30:11
Not found in computer LIPID PROFILE

CURRENT DIABETES THERAPY:
  None

DISPOSITION:
  Patient scheduled for Diabetic Teleretinal Imaging
PT IS NOT DILATED TRODAY
PT IS NON COMPLIANT WITH MEDS, DOES NOT TAKE THEM

/es/ WENDY L WOODS
DIABETIC RETINAL IMAGER
Signed: 04/08/2013 12:53
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	BRIEF OPERATIVE NOTE (GT)	Surgical operation note	AHMED,SYED H	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

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Notes ~ BRIEF OPERATIVE NOTE (GT)

```
     LOCAL TITLE: BRIEF OPERATIVE NOTE (GT)
STANDARD TITLE: OPERATIVE NOTE
DATE OF NOTE: AUG 19, 2015@10:12     ENTRY DATE: AUG 19, 2015@10:12:58
      AUTHOR: AHMED,SYED H         EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

1. Verify Patient Name/SSN?  YES
2. Time Out:  Aug 19,2015@08:25
3. Site:  R groin

4. Procedure:  Inguinal hernia repair

5. Primary Surgeon and assistants- Syed Ahmed
Jamie Tindal

6. Findings- LArge inguino scrotal hernia

7. Technical procedure used- Repair with mesh plug

8. Specimens removed- Sac

9. Estimated Blood Loss-25 ml
10. Post-Operative Diagnosis- Same

/es/ Syed H Ahmed MD
Surgeon
Signed: 08/19/2015 10:15
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	RESPIRATORY THERAPY FLOW SHEET	Respiratory therapy Note	MCFARLAND,KYLE E	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ RESPIRATORY THERAPY FLOW SHEET

```
     LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 18, 2015@04:25     ENTRY DATE: SEP 18, 2015@04:25:42
      AUTHOR: MCFARLAND,KYLE E     EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

     Respiratory Therapy Flow Sheet

Date: Sep 18,2015@04:25
MECHANICAL VENTILATION STATUS:
 Mode:    SIMV
 Face Mask VentilationNo
If yes you MUST answer the Skin Integrity AND Action Plan Section

Other

 Set Rate:  20
 Set Tidal Volume:  600mL
 Set Fi02: 50%
 Set PEEP: 5 cmH20
 Set HIGH PEEP:  cmH20
 Set Pressure Support: 10
 Set Pressure Control:
 I:E Ratio:
 Low Volume Alarm:  250 mL
 High Pressure Limit Alarm:  40
 Low Pressure Limit Alarm:
 Plateau:       Peak Inspiratory Pressure:  27
 Patient Respiratory Rate 22
```


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Exhaled Tidal Volume 620ML
Exhaled Minute Volume 12.8L
Low Peep Alarm:
Alarms checked: Yes Alarms functioning properly: Yes
Ventilator circuit temperature: HME
Cuff Pressure: cmH20
ETT Size: Fr
ETT Secured @: cm
Serial #: 614 EE26971
Comments:
Head of Bed:
Pre Ventilator check:
Head of bed elevated when the respiratory therapist entered the patient's room.
Yes
POST Ventilator check:
Head of bed elevated when the respiratory therapist departed the patient's room.
Yes
Vital Signs:
     Before   After
HR: 112
RR: 20
Oxygen Saturation 99 %
BREATH SOUNDS:
Pre-Therapy:
Adventitious Breath Sounds

wheeze:
PATIENT COUGH ASSESSMENT:
COUGH: Non-Productive,
 Comments:

SUCTIONING: Endotracheal
Comments (indicate any adverse reactions):

SECRETION STATUS:
 AMOUNT: None
 CONSISTENCY: none
 APPEARANCE: None
 Odor- no
 Comments:

/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/18/2015 04:34

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 06, 2008	PRIMARY CARE NP (T) (S)	Primary care Note	SEGARRA,ORLANDO		AMARILLO HCS			VistA	AMA

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Notes ~ PRIMARY CARE NP (T)(S)

```
     LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: MAY 06, 2008@08:44     ENTRY DATE: MAY 06, 2008@08:44:34
      AUTHOR: SEGARRA,ORLANDO      EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

SUBJECTIVE:  This is a 64 year old male ambulatory to Primary Care for f/u and
evaluation of neck and back pains. Denied any chest pains or SOB. No nausea,
vomiting, diarrhea or constipation. Denied any smoking or ETOH since 1972. C/O
neck pains, would like to be refer to Chiropractor care.

PAST MEDICAL HISTORY:
1.  MVA 1991 - neck/back injuries
2.  Fibromyalgia
3.  Tick (right side of face)
4.  Histoplasmosis
5.  Hyperlipidemia
6.  Hematuria
7.  Cerumen impaction

PHYSICAL EXAM:
VITALS:        TEMP:   97.8 F [36.6 C] (05/06/2008 08:12)
               PULSE:  76 (05/06/2008 08:12)
               RESP:   16 (05/06/2008 08:12)
               B/P:    126/82 (05/06/2008 08:12)
               WT:     208.8 lb [94.9 kg] (05/06/2008 08:12)
               HT:     73.25 in [186.1 cm] (05/06/2008 08:12)
               PAIN:   0 (05/06/2008 08:12)

       HEENT:  Normocephalic, PEARRL, External ears normal, TM's
       pink no lesions, Oropharynx pink moist no lesions, Neck
       supple no cervical adenopathy, Thyroid mid-line no
       enlargement, No JVD or Bruit.
       LUNGS:  CTAB, No rales, ronchi, wheezing or Hemoptysis.
       HEART:  RRR No murmur, gallop or rub.
       ABD:  Soft NTND, Positive bowel sounds, No Organomegaly.
       RECTAL:  Deferred.
       EXT:  No peripheral edema, Peripheral pulses 2+.
       MISC:


ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

No Medications Found



LABS:
WBC: 7.2   K/cumm   MAY 6,2008@07:14:43
HGB: 14.53   gm/dL   MAY 6,2008@07:14:43
HCT: 43.05   %    MAY 6,2008@07:14:43

ASSESSMENT/PLAN:
1.  Chronic neck and back pains: will get x-ray c-spine and refer to case
manager for Chiropractor care if needed.
2.  Hyperlipidemia: counseled pt about diet changes and exercise activity.
3.  Cerumen impaction: pt does not want removal or irrigation today, pt states
his wife will clean them.
4.  Allergic Rhinitis: refused treatment. Advice natural remedies.
5.  RTC in 12 months with labs prior, and PRN if needed.

/es/ ORLANDO SEGARRA, RN,MSN,CS-FNP
FAMILY NURSE PRACTITIONER
Signed: 05/06/2008 08:49
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 14, 2015	Addendum to CLINICAL REMINDER NOTE		CANTU,LEIGH A		ZZ18AMA-PACT PATRIOT			VistA	AMA

Notes ~ Addendum to CLINICAL REMINDER NOTE

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: JUL 14, 2015@10:41:48  ENTRY DATE: JUL 14, 2015@10:41:48
      AUTHOR: CANTU,LEIGH A        EXP COSIGNER:
     URGENCY:                           STATUS: COMPLETED

Positive depression, PCP and SW notified. Pt denies SI/HI. Pt reports that he has
conquered all of his dream and just hasn't found anything that sparks his drive
to explore a new environment. Pt reports that he does not believe in medicines or
vaccines. Self-reported that only natural medicines/herbs are preferred.

/es/ LEIGH ANN BODDY
LVN
Signed: 07/14/2015 10:47

Receipt Acknowledged By:
07/14/2015 11:12        /es/ TRACY M. KILGORE, LCSW
                             LICENSED CLINICAL SOCIAL WORKER
07/14/2015 11:17        /es/ JOSE RODRIGUEZ-FRONTERA MD
                             Physician

==========================================================================

 --- Original Document ---

07/14/15 CLINICAL REMINDER NOTE:
  Pneumococcal PCV13 (Prevnar13):
    The patient declines to receive the recommended dose of pneumococcal
    conjugate vaccine PCV13 (Prevnar 13).
      Comment: "I don't take any medicines or shots"
  HEALTHY LIVING/COPING SKILLS:
    Exercise Screening:

        Yes--Are you physically active, exercise 3 times a week
        20-30 min.
    Patient received education regarding exercise.
    Weight/Nutrition Screening:

        Yes Does your diet contain more fruit, grain, and vegetables
        than meats?
        No Have you had your stool checked for blood in the last
        year?
    Weight/Nutrition Education was provided to patient.
    Miscellaneous:

         No 1. Have you had a flex sig by an outside provider
    or at the Amarillo VA within the last 5 years?
         No 2. Have you had a colonoscopy by an outside provider
    or at the Amarillo VA within the last 10 years?
         No 4.  Do you take an aspirin daily?
  Depression Screening:
    PHQ-2
      A PHQ-2 screen was performed. The score was 4 which is a positive
          screen for depression.

          1. Little interest or pleasure in doing things
          More than half the days

          2. Feeling down, depressed, or hopeless
          More than half the days
  Alcohol Screening:
    AUDC (Mental Health Instrument)
      An alcohol screening test (AUDIT-C) was negative (score=0).
```


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1. How often did you have a drink containing alcohol in the past year?
Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?
Response not required due to responses to other questions.

Tetanus Reminder:
Patient refused Tetanus immunization.

ELEVATED BP >140/90:
Blood Pressure taken at this visit.
B/P: 146/92
Patient is not on blood pressure medication.

Tobacco Use Screen:
Patient states they are a former tobacco user but has quit more than 12 months ago.

MINI-COGNITIVE IMPAIRMENT SCREENING:
Give 1 point for each recalled word after the CDT distracter.

Score=3 (0-3 for recall).

Give 2 points for a normal CDT, and 0 points for an abnormal CDT. The CDT is considered normal if all numbers are depicted, once each, in the correct sequence and position, and the hands readably display the requested time.

Score=2 (0 or 2 for CDT).

Total Score=5 (Add the word recall and CDT scores together to get the Mini-Cog Score).
Patient tested negative in the screen for cognitive impairment.

My HealtheVet Education:
The patient does not have access and does not use the internet.

Homelessness Screening:
In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.
Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?
No - Not worried about housing near future

PRIMARY CARE PRESSURE ULCER RISK:
1. Is the Veteran bed-confined or a wheelchair-user (wheelchair-user defined as being wheelchair bound for >50% of wake hours)?
No

2. Does the Veteran require assistance to transfer/change positions?
No

3. Does the Veteran report any current pressure ulcers, a history of pressure ulcers, or a wound from a medical device, such as artificial limb, braces, spling, implanted pump, automatic implanted cardioverter-defibrillator, oxygen tubing, Foley or condom catheter, tracheostomy, feeding tube, or other medical device?
No

The patient is NEGATIVE for pressure ulcer risk.

/es/ LEIGH ANN BODDY
LVN
Signed: 07/14/2015 10:34
0

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jul 11, 2014	KC-PC TELEPHONE/PACT	Primary care Telephone encounter Note	DEAN,ELIZABETH E	Allopathic & Osteopathic Physicians	CAMERON CBOC			VistA	KAN

Notes ~ KC-PC TELEPHONE/PACT

```
     LOCAL TITLE: KC-PC TELEPHONE/PACT
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 11, 2014@14:44     ENTRY DATE: JUL 11, 2014@14:44:24
      AUTHOR: DEAN,ELIZABETH E     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Contact Number:
HOME PHONE ON RECORD

Reason for Call:
NOTIFY PT. OF ABD. US RESULTS


Complaint/Problem:
ABD. PAIN


Plan of Care:
PT. WILL NEED TO RTC FOR WORKUP OF THIS PROBLEM


Education:
NO FURTHER US NEEDED
MULTIPLE CAUSES OF ABD. PAIN.  THIS US WAS SCREENING FOR ANEURYSM AS RECOMMENDED
FOR ALL MALES >65 WHO HAVE EVER SMOKED.


Follow-up:
RTC AS SCHEDULED OR AS NEEDED.

/es/ ELIZABETH E DEAN DO
Staff Physician, Cameron CBOC
Signed: 07/11/2014 14:46
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 10, 2015	SPECIALTY CLINIC INTERVIEW	Nurse Note	LEWIS,DEBORAH E	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ SPECIALTY CLINIC INTERVIEW

```
     LOCAL TITLE: SPECIALTY CLINIC INTERVIEW
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: SEP 10, 2015@13:24     ENTRY DATE: SEP 10, 2015@13:24:14
      AUTHOR: LEWIS,DEBORAH E      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Today's Date and Time: SEP 10, 2015 13:24   Patient Age:  72
Allergies: Patient has answered NKA
T:    98.5 F [36.9 C] (09/10/2015 13:22)
P:    82 (09/10/2015 13:22)
R:    16 (09/10/2015 13:22)
B/P: 144/73 (09/10/2015 13:22)
Ht:  71.5 in [181.6 cm] (09/10/2015 13:22)
Wt:  170.3 lb [77.4 kg] (09/10/2015 13:22)
Pain:  0 (09/10/2015 13:22)
O2 Sat:  9/10/15 @ 1322      PULSE OXIMETRY: 97
IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
**********************************************
Reason for visit:  Patient to Urology clinic for diagnostic cystoscopy

**********************************************
Is the patient febrile?  No
Any travel or exposure to individuals who have traveled outside the US in past 6
months?  No
Patient has been in the hospital since last visit:
NO
Patient has been seen by an outside provider:
NO
Patient given new medications outside the VA:
NO
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
Congestive Heart Failure:
Patient does not have a known diagnosis of Congestive Heart Failure
*Cancer:
Patient does not currently have cancer.
PAIN ASSESSMENT:
VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain:    0
        Patient's acceptable level of pain: 0
Fall Risk Assessment:
0 = No    History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No   IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
15 = Forgets limitations    Mental Status
30 TOTAL SCORE
Scoring:
25-44 Moderate Risk
        Implement Universal Fall Precautions
        Implement Additional Interventions Based on Identified Area of Risk
EDUCATION
  Person Being Assessed: Patient
   Barriers to Learning: None
  Desire and Motivation: Eager to learn
         Comphrehension: High
     Method of Teaching: Verbal
Evaluation of Education: Voiced understanding
         Topics Covered: Fall Prevention

/es/ DEBORAH E LEWIS
LVN
Signed: 09/10/2015 13:26
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 17, 2011	CLINICAL REMINDER NOTE	Preventive medicine Note	COLLINS,ALMA L		ZZ-LIBERAL KANSAS CBOC			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: FEB 17, 2011@10:14     ENTRY DATE: FEB 17, 2011@10:14:30
      AUTHOR: COLLINS,ALMA L       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

  PNEUMOCOCCAL VACCINE-NURSE:
    Patient declines Pneumococcal Vaccine.
  Influenza Immunization:
    Patient states he/she did not get a flu shot during the latest flu
    season.
  Tetanus Reminder:
    Patient refused Tetanus immunization.
  Screen for PTSD:
    PC PTSD
      A PTSD screening test (PTSD 4Q) was negative (score=0).

      1. Have had any nightmares about it or thought about it when you did
      not want to?
      No

      2. Tried hard not to think about it or went out of your way to avoid
      situations that remind you of it?
      No

      3. Were constantly on guard, watchful, or easily startled?
      No

      4. Felt numb or detached from others, activities, or your
      surroundings?
      No

/es/ ALMA L COLLINS
RN
Signed: 02/17/2011 10:17
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	NURSING PROGRESS	Nurse Hospital Note	WILLIAMS,NINA FLANIGAN		MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ NURSING PROGRESS

```
     LOCAL TITLE: NURSING PROGRESS
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: SEP 17, 2015@09:00     ENTRY DATE: SEP 17, 2015@09:00:40
      AUTHOR: WILLIAMS,NINA FLANI  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

0730 Pt care assumed. Pt intubated, #8 ETT 26CM at lip, vent settings as
ordered, nonresponsive, does not withdraw, pupils 4 sluggish. Pt with L IJ
cordis with levophed and vasopressin infusing, site c/d/i, no redness,
tenderness or swelling. Pt with L femoral TLC with amiodorone gtt infusing at
34cc/hr. NS at 125cc/hr, insulin gtt at 24cc/hr, CVP transduced. Site c/d/i, no
redness, tenderness or swelling. L FA PIV with pantaprozole infusing at 10cc/hr,
site c/d/i no redness tenderness or swelling. L lateral CT with serosanguinous
drainage. Foley catheter to drainage bag with scant blood-tinged urine. NGT to
LWS with brown drainage.
0815 Swan Ganz set up for insertion.
0820 labs collected, to lab via health tech
0830 MD at bedside, ABG results reported, order received for 2 amps NaHco3, 2
amps given. Ca+ gluconate hung.
0845 Ordered thoracotomy tray from SPD
0900 Thoracotomy tray received, MD remains at bedside to insert new chest tube.
0930 paged xray for stat portable chest xray- post CT inserion.
0945 PCXR obtained.
1010 Swan ganz floated by MD.
1045 Fentanyl Gtt started. D5W c NaHCO3 started at 75cc/hr per MD.
1100 PCXR  obtained post swan ganz insertion.
1120 Tech at bedside to obtain echo.
1130 Double strenght levophed started. Amiodorone gtt reduced to 17cc/hr.
1145 Report to A. Masters, RN.

/es/ NINA FLANIGAN WILLIAMS
RN
Signed: 09/17/2015 12:47
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	SURGERY POST-OP NOTE	Surgery Postoperative evaluation and management note	PAULUS,ELENA M	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ SURGERY POST-OP NOTE

```
     LOCAL TITLE: SURGERY POST-OP NOTE
STANDARD TITLE: SURGERY POST OPERATIVE E & M NOTE
DATE OF NOTE: SEP 17, 2015@02:33     ENTRY DATE: SEP 17, 2015@02:33:15
      AUTHOR: PAULUS,ELENA M       EXP COSIGNER: VERA,SANTIAGO RAFAEL
     URGENCY:                          STATUS: COMPLETED

GENERAL SURGERY
1.) Preoperative Diagnosis:ischemic bowel

2.) Operative Procedure:Exploratory laparotomy, small bowel resection,
temporary abdominal closure

3.) Post-Operative Diagnosis and Operative Findings:
    Frankly necrotic, gangrenous small bowel
resected- only 120cm pink small bowel remaining,
left in discontinuity with temporary abdominal
closure

4.) Specimens Obtained:Peritoneal fluid for Gstain/ sensitivities

5.) Attending Surgeon:VERA, SANTIAGO
6.) Resident Surgeon(s):Elena Paulus Lamb
Zachary Stiles

7.) Type Of Anesthesia:General
8.) Complications during procedure:
9.) Estimated Blood Loss:25
10.) Amount Blood Given:0
11.) Drains and Packs:
12.) Fluid Replacement:1300mL crystalloid, 1g calcium gluconate, 5 amps
bicarbonate

13.) Status en-route to Recovery Room:critical
14.) Intentional hypothermia was used for the procedure performed No
15.) Level of Attending involvement: Level B:  Attending in OR, Scrubbed

Verbal Orders were given for all treatments and medications administered
during this procedure. Yes

Medications and allergies have been reconciled and reviewed with patient and/or
caregiver and updated in chart at preoperative visit prior to anesthesia.

POST-OPERATIVE VENOUS THROMBOEMBOLISM PRPHYLAXIS()*
SEQUENTIAL COMPRESSION DEVICE
METRONODAZOLE 500MG IVPB PRE-OP AND CEFAZOLIN 1GM IVPB
No Pre-Operative beta-blocker therapy needed

Justification:Patient not taking beta-blockers prior to admission/surgery

/es/ elena m PAULUS
resident physician
Signed: 09/17/2015 02:42

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/18/2015 08:26
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	INPATIENT MEDICINE PROGRESS NOTE (SOAP)	Internal medicine Hospital Note	MIRZA,ASADULLAH B	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ INPATIENT MEDICINE PROGRESS NOTE (SOAP)

```
     LOCAL TITLE: INPATIENT MEDICINE PROGRESS NOTE (SOAP)
STANDARD TITLE: INTERNAL MEDICINE INPATIENT NOTE
```


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DATE OF NOTE: AUG 27, 2015@14:48 ENTRY DATE: AUG 27, 2015@14:48:31
AUTHOR: MIRZA,ASADULLAH B EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Subjective: He was seen this morning with Dr.Wan. He has no complaints. He has indwelling catheter and his output is good. He is vitally stable. His loss of balance has resolved and he is able to walk today.
Objective:
==========INPATIENT MEDICATIONS==========

Active Inpatient Medications (including Supplies):

	Active Inpatient Medications	Status
1)	CEFTRIAXONE INJ,SOLN CEFTRIAXONE 1 GM in SODIUM CHLORIDE 0.9% 50 ML INFUSE OVER 30 MINUTES IVPB DAILY	ACTIVE
2)	DEXTROSE 50% INJ,SOLN 1 AMP IVP D-STIX PRN FOR FINGER STICK GLUCOSE READINGS BELOW 60, WHEN ORAL GLUCOSE IS NOT INDICATED. MAY BE TITRATED.	ACTIVE
3)	GLIpizIDE TAB 5MG PO DAILY 30 mins before meal	ACTIVE
4)	GLIpizIDE TAB 5MG PO NOW 30 mins before meal	ACTIVE
5)	INSULIN ASPART INJ SLIDING SCALE SQ AC 61-130 = O UNIT // 131-150 = 2 UNITS // 151-200 = 4 UNITS // 201-250 = 8 UNITS // 251-300 = 12 UNITS // 301-GREATER CALL PROVIDER // PLEASE DON'T COVER BEDTIME READING	ACTIVE
6)	TAMSULOSIN CAP,ORAL 0.4MG PO DAILY	ACTIVE

Active and Recently Expired Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	ACETAMINOPHEN 300MG/CODEINE 30MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN, INITIAL RX WAS MAILED OUT	ACTIVE

Vital Signs:
TEMPERATURE 96.8 F [36.0 C] (08/27/2015 08:00)
PULSE 69 (08/27/2015 08:00)
RESPIRATION 18 (08/27/2015 08:00)
BLOOD PRESSURE 162/98 (08/27/2015 08:00)
WEIGHT 175 lb [79.5 kg] (08/26/2015 23:10)
HEIGHT 71.5 in [181.6 cm] (08/26/2015 23:10)
PULSE OX 8/27/15 @ 0800 PULSE OXIMETRY: 95
8/26/15 @ 2310 PULSE OXIMETRY: 94
8/20/15 @ 0914 PULSE OXIMETRY: 97
PAIN 0 (08/27/2015 08:00)

Physical Exam:
Lungs: Clear to auscultation bilaterally
CVS: Normal s1 s2 , no murmurs or rubs
Abd: Soft, NT, ND
Ext: No pedal edema

Current Labs:
SODIUM: 139 meq/L AUG 27,2015@05:00:01
POTASSIUM 4.2 mmol/L AUG 27,2015@05:00:01
CHLORIDE 108 meq/L AUG 27,2015@05:00:01
CO2 30 meq/L AUG 27,2015@05:00:01
GLUCOSE 246 H mg/dL AUG 27,2015@05:00:01
BUN 12 mg/dl AUG 27,2015@05:00:01

CREATININE 8/27/15 05:00 0.77
CPK 88 IU/L APR 5,2012@07:30:12
CPK-MB Not found in computer CK-MB (VALID ONLY IF TOTAL ELEVATED)
TROPONIN Not found in computer TROPONIN I
WBC 11.5 H K/cumm AUG 27,2015@05:00
RBC 4.27 L Million/uL AUG 27,2015@05:00

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HGB	12.3	L gm/dL	AUG 27,2015@05:00
HCT	38.6	%	AUG 27,2015@05:00
MCV	90.4	fL	AUG 27,2015@05:00
MCH	28.9	pg	AUG 27,2015@05:00
MCHC	31.9	L gm/dL	AUG 27,2015@05:00
PLATELET COUNT	298	K/cumm	AUG 27,2015@05:00
PT	Not found in computer PT		
PTT	28.0	Seconds	AUG 27,2015@05:00:03

==========

Plan/Assessment:
1. Obstructive uropathy 2/2 to elarged prostate (BPH vs malignancy). PSA is 1.0. We will keep him on foley cather and he will see urologist on an outpatient basis next week.

2. Loss of balance: He has been complaining of loss of balance since after hernia surgery 10 days ago. However he is better today and was able to walk without problems. He was evaluated by PT and he is cleared for discharge.

2. UTI VS bactriuria in presence of obstructive uropathy which necessiate Abx treatment. No evidence of urine infection from urinalysis reports obtained from kansas. will continue Rocephin
3. Uncontrolled DM II: We have d/c'ed his sliding scale and put him on lantus and glipizide.
4. AKI. resolved.
5. VTE. declined anticoagulations. kept on SCDs.
6. Moderate protein cal malnutrition.
[ ] Medication reconciliation was completed with the patient/caregiver.

Indwelling catheter assessment of continuing need:
Catheter present.

Central venous line assessment of continuing need:
No Central Venous Line present.

/es/ ASADULLAH B MIRZA, MD
RESIDENT PHYSICIAN
Signed: 08/27/2015 14:55

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	CARE PLAN UPDATE	Nurse Hospital Note	LANGFORD,HOLLY	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ CARE PLAN UPDATE

```
     LOCAL TITLE: CARE PLAN UPDATE
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 27, 2015@15:35     ENTRY DATE: AUG 27, 2015@15:35:07
      AUTHOR: LANGFORD,HOLLY       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

    ACTIVITY INTOLERANCE
      Activity Intolerance Reviewed

        ACTION/INTERVENTIONS
          Assessed patient's level of physical activity before
          experiencing angina, Encouraged adequate rest periods between
          activities, Assessed nutritional status, Observed and document
          response to activity

        OBSERVED OUTCOME
          Performed activity within limits of ischemic disease as
          evidenced by absence of chest pain/discomfort, Maintained
          activity level within capabilities as evidenced by normal heart
          rate and BP, Verbalized use of oxygen and conservation
          techniques,
          New target date Aug 30,2015


    INCONTINENCE WITH BOWEL/BLADDER
      Incontinence With Bowel/Bladder Reviewed
        ACTION/INTERVENTION
        Assessed patient's normal bladder/bowel elimination pattern,
        Established bladder and bowel training program by toileting
        patient every two hours, Gave perineal care after each episode of
        incontinence, Allowed privacy and respect patient's dignity

        OBSERVED OUTCOME
        Had regular bladder and bowel habits, Decreased episodes of
        bladder/bowel incontinence
        New target date Aug 30,2015


/es/ HOLLY LANGFORD
RN
Signed: 08/27/2015 15:35
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 19, 2015	ACTIVITIES OF DAILY LIVING	Nurse Hospital Note	HEATH,KANDY D		AMARILLO HCS			VistA	AMA

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Notes ~ ACTIVITIES OF DAILY LIVING

```
     LOCAL TITLE: ACTIVITIES OF DAILY LIVING
STANDARD TITLE: NURSING INPATIENT NOTE
DATE OF NOTE: AUG 19, 2015@11:56     ENTRY DATE: AUG 19, 2015@11:56:31
      AUTHOR: HEATH,KANDY D        EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Day tour activities and care.
STATUS: Alert; Oriented
ACTIVITY: Bedrest
ISOLATION: N/A
MOBILITY: With Assistance

HYGIENE:
   Oral Care:
       Shave:
   Peri Care:
      Linens:
SAFETY: Bed in low position, brakes on., Call light within reach, Urinal within
reach, Food/water within reach, ID Band on, Lighting adequate, Footware
appropriate, Siderail up to help me turn or get out of bed and then lowered
Protective Devices: N/A
NUTRITION:  Breakfast:
               Lunch: 100
              Supper: 100
 Fluids offered q2h: Yes

ELIMINATION
 Toileting offered q2h: Yes
          Urine: Voids
    Foley secure devices: Not Applicable

     Urine Color: Amber
                  Clear
              BM:     #BMs:     Colostomy: No

SKIN: Intact
    IV Site: Fluid
    IV Location: L arm
Post Op Care: SCD on Bilateral
Nursing Comments:



Patient came to unit following day surgery.
Arrived on unit: AUG 19,2015
Vital Signs taken and entered into CPRS.
Inpatient Safety and Orientation provided including: High/Low
     bed control system, Call system, Phone, TV, Visiting Hours,
     Smoking policy, Bathroom emergency call,  telemetry
     monitoring was discussed with patient.  Patient was informed
     that he is responsible for participation in his own care.
Patients understanding of orientation:Verbalizes understanding of orientation


/es/ KANDY D HEATH
NURSING ASSISTANT
Signed: 08/19/2015 18:43
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	INVASIVE PROCEDURE	Procedure note	PAULUS,ELENA M	Allopathic & Osteopathic Physicians	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ INVASIVE PROCEDURE

```
     LOCAL TITLE: INVASIVE PROCEDURE
```


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STANDARD TITLE: PROCEDURE NOTE
DATE OF NOTE: SEP 17, 2015@02:30 ENTRY DATE: SEP 17, 2015@02:30:47
AUTHOR: PAULUS,ELENA M EXP COSIGNER: VERA,SANTIAGO RAFAEL
URGENCY: STATUS: COMPLETED

INVASIVE PROCEDURE NOTE

TYPE OF PROCEDURE:Other (type below)ARTERIAL LINE

Yes Patient Identity: Two (2) identifiers: Patient name and SSN, birthday, or other VA-approved identifier

Yes Consent Form: Confirm patient, procedure, side/site, reason

Yes Procedure: Procedure name and description

Yes Side/Site: Confirm laterality, surgical site marked (visible after draping) and/or special purpose wristband verified

N/A Imaging (as applicable): Two (2) members confirm imaging studies are available and properly labeled and presented.

Yes Allergies: Confirm allergies

Yes Specialty or Unit Specific Element: Include specific directions regarding other checklist elements such as implants, patient position, cultures, special equipment, etc.

SIDE ON WHICH PROCEDURE WAS PERFORMED:left

INDICATION FOR PROCEDURE:Monitoring

DESCRIPTION OF PROCEDURE AND FINDINGS:
LEFT ARTERIAL LINE PLACED ON 1ST STICK

POST PROCEDURE:
Post procedural X-Ray:NOT APPLICABLE
Post Procedure Specimens:NOT APPLICABLE
Vital Signs Stable:NO

TIME OUT done at:

TEAM MEMBERS PRESENT:
Providers:
Elena Paulus Lamb

Anesthesia:

Nurse(s):

Tech(s):

COMPLICATIONS:
Procedure tolerated, no complications

Prior to procedure, the operative/procedure team members verbally confirmed:
- Correct patient identity (2 identifiers)
- Correct operation/procedure to be performed
- Correct operative/procedure site/side
- Correct consent form
- Correct position
- Correct imaging labeled and displayed
- Correct implant(s) available, if applicable
- Special equipment available, if applicable
- Allergies confirmed

COMMENTS:

/es/ elena m PAULUS

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resident physician
Signed: 09/17/2015 02:32

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:18

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 05, 2012	CLINICAL REMINDER NOTE	Preventive medicine Note	KADAKIA,BHADRESH K	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: APR 05, 2012@09:24     ENTRY DATE: APR 05, 2012@09:25:08
      AUTHOR: KADAKIA,BHADRESH K   EXP COSIGNER:
     URGENCY:                              STATUS: COMPLETED

  Diabetic Foot Exam:
    Inspection for skin ulcers, inflammation and calluses was performed
    along with palpation of DP and PT pulses, and Monofilament sensation
    testing.

    Abnormalities observed:  inflammation
  DIABETIC/CAD ELEVATED LIPID REPORT:
    Patient refused treatment for elevated LDL.

/es/ BHADRESH K KADAKIA
physician
Signed: 04/05/2012 09:28
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 05, 2012	CLINICAL REMINDER NOTE	Preventive medicine Note	KADAKIA,BHADRESH K	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

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Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: APR 05, 2012@09:20     ENTRY DATE: APR 05, 2012@09:20:53
      AUTHOR: KADAKIA,BHADRESH K   EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

  Colorectal Cancer Screening:
    The patient was asked and declines to return any Hemoccult cards for
    performing colorectal cancer screening.
    The patient was offered referral to GI for colonoscopy/sigmoidoscopy
    and declines to accept the referral.
  PNEUMOCOCCAL VACCINE:
    Patient declines Pneumococcal Vaccine.
  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PROVIDER EDUCATION: Today, the patient received written information
      and/or verbal counseling, including risks and benefits, about
      prostate cancer screening and had an opportunity to ask questions.
        Level of Understanding: Good
      DRE performed at this visit.
  Influenza Immunization:
    Patient refused the influenza vaccine.  Patient was advised of risks
    and benefits of influenza vaccine.

/es/ BHADRESH K KADAKIA
physician
Signed: 04/05/2012 09:24
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 01, 2015	UROLOGY-OUTPATIENT (C)	Urology Consult note	RICE,ERIC T	Physician Assistants & Advanced Practice Nursing Providers	AMARILLO HCS			VistA	AMA

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Notes ~ UROLOGY-OUTPATIENT (C)

LOCAL TITLE: UROLOGY-OUTPATIENT (C)
STANDARD TITLE: UROLOGY CONSULT
DATE OF NOTE: SEP 01, 2015@15:45 ENTRY DATE: SEP 02, 2015@12:19:57
AUTHOR: RICE,ERIC T EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** UROLOGY-OUTPATIENT (C) Has ADDENDA ***

PATIENT NAME: HOPKINS, MARSHALL

DATE: 09/01/2015

HISTORY OF PRESENT ILLNESS: 72-year-old gentleman presents in consultation regarding postoperative urinary retention. Patient underwent hernia repair last month and developed postoperative urinary retention. He initially presented to the hospital in Liberal, Kansas. CT at that time reported bilateral hydroureteronephrosis and bladder distention (films are not available for my review). Foley catheter was placed and patient was transferred to this facility for continued care.

Hospital course was uneventful and patient was discharged with indwelling catheter. No previous history of urinary retention or bothersome lower urinary tract symptoms prior to surgery. He currently denies fever, chills, dysuria, or gross hematuria.

LABORATORY DATA: PSA 1.04 and serum creatinine 0.77 a few weeks ago.

PHYSICAL EXAMINATION: EXTERNAL GENITALIA: Indwelling Foley catheter with clear urine output. DIGITAL RECTAL EXAMINATION: Prostate estimated be 40 cc in volume with a boggy consistency. No suspicious induration or nodularity appreciated.

ASSESSMENT/PLAN: Postoperative urinary retention, as above. Foley catheter is removed for voiding trial. Patient will continue tamsulosin as prescribed. Will issue an empiric course of antibiotics and repeat computed tomography (CT) abdomen and pelvis today. Return to clinic later this month for a postvoid residual. Routine urinary retention warnings were given. Schedule routine urology follow up in 3 months for re-evaluation.

1182595/pp(09/01/2015 15:57:03)15846040
D: 09/01/2015 15:46:16 T: 09/01/2015 15:57:03
$END

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:44

09/03/2015 ADDENDUM STATUS: COMPLETED
CT revealed bilateral renal cysts without nephrolithiasis. No clinically significant hydroureteronephrosis appreciated. Nonspecific bladder wall thickening without obvious mass. Will likely need to consider cystoscopy in the future.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 10:53

09/03/2015 ADDENDUM STATUS: COMPLETED
Pt presented to the Emergency Department 09-03-15 due to inability to void. PVR was > 999 mL. Foley catheter was replaced and left indwelling. Have scheduled diagnostic cystoscopy 09-10-15. Pt was called and message left regarding upcoming appointment. He was encouraged to call this clinic if any questions.

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/03/2015 11:02

Receipt Acknowledged By:
09/03/2015 13:51 /es/ DEBORAH E LEWIS
LVN

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	RESPIRATORY THERAPY FLOW SHEET	Respiratory therapy Note	MCFARLAND,KYLE E	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

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Notes ~ RESPIRATORY THERAPY FLOW SHEET

```
     LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@04:25     ENTRY DATE: SEP 17, 2015@04:25:13
      AUTHOR: MCFARLAND,KYLE E     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

     Respiratory Therapy Flow Sheet

Date: Sep 17,2015@04:25
MECHANICAL VENTILATION STATUS:
 Mode:    SIMV
 Face Mask VentilationNo
If yes you MUST answer the Skin Integrity AND Action Plan Section

Other

 Set Rate:  16
 Set Tidal Volume:  600mL
 Set Fi02: 80%
 Set PEEP: 5 cmH20
 Set HIGH PEEP:  cmH20
 Set Pressure Support: 10
 Set Pressure Control:
 I:E Ratio:
 Low Volume Alarm:  250 mL
 High Pressure Limit Alarm:  40
 Low Pressure Limit Alarm:
 Plateau:       Peak Inspiratory Pressure:  25
 Patient Respiratory Rate 17
 Exhaled Tidal Volume 624ML
 Exhaled Minute Volume 10.6L
 Low Peep Alarm:
 Alarms checked: Yes  Alarms functioning properly: Yes
 Ventilator circuit temperature:  HME
 Cuff Pressure:  cmH20
 ETT Size:  Fr
 ETT Secured @:  cm
 Serial #: 614 EE26971
 Comments:
Head of Bed:
Pre Ventilator check:
Head of bed elevated when the respiratory therapist entered the patient's room.
Yes
POST Ventilator check:
Head of bed elevated when the respiratory therapist departed the patient's room.
Yes
Vital Signs:
     Before      After
HR:    139
RR:    17
Oxygen Saturation 97 %
BREATH SOUNDS:
Pre-Therapy:
Adventitious Breath Sounds

Diminished:LUL  LLL
PATIENT COUGH ASSESSMENT:
COUGH: Non-Productive,
 Comments:

SUCTIONING: Endotracheal
Comments (indicate any adverse reactions):

SECRETION STATUS:
 AMOUNT: None
 CONSISTENCY:  none
 APPEARANCE:  None
 Odor- no
 Comments:

/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/17/2015 04:26
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	CP TRANSTHORACIC ECHO	Cardiology Diagnostic study note			MEMPHIS VA MEDICAL CENTER		Yes	VistA	MEM

Notes ~ CP TRANSTHORACIC ECHO

```
     LOCAL TITLE: CP TRANSTHORACIC ECHO
STANDARD TITLE: CARDIOLOGY DIAGNOSTIC STUDY NOTE
DATE OF NOTE: SEP 17, 2015@15:51:43  ENTRY DATE: SEP 17, 2015@15:51:43
      AUTHOR: CLINICAL,DEVICE PRO  EXP COSIGNER:
     URGENCY:                              STATUS: COMPLETED

PROCEDURE SUMMARY CODE: Machine Resulted
DATE/TIME PERFORMED: SEP 17, 2015@11:21:4

** DOCUMENT IN VISTA IMAGING **
SEE FULL REPORT IN VISTA IMAGING

SIGNATURE NOT REQUIRED
SEE SIGNATURE IN VISTA IMAGING

** (Xcelera (Tte))  AUTO-INSTRUMENT DIAGNOSIS **

Procedure: Adult

Release Status: Released Off-Line Verified
Date Verified: Sep 17, 2015@15:51:29


Administrative Closure: 09/17/2015
                    by: CP PROXY
                        CP PROXY
```

1

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	CHAPLAIN SPIRITUAL ASSESSMENT GENERAL	Pastoral care Counseling note	MURPHY,RORY G O	Behavioral Health & Social Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CHAPLAIN SPIRITUAL ASSESSMENT GENERAL

```
     LOCAL TITLE: CHAPLAIN SPIRITUAL ASSESSMENT GENERAL
STANDARD TITLE: PASTORAL CARE COUNSELING NOTE
DATE OF NOTE: AUG 27, 2015@13:13     ENTRY DATE: AUG 27, 2015@13:13:30
      AUTHOR: MURPHY,RORY G O      EXP COSIGNER:
     URGENCY:                              STATUS: COMPLETED

Visited day 2 patient for spiritual assessment per Chaplaincy protocol. Mr.
Hopkins appeared alert, oriented, and in fair spirit. Veteran's spiritual
request was for religious literature. Provided pastoral support, listening,
blessing, and literature. Advised patient of Chaplain services and left Service
information literature. Follow-up as requested or per Chaplaincy protocol.

/es/ RORY G O MURPHY
CHAPLAIN
Signed: 08/27/2015 13:15
```


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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	WI-LAB/OUTSIDE REPORTS	Report	HECOX,STEPHEN W	Nursing Service Providers	LIBERAL CBOC			VistA	KAN

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Notes ~ WI-LAB/OUTSIDE REPORTS

LOCAL TITLE: WI-LAB/OUTSIDE REPORTS
STANDARD TITLE: NONVA REPORT
DATE OF NOTE: AUG 27, 2015@10:11 ENTRY DATE: AUG 27, 2015@10:12:44
AUTHOR: HECOX,STEPHEN W EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient had laboratory test done at Southwest Medical Center, Liberal, KS on 8/24/15. Will give information received to provider to review.

Sodium: 131 L mEq/L
POTASSIUM: 3.9 mEq/L
Chloride: 96 L mEq/L
CO2:: 24 mEq/L
Anion Gap: 15
Glucose: 463 H mg/dL
BUN: 43 H mg/dL
Creatinine: 1.5 H mg/dL
Calcium: 10.3 mg/dl
ALBUMIN: 3.4 g/dl
TOTAL BILIRUBIN: 0.6 mg/dL
ALKPHOS: 83 lU/L
AST: 40 H lU/L
ALT: 31 lU/L
TOTAL PROTEIN: 7.1 g/dL

WBC: 13.4 H K/cmm
RBC: 4.59 M/ul
HGB: 13.7 g/dl
HCT: 40.9 %
PLT: 285 K/cmm
Neutrophils: 81.1 H
Lymphocyte: 9.7 L
Monocytes: 6.8
Eosinophil: 1.6
Basophil: 0.8

CK: 16 L
CKMB: 0.4 L
Troponin I: 0.01

Urine
Color: yellow
clarity: clear
pH: 5.5
Specific Gravity: <= 1.005 L
Protein: neg
Glucose (ua): >= 1000 H
Ketones: neg
Blood: Large H
Nitrite: neg
Bilirubin: neg
Urobilinogen: 0.2
Leukocyte Esterase: neg
Urine RBC: 5-10 H
Urine WBC: 1-3

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/27/2015 10:39

Receipt Acknowledged By:
08/27/2015 12:13 /es/ TODD A RIDGE
ANP

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 06, 2008	CLINICAL REMINDER NOTE	Preventive medicine Note	KIRSCH,BEVERLY A	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ CLINICAL REMINDER NOTE

```
     LOCAL TITLE: CLINICAL REMINDER NOTE
STANDARD TITLE: PREVENTIVE MEDICINE NOTE
DATE OF NOTE: MAY 06, 2008@08:15     ENTRY DATE: MAY 06, 2008@08:15:05
      AUTHOR: KIRSCH,BEVERLY A     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

  Tetanus Diphtheria (TD-Adult):
    Patient refused Tetanus immunization.
  Influenza Immunization:
    Patient refused the influenza vaccine.  Patient was advised of risks
        and benefits of influenza vaccine.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/06/2008 08:15
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 15, 2008	Addendum to PC - NURSING INTERVIEW NOTE		HANNA,SUSAN		ZZ11AMA-TEAM 2 SEGARRA			VistA	AMA

Notes ~ Addendum to PC - NURSING INTERVIEW NOTE

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 15, 2008@09:44:28  ENTRY DATE: SEP 15, 2008@09:44:28
      AUTHOR: HANNA,SUSAN          EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Pt. givenprosthetics request, rehab medicine referral, and is to have 2 view
weight bearing both knees and 4 view lumbo sacral spine.

/es/ SUSAN HANNA
LVN
Signed: 09/15/2008 15:25

==========================================================================

 --- Original Document ---

09/15/08 PC - NURSING INTERVIEW NOTE:
Primary Care Nursing Interview
   Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit:  Desires medication refill.
  Reports problems with right knee for past couple of mohts. Reports
  pain and swelling.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Current Vital Signs
   Temperature: 98.2 F [36.8 C] (09/15/2008 09:41)
   Pulse: 77 (09/15/2008 09:41)
   Respirations: 18 (09/15/2008 09:41)
   B/P: 123/72 (09/15/2008 09:41)
   Height(inches): 73 in [185.4 cm] (07/23/2008 13:49)
```


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Weight(lbs): 209.8 lb [95.4 kg] (09/15/2008 09:41)
BMI: 27.7
Pain: 0 (09/15/2008 09:41) (Scale from 1-10)
O2 Sat: 9/15/08 @ 0941 PULSE OXIMETRY: 94 On Room Air
~~~~~~
Age: 65
Living arrangements: Spouse/family in Hooker
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed: nkda
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? No
*Any non VA meds need to be added to the NON VA Meds
on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
*********************Dietary Screen**********************************

All available dietary screening labs have been reviewed and are within
acceptable range.
*****************SKIN IMPAIRMENT RISK ASSESSMENT**********************
(Braden Scale)
4 = No Impairment Sensory Perception
4 = Rarely Moist Moisture
4 = Walks Frequently Activity
4 = No Limitations Mobility
4 = Excellent Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin
integrity problem exists and is to be reflected in the patient/resident
plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

No problems identified
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 0
Patient's acceptable level of pain: 0
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
0 = No History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
10 = Yes Medication: Cardiac drugs, Diuretics, Sedatives
25 TOTAL SCORE
Scoring:
0-24 No Risk
25-50 Low Risk, Standard Fall Precautions
>51 High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English
Desire and Motivation: Eager to learn
Comprehension: High
Method of Teaching: Verbal, Handouts

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~~~~~~

Topics Covered:
Speak Up: YES
Plan of Care
Evaluation of Patient/Family Education: Voiced understanding
Additional education: follow-up appt

/es/ SUSAN HANNA
LVN
Signed: 09/15/2008 09:44
 0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 10, 2015	TIME OUT	Surgery Note	LEWIS,DEBORAH E	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ TIME OUT

     LOCAL TITLE: TIME OUT
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 10, 2015@15:15   ENTRY DATE: SEP 10, 2015@16:10:48
      AUTHOR: LEWIS,DEBORAH E   EXP COSIGNER:
     URGENCY: STATUS: COMPLETED

Time out performed @ Sep 10,2015@15:15
Procedure to be performed: Cystoscopy
Verified by: Eric Rice, PA-C, Debbie Lewis, LVN and patient, Marshall Hopkins

Correct Patient: Yes
Correct side and site: Bladder

Site marked: No
Consent completed and verified: Yes
Correct patient position: supine
Correct implants and equipment or special requirements available: Yes

Tracking Number
Cystoscopy - W805354
Camera: - SN7817157

/es/ DEBORAH E LEWIS
LVN
Signed: 09/10/2015 16:17

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 06, 2008	PC - NURSING INTERVIEW NOTE	Primary care Nurse Note	KIRSCH,BEVERLY A	Nursing Service Providers	AMARILLO HCS			VistA	AMA

Notes ~ PC - NURSING INTERVIEW NOTE

     LOCAL TITLE: PC - NURSING INTERVIEW NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: MAY 06, 2008@08:15   ENTRY DATE: MAY 06, 2008@08:15:40
      AUTHOR: KIRSCH,BEVERLY A   EXP COSIGNER:
     URGENCY: STATUS: COMPLETED

   *** PC - NURSING INTERVIEW NOTE Has ADDENDA ***

Primary Care Nursing Interview
   Clinic location: Amarillo
Scheduled

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Presented: Ambulatory without assistance
Reason for visit:
  PT HERE FOR 12 MONTHS VISIT WITH LABS. PT STATES," I WOULD LIKE TO
  KNOW WHAT THE RESULTS OF THE XRAY FROM VISIT ON FEB 20." DENAIL OF
  ANY OTHER COMPLAINTS AT THIS TIME.

~~~~~~
Current Vital Signs
   Temperature: 97.8 F [36.6 C] (05/06/2008 08:12)
   Pulse: 76 (05/06/2008 08:12)
   Respirations: 16 (05/06/2008 08:12)
   B/P: 126/82 (05/06/2008 08:12)
   Height(inches): 73.25 in [186.1 cm] (05/06/2008 08:12)
   Weight(lbs): 208.8 lb [94.9 kg] (05/06/2008 08:12)
   BMI: 27.4
   Pain: 0 (05/06/2008 08:12) (Scale from 1-10)
   O2 Sat: 5/6/08 @ 0812   PULSE OXIMETRY: 94 On Room Air
~~~~~~
Age: 64
Living arrangements: Spouse/family
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed:
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW************
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? Yes
      *Any non VA meds need to be added to the NON VA Meds
       on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use:
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
No Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
*********************Dietary Screen***********************************

All available dietary screening labs have been reviewed and are within
acceptable range.
****************SKIN IMPAIRMENT RISK ASSESSMENT**********************
                     (Braden Scale)
4 = No Impairment   Sensory Perception
4 = Rarely Moist   Moisture
4 = Walks Frequently   Activity
4 = No Limitations   Mobility
4 = Excellent   Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin
integrity problem exists and is to be reflected in the patient/resident
plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

Not eligible for dietary counseling (Champus VA/Tri-Care)
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
        Patient's present level of pain: 0
        Patient's acceptable level of pain:
Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
  History of Falling
15 = Yes Secondary diagnosis
 Ambulatory aid
 IV/Heparin Lock
 Gait/transferring
 Mental Status
 Medication: Cardiac drugs, Diuretics, Sedatives

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15 TOTAL SCORE
Scoring:
0-24 No Risk
25-50 Low Risk, Standard Fall Precautions
>51   High Risk, High Risk Fall Precautions
EDUCATION:
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English

Desire and Motivation: Eager to learn
Comprehension:
Method of Teaching: Verbal
Topics Covered:
Evaluation of Patient/Family Education:Voiced understanding

Nursing Comments: WILL DISCUSS WITH DOCTOR

Additional education: follow-up appt, labs

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/06/2008 08:20

05/06/2008 ADDENDUM   STATUS: COMPLETED
RTC IN 12 MONTHS WITH LABS. SPINE CERVICAL MIN 4 VIEWS.

/es/ BEVERLY A KIRSCH
LVN
Signed: 05/06/2008 16:00

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 11, 2009	Addendum to PC - NURSING INTERVIEW NOTE		HANNA,SUSAN		ZZ11AMA-TEAM 2 SEGARRA			VistA	AMA

Notes ~ Addendum to PC - NURSING INTERVIEW NOTE

     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 11, 2009@12:53:34 ENTRY DATE: AUG 11, 2009@12:53:35
      AUTHOR: HANNA,SUSAN   EXP COSIGNER:
     URGENCY: STATUS: COMPLETED

Pt to have fee basis aorta echogram, c-spine 4 view x ray, and case manager
consult.

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 16:13

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 --- Original Document ---

08/11/09 PC - NURSING INTERVIEW NOTE:
Primary Care Nursing Interview
   Clinic location: Amarillo
Scheduled
Presented: Ambulatory without assistance
Reason for visit: Desires medication refill.
  Reports he is having trouble with his upper abdomen. States " It
  expands at times and is tender."

~~~~~~
Current Vital Signs
   Temperature: 98.5 F [36.9 C] (08/11/2009 12:49)
   Pulse: 68 (08/11/2009 12:49)

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Respirations: 18 (08/11/2009 12:49)
B/P: 128/90 (08/11/2009 12:49)
Height(inches): 72.5 in [184.2 cm] (08/11/2009 12:49)
Weight(lbs): 209.5 lb [95.2 kg] (08/11/2009 12:49)
BMI: 28.1
Pain: 4 (08/11/2009 12:49) (Scale from 1-10)
O2 Sat: 8/11/09 @ 1249 PULSE OXIMETRY: 94 On Room Air
~~~~~~
Age: 66
Living arrangements: Spouse/family in Hooker
Allergies: Patient has answered NKA
Any other patient stated allergies not previously listed: nkda
RECENT IMMUNIZATIONS:
IMMUNIZATIONS - NONE FOUND
*********MEDICATION RECONCILIATION & RECENT CHANGES/REVIEW***********
Does Patient take any non-prescription meds, including herbal supplements,
vitamins, etc? Yes
*Any non VA meds need to be added to the NON VA Meds
on the Orders tab in CPRS*
Medication list reviewed with patient. Provider to be informed of any variance
to list.
Nicotine use:Pt states not a current tobacco user.
Inhaler use: No
********************OBSERVATIONS FOR ABUSE/NEGLECT************************
No Does the patient have unaccounted for bruising or other trauma?
Yes Is the patient's hygiene adequate?
No Does the patient seem fearful or withdrawn around caregiver?
NA SW/Provider notified if abuse/neglect suspected?
********************Dietary Screen**********************************

Glucose >125 GLUCOSE: 134 H mg/dL JUL 14,2009@09:10:44
****************SKIN IMPAIRMENT RISK ASSESSMENT***********************
(Braden Scale)
4 = No Impairment Sensory Perception
4 = Rarely Moist Moisture
4 = Walks Frequently Activity
4 = No Limitations Mobility
4 = Excellent Nutrition
3 = No Apparent ProblemFriction and Shear
23 = TOTAL SCORE
15-18 = low risk
13-14 = moderate risk
12 or less = high risk

If score is 18 or less, an impaired or potentially impaired skin
integrity problem exists and is to be reflected in the patient/resident
plan of care.

If score is 12 or less, the Nurse is to enter a Dietary Consult.

Pt does not want dietary counseling at this time
PAIN ASSESSMENT

VERBAL PAIN ASSESSMENT
PAIN INTENSITY (0-10 scale):
Patient's present level of pain: 4
Patient's acceptable level of pain: 0
LOCATION: neck
Quality:
ache
ONSET: ACUTE
Exact date of onset:August 8,2009
DURATION: Continuous
PLAN*:
All unresolved pain will be referred to ordering provider

Patient does not have Congestive Heart Failure.
**********MORSE FALL SCALE*************
0 = No History of Falling
15 = Yes Secondary diagnosis
0 = None, bed rest, w/c, nurse Ambulatory aid
0 = No IV/Heparin Lock
0 = Normal, bed rest, immobile Gait/transferring
0 = Oriented to own ability Mental Status
10 = Yes Medication: Cardiac drugs, Diuretics, Sedatives
25 TOTAL SCORE

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Scoring:
0-24 No Risk
25-45 Low Risk, Standard Fall Precautions
>44   High Risk, High Risk Fall Precautions
EDUCATION
Person Being Assessed: Patient
Barriers to Learning: None
Primary Language: English
Desire and Motivation: Eager to learn
Comprehension: High
Method of Teaching: Verbal, Handouts
Topics Covered:
Speak Up: YES
Plan of Care
Evaluation of Patient/Family Education: Voiced understanding
Additional education: follow-up appt

/es/ SUSAN HANNA
LVN
Signed: 08/11/2009 12:53
 0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	RESPIRATORY THERAPY FLOW SHEET	Respiratory therapy Note	JONES-BRIGGS,TREASA	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ RESPIRATORY THERAPY FLOW SHEET

```
     LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@12:40     ENTRY DATE: SEP 17, 2015@12:40:48
      AUTHOR: JONES-BRIGGS,TREASA  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

Ventilator Patient Respiratory Therapy Flow Sheet

Date: Sep 17,2015@12:40

Respiratory Treatment was:
 Indicate Reason Held or Not Given:

Oxygen Saturation on (SPO2) on Room Air:
0% times  minutes

Breath Sounds:
Pre-Therapy:
CTA
Post Therapy:
CTA
     Before      After
HR:    120        120
RR:    16         15
System Assessment:
Oxygen Saturation 97 %  in conjunction with respiratory treatment

PRN Treatment: no

Cough: Non-Productive,
 Comments:

Suctioning: Endotracheal
 Comments (indicate any adverse reactions):

Secretion Status:
```


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Amount: None
Consistency:
Appearance:
Odor-
Comments:

Adverse Reaction:(if yes specify) no
Mechanical Ventilation Status:
Face Mask Ventilation: If YES you MUST answer the Skin Integrity AND Action Plan Section
No
Mode/other info: SIMV
Other

Set Rate:20
Set Tidal Volume: 600mL
Set Fi02: 60%
Set PEEP: 8 cmH20
Set Pressure Support: 10
Set Pressure Control: 0
I:E Ratio: 1:2.3
Low Volume Alarm: 200 mL
High Pressure Limit Alarm: 40
Low Pressure Limit Alarm: 0
Plateau: 20 Peak Inspiratory Pressure: 23
Exhaled Tidal Volume 625L
Exhaled Minute Volume 9.22L
Patient Respiratory Rate 16
Low Peep Alarm: 0
Alarms checked: Yes
Alarms functioning properly: Yes
Ventilator circuit temperature: hme
Cuff Pressure: mlt cmH20
ETT Secured@: 25cm
ETT Size: 8 FR
Serial #: 614 EE26971
Comments:
Head of Bed elevated when Respiratory Therapist entered patient room?
Yes
Head of Bed elevated when Respiratory Therapist departed patient room?
Yes

/es/ TREASA J CISERO
RESPIRATORY THERAPIST
Signed: 09/17/2015 12:43

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Feb 05, 2013	SLEEP STUDIES OUTPATIENT (C)	Sleep medicine Note	MUNIZ,SERGIO E	Allopathic & Osteopathic Physicians	AMARILLO HCS			VistA	AMA

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Notes ~ SLEEP STUDIES OUTPATIENT (C)

```
     LOCAL TITLE: SLEEP STUDIES OUTPATIENT (C)
STANDARD TITLE: SLEEP MEDICINE NOTE
DATE OF NOTE: FEB 05, 2013@11:45     ENTRY DATE: FEB 05, 2013@11:45:23
      AUTHOR: MUNIZ,SERGIO E       EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Pt observed the Watch PAT-100 training DVD.  After DVD, operation of the
equipment was demonstrated by me.  Pt did not have any questions at this
time. Pt issued equipment #21019, return postage and instructed to mail
it back tomorrow.  Pt reminded that there is an instruction card inside
the carrying case. Pt advised to refrain from driving and operating heavy
machinery while going through the testing phases for sleep apnea and at
least until pt receives therapy if needed.

Pt's resting room air spo2 = 92%.  Pt states he quit smoking in 1972, but
smoked 1.5 pks a day for 22 years. Pt fitted for a large full face mask #61203
in case he qualifies for CPAP therapy.

Pt Signed Authorization to Release Medical Information for sleep study
Equipment and it will be sent to be scanned into CPRS.

/es/ SERGIO MUNIZ MD
CHIEF, PULMONARY SECTION
Signed: 02/05/2013 12:42
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Jun 29, 2015	Addendum to WI-PRIMARY CARE FOLLOW-UP		STEWART,SHERRY K		WI-LIBERAL PACT TELE NURSE			VistA	KAN

Notes ~ Addendum to WI-PRIMARY CARE FOLLOW-UP

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: JUN 29, 2015@10:16:55  ENTRY DATE: JUN 29, 2015@10:16:55
      AUTHOR: STEWART,SHERRY K     EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Adding additional alerts.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 06/29/2015 10:18

Receipt Acknowledged By:
06/29/2015 13:47        /es/ Barbara Bernhardt, RN MS
                             Transfer Nurse/Case Manager/Care Coordinator
06/29/2015 10:37        /es/ SCOTT S TALPERS
                             M.D.

================================================================================

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06/29/15 WI-PRIMARY CARE FOLLOW-UP:
Primary Care Follow-Up

Patient recently treated in:
Non-VA Emergency Room
Southwest Medical Center Liberal, KS

Diagnoses were: Hyperglycemia, dizziness


Medications added, stopped or changed:
None- SWMC ED notes: "pt strongly refused to take any medication or any medical
```


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intervention to lower his blood sugar."

Follow-up issues: Spoke with pt via phone this am. States he was discharged from ED on 6/26/15 and spent the weekend at his residence at Hooker, OK. This am traveling to his home in Missouri. States he is feeling fine. Denies dizziness, confusion, n/v, or blurred vision. Blood sugar by EMS on 6/26/15 was 355 and at hospital lab 408. Pt does not admit that he has diabetes and states "I am working on some things regarding my pancreas." Nurse strongly encouraged pt to follow-up with provider at KC VA due to high blood sugars. States he would.

Will forward Southwest Medical Center ED notes to provider for review.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 06/29/2015 10:12

Receipt Acknowledged By:
06/29/2015 10:26 /es/ TODD A RIDGE
ANP
06/29/2015 10:16 /es/ SHERRY K STEWART RN
QM UR RN
06/29/2015 10:20 /es/ Dawn D. Campbell, RN, MSN
CBOC Coordinator, PC Operations

06/29/2015 ADDENDUM STATUS: COMPLETED
received faxed progress notes from ER visit.
notes reviewed.
BUN-32*
Creatinine-1.5*
eGFR-46
Gluc-406*
wbc-6.6
rbc-3.45*
hgb-10.6*
hct-30.9*
Na-133*
K-3.9
ast-12
alt-15
Urine gluc- greater >1000
Urine ketones- trace
Urine blood-trace

/es/ TODD A RIDGE
ANP
Signed: 06/29/2015 11:32
0

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 20, 2015	TELEMETRY NOTE	Cardiology Note	CLOUNCH,JOYCE D		AMARILLO HCS			VistA	AMA

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Notes ~ TELEMETRY NOTE

```
     LOCAL TITLE: TELEMETRY NOTE
STANDARD TITLE: CARDIOPULMONARY NOTE
DATE OF NOTE: AUG 20, 2015@08:27     ENTRY DATE: AUG 20, 2015@08:27:51
      AUTHOR: CLOUNCH,JOYCE D      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

    Rhythm: sr/first degee av block pr 0.24
Rate Range: 90's
      Sa02: n/a
Arrhythmia Present: (type, duration, # of significant events)
pvc's
Notification to : n/a
Time Notified:  n/a
Comments: 0715 telemetry dc'd

/es/ JOYCE D CLOUNCH
HEALTH TECH
Signed: 08/20/2015 08:28
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 31, 2015	PATIENT ALIGNED CARE TEAM 2 DAY DISCHARGE FOLLOWUP	Nurse Telehealth Note	ROSALES,ZENITHA	Nursing Service Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PATIENT ALIGNED CARE TEAM 2 DAY DISCHARGE FOLLOWUP

```
     LOCAL TITLE: PATIENT ALIGNED CARE TEAM 2 DAY DISCHARGE FOLLOWUP
STANDARD TITLE: NURSING TELEHEALTH NOTE
DATE OF NOTE: AUG 31, 2015@15:43     ENTRY DATE: AUG 31, 2015@15:43:45
      AUTHOR: ROSALES,ZENITHA      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

HOSPITAL DISCHARGE FOLLOWUP


Contact: Spouse patient present
Discharge Date: 08-27-15
Discharge Diagnosis: Urinary Incontinence, Diabetes, Inguinal Hernia
Patients comments regarding current treatment plan:
    "he is doing fine.  He has an appointment tomorrow".

Evaluation & assessment of current treatment plan:
    Mr. Hopkins acknowledge understanding of the current D/C POC.

Patient education:
    I instructed Mrs. Hopkins the clinic has been cancelled for Team Patriot for
    this Friday.  I also instructed her each patient is be rescheduled.  I ask
Mrs.
    Hopkins if they had a preference and she states no.  "Just send the new
appt., when available".

Any changes in your condition since discharge? No


Date of follow up appointment:
                      09/01/2015 11:00 AMA-GEN SURG NEW YELLOW
                      09/01/2015 13:45 AMA-UROLOGY/PA
                      09/04/2015 10:00 AMA-PACT PATRIOT (cancelled)


Anything specific you want to talk to your PCP about? Yes
    See HR Education note

The patient/family was asked the following:
1. Were you provided a copy of your updated medication list upon discharge
from this facility? Yes


2. Do you know where to call to get more information? Yes
Pain
Patient currently has no pain. "he said he does not have pain".

Time Spent:  11-20 minutes
Nursing Comments: Including HR education.

/es/ ZENITHA ROSALES
RN, MSN
Signed: 08/31/2015 15:49
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	CONSENT - GENERAL SURGERY	Consent Document	MALONE,STEPHANIE LOUISE		MEMPHIS VA MEDICAL CENTER		Yes	VistA	MEM

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Notes ~ CONSENT - GENERAL SURGERY

```
     LOCAL TITLE: CONSENT - GENERAL SURGERY
STANDARD TITLE: CONSENT
DATE OF NOTE: SEP 17, 2015@07:54     ENTRY DATE: SEP 17, 2015@07:54:33
      AUTHOR: MALONE,STEPHANIE LO  EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED

SEE SCANNED IMAGE

/es/ Stephanie Louise SMITH
PSA
Signed: 09/17/2015 07:54
 1
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	SURGERY	Surgery Note	GIBSON,GRIFFIN FRAZER		MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ SURGERY

```
     LOCAL TITLE: SURGERY
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 17, 2015@06:34     ENTRY DATE: SEP 17, 2015@06:34:36
      AUTHOR: GIBSON,GRIFFIN FRAZ  EXP COSIGNER: MINARD,GAYLE
     URGENCY:                          STATUS: COMPLETED

GENERAL SURGERY - PGY1 ICU DAILY PROGRESS NOTE

SUBJECTIVE:
     Overnight: Admitted overnight following emergent explorative laparotomy
with small bowel resection. Post op recovery complicated by afib.
     Pain:Sedated presently

OBJECTIVE:
Physical Exam:
Weight:
Tmax: degrees 97.8F; SBP:68-128; P:115-168; ETT FiO2 80%
GEN: Sedated.
HEENT: Normocephalic.Pupils responsive to light. ETT in place.
CV: NSR presently. Amiodarone drip going. Levophed, Vassopressin for bp support
PULM: Clear to auscultation right sided. Persistent left pneumothorax 2/2
iatrogenic pneumothorax. Decreased/minimal breath sound LUL. Distant breath
sounds LLL.
ABD: Soft, nd, no grimace with palpation. R groin incision/healing scar from
RIHR 8/2014. Open abd wound from ex lap. Incision covered with plastic sutured
to open incision walls as pt bowels are still in discontinuity
EXT: palpable pulses. No e/c/c
GU: Evidence of gross/clotted hematuria in foley bag. Dark/bloody urine in
catheter line.

I/O = 2205/160
     UOP = 120
     JP = 40
Lines: left cordis, left chest tube, L arterial line, femoral line, foley

Medications:
Drug                                Dose        Status  Start     Stop
MORPHINE INJ                        2MG/1ML     A       09/17/2015
09/24/2015
  Q3H PRN INTRAVENOUS
MESSAGE TO NURSING                  1           A       09/17/2015
10/17/2015
  Q1H MISCELLANEOUS
GLUCAGON INJ                        1MG/1VIAL   A       09/17/2015
10/17/2015
  PRN INTRAMUSCULAR
INSULIN HUMAN REG 100 UNITS/ML 10ML 1           A       09/17/2015
10/17/2015
```


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PRN SUBCUTANEOUS
INFLUENZA VIRUS VACCINE 5ML VI 2015- 0.5ML A 09/17/2015
09/18/2015
ONCE INTRAMUSCULAR

ASSESSMENT/PLAN:
-Veteran is a 72 yo CM w/ pmhx significant for DM who presented to the Memphis VA ER with complaints of coffee ground emesis, lethargy, and decreased mental status. Patient was found to be hypotensive in the ED to the low 60s. Imaging was concerning for pneumoperitoneum taken back to the OR for emergent ex lap with small bowel resection this AM now POD#0

1. Neuro: Sedated presently. Fentanyl for pain. Propofol for sedation
2. CV: Afib. Amiodarone drip. Levophed/vassopressin for bp support. PA catheter placed with primary team. CVP noted to be 5
3. Pulm: intubated. Chest tubes x2 left chest wall. Metabolic acidosis with trending ABGS. bicarb drip running
4. FEN/GI: MIVF. Q6H lab draws. Aggressive fluid replacement. Insulin drip with hyperglycemia on admission to the 700s.
5. GU: Foley. hematuria. strict I&O. urology consulte.
6. ID/HEME: Vanc/zosyn D1
7. MSK: no restraints. actively monitoring sedation to ensure patient doesn't become arousable. Will consult PT once pt becomes less critical.
8. Ppx: SCDs, SQH.
9. Dispo: continue ICU care. likely takeback for Friday with assistance from Urology for bladder/hematuria.

Patient was seen,examined and discussed with attending.

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/17/2015 16:23

/es/ GAYLE MINARD
MD
Cosigned: 09/17/2015 16:57

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 18, 2015	SURGERY ATTENDING	Surgery Attending Note	MINARD,GAYLE		MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ SURGERY ATTENDING

LOCAL TITLE: SURGERY ATTENDING
STANDARD TITLE: SURGERY ATTENDING NOTE
DATE OF NOTE: SEP 18, 2015@08:54 ENTRY DATE: SEP 18, 2015@08:54:50
AUTHOR: MINARD,GAYLE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

family requested DNR and withdrawal of support (which we agreed with). Pressors turned off and patient pronounced @ 0838 today

/es/ GAYLE MINARD
MD
Signed: 09/18/2015 08:56

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Apr 16, 2015	KC-PC EST PATIENT	Primary care Note	TALPERS,SCOTT S	Allopathic & Osteopathic Physicians	CAMERON CBOC			VistA	KAN

Notes ~ KC-PC EST PATIENT

```
     LOCAL TITLE: KC-PC EST PATIENT
STANDARD TITLE: PRIMARY CARE E & M NOTE
DATE OF NOTE: APR 16, 2015@09:56     ENTRY DATE: APR 16, 2015@09:56:37
      AUTHOR: TALPERS,SCOTT S      EXP COSIGNER:
     URGENCY:                          STATUS: COMPLETED



HPI: 71 yo male with Diabetes mellitus.  He ABSOLUTELY REFUSES to take any
medications. He understands the risks of untreated Diabetes mellitus, including
limb loss, kidney disease, CV disease, blindness, PVD etc.
He refuses to take ANY medications for ANY disease.
He has a RIH, which is easily reducible, but will not be repaired until his
Diabetes mellitus is properly treated.  He denies any symptoms of hyperglycemia
/ poorly controlled diabetes mellitus.


PMH:
Active Problem
Diabetes mellitus (SNOMED CT 73211009) 250.00 04/17/2014 DEAN,ELIZABETH E
Inguinal hernia (SNOMED CT 396232000) 550.90 04/15/2014 DEAN,ELIZABETH E
Hypercholesterolemia (SNOMED CT 13644009) 272 04/15/2014 DEAN,ELIZABETH E
H/O: alcoholism (SNOMED CT 161466001) V11.3 04/15/2014 DEAN,ELIZABETH E


Active Outpatient Medications (excluding Supplies):

NO Medications

Current Allergies/Drug Reactions:
ALLERGIES/ADR:
Patient has answered NKA



SHx: Tobacco: None for 40 years
     Alcohol: None for 40 years
     Retired DOD airlift division employee, currently director for the Amish
community development council
     Married, 6 children, youngest is 10 yo

ROS:
General: No fatigue, good appetite
HEENT: No hoarseness, No sore throat, No visual changes.  No epistaxsis.
LUNGS: No SOB, No wheezing, No cough, No sputum production, No hemoptysis,
HEART: No Chest Pain, No palpitations
GI: No nausea, No vomiting, No diarrhea, No constipation,
No melena, No hematechezia, No abdominal pain.
Urinary: No dysuria, No hematuria, No kidney stones.
Extremities: No leg edema, No claudication.
Musculoskeletal: No joint pain, No joint stiffness, No decrease
ROM, No joint redness, No joint swelling.
Neurologic: No loss of sensation, No weakness, No tremors,
No fainting, No seizures.



PE: WDWN in NAD

  DATE/TIME         TEMP    PULSE   RESP    BP      PAIN    WEIGHT  PUL OX
4/16/15 @ 0952      98.2    78       16    145/85    0       186.4     98%
```


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GENERAL : Alert, Oriented X3
HEENT : Pupils equal, round and reactive to light,
extra ocular muscles are intact
nose, mouth, throat are unremarkable
NECK : No carotid bruits, No thyromegaly, No masses, No adenopathy
LUNGS : Clear to ausculation with good breath sounds bilat., No wheezes, No rales, No rhonchi
HEART : Regular rate and rhythm, No S3/S4, No murmur, No JVD
ABDOMEN : Soft, No masses, No tenderness, No hepatosplenomegaly, Normal bowel sounds, right inguinal hernia.
EXT. : No cyanosis, No clubbing, No edema, adequate pulses bilaterally.
NEUROLOGY : Cranial nerves 2 to 12 intact, grossly intact to motor and sensory function.

Recent Lab Results:

03/19/15	8:39	HEMOGLOBIN A1C	13.6H
03/19/15	8:39	GLUCOSE	361H
03/19/15	8:39	UREA NITROGEN mg/d	14
03/19/15	8:39	*CREATININE	1.00
03/19/15	8:39	SODIUM	136
03/19/15	8:39	POTASSIUM	4.8
03/19/15	8:39	CALCIUM (mg/dL)	9.5
03/19/15	8:39	CHOLESTEROL	238H
03/19/15	8:39	PROTEIN,TOTAL	7.9
03/19/15	8:39	ALBUMIN	4.4
03/19/15	8:39	TOTAL BILIRUBIN	0.6
03/19/15	8:39	ASPARTATE TRANSAMI	17
03/19/15	8:39	ALANINE AMINOTRANS	23
03/19/15	8:39	TRIGS	223H
03/19/15	8:39	ANION GAP	11.0
03/19/15	8:39	RISK FACTOR	16
03/19/15	8:39	HDL-CHOLESTEROL	39L
03/19/15	8:39	CHLORIDE	97L
03/19/15	8:39	CO2	28
03/19/15	8:39	ALKALINE PHOSPHATA	65
03/19/15	8:39	LDL (CALC)	154H
03/19/15	8:39	EGFR	73.7
03/19/15	8:39	WBC	8.7
03/19/15	8:39	RBC	5.24
03/19/15	8:39	HGB	15.5
03/19/15	8:39	HCT	46.8
03/19/15	8:39	MCV	89.3
03/19/15	8:39	MCH	29.5
03/19/15	8:39	MCHC	33.1
03/19/15	8:39	RDW	13.6
03/19/15	8:39	PLATELET COUNT	276
03/19/15	8:39	MPV	8.5
03/19/15	8:39	VITAMIN D (25-OH)	38.8
03/19/15	8:39	TSH	1.276
03/19/15	8:39	PROSTATIC SPECIFIC	0.59
03/19/15	8:39	VITAMIN B12	1339.3H

PROSTATE SPECIFIC ANTIGEN	3/19/15 08:39	0.59
	2/17/11 10:45	0.6
	8/26/10 10:00	0.5

A/P:
Diabetes mellitus (SNOMED CT 73211009) 250.00
Inguinal hernia (SNOMED CT 396232000) 550.90
Hypercholesterolemia (SNOMED CT 13644009) 272
H/O: alcoholism (SNOMED CT 161466001) V11.3

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RTC: 1 year

Labs ordered to obtain during next visit:

Fasting Chemistry Metabolic panel, CBC, lipid profile, PSA, Hgb A1c, Urine microalbumin, T4.

Long discussion about the risks of untreated Diabetes mellitus, hyperlipidemia and RIH. Several questions were answered. He appears to understand but ABSOLUTELY REFUSES ANY MEDICATION. He understands this will likely result in premature DEATH. He prefers to follow a low fat / ADA diet and exercise only. He understands to call anytime should he agree to start medication.

Pt instructed to call or RTC if ever needed prior to next scheduled appointment.

/es/ SCOTT S TALPERS
M.D.
Signed: 04/16/2015 10:25

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 17, 2015	CHAPLAIN	Pastoral care Note	BELL,ALAN B	Behavioral Health & Social Service Providers	MEMPHIS VA MEDICAL CENTER			VistA	MEM

Notes ~ CHAPLAIN

LOCAL TITLE: CHAPLAIN
STANDARD TITLE: PASTORAL CARE NOTE
DATE OF NOTE: SEP 17, 2015@19:43 ENTRY DATE: SEP 18, 2015@09:31:23
AUTHOR: BELL,ALAN B EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Attempted to visit with veteran, but found him unavailable at this time due to being occupied with medical staff caregivers. Left note with Chaplain Service information and offered silent prayer in behalf of patient's improvement and hopes for a return home soon.

Chaplain Springfield visiting.

/es/ ALAN B. BELL
CHAPLAIN
Signed: 09/18/2015 16:06

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Sep 10, 2015	PROCEDURE REPORT DICTATED	Procedure note	RICE,ERIC T	Physician Assistants & Advanced Practice Nursing Providers	AMARILLO HCS			VistA	AMA

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Notes ~ PROCEDURE REPORT DICTATED

```
     LOCAL TITLE: PROCEDURE REPORT DICTATED
STANDARD TITLE: PROCEDURE REPORT
DATE OF NOTE: SEP 10, 2015@13:30     ENTRY DATE: SEP 11, 2015@11:36:29
      AUTHOR: RICE,ERIC T          EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED


PATIENT NAME:  HOPKINS, MARSHALL

DATE:  09/10/2015

HISTORY OF PRESENT ILLNESS:  72-year-old gentleman with a history of
postoperative urinary retention.  He has failed multiple voiding trials, most
recently following his encounter with me earlier this month.  No history of
significant voiding problems prior to surgery.  He currently complains of penile
discomfort since catheter was replaced in the Emergency Department on September
3, 2015.  No associated fever or chills.  Patient comes in today for diagnostic
cystoscopy.

PROCEDURE:  Informed consent was obtained.  External examination revealed
inguinal and scrotal candidiasis.  Area was copiously cleaned with betadine
solution and patient draped in the usual fashion.  Cystoscopy was performed
revealing prostatic hyperplasia without significant obstruction.  Bladder
appeared to be irritated but visualization was limited due to snow effect
consistent with candiduria.  Procedure was well tolerated.  Postprocedure void
residual was 470 mL.

ASSESSMENT/PLAN:  Urinary retention, without significant outlet obstruction.  I
suspect patient has detrusor incompetence aggraviated by poorly controlled
diabetes.  He also has inguinal candidiasis and suspected candiduria.  Start
Diflucan 200 milligrams daily for 14 days.  Patient will finish out previously
issued Cipro as directed.  We elected to defer replacing indwelling catheter.
Patient was educated on self-catheterization which he performed in clinic
without difficulty.  Issued Betadine scrub solution to clean groin and scrotal
area twice daily as directed.  Return to clinic in 1 month for re-evaluation,
sooner if any problems develop.

1218003/pp(09/10/2015 18:07:27)15948702
D:  09/10/2015 17:33:17  T:  09/10/2015 18:07:27
$END

/es/ ERIC T. RICE, PA-C
PHYSICIAN ASSISTANT
Signed: 09/11/2015 15:28
```

Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
May 13, 2011	Addendum to PRIMARY CARE NP (T)(S)		BURNS,RUSSELL F		AMA-PC AMARILLO			VistA	AMA

Notes ~ Addendum to PRIMARY CARE NP (T)(S)

```
     LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: MAY 13, 2011@13:49:08  ENTRY DATE: MAY 13, 2011@13:49:08
      AUTHOR: BURNS,RUSSELL F      EXP COSIGNER:
     URGENCY:                            STATUS: COMPLETED

Has modest microscopic hematuria on UA.The CT scan did NOT show any
concerns.Suggest he have repeat UA in 3 months an if still having hematuria then
would get GU consult.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 13:52

Receipt Acknowledged By:
```


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05/13/2011 13:54 /es/ Elma Fletcher
RN, BSN

==========

--- Original Document ---

05/13/11 PRIMARY CARE NP (T)(S):
SUBJECTIVE: This is a 67 year old male ambulatory to Primary Care. Routine f/u [Liberal,Ks.]concern re poor sleep habits.Goes to bed by 8pm and arises at 5am.Seems that the main concern is nasal congestion.Uses a OTC nasal spray called Duration.spouse does not seem terribly concerned re the problem but does states he snores[by report].NO daytime somnulence of consequence noted. Denies any observed hematuria/stones by hx.NO dysuria,NO tobacco in many yrs., has 1 time/n nocturia.

PHYSICAL EXAM:
VITALS: TEMP: 97.9 F [36.6 C] (05/13/2011 10:04)
PULSE: 70 (05/13/2011 10:04)
RESP: 16 (05/13/2011 10:04)
B/P: 131/80 (05/13/2011 10:04)
WT: 209 lb [95.0 kg] (05/13/2011 10:04)
HT: 71.5 in [181.6 cm] (05/13/2011 10:15)
PAIN: 0 (02/17/2011 10:12)
HEENT: no abnl noted x modest nasal conj. no bruits
LUNGS:clear to a/p
HEART:no auscl abnl.
ABD:no HSM
RECTAL:
EXT:no edema
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	NITROGLYCERIN 0.4MG SL TAB *25'S* DISSOLVE ONE TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 AS NEEDED FOR CHEST PAIN - IF NO RELIEF AFTER 3 CONTACT PROVIDER	ACTIVE

Medication reconciliation was completed with the patient/caregiver.

LABS: Fasting by report --ate a large amt of desserts yesterday
SODIUM: 138 meq/L MAY 13,2011@08:44:38
POTASSIUM: 4.5 meq/L MAY 13,2011@08:44:38
BUN: 12 mg/dl MAY 13,2011@08:44:38

CREATININE 5/13/11 08:44 0.74
GLUCOSE: 155 H mg/dL MAY 13,2011@08:44:38
AST: 23 IU/L MAY 13,2011@08:44:38
ALT: 22 IU/L MAY 13,2011@08:44:38
LDH: Not found in computer LDH
ALK. PHOS.: 63 IU/L MAY 13,2011@08:44:38
GGTP: 17 MAY 13,2011@08:44:38
T. BILIRUBIN: 0.9 mg/dL MAY 13,2011@08:44:38
WBC: 7.4 K/cumm MAY 13,2011@08:44:35
HGB: 15.3 gm/dL MAY 13,2011@08:44:35
HCT: 45.0 % MAY 13,2011@08:44:35
MICROALBUMIN: Not found in computer MICROALBUMIN
CHOLESTEROL: 197 mg/dL MAY 13,2011@08:44:38
HDL: 40 mg/dL MAY 13,2011@08:44:38
LDL 118 H mg/dL MAY 13,2011@08:44:38
LDL-CHOL CALC: Not found in computer LDL-CHOL CALCULATION
LDL: 140 H mg/dL MAY 2,2006@08:06:41
TRIG: 193 H mg/dL MAY 13,2011@08:44:38

PSA: 0.52 ngm/ml MAY 13,2011@08:44:37
TSH: 1.87 mIU/mL JUL 14,2009@09:10:45

PROCEDURES:

ASSESSMENT/PLAN:
1.suspect DM II will check HbgA1c

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2.hematuria
3.?? allergic diathesis trial of oral antihistamines and nasal spray
4.
5. RTC
  Influenza Immunization:
    Patient refused the influenza vaccine. Patient was advised of risks
    and benefits of influenza vaccine.
  PROSTATE CANCER EDUCATION:
    PROSTATE CANCER SCREENING
      PSA lab test ordered.
  BMI > 30 or > 24.99 in High Risk:
    At this visit, the health risks of obesity were reviewed and discussed
    with the patient, and the benefits of a weight management treatment
    program, such as MOVE! was discussed and offered to the patient."
    Patient Refuses referral. After discussing the health risks of
    obesity and offering a referral to MOVE or another weight loss program
    outside the VA, the patient REFUSES REFERRAL to MOVE or other weight
    loss program at this time.
  PNEUMOCOCCAL VACCINE:
    Patient declines Pneumococcal Vaccine.

/es/ Russell F Burns M D
physican
Signed: 05/13/2011 10:50

05/13/2011 ADDENDUM   STATUS: COMPLETED
Contacted pt and informed of CT results and recommendation to repeat UA in 3
months (can do this at Liberal clinic). Pt verbalized understanding.

/es/ Elma Fletcher
RN, BSN
Signed: 05/13/2011 13:58

05/17/2011 ADDENDUM   STATUS: COMPLETED
As discussed in the visit last Friday he DOES have diabetes based on his ^ FBS
and HbgA1c of 8.5%.He needs to restrict his carbohydrate intake, exercise daily,
and start meds as rx incld. metformin 500mg bid and his cholesterol is too high
for a diabetic so will rx pravastatin 40mg daily at bedtime.

/es/ Russell F Burns M D
physican
Signed: 05/17/2011 08:12

Receipt Acknowledged By:
05/17/2011 08:34   /es/ Elma Fletcher
                             RN, BSN

05/17/2011 ADDENDUM   STATUS: COMPLETED
Per PCP request, contacted pt to discuss hyperlipidemia and diabetes. Pt states
that he normally follows a very healthy diet but "fell off the wagon" the last
few weeks. He does not believe he has diabetes and states that he and his wife
do not believe in taking medications; they are into natural foods and herbals.
Discussed that A1c is a 90 day average of blood glucose. Pt would like to
repeat lab work in 3 months. Also, mentioned glucometer; pt indicated that his
wife may have a meter that he can use (was given to them by someone who was a
diabetic and was able to discontinue medication). Pt also states that he usually
has blood in his urine during most of his physicals. Transferred pt to TA to
make appt in 3 months.

/es/ Elma Fletcher
RN, BSN
Signed: 05/17/2011 09:08

Receipt Acknowledged By:
05/17/2011 09:23   /es/ Russell F Burns M D
                             physican
 0

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Documents

Date	Description	Standardized Description	Provider	Provider Specialty	Location	Status	Image / Attachment	Source System	Site
Aug 27, 2015	Discharge Summary / DISCHARGE SUMMARY (T)	Discharge summary	MIRZA,ASADULLAH B	Allopathic & Osteopathic Physicians		completed		VistA	AMA

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LOCAL TITLE: DISCHARGE SUMMARY (T)
STANDARD TITLE: DISCHARGE SUMMARY
DICT DATE: AUG 27, 2015@15:32 ENTRY DATE: AUG 27, 2015@15:33:02
DICTATED BY: MIRZA,ASADULLAH B ATTENDING: WAN,BANG
URGENCY: routine STATUS: COMPLETED

ADMISSION DIAGNOSIS:
Diabetes
Urinary incontenance
Obstructive uropathy
Inguinal herna s/p surgical repair

DISCHARGE DIAGNOSIS:
Diabetes
Urinary incontenance, has indwelling urinary catheter.
Inguinal herna s/p surgical repair

CONSULTS: Urology

PROCEDURES: None

CHIEF COMPLAINT AND HISTORY OF PRESENT ILLNESS:

72 year old veteran male from Kansas. PMH of DMII not on meds. Has been transfered to VA amarillo for obstructive uropathy. patient underwent surgery for hernia repair a week ago here in the VA and was discharged the next day. stated that On his way to Kansas he some urinary incontinence accident for the first time. He states that he has no urge to urinate and does not feel when he passes urine. No pain, burning or uregency. No prior history of prostatism or diagnosis of BPH. He aslo had a
few episodes of hiccups and what he describes as unsteady gait. He called VA amarillo and was told to seek a medical advice close to his residence. He was admitted to southwest medical center in Kansas after his CT scan showed bilateral hydronephrosis and hydroureters with periureteric and perinephric stranding, prominent prostate and distended bladder. Placement of indweling foley catheter retrieved considerable amount of urine. He was also found to have some kidney injury with creatinine of 1.5 that came back to normal after 24 hours of obstruction relief.
He was also not on any antidiabetic meds with HbA1c of 10.8. patient has an unshakable believes in not taking meds, he would prefer taking herbs to treat his medical problems.

COURSE IN HOSPITAL:
Patient came from Kansas where he was found to have obstructive uropathy. Catheter was placed and produced large amounts of urine. At Va amarillo he was evaluated for his unsteady gait an is able to walk fine today. He was evaluated by PT/OT and they cleared him as he was able to walk without problems. He was seen by urology inpatient and was advised to follow up with the urology outpatient clinic next week. He was started on flowmax he is in stable condition has no acute distress and we will discharge him home today with indwelling catheter. His blood sugars have been around 200 and he does not take any medication, and his last HbA1c was 10.2. We have started him on glipized and will give him glucometer to follow his sugar closely. We will also provide him with diabetes education.

Resident received education regarding MRSA screening, transmission and prevention measures.
MRSA swab collected and sent to lab.

/es/ ASADULLAH B MIRZA, MD
RESIDENT PHYSICIAN
Signed: 08/27/2015 15:44

/es/ BANG WAN
MD
Cosigned: 08/28/2015 12:11

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** PROGRESS NOTES **

 LOCAL TITLE: KC-ADMINISTRATIVE NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: AUG 31, 2015@11:07   ENTRY DATE: AUG 31, 2015@11:07:41
      AUTHOR: SUGGS,MAURA E   EXP COSIGNER:
 INSTITUTION: VA HEARTLAND - WEST, VISN 15
    DIVISION: VAMC KANSAS CITY
     URGENCY: STATUS: COMPLETED

RN covering for Cameron,MO PACT contacted veteran when his recent discharge alert came up. He was recently discharged from VAMC in Amarillo. He has a new PACT that is following him in Liberal, KS. Alert to admin to have changed.

/es/ Maura Suggs RN
Registered Nurse
Signed: 08/31/2015 11:16

Receipt Acknowledged By:
09/03/2015 12:55   /es/ DANIELLE L WHITE
                             PCMM COORDINATOR

 LOCAL TITLE: WI-LAB/OUTSIDE REPORTS
STANDARD TITLE: NONVA REPORT
DATE OF NOTE: AUG 27, 2015@10:11   ENTRY DATE: AUG 27, 2015@10:12:44
      AUTHOR: HECOX,STEPHEN W   EXP COSIGNER:
 INSTITUTION: LIBERAL CBOC
    DIVISION: LIBERAL CBOC-WI
     URGENCY: STATUS: COMPLETED

Patient had laboratory test done at Southwest Medical Center, Liberal, KS on 8/24/15. Will give information received to provider to review.

Sodium: 131 L mEq/L
POTASSIUM: 3.9 mEq/L
Chloride: 96 L mEq/L
CO2:: 24 mEq/L
Anion Gap: 15
Glucose: 463 H mg/dL
BUN: 43 H mg/dL
Creatinine: 1.5 H mg/dL
Calcium: 10.3 mg/dl
ALBUMIN: 3.4 g/dl
TOTAL BILIRUBIN: 0.6 mg/dL
ALKPHOS: 83 lU/L
AST: 40 H lU/L
ALT: 31 lU/L
TOTAL PROTEIN: 7.1 g/dL

WBC: 13.4 H K/cmm
RBC: 4.59 M/ul
HGB: 13.7 g/dl
HCT: 40.9 %
PLT: 285 K/cmm

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Neutrophils: 81.1 H
Lymphocyte: 9.7 L
Monocytes: 6.8
Eosinophil: 1.6
Basophil: 0.8

CK: 16 L
CKMB: 0.4 L
Troponin I: 0.01

Urine
Color: yellow
clarity: clear
pH: 5.5
Specific Gravity: <= 1.005 L
Protein: neg
Glucose (ua): >= 1000 H
Ketones: neg
Blood: Large H
Nitrite: neg
Bilirubin: neg
Urobilinogen: 0.2
Leukocyte Esterase: neg
Urine RBC: 5-10 H
Urine WBC: 1-3

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/27/2015 10:39

Receipt Acknowledged By:
08/27/2015 12:13 /es/ TODD A RIDGE
ANP

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 27, 2015@10:08 ENTRY DATE: AUG 27, 2015@10:08:01
AUTHOR: HECOX,STEPHEN W EXP COSIGNER:
INSTITUTION: LIBERAL CBOC
DIVISION: LIBERAL CBOC-WI
URGENCY: STATUS: COMPLETED

In receipt of fax from Southwest Medical Center, Liberal, KS with ED notes and hospital discharge notes. Will forward to provider for review.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/27/2015 10:10

Receipt Acknowledged By:
08/27/2015 12:12 /es/ TODD A RIDGE
ANP

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--- Original Document ---

08/27/15 WI-NURSE/CBOC:
Spoke with nursing personnel at Southwest Medical Center, Liberal, KS, regarding pt status. States he was transferred via private vehicle to Amarillo VA hospital evening of 8/26/15. Refer to Viata Web.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/27/2015 09:11

Receipt Acknowledged By:
08/27/2015 12:12 /es/ TODD A RIDGE
ANP
08/27/2015 09:30 /es/ SHERRY K STEWART RN
QM UR RN

LOCAL TITLE: WI-NURSE/CBOC
STANDARD TITLE: NURSING OUTPATIENT NOTE
DATE OF NOTE: AUG 27, 2015@09:05 ENTRY DATE: AUG 27, 2015@09:05:22
AUTHOR: HECOX,STEPHEN W EXP COSIGNER:
INSTITUTION: LIBERAL CBOC
DIVISION: LIBERAL CBOC-WI
URGENCY: STATUS: COMPLETED

*** WI-NURSE/CBOC Has ADDENDA ***

Spoke with nursing personnel at Southwest Medical Center, Liberal, KS, regarding pt status. States he was transferred via private vehicle to Amarillo VA hospital evening of 8/26/15. Refer to Viata Web.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/27/2015 09:11

Receipt Acknowledged By:
08/27/2015 12:12 /es/ TODD A RIDGE
ANP
08/27/2015 09:30 /es/ SHERRY K STEWART RN
QM UR RN

08/27/2015 ADDENDUM STATUS: COMPLETED
In receipt of fax from Southwest Medical Center, Liberal, KS with ED notes and hospital discharge notes. Will forward to provider for review.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/27/2015 10:10

Receipt Acknowledged By:
08/27/2015 12:12 /es/ TODD A RIDGE
ANP

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

LOCAL TITLE: NON VA CARE COORDINATION NOTE
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: AUG 26, 2015@09:12 ENTRY DATE: AUG 26, 2015@09:12:21
AUTHOR: LEWIS,LORI L EXP COSIGNER:
INSTITUTION: ROBERT J. DOLE VAMC
DIVISION: WICHITA VAMC DIVISION
URGENCY: STATUS: COMPLETED

REFERRAL TO NON VA EMERGENCY DEPARTMENT:

Veteran was sent from: VA-CBOC liberal

Chief Complaint: not feeling well; unsteady gait

Patient admitted: Unknown

Non VA Specialty if applicable: ED Provider Southwest Medical Center (620) 624-1651

Clinical Notes: no bowel movement since 8/20/15 with abd distended/firm with no bowel sounds; BS 360; rt inguinal hernia repair done 8/19/15; DM; refuses to take medication

/es/ LORI LEWIS
RN
Signed: 08/26/2015 09:16

Receipt Acknowledged By:
08/26/2015 16:58 /es/ TODD A RIDGE
ANP
08/26/2015 11:31 /es/ SHERRY K STEWART RN
QM UR RN

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 25, 2015@10:59:20 ENTRY DATE: AUG 25, 2015@10:59:20
AUTHOR: STEWART,SHERRY K EXP COSIGNER:
INSTITUTION: LIBERAL CBOC
DIVISION: LIBERAL CBOC-WI
URGENCY: STATUS: COMPLETED

KCVA patient.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 08/25/2015 11:00

Receipt Acknowledged By:
* AWAITING SIGNATURE * BERNHARDT,BARBARA S

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

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--- Original Document ---

08/24/15 WI-NURSE/CBOC:
Reason for appointment
  Nurse Clinic:
   Reason for appointment:
    RN Triage

    Is the patient diabetic?
      Yes - patient is a diabetic.

      Last HGBA1c value and time done: 13.6 3/19/15

      HGBA1c < 7, repeat in 6 months HGBA1c > 7, repeat in 3 months
  Are you registered for My HealtheVet (MHV)?
    No - Are you interested in registering? No If 'yes' please hand
    Veteran My HealtheVet brochure.

Pt ambulatory to clinic, unstable in gait, leaning against wall while walking down hall, accompanied by wife. States had right inguinal hernia repair at Amarillo VA on 8/19/15 and was dismissed on 8/20/15. States since 8/20/15 "I have no bladder control. I don't know when it is going to start or stop until running down my leg." Also states now having constant hiccups which interfers with speech, sleep, and eating. "I also have no coordination. When I get up I feel like I'm going to fall" and states this started on 8/21/15. C/o no appetite and no energy. Was taking acetaminophen 300mg with codeine 30mg tabs, taking 1 tab every 4 hours prn for pain but has not had any medication since yesterday. Has diabetes but unwilling to take medication. Fingerstick bs at clinic is 360. On exam abd is protruded, rounded, and firm with pain rated as 4-5/10. No bowel sounds heard x 4 quadrants. Last bowel movement was on morning of 8/20. Right inguinal incision open to air with staples intact. Wound edges approximated well with no redness or drainage noted. T 98.7, P 85, R 20, b/p 137/90, SpO2 93%.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/24/2015 15:48

Receipt Acknowledged By:
08/24/2015 15:57 /es/ TODD A RIDGE
ANP

08/24/2015 ADDENDUM STATUS: COMPLETED
Instructed per provider to send pt to local ED. Wife taking pt to Southwest Medical Center ED, Liberal, KS. ED called and report given to RN.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/24/2015 16:03

Receipt Acknowledged By:
08/24/2015 16:23 /es/ TODD A RIDGE
ANP
08/24/2015 16:23 /es/ Dawn D. Campbell, RN, MSN

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

CBOC Coordinator, PC Operations
08/25/2015 10:58 /es/ SHERRY K STEWART RN
QM UR RN

LOCAL TITLE: WI-NURSE/CBOC
STANDARD TITLE: NURSING OUTPATIENT NOTE
DATE OF NOTE: AUG 24, 2015@15:28 ENTRY DATE: AUG 24, 2015@15:28:45
AUTHOR: HECOX,STEPHEN W EXP COSIGNER:
INSTITUTION: LIBERAL CBOC
DIVISION: LIBERAL CBOC-WI
URGENCY: STATUS: COMPLETED

*** WI-NURSE/CBOC Has ADDENDA ***

Reason for appointment
Nurse Clinic:
Reason for appointment:
RN Triage

Is the patient diabetic?
Yes - patient is a diabetic.

Last HGBA1c value and time done: 13.6 3/19/15

HGBA1c < 7, repeat in 6 months HGBA1c > 7, repeat in 3 months
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Veteran My HealtheVet brochure.

Pt ambulatory to clinic, unstable in gait, leaning against wall while walking down hall, accompanied by wife. States had right inguinal hernia repair at Amarillo VA on 8/19/15 and was dismissed on 8/20/15. States since 8/20/15 "I have no bladder control. I don't know when it is going to start or stop until running down my leg." Also states now having constant hiccups which interfers with speech, sleep, and eating. "I also have no coordination. When I get up I feel like I'm going to fall" and states this started on 8/21/15. C/o no appetite and no energy. Was taking acetaminophen 300mg with codeine 30mg tabs, taking 1 tab every 4 hours prn for pain but has not had any medication since yesterday. Has diabetes but unwilling to take medication. Fingerstick bs at clinic is 360. On exam abd is protruded, rounded, and firm with pain rated as 4-5/10. No bowel sounds heard x 4 quadrants. Last bowel movement was on morning of 8/20. Right inguinal incision open to air with staples intact. Wound edges approximated well with no redness or drainage noted. T 98.7, P 85, R 20, b/p 137/90, SpO2 93%.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/24/2015 15:48

Receipt Acknowledged By:
08/24/2015 15:57 /es/ TODD A RIDGE
ANP

08/24/2015 ADDENDUM STATUS: COMPLETED
Instructed per provider to send pt to local ED. Wife taking pt to Southwest

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Medical Center ED, Liberal, KS. ED called and report given to RN.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/24/2015 16:03

Receipt Acknowledged By:
08/24/2015 16:23   /es/ TODD A RIDGE
                             ANP
08/24/2015 16:23   /es/ Dawn D. Campbell, RN, MSN
                             CBOC Coordinator, PC Operations
08/25/2015 10:58   /es/ SHERRY K STEWART RN
                             QM UR RN

08/25/2015 ADDENDUM   STATUS: COMPLETED
KCVA patient.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 08/25/2015 11:00

Receipt Acknowledged By:
* AWAITING SIGNATURE *   BERNHARDT,BARBARA S

 LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 24, 2015@16:00:58 ENTRY DATE: AUG 24, 2015@16:00:58
      AUTHOR: HECOX,STEPHEN W   EXP COSIGNER:
 INSTITUTION: LIBERAL CBOC
    DIVISION: LIBERAL CBOC-WI
     URGENCY: STATUS: COMPLETED

Instructed per provider to send pt to local ED. Wife taking pt to Southwest
Medical Center ED, Liberal, KS. ED called and report given to RN.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/24/2015 16:03

Receipt Acknowledged By:
08/24/2015 16:23   /es/ TODD A RIDGE
                             ANP
08/24/2015 16:23   /es/ Dawn D. Campbell, RN, MSN
                             CBOC Coordinator, PC Operations
08/25/2015 10:58   /es/ SHERRY K STEWART RN
                             QM UR RN

==========

 --- Original Document ---

08/24/15 WI-NURSE/CBOC:
Reason for appointment
  Nurse Clinic:

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Reason for appointment:
RN Triage

Is the patient diabetic?
Yes - patient is a diabetic.

Last HGBA1c value and time done: 13.6 3/19/15

HGBA1c < 7, repeat in 6 months HGBA1c > 7, repeat in 3 months
Are you registered for My HealtheVet (MHV)?
No - Are you interested in registering? No If 'yes' please hand Veteran My HealtheVet brochure.

Pt ambulatory to clinic, unstable in gait, leaning against wall while walking down hall, accompanied by wife. States had right inguinal hernia repair at Amarillo VA on 8/19/15 and was dismissed on 8/20/15. States since 8/20/15 "I have no bladder control. I don't know when it is going to start or stop until running down my leg." Also states now having constant hiccups which interfers with speech, sleep, and eating. "I also have no coordination. When I get up I feel like I'm going to fall" and states this started on 8/21/15. C/o no appetite and no energy. Was taking acetaminophen 300mg with codeine 30mg tabs, taking 1 tab every 4 hours prn for pain but has not had any medication since yesterday. Has diabetes but unwilling to take medication. Fingerstick bs at clinic is 360. On exam abd is protruded, rounded, and firm with pain rated as 4-5/10. No bowel sounds heard x 4 quadrants. Last bowel movement was on morning of 8/20. Right inguinal incision open to air with staples intact. Wound edges approximated well with no redness or drainage noted. T 98.7, P 85, R 20, b/p 137/90, SpO2 93%.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 08/24/2015 15:48

Receipt Acknowledged By:
08/24/2015 15:57 /es/ TODD A RIDGE
ANP

08/25/2015 ADDENDUM STATUS: COMPLETED
KCVA patient.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 08/25/2015 11:00

Receipt Acknowledged By:
* AWAITING SIGNATURE * BERNHARDT,BARBARA S

LOCAL TITLE: WI-ADMINISTRATIVE NOTE (BP,O)
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: AUG 24, 2015@15:59 ENTRY DATE: AUG 24, 2015@15:59:21
AUTHOR: RIDGE,TODD A EXP COSIGNER:
INSTITUTION: LIBERAL CBOC
DIVISION: LIBERAL CBOC-WI
URGENCY: STATUS: COMPLETED

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chart reviewed. VistaWeb reviewed.
below are the amarillo VA notes for surgery, pcp and some recent lab on this patient. he is NOT taking any diabetes medications.
being sent to local ER today for acute ABD s/p right inguinal repair.
significant history of non-compliance with medical therapy for his diabetes.
hgba1c in july 2015 was 13.4
fsbg on 8-19-15 was 247 am of surgery.
only meds noted in VistaWeb is tylenol with codeine

LOCAL TITLE: OPERATION REPORT
STANDARD TITLE: OPERATIVE REPORT
DATE OF NOTE: AUG 19, 2015@07:55 ENTRY DATE: AUG 19, 2015@10:10:34
SURGEON: AHMED,SYED H ATTENDING: AHMED,SYED H
URGENCY: routine STATUS: COMPLETED
SUBJECT: Case #: 65578

PATIENT NAME: HOPKINS,MARSHALL

DATE: 08/19/2015

PREOPERATIVE DIAGNOSIS: Right inguinal hernia.

POSTOPERATIVE DIAGNOSIS: Right inguinal hernia.

PROCEDURE: Repair of right inguinal hernia with Bard mesh plug.

SURGEON: Syed Ahmed, MD

ASSISTANT: Jaime Tindall

ANESTHESIA: General with endotracheal intubation.

JUSTIFICATION FOR THE PROCEDURE: The patient was seen in the Surgical Clinic with very large right inguinal scrotal swelling. The patient had it for several years. According to him he had repair of a right inguinal hernia done twice in the 1970s. On examination, there was a very large inguinal scrotal hernia. Patient was able to reduce it but with difficulty. Diagnosis of right inguinal hernia was discussed with the patient. Repair with mesh was offered as a treatment. The procedure was explained in detail. Risks and benefits of the operation were discussed. These included, but were not limited to, bleeding, infection, nonhealing of the wound, testicular swelling, hematoma formation and possible recurrence of the hernia. The patient had opportunity to ask questions. These were answered to his satisfaction. The patient agreed to proceed with the operation.

DESCRIPTION OF PROCEDURE: After general anesthesia was administered, the skin of the lower abdomen and genitalia was prepared with ChloraPrep and draped. Incision was made in the right groin 2.5 cm above and parallel to the inguinal ligament. The incision was deepened. Subcutaneous fat and the Scarpa fascia was divided and

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external oblique aponeurosis was identified. External ring was visualized and a very large inguinal scrotal hernia was seen coming out of the external ring and going to the scrotum. The external ring was divided. Superior and inferior flaps were raised in the external oblique aponeurosis to reveal the deep ring. The hernia sac was then mobilized at the level of the pubic tubercle and a Penrose drain was passed around it. The hernia sac was then gradually dissected removing it's coverings. The sac was entered. The sac was then completely separated from the contents of the inguinal canal. The sac was held at the fundus with 2 hemostats and opened with Metzenbaum scissors. The sac was opened up to the level of the deep ring. At that level it was divided and excised. The opening in the sac was then closed with a running suture of 0 Vicryl. The defect was then repaired by placement of a Marlex mesh plug in the deep ring. Sutured in place with interrupted 2-0 Prolene. Adequate tension-free repair was obtained. The spermatic cord, vas deferens and vessels were protected throughout the course of the operation. The wound was irrigated thoroughly with normal saline containing antibiotic solution Ancef. External oblique was closed with a running suture of 0 Vicryl. Subcutaneous fat was approximated with interrupted 3-0 Vicryl. Then, 30 mL of 0.5% Marcaine was infiltrated in the skin edges. The skin was approximated with staples.

Patient tolerated procedure well, was extubated, and transferred to recovery in a stable condition.

ESTIMATED BLOOD LOSS: 25 mL.

SPECIMEN: Hernia sac.

1129468/dh(08/19/2015 11:41:53)15692862
D: 08/19/2015 11:30:15 T: 08/19/2015 11:41:53
$END

/es/ Syed H Ahmed MD
Surgeon
Signed: 08/20/2015 08:11

==========

LOCAL TITLE: NURSE INTRAOPERATIVE REPORT
STANDARD TITLE: SURGERY NURSING OPERATIVE NOTE
DATE OF NOTE: AUG 19, 2015@07:55 ENTRY DATE: AUG 19, 2015@10:10:34
AUTHOR: BLACKWELL,APRIL L EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Case #: 65578

Operating Room: OR3 Surgical Priority: ELECTIVE

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Patient in Hold: NOT ENTERED Patient in OR: AUG 19, 2015 07:55
Operation Begin: AUG 19, 2015 08:25 Operation End: AUG 19, 2015 09:50
Patient Out OR: AUG 19, 2015 09:59

Major Operations Performed:
Primary: repair right inguinal hernia

Wound Classification: CLEAN
Operation Disposition: OBSERVATION UNIT
Discharged Via: STRETCHER

Primary Surgeon: AHMED,SYED H First Assist: CHAPMOND,JAIMEE L
Attending Surgeon: AHMED,SYED H Second Assist: N/A
Anesthetist: WARREN,JAMES F Assistant Anesth: N/A

OR Support Personnel:

Scrubbed	Circulating
BRYANT,TRAVIS LYNN JR (FULLY TRAINED)	BLACKWELL,APRIL L (ORIENTEE)

Other Persons in OR:
Dr Chris Eisenhauer, PGY1 (TTUHSC)
Paul McCartor, P4 Pharmacy student (TTUHSC)

Preop Mood: RELAXED Preop Consc: ALERT-ORIENTED
Preop Skin Integ: INTACT Preop Converse: N/A

--- Time Out Checklist ---
Confirm Correct Patient Identity: YES
Confirm Procedure To Be Performed: YES
Confirm Site of the Procedure, Including Laterality: YES
Confirm Valid Consent: YES, i-MED
Confirm Patient Position: YES
Confirm Procedure Site has been Marked Appropriately and that the Site of the Mark is Visible After Prep and Draping: YES
Pertinent Medical Images Have Been Confirmed: N/A
Correct Medical Implant(s) is Available: YES
Availability of Special Equipment: NOT APPLICABLE
Appropriate Antibiotic Prophylaxis: YES
Appropriate Deep Vein Thrombosis Prophylaxis: YES
Blood Availability: NOT APPLICABLE
Checklist Comment:
1gm Cefazolin IVPB administered prior to procedure - completed at 0801 by Dr Warren. 0824 - Time out performed - Dr Warren, Dr Ahmed, J Chapmund APN, A Blackwell RN, T Bryant CFA, Dr Chris Eisenhauer PGY1, and Paul McCartor P4 all in agreement. Pt fire risk 1. All medications verified by A Blackwell RN and T Bryant CFA and labeled on backtable.

Time-Out Document Completed By: BLACKWELL,APRIL L
Time-Out Completed: AUG 19, 2015@08:24

Skin Prep By: BLACKWELL,APRIL L Skin Prep Agent: ChloraPrep 2%

Preop Surgical Site Hair Removal by: RIVERA,CAROLINA RUIZ
Surgical Site Hair Removal Method: CLIPPER
Hair Removal Comments:

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Patient partially shaved by C Rivera RN in DSU2 with clippers. Once in the OR, scrotum and right groin shaved by A Blackwell RN with clippers.

Surgery Position(s):
SUPINE Placed: AUG 19, 2015 07:55

Restraints and Position Aids:

SAFETY STRAP	Applied By: BLACKWELL,APRIL L
PILLOW	Applied By: BLACKWELL,APRIL L
ARMBOARD	Applied By: BLACKWELL,APRIL L
EGG CRATE	Applied By: BLACKWELL,APRIL L
GEL PAD UNDER HEAD AND SACRUM	Applied By: BLACKWELL,APRIL L
ARMSHEET	Applied By: BLACKWELL,APRIL L
ADHESIVE TAPE	Applied By: BLACKWELL,APRIL L

Electrocautery Unit: 89796001gel150693010exp2/17
ESU Coagulation Range: 30
ESU Cutting Range: 0
Electroground Position(s): N/A

Anesthesia Technique(s):
GENERAL

Tubes and Drains:
19f round, 072190, LOT NGZD0663, EXP 4/2020

Thermal Unit:
upper Temperature: 43
Time On: AUG 19, 2015 08:15 Time Off: N/A

Medications:
BUPIVACAINE 0.5% INJ, 10ML SDV
Time Administered: AUG 19, 2015 09:45
Route: SUBCUTANEOUS Dosage: 30mL
Ordered By: AHMED,SYED H Admin By: AHMED,SYED H
Comments: NDC 0409-1162-01 LOT 52-025-DK EXP 1/2017
CEFAZOLIN 1GM INJ
Time Administered: AUG 19, 2015 08:38
Route: IRRIGATION Dosage: 1gm
Ordered By: AHMED,SYED H Admin By: AHMED,SYED H
Comments: NDC 44567-707-25 LOT U400 EXP 9/2017

Irrigation Solution(s):
NORMAL SALINE

Possible Item Retention: NO
Sponge Final Count Correct: YES
Sharps Final Count Correct: YES
Instrument Final Count Correct: YES
Wound Sweep: NO
Wound Sweep Comment: NO COMMENTS ENTERED
Intra-Operative X-Ray: NO
Intra-Operative X-Ray Comment: NO COMMENTS ENTERED
Counter: BLACKWELL,APRIL L
Counts Verified By: BRYANT,TRAVIS LYNN JR

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Dressing: 4x8, hypofix tape, fluffed kerlix, jock strap
Packing: NONE

Blood Loss: 25 ml Urine Output: 0 ml

Postoperative Mood: RELAXED
Postoperative Consciousness: ALERT-ORIENTED
Postoperative Skin Integrity: APPROXIMATED SURGICAL INCISION

Sequential Compression Device: YES

Immediate Use Steam Sterilization Episodes:
Contamination: 0
SPS Processing/OR Management Issues: 0
Emergency Case: 0
No Better Option: 0
Loaner or Short Notice Instrument: 0
Decontamination of Instruments Contaminated During the Case: 0

Nursing Care Comments:
0754 - Received report from C Rivera RN and assumed care of pt. 0755 - Pt transferred from DSU2 to OR3 via stretcher with side rails up x 2 by A Blackwell RN. Pt moved onto OR table with minimal assistance into supine position. Monitors applied at HOB by Dr Warren. General anesthesia induced without incident. Pillow placed underneath head, arms abducted to 90 degrees and supinated on padded armboards with eggcrate foam padding and secured with pillow cases and tape. Safety strap placed across pt thorax. Pt head/thorax/sacrum on megadyne gel bovie pad. Upper body bair hugger applied and turned on. Remaining hair clipped from right groin/scrotum with clippers by A Blackwell RN. Pt RLQ/right groin/scrotum prepped with Chloraprep solution by A Blackwell RN. No pooling of prep solution noted and pt draped by T Bryant CFA. 0824 - Time out performed with all personnel in agreement. 0825 - Procedure begun. 1gm Ancef powder verified and placed on backtable for use as irrigation to soak mesh. Procedure tol well - concluded at 0950. Medium jock strap applied to apply pressure dressing with fluffed kerlix. Pt emerged from anesthesia easily and transferred back onto stretcher via OR personnel with assistance of roller board. Pt transferred to PACU via stretcher with side rails up x 2. 1004 - arrived in PACU, report given to J Gerald RN who assumes care of pt. Monitors placed, VSS, blood glucose checked with result of 258, pt resting comfortably.

Bard Mesh PerFix Plug, Large
REF 0112970
LOT HUYC0688
EXP 3/2019
QUANTITY 1

/es/ APRIL L BLACKWELL
RN
Signed: 08/19/2015 11:22
==========

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

PRIMARY CARE NP (T)(S)
Site: Amarillo, TX
Date: 07/14/2015 11:36 Author: JOSE RODRIGUEZ-FRONTERA MD
Location: AMA-PACT PATRIOT

LOCAL TITLE: PRIMARY CARE NP (T)(S)
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JUL 14, 2015@11:36 ENTRY DATE: JUL 14, 2015@11:36:51
AUTHOR: RODRIGUEZ-FRONTERA, EXP COSIGNER:
URGENCY: STATUS: COMPLETED

SUBJECTIVE: This is a 71 year old male ambulatory to Primary Care. Comes
for his regular medical evaluation. Very concerned person about treatment only with natural products.presenting lab. results with very high glucose levels and despite our observation, he insist not to follow any other treatment
than natural things provided by his wife.Also presenting a recurrent left inguinal hernia condition. Has had two previos inguinal repair surgeries on
the
same side.

CHIEF COMPLAINT: INGUINAL HERNIA.

PHYSICAL EXAM:
VITALS: TEMP: 98.3 F [36.8 C] (07/14/2015 10:20)
PULSE: 70 (07/14/2015 10:20)
RESP: 18 (07/14/2015 10:20)
B/P: 146/92 (07/14/2015 10:32)
WT: 182.8 lb [83.1 kg] (07/14/2015 10:20)
HT: 71.5 in [181.6 cm] (04/05/2012 08:36)
PAIN: 5 (07/14/2015 10:20)
HEENT: PERLA
LUNGS: CTA
HEART: NSR
ABD: LEFT INGUINAL HERNIA. NOT INCARCERATED. NOT PAINFUL
RECTAL:
EXT: AROM
MISC:

ACTIVE MEDICATIONS:
Active Outpatient Medications (including Supplies):

No Medications Found

Medication reconciliation was completed with the patient/caregiver.

LABS:
SODIUM: 138 meq/L JUL 14,2015@07:37:45
POTASSIUM: 4.1 mmol/L JUL 14,2015@07:37:45
BUN: 19 H mg/dl JUL 14,2015@07:37:45

CREATININE 7/14/15 07:37 0.77

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GLUCOSE: 327 H mg/dL JUL 14,2015@07:37:45
AST: 11 IU/L JUL 14,2015@07:37:45
ALT: 15 IU/L JUL 14,2015@07:37:45
LDH: Not found in computer LDH
ALK. PHOS.: 53 IU/L JUL 14,2015@07:37:45
GGTP: 18 APR 5,2012@07:30:12
T. BILIRUBIN: 0.6 mg/dL JUL 14,2015@07:37:45
WBC: 9.0 K/cumm JUL 14,2015@07:37:43
HGB: 14.5 gm/dL JUL 14,2015@07:37:43
HCT: 43.5 % JUL 14,2015@07:37:43
MICROALBUMIN: 1.4 mg/dl APR 5,2012@07:30:18
CHOLESTEROL: 237 H mg/dL JUL 14,2015@07:37:45
HDL: 42 mg/dL JUL 14,2015@07:37:45
LDL 165 H mg/dL JUL 14,2015@07:37:45
LDL-CHOL CALC: Not found in computer LDL-CHOL CALCULATION
LDL: 140 H mg/dL MAY 2,2006@08:06:41
TRIG: 153 H mg/dL JUL 14,2015@07:37:45
FOB1: Not found in computer OCCULT BLOOD
FOB2: Not found in computer OCCULT BLOOD #2
FOB3: Not found in computer OCCULT BLOOD #3
PSA: 0.674 ng/mL JUL 14,2015@07:37:46
TSH: 2.45 mIU/mL JUL 14,2015@07:37:46

PROCEDURES:

ASSESSMENT/PLAN:
1. IDDM - PT. REFUSES ANY OPTION OF TREATMENT. HE WILL CONTINUE TO FOLLOW THE
NATURAL MEDICATIONS PRESCRIBED BY HIS WIFE.
2. INGUINAL HERNIA (RECURRENT)
3.
4.
5. RTC
10 mo.
Colorectal Cancer Screening:
The patient was offered referral to GI for colonoscopy/sigmoidoscopy and declines to accept the referral.
Reason: DOES NOT BELIVE IS NECESSARY
DIABETIC EYE EXAM:
Patient had eye exam previously.
Location: AMA- VA
MONTH AND YEAR (REQUIRED): FEB.2015
Diabetic Foot Exam:
Patient declined Diabetic Foot Exam.
Comment: DOES NOT BELIVE HE IS DIABETIC
PROSTATE CANCER EDUCATION:
PROSTATE CANCER SCREENING
PROVIDER EDUCATION: Today, the patient received written information and/or verbal counseling, including risks and benefits, about prostate cancer screening and had an opportunity to ask questions.
Level of Understanding: Good
Hemoglobin A1C:
Patient refused diabetic education consult.
ELEVATED BP >140/90:
Patient has a blood pressure cuff at home.
DIABETIC ELEVATED HEMOGLOBIN A1C:

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Patient refused Diabetic Education.
MEDICATION RECONCILIATION-PACT:

Active and Recently Expired Outpatient Medications (including Supplies):

No Medications Found

IV Medications
==========
=== No data available

Home medications or patient's list of medications reviewed.

No Medication discrepancies found.

Current medication list reviewed with patient and/or caregiver. List of current medications given to patient and/or caregiver at discharge.

Encouraged to keep list of current medications with them in case of an emergency.

/es/ JOSE RODRIGUEZ-FRONTERA MD
Physician
Signed: 07/14/2015 11:58
User Class: Allopathic and Osteopathic Physicians (04/24/2015 00:00 to present)

Collection Date/Time:
07/14/2015 07:37

Name:
HEMOGLOBIN A1C %

Specimen:
BLOOD

Result:
13.4

Comments:
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 your Provider for performance characteristics of this assay.

Collection Date/Time:
08/19/2015 07:07

Name:
Fingerstick Glucose

Specimen:

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BLOOD

Result:
247

Comments:
Test performed by: 25282 Meter #: UU14009657

Facility:
AMARILLO HCS

Facility:
AMARILLO HCS

ACETAMINOPHEN 300MG/CODEINE 30MG TAB - ACTIVE 12 TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR POST OP PAIN,
INITIAL RX WAS MAILED OUT
(AMARILLO HCS)

/es/ TODD A RIDGE
ANP
Signed: 08/24/2015 16:08

LOCAL TITLE: WI-SCANNED FEE CONSULT
STANDARD TITLE: SCANNED REPORT
DATE OF NOTE: AUG 24, 2015 ENTRY DATE: DEC 10, 2015@07:09:27
AUTHOR: WEBSTER,KATHERINE A EXP COSIGNER:
INSTITUTION: ROBERT J. DOLE VAMC
DIVISION: WICHITA VAMC DIVISION
URGENCY: STATUS: COMPLETED

FEE CONSULT -EMERGENT/SOUTHWEST MED CTR/8/24/15

*****Scanned document attached to this note******

/es/ KATHERINE ANNE WEBSTER
SCANNING SPECIALIST
Signed: 12/10/2015 07:09

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: JUN 29, 2015@13:49:13 ENTRY DATE: JUN 29, 2015@13:49:14
AUTHOR: BERNHARDT,BARBARA S EXP COSIGNER:
INSTITUTION: VA HEARTLAND - WEST, VISN 15
DIVISION: VAMC KANSAS CITY
URGENCY: STATUS: COMPLETED

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Received notification from WIVA Transfer Nurse that patient discharged from Southwest MC ER 6/26/15.

/es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
Signed: 06/29/2015 13:50

Receipt Acknowledged By:
06/30/2015 14:16 /es/ JOHN L CRAWFORD
claims assistant
06/29/2015 14:25 /es/ SCOTT S TALPERS
M.D.

==========

--- Original Document ---

06/29/15 NON VA CARE COORDINATION NOTE KC:
Received notification that patient with diabetic ketoacidosis, transferred 6/26/15 from Liberal CBOC to Southwest MC in Liberal, KS. See NVCC consult # 6135732 dated 6/26/15.

/es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
Signed: 06/29/2015 07:42

Receipt Acknowledged By:
* AWAITING SIGNATURE * CRAWFORD,JOHN L

06/29/2015 10:37 /es/ SCOTT S TALPERS
M.D.

LOCAL TITLE: NON VA CARE COORDINATION NOTE KC
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: JUN 29, 2015@07:40 ENTRY DATE: JUN 29, 2015@07:40:22
AUTHOR: BERNHARDT,BARBARA S EXP COSIGNER:
INSTITUTION: VA HEARTLAND - WEST, VISN 15
DIVISION: VAMC KANSAS CITY
URGENCY: STATUS: COMPLETED

*** NON VA CARE COORDINATION NOTE KC Has ADDENDA ***

Received notification that patient with diabetic ketoacidosis, transferred 6/26/15 from Liberal CBOC to Southwest MC in Liberal, KS. See NVCC consult # 6135732 dated 6/26/15.

/es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
Signed: 06/29/2015 07:42

Receipt Acknowledged By:
* AWAITING SIGNATURE * CRAWFORD,JOHN L

06/29/2015 10:37 /es/ SCOTT S TALPERS
M.D.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

06/29/2015 ADDENDUM STATUS: COMPLETED
Received notification from WIVA Transfer Nurse that patient discharged from Southwest MC ER 6/26/15.

/es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
Signed: 06/29/2015 13:50

Receipt Acknowledged By:
06/30/2015 14:16 /es/ JOHN L CRAWFORD
claims assistant
06/29/2015 14:25 /es/ SCOTT S TALPERS
M.D.

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: JUN 29, 2015@11:25:02 ENTRY DATE: JUN 29, 2015@11:25:02
AUTHOR: RIDGE,TODD A EXP COSIGNER:
INSTITUTION: LIBERAL CBOC
DIVISION: LIBERAL CBOC-WI
URGENCY: STATUS: COMPLETED

received faxed progress notes from ER visit.
notes reviewed.
BUN-32*
Creatinine-1.5*
eGFR-46
Gluc-406*
wbc-6.6
rbc-3.45*
hgb-10.6*
hct-30.9*
Na-133*
K-3.9
ast-12
alt-15
Urine gluc- greater >1000
Urine ketones- trace
Urine blood-trace

/es/ TODD A RIDGE
ANP
Signed: 06/29/2015 11:32

==========

--- Original Document ---

06/29/15 WI-PRIMARY CARE FOLLOW-UP:
Primary Care Follow-Up

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Patient recently treated in:
Non-VA Emergency Room
Southwest Medical Center Liberal, KS

Diagnoses were: Hyperglycemia, dizziness

Medications added, stopped or changed:
None- SWMC ED notes: "pt strongly refused to take any medication or any medical intervention to lower his blood sugar."

Follow-up issues: Spoke with pt via phone this am. States he was discharged from ED on 6/26/15 and spent the weekend at his residence at Hooker, OK. This am traveling to his home in Missouri. States he is feeling fine. Denies dizziness, confusion, n/v, or blurred vision. Blood sugar by EMS on 6/26/15 was 355 and at hospital lab 408. Pt does not admit that he has diabetes and states "I am working on some things regarding my pancreas." Nurse strongly encouraged pt to follow-up with provider at KC VA due to high blood sugars. States he would.

Will forward Southwest Medical Center ED notes to provider for review.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 06/29/2015 10:12

Receipt Acknowledged By:
06/29/2015 10:26 /es/ TODD A RIDGE
ANP
06/29/2015 10:16 /es/ SHERRY K STEWART RN
QM UR RN
06/29/2015 10:20 /es/ Dawn D. Campbell, RN, MSN
CBOC Coordinator, PC Operations

06/29/2015 ADDENDUM STATUS: COMPLETED
Adding additional alerts.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 06/29/2015 10:18

Receipt Acknowledged By:
06/29/2015 13:47 /es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
06/29/2015 10:37 /es/ SCOTT S TALPERS
M.D.

LOCAL TITLE: WI-PRIMARY CARE FOLLOW-UP
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JUN 29, 2015@09:46 ENTRY DATE: JUN 29, 2015@09:47:20
AUTHOR: HECOX,STEPHEN W EXP COSIGNER:
INSTITUTION: LIBERAL CBOC
DIVISION: LIBERAL CBOC-WI
URGENCY: STATUS: COMPLETED

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

*** WI-PRIMARY CARE FOLLOW-UP Has ADDENDA ***

Primary Care Follow-Up

Patient recently treated in:
Non-VA Emergency Room
Southwest Medical Center Liberal, KS

Diagnoses were: Hyperglycemia, dizziness

Medications added, stopped or changed:
None- SWMC ED notes: "pt strongly refused to take any medication or any medical intervention to lower his blood sugar."

Follow-up issues: Spoke with pt via phone this am. States he was discharged from ED on 6/26/15 and spent the weekend at his residence at Hooker, OK. This am traveling to his home in Missouri. States he is feeling fine. Denies dizziness, confusion, n/v, or blurred vision. Blood sugar by EMS on 6/26/15 was 355 and at hospital lab 408. Pt does not admit that he has diabetes and states "I am working on some things regarding my pancreas." Nurse strongly encouraged pt to follow-up with provider at KC VA due to high blood sugars. States he would.

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/es/ STEPHEN W HECOX
RN, MSN
Signed: 06/29/2015 10:12

Receipt Acknowledged By:
06/29/2015 10:26 /es/ TODD A RIDGE
ANP
06/29/2015 10:16 /es/ SHERRY K STEWART RN
QM UR RN
06/29/2015 10:20 /es/ Dawn D. Campbell, RN, MSN
CBOC Coordinator, PC Operations

06/29/2015 ADDENDUM STATUS: COMPLETED
Adding additional alerts.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 06/29/2015 10:18

Receipt Acknowledged By:
06/29/2015 13:47 /es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
06/29/2015 10:37 /es/ SCOTT S TALPERS
M.D.

06/29/2015 ADDENDUM STATUS: COMPLETED
received faxed progress notes from ER visit.
notes reviewed.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

BUN-32*
Creatinine-1.5*
eGFR-46
Gluc-406*
wbc-6.6
rbc-3.45*
hgb-10.6*
hct-30.9*
Na-133*
K-3.9
ast-12
alt-15
Urine gluc- greater >1000
Urine ketones- trace
Urine blood-trace

/es/ TODD A RIDGE
ANP
Signed: 06/29/2015 11:32

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: JUN 29, 2015@10:16:55 ENTRY DATE: JUN 29, 2015@10:16:55
AUTHOR: STEWART,SHERRY K EXP COSIGNER:
INSTITUTION: LIBERAL CBOC
DIVISION: LIBERAL CBOC-WI
URGENCY: STATUS: COMPLETED

Adding additional alerts.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 06/29/2015 10:18

Receipt Acknowledged By:
06/29/2015 13:47 /es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
06/29/2015 10:37 /es/ SCOTT S TALPERS
M.D.

==========

--- Original Document ---

06/29/15 WI-PRIMARY CARE FOLLOW-UP:
Primary Care Follow-Up

Patient recently treated in:
Non-VA Emergency Room
Southwest Medical Center Liberal, KS

Diagnoses were: Hyperglycemia, dizziness

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Medications added, stopped or changed:
None- SWMC ED notes: "pt strongly refused to take any medication or any medical intervention to lower his blood sugar."

Follow-up issues: Spoke with pt via phone this am. States he was discharged from ED on 6/26/15 and spent the weekend at his residence at Hooker, OK. This am traveling to his home in Missouri. States he is feeling fine. Denies dizziness, confusion, n/v, or blurred vision. Blood sugar by EMS on 6/26/15 was 355 and at hospital lab 408. Pt does not admit that he has diabetes and states "I am working on some things regarding my pancreas." Nurse strongly encouraged pt to follow-up with provider at KC VA due to high blood sugars. States he would.

Will forward Southwest Medical Center ED notes to provider for review.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 06/29/2015 10:12

Receipt Acknowledged By:
06/29/2015 10:26 /es/ TODD A RIDGE
ANP
06/29/2015 10:16 /es/ SHERRY K STEWART RN
QM UR RN
06/29/2015 10:20 /es/ Dawn D. Campbell, RN, MSN
CBOC Coordinator, PC Operations

06/29/2015 ADDENDUM STATUS: COMPLETED
received faxed progress notes from ER visit.
notes reviewed.
BUN-32*
Creatinine-1.5*
eGFR-46
Gluc-406*
wbc-6.6
rbc-3.45*
hgb-10.6*
hct-30.9*
Na-133*
K-3.9
ast-12
alt-15
Urine gluc- greater >1000
Urine ketones- trace
Urine blood-trace

/es/ TODD A RIDGE
ANP
Signed: 06/29/2015 11:32

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

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 LOCAL TITLE: WI-SCANNED CLINIC OTHER
STANDARD TITLE: SCANNED ADMINISTRATIVE NOTE
DATE OF NOTE: JUN 26, 2015@13:48:08  ENTRY DATE: OCT 15, 2015@13:48:08
      AUTHOR: BLAND,NICOLE M       EXP COSIGNER:
 INSTITUTION: ROBERT J. DOLE VAMC
    DIVISION: WICHITA VAMC DIVISION
     URGENCY:                            STATUS: COMPLETED

FEE CLINIC OTHER-EMS/SEWARD CO/6.26.15



*****Scanned document attached to this note******

                           *** SCANNED DOCUMENT ***
                            SIGNATURE NOT REQUIRED


  Electronically Filed: 10/15/2015
                    by: NICOLE M BLAND
                        nmb885


 LOCAL TITLE: WI-SCANNED CLINIC OTHER
STANDARD TITLE: SCANNED ADMINISTRATIVE NOTE
DATE OF NOTE: JUN 26, 2015@12:11:56  ENTRY DATE: DEC 22, 2015@12:11:56
      AUTHOR: MILLER,LEANA J       EXP COSIGNER:
 INSTITUTION: ROBERT J. DOLE VAMC
    DIVISION: WICHITA VAMC DIVISION
     URGENCY:                            STATUS: COMPLETED

*****Scanned document attached to this note******

                           *** SCANNED DOCUMENT ***
                            SIGNATURE NOT REQUIRED


  Electronically Filed: 12/22/2015
                    by: LEANA J MILLER



 LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: JUN 26, 2015@11:13:40  ENTRY DATE: JUN 26, 2015@11:13:40
      AUTHOR: STEWART,SHERRY K     EXP COSIGNER:
 INSTITUTION: ROBERT J. DOLE VAMC
    DIVISION: WICHITA VAMC DIVISION
     URGENCY:                            STATUS: COMPLETED

Additional notifications:  KC VA patient.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 06/26/2015 11:14
```


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Receipt Acknowledged By:
06/29/2015 07:40 /es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
06/26/2015 13:46 /es/ SCOTT S TALPERS
M.D.

==========

--- Original Document ---

06/26/15 NON VA CARE COORDINATION NOTE:

REFERRAL TO NON VA EMERGENCY DEPARTMENT:

Veteran was sent from: VA-CBOC Libral

Chief Complaint: dizzy, n/v, visual changes, wt loss

Patient admitted: Unknown

Non VA Specialty if applicable: ED Provider Southwest Medical Center Libral, Ks (620) 624-1651

Clinical Notes: traveling alone on way to KC and stopped at CBOC with c/o dizzy, n/v, visual changes, wt loss which is consitent with DKA; hx of DM; on no current DM meds

/es/ LORI LEWIS
RN
Signed: 06/26/2015 10:48

Receipt Acknowledged By:
06/26/2015 15:26 /es/ GEORGE B MARTINEZ
Staff Physician
* AWAITING SIGNATURE * RAFFI,SYED

06/26/2015 10:52 /es/ TRACY C RAMSEY
MD
06/26/2015 16:05 /es/ TODD A RIDGE
ANP
06/26/2015 11:12 /es/ SHERRY K STEWART RN
QM UR RN
06/26/2015 13:47 /es/ SCOTT S TALPERS
M.D.

LOCAL TITLE: NON VA CARE COORDINATION NOTE
STANDARD TITLE: NONVA NOTE
DATE OF NOTE: JUN 26, 2015@10:43 ENTRY DATE: JUN 26, 2015@10:43:13
AUTHOR: LEWIS,LORI L EXP COSIGNER:
INSTITUTION: ROBERT J. DOLE VAMC

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DIVISION: WICHITA VAMC DIVISION
URGENCY: STATUS: COMPLETED

*** NON VA CARE COORDINATION NOTE Has ADDENDA ***

REFERRAL TO NON VA EMERGENCY DEPARTMENT:

Veteran was sent from: VA-CBOC Libral

Chief Complaint: dizzy, n/v, visual changes, wt loss

Patient admitted: Unknown

Non VA Specialty if applicable: ED Provider Southwest Medical Center Libral, Ks (620) 624-1651

Clinical Notes: traveling alone on way to KC and stopped at CBOC with c/o dizzy, n/v, visual changes, wt loss which is consitent with DKA; hx of DM; on no current DM meds

/es/ LORI LEWIS
RN
Signed: 06/26/2015 10:48

Receipt Acknowledged By:
06/26/2015 15:26 /es/ GEORGE B MARTINEZ
Staff Physician
* AWAITING SIGNATURE * RAFFI,SYED

06/26/2015 10:52 /es/ TRACY C RAMSEY
MD
06/26/2015 16:05 /es/ TODD A RIDGE
ANP
06/26/2015 11:12 /es/ SHERRY K STEWART RN
QM UR RN
06/26/2015 13:47 /es/ SCOTT S TALPERS
M.D.

06/26/2015 ADDENDUM STATUS: COMPLETED
Additional notifications: KC VA patient.

/es/ SHERRY K STEWART RN
QM UR RN
Signed: 06/26/2015 11:14

Receipt Acknowledged By:
06/29/2015 07:40 /es/ Barbara Bernhardt, RN MS
Transfer Nurse/Case Manager/Care Coordinator
06/26/2015 13:46 /es/ SCOTT S TALPERS
M.D.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

LOCAL TITLE: WI-SCANNED CLINIC OTHER
STANDARD TITLE: SCANNED ADMINISTRATIVE NOTE
DATE OF NOTE: JUN 26, 2015@10:53:40 ENTRY DATE: MAY 20, 2016@10:53:40
AUTHOR: WARNER,NATHAN C EXP COSIGNER:
INSTITUTION: ROBERT J. DOLE VAMC
DIVISION: WICHITA VAMC DIVISION
URGENCY: STATUS: COMPLETED

FEE CLINIC OTHER- SEWARD COUNTY EMS/6.26.15

*****Scanned document attached to this note******

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 05/20/2016
by: NATHAN C WARNER
PERSONNEL FILING CLERK

LOCAL TITLE: WI-ADMINISTRATIVE NOTE (BP,O)
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: JUN 26, 2015@10:02 ENTRY DATE: JUN 26, 2015@10:02:54
AUTHOR: RIDGE,TODD A EXP COSIGNER:
INSTITUTION: LIBERAL CBOC
DIVISION: LIBERAL CBOC-WI
URGENCY: STATUS: COMPLETED

RN triaged patient this am. Please see CPRS note.
Hx of DM.
no current DM meds.
dizzy, n/v, visual changes, wt loss.
consistent with DKA.
driving alone on way to KC.
will send to local ER via EMS.
non-va ER consult submitted.

/es/ TODD A RIDGE
ANP
Signed: 06/26/2015 10:04

LOCAL TITLE: WI-NURSE/CBOC
STANDARD TITLE: NURSING OUTPATIENT NOTE
DATE OF NOTE: JUN 26, 2015@09:20 ENTRY DATE: JUN 26, 2015@09:20:56
AUTHOR: HECOX,STEPHEN W EXP COSIGNER:
INSTITUTION: LIBERAL CBOC
DIVISION: LIBERAL CBOC-WI
URGENCY: STATUS: COMPLETED

Reason for appointment
Nurse Clinic:

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Reason for appointment:
RN Triage

Is the patient diabetic?
Yes - patient is a diabetic.

Last HGBA1c value and time done: 13.6 3/19/15

HGBA1c < 7, repeat in 6 months HGBA1c > 7, repeat in 3 months
Are you registered for My HealtheVet (MHV)?
No - Are you interested in registering? No If 'yes' please hand Veteran My HealtheVet brochure.

Pt ambulatory to clinic states he is dizzy and eyes are blurring. Primary residence is in Hooker, OK and pt was driving to Kansas City this am and developed sx while driving. States he waited a few minutes and continued feeling light headed and somewhat confused. States had dizziness 3-4 times in past 2 weeks and just thought maybe he was getting up too fast. Night before last vomited x 5, denies having fever. Unsteady gait while walking down hall in clinic this am, used wall to support self at times. States "my body just feels strange." Hx of diabetes but refuses medication. Latest hgb a1c 13.6 on 5/19/15. States has lost approx. 20 lbs in last month. Oriented x 4. Pulse irregular and weak. Denies chest pain or nausea. Lungs sounds clear to auscultation. Hand grips strong bilaterally. Denies SOB.

/es/ STEPHEN W HECOX
RN, MSN
Signed: 06/26/2015 09:41

Receipt Acknowledged By:
06/26/2015 09:50 /es/ TODD A RIDGE
ANP
06/26/2015 12:38 /es/ SHERRY K STEWART RN
QM UR RN
06/26/2015 12:27 /es/ Dawn D. Campbell, RN, MSN
CBOC Coordinator, PC Operations

LOCAL TITLE: KC-PC EST PATIENT
STANDARD TITLE: PRIMARY CARE E & M NOTE
DATE OF NOTE: APR 16, 2015@09:56 ENTRY DATE: APR 16, 2015@09:56:37
AUTHOR: TALPERS,SCOTT S EXP COSIGNER:
INSTITUTION: CAMERON CBOC
DIVISION: CAMERON CBOC-KC
URGENCY: STATUS: COMPLETED

HPI: 71 yo male with Diabetes mellitus. He ABSOLUTELY REFUSES to take any medications. He understands the risks of untreated Diabetes mellitus, including limb loss, kidney disease, CV disease, blindness, PVD etc.
He refuses to take ANY medications for ANY disease.
He has a RIH, which is easily reducible, but will not be repaired until his Diabetes mellitus is properly treated. He denies any symptoms of hyperglycemia / poorly controlled diabetes mellitus.

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PMH:
Active Problem
Diabetes mellitus (SNOMED CT 73211009) 250.00 04/17/2014 DEAN,ELIZABETH E
Inguinal hernia (SNOMED CT 396232000) 550.90 04/15/2014 DEAN,ELIZABETH E
Hypercholesterolemia (SNOMED CT 13644009) 272 04/15/2014 DEAN,ELIZABETH E
H/O: alcoholism (SNOMED CT 161466001) V11.3 04/15/2014 DEAN,ELIZABETH E

Active Outpatient Medications (excluding Supplies):

NO Medications

Current Allergies/Drug Reactions:
ALLERGIES/ADR:
Patient has answered NKA

SHx: Tobacco: None for 40 years
Alcohol: None for 40 years
Retired DOD airlift division employee, currently director for the Amish community development council
Married, 6 children, youngest is 10 yo

ROS:
General: No fatigue, good appetite
HEENT: No hoarseness, No sore throat, No visual changes. No epistaxsis.
LUNGS: No SOB, No wheezing, No cough, No sputum production, No hemoptysis,
HEART: No Chest Pain, No palpitations
GI: No nausea, No vomiting, No diarrhea, No constipation,
No melena, No hematechezia, No abdominal pain.
Urinary: No dysuria, No hematuria, No kidney stones.
Extremities: No leg edema, No claudication.
Musculoskeletal: No joint pain, No joint stiffness, No decrease
ROM, No joint redness, No joint swelling.
Neurologic: No loss of sensation, No weakness, No tremors,
No fainting, No seizures.

PE: WDWN in NAD

DATE/TIME	TEMP	PULSE	RESP	BP	PAIN	WEIGHT	PUL OX
4/16/15 @ 0952	98.2	78	16	145/85	0	186.4	98%

GENERAL : Alert, Oriented X3
HEENT : Pupils equal, round and reactive to light,
extra ocular muscles are intact
nose, mouth, throat are unremarkable
NECK : No carotid bruits, No thyromegaly, No masses, No adenopathy
LUNGS : Clear to ausculation with good breath sounds bilat., No wheezes, No rales, No rhonchi
HEART : Regular rate and rhythm, No S3/S4, No murmur, No JVD

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ABDOMEN : Soft, No masses, No tenderness, No hepatosplenomegaly, Normal bowel sounds, right inguinal hernia.
EXT. : No cyanosis, No clubbing, No edema, adequate pulses bilaterally.
NEUROLOGY : Cranial nerves 2 to 12 intact, grossly intact to motor and sensory function.

Recent Lab Results:

03/19/15	8:39	HEMOGLOBIN A1C	13.6H
03/19/15	8:39	GLUCOSE	361H
03/19/15	8:39	UREA NITROGEN mg/d	14
03/19/15	8:39	*CREATININE	1.00
03/19/15	8:39	SODIUM	136
03/19/15	8:39	POTASSIUM	4.8
03/19/15	8:39	CALCIUM (mg/dL)	9.5
03/19/15	8:39	CHOLESTEROL	238H
03/19/15	8:39	PROTEIN,TOTAL	7.9
03/19/15	8:39	ALBUMIN	4.4
03/19/15	8:39	TOTAL BILIRUBIN	0.6
03/19/15	8:39	ASPARTATE TRANSAMI	17
03/19/15	8:39	ALANINE AMINOTRANS	23
03/19/15	8:39	TRIGS	223H
03/19/15	8:39	ANION GAP	11.0
03/19/15	8:39	RISK FACTOR	16
03/19/15	8:39	HDL-CHOLESTEROL	39L
03/19/15	8:39	CHLORIDE	97L
03/19/15	8:39	CO2	28
03/19/15	8:39	ALKALINE PHOSPHATA	65
03/19/15	8:39	LDL (CALC)	154H
03/19/15	8:39	EGFR	73.7
03/19/15	8:39	WBC	8.7
03/19/15	8:39	RBC	5.24
03/19/15	8:39	HGB	15.5
03/19/15	8:39	HCT	46.8
03/19/15	8:39	MCV	89.3
03/19/15	8:39	MCH	29.5
03/19/15	8:39	MCHC	33.1
03/19/15	8:39	RDW	13.6
03/19/15	8:39	PLATELET COUNT	276
03/19/15	8:39	MPV	8.5
03/19/15	8:39	VITAMIN D (25-OH)	38.8
03/19/15	8:39	TSH	1.276
03/19/15	8:39	PROSTATIC SPECIFIC	0.59
03/19/15	8:39	VITAMIN B12	1339.3H

PROSTATE SPECIFIC ANTIGEN	3/19/15 08:39	0.59
	2/17/11 10:45	0.6
	8/26/10 10:00	0.5

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A/P:
Diabetes mellitus (SNOMED CT 73211009) 250.00
Inguinal hernia (SNOMED CT 396232000) 550.90
Hypercholesterolemia (SNOMED CT 13644009) 272
H/O: alcoholism (SNOMED CT 161466001) V11.3

RTC: 1 year

Labs ordered to obtain during next visit:

Fasting Chemistry Metabolic panel, CBC, lipid profile, PSA, Hgb A1c, Urine microalbumin, T4.

Long discussion about the risks of untreated Diabetes mellitus, hyperlipidemia and RIH. Several questions were answered. He appears to understand but ABSOLUTELY REFUSES ANY MEDICATION. He understands this will likely result in premature DEATH. He prefers to follow a low fat / ADA diet and exercise only. He understands to call anytime should he agree to start medication.

Pt instructed to call or RTC if ever needed prior to next scheduled appointment.

/es/ SCOTT S TALPERS
M.D.
Signed: 04/16/2015 10:25

LOCAL TITLE: KC-CDI/PI SCREENING NOTE
STANDARD TITLE: RISK ASSESSMENT SCREENING NOTE
DATE OF NOTE: APR 16, 2015@09:49 ENTRY DATE: APR 16, 2015@09:49:08
AUTHOR: HOPPER,MELISSA EXP COSIGNER:
INSTITUTION: CAMERON CBOC
DIVISION: CAMERON CBOC-KC
URGENCY: STATUS: COMPLETED

ADVANCE DIRECTIVE EDUCATION:
Information on Advanced Directives was provided at this visit
ALCOHOL ABUSE SCREEN:
Audit-C (Mental Health Instrument)
An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?
Never

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

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Response not required due to responses to other questions.

3. How often did you have six or more drinks on one occasion in the past year?
Response not required due to responses to other questions.

COLORECTAL CANCER SCREEN:
Patient provided education/counseling related to colorectal cancer screening, but declined.
DEPRESSION SCREEN:
PHQ-2 (Mental Health Instrument)
A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

1. Little interest or pleasure in doing things
Not at all

2. Feeling down, depressed, or hopeless
Not at all

INFLUENZA VACCINE (SEASONAL):
Patient counseled on health risks/benefits of influenza vaccine, but declined vaccine during flu season.
PRESSURE ULCER RISK SCREEN:

	--STATUS--	--DUE DATE--	--LAST DONE--
KC-Pressure Ulcer Risk Screening	DUE NOW	04/15/2015	04/15/2014

All responses are negative. Screening for risk is negative.
Fall Risk Assessment
1. Do you feel you are at risk for falling?
No
2. By observation patient appears to have instability with functional mobility.
No
3. Have you fallen within the last 12 months?
No
Temperature:
98.2 F (36.8 C)
Pulse:
78
Respiration:
20
B/P:
145/85
Pain:
0
Wt:
186.4 lb (84.7 kg)

/es/ MELISSA HOPPER
LPN
Signed: 04/16/2015 09:54

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM

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DATE OF NOTE: MAR 20, 2015@10:37:51 ENTRY DATE: MAR 20, 2015@10:37:51
AUTHOR: SNAPP,DEBRA EXP COSIGNER:
INSTITUTION: CAMERON CBOC
DIVISION: CAMERON CBOC-KC
URGENCY: STATUS: COMPLETED

Spoke with pt. about his recent A1C of 13.6. I ask him if he wanted to start some medication for the hi blood sugars and he stated, "I would rather die first."

/es/ Debra Snapp RN
Registered Nurse
Signed: 03/20/2015 10:40

==========

--- Original Document ---

03/20/15 KC-ADMINISTRATIVE NOTE:
Glucose 361 on 3/19/2015
He has diabetes mellitus but past records report he has refused medication to treat his diabetes.
Please contact him and ask if he will be agreeable to take medicine to treat his diabetes mellitus and keep scheduled appt.

/es/ SCOTT S TALPERS
M.D.
Signed: 03/20/2015 08:12

Receipt Acknowledged By:
03/20/2015 10:40 /es/ Debra Snapp RN
Registered Nurse

LOCAL TITLE: KC-ADMINISTRATIVE NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: MAR 20, 2015@08:09 ENTRY DATE: MAR 20, 2015@08:10:02
AUTHOR: TALPERS,SCOTT S EXP COSIGNER:
INSTITUTION: CAMERON CBOC
DIVISION: CAMERON CBOC-KC
URGENCY: STATUS: COMPLETED

*** KC-ADMINISTRATIVE NOTE Has ADDENDA ***

Glucose 361 on 3/19/2015
He has diabetes mellitus but past records report he has refused medication to treat his diabetes.
Please contact him and ask if he will be agreeable to take medicine to treat his diabetes mellitus and keep scheduled appt.

/es/ SCOTT S TALPERS
M.D.
Signed: 03/20/2015 08:12

Receipt Acknowledged By:
03/20/2015 10:40 /es/ Debra Snapp RN

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03/20/2015 ADDENDUM STATUS: COMPLETED
Spoke with pt. about his recent A1C of 13.6. I ask him if he wanted to start some medication for the hi blood sugars and he stated, "I would rather die first."

/es/ Debra Snapp RN
Registered Nurse
Signed: 03/20/2015 10:40

LOCAL TITLE: KC-CDI/PI NURSE NOTE
STANDARD TITLE: PRIMARY CARE OUTPATIENT INITIAL EVALUATION NOTE
DATE OF NOTE: MAR 09, 2015@09:28:18 ENTRY DATE: MAR 09, 2015@09:28:18
AUTHOR: GREGORY,JANICE E EXP COSIGNER:
INSTITUTION: CAMERON CBOC
DIVISION: CAMERON CBOC-KC
URGENCY: STATUS: COMPLETED

Dear HOPKINS,MARSHALL HUGH,

You are receiving this letter in regard to your recent Teleretinal Imaging exam (eye exam) that was done in CAMERON CBOC 1111Euclid Dr Cameron,MO 64429 CBOC.

Your exam results were normal - no diabetic retinopathy noted.

A one to two year follow up screening was recommended and we will schedule you for this when the next exam is due.

Thank you so much for allowing us to serve you.

Teleretinal Imaging Department
Kansas City Veterans Affairs Medical Center
CAMERON CBOC 1111Euclid Dr Cameron,MO 64429 CBOC

*Know the ABC's of Diabetic Eye Disease and remember to keep your numbers low, take all your medication as prescribed, and get regular physical exercise to maintain a healthy weight.

A- AIC
B- Blood Pressure
C- Cholesterol

/es/ Janice Gregory
H.T.\ Teleretinal Imager
Signed: 03/09/2015 09:28

LOCAL TITLE: TELE-EYE IMAGING CONSULT
STANDARD TITLE: TELEHEALTH CONSULT
DATE OF NOTE: MAR 09, 2015@08:18 ENTRY DATE: MAR 09, 2015@08:18:43
AUTHOR: MOYER,KRISTEN L EXP COSIGNER:
INSTITUTION: VA HEARTLAND - WEST, VISN 15
DIVISION: VAMC KANSAS CITY
URGENCY: STATUS: COMPLETED

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PUPIL DILATION:
  Information not provided on pupil dilation
IMAGE QUALITY ASSESSMENT:
  Image quality adequate
DIABETIC SURVEILLANCE ASSESSMENT:
  RIGHT RETINAL IMAGES:
    No Diabetic Retinopathy
  LEFT RETINAL IMAGES:
    No Diabetic Retinopathy
EXAM:
  Result:
    Exam Result: Normal
RECOMMENDATIONS:
  Repeat imaging appointment:
    Return 2 years per VA Clinical Practice Guidelines.

****
*Digital retinal imaging has been shown to be an effective method *
*of screening for diabetic retinopathy, but cannot substitute for *
*a comprehensive eye exam.   *
****

/es/ KRISTEN L MOYER
Staff Optometrist
Signed: 03/09/2015 08:19

 LOCAL TITLE: TELE-EYE SCREENING CONSULT
STANDARD TITLE: NURSING CONSULT
DATE OF NOTE: MAR 05, 2015@14:41   ENTRY DATE: MAR 05, 2015@14:42:13
      AUTHOR: GREGORY,JANICE E   EXP COSIGNER:
 INSTITUTION: CAMERON CBOC
    DIVISION: CAMERON CBOC-KC
     URGENCY: STATUS: COMPLETED

REASON FOR REQUEST: Diabetic Teleretinal Imaging for Diabetic Retinopathy
PATIENT DEMOGRAPHICS:
  Sex: MALE
  Date of birth: JUL 20,1943
  Patient race: WHITE
  Patient ethnicity: NOT HISPANIC OR LATINO

PATIENT HISTORY:
  Duration of diabetes (years):
    1-5 years
      Date: March, 2013 ? Exact date is unknown
    Information obtained by:
      Self report
  Last retinal evaluation:
    Date unknown
      Comment: Had one last year in Texas.
    Information obtained by:
      Self Report
  Education: Patient provided with information on Teleretinal Images taken

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and given Diabetic Retinopathy material.
LABS:
HEMOGLOBIN A1C BLOOD 08/28/14@0940 10.7 H % 4.0 - 6.0

CHOL: 239 (04/08/14 08:15)
HDL: 44 (04/08/14 08:15)
LDL-CAL: 145 (04/08/14 08:15)
RISK FA: 18 (04/08/14 08:15)
TGL: 249 (04/08/14 08:15)

CURRENT DIABETES THERAPY:
Diet
Comment: Pt. is on a diet, seem to know what he should eat.
None
Comment: Is on no medicationl

DISPOSITION:
Patient scheduled for Diabetic Teleretinal Imaging
Patient Education :

Discussed with pt the ABC's of diabetic eye disease Aic, Blood pressure, Cholesterol and the importance of keeping these numbers low. Discussed etiology
of Diabetic Retinopathy, discussed terms in diabetes glossary, and longterm complications of diabetes such as retinopathy. Spoke with pt about the importance of every 1-2 year eye screening to prevent loss of eyesight. Gave pt
(and discussed) the following Krames pt ed materials to take with him today:
1) What is Diabetic Retinopathy?
2) Diabetes Glossary
3) Longterm Complications of Diabetes

Also gave pt the following National Eye Institute material:
1) Don't Lose Sight of Diabetic Eye Disease

Reviewed eye anatomy; macula, optic nerve, blood vessels and viewed and discussed normal retinal images and images with diabetic retinopathy with patient, utilizing the Conditions of The Retina poster provided by Topcon.

Pt verbalizes understanding of all above and has material to review at home.

Eye History: None

Ocular Surgery (excluding eyelid, cataract, laser refractive like lasik or Photorefractive Keratectomy): none

Ocular Trauma? None

Ocular medications? None

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Family History of ocular disease? None

Does pt give verbal consent for imaging today? Yes, has given consent.

/es/ Janice Gregory
H.T.\ Teleretinal Imager
Signed: 03/05/2015 14:48

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 10, 2014@09:00:45 ENTRY DATE: SEP 10, 2014@09:00:45
AUTHOR: STARK,STEVEN P EXP COSIGNER:
INSTITUTION: VA HEARTLAND - WEST, VISN 15
DIVISION: VAMC KANSAS CITY
URGENCY: STATUS: COMPLETED

As above, pt has to have blood sugar under control for elective recurrent hernia repair with prosthetic mesh...

/es/ Steven P. Stark, MD.
Staff Surgeon
Signed: 09/10/2014 09:01

Receipt Acknowledged By:
09/10/2014 13:51 /es/ ELIZABETH E DEAN DO
Staff Physician, Cameron CBOC

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--- Original Document ---

09/10/14 KC-GENERAL SURGERY:
Mr Hopkins is a 71yo M who ptc for f/u RIH. Was last seen on 8/30 with concerns of reducible RIH. However, HgA1C 9.8 with BS >240. Decision was made to attempt to reduce BS and follow up. Pt refuses medications of any kind. Today, pt states has cut out almost all sweets and is eating a lot of fruits since last visit. Hernia continues to be present, and reducible at all times. Still has truss which he wears occasionally

a/o, nad, normocephalic
eomi
mmm
reg rate
nonlabored resp, symmetric expansion
abd soft, nt/nd
RIH, reducible
maee

71yo M with RIH

Most recent A1C 10.7 on 8/28. Pt refusing medication at this time
Discussed need for diet modification and exercise
Return precautions given
Plan for rtc 6months with repeat A1C at that time

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/es/ TREVOR H BECKHAM
resident physician
Signed: 09/10/2014 08:34

/es/ Steven P. Stark, MD.
Staff Surgeon
Cosigned: 09/10/2014 09:00

LOCAL TITLE: KC-GENERAL SURGERY
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 10, 2014@08:26 ENTRY DATE: SEP 10, 2014@08:26:38
AUTHOR: BECKHAM,TREVOR H EXP COSIGNER: STARK,STEVEN P
INSTITUTION: VA HEARTLAND - WEST, VISN 15
DIVISION: VAMC KANSAS CITY
URGENCY: STATUS: COMPLETED

*** KC-GENERAL SURGERY Has ADDENDA ***

Mr Hopkins is a 71yo M who ptc for f/u RIH. Was last seen on 8/30 with concerns of reducible RIH. However, HgA1C 9.8 with BS >240. Decision was made to attempt to reduce BS and follow up. Pt refuses medications of any kind. Today, pt states has cut out almost all sweets and is eating a lot of fruits since last visit. Hernia continues to be present, and reducible at all times. Still has truss which he wears occasionally

a/o, nad, normocephalic
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71yo M with RIH

Most recent A1C 10.7 on 8/28. Pt refusing medication at this time
Discussed need for diet modification and exercise
Return precautions given
Plan for rtc 6months with repeat A1C at that time

/es/ TREVOR H BECKHAM
resident physician
Signed: 09/10/2014 08:34

/es/ Steven P. Stark, MD.
Staff Surgeon
Cosigned: 09/10/2014 09:00

09/10/2014 ADDENDUM STATUS: COMPLETED
As above, pt has to have blood sugar under control for elective recurrent hernia repair with prosthetic mesh...

/es/ Steven P. Stark, MD.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Staff Surgeon
Signed: 09/10/2014 09:01

Receipt Acknowledged By:
09/10/2014 13:51 /es/ ELIZABETH E DEAN DO
Staff Physician, Cameron CBOC

LOCAL TITLE: KC-PC TELEPHONE/PACT
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 11, 2014@14:44 ENTRY DATE: JUL 11, 2014@14:44:24
AUTHOR: DEAN,ELIZABETH E EXP COSIGNER:
INSTITUTION: CAMERON CBOC
DIVISION: CAMERON CBOC-KC
URGENCY: STATUS: COMPLETED

Contact Number:
HOME PHONE ON RECORD

Reason for Call:
NOTIFY PT. OF ABD. US RESULTS

Complaint/Problem:
ABD. PAIN

Plan of Care:
PT. WILL NEED TO RTC FOR WORKUP OF THIS PROBLEM

Education:
NO FURTHER US NEEDED
MULTIPLE CAUSES OF ABD. PAIN. THIS US WAS SCREENING FOR ANEURYSM AS RECOMMENDED FOR ALL MALES >65 WHO HAVE EVER SMOKED.

Follow-up:
RTC AS SCHEDULED OR AS NEEDED.

/es/ ELIZABETH E DEAN DO
Staff Physician, Cameron CBOC
Signed: 07/11/2014 14:46

LOCAL TITLE: KC-TELEPHONE CONTACT
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUL 10, 2014@14:16 ENTRY DATE: JUL 10, 2014@14:16:52
AUTHOR: NEWMAN,DENISE L EXP COSIGNER:
INSTITUTION: VA HEARTLAND - WEST, VISN 15
DIVISION: VAMC KANSAS CITY
URGENCY: STATUS: COMPLETED

Reminder call was made to MR. Hopkins, Marshall H. for radiology appointment on 07/11/14@8am day.
OK confirm fasting

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/es/ DENISE L NEWMAN
RADIOLOGY RECEPTIONIST
Signed: 07/10/2014 14:17

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: JUL 07, 2014@17:39:45 ENTRY DATE: JUL 07, 2014@17:39:45
AUTHOR: NEWMAN,DENISE L EXP COSIGNER:
INSTITUTION: VA HEARTLAND - WEST, VISN 15
DIVISION: VAMC KANSAS CITY
URGENCY: STATUS: COMPLETED

Left message to call 815-922-2723 to confirm 07/08/14@9am appointment.

/es/ DENISE L NEWMAN
RADIOLOGY RECEPTIONIST
Signed: 07/07/2014 17:40

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--- Original Document ---

06/21/14 KC-TELEPHONE CONTACT:
The radiology exam on 06/22/14@1300 was not performed as patient requested
the exam be rescheduled. Out of town

The next appointment is being scheduled for 07/08/14 at 9am hours.
(If within 30 days of desired date)
OK confirm fasting

/es/ DENISE L NEWMAN
RADIOLOGY RECEPTIONIST
Signed: 06/21/2014 11:32

LOCAL TITLE: KC-TELEPHONE CONTACT
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JUN 21, 2014@11:30 ENTRY DATE: JUN 21, 2014@11:30:28
AUTHOR: NEWMAN,DENISE L EXP COSIGNER:
INSTITUTION: VA HEARTLAND - WEST, VISN 15
DIVISION: VAMC KANSAS CITY
URGENCY: STATUS: COMPLETED

*** KC-TELEPHONE CONTACT Has ADDENDA ***

The radiology exam on 06/22/14@1300 was not performed as patient requested
the exam be rescheduled. Out of town

The next appointment is being scheduled for 07/08/14 at 9am hours.
(If within 30 days of desired date)
OK confirm fasting

/es/ DENISE L NEWMAN
RADIOLOGY RECEPTIONIST

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Signed: 06/21/2014 11:32

07/07/2014 ADDENDUM STATUS: COMPLETED
Left message to call 815-922-2723 to confirm 07/08/14@9am appointment.

/es/ DENISE L NEWMAN
RADIOLOGY RECEPTIONIST
Signed: 07/07/2014 17:40

LOCAL TITLE: KC-ADMINISTRATIVE NOTE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: JUN 10, 2014@14:23 ENTRY DATE: JUN 10, 2014@14:23:47
AUTHOR: FRANCIS,NANCY EXP COSIGNER:
INSTITUTION: VA HEARTLAND - WEST, VISN 15
DIVISION: VAMC KANSAS CITY
URGENCY: STATUS: COMPLETED

PT WAS CONTACTED AND PREFER TO KEEP HIS ABDOMINAL ULTRASOUND SCHEDULED FOR
SUNDAY JUNE 22,2014@1300 AT THE KCVA MEDICAL CENTER

/es/ Nancy FRANCIS
FILE CLERK
Signed: 06/10/2014 14:25

LOCAL TITLE: KC-NOTIFICATION OF TEST RESULTS BY LETTER
STANDARD TITLE: LETTERS
DATE OF NOTE: MAY 01, 2014@12:57 ENTRY DATE: MAY 01, 2014@12:57:58
AUTHOR: DEAN,ELIZABETH E EXP COSIGNER:
INSTITUTION: VA HEARTLAND - WEST, VISN 15
DIVISION: VAMC KANSAS CITY
URGENCY: STATUS: COMPLETED

MAY 01, 2014

MARSHALL HUGH HOPKINS
6674 ANA DRIVE
POLO, MISSOURI 64671
Temporary Address Start: MAR 27,2014
Temporary Address Stop: MAY 27,2014

Dear MARSHALL HUGH HOPKINS,

I wanted to update you on your recent lab/test results:

LIPIDS
CHOL: 239 (04/08/14 08:15)
HDL: 44 (04/08/14 08:15)
LDL-CAL: 145 (04/08/14 08:15)
RISK FA: 18 (04/08/14 08:15)
TGL: 249 (04/08/14 08:15)
(LDL is the "bad" cholesterol)
(HDL is the "good" cholesterol. Target is >40. Exercise can increase
HDL) (TGL = triglycerides. Target is <150. A nonfasting sample,

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sweets, alcohol, weight gain, and diabetes can increase these.)
Your goal LDL is <100 (vascular disease or diabetes or chronic kidney disease)

HEMOGLOBIN A1C 9.8 % H (04/08/2014 08:15)
Your target Hgb A1C is 6.5
(The Hgb A1C tells us information about your diabetes control over the past 3 months)

LIVER PANEL
ALB: 4.3 (04/08/14 08:15)
ALKPHOS: 58 (04/08/14 08:15)
ALT: 19 (04/08/14 08:15)
AST: 15 (04/08/14 08:15)
TBIL: 0.7 (04/08/14 08:15)
TP: 8.1 (04/08/14 08:15)
Results are normal

HEMOGLOBIN 15.4 g/dl (04/08/2014 08:15) (red blood cell count)
Results are normal

CHEM 7
ANI GAP: 14.0 (04/08/14 08:15)
BUN: 12 (04/08/14 08:15)
CA: 9.4 (04/08/14 08:15)
CL : 99 (04/08/14 08:15)
CO2 : 29 (04/08/14 08:15)
CRT: 0.90 (04/08/14 08:15)
EGFR: 83.4 (04/08/14 08:15)
GLU: 244 (04/08/14 08:15)
K: 3.8 (04/08/14 08:15)
NA: 142 (04/08/14 08:15)
(BUN and CRT measure kidney function)
Results are normal

TSH 2.310 uIU/mL (04/08/2014 08:15)
This is a thyroid function test. The results are normal.

IN SUMMARY:
1. TC GOAL IS <200, LDL (BAD) GOAL <100 DUE TO DIABETES. YOU HAVE INDICATED THAT YOU DECLINE TO TAKE MEDICATION AT THIS TIME.

2. DIABETES - THE A1C REFLECTS AVERAGE BLOOD SUGAR OF 227. NORMAL A1C IS 5.8, AVERAGE BLOOD SUGAR OF 107. GOAL FOR APPROPIRATELY TREATED DIABETES IS 6.5, AVERAGE BLOOD SUGAR OF 130. YOU HAVE DIABETES. TREATMENT FOR DIABETES IS NEEDED. AT YOUR RECENT VISIT YOU DECLINED THERAPY.

3. INGUINAL HERNIA - PER SURGEON'S NOTE, HE IS UNABLE TO TO PERFORM SURGERY DUE TO YOUR UNTREATED DIABETES.

Future Appointments:
06/04/2014 09:00 KC-GEN SURG-FOLLOW UP
06/22/2014 13:00 KC-RAD-US

If you have any questions, please call the clinic. If you decide to initiate medical therapy, let us know.

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Sincerely,

Elizabeth Dean, D.O.
SENT ON KCVA LETTERHEAD
ENCLOSE DIABETES INFORMATION

LOCAL TITLE: KC-GENERAL SURGERY CONSULT
STANDARD TITLE: SURGERY CONSULT
DATE OF NOTE: APR 30, 2014@12:52 ENTRY DATE: APR 30, 2014@12:53:30
AUTHOR: ALVI,SAMEER AHMED EXP COSIGNER: STARK,STEVEN P
INSTITUTION: VA HEARTLAND - WEST, VISN 15
DIVISION: VAMC KANSAS CITY
URGENCY: STATUS: COMPLETED

CC: recurrent right inguinal hernia

HPI: Mr. Hopkins is a 70 y/o M who presents to the clinic for evaluation of a right inguinal hernia. The patient has had two operations to fix his RIH previously, the first in 1969 and the second in 1974 (which was done with mesh). The patient states he again noticed a bulge in his right groin about 3 mo ago. It is soft and reducible, but not painful. He has been wearing a truss for support. The patient recently moved to KC from Oklahoma. Of note, Mr. Hopkins is a diagnosed diabetic with an A1c of 9.8 and blood glucose >240, but refuses any medical therapy. He states "I do not believe in medication" and states he will work on his diet to bring down his blood glucose.

PMH:
Active Problem
Shoulder pain (SNOMED CT 45326000) 719.41 04/15/2014 DEAN,ELIZABETH E
Diabetes mellitus (SNOMED CT 73211009) 250.00 04/17/2014 DEAN,ELIZABETH E
Inguinal hernia (SNOMED CT 396232000) 550.90 04/15/2014 DEAN,ELIZABETH E
Hypercholesterolemia (SNOMED CT 13644009) 272 04/15/2014 DEAN,ELIZABETH E
Screening for Malignant Neoplasms of colon V7 04/15/2014 DEAN,ELIZABETH E
Sleep apnea (SNOMED CT 73430006) 780.57 04/15/2014 DEAN,ELIZABETH E
H/O: alcoholism (SNOMED CT 161466001) V11.3 04/15/2014 DEAN,ELIZABETH E
Tobacco Use Disorder, Remission 305.1 04/15/2014 DEAN,ELIZABETH E

PSH:
As mentioned in HPI

MEDICATIONS:
No Medications Found

ALLERGIES:
Patient has answered NKA

SOCIAL HISTORY:
Denies tobacco, alcohol, or illicit drugs. Has hx of smoking and EtOH consumption but quit in 70s. Lives outside KC with wife.

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FAMILY HISTORY:
Reviewed. Noncontributory.

ROS:
12 point system discussed with patient. Negative except as per HPI. + for some right shoulder pain and limitation in movement.

PHYSICAL EXAM:
Gen: A&O, NAD
Eyes: EOMI, conjunctiva clear
ENT: MMM, neck supple, trachea midline
Heart: RRR
Chest: CTAB
Abd: S/NT/ND
Gu: large reducible right inguinal hernia, normal testes and scrotum
Ext: MAE x4
Derm: warm, dry, and in tact
Neuro: CN2-12 grossly in tact
Psych: approp mood & affect

LABS/RADIOLOGY:
LAB RESULTS FOR: APR 30, 2014 - NONE FOUND, no imaging

A/P: 70 y/o M with recurrent RIH:

The patient is a candidate for open repair with mesh. However, his diabetes needs to be better controlled. We discussed the risk of operative complications including mesh infection and poor wound healing, secondary to his diabetes. The patient adamantly refuses accepting medical therapy for his diabetes, and states he will improve his blood glucose levels with diet alone. We will have him follow up in 1 mo with a fasting blood glucose and HbA1c level checked on the morning of the visit.

Patient seen and discussed with Dr. Stark.

Sameer Alvi, MD PGY-1

/es/ SAMEER AHMED ALVI
Resident Physician
Signed: 04/30/2014 13:10

/es/ Steven P. Stark, MD.
Staff Surgeon
Cosigned: 05/01/2014 08:27

LOCAL TITLE: KC-NOTIFICATION OF TEST RESULTS BY LETTER
STANDARD TITLE: LETTERS
DATE OF NOTE: APR 15, 2014@14:16 ENTRY DATE: APR 15, 2014@14:16:18
AUTHOR: DEAN,ELIZABETH E EXP COSIGNER:
INSTITUTION: CAMERON CBOC
DIVISION: CAMERON CBOC-KC
URGENCY: STATUS: COMPLETED

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APR 15, 2014

(b) (6)

Dear MARSHALL HUGH HOPKINS,

This letter is written in followup of your recent visit.

As we discussed, you have diabetes with very high blood sugar (BS) on average. We know this because your A1C is 9.8, average BS for the last 3 months is 240.

We will provide a glucose meter and supplies, so that you can monitor your home BS readings. Please call the clinic to arrange provision of the meter and instructions.

Your surgery appointment is 4/23/14 at 9:30am. It is not the surgery but a pre-surgery evaulation.

If you have any questions, please call.

Sincerely,

Elizabeth Dean, D.O.
SENT ON KCVA LETTERHEAD

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Elizabeth Dean, D.O.

LOCAL TITLE: KC-HISTORY AND PHYSICAL (NEW)
STANDARD TITLE: H & P NOTE
DATE OF NOTE: APR 15, 2014@13:37 ENTRY DATE: APR 15, 2014@13:37:09
AUTHOR: DEAN,ELIZABETH E EXP COSIGNER:
INSTITUTION: CAMERON CBOC
DIVISION: CAMERON CBOC-KC
URGENCY: STATUS: COMPLETED

(x)Nurse's intake/assessment note reviewed.

HISTORY: See Problem List.
INGUINAL HERNIA RIGHT
RIGHT SHOULDER PAIN
DIABETES

OUTPATIENT MEDICATIONS:
ACTIVE OUTPATIENT PRESCRIPTIONS
PT. DECLINES TO TAKE ANY THERAPY

DRUG ALLERGIES: Patient has answered NKA

PRIVATE DOCTORS: NONE

HPI:

ROS:
CONSTITUTIONAL/SLEEP/WEIGHT:
EYES: Last Exam: ()Glasses
HEAD, EARS, NOSE, MOUTH, THROAT: no problems with scalp, hearing normal, nose & sinuses normal, swallowing normal, teeth
CARDIOVASCULAR: No chest pain or edema. No claudication.
RESPIRATORY: No SOB or cough. SMOKER ()YES ()NO
GI: No indigestion, stooling normal. COLONOSCOPY ()YES ()NO
GU: Stream normal; nocturia
MUSCULOSKELETAL: No pain or dysfunction. SEVERE MVA 1991 WHILE IN THE SERVICE.
SKIN: No lesions or rashes.
NEUROLOGIC: No headaches, no history of loc or seizure. No dizziness.
PSYCHIATRIC: Normal.
ENDOCRINE: Denies excessive thirst, urination or weight loss. Normal blood sugar. Denies abnormal thyroid.
HEMATOLOGIC/LYMPHATIC: No anemia or other blood dyscrasia. Has not received blood products.
SEASONAL/FOOD ALLERGIES: None

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CHILDHOOD DISEASES: UNK
OTHER: NONE

PAST MEDICAL/FAMILY/SOCIAL HISTORY:

SURGERIES: 1969 RIGHT IH REPAIR
1994 REVISION W/MESH RIH REPAIR

MEDICAL/SURGICAL: See Problem List

FAMILY HISTORY:
FATHER DIED AGE 74 OF UNK CAUSES; MOTHER DIED AGE 86 UNK CAUSE. 2 BROTHERS DIED. 1 HAD BRAIN CANCER. OTHER UNK. 6 CHILDLREN A&W.

SOCIAL HISTORY:

MARITAL STATUS - MARRIED X 12 YRS TO 2ND WIFE. DIVORCED X 1 AFTER 16 YRS.
OCCUPATION - DISABILITY ON DUTY FROM THE AIR FORCE. HAS OWNED GROCERY STORES, RESTAURANT. HAS BEEN A FARMER/RACHER, SELLS LIGHTS AT THIS TIME.
RELIGIOUS PREFERENCE: LDS

MILITARY SERVICE:
PERIOD OF SERVICE - 1961 1967 AIR FORCE; AIR GUARD 1974 - 1982; USAF RESERVES 1982 - 1994.
LAST BRANCH OF SERVICE - AIR FORCE

HABITS:
CIGARETTE USE (packs per day): QUIT 1972, 2 - 2 1/2 PPD X 20 YRS.
ALCOHOL USE (drinks per day): QUIT 1972, ALCOHOLIC. PARTICIPATED IN A PROGRAM.
CAFFEINE (cups per day): NONE
RECREATIONAL DRUG USE: (X)No ()Yes. Drugs used:
EXERCISE (days per week): WORKS, ACTIVE
SEAT BELT USE (X)Yes ()No
HOBBIES/INTERESTS: WORK

EXAM:
VITALS:
HT. 74", WT. 196.4 LBS., BMI 25.27; BP 154/90, RECK 124/86, PULSE 81, RESP 20, TEMP 98.3. P.O. NONE; PAIN 5/10 LOWER ABD. P.O. 97%

GENERAL APPEARANCE: TALL, AVERAGE WEIGHT CAUCASIAN MALE. SALT AND PEPPER HAIR CUT SHORT. MUSTACHE. BLUE EYES, NO GLASSES. LOOKS YOUNGER THAN HIS STATED AGE.
EYES: PERL; lids normal, no injection.
HEAD, EARS, NOSE, MOUTH, THROAT: Ears and nose normal; hearing normal, nares patent; lips normal. TEETH - IN GOOD REPAIR.
NECK: Symmetrical and thyroid normal.
CARDIOVASCULAR: RRR, no murmur, no JVD or edema, PMI normal carotid, abdominal pulses normal.
RESPIRATORY: CTA, no adventitious sounds, no dyspnea.
CHEST/BREASTS: Symmetrical, no masses.
GI: NTTP, no masses, no hepato or splenomegaly, no hernia.
GU: DEFERRED

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RECTAL: DEFERRED
LYMPHATIC: Cervical normal.
MUSCULOSKELETAL: Gait normal, digits and nails normal, joints - RIGHT SHOULDER STIFF W/REDUCED ROM AND SOME PAIN ESPECIALLY IN THE UPPER ARM, BICEP AREA.
SKIN: No rashes or lesions.
FEET: DEFERRED.
NEUROLOGIC: CN 2-12 normal, no tremor.
PSYCHIATRIC: Oriented x 3, memory intact, mood normal.

LAB:

04/08/14	8:15	HEMOGLOBIN A1C	9.8H
04/08/14	8:15	WBC	8.2
04/08/14	8:15	RBC	5.20
04/08/14	8:15	HGB	15.4
04/08/14	8:15	HCT	46.8
04/08/14	8:15	MCV	90.0
04/08/14	8:15	MCH	29.7
04/08/14	8:15	MCHC	32.9L
04/08/14	8:15	RDW	13.7
04/08/14	8:15	PLATELET COUNT	242
04/08/14	8:15	MPV	8.2
04/08/14	8:15	LYMPH, AUTO %	29.5
04/08/14	8:15	MONOCYTE, ABSOLUTE	0.5
04/08/14	8:15	EOSINOPHIL, ABSOLU	0.1
04/08/14	8:15	BASO, ABSOLUTE	0.1
04/08/14	8:15	NEUTROPHILS,ABSOLU	5.2
04/08/14	8:15	NEUTROPHILS, AUTO	63.0
04/08/14	8:15	MONONUCLEAR, AUTO	5.8
04/08/14	8:15	EOS, AUTO %	1.0
04/08/14	8:15	BASOPHIL, AUTO %	0.7
04/08/14	8:15	LYMPHOCYTE, ABSOLU	2.4
04/08/14	8:15	GLUCOSE	244H
04/08/14	8:15	UREA NITROGEN mg/d	12
04/08/14	8:15	*CREATININE	0.90
04/08/14	8:15	SODIUM	142
04/08/14	8:15	POTASSIUM	3.8
04/08/14	8:15	CALCIUM (mg/dL)	9.4
04/08/14	8:15	CHOLESTEROL	239H
04/08/14	8:15	PROTEIN,TOTAL	8.1
04/08/14	8:15	ALBUMIN	4.3
04/08/14	8:15	TOTAL BILIRUBIN	0.7
04/08/14	8:15	ASPARTATE TRANSAMI	15
04/08/14	8:15	ALANINE AMINOTRANS	19
04/08/14	8:15	TRIGS	249H
04/08/14	8:15	ANION GAP	14.0
04/08/14	8:15	RISK FACTOR	18
04/08/14	8:15	HDL-CHOLESTEROL	44
04/08/14	8:15	CHLORIDE	99
04/08/14	8:15	CO2	29
04/08/14	8:15	ALKALINE PHOSPHATA	58
04/08/14	8:15	LDL (CALC)	145H
04/08/14	8:15	EGFR	83.4
04/08/14	8:15	TSH	2.310

X-RAY: RIGHT SHOULDER PENDING

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ASSESSMENT/PLAN:
1. DIABETES - PT. DECLINES ANY THERAPY. DISCUSSED A1C INTERPRETATION, AVERAGE BS IN LAST 3 MOS OF 240. ALSO ADVISED PT. THAT IMPLICATIONS OF HIGH BS ARE RISK OF CARDIOVASCULAR DISEASE. LOW CHO DIET DISCUSSED AND INFORMATOIN DISPENSED.

2. SCREENING FOR MALIGNANT NEOPLASMS OF COLON - PT. DECLINES TO HAVE COLONOSCOPY. HE AGREED TO COMPLETE STOOL CARDS. DISPENSED.

3. HYPERLIPIDEMIA - DECLINES THERAPY. DISCUSSED RESULTS AND GOALS.

4. RIGHT SHOULDER PAIN - XRAY PENDING.

5. RIH RECURRENT - SURGERY CONSULT. PT. ADVISED THAT SINCE HIS BS IS HIGH THEY MAY BE RELUCTANT TO PERFORM THE SURGERY.

6. SLEEP APNEA - PT. HAS CPAP BUT DECLINES TO USE IT.

7. ALCOHOLISM IN REMISSION - ACCOLADES.

8. TOBACCO USE IN REMISSION - ACCOLADES.

PATIENT EDUCATION:
(X)Diet: weight and cholesterol management. LOW CHO, LOW FAT
()Exercise: 20 minutes or to capacity; four days per week minimum.
(X)Medications: benefits and side effects. NA. NOT TAKING AND REFUSING MEDICATIONS.
(X)Lab: reviewed with patient. COPIES OF LABS TO PT AND DISCUSSED W/HIM TODAY.
(X)Smoking cessation: advised and supported. ACCOLADES
()Other:

CLINICAL REMINDER ACTIVITY:
  Zoster/Shingles Vac Candidate (KC):
    Zoster/Shingles vaccine (Zostavax)
      Patient counseled on health risks/benefits of Zoster/Shingles vaccine, but declined vaccine at this time.

  Screen for PTSD (KC):
    PC PTSD
      A PTSD screening test (PTSD 4Q) was negative (score=0).

      1. Have had any nightmares about it or thought about it when you did not want to?
      No

      2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
      No

      3. Were constantly on guard, watchful, or easily startled?
      No

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4. Felt numb or detached from others, activities, or your surroundings?
No

Elopement Risk Assessment (KC):
ELOPEMENT RISK ASSESSMENT
Conditions that might lead to this decision may include but not limited to:

High risk elopement factor(s) no longer apply

Homelessness Screening(KC):
In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.
Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?
No - Not worried about housing near future

Medication Reconciliation (KC):
MEDICATION RECONCILIATION
1. I have reviewed the list of medications the patient is taking with the patient and/or caregiver and reconciled the medications to the extent appropriate to the scope of this visit.
No differences identified
3. Copy of reconciled medication list given to patient and/or caregiver.
Patient verbalizes understanding:

yes.

Patient educated on:
- Medication side effects
- Importance of taking medications as prescribed
- Updating medication list when medications are discontinued, changed, or new medications are added
- Always bringing a list of current medication information to all doctor visits
- Always carrying current medication information in the event of emergency situations

Quit Tobacco Intervention:
This patient is not a current tobacco user.

KC-MOVE!:

Patient was provided with weight loss counseling about risks of being overweight and/or obese by this provider. Recommendation was made for the Veteran to increase activity and participate in a weight management program.

Patient declined/or would not benefit referral to MOVE!/Weight Management Program at this time due to:
Medical Condition: AT IBW

Learning Assessment (KC):

LEARNING ASSESSMENT
Patient has religious, cultural, or ethnic preferences that impact his/her care?
No

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Patient Preferred Health Care language is:
English
LEARNING BARRIER(S)**
Has no barriers to learning.
READINESS TO LEARN**
Patient is ready to learn
READING ABILITY**
Patient reads well.
LEARNING ABILITY**
Able
PREFERRED METHOD OF LEARNING**
Reading
N:Hepatitis C Risk Assessment:
Risk factors for Hepatitis C include Blood Transfusions prior to 1992, IV Drug Use, Exposure to Blood/Blood Products, Multiple Sexual Partners, Hemodialysis, Tattoo/Body Piercing, Cocaine Use, Unexplained Liver Disease, Unexplained Abnormal ALT/SGPT, History of Alcohol Abuse.
Patient has no risk factors for Hepatitis C.

LETTER TO PT. IN FU OF DIABETES, VERY HIGH BS, ABNORMAL CHOLESTEROL, HIGH RISK OF CAD. OFFER METER FOR BS MONITORING.

RTC 12 MOS - A1C, VIT. D, B12, FLP, L/R, PSA, TSH, CBC W/DIFF.

/es/ ELIZABETH E DEAN DO
Staff Physician, Cameron CBOC
Signed: 04/15/2014 14:15

LOCAL TITLE: KC-CDI/PI SCREENING NOTE
STANDARD TITLE: RISK ASSESSMENT SCREENING NOTE
DATE OF NOTE: APR 15, 2014@13:06 ENTRY DATE: APR 15, 2014@13:06:10
AUTHOR: HOPPER,MELISSA EXP COSIGNER:
INSTITUTION: CAMERON CBOC
DIVISION: CAMERON CBOC-KC
URGENCY: STATUS: COMPLETED

ADVANCE DIRECTIVE EDUCATION:
Information on Advanced Directives was provided at this visit
ALCOHOL ABUSE SCREEN:
Audit-C (Mental Health Instrument)
An alcohol screening test (AUDIT-C) was negative (score=0).

1. How often did you have a drink containing alcohol in the past year?
Never

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
Response not required due to responses to other questions.

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

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Response not required due to responses to other questions.

COLORECTAL CANCER SCREEN:
Patient provided education/counseling related to colorectal cancer screening, but declined.
DEPRESSION SCREEN:
PHQ-2 (Mental Health Instrument)
A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

1. Little interest or pleasure in doing things
Not at all

2. Feeling down, depressed, or hopeless
Not at all

PNEUMOCOCCAL VACCINE:
Patient counseled on health risks/benefits of pneumococcal vaccine, but declined vaccine at this visit.
PRESSURE ULCER RISK SCREEN:

	--STATUS--	--DUE DATE--	--LAST DONE--
KC-Pressure Ulcer Risk Screening	DUE NOW	DUE NOW	unknown

All responses are negative. Screening for risk is negative.
Fall Risk Assessment
1. Do you feel you are at risk for falling?
No
2. By observation patient appears to have instability with functional mobility.
No
3. Have you fallen within the last 12 months?
No
Temperature:
98.3 F (36.8 C)
Pulse:
81
Respiration:
20
B/P:
154/90
Pain:
2
Wt:
196.4 lb (89.3 kg)
Ht:
74 in [188 cm)

/es/ MELISSA HOPPER
LPN
Signed: 04/15/2014 13:24

LOCAL TITLE: WI-FORM LETTER DIAGNOSTIC RESULTS
STANDARD TITLE: DIAGNOSTIC STUDY REPORT
DATE OF NOTE: FEB 18, 2011@07:36 ENTRY DATE: FEB 18, 2011@07:36:34
AUTHOR: WETMORE,ELIZABETH B EXP COSIGNER:

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INSTITUTION: LIBERAL CBOC
DIVISION: LIBERAL CBOC-WI
URGENCY: STATUS: COMPLETED

Department of Veterans Affairs
Robert J. Dole
5500 E. Kellogg
Wichita, KS 67218

MARSHALL HUGH HOPKINS
(b)(6)

This letter was mailed to the patient.
Feb 18,2011

DEAR VETERAN,

THIS LETTER IS TO INFORM YOU OF YOUR RECENT STUDY RESULTS PERFORMED AT THE ROBERT J. DOLE VAMC, WICHITA KS.

_____

PRIMARY CARE
LABORATORY
complete blood count (CBC), lipid panel, comprehensive metabolic panel, glucose, urine test, PSA
results were normal
Comments:trace of bacteria in your urine, how about some cranberyy pills 2 a
day for 10
days? other than that, your lousy (LDL) cholesterol needs some work, exercise, fish oil pills (2 q day)se you soon!!! Liz

****

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** PROGRESS NOTES **

 LOCAL TITLE: DIABETIC TELERETINAL READER CONSULT REPORT
STANDARD TITLE: DIABETOLOGY NOTE
DATE OF NOTE: APR 08, 2013@15:42   ENTRY DATE: APR 08, 2013@15:42:27
      AUTHOR: POWELL,JASON R   EXP COSIGNER:
 INSTITUTION: RAYMOND G. MURPHY VAMC
    DIVISION: ALBUQUERQUE
     URGENCY: STATUS: COMPLETED

PUPIL DILATION:
  Pupils not dilated for imaging

IMAGE QUALITY ASSESSMENT:
  Image quality adequate

DIABETIC SURVEILLANCE ASSESSMENT:
  RIGHT RETINAL IMAGES:
    Retinopathy Assessment Rt eye:
      No Diabetic Retinopathy
    Macula Assessment Rt eye:
      No apparent abnormalities
    Optic Nerve Assessment Rt Eye:
      No apparent abnormalities
  LEFT RETINAL IMAGES:
    Retinopathy Assessment Lt eye:
      No Diabetic Retinopathy
    Macula Assessment Lt eye:
      No apparent abnormalities
    Optic Nerve Assessment Lt eye:
      No apparent abnormalities

EYE EXAM RESULTS:
  Diabetic Retinopathy:
    Eye exam Retinopathy: Normal
  Macula findings:
    Eye exam Macula: Normal
  Optic Nerve Findings:
    Eye exam Optic Nerve: Normal

RECOMMENDATIONS:
  Refer for comprehensive eye exam
    Refer to:
      EITHER Ophthalmology or Optometry
        Within 1 year
    Referral/appointment reason:
      Routine eye care
 Poor control of diabetes.

****
*Digital retinal imaging has been shown to be an effective method *
*of screening for diabetic retinopathy, but cannot substitute for *
*a comprehensive eye exam.   *
****

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/es/ JASON R POWELL, OD
OPTOMETRIST
Signed: 04/08/2013 15:43

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SSA Inquiry Results

SSA Request Selection Criteria

Veteran File No:
(b) (6)

Veteran Name:
MARSHALL H HOPKINS

Subject SSN:
522949287

CAN:

Subject Name:
DARLENE HOPKINS

BIC:

Subject DOB:
07/02/1964

Search Reason:
Verify Benefits

Relationship To Veteran:
Spouse

Date of Inquiry:
11/06/2020

Profile

Ver SSN:
522949287

DOD:

Ver Code:
SSN Verified

DOD Source Code:

First Name:
DARLENE

Title II Status:
Y

Middle Initial:
R

Title XVI Status:
N

Last Name:
HOPKINS

Title II CAN:
(b) (6)

Other Last Name:

BIC:
E00

Mailing Address:
DARLENE R HOPKINS
8734 N 4003 DR
COPAN OK
74022-4703

BIC Applies To:
E00 - Undefined

Person's Own Ver SSN:

Phone Number:

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DOB:
07/02/1964

Sex Code:
F

Marital Status:

Proof of Age:
Alleged

Direct Deposit:
Checking

SSN Correction Indicator:

Other SSNs:

SSN

Verify SSNs:

SSN

SSA Basic Info

Disability Onset Date:

SSI Disability Payment Code:

Initial Entitlement Date:
01/2007

Current Entitlement Date:
09/2015

Susp or Term Date:
08/2019

LAF:
T4 - Undefined

Deferred Payment Date:

Payment Indicator:

Retro Payment Date:

Retro Amount:

SMI Details

Option Code:

Start Date:

Stop Date:

Premium Amount:

Buy-In Option Code:

Buy-in Start Date:

Buy-In Stop Date:

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Current Payment Amount:

Combined Check:

Cross-Reference Account Numbers:

CAN	BIC	Code

Monthly Benefit Credited:

Date	Amount	Type
08/2019	$1102.00	Not Paid
12/2018	$1102.00	Paid
12/2017	$1072.00	Paid
12/2016	$1051.00	Paid
09/2015	$1047.00	Paid
12/2014	$583.00	Paid

Dual Entitlement CAN List:

CAN	BIC

SSI Basic Info

Payment Date:

Gross Payable Amount (Current):

Unearned Income-Net Countable Amount:

Earned Income-Net Countable Amount:

Gross Payable Amount:

Income History

Black Lung Payment Amount:

Federal Countable Income(FCI):

Earned Income-Net Self-Employed Estimate:

Earned Income-Wage Amount:

Railroad Retirement:

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Unearned Income:

Type Code	Verification Code	Start Date	End Date	Amount	Claim Or ID#

Additional Addresses

Payee Address:

Residential Address:

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** PROGRESS NOTES **

 LOCAL TITLE: GENERAL INFORMATION CBCB
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: OCT 28, 2003@08:20   ENTRY DATE: OCT 28, 2003@08:20:10
      AUTHOR: WOOD,TAMMY KATHY   EXP COSIGNER:
 INSTITUTION: PUEBLO VA CLINIC
    DIVISION: PUEBLO CBOC
     URGENCY: STATUS: COMPLETED

**Please use this title to document general patient information. This
progress note will not generate encounter information. Please user
another title to document your note if encounter information is
necessary.

++
MAILED LETTER/1010 TO UPDATE INFORMATION AND DISCHARGE PAPERS FOR VERIFICATION
ON ON 9-8-03. NO RESPONSE; THEREFORE, WILL RETURN SCREENING FORM TO CONNIE FOR
FUTURE REFERENCE.

/es/ TAMMY KATHY WOOD
ADMIN SUPPORT ASST
Signed: 10/28/2003 08:21

Receipt Acknowledged By:
10/28/2003 08:37   /es/ CONNIE L GAUT
                             PCMM COORDINATOR

 LOCAL TITLE: POLYSOMNOGRAPHY NOTE (T)
STANDARD TITLE: PULMONARY PROCEDURE NOTE
DATE OF NOTE: NOV 09, 1994   ENTRY DATE: AUG 03, 2009@21:38:57
      AUTHOR: HINKLE,CHANDRA G   EXP COSIGNER:
 INSTITUTION:
    DIVISION:
     URGENCY: STATUS: COMPLETED

   VistA Imaging - Scanned Document

                          *** SCANNED DOCUMENT ***
                           SIGNATURE NOT REQUIRED

  Electronically Filed: 08/03/2009
                    by: Chandra G Hinkle
                        Medical Support Asst.

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Department of Veterans Affairs

PO BOX 5365
JANESVILLE WI 53547-5365

31

October 19, 2020

DARLENE HOPKINS
310 MAIN ST
ALTAMONT MO 64620

In Reply Refer To:
File Number:
(b) (6)
M H HOPKI
Payee 10

We are still processing your application for Dependency and Indemnity Compensation. We apologize for the delay. You will be notified upon completion of processing. If you need to contact us, be sure to show the file number and full name of the veteran.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

If you reside in the Continental United States, Alaska, Hawaii, Guam, the Northern Marianas, or Puerto Rico, you may contact VA with questions and receive free help by calling our toll-free number 1-800-827-1000 (for hearing impaired TDD 1-800-829-4833). From American Samoa you may dial toll free 684-699-3730. Philippines residents call 632-550-3888.

Note: TDD phone number 1-800-829-4833 does not work for callers residing in Guam and the Northern Marianas.

Sincerely yours,

Regional Office Director

NE514441

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DEPARTMENT OF VETERANS AFFAIRS

October 8, 2020

DARLENE HOPKINS
310 MAIN ST
ALTAMONT MO 64620

In reply, refer to:
330/22R2/KJW
File Number: (b) (6)
Marshall H. Hopkins

IMPORTANT -- reply needed

Dear Darlene Hopkins:

We are working on your claim for:

- survivors pension
- dependency and indemnity compensation

What Do We Still Need from You?

We need additional evidence from you. ***Please put your VA file number on the first page of every document you send us.***

In order to support your claim for service connected dependency and indemnity compensation (DIC) under 38 U.S.C. 1151, you must provide evidence that shows that as a result of VA hospitalization, medical or surgical treatment, examination, or training, the Veteran had an additional disability or disabilities, or an aggravation of an existing injury or disease, and the disability was the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment, or not a reasonably expected result or complication of the VA care or treatment, or the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program.

If you are reporting that a surgery caused the veteran's claimed service connected condition. Please report the type/name of the surgery, approximate date and place where the surgery occurred.

If you are reporting that medication caused the veteran's claimed service connected condition. Please report the name of the medication and the approximate date it was prescribed, if known.

We are requesting medical records from Amarillo and Memphis VA Medical Centers. If the Veteran was treated by a private physician, you may submit the evidence yourself or please complete the enclosed VA Form 21-4142, Authorization To Disclose Information To The Department of Veterans Affairs and return it to the VA form processing.

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Where Should You Send What We Need?

Please note that the quickest, easiest, and most secure way to submit any documents to us is via the eBenefits website. Just visit www.eBenefits.va.gov to register. Please also refer to the 'What is eBenefits?' section of this letter for more information.

Please send what we need to this address:

You can send what we need to the appropriate address listed on the attached Where to Send Your Written Correspondence chart.

How Soon Should You Send What We Need?

We strongly encourage you to send any information or evidence as soon as you can. If we do not hear from you, we may make a decision on your claim after 30 days. However, you have up to one year from the date of this letter to submit the information and evidence necessary to support your claim. If we decide your claim before one year from the date of this letter, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.

What is eBenefits?

eBenefits provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Request a Veterans Service Officer to represent you
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in eBenefits is easy. Just visit www.eBenefits.va.gov for more information. If you submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you

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submit your claim through the mail.

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our web site at http://www.va.gov. Otherwise, you can contact us in several ways. Please give us your VA file number, **529 56 7575**, when you do contact us.

- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711 (international number is 1-800-829-4833).
- Send us an inquiry using the Internet at https://iris.va.gov.

We look forward to resolving your claim in a fair and timely manner.

Sincerely yours,

Regional Office

Regional Office
Director

Enclosures: VA Form 21-4138
VA Form 21-4142
Where to Send Your Written Correspondence

cc: MISSOURI VETERANS COMMISSION

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OMB Control No. 2900-0075
Respondent Burden: 15 minutes
Expiration Date: 12/31/2020

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

STATEMENT IN SUPPORT OF CLAIM

INSTRUCTIONS: Read the Privacy Act and Respondent Burden on Page 2 before completing the form. Complete as much of Section I as possible. The information requested will help process your claim for benefits. If you need any additional room, use the second page.

SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION

NOTE: You will *either* complete the form online or by hand. Please print the information request in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

2. VETERAN'S SOCIAL SECURITY NUMBER – –

3. VA FILE NUMBER *(If applicable)*

4. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*
Month – Day – Year

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. TELEPHONE NUMBER *(Include Area Code)*

7. E-MAIL ADDRESS *(Optional)*

8. MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code –

SECTION II: REMARKS

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

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VETERAN'S SOCIAL SECURITY NO. ☐☐☐ – ☐☐ – ☐☐☐☐

SECTION II: REMARKS *(Continued)*
(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE *(Sign in ink)*	10. DATE SIGNED *(MM/DD/YYYY)*

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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OMB Control No. 2900-0858
Respondent Burden: 5 minutes
Expiration Date: 03/31/2021

Department of Veterans Affairs

AUTHORIZATION TO DISCLOSE INFORMATION TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)

NOTE - PLEASE READ THE ENTIRE FORM *(both pages)* BEFORE SIGNING IN ITEM 13 BELOW.

SECTION I - RECORDS TO BE RELEASED TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange) of: ***All* my medical records; including information related to my ability to perform tasks of daily living. This includes specific permission to release:**

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) *including*, but not limited to:
   a. Psychological, psychiatric, or other mental impairment(s) excluding "psychotherapy notes" as defined in 45 C.F.R. §164.501,
   b. Drug abuse, alcoholism, or other substance abuse,
   c. Sickle cell anemia,
   d. Records which may indicate the presence of a communicable or non-communicable disease; and tests for or records of HIV/AIDS,
   e. Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Information created within 12 months *after* the date this authorization is signed in Item 13, as well as past information.

YOU SHOULD NOT COMPLETE THIS FORM UNLESS YOU WANT THE VA TO OBTAIN PRIVATE TREATMENT RECORDS ON YOUR BEHALF. IF YOU HAVE ALREADY PROVIDED THESE RECORDS OR INTEND TO OBTAIN THEM YOURSELF, THERE IS NO NEED TO FILL OUT THIS FORM. DOING SO WILL LENGTHEN YOUR CLAIM PROCESSING TIME.

IMPORTANT - In accordance with 38 C.F.R. §3.159(c), **"VA will not pay any fees charged by a custodian to provide records requested."**

SECTION II - VETERAN IDENTIFICATION INFORMATION

NOTE - You can *either* complete the form online or by hand. Please print the information requested in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER — – –

3. VA FILE NUMBER

4. DATE OF BIRTH *(MM/DD/YYYY)* — – –

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. MAILING ADDRESS (*Number and street or rural route, P. O. Box, City, State, ZIP Code and Country*)

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code –

7. E-MAIL ADDRESS *(Optional)*

8. TELEPHONE *(Include Area Code)*

SECTION III - PATIENT IDENTIFICATION FOR RECORDS VA IS REQUESTING (If other than veteran)

9. PATIENT'S NAME *(First, Middle Initial, Last)*

10. SOCIAL SECURITY NUMBER — – –

11. VA FILE NUMBER *(If applicable)*

SECTION IV - INFORMATION REGARDING SOURCE OF RECORD(S)

SOURCE OF RECORD(S):

- **ALL** medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities,
- Social workers/rehabilitation counselors,
- Consulting examiners used by VA,
- Employers, insurance companies, workers' compensation programs, and
- Others who may know about my condition (family, neighbors, friends, public officials).

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VETERAN'S SOCIAL SECURITY NO. ☐☐☐ – ☐☐ – ☐☐☐☐

SECTION V - AUTHORIZATION AND CONSENT TO RELEASE INFORMATION TO VA AND SIGNATURE

12. IF MY CONSENT TO THIS INFORMATION IS LIMITED, THE LIMITATION IS WRITTEN HERE *(If this space is left blank, there is no limitation to records)*:

TO WHOM: The Department of Veterans Affairs (VA).
PURPOSE: Determining my eligibility for benefits, and whether I can manage such benefits.
EXPIRES: This authorization is good for 12 months from the date shown in Item 14.

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above in Section I.
- I understand that there are some circumstances in which this information may be re-disclosed to other parties (See page 2 for details).
- I may write to VA and my source(s) to revoke this authorization at any time (See page 2 for details).
- VA will give me a copy of this form, if I ask; I may also ask the source(s) to allow me to inspect or get a copy of material to be disclosed.
- **I have read both pages of this form and agree to the disclosures above from the types of sources listed. See Patient Acknowledgement below.**

13. SIGNATURE OF PERSON AUTHORIZING DISCLOSURE ***(Required)*** *(Sign in ink)*	14. DATE SIGNED *(MM/DD/YYYY)* ***(Required)***
15. PRINTED NAME OF PERSON SIGNING *(First, Middle Initial, Last)*	16. RELATIONSHIP TO VETERAN/CLAIMANT *(If other than self, please provide full name, title, organization, city, State, and ZIP code. All court appointments must include docket number, county, and State)*

NOTE: This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical and other information under P.L. 104-191 ("HIPAA"); 45 C.F.R. parts 160 and 164; 42 U.S.C. §290dd-2; 42 C.F.R. part 2, and State Law.

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, if the information including your Social Security Number (SSN) is not furnished completely or accurately, the source to which this authorization is addressed may not be able to identify and locate your records, and provide a copy to VA. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975 and still in effect.

If you do not revoke this authorization, it will automatically expire in 12 months from the date you sign and date the form. Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by VA without your consent if authorized by Federal laws such as the Privacy Act.

Under the Government Paperwork Elimination Act (GPEA) (Public Law 105-277), the Office of Management and Budget (OMB) ensures that agencies, when practicable, provide for the option of electronic maintenance, submission of disclosure of information and for the use and acceptance of electronic signatures. GPEA states that electronic records submitted or maintained in accordance with the procedures developed by OMB, or electronic signature or other forms of electronic authentication used in accordance with such procedures, "shall not be denied legal effect, validity, or enforceability merely because such records are in electronic form" (Public Law 105-277, section 1707).

RESPONDENT BURDEN: We need this information and your written authorization to obtain your treatment records to help us get the information required to process your claim. Title 38, United States Code, allows us to ask for this information. You can provide this authorization by signing VA Form 21-4142. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all possible sources. We will make copies of it for each source. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations. We estimate that you will need an average of 5 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form. If you use the Telecommunications Device for the Deaf (TDD), the Federal relay number is 711.

PATIENT ACKNOWLEDGMENT: I HEREBY AUTHORIZE the sources listed in Section IV, to release any information that may have been obtained in connection with a physical, psychological or psychiatric examination or treatment, with the understanding that VA will use this information in determining my eligibility to veterans benefits I have claimed. I understand that the source being asked to provide the Veterans Benefits Administration with records under this authorization may not require me to execute this authorization before it provides me with treatment, payment for health care, enrollment in a health plan, or eligibility for benefits provided by it. I understand that once my source sends this information to VA under this authorization, the information will no longer be protected by the HIPAA Privacy Rule, but will be protected by the Federal Privacy Act, 5 USC 552a, and VA may disclose this information as authorized by law. I also understand that I may revoke this authorization in writing, at any time except to the extent a source of information has already relied on it to take an action. To revoke, I must send a written statement to the VA Regional Office handling my claim or the Board of Veterans' Appeals (if my claim is related to an appeal) and also send a copy directly to any of my sources that I no longer wish to disclose information about me. I understand that VA may use information disclosed prior to revocation to decide my claim.

NOTE: For additional information regarding VA Form 21-4142, refer to the following website: **https://www.benefits.va.gov/privateproviders/.**

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OMB Control No. 2900-0858
Respondent Burden: 5 minutes
Expiration Date: 03/31/2021

Department of Veterans Affairs

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

GENERAL RELEASE FOR MEDICAL PROVIDER INFORMATION TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)

INSTRUCTIONS - COMPLETE AND ATTACH THIS FORM WITH A SIGNED VA FORM 21-4142, *AUTHORIZATION TO DISCLOSE INFORMATION TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)*. IF YOU HAVE MORE THAN FIVE PROVIDERS, FILL OUT ADDITIONAL COPIES OF THIS FORM, AVAILABLE AT **WWW.VA.GOV/VAFORMS**.

NOTE - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BELOW BEFORE COMPLETING THIS FORM.

SECTION I - VETERAN'S IDENTIFICATION INFORMATION

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER ___ – ___ – ____

3. VA FILE NUMBER

4. DATE OF BIRTH *(MM/DD/YYYY)* ___ – ___ – ____

4. VETERAN'S SERVICE NUMBER *(If applicable)*

SECTION II - PATIENT IDENTIFICATION FOR RECORDS VA IS REQUESTING (If other than veteran)

6. PATIENT'S NAME *(First, Middle Initial, Last)*

7. SOCIAL SECURITY NUMBER ___ – ___ – ____

8. VA FILE NUMBER *(If applicable)*

SECTION III - MEDICAL PROVIDER INFORMATION

9A. PROVIDER OR FACILITY NAME

9B. DATE(S) OF TREATMENT:
(Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 9A)

From: To:

From: To:

9C. PROVIDER/FACILITY STREET ADDRESS *(Number and street, P.O. or rural route)*

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code –

10A. PROVIDER OR FACILITY NAME

10B. DATE(S) OF TREATMENT:
(Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 10A)

From: To:

From: To:

10C. PROVIDER/FACILITY STREET ADDRESS *(Number and street, P.O. or rural route)*

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code –

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VETERAN'S SOCIAL SECURITY NO. ___ – ___ – ____

11A. PROVIDER OR FACILITY NAME	11B. DATE(S) OF TREATMENT: *(Include the time period (month/day/year) for the treatment by the provider listed in Item 11A)*
	From: To: From: To:

11C. PROVIDER/FACILITY STREET ADDRESS *(Number and street, P.O. or rural route)*

No. & Street
Apt./Unit Number City
State/Province Country ZIP Code/Postal Code –

12A. PROVIDER OR FACILITY NAME	12B. DATE(S) OF TREATMENT: *(Include the time period (month/day/year) for the treatment by the provider listed in Item 11A)*
	From: To: From: To:

12C. PROVIDER/FACILITY STREET ADDRESS *(Number and street, P.O. or rural route)*

No. & Street
Apt./Unit Number City
State/Province Country ZIP Code/Postal Code –

13A. PROVIDER OR FACILITY NAME	13B. DATE(S) OF TREATMENT: *(Include the time period (month/day/year) for the treatment by the provider listed in Item 11A)*
	From: To: From: To:

13C. PROVIDER/FACILITY STREET ADDRESS *(Number and street, P.O. or rural route)*

No. & Street
Apt./Unit Number City
State/Province Country ZIP Code/Postal Code –

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is voluntary. However, if the information including your Social Security Number (SSN) is not furnished completely or accurately, the health care provider to which this authorization is addressed may not be able to identify and locate your records, and provide a copy to VA. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975 and still in effect.

RESPONDENT BURDEN: We need this information to obtain your treatment records. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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WHERE TO SEND YOUR WRITTEN CORRESPONDENCE

The time it takes your response to reach VA affects how long it takes us to process your claim. We recommend responding electronically whenever possible to minimize the time we spend waiting for mail. Only claimants or representatives can upload responses electronically right now. If you are not a claimant or representative, we recommend faxing so VA can receive your responses immediately.

The **fastest** way to respond to VA is to upload your correspondence electronically through VA.gov.

Visit https://www.va.gov. Under **Disability** click "Upload Evidence to support your claim".

If you cannot upload your correspondence, fax or mail it to the applicable address below. These addresses serve **all United States and foreign locations**.

To determine where to send your correspondence, identify your benefit type (Compensation, Veterans Pension, or Survivor Benefits); then, locate the applicable fax number or mailing address.

Compensation Claims	**Veterans Pension** and **Survivor Benefit Claims**
Fax Toll Free: 844-531-7818	Fax Toll Free: 844-655-1604
Or mail to:	**Or mail to:**
Department of Veterans Affairs Evidence Intake Center **P.O. Box 4444** Janesville, WI, 53547-4444	Department of Veterans Affairs Pension Intake Center **P.O. Box 5365** Janesville, WI 53547-5365

You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

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Additional Benefits Information

The table below lists:

- additional benefits to which you may be entitled, and
- the form for applying for each benefit.

Benefit	Form
Report Change in Household Income	*VA Form 21P-516-01, Improved Pension Eligibility Verification Report (Veteran)* *VA Form 21P-517-01, Improved Pension Verification Report (Veteran with Children)* *VA Form 21P-518-01, Improved Pension Verification Repot (Surviving Spouse)* *VA Form 21P-519s-01 Improved Pension Verification Report (Surviving Spouse with Children)* *VA Form 21P-519c-01 Improved Pension Verification Report (Child or Children)*
Increased Pension Based On Unreimbursed Medical Expenses	*VA Form 21P-8416, Medical Expense Report*
Special Monthly Pension	*VA Form 21-2680, Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*
Resident of Nursing Home or Assisted Living Facility	*VA Form 21-0779, Request for Nursing Home Information in Connection with Claim for Aid and Attendance*
Additional Benefits For a Spouse/ Children and/or Change in Dependent Status	*VA Form 21-686c, Declaration of Status of Dependents*
School Age Dependent	*VA Form 21-674, Request for Approval of School Attendance*
Burial Benefits	*VA Form 21P-530, Application for Burial Benefits*
Report Last Expenses or Monthly Living Expenses	*VA Form 21P-8049, Request for Details of Expenses*
Accrued Benefits	*VA Form 21P-601, Application for Accrued Amounts Due a Deceased Beneficiary*
Dependents' Educational Assistance (DEA)	*VA Form 22-5490, Dependents' Application for VA Education Benefits*
Vocational Rehabilitation	*VA Form 28-1900, Disabled Veterans Application for Vocational Rehabilitation, and VA Form 28-8890, Important Information About Rehabilitation Benefits.*
Health Care for Service Connected disabilities	*VA Form 10-10EZ, Application for Health Benefits*
Automobile or Adaptive Equipment	*VA Form 21-4502, Application for Automobile or Other Conveyance and Adaptive Equipment*
Special adaptive housing	*VA Form 26-4555, Application in Acquiring Specially Adapted Housing or Special Home Adaption Grant*
Veterans' Group Life Insurance (VGLI)	*VA Form 29-4364, Application for Service-Disabled Veterans Insurance*

If you would like forms mailed to you or if you need additional assistance please call the National Call Center at 1-877-294-6380. Information regarding VBA benefits and resources can be found http://www.benefits.va.gov/benefits. For your convenience, the above forms are also available on the Department of Veterans Affairs forms website https://www.va.gov/vaforms.

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Patient Name: HOPKINS,MARSHALL HUGH ACTIVITY DATE:
SSN: (b) (6) Claim Number: (b) (6)
Receiving Div: VAMC AMARILLO

Requisition	Status	Status Date	Operator	Current Division
Notice/Discharge:				
Hospital Summary:				
21-day Certificate:				
Other/Exam:	COCT 2,2020		COLLINS,SANDRA J1	
Special Report:				
Competency Report:				
Form 21-2680:				
Asset Information:				
Admission Report:				
OPT Treatment Rpt:	COCT 5,2020		COLLINS,SANDRA J1	
Beg Date/Care:				

REMARKS: Please retrieve all non-electronic records for the period(s) of 01/01/2003 through 09/18/2015. Please retrieve all archived records if retired. If clinical file is transferred please provide location of record. If Veteran was not treated at your facility during the above time period notify VARO of no treatment records.

Thanks

**Records in CPRS start with date of 5/2/2006.
No patient visits from 1/1/2003-5/1/2006 therefore no medical records for this time frame.
Requesting location: MILWAUKEE-RO Date of Request: OCT 5,2020
Requested by: JACKSON-WALLS,KAREN OCT 5,2020

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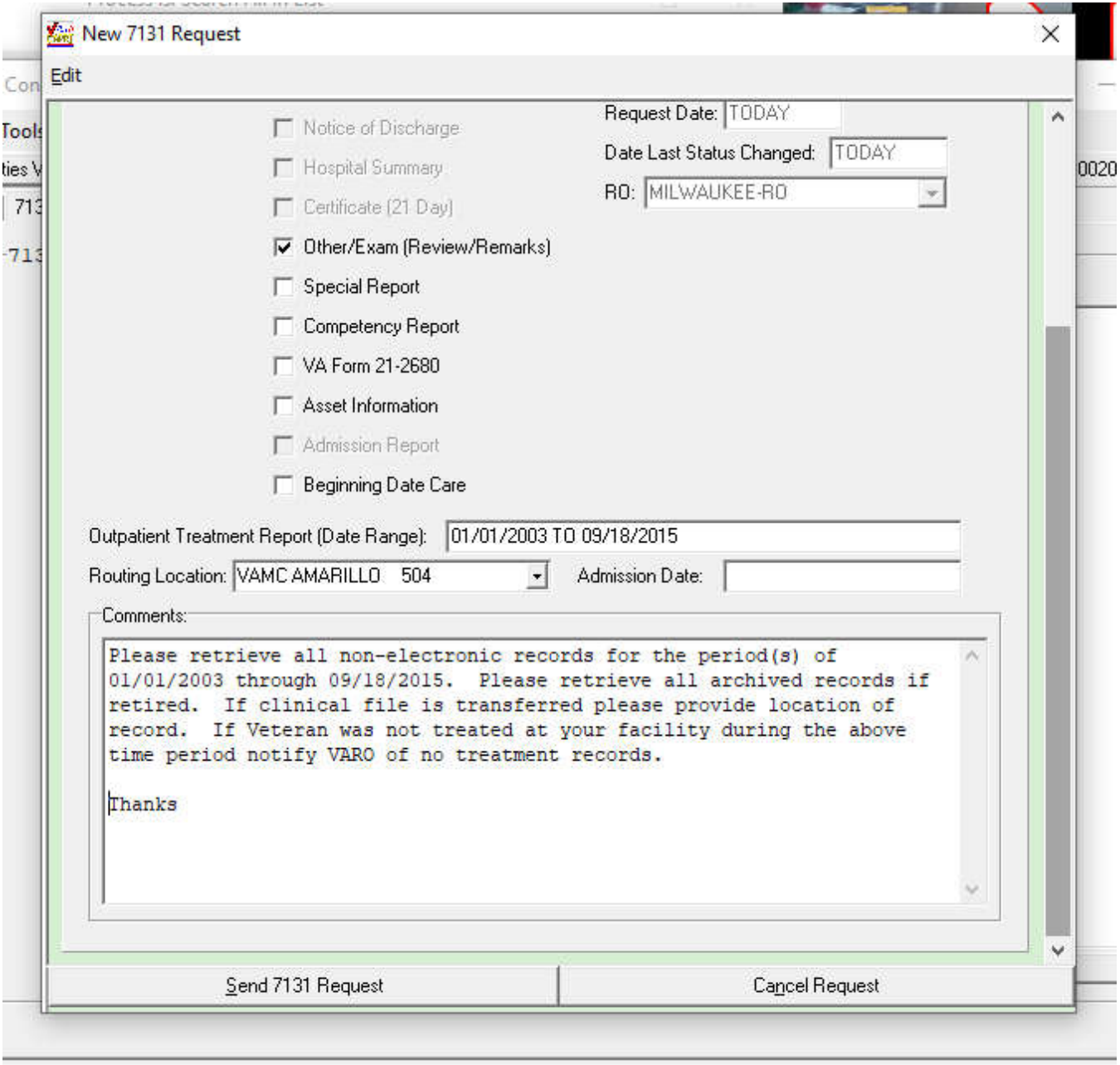

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** PROGRESS NOTES **

LOCAL TITLE: ICU FLOW SHEET
STANDARD TITLE: NURSING CRITICAL CARE UNIT FLOWSHEET
DATE OF NOTE: OCT 17, 2015 ENTRY DATE: OCT 20, 2015@14:54:38
AUTHOR: SMITH,MICHAEL A EXP COSIGNER:
INSTITUTION:
DIVISION:
URGENCY: STATUS: COMPLETED

VistA Imaging - Scanned Document

/es/ MICHAEL A SMITH

Signed: 10/20/2015 14:54

LOCAL TITLE: PALLIATIVE CARE
STANDARD TITLE: PALLIATIVE CARE NOTE
DATE OF NOTE: OCT 12, 2015@15:18 ENTRY DATE: OCT 12, 2015@15:18:33
AUTHOR: PFEIFFER,JOSEPH R EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

A letter of condolence as well as a copy of the "Butterfly Poem" and bereavement handouts on loss and grief was placed in the USPS mail Wednesday October 14, 2015

Packet of materials was addressed to: Wife-Darlene Hopkins

A copy (one-page-two-sided) of "VA Burial Benefits and Information For Survivors"" from the Chaplain's Service was included in the mailing.

The condolence letter referenced the Memorial Service which will be held in the future. Further information will be mailed separately. Usually two-three weeks prior to service.

Decedent Affairs is an essential service of chaplain's office. A letter from Decedent Affairs is mailed approximately two-three weeks prior to the Memorial Service.

Contact information (business card) was included in the mailing. Chaplain will be available to family members as needed. Will refer to other resources as appropriate.

/es/ Joseph R. Pfeiffer
STAFF CHAPLAIN
Signed: 10/12/2015 15:18

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LOCAL TITLE: PALLIATIVE CARE
STANDARD TITLE: PALLIATIVE CARE NOTE
DATE OF NOTE: SEP 29, 2015@14:40 ENTRY DATE: SEP 29, 2015@14:40:58
AUTHOR: PFEIFFER,JOSEPH R EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Bereavement Follow-up Telephone Call:

Attempted to speak to: Wife-Darlene Hopkins

Called telephone number listed in record and/or found on "Deceased Veteran Profile" face sheet. Reached voicemail. Left a message of condolence and provided contact information.

Will follow-up with the appropriate mailing of a condolence letter, Sympathy card signed by staff, bereavement/loss handouts, and other appropriate materials within a short period of time.

/es/ Joseph R. Pfeiffer
STAFF CHAPLAIN
Signed: 09/29/2015 14:42

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 21, 2015@12:52:28 ENTRY DATE: SEP 21, 2015@12:52:28
AUTHOR: MINARD,GAYLE EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

seen and examined patient with resident, agree with pronouncement.

/es/ GAYLE MINARD
MD
Signed: 09/21/2015 12:52

==========

--- Original Document ---

09/18/15 DEATH PRONOUNCEMENT:
I have identified the patient by first name, last name and Social Security number. Patient's code status at the time of death was DNR - Do Not Resuscitate
The attending physician of record is Gayle Minard and
the attending physician has been notified

This patient does not respond to verbal or tactile stimuli. There is no carotid pulse. There are no respirations. The pupils are fixed, midline and do not respond to light. I have listened for a heartbeat and observed for respirations for at least 1 minute. There is no heartbeat and no respirations.

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Date and time of death: Sep 18,2015@08:38
Name of person contacted:HOPKINS,DARLENE R
The Family/NOK or concerned individual contacted? Yes contact made with spouse

The family declines an autopsy

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 09:44

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:52

09/18/2015 ADDENDUM STATUS: COMPLETED
Family has requested autopsy at this time.

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 10:59

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:53

LOCAL TITLE: DEATH PRONOUNCEMENT
STANDARD TITLE: SUMMARY OF DEATH NOTE
DATE OF NOTE: SEP 18, 2015@09:18 ENTRY DATE: SEP 18, 2015@09:18:44
AUTHOR: GIBSON,GRIFFIN FRAZ EXP COSIGNER: MINARD,GAYLE
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

*** DEATH PRONOUNCEMENT Has ADDENDA ***

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COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 09:44

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:52

09/18/2015 ADDENDUM STATUS: COMPLETED
Family has requested autopsy at this time.

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 10:59

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:53

09/21/2015 ADDENDUM STATUS: COMPLETED
seen and examined patient with resident, agree with pronouncement.

/es/ GAYLE MINARD
MD
Signed: 09/21/2015 12:52

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 18, 2015@10:57 ENTRY DATE: SEP 18, 2015@10:57:58
AUTHOR: GIBSON,GRIFFIN FRAZ EXP COSIGNER: MINARD,GAYLE
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Family has requested autopsy at this time.

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 10:59

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:53

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--- Original Document ---

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This patient does not respond to verbal or tactile stimuli. There is no carotid pulse. There are no respirations. The pupils are fixed, midline and do not respond to light. I have listened for a heartbeat and observed for respirations for at least 1 minute. There is no heartbeat and no respirations.

Date and time of death: Sep 18,2015@08:38
Name of person contacted:HOPKINS,DARLENE R
The Family/NOK or concerned individual contacted? Yes contact made with spouse

The family declines an autopsy

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 09:44

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:52

09/21/2015 ADDENDUM STATUS: COMPLETED
seen and examined patient with resident, agree with pronouncement.

/es/ GAYLE MINARD
MD
Signed: 09/21/2015 12:52

LOCAL TITLE: CRITICAL TEST RESULTS REPORTING
STANDARD TITLE: DIAGNOSTIC STUDY REPORT
DATE OF NOTE: SEP 19, 2015@03:17 ENTRY DATE: SEP 19, 2015@03:17:19
AUTHOR: JONES-BRIGGS,TREASA EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Critical Test Results Reporting
Other Critical Values
Date/time provider notified: Sep 17,2015@12:45

Name of Provider notified by nurse - Dr Paulus, Elena M

Critical test result(s) values reported and read back were:

Reporting Lab: MEMPHIS, TN VAMC [CLIA# 44D0987294]
1030 JEFFERSON AVENUE MEMPHIS, TN 38104-2127

Report Released Date/Time: Sep 17, 2015@12:56
Provider: KUMAR,SACHIN
Specimen: BLOOD, MIXED VENO MEANC 0917 4243
Specimen Collection Date: Sep 17, 2015@12:42

Test name	Result	units	Ref. range	Site Code

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I-STAT MVBG PH	7.283 L		7.30 - 7.40	[614]
I-STAT MVBG PCO2	54.0 H	mmHg	41 - 51	[614]
I-STAT MVBG PO2	30 L*	mmHg	35 - 50	[614]
I-STAT MVBG HCO3	25.6	mmol/L	22 - 26	[614]
I-STAT MVBG O2HB% (SAT)	49	%	Ref: >=66	[614]
I-STAT MVBG BASE EXCESS	-1	mmol/L	-5 - 5	[614]
I-STAT MVBG TCO2	27	mmol/L	23 - 31	[614]
FIO2	60			[614]

Comment: Ventilator; IMV; V.T 600; Line Draw; ; Allen's Test
Tested by: Cisero Treasa Results from meter: 333699

/es/ TREASA J CISERO
RESPIRATORY THERAPIST
Signed: 09/19/2015 03:18

LOCAL TITLE: SCANNED INPATIENT STAY
STANDARD TITLE: VIST INPATIENT NOTE
DATE OF NOTE: SEP 18, 2015@17:10 ENTRY DATE: OCT 26, 2015@10:23:15
AUTHOR: HUNTER,MARIO LACLER EXP COSIGNER:
INSTITUTION:
DIVISION:
URGENCY: STATUS: COMPLETED

VistA Imaging - Scanned Document

/es/ MARIO LACLERE HUNTER
mario
Signed: 10/26/2015 10:23

LOCAL TITLE: ORGAN DONATION
STANDARD TITLE: DONOR NOTE
DATE OF NOTE: SEP 18, 2015@12:03 ENTRY DATE: SEP 18, 2015@12:03:10
AUTHOR: WALKER,KATHY LYNN EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

ORGAN AND TISSUE DONATION

1. Upon notification of a patient's status of brain death or imminent death and before calling the Organ/Tissue Donation Program, the Designated Requestor (the Nursing Service Acute Care Supervisor)shall perform a preliminary review to determine if the medical record contains appropriate consent for release of information according to medical center policy and VHA Directive 2000-003. If appropriate consent is not available, the Designated Requestor will obtain it, if possible.

Was the Organ Donation Agency Contacted? yes
If, NO, Indicate Reason (s):

2. If appropriate consent has been executed, the Designated Requestor will Call Organ/Tissue Donation Program at (901) 366-6775 and complete the

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following information:

Name of Employee Calling Organ/Tissue Donation Program:
KATHY WALKER,RN

Date/TIME: Sep 18,2015@08:15

Name of Donor Program Representative Who Returned Call:
AMANDA ARRINGTON
Date/Time Call Received: Sep 18,2015@08:40

Was Patient Accepted or Declined by Donor Program?
Declined
If Declined, Indicate Reason(s): SEPSIS

Was Patient Accepted for Research Donation only? no

3. If Patient Is Accepted by Donor Program, indicate specifically which Organs/Tissues that are acceptable: N/A

4. If Accepted by Donor Program, indicate name of persons approaching patient and/or Next-of Kin: N/A

Name (Designated Requestor): Position/Title:

Date/Time:

Was Family Offered The Opportunity to Donate? yes

Indicate Name of Person Approaching Next-of-kin About Donation & Date/Time

Approach Made:

Name: Position/Title:
Date/Time: Sep 18,2015@08:10

5. Was Consent for Donation of Organs/Tissue Obtained?

6. Date and Time of Patient's Death: 09/18/15 08:38 A.M.

/es/ KATHY LYNN WALKER
RN
Signed: 09/18/2015 12:07

LOCAL TITLE: NURSING DISCHARGE
STANDARD TITLE: NURSING DISCHARGE NOTE
DATE OF NOTE: SEP 18, 2015@11:59 ENTRY DATE: SEP 18, 2015@11:59:18
AUTHOR: WALKER,KATHY LYNN EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

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NURSING DISCHARGE NOTE:

Discharge Date/Time: Sep 18,2015@11:30
DISPOSITION: Morgue

Accompanied by: N/A

Mode of Transportation: Stretcher

Referral Service: None

Last Vitals:

Measurement DT	TEMP F(C)	PULSE	RESP	BP
09/18/2015 04:00	103(39.4)	111	20	111/59

Measurement DT	PAIN
09/18/2015 04:00	Unable to Respond

Mobility and Functioning Status: N/A

ADL: N/A

Bowel Function: N/A
Last BM,

Bladder Function: N/A

Mental Status: N/A

Aware of surroundings and relates to environmental stimuli,
N/A (If no, describe behavior exhibited)

MEDICATIONS PRESCRIBED: Expired
Patient/family indicates an understanding of medication effects, side effects, and how to contact healthcare provider if questions arise. N/A

PAIN INSTRUCTIONS:
Information provided about managing pain at home and how to contact health care provider if pain plan is not effective was given to - N/A

SKIN CONDITION:

Braden Risk Score Assessment: (Patients with a total score of 18 or less are considered to be at risk for developing pressure ulcers)

SENSORY: N/A
MOISTURE: N/A

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ACTIVITY: N/A
MOBILITY: N/A
NUTRITION: N/A
FRICTION: N/A
TOTAL SCORE: n/a

Scale: 15-18 = low risk
13-14 = moderate risk
12 or less = high risk
(Notify ET Nurse for scores less than 12)

Morse Fall Scale:

1. History of falling; immediate or within 3 months - (no = 0, yes = 25)
Score = 0
2. Secondary diagnosis - (No = 0, yes = 15)
Score = 0
3. Ambulatory aid - (None, bedrest, wheelchair, nurse = 0) Crutches,
cane walker = 15; Furniture = 30)
Score = 0
4. IV/Heparin Lock - (no = 0, yes = 20)
Score = 0
5. Gait/Transferring - (Normal, bedrest, immobile = 0; weak = 10;
Impaired = 20)
Score = 0
6. Mental Status - (Oriented to own ability = 0; Forget limitations = 15)
Score = 0

Total Score = 0

Risk Level/Intervention Required: 0-24 points No Risk No
additional intervention

Dressing Education and Instructions Given To:
N/A

Appliance/Equipment Education and Instructions Given To:
N/A

Follow-Up Appointments:
Appointments are listed on the physician discharge instruction
sheet. These were discussed and given to N/A

Heart Failure: Discharge instruction brochure given -
NO

Diet and Weight Instructions: Patient's diet and weight education and
instructions were discussed and given to- N/A.
Specific diet and weight instructions include:
MDRO Swab Done? -
Yes -

/es/ KATHY LYNN WALKER
RN
Signed: 09/18/2015 12:02

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LOCAL TITLE: CHAPLAIN
STANDARD TITLE: PASTORAL CARE NOTE
DATE OF NOTE: SEP 18, 2015@11:07 ENTRY DATE: SEP 18, 2015@11:07:38
AUTHOR: LIVINGSTON,BENITA F EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Chaplain was called, patient died and family was present at bedside. Met family, provided grief counseling, gave spiritual support, had prayer with family. Took family to Decedent Affairs.

/es/ BENITA F LIVINGSTON
Chaplain
Signed: 09/18/2015 11:08

LOCAL TITLE: SURGERY ATTENDING
STANDARD TITLE: SURGERY ATTENDING NOTE
DATE OF NOTE: SEP 18, 2015@08:54 ENTRY DATE: SEP 18, 2015@08:54:50
AUTHOR: MINARD,GAYLE EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

family requested DNR and withdrawal of support (which we agreed with). Pressors turned off and patient pronounced @ 0838 today

/es/ GAYLE MINARD
MD
Signed: 09/18/2015 08:56

LOCAL TITLE: SURGERY ATTENDING
STANDARD TITLE: SURGERY ATTENDING NOTE
DATE OF NOTE: SEP 18, 2015@08:27 ENTRY DATE: SEP 18, 2015@08:27:27
AUTHOR: VERA,SANTIAGO RAFAE EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

I reviewed all clinical elements inclulding physical findings, Labs, Radiographs and path reports. I agree with diagnosis and plan
We have aproved DNR in view on very poor prognosis.

/es/ SANTIAGO RAFAEL VERA
MD
Signed: 09/18/2015 08:28

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LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 18, 2015@08:12 ENTRY DATE: SEP 18, 2015@08:12:09
AUTHOR: WHITE,JAMES AUSTIN EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Ventilator Patient Respiratory Therapy Flow Sheet

Date: Sep 18,2015@08:12

Respiratory Treatment was:
Indicate Reason Held or Not Given:

Oxygen Saturation on (SPO2) on Room Air:
NA% times NA minutes

Breath Sounds:
Pre-Therapy:
CTA
Post Therapy:
CTA

	Before	After
HR:	109	109
RR:	22	22

System Assessment:
Oxygen Saturation 98 % in conjunction with respiratory treatment

PRN Treatment:

Cough: Weak,
Comments:

Suctioning: Endotracheal
Comments (indicate any adverse reactions):

Secretion Status:
Amount: Medium
Consistency: thick
Appearance: Beige
Odor- no
Comments:

Adverse Reaction:(if yes specify) no
Mechanical Ventilation Status:
Face Mask Ventilation: If YES you MUST answer the Skin Integrity AND Action Plan Section
No
Mode/other info: SIMV
Other
PS

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Set Rate:20
Set Tidal Volume: 600mL
Set Fi02: 40%
Set PEEP: 5 cmH20
Set Pressure Support: NA
Set Pressure Control: NA
I:E Ratio: 1:1.5
Low Volume Alarm: 200 mL
High Pressure Limit Alarm: 40
Low Pressure Limit Alarm: NA
Plateau: 17   Peak Inspiratory Pressure: 19
Exhaled Tidal Volume 648L
Exhaled Minute Volume 13.3L
Patient Respiratory Rate 21
Low Peep Alarm: NA
Alarms checked: Yes
Alarms functioning properly: Yes
Ventilator circuit temperature: HME
Cuff Pressure: MOV cmH20
ETT Secured@: 4cm
ETT Size: 8 FR
Serial #: 614 EE26971
Comments:
Head of Bed elevated when Respiratory Therapist entered patient room?
Yes
Head of Bed elevated when Respiratory Therapist departed patient room?
Call to Bedside:

/es/ James Austin WHITE
RRT
Signed: 09/18/2015 08:18

 LOCAL TITLE: DO NOT RESUSCITATE/DNR
STANDARD TITLE: DNR
DATE OF NOTE: SEP 18, 2015@06:56   ENTRY DATE: SEP 18, 2015@06:56:25
      AUTHOR: PAULUS,ELENA M   EXP COSIGNER: VERA,SANTIAGO RAFAEL
 INSTITUTION: MEMPHIS VA MEDICAL CENTER
    DIVISION: MEMPHIS, TN
     URGENCY: STATUS: COMPLETED

DNR NOTE:

Does patient have decision-making capacity? No
Person contacted:
  Surrogate
    Surrogate's name: Darlene Hopkins
    Surrogate's relationship: wife

Diagnosis: necrotic small bowel
Prognosis: poor

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Recommendations of treating team/consultants: Patient went for emergency surgery on night of 9/16/15- found to have necrotic small bowel and underwent resection with temporary closure- has remained on multiple pressors with little improvement in his clinical status and has remained a GCS of 3 despite no sedation medications- wife stated her husband would not want to live like this on "life support"
Names of treating team/consultants: General Surgery
DNR Attending Name/Notification: Santiago Vera Discussed with attending by phone.

Explanation of DNR consequences (informed consent): With withdrawal of care- patient will likely die
Patient's/Surrogate's wishes: Per surrogate (patient's wife), pt would not not pressors and to be on the ventilator for prolonged periods of time with grim prognosis
Medical efforts that will be maintained: IVF
DNR order:

/es/ elena m PAULUS
resident physician
Signed: 09/18/2015 07:03

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/18/2015 07:17

LOCAL TITLE: SURGERY
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 18, 2015@06:22 ENTRY DATE: SEP 18, 2015@06:22:28
AUTHOR: GIBSON,GRIFFIN FRAZ EXP COSIGNER: MINARD,GAYLE
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

GENERAL SURGERY - PGY1 ICU DAILY PROGRESS NOTE

SUBJECTIVE:
Overnight: required 2unitsFFP, 2unitsPRBC o/n. Required addition of Neo for pressor support. required max dose @99.8mcg/min levophed and vassopressin @ 10cc.hr to maintain MAP. Reverted to Afib yesterday with RVR and given 1x bolus amiodarone 150mg. Was also given an additional 2amps of bicarb based on ABG trend. Primary team spoke with spouse this AM and spouse stated pt wouldn't wish for current medical management and requested code status change to DNR.

OBJECTIVE:
Physical Exam:
Weight:189.8 lb [86.3 kg] (09/17/2015 09:15)
Tmax: degrees 103.6F; SBP: 111-148; P:70-107; ETT FiO2. 50%
GEN: Sedated.
HEENT: Normocephalic.Pupils responsive to light. ETT in place. NGT in place with greenish output
CV: NSR presently. Amiodarone drip going. Levophed, Vassopressin for bp support
PULM: Clear to auscultation right sided. Persistent left pneumothorax 2/2 iatrogenic pneumothorax. Decreased/minimal breath sound LUL. Distant breath

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sounds LLL.
ABD: Soft, nd, no grimace with palpation. R groin incision/healing scar from RIHR 8/2014. Open abd wound from ex lap. Incision covered with plastic sutured to open incision walls as pt bowels are still in discontinuity
EXT: palpable pulses. No e/c. discoloration of b/l UE digits 2/2 pressor support.
GU: Evidence of gross/clotted hematuria in foley bag. Dark/bloody urine in catheter line.

I/O = 13425.2/1554
UOP = 350
NG = 600
Chest tube = 1 - 330, 2 - 29
Lines: left cordis, left PAC, Left femoral line, peripheral IV.

Medications:

Drug	Dose	Status	Start	Stop
D-50-W INJ,SOLN PRN INTRAVENOUS	50 ML	A	09/17/2015	10/17/2015
HYDROCORTISONE INJ,SOLN Q6H INTRAVENOUS	50MG/1ML	A	09/17/2015	10/17/2015
MESSAGE TO NURSING Q1H MISCELLANEOUS	1	A	09/17/2015	10/17/2015
GLUCAGON INJ PRN INTRAMUSCULAR	1MG/1VIAL	A	09/17/2015	10/17/2015
INSULIN HUMAN REG 100 UNITS/ML 10ML PRN SUBCUTANEOUS	1	A	09/17/2015	10/17/2015

ASSESSMENT/PLAN:
-Veteran is a 72 yo CM w/ pmhx significant for DM who presented to the Memphis VA ER with complaints of coffee ground emesis, lethargy, and decreased mental status. Patient was found to be hypotensive in the ED to the low 60s. Imaging was concerning for pneumoperitoneum taken back to the OR for emergent ex lap with small bowel resection this AM now POD#1

1. Neuro: Sedated presently. Holding Fentanyl/Propofol with persistent hypotension.
2. CV: Afib. Amiodarone drip. Levophed/vassopressin/Neo for bp support. PA catheter placed with primary team.
3. Pulm: intubated. Chest tubes x2 left chest wall. Metabolic acidosis with trending ABGS. bicarb drip w/ D5 @75ml/hr.
4. FEN/GI: NPO. Aggressive fluid replacement. Insulin drip held currently. acceptable glycemic control. Repleting ca/
5. GU: Foley. hematuria. strict I&O. urology consulte.
6. ID/HEME: Vanc/zosyn D2. H/H stable following transfussions. Thrombocytopenia at 82. Fibrinogen 655. D-Dimer 6.94.
7. MSK: no restraints. actively monitoring sedation to ensure patient doesn't become arousable.
8. Ppx: SCDs, SQH.
9. Dispo: continue ICU care for now. DNR discussion with family. Will begin to remove pressor support this am.

Patient was seen,examined and discussed with attending.

/es/ GRIFFIN FRAZER GIBSON, MD

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RESIDENT PHYSICIAN
Signed: 09/18/2015 09:43

/es/ GAYLE MINARD
MD
Cosigned: 09/21/2015 12:53

LOCAL TITLE: SURGERY
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 18, 2015@06:19 ENTRY DATE: SEP 18, 2015@06:20:06
AUTHOR: ULM,IRENE E EXP COSIGNER: VERA,SANTIAGO RAFAEL
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

General Surgery

HR into 160s o/n, amio bolused (3rd). No other acute events

103.6, HR 111-148, SBP 70-107
L IJ cordis w PAC in place
NGT bilous output
tachycardic
L CT x2 to sxn; air leak in CT 2
intubated, coarse BS
soft, distended, open midline w cassett in place
L femoral triple lumen catheter
foley-hematuria

15224/1660
U 450
NGT 600
CT1 330
CT2 37

BCx p
UCx p
Peritoneal Cx no organisms seen

9/18 CXR pending

A/P 72 yo CM w PMHx DM, HTN, HLD s/p RIHR 1 mo ago who presented in septic shock due to ischemic bowel now POD 1 ex lap, SBR, temporary abdominal closure

Neuro: sedation held due to hypotension
CVS: intermittent afib, on amnio gtt, s/p 3 boluses. on levo @ 99, vaso @ 2.4, pheneylephrine @ 30. PAC in place SvO2 53, CI 4.6, SVR 424 currenlty.
Resp: SIMV, no change o/n. 2 CT in place, CT 2 w persistent airleak. CXR pending this AM.
FEN/GI: cont NOP, NGT to LIS, LS @ 125 + boluses as needed. off insulin gtt. cont HCO3 gtt.
GU: foley for strict i/o, minimal UOP. persistent hematuria. GU aware.
HEME/ID: s/p 2 u PRBC o/n. on Zosyn & renal dosed vanc.
PPx: PPI, no chemical ppx at this time

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Grave prognosis. Will discuss with wife again goals of care.

/es/ IRENE E ULM, MD
RESIDENT PHYSICIAN
Signed: 09/18/2015 07:54

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/18/2015 08:26

LOCAL TITLE: BLOOD TRANSFUSION
STANDARD TITLE: BLOOD BANKING TRANSFUSION NURSING NOTE
DATE OF NOTE: SEP 18, 2015@04:45 ENTRY DATE: SEP 18, 2015@07:47:51
AUTHOR: MATTISON,CAROL FAIT EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Blood Product Transfusion: (Please add the additional signer)

Product to be Transfused: One unit of PRBC

Leukocyte Reduction Filter (PALL) No

Irradiated Unit: No

Unit #:w001715301342

Pre Transfusion Verification Data:

The 1st and 2nd verifiers have verified the following:

Blood Consent signed in Imed or on chart, Unit number on blood component bag is same as on caution tag, Patient full name on Red Blood Bank ID Band same as caution tag, Patient full SSN# on Red Blood Bank ID Band same as caution tag, Patient Red Blood Bank wrist band ID # same as on caution tag, Blood type on Blood Component bag same as on caution tag

Patient was instructed on how to recognize a transfusion reaction, either immediate or delayed. Yes

Red Blood Wristband # PVKU0011

Pre-Medication: NA

Blood Administration Set Lot#: 0061438546

Pre-Transfusion Vitals:

Additional Signer: Harpreet Singh, RN

Vital signs(other):

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Time: 0240Temp:103.3Pulse: 136
Resp. Rate: 20 B/P: 109/63

Transfusion start time: Sep 18,2015@02:40

Vitals during transfusion: (every 5 min 1st 15 min then every 15 min x3 then every hr and/or at the completion of infusion)
Time 0245Temp: 103.3Pulse: Resp. Rate: 20 B/P: 110/60
Time 0250Temp: 103.3Pulse: Resp. Rate: 20 B/P: 104/69
Time 0255Temp: 103.3Pulse: Resp. Rate: 20 B/P: 104/62
Time 0300Temp: Pulse: 136 Resp. Rate: 20 B/P: 98/63
Time 0315Temp: Pulse: Resp. Rate: 20 B/P: 90/57
Time 0345Temp: Pulse: Resp. Rate: 20 B/P: 99/41
Time 0400Temp: 103.0Pulse: 111 Resp. Rate: 20 B/P: 111/59
Time 0445Temp: Pulse: Resp. Rate: 20 B/P: 114/61
Post - Blood Product Transfusion Data:

Time Transfusion Completed/Interrupted: Sep 18,2015@04:45

Amount Infused: 100%

Vitals:

Temp: 103 F [39.4 C] (09/18/2015 04:00) Pulse: 111 (09/18/2015 04:00) BP: 111/59 (09/18/2015 04:00)
Other: Time: 0445Temp: 103Pulse: 113Resp. Rate: 20 B/P:114/61

Reaction: none
 Description of Reaction:

Other Difficulties (Equipment, clots, etc.) No

Transfusion completed/Interrupted by (name of nurse)Carol Mattison, RN

(Form # 518-124)

/es/ Carol Faith MATTISON
RN
Signed: 09/18/2015 08:01

Receipt Acknowledged By:
09/19/2015 21:40 /es/ harpreet kaur SINGH
                  RN

 LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 18, 2015@04:25 ENTRY DATE: SEP 18, 2015@04:25:42
      AUTHOR: MCFARLAND,KYLE E EXP COSIGNER:

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INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Respiratory Therapy Flow Sheet

Date: Sep 18,2015@04:25
MECHANICAL VENTILATION STATUS:
Mode: SIMV
Face Mask VentilationNo
If yes you MUST answer the Skin Integrity AND Action Plan Section

Other

Set Rate: 20
Set Tidal Volume: 600mL
Set Fi02: 50%
Set PEEP: 5 cmH20
Set HIGH PEEP: cmH20
Set Pressure Support: 10
Set Pressure Control:
I:E Ratio:
Low Volume Alarm: 250 mL
High Pressure Limit Alarm: 40
Low Pressure Limit Alarm:
Plateau: Peak Inspiratory Pressure: 27
Patient Respiratory Rate 22
Exhaled Tidal Volume 620ML
Exhaled Minute Volume 12.8L
Low Peep Alarm:
Alarms checked: Yes Alarms functioning properly: Yes
Ventilator circuit temperature: HME
Cuff Pressure: cmH20
ETT Size: Fr
ETT Secured @: cm
Serial #: 614 EE26971
Comments:
Head of Bed:
Pre Ventilator check:
Head of bed elevated when the respiratory therapist entered the patient's room.
Yes
POST Ventilator check:
Head of bed elevated when the respiratory therapist departed the patient's room.
Yes
Vital Signs:
Before After
HR: 112
RR: 20
Oxygen Saturation 99 %
BREATH SOUNDS:
Pre-Therapy:
Adventitious Breath Sounds

wheeze:

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PATIENT COUGH ASSESSMENT:
COUGH: Non-Productive,
 Comments:

SUCTIONING: Endotracheal
Comments (indicate any adverse reactions):

SECRETION STATUS:
 AMOUNT: None
 CONSISTENCY: none
 APPEARANCE: None
 Odor- no
 Comments:

/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/18/2015 04:34

 LOCAL TITLE: BLOOD TRANSFUSION
STANDARD TITLE: BLOOD BANKING TRANSFUSION NURSING NOTE
DATE OF NOTE: SEP 18, 2015@02:40   ENTRY DATE: SEP 18, 2015@07:18:03
      AUTHOR: MATTISON,CAROL FAIT EXP COSIGNER:
 INSTITUTION: MEMPHIS VA MEDICAL CENTER
    DIVISION: MEMPHIS, TN
     URGENCY: STATUS: COMPLETED

Blood Product Transfusion: (Please add the additional signer)

Product to be Transfused: One unit of PRBC

Leukocyte Reduction Filter (PALL) No

Irradiated Unit: No

Unit #:w010415051363

Pre Transfusion Verification Data:

The 1st and 2nd verifiers have verified the following:

Blood Consent signed in Imed or on chart, Unit number on blood component bag is same as on caution tag, Patient full name on Red Blood Bank ID Band same as caution tag, Patient full SSN# on Red Blood Bank ID Band same as caution tag, Patient Red Blood Bank wrist band ID # same as on caution tag, Blood type on Blood Component bag same as on caution tag

Patient was instructed on how to recognize a transfusion reaction, either immediate or delayed. Yes

Red Blood Wristband # PVKU0011

Pre-Medication: NA

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Blood Administration Set Lot#: 0061438546

Pre-Transfusion Vitals:

Additional Signer: T. Deguzman

Vital signs(other):
Time: 0030Temp:103.6Pulse: 116
Resp. Rate: 20 B/P: 106/60

Transfusion start time: Sep 18,2015@00:30

Vitals during transfusion: (every 5 min 1st 15 min then every 15 min x3 then every hr and/or at the completion of infusion)
Time 0035Temp: 103.6Pulse: 116 Resp. Rate: 20 B/P: 111/59
Time 0040Temp: 103.6Pulse: 115 Resp. Rate: 20 B/P: 107/57
Time 0045Temp: 103.6Pulse: 114 Resp. Rate: 20 B/P: 113/58
Time 0100Temp: Pulse: 115 Resp. Rate: 20 B/P: 103/59
Time 0115Temp: Pulse: Resp. Rate: 20 B/P: 111/61
Time 0130Temp: Pulse: Resp. Rate: 20 B/P: 109/61
Time 0200Temp: 103.3Pulse: 115 Resp. Rate: 20 B/P: 116/63
Time 0240Temp: 103.3Pulse: 136 Resp. Rate: 20 B/P: 109/63
Post - Blood Product Transfusion Data:

Time Transfusion Completed/Interrupted: Sep 18,2015@02:40

Amount Infused: 100%

Vitals:

Temp: 103 F [39.4 C] (09/18/2015 04:00) Pulse: 111 (09/18/2015 04:00) BP: 111/59 (09/18/2015 04:00)
Other: Time: 0240Temp: 103.3Pulse: 136Resp. Rate: 20 B/P:109/63

Reaction: none
 Description of Reaction:

Other Difficulties (Equipment, clots, etc.) No

Transfusion completed/Interrupted by (name of nurse)Carol Mattison, RN

(Form # 518-124)

/es/ Carol Faith MATTISON
RN
Signed: 09/18/2015 07:31

Receipt Acknowledged By:
09/18/2015 07:50 /es/ MATHERESA DEGUZMAN
                  RN

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

LOCAL TITLE: ICU DAILY NURSING ASSESSMENT
STANDARD TITLE: CRITICAL CARE UNIT ADMISSION EVALUATION NOTE
DATE OF NOTE: SEP 18, 2015@00:30 ENTRY DATE: SEP 18, 2015@08:03:18
AUTHOR: MATTISON,CAROL FAIT EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

ICU Daily Nursing Assessment

Date Adm/Tran to ICU: Sep 17,2015

Code Status: Full

Can patient be directly discharged from ICU? no

Vital:

Measurement DT	TEMP F(C)	PULSE	RESP	BP
09/18/2015 04:00	103(39.4)	111	20	111/59

Measurement DT	PAIN
09/18/2015 04:00	Unable to Respond

Reviewed by nurse? yes

Mental Health:
Mood:somnolent
Comments:

Activity: Bedrest, HOB 30 degrees
PAIN ASSESSMENT-1st Location:
Patient states "experiencing pain" on a scale of 1-10.
Stated pain is: 99
OUTCOME: There will be a 50% reduction in pain (inpatients within 24 hours and outpatients within 2 encounters). Select at three interventions to achieve this goal. For pharmacological interventions see Pain Management Policy.
Pain Interventions: comfort measures
Med given -
Effective - Yes
Score (after interventions) 99
Level of pain is well controlled
(define discomfort) pt unable to verbalize discomfort
REVIEW OF SYSTEMS:
Neuro:

Level of Consciousness: obtunded/stuporous/semi coma

Glasgow Coma Score:
Date/Time: Sep 18,2015@00:25
Best Eye Opening Response: No Response (1pt)

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  Best Verbal Response:      No Response: (1pt)
  Best Motor Response (Best Upper Limb/To Painful Stimuli):
  Localizes Pain (5pts)
  Unable to Test (reason)-
  Total Score: 7

Pupil Size and Response to Light:
 Pupil Gauge:
  Right 3mm
  Left  3mm

Pupil Reaction: brisk
 Additional Comments:

RASS:
Cardiovascular Rhythm: A fib

Patient on telemetry: yes (answer following questions)
 Cardiac Rhythm:    Afib
 Atrial Rate:
 Ventricular Rate:  114
 PR Interval:       0.06
 QRS:
 QT length:

 Comment:

Pulses:
 Right                Score
  Radial              +
  Ulna                +
  Brachial            +
  Pedal               +
  Posterior Tibia     +
  Femoral             +

 Left                 Score
  Radial          -+
  Ulna            -+
  Brachial        -+
  Pedal           -+
  Posterior Tibia -+
  Femoral         -+

Capillary refill: > 5 sec

Edema:
 Generalized -     3+
 Upper Extremity - +
 Facial  -         +
 Lower Extremity - +
 Orbital -         +
 Neck            - +
 Other/Comment:
```


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Pacemaker:
 Percentage(%) paced-
 Sensing appropriate -
 Capturing appropriate-
 Comment/action taken:

Intra-Aortic Balloon Pump (IABP):
 Arterial Blood Pressure:
 Mode(choose one):
 Comment:

PA Catheter (initial reading only):
 Measurement - 50cm
 CO -
 CI -
 PA -
 PAS -
 PAD -
 CVP -
 PCWP -
 SVR -
 PVR -
 A-line
 MAP
 Comment:

DVT prophylaxis within 24 hr - n/a

Spontaneous Compression Devices (SCDs) in use - yes BLE
Respiratory:
 Lung/Breath sounds (choose all that apply: clear
 Other/comments:_

Location: all lobes

Oxygen (O2):
 FIO2 -   Percentage - %
 Other comments:

Ventilator: ETT
 ETT size:
 Location(cm):
 Mode (initial settings only):

 Fio2: 50
 Peep: 5
 PS: 10
 VT set:600   VT exhaled: 536
 Vent Days:
 Secretions/sputum (choose all that apply):brown
  Comments:

Sedation Vacation: Spontaneous Breathing trail: Readiness to wean:
Comments:

Clearance:

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Tracheostomy in place:
 Tracheostomy site:
GI:
 Abdomen: large
 Bowel Sounds: not passing flatus, hypoactive, distant

Diet: TPN

Tube Feeds: No
 Type -   Rate - /ml/hr
 Goal met -
 Tube Feeds route:
 Tube Measurement:
 Residuals:
 Bolus:ml   Emesis: ml
 Other/Comment:Salem sump NGT draining dark green fluid to LIS
Bowel/Urinary Elimination:

   Patient is on a toileting program - no

   Bowel Movements: Last bowel movement date:
      Color/appearance:

   Patient has/uses.....
  Foley
    Foley Maintenance/Site Care:
    Number of observations completed per shift - 6

    Drainage system sterile and continuously closed - yes

    Catheter properly secured at completion of each observation- yes

    Collection bag below the level of the bladder - yes

    Unobstructed urine flow - yes

    Clinical indication written for continuance of indwelling catheter if
    beyond removal date - yes

    Daily hygiene care completed - yes

    Additional comments:
Braden Scale - For Predicting Pressure Sore Risk
Sensory Perception:2 = Very Limited
Moisture: 1 = Constantly Moist
Activity: 1 = Bedfast
Mobility: 1 = Completely Immobile
Nutrition: 2 = Probably Inadequate
Friction: 2 = Potential Problem
  6-9   Severe Risk
    Score: 9

CURRENT SKIN ASSESSMENT
    Skin Color:
      Color: Pale, Mottled hands and feet

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Skin Temperature
Temp: Warm
Skin Moisture
Moisture: Moist
Skin Turgor
Turgor: Abnormal

SKIN PROBLEMS
Wound -location, type, description
large open abd surgical wound covered with clear occlusive dressing and abd pads, thorax wrapped with abd binder

INTERVENTIONS
Education
Provide patient/caregiver education regarding causes and prevention of pressure ulcers.
Isolation - no
Type of Isolation:
Comments:
Falls Assessment:

Morse Fall Scale:

1. History of falling; immediate or within 3 months - (no = 0, yes = 25)
   Score = 0
2. Secondary diagnosis - (No = 0, yes = 15)
   Score = 15
3. Ambulatory aid - (None, bedrest, wheelchair, nurse = 0) Crutches, cane walker = 15; Furniture = 30)
   Score = 0
4. IV/Heparin Lock - (no = 0, yes = 20)
   Score = 20
5. Gait/Transferring - (Normal, bedrest, immobile = 0; weak = 10; Impaired = 20) Score = 0
6. Mental Status - (Oriented to own ability = 0; Forget limitations = 15) Score = 15

Total Score = 50

Risk Level/Intervention Required: 25-50 points Low Risk Standard
Fall Prevention Interventions
SEP 17, 2015@00:22:12 Ward: 3-SICU DX: UGIB SMALL BOWEL OBSTRUCTION

Change in patient's condition warrants an update to the Nursing Care Plan
(If YES, continue with Care Plan below and make changes) no
Nursing Plan of Care:

NURSING PROBLEMS: Risk for Infection due for review 9/20/15
CURRENT CARE PLAN IN PLACE

0057 On-call MD for ICUS paged at #1260 concerning ABG results. Awaiting return call.
0106 No answer from MD, On-call MD for ICUS re-paged at #1260.
0117 Attempted to reach Dr. Busby at #1380, awaiting return call.
0120 MOD at bedside, writing orders to get repeat ABG after blood transfusion

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complete.
0145-0155 DR. Paulus updated on events up to this time including but not limited to PRBCs infusing and ABG results. Order received for 2 amps of bicarb.
0245 Dr. Paulus notified of Afib with RVR sustained @15minutes. Order received for Amiodarone 150mg bolus.
0500 Bath and linen change performed without s/sx complications.
0700 Dr. Paulus and pt's wife at bedside discussing pt's wishes and resucitation status.
0745 Handoff completed with report given to K. Walker, RN.

/es/ Carol Faith MATTISON
RN
Signed: 09/18/2015 08:32

LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 18, 2015@00:28 ENTRY DATE: SEP 18, 2015@00:29:03
AUTHOR: MCFARLAND,KYLE E EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Respiratory Therapy Flow Sheet

Date: Sep 18,2015@00:29
MECHANICAL VENTILATION STATUS:
Mode: Assist Control
Face Mask VentilationNo
If yes you MUST answer the Skin Integrity AND Action Plan Section

Other

Set Rate: 20
Set Tidal Volume: 600mL
Set Fi02: 50%
Set PEEP: 5 cmH20
Set HIGH PEEP: cmH20
Set Pressure Support: 10
Set Pressure Control:
I:E Ratio:
Low Volume Alarm: 250 mL
High Pressure Limit Alarm: 40
Low Pressure Limit Alarm:
Plateau: Peak Inspiratory Pressure: 28
Patient Respiratory Rate 21
Exhaled Tidal Volume 745ML
Exhaled Minute Volume 12.8L
Low Peep Alarm:
Alarms checked: Yes Alarms functioning properly: Yes
Ventilator circuit temperature: HME
Cuff Pressure: MOV cmH20
ETT Size: 8 Fr
ETT Secured @: 26 cm
Serial #: 614 EE26971

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Comments:
Head of Bed:
Pre Ventilator check:
Head of bed elevated when the respiratory therapist entered the patient's room.
Yes
POST Ventilator check:
Head of bed elevated when the respiratory therapist departed the patient's room.
Yes
Vital Signs:
     Before   After
HR: 177
RR: 20
Oxygen Saturation 99 %
BREATH SOUNDS:
Pre-Therapy:
CTA
PATIENT COUGH ASSESSMENT:
COUGH: Non-Productive,
Comments:

SUCTIONING: Endotracheal
Comments (indicate any adverse reactions):

SECRETION STATUS:
AMOUNT: None
CONSISTENCY: none
APPEARANCE: None
Odor- no
Comments:

/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/18/2015 00:39

LOCAL TITLE: MEDICAL OFFICER OF THE DAY
STANDARD TITLE: INTERNAL MEDICINE INPATIENT NOTE
DATE OF NOTE: SEP 17, 2015@23:07   ENTRY DATE: SEP 17, 2015@23:07:19
AUTHOR: ALSHARIF,ABDELHAMID EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

S: Pt seen and examined. Chart reviewed. No acute issues at this time.

DATE/TIME	TEMP	PULSE	RESP	BP	PAIN
9/17/15 @ 2116					99
9/17/15 @ 0925					99
9/17/15 @ 0915					
9/17/15 @ 0800	97.8	115	16	91/66	99
9/17/15 @ 0416					99
9/16/15 @ 2200		106	21	125/76	
9/16/15 @ 2044		106	18	95/60	
9/16/15 @ 1935	97	121	14	68/38	

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GEN: intubated, sedated
CV:RRR, tachy
CHEST:CTAB +chest tubes
ABD:+abd binder
EXT:No edema

Active Inpatient Medications (including Supplies):

	Active Inpatient Medications	Status
1)	AMIODARONE INJ AMIODARONE 450 MG in D5W 250 ML 17 ml/hr 1mg/min (=34ml/hr)x 6hrs then 0.5mg/min IVC	ACTIVE
2)	D-10-W INJ,SOLN in D10W 1000 ML 50 ml/hr@0 Instructions too long. See order details for full text. IVC	ACTIVE
3)	D-50-W INJ,SOLN 50 ML IV PRN FOR GLUCOSE <70	ACTIVE
4)	FENTANYL INJ,SOLN FENTANYL 1000 MCG in NS 250 ML TITRATE@0 to a BPS score of <4 IVC	ACTIVE
5)	GLUCAGON INJ 1MG/1VIAL IM PRN For glucose <70 and patient with signs of severe hypoglycemia;May be given IM,SQ or IV	ACTIVE
6)	HYDROCORTISONE INJ,SOLN 50MG/1ML IV Q6H	ACTIVE
7)	INFLUENZA VIRUS VACCINE 5ML VI 2015- 0.5ML IM ONCE	ACTIVE
8)	INSULIN HUMAN REGULAR INJ PER SLIDING SCALE SQ PRN LOADING DOSE Glucose: 201-250 = 2 UNITS IV BOLUS Glucose: >250 = 4 UNITS IV BOLUS	ACTIVE
9)	INSULIN HUMAN REGULAR INJ INSULIN HUMAN REGULAR 100 UNITS in NS 100 ML TITRATE PER SLIDING SCALE@0 Instructions too long. See order details for full text. IVC	ACTIVE
10)	MESSAGE TO NURSING MISCELLANEOUS ACCUCHECK BY NURSING MISC Q1H Q1HR until glucose remains in the 140-200mg/dl range for 4 hours. then q2HR	ACTIVE
11)	NOREPINEPHRINE INJ NOREPINEPHRINE 32 MG in NS 250 ML TITRATE@0 TITRATE TO MAP >65 **QUAD STRENGTH** 128mcg/ml IVC	ACTIVE
12)	PANTOPRAZOLE INJ,PWDR PANTOPRAZOLE 80 MG in D5W 100 ML 10 ml/hr IV	ACTIVE
13)	PHENYLEPHRINE INJ PHENYLEPHRINE 10 MG in NS 250 ML Titrate@0 TITRATE TO MAP>65 IV	ACTIVE
14)	PIPERACILLIN/TAZOBACTAM VIAL INJ PIPERACILLIN/TAZOBACTAM VIAL 2.25 GM in PRE-MIXED IN ISO-OSMOTIC SOLN 50 ML INFUSE OVER 30 MINUTES IVPB Q6H	ACTIVE
15)	PROPOFOL INJ in PROPOFOL 1% EMULSION 100 ML Titrate@0 Titrate to RASS of -1 IV	ACTIVE
16)	SODIUM BICARBONATE INJ,SOLN SODIUM BICARBONATE 150 MEQ in D5W 1000 ML 75 ml/hr IV	ACTIVE
17)	SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 125 ml/hr@0 IV	ACTIVE
18)	VASOPRESSIN INJ,SOLN VASOPRESSIN 60 UNITS in NS 250 ML 10 ml/hr Delivers 0.04 units per minute IVC	ACTIVE

A/P: Pt is a 72 yo CM PMHx DM, HTN, HLD s/p RIHR 1 mo ago who presented in septic shock due to ischemic bowel now POD 0 ex lap, SBR, temporary abdominal

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closure.
-On levo, vaso; Neo currently held. On MV SIMV 20/600/10/60/5 with MV 12-13.
-Has PAC: PAOP 12, SvO2 52%, CCI 4.5, SVR 360-400. Cont IVF resuscitation. Echo pending.
-On zosyn.
-Prognosis very gaurded at this point.
-Cont current mgmt and ICU care.
-Nurse and resident aware to page for any questions or concerns.

/es/ ABDELHAMID ALSHARIF, MD
MOD / PULMONARY & CRITICAL CARE FELLOW
Signed: 09/17/2015 23:12

LOCAL TITLE: RESPIRATORY
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@20:17 ENTRY DATE: SEP 17, 2015@20:17:14
AUTHOR: GOREE,GLORIA EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Breath Sounds:
Pre-Therapy:
CTA
Post Therapy:
CTA

	Before	After
HR:	119	120
RR:	22	23

System Assessment:
Oxygen Saturation 100% in conjunction with respiratory treatment
Cough: Non-Productive,
Comments:
Suctioning: Endotracheal
Comments (indicate any adverse reactions):
Secretion Status:
Amount: small
Consistency: thin
Appearance: brown
Odor-
Comments:
Adverse Reaction:(if yes specify) no
Mechanical Ventilation Status:
Face Mask Ventilation: If YES you MUST answer the Skin Integrity AND Action Plan Section
No
Mode/other info: SIMV
Other
Set Rate:20
Set Tidal Volume: 600mL
Set Fi02: 50%
Set PEEP: 5 cmH20
Set Pressure Support: 10
Set Pressure Control: 0

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I:E Ratio: 1:2.3
Low Volume Alarm: 200 mL
High Pressure Limit Alarm: 40
Low Pressure Limit Alarm: 0
Plateau: 18 Peak Inspiratory Pressure:26
Exhaled Tidal Volume 769L
Exhaled Minute Volume 12.5L
Patient Respiratory Rate 23
Low Peep Alarm: 0
Alarms checked: Yes
Alarms functioning properly: Yes
Ventilator circuit temperature: hme
Cuff Pressure: mlt cmH20
ETT Secured@: 24cm
ETT Size: 8 FR
Serial #: 614 EE26971
Comments:
Head of Bed elevated when Respiratory Therapist entered patient room?
Yes
Head of Bed elevated when Respiratory Therapist departed patient room?
Yes

/es/ GLORIA GOREE RRT
Registered Respiratory Therapist
Signed: 09/17/2015 20:24

LOCAL TITLE: CHAPLAIN
STANDARD TITLE: PASTORAL CARE NOTE
DATE OF NOTE: SEP 17, 2015@19:43 ENTRY DATE: SEP 18, 2015@09:31:23
AUTHOR: BELL,ALAN B EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Attempted to visit with veteran, but found him unavailable at this time due to being occupied with medical staff caregivers. Left note with Chaplain Service information and offered silent prayer in behalf of patient's improvement and hopes for a return home soon.

Chaplain Springfield visiting.

/es/ ALAN B. BELL
CHAPLAIN
Signed: 09/18/2015 16:06

LOCAL TITLE: BLOOD TRANSFUSION
STANDARD TITLE: BLOOD BANKING TRANSFUSION NURSING NOTE
DATE OF NOTE: SEP 17, 2015@19:35 ENTRY DATE: SEP 17, 2015@22:27:05
AUTHOR: MASTERS,AMANDA L EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

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Blood Product Transfusion: (Please add the additional signer)

Product to be Transfused: One unit of FFP

Leukocyte Reduction Filter (PALL) No

Irradiated Unit: No

Unit #:W2277 15 041797

Pre Transfusion Verification Data:

The 1st and 2nd verifiers have verified the following:

Blood Consent signed in Imed or on chart, Unit number on blood component bag is same as on caution tag, Patient full name on Red Blood Bank ID Band same as caution tag, Patient full SSN# on Red Blood Bank ID Band same as caution tag, Patient Red Blood Bank wrist band ID # same as on caution tag, Blood type on Blood Component bag same as on caution tag

Patient was instructed on how to recognize a transfusion reaction, either immediate or delayed. Yes

Red Blood Wristband # PVKU 0011

Pre-Medication: n/a

Blood Administration Set Lot#: 0061438546

Pre-Transfusion Vitals:

Additional Signer: T.Pallera, RN

Vital signs(other):
Time: 19:30Temp:101.5Pulse: 123
Resp. Rate: 26 B/P: 115/60

Transfusion start time: Sep 17,2015@19:35

Vitals during transfusion: (every 5 min 1st 15 min then every 15 min x3 then every hr and/or at the completion of infusion)
Time 19:35Temp: 101.5Pulse: 123 Resp. Rate: 25 B/P: 115/43
Time 19:40Temp: 101.4Pulse: 122 Resp. Rate: 25 B/P: 110/67
Time 19:45Temp: 101.5Pulse: 122 Resp. Rate: 26 B/P: 108/68
Time 19:50Temp: 101.3Pulse: 121 Resp. Rate: 26 B/P: 114/74
Time Temp: Pulse: Resp. Rate: B/P:
Time Temp: Pulse: Resp. Rate: B/P:
Time Temp: Pulse: Resp. Rate: B/P:
Time Temp: Pulse: Resp. Rate: B/P:
Post - Blood Product Transfusion Data:

Time Transfusion Completed/Interrupted: Sep 17,2015@20:00

Amount Infused: 100%

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Vitals:

Temp: 97.8 F [36.6 C] (09/17/2015 08:00) Pulse: 115 (09/17/2015 08:00) BP: 91/66 (09/17/2015 08:00)
Other: Time: 20:00Temp: 101.2Pulse: 121Resp. Rate: 25 B/P:118/75

Reaction: none
 Description of Reaction:

Other Difficulties (Equipment, clots, etc.) No

Transfusion completed/Interrupted by (name of nurse)A. Masters, RN

(Form # 518-124)

/es/ AMANDA L. MASTERS
REGISTERED NURSE
Signed: 09/17/2015 22:30

 LOCAL TITLE: BLOOD TRANSFUSION
STANDARD TITLE: BLOOD BANKING TRANSFUSION NURSING NOTE
DATE OF NOTE: SEP 17, 2015@19:18   ENTRY DATE: SEP 17, 2015@21:55:33
      AUTHOR: MASTERS,AMANDA L   EXP COSIGNER:
 INSTITUTION: MEMPHIS VA MEDICAL CENTER
    DIVISION: MEMPHIS, TN
     URGENCY: STATUS: COMPLETED

Blood Product Transfusion: (Please add the additional signer)

Product to be Transfused: One unit of FFP

Leukocyte Reduction Filter (PALL) No

Irradiated Unit: No

Unit #:W2277 15 050966

Pre Transfusion Verification Data:

The 1st and 2nd verifiers have verified the following:

Blood Consent signed in Imed or on chart, Unit number on blood component bag is same as on caution tag, Patient full name on Red Blood Bank ID Band same as caution tag, Patient full SSN# on Red Blood Bank ID Band same as caution tag, Patient Red Blood Bank wrist band ID # same as on caution tag, Blood type on Blood Component bag same as on caution tag

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Patient was instructed on how to recognize a transfusion reaction, either immediate or delayed. Yes

Red Blood Wristband # PVKU 0011

Pre-Medication: n/a

Blood Administration Set Lot#: 0061438546

Pre-Transfusion Vitals:

Additional Signer: T. Pallera, RN

Vital signs(other):
Time: 19:15Temp:101.5Pulse: 124
Resp. Rate: 23 B/P: 113/65

Transfusion start time: Sep 17,2015@19:18

Vitals during transfusion: (every 5 min 1st 15 min then every 15 min x3 then every hr and/or at the completion of infusion)
Time 19:18Temp: 101.8Pulse: 123 Resp. Rate: 25 B/P: 108/65
Time 19:20Temp: 101.7Pulse: 123 Resp. Rate: 25 B/P: 111/61
Time 19:25Temp: 101.5Pulse: 123 Resp. Rate: 26 B/P: 112/65
Time 19:30Temp: 101.5Pulse: 123 Resp. Rate: 26 B/P: 115/60
Time 19:35Temp: 101.5Pulse: 123 Resp. Rate: 25 B/P: 115/43
Time Temp: Pulse: Resp. Rate: B/P:
Time Temp: Pulse: Resp. Rate: B/P:
Time Temp: Pulse: Resp. Rate: B/P:
Post - Blood Product Transfusion Data:

Time Transfusion Completed/Interrupted: Sep 17,2015@19:35

Amount Infused: 100%

Vitals:

Temp: 97.8 F [36.6 C] (09/17/2015 08:00) Pulse: 115 (09/17/2015 08:00) BP: 91/66 (09/17/2015 08:00)
Other: Time: 19:35Temp: 101.5Pulse: 123Resp. Rate: 25 B/P:115/43

Reaction: none
 Description of Reaction:

Other Difficulties (Equipment, clots, etc.) No

Transfusion completed/Interrupted by (name of nurse)A. Masters

(Form # 518-124)

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/es/ AMANDA L. MASTERS
REGISTERED NURSE
Signed: 09/17/2015 22:04

Receipt Acknowledged By:
09/21/2015 18:11 /es/ ANTHONY A. PALLERA
REGISTERED NURSE

LOCAL TITLE: SURGERY ATTENDING
STANDARD TITLE: SURGERY ATTENDING NOTE
DATE OF NOTE: SEP 17, 2015@16:57 ENTRY DATE: SEP 17, 2015@16:57:56
AUTHOR: MINARD,GAYLE EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Patient acutely ill on levo and vas

s/p significant small bowel resection due to infarction, not clear etiology, echo pending

closed with cassette, will need re exploration if survives

pa catheter placed while on rounds, needs more fluids

left ptx, placed two chest tubes

cortisol 33

Still needs foley as has minimal output and hematuria

Patient seen and examined by me with resident. Agree with resident's exam and plan of care.

/es/ GAYLE MINARD
MD
Signed: 09/17/2015 17:07

LOCAL TITLE: RESPIRATORY
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@16:31 ENTRY DATE: SEP 17, 2015@16:31:32
AUTHOR: GOREE,GLORIA EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Breath Sounds:
Pre-Therapy:
CTA

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Post Therapy:
CTA

	Before	After
HR:	122	122
RR:	22	23

System Assessment:
Oxygen Saturation 100% in conjunction with respiratory treatment
Cough: Non-Productive,
 Comments:
Suctioning: Endotracheal
 Comments (indicate any adverse reactions):
Secretion Status:
 Amount: None
 Consistency:
 Appearance:
 Odor-
 Comments:
Adverse Reaction:(if yes specify) no
Mechanical Ventilation Status:
Face Mask Ventilation: If YES you MUST answer the Skin Integrity AND Action Plan Section
No
Mode/other info: SIMV
Other
Set Rate:20
Set Tidal Volume: 600mL
Set Fi02: 50%
Set PEEP: 5 cmH20
Set Pressure Support: 10
Set Pressure Control: 0
I:E Ratio: 1:2.3
Low Volume Alarm: 200 mL
High Pressure Limit Alarm: 40
Low Pressure Limit Alarm: 0
Plateau: 17 Peak Inspiratory Pressure:21
Exhaled Tidal Volume 640L
Exhaled Minute Volume 12.7L
Patient Respiratory Rate 23
Low Peep Alarm: 0
Alarms checked: Yes
Alarms functioning properly: Yes
Ventilator circuit temperature: hme
Cuff Pressure: mlt cmH20
ETT Secured@: 24cm
ETT Size: 8 FR
Serial #: 614 EE26971
Comments:
Head of Bed elevated when Respiratory Therapist entered patient room?
Yes
Head of Bed elevated when Respiratory Therapist departed patient room?
Yes

/es/ GLORIA GOREE RRT
Registered Respiratory Therapist
Signed: 09/17/2015 16:35

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LOCAL TITLE: PHARMACY MEDICATION REVIEW
STANDARD TITLE: PHARMACY MEDICATION MGT NOTE
DATE OF NOTE: SEP 17, 2015@16:28 ENTRY DATE: SEP 17, 2015@16:28:16
AUTHOR: GUIDRY,TOMMIE JO EXP COSIGNER: WELLS,LINDSEY DAWN
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

S: Pt is a 72 yo CM s/p RIHR 1 mo ago who presented in septic shock due to ischemic bowel. Pt POD #0 ex lap, SBR, temporary abdominal closure. Developed post-op afib and started on amio gtt. Pt currently intubated and on pressors. Started on PPI gtt for GIB. Pt being empirically treated with vanc/zosyn 2/2 sepsis.

HPI: Pt brought to the ER by his wife due to decreased responsiveness and generalized weakness. Pt with lack of appetite for ~1-2 weeks. Pt with coffee ground emesis beginning last night. Pt is from out-of-town with most recent care at the VA in Amarillo. Pt initially presented with BP in 60s per ED physician but responded to 2 L bolus. NG tube was put under suction which drained > 1400 ml black fluid. Patient was also found to have gas under the diaphragm on chest xray and surgery was consulted.

PMH: DM, HLD, BPH

O:
VITALS:
bp 91/66 (09/17/2015 08:00)
p 115 (09/17/2015 08:00)
r 16 (09/17/2015 08:00)
pain 99 (09/17/2015 09:25)

135 / 99 / 90 9.3
----------<64 13.07>------<100
2.8 / 27 / 3.8 27.1

Mag: 2
PO4: 3
iCa: 0.98
Lactate: 3 <- 4.2 <- 6.5 <- 9.7

WBC: 13.07 <- 7.87 <- 29.44

189.8 lb [86.3 kg] (09/17/2015 09:15)
Ht: 72 in.
IBW: 78kg
Creatinine: 3.8 mg/dl H (09/17/2015 13:05)
Estimated CrCl based on Cockroft-Gault is ~20ml/min using IBW

Allergies: Patient has answered NKA

Recent Medication List from VA:
Active and Recently Expired Inpatient Medications (including Supplies):

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	Active Inpatient Medications	Status
1)	AMIODARONE INJ AMIODARONE 450 MG in D5W 250 ML 17 ml/hr 1mg/min (=34ml/hr)x 6hrs then 0.5mg/min IVC	ACTIVE
2)	CALCIUM GLUCONATE INJ,SOLN CALCIUM GLUCONATE 9.3 MEQ in D5W 50ML P.A.B. CONTAINER 50 ML INFUSE OVER 120 MINUTES IVPB ONCE	ACTIVE
3)	D-10-W INJ,SOLN in D10W 1000 ML 50 ml/hr@0 Instructions too long. See order details for full text. IVC	ACTIVE
4)	D-50-W INJ,SOLN 50 ML IV PRN FOR GLUCOSE <70	ACTIVE
5)	FENTANYL INJ,SOLN FENTANYL 1000 MCG in NS 250 ML TITRATE@0 to a BPS score of <4 IVC	ACTIVE
6)	GLUCAGON INJ 1MG/1VIAL IM PRN For glucose <70 and patient with signs of severe hypoglycemia;May be given IM,SQ or IV	ACTIVE
7)	HYDROCORTISONE INJ,SOLN 50MG/1ML IV Q6H	ACTIVE
8)	INFLUENZA VIRUS VACCINE 5ML VI 2015- 0.5ML IM ONCE	ACTIVE
9)	INSULIN HUMAN REGULAR INJ INSULIN HUMAN REGULAR 100 UNITS in NS 100 ML TITRATE PER SLIDING SCALE@0 Instructions too long. See order details for full text. IVC	ACTIVE
10)	INSULIN HUMAN REGULAR INJ PER SLIDING SCALE SQ PRN LOADING DOSE Glucose: 201-250 = 2 UNITS IV BOLUS Glucose: >250 = 4 UNITS IV BOLUS	ACTIVE
11)	MESSAGE TO NURSING MISCELLANEOUS ACCUCHECK BY NURSING MISC Q1H Q1HR until glucose remains in the 140-200mg/dl range for 4 hours. then q2HR	ACTIVE
12)	NOREPINEPHRINE INJ NOREPINEPHRINE 32 MG in NS 250 ML TITRATE@0 TITRATE TO MAP >65 **QUAD STRENGTH** 128mcg/ml IVC	ACTIVE
13)	PANTOPRAZOLE INJ,PWDR PANTOPRAZOLE 80 MG in D5W 100 ML 10 ml/hr IV	ACTIVE
14)	PIPERACILLIN/TAZOBACTAM VIAL INJ PIPERACILLIN/TAZOBACTAM VIAL 2.25 GM in PRE-MIXED IN ISO-OSMOTIC SOLN 50 ML INFUSE OVER 30 MINUTES IVPB Q6H	ACTIVE
15)	PROPOFOL INJ in PROPOFOL 1% EMULSION 100 ML Titrate@0 Titrate to RASS of -1 IV	ACTIVE
16)	SODIUM BICARBONATE INJ,SOLN SODIUM BICARBONATE 150 MEQ in D5W 1000 ML 75 ml/hr IV	ACTIVE
17)	SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 125 ml/hr@0 IV	ACTIVE
18)	VASOPRESSIN INJ,SOLN VASOPRESSIN 60 UNITS in NS 250 ML 10 ml/hr Delivers 0.04 units per minute IVC	ACTIVE

	Pending Inpatient Medications	Status
1)	ALBUMIN INJ 12.5 GM IV NOW	PENDING
2)	PHENYLEPHRINE INJ 10MG/1ML IV	PENDING

	Inactive Inpatient Medications	Status
1)	ALBUMIN INJ in ALBUMIN 5% 250 ML Bolus in 250ml IV NOW	EXPIRED
2)	ALBUMIN INJ in ALBUMIN 5% 250 ML INFUSE OVER 60	EXPIRED

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	MINUTES IV NOW	
3)	AMIODARONE INJ AMIODARONE 150 MG in D5W 100ML P.A.B. CONTAINER 100 ML INFUSE OVER 15 MINUTES IV NOW	EXPIRED
4)	AMIODARONE INJ AMIODARONE 450 MG in D5W 250 ML 34 ml/hr 1mg/min (=34ml/hr)x 6hrs then 0.5mg/min IV	EXPIRED
5)	AMIODARONE INJ AMIODARONE 150 MG in D5W 100ML P.A.B. CONTAINER 100 ML INFUSE OVER 10 MINUTES IV ONCE	EXPIRED
6)	CALCIUM GLUCONATE INJ,SOLN CALCIUM GLUCONATE 9.3 MEQ in D5W 50ML P.A.B. CONTAINER 50 ML INFUSE OVER 120 MINUTES IVPB ONCE	EXPIRED
7)	CALCIUM GLUCONATE INJ,SOLN CALCIUM GLUCONATE 9.3 MEQ in NS 50 ML INFUSE OVER 120 MINUTES IVPB ONCE	EXPIRED
8)	ETOMIDATE INJ,SOLN 20MG/10ML IV ONCE	DISCONTINUED
9)	FENTANYL INJ,SOLN FENTANYL 1000 MCG in NS 250 ML TITRATE@0 to a BPS score of <4 IVC	DISCONTINUED
10)	HYDROCORTISONE INJ,SOLN 50MG/1ML IV ONCE ***SEPSIS PATIENT*** SEND TO ER STAT or CALL 7960/7965	DISCONTINUED
11)	INSULIN HUMAN REGULAR INJ INSULIN HUMAN REGULAR 100 UNITS 1 in NS 100 ML TITRATE PER SLIDING SCALE@0 7 cc HR IVC	DISCONTINUED
12)	INSULIN HUMAN REGULAR INJ 10 UNITS IV ONCE For ER Use Only! Do Not Change dose or schedule CAUTION check Potassium Level to avoid Hypokalemia Number of Units: 0 Re-do accucheck one hour after administration	DISCONTINUED
13)	MIDAZOLAM INJ,SOLN MIDAZOLAM (VERSED) 50 MG in NS 150 ML TITRATE@0 to a RASS of -1 IVC	DISCONTINUED
14)	MORPHINE INJ 2MG/1ML IV Q3H PRN pain	DISCONTINUED
15)	NOREPINEPHRINE INJ NOREPINEPHRINE 16 MG in NS 250 ML TITRATE@0 TITRATE TO MAP >65 concentrate please IVC	DISCONTINUED
16)	NOREPINEPHRINE INJ NOREPINEPHRINE 8 MG 1 in NS 250 ML titrate@0 Instructions too long. See order details for full text. IVC	DISCONTINUED
17)	NOREPINEPHRINE INJ NOREPINEPHRINE 8 MG in NS 250 ML TITRATE@0 TITRATE TO MAP >65 IVC	DISCONTINUED
18)	PANTOPRAZOLE INJ,PWDR PANTOPRAZOLE 80 MG in D5W 100 ML 10 ml/hr@0 ER Medication Order IVC	DISCONTINUED
19)	PANTOPRAZOLE INJ,PWDR 80MG IV ONE TIME ER Meidcation Order: Give as Bolus	DISCONTINUED
20)	PHENYLEPHRINE INJ PHENYLEPHRINE 10 MG in NS 250 ML TITRATE@0 TITRATE TO MAP>65 IVC	DISCONTINUED
21)	PIPERACILLIN/TAZOBACTAM INJ PIPERACILLIN/TAZOBACTAM 4.5 GM in PRE-MIXED IN ISO-OSMOTIC SOLN 100 ML INFUSE OVER 60 MINUTES Instructions too long. See order details for full text. IVPB ONE TIME	DISCONTINUED
22)	POTASSIUM CHLORIDE INJ,SOLN KCL 40MEQ PRE-MIX 40 MEQ in PRE-MIXED IN D-5-W 100 ML IN OVER 2 HOURS to follow completion of the first dose 40meq KCL IV IV NOW	EXPIRED
23)	POTASSIUM CHLORIDE INJ,SOLN KCL 40MEQ PRE-MIX 40 MEQ in PRE-MIXED IN D-5-W 100 ML IN OVER 2 HOURS IV NOW	EXPIRED
24)	ROCURONIUM INJ,SOLN 20MG/2ML IV ONE TIME given in prep for OR by OR team in ER	DISCONTINUED

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25) SODIUM BICARBONATE INJ,SOLN 2 AMPS IV ONCE 2 amps bicarbonate IV x1 now — EXPIRED
26) SODIUM BICARBONATE INJ,SOLN 2AMP IV NOW 2 amps of bicarb now for ABG — EXPIRED
27) SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 999 ml/hr@0 1L NS bolus IV over 1 hr x 1 IV — EXPIRED
28) SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 999ml/hr@0 Bolus 1L NS over 1 hr IV — EXPIRED
29) SODIUM CHLORIDE 0.9% INJ,SOLN in NS 1000 ML 150 ml/hr@0 IV — DISCONTINUED
30) SODIUM CHLORIDE 0.9% INJ,SOLN 1000 ML IV ONE TIME Bolus:For ER use Only; DO NOT change schedule or dose — DISCONTINUED
31) VANCOMYCIN INJ VANCOMYCIN 1500 MG in D5W 250 ML INFUSE OVER 90 MINUTES IVPB ONCE — EXPIRED
32) VANCOMYCIN INJ VANCOMYCIN 2000 MG in D5W 400 ML INFUSE OVER 120 MINUTES use 2 x 1 gm bags for dose, IVPB ONCE — DISCONTINUED

52 Total Medications

Micro:
9/17 Peritoneal fluid Cx/GS:
Bacteriology Remark(s):
GRAM STAIN: 2+ POLYMORPHONUCLEAR CELLS, NO ORGANISMS SEEN
9-17-15 SLG
9/16 UCx: pending
9/16 BCx: pending
9/16 BCx: pending

Vancomycin Dosing

Date/Time	Dose	Level	Comments
9/17 1037	1500mg	--	~19mg/kg
9/17 0852	--	18.67	
9/16 2000	2000mg	--	~25mg/kg

A/P:
NEURO: Fentanyl/propofol being held at this time.

PULM: Pt intubated, on SIMV.

CV: Norepi running @ 100mcg/min. Vasopressin @ 0.04units/min. Recommend starting phenylephrine @50mcg/min based on pt's persistent increased HR on NE. Continue amiodarone, currently running @ 17ml/hr.

FENGI: Pt presented with hyperglycemia. Insulin gtt started but now held for BG of 62. Recommend starting renally adjusted insulin gtt once BG warrants. Hypocalcemic, bolused with 6g of calcium gluc. Hypokalemic, bolused with 80 mEq of KCL IV. Hyponatremia now resolved. Continue NaBicarb gtt, currently running @ 75ml/hr. Continue pantoprazole gtt @10ml/hr for GIB.

ID:
-Pt received vancomycin 2g (~25mg/kg) loading dose in ED at 2000. Level this AM was 18.67 so 1500mg (~19mg/kg) vancomycin was given. Will pulse-dose vanc based

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on renal function. Random level ordered to be drawn with AM labs. Will redose if level <20.
-Zosyn 4.5g x1 in ED. Dose changed to zosyn 2.25g Q6H based on renal function and indication. Will continue to monitor and adjust as needed.

DVT Prophylaxis: Will not start at this 2/2 GIB.

GI Prophylaxis: pantoprazole gtt

All changes discussed with SICU team during rounds.

Questions or concerns, contact Pharmacist at 6729 or pgr 1436

/es/ TOMMIE JO GUIDRY, PHARM.D.
PGY1 Pharmacy Resident
Signed: 09/17/2015 17:39

/es/ LINDSEY DAWN WELLS
Clinical Pharmacy Specialist
Cosigned: 09/18/2015 07:18

LOCAL TITLE: UROLOGY CONSULT
STANDARD TITLE: UROLOGY CONSULT
DATE OF NOTE: SEP 17, 2015@16:06 ENTRY DATE: SEP 17, 2015@16:06:33
AUTHOR: LAU,GLEN A EXP COSIGNER: HASEN,HOWARD B
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Attending of record is HASEN, HOWARD, who agrees with management of care

H&P SEP 17, 2015

HOPKINS,MARSHALL HUGH
(b) (6)

CC: hematuria

HPI: Pt is a 72 yo M with PMH of Dm, Hl, BPH who was en route to north carolina and had hematemesis and melena and was found to be hypotensive when brought to the ER last night. Pt. had free air in abdomen on KUB and was taken for exploratory laparotomy during which he was found to have ischemic bowel now s/p resection. He remains in ICU with temporary abdominal closure and is being treated for septic shock. He was noted to have hematuria, for which urology is being consulted along with a request to be present for his repeat exploration tomorrow 9/18 to evaluate the bladder.

Of note pt had a inguinal hernia repair about 1 month ago and had been having issues
with urinary retention after that. he was admitted for bladder outlet obstruction and was found to have hydronephrosis/pyelo and was treated with rocephin. per the wife, he has since been seen by Urology in amarillo, texas and had cystoscopy, which was negative for concerning findings.

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PMH:
DM, HLD, BPH

Surgeries:
SEP 17, 2015@00:25 Proc: EXPLORATORY LAPAROTOMY, WITH BOWEL RESECTION
bilateral inguinal hernia repairs

Family History:
No GU Malignancy

Social History:
former tobacco and alcohol use, none in last few years. no illicits

Medications:
Home medications include Insulin and flomax

ALLERGIES: Patient has answered NKA

Vitals:

DATE/TIME	TEMP	PULSE	RESP	BP	PAIN
9/17/15 @ 0925					99
9/17/15 @ 0915					
9/17/15 @ 0800	97.8	115	16	91/66	99
9/17/15 @ 0416					99
9/16/15 @ 2200		106	21	125/76	
9/16/15 @ 2044		106	18	95/60	
9/16/15 @ 1935	97	121	14	68/38	

PE:
intubated, sedated
on vent, bilat. breath sounds
s1/s2, tachycardic
temporary abd. closure
GU:circ phallus, testes desc. bilaterally, no masses.
foley in place with yellow urine and some bloody sediment

Labs:

WB7GLUCOSE: 100.0
CORTISOL (Ortho): 33.30 H
WB7GLUCOSE: 62.0 L
D-DIMER(STA): 6.94 H
FIBSTA4: 655.00 H
WBC3: 13.07 H
RBC3: 3.26 L
HCT3: 27.1 L
MCV3: 83.1
MCH3: 28.5
MCHC3: 34.3
RDW3: 13.9
PLT3: 100 L
NE%3: 75.0 H
LY%3: 17.2

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MO%3: 6.3
EO%3: 0.7
BA%3: 0.5
NE#3: 9.81 H
LY#3: 2.25
MO#3: 0.82
EO#3: 0.09
BA#3: 0.06
HGB3: 9.3 L
NRBC%3: 0.0
NRBC#3: 0.0
MPV/3: 11.9
IG%: 0.3
IG#: 0.04
IPF: 12.2 H
INR (STA2): 1.55 H
PTSTA4: 18.0 H
BILIRUBIN,TOTAL: 0.6
LACTATE: 3.0 H
UREA NITROGEN (00): 90 H
SODIUM (00): 135
POTASSIUM (00): 2.8 L*
CHLORIDE (00): 99 L
GLUCOSE (00): 64 L
CALCIUM (00): 6.1 L
ALKALINEPHOS: 58
CARBONDIOX: 27
AST: 477 H
ALT: 188 H
CREATININE 2: 3.8 H
WB7GLUCOSE: 81.0
FIO2 (L. OR %): 60
I-STAT MVBG PH: 7.283 L
I-STAT MVBG PCO2: 54.0 H
I-STAT MVBG PO2: 30 L*
I-STAT MVBG HCO3: 25.6
I-STAT MVBG 02HB% (SAT): 49
I-STAT MVBG BASE EXCESS: -1
I-STAT MVBG TCO2: 27
FIO2 (L. OR %): 60.00
I-STAT PH: 7.30
I-STAT PCO2: 46.60 H
I-STAT PO2: 85.00
I-STAT BASE EXCESS: -3
I-STAT O2: 95.00
I-STAT TCO2: 24.00
I-STAT HCO3: 23.00
WB7GLUCOSE: 99.0
WB7GLUCOSE: 131.0 H
WB7GLUCOSE: 175.0 H
VANCOMYCIN (Ortho): 18.67
WB7GLUCOSE: 256.0 H
PO4: 3.0
LACTATE: 4.2 H
IONIZED CALCIUM (MMOL/L): 0.98 L
FIO2 (L. OR %): 70.00

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I-STAT PH: 7.18 L*
I-STAT PCO2: 49.60 H
I-STAT PO2: 82.00
I-STAT BASE EXCESS: -10
I-STAT O2: 93.00
I-STAT TCO2: 20.00 L
I-STAT HCO3: 18.70 L
WB7GLUCOSE: 245.0 H
WB7GLUCOSE: 236.0 H
WB7GLUCOSE: 379.0 H
WB7GLUCOSE: 436.0 H
WB7GLUCOSE: 370.0 H
INR (STA2): 1.57 H
PTSTA4: 18.2 H
MANUAL-DIFF: comment
WBC3: 7.87
RBC3: 3.07 L
HCT3: 25.4 L
MCV3: 82.7
MCH3: 28.7
MCHC3: 34.6
RDW3: 13.9
PLT3: 140 L
NE%3: 72.7 H
LY%3: 24.7
MO%3: 1.4 L
EO%3: 0.3
BA%3: 0.8
NE#3: 5.73
LY#3: 1.94
MO#3: 0.11 L
EO#3: 0.02
BA#3: 0.06
HGB3: 8.8 L
NRBC%3: 0.6
NRBC#3: 0.1
MPV/3: 11.4
IG%: 0.1
IG#: 0.01
IPF: 12.0 H
PO4: 5.1 H
PROTEIN,TOTAL: 4.1 L
BILIRUBIN,TOTAL: 0.6
MAGNESIUM: 2.0
LACTATE: 6.5 H
UREA NITROGEN (00): 93 H
SODIUM (00): 135
POTASSIUM (00): 4.0
CHLORIDE (00): 95 L
GLUCOSE (00): 337 H
CALCIUM (00): 6.5 L
EGFR: 16.23 L
ALBUMINV: 1.9 L
ALKALINEPHOS: 60
CREACPROT: 467.6 H
CARBONDIOX: 27

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AST: 74 H
ALT: 62 H
CREATININE 2: 3.7 H
IONIZED CALCIUM (MMOL/L): 0.93 L
APTT4: 34.8
WB7GLUCOSE: 276.0 H
FIO2 (L. OR %): 80.00
I-STAT PH: 7.20 L*
I-STAT PCO2: 51.20 H
I-STAT PO2: 86.00
I-STAT BASE EXCESS: -8
I-STAT O2: 94.00
I-STAT TCO2: 21.00 L
I-STAT HCO3: 19.80
PO4: 2.4
CALCIUM (00): 6.2 L
TROPONIN I (Ortho): 0.126 H
CORTISOL (Ortho): 23.40
BILIRUBIN,TOTAL: 0.5
ALKALINEPHOS: 61
AST: 74 H
ALT: 60 H
TROPONIN I (Ortho): 0.087
I-STAT NA: 122.00 L
I-STAT K: 3.9
I-STAT CL: 92.00 L
I-STAT BUN: 101.00 H
I-STAT GLUC: 458.00 H
I-STAT HCT: 35.00 L
I-STAT HGB: 11.90
I-STAT iCa: 0.96 L
I-STAT TCO2: 17.00 L
I-STAT CREA: 4.3 H
ISTATANIONGAP: 18.00
I-STAT NA: 123.00 L
I-STAT K: 3.6
I-STAT CL: 91.00 L
I-STAT BUN: 100.00 H
I-STAT GLUC: 542.00 H*
I-STAT HCT: 28.00 L
I-STAT HGB: 9.50 L
I-STAT iCa: 0.97 L
I-STAT TCO2: 16.00 L
I-STAT CREA: 4.2 H
ISTATANIONGAP: 20.00
AMYLASE (00): 285 H
LIPASEV: 228 H
KETONES: NEG
INR (STA2): 1.50 H
PTSTA4: 17.6 H
MANUAL-DIFF: O
NSEGSMAN: 60
NBANDMAN: 15
METAMAN: 11
MYELOMAN: 4
LYMPHMAN: 5

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MONOMAN: 5
PLTCLUMPMAN: F
LGGNTPLTMAN: F
Normochromic/Normocytic: NCN
PATHOLOGIST SLIDE REVIEW: PEARLMAN
WBC3: 29.44 H*
RBC3: 4.01
HCT3: 33.3 L
MCV3: 83.0
MCH3: 29.2
MCHC3: 35.1
RDW3: comment
PLT3: 192
NE%3: comment
LY%3: comment
MO%3: comment
EO%3: comment
BA%3: comment
NE#3: comment
LY#3: comment
MO#3: comment
EO#3: comment
BA#3: comment
HGB3: 11.7 L
NRBC%3: comment
NRBC#3: comment
MPV/3: comment
IG%: comment
IG#: comment
IPF: comment
PO4: 7.1 H
PROTEIN,TOTAL: 6.4 L
BILIRUBIN,TOTAL: 0.7
MAGNESIUM: 2.4 H
LACTATE: 9.7 H
UREA NITROGEN (00): 96 H
SODIUM (00): 118 L*
POTASSIUM (00): 4.2
CHLORIDE (00): 79 L*
GLUCOSE (00): 755 H*
CALCIUM (00): 7.9 L
ALBUMINV: 3.3 L
ALKALINEPHOS: 118
CARBONDIOX: 11 L
AST: 80 H
ALT: 86 H
CREATININE 2: 4.4 H
NT-proBNP: 18800.00
APPEARANCE: Ex.Turbid
UR COLOR: RED
SPECIFIC GRAVITY: 1.012 L
UROBILINOGEN: <2.0
UR BLOOD: 3+
UR BILIRUBIN: Neg
UR KETONES: Neg
UR GLUCOSE: 3+

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UR PROTEIN: 2+
UR PH: 5.0
NITRITE, URINE: Neg
LEUKOCYTE ESTERASE, URINE: 3+
URINE MICROSCOPIC: DONE
UR RBC: >100 H
UR WBC: >100 H
UR BACTERIA: 4+
URINE MUCUS: MANY
AMORPHOUS CRYSTAL: MOD
URINE WBC CLUMPS: MANY
I-STAT NA: 115.00 L*
I-STAT K: 3.9
I-STAT CL: 86.00 L
I-STAT BUN: 100.00 H
I-STAT GLUC: >700.00 H*
I-STAT HCT: 38.00
I-STAT HGB: 12.90
I-STAT iCa: 0.97 L
I-STAT TCO2: 12.00 L
I-STAT CREA: 4.9 H
ISTATANIONGAP: 22.00
I-STAT Troponin: 0.110
I-STAT PH: 7.28 L
I-STAT PCO2: 28.90 L
I-STAT PO2: 123.00 H
I-STAT BASE EXCESS: -13
I-STAT O2: 98.00
I-STAT TCO2: 14.00 L
I-STAT HCO3: 13.60 L

A/P: 72 yo M w/ ischemic bowel s/p exploratory laparotomy and bowel resection w/ temporary abdominal closure, hematuria
- continue critical care management per primary
- foley hand-irrigated with very small amt of clot and cleared almost immediately, keep foley in place and hand irrigate PRN
- will be available for surgery tomorrow to assist with any urologic issues
- following, please call with questions.

/es/ GLEN A LAU
Resident
Signed: 09/17/2015 16:30

/es/ HOWARD B HASEN MD
PHYSICIAN
Cosigned: 09/18/2015 09:32

 LOCAL TITLE: CRITICAL TEST RESULTS REPORTING
STANDARD TITLE: DIAGNOSTIC STUDY REPORT
DATE OF NOTE: SEP 17, 2015@13:55   ENTRY DATE: SEP 17, 2015@21:53:15
      AUTHOR: MASTERS,AMANDA L   EXP COSIGNER:
 INSTITUTION: MEMPHIS VA MEDICAL CENTER
    DIVISION: MEMPHIS, TN
     URGENCY: STATUS: COMPLETED

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Critical Test Results Reporting
Critical Lab Value
Date/time provider notified: Sep 17,2015@13:55

Name of Provider notified by nurse - Paulas/Gibson

Critical test result(s) values reported and read back were: K+ 2.8

/es/ AMANDA L. MASTERS
REGISTERED NURSE
Signed: 09/17/2015 21:53

LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@12:40 ENTRY DATE: SEP 17, 2015@12:40:48
AUTHOR: JONES-BRIGGS,TREASA EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Ventilator Patient Respiratory Therapy Flow Sheet

Date: Sep 17,2015@12:40

Respiratory Treatment was:
Indicate Reason Held or Not Given:

Oxygen Saturation on (SPO2) on Room Air:
0% times minutes

Breath Sounds:
Pre-Therapy:
CTA
Post Therapy:
CTA

	Before	After
HR:	120	120
RR:	16	15

System Assessment:
Oxygen Saturation 97 % in conjunction with respiratory treatment

PRN Treatment: no

Cough: Non-Productive,
Comments:

Suctioning: Endotracheal
Comments (indicate any adverse reactions):

Secretion Status:
Amount: None

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Consistency:
Appearance:
Odor-
Comments:

Adverse Reaction:(if yes specify) no
Mechanical Ventilation Status:
Face Mask Ventilation: If YES you MUST answer the Skin Integrity AND Action Plan Section
No
Mode/other info: SIMV
Other

Set Rate:20
Set Tidal Volume: 600mL
Set Fi02: 60%
Set PEEP: 8 cmH20
Set Pressure Support: 10
Set Pressure Control: 0
I:E Ratio: 1:2.3
Low Volume Alarm: 200 mL
High Pressure Limit Alarm: 40
Low Pressure Limit Alarm: 0
Plateau: 20 Peak Inspiratory Pressure: 23
Exhaled Tidal Volume 625L
Exhaled Minute Volume 9.22L
Patient Respiratory Rate 16
Low Peep Alarm: 0
Alarms checked: Yes
Alarms functioning properly: Yes
Ventilator circuit temperature: hme
Cuff Pressure: mlt cmH20
ETT Secured@: 25cm
ETT Size: 8 FR
Serial #: 614 EE26971
Comments:
Head of Bed elevated when Respiratory Therapist entered patient room?
Yes
Head of Bed elevated when Respiratory Therapist departed patient room?
Yes

/es/ TREASA J CISERO
RESPIRATORY THERAPIST
Signed: 09/17/2015 12:43

LOCAL TITLE: ICU DAILY NURSING ASSESSMENT
STANDARD TITLE: CRITICAL CARE UNIT ADMISSION EVALUATION NOTE
DATE OF NOTE: SEP 17, 2015@12:00 ENTRY DATE: SEP 17, 2015@21:16:24
AUTHOR: MASTERS,AMANDA L EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

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ICU Daily Nursing Assessment

Date Adm/Tran to ICU: Sep 17,2015

Code Status: Full

Can patient be directly discharged from ICU? no

Mental Health:
 Mood:
 Comments:

Activity: Bedrest
PAIN ASSESSMENT-1st Location:
  Patient states "experiencing pain" on a scale of 1-10.
    Stated pain is: 99
  OUTCOME: There will be a 50% reduction in pain (inpatients within 24
  hours and outpatients within 2 encounters). Select at three
  interventions to achieve this goal. For pharmacological interventions
  see Pain Management Policy.
Pain Interventions:
 Med given -
 Effective -
 Score (after interventions) 0
 Level of pain is well controlled
 (define discomfort)

REVIEW OF SYSTEMS:
Neuro:

 Level of Consciousness:

 Glasgow Coma Score:
  Date/Time: Sep 17,2015@12:00
  Best Eye Opening Response: No Response (1pt)
  Best Verbal Response: No Response: (1pt)
  Best Motor Response (Best Upper Limb/To Painful Stimuli):
  No Response (1pt)
  Unable to Test (reason)- patient intubated
  Total Score: 3

Pupil Size and Response to Light:
 Pupil Gauge:
  Right 4mm
  Left 4mm

Pupil Reaction: brisk
 Additional Comments:

RASS:
Cardiovascular Rhythm: A fib

Patient on telemetry: yes (answer following questions)
 Cardiac Rhythm: Afib RVR

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```
 Atrial Rate:       n/a
 Ventricular Rate:  115
 PR Interval:       n/a
 QRS:               .04
 QT length:         n/a

 Comment:

Pulses:
 Right                 Score
  Radial               1+
  Ulna                 +
  Brachial             +
  Pedal                1+
  Posterior Tibia      +
  Femoral              +

 Left                  Score
  Radial          -1+
  Ulna            -+
  Brachial        -+
  Pedal           -1+
  Posterior Tibia -+
  Femoral         -+

Capillary refill:

Edema:
 Generalized -     1+
 Upper Extremity - +
 Facial  -         +
 Lower Extremity - +
 Orbital -         +
 Neck            - +
 Other/Comment:



DVT prophylaxis within 24 hr -

Spontaneous Compression Devices (SCDs) in use - yes


Respiratory:
 Lung/Breath sounds: clear

Oxygen (O2):
 FIO2 - 60%
Ventilator: ETT
 ETT size: 8cm
 Location(cm): 24 @ teeth
 Mode (initial settings only): SIMV

 Fio2: 60
 Peep: 5
 PS:   10
```


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VT set:600 VT exhaled:
Vent Days: 1
Secretions/sputum (choose all that apply):brown
Comments:

Sedation Vacation: yes Spontaneous Breathing trail: Readiness to wean:

GI:
Abdomen:
Bowel Sounds: absent

Diet: NPO

Tube Feeds: No

Bowel/Urinary Elimination:

Patient is on a toileting program - no

Bowel Movements: Last bowel movement date:
Color/appearance:

Patient has/uses.....
Foley
Foley Maintenance/Site Care:
Number of observations completed per shift - 6

Drainage system sterile and continuously closed - yes

Catheter properly secured at completion of each observation- yes

Collection bag below the level of the bladder - yes

Unobstructed urine flow - yes

Clinical indication written for continuance of indwelling catheter if beyond removal date - yes

Daily hygiene care completed - yes

Surgical Site:
Types of tubes/drains - chest tube

Braden Scale - For Predicting Pressure Sore Risk
Sensory Perception:1 = Completely Limited
Moisture: 3 = Occasionally Moist
Activity: 1 = Bedfast
Mobility: 1 = Completely Immobile
Nutrition: 1 = Very Poor
Friction: 2 = Potential Problem
6-9 Severe Risk
Score: 9

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CURRENT SKIN ASSESSMENT
    Skin Color:
      Color: Normal for ethnic group
    Skin Temperature
      Temp: Warm
    Skin Moisture
      Moisture: Dry
    Skin Turgor
      Turgor: Within normal limits

SKIN PROBLEMS
    Abrasion/Laceration
       Scratches to Lt upper chest, and rt groin scratches
    Bruising
       BUE
    Wound -location, type, description
       Midabd open wound, pink, covered w/ cassett, kerlix, abd pad and
      abd binder. drsg   changed by surgeons
    Other
       unable to turn pt due to instability

INTERVENTIONS
  Education
    Provide patient/caregiver education regarding causes and prevention of
    pressure ulcers.
    Provide patient/caregiver education regarding treatment plan for
    pressure ulcers.
    Teach patient/caregiver importance of changing position frequently for
    pressure ulcer prevention.
  Pressure-Redistribution Measures
    Use specialty bed
  Maximize Mobilization
    Perform range of motion exercises when turning/repositioning
  Manage Moisture
    Maintain clean and dry skin
    Instruct patient/caregiver to request assistance as needed
  Manage Nutrition
    Other:
      Comment: NPO
  Reduce Friction and Shear
    Use a bed trapeze or pull sheet to lift up in bed or turn
    Raise the knee when elevating head of bed

Isolation - no
 Type of Isolation:Universal precautions

Maintenance/Site Care:(Peripheral/Central Lines)
Central Line Maintenance:
Cordis Maintenance:
Maximum Barrier Precautions:
 ("Always Required" for Insertion and Dressing Changes) If a dressing
change is not needed, a N/A

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response is applicable for all questions
"except" Hand Hygiene.
  Hand Hygiene Completed:
  Yes
  Mask Worn By Inserter:
    n/a
  Sterile Gloves Worn By Inserter:
    n/a
  Chlorhexidine Used:
    n/a
Device Location:left ,jugular

Site Inspection:
 signs of infiltration - no
 redness - no
 edema -   no
 pain -   no
 blood return present - yes flushes easily - yes

Dressing:
 dressing clean/dry/intact - yes
 dressing changed -no

PA (Pulm Artery) Maintenance
Maximum Barrier Precautions:
 ("Always Required" for Insertion and Dressing Changes) If a dressing
change is not needed, a N/A
response is applicable for all questions
"except" Hand Hygiene.
  Hand Hygiene Completed:
  Yes
  Mask Worn By Inserter:
    n/a
  Sterile Gloves Worn By Inserter:
    n/a
  Chlorhexidine Used:
    n/a
Device Location: left ,jugular

Site Inspection:
 signs of infiltration - no
 redness - no
 edema -   no
 pain -   no
 blood return present - yes flushes easily - yes
Dressing:
 dressing clean/dry/intact -yes
 dressing changed - no

Arterial Line Maintenance/Site Care:
Maximum barrier precautions:

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hand hygiene completed - yes
mask worn - no
sterile gloves worn - no

Device Location: left,

Site Inspection:
redness - no
edema - no
blood return present - yes flushes easily - yes

Use Transparent Dressing "ONLY"

Dressing:
dressing clean/dry/intact - yes
dressing changed - no

Falls Assessment:

Morse Fall Scale:

1. History of falling; immediate or within 3 months - (no = 0, yes = 25)
   Score = 0
2. Secondary diagnosis - (No = 0, yes = 15)
   Score = 15
3. Ambulatory aid - (None, bedrest, wheelchair, nurse = 0) Crutches,
   cane walker = 15; Furniture = 30)
   Score = 0
4. IV/Heparin Lock - (no = 0, yes = 20)
   Score = 20
5. Gait/Transferring - (Normal, bedrest, immobile = 0; weak = 10;
   Impaired = 20) Score = 0
6. Mental Status - (Oriented to own ability = 0; Forget limitations =
   15) Score = 0

Total Score = 35

Risk Level/Intervention Required: 25-50 points Low Risk Standard
Fall Prevention Interventions
SEP 17, 2015@00:22:12 Ward: 3-SICU DX: UGIB SMALL BOWEL OBSTRUCTION

Change in patient's condition warrants an update to the Nursing Care
Plan
(If YES, continue with Care Plan below and make changes) no
Nursing Plan of Care:

NURSING PROBLEMS:
CURRENT CARE PLAN IN PLACE--risk for infection, review date 09/20/15

Assummed care @ 11:45. Pt on the vent, 8cm ETT, 24 @ teeth, SIMV rate 16, FiO2 60%, PEEP 5, Ps 10, Vt 600. Brown sputum noted. Lungs sound clear to auscultaiton. Tele-Afib rate 115. Left PA and cordis patent w/ blood rtrn noted. Left A-Line patent w/ blood rtrn noted. Abd has binder in place, kerlix and abd pads covering open wound w/ clear cassett. Surgeons instructions to keep pt

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still due to risk of bowels dislodging. Abd drsg changed by surgeons. Foley in place w/ hematuria. MDs aware. BLE w/ SCDs in place. Generalized edema.
Summarized charting:
Pt is on multiple gtts including the following: protonix @ 10ml/hr. Amiodarone @ 17ml/hr. NS @ 125ml/hr. Vasopressin @ 10ml/hr. Levophed titrating to MAP >65. Bicarb gtt @ 75 ml/hr. Fentanyl @ 10ml/hr. Throughout my shift MDs orderd 500 ALbumin, x2 NS 1L bolus, 2 amps Bicarb, Electrolye replacements, and Phynelephrine to titrate to MAP>65. 2 units FFP given.
Dr. Busby informed of labs and pt oozing from abd wound. New orders for electrolytes and 2U PRBCs and repeat ABG, orderd placed and all care transferred to night nurse

/es/ AMANDA L. MASTERS
REGISTERED NURSE
Signed: 09/18/2015 00:07

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 17, 2015@11:17:10 ENTRY DATE: SEP 17, 2015@11:17:11
AUTHOR: MATHEW,ALEXANDER EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

TEACHING PHYSICIAN ATTESTATION

I have seen and examined the patient together with the housestaff. I agree with the findings and plan as documented in Dr. Ulm's note. Pt remains critically ill with increasing pressor support. PA catheter placement. Supportive care. Poor prognosis.

/es/ ALEXANDER MATHEW
SURGEON
Signed: 09/17/2015 11:19

==========

--- Original Document ---

09/17/15 SURGERY:
General Surgery

No events post op. Still requiring BP support

98, HR 112-113, SBP 91-100
L IJ cordis
NGT in place w dark output
tachycardic regular rhythm
L CT to sxn
intubated, coarse BS
L femoral CVL
soft, midline open w cassett closure, no leaking or drainage from incision
R groin incision well healed
foley in place w blood in tubing

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2205/210
u 120
ng 50
ct 40

BCx p
UCx p
Peritoneal Cx p

A/P 72 yo CM w PMHx DM, HTN, HLD s/p RIHR 1 mo ago who presented in septic shock due to ischemic bowel now POD 0 ex lap, SBR, temporary abdominal closure

Neuro:
CVS: afib post op, current NSR. on amiodarone gtt. on levophed @ 58 & vassopressin @ 2.4 wean as tolerated.
Resp: intubated, SIMV. iatrogenic L pnx s/p L CT to sxn, residual pxn on CXR this AM. will place a second chest tube.
FEN/GI: NPO, NGT to LIS. NS @ 125. insulin gtt @ 20. BG 236-436 post op.
GU: cont foley. hematuria. will consult urology for eval on take back
HEME/ID: will monitor H/H. on
MSK: PT consult when appropriate
PPx: PPI, chemical ppx held currently

critically ill, will cont close monitoring.

/es/ IRENE E ULM, MD
RESIDENT PHYSICIAN
Signed: 09/17/2015 09:31

/es/ ALEXANDER MATHEW
SURGEON
Cosigned: 09/17/2015 11:22

LOCAL TITLE: SURGERY
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 17, 2015@07:51 ENTRY DATE: SEP 17, 2015@07:52:06
AUTHOR: ULM,IRENE E EXP COSIGNER: MATHEW,ALEXANDER
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

*** SURGERY Has ADDENDA ***

General Surgery

No events post op. Still requiring BP support

98, HR 112-113, SBP 91-100
L IJ cordis
NGT in place w dark output
tachycardic regular rhythm
L CT to sxn

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intubated, coarse BS
L femoral CVL
soft, midline open w cassett closure, no leaking or drainage from incision
R groin incision well healed
foley in place w blood in tubing

2205/210
u 120
ng 50
ct 40

BCx p
UCx p
Peritoneal Cx p

A/P 72 yo CM w PMHx DM, HTN, HLD s/p RIHR 1 mo ago who presented in septic shock due to ischemic bowel now POD 0 ex lap, SBR, temporary abdominal closure

Neuro:
CVS: afib post op, current NSR. on amiodarone gtt. on levophed @ 58 & vassopressin @ 2.4 wean as tolerated.
Resp: intubated, SIMV. iatrogenic L pnx s/p L CT to sxn, residual pxn on CXR this AM. will place a second chest tube.
FEN/GI: NPO, NGT to LIS. NS @ 125. insulin gtt @ 20. BG 236-436 post op.
GU: cont foley. hematuria. will consult urology for eval on take back
HEME/ID: will monitor H/H. on
MSK: PT consult when appropriate
PPx: PPI, chemical ppx held currently

critically ill, will cont close monitoring.

/es/ IRENE E ULM, MD
RESIDENT PHYSICIAN
Signed: 09/17/2015 09:31

/es/ ALEXANDER MATHEW
SURGEON
Cosigned: 09/17/2015 11:22

09/17/2015 ADDENDUM STATUS: COMPLETED
TEACHING PHYSICIAN ATTESTATION

I have seen and examined the patient together with the housestaff. I agree with the findings and plan as documented in Dr. Ulm's note. Pt remains critically ill with increasing pressor support. PA catheter placement. Supportive care. Poor prognosis.

/es/ ALEXANDER MATHEW
SURGEON
Signed: 09/17/2015 11:19

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM

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DATE OF NOTE: SEP 17, 2015@11:15:42 ENTRY DATE: SEP 17, 2015@11:15:42
AUTHOR: MATHEW,ALEXANDER EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

TEACHING PHYSICIAN ATTESTATION

I was present in the room and supervising the housestaff during the placement of the PA catheter.

/es/ ALEXANDER MATHEW
SURGEON
Signed: 09/17/2015 11:16

==========

--- Original Document ---

09/17/15 INVASIVE PROCEDURE:

INVASIVE PROCEDURE NOTE

TYPE OF PROCEDURE:Other (type below)PA catheter

Yes Patient Identity: Two (2) identifiers: Patient name and SSN, birthday, or other VA-approved identifier

Yes Consent Form: Confirm patient, procedure, side/site, reason

Yes Procedure: Procedure name and description

Yes Side/Site: Confirm laterality, surgical site marked (visible after draping) and/or special purpose wristband verified

Yes Imaging (as applicable): Two (2) members confirm imaging studies are available and properly labeled and presented.

Yes Allergies: Confirm allergies

Yes Specialty or Unit Specific Element: Include specific directions regarding other checklist elements such as implants, patient position, cultures, special equipment, etc.

SIDE ON WHICH PROCEDURE WAS PERFORMED:left

INDICATION FOR PROCEDURE:Monitoring

DESCRIPTION OF PROCEDURE AND FINDINGS:
PA catheter wedged at 50cm, stat pCXR ordered post procedure

POST PROCEDURE:

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Post procedural X-Ray:YES
Post Procedure Specimens:NOT APPLICABLE
Vital Signs Stable:NO

TIME OUT done at:

TEAM MEMBERS PRESENT:
  Providers:
Elena Paulus Lamb
Gayle Minard

  Anesthesia:

  Nurse(s):

  Tech(s):

COMPLICATIONS:
Procedure tolerated, no complications

Prior to procedure, the operative/procedure team members verbally confirmed:
     Correct patient identity (2 identifiers)
     Correct operation/procedure to be performed
     Correct operative/procedure site/side
     Correct consent form
     Correct position
     Correct imaging labeled and displayed
     Correct implant(s) available, if applicable
     Special equipment available, if applicable
     Allergies confirmed

COMMENTS:

/es/ elena m PAULUS
resident physician
Signed: 09/17/2015 10:37

/es/ ALEXANDER MATHEW
SURGEON
Cosigned: 09/17/2015 11:16

 LOCAL TITLE: INVASIVE PROCEDURE
STANDARD TITLE: PROCEDURE NOTE
DATE OF NOTE: SEP 17, 2015@10:35   ENTRY DATE: SEP 17, 2015@10:35:53
      AUTHOR: PAULUS,ELENA M   EXP COSIGNER: MATHEW,ALEXANDER
 INSTITUTION: MEMPHIS VA MEDICAL CENTER
    DIVISION: MEMPHIS, TN
     URGENCY: STATUS: COMPLETED

   *** INVASIVE PROCEDURE Has ADDENDA ***

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INVASIVE PROCEDURE NOTE

TYPE OF PROCEDURE:Other (type below)PA catheter

Yes Patient Identity: Two (2) identifiers: Patient name and SSN, birthday, or other VA-approved identifier

Yes Consent Form: Confirm patient, procedure, side/site, reason

Yes Procedure: Procedure name and description

Yes Side/Site: Confirm laterality, surgical site marked (visible after draping) and/or special purpose wristband verified

Yes Imaging (as applicable): Two (2) members confirm imaging studies are available and properly labeled and presented.

Yes Allergies: Confirm allergies

Yes Specialty or Unit Specific Element: Include specific directions regarding other checklist elements such as implants, patient position, cultures, special equipment, etc.

SIDE ON WHICH PROCEDURE WAS PERFORMED:left

INDICATION FOR PROCEDURE:Monitoring

DESCRIPTION OF PROCEDURE AND FINDINGS:
PA catheter wedged at 50cm, stat pCXR ordered post procedure

POST PROCEDURE:
Post procedural X-Ray:YES
Post Procedure Specimens:NOT APPLICABLE
Vital Signs Stable:NO

TIME OUT done at:

TEAM MEMBERS PRESENT:
  Providers:
Elena Paulus Lamb
Gayle Minard

  Anesthesia:

  Nurse(s):

  Tech(s):

COMPLICATIONS:

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Procedure tolerated, no complications

Prior to procedure, the operative/procedure team members verbally confirmed:
Correct patient identity (2 identifiers)
Correct operation/procedure to be performed
Correct operative/procedure site/side
Correct consent form
Correct position
Correct imaging labeled and displayed
Correct implant(s) available, if applicable
Special equipment available, if applicable
Allergies confirmed

COMMENTS:

/es/ elena m PAULUS
resident physician
Signed: 09/17/2015 10:37

/es/ ALEXANDER MATHEW
SURGEON
Cosigned: 09/17/2015 11:16

09/17/2015 ADDENDUM STATUS: COMPLETED
TEACHING PHYSICIAN ATTESTATION

I was present in the room and supervising the housestaff during the placement of the PA catheter.

/es/ ALEXANDER MATHEW
SURGEON
Signed: 09/17/2015 11:16

LOCAL TITLE: ICU DAILY NURSING ASSESSMENT
STANDARD TITLE: CRITICAL CARE UNIT ADMISSION EVALUATION NOTE
DATE OF NOTE: SEP 17, 2015@09:24 ENTRY DATE: SEP 17, 2015@09:24:36
AUTHOR: WILLIAMS,NINA FLANI EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

ICU Daily Nursing Assessment

Date Adm/Tran to ICU: Sep 17,2015

Code Status: Full

Can patient be directly discharged from ICU? no

Vital:

Measurement DT	TEMP F	PULSE	RESP	BP

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09/17/2015 08:00 97.8   16   91/66

Measurement DT   PAIN

09/17/2015 08:00 Unable to Respond
 Reviewed by nurse? yes

Mental Health:
 Mood:somel

Activity: Bedrest

PAIN ASSESSMENT-1st Location:
  Patient states "experiencing pain" on a scale of 1-10.
    Stated pain is: 99
    Comment: pt unresponsive
  OUTCOME: There will be a 50% reduction in pain (inpatients within 24
  hours and outpatients within 2 encounters). Select at three
  interventions to achieve this goal. For pharmacological interventions
  see Pain Management Policy.
Pain Interventions: N/A
 Effective - Yes
 Score (after interventions)
 Level of pain is well controlled

REVIEW OF SYSTEMS:
Neuro:
 Level of Consciousness: coma

 Glasgow Coma Score:
  Date/Time: Sep 17,2015@08:00
  Best Eye Opening Response: No Response (1pt)
  Best Verbal Response: No Response: (1pt)
  Best Motor Response (Best Upper Limb/To Painful Stimuli):
  No Response (1pt)
  Unable to Test (reason)- patient intubated
  Total Score: 3

Pupil Size and Response to Light:
 Pupil Gauge:
  Right 4mm
  Left 4mm

Pupil Reaction: none
 Additional Comments:

RASS:
Cardiovascular Rhythm: ST

Patient on telemetry: yes (answer following questions)
 Cardiac Rhythm: ST
 Atrial Rate: 115
 Ventricular Rate: 115
 PR Interval: 0.20
 QRS: 0.08

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Pulses:
 Right   Score
  Radial   2+
  Pedal   1+

 Left   Score
  Radial   Aline
  Pedal

Capillary refill: < 3 sec

Edema:
 Generalized -   1+

DVT prophylaxis within 24 hr - yes

Spontaneous Compression Devices (SCDs) in use - yes

Respiratory:
 Lung/Breath sounds (choose all that apply: clear
Location: all lobes

Oxygen (O2):
 FIO2 - 80%

Ventilator: ETT
 ETT size: 8
 Location(cm):26@
 Mode (initial settings only): A/C
 Fio2: 80
 Peep: 5
 PS: 10
 VT set:600
 Secretions/sputum (choose all that apply):white

GI:
 Abdomen:
 Bowel Sounds: absent

Diet: NPO

Tube Feeds: No

Bowel/Urinary Elimination:
  Foley
    Foley Maintenance/Site Care:
    Number of observations completed per shift - 4

    Drainage system sterile and continuously closed - yes

    Catheter properly secured at completion of each observation- yes

    Collection bag below the level of the bladder - yes

    Unobstructed urine flow - yes

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```
    Clinical indication written for continuance of indwelling catheter if
    beyond removal date - yes

    Daily hygiene care completed - yes

Surgical Site:
 Types of tubes/drains - chest tube
 L lateral CT c serosanguinous drainage

Braden Scale - For Predicting Pressure Sore Risk
Sensory Perception:1 = Completely Limited
Moisture:          4 = Rarely Moist
Activity:          1 = Bedfast
Mobility:          1 = Completely Immobile
Nutrition:         1 = Very Poor
Friction:          1 = Problem
  6-9     Severe Risk
    Score:  9

CURRENT SKIN ASSESSMENT
    Skin Color:
      Color:  Normal for ethnic group
    Skin Temperature
      Temp:  Warm
    Skin Moisture
      Moisture:  Dry
    Skin Turgor
      Turgor:  Within normal limits

SKIN PROBLEMS
  Unable to assess
    Comment: pt unresponsive, on  on pressors, unstable

INTERVENTIONS
  Education
    Provide patient/caregiver education regarding causes and prevention of
    pressure ulcers.
  Pressure-Redistribution Measures
    Use specialty bed
      Specify type:  Hill Rom
    Turn and reposition every 2 hours while in bed, using pillows to
    separate pressure areas
  Maximize Mobilization
    Perform range of motion exercises when turning/repositioning
  Manage Moisture
    Maintain clean and dry skin
    Apply protective barrier ointment
  Manage Nutrition
    Monitor fluid/food intake
  Reduce Friction and Shear
    Use a bed trapeze or pull sheet to lift up in bed or turn
    Raise the knee when elevating head of bed
    Keep head of bed at or below 30 degrees when not eating

Isolation - no
```


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Maintenance/Site Care:(Peripheral/Central Lines)
Central Line Maintenance:
Cordis Maintenance:
Maximum Barrier Precautions:
("Always Required" for Insertion and Dressing Changes) If a dressing change is not needed, a N/A response is applicable for all questions "except" Hand Hygiene.
Hand Hygiene Completed:
Yes
Mask Worn By Inserter:
n/a
Sterile Gloves Worn By Inserter:
n/a
Chlorhexidine Used:
n/a
Device Location:left ,subclavian
Site Inspection:
signs of infiltration - no
redness - no
edema - no
pain - no
blood return present - yes flushes easily - yes
Dressing:
dressing clean/dry/intact - yes
dressing changed -no - dressing dated/initialed/timed - n/a
type of dressing applied (if changed) -
transparent dressing applied - n/a and biopatch dressing applied - n/a
stat lock device or approved securement device used -no

Arterial Line Maintenance/Site Care:
Maximum barrier precautions:
hand hygiene completed - yes
mask worn - no
sterile gloves worn - no
Device Location: left,radial
Site Inspection:
redness - no
edema - no
blood return present - yes flushes easily - yes
Use Transparent Dressing "ONLY"
Dressing:
dressing clean/dry/intact - yes
dressing changed - no - dressing dated/initialed/timed - n/a
type of dressing applied (if changed) -
transparent dressing applied - n/a
stat lock device or approved securement device used - no
Chlorhexidine used instead of betadine as disinfectant -no

Falls Assessment:

Morse Fall Scale:

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1. History of falling; immediate or within 3 months - (no = 0, yes = 25)
   Score = 0
2. Secondary diagnosis - (No = 0, yes = 15)
   Score = 15
3. Ambulatory aid - (None, bedrest, wheelchair, nurse = 0) Crutches,
   cane walker = 15; Furniture = 30)
   Score = 0
4. IV/Heparin Lock - (no = 0, yes = 20)
   Score = 20
5. Gait/Transferring - (Normal, bedrest, immobile = 0; weak = 10;
   Impaired = 20) Score = 0
6. Mental Status - (Oriented to own ability = 0; Forget limitations =
   15) Score = 0

Total Score = 35

Risk Level/Intervention Required: 25-50 points Low Risk Standard
Fall Prevention Interventions
SEP 17, 2015@00:22:12 Ward: 3-SICU DX: UGIB SMALL BOWEL OBSTRUCTION

Change in patient's condition warrants an update to the Nursing Care
Plan
(If YES, continue with Care Plan below and make changes) no
Nursing Plan of Care:

NURSING PROBLEMS:
CURRENT CARE PLAN IN PLACE

/es/ NINA FLANIGAN WILLIAMS
RN
Signed: 09/17/2015 10:59

LOCAL TITLE: SURGERY ATTENDING
STANDARD TITLE: SURGERY ATTENDING NOTE
DATE OF NOTE: SEP 17, 2015@09:18 ENTRY DATE: SEP 17, 2015@09:18:35
AUTHOR: VERA,SANTIAGO RAFAE EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Mr Hopkins condition remains very critical. We will place a second small l chest tube for control of air leak with subcutaneous emphysema. Still anuric and acidotic. Filling presures are adequate, but requires pressors and antiarrythmic support.
The prognosis is quite poor but warrants full critical care.

/es/ SANTIAGO RAFAEL VERA
MD
Signed: 09/17/2015 09:22

LOCAL TITLE: NURSING PROGRESS
STANDARD TITLE: NURSING INPATIENT NOTE

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE OF NOTE: SEP 17, 2015@09:00 ENTRY DATE: SEP 17, 2015@09:00:40
AUTHOR: WILLIAMS,NINA FLANI EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

0730 Pt care assumed. Pt intubated, #8 ETT 26CM at lip, vent settings as ordered, nonresponsive, does not withdraw, pupils 4 sluggish. Pt with L IJ cordis with levophed and vasopressin infusing, site c/d/i, no redness, tenderness or swelling. Pt with L femoral TLC with amiodorone gtt infusing at 34cc/hr. NS at 125cc/hr, insulin gtt at 24cc/hr, CVP transduced. Site c/d/i, no redness, tenderness or swelling. L FA PIV with pantaprozole infusing at 10cc/hr, site c/d/i no redness tenderness or swelling. L lateral CT with serosanguinous drainage. Foley catheter to drainage bag with scant blood-tinged urine. NGT to LWS with brown drainage.
0815 Swan Ganz set up for insertion.
0820 labs collected, to lab via health tech
0830 MD at bedside, ABG results reported, order received for 2 amps NaHco3, 2 amps given. Ca+ gluconate hung.
0845 Ordered thoracotomy tray from SPD
0900 Thoracotomy tray received, MD remains at bedside to insert new chest tube.
0930 paged xray for stat portable chest xray- post CT inserion.
0945 PCXR obtained.
1010 Swan ganz floated by MD.
1045 Fentanyl Gtt started. D5W c NaHCO3 started at 75cc/hr per MD.
1100 PCXR obtained post swan ganz insertion.
1120 Tech at bedside to obtain echo.
1130 Double strenght levophed started. Amiodorone gtt reduced to 17cc/hr.
1145 Report to A. Masters, RN.

/es/ NINA FLANIGAN WILLIAMS
RN
Signed: 09/17/2015 12:47

LOCAL TITLE: NUTRITION
STANDARD TITLE: NUTRITION DIETETICS NOTE
DATE OF NOTE: SEP 17, 2015@08:44 ENTRY DATE: SEP 17, 2015@08:44:55
AUTHOR: CUNNINGHAM,MICHELLE EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

MEDICAL NUTRITION THERAPY
SEP 17, 2015
PATIENT: HOPKINS,MARSHALL HUGH
Reason for visit: Initial Evaluation/Screening

NUTRITION ASSESSMENT: Veteran is a 72 y/o with PMHx significant for DM, BPH, and recent hernia repair and hospital stay for " hydronephrosis/pyelo", BOO presents to the VAMC with sepsis secondary to bowel necrosis, perforation, and ?UTI. Pt s/p exploratory laparotomy, small bowel resection, and temporary abdominal closure, POD#1. Pt remains critical, hemodynamically unstable, and poor prognosis per review of the medical record and discussion on ICU rounds. Of note, pt has 120cm of small bowel remaining per MD.

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Energy Intake: unable to assess energy intake. Per H&P, pt with poor appetite x 1-2 weeks pre-admission. Per review of nutrition note completed in Amarillo, pt was eating 100%/adequately in August. No family present to obtain further nutritional history.

Current Diet Order: NPO
Current/Pertinent Meds: Vasopressin (10cc/hr), Levo (running), Propofol (OFF), Insulin gtt (22cc/hr), Protonix, NS @ 125mL/hr

Laboratory Data:

HCT3	25.4L	%	40 - 51	17-Sep-15
PO4	5.1H	mg/dl	2.2 - 4.5	17-Sep-15
MAGNESIUM	2.0	mg/dl	1.5 - 2.2	17-Sep-15
UREANITROGEN,BL	93H	mg/dl	7 - 23	17-Sep-15
SODIUM	135	mmol/	134 - 144	17-Sep-15
POTASSIUM	4.0	mmol/	3.5 - 5.0	17-Sep-15
GLUCOSE	337H	mg/dl	70 - 110	17-Sep-15
CALCIUM	6.5L	mg/dl	8.5 - 10.2	17-Sep-15
ALBUMIN	1.9L	g/dL	3.4 - 5.2	17-Sep-15
CREACTIVEPROTEI	467.6H	mg/L	0.0 - 4.0	17-Sep-15
CREATININE2	3.7H	mg/dl	.7 - 1.6	17-Sep-15

Blood Pressure: 125/76 (09/16/2015 22:00)
Comments: hemoglobin a1c in July is uncontrolled at 13.4%, pt currently ordered an insulin gtt to help better control glucoses (236-436mg/dL). Hypocalcemic (primary repleting). Renal function noted.

Skin Integrity: +surgical incision
BRADEN SCALE: 12-13 indicating moderate risk for HAPU

Assessment of Inflammation: marked inflammation as evidenced by CRP, sepsis

Physical Assessment:
Subjective evaluation noted patient to have deficits in the following aspects of body composition: none noted.

Anthropometrics:
BMI: 23; acceptable
HT: 182 cm (8/2015)
WT: 77 kg (RN admission note, 169 lbs)
WT: 175 lbs (8/2015)
DBW: 178 lbs
%DBW: 100%
UBW: 180 lbs (wife report back in August, pt was intentionally trying to lose this weight)
Weight Loss: possible 6 lbs weight loss x 1 month (3%)

Estimated Nutrition Needs (PENN State)
REE: 1552, Ve: 11, Tmax: 98
Calorie range: 1742 kcal
Protein range: 77-92g pro/day (1-1.2g pro/kg for AKI)
Fluid range: 1 ml/kcal or per PCP

Nutrition Status: NS3/Moderate

Based on the above findings malnutrition classification per AND/ASPEN criteria

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is as follows: n/a

NUTRITION DIAGNOSIS - Inadequate oral food and beverage intake related to bowel necrosis, hemodynamic instability as evidenced by NPO status

NUTRITION INTERVENTION:
Nutrition Prescription: avoid prolonged NPO status

Food/and/or Nutrient Delivery: NPO status to continue as pt receiving high dose pressors and currently hemodynamically unstable. Will continue to evaluate appropriateness of nutrition support with ICU team.

Nutrition Education: n/a; pt intubated/sedated. Will need nutrition education on an outpatient basis.

NUTRITION MONITORING
-NPO status (< 7-10 days)
-Labs: (Hemoglobin a1c and accuchecks)

/es/ Michelle Grabowski, RD, LDN
Registered Dietitian
Signed: 09/17/2015 12:05

LOCAL TITLE: RADIOLOGY
STANDARD TITLE: RADIOLOGY NOTE
DATE OF NOTE: SEP 17, 2015@08:38 ENTRY DATE: SEP 17, 2015@08:38:31
AUTHOR: COBB,TERRY TYRONE EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

CALLED TWICE THIS AM TO GET STATUS ON MR. CARR FOR STAT CT SCAN ORDERED ON 16SEP2015 BUT THERE WAS NO ANSWER. PT WAS UNSTABLE, WENT TO O.R. THEN 3SICU. PLEASE CALL CT WHEN ABLE WITH RESPONSE #5353 OR #5274 THANKS.

/es/ TERRY TYRONE COBB
RADIOLOGY CT TECHNOLOGIST
Signed: 09/17/2015 08:42

LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@08:37 ENTRY DATE: SEP 17, 2015@08:37:31
AUTHOR: JONES-BRIGGS,TREASA EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Ventilator Patient Respiratory Therapy Flow Sheet

Date: Sep 17,2015@08:37

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Respiratory Treatment was:
 Indicate Reason Held or Not Given:

Oxygen Saturation on (SPO2) on Room Air:
0% times minutes

Breath Sounds:
Pre-Therapy:
CTA
Post Therapy:
CTA

	Before	After
HR:	119	119
RR:	15	15

System Assessment:
Oxygen Saturation 94 % in conjunction with respiratory treatment

PRN Treatment: no

Cough: Non-Productive,
 Comments:

Suctioning: Endotracheal
 Comments (indicate any adverse reactions):

Secretion Status:
 Amount: None
 Consistency:
 Appearance:
 Odor-
 Comments:

Adverse Reaction:(if yes specify) no
Mechanical Ventilation Status:
Face Mask Ventilation: If YES you MUST answer the Skin Integrity AND Action Plan Section
No
Mode/other info: SIMV
Other

Set Rate:16
Set Tidal Volume: 600mL
Set Fi02: 60%
Set PEEP: 8 cmH20
Set Pressure Support: 10
Set Pressure Control: 0
I:E Ratio: 1:2.9
Low Volume Alarm: 200 mL
High Pressure Limit Alarm: 40
Low Pressure Limit Alarm: 0
Plateau: 22 Peak Inspiratory Pressure: 26
Exhaled Tidal Volume 599L
Exhaled Minute Volume 9.83L
Patient Respiratory Rate 15
Low Peep Alarm: 0

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Alarms checked: Yes
Alarms functioning properly: Yes
Ventilator circuit temperature: hme
Cuff Pressure: mlt cmH20
ETT Secured@: 25cm
ETT Size: 8 FR
Serial #: 614 EE26971
Comments:
Head of Bed elevated when Respiratory Therapist entered patient room?
Yes
Head of Bed elevated when Respiratory Therapist departed patient room?
Yes

/es/ TREASA J CISERO
RESPIRATORY THERAPIST
Signed: 09/17/2015 08:42

LOCAL TITLE: CRITICAL TEST RESULTS REPORTING
STANDARD TITLE: DIAGNOSTIC STUDY REPORT
DATE OF NOTE: SEP 17, 2015@08:35 ENTRY DATE: SEP 17, 2015@08:35:48
AUTHOR: JONES-BRIGGS,TREASA EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Critical Test Results Reporting
Other Critical Values
Date/time provider notified: Sep 17,2015@08:35

Name of Provider notified by nurse - Dr Paulus, Elena M

Critical test result(s) values reported and read back were: 7.184

pc02 49.6
p02 82
BEecf -10
hc03 18.7
tc02 20
s02% 93

/es/ TREASA J CISERO
RESPIRATORY THERAPIST
Signed: 09/17/2015 08:37

LOCAL TITLE: CONSENT - GENERAL SURGERY
STANDARD TITLE: CONSENT
DATE OF NOTE: SEP 17, 2015@07:54 ENTRY DATE: SEP 17, 2015@07:54:33
AUTHOR: MALONE,STEPHANIE LO EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

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SEE SCANNED IMAGE

/es/ Stephanie Louise SMITH
PSA
Signed: 09/17/2015 07:54

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 17, 2015@07:19:35 ENTRY DATE: SEP 17, 2015@07:19:35
AUTHOR: VERA,SANTIAGO RAFAE EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

I have reviewed resident H&P and patient counseling and performed a brief examination.
I agree with the diagnosis of acute abdomen
I agree with the proposed treatment plan laparotomy

/es/ SANTIAGO RAFAEL VERA
MD
Signed: 09/17/2015 07:22

==========

--- Original Document ---

09/16/15 SURGERY:
SURGERY CONSULT

CONSULTING SERVICE: Emergency Dept Dr. Kari

REASON FOR CONSULTATION: pneumoperitoneum, SBO

HPI: Called by ED physician to evaluate pt. who had presented to Memphis VA with complaints of vomiting coffee ground emesis and lethargy. Pt is from out of town. Had RIH repaired in Texas 1 month ago. Per op report pt had marlex plug and patch repair. This was a recurrent RIH. Pt also has had LIH in past.

Pt lethargic and progressively more obtunded on evaluation in ED. Most of history obtained from wife. Pt had issues with urinary retention and incontinence post op requiring catheterization, cystoscopy and in and out catheterizations. Has had lack of appetite for last 1-2 wks and more weakness. Pt was very unsteady on his feet last 2 days and began vomiting coffee ground emesis last night. Also had dark melanotic stools. Some vague abd pain. Subjective fevers/chills.

Pt initially presented with BP in 60s per ED physician but has responed to 2 L bolus and is now in 90s.

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ROS: unable to be accurately obtained at this time 2/2 patients mental status

PMHx:
1. DM

PSHx:
1. LIHR
2. RIHR
3. Repair of recurrent RIH in August

Allergies: NKDA

Meds: per wife only takes insulin and flomax

Social History: former smoker but quit many years ago, former heavy drinker but quit several years ago. Wife denies illicits.

Family Hx: mult family members with hernias, otherwise non contributory

Exam:
Initial VS in ED: afebrile, HR 100-120, SBP 90-100, Saturating 93-98% on nasal cannula
Neuro: awake but lethargic, at times nearly obtunded. Slurring speech. MAE. No gross deficits
HEENT: NCAT. pupils 4 mm bilaterally. Sclerae non icteric. Dry oral mucosa
Neck: No JVD
Chest: coarse breath sounds bilaterally. Tachypneic to 30. Respirations somewhat labored
Cardiac: tachycardic. HR regular
Abd: firm, diffusely tender to palpation with rebound tenderness, consistent with peritonitis. No masses palpable. Well healed L groin scar. R groin scar healing well. Some steri strips still in place. No erythema or fluctuance
Genitalia: Scrotum large and fluid filled, somewhat firm near R inginal canal
Extremities: no edema, pedal and radial pulses easily palpable

Labs reviewed:
WBC 29.4
Hct 33.3
Plt 192
Na 118
K 4.2
BUN 96
Cr 4.4
BG 755
Mg 2.4
BNP 18800
Lactate 9.7
INR 1.5

Imaging: Upright CXR shows what appears to be free air under the diaphragm on the right and possibly also on the left. No chest abnormalities. KUB shows multiple dilated loops of small bowel concerning for obstructive process

Assessment:
1. Pneumoperitoneum, likely perforated viscus
2. GIB

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3. Sepsis
4. Hyperglycemia
5. AKI
6. Profound hyponatremia

Plan:
1. Pt has physical exam findings consistent with peritonitis and severely deranged laboratory values. At this point the patient needs to proceed to the operating room emergently for an exploratory laparotomy. Operative intervention was discussed with the patient and his wife at the bedside. The critical nature of the patient was conveyed to both the patient and his wife. Risks including death were discussed. It was also related to patient that there is a good chance he may die he does not go to the operating room. They have both agreed to proceed and his wife will sign the consent form on his behalf
2. Pt is in critical condition. At this point he desires to be full code
3. To SICU post op

Seen and examined with Dr. Elena M. Paulus, chief

/es/ ZACHARY E STILES
resident
Signed: 09/17/2015 03:42

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:19

LOCAL TITLE: SURGERY
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 16, 2015@23:50 ENTRY DATE: SEP 17, 2015@02:30:27
AUTHOR: STILES,ZACHARY E EXP COSIGNER: VERA,SANTIAGO RAFAEL
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

*** SURGERY Has ADDENDA ***

SURGERY CONSULT

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REASON FOR CONSULTATION: pneumoperitoneum, SBO

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COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

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COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

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2. Pt is in critical condition. At this point he desires to be full code
3. To SICU post op

Seen and examined with Dr. Elena M. Paulus, chief

/es/ ZACHARY E STILES
resident
Signed: 09/17/2015 03:42

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:19

09/17/2015 ADDENDUM STATUS: COMPLETED

I have reviewed resident H&P and patient counseling and performed a brief examination.
I agree with the diagnosis of acute abdomen
I agree with the proposed treatment plan laparotomy

/es/ SANTIAGO RAFAEL VERA
MD
Signed: 09/17/2015 07:22

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 17, 2015@07:16:43 ENTRY DATE: SEP 17, 2015@07:16:43
AUTHOR: VERA,SANTIAGO RAFAE EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

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I have examined the patient and reviewed the patient's initial presentation and
laboratory and test results.I agree with the diagnostic and therapeutic plans of the housestaff.
        For this patient there is a moderate risk for surgical intervention ,but I believe it is the best
option. The risk of failure or poor outcome is known and has been discussed with the patient.
Complications explained include: Anesthetic adverse actions,perioperative bleeding,infection,
injury to adjacent structures,reaction to medications and blood and death.The patient understands the
alternatives treatment options as well as the sequelae of no intervention.

The diagnosis is acute abdomen

The intended procedure laparotomy

/es/ SANTIAGO RAFAEL VERA
MD
Signed: 09/17/2015 07:17

==========

--- Original Document ---

09/16/15 SURGERY PRE-OP NOTE:
GENERAL SURGERY

PRE-OPERATIVE SURGEON'S NOTE

1.Proposed Procedure(s):exploratory laparotomy

2.Surgeon:
  Paulus Elena

3.Attending(s):
  VERA, SANTIAGO

4.Date and Time of Consent:Sep 16,2015@22:43

5.Patient has decision-making capacity to give informed consent.Yes

6.Reviewed the procedure with patient and discussed major potential risks. Patient indicated understanding of procedure, its risks and benfits, as well as alternative therapies. Patient was given opportunity to ask questions and wishes to proceed with procedure as planned.

7.Risks of procedure discussed:
Death, Bleeding, Infection, Failure of Procedure, Procedure affecting other organs or systems

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Other Risks Include:

8.Consequences of refusal discussed with patient Yes

9.Pre-Operative Impression
perforated viscus

10.Alernative Options discussed with patient included:
non operative management

11.Present at time of discussion:
spouse, child

12. History and Physical reviewed? Yes

Active Outpatient Medications (including Supplies):

No Medications Found

Surgical case is considered to be Emergent

Attending notified:by telephone

VENOUS THROMBOEMBOLISM PROPHYLAXIS
SEQUENTIAL COMPRESSION DEVICE
METRONODAZOLE 500MG IVPB PRE-OP AND VANCOMYCIN 1GM IVPB PRE-OP

JUSTIFICATION FOR USE: Documentationof patient being high-risk due to acute inpatient hospitalization within the last year
No Pre-Operative beta-blocker therapy needed

Justification:Patient not taking beta-blockers prior to admission/surgery

/es/ ZACHARY E STILES
resident
Signed: 09/16/2015 22:46

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:16

LOCAL TITLE: SURGERY PRE-OP NOTE
STANDARD TITLE: SURGERY PRE OPERATIVE E & M NOTE
DATE OF NOTE: SEP 16, 2015@22:42 ENTRY DATE: SEP 16, 2015@22:42:27
AUTHOR: STILES,ZACHARY E EXP COSIGNER: VERA,SANTIAGO RAFAEL
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

*** SURGERY PRE-OP NOTE Has ADDENDA ***

GENERAL SURGERY

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PRE-OPERATIVE SURGEON'S NOTE

1.Proposed Procedure(s):exploratory laparotomy

2.Surgeon:
Paulus Elena

3.Attending(s):
VERA, SANTIAGO

4.Date and Time of Consent:Sep 16,2015@22:43

5.Patient has decision-making capacity to give informed consent.Yes

6.Reviewed the procedure with patient and discussed major potential risks. Patient indicated understanding of procedure, its risks and benfits, as well as alternative therapies. Patient was given opportunity to ask questions and wishes to proceed with procedure as planned.

7.Risks of procedure discussed:
Death, Bleeding, Infection, Failure of Procedure, Procedure affecting other organs or systems
Other Risks Include:

8.Consequences of refusal discussed with patient Yes

9.Pre-Operative Impression
perforated viscus

10.Alernative Options discussed with patient included:
non operative management

11.Present at time of discussion:
spouse, child

12. History and Physical reviewed? Yes

Active Outpatient Medications (including Supplies):

No Medications Found

Surgical case is considered to be Emergent

Attending notified:by telephone

VENOUS THROMBOEMBOLISM PROPHYLAXIS
SEQUENTIAL COMPRESSION DEVICE
METRONODAZOLE 500MG IVPB PRE-OP AND VANCOMYCIN 1GM IVPB PRE-OP

JUSTIFICATION FOR USE: Documentationof patient being high-risk due to acute inpatient hospitalization within the last year
No Pre-Operative beta-blocker therapy needed

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Justification:Patient not taking beta-blockers prior to admission/surgery

/es/ ZACHARY E STILES
resident
Signed: 09/16/2015 22:46

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:16

09/17/2015 ADDENDUM STATUS: COMPLETED
I have examined the patient and reviewed the patient's initial presentation and
laboratory and test results.I agree with the diagnostic and therapeutic plans of the housestaff.
For this patient there is a moderate risk for surgical intervention ,but I believe it is the best
option. The risk of failure or poor outcome is known and has been discussed with the patient.
Complications explained include: Anesthetic adverse actions,perioperative bleeding,infection,
injury to adjacent structures,reaction to medications and blood and death.The patient understands the
alternatives treatment options as well as the sequelae of no intervention.

The diagnosis is acute abdomen

The intended procedure laparotomy

/es/ SANTIAGO RAFAEL VERA
MD
Signed: 09/17/2015 07:17

LOCAL TITLE: SURGERY
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: SEP 17, 2015@06:34 ENTRY DATE: SEP 17, 2015@06:34:36
AUTHOR: GIBSON,GRIFFIN FRAZ EXP COSIGNER: MINARD,GAYLE
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

GENERAL SURGERY - PGY1 ICU DAILY PROGRESS NOTE

SUBJECTIVE:
Overnight: Admitted overnight following emergent explorative laparotomy with small bowel resection. Post op recovery complicated by afib.
Pain:Sedated presently

OBJECTIVE:
Physical Exam:
Weight:
Tmax: degrees 97.8F; SBP:68-128; P:115-168; ETT FiO2 80%

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GEN: Sedated.
HEENT: Normocephalic.Pupils responsive to light. ETT in place.
CV: NSR presently. Amiodarone drip going. Levophed, Vassopressin for bp support
PULM: Clear to auscultation right sided. Persistent left pneumothorax 2/2 iatrogenic pneumothorax. Decreased/minimal breath sound LUL. Distant breath sounds LLL.
ABD: Soft, nd, no grimace with palpation. R groin incision/healing scar from RIHR 8/2014. Open abd wound from ex lap. Incision covered with plastic sutured to open incision walls as pt bowels are still in discontinuity
EXT: palpable pulses. No e/c/c
GU: Evidence of gross/clotted hematuria in foley bag. Dark/bloody urine in catheter line.

I/O = 2205/160
UOP = 120
JP = 40
Lines: left cordis, left chest tube, L arterial line, femoral line, foley

Medications:

Drug	Dose	Status	Start	Stop
MORPHINE INJ	2MG/1ML	A	09/17/2015	09/24/2015
Q3H PRN INTRAVENOUS				
MESSAGE TO NURSING	1	A	09/17/2015	10/17/2015
Q1H MISCELLANEOUS				
GLUCAGON INJ	1MG/1VIAL	A	09/17/2015	10/17/2015
PRN INTRAMUSCULAR				
INSULIN HUMAN REG 100 UNITS/ML 10ML	1	A	09/17/2015	10/17/2015
PRN SUBCUTANEOUS				
INFLUENZA VIRUS VACCINE 5ML VI 2015-	0.5ML	A	09/17/2015	09/18/2015
ONCE INTRAMUSCULAR				

ASSESSMENT/PLAN:
-Veteran is a 72 yo CM w/ pmhx significant for DM who presented to the Memphis VA ER with complaints of coffee ground emesis, lethargy, and decreased mental status. Patient was found to be hypotensive in the ED to the low 60s. Imaging was concerning for pneumoperitoneum taken back to the OR for emergent ex lap with small bowel resection this AM now POD#0

1. Neuro: Sedated presently. Fentanyl for pain. Propofol for sedation
2. CV: Afib. Amiodarone drip. Levophed/vassopressin for bp support. PA catheter placed with primary team. CVP noted to be 5
3. Pulm: intubated. Chest tubes x2 left chest wall. Metabolic acidosis with trending ABGS. bicarb drip running
4. FEN/GI: MIVF. Q6H lab draws. Aggressive fluid replacement. Insulin drip with hyperglycemia on admission to the 700s.
5. GU: Foley. hematuria. strict I&O. urology consulte.
6. ID/HEME: Vanc/zosyn D1
7. MSK: no restraints. actively monitoring sedation to ensure patient doesn't become arousable. Will consult PT once pt becomes less critical.
8. Ppx: SCDs, SQH.

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9. Dispo: continue ICU care. likely takeback for Friday with assistance from Urology for bladder/hematuria.

Patient was seen,examined and discussed with attending.

/es/ GRIFFIN FRAZER GIBSON, MD
RESIDENT PHYSICIAN
Signed: 09/17/2015 16:23

/es/ GAYLE MINARD
MD
Cosigned: 09/17/2015 16:57

LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@04:25 ENTRY DATE: SEP 17, 2015@04:25:13
AUTHOR: MCFARLAND,KYLE E EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Respiratory Therapy Flow Sheet

Date: Sep 17,2015@04:25
MECHANICAL VENTILATION STATUS:
Mode: SIMV
Face Mask VentilationNo
If yes you MUST answer the Skin Integrity AND Action Plan Section

Other

Set Rate: 16
Set Tidal Volume: 600mL
Set Fi02: 80%
Set PEEP: 5 cmH20
Set HIGH PEEP: cmH20
Set Pressure Support: 10
Set Pressure Control:
I:E Ratio:
Low Volume Alarm: 250 mL
High Pressure Limit Alarm: 40
Low Pressure Limit Alarm:
Plateau: Peak Inspiratory Pressure: 25
Patient Respiratory Rate 17
Exhaled Tidal Volume 624ML
Exhaled Minute Volume 10.6L
Low Peep Alarm:
Alarms checked: Yes Alarms functioning properly: Yes
Ventilator circuit temperature: HME
Cuff Pressure: cmH20
ETT Size: Fr
ETT Secured @: cm

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Serial #: 614 EE26971
Comments:
Head of Bed:
Pre Ventilator check:
Head of bed elevated when the respiratory therapist entered the patient's room.
Yes
POST Ventilator check:
Head of bed elevated when the respiratory therapist departed the patient's room.
Yes
Vital Signs:
Before After
HR: 139
RR: 17
Oxygen Saturation 97 %
BREATH SOUNDS:
Pre-Therapy:
Adventitious Breath Sounds

Diminished:LUL LLL
PATIENT COUGH ASSESSMENT:
COUGH: Non-Productive,
Comments:

SUCTIONING: Endotracheal
Comments (indicate any adverse reactions):

SECRETION STATUS:
AMOUNT: None
CONSISTENCY: none
APPEARANCE: None
Odor- no
Comments:

/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/17/2015 04:26

LOCAL TITLE: NURSING ADMISSION
STANDARD TITLE: NURSING INPATIENT ADMISSION EVALUATION NOTE
DATE OF NOTE: SEP 17, 2015@04:14 ENTRY DATE: SEP 17, 2015@04:14:13
AUTHOR: DELA CRUZ,NOEMI R EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

NURSING ADMISSION HISTORY

OIF/OEF COMBAT STATUS:None Indicated

Arrived on unit at Sep 17,2015@02:35

Mental Status: unarousable

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Home Environment:

Allergies: Patient has answered NKA
  ** Allergies Verified by nurse - no
  Other: no family members around, pt. sedated

Reason for admission (from patient or other): small bowel obstruction

Patient Height: unknown

Patient Weight: 77kg

Past Medical History: (refer to H&P)
MRSA Swab Done? -
  Yes
    Education:
      Patient educated on how, why, and outcome of possible positive MRSA swab test results. Patient acknowledges his understanding and consents to nares swab. Patient advised test may be performed multiple times throughout admission and prior to discharge. The benefit of hand hygiene on prevention of spread of MDRO was included. Handouts were provided for the patient and the family.
Tobacco Screen: Patient has quit tobacco (nicotine) use over one to seven (7) yrs

Alcohol Screen:

 In the past 12 months, has the patient had ANY drinks containing alcohol?

 no - no alcohol in the past 12 mths
 Comments: per doctors note
PAIN ASSESSMENT-1st Location:
  Patient states "experiencing pain" on a scale of 1-10.
    Stated pain is: 99
  OUTCOME: There will be a 50% reduction in pain (inpatients within 24 hours and outpatients within 2 encounters). Select at three interventions to achieve this goal. For pharmacological interventions see Pain Management Policy.
Patient/Family Outcome: Able to explain critical information about the following:
  States understanding of rights and responsibilities of pain management.
Discharge Planning Screening Criteria:

A yes answer to any question below must result in a consult to Social Work Service per Policy.

(To notify Social Service after 5 P.M., weekends, & holidays, contact the MAA)

Special Needs Assessment Screening Criteria Questions:

  Patient shows signs of neglect or abuse - n/a
  Patient has no Source of Support and/or Homeless - n/a
  Patient's caregiver unable to meet patient's needs - n/a
  Patient admitted from nursing home or other extended care

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facility - n/a
Patient has severe visual impairment - n/a
Alcohol and /or substance abuse on admission - n/a

Patient has an Advance Directive/Living Will/Power of Attorney: n/a If no:
Do you want an Advance Directive? n/a Consult sent to Social Work Service
- n/a - Patient received educational information on Advance Directives
-n/a
Fall Risk Screening:

Frequent toileting - Unable to respond

How many times do you get up during the night? 0,
Catheter

What times do you usually get up to urinate at night?

Polypharmacy (6 or greater prescription medications)?
Unable to respond

Receiving outpatient Physical Therapy? Unable to respond

History of Falls (CV/light headed-dizzy, Dysequilibrium - loss of
balance with no abnormal motion sensation, Vestibular/Vertigo,
Musculoskeletal/give way, combination, other) -
Unable to respondMorse Fall Scale:

History of falling; immediate or within 3 months - (no = 0, yes = 25)
Score = 25

Secondary diagnosis - (No = 0, yes = 15)
Score = 15

Ambulatory aid - (None, bedrest, wheelchair, nurse = 0) Crutches,
cane walker = 15; Furniture = 30) Score =
0

IV/Heparin Lock - (no = 0, yes = 20)
Score = 20

Gait/Transferring - (Normal, bedrest, immobile = 0; weak = 10;
Impaired = 20) Score = 0

Mental Status - (Oriented to own ability = 0; Forget limitations = 15)
Score = 0

Total Score = 60

Risk Level/Intervention Required: > 50 points High Risk High Risk
Fall Prevention Interventions

Note: If patient is identified as a high risk for falls, implement fall
prevention and management program.

Standard Fall Prevention Interventions:

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Assess patient's fall risk upon admission, change in status, transfer to another unit and discharge.

Assign the patient to a bed that enables the patient to exist toward his/her stronger side whenever possible.

Assess the patient's coordination and balance before assisting with transfer and mobility activities.

Implement bowel and bladder programs to decrease urgency and incontinence.

Use treaded socks for all patients.

High Risk Fall Prevention Interventions: (Place on Falling Leaves Program)
Equipment: bed in low position, personal items and call light within reach
Environment: Patient's environment cleared of all hazards.

FUNCTIONAL SCREENING CRITERIA: - High Risk Screen
(If Answer Is Yes Appropriate Consult Must Be Sent)

Ability to carry out ADL: Total Care
Name of caregiver -

Patient has impaired mobility, ADL/needs adaptive equipment/Limb loss (past or present) n/a

Assistive Devices:

Clothing/Valuables Disposition:

List of valuables:

RISK ASSESSMENT/MISSING PATIENT:
CRITERIA (HIGH RISK SCREEN)

Patient is independently mobile (Ambulatory/wheelchair/motorized stretcher) - n/a

Patient is disoriented or unable to care for own safety - n/a

Wander (brown label) visible on wristband -n/a
Next of Kin and Patient Care Information:
Legal Next of Kin:
Primary Next of Kin Information
HOPKINS,DARLENE R
Relationship to Patient: SPOUSE
101 OKLAHOMA ST
HOOKER, OKLAHOMA 73945
Home Phone Number: (620)272-4822

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Is this still valid? Yes

(if no enter name, relationship and phone number below)

Is this the person you want contacted in case of an emergency?

(if not, please enter below)

If behavioral restraints are necessary at any time during your hospital stay, whom would you like notified? spouse

Patient Care Needs:

Diet:

List of medications inventoried:
Disposition of inventoried medications:

Educational Assessment:
Reviewed Patient Rights/Responsibilities - no
Patient understands current diagnoses - no
Family understands current diagnosis - yes
Patient is able to read - no
Patient is able to write - no
Patient is able to communicate - yes

Orientation to Unit: no
pt. unresponsive
Education done.
Level of Understanding: Group-no assessment Person who received the education: Family Doctor Paulus and Dr. Stiles spoke with pt. wife
Foley Maintenance/Site Care:
Number of observations completed per shift - 6

Drainage system sterile and continuously closed - yes

Catheter properly secured at completion of each observation- yes

Collection bag below the level of the bladder - yes

Unobstructed urine flow - yes

Clinical indication written for continuance of indwelling catheter if beyond removal date - yes

Daily hygiene care completed - yes

Additional comments:
RN ASSESSMENT (RN Only)
Maintenance/Site Care:(Peripheral/Central Lines)
Peripheral IV Maintenance:

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Use of appropriate barrier precautions:
hand hygiene - yes
gloves worn - yes

Device Location: left, hand

Insertion Date: Sep 16,2015
Change Date: - N/A

Site Inspection:
signs of infiltration - no
redness - no
edema - no
pain - no
blood return present - yes flushes easily - yes

Dressing:
dressing clean/dry/intact - yes
dressing changed - no- dressing dated/initialed/timed if changed - n/a
type of dressing if changed
transparent dressing applied- n/a
dressing initialed/dated/timed - yes
stat lock or approved securement device - n/a

Chlorhexidine used instead of betadine as disinfectant -yes

Comments/Recommendations/Interventions:
Central Line Maintenance:
Cordis Maintenance:
Maximum Barrier Precautions:
("Always Required" for Insertion and Dressing Changes) If a dressing change is not needed, a N/A response is applicable for all questions "except" Hand Hygiene.
Hand Hygiene Completed:
Yes
Mask Worn By Inserter:
n/a
Sterile Gloves Worn By Inserter:
n/a
Chlorhexidine Used:
n/a
Device Location:left ,jugular

Site Inspection:
signs of infiltration - no
redness - no
edema - no

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pain - no
blood return present - yes flushes easily - yes

Dressing:
dressing clean/dry/intact - yes
dressing changed -no - dressing dated/initialed/timed -
n/a
type of dressing applied (if changed) -
transparent dressing applied - n/a and biopatch dressing
applied - n/a
stat lock device or approved securement device used -yes

Comments/Recommendations/Interventions:
Double/triple lumen Maintenance:
Maximum Barrier Precautions:
("Always Required" for Insertion and Dressing Changes) If a dressing
change is not needed, a N/A
response is applicable for all questions
"except" Hand Hygiene.
Hand Hygiene Completed:
Yes
Mask Worn By Inserter:
n/a
Sterile Gloves Worn By Inserter:
n/a
Chlorhexidine Used:
n/a
Device Location: left,femoral

Site Inspection:
signs of infiltration - no
redness - no
edema - no
pain - no
blood return present -yes flushes easily -yes

Dressing:
dressing clean/dry/intact - yes
dressing changed -no - dressing dated/initialed/timed -
n/a
type of dressing applied (if changed) -
transparent dressing applied -n/a and biopatch dressing
applied -n/a
stat lock device or approved securement device used -n/a

Comments/Recommendations/Interventions:
Arterial Line Maintenance/Site Care:
Maximum barrier precautions:
hand hygiene completed - yes
mask worn - yes
sterile gloves worn - yes

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Device Location: left,

Site Inspection:
redness - no
edema - no
blood return present - yes flushes easily - yes

Use Transparent Dressing "ONLY"

Dressing:
dressing clean/dry/intact - yes
dressing changed - no - dressing dated/initialed/timed -
n/a
type of dressing applied (if changed) -
transparent dressing applied - n/a
stat lock device or approved securement device used - yes

Chlorhexidine used instead of betadine as disinfectant -yes

Comments/Recommendations/Interventions: left radial art line
Acute Care Dysphagia Screen

Instructions:

If any of the following Profound Risk Factors in Section I is present,
Go to Step IV and follow instructions given, "Do NOT complete sections
II and III."

If no Profound Risk Factors are noted in Step I, Proceed to Step II.

If any of the Mild to Moderate Risk Factors are present, Go to Step III.

If no Risk Factors are Identified in Step I and II, Go to Step IV.

Note: Testing of swallow is to be done by the nurse at bedside prior to
sending a consult, using the procedure in Step III and Step IV #2.
Step I: Profound Risk Factors: none
Step II: Mild to Moderate Risk Factors:
Other (NPO Admission, PEG, Etc.)
BRADEN SKIN RISK ASSESSMENT

Sensory Perception:2 = Very Limited
Moisture: 4 = Rarely Moist
Activity: 1 = Bedfast
Mobility: 2 = Very Limited
Nutrition: 2 = Probably Inadequate
Friction: 2 = Potential Problem
13-14 Moderate Risk
Score: 13

SKIN PATCHES
The patient has the following patches on the skin.

MAJOR RISK FACTORS / SPECIAL POPULATIONS

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The patient does not have any spinal cord injury, paralysis or neurologic disease.

CURRENT SKIN ASSESSMENT
Skin Color:
Color: Normal for ethnic group
Skin Temperature
Temp: Cool
Skin Moisture
Moisture: Dry
Skin Turgor
Turgor: Within normal limits

SKIN PROBLEMS
Bruising
BUE's
Wound -location, type, description
midabdominal surgical incision open, covered with cassett
Other
redness to perineal area;redness/echymmosis to BLE's;scratches to left upper chest area

INTERVENTIONS
The pressure ulcer protocol was implemented.
Education
Provide patient/caregiver education regarding causes and prevention of pressure ulcers.
Pressure-Redistribution Measures
Turn and reposition every 2 hours while in bed, using pillows to separate pressure areas
Elevate heels using pillows or foam blocks
Apply heel/elbow pads
Maximize Mobilization
Perform range of motion exercises when turning/repositioning
Manage Moisture
Maintain clean and dry skin
Apply protective barrier ointment
Manage Nutrition
Provide or encourage oral care as needed
Monitor fluid/food intake
Reduce Friction and Shear
Use a bed trapeze or pull sheet to lift up in bed or turn
Raise the knee when elevating head of bed
Nursing Plan of Care:

NURSING PROBLEMS:
DECREASED CARDIAC OUTPUT:

Decreased cardiac output related to medical condition

Target date for review of problem: Sep 20,2015
Target date must be no less than 3 days and no greater than 5 days.

Goals:

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Maintains cardiac output , Returns to and maintains normal sinus rhythm, Maintains therapeutic levels of anti-arrhythmic agents, Avoids toxicity/allergic reactions to drugs, Limits myocardial infarction area

Interventions:
Monitor vital signs, Monitor Intake and Output, Assess heart rate/rhythm , Monitor for drug toxicity

---

RISK FOR INFECTION:

Infection related to
surgery
Target date for review of problem: Sep 20,2015
Target date must be no less than 3 days and no greater than 5 days.

Goals:
Has normal sputum production, Afebrile, Maintain skin integrity, Absence of tenderness , Absence of inflammation, purulent drainage, Maintain optimal fluid balance

Interventions:
Monitor Vital Signs , Monitor Intake and Output, Provide adequate hydration and nutrition, Universal precautions maintained, Monitor lab values (serum albumin, CBC and C&S), Assess respiratory rate and pattern/breath sounds, Teach prevention of infection techniques, Provide skin care, Reposition and turn q 2 hours

Additional Comments:

0630-Dr. Paulus and Dr. Stiles was at the bedside since pt. came from OR @ 0235 till 0430,aware of pt. condition and what he is getting to stabilized his VS; Dr. Paulus spoke with pt. wife earlier, but unbale to now for her to come see the pt.;on high dose of pressors;pt. still unresponsive;notified Dr. Paulus about Ca 6.5
0655-surgery team at the bedside, aware of the 120ml urine output,they changed the dressing;waiting for Ca IV
0720-check ICU flowsheet for VS,intake and output total

/es/ NOEMI R DELA CRUZ
RN
Signed: 09/17/2015 07:29

LOCAL TITLE: CRITICAL TEST RESULTS REPORTING
STANDARD TITLE: DIAGNOSTIC STUDY REPORT
DATE OF NOTE: SEP 17, 2015@03:00 ENTRY DATE: SEP 17, 2015@03:00:23
AUTHOR: MCFARLAND,KYLE E EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

RESPIRATORY CRITICAL VALUES

A critical PH value of 7.196 was reported
and correctly read back by Stiles,Zachary E - RESIDENT PHYSICAN
on/at Sep 17,2015@03:00

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/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/17/2015 03:00

LOCAL TITLE: INVASIVE PROCEDURE
STANDARD TITLE: PROCEDURE NOTE
DATE OF NOTE: SEP 17, 2015@02:45 ENTRY DATE: SEP 17, 2015@02:45:14
AUTHOR: PAULUS,ELENA M EXP COSIGNER: VERA,SANTIAGO RAFAEL
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

INVASIVE PROCEDURE NOTE

TYPE OF PROCEDURE:Central Venous line insertion

Yes Patient Identity: Two (2) identifiers: Patient name and SSN, birthday, or other VA-approved identifier

Yes Consent Form: Confirm patient, procedure, side/site, reason

Yes Procedure: Procedure name and description

Yes Side/Site: Confirm laterality, surgical site marked (visible after draping) and/or special purpose wristband verified

N/A Imaging (as applicable): Two (2) members confirm imaging studies are available and properly labeled and presented.

Yes Allergies: Confirm allergies

Yes Specialty or Unit Specific Element: Include specific directions regarding other checklist elements such as implants, patient position, cultures, special equipment, etc.

SIDE ON WHICH PROCEDURE WAS PERFORMED:left

INDICATION FOR PROCEDURE:Monitoring

DESCRIPTION OF PROCEDURE AND FINDINGS:
Previous left and right subclavian CVL attempted by other MDs in ED- pt w/ L ptx s/p CT placement- Left ultrasound guided IJ CVL placement with 1st stick, no complications placed in OR

POST PROCEDURE:
Post procedural X-Ray:YES
Post Procedure Specimens:NO

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Vital Signs Stable:NO

TIME OUT done at:

TEAM MEMBERS PRESENT:
  Providers:
Elena Paulus Lamb

  Anesthesia:
Dr. Perkins

  Nurse(s):

  Tech(s):

COMPLICATIONS:
Procedure tolerated, no complications

Prior to procedure, the operative/procedure team members verbally confirmed:
     Correct patient identity (2 identifiers)
     Correct operation/procedure to be performed
     Correct operative/procedure site/side
     Correct consent form
     Correct position
     Correct imaging labeled and displayed
     Correct implant(s) available, if applicable
     Special equipment available, if applicable
     Allergies confirmed

COMMENTS:

/es/ elena m PAULUS
resident physician
Signed: 09/17/2015 02:47

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:17

 LOCAL TITLE: RESPIRATORY THERAPY ASSESSMENT NOTE
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@02:44   ENTRY DATE: SEP 17, 2015@02:44:43
      AUTHOR: MCFARLAND,KYLE E   EXP COSIGNER:
 INSTITUTION: MEMPHIS VA MEDICAL CENTER
    DIVISION: MEMPHIS, TN
     URGENCY: STATUS: COMPLETED

RESPIRATORY THERAPY CARE ASSESSMENT NOTE

Vitals:	DATE/TIME	TEMP	PULSE	RESP	BP	PAIN
9/16/15 @ 2200		106	21		125/76	

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9/16/15 @ 2044 106 18 95/60
9/16/15 @ 1935 97 121 14 68/38
Ht:
Wt:
Pulse Oximetry Reading: Measurement DT POx
(L/MIN)(%)
09/16/2015 22:00 93
09/16/2015 19:35 90
Oxygen Saturation 95 %
Comments:

Isolation Status: Standard Precautions
Comments:

COUGH: (select all that apply)Not Attempted,
Comments:

DYSPNEA EVALUATION: None
Comments:

AIR MOVEMENT STATUS: Somewhat good movement
Comments:

OXYGEN THERAPY: ventilator FiO2: %
Liter Flow:

MOST RECENT LAB RESULTS AT TIME OF NOTE (AUTOMATIC ENTRY with dates):
hemoglobin- 0
hematocrit- 0
RBC- SCLU - Red Blood Cells
No data available for ZZRBC (DO NOT USE)
WBC- WBC2 - NONE FOUND
Comments:

SMOKING HISTORY:
non-smoker
No. of packs per day: n/a
Comment/Year Quit Smoking:
BREATH SOUNDS:
At time of assessment:
Adventitious Breath Sounds

other: RALES
HR: 147
RR: 12
PHYSICAL APPEARANCE:(check all that apply)no problems noted
Physical appearance comments:

RESPIRATORY BREATHING PATTERNS: normal
Comment:

MENTAL STATUS:SEDATED

CYANOSIS: None observed
comments:

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EDEMA: None

/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/17/2015 02:46

LOCAL TITLE: EDUCATION PATIENT/FAMILY
STANDARD TITLE: EDUCATION NOTE
DATE OF NOTE: SEP 17, 2015@02:43 ENTRY DATE: SEP 17, 2015@02:43:08
AUTHOR: MCFARLAND,KYLE E EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Learning Needs Assessment done during this encounter - No Barriers Noted
Barrier to Learning - SEVERE ILLNESS
Barrier to Learning - OTHER POST OP SEDATION
Education done.
Level of Understanding: Poor (Plan needed for poor comprehension) Person who received the education: Patient

/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/17/2015 02:44

LOCAL TITLE: RESPIRATORY THERAPY FLOW SHEET
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 17, 2015@02:39 ENTRY DATE: SEP 17, 2015@02:39:18
AUTHOR: MCFARLAND,KYLE E EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Respiratory Therapy Flow Sheet

Date: Sep 17,2015@02:39
MECHANICAL VENTILATION STATUS:
Mode: SIMV
Face Mask VentilationNo
If yes you MUST answer the Skin Integrity AND Action Plan Section

Other

Set Rate: 12
Set Tidal Volume: 600mL
Set Fi02: 80%
Set PEEP: 5 cmH20
Set HIGH PEEP: cmH20
Set Pressure Support: 10
Set Pressure Control:
I:E Ratio:

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Low Volume Alarm: 250 mL
High Pressure Limit Alarm: 40
Low Pressure Limit Alarm:
Plateau: Peak Inspiratory Pressure: 22
Patient Respiratory Rate 12
Exhaled Tidal Volume 645ML
Exhaled Minute Volume 7.34L
Low Peep Alarm:
Alarms checked: Yes Alarms functioning properly: Yes
Ventilator circuit temperature: HME
Cuff Pressure: MOV cmH20
ETT Size: 8 Fr
ETT Secured @: 26 cm
Serial #: 614 EE26971
Comments:
Head of Bed:
Pre Ventilator check:
Head of bed elevated when the respiratory therapist entered the patient's room.
Yes
POST Ventilator check:
Head of bed elevated when the respiratory therapist departed the patient's room.
Yes
Vital Signs:
     Before   After
HR: 147
RR: 12
Oxygen Saturation 97 %
BREATH SOUNDS:
Pre-Therapy:
Adventitious Breath Sounds

Rales:
PATIENT COUGH ASSESSMENT:
COUGH: Non-Productive,
Comments:

SUCTIONING: Endotracheal
Comments (indicate any adverse reactions):

SECRETION STATUS:
AMOUNT: None
CONSISTENCY: none
APPEARANCE: None
Odor- no
Comments:

/es/ KYLE E. MCFARLAND
RESPIRATORY THER
Signed: 09/17/2015 02:46

LOCAL TITLE: SURGERY POST-OP NOTE
STANDARD TITLE: SURGERY POST OPERATIVE E & M NOTE
DATE OF NOTE: SEP 17, 2015@02:33 ENTRY DATE: SEP 17, 2015@02:33:15
AUTHOR: PAULUS,ELENA M EXP COSIGNER: VERA,SANTIAGO RAFAEL

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INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

GENERAL SURGERY
1.) Preoperative Diagnosis:ischemic bowel

2.) Operative Procedure:Exploratory laparotomy, small bowel resection, temporary abdominal closure

3.) Post-Operative Diagnosis and Operative Findings:
Frankly necrotic, gangrenous small bowel resected- only 120cm pink small bowel remaining, left in discontinuity with temporary abdominal closure

4.) Specimens Obtained:Peritoneal fluid for Gstain/ sensitivities

5.) Attending Surgeon:VERA, SANTIAGO
6.) Resident Surgeon(s):Elena Paulus Lamb
Zachary Stiles

7.) Type Of Anesthesia:General
8.) Complications during procedure:
9.) Estimated Blood Loss:25
10.) Amount Blood Given:0
11.) Drains and Packs:
12.) Fluid Replacement:1300mL crystalloid, 1g calcium gluconate, 5 amps bicarbonate

13.) Status en-route to Recovery Room:critical
14.) Intentional hypothermia was used for the procedure performed No
15.) Level of Attending involvement: Level B: Attending in OR, Scrubbed

Verbal Orders were given for all treatments and medications administered during this procedure. Yes

Medications and allergies have been reconciled and reviewed with patient and/or caregiver and updated in chart at preoperative visit prior to anesthesia.

POST-OPERATIVE VENOUS THROMBOEMBOLISM PRPHYLAXIS()*
SEQUENTIAL COMPRESSION DEVICE
METRONODAZOLE 500MG IVPB PRE-OP AND CEFAZOLIN 1GM IVPB
No Pre-Operative beta-blocker therapy needed

Justification:Patient not taking beta-blockers prior to admission/surgery

/es/ elena m PAULUS
resident physician
Signed: 09/17/2015 02:42

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/18/2015 08:26

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LOCAL TITLE: INVASIVE PROCEDURE
STANDARD TITLE: PROCEDURE NOTE
DATE OF NOTE: SEP 17, 2015@02:30 ENTRY DATE: SEP 17, 2015@02:30:47
AUTHOR: PAULUS,ELENA M EXP COSIGNER: VERA,SANTIAGO RAFAEL
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

INVASIVE PROCEDURE NOTE

TYPE OF PROCEDURE:Other (type below)ARTERIAL LINE

Yes Patient Identity: Two (2) identifiers: Patient name and SSN, birthday, or other VA-approved identifier

Yes Consent Form: Confirm patient, procedure, side/site, reason

Yes Procedure: Procedure name and description

Yes Side/Site: Confirm laterality, surgical site marked (visible after draping) and/or special purpose wristband verified

N/A Imaging (as applicable): Two (2) members confirm imaging studies are available and properly labeled and presented.

Yes Allergies: Confirm allergies

Yes Specialty or Unit Specific Element: Include specific directions regarding other checklist elements such as implants, patient position, cultures, special equipment, etc.

SIDE ON WHICH PROCEDURE WAS PERFORMED:left

INDICATION FOR PROCEDURE:Monitoring

DESCRIPTION OF PROCEDURE AND FINDINGS:
LEFT ARTERIAL LINE PLACED ON 1ST STICK

POST PROCEDURE:
Post procedural X-Ray:NOT APPLICABLE
Post Procedure Specimens:NOT APPLICABLE
Vital Signs Stable:NO

TIME OUT done at:

TEAM MEMBERS PRESENT:
Providers:
Elena Paulus Lamb

Anesthesia:

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Nurse(s):

Tech(s):

COMPLICATIONS:
Procedure tolerated, no complications

Prior to procedure, the operative/procedure team members verbally confirmed:
- Correct patient identity (2 identifiers)
- Correct operation/procedure to be performed
- Correct operative/procedure site/side
- Correct consent form
- Correct position
- Correct imaging labeled and displayed
- Correct implant(s) available, if applicable
- Special equipment available, if applicable
- Allergies confirmed

COMMENTS:

/es/ elena m PAULUS
resident physician
Signed: 09/17/2015 02:32

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:18

LOCAL TITLE: INVASIVE PROCEDURE
STANDARD TITLE: PROCEDURE NOTE
DATE OF NOTE: SEP 17, 2015@02:27 ENTRY DATE: SEP 17, 2015@02:27:48
AUTHOR: PAULUS,ELENA M EXP COSIGNER: VERA,SANTIAGO RAFAEL
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

INVASIVE PROCEDURE NOTE

TYPE OF PROCEDURE:Chest Tube insertion

Yes Patient Identity: Two (2) identifiers: Patient name and SSN, birthday, or other VA-approved identifier

Yes Consent Form: Confirm patient, procedure, side/site, reason

Yes Procedure: Procedure name and description

Yes Side/Site: Confirm laterality, surgical site marked (visible after draping) and/or special purpose wristband verified

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N/A Imaging (as applicable): Two (2) members
confirm imaging studies are available and properly
labeled and presented.

Yes Allergies: Confirm allergies

Yes Specialty or Unit Specific Element: Include
specific directions regarding other checklist elements such
as implants, patient position, cultures, special equipment, etc.

SIDE ON WHICH PROCEDURE WAS PERFORMED:left

INDICATION FOR PROCEDURE:Other:left sided pneumothorax

DESCRIPTION OF PROCEDURE AND FINDINGS:
+ air rush, 28 French CT placed

POST PROCEDURE:
Post procedural X-Ray:YES
Post Procedure Specimens:NOT APPLICABLE
Vital Signs Stable:NO

TIME OUT done at:

TEAM MEMBERS PRESENT:
  Providers:
Elena Paulus Lamb

  Anesthesia:

  Nurse(s):

  Tech(s):

COMPLICATIONS:
Procedure tolerated, no complications

Prior to procedure, the operative/procedure team members verbally
confirmed:
     Correct patient identity (2 identifiers)
     Correct operation/procedure to be performed
     Correct operative/procedure site/side
     Correct consent form
     Correct position
     Correct imaging labeled and displayed
     Correct implant(s) available, if applicable
     Special equipment available, if applicable
     Allergies confirmed

COMMENTS:

/es/ elena m PAULUS

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resident physician
Signed: 09/17/2015 02:30

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:18

LOCAL TITLE: H&P
STANDARD TITLE: H & P NOTE
DATE OF NOTE: SEP 17, 2015@02:06 ENTRY DATE: SEP 17, 2015@02:07:14
AUTHOR: KUMAR,SACHIN EXP COSIGNER: MUTHIAH,MUTHIAH P
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

HOPKINS,MARSHALL HUGH (b) (6) Date 09/17/15 00:22
72YO WHITE MALE

CC: Decreased responsiveness

HPI: Pt is a 72 yo CM with PMH of Dm, Hl, BPH who was brought to the ER by his wife due to decreased responsiveness and just generalized weakness. patient was altered at the time of exam and most history was obtained from ER physician. apparently pt and his wife were travelling from somewhere and he got sick on the way.

Pt had a inguinal hernia repair about 1 month ago and had been having issues with urinary retention after that. he was admitted for bladder outlet obstruction and was found to have hydronephrosis/pyelo and was treated with rocephin. Pt
Has had lack of appetite for last 1-2 wks and more weakness.
Pt was very unsteady on his feet last 2 days and began vomiting coffee ground emesis last night. Also had dark melanotic stools. Some vague abd pain. Subjective fevers/chills.

Pt initially presented with BP in 60s per ED physician but has responed to 2 L bolus. NG tube was put under suction which drained > 1400 ml black fluid. patient was also found to have gas under the diaphragm on chest xray and surgery was consulted.

ROS:
unobtainable 2/2 AMS

PMH:
DM
HL
BPH

PSH:
Inguinal hernia repair

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SEP 17, 2015@00:25 Proc: EXPLORATORY LAPAROTOMY, WITH BOWEL RESECTION

FH: non contributory

SH:
Marital Status: MARRIED

ALLERGIES:
Patient has answered NKA

HOME MEDS:
ACTIVE OUTPATIENT PRESCRIPTIONS - NONE FOUND

PHYSICAL EXAM:

DATE/TIME	TEMP	PULSE	RESP	BP	PAIN
9/16/15 @ 2200		106	21	125/76	
9/16/15 @ 2044		106	18	95/60	
9/16/15 @ 1935	97	121	14	68/38	

GEN: AAOX2, some abdominal pain causing distress
HEENT: NCAT, EOMI, PERRL, Nasal canals patent, throat pink/moist
CVS: RRR, S1/S2 normal, no m/r/g, No JVD or carotid bruits
RESP: non-labored, CTAB
ABD: normal to inspection, hypoactive BS, firm, mildly tender
EXT: normal to inspection, FROM, 2+ pulses, no edema or lesions

LABS:

AMYLASE (00): 285 H
LIPASEV: 228 H
KETONES: NEG
INR (STA2): 1.50 H
PTSTA4: 17.6 H
MANUAL-DIFF: O
WBC3: 29.44 H*
RBC3: 4.01
HCT3: 33.3 L
MCV3: 83.0
MCH3: 29.2
MCHC3: 35.1
RDW3: comment
PLT3: 192
NE%3: comment
LY%3: comment
MO%3: comment
EO%3: comment
BA%3: comment
NE#3: comment
LY#3: comment
MO#3: comment
EO#3: comment
BA#3: comment
HGB3: 11.7 L
NRBC%3: comment
NRBC#3: comment

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MPV/3: comment
IG%: comment
IG#: comment
IPF: comment
PO4: 7.1 H
PROTEIN,TOTAL: 6.4 L
BILIRUBIN,TOTAL: 0.7
MAGNESIUM: 2.4 H
LACTATE: 9.7 H
UREA NITROGEN (00): 96 H
SODIUM (00): 118 L*
POTASSIUM (00): 4.2
CHLORIDE (00): 79 L*
GLUCOSE (00): 755 H*
CALCIUM (00): 7.9 L
ALBUMINV: 3.3 L
ALKALINEPHOS: 118
CARBONDIOX: 11 L
AST: 80 H
ALT: 86 H
CREATININE 2: 4.4 H
NT-proBNP: 18800.00
APPEARANCE: Ex.Turbid
UR COLOR: RED
SPECIFIC GRAVITY: 1.012 L
UROBILINOGEN: <2.0
UR BLOOD: 3+
UR BILIRUBIN: Neg
UR KETONES: Neg
UR GLUCOSE: 3+
UR PROTEIN: 2+
UR PH: 5.0
NITRITE, URINE: Neg
LEUKOCYTE ESTERASE, URINE: 3+
URINE MICROSCOPIC: DONE
UR RBC: >100 H
UR WBC: >100 H
UR BACTERIA: 4+
URINE MUCUS: MANY
AMORPHOUS CRYSTAL: MOD
URINE WBC CLUMPS: MANY
I-STAT PH: 7.28 L
I-STAT PCO2: 28.90 L
I-STAT PO2: 123.00 H
I-STAT BASE EXCESS: -13
I-STAT O2: 98.00
I-STAT TCO2: 14.00 L
I-STAT HCO3: 13.60 L

IMAGING:

Sept 17,2015

 Impression:

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No significant interval change in the left-sided pneumothorax with chest tube now present.

Interval subcutaneous emphysema tracking along the left lateral chest wall.

*** Exam date: SEP 16, 2015@22:48 Proc: PORTABLE CHEST ***
Impression:
1. Endotracheal tube tip is 4.6 and is above the carina.

2. There is left pneumothorax of approximately 40 % volume.

3. Lucency underneath the right hemidiaphragm consistent with free intra-abdominal air. This is unchanged from prior.

*** Exam date: SEP 16, 2015@19:53 Proc: ABDOMEN 1 VIEW ***
Impression:

1. Findings consistent with partial small bowel obstruction.

*** Exam date: SEP 16, 2015@19:31 Proc: PORTABLE CHEST ***
No report info on file!

ASSESSMENT/PLAN:

1. Severe sepsis/septic shock 2/2 small bowel necrosis and perforation and ?UTI
- has a history of bladder outlet obstruction and b/l pyelonephritis recently
- WBC increased, tachycardic, tachypneic,elevated lactate at 9.7
- given 4lt IVF in the ER 2/2 hypotension
- on maintainance IVF @ 125ml/hr
- started on vanc and zosyn; renally dose antibiotics 2/2 AKI
- also on vasopressors now
- surgery took the patient to the OR and found 75% necrotic bowels which were resected; condition critical

2. AMS
- likely 2/2 sepsis
- patient was more responsive since coming to the ER

3. DM
- has history of poorly controlled DM and non compliance with medications
- initial BS 755
- ketones negative in both blood and urine
- last A1c was >12
- was started on glipizide but likely non compliant
- was given 10U IV insulin in the ER and then started on insulin drip
- monitor BS and BMPs; not DKA; serum osmolality pending

4. ?UGIB
- pt had some coffee ground emesis

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- NG tube was put in the ER and put under suction with >1400 ml of dark blackish liquid in around 2 hours
- pt was started on PPI drip
- also likley 2/2 ischemic gut

5. hematuria
- gross hematuria
- cause unknown
- pt taken to the OR

6. BPH
- hold BPH meds 2/2 hypotension

7. Bowel perforation
- free air seen under the diaphragm on the CXR
- surgery was consulted and took the patient to the OR asap; found frankly gangrenous necrotic small bowel.

8. ? CHF
- pro- BNP elevated at >18000
- will order a TTE

9. Pneumothorax
- iatrogenic
- 2/2 subclavian line placement
- s/p chest tube placement

10. hyponatremia
- new onset
- will recommend slow correction to prevent brain injury

11. Anion gap metabolic acidosis
- 2/2 lactic acidosis
-

12. AKI
- s/p fluid resuscitation; repeat creatinine check awaited
- baseline creatinine around 1; came with 4.4 in ER

13. atrial fibrillation
- new onset A fib
- patient hypotensive and on pressors so will avoid beta blocker or CCB
- recommend checking electrolytes and replacing them.
- keep K>4 and Mg>2; replace calcium for normal Ionized calcium levels
- can give bolus amiodarone and start on amidarone drip if needed.

13. Code status
- full code but patient doesnt want to be on prolonged life sustaining machines

DISPO: pt was taken by surgery on their service post-op. MICU will follow as consult and continue to give recs about management.

/es/ SACHIN KUMAR, MD
MEDICINE RESIDENT PHYSICIAN
Signed: 09/17/2015 04:12

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/es/ MUTHIAH P MUTHIAH
STAFF PHYSICIAN
Cosigned: 09/17/2015 17:30

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 17, 2015@01:03:55 ENTRY DATE: SEP 17, 2015@01:03:55
AUTHOR: QUEEN,TRACY EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Mr Hopkins was too unstable to come to ct...was going to the OR then 3SICU per Ralph..thankyou

/es/ TRACY QUEEN,RT (R)(CT) ARRT
DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
Signed: 09/17/2015 01:05

==========

--- Original Document ---

09/16/15 RADIOLOGY:
I called Keith at 941pm and informed him that we needed MR Hopkins to CT. At 943pm Fina called and said patient was unstable and it would be a while before he would come to CT. As of 1138pm ther patient still has not made it to CT.

/es/ REGINALD E MOSLEY
DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
Signed: 09/16/2015 23:39

LOCAL TITLE: RADIOLOGY
STANDARD TITLE: RADIOLOGY NOTE
DATE OF NOTE: SEP 16, 2015@23:37 ENTRY DATE: SEP 16, 2015@23:37:28
AUTHOR: MOSLEY,REGINALD E EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

*** RADIOLOGY Has ADDENDA ***

I called Keith at 941pm and informed him that we needed MR Hopkins to CT. At 943pm Fina called and said patient was unstable and it would be a while before he would come to CT. As of 1138pm ther patient still has not made it to CT.

/es/ REGINALD E MOSLEY
DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
Signed: 09/16/2015 23:39

09/17/2015 ADDENDUM STATUS: COMPLETED

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Mr Hopkins was too unstable to come to ct...was going to the OR then 3SICU per Ralph..thankyou

/es/ TRACY QUEEN,RT (R)(CT) ARRT
DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
Signed: 09/17/2015 01:05

LOCAL TITLE: INVASIVE PROCEDURE
STANDARD TITLE: PROCEDURE NOTE
DATE OF NOTE: SEP 17, 2015@00:30 ENTRY DATE: SEP 17, 2015@03:43:05
AUTHOR: STILES,ZACHARY E EXP COSIGNER: VERA,SANTIAGO RAFAEL
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

INVASIVE PROCEDURE NOTE

TYPE OF PROCEDURE:Central Venous line insertionL subclavian

Yes Patient Identity: Two (2) identifiers: Patient name and SSN, birthday, or other VA-approved identifier

Yes Consent Form: Confirm patient, procedure, side/site, reason

Yes Procedure: Procedure name and description

Yes Side/Site: Confirm laterality, surgical site marked (visible after draping) and/or special purpose wristband verified

N/A Imaging (as applicable): Two (2) members confirm imaging studies are available and properly labeled and presented.

Yes Allergies: Confirm allergies

No Specialty or Unit Specific Element: Include specific directions regarding other checklist elements such as implants, patient position, cultures, special equipment, etc.

SIDE ON WHICH PROCEDURE WAS PERFORMED:left

INDICATION FOR PROCEDURE:Monitoring

DESCRIPTION OF PROCEDURE AND FINDINGS:
Attempted L subclavian TLC placement. Arterial stick. Pressure held. Attempted again, unsuccessful.

POST PROCEDURE:
Post procedural X-Ray:YES Pneumothorax seen, please see separate note
Post Procedure Specimens:NOT APPLICABLE

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Vital Signs Stable:YES

TIME OUT done at:

TEAM MEMBERS PRESENT:
  Providers:

  Anesthesia:

  Nurse(s):

  Tech(s):

COMPLICATIONS:
Complications experienced during procedure include:pneumothorax seen on post stick CXR. See separate note for chest tube placement

Prior to procedure, the operative/procedure team members verbally confirmed:
     Correct patient identity (2 identifiers)
     Correct operation/procedure to be performed
     Correct operative/procedure site/side
     Correct consent form
     Correct position
     Correct imaging labeled and displayed
     Correct implant(s) available, if applicable
     Special equipment available, if applicable
     Allergies confirmed

COMMENTS:

/es/ ZACHARY E STILES
resident
Signed: 09/17/2015 03:48

/es/ SANTIAGO RAFAEL VERA
MD
Cosigned: 09/17/2015 07:19

 LOCAL TITLE: INTUBATION DOCUMENTATION
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 16, 2015@23:20   ENTRY DATE: SEP 16, 2015@23:20:40
      AUTHOR: FORTNER,DONNA   EXP COSIGNER:
 INSTITUTION: MEMPHIS VA MEDICAL CENTER
    DIVISION: MEMPHIS, TN
     URGENCY: STATUS: COMPLETED

Intubation Documentation

Patient, HOPKINS,MARSHALL HUGH, was intubated on Sep 16,2015@22:45

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PM by - Donna Fortner,Resp.Therapist

Number of intubation attempts by this provider - (1)

Was this a "Code Blue" intubation? No

Did anyone else make an intubation attempt? no

Names of others who attempted this intubation (if applicable):
 nan/a Number of attempts:
 nan/a Number of attempts:
 nan/a Number of attempts:
 nan/a Number of attempts:

If more than one attempt at intubation was patient ventilated via
bag/mask between intubation attempts? Yes

Was laryngeal mask airway placement attempted? No

Endotracheal Tube Placement assessed by (check all that apply):
EtC02 Monitor , Chest Auscultation (equal bilateral breath sounds)

Tube Size: 8

Cuff Pressure: mltcmH2O

Endotracheal tube secured at :26 cm at gum line.

Ease of intubation: Easy to intubate

Comments:

/es/ DONNA FORTNER
REGISTERED RESPIRATORY THERAPIST
Signed: 09/16/2015 23:22

 LOCAL TITLE: RESPIRATORY
STANDARD TITLE: RESPIRATORY THERAPY NOTE
DATE OF NOTE: SEP 16, 2015@23:17   ENTRY DATE: SEP 16, 2015@23:17:16
      AUTHOR: FORTNER,DONNA   EXP COSIGNER:
 INSTITUTION: MEMPHIS VA MEDICAL CENTER
    DIVISION: MEMPHIS, TN
     URGENCY: STATUS: COMPLETED

     Respiratory Therapy Flow Sheet

Date: Sep 16,2015@22:45
MECHANICAL VENTILATION STATUS:
 Mode: Assist Control
 Face Mask VentilationNo
If yes you MUST answer the Skin Integrity AND Action Plan Section

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Other

 Set Rate: 16
 Set Tidal Volume: 450mL
 Set Fi02: 100%
 Set PEEP: 5 cmH20
 Set HIGH PEEP: na cmH20
 Set Pressure Support: na
 Set Pressure Control: na
 I:E Ratio: 1:3.2
 Low Volume Alarm: 250 mL
 High Pressure Limit Alarm: 50
 Low Pressure Limit Alarm: na
 Plateau: na Peak Inspiratory Pressure: 30
 Patient Respiratory Rate 32
 Exhaled Tidal Volume 452ML
 Exhaled Minute Volume 22.2L
 Low Peep Alarm: 5
 Alarms checked: Yes Alarms functioning properly: Yes
 Ventilator circuit temperature: hme
 Cuff Pressure: mlt cmH20
 ETT Size: 8 Fr
 ETT Secured @: 26 cm
 Serial #: 26971
 Comments:
Head of Bed:
Pre Ventilator check:
Head of bed elevated when the respiratory therapist entered the patient's
room.
No Medically unstable (e.g., hypotension)
POST Ventilator check:
Head of bed elevated when the respiratory therapist departed the patient's
room.
Yes
Vital Signs:
     Before   After
HR: 117
RR: 36
Oxygen Saturation 90 %
PATIENT COUGH ASSESSMENT:
COUGH: Not Attempted,
 Comments: Just intubated

SUCTIONING: Endotracheal
Comments (indicate any adverse reactions):

SECRETION STATUS:
 AMOUNT: Small
 CONSISTENCY: thick
 APPEARANCE: Brown
 Odor- no
 Comments:

/es/ DONNA FORTNER
REGISTERED RESPIRATORY THERAPIST

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Signed: 09/16/2015 23:20

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 16, 2015@21:19 ENTRY DATE: SEP 16, 2015@21:19
AUTHOR: KARI,SURESH EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

pt labs improved - BS 540s
Cr stable unchanged
Acidosis improving
K stable

TEam at bedside and Surgery at bedside
Levophed at 3 mic SBP > 90
fluids and Levophed being decreased

Insulin drip decreased to 4 units/hr
recheck Foley since little uop

/es/ SURESH KARI, MD
Staff Physician
Signed: 09/16/2015 21:21

==========

--- Original Document ---

09/16/15 EMERGENCY DEPARTMENT PROVIDER:
Physician's Exam Time: Sep 16,2015@20:00
----------CHIEF COMPLAINT----------
Mental stauts changes
----------HISTORY OF PRESENT ILLNESS----------
Patient is a 72 yo WM came up to ER door - pt obtuneded on arrival w hemetemesis and dark stools as well. pt with hx of DM and with recent Aug R inguinal hernia repair. had urinatry obst w Stone. pt was supposed to i/o caths at home not doing. pt with incr BS at home.

----------REVIEW OF SYSTEMS----------
See above HPI
----------PAST MEDICAL HX----------
Noted in CPRS
DM
Renal stone
R inguinal hernia repair w STONE
----------PAST SURGICAL HX----------
Noted in CPRS
R inguinal hernia repair
----------ALLERGIES & MEDICATIONS----------

Allergies: Patient has answered NKA

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Allergy profile has been reviewed: Yes

The Patient's medication list has been reviewed with the patient or their caregiver. If any changes are made, they are documented in the Plan or d/c instructions.

----------PHYSICAL EXAM----------
VITAL SIGNS: Noted in CPRS

DATE/TIME	TEMP	PULSE	RESP	BP	PAIN
9/16/15 @ 1935	97	121	14	68/38	

PULSE OX:

Measurement DT	POx (L/MIN)(%)
09/16/2015 19:35	90

LEVEL OF CONSCIOUSNESS: lethargic

ORIENTATION: person

GENERAL APPEARANCE: white MALE well nourished, well hydrated, moderate distress

EYES:
Pupils: equally, round, reactive to light
Ocular: muscles are intact
External: sclera anicteric, conjunctiva clear

ENT:
Pharynx: dry mucosal membranes
Dark material in mouth
Hearing: grossly intact
Nasal: mucosa, septum, and turbinates normal
Neck: supple, no masses, trachea midline, no cervical lymphadenopathy

RESPIRATORY:
Auscultation: clear breath sounds bilaterally with no rales, rhonchi, or wheezes
Respiratory effort: (-) intercostal retractions or use of accessory muscles

CARDIOVASCULAR:
Auscultation: tachycardic rhythm

GASTROINTESTINAL:
Abdomen: soft, bowel sounds decreased, protuberant
(-) rebound, (-) guarding, (+) tenderness

GENITOURINARY:
Foley Placed - was urinating dark bloody partly and liquid urine

EXTREMITIES: no clubbing, cyanosis or edema
+ Lower ext pulses 2+ and Mottling noted
----------LABS----------
Noted in CPRS

MANUAL-DIFF: O
WBC3: 29.44 H*
RBC3: 4.01

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HCT3: 33.3 L
MCV3: 83.0
MCH3: 29.2
MCHC3: 35.1
RDW3: comment
PLT3: 192
NE%3: comment
LY%3: comment
MO%3: comment
EO%3: comment
BA%3: comment
NE#3: comment
LY#3: comment
MO#3: comment
EO#3: comment
BA#3: comment
HGB3: 11.7 L
NRBC%3: comment
NRBC#3: comment
MPV/3: comment
IG%: comment
IG#: comment
IPF: comment
APPEARANCE: Ex.Turbid
UR COLOR: RED
SPECIFIC GRAVITY: 1.012 L
UROBILINOGEN: <2.0
UR BLOOD: 3+
UR BILIRUBIN: Neg
UR KETONES: Neg
UR GLUCOSE: 3+
UR PROTEIN: 2+
UR PH: 5.0
NITRITE, URINE: Neg
LEUKOCYTE ESTERASE, URINE: 3+
URINE MICROSCOPIC: DONE
UR RBC: >100 H
UR WBC: >100 H
UR BACTERIA: 4+
URINE MUCUS: MANY
AMORPHOUS CRYSTAL: MOD
URINE WBC CLUMPS: MANY
I-STAT PH: 7.28 L
I-STAT PCO2: 28.90 L
I-STAT PO2: 123.00 H
I-STAT BASE EXCESS: -13
I-STAT O2: 98.00
I-STAT TCO2: 14.00 L
I-STAT HCO3: 13.60 L
----------DIAGNOSTICS:----------

Chest XRAY: Free air R Diaphragm
NO PTX

Abdominal XRAY: + Bowel Obstruction
+ free Air

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Cardiac Monitor: sinus tachycardia

Nurse's note reviewed and I do concur.
----------DIAGNOSIS----------
1. SEPSIS ?DKA vs HHNS
2. Coffee Ground Emesis +/- Free Air Under R diaphragm
3. Renal stones
----------ER COURSE & PLAN----------
1. Given 2 L NS bolus w pressure bag and 3 and 4 liter started goal MAP >65 at least
SBP 90s after 2 l but dropping.
GIven ZOSYN and VANC
GIven PRotonix 80 IV then drip
Given Inuslin 10 U bolus then 7 u/hr

d/w ICU Fellow will admit
d/w Surgery will follow and will see

TOO UNSTABLE TO SCAN CURRENTLY

Plan admit ICU

Proc: Central Line
Initially preppred R chest - since he was dry - diff access EJ one single INT after sticks in Left forearm
Was in trendelenberg 20Deg given his Vomitting

4-5 attempts w repositioning don emergently - FInal stick arterial Pressure applied - (CXR No ptx no free air withdrawn)

Central line in Left groin - cut w clippers and hair removed w tape and cleaned w chrolorprep - pt stick x 3-4 Vein hit and secured without diff. all ports open.

Proc: NGT
NGT placed w/o diff - 400 cc coffee ground then stopped
Placed on Low intermitent suction

CONCURRENTLY LABS being drawn from groin intially on Left
and ABG done when central line attempted subclaivan emergently

Assisted By. Drs. Washington and Hernandez-Ford
Multi- Physician approach for crashing unstable pt

Critical Care Note:
TIME IS SPENT INDEPENDENT OF ANY PROCEDURES DONE
[x] time: 70 min
[] Each additional hour x [] Hrs

Organ System at Risk:
[] central nervous system failure

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

[] Cardiac/circulatory failure
[x] shock
[] renal
[] hepatic
[x] metabolic
[] respiratory failure

Procedures:
[] CPR
[] Defibrillation
[] Intubation
[x] Central Venous Access
[] External Jug Access
[x] ABG
[x] EKG
Time spent eval pt/HX/Physical/reviewing labs/Records
Stabilizing & d/w consultants and arranging admission

_____

TOTAL OUTPUT : 1200 CC from NGT at 2040

/es/ SURESH KARI, MD
Staff Physician
Signed: 09/16/2015 20:48

LOCAL TITLE: EMERGENCY DEPARTMENT PROVIDER
STANDARD TITLE: EMERGENCY DEPT E & M NOTE
DATE OF NOTE: SEP 16, 2015@20:07:19 ENTRY DATE: SEP 16, 2015@20:07:19
AUTHOR: KARI,SURESH EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

*** EMERGENCY DEPARTMENT PROVIDER Has ADDENDA ***

Physician's Exam Time: Sep 16,2015@20:00
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Noted in CPRS
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Renal stone
R inguinal hernia repair w STONE
----------PAST SURGICAL HX----------
Noted in CPRS
R inguinal hernia repair

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----------ALLERGIES & MEDICATIONS----------

Allergies: Patient has answered NKA

Allergy profile has been reviewed: Yes

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PLT3: 192
NE%3: comment
LY%3: comment
MO%3: comment
EO%3: comment
BA%3: comment
NE#3: comment
LY#3: comment
MO#3: comment
EO#3: comment
BA#3: comment
HGB3: 11.7 L
NRBC%3: comment
NRBC#3: comment
MPV/3: comment
IG%: comment
IG#: comment
IPF: comment
APPEARANCE: Ex.Turbid
UR COLOR: RED
SPECIFIC GRAVITY: 1.012 L
UROBILINOGEN: <2.0
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COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

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Abdominal XRAY: + Bowel Obstruction
+ free Air

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Nurse's note reviewed and I do concur.
----------DIAGNOSIS----------
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        SBP 90s after 2 l but dropping.
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COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

[] Each additional hour x [] Hrs

Organ System at Risk:
[] central nervous system failure
[] Cardiac/circulatory failure
[x] shock
[] renal
[] hepatic
[x] metabolic
[] respiratory failure

Procedures:
[] CPR
[] Defibrillation
[] Intubation
[x] Central Venous Access
[] External Jug Access
[x] ABG
[x] EKG
Time spent eval pt/HX/Physical/reviewing labs/Records
Stabilizing & d/w consultants and arranging admission
_____

TOTAL OUTPUT : 1200 CC from NGT at 2040

/es/ SURESH KARI, MD
Staff Physician
Signed: 09/16/2015 20:48

09/16/2015 ADDENDUM STATUS: COMPLETED
pt labs improved - BS 540s
Cr stable unchanged
Acidosis improving
K stable

TEam at bedside and Surgery at bedside
Levophed at 3 mic SBP > 90
fluids and Levophed being decreased

Insulin drip decreased to 4 units/hr
recheck Foley since little uop

/es/ SURESH KARI, MD
Staff Physician
Signed: 09/16/2015 21:21

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: SEP 16, 2015@20:51:39 ENTRY DATE: SEP 16, 2015@20:51:39
AUTHOR: AYERS,TERRI L EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

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2100 note that this is hx collected from family. pt was pulled from private car unresponsive to any stimuli with shallow breathing.pt was rushed to ed resus room. this is collected history
1910 20 g int x 2 placed in right forearm.1st ns bolus infusing bp 65/38
1915 2nd l bolus infusing.triple lumen placed in left groin area per dr kari with good blood return in all lumens.16 foley placed with no return of urine. 80/60
1948 zofran 4mg ivp adminstered
1949 protonix 80 mg ivp completed
1957 ng tube placed and applied to suction with return of 600cc coffeeground emesis. pt pale and remains unresponsive to stimuli. zofran 4.5 mg ivpb infusing
2000 1st gram vanc infusing
2030 regular insulin 10units ivp adminstered
2041 reg insulin drip infusing 7cc/hr
2100 2nd gram vanc infusing. norpinephrine 8mg/250cc infusing 5cc/hr
2110 protonix infusing 10cc/hr
2130 5 l bolus ns has infused. pt is now responding verbally,surgery team is at bedside
2340 at this time surgery team has been working with pt for approximately 2 hours. art line was placed in left radial. at this time surgery team attempted left subclavian and o2 sat has now decreased from 100 percent to 74 percent stat portable chest film obtained

/es/ TERRI L. AYERS,RN
ER STAFF NURSE
Signed: 09/19/2015 08:34

==========

--- Original Document ---

09/16/15 EMERGENCY DEPARTMENT NURSING:

Emergency Department Nursing Assessment

Patient First Identifier: patient full name Patient Second Identifier: patient full ssn

Code Status: Full

Patient's Past Medical HX: no past hx to reveiw

ALLERGIES: Patient has answered NKA
Allergies verified: Yes
Other allergies:

Bed/Room: 25

Patient received emergency care/treatment services prior to arrival to ER?
No
Type of Treatment received:

Patient received Aspirin by Emergency Medical Service prior to ER arrival?
No

Alcohol Screen:

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In the past 12 months, has the patient had ANY drinks containing alcohol? patient declined to answer questions about alcohol use.
Comments:

Mental Health:
Mood:somel
Comments: unable to respond upon arrivial

RISK ASSESSMENT/MISSING PATIENT:
CRITERIA (HIGH RISK SCREEN)

Has patient been diagnosed with Alzheimers/Dementia? - No

Patient is independently mobile (Ambulatory or wheelchair) - Yes

Patient is disoriented or unable to care for own safety - Yes

Wander (brown label) visible on wristband -no

Does patient have any suicidal/homicidal thoughts? - No

A Yes answer to any question below must result in a consult to Social Work Service per Policy.

(To notify Social Service after 5 P.M., weekends, & holidays, contact the MAA)

Special Needs/Abuse Screening:

Patient shows signs of neglect or abuse - No
Patient has no Source of Support and/or Homeless - No
Patient's caregiver unable to meet patient's needs - No
Patient admitted from nursing home or other extended care facility - No
Patient has severe visual impairment - No

Patient has an Advance Directive/Living Will/Power of Attorney:
No If no: Do you want an Advance Directive?
NO -
Consult sent to Social Work Service - No

Review of Systems:

Neuro:

Level of Consciousness: obtunded/stuporous/semi coma

Glasgow Coma Score:(complete the Glasgow Coma Scale if the patient has an altered level of consciousness.
Date/Time: Sep 16,2015
Best Eye Opening Response: To Pain (2pts)
Best Verbal Response: No Response: (1pt)
Best Motor Response (Best Upper Limb/To Painful Stimuli):

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

No Response (1pt)
Unable to Test (reason)-
Total Score: 4

Pupil Size and Response to Light:
Pupil Gauge:
Right 0mm
Left 0mm

Pupil Reaction:
Additional Comments:

Have you taken any pain medication prior to coming to ED? No. Name/time taken: do not know

Pain location/score:
Score:
Location:
Pain Quality(choose all that apply): unable to assess
Pain onset:
Pain Duration:
Comment/Action taken:

ED Pain Interventions:
Med given -

Cardiovascular Rhythm: ST
Comment:

Pulses:

Right	Score
Radial	+
Pedal	+
Posterior Tibia	+

Left	Score
Radial	+
Pedal	+
Posterior Tibia	+

Capillary refill:

Edema:
Generalized - +
Upper Extremity - +
Facial - +
Lower Extremity - +
Orbital - +
Neck - +
Other/Comment:

Pacemaker: - AICD:

Respiratory:
Lung/Breath sounds (choose all that apply: inspiratory , expiratory,

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rales , decreased
Other/comments:_

Location:

Oxygen (O2): Bi-nasal canula (BNC)
Other comments:

Ventilator:
Mode (if yes)

Tracheostomy in place:

GI:
Abdomen: tender, distended
Bowel Sounds: absent , hypoactive
Last BM-
Comment:

Falls Assessment:

Morse Fall Scale:

1. History of falling; immediate or within 3 months - (no = 0, yes = 25)
   Score = 0
2. Secondary diagnosis - (No = 0, yes = 15)
   Score = 15
3. Ambulatory aid - (None, bedrest, wheelchair, nurse = 0) Crutches,
   cane walker = 15; Furniture = 30)
   Score = 0
4. IV/Heparin Lock - (no = 0, yes = 20)
   Score = 0
5. Gait/Transferring - (Normal, bedrest, immobile = 0; weak = 10;
   Impaired = 20) Score = 0
6. Mental Status - (Oriented to own ability = 0; Forget limitations =
   15) Score = 0

Total Score = 15 Risk Level/Intervention Required: 0-24 points No Risk
No additional intervention

Skin Assessment:
Skin Intact:
Color(choose all that apply):

Turgor (choose all that apply):

Temperature:
Moisture:

Ostomy: Stoma pink, moist, and warm - n/a
Comment:

Wounds (choose all that apply):surgical incision
Ulcer Stage (choose one):
Wound Consult - n/a
Specialty Bed - n/a
Other/ comment:

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

BRADEN SKIN RISK ASSESSMENT

Sensory Perception:1 = Completely Limited
Moisture: 4 = Rarely Moist
Activity: 3 = Walks Occasionally
Mobility: 1 = Completely Immobile
Nutrition: 2 = Probably Inadequate
Friction: 1 = Problem
10-12 High Risk
Score: 12

/es/ TERRI L. AYERS,RN
ER STAFF NURSE
Signed: 09/16/2015 20:51

LOCAL TITLE: EMERGENCY DEPARTMENT NURSING
STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: SEP 16, 2015@20:44 ENTRY DATE: SEP 16, 2015@20:44:58
AUTHOR: AYERS,TERRI L EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

*** EMERGENCY DEPARTMENT NURSING Has ADDENDA ***

Emergency Department Nursing Assessment

Patient First Identifier: patient full name Patient Second Identifier:
patient full ssn

Code Status: Full

Patient's Past Medical HX: no past hx to reveiw

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Allergies verified: Yes
Other allergies:

Bed/Room: 25

Patient received emergency care/treatment services prior to arrival to ER?
No
Type of Treatment received:

Patient received Aspirin by Emergency Medical Service prior to ER arrival?
No

Alcohol Screen:

In the past 12 months, has the patient had ANY drinks containing
alcohol? patient declined to answer questions about alcohol use.
Comments:

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

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Mood:somel
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No Response (1pt)
Unable to Test (reason)-
Total Score: 4

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

```
  Pupil Size and Response to Light:
   Pupil Gauge:
    Right 0mm
    Left  0mm

   Pupil Reaction:
    Additional Comments:

Have you taken any pain medication prior to coming to ED? No. Name/time
taken: do not know

Pain location/score:
 Score:
 Location:
 Pain Quality(choose all that apply): unable to assess
 Pain onset:
 Pain Duration:
 Comment/Action taken:

ED Pain Interventions:
 Med given -

Cardiovascular Rhythm: ST
 Comment:

Pulses:
 Right                Score
  Radial              +
  Pedal               +
  Posterior Tibia     +

 Left                 Score
  Radial              +
  Pedal               +
  Posterior Tibia     +

Capillary refill:

Edema:
 Generalized -     +
 Upper Extremity - +
 Facial  -         +
 Lower Extremity - +
 Orbital -         +
 Neck            - +
 Other/Comment:


Pacemaker:  - AICD:

Respiratory:
 Lung/Breath sounds (choose all that apply: inspiratory , expiratory,
rales        , decreased
 Other/comments:_

Location:
```


COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Oxygen (O2): Bi-nasal canula (BNC)
 Other comments:

Ventilator:
 Mode (if yes)

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GI:
 Abdomen: tender, distended
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 Color(choose all that apply):

 Turgor (choose all that apply):

 Temperature:
 Moisture:

Ostomy: Stoma pink, moist, and warm - n/a
 Comment:

Wounds (choose all that apply):surgical incision
 Ulcer Stage (choose one):
 Wound Consult - n/a
 Specialty Bed - n/a
 Other/ comment:

BRADEN SKIN RISK ASSESSMENT

Sensory Perception:1 = Completely Limited
Moisture: 4 = Rarely Moist

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Activity: 3 = Walks Occasionally
Mobility: 1 = Completely Immobile
Nutrition: 2 = Probably Inadequate
Friction: 1 = Problem
10-12 High Risk
Score: 12

/es/ TERRI L. AYERS,RN
ER STAFF NURSE
Signed: 09/16/2015 20:51

09/16/2015 ADDENDUM STATUS: COMPLETED
2100 note that this is hx collected from family. pt was pulled from private car unresponsive to any stimuli with shallow breathing.pt was rushed to ed resus room. this is collected history
1910 20 g int x 2 placed in right forearm.1st ns bolus infusing bp 65/38
1915 2nd l bolus infusing.triple lumen placed in left groin area per dr kari with good blood return in all lumens.16 foley placed with no return of urine. 80/60
1948 zofran 4mg ivp adminstered
1949 protonix 80 mg ivp completed
1957 ng tube placed and applied to suction with return of 600cc coffeeground emesis. pt pale and remains unresponsive to stimuli. zofran 4.5 mg ivpb infusing
2000 1st gram vanc infusing
2030 regular insulin 10units ivp adminstered
2041 reg insulin drip infusing 7cc/hr
2100 2nd gram vanc infusing. norpinephrine 8mg/250cc infusing 5cc/hr
2110 protonix infusing 10cc/hr
2130 5 l bolus ns has infused. pt is now responding verbally,surgery team is at bedside
2340 at this time surgery team has been working with pt for approximately 2 hours. art line was placed in left radial. at this time surgery team attempted left subclavian and o2 sat has now decreased from 100 percent to 74 percent stat portable chest film obtained

/es/ TERRI L. AYERS,RN
ER STAFF NURSE
Signed: 09/19/2015 08:34

LOCAL TITLE: EMERGENCY DEPARTMENT RAPID TRIAGE NOTE
STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE
DATE OF NOTE: SEP 16, 2015@19:36 ENTRY DATE: SEP 16, 2015@19:36:22
AUTHOR: AYERS,TERRI L EXP COSIGNER:
INSTITUTION: MEMPHIS VA MEDICAL CENTER
DIVISION: MEMPHIS, TN
URGENCY: STATUS: COMPLETED

Emergency Department Rapid Triage Nursing Note

Gender
Male
Patient: HOPKINS,MARSHALL HUGH

Date/Time patient seen -Sep 16,2015@19:36

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Patient Arrival: wheelchair

Chief Complaint: unresponsive

Due to Trauma/Injury? no
How injury occurred -
Geographical place injury occurred (house, yard, driveway., etc.) -

Does patient have suicidal/homicidal thoughts? no

Have you traveled outside of the United States in the last six months? No

Allergies: No Allergy Assessment
Allergies reviewed: no -
unable to locate or respond

Triage Vitals:
Temp: 97 HR: 121
B/P: 68/38 Resp: 14
02 Sat - 90 Device Type -

Assessment (Brief): pt was pulled from private car outside of ed. family states they have
been traveling for awaile and she is unsure how long he has been unresponsive. coffee ground emesis on tshirt and pt had soided clothing

Medication Review:

09/16/2015 19:36
********** CONFIDENTIAL Active OP Meds SUMMARY pg. 1 **********
HOPKINS,MARSHALL HUGH (b)(6) DOB: 07/20/1943
****

Emergency Severity Index: Level 1 (unresponsive)

Plan: Order Set Used: yes
Orders: labs

Disposition: ER

/es/ TERRI L. AYERS,RN
ER STAFF NURSE
Signed: 09/16/2015 19:42

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OMB Control No. 2900-0075
Respondent Burden: 15 minutes
Expiration Date: 12/31/2020

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

STATEMENT IN SUPPORT OF CLAIM

INSTRUCTIONS: Read the Privacy Act and Respondent Burden on Page 2 before completing the form. Complete as much of Section I as possible. The information requested will help process your claim for benefits. If you need any additional room, use the second page.

SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION

NOTE: You will *either* complete the form online or by hand. Please print the information request in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*: DARLENE R HOPKINS

(b) (6) [redacted]

4. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*: Month 07 - Day 20 - Year 1943

5. VETERAN'S SERVICE NUMBER *(If applicable)*:

6. TELEPHONE NUMBER *(Include Area Code)*: 620-272-4822

7. E-MAIL ADDRESS *(Optional)*: Themasterherbalist@yahoo.com

8. MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street: 310 Main street

Apt./Unit Number:

City: ALTAMONT

State/Province: MO

Country: US

ZIP Code/Postal Code: 64620 -

SECTION II: REMARKS

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

30+ Years ago while in military Marshall had Hernia operation. In 2014 the mesh that was put in him Tore. Aug 2015 He had Hernia Surgery In Amarillo Texas At the VA. Every thing appeared to go well. He went back Several weeks later saying something did not feel quite right. They did a Colonoscopy on him and told him Clean bill of Health But 5 days later he was dead... we were traveling and we went to Memphis Tenn VA. They told me he was a very sick man Apparently during the Colonoscopy his bowels were nicked... VA told me early morning after admitting him they did Surgery and removed 3/4 of his Colon He never woke up from that surgery

1.560 oz 518491-002-0/3722721 0002098 0029549 I=000000

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VETERAN'S SOCIAL SECURITY NO. [ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

SECTION II: REMARKS *(Continued)*

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE *(Sign in ink)*	10. DATE SIGNED *(MM/DD/YYYY)*

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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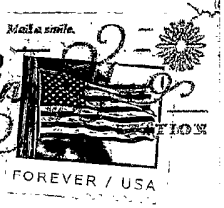
Hopkins

(b) (6) [redacted]

KANSAS CITY 640
25 SEP 2020 PM 5 L



Department of VA
Pension Intake Center
PO Box 5365
Janesville, WI 53547-5365

53547-536585

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Centralized Mail Pension Claims sent to:

Department of Veterans Affairs
St. Paul Pension Intake Center
PO Box 5365
Janesville, WI 53547

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SSA Inquiry Results

SSA Request Selection Criteria

Veteran File No:
(b) (6)

Veteran Name:
MARSHALL H HOPKINS

Subject SSN:
522949287

CAN:

Subject Name:
DARLENE HOPKINS

BIC:

Subject DOB:
07/02/1964

Search Reason:
Verify Benefits

Relationship To Veteran:
Spouse

Date of Inquiry:
09/03/2020

Profile

Ver SSN:
522949287

DOD:

Ver Code:
SSN Verified

DOD Source Code:

First Name:
DARLENE

Title II Status:
Y

Middle Initial:
R

Title XVI Status:
N

Last Name:
HOPKINS

Title II CAN:
(b) (6)

Other Last Name:

BIC:
E00

Mailing Address:
DARLENE R HOPKINS
8734 N 4003 DR
COPAN OK
74022-4703

BIC Applies To:
E00 - Undefined

Person's Own Ver SSN:

Phone Number:

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DOB:
07/02/1964

Sex Code:
F

Marital Status:

Proof of Age:
Alleged

Direct Deposit:
Checking

SSN Correction Indicator:

Other SSNs:

SSN

Verify SSNs:

SSN

SSA Basic Info

Disability Onset Date:

SSI Disability Payment Code:

Initial Entitlement Date:
01/2007

Current Entitlement Date:
09/2015

Susp or Term Date:
08/2019

LAF:
T4 - Undefined

Deferred Payment Date:

Payment Indicator:

Retro Payment Date:

Retro Amount:

SMI Details

Option Code:

Start Date:

Stop Date:

Premium Amount:

Buy-In Option Code:

Buy-in Start Date:

Buy-In Stop Date:

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Current Payment Amount:

Combined Check:

Cross-Reference Account Numbers:

CAN	BIC	Code

Monthly Benefit Credited:

Date	Amount	Type
08/2019	$1102.00	Not Paid
12/2018	$1102.00	Paid
12/2017	$1072.00	Paid
12/2016	$1051.00	Paid
09/2015	$1047.00	Paid
12/2014	$583.00	Paid

Dual Entitlement CAN List:

CAN	BIC

SSI Basic Info

Payment Date:

Gross Payable Amount (Current):

Unearned Income-Net Countable Amount:

Earned Income-Net Countable Amount:

Gross Payable Amount:

Income History

Black Lung Payment Amount:

Federal Countable Income(FCI):

Earned Income-Net Self-Employed Estimate:

Earned Income-Wage Amount:

Railroad Retirement:

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Unearned Income:

Type Code	Verification Code	Start Date	End Date	Amount	Claim Or ID#

Additional Addresses

Payee Address:

Residential Address:

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DEPARTMENT OF VETERANS AFFAIRS

September 3, 2020

DARLENE HOPKINS
310 MAIN ST
ALTAMONT MO 64620

In reply, refer to:
330/22R2/KJW
File Number: (b) (6)
Marshall H. Hopkins

IMPORTANT -- reply needed

Dear Darlene Hopkins:

We are working on your claim for:

- survivors pension
- dependency and indemnity compensation

You requested that we expedite your claim under the Fully Developed Claim program. However, we required additional information to make a decision on your claim therefore; we will process your claim routinely.

What Do We Still Need from You?

We need additional evidence from you. ***Please put your VA file number on the first page of every document you send us.***

During the veteran's lifetime, service connection was established for mechanical low back pain with arthritis, major depression with sleep difficulty and memory loss, right shoulder contusion with arthritis, cervical spine arthritis. In order to support your claim, you need to submit evidence that shows a service-connected disability was the primary or contributory cause of death.

We will request medical records from any VA Facility that treated the veteran.
Use the enclosed VA Form 21-4138, Statement in Support of Claim, to tell us the location of the VA facility, the medical conditions treated, and the approximate date of treatment. Use this form to also tell us about any other records that may exist to support your claim or about a change in your address or phone number.

If a private physician or facility has treated the veteran, we may be able to request these records on your behalf. Complete and return an enclosed VA Form 21-4142, Authorization and Consent to Release Information, for each health care provider so that we can obtain treatment information. Provide the names and mailing addresses of each health care provider. You may want to obtain and send us the information yourself.

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Where Should You Send What We Need?

Please note that the quickest, easiest, and most secure way to submit any documents to us is via the eBenefits website. Just visit www.eBenefits.va.gov to register. Please also refer to the 'What is eBenefits?' section of this letter for more information.

Please send what we need to this address:

You can send what we need to the appropriate address listed on the attached Where to Send Your Written Correspondence chart.

How Soon Should You Send What We Need?

We strongly encourage you to send any information or evidence as soon as you can. If we do not hear from you, we may make a decision on your claim after 30 days. However, you have up to one year from the date of this letter to submit the information and evidence necessary to support your claim. If we decide your claim before one year from the date of this letter, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.

What is eBenefits?

eBenefits provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Request a Veterans Service Officer to represent you
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in eBenefits is easy. Just visit www.eBenefits.va.gov for more information. If you submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

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DARLENE HOPKINS

File Number: (b) (6)
Marshall H. Hopkins

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our web site at http://www.va.gov. Otherwise, you can contact us in several ways. Please give us your VA file number, (b) (6) when you do contact us.

- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711 (international number is 1-800-829-4833).
- Send us an inquiry using the Internet at https://iris.va.gov.

We look forward to resolving your claim in a fair and timely manner.

Sincerely yours,

Regional Office

Regional Office
Director

Enclosures: VA Form 21-4142
VA Form 21-4138
Where to Send Your Written Correspondence

cc: MISSOURI VETERANS COMMISSION

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OMB Control No. 2900-0075
Respondent Burden: 15 minutes
Expiration Date: 12/31/2020

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

STATEMENT IN SUPPORT OF CLAIM

INSTRUCTIONS: Read the Privacy Act and Respondent Burden on Page 2 before completing the form. Complete as much of Section I as possible. The information requested will help process your claim for benefits. If you need any additional room, use the second page.

SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION

NOTE: You will *either* complete the form online or by hand. Please print the information request in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

2. VETERAN'S SOCIAL SECURITY NUMBER – –

3. VA FILE NUMBER *(If applicable)*

4. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*
Month – Day – Year

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. TELEPHONE NUMBER *(Include Area Code)*

7. E-MAIL ADDRESS *(Optional)*

8. MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code –

SECTION II: REMARKS

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

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VETERAN'S SOCIAL SECURITY NO. ☐☐☐ – ☐☐ – ☐☐☐☐

SECTION II: REMARKS *(Continued)*
(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE *(Sign in ink)*	10. DATE SIGNED *(MM/DD/YYYY)*

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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OMB Control No. 2900-0858
Respondent Burden: 5 minutes
Expiration Date: 03/31/2021

Department of Veterans Affairs

AUTHORIZATION TO DISCLOSE INFORMATION TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)

NOTE - PLEASE READ THE ENTIRE FORM *(both pages)* BEFORE SIGNING IN ITEM 13 BELOW.

SECTION I - RECORDS TO BE RELEASED TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange) of: ***All* my medical records; including information related to my ability to perform tasks of daily living. This includes specific permission to release:**

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) *including*, but not limited to:
   a. Psychological, psychiatric, or other mental impairment(s) excluding "psychotherapy notes" as defined in 45 C.F.R. §164.501,
   b. Drug abuse, alcoholism, or other substance abuse,
   c. Sickle cell anemia,
   d. Records which may indicate the presence of a communicable or non-communicable disease; and tests for or records of HIV/AIDS,
   e. Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Information created within 12 months *after* the date this authorization is signed in Item 13, as well as past information.

YOU SHOULD NOT COMPLETE THIS FORM UNLESS YOU WANT THE VA TO OBTAIN PRIVATE TREATMENT RECORDS ON YOUR BEHALF. IF YOU HAVE ALREADY PROVIDED THESE RECORDS OR INTEND TO OBTAIN THEM YOURSELF, THERE IS NO NEED TO FILL OUT THIS FORM. DOING SO WILL LENGTHEN YOUR CLAIM PROCESSING TIME.

IMPORTANT - In accordance with 38 C.F.R. §3.159(c), **"VA will not pay any fees charged by a custodian to provide records requested."**

SECTION II - VETERAN IDENTIFICATION INFORMATION

NOTE - You can *either* complete the form online or by hand. Please print the information requested in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER — – –

3. VA FILE NUMBER

4. DATE OF BIRTH *(MM/DD/YYYY)* — – –

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. MAILING ADDRESS (*Number and street or rural route, P. O. Box, City, State, ZIP Code and Country*)

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code –

7. E-MAIL ADDRESS *(Optional)*

8. TELEPHONE *(Include Area Code)*

SECTION III - PATIENT IDENTIFICATION FOR RECORDS VA IS REQUESTING (If other than veteran)

9. PATIENT'S NAME *(First, Middle Initial, Last)*

10. SOCIAL SECURITY NUMBER — – –

11. VA FILE NUMBER *(If applicable)*

SECTION IV - INFORMATION REGARDING SOURCE OF RECORD(S)

SOURCE OF RECORD(S):

- **ALL** medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities,
- Social workers/rehabilitation counselors,
- Consulting examiners used by VA,
- Employers, insurance companies, workers' compensation programs, and
- Others who may know about my condition (family, neighbors, friends, public officials).

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VETERAN'S SOCIAL SECURITY NO. ☐☐☐ – ☐☐ – ☐☐☐☐

SECTION V - AUTHORIZATION AND CONSENT TO RELEASE INFORMATION TO VA AND SIGNATURE

12. IF MY CONSENT TO THIS INFORMATION IS LIMITED, THE LIMITATION IS WRITTEN HERE *(If this space is left blank, there is no limitation to records)*:

TO WHOM: The Department of Veterans Affairs (VA).
PURPOSE: Determining my eligibility for benefits, and whether I can manage such benefits.
EXPIRES: This authorization is good for 12 months from the date shown in Item 14.

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above in Section I.
- I understand that there are some circumstances in which this information may be re-disclosed to other parties (See page 2 for details).
- I may write to VA and my source(s) to revoke this authorization at any time (See page 2 for details).
- VA will give me a copy of this form, if I ask; I may also ask the source(s) to allow me to inspect or get a copy of material to be disclosed.
- **I have read both pages of this form and agree to the disclosures above from the types of sources listed. See Patient Acknowledgement below.**

13. SIGNATURE OF PERSON AUTHORIZING DISCLOSURE ***(Required)*** *(Sign in ink)*	14. DATE SIGNED *(MM/DD/YYYY)* ***(Required)***
15. PRINTED NAME OF PERSON SIGNING *(First, Middle Initial, Last)*	16. RELATIONSHIP TO VETERAN/CLAIMANT *(If other than self, please provide full name, title, organization, city, State, and ZIP code. All court appointments must include docket number, county, and State)*

NOTE: This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical and other information under P.L. 104-191 ("HIPAA"); 45 C.F.R. parts 160 and 164; 42 U.S.C. §290dd-2; 42 C.F.R. part 2, and State Law.

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, if the information including your Social Security Number (SSN) is not furnished completely or accurately, the source to which this authorization is addressed may not be able to identify and locate your records, and provide a copy to VA. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975 and still in effect.

If you do not revoke this authorization, it will automatically expire in 12 months from the date you sign and date the form. Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by VA without your consent if authorized by Federal laws such as the Privacy Act.

Under the Government Paperwork Elimination Act (GPEA) (Public Law 105-277), the Office of Management and Budget (OMB) ensures that agencies, when practicable, provide for the option of electronic maintenance, submission of disclosure of information and for the use and acceptance of electronic signatures. GPEA states that electronic records submitted or maintained in accordance with the procedures developed by OMB, or electronic signature or other forms of electronic authentication used in accordance with such procedures, "shall not be denied legal effect, validity, or enforceability merely because such records are in electronic form" (Public Law 105-277, section 1707).

RESPONDENT BURDEN: We need this information and your written authorization to obtain your treatment records to help us get the information required to process your claim. Title 38, United States Code, allows us to ask for this information. You can provide this authorization by signing VA Form 21-4142. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all possible sources. We will make copies of it for each source. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations. We estimate that you will need an average of 5 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form. If you use the Telecommunications Device for the Deaf (TDD), the Federal relay number is 711.

PATIENT ACKNOWLEDGMENT: I HEREBY AUTHORIZE the sources listed in Section IV, to release any information that may have been obtained in connection with a physical, psychological or psychiatric examination or treatment, with the understanding that VA will use this information in determining my eligibility to veterans benefits I have claimed. I understand that the source being asked to provide the Veterans Benefits Administration with records under this authorization may not require me to execute this authorization before it provides me with treatment, payment for health care, enrollment in a health plan, or eligibility for benefits provided by it. I understand that once my source sends this information to VA under this authorization, the information will no longer be protected by the HIPAA Privacy Rule, but will be protected by the Federal Privacy Act, 5 USC 552a, and VA may disclose this information as authorized by law. I also understand that I may revoke this authorization in writing, at any time except to the extent a source of information has already relied on it to take an action. To revoke, I must send a written statement to the VA Regional Office handling my claim or the Board of Veterans' Appeals (if my claim is related to an appeal) and also send a copy directly to any of my sources that I no longer wish to disclose information about me. I understand that VA may use information disclosed prior to revocation to decide my claim.

NOTE: For additional information regarding VA Form 21-4142, refer to the following website: **https://www.benefits.va.gov/privateproviders/.**

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OMB Control No. 2900-0858
Respondent Burden: 5 minutes
Expiration Date: 03/31/2021

Department of Veterans Affairs

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

GENERAL RELEASE FOR MEDICAL PROVIDER INFORMATION TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)

INSTRUCTIONS - COMPLETE AND ATTACH THIS FORM WITH A SIGNED VA FORM 21-4142, *AUTHORIZATION TO DISCLOSE INFORMATION TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)*. IF YOU HAVE MORE THAN FIVE PROVIDERS, FILL OUT ADDITIONAL COPIES OF THIS FORM, AVAILABLE AT **WWW.VA.GOV/VAFORMS**.

NOTE - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BELOW BEFORE COMPLETING THIS FORM.

SECTION I - VETERAN'S IDENTIFICATION INFORMATION

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER ___ – ___ – ____

3. VA FILE NUMBER

4. DATE OF BIRTH *(MM/DD/YYYY)* ___ – ___ – ____

4. VETERAN'S SERVICE NUMBER *(If applicable)*

SECTION II - PATIENT IDENTIFICATION FOR RECORDS VA IS REQUESTING (If other than veteran)

6. PATIENT'S NAME *(First, Middle Initial, Last)*

7. SOCIAL SECURITY NUMBER ___ – ___ – ____

8. VA FILE NUMBER *(If applicable)*

SECTION III - MEDICAL PROVIDER INFORMATION

9A. PROVIDER OR FACILITY NAME

9B. DATE(S) OF TREATMENT:
(Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 9A)

From: To:

From: To:

9C. PROVIDER/FACILITY STREET ADDRESS *(Number and street, P.O. or rural route)*

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code –

10A. PROVIDER OR FACILITY NAME

10B. DATE(S) OF TREATMENT:
(Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 10A)

From: To:

From: To:

10C. PROVIDER/FACILITY STREET ADDRESS *(Number and street, P.O. or rural route)*

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code –

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VETERAN'S SOCIAL SECURITY NO. ___ – ___ – ____

11A. PROVIDER OR FACILITY NAME	11B. DATE(S) OF TREATMENT: *(Include the time period (month/day/year) for the treatment by the provider listed in Item 11A)*
	From: To: From: To:

11C. PROVIDER/FACILITY STREET ADDRESS *(Number and street, P.O. or rural route)*

No. & Street
Apt./Unit Number City
State/Province Country ZIP Code/Postal Code –

12A. PROVIDER OR FACILITY NAME	12B. DATE(S) OF TREATMENT: *(Include the time period (month/day/year) for the treatment by the provider listed in Item 11A)*
	From: To: From: To:

12C. PROVIDER/FACILITY STREET ADDRESS *(Number and street, P.O. or rural route)*

No. & Street
Apt./Unit Number City
State/Province Country ZIP Code/Postal Code –

13A. PROVIDER OR FACILITY NAME	13B. DATE(S) OF TREATMENT: *(Include the time period (month/day/year) for the treatment by the provider listed in Item 11A)*
	From: To: From: To:

13C. PROVIDER/FACILITY STREET ADDRESS *(Number and street, P.O. or rural route)*

No. & Street
Apt./Unit Number City
State/Province Country ZIP Code/Postal Code –

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is voluntary. However, if the information including your Social Security Number (SSN) is not furnished completely or accurately, the health care provider to which this authorization is addressed may not be able to identify and locate your records, and provide a copy to VA. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975 and still in effect.

RESPONDENT BURDEN: We need this information to obtain your treatment records. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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WHERE TO SEND YOUR WRITTEN CORRESPONDENCE

The time it takes your response to reach VA affects how long it takes us to process your claim. We recommend responding electronically whenever possible to minimize the time we spend waiting for mail. Only claimants or representatives can upload responses electronically right now. If you are not a claimant or representative, we recommend faxing so VA can receive your responses immediately.

The **fastest** way to respond to VA is to upload your correspondence electronically through VA.gov.

Visit https://www.va.gov. Under **Disability** click "Upload Evidence to support your claim".

If you cannot upload your correspondence, fax or mail it to the applicable address below. These addresses serve **all United States and foreign locations**.

To determine where to send your correspondence, identify your benefit type (Compensation, Veterans Pension, or Survivor Benefits); then, locate the applicable fax number or mailing address.

Compensation Claims	**Veterans Pension** and **Survivor Benefit Claims**
Fax Toll Free: 844-531-7818	Fax Toll Free: 844-655-1604
Or mail to:	**Or mail to:**
Department of Veterans Affairs Evidence Intake Center **P.O. Box 4444** Janesville, WI, 53547-4444	Department of Veterans Affairs Pension Intake Center **P.O. Box 5365** Janesville, WI 53547-5365

You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

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Additional Benefits Information

The table below lists:

- additional benefits to which you may be entitled, and
- the form for applying for each benefit.

Benefit	Form
Report Change in Household Income	*VA Form 21P-516-01, Improved Pension Eligibility Verification Report (Veteran)* *VA Form 21P-517-01, Improved Pension Verification Report (Veteran with Children)* *VA Form 21P-518-01, Improved Pension Verification Repot (Surviving Spouse)* *VA Form 21P-519s-01 Improved Pension Verification Report (Surviving Spouse with Children)* *VA Form 21P-519c-01 Improved Pension Verification Report (Child or Children)*
Increased Pension Based On Unreimbursed Medical Expenses	*VA Form 21P-8416, Medical Expense Report*
Special Monthly Pension	*VA Form 21-2680, Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*
Resident of Nursing Home or Assisted Living Facility	*VA Form 21-0779, Request for Nursing Home Information in Connection with Claim for Aid and Attendance*
Additional Benefits For a Spouse/ Children and/or Change in Dependent Status	*VA Form 21-686c, Declaration of Status of Dependents*
School Age Dependent	*VA Form 21-674, Request for Approval of School Attendance*
Burial Benefits	*VA Form 21P-530, Application for Burial Benefits*
Report Last Expenses or Monthly Living Expenses	*VA Form 21P-8049, Request for Details of Expenses*
Accrued Benefits	*VA Form 21P-601, Application for Accrued Amounts Due a Deceased Beneficiary*
Dependents' Educational Assistance (DEA)	*VA Form 22-5490, Dependents' Application for VA Education Benefits*
Vocational Rehabilitation	*VA Form 28-1900, Disabled Veterans Application for Vocational Rehabilitation, and VA Form 28-8890, Important Information About Rehabilitation Benefits.*
Health Care for Service Connected disabilities	*VA Form 10-10EZ, Application for Health Benefits*
Automobile or Adaptive Equipment	*VA Form 21-4502, Application for Automobile or Other Conveyance and Adaptive Equipment*
Special adaptive housing	*VA Form 26-4555, Application in Acquiring Specially Adapted Housing or Special Home Adaption Grant*
Veterans' Group Life Insurance (VGLI)	*VA Form 29-4364, Application for Service-Disabled Veterans Insurance*

If you would like forms mailed to you or if you need additional assistance please call the National Call Center at 1-877-294-6380. Information regarding VBA benefits and resources can be found http://www.benefits.va.gov/benefits. For your convenience, the above forms are also available on the Department of Veterans Affairs forms website https://www.va.gov/vaforms.

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SSA Inquiry Results

SSA Request Selection Criteria

Veteran File No:
(b) (6)

Veteran Name:
MARSHALL H HOPKINS

Subject SSN:
522949287

CAN:
(b) (6)

Subject Name:
DARLENE HOPKINS

BIC:
D

Subject DOB:
07/02/1964

Search Reason:
Verify Benefits

Relationship To Veteran:
Spouse

Date of Inquiry:
09/03/2020

Profile

Ver SSN:

DOD:

Ver Code:
Z - Undefined

DOD Source Code:

First Name:
DARLENE

Title II Status:
Y

Middle Initial:
R

Title XVI Status:
C

Last Name:
HOPKINS

Title II CAN:
(b) (6)

Other Last Name:

BIC:
E00

Mailing Address:
DARLENE R HOPKINS
8734 N 4003 DR
COPAN OK
74022-4703

BIC Applies To:
E00 - Undefined

Person's Own Ver SSN:

Phone Number:

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DOB:
07/02/1964

Sex Code:
F

Marital Status:

Proof of Age:
Alleged

Direct Deposit:
Checking

SSN Correction Indicator:

Other SSNs:

SSN

Verify SSNs:

SSN

SSA Basic Info

Disability Onset Date:

SSI Disability Payment Code:

Initial Entitlement Date:
01/2007

Current Entitlement Date:
09/2015

Susp or Term Date:
08/2019

LAF:
T4 - Undefined

Deferred Payment Date:

Payment Indicator:

Retro Payment Date:

Retro Amount:

SMI Details

Option Code:

Start Date:

Stop Date:

Premium Amount:

Buy-In Option Code:

Buy-in Start Date:

Buy-In Stop Date:

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Current Payment Amount:

Combined Check:

Cross-Reference Account Numbers:

CAN	BIC	Code

Monthly Benefit Credited:

Date	Amount	Type
08/2019	$1102.00	Not Paid
12/2018	$1102.00	Paid
12/2017	$1072.00	Paid
12/2016	$1051.00	Paid
09/2015	$1047.00	Paid
12/2014	$583.00	Paid

Dual Entitlement CAN List:

CAN	BIC

SSI Basic Info

Payment Date:

Gross Payable Amount (Current):

Unearned Income-Net Countable Amount:

Earned Income-Net Countable Amount:

Gross Payable Amount:

Income History

Black Lung Payment Amount:

Federal Countable Income(FCI):

Earned Income-Net Self-Employed Estimate:

Earned Income-Wage Amount:

Railroad Retirement:

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Unearned Income:

Type Code	Verification Code	Start Date	End Date	Amount	Claim Or ID#

Additional Addresses

Payee Address:

Residential Address:

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Department of Veterans Affairs

PO BOX 5365
JANESVILLE WI 53547-5365

July 31, 2020

In reply, refer to:
File Number:
(b)(6)
MARSHALL H HOPKINS

DARLENE HOPKINS
PO BOX 72
HOOKER OK 73945

Dear DARLENE HOPKINS:

We received your intent to file on July 27, 2020. You indicated you would like to file a claim for survivor benefits.

If your completed application is received within one year from the date that your intent to file was received and we decide that you are entitled to VA benefits, we may be able to compensate you from the date we received your intent to file.

If your completed application is not received within one year from the date that your intent to file was received and we decide that you are entitled to VA benefits, we can only compensate you from the date we received your completed application.

What Should You Do?

In order for us to start processing your claim, you must complete, sign, and return a VA Form 21-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefits*, if you are the spouse or child of the Veteran.

If you are the parent of the Veteran, you must complete, sign, and return a VA Form 21-535, *Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation When Applicable)*.

We will take no further action until we receive your completed application. To locate the appropriate form(s), please visit the following website: **www.va.gov/vaforms**.

What is eBenefits?

eBenefits provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits website you can:

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- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Request a Veterans Service Officer to represent you
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in eBenefits is easy. Just visit **www.eBenefits.va.gov** for more information. If you submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

If You Have Questions or Need Assistance

If you have any questions or need assistance with filing your claim, you may contact us by telephone, e-mail, or letter. You may also contact your appointed Veterans Service Organization and/or representative for assistance. If you are not represented, additional information on how to obtain representation is provided below.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at **https://iris.custhelp.com/**.
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail or fax all written correspondence to the appropriate address listed on the attached *Where to Send Your Written Correspondence* chart, below.

In all cases, be sure to refer to your VA file number 529 56 7575.

If you are looking for general information about benefits and eligibility, you should visit our web site at **http://www.va.gov** or search the Frequently Asked Questions (FAQs) at **https://iris.custhelp.com/**.

We have no record of you appointing a service organization or representative to assist you with your claim. You can contact us for a listing of the recognized Veterans Service Organizations and/or representatives. Veterans Service Organizations, which are recognized or approved to provide services to the veteran community, can also help you with any questions.

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Sincerely yours,

Regional Office Director

Enclosure(s): Where to Send Your Written Correspondence

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Where to Send Your Written Correspondence

The time it takes your response to reach VA affects how long it takes us to process your claim. We recommend responding electronically whenever possible. Only claimants or representatives can upload responses electronically currently. If you are not a claimant or representative, we recommend faxing so VA can receive your responses without wasting the time and money required to mail your documents.

The **fastest** way to respond to VA is to upload your response electronically through VA.gov.

Visit **https://www.va.gov** and under **Disability** click "**Upload evidence to support your claim.**"

VA.gov provides one easy location to upload correspondence as well as learn about filing claims, check claim status, find out how much money you have left to pay for school or training, or refill prescriptions and communicate with your health care team among many items.

If you need to fax or mail your correspondence, identify the benefit type; then, use the corresponding fax number or mailing address below:

Faxing:

Compensation Claims Toll Free: 1-844-531-7818	**Pension & Survivors Benefit Claims** Toll Free: 1-844-655-1604
Board of Veterans' Appeals Toll Free: 1-844-678-8979	**Fiduciary** Toll Free: 1-888-581-6826

Mailing Addresses:

Compensation Claims Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547-4444	**Pension & Survivors Benefit Claims** Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547-5365
Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038	**Fiduciary** Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547-5211

These addresses serve **all United States and foreign locations.**

You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit **www.veteranscrisisline.net**

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Department of
Veterans Affairs

1 of 1

[redacted]

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
DEPARTMENT OF VETERANS AFFAIRS

Official Business
Penalty for private use $300

PO Box 992

[redacted]

NIXIE 750 CE 1141 0008/12/20
2AC5<-
RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

ANK1: 9333189822 IA MANUAL PROC REQ *1882-03056-12-23
GMDDMP1 7[redacted]8>9999

126

VA Envelope 21-8330c-2 (04/20)

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Centralized Mail Pension Claims sent to:

Department of Veterans Affairs
St. Paul Pension Intake Center
PO Box 5365
Janesville, WI 53547

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Department of Veterans Affairs

PO BOX 5365
JANESVILLE WI 53547-5365

31

August 19, 2020

DARLENE HOPKINS
310 MAIN ST
ALTAMONT MO 64620

In Reply Refer To:
File Number:
(b) (6)
M H HOPKI
Payee 10

We have received your claim for survivor benefits. It is our sincere desire to decide your case promptly.

What Will Happen Next

We are now in the process of deciding whether additional evidence or information is needed. If we require additional information, we will contact you at the address above. Please notify us immediately if your mailing address changes.

If You Have Questions or Need Assistance

Website	**www.va.gov/**
VA Forms	**www.va.gov/vaforms**
Frequently Asked Questions	**https://iris.custhelp.va.gov/app/answers/list**
Submit a Question: *Include your full name and VA file number*	**https://iris.custhelp.va.gov/app/ask**
Mailing Address: *Include your full name and the Veteran's VA file number on the inside of mailed correspondence (not on envelope)*	U.S. Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville WI 53547-5365
Fax Numbers: *Include your full name and the Veteran's VA file number on the fax coversheet*	(844) 655-1604 (inside the U.S.) (248) 524-4260 (outside the U.S.)
Toll Free Contact Number	1-800-827-1000 (Philippines residents: call 632-550-3888)
TTY, Federal Relay	711
Veterans Crisis Line	1-800-273-8255 and press 1
VA Pension Management Center Location	**www.va.gov/find-locations**

Kind regards,

REGIONAL OFFICE DIRECTOR

NE514441

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STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Marshall Hugh Hopkins
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 18, 2015
4. TIME OF DEATH (Approx.): 8:38 am
5a. AGE-Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 20, 1943
7. BIRTHPLACE (City and State or Foreign Country): Larned, Kansas

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
[X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): VA Medical Center
8c. CITY OR TOWN: Memphis
8d. COUNTY OF DEATH: Shelby

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Darlene Herbert
11a. DECEDENT'S USUAL OCCUPATION: Tourism Director
11b. KIND OF BUSINESS/INDUSTRY: Economic Development
12. SOCIAL SECURITY NUMBER: (b) (6)
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Missouri
13b. COUNTY: Daviess
13c. CITY OR TOWN: Jamesport
13d. STREET AND NUMBER: 306 West Auberry Grove
13e. INSIDE CITY LIMITS: [ ] Yes [X] No
13f. ZIP CODE: 64648
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[X] 8th grade or less
[ ] 9th – 12th grade; no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Harry Hopkins
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mittarae Rogers

20a. INFORMANT'S NAME: Darlene Hopkins
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 306 West Auberry Grove, Jamesport, MO 64648

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Brassfield Cemetery
21c. LOCATION - City or Town and State: Chillicothe, Missouri
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Thomas Hebner (b) (6)
22c. SIGNATURE OF EMBALMER: ▶ Thomas Hebner (b) (6)
23a. NAME AND ADDRESS OF FUNERAL HOME: Heritage Funeral Home 3141 N. Washington, Chillicothe, MO 64601
23b. LICENSE NUMBER OF FUNERAL HOME: 2004001922

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ R Darling Russell JR
25. DATE FILED (Month, Day, Year): OCT 0 2 2015

CERTIFIER

26. CERTIFIER (Check only one)
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. [ ] MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ MD
27b. LICENSE NUMBER: MD019794
27c. DATE SIGNED (Month, Day, Year): 9/30/15
27d. NAME AND ADDRESS: Gayle Minard M.D. VAMC 1030 Jefferson Ave. Memphis, TN 38104

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. small bowel infarction	48 hours
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of):	
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Diabetes, hyperlipidemia, inguinal hernias

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown
32. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1399

8225024

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Local Registrar

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8225024

Date Issued: OCT 1 2 2015

CERTIFICATION OF VITAL RECORD

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OMB Control No. 2900-0004
Respondent Burden: 25 minutes
Expiration Date: 10/31/2021

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

APPLICATION FOR DIC, SURVIVORS PENSION, AND/OR ACCRUED BENEFITS

IMPORTANT: Please read the Privacy Act and Respondent Burden on page 11 before completing the form.

SECTION I: PERSONAL INFORMATION *(MUST COMPLETE)*

1. VETERAN'S NAME (Last, first, middle): Hopkins Marshall Hugh
(b) (6)
3. VETERAN'S DATE OF BIRTH (MM,DD,YYYY): 7/20/1943
4. VETERAN'S SEX: [X] MALE [ ] FEMALE
5. HAS THE VETERAN, SURVIVING SPOUSE, CHILD, OR PARENT EVER FILED A CLAIM WITH VA? [X] YES [ ] NO (If "Yes," provide the file number in Item 6)
(b) (6)
7. DID THE VETERAN DIE WHILE ON ACTIVE DUTY? [ ] YES [X] NO
(b) (6)
9. WHAT IS THE VETERAN'S DATE OF DEATH? (MM,DD,YYYY): 9/18/2015
10. WHAT IS YOUR NAME? (First, middle, last name): Darlene Ruth Hopkins
11. WHAT IS YOUR RELATIONSHIP TO THE VETERAN? (Check one): [X] SURVIVING SPOUSE [ ] PARENT [ ] CHILD [ ] CUSTODIAN FILING FOR CHILD
12. WHAT IS YOUR SOCIAL SECURITY NUMBER? 522-94-9287
13. WHAT IS YOUR DATE OF BIRTH? (MM,DD,YYYY): 7/2/1964
14. ARE YOU A VETERAN? [ ] YES [X] NO
15A. WHAT IS YOUR ADDRESS?
310 Main St
Street address, rural route, or P.O. Box — Apt. number
Altamont — MO — 64620 — USA
City — State — ZIP Code — Country
15B. YOUR TELEPHONE NUMBER(S) (include Area Code)
DAYTIME: (620) 272-4822
EVENING: (620) 272-4822
CELL PHONE: (620) 272-4822
16A. YOUR PREFERRED E-MAIL ADDRESS (If applicable): None
16B. YOUR ALTERNATE E-MAIL ADDRESS (If applicable)
17. WHAT ARE YOU CLAIMING? (Check all that apply)
[X] DEPENDENCY AND INDEMNITY COMPENSATION (DIC) [X] SURVIVORS PENSION [ ] ACCRUED BENEFITS

SECTION II: VETERAN'S SERVICE INFORMATION *(COMPLETE ONLY IF THE VETERAN WAS NOT RECEIVING VA (b) MPENSATION OR PENSION BENEFITS AT THE TIME OF DEATH)*

(Skip to Section III if the veteran was receiving VA compensation or pension benefits at the time of his or her death)

18A. DID THE VETERAN SERVE UNDER ANOTHER NAME? [ ] YES [X] NO (If "Yes," complete Item 18B) (If "No," skip to Item 18C)
18B. PLEASE LIST OTHER NAME(S) THE VETERAN SERVED UNDER:
18C. VETERAN ENTERED ACTIVE SERVICE ON (MM,DD,YYYY): 12/2/1963
18D. BRANCH OF SERVICE: Air Force
18E. RELEASE DATE FROM ACTIVE SERVICE (MM,DD,YYYY): 6/9/1967
18F. PLACE OF LAST SEPARATION: McGuire AFB, NJ
19A. WAS THE VETERAN ACTIVATED TO FEDERAL ACTIVE DUTY UNDER AUTHORITY OF TITLE 10, U.S.C. *(National Guard)*? [ ] YES [X] NO (If "Yes," answer Items 19B, 19C and 19D)
19B. DATE OF ACTIVATION (MM,DD,YYYY)
19C. WHAT IS THE NAME AND ADDRESS OF THE VETERAN'S RESERVE/NATIONAL GUARD UNIT?
19D. WHAT IS THE TELEPHONE NUMBER OF THE RESERVE/NATIONAL GUARD UNIT? (Include Area Code) ( )
20A. WAS THE VETERAN EVER A PRISONER OF WAR? [ ] YES [X] NO (If "Yes," complete Item 20B) (If "No," skip to Section III)
20B. DATES OF CONFINEMENT — FROM: TO:

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SECTION III- MARITAL INFORMATION *(COMPLETE ONLY IF CLAIMING BENEFITS AS THE SURVIVING SPOUSE OF THE VETERAN)*

*(Skip to Section IV if you are **NOT** claiming benefits as the surviving spouse of the veteran)*

TELL US ABOUT THE VETERAN'S MARRIAGES

21A. HOW MANY TIMES WAS THE VETERAN MARRIED (including marriage to you)? 2

21B. DATE (month, day, year) and PLACE OF MARRIAGE (city, state or country)	21C. TO WHOM MARRIED (first, middle, last name)	21D. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)	21E. HOW MARRIAGE ENDED (death, divorce)	21F. DATE (month, day, year) and PLACE MARRIAGE ENDED (city/state or country)
06/01/2002 Fremont County, Colorado	Darlene Hopkins	Cermonial	Death	09/18/2015 VA Medial Center, Memphis TN
Unknown See Decree of Dissolution of Marriage	Karol A. Hopkins	Cermonial	Divorce	10/12/1995 Fremont County, Colorado

21G. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 21D, PLEASE EXPLAIN:

TELL US ABOUT YOUR MARRIAGES

22A. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN? ☐ YES ☒ NO

22B. HOW MANY TIMES HAVE YOU BEEN MARRIED? (including your marriage to the veteran) 1

22C. DATE (month, day, year) and PLACE OF MARRIAGE (city/state or country)	22D. TO WHOM MARRIED (first, middle, last name)	22E. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)	22F. HOW MARRIAGE ENDED (death, divorce, marriage has not ended)	22G. DATE (month, day, year) and PLACE MARRIAGE ENDED (city/state or country)
06/01/2002 Fremont County, Colorado	Marshall Hugh Hopkins	Cermonial	Death	09/18/2015 VA Medial Center, Memphis TN

22H. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 22E, PLEASE EXPLAIN:

23. WAS A CHILD BORN TO YOU AND THE VETERAN DURING YOUR MARRIAGE OR PRIOR TO YOUR MARRIAGE? ☐ YES ☒ NO

24. ARE YOU EXPECTING THE BIRTH OF THE VETERAN'S CHILD? ☐ YES ☒ NO

25. DID YOU LIVE CONTINUOUSLY WITH THE VETERAN FROM THE DATE OF MARRIAGE TO THE DATE OF HIS/HER DEATH? ☒ YES ☐ NO (If "No," complete Item 26)

26. WHAT WAS THE CAUSE OF SEPARATION? GIVE THE REASON, DATE(S) AND DURATION OF THE SEPARATION *(IF THE SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDER)*

27. AT THE TIME OF YOUR MARRIAGE TO THE VETERAN, WERE YOU AWARE OF ANY REASON THE MARRIAGE MIGHT NOT BE LEGALLY VALID? ☐ YES ☒ NO (If "Yes," provide explanation):

SECTION IV: CHILD OF THE VETERAN *(COMPLETE ONLY IF CLAIMING BENEFITS FOR A CHILD(REN) OF THE VETERAN)*

*(Skip to Section V if you are **NOT** claiming benefits for a child(ren) of the veteran)* (If necessary, attach a separate sheet)

28A. NAME OF CHILD (First, middle initial, last name)	28B. DATE (month, day, year) and PLACE OF BIRTH (city/state or country)	28C. SOCIAL SECURITY NUMBER	*(Check all that apply)* 28D. BIOLOGICAL	28E. ADOPTED	28F. STEPCHILD	28G. 18-23 YEARS OLD (in school)	28H. SERIOUSLY DISABLED	28I. CHILD MARRIED	28J. CHILD PREVIOUSLY MARRIED
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐

If claiming benefits as the surviving spouse or custodian filing for a child, in items 29A through 29D tell us about the children listed in Item 28A who ***do not*** live with you.

29A. NAME OF CHILD (First, middle initial, last name)	29B. CHILD'S COMPLETE ADDRESS (Number and street or rural route, city or P.O., city, State, ZIP Code and country)	29C. NAME OF PERSON THE CHILD LIVES WITH (If applicable)	29D. MONTHLY AMOUNT YOU CONTRIBUTE TO THE CHILD'S SUPPORT
			$
			$
			$

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SECTION V: VETERAN'S PARENT *(COMPLETE ONLY IF CLAIMING BENEFITS AS THE PARENT OF VETERAN)*

*(Skip to Section VI if you are **NOT** claiming benefits as the parent of a veteran)*

30A. WHAT IS YOUR MARITAL STATUS? (Check one)

☐ MARRIED AND LIVE WITH OTHER PARENT OF VETERAN ☐ MARRIED AND LIVE WITH SPOUSE WHO IS NOT THE OTHER PARENT OF THE VETERAN ☐ SEPARATED, MARRIED BUT NOT LIVING WITH SPOUSE ☐ DIVORCED ☐ WIDOWED ☐ NEVER MARRIED

30B. IF YOUR MARRIAGE HAS ENDED, PLEASE SPECIFY THE DATE (month, day, year) AND HOW MARRIAGE ENDED (death, divorce, etc.)

30C. IF YOU ARE SEPARATED, WHAT WAS THE CAUSE OF THE SEPARATION? GIVE THE REASON, DATE(S) AND DURATION OF THE SEPARATION *(IF THE **SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDER**)*

31A. WHAT IS YOUR SPOUSE'S NAME? (First, middle initial, last name) (Skip to Item 32A if never married or no longer married)	31B. WHAT IS YOUR SPOUSE'S DATE OF BIRTH? (MM,DD,YYYY)	31C. WHAT IS YOUR SPOUSE'S SOCIAL SECURITY NUMBER?

31D. IS YOUR SPOUSE ALSO A VETERAN? ☐ YES ☐ NO (If "Yes," complete Item 31E)	31E. WHAT IS YOUR SPOUSE'S VA FILE NUMBER? (If applicable)

32A. WAS THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE AGE OF *MAJORITY* (AGE 18 IN MOST STATES)? ☐ YES ☐ NO (If "Yes," skip to Item 34)	32B. DATE(S) OF PARENTAL CONTROL (If veteran did not live in your household continuously before age 18 provide the time period (dates) when he/she was under your parental control) (MM DD YYYY) *to* (MM DD YYYY) (MM DD YYYY) *to* (MM DD YYYY)

32C. WHY WASN'T THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE AGE OF MAJORITY? (Explain fully)

33. NAME AND ADDRESS OF EACH PERSON WHO ASSUMED PARENTAL CONTROL OVER THE VETERAN OUTSIDE THE DATE(S) SHOWN IN ITEM 32B

A. NAME (FIRST, MIDDLE, LAST)	B. ADDRESS
	Street address, rural route, or P.O. Box Apt. number City State ZIP Code Country
	Street address, rural route, or P.O. Box Apt. number City State ZIP Code Country

34. IF YOU ARE NOT THE BIOLOGICAL PARENT OF THE VETERAN, PROVIDE THE NAMES OF THE BIOLOGICAL PARENTS, IF DECEASED, PROVIDE THE DATE(S) OF DEATH.

A. NAME (FIRST, MIDDLE, LAST)	B. DATE OF DEATH (MM,DD,YYYY)

SECTION VI: DIC *(COMPLETE ONLY IF CLAIMING DEPENDENCY AND INDEMNITY COMPENSATION (DIC))*

*(Skip to Section VII if you are **NOT** claiming DIC)*

35. WHAT BENEFIT ARE YOU CLAIMING?

☒ DIC ☐ DIC under 38 U.S.C. 1151 (RARE)

36. LIST ANY VA MEDICAL CENTERS WHERE THE VETERAN RECEIVED TREATMENT PERTAINING TO YOUR CLAIM AND PROVIDE TREATMENT DATES:

A. NAME AND LOCATION OF VA MEDICAL CENTER	B. DATE(S) OF TREATMENT
VA Medial Center, Memphis TN	09/18/2015
VA Medial Center, Amarillo TX	01/14/2003

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SECTION VII: NURSING HOME OR INCREASED SURVIVORS ENTITLEMENT

37. ARE YOU CLAIMING SPECIAL MONTHLY PENSION OR SPECIAL MONTHLY DIC BECAUSE YOU NEED THE REGULAR ASSISTANCE OF ANOTHER PERSON, HAVE SEVERE VISUAL PROBLEMS, OR ARE GENERALLY CONFINED TO YOUR IMMEDIATE PREMISES?

☐ YES ☒ NO *(If "Yes," please complete and attach with this application, VA Form 21-2680, Exam for Housebound Status or Permanent Need for Regular Aid and Attendance. Please make sure every box is complete and signed by a Physician, Physician Assistant (PA), Certified Nurse Practitioner (CNRP), or Clinical Nurse Specialist (CNS).)*

38A. ARE YOU NOW IN A NURSING HOME?

☐ YES ☒ NO *(If "Yes," answer Items 38B and 38C. Also, submit a statement from an official of the nursing home that tells us that you are a patient in the nursing home because of a physical or mental disability. The statement should include the monthly charge you are paying out-of-pocket for your care.)*

38B. WHAT IS THE NAME AND COMPLETE MAILING ADDRESS OF THE FACILITY?

38C. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME COSTS?

☐ YES ☒ NO *(If "No," complete Item 38D)*

38D. HAVE YOU APPLIED FOR MEDICAID?

☐ YES ☒ NO

SECTION VIII: INCOME AND ASSETS *(COMPLETE ONLY IF CLAIMING SURVIVORS PENSION OR PARENTS DIC)*

*(Skip to Section XI if you are **NOT** claiming survivors pension benefits or parents DIC)*

IMPORTANT:

- If you are a surviving spouse claimant, you must report income and assets for yourself and for any child of the veteran who lives with you or for whom you are responsible unless a court has decided you do not have custody of the child.
- If you are a surviving child claimant (which means the child is not in the custody of a surviving spouse), you must report income and assets for yourself, your custodian, and your custodian's spouse.
- If you are a surviving parent claimant, you must report income for yourself and your spouse.

39. DO YOU OR YOUR DEPENDENTS RECEIVE SOCIAL SECURITY BENEFITS?

☐ YES ☒ NO (If "YES," complete Item 40) (If "NO," skip to Item 41)

40. GROSS MONTHLY INCOME (Attach a separate sheet if necessary)

SOCIAL SECURITY RECIPIENT	GROSS MONTHLY AMOUNT
	$
	$
	$
	$
	$

41. DO YOU OWN YOUR PRIMARY RESIDENCE? (Parents' DIC claimants skip to Item 43A)

☒ YES ☐ NO

42A. WHAT IS THE SIZE OF THE LOT ON WHICH YOUR PRIMARY RESIDENCE SITS? (Square Feet)

Square Feet:_____

42B. COULD PART OF YOUR LOT BE SOLD *WITHOUT SELLING YOUR RESIDENCE?*

☐ YES ☒ NO (If "YES," complete and attach VA Form, 21P-0969, *Income and Asset Statement*)

IMPORTANT: VA matches income information reported with Federal tax information. Report ALL income you and your dependents receive on the appropriate sections of this form and VA Form 21P-0969, Income and Asset Statement, if appropriate.

43A. **OTHER THAN SOCIAL SECURITY**, DO YOU OR YOUR DEPENDENTS RECEIVE ANY INCOME?

☒ YES ☐ NO

43B. **OTHER THAN SOCIAL SECURITY**, DID YOU OR YOUR DEPENDENTS RECEIVE ANY INCOME LAST YEAR?

☒ YES ☐ NO

43C. DO YOU OR YOUR DEPENDENTS HAVE MORE THAN $10,000 IN ASSETS? (NOTE: Assets are all the money and property you or your dependents own. Assets ***do not*** include your primary residence or personal effects such as appliances and vehicles you or your dependents need for transportation)

☐ YES ☒ NO

43D. IN THE THREE CALENDAR YEARS BEFORE THIS YEAR, DID YOU OR YOUR DEPENDENTS TRANSFER ANY ASSETS? (Examples of asset transfers include giving them away, selling them, purchasing an annuity, or using them to establish a trust)

☐ YES ☒ NO

43E. DID YOU ANSWER "YES," TO ANY OF THE QUESTIONS IN ITEMS 43A THRU 43D?

☒ YES ☐ NO (If "Yes," you ***must*** also complete VA Form 21P-0969, *Income and Asset Statement*)

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SECTION IX: INFORMATION ABOUT YOUR MEDICAL OR OTHER EXPENSES

Family medical expenses and certain other expenses you actually paid may be deductible from your income. Show the amount of unreimbursed medical expenses, including the Medicare deduction, you paid over the last year (or expect to pay and continue indefinitely) for yourself or relatives who are members of your household. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid. Last illness and burial expenses are unreimbursed amounts you paid for the last illness and burial of a spouse or child. Educational or vocational rehabilitation expenses are amounts you paid for courses of education including tuition, fees, and materials. Do not include any expenses for which you were/will be reimbursed. Please make sure to complete all 6 criteria below (if applicable). If you need more space, complete and attach a separate VA Form 21P-8416, Medical Expense Report.

IMPORTANT: If you are claiming expenses for in-home care or assisted living, adult day care, or similar facility, you must complete the applicable worksheet on pages 12 and 13.

44. ARE YOU CLAIMING UNREIMBURSED MEDICAL EXPENSES?

☐ YES ☒ NO (If "No," skip to Section X)

45A. WHOSE MEDICAL, LEGAL, OR OTHER EXPENSES WERE PAID?	45B. PAID TO (Name of provider, insurance company, nursing home, etc.)	45C.PURPOSE (Medicare premiums, nursing home, etc.)	45D. DATE PAID (MM,DD,YYYY)	45E. HOURLY RATE/HOURS (In-home Provider only)	45F. AMOUNT YOU PAY

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SECTION X: DIRECT DEPOSIT INFORMATION *(MUST COMPLETE)*

The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 46, 47, and 48 to enroll in direct deposit. If you ***do not*** have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at www.usdirectexpress.com or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

46. ACCOUNT NUMBER (Check the appropriate box and provide the account number, or simply write "Established" if you have a direct deposit with VA.)

☒ CHECKING ☐ SAVINGS ☐ I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT

Account No.: 1363603 Account No.:

47. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)	48. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)
First National Bank	103110046

SECTION XI: CLAIM CERTIFICATION AND SIGNATURE *(MUST COMPLETE)*

I certify and authorize the release of information. I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

I certify I have received the notice attached to this application titled *Notice to Survivor of Evidence Necessary to Substantiate a Claim for Dependency Indemnity Compensation, Death Pension, and/or Accrued Benefits.*

I certify I have enclosed all information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility, such as a VA medical center; **OR,** I have no information or evidence to give VA to support my claim; **OR**, I have checked the box in Item 49, indicating that I do not want my claim considered for rapid processing in the Fully Developed Claim (FDC) Program because I plan to submit further evidence in support of my claim.

49. The FDC Program is designed to rapidly process compensation or pension claims received with the evidence necessary to decide the claim. VA will *automatically* consider a claim submitted on this form for rapid processing under the FDC Program. Check the box below **ONLY if you DO NOT want your claim considered for rapid processing** under the FDC Program because you plan to submit further evidence in support of your claim.

☐ **I DO NOT want my claim considered for rapid processing** under the FDC Program because I plan to submit further evidence in support of my claim.

50A. CLAIMANT'S SIGNATURE **(REQUIRED)**	50B. DATE SIGNED
Dalia L Hopkins	7/27/2020

SECTION XII: WITNESSES TO SIGNATURE *(COMPLETE ONLY IF CLAIMANT SIGNED ITEM 45A WITH AN "X")*

51A. SIGNATURE OF WITNESS (If claimant signed above using an "X")	51B. PRINTED NAME AND ADDRESS OF WITNESS
52A. SIGNATURE OF WITNESS (If claimant signed above using an "X")	**52B. PRINTED NAME AND ADDRESS OF WITNESS**

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation and/or pension benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Your obligation to respond is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your eligibility for pension. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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WORKSHEET FOR AN ASSISTED LIVING, ADULT DAY CARE, OR A SIMILAR FACILITY

NOTE: Only complete this worksheet if you are claiming expenses for an assisted living facility, adult day care or similar facility.

IMPORTANT: VA recognizes the following five activities as Activities of Daily Living (ADLs) for medical expense purposes:

(1) Eating

(2) Bathing/Showering

(3) Dressing

(4) Transferring (for example, from bed to chair)

(5) Using the toilet

Custodial Care is regular -
- assistance with two or more ADLs, ***or***
- supervision because a person with a mental disorder is unsafe if left alone due to the mental disorder.

INSTRUCTIONS: Use this worksheet if you are claiming a disabled person's care in an assisted living facility, adult day care, or similar facility as unreimbursed medical expenses. Follow the steps below to determine whether VA may deduct all or some of your out-of-pocket payments to the facility.

STEP 1. Are the expenses you wish to claim due to the disabled person's treatment in a hospital, inpatient treatment center, nursing home, or VA approved medical foster home?

(If "NO," continue to Step 2)

☐ YES ☐ NO (If "YES," ***all*** payments to the facility qualify as medical expenses in Items 45A thru 45F. You are finished completing this worksheet)

STEP 2. Do ***all*** of the following apply to the facility?
- The facility is licensed (if the State or Country requires it)
- The facility's staff (or the facility's contracted staff) provides the disabled person with health care or custodial care or both.
- If the facility is residential, it is staffed 24 hours per day with caregivers.

☐ YES ☐ NO (If "NO," payments to the facility ***do not*** qualify as medical expenses. You are finished completing this worksheet)

STEP 3. Are you (the claimant) the disabled person, a surviving spouse, or a Parents' DIC claimant?

☐ YES ☐ NO (If "NO," skip to Step 6)

STEP 4. Did you claim special monthly pension or special monthly DIC in Item 37?

☐ YES ☐ NO (If "NO," payments to this facility for meals and lodging ***do not*** qualify as medical expenses. ***Only*** claim amount you pay the facility for ***health care services or assistance with ADLs provided by a health care provider*** in Items 45A thru 45F. Skip to Step 8)

STEP 5. If you answered "YES" in Step 2, you stated that the facility provides you with health care and/or custodial care. Is this the ***primary reason*** you live in the facility (or attend day care in the facility)?

☐ YES ☐ NO (If "YES," all payments to this facility ***may*** qualify as medical expenses in Items 45A thru 45F ***if*** VA rates you as eligible for special monthly pension or special monthly DIC. Please report the amount you pay the facility for lodging and meals separate from the amount you pay the facility for ***health care services or assistance with ADLs provided by a health care provider*** as medical expenses in Items 45A thru 45F. Skip to Step 8)
(If "NO," payments to this facility for meals and lodging ***do not*** qualify as medical expenses. Please report separately in Items 45A thru 45F applicable amounts you pay the facility for: (1) ***health care services or assistance with ADLs provided by a health care provider***; and (2) ***custodial care***. Skip to Step 8)

STEP 6. Does the disabled person require the health care services or custodial care that the facility provides to him or her because of the disabled person's mental or physical disability?

(If "YES," you must submit a statement from a physician or physician assistant that (1) the disabled person requires the health care services or custodial care that the facility provides to him or her because of mental or physical disability, and (2) describes the mental or physical disabilty)

☐ YES ☐ NO (If "NO," claim payments you pay this facility for ***health care services or assistance with ADLs provided by a health care provider*** in Items 45A thru 45F. Skip to Step 8)

STEP 7. If you answered "YES" in Step 2, you stated that the facility provides the disabled person with health care and/or custodial care. Is this the ***primary reason*** the disabled person lives in the facility (or attends day care in the facility)?

(If "YES," claim all payments to this facility (to include meals and lodging) as medical expenses in Items 45A thru 45F)

☐ YES ☐ NO (If "NO," ***only*** claim payments you pay the facility for assistance with ***health care and/or assistance with custodial care*** as medical expenses in Items 45A thru 45F. Payment to this facility for meals and lodging ***do not*** qualify)

STEP 8. Facility Certification: Please submit a current statement showing the fees the claimant pays to your facility and a breakdown of the care received.

I CERTIFY that the information stated within this WORKSHEET FOR AN ASSISTED LIVING, ADULT DAY CARE, OR SIMILAR FACILITY is accurate and reflects the current environment pertaining to _____ (Name of person staying at your facility)

and his or her care at this facility _____ (Name and address of facility)

_____ (Name, Signature and Title of Person Certifying for the Facility)

_____ (Date Certified)

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WORKSHEET FOR IN-HOME ATTENDANT EXPENSES

NOTE: Only complete this worksheet if you are claiming expenses for in-home care.

IMPORTANT: VA recognizes the following five activities as Activities of Daily Living (ADLs) for medical expense purposes:

(1) Eating

(2) Bathing/Showering

(3) Dressing

(4) Transferring (for example, from bed to chair)

(5) Using the toilet

Custodial Care is regular -
- assistance with two or more ADLs, ***or***
- supervision because a person with a mental disorder is unsafe if left alone due to the mental disorder

IMPORTANT: The following activities are examples of Instrumental Activities of Daily Living (IADLs) for VA purposes. VA generally ***does not*** recognize assistance with these activities as medical expenses: (1) Shopping; (2) Food Preparation; (3) Housekeeping; (4) Laundering; (5) Handling medications; (6) Using the telephone; (7) Transportation (except for medical purposes such as transportation to a doctor's appointment).

INSTRUCTIONS: Use this worksheet if you are claiming payments to a disabled person's in-home attendant as an unreimbursed medical expense.

Follow the steps below to determine whether or not:

- the attendant must be a health care provider for VA purposes ***and***
- VA may deduct payment for assistance with IADLs as well as assistance with ADLs and custodial care

STEP 1. Are you (the claimant) the disabled person, a surviving spouse, or a Parents' DIC claimant?

☐ YES ☐ NO (If "NO," skip to Step 4)

STEP 2. Did you claim special monthly pension on Item 37?

☐ YES ☐ NO (If "NO," payments to this in-home attendant for assistance with IADLs ***do not*** qualify as medical expenses. Please report separately in Items 45A thru 45F applicable amounts you pay an in-home attendant for: (1) health care services or assistance with ADLs provided by a health care provider and (2) custodial care. Skip to Step 6)

STEP 3. Is the ***primary responsibility*** of the in-home attendant to provide you with health care or custodial care?

☐ YES ☐ NO (If "YES," payments to this in-home attendant ***may*** qualify as medical expenses in Items 45A thru 45F ***if*** VA rates you as eligible for special monthly pension. Please report separately in Items 45A thru 45F amounts you pay an in-home attendant for: (1) health-care services or assistance with ADLs provided by a health care provider, (2) assistance with IADLs, and (3) custodial care. Skip to Step 6)

(If "NO," payments to this in-home attendant for assistance with IADLs ***do not*** qualify as medical expenses. Please report separately in Items 45A thru 45F applicable amounts you pay an in-home attendant for: (1) health care services or assistance with ADLs provided by a health care provider and (2) custodial care. Skip to Step 6)

STEP 4. Does the disabled person require the health care services or custodial care that the in-home attendant provides to him or her because of the disabled person's mental or physical disability?

☐ YES ☐ NO (If "YES," you must submit a statement from a physician or physician assistant that (1) the disabled person requires the health care services or custodial care that the in-home attendant provides to him or her because of mental or physical disability, and (2) describes the mental or physical disability)

(If "NO," the attendant ***must be a health care provider***. Only report payments to the in-home attendant for ***health care services or assistance with ADLs*** provided by the health care provider as medical expenses in Items 45A thru 45F. Payments for assistance with IADLs do not qualify as medical expenses. Skip to Step 6)

STEP 5. Is the ***primary responsibility*** of the in-home attendant to provide the disabled person with health care or custodial care?

☐ YES ☐ NO (If "YES," payments to the in-home attendant qualify as medical expenses (even assistance with IADLs) and can be reported in Items 45A thru 45F)

(If "NO," report payments to this in-home attendant for ***health care and/or custodial care*** as medical expenses in Items 45A thru 45F. Payments for assistance with IADLs ***do not*** qualify as medical expenses)

STEP 6. Check all activities below that the attendant assists the veteran or disabled person with:

ADLs: ☐ EATING ☐ BATHING/SHOWERING ☐ DRESSING ☐ TRANSFERRING ☐ USING THE TOILET

IADLs: ☐ SHOPPING ☐ FOOD PREPARATION ☐ HOUSEKEEPING ☐ LAUNDERING ☐ MANAGING FINANCES ☐ HANDLING MEDICATIONS ☐ USING THE TELEPHONE ☐ TRANSPORTANTION FOR NON-MEDICAL PURPOSES

STEP 7. In-Home Attendant Certification: Please submit a current breakdown of the time the attendant spends assisting the veteran or disabled person with health care services, ADLs and IADLs.

I CERTIFY that the information stated within this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES is accurate and reflects the current environment pertaining to _____ (Name of Person Requiring Care) and his or her care from _____ (Name of Attendant).

_____ (Name, Signature and Title of Certifying Official) _____ (Date Certified)

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VA Claims Intake Center – 08172020

NORMA HATFIELD FREMONT CTY CLK&REC CO R 0.00 D 0.00
Page: 1 of 1
06/07/2002 12:58F
_____ o'clock _____ M.
film No. _____
County Clerk

THIS LICENSE VALID FOR ONLY
30 DAYS FROM DATE OF ISSUE.

NOTE: THIS IS A MARRIAGE LICENSE — NOT A MARRIAGE CERTIFICATE. IF IT IS NOT USED, THE PERSON TO WHOM IT IS DELIVERED MUST RETURN IT PROMPTLY TO THE COUNTY CLERK AND RECORDER WHO ISSUED IT.

No. C8774

MARRIAGE LICENSE

THE STATE OF COLORADO.

FREMONT COUNTY

To any person or religious society Authorized by Law to Perform the Marriage Ceremony:

GREETING:

You are hereby authorized to join in marriage

Mr. MARSHALL H. HOPKINS

of RAMAH, COLORADO AND

Miss: DARLENE RUTH HERBERT

of ROCKVALE, COLORADO

and of this license you will make due return to my office.

Witness, my hand and the seal of my office at

Canon City Colorado, *this* 20TH *day of* MAY, 2002

NORMA HATFIELD *County Clerk*

Issued at 12:03 *o'clock* ~~P.~~ *M By* Jeanette Robles *Deputy*

MARRIAGE CERTIFICATE

STATE OF COLORADO, }ss.
County of ARAPAHOE

It is hereby certified that on the 1st *day of* June

A.D. 2002 *at* Centennial

in said county, the undersigned, a n Elder, The Church of Jesus Christ of latter-day saints

did join in the Holy Bonds of Matrimony in accordance with the laws of the state of Colorado and the authorization of the foregoing license

Mr. MARSHALL H. HOPKINS

of RAMAH, COLORADO *and*

Miss DARLENE RUTH HERBERT

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

NORMA HATFIELD County Clerk

Issued at 12:03 o'clock P. M By Juanita Rohus Deputy

MARRIAGE CERTIFICATE

STATE OF COLORADO, }ss.
County of ARAPAHOE

It is hereby certified that on the 1st day of June A.D. 2002 at Centennial in said county, the undersigned, an Elder, The Church of Jesus Christ of latter-day saints, did join in the Holy Bonds of Matrimony in accordance with the laws of the state of Colorado and the authorization of the foregoing license

Mr. MARSHALL H. HOPKINS

of RAMAH, COLORADO and

MISS: DARLENE RUTH HERBERT

of ROCKVALE, COLORADO

Witness, my hand and seal the day and year last above written.

Walter E. Hartley
Elder, DENVER COLORADO TEMPLE, The Church of Jesus Christ of Latter-day Saints
Official Title

Romaine M Herbert
Witness

Signed Marshall H. Hopkins
Groom

[signature]
Witness

Signed Darlene R Herbert
Bride

RETURN TO Pickup

This certificate, duly executed together with the license, must be returned by the solemnizing person or party, to the Office of the County Clerk and Recorder who issued the same, promptly. See reverse side for forwarding requirements.

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Department of Veterans Affairs

INCOME AND ASSET STATEMENT IN SUPPORT OF CLAIM FOR PENSION OR PARENTS' DEPENDENCY AND INDEMNITY COMPENSATION (DIC)
(Attachment to VA Forms 21P-527, 21P-527EZ, 21P-534, 21P-534EZ, and 21-526)

IMPORTANT: This is ***not*** a stand-alone form. Only complete this attachment if you are directed to do so when you complete ***one*** of the following:

1. Section VI on VA Form 21P-527 or Section VII on VA Form 21P-527EZ
2. Section VII on VA Form 21P-534 or Section VIII on VA Form 21P-534EZ
3. Section VIII on VA Form 21-526

VETERAN/CLAIMANT PERSONAL INFORMATION

1. VETERAN'S NAME (Last, First, Middle)	(b) (6)	
Hopkins Marshall Hugh		
4. CLAIMANT'S NAME (Last, First, Middle)	**5. CLAIMANT'S SOCIAL SECURITY NUMBER**	**6. CLAIMANT'S TELEPHONE NUMBER**
Hopkins Darlene Ruth	522-94-9287	602-272-4822

7. TYPE OF CLAIMANT (Check only one box)

☐ VETERAN ☒ SURVIVING SPOUSE ☐ SURVIVING CHILD ☐ PARENT

IMPORTANT INFORMATION FOR CLAIMANTS

NOTE - The term **"assets"** means the fair market value of all property that an individual owns, including all real and personal property (excluding the value of your or your dependent's primary residence including the residential lot area, not to exceed 2 acres) less the amount of mortgages or other encumbrances specific to the mortgaged or encumbered property. Personal property means the value of personal effects that are in excess of being suitable and consistent with a reasonable mode of life.

If you are a **Veteran**, you must report income and assets for:
- yourself
- your spouse (***unless*** you live apart ***and*** you are estranged ***and*** you do not contribute to your spouse's support)
- your child or children (***unless*** you do not have custody* ***and*** you do not contribute to your child's or children's support)

If you are a **Surviving Spouse,** you must report income and assets for:
- yourself
- any child of the veteran who is in your custody*

If you are a **Surviving Child** or the **Custodian of a Surviving Child**, you must report income and assets for the:
- child
- child's custodian (unless the child's custodian is an institution)
- custodian's spouse

If you are a **Parent**, you must report income** for:
- yourself
- your spouse (even if your spouse is the veteran's other parent. If your spouse is the veteran's other parent, you must ***both*** file claims)

*Child custody for pension purposes is defined in 38 C.F.R. § 3.57(d). A natural or adoptive parent has custody of a child unless custody is legally removed. For pension purposes, a child who has attained age 18 remains in the custody of the person who had custody before the child turned age 18 unless custody is legally removed.

** Parent's DIC claimants do ***not*** need to ***report*** or ***provide*** documentation of their assets.

NOTICE

IMPORTANT: VA will compare the information you report on this form to Internal Revenue Service (IRS) and Social Security Administration (SSA) records to verify your income for the past three tax years for which information is available. Information from the IRS or SSA that conflicts with the income information you provide with your application may delay your claim and/or reduce your benefit amount.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your eligibility for pension. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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OMB Control No. 2900-0829
Respondent Burden: 25 minutes
Expiration Date: 10/31/2021

Department of Veterans Affairs

INCOME AND ASSET STATEMENT IN SUPPORT OF CLAIM FOR PENSION OR PARENTS' DEPENDENCY AND INDEMNITY COMPENSATION (DIC)
(Attachment to VA Forms 21P- 527, 21P-527EZ, 21P-534, 21P-534EZ, and 21-526)

SECTION I: RETIREMENT INCOME AND DISTRIBUTIONS (If additional space is needed attach a separate sheet)

1. ARE YOU OR YOUR DEPENDENTS RECEIVING OR EXPECTING TO RECEIVE ANY INCOME IN THE NEXT 12 MONTHS INCLUDING, BUT NOT LIMITED TO, DISTRIBUTIONS FROM A RETIREMENT PLAN, SUCH AS:
   - Military Retirement
   - Civil Service Retirement
   - IRA
   - SEP
   - Qualified Plans
   - Pensions
   - Annuities
   - Black Lung

☒ YES ☐ NO (If "No," skip to Section II)

A. INCOME RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. WHO IS THE INCOME PAYER? (Name of business, financial institution, etc.)	C. WHAT IS YOUR CURRENT AND/OR EXPECTED INCOME? (Provide documentation of current income and expected income changes)	D. WHAT IS THE TOTAL CASH VALUE OF THE ASSET ASSOCIATED WITH THIS INCOME? (Provide documentation of assets)
Spouse	Youngevity	CURRENT MONTHLY GROSS INCOME $824.06 DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☒ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	See Documentation dated 07/1/2020 - 07/31/2020 1 Page
		CURRENT MONTHLY GROSS INCOME $ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	
		CURRENT MONTHLY GROSS INCOME $ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	
		CURRENT MONTHLY GROSS INCOME $ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	

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SECTION II - UNEMPLOYMENT INCOME *(If additional space is needed attach a separate sheet)*

2. ARE YOU OR YOUR DEPENDENTS RECEIVING OR EXPECTING TO RECEIVE UNEMPLOYMENT INCOME IN THE NEXT 12 MONTHS?

☐ YES ☒ NO (If "No," skip to Section III)

A. INCOME RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. WHAT IS YOUR OR YOUR DEPENDENTS CURRENT AND/OR EXPECTED UNEMPLOYMENT INCOME? (Provide documentation of current income and expected income changes)
	CURRENT MONTHLY GROSS INCOME $
	DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO
	DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $
	CURRENT MONTHLY GROSS INCOME $
	DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO
	DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $
	CURRENT MONTHLY GROSS INCOME $
	DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO
	DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $
	CURRENT MONTHLY GROSS INCOME $
	DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO
	DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $

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SECTION III - SAVINGS BONDS *(If additional space is needed attach a separate sheet)*

3. DO YOU OR YOUR DEPENDENTS OWN A SAVINGS BOND OR RECEIVE OR EXPECT TO RECEIVE INTEREST FROM A SAVINGS BOND WITHIN THE NEXT 12 MONTHS?

☐ YES ☒ NO (If "No," skip to Section IV)

A. WHO OWNS THE SAVINGS BOND? (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. WHAT IS YOUR OR YOUR DEPENDENTS CURRENT AND/OR EXPECTED ANNUAL INCOME (interest earned)? (Attach a copy of the savings bond)	C. WHAT IS THE CURRENT FACE VALUE OF THE SAVINGS BOND?
	WHAT IS THE GROSS ANNUAL INCOME? $ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	$
	WHAT IS THE GROSS ANNUAL INCOME? $ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	$
	WHAT IS THE GROSS ANNUAL INCOME? $ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	$
	WHAT IS THE GROSS ANNUAL INCOME? $ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	$

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SECTION IV - RENTAL PROPERTY, FARM OR BUSINESS INCOME *(If additional space is needed attach a separate sheet)*

4. ARE YOU OR YOUR DEPENDENTS RECEIVING OR EXPECTING TO RECEIVE, INCOME FROM RENTAL PROPERTY, FARM OR BUSINESS WITHIN THE NEXT 12 MONTHS?

☐ YES ☒ NO (If "No," skip to Section V)

A. INCOME RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	**B. WHAT IS YOUR OR YOUR DEPENEDENTS CURRENT OR EXPECTED INCOME FROM THIS SOURCE?** (Provide documentation of current income and expected income changes)	**C. WHAT KIND OF INCOME IS THIS?** (Check applicable box)	**D. WHAT IS THE VALUE OF YOUR PORTION OF THE PROPERTY, FARM, OR BUSINESS?** (**Note:** Subtract the amount of Mortgages or other encumbrances specific to the property. Provide available documentation)
	CURRENT MONTHLY GROSS INCOME $ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	☐ Farm - Submit a completed VA Form 21P-4165 with this application ☐ Rental Property - Submit a completed VA Form 21P-4185 with this application ☐ Business - Submit a completed VA Form 21P-4185 with this application	
	CURRENT MONTHLY GROSS INCOME $ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	☐ Farm - Submit a completed VA Form 21P-4165 with this application ☐ Rental Property - Submit a completed VA Form 21P-4185 with this application ☐ Business - Submit a completed VA Form 21P-4185 with this application	
	CURRENT MONTHLY GROSS INCOME DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	☐ Farm - Submit a completed VA Form 21P-4165 with this application ☐ Rental Property - Submit a completed VA Form 21P-4185 with this application ☐ Business - Submit a completed VA Form 21P-4185 with this application	
	CURRENT MONTHLY GROSS INCOME DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	☐ Farm - Submit a completed VA Form 21P-4165 with this application ☐ Rental Property - Submit a completed VA Form 21P-4185 with this application ☐ Business - Submit a completed VA Form 21P-4185 with this application	

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SECTION V - INTEREST, ROYALTIES, AND DIVIDENDS *(If additional space is needed attach a separate sheet)*

5. ARE YOU OR YOUR DEPENDENTS RECEIVING OR EXPECTING TO RECEIVE, INTEREST, DIVIDENDS, OR ROYALTIES WITHIN THE NEXT 12 MONTHS?

☐ YES ☒ NO (If "No," skip to Section VI)

IMPORTANT: Do ***not*** report income you have already reported in Section III (Savings Bonds) or Section IV (Rental Property, Farm or Business Income).

A. INCOME RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	**B. WHO IS THE INCOME PAYER?** (Name of business, financial institution, etc.)	**C. WHAT IS YOUR OR YOUR DEPENDENTS CURRENT AND/OR EXPECTED INCOME?** (Provide documentation of current income and expected income changes)	**D. WHAT IS THE TOTAL CASH VALUE OF THE ASSET ASSOCIATED WITH THIS INCOME?** (Provide documentation of assets)
		CURRENT MONTHLY GROSS INCOME $ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	
		CURRENT MONTHLY GROSS INCOME $ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	
		CURRENT MONTHLY GROSS INCOME $ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	
		CURRENT MONTHLY GROSS INCOME $ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT $	

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SECTION VI - WAGES - INCLUDING SELF-EMPLOYMENT *(If additional space is needed attach a separate sheet)*

6. ARE YOU OR YOUR DEPENDENTS RECEIVING WAGES OR EXPECTING TO RECEIVE WAGES WITHIN THE NEXT 12 MONTHS?

☐ YES ☒ NO (If "No," skip to Section VII)

A. WAGE RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. WHAT ARE YOUR OR YOUR DEPENDENTS CURRENT WAGES AND/OR EXPECTED WAGES? (Provide documentation of current wages and expected wage changes)
	CURRENT MONTHLY GROSS WAGE $ DO YOU EXPECT THIS WAGE INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE WAGE INCOME WILL CHANGE AND EXPECTED WAGE AMOUNT $
	CURRENT MONTHLY GROSS WAGE $ DO YOU EXPECT THIS WAGE INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE WAGE INCOME WILL CHANGE AND EXPECTED WAGE AMOUNT $
	CURRENT MONTHLY GROSS WAGE $ DO YOU EXPECT THIS WAGE INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE WAGE INCOME WILL CHANGE AND EXPECTED WAGE AMOUNT $
	CURRENT MONTHLY GROSS WAGE $ DO YOU EXPECT THIS WAGE INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE WAGE WILL CHANGE AND EXPECTED WAGE AMOUNT $

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SECTION VII - DISCONTINUED INCOME IN THE PRIOR TAX YEAR *(If additional space is needed attach a separate sheet)*

7. DID YOU OR YOUR DEPENDENTS RECEIVE INCOME ***LAST YEAR*** THAT IS NO LONGER BEING RECEIVED OR WAS A ONE-TIME PAYMENT?

☐ YES ☒ NO (If "No," skip to Section VIII)

A. INCOME RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	**B. WHO WAS THE INCOME PAYER?** (Name of business, financial institution, etc.)	**C. WHAT WAS THE GROSS ANNUAL AMOUNT REPORTED TO THE IRS?**	**D. WHEN DID THE INCOME STOP?** (MM,DD,YYYY)
		$	
		$	
		$	
		$	

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NOTE: Parent's DIC Claimants Only - You ***do not*** have to complete Sections VIII thru XI. Return to the application form. Your certification, signature and date on the application form applies to this attachment.

Pension Claimants - Continue to complete the attachment.

SECTION VIII - ASSETS PREVIOUSLY NOT REPORTED *(If additional space is needed attach a separate sheet)*

8. DO YOU OR YOUR DEPENDENTS HAVE ASSETS ***NOT*** ALREADY REPORTED, SUCH AS NON-INTEREST-BEARING ACCOUNTS, CASH, STOCKS, BONDS, OR REAL ESTATE?

☒ YES ☐ NO (If "No," skip to Section IX)

A. ASSET OWNER (Veteran, Spouse, Child, Parent, Custodial, etc.)	B. WHAT IS THE CURRENT CASH VALUE OF THE ASSET? (Provide a bank or other official statement showing the current value. Do not report assets you have already reported in Sections I through VII)	C. AMOUNT OWED ON THE ASSET OR AMOUNT MORTGAGED OR OTHERWISE ENCUMBERED? (Provide documentation of mortgages or other encumbrances)
Spouse	$ 3,484.01 - FNB Bank statement	$
Spouse	$ 46.54 - BTC Bank Statement	$
Spouse	$ 1,257.06 - FNB Savings Statement	$
	$	$

SECTION IX - ASSET TRANSFERS *(If additional space is needed attach a separate sheet)*

9. IN THE CURRENT YEAR AND/OR PRIOR 3 TAX YEARS, DID YOU OR YOUR DEPENDENTS SELL, CONVEY, TRADE, OR GIVE AWAY ASSETS?

☐ YES ☒ NO (If "No," skip to Section X)

A. WHO OWNED THE ASSET? (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. HOW WAS THE ASSET TRANSFERRED?	C. WHO DID YOU TRANSFER THE ASSET TO?	D. DETAILS OF THE ASSET TRANSFER (Provide documentation of the transfer. A transfer for less than fair market value means you disposed of an asset for less than the asset was worth)
	☐ SOLD ☐ CONVEYED ☐ GAVE AWAY ☐ TRADED ☐ OTHER (Explain below)	Name: _____ Relationship: _____	Was the asset transferred for less than fair market value? ☐ Yes ☐ No Was an asset reported to the IRS sold? ☐ Yes ☐ No What was the original purchase price?_____ What was the sale price?_____ What date was the asset sold? (MM,DD,YYYY)_____ What was the gain (capital gain, etc.)?_____
	☐ SOLD ☐ CONVEYED ☐ GAVE AWAY ☐ TRADED ☐ OTHER (Explain below)	Name: _____ Relationship: _____	Was the asset transferred for less than fair market value? ☐ Yes ☐ No Was an asset reported to the IRS sold? ☐ Yes ☐ No What was the original purchase price?_____ What was the sale price?_____ What date was the asset sold? (MM,DD,YYYY)_____ What was the gain (capital gain, etc.)?_____

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SECTION IX: ASSET TRANSFERS *(Continued)*

A. WHO OWNED THE ASSET? (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. HOW WAS THE ASSET TRANSFERRED?	C. WHO DID YOU TRANSFER THE ASSET TO?	D. DETAILS OF THE ASSET TRANSFER (Provide documentation of the transfer. A transfer for less than fair market value means you disposed of an asset for less than the asset was worth)
	☐ SOLD ☐ CONVEYED ☐ GAVE AWAY ☐ TRADED ☐ OTHER (Explain below)	Name: _____ Relationship: _____	Was the asset transferred for less than fair market value? ☐ Yes ☐ No Was an asset that was reported to the IRS sold? ☐ Yes ☐ No What was the original purchase price?_____ What was the sale price?_____ What date was the asset sold? (MM,DD,YYYY)_____ What was the gain (capital gain, etc.)?_____
	☐ SOLD ☐ CONVEYED ☐ GAVE AWAY ☐ TRADED ☐ OTHER (Explain below)	Name: _____ Relationship: _____	Was the asset transferred for less than fair market value? ☐ Yes ☐ No Was an asset that was reported to the IRS sold? ☐ Yes ☐ No What was the original purchase price?_____ What was the sale price?_____ What date was the asset sold? (MM,DD,YYYY)_____ What was the gain (capital gain, etc.)?_____

SECTION X: ANNUITIES AND TRUSTS (Attach a separate sheet if more than one annuity or trust is involved)

10A. IN THE CURRENT YEAR OR THE PRIOR THREE TAX YEARS, DID YOU OR YOUR DEPENDENTS TRANSFER ANY ASSETS TO A TRUST OR PURCHASE AN ANNUITY?

☐ Yes ☒ No (If "No," skip to Section XI)

10B. WHAT WAS THE MARKET VALUE OF THE ASSET AT THE TIME OF TRANSFER OR ANNUITY PURCHASE? $

10C. WHAT WAS THE DATE THE ASSET WAS TRANSFERRED? (MM,DD,YYYY)

10D. DID YOU PURCHASE AN ANNUITY WITH THE ASSETS?	10E. PROVIDE DATE OF PURCHASE	10F. PROVIDE NAME OF PERSON THE ASSET WAS PURCHASED FROM (First-Middle-Last)
☐ Yes ☐ No (If "Yes," complete Items 10E through 10G)		

10G. PROVIDE TYPE OF ANNUITY PURCHASED *(Give details and attach documentation)*

10H. WERE THE ASSETS USED TO ESTABLISH A TRUST?	10I. PROVIDE TAX NUMBER	10J. PROVIDE DETAILS AND ATTACH DOCUMENTATION
☐ Yes ☐ No (If "Yes," complete Items 10I through 10J)		

10K. WAS THE TRUST ESTABLISHED FOR A CHILD OF THE VETERAN WHO WAS INCAPABLE OF SELF-SUPPORT PRIOR TO REACHING AGE 18?

☐ Yes ☐ No

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SECTION XI - WAIVER OF RECEIPT OF INCOME *(If additional space is needed attach a separate sheet)*

11. DID YOU OR YOUR DEPENDENTS WAIVE OR EXPECT TO WAIVE ANY RECEIPT OF INCOME IN THE NEXT 12 MONTHS?

☐ YES ☒ NO (If "NO," skip this section. This attachment is complete. Return to the application. Your certification, signature and date on the application form applies to this attachment)

A. INCOME RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	**B. WHAT IS YOUR OR YOUR DEPENDENTS CURRENT AND/OR EXPECTED WAIVED INCOME?** (Provide documentation of income and expected income changes)
	CURRENT MONTHLY GROSS WAIVED INCOME $ DO YOU EXPECT THIS WAIVED INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE WAIVED INCOME WILL CHANGE AND EXPECTED WAIVED INCOME AMOUNT $
	CURRENT MONTHLY GROSS WAIVED INCOME $ DO YOU EXPECT THIS WAIVED INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE WAIVED INCOME WILL CHANGE AND EXPECTED WAIVED INCOME AMOUNT $
	CURRENT MONTHLY GROSS WAIVED INCOME $ DO YOU EXPECT THIS WAIVED INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE WAIVED INCOME WILL CHANGE AND EXPECTED WAIVED INCOME AMOUNT $
	CURRENT MONTHLY GROSS WAIVED INCOME $ DO YOU EXPECT THIS WAIVED INCOME TO CHANGE IN THE NEXT 12 MONTHS? ☐ YES ☐ NO DATE WAIVED INCOME WILL CHANGE AND EXPECTED WAIVED INCOME AMOUNT $

THIS *ATTACHMENT FORM* IS COMPLETE. RETURN TO THE *APPLICATION FORM*. YOUR CERTIFICATION, SIGNATURE AND DATE ON THE APPLICATION FORM APPLIES TO THIS ATTACHMENT.

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THIS IS AN IMPORTANT REC
SAFEGUARD IT.

PERSONAL DATA

1. LAST NAME-FIRST NAME-MIDDLE NAME: HOPKINS MARSHALL HUGH
(b) (6) [redacted] (b) (6) [redacted]
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: AIR FORCE, REGAF
5a. GRADE, RATE OR RANK: A1C
b. PAY GRADE: E4
6. DATE OF RANK: DAY 1 | MONTH OCT | YEAR 66
7. U. S. CITIZEN: [X] YES [ ] NO
8. PLACE OF BIRTH (City and State or Country): LARNED KANSAS
9. DATE OF BIRTH: DAY 20 | MONTH JUL | YEAR 43

SELECTIVE SERVICE DATA

10a. SELECTIVE SERVICE NUMBER: 14 23 43 121
b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE: LB #23 DODGE CITY (FORD CO) KANSAS
c. DATE INDUCTED: DAY NA | MONTH | YEAR

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: REL FR AD
b. STATION OR INSTALLATION AT WHICH EFFECTED: MCGUIRE AFB NJ
c. REASON AND AUTHORITY: COG PARA 3-8C SEC B CH 3 AFM 39-10 (SDN 411)
d. EFFECTIVE DATE: DAY 9 | MONTH JUN | YEAR 67
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: 602 ACW SQ USAFE
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: NA
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED: AFRES
15. REENLISTMENT CODE: RE-12

SERVICE DATA

16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION: DAY 1 | MONTH DEC | YEAR 69
17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: [X] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER AFQT 7B (82 II)
b. TERM OF SERVICE (Years): 4
c. DATE OF ENTRY: DAY 2 | MONTH DEC | YEAR 63
18. PRIOR REGULAR ENLISTMENTS: NA
19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC: AB
20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): DENVER COLORADO
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code): BOX 1 DIVIDE (TELLER CO) COLORADO
22. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	03	06	08
	(2) OTHER SERVICE	00	00	00
	(3) TOTAL (Line (1) plus Line (2))	03	06	08
b. TOTAL ACTIVE SERVICE		03	06	08
c. FOREIGN AND/OR SEA SERVICE		03	00	00

23a. SPECIALTY NUMBER & TITLE: MACHINIST PAFSC 53150
b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: 4-75.010 MACHINIST
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NDSM
25. EDUCATION AND TRAINING COMPLETED: MACHINIST 53130 1964

VA AND EMP. SERVICE DATA

26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years): NO TIME LOST
b. DAYS ACCRUED LEAVE PAID: 46
27a. INSURANCE IN FORCE (NSLI or USGLI): [ ] YES [X] NO
b. AMOUNT OF ALLOTMENT: $ NA
c. MONTH ALLOTMENT DISCONTINUED: NA
28. VA CLAIM NUMBER: C- NA
29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [X] $10,000 [ ] $5,000 [ ] NONE

REMARKS

30. REMARKS: HS 2 YEARS BLOOD GROUP A POS NAC COMPL 23 DEC 63 FILED 4 DIST OSI AQE M-85 A-80 G-80 E-55 DTD DEC 63 ODSD 8 JUN 67

AUTHENTICATION

31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code): BOX 90 RR 2 SEDALIA COLORADO 80135
32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Marshall Hugh Hopkins
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: D D TRIMBLE MAJOR USAF
34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: D. D. Trimble

DD FORM 1 JUL 66 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

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Youngevity Commission Statement

Jul 1 2020 - Jul 31 2020

Youngevity
2400 Boswell Road.
Chula Vista, CA 91914
800-982-3189

Associate ID: L29935
Associate Rank: 2 Star Executive
Associate Paid Rank: 1 Star Executive
Start Date: 06/11/2012

Darlene Hopkins
310 Main St
ALTAMONT MO, 64620-8185 USA

W-9

Leadership Coding Bonus (LCB):	$0.00
Fast Start Bonus (CEO Type B) (FSBB):	$0.00
Monthly Quick Start Bonus (MQSB):	$0.00
Direct Pay Bonus (DP):	$0.00
Direct Pay (CEO Qualified):	$0.00
Quick Start Unilevel Bonus (QSUB):	$31.85
Unilevel Bonus (UB):	$492.21
Quick Start Leadership Bonus (QSLB):	$0.00
Leadership Bonus (LB):	$0.00
Car Bonus (CB):	$300.00
Global Revenue Share Bonus Pool:	$0.00
Clawback:	$0.00
Special Clawback:	$0.00
Total:	**$824.06**

Leadership Coding Bonus (LCB)

Rep #	Name	ContactID	Bonus Rank	Order #	Item #	Pay On Amount	Percentage	Amount
No records to display.								

Fast Start Bonus (CEO Type B) (FSBB)

Rep #	Name	ContactID	Bonus Rank	Order #	Item #	Pay On Amount	Percentage	Amount
No records to display.								

Monthly Quick Start Bonus (MQSB)

Rep #	Name	ContactID	Bonus Rank	MQSB: QS-PBV (Final)	Pay On Level	Pay On Amount	Percentage	Amount
No records to display.								

Direct Pay Bonus (DP)

Rep #	Name	ContactID	Bonus Rank	Order #	Item #	Pay On Level	Pay On Amount	Percentage	Amount
No records to display.									

Direct Pay (CEO Qualified)

Rep #	Name	ContactID	Bonus Rank	Order #	Item #	Pay On Level	Pay On Amount	Percentage	Amount
No records to display.									

Quick Start Unilevel Bonus (QSUB)

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VA Claims Intake Center – 08172020

FNB
P.O. BOX 840
HOOKER, OK 73945
(580) 652-2448

Member FDIC
EQUAL HOUSING LENDER
•119 NORTH BROADWAY ST.
• Website:
• E-mail: customerservice@hookerbank.com

0 - 02

DARLENE HOPKINS FOR KERRI L HOPKINS
310 MAIN ST
ALTAMONT MO 64620

ACCOUNT XXXX083

STATEMENT PERIOD
06/30/2020 TO 07/31/2020

SAVINGS SUMMARY

SAVINGS - XXXX083

SAVINGS BALANCE LAST STATEMENT.....		4,837.81
	DEPOSITS.....	.00
2	OTHER CREDITS.....	1,119.25
	WITHDRAWALS.....	.00
1	OTHER DEBITS.....	4,700.00
SAVINGS BALANCE THIS STATEMENT.....		1,257.06

INTEREST SUMMARY

31	DAYS IN STATEMENT CYCLE
.25%	ANNUAL PERCENTAGE YIELD EARNED
.25	AMOUNT OF EARNED INTEREST
1,170.21	AVERAGE DAILY LEDGER BALANCE

FEE SUMMARY

TOTAL FEES IMPOSED .00

SUMMARY OF OVERDRAFT AND RETURNED ITEM FEES

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
TOTAL OVERDRAFT FEES	$0.00	$0.00
TOTAL RETURNED ITEM FEES	$0.00	$0.00

SAVINGS CREDIT TRANSACTIONS

DATE	AMOUNT	DESCRIPTION		
07/15	1,119.00	SSA TREAS 310	XXSOC SEC	6013464854
07/31	.25	INTEREST		

SAVINGS DEBIT TRANSACTIONS

DATE	AMOUNT	DESCRIPTION
07/03	4,700.00	MOBILE TRANSFER FROM SAV 1083 TO CHK 3603 9091553

DAILY BALANCE INFORMATION

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
07/03	137.81	07/15	1,256.81	07/31	1,257.06

NOTICE: SEE REVERSE SIDE FOR INFORMATION

APY=Annual Percentage Yield

*Indicates Break In Sequence

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FNB
P.O. BOX 840
HOOKER, OK 73945
(580) 652-2448

Member FDIC
•119 NORTH BROADWAY ST.
• Website:
• Email:

DARLENE HOPKINS
310 MAIN ST
ALTAMONT MO 64620

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PAGE 1
ACCOUNT XXXX603

STATEMENT PERIOD
05/29/2020 TO 06/30/2020

CHECKING SUMMARY

PREMIER - XXXX603

CHECKING BALANCE LAST STATEMENT.....		4,847.73
1	DEPOSITS.....	200.00
4	OTHER CREDITS.....	620.14
6	CHECKS.....	422.83
23	OTHER DEBITS.....	1,761.03
CHECKING BALANCE THIS STATEMENT.....		3,484.01

INTEREST SUMMARY

32	DAYS IN STATEMENT CYCLE
.00%	ANNUAL PERCENTAGE YIELD EARNED
.00	AMOUNT OF EARNED INTEREST
4,451.51	AVERAGE DAILY LEDGER BALANCE

FEE SUMMARY

TOTAL FEES IMPOSED .00

SUMMARY OF OVERDRAFT AND RETURNED ITEM FEES

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
TOTAL OVERDRAFT FEES	$0.00	$0.00
TOTAL RETURNED ITEM FEES	$0.00	$0.00

ACCOUNT CREDIT TRANSACTIONS

DATE	AMOUNT	DESCRIPTION		
06/01	116.15	POS-05/29	EQUIP-BID.COM INC	888-6851269 MO
06/15	300.00	PAYPAL TRANSFER		0014732986
06/23	200.00	DEPOSIT		
06/23	3.99	POS-06/22	APPLE.COM BILL	866-712-7753 CA
06/23	200.00	ONLINE XFR FRM CHK -- XXXX990 ANGELA K WALKER		

OTHER DEBIT TRANSACTIONS

DATE	AMOUNT	DESCRIPTION		
06/02	34.50	POS-06/01	TREASURE NEST	913-9577016 KS
06/03	75.00	FIRST PROGRESS PAYMENT		0608125114
06/08	9.35	POS:06/05	WAL WAL-MART SUPER 440 CAMERON	MO

NOTICE: SEE REVERSE SIDE FOR INFORMATION

APY=Annual Percentage Yield

*Indicates Break In Sequence

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BTC BANK
3606 Miller St.
Bethany, MO 64424

Community Minded...Just Like You
Phone: 660-425-728
Fax: 660-425-329
www.btcbank.ban
MEMBER FDI

262421

DARLENE R HOPKINS
310 MAIN ST
ALTAMONT MO 64620-8185

Date 8/11/20 Page 1
Primary Account 2039258
Enclosures

CHECKING ACCOUNT

Account Title: DARLENE R HOPKINS

KASASA CASH BACK

Account Number	2039258	Number of Enclosures	0
Previous Balance	46.87	Statement Dates 7/15/20 thru	8/11/20
Deposits/Credits	.00	Days in the statement period	28
1 Checks/Debits	1.00	Average Ledger	46.54
Service Charge	.00	Average Collected	46.54
Interest Paid	.00		
Current Balance	45.87		

	Total For This Period	Total Year-to-Date
Overdraft item fees year to date	$.00	$.00
Return item fees year to date	$.00	$.00

Checks and Withdrawals

Date	Description	Amount
8/03	DBT CRD 2058 07/31/20 DSZV4ICF ROCKET LAWYER US 8778810947 CA C#6723	1.00-

Daily Balance Information

Date	Balance	Date	Balance
7/15	46.87	8/03	45.87

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OMB Control No. 2900-0321
Respondent Burden: 5 minutes
Expiration Date: 02/28/2022

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.

NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organization please complete VA Form 21-22, *Appointment of Individual as Claimant's Representative.* When completed you can mail ***or*** fax this form to the appropriate intake center address shown on Page 4. VA forms are available at www.va.gov/vaforms.

SECTION I: VETERAN'S INFORMATION

NOTE: You can *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. VETERAN'S NAME *(First, Middle Initial, Last)*: Marshall H Hopkins

(b) (6)

4. VETERAN'S DATE OF BIRTH: Month 07 – Day 20 – Year 1943

(b) (6)

6. INSURANCE NUMBER(S) *(If applicable) (Include letter prefix)*:

(b) (6)

8. VETERAN'S TELEPHONE NUMBER *(Include Area Code)*: 620-272-4822

9. VETERAN'S EMAIL ADDRESS *(Optional)*: None

SECTION II: CLAIMANT'S INFORMATION (If other than veteran)

10. CLAIMANT'S NAME *(First, Middle Initial, Last)*: Darlene R Hopkins

11. CLAIMANT'S MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street: 310 Main St

Apt./Unit Number:

City: Altamont

State/Province: MO

Country:

ZIP Code/Postal Code: 64620 –

12. CLAIMANT'S TELEPHONE NUMBER *(Include Area Code)*: 602-272-4822

13. CLAIMANT'S EMAIL ADDRESS *(Optional)*: None

14. RELATIONSHIP TO VETERAN: Wife

SECTION III: SERVICE ORGANIZATION INFORMATION

15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS *(See list on Page 3 before selecting organization)*: MO Veterans Commission -031

16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 *(This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)*: Elaine Gerstenberger

16B. JOB TITLE OF PERSON NAMED IN ITEM 16A: Accredited Veterans Service Officer

17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15: Movets.veteran@mvc.dps.mo.gov

18. DATE OF THIS APPOINTMENT *(MM/DD/YYYY)*: 7/27/2020

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VETERAN'S SOCIAL SECURITY NUMBER 5 2 9 – 5 6 – 7 5 7 5

SECTION IV: AUTHORIZATION INFORMATION

19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. - By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

☒ I **authorize** the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named in Item 15, either by explicit revocation or the appointment of another representative.

20. LIMITATION OF CONSENT- I authorize disclosure of records related to treatment for all conditions listed in Item 19 except:

☐ DRUG ABUSE ☐ INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)

☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ SICKLE CELL ANEMIA

21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my address in my VA records.

☒ I **authorize** any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary.

I, the claimant named in Items 1 ***or*** 10, hereby **appoint** the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. *Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match.* Signed and accepted subject to the foregoing conditions.

SECTION V: SIGNATURES

NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

22A. SIGNATURE OF VETERAN OR CLAIMANT *(Do Not Print)*	22B. DATE SIGNED *(MM/DD/YYYY)*
Dalia Hoyne	7/27/2020
23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A *(Do Not Print)* Elaine K. Gerstenberger, VSO	**23B. DATE SIGNED** *(MM/DD/YYYY)* 7/27/2020

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

VA USE ONLY	COPY OF VA FORM 21-22 SENT TO: ☐ VR&E FILE ☐ EDU FILE ☐ LG FILE ☐ INSURANCE FILE	DATE SENT	ACKNOWLEDGED *(Date)*	REVOKED *(Reason and date)*

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.

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VA Claims Intake Center – 08172020

DISTRICT COURT, FREMONT COUNTY, COLORADO

Case No. 95DR174 Division 1

DECREE OF DISSOLUTION OF MARRIAGE

IN RE THE MARRIAGE OF:

KAROL A. HOPKINS, Petitioner,

and

MARSHALL H. HOPKINS, Co-Petitioner.

THIS MATTER was reviewed by the Court on October 12, 1995. Petitioner and Co-Petitioner appeared in person without counsel. The Court has examined the record, heard the evidence and statements of the parties, and makes the following findings:

1. The Court has jurisdiction over the parties and subject matter of this action based upon a Co-Petitioner filing on May 4, 1995.

2. The parties were domiciled in Colorado for ninety days before this case was filed.

3. At least ninety days have passed since Co-Petitioner filing.

4. The marriage between the parties is irretrievably broken.

5. The separation agreement between the parties, which is attached as Court's Ex. A, has been considered by the Court and is found not to be unconscionable as to its provisions.

6. The provisions regarding custody and parenting time are in the best interest of the children, and the named custodians are fit and proper to have custody.

7. The Court has further entered "Final Orders", also attached to this Decree.

THE COURT THEREFORE ORDERS:

1. The marriage is dissolved, and a Decree of Dissolution of Marriage is entered.

2. Each party shall perform the applicable provisions of the separation agreement (except as to two provisions therein) and the Final Orders separately entered by the Court.

3. The custody of the minor children, Sterling, Laura, Melanie, and Dan'l Hopkins, is awarded to Petitioner. The custody of the minor child, Jason Hopkins, is awarded to Co-Petitioner.

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VA Claims Intake Center – 08172020

Dated: March 22, 1996, and effective October 12, 1995.

John Anderson
District Judge

IT IS FURTHER ORDERED THAT THIS COURT RETAINS JURISDICTION OVER THIS ACTION AS IS PROVIDED BY LAW.

NOTE: Child support has been ordered in this case. A wage assignment will be activated in the event of default in child support.

cc: Karol A. Hopkins
Marshall H. Hopkins

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Department of Veterans Affairs

PO BOX 5365
JANESVILLE WI 53547-5365

July 31, 2020

In reply, refer to:
File Number:
(b)(6) [redacted]
MARSHALL H HOPKINS

DARLENE HOPKINS
PO BOX 72
HOOKER OK 73945

Dear DARLENE HOPKINS:

We received your intent to file on July 27, 2020. You indicated you would like to file a claim for survivor benefits.

If your completed application is received within one year from the date that your intent to file was received and we decide that you are entitled to VA benefits, we may be able to compensate you from the date we received your intent to file.

If your completed application is not received within one year from the date that your intent to file was received and we decide that you are entitled to VA benefits, we can only compensate you from the date we received your completed application.

What Should You Do?

In order for us to start processing your claim, you must complete, sign, and return a VA Form 21-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefits*, if you are the spouse or child of the Veteran.

If you are the parent of the Veteran, you must complete, sign, and return a VA Form 21-535, *Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation When Applicable)*.

We will take no further action until we receive your completed application. To locate the appropriate form(s), please visit the following website: **www.va.gov/vaforms**.

What is eBenefits?

eBenefits provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits website you can:

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- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Request a Veterans Service Officer to represent you
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in eBenefits is easy. Just visit **www.eBenefits.va.gov** for more information. If you submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

If You Have Questions or Need Assistance

If you have any questions or need assistance with filing your claim, you may contact us by telephone, e-mail, or letter. You may also contact your appointed Veterans Service Organization and/or representative for assistance. If you are not represented, additional information on how to obtain representation is provided below.

If you	**Here is what to do.**
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at **https://iris.custhelp.com/**.
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail or fax all written correspondence to the appropriate address listed on the attached *Where to Send Your Written Correspondence* chart, below.

In all cases, be sure to refer to your VA file number 529 56 7575.

If you are looking for general information about benefits and eligibility, you should visit our web site at **http://www.va.gov** or search the Frequently Asked Questions (FAQs) at **https://iris.custhelp.com/**.

We have no record of you appointing a service organization or representative to assist you with your claim. You can contact us for a listing of the recognized Veterans Service Organizations and/or representatives. Veterans Service Organizations, which are recognized or approved to provide services to the veteran community, can also help you with any questions.

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Sincerely yours,

Regional Office Director

Enclosure(s): Where to Send Your Written Correspondence

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Where to Send Your Written Correspondence

The time it takes your response to reach VA affects how long it takes us to process your claim. We recommend responding electronically whenever possible. Only claimants or representatives can upload responses electronically currently. If you are not a claimant or representative, we recommend faxing so VA can receive your responses without wasting the time and money required to mail your documents.

The **fastest** way to respond to VA is to upload your response electronically through VA.gov.

Visit **https://www.va.gov** and under **Disability** click "**Upload evidence to support your claim**."

VA.gov provides one easy location to upload correspondence as well as learn about filing claims, check claim status, find out how much money you have left to pay for school or training, or refill prescriptions and communicate with your health care team among many items.

If you need to fax or mail your correspondence, identify the benefit type; then, use the corresponding fax number or mailing address below:

Faxing:

Compensation Claims Toll Free: 1-844-531-7818	**Pension & Survivors Benefit Claims** Toll Free: 1-844-655-1604
Board of Veterans' Appeals Toll Free: 1-844-678-8979	**Fiduciary** Toll Free: 1-888-581-6826

Mailing Addresses:

Compensation Claims Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547-4444	**Pension & Survivors Benefit Claims** Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547-5365
Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038	**Fiduciary** Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547-5211

These addresses serve **all United States and foreign locations**.

You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit **www.veteranscrisisline.net**

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VA Claims Intake Center – 07272020

NORMA HATFIELD FREMONT CTY CLK&REC CO R 0.00 D 0.00
Page: 1 of 1
05/07/2002 12:58P
_____ o'clock _____ M.
film No. _____
County Clerk

THIS LICENSE VALID FOR ONLY
30 DAYS FROM DATE OF ISSUE.

NOTE: THIS IS A MARRIAGE LICENSE — NOT A MARRIAGE CERTIFICATE. IF IT IS NOT USED, THE PERSON TO WHOM IT IS DELIVERED MUST RETURN IT PROMPTLY TO THE COUNTY CLERK AND RECORDER WHO ISSUED IT.

No. C8774

MARRIAGE LICENSE

THE STATE OF COLORADO.

FREMONT COUNTY

To any person or religious society Authorized by Law to Perform the Marriage Ceremony:

GREETING:

You are hereby authorized to join in marriage

Mr. MARSHALL H. HOPKINS

of RAMAH, COLORADO AND

MISS: DARLENE RUTH HERBERT

of ROCKVALE, COLORADO

and of this license you will make due return to my office.

Witness, my hand and the seal of my office at

Canon City Colorado, *this* 20TH *day of* MAY, 2002

NORMA HATFIELD *County Clerk*

Issued at 12:03 *o'clock* ~~P.~~ *M By* Jeanette Robles *Deputy*

MARRIAGE CERTIFICATE

STATE OF COLORADO, }ss.
County of ARAPAHOE

It is hereby certified that on the 1st *day of* June

A.D. 2002 *at* Centennial

in said county, the undersigned, a n Elder, The Church of Jesus Christ of latter-day saints

did join in the Holy Bonds of Matrimony in accordance with the laws of the state of Colorado and the authorization of the foregoing license

Mr. MARSHALL H. HOPKINS

of RAMAH, COLORADO *and*

Miss DARLENE RUTH HERBERT

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

NORMA HATFIELD County Clerk

Issued at 12:03 o'clock P. M By Juanita Rohus Deputy

MARRIAGE CERTIFICATE

STATE OF COLORADO, }ss.
County of ARAPAHOE

It is hereby certified that on the 1st day of June A.D. 2002 at Centennial in said county, the undersigned, an Elder, The Church of Jesus Christ of latter-day saints, did join in the Holy Bonds of Matrimony in accordance with the laws of the state of Colorado and the authorization of the foregoing license

Mr. MARSHALL H. HOPKINS

of RAMAH, COLORADO and

MISS: DARLENE RUTH HERBERT

of ROCKVALE, COLORADO

Witness, my hand and seal the day and year last above written.

Walter E. Hartley
Elder, DENVER COLORADO TEMPLE, The Church of Jesus Christ of Latter-day Saints
Official Title

Romaine W Herbert
Witness

Signed Marshall H. Hopkins
Groom

[signature]
Witness

Signed Darlene R Herbert
Bride

RETURN TO Pickup

This certificate, duly executed together with the license, must be returned by the solemnizing person or party, to the Office of the County Clerk and Recorder who issued the same, promptly. See reverse side for forwarding requirements.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Marshall Hugh Hopkins
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 18, 2015
4. TIME OF DEATH (Approx.): 8:38 am
5a. AGE-Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 20, 1943
7. BIRTHPLACE (City and State or Foreign Country): Larned, Kansas

117

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (For use by Physician or Institution)

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify) _____

8b. FACILITY NAME (If not institution, give street and number): VA Medical Center
8c. CITY OR TOWN: Memphis
8d. COUNTY OF DEATH: Shelby

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Darlene Herbert
11a. DECEDENT'S USUAL OCCUPATION: Tourism Director
11b. KIND OF BUSINESS/INDUSTRY: Economic Development

(b) (6) [redacted]
12a. RESIDENCE-STATE OR FOREIGN COUNTRY: Missouri
13b. COUNTY: Daviess
13c. CITY OR TOWN: Jamesport
306 West Auberry Grove
13e. INSIDE CITY LIMITS: [ ] Yes [X] No
13f. ZIP CODE: 64648
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[X] 8th grade or less
[ ] 9th – 12th grade; no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify) _____
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify) _____
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify) _____
[ ] Other (Specify) _____
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Harry Hopkins
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mittarae Rogers

DISPOSITION

20a. INFORMANT'S NAME: Darlene Hopkins
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 306 West Auberry Grove, Jamesport, MO 64648

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Brassfield Cemetery
21c. LOCATION - City or Town and State: Chillicothe, Missouri

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Thomas Hebner (b) (6) [redacted]
22c. SIGNATURE OF EMBALMER: ▶ Thomas Hebner (b) (6) [redacted]

23a. NAME AND ADDRESS OF FUNERAL HOME: Heritage Funeral Home 3141 N. Washington, Chillicothe, MO 64601
23b. LICENSE: 2004001922

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ R Darling Russell JR
25. DATE FILED (Month, Day, Year): OCT 0 2 2015

CERTIFIER

26. CERTIFIER (Check only one)
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. [ ] MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ MD
27b. LICENSE NUMBER: MD019794
27c. DATE SIGNED (Month, Day, Year): 9/30/15
27d. NAME AND ADDRESS: Gayle Minard M.D. VAMC 1030 Jefferson Ave. Memphis, TN 38104

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. small bowel infarction — Approximate interval: Onset to death: 48 hours
Due to (or as a consequence of)
b. _____
Due to (or as a consequence of)
c. _____
Due to (or as a consequence of)
d. _____

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Diabetes, hyperlipidemia, inguinal hernias

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown
32. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1655 (Rev. 10/2011) RDA 1399

8225024

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Deputy Local Registrar

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8225024

Date Issued OCT 1 2 2015

CERTIFICATION OF VITAL RECORD

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

VA Claims Intake Center – 07272020

THIS IS AN IMPORTANT REC
SAFEGUARD IT.

PERSONAL DATA

1. LAST NAME-FIRST NAME-MIDDLE NAME: HOPKINS MARSHALL HUGH
(b) (6) [redacted]
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: AIR FORCE, REGAF
5a. GRADE: A1C
GRADE: E4
DATE OF RANK: DAY 1 MONTH OCT YEAR 66
7. U. S. CITIZEN: [X] YES [ ] NO
8. PLACE OF BIRTH (City and State or Country): LARNED KANSAS
9. DATE OF BIRTH: DAY 20 MONTH JUL YEAR 43

SELECTIVE SERVICE DATA

10a. SELECTIVE SERVICE NUMBER: 14 23 43 121
b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE: LB #23 DODGE CITY (FORD CO) KANSAS
c. DATE INDUCTED: DAY NA MONTH YEAR

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: REL FR AD
b. STATION OR INSTALLATION AT WHICH EFFECTED: MCGUIRE AFB NJ
c. REASON AND AUTHORITY: COG PARA 3-8C SEC B CH 3 AFM 39-10 (SDN 411)
d. EFFECTIVE DATE: DAY 9 MONTH JUN YEAR 67
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: 602 ACW SQ USAFE
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: NA
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED: AFRES
15. REENLISTMENT CODE: RE-12

SERVICE DATA

16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION: DAY 1 MONTH DEC YEAR 69
17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: [X] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER AFQT 7B (82 II)
b. TERM OF SERVICE (Years): 4
c. DATE OF ENTRY: DAY 2 MONTH DEC YEAR 63
18. PRIOR REGULAR ENLISTMENTS: NA
19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC: AB
20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): DENVER COLORADO
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code): BOX 1 DIVIDE (TELLER CO) COLORADO
22. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	03	06	08
	(2) OTHER SERVICE	00	00	00
	(3) TOTAL (Line (1) plus Line (2))	03	06	08
b. TOTAL ACTIVE SERVICE		03	06	08
c. FOREIGN AND/OR SEA SERVICE		03	00	00

23a. SPECIALTY NUMBER & TITLE: MACHINIST PAFSC 53150
b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: 4-75.010 MACHINIST
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NDSM
25. EDUCATION AND TRAINING COMPLETED: MACHINIST 53130 1964

VA AND EMP. SERVICE DATA

26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years): NO TIME LOST
b. DAYS ACCRUED LEAVE PAID: 46
27a. INSURANCE IN FORCE (NSLI or USGLI): [ ] YES [X] NO
b. AMOUNT OF ALLOTMENT: $ NA
c. MONTH ALLOTMENT DISCONTINUED: NA
28. VA CLAIM NUMBER: C- NA
29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [X] $10,000 [ ] $5,000 [ ] NONE

REMARKS

30. REMARKS: HS 2 YEARS BLOOD GROUP A POS NAC COMPL 23 DEC 63 FILED 4 DIST OSI AQE M-85 A-80 G-80 E-55 DTD DEC 63 ODSD 8 JUN 67

AUTHENTICATION

31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code): BOX 90 RR 2 SEDALIA COLORADO 80135
32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Marshall Hugh Hopkins
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: D D TRIMBLE MAJOR USAF
34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: D. D. Trimble

DD FORM 1 JUL 66 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

OMB Control No. 2900-0826
Respondent Burden: 15 minutes
Expiration Date: 08/31/2021

Department of Veterans Affairs

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION, OR SURVIVORS PENSION AND/OR DIC

(This Form Is Used to Notify VA of Your Intent to File for the General Benefit(s) Checked Below)

NOTE: Please read the Privacy Act and Respondent Burden below before completing the form.

SECTION I: CLAIMANT/VETERAN IDENTIFICATION

NOTE: You can ***either*** complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to expedite processing of the form.

1. CLAIMANT'S NAME *(First, Middle Initial, Last)*: Darlene R Hopkins

2. CLAIMANT'S SOCIAL SECURITY NUMBER: 522-94-9287 (b) (6)

4. VETERAN'S DATE OF BIRTH (MM,DD,YYYY): Month 07 – Day 20 – Year 1943

5. VETERAN'S NAME *(First, Middle Initial, Last)* ***(If different from claimant)***: Marshall H Hopkins

(b) (6)

7. VETERAN'S SEX: [X] MALE [ ] FEMALE

(b) (6)

9. CURRENT MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street: 310 Main St

Apt./Unit Number:

City: Altamont

State/Province: MO

Country:

ZIP Code/Postal Code: 64620 –

10. HAS THE VETERAN EVER FILED A CLAIM WITH VA? [X] YES [ ] NO

11. TELEPHONE NUMBER *(Include Area Code)*: 602-272-4822

12. EMAIL ADDRESS *(If applicable)*: None

SECTION II: GENERAL BENEFIT ELECTION

IMPORTANT: *VA may not be able to use this form to establish an effective date for benefits if you* ***do not*** *select one or more of the general benefits listed below.*

13. I intend to file for the general benefit(s) checked below: ***(Choose all that apply)***

[ ] **COMPENSATION** [ ] **PENSION**

NOTE: Only check the box below if you are a surviving dependent of the veteran.

[X] **SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)**

IMPORTANT: After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA disability compensation online through eBenefits at www.ebenefits.va.gov. If you give VA a completed application for the selected general benefit within ***one*** year of filing this form, your completed application will be considered filed as of the date of receipt of this form. Only the ***first*** completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit a separate intent to file for each general benefit. Please complete as many fields in Section II as possible. VA cannot process this form if we cannot identify the claimant and veteran.

SECTION III: DECLARATION OF INTENT

By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is ***not a claim for benefits***; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.

14A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE: Darlene Hopkins

14B. DATE SIGNED *(MM,DD,YYYY)*: 7/27/2020

15. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION *(Please Print)*

(**NOTE**: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)

Missouri Veterans Commission

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.

RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

OMB Control No. 2900-0321
Respondent Burden: 5 minutes
Expiration Date: 02/28/2022

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.

NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organization please complete VA Form 21-22, *Appointment of Individual as Claimant's Representative.* When completed you can mail ***or*** fax this form to the appropriate intake center address shown on Page 4. VA forms are available at www.va.gov/vaforms.

SECTION I: VETERAN'S INFORMATION

NOTE: You can *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. VETERAN'S NAME *(First, Middle Initial, Last)*

Marshall H Hopkins

(b) (6)

4. VETERAN'S DATE OF BIRTH
Month 07 – Day 20 – Year 1943

5. VETERAN'S SERVICE NUMBER *(If applicable)*
(b) (6)

6. INSURANCE NUMBER(S) *(If applicable) (Include letter prefix)*

(b) (6)

(b) (6)

9. VETERAN'S EMAIL ADDRESS *(Optional)*
None

SECTION II: CLAIMANT'S INFORMATION (If other than veteran)

10. CLAIMANT'S NAME *(First, Middle Initial, Last)*

Darlene R Hopkins

11. CLAIMANT'S MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street: 310 Main St
Apt./Unit Number:
City: Altamont
State/Province: MO
Country:
ZIP Code/Postal Code: 64620 –

12. CLAIMANT'S TELEPHONE NUMBER *(Include Area Code)*
602-272-4822

13. CLAIMANT'S EMAIL ADDRESS *(Optional)*
None

14. RELATIONSHIP TO VETERAN
Wife

SECTION III: SERVICE ORGANIZATION INFORMATION

15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS *(See list on Page 3 before selecting organization)*
MO Veterans Commission -031

16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 *(This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)*
Elaine Gerstenberger

16B. JOB TITLE OF PERSON NAMED IN ITEM 16A
Accredited Veterans Service Officer

17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15
Movets.veteran@mvc.dps.mo.gov

18. DATE OF THIS APPOINTMENT *(MM/DD/YYYY)*
7/27/2020

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

VETERAN'S SOCIAL SECURITY NUMBER 5 2 9 – 5 6 – 7 5 7 5

SECTION IV: AUTHORIZATION INFORMATION

19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. - By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

☒ I **authorize** the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named in Item 15, either by explicit revocation or the appointment of another representative.

20. LIMITATION OF CONSENT- I authorize disclosure of records related to treatment for all conditions listed in Item 19 except:

☐ DRUG ABUSE ☐ INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)

☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ SICKLE CELL ANEMIA

21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my address in my VA records.

☒ I **authorize** any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary.

I, the claimant named in Items 1 ***or*** 10, hereby **appoint** the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. *Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match.* Signed and accepted subject to the foregoing conditions.

SECTION V: SIGNATURES

NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

22A. SIGNATURE OF VETERAN OR CLAIMANT *(Do Not Print)*	22B. DATE SIGNED *(MM/DD/YYYY)*
Dalia Hoyos	7/27/2020
23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A *(Do Not Print)* Elaine K. Gerstenberger, VSO	**23B. DATE SIGNED** *(MM/DD/YYYY)* 7/27/2020

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

VA USE ONLY	COPY OF VA FORM 21-22 SENT TO: ☐ VR&E FILE ☐ EDU FILE ☐ LG FILE ☐ INSURANCE FILE	DATE SENT	ACKNOWLEDGED *(Date)*	REVOKED *(Reason and date)*

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Department Of Veterans Affairs
6437 Garners Ferry Road
Columbia, SC 29209

December 12, 2016

DARLENE HOPKINS
306 WEST AUBERRY GROVE RD
JAMES PORT MO 64648

In Reply Refer To: 319/NCC/JDO
(b) (6)
HOPKINS M H

Dear Darlene Hopkins,

In response to the request received in our office, we have provided your records for the following:

*** Notification Letter Dated 11/8/2016***

Please be advised, if applicable, we have provided you with the best copy available from our Center. If you have questions or concerns regarding your request for records under the Privacy Act or Freedom of Information Act, please contact our agency using the contact information provided below. Please refer to the assigned case number so we may easily locate your information.

Do You Have Questions or Need Assistance?

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	For Compensation, call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711. For Pension, call us at 1-877-294-6380.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov.
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address below: Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444 Toll Free FAX: 1-844-531-7818 Local FAX: 248-524-4260

With sincere regard for the Veteran's service,

RO Director
VA Regional Office

To email us visit https://iris.va.gov

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Do You Know About eBenefits?

Please be aware that you can change your address or direct deposit, create a benefits letter, check the status of your claim, obtain a copy of your DD 214, and access additional VA benefit information via eBenefits at www.ebenefits.va.gov. To register for an account, you can speak with an eBenefits specialist by dialing 1-800-827-1000 (please press #7) or visit your local VA regional office.

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OMB Control No. 2900—0734
Respondent Burden: 5 minutes

Department of Veterans Affairs

REPORT OF GENERAL INFORMATION

NOTE - This form must be filled out in ink or on typewriter or computer, as it becomes a permanent record in veterans' folder

1. VA OFFICE: 319

(b) (6) [redacted]

3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*: Hopkins Marshall H

4. DATE OF CONTACT *(Month, day, year)*: 12/12/2016

5. ADDRESS OF VETERAN (Include number and street or rural route, city or P.O., State and ZIP Code)

(b) (6) [redacted]

6A. TELEPHONE NUMBER OF VETERAN *(Include Area Code)*

DAY | EVENING

6B. E-MAIL ADDRESS *(If applicable)*

7. NAME OF PERSON CONTACTED: Darlene Hopkins

8. TYPE OF CONTACT: [ ] PERSONAL [X] TELEPHONE

9. ADDRESS OF PERSON CONTACTED

10. TELEPHONE NUMBER OF PERSON CONTACTED *(Include Area Code)*: (620) 272-4822

[X] I certify that I properly identified my caller using the ID Protocol

11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN:

In response to the request received in our office, we have provided your records for the following:

*** Veteran requested a copy of the notification letter that was sent on 11/8/16. Privacy Act request processed and requested copy was mailed to: 306 West Aube Grove Rd James Port MO 64648.***

Please be advised, if applicable, we have provided you with the best copy available from our Center. If you have questions or concerns regarding your request for records under the Privacy Act or Freedom of Information Act, please contact our agency using the contact information provided below. Please refer to the assigned case number so we may easily locate your information.

Notification of Action

[ ] I read the following statement to the caller:

"I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."

cc: POA *(If applicable)*:

DIVISION OR SECTION 319/NCC/IDO

(b) (6) [redacted]

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

VA FORM
JUL 2009 **27-0820**

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

November 08, 2016

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
Pension Management Center (335/21P)

In Reply Refer To: (b) (6)

DARLENE HOPKINS
PO BOX 702
HOOKER, OK 73945

HOPKINS, Marshall H

Dear Mrs. HOPKINS:

We made a decision on your claim for death benefits received September 23, 2016.

Every effort was made in considering your claim. This notification tells you what we decided, how we made our decision and what evidence we used to make our decision. We have also included information on what to do if you disagree with our decision and who to contact if you have questions or need assistance.

What We Decided

We denied your claim for death pension.

How Did We Make Our Decision?

The evidence shows your income effective October 1, 2015 exceeds the maximum annual death pension limit set by law.

The income limit for a surviving spouse with 1 dependent(s) is $11,296.00.

	Annual Earnings	Annual Social Security	Annual Retirement	Social Security Lump Sum Death Benefit
Yourself	$12,000.00	$6,996.00	$0.00	$255.00
KERRI HOPKINS	0.00	6,996.00	0.00	0.00

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The evidence shows your income effective November 1, 2015 exceeds the maximum annual death pension limit set by law.

The income limit for a surviving spouse with 1 dependent(s) is $11,296.00.

	Annual Earnings	Annual Social Security	Annual Retirement	Social Security Lump Sum Death Benefit
Yourself	$12,000.00	$12,564.00	$0.00	$255.00
KERRI HOPKINS	0.00	12,564.00	0.00	0.00

The evidence shows your income effective October 1, 2016 exceeds the maximum annual death pension limit set by law.

The income limit for a surviving spouse with 1 dependent(s) is $11,296.00.

	Annual Earnings	Annual Social Security	Annual Retirement	Social Security Lump Sum Death Benefit
Yourself	$12,000.00	$12,564.00	$0.00	$0.00
KERRI HOPKINS	0.00	12,564.00	0.00	0.00

If this is incorrect, please send us a copy of your SSA award letter showing the correct information.

You may reapply for death pension when:

- your income drops, *or*
- the medical expenses you pay increase.

Should your circumstances change, complete and return the enclosed VA Form 21-8416, "Medical Expense Report" and VA Form 21-0519S-1 "Improved Pension Eligibility

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Verification Report (Surviving Spouse With Children)." To claim an income change and family medical expenses, you must return the completed forms to this office no later than December 31, 2017. We may consider family medical expenses you paid after September 18, 2015.

We have enclosed a VA Form 21-0510, "Eligibility Verification Report Instructions," for your use.

Evidence Used to Decide Your Claim

In making our decision, we used the following evidence:

- VA Form 21-534ez, Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child
- Social Security Data Match
- Funeral Statement
- Death Certificate
- VA Form 21-22, Appointment of Veteran's Service Organization as Claimant's Representative
- VA Form 21P-530, Application for Burial Benefits

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision.* The enclosed *VA Form 4107, "Your Rights to Appeal Our Decision,"* explains your right to appeal.

If You Have Questions or Need Assistance

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	**Here is what to do.**
Telephone	Call us at 1-877-294-6380. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov.
Write	Please send all correspondence to the appropriate address for **Veterans Pension and Survivor Benefit** claims listed in the *Where to Send Your Written Correspondence* enclosure.

In all cases, be sure to refer to your VA file number 529 56 7575.

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(b) (6)

Hopkins, Marshall H

If you are looking for general information about benefits and eligibility, you should visit our website at https://www.va.gov, or search the Frequently Asked Questions (FAQs) at https://iris.va.gov.

We sent a copy of this letter to your representative, Disabled American Veterans, whom you can also contact if you have questions or need assistance.

Sincerely yours,

Director
Regional Office

Enclosure(s): VA Form 21-8416
VA Form 21-0519S-1
VA Form 21-0510
VA Form 4107
Where to Send Your Written Correspondence

cc: DAV

335/21p/272 7575mhh cek

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STATION OF JURISDICTION: MUSKOGEE (351)

(b) (6)

MARSHALL H HOPKINS

Claim Information

Date of Claim	Type of Claim	End Product	POA	Claimant	Claim Jurisdiction
09/23/2016	PMC-Reopened Pension	127		Darlene Hopkins	St. Paul (335)

Miscellaneous Data

Net Effect of Award as of Generation	Competent Status	Fiduciary Status
$0.00	Competent	Pay Direct

Verified Service

Name	Branch	Duty	EOD	RAD	Char Disch
Marshall H Hopkins	Air Force	Active Duty	12/02/1963	06/09/1967	Honorable
Marshall H Hopkins	Air Force Reserves	Active Duty for	12/28/1990	02/25/1991	Honorable

Veteran Information

MARSHALL H HOPKINS	Date of Birth: 07/20/1943
Date of Death: 09/18/2015	Gender: Male
	SSN: (b) (6)

Primary Beneficiary Information

Mailing Address

DARLENE HOPKINS
PO BOX 72
HOOKER OK
USA
73945

Payment Address

FIRST NATIONAL BANK
ROUTING: 103110046
Checking: 1363603

Date of Birth: 07/02/1964

Gender: Female

SSN: 522-94-9287

VBMS COMPENSATION AND PENSION AWARD

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STATION OF JURISDICTION: MUSKOGEE (351)

(b) (6)

MARSHALL H HOPKINS

DIC Spouse Award

Eff Date	Reason	Benefit	Gross	MAPR	Total W/H	Allot W/H	Net	M C	H C	S C	P
09/01/2015	Entitled to MOD Benefit	Compensation	1,530.71				1,530.71				
10/01/2015	Original Award	Compensation	0.00				0.00				

Review Messages

1. Pension was denied on 10/01/2015 because income for VA Purposes is greater than the Maximum Annual Pension Rate effective 12/01/2014.

Remarks

Generated By - 65118576		Authorized By	
(b) (6)	11/04/2016 4:29 PM	(b) (6)	11/08/2016 12:02 PM

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OMB Control No. 2900--0734
Respondent Burden: 5 minutes

Department of Veterans Affairs

REPORT OF GENERAL INFORMATION

NOTE - This form must be filled out in ink or on a typewriter or computer, as it becomes a permanent record in the veteran's folder.

1. VA OFFICE: 335

(b) (6) [redacted]

3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*: HOPKINS, MARSHALL H

4. DATE OF CONTACT *(Month, day, year)*: 09/30/2016

5. ADDRESS OF VETERAN *(Include number and street or rural route, city or P.O., State and ZIP Code)*

6A. TELEPHONE NUMBER OF VETERAN *(Include Area Code)*
DAY
EVENING

6B. E-MAIL ADDRESS (*If applicable)*

7. NAME OF PERSON CONTACTED: Darlene Hopkins

8. TYPE OF CONTACT: ☐ PERSONAL ☑ TELEPHONE

9. ADDRESS OF PERSON CONTACTED

10. TELEPHONE NUMBER OF PERSON CONTACTED *(Include Area Code)*: (620) 272-4822

☑ I certify that I properly identified my caller using the ID Protocol

11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN:

Spoke to Darlene Hopkins to verify the $1000 wages on the application. She stated that she earns $1000 per month in wages.

Notification of Action

☑ I read the following statement to the caller:

"I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."

cc: POA *(If applicable):*

DIVISION OR SECTION: PMC

(b) (6) [redacted]

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at http://www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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SSA Inquiry
Profile (S01)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)
Name	HOPKINS, DARLENE R					DOB	07/02/1964

Reference: 21834032

Ver SSN		Ver Code	SSN Verified	Title II Status	Y	Title XVI Status	N
Title II CAN	(b) (6)	C	E00	BIC Applies To			
First Name		MI	R	Last Name	HOPKINS	Sex Code	F

Name and Address

DARLENE R HOPKINS
306 E AUBERRY GRV
JAMESPORT MO

64648

Proof of Age	Alleged	Person's Own Ver SSN	
Date of Birth	07/02/1964	SSN Correction Indicator	
Date of Death			
Date of Death Source Code			
Direct Deposit	Checking		
Marital Status			
Phone Number			

Verify SSN's	Other SSN's

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SSA Inquiry
SSA Basic Info (S02)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)	Reference	21834032
Name	HOPKINS, DARLENE R							DOB	07/02/1964

Deferred Pmt Date		SMI Option Code	
Payment Indicator			
Retro Pmt Date		SMI Start Date	
Retro Amt		SMI Stop Date	
Current Pmt Amt		SMI Premium Amt	
Combined Check		SMI Buy-In Option Code	
Date Of Initial Ent	01/2007	SMI Buy-In Start Date	
Date Of Current Ent	09/2015	SMI Buy-In Stop Date	
Date Of Susp Or Term		Disability Onset Date	
LAF	Current Pmt	SSI Disability Payment Code	

Cross Reference Account Numbers

Number	BIC	Code

Dual Entitlement	BIC

Monthly Benefit Credited

Date	Amount	Type
12/2015	1047.00	Paid
09/2015	1047.00	Paid
12/2014	583.00	Paid

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SSA Inquiry
Income History (S03)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)	Reference	21834032
Name	HOPKINS, DARLENE R							DOB	07/02/1964

Unearned Income

Type Code	Verification Code	Start Date	End Date	Amount	Claim or ID #

Black Lung Pmt Amt		Earned Income - Wage Amount	
Federal Countable Income (FCI)		Earned Income - Net Self-Employed Estimate	
Railroad Retirement			

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SSA Inquiry
SSI Basic Info (S04)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)	Reference	21834032
Name	HOPKINS, DARLENE R							DOB	07/02/1964

Pmt Date	
Gross Pay Amount (Current)	
Earned Income - Net Countable Amount	
Unearned Income - Net Countable Amount	
Gross Payable Amount	

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SSA Inquiry
Profile (S01)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)
Reference	21834032						
Name	HOPKINS, DARLENE R					DOB	07/02/1964

Ver SSN		Ver Code	SSN Verified	Title II Status	Y	Title XVI Status	N
Title II CAN	(b) (6)	BIC	E00	BIC Applies To			
First Name	DARLENE	MI	R	Last Name	HOPKINS	Sex Code	F

Name and Address

DARLENE R HOPKINS
306 E AUBERRY GRV
JAMESPORT MO

64648

Proof of Age	Alleged	Person's Own Ver SSN	
Date of Birth	07/02/1964	SSN Correction Indicator	
Date of Death			
Date of Death Source Code			
Direct Deposit	Checking		
Marital Status			
Phone Number			

Verify SSN's	Other SSN's

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SSA Inquiry
SSA Basic Info (S02)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)
Name	HOPKINS, DARLENE R					DOB	07/02/1964

Reference: 21834032

Deferred Pmt Date		SMI Option Code	
Payment Indicator			
Retro Pmt Date		SMI Start Date	
Retro Amt		SMI Stop Date	
Current Pmt Amt		SMI Premium Amt	
Combined Check		SMI Buy-In Option Code	
Date Of Initial Ent	01/2007	SMI Buy-In Start Date	
Date Of Current Ent	09/2015	SMI Buy-In Stop Date	
Date Of Susp Or Term		Disability Onset Date	
LAF	Current Pmt	SSI Disability Payment Code	

Cross Reference Account Numbers

Number	BIC	Code

Dual Entitlement	BIC

Monthly Benefit Credited

Date	Amount	Type
12/2015	1047.00	Paid
09/2015	1047.00	Paid
12/2014	583.00	Paid

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

SSA Inquiry
Income History (S03)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)	Reference	21834032
Name	HOPKINS, DARLENE R							DOB	07/02/1964

Unearned Income

Type Code	Verification Code	Start Date	End Date	Amount	Claim or ID #

Black Lung Pmt Amt		Earned Income - Wage Amount	
Federal Countable Income (FCI)		Earned Income - Net Self-Employed Estimate	
Railroad Retirement			

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SSA Inquiry
SSI Basic Info (S04)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)	Reference	21834032
Name	HOPKINS, DARLENE R							DOB	07/02/1964

Pmt Date	
Gross Pay Amount (Current)	
Earned Income - Net Countable Amount	
Unearned Income - Net Countable Amount	
Gross Payable Amount	

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OMB Control No. 2900-0075
Respondent Burden: 15 minutes
Expiration Date: 01/31/2018

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN *(Type or print)*	(b) (6)	VA FILE NO.
Marshall Hugh Hopkins		C/CSS -

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

It was requested that I provide what I own and if I make an income from any property.

I have a home in Hooker ok that I live in. I have a shell of a Home in Rahma. Colo. and a vacant Lot in Florence colo. I do not make an income from any of this property.

The home in Hooker was valued at 40,000 I owe 32,000 on it The house in Rahma colo is not liveable

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED
Marshall R. Hopkins	23 Sept 2016

ADDRESS	TELEPHONE NUMBERS *(Include Area Code)*	
	DAYTIME	EVENING
101 Oklahoma st Hooker ok 73945	620-272 4822	620-272 4822

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

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FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

125 S. Main St., Rm. 1B30
Muskogee, OK 74401
tel (918) 781-7764
fax (918) 687-0606
www.dav.org

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MAIL CTR #8

August 25, 2016

(b) (6)

TO: INTAKE PROCESSING CENTER (IPC)
RE: Mrs. Darlene Hopkins
376 Mackenzie Ave
Canon City, CO 81212

Attached is VA Form 21-22. Please acknowledge appointment of the Disabled American Veterans as the above-named veteran's representative.

Thank you for your expeditious consideration of this request.

Sincerely,

LaShaun Edwards-Luckey
National Service Officer

LME:jp

Attachment:
VA Form 21-22

cc: Darlene Hopkins

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

08312016 - VA Claims Intake Center, Janesville WI
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OMB Control No. 2900-0321
Respondent Burden: 5 Minutes
Expiration Date: 08/31/2018

Department of Veterans Affairs

APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

NOTE - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual as Claimant's Representative." VA Forms are available at www.va.gov/vaforms.

IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM.

1. LAST-FIRST-MIDDLE NAME OF VETERAN
Hopkins, Marshall

(b) (6) [redacted]

3A. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS *(See list on reverse side before selecting organization)*
Disabled American Veterans (DAV)

3B. NAME AND JOB TITLE OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 3A *(This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)*
National Service Officer (La Shaun M Edwards-Luckey)

3C. E-MAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 3A
dav.vbamus@va.gov

INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES

(b) (6) [redacted]

5. INSURANCE NUMBER(S) *(Include letter prefix)*

6. NAME OF CLAIMANT *(If other than veteran)*
Darlene Ruth Hopkins

7. RELATIONSHIP TO VETERAN
spouse

8. ADDRESS OF CLAIMANT *(No. and street or rural route, city or P.O., State and ZIP Code)*
P.O. Box 72
Hooker, OK 73945

9. CLAIMANT'S TELEPHONE NUMBERS *(Include Area Code)*
A. DAYTIME: (620) 272-4822
B. EVENING:

10. E-MAIL ADDRESS *(If applicable)*

11. DATE OF THIS APPOINTMENT 08/11/2016

12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.
By checking the box below I **authorize** VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

☒ I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.

13. LIMITATION OF CONSENT - I authorize disclosure of records related to treatment for all conditions listed in Item 12 except:
☐ DRUG ABUSE ☐ INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)
☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ SICKLE CELL ANEMIA

14. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 3A to act on my behalf to change my address in my VA records.

☒ I authorize any official representative of the organization named in Item 3A to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 3A is not my appointed fiduciary.

I, the claimant named in Items 1 or 6, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 12 and 13), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. *Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match.* Signed and accepted subject to the foregoing conditions.

THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

15. SIGNATURE OF VETERAN OR CLAIMANT *(Do Not Print)*

16. DATE SIGNED
18 Aug 2016

17. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 3B *(Do Not Print)*

18. DATE SIGNED
08/11/2016

VA USE ONLY

COPY OF VA FORM 21-22 SENT TO:
☐ VR&E FILE ☐ EDU FILE
☐ LG FILE ☐ INSURANCE FILE

DATE SENT

ACKNOWLEDGED *(Date)*

REVOKED *(Reason and date)*

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

VA FORM AUG 2015 **21-22**

SUPERSEDES VA FORM 21-22, OCT 2014, WHICH WILL NOT BE USED.

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US Department of Veterans Affairs
125 S Main St
MUSKOGEE OK 74401-7031

B050 **0004**

9405 5159 0169 5297 0798 41

SHIP TO:
Claims Intake Center
Department of Veterans Affairs
PO Box 5235
JANESVILLE WI 53547-5235

USPS TRACKING #

9405 5159 0169 5297 0798 41

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fax (918) 687-0606
www.dav.org

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MAIL CTR #8

August 25, 2016

(b) (6)

TO: INTAKE PROCESSING CENTER (IPC)
RE: Mrs. Darlene Hopkins
376 Mackenzie Ave
Canon City, CO 81212

Attached is VA Form 21-22. Please acknowledge appointment of the Disabled American Veterans as the above-named veteran's representative.

Thank you for your expeditious consideration of this request.

Sincerely,

LaShaun Edwards-Luckey
National Service Officer

LME:jp

Attachment:
VA Form 21-22

cc: Darlene Hopkins

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08312016 - VA Claims Intake Center, Janesville WI
BEST COPY

OMB Control No. 2900-0321
Respondent Burden: 5 Minutes
Expiration Date: 08/31/2018

Department of Veterans Affairs

APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

NOTE - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual as Claimant's Representative." VA Forms are available at www.va.gov/vaforms.

IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM.

1. LAST-FIRST-MIDDLE NAME OF VETERAN
Hopkins, Marshall (b) (6)

3A. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS *(See list on reverse side before selecting organization)*
Disabled American Veterans (DAV)

3B. NAME AND JOB TITLE OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 3A *(This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)*
National Service Officer (La Shaun M Edwards-Luckey)

3C. E-MAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 3A
dav.vbamus@va.gov

INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES

(b) (6)

5. INSURANCE NUMBER(S) *(Include letter prefix)*

6. NAME OF CLAIMANT *(If other than veteran)*
Darlene Ruth Hopkins

7. RELATIONSHIP TO VETERAN
spouse

8. ADDRESS OF CLAIMANT *(No. and street or rural route, city or P.O., State and ZIP Code)*
P.O. Box 72
Hooker, OK 73945

9. CLAIMANT'S TELEPHONE NUMBERS *(Include Area Code)*
A. DAYTIME: (620) 272-4822
B. EVENING:

10. E-MAIL ADDRESS *(If applicable)*

11. DATE OF THIS APPOINTMENT 08/11/2016

12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.
By checking the box below I **authorize** VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

☒ I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.

13. LIMITATION OF CONSENT - I authorize disclosure of records related to treatment for all conditions listed in Item 12 except:

☐ DRUG ABUSE
☐ ALCOHOLISM OR ALCOHOL ABUSE
☐ INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)
☐ SICKLE CELL ANEMIA

14. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 3A to act on my behalf to change my address in my VA records.

☒ I authorize any official representative of the organization named in Item 3A to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 3A is not my appointed fiduciary.

I, the claimant named in Items 1 or 6, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 12 and 13), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. *Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match.* Signed and accepted subject to the foregoing conditions.

THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

15. SIGNATURE OF VETERAN OR CLAIMANT *(Do Not Print)*
[signature]

16. DATE SIGNED
18 Aug 2016

17. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 3B *(Do Not Print)*
[signature]

18. DATE SIGNED
08/11/2016

VA USE ONLY

COPY OF VA FORM 21-22 SENT TO:
☐ VR&E FILE ☐ EDU FILE
☐ LG FILE ☐ INSURANCE FILE

DATE SENT

ACKNOWLEDGED *(Date)*

REVOKED *(Reason and date)*
revoked 11-10-2020, new POA

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

VA FORM AUG 2015 **21-22** SUPERSEDES VA FORM 21-22, OCT 2014, WHICH WILL NOT BE USED.

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US Department of Veterans Affairs
125 S Main St
MUSKOGEE OK 74401-7031

B050 **0004**

636080682625103730

SHIP TO:
Claims Intake Center
Department of Veterans Affairs
PO Box 5235
JANESVILLE WI 53547-5235

USPS TRACKING #

9405 5159 0169 5297 0798 41

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Department of Veterans Affairs

PO BOX 5235
JANESVILLE WI 53547-4444

August 24, 2016

In reply, refer to:
File Number:
(b) (6) [redacted]

DARLENE HOPKINS
PO BOX 702
HOOKER OK 73945

MARSHALL H HOPKINS

Dear DARLENE HOPKINS:

We received your intent to file on August 14, 2016. You indicated you would like to file a claim for survivor benefits.

If your completed application is received within one year from the date that your intent to file was received and we decide that you are entitled to VA benefits, we may be able to compensate you from the date we received your intent to file.

If your completed application is not received within one year from the date that your intent to file was received and we decide that you are entitled to VA benefits, we can only compensate you from the date we received your completed application.

What Should You Do?

In order for us to start processing your claim, you must complete, sign, and return a VA Form 21-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefits*, if you are the spouse or child of the Veteran.

If you are the parent of the Veteran, you must complete, sign, and return a VA Form 21-535, *Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation When Applicable)*.

We will take no further action until we receive your completed application. To locate the appropriate form(s), please visit the following website: **www.va.gov/vaforms**.

What is eBenefits?

eBenefits provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits website you can:

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- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Request a Veterans Service Officer to represent you
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in eBenefits is easy. Just visit **www.eBenefits.va.gov** for more information. If you submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

If You Have Questions or Need Assistance

If you have any questions or need assistance with filing your claim, you may contact us by telephone, e-mail, or letter. You may also contact your appointed Veterans Service Organization and/or representative for assistance. If you are not represented, additional information on how to obtain representation is provided below.

If you	**Here is what to do.**
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at **https://iris.va.gov**.
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail or fax all written correspondence to the appropriate address listed on the attached *Where to Send Your Written Correspondence* chart, below.

In all cases, be sure to refer to your VA file number 529 56 7575.

If you are looking for general information about benefits and eligibility, you should visit our web site at **http://www.va.gov** or search the Frequently Asked Questions (FAQs) at **http://iris.va.gov**.

We have no record of you appointing a service organization or representative to assist you with your claim. You can contact us for a listing of the recognized Veterans Service Organizations and/or representatives. Veterans Service Organizations, which are recognized or approved to provide services to the veteran community, can also help you with any questions.

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Sincerely yours,

Regional Office Director

Enclosure(s): Where to Send Your Written Correspondence

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Where to Send Your Written Correspondence		
Location of Residence		**Address to Send all Written Correspondence**
Alabama Connecticut Delaware District of Columbia Florida Georgia Indiana Kentucky Maine Maryland Massachusetts Michigan Mississippi New Hampshire New Jersey New York North Carolina	Ohio Pennsylvania Rhode Island South Carolina Tennessee Vermont Virginia West Virginia Puerto Rico Europe Asia Australia Africa Palau Marshall Islands Federated States of Micronesia	Department Of Veterans Affairs Claims Intake Center PO BOX 5235 Newnan, GA 30271-0020 Or fax your information to: Toll Free: 844-531-7818 Local: 248-524-4260
Alaska Arizona Arkansas California Colorado Louisiana Hawaii Idaho Illinois Iowa Kansas Oklahoma Oregon Minnesota Missouri Montana Nebraska Nevada New Mexico North Dakota	South Dakota Texas Utah Washington Wisconsin Wyoming Canada Mexico Central America South America The Caribbean The U.S. Virgin Islands The Philippines American Samoa Guam Northern Mariana Islands U.S. Virgin Islands	Department Of Veterans Affairs Claims Intake Center PO BOX 5235 Janesville WI 53547-4444 Or fax your information to: Toll Free: 844-822-5246 Local: 608-373-6690

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OMB Control No. 2900-0826
Respondent Burden: 15 minutes
Expiration Date: 7/31/2018

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION, OR SURVIVORS PENSION AND/OR DIC

(This Form Is Used to Notify VA of Your Intent to File for the General Benefit(s) Checked Below)

NOTE: Please read the Privacy Act and Respondent Burden below before completing the form.

SECTION I: CLAIMANT/VETERAN IDENTIFICATION

NOTE: You can ***either*** complete the form online or by hand. Please print your information using blue or black ink, neatly and legibly to help process the form.

1. CLAIMANT'S NAME *(First, middle initial, last)*: Darlene Hopkins

2. CLAIMANT'S SOCIAL SECURITY NUMBER: 522-94-9287

3. VA FILE NUMBER *(If applicable)*:

4. VETERAN'S DATE OF BIRTH: Month 07 – Day 20 – Year 1943

5. VETERAN'S NAME *(First, middle initial, last) (If different from claimant)*: MARSHALL HOPKINS

6. VETERAN'S SOCIAL SECURITY NUMBER: (b) (6)

7. VETERAN'S SEX: ☑ MALE ☐ FEMALE

8. VETERAN'S SERVICE NUMBER *(If applicable)*:

9. CURRENT MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street: PO Box 7002

Apt./Unit Number:

City: Hooker

State/Province: OK

Country: US

ZIP Code/Postal Code: 73945 –

10. HAS THE VETERAN EVER FILED A CLAIM WITH VA?
☐ YES ☑ NO

11. PREFERRED TELEPHONE NUMBER *(Include Area Code)*: 620-272-4822

12. PREFERRED E-MAIL ADDRESS *(If applicable)*: darlene.hopkins@yahoo.com

SECTION II: GENERAL BENEFIT ELECTION

IMPORTANT: *VA may not be able to use this form to establish an effective date for benefits if you **do not** select one or more of the general benefits listed below.*

13. I intend to file for the general benefit(s) checked below: ***(Choose all that apply)***

☐ **COMPENSATION** ☐ **PENSION**

NOTE: Only check the box below if you are a surviving dependent of the veteran.

☑ **SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)**

IMPORTANT: After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA disability compensation online through eBenefits at **www.ebenefits.va.gov**. If you give VA a completed application for the selected general benefit within ***one*** year of filing this form, your completed application will be considered filed as of the date of receipt of this form. Only the ***first*** completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit a separate intent to file for each general benefit. Please complete as many fields in Section II as possible. VA cannot process this form if we cannot identify the claimant and veteran.

SECTION III: DECLARATION OF INTENT

By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is ***not a claim for benefits***; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.

(b) (6)

14B. DATE SIGNED *(MM,DD,YYYY)*: 08/12/2016

(NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.

RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

April 29, 2016

DEPARTMENT OF VETERANS AFFAIRS

Regional Office

Pension Management Center (335/21P)

Bishop Henry Whipple Fed. Bldg.

P O Box 11000

St. Paul MN 55111-0000

In Reply Refer To: 335/21P
(b) (6)
HOPKINS, Marshall H

DARLENE HOPKINS
PO BOX 702
HOOKER OK 73945

Dear Mrs. Hopkins:

We made a decision on your claim for Dependency and Indemnity Compensation (DIC), death pension, and accrued benefits received November 23, 2015.

Every effort was made in considering your claim. This notification tells you what we decided, how we made our decision and what evidence we used to make our decision. We have also included information on what to do if you disagree with our decision and who to contact if you have questions or need assistance.

What We Decided

We denied your claim for DIC, death pension, and accrued benefits.

How Did We Make Our Decision?

Entitlement to Dependency and Indemnity Compensation (DIC) has been considered but not formally decided, as this benefit was not specifically claimed on your application. At this time, there is not sufficient evidence to warrant a favorable outcome on this issue. If you feel the Veteran's death was related to service and you wish to formally claim DIC benefits, please complete and sign the enclosed VA Form 21-534EZ (Application for DIC, Death Pension, and/or Accrued Benefits) and submit this form to our office.

DIC may be paid to *eligible dependents*:

- when the Veteran died while in service, *or*
- when the Veteran died of a service-connected condition.

DIC may also be paid when the Veteran was totally disabled because of service-connected condition(s) but died from other causes if:

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- the Veteran was totally disabled by reason of service connected disability(ies) for a period of 10 years or more immediately preceding death, *or*
- the Veteran was totally disabled by reason of service connected disability(ies) from date of discharge from military service for at least a 5 year period immediately preceding death.

An accrued benefit is any money we owe a Veteran at the time of death. We can't approve your claim for accrued benefits because VA didn't owe the Veteran any money and the Veteran did not have any existing claims or appeals pending at the time of death.

On March 28, 2016 we wrote and asked you to send us the following evidence in support of your claim for death benefits:

- Your application states that you own real property. On the enclosed VA Form 21-4138 (Statement in Support of Claim), we asked that you tell us what the real property holdings you reported represent.

    - If this real property represents a business or rental property, please complete the attached Report of Income from Property or Business (VA Form 21-4185).
    - If this real property is farmland, please complete the attached Pension Claim Questionnaire for Farm Income (VA Form 21-4165).
    - If the property is a home, please clarify whether this is your primary residence or a second home that you own.

    We also require you to report the current market value of all real property as reported by a licensed real estate appraiser or real estate agent.

Because we have not received them, we must deny your claim for Dependency and Indemnity Compensation (DIC), death pension, and accrued benefits.

What Evidence Was Used to Decide Your Claim?

In making our decision, we used the following evidence:

- VA Form 21-534EZ, Application for DIC, Death Pension, and/or Accrued Benefits
- Copy of Veterans Discharge Documentation
- Copy of Veterans Death Certificate
- Copy of Marriage Certification

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(b) (6)
Hopkins, Marshall H

When and Where Do You Send the Information or Evidence?

Please send us the information we asked for as soon as you can. If you are having any difficulty getting this evidence, call us. We may be able to help you.

If we get the evidence by March 28, 2017, we can continue processing your claim. Information received after March 28, 2017, must be considered a new claim. That means any benefits you may be eligible for can't start before the date we receive your new claim.

We have enclosed the above-listed forms for your convenience if you wish to re-apply for benefits.

IMPORTANT

It is to your advantage to send this information as soon as you can.

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you should write and tell us why. You have one year from the date of this letter to appeal the decision. The enclosed *VA Form 4107, "Your Rights to Appeal Our Decision,"* explains your right to appeal.

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-877-294-6380. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov.
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

In all cases, be sure to refer to your VA file number 529 56 7575.

If you are looking for general information about benefits and eligibility, you should visit our website at https://www.va.gov, or search the Frequently Asked Questions (FAQs) at https://iris.va.gov.

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(b) (6)

Hopkins, Marshall H

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(b) (6) [redacted]

Hopkins, Marshall H

We have no record of you appointing a service organization or representative to assist you with your claim. You can contact us for a listing of the recognized veterans' service organizations and/or representatives. Veterans' service organizations, which are recognized or approved to provide services to the veteran community, can also help you with any questions.
Sincerely yours,

Director
Regional Office

Enclosure(s): VA Form 21-4185
VA Form 21-4165
VA Form 21-4138

21P/117/MES 7575MH3

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STATION OF JURISDICTION: MUSKOGEE (351)

(b) (6)

MARSHALL H HOPKINS

Claim Information

Date of Claim	Type of Claim	End Product	POA	Claimant	Claim Jurisdiction
11/23/2015	PMC-Initial Death Pension	197		Darlene Hopkins	St. Paul (335)

Miscellaneous Data

Net Effect of Award as of Generation	Competent Status	Fiduciary Status
$1,530.71	Competent	Pay Direct

Verified Service

Name	Branch	Duty	EOD	RAD	Char Disch
Marshall H Hopkins	Air Force	Active Duty	12/02/1963	06/09/1967	Honorable
Marshall H Hopkins	Air Force Reserves	Active Duty for	12/28/1990	02/25/1991	Honorable

Veteran Information

MARSHALL H HOPKINS	Date of Birth: 07/20/1943
Date of Death: 09/18/2015	Gender: Male
	SSN: (b) (6)

Primary Beneficiary Information

Mailing Address

DARLENE HOPKINS
PO BOX 702
HOOKER OK
USA
73945-0702

Payment Address

FIRST NATIONAL BANK
ROUTING: 103110046
Checking: 1363603

Date of Birth: 07/02/1964

Gender: Female

SSN: 522-94-9287

VBMS COMPENSATION AND PENSION AWARD

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STATION OF JURISDICTION: MUSKOGEE (351)

(b) (6)

MARSHALL H HOPKINS

DIC Spouse Award

Eff Date	Reason	Benefit	Gross	IVAP	MAPR	Total W/H	Allot W/H	Net	M C	H C	S C	P
10/01/2015	Entitled to MOD Benefit	Compensation	1,530.71					1,530.71				
11/01/2015	Original Award	Compensation	0.00					0.00				

Review Messages

Remarks

DENIED - FAILED TO RETURN EVIDENCE REGARDING THE 22 ACRES REQUESTED ON 3/28/16.

Generated By - 62405918 (b) (6)	04/27/2016 2:17 PM	Authorized By (b) (6)	04/28/2016 4:29 PM

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SSA Inquiry
Profile (S01)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)
Name	HOPKINS, DARLENE R					DOB	07/02/1964

Reference: 21834032

Ver SSN		Ver Code	SSN Verified	Title II Status	Y	Title XVI Status	N
Title II CAN	(b) (6)	BIC	E00	BIC Applies To			
First Name	DARLENE	MI	R	Last Name	HOPKINS	Sex Code	F

Name and Address

DARLENE R HOPKINS
306 E AUBERRY GRV
JAMESPORT MO

64648

Proof of Age	Alleged	Person's Own Ver SSN	
Date of Birth	07/02/1964	SSN Correction Indicator	
Date of Death			
Date of Death Source Code			
Direct Deposit	Checking		
Marital Status			
Phone Number			

Verify SSN's	Other SSN's

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SSA Inquiry
SSA Basic Info (S02)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)	Reference	21834032
Name	HOPKINS, DARLENE R							DOB	07/02/1964

Deferred Pmt Date		SMI Option Code	
Payment Indicator			
Retro Pmt Date		SMI Start Date	
Retro Amt		SMI Stop Date	
Current Pmt Amt		SMI Premium Amt	
Combined Check		SMI Buy-In Option Code	
Date Of Initial Ent	01/2007	SMI Buy-In Start Date	
Date Of Current Ent	09/2015	SMI Buy-In Stop Date	
Date Of Susp Or Term		Disability Onset Date	
LAF	Current Pmt	SSI Disability Payment Code	

Cross Reference Account Numbers

Number	BIC	Code

Dual Entitlement	BIC

Monthly Benefit Credited

Date	Amount	Type
12/2015	1047.00	Paid
09/2015	1047.00	Paid
12/2014	583.00	Paid

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SSA Inquiry
Income History (S03)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)	Reference	21834032
Name	HOPKINS, DARLENE R							DOB	07/02/1964

Unearned Income

Type Code	Verification Code	Start Date	End Date	Amount	Claim or ID #

Black Lung Pmt Amt		Earned Income - Wage Amount	
Federal Countable Income (FCI)		Earned Income - Net Self-Employed Estimate	
Railroad Retirement			

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SSA Inquiry
SSI Basic Info (S04)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference	(b) (6) eference 21834032
Name	HOPKINS, DARLENE R					DOB	07/02/1964

Pmt Date	
Gross Pay Amount (Current)	
Earned Income - Net Countable Amount	
Unearned Income - Net Countable Amount	
Gross Payable Amount	

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DEPARTMENT OF VETERANS AFFAIRS
Pension Management Center (335/21P)
Bishop Henry Whipple Fed. Bldg.
P.O. Box 11000
St. Paul MN 55111-0000

March 11, 2016

DARLENE HOPKINS
PO BOX 702
HOOKER OK 73945-0702

In reply, refer to:
335/21P
(b) (6)
Marshall H. Hopkins

IMPORTANT

Dear Darlene Hopkins:

We are working on your claim for:
- Death Pension

This letter tells you what we will do with your claim and what you can do to help us. Please read the enclosure to this letter entitled, "Veteran Claims Assistance Act (VCAA)." The enclosure explains how we obtain evidence related to your claim and the legal requirements for supporting your claim.

What Do We Need ?

- Your application states that you own real property. On the enclosed VA Form 21-4138 (Statement in Support of Claim), please tell us what the real property holdings you reported represent.

  - If this real property represents a business or rental property, please complete the attached Report of Income from Property or Business (VA Form 21-4185).
  - If this real property is farmland, please complete the attached Pension Claim Questionnaire for Farm Income (VA Form 21-4165).

  **If the property is a home, please clarify whether this is your primary residence or a second home that you own.

  We also require you to report the current market value of all real property as reported by a licensed real estate appraiser or real estate agent.

- **We have enclosed a "VCAA Notice Response." We encourage you to return this document, as it may expedite a decision on your claim.**

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How Should You Submit What We Need?

Please note that the quickest, easiest, and most secure way to submit any documents to us is via the eBenefits website. Just visit www.eBenefits.va.gov to register. Please also refer to the 'What is eBenefits?' section of this letter for more information.

You can also send what we need to this address:

Department Of Veterans Affairs
Claims Intake Center
Attention: St. Paul Pension Center
PO Box 5365
Janesville, WI 53547-5365

How Soon Should You Send What We Need?

We strongly encourage you to send any information or evidence as soon as you can. If we do not hear from you, we may make a decision on your claim after 30 days. However, you have up to one year from the date of this letter to submit the information and evidence necessary to support your claim. If we decide your claim before one year from the date of this letter, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.

What Have We Received?

- Your claim for benefits, which we received on November 23, 2015.

    - VA Form 21-534EZ, Application for DIC, Death Pension, and/or Accrued Benefits
    - Copy of Veterans Discharge Documentation
    - Copy of Veterans Death Certificate

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DARLENE HOPKINS

(b) (6)

Marshall H. Hopkins

What is eBenefits?

eBenefits provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Request a Veterans Service Officer to represent you
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in eBenefits is easy. Just visit www.eBenefits.va.gov for more information. If you submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our web site at http://www.va.gov. Otherwise, you can contact us in several ways. Please give us your VA file number, **529 56 7575**, when you do contact us.

- Call us at 1-877-294-6380. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711 (international number is 1-800-829-4833).
- Send us an inquiry using the Internet at https://iris.va.gov.
- Write to us at the address at the top of this letter.

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We look forward to resolving your claim in a fair and timely manner. We have also enclosed information on how Veterans' Service Organizations can help you.

Sincerely yours,

Director

Director
VA Regional Office

21P/071/MES

Enclosure(s) Veterans Claims Assistance Act (VCAA)
Veterans' Service Organization Information
VA Form 21-4138
VA Form 21-4185
VA Form 21-4165

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Veterans Claims Assistance Act (VCAA)

VA is Responsible for Getting the Following Evidence:

- Relevant records that you adequately identify and authorize VA to obtain from any Federal agency. These may include records from the military, VA medical centers (including private facilities where VA authorized treatment), or the Social Security Administration.
- VA will provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your compensation claim.

On Your Behalf, VA Will Make Reasonable Efforts to Get the Following Evidence:

Relevant records not held by a Federal agency that you adequately identify and authorize VA to obtain. These may include records from State or local governments, private doctors and hospitals, or current or former employers.

How Can You Help: If you have any information or evidence that you have not previously told us about or given to us, please tell us or give us that evidence now. If the evidence is not in your possession, you must give us enough information about the evidence so that we can request it from the person or agency that has it. If the holder of the evidence declines to give it to us, asks for a fee to provide it, or VA otherwise cannot get the evidence, we will notify you. *It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.*

How VA Determines the Effective Date: If we grant a claim for death benefits, the beginning date of your entitlement will generally be based on when we received your claim. However, if VA received your claim within one year of the date of the veteran's death, entitlement will be from the first day of the month in which the veteran died.

The veteran's death certificate is evidence relevant to determining the effective date of any benefits we award.

Higher levels of benefits are available for a veteran's surviving spouse and/or parents who are unable to perform certain activities of daily living or leave their home. Higher levels of benefits may be effective from the date medical evidence first establishes entitlement.

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What Are Veterans Service Organizations and How Can They Help You?

- Veterans Service Organizations (VSOs) are not part of VA. VSOs are recognized national and state organizations that help veterans and their dependents and survivors with their claims. These services are provided without charge.

- VSOs can help you with questions about your claim. They can also act on your behalf regarding your claim with VA. Ask your VA representative or a VSO for more specific information about what VSOs do.

What Is an Example of a VSO?

Below is a list of recognized national organizations that can assist with your claim. Other recognized state and local organizations can also help you. A more complete list of recognized VSOs can be found at http://www.va.gov/vso.

American Legion	Disabled American Veterans	Paralyzed Veterans of America, Inc.
American Red Cross	Marine Corps League	Veterans of Foreign Wars of the US
AMVETS	Military Order of the Purple Heart	Vietnam Veterans of America

How Can You Contact a VSO?

To contact a particular VSO, consult your local telephone book.

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DARLENE HOPKINS

(b) (6)

Marshall H. Hopkins

VCAA NOTICE RESPONSE

Date of Claim: November 23, 2015

We provided a notice to you about the evidence and information VA needs to support your claim for benefits. At this time, you may choose to indicate whether you intend to submit additional information or evidence that would help support your claim.

Your signed response will let us know whether to decide your claim without waiting 30 days, or whether we should give you the full 30 days from the date of the letter sent with this notice response before deciding your claim.

Your signature on this response will not affect:

- Whether or not you are entitled to VA benefits;
- The amount of benefits to which you may be entitled;
- The assistance VA will provide you in obtaining evidence to support your claim; or
- The date any benefits will begin if your claim is granted.

RESPONSE

I elect *one* of the following: (Whichever box you check, you have one year from the date of the notice to give VA any other information or evidence you think will support your claim.)

☐ I have enclosed all the remaining information or evidence that will support my claim, or I have no other information or evidence to give VA to support my claim. Please decide my claim as soon as possible.

☐ I will send more information or evidence to VA to support my claim. VA will wait the full 30 days from the date of the letter sent with this notice response before deciding my claim.

_____ _____

Claimant/Representative Signature Date

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SSA Inquiry
Profile (S01)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	[redacted]	Reference	21834032
Name	HOPKINS, DARLENE R							DOB	07/02/1964

Ver SSN		Ver Code	SSN Verified	Title II Status	Y	Title XVI Status	N
Title II CAN	[redacted]	C	E00	BIC Applies To			
First Name	DARLENE	MI	R	Last Name	HOPKINS	Sex Code	F

Name and Address

DARLENE R HOPKINS
306 E AUBERRY GRV
JAMESPORT MO

64648

Proof of Age	Alleged	Person's Own Ver SSN	
Date of Birth	07/02/1964	SSN Correction Indicator	
Date of Death			
Date of Death Source Code			
Direct Deposit	Checking		

Marital Status	
Phone Number	

Verify SSN's	Other SSN's

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SSA Inquiry
SSA Basic Info (S02)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)
Name	HOPKINS, DARLENE R					DOB	07/02/1964

Reference: 21834032

Deferred Pmt Date		SMI Option Code	
Payment Indicator			
Retro Pmt Date		SMI Start Date	
Retro Amt		SMI Stop Date	
Current Pmt Amt		SMI Premium Amt	
Combined Check		SMI Buy-In Option Code	
Date Of Initial Ent	01/2007	SMI Buy-In Start Date	
Date Of Current Ent	09/2015	SMI Buy-In Stop Date	
Date Of Susp Or Term		Disability Onset Date	
LAF	Current Pmt	SSI Disability Payment Code	

Cross Reference Account Numbers

Number	BIC	Code

Dual Entitlement	BIC

Monthly Benefit Credited

Date	Amount	Type
12/2015	1047.00	Paid
09/2015	1047.00	Paid
12/2014	583.00	Paid

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SSA Inquiry
Income History (S03)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)
Name	HOPKINS, DARLENE R					DOB	07/02/1964

Reference: 21834032

Unearned Income

Type Code	Verification Code	Start Date	End Date	Amount	Claim or ID #

Black Lung Pmt Amt		Earned Income - Wage Amount	
Federal Countable Income (FCI)		Earned Income - Net Self-Employed Estimate	
Railroad Retirement			

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SSA Inquiry
SSI Basic Info (S04)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)
Name	HOPKINS, DARLENE R					Reference	21834032
						DOB	07/02/1964

Pmt Date	
Gross Pay Amount (Current)	
Earned Income - Net Countable Amount	
Unearned Income - Net Countable Amount	
Gross Payable Amount	

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February 17, 2016

DEPARTMENT OF VETERANS AFFAIRS

Regional Office

Pension Management Center (335/21P)

Bishop Henry Whipple Fed. Bldg.

P O Box 11000

St. Paul MN 55111-0000

In Reply Refer To: 335/21P

(b) (6)

HOPKINS, Marshall H

MARSHALL H HOPKINS

(b) (6)

Dear Mrs. Hopkins:

We are writing about the Application for Burial Benefits we received on November 2, 2015.

Burial Benefits Are Approved

- We are sending $1,640.00 to help pay for the veteran's funeral and burial.

- This amount is payable when a veteran's death was not related to service but,

1. died while hospitalized by VA
2. died while receiving care under VA contract at a non-VA facility
3. died while traveling, under proper authorization at VA expense, to or from a specified place for the purpose of examination, treatment, or care or
4. died on or after October 9, 1996, while a patient at an approved States Veterans' home

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The above amount includes $150.00 for transportation charges.

- If you have any evidence showing that death was due to service or that a service-connected disease or injury caused or contributed to death, please send it to us.

What Evidence Was Used to Decide Your Claim?

In making our decision, we considered:

- Proof of the veteran's death
- The application
- The receipted bills

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(b) (6)

Hopkins, Marshall H

We Approved the VA Plot Allowance Payment

We are sending $745.00 to help pay the costs of the veteran's plot or other plot related expenses, which is included in the amount above.

We Will Mail the Payment Soon

We will send payment directly to you.

If You Think We Are Wrong

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision.* The enclosed *VA Form 4107, "Your Rights to Appeal Our Decision,"* explains your right to appeal

If You Have Questions

Please call us. We can answer most questions by phone, and the call is free. Our number is

1-877-294-6380. If you are hearing-impaired and use a TDD, our number is 711. Your County Veterans Service Officer may also be able to help you. Check your phone book for the number to that office.

Sincerely yours,

Director

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(b) (6) [redacted]

Hopkins, Marshall H

Regional Office

Enclosure(s): VA Form 4107

21P/028/MES 7575MH3

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DATE OF CLAIM OR ISSUE	END PRODUCT	TRANSACTION	R.O. NO.	POWER OF ATTORNEY	FID. R.O.	PAYEE NO.	PAYEE NAME	FILE NUMBER
11-02-15	167	05W-BUR	335			00	M H HOPKI	(b) (6)

SOCIAL SECURITY NUMBERS: VETERAN SPOUSE PA

BIRTH: VETERAN 07-20-43 SPOUSE WIDOW FATHER MOTHER

NAME AND ADDRESS - PAYEE	NAME OF VETERAN	SEX	NAME OF SPOUSE	PRIOR NET AWARD DATA
DARLENE R HOPKINS PO BOX 702 HOOKER OK	M H HOPKI	M		MONTHLY RATE / EFFECTIVE DATE / WITHHOLD - RECOUP TYPE / AMOUNT

BR.	EOD	RAD	PAY GR.
F	12-02-63	06-09-67	

ASC (b) (6) CROSS REFERENCE NO.

CHAR. DIS.	SEP. RSN.	DATE OF DEATH	AGE AT DEATH	VET. SPOUSE
HON	SAT	09-18-15	72	

ZIP CODE	CONS. PAY. NO.	COLLECTION	CODE	AMOUNT
73945				

DIRECT DEPOSIT DISALLOWANCE CODE-REASON

EFFECTIVE DATE	RSN CODE	NET MONTHLY RATE	WITHHOLDING TYPE	WITHHOLDING AMOUNT	OFFSET/RECOUP TYPE	OFFSET/RECOUP AMOUNT	ENT CODE	DISABILITY ENTITLEMENT	INCOME	DEPENDENCY TOT	DEPENDENCY THIS	SCHL/ HLP	SPECIAL LAW/MISC

RATING

EFFECTIVE DATE	COMB DEG	SMC BAS	SMC HOS	SPL PRO	EMPL	W-PCT.	LOSSES USE	LOSSES ANAT	LOSSES OTH	CONTROLS MO	CONTROLS YR	CONTROLS RSN	OFFSET - RECOUPMENT TYPE	BALANCE	DEDUCTION

COMPETENCY RATING / PAYMENT

INCOME AND DEPENDENCY

	NET WORTH	MO. SOC. SEC.	ANN. SOC. SEC	ANN. EARNING	MO. CIVIL SERV.	MO. MILITARY	MO. BLACK LUNG	MO. RAILROAD	MO. OTHER RET.	ANN. OTH. INC.
PAYEE SPOUSE										

NAME OF CHILD	BIRTH DATE	STAT	NW	MO. SOC. SEC.	ANN. SOC. SEC.	ANN. EARNINGS	ANN. OTH. INC.	FUTURE DATE	RSN

DEDUCTIBLE EXPENSES

MEDICAL
LAST
FAMILY
SOC. SEC.
OTH. RET.
WAIVER
EDUCATION

ADDL. CHILDREN TOTAL: THIS: WAP:

BURIAL

DESCRIPTION	AMOUNT	PERSON TO BE NOTIFIED
S/C BURIAL		
NSC BURIAL	745.00	
PLOT/INTER.	745.00	
HDST./MARKER		
TRANSPORTATION	150.00	
TOTAL	1640.00	

ACCRUED

BASIS FOR PAYMENT:
AMOUNT PAYABLE:
SHARE:
AMOUNT THIS PAYEE:
LESS COLLECTION:
NET PAY:

REMARKS

DICTATED LETTER REQUIRED - HOSP/DEATH
BURIAL DATE 09-26-15
NSC BURIAL-NO REASON 22 TERMINATED M/R
40 - ENTITLEMENT CODE

ENTERED BY	DATE	AUTHORIZED BY	DATE
1495 (b) (6)	01-28-16	(b) (6)	

VA FORM JAN 1984 **21-8947** C D PENSION AWARD

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DEPARTMENT OF VETERANS AFFAIRS RATING DECISION

1. TYPE OF CLAIM
BURIAL

(b) (6) [redacted] R

3. INITIALS AND SURNAME OF VETERAN
HOPKINS, MARSHALL H..

4. DATE OF DEATH
09/18/2015

5. REGIONAL OFFICE NUMBER
335

6. DATE OF THIS RATING
01/26/2016

NOTE:

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7. REASON(S) FOR DECISION

Burial Sign Off for 50% or greater service connected disability

---

8. EXPLANATION OF REASON(S) FOR DEFERRAL

The veteran's death is not related to his military service.

Although not shown in service, the Veteran passed away from a presumptive condition related to herbicide exposure. Review of the Veteran's military personal records does not show evidence of Vietnam service.

(b) (6) [redacted]

10. P/A

11. A. T. NUMBER

VA Form 21-6789 -E

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SSA Inquiry
Profile (S01)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference N	(b) (6)
Name	HOPKINS, DARLENE R					DOB	07/02/1964

Reference: 21834032

Ver SSN		Ver Code	SSN Verified	Title II Status	Y	Title XVI Status	N
Title II CAN	(b) (6)	BIC	E00	BIC Applies To			
First Name	DARLENE	MI	R	Last Name	HOPKINS	Sex Code	F

Name and Address

DARLENE R HOPKINS
306 E AUBERRY GRV
JAMESPORT MO

64648

Proof of Age	Alleged	Person's Own Ver SSN	
Date of Birth	07/02/1964	SSN Correction Indicator	
Date of Death			
Date of Death Source Code			
Direct Deposit	Checking		
Marital Status			
Phone Number			

Verify SSN's	Other SSN's

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SSA Inquiry
SSA Basic Info (S02)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)
Name	HOPKINS, DARLENE R					DOB	07/02/1964

Reference: 21834032

Deferred Pmt Date		SMI Option Code	
Payment Indicator			
Retro Pmt Date		SMI Start Date	
Retro Amt		SMI Stop Date	
Current Pmt Amt		SMI Premium Amt	
Combined Check		SMI Buy-In Option Code	
Date Of Initial Ent	01/2007	SMI Buy-In Start Date	
Date Of Current Ent	09/2015	SMI Buy-In Stop Date	
Date Of Susp Or Term		Disability Onset Date	
LAF	Current Pmt	SSI Disability Payment Code	

Cross Reference Account Numbers

Number	BIC	Code

Dual Entitlement	BIC

Monthly Benefit Credited

Date	Amount	Type
12/2015	1047.00	Paid
09/2015	1047.00	Paid
12/2014	583.00	Paid

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SSA Inquiry
Income History (S03)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)	Reference	21834032
Name	HOPKINS, DARLENE R							DOB	07/02/1964

Unearned Income

Type Code	Verification Code	Start Date	End Date	Amount	Claim or ID #

Black Lung Pmt Amt		Earned Income - Wage Amount	
Federal Countable Income (FCI)		Earned Income - Net Self-Employed Estimate	
Railroad Retirement			

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SSA Inquiry
SSI Basic Info (S04)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6) [redacted]
Name	HOPKINS, DARLENE R					Reference	21834032
						DOB	07/02/1964

Pmt Date	
Gross Pay Amount (Current)	
Earned Income - Net Countable Amount	
Unearned Income - Net Countable Amount	
Gross Payable Amount	

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SSA Inquiry
Profile (S01)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)	Reference	21834032
Name	HOPKINS, DARLENE R							DOB	07/02/1964

Ver SSN		Ver Code	SSN Verified	Title II Status	Y	Title XVI Status	N
Title II CAN	529 56 7575	BIC	E00	BIC Applies To			
First Name	DARLENE	MI	R	Last Name	HOPKINS	Sex Code	F

Name and Address

DARLENE R HOPKINS
306 E AUBERRY GRV
JAMESPORT MO

64648

Proof of Age	Alleged	Person's Own Ver SSN	
Date of Birth	07/02/1964	SSN Correction Indicator	
Date of Death			
Date of Death Source Code			
Direct Deposit	Checking		
Marital Status			
Phone Number			

Verify SSN's	Other SSN's

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SSA Inquiry
SSA Basic Info (S02)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6)
Reference	21834032						
Name	HOPKINS, DARLENE R					DOB	07/02/1964

Deferred Pmt Date		SMI Option Code	
Payment Indicator			
Retro Pmt Date		SMI Start Date	
Retro Amt		SMI Stop Date	
Current Pmt Amt		SMI Premium Amt	
Combined Check		SMI Buy-In Option Code	
Date Of Initial Ent	01/2007	SMI Buy-In Start Date	
Date Of Current Ent	09/2015	SMI Buy-In Stop Date	
Date Of Susp Or Term		Disability Onset Date	
LAF	Current Pmt	SSI Disability Payment Code	

Cross Reference Account Numbers

Number	BIC	Code

Dual Entitlement	BIC

Monthly Benefit Credited

Date	Amount	Type
12/2015	1047.00	Paid
09/2015	1047.00	Paid
12/2014	583.00	Paid

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SSA Inquiry
Income History (S03)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference No	(b) (6) [redacted]
Reference	21834032						
Name	HOPKINS, DARLENE R					DOB	07/02/1964

Unearned Income

Type Code	Verification Code	Start Date	End Date	Amount	Claim or ID #

Black Lung Pmt Amt		Earned Income - Wage Amount	
Federal Countable Income (FCI)		Earned Income - Net Self-Employed Estimate	
Railroad Retirement			

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SSA Inquiry
SSI Basic Info (S04)

Input Selection

SSN	522949287	CAN		BIC		Vet Reference N	(b) (6) eference 21834032
Name	HOPKINS, DARLENE R					OB	07/02/1964

Pmt Date	
Gross Pay Amount (Current)	
Earned Income - Net Countable Amount	
Unearned Income - Net Countable Amount	
Gross Payable Amount	

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K 11.23 --

Cest 197 12/3/15 VMP ✓

OMB Control No 2900-0747
Respondent Burden 25 minutes

Department of Veterans Affairs

APPLICATION FOR DIC, DEATH PENSION, AND/OR ACCRUED BENEFITS

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)
RECEIVED
2015 NOV 23
HAMILTON, OH
VARO NASHVILLE

IMPORTANT Please read the Privacy Act and Respondent Burden on page 11 before completing the form

SECTION I PERSONAL INFORMATION *(MUST COMPLETE)*

1 VETERAN'S NAME (Last, first, middle)
Hopkins Marshall
~~Marshall Hugh H~~ Hugh [redacted]

3 VETERAN'S DATE OF BIRTH (MM,DD,YYYY)
07 | 20 | 1943

4 VETERAN'S SEX
☒ MALE ☐ FEMALE

5 HAS THE VETERAN, SURVIVING SPOUSE, CHILD, OR PARENT EVER FILED A CLAIM WITH VA?
☒ YES ☒ NO (If "Yes," provide the file number in Item 6)

6 VA FILE NUMBER
[redacted]

7 DID THE VETERAN DIE WHILE ON ACTIVE DUTY?
☐ YES ☒ NO

8 WHAT IS THE VETERAN'S DATE OF DEATH? (MM DD,YYYY)
09/18/2015

9 WHAT IS YOUR NAME? (First, middle, last name)
Darlene Ruth Hopkins

10 WHAT IS YOUR RELATIONSHIP TO THE VETERAN? (Check one)
☒ SURVIVING SPOUSE ☐ PARENT ☐ CHILD ☐ CUSTODIAN FILING FOR CHILD

11 WHAT IS YOUR SOCIAL SECURITY NUMBER?
522-94-9287

12 WHAT IS YOUR DATE OF BIRTH? (MM DD,YYYY)
07/02/1964

13 ARE YOU A VETERAN?
☐ YES ☒ NO

14A WHAT IS YOUR ADDRESS?
PO Box 702 Hooker OK 73945
Street address, rural route, or P O Box — Apt number
POBox 702 Hooker OK 73945 Texas
City — State — ZIP Code — Country

14B YOUR TELEPHONE NUMBER(S) (Include Area Code)
DAYTIME ( )
EVENING ( )
CELL PHONE (620) 272-4822

15A YOUR PREFERRED E-MAIL ADDRESS (If applicable)
[redacted] Darlene.Hopkins@yahoo.com

15B YOUR ALTERNATE E-MAIL ADDRESS (If applicable)

16 WHAT ARE YOU CLAIMING? (Check all that apply)
☒ DEPENDENCY AND INDEMNITY COMPENSATION (DIC) ☒ DEATH PENSION ☐ ACCRUED BENEFITS

SECTION II VETERAN'S SERVICE INFORMATION *(COMPLETE ONLY IF THE VETERAN WAS NOT RECEIVING VA COMPENSATION OR PENSION BENEFITS AT THE TIME OF DEATH)*

(Skip to Section III if the veteran was receiving VA compensation or pension benefits at the time of his or her death)

17A. DID THE VETERAN SERVE UNDER ANOTHER NAME?
☐ YES ☒ NO (If "Yes," complete Item 17B)
(If "No," skip to Item 18A)

17B PLEASE LIST OTHER NAME(S) THE VETERAN SERVED UNDER

18A. VETERAN ENTERED ACTIVE SERVICE ON (MM,DD,YYYY)
2 Dec 1963

18B BRANCH OF SERVICE
Airforce

18C RELEASE DATE FROM ACTIVE SERVICE (MM,DD,YYYY)
9 June 1967

18D DID THE VETERAN SERVE IN A COMBAT ZONE SINCE 9-11-2001?
☒ YES ☐ NO

18E PLACE OF LAST SEPARATION

19A. WAS THE VETERAN ACTIVATED TO FEDERAL ACTIVE DUTY UNDER AUTHORITY OF TITLE 10, U S C *(National Guard)*?
☐ YES ☒ NO (If "Yes," answer Items 19B, 19C and 19D)

19B DATE OF ACTIVATION (MM,DD,YYYY)

19C WHAT IS THE NAME AND ADDRESS OF THE VETERAN'S RESERVE/NATIONAL GUARD UNIT?
Not sure about all this Husband was active before we were married But he was in 731st flying Squadron

19D WHAT IS THE TELEPHONE NUMBER OF THE RESERVE/NATIONAL GUARD UNIT? (Include Area Code)
( )

20A. WAS THE VETERAN EVER A PRISONER OF WAR?
☒ YES ☐ NO (If "Yes," complete Item 20B) (If "No," skip to Section III)

20B DATES OF CONFINEMENT
FROM TO

RECEIVED
2015 NOV 30 A 10:57
HAMILTON, OH 330 # 10

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SECTION III- MARITAL INFORMATION *(COMPLETE ONLY IF CLAIMING BENEFITS AS THE SURVIVING SPOUSE OF THE VETERAN)*

(Skip to Section IV if you are NOT claiming benefits as the surviving spouse of the veteran)

TELL US ABOUT THE VETERAN'S MARRIAGES

21A. HOW MANY TIMES WAS THE VETERAN MARRIED (including marriage to you)? 2

21B DATE (month, day, year) and PLACE OF MARRIAGE (city, state or country)	21C TO WHOM MARRIED (first, middle, last name)	21D TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal or other)	21E. HOW MARRIAGE TERMINATED (death divorce)	21F DATE (month, day year) and PLACE MARRIAGE TERMINATED (city/state or country)
Denver Colo June 1, 2004	Darlene Ruth Hopkins	Ceremonial	death	18 Sept 2015

21G IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 21D, PLEASE EXPLAIN

TELL US ABOUT YOUR MARRIAGES

22A. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN? ☐ YES ☒ NO

22B HOW MANY TIMES HAVE YOU BEEN MARRIED? (including your marriage to the veteran) 1

22C DATE (month, day, year) and PLACE OF MARRIAGE (city/state or country)	22D TO WHOM MARRIED (first, middle, last name)	22E. TYPE OF MARRIAGE (ceremonial common-law, proxy, tribal, or other)	22F HOW MARRIAGE TERMINATED (death divorce, marriage has not been terminated)	22G DATE (month, day, year) and PLACE MARRIAGE TERMINATED (city/state or country)
June 1, 2004 Denver Colo	Marshall Hopkins	Ceremonial	death	18 Sept 2015

22H IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 22E, PLEASE EXPLAIN

23 WAS A CHILD BORN TO YOU AND THE VETERAN DURING YOUR MARRIAGE OR PRIOR TO YOUR MARRIAGE? ☒ YES ☐ NO

24 ARE YOU EXPECTING THE BIRTH OF THE VETERAN'S CHILD? ☐ YES ☒ NO

25 DID YOU LIVE CONTINUOUSLY WITH THE VETERAN FROM THE DATE OF MARRIAGE TO THE DATE OF HIS/HER DEATH? ☒ YES ☐ NO (If "No," complete Item 26)

26 WHAT WAS THE CAUSE OF SEPARATION? GIVE THE REASON, DATE(S) AND DURATION OF THE SEPARATION *(IF THE SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDER)*

27 AT THE TIME OF YOUR MARRIAGE TO THE VETERAN, WERE YOU AWARE OF ANY REASON THE MARRIAGE MIGHT NOT BE LEGALLY VALID? ☐ YES ☒ NO (If "Yes," provide explanation).

SECTION IV: DEPENDENT CHILDREN *(COMPLETE ONLY IF CLAIMING BENEFITS FOR A CHILD(REN) OF THE VETERAN)*

(Skip to Section V if you are NOT claiming benefits for a child(ren) of the veteran)

28A. NAME OF CHILD (First, middle initial last name)	28B DATE (month, day year) and PLACE OF BIRTH (city/state or country)	28C SOCIAL SECURITY NUMBER	(Check all that apply) 28D BIOLOGICAL	28E. ADOPTED	28F STEPCHILD	28G 18-23 YEARS OLD (In school)	28H SERIOUSLY DISABLED	28I CHILD MARRIED	28J CHILD PREVIOUSLY MARRIED
Kerri L Hopkins	(b) (6)	(b) (6)	☒	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐

If claiming benefits as the surviving spouse or custodian filing for a child, in items 29A through 29D tell us about the children listed in Item 28A who *do not* live with you

29A. NAME OF CHILD (First, middle initial, last name)	29B CHILD'S COMPLETE ADDRESS (Number and street or rural route, city or P O , city, State ZIP Code and country)	29C NAME OF PERSON THE CHILD LIVES WITH (If applicable)	29D MONTHLY AMOUNT YOU CONTRIBUTE TO THE CHILD'S SUPPORT
			$
			$
			$

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SECTION V VETERAN'S PARENT *(COMPLETE ONLY IF CLAIMING BENEFITS AS THE PARENT OF VETERAN)*

(Skip to Section VI if you are NOT claiming benefits as the parent of a veteran)

30A. WHAT IS YOUR MARITAL STATUS? (Check one)

☐ MARRIED AND LIVE WITH OTHER PARENT OF VETERAN ☐ MARRIED AND LIVE WITH SPOUSE WHO IS NOT THE OTHER PARENT OF THE VETERAN ☐ SEPARATED, MARRIED BUT NOT LIVING WITH SPOUSE ☐ DIVORCED ☒ WIDOWED

☐ NEVER MARRIED

30B IF YOUR MARRIAGE HAS ENDED, PLEASE SPECIFY THE DATE (month, day, year) AND HOW MARRIAGE ENDED (death divorce)

Sept 18, 2015 Death

30C IF YOU ARE SEPARATED, WHAT WAS THE CAUSE OF THE SEPARATION? GIVE THE REASON, DATE(S) AND DURATION OF THE SEPARATION *(IF THE SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDER)*

31A. WHAT IS YOUR SPOUSE S NAME? (First, middle initial, last name) (Skip to Item 32A if never married or no longer married)	31B WHAT IS YOUR SPOUSE'S DATE OF BIRTH? (MM,DD,YYYY)	31C WHAT IS YOUR SPOUSE'S SOCIAL SECURITY NUMBER?

31D IS YOUR SPOUSE ALSO A VETERAN? ☐ YES ☐ NO *(If "Yes," complete Item 31E)*	31E WHAT IS YOUR SPOUSE'S VA FILE NUMBER? *(If applicable)*

32A. WAS THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE AGE OF *MAJORITY* (AGE 18 IN MOST STATES)? ☐ YES ☐ NO *(If "Yes," skip to Item 34)*	32B DATE(S) OF PARENTAL CONTROL *(If veteran did not live in your household continuously before age 18 provide the time period (dates) when he/she was under your parental control)* (MM DD YYYY) *to* (MM DD YYYY) (MM DD YYYY) *to* (MM DD YYYY)

32C WHY WASN'T THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE AGE OF MAJORITY? (Explain fully)

33 NAME AND ADDRESS OF EACH PERSON WHO ASSUMED PARENTAL CONTROL OVER THE VETERAN OUTSIDE THE DATE(S) SHOWN IN ITEM 32B

A. NAME (FIRST, MIDDLE, LAST)	B ADDRESS
	Street address, rural route, or P O Box — Apt. number
	City — State — ZIP Code — Country
	Street address, rural route, or P O Box — Apt. number
	City — State — ZIP Code — Country

34 IF YOU ARE NOT THE BIOLOGICAL PARENT OF THE VETERAN, PROVIDE THE NAMES OF THE BIOLOGICAL PARENTS, IF DECEASED, PROVIDE THE DATE OF DEATH

A. NAME (FIRST, MIDDLE, LAST)	B DATE OF DEATH (MM,DD YYYY)

SECTION VI DIC *(COMPLETE ONLY IF CLAIMING DEPENDENCY AND INDEMNITY COMPENSATION (DIC))*

(Skip to Section VII if you are NOT claiming DIC)

35 WHAT BENEFIT ARE YOU CLAIMING?

☐ DIC ☐ DIC under 38 U S C 1151 (RARE)

36 LIST ANY VA MEDICAL CENTERS WHERE THE VETERAN RECEIVED TREATMENT PERTAINING TO YOUR CLAIM AND PROVIDE TREATMENT DATES

A. NAME AND LOCATION OF VA MEDICAL CENTER	B DATE(S) OF TREATMENT

RECEIVED
NASHVILLE, TN 320
2016 APR 28 PM 2:19
VA REGIONAL COUNTY

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SECTION VII NET WORTH *(COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)*

(Skip to Section XI if you are NOT claiming death pension benefits or parents DIC)

37 NET WORTH (DO NOT LEAVE ANY ITEMS BLANK. If your household has no net worth in a particular source, write "0" or "none")

Report total net worth for your household Identify the *specific* owner for each net worth source, yourself or another person in your household, as applicable If you are the custodian filing for a child of the veteran, you must report your net worth and the child's net worth, if any

SOURCE	AMOUNT	OWNER	SOURCE	AMOUNT	OWNER
CASH/NON-INTEREST BEARING BANK ACCOUNTS	$ Ø		REAL PROPERTY *(Not your home, vehicle, furniture, or clothing)*	$ Ø	
INTEREST-BEARING BANK ACCOUNTS	$ Ø		ALL OTHER PROPERTY *(Please write source)*	$ 30 Acres	Darlene Hopkins
IRA'S, KEOGH PLANS, ETC	$ Ø		ALL OTHER PROPERTY *(Please write source)*	$ nothing on it	
STOCKS, BONDS, MUTUAL FUNDS, ETC	$ Ø		OTHER *(Provide source)*	$ Ø	

SECTION VIII GROSS MONTHLY INCOME *(COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)*

(Skip to Section XI if you are NOT claiming death pension benefits or parents DIC)

38 GROSS MONTHLY INCOME (DO NOT LEAVE ANY ITEMS BLANK. If no income was received from a particular source, write "0" or "none")

Report total monthly income for your household Identify the *specific* income recipient for each income source, yourself or another person in your household, as applicable If you are the custodian filing for a child of the veteran, you must report your income and the child's income, if any

SOURCE	AMOUNT	RECIPIENT	SOURCE	AMOUNT	RECIPIENT
SOCIAL SECURITY	$ 583.00	Darlene Hopkins	SERVICE RETIREMENT/ SURVIVOR BENEFIT PLAN (SBP) ANNUITY	$ Ø	
SOCIAL SECURITY	$ 583.00	Kerri Hopkins	SUPPLEMENTAL SECURITY INCOME (SSI)/PUBLIC ASSISTANCE	$ Ø	
U S CIVIL SERVICE	$ Ø		OTHER *(Provide source)*	$ Ø	
U S RAILROAD RETIREMENT	$ Ø		OTHER *(Provide source)*	$ Ø	
BLACK LUNG BENEFITS	$ Ø		OTHER *(Provide source)*	$ Ø	

SECTION IX. EXPECTED INCOME *(COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)*

(Skip to Section XI if you are NOT claiming death pension benefits or parents DIC)

39 EXPECTED INCOME - NEXT 12 MONTHS (DO NOT LEAVE ANY ITEMS BLANK. If no income was received from a particular source, write "0" or "none")

Report expected total household income for the 12 month period following the veteran's death If the claim is filed more than one year after the veteran died, report the expected total household income for the 12 month period from the date you sign this application Identify the *specific* income recipient for each income source, yourself or another person in your household, as applicable If you are the custodian filing for a child of the veteran, you must report *your expected income* and the *child s expected income*, if any

SOURCE	AMOUNT	RECIPIENT	SOURCE	AMOUNT	RECIPIENT
GROSS WAGES AND SALARY	$ 1,000.00	Darlene Hopkins	OTHER INCOME EXPECTED *(Provide source)*	$ Ø	
GROSS WAGES AND SALARY	$ Ø		OTHER INCOME EXPECTED *(Provide source)*	$ Ø	
TOTAL DIVIDENDS AND INTEREST	$ Ø		OTHER INCOME EXPECTED *(Provide source)*	$ Ø	

SECTION X MEDICAL, LAST ILLNESS, BURIAL, OR OTHER UNREIMBURSED EXPENSES *(COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)*

(Skip to Section XI if you are NOT claiming death pension or parents DIC)

40 MEDICAL, LAST ILLNESS, BURIAL, OR OTHER UNREIMBURSED EXPENSES

Family medical expenses and certain other expenses actually paid by you may be deductible from your income Show the amount of any continuing family medical expenses such as the monthly Medicare deduction or nursing home costs you pay Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid Last illness and burial expenses are unreimbursed amounts paid by you for the veteran's or his/her child's last illness and burial and the veteran's just debts Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials Do not include any expenses for which you were reimbursed If you receive reimbursement after you have filed this claim, promptly advise the VA office handling your claim

AMOUNT PAID BY YOU	DATE PAID (mm/dd/yyyy)	PURPOSE (Medicare deduction, nursing home costs, burial expenses etc.)	PAID TO (Name of nursing home, hospital, funeral home, etc.)	RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID (Spouse child etc.)
1800.00	Sept 25 2015	burial	Gas + Burial	Husband
			Heritage Funeral Home	
			Christicothe Ohio	

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SECTION XI DIRECT DEPOSIT INFORMATION *(MUST COMPLETE)*

The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit Please attach a voided personal check or deposit slip or provide the information requested below in Items 41, 42, and 43 to enroll in direct deposit. If you *do not* have a bank account, you must receive your payment through Direct Express Debit MasterCard To request a Direct Express Debit MasterCard you must apply at www.usdirectexpress.com or by telephone at 1-800-333-1795 If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950 They will encourage your participation in EFT and address any questions or concerns you may have

41 ACCOUNT NUMBER (Check the appropriate box and provide the account number, or simply write "Established" if you have a direct deposit with VA.)

☒ CHECKING Account No 1363603

☐ SAVINGS Account No _____

☐ I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT

42 NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)	43 ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)
First national Bank of Hooker OK	103110046

SECTION XII CLAIM CERTIFICATION AND SIGNATURE *(MUST COMPLETE)*

I certify and authorize the release of information I certify that the statements in this document are true and complete to the best of my knowledge I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential

I certify I have received the notice attached to this application titled *Notice to Survivor of Evidence Necessary to Substantiate a Claim for Dependency Indemnity Compensation, Death Pension, and/or Accrued Benefits*

I certify I have enclosed all information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility, such as a VA medical center; **OR,** I have no information or evidence to give VA to support my claim, **OR,** I have checked the box in Item 44, indicating that I do not want my claim considered for rapid processing in the Fully Developed Claim (FDC) Program because I plan to submit further evidence in support of my claim

44 The FDC Program is designed to rapidly process compensation or pension claims received with the evidence necessary to decide the claim VA will *automatically consider a claim submitted on this form for rapid processing under the FDC Program* Check the box below ONLY if you **DO NOT want your claim considered for rapid processing** under the FDC Program because you plan to submit further evidence in support of your claim

☐ I **DO NOT want my claim considered for rapid processing** under the FDC Program because I plan to submit further evidence in support of my claim

45A CLAIMANT'S SIGNATURE (REQUIRED)	45B DATE SIGNED
Darlene L Hafner	3 NOV 2015

SECTION XIII WITNESSES TO SIGNATURE *(COMPLETE ONLY IF CLAIMANT SIGNED ITEM 45A WITH AN "X")*

46A SIGNATURE OF WITNESS (If claimant signed above using an "X")	46B PRINTED NAME AND ADDRESS OF WITNESS
47A SIGNATURE OF WITNESS (If claimant signed above using an "X")	47B PRINTED NAME AND ADDRESS OF WITNESS

RECEIVED NASHVILLE, TN 2015 NOV 23 PM 2:1 MAIL ROOM

PRIVACY ACT NOTICE The form will be used to determine allowance to compensation and/or pension benefits (38 U S C 5101). The responses you submit are considered confidential (38 U S C 5701) VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records 58VA21/22/28, *Compensation, Pension, Education, and Vocational Rehabilitation and Employment* Records - VA, published in the Federal Register The requested information is considered relevant and necessary to determine maximum benefits under the law Information submitted is subject to verification through computer matching programs with other agencies VA may make a "routine use" disclosure for civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration Your obligation to respond is required in order to obtain or retain benefits Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs Social Security Information You are required to provide the Social Security number requested under 38 U S C 5101(c)(1) VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above

RESPONDENT BURDEN We need this information to determine your eligibility for pension Title 38, United States Code, allows us to ask for this information We estimate that you will need an average of 25 minutes to review the instructions, find the information, and complete this form VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed You are not required to respond to a collection of information if this number is not displayed Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

11042015 - VA Claims Intake Center, Janesville WI
BEST COPY

HERITAGE FUNERAL HOME
3141 N. WASHINGTON ST.
CHILLICOTHE, MISSOURI 64601
(660) 646-6600

DECEASED Marshall H. Hopkins No. 2916#
DATE OF DEATH 9-18-2015
PLACE OF DEATH Memphis TN.
DATE OF STATEMENT 9-24-2015

SERVICES, FACILITIES & TRANSPORTATION

Basic Services of Funeral Director & Staff	$ 300.00
Embalming	325.00
Other Preparation of Body	
Use of Facilities & Staff for Viewing / Visitation	
Use of Facilities & Staff for Funeral Ceremony	
Use of Facilities & Staff for Memorial Service	
Use of Equipment & Staff for Graveside Service	
Use of Equipment & Staff for Church Service	
Transfer of Remains to Funeral Home	150.00
Hearse	
Limousine	
Sedan	
Service / Utility Vehicle	
TOTAL SERVICE CHARGE	$ 775.00

MERCHANDISE

Casket (or alternative container)	325.00
Name/No. PARAMOUNT PLEX	
Material 20GA STEEL N-C	
Color SILVER	
Outer Burial Container	
Name/No.	
Material	
Clothing	
Acknowledgement Cards	
Register Book	N/C
Memory Folders / Prayer Cards	N/C
Cremation Urn	
TOTAL MERCHANDISE	$ 325.00

SPECIAL SERVICES

☐ Forwarding Remains to: ☐ Receiving Remains from:

Immediate Burial	
Direct Cremation	
Other	
TOTAL OF SPECIAL CHARGES	$ —

TOTAL FUNERAL HOME CHARGES $ 1100.00
(This total does not include Cash Advances)

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

CASH ADVANCES

Certified Copies of Death Certificate
— @ $ — each — $ —

Clergy	
Musician	
Paid Newspaper Notice	N/C.
Cemetery	400.00
Esp	105.00
Other	
TOTAL CASH ADVANCES	$ 505.00

We charge you for our services in obtaining: (specify cash advance items).

SUMMARY

Total Funeral Home Charges	$ 1100.00
Local Sales Tax (if applicable)	$
State Sales Tax (if applicable)	$ 23.48
Total Cash Advances	$ 505.00
GRAND TOTAL	$ 1628.48

Less Credits and Payments

	$
	$
Total Credits	$
BALANCE DUE ▶	$ 1628.48

Billing To Darlene Hopkins

DISCLOSURES

Reason for embalming During

If any law, cemetery or crematory requirements made required the purchase of any items listed, the law or requirement is explained below.

NONE

2016 NOV -2 PM 1:02 RECEIVED

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Terms of Payment: 10 days NET.

Full payment is due no later than Aug 7-2015.

If any payment is not paid when due, an unanticipated LATE CHARGE of 2 % per month (ANNUAL PERCENTAGE RATE 24 %) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

x Darlene R Hopkins
Signed Dated

Social Security Number

x
Signed Dated

ACCEPTANCE This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

By Jim Helm

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CM

Department of Veterans Affairs
Wichita Regional Office
PO BOX 21318
Wichita, KS 67208-7318

Department of Veterans Affairs
Claims Intake Center
PO BOX 5235
Janesville, WI 53547-5235

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11042015 - VA Claims Intake Center, Janesville WI
BEST COPY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Marshall Hugh Hopkins
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 18, 2015
4. TIME OF DEATH (Approx.): 8:38 am
5a. AGE-Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 20, 1943
7. BIRTHPLACE (City and State or Foreign Country): Larned, Kansas

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): VA Medical Center
8c. CITY OR TOWN: Memphis
8d. COUNTY OF DEATH: Shelby

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Darlene Herbert
11a. DECEDENT'S USUAL OCCUPATION: Tourism Director
11b. KIND OF BUSINESS/INDUSTRY: Economic Development
(b) (6)
12a. RESIDENCE-STATE OR FOREIGN COUNTRY: Missouri
12b. COUNTY: Daviess
12c. CITY OR TOWN: Jamesport
(b) (6)
12e. INSIDE CITY LIMITS: [ ] Yes [X] No
(b) (6)
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[X] 8th grade or less
[ ] 9th – 12th grade; no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[X] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[X] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[X] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[X] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[X] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Harry Hopkins
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mittarae Rogers

DISPOSITION

20a. INFORMANT'S NAME: Darlene Hopkins
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 306 West Auberry Grove, Jamesport, MO 64648
21a. METHOD OF DISPOSITION: [ ] Donation [X] Entombment [X] Burial [ ] Cremation [X] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Brassfield Cemetery
21c. LOCATION - City or Town and State: Chillicothe, Missouri
22a. SIGNATURE OF FUNERAL DIRECTOR: Thomas Hebner
(b) (6)
22c. SIGNATURE OF EMBALMER: Thomas Hebner
(b) (6)
23a. NAME AND ADDRESS OF FUNERAL HOME: Heritage Funeral Home 3141 N. Washington, Chillicothe, MO 64601
23b. LICENSE NUMBER OF FUNERAL HOME: 2004001922

REGISTRAR

24. REGISTRAR'S SIGNATURE: Kristine Russell RR
25. DATE FILED (Month, Day, Year): OCT 0 2 2015

CERTIFIER

26. CERTIFIER (Check only one)
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. [ ] MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: MD
27b. LICENSE NUMBER: MD0187794
27c. DATE SIGNED (Month, Day, Year): 9/30/15
27d. NAME AND ADDRESS: Gayle Minard M.D. VAMC 1030 Jefferson Ave. Memphis, TN 38104

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Small bowel infarction — Due to (or as a consequence of)
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.
b. — Due to (or as a consequence of):
c. — Due to (or as a consequence of):
d.

Approximate interval: Onset to death: 48 hours

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Diabetes, hyperlipidemia, inguinal hernias

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown
32. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: [X] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1399

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I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Local Registrar

8225024

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

8225024

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: OCT 12 2015

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

OMB Approved No. 2900-0003
Respondent Burden: 15 Minutes
Expiration Date: 06/30/2017

Department of Veterans Affairs

APPLICATION FOR BURIAL BENEFITS
(Under 38 U.S.C. Chapter 23)

(DO NOT WRITE IN THIS SPACE)
(VA DATE STAMP)

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VA RO 452 WICHITA, KS
MAILROOM

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY. Type or print all information.

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN
Marshall Hugh Hopkins

(b) (6) [redacted]

3. VA FILE NUMBER

4. FIRST, MIDDLE, LAST NAME OF CLAIMANT
Darlene Ruth Hopkins

5. TELEPHONE NUMBER(S) *(Include Area Code)*
A. DAYTIME: 620-272-4822
B. EVENING

6. E-MAIL ADDRESS OF CLAIMANT
Darlene.Hopkins@yahoo.com

(b) (6) [redacted]

8. RELATIONSHIP OF CLAIMANT TO DECEASED VETERAN *(Check one)*

- [X] SPOUSE
- [ ] CHILD
- [ ] PARENT
- [ ] EXECUTOR/ADMINISTRATOR OF ESTATE
- [ ] OTHER *(Specify)*

PART I - INFORMATION REGARDING VETERAN

9A. DATE OF BIRTH	9B. PLACE OF BIRTH	
07-20-1943	Larned Ks	
10A. DATE OF DEATH	**10B. PLACE OF DEATH**	**10C. DATE OF BURIAL**
9-18-2015	Memphis Tenn	26 Sept 2015

10D. WHERE DID THE VETERAN'S DEATH OCCUR? *(Check one)*

- [X] VA MEDICAL CENTER
- [ ] STATE VETERANS HOME
- [ ] NURSING HOME UNDER VA CONTRACT
- [ ] OTHER *(Specify)*

SERVICE INFORMATION *(The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)*

11A. ENTERED SERVICE DATE	11A. ENTERED SERVICE PLACE	11B. SERVICE NUMBER	11C. SEPARATED FROM SERVICE DATE	11C. SEPARATED FROM SERVICE PLACE	11D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
12-02-63			06-09-67		Airforce E7

12. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

PART II - CLAIM FOR BURIAL ALLOWANCE

13. BENEFITS REQUESTED *(Check one)*

- [X] NON-SERVICE-CONNECTED DEATH
- [ ] SERVICE-CONNECTED DEATH

14. IF DECEASED VETERAN'S SPOUSE, DID YOU PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE?

- [ ] YES
- [X] NO

15A. DID YOU INCUR EXPENSES FOR THE VETERAN'S BURIAL OR INTERMENT?

- [X] YES
- [ ] NO

15B. ARE YOU SEEKING BURIAL BENEFITS FOR A VETERAN'S NON-SERVICE-CONNECTED DEATH OCCURING AT A VA MEDICAL CENTER, NURSING HOME UNDER VA CONTRACT, OR OTHER VA FACILITY?

- [X] YES
- [ ] NO

(If "Yes," provide actual burial cost) $ 1775.48

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PART III - CLAIM FOR PLOT OR INTERMENT ALLOWANCE

16. PLACE OF BURIAL OR LOCATION OF DECEASED VETERAN'S REMAINS *(Specify)*
Brassfield Cemetery

17. WAS VETERAN BURIED IN A NATIONAL CEMETERY OR ONE OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO

18A. DID A FEDERAL/STATE GOVERNMENT OR THE VETERAN'S EMPLOYER CONTRIBUTE TO THE BURIAL?
☐ YES ☒ NO *(If "Yes," complete Item 18B)*

18B. AMOUNT OF GOVERNMENT OR EMPLOYER CONTRIBUTION
$

PART IV - CLAIM FOR TRANSPORTATION REIMBURSEMENT

19. EXPENSES INCURED FOR THE TRANSPORTATION OF THE VETERAN'S REMAINS FROM THE PLACE OF DEATH TO THE FINAL RESTING PLACE *(Attach itemized receipts)*
$

PART V - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

20A. SIGNATURE OF CLAIMANT *(If signed using an "X", complete Items 24A thru 25B)* *(If signing for firm, corporation, or State agency, complete Items 20B thru 21)*
Dalee E Hazlett

20B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY

21. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

NOTE - Where the claimant is a firm, corporation or State agency, Items 22A thru 25 ***MUST*** be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

22A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES

22B. DATE

22C. NAME AND TITLE OF PERSON AUTHORIZING SERVICES *(Type or Print)*

23. ADDRESS *(Number and street or rural route, city or P.O., State and ZIP Code)*

WITNESS TO SIGNATURE IF MADE BY "X"

NOTE - If claimant signed above using an "X", signature must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

24A. SIGNATURE OF WITNESS

24B. ADDRESS OF WITNESS

25A. SIGNATURE OF WITNESS

25B. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.

DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS

The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals may include any veterans with an other than dishonorable discharge who dies after service or any servicemember who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals in a national or post cemetery are furnished automatically without request from the family.
For additional information on burial benefits go to the web site, www.cem.va.gov/bbene_burial.asp. To obtain VA Form 40-1330, Application for Standard Government Headstone or Marker go to www.va.gov/vaforms or contact your local VA regional office. The address of that office can be found at to www.va.gov/directory.

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Patient Name: HOPKINS,MARSHALL HUGH
(b) (6)
Claim Folder Loc: 351
(b) (6)
Admission Date: 08/26/15
Admitting Diagnosis: HYDRONEPHROSIS/ARI
Discharge Date: 08/27/15
Bed Service: MED/SURG
Recv A&A?: NO
Pension?: NO
Eligibility data: SC, 50% TO 100% (Verified)

DROP FILE

NSC Issue, NAN, 11/13/15 rar

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Patient Name: HOPKINS,MARSHALL HUGH
(b)(6)
Claim Folder Loc: 351
(b)(6)
Admission Date: 08/26/15
Admitting Diagnosis: HYDRONEPHROSIS/ARI
Discharge Date: 08/27/15
Bed Service: MED/SURG
Recv A&A?: NO
Pension?: NO
Eligibility data: SC, 50% TO 100% (Verified)

DROP FILE

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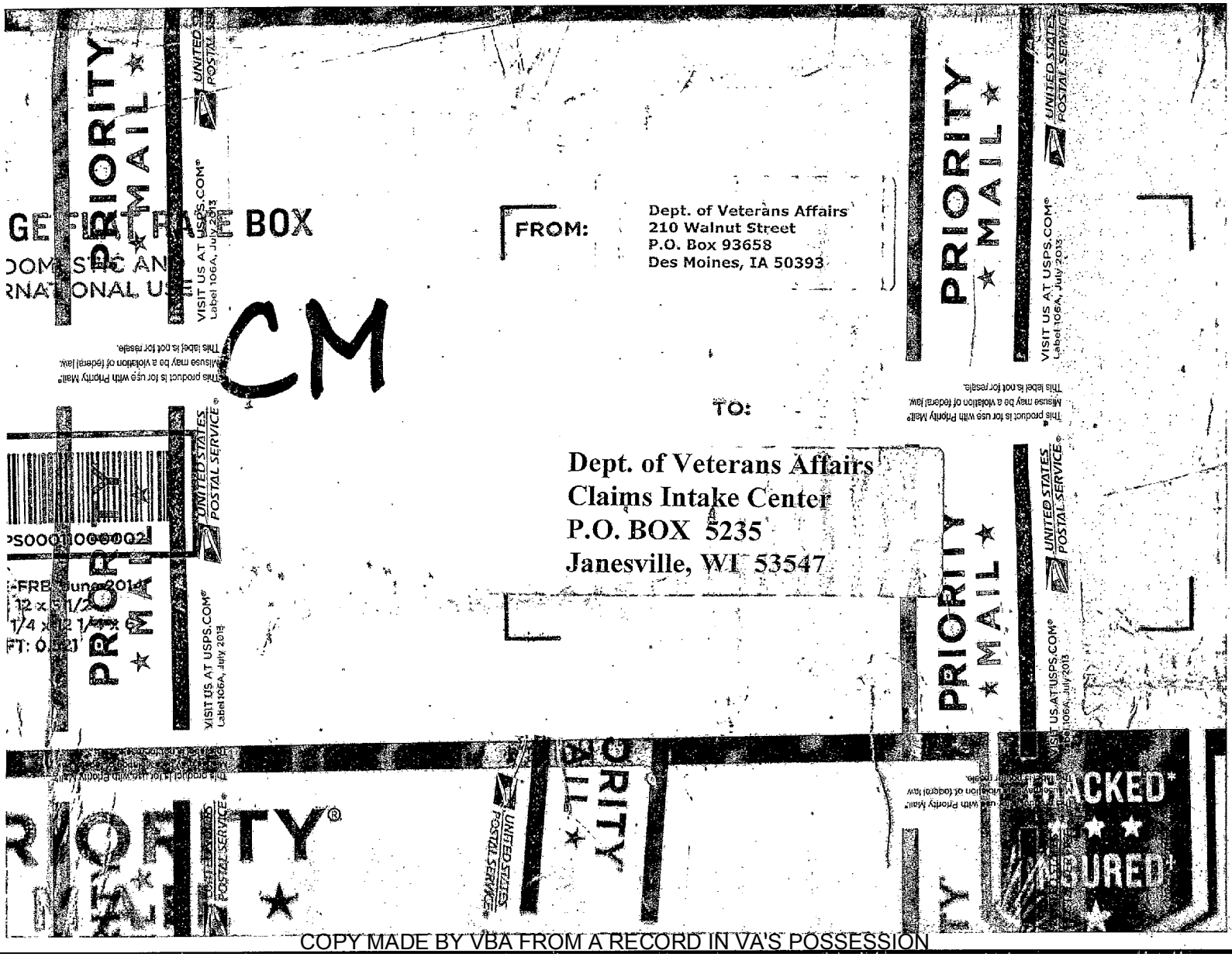

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DEPARTMENT OF VETERANS AFFAIRS

August 17, 2015

MARSHALL H HOPKINS
(b) (6)

In reply, refer to:
351/TL
(b) (6)
Marshall Hopkins

Dear Mr. Hopkins:

We made a decision regarding your entitlement to VA benefits.

This letter tells you about your entitlement amount, payment start date, and what we decided. It includes the evidence used and reasons for our decision. We have also included information about what to do if you disagree with our decision and who to contact if you have questions or need assistance.

Payment Summary

Your monthly entitlement amount is shown below:

Total VA Benefit	Amount Withheld	Amount Paid	Payment Start Date	Reason
$1,262.00	$406.00	$856.00	Jun 1, 2006	Recoupment of Disability Severance Pay
$1,303.00	$420.00	$883.00	Dec 1, 2006	Cost of Living Adjustment, Recoupment of Disability Severance Pay
$1,332.00	$429.00	$903.00	Dec 1, 2007	Cost of Living Adjustment, Recoupment of Disability Severance Pay
$1,409.00	$453.00	$956.00	Dec 1, 2008	Cost of Living Adjustment, Recoupment of Disability Severance Pay

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File Number: (b) (6)
HOPKINS, MARSHALL H

Total VA Benefit	Amount Withheld	Amount Paid	Payment Start Date	Reason(Continued)
$1,459.00	$469.00	$990.00	Dec 1, 2011	Cost of Living Adjustment, Recoupment of Disability Severance Pay
$1,483.00	$476.00	$1,007.00	Dec 1, 2012	Cost of Living Adjustment, Recoupment of Disability Severance Pay
$1,483.00	$199.93	$1,283.07	Feb 1, 2013	Recoupment of Disability Severance Pay
$1,483.00	$0.00	$1,483.00	Mar 1, 2013	Recoupment of Disability Severance Pay
$1,505.66	$0.00	$1,505.66	Dec 1, 2013	Cost of Living Adjustment
$1,505.40	$0.00	$1,505.40	Jan 1, 2014	Cost of Living Adjustment
$1,530.71	$0.00	$1,530.71	Dec 1, 2014	Cost of Living Adjustment
$1,447.71	$0.00	$1,447.71	Aug 22, 2021	Minor Child Adjustment

We are currently paying you as a Veteran with 2 dependents. *Let us know right away if there is any change in the status of your dependents.*

You Can Expect Payment

Generally, payments begin the first day of the month following the effective date. When applicable, a retroactive payment, minus any withholdings, will be issued. Thereafter, payment will be made at the beginning of each month for the prior month. For example, benefits due for May are paid on or about June 1.

Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact your financial institution.

If this account is no longer open,
please notify us immediately.

We Have Withheld Benefits

You received severance pay of $75,380.00 for your major depression with sleep difficulty and memory loss. We must hold back all or part of your VA compensation until this severance amount is paid back. If received after September 30, 1996, VA shall withhold the after federal

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income tax amount of severance pay. If received prior to October 1, 1996, VA shall withhold the amount of severance pay received before federal taxes were taken out. After the severance amount is paid back, you'll start receiving your full VA compensation.

What We Decided

We made the following decision(s):

We have added Darlene and Kerri back to your award from June 1, 2006, the date that they were previously removed.

We will remove your dependent KERRI HOPKINS effective August 22, 2021 because:

- He/she is over the age of 18 and not attending school.

Are You Entitled to Additional Benefits?

Did you know you may be eligible for a VA guaranteed mortgage with no down payment (potentially exempt from a funding fee depending on your rating)? For more information about this benefit, or to determine and print your Loan Guaranty Certificate of Eligibility, please visit the eBenefits website at http://www.ebenefits.va.gov.

If you served overseas in support of a combat operation you may be eligible for mental health counseling at no cost to you at the Veteran's Resource Center. For more information on this benefit please visit https://www.myhealth.va.gov/mhv-portal-web/.

The VA provides Blind Rehabilitation services to eligible blind, low vision, or visually impaired Veterans to help them regain their independence and quality of life. The Veteran's blindness, low vision, or vision impairment does NOT have to be related or caused by military service. If you need help with your vision loss, please contact your nearest Visual Impairment Services Team Coordinator (VIST) at the eye clinic at your nearest VA Medical Center. For more information, go to www.va.gov/blindrehab/.

What You Should Do If You Disagree With Our Decision

For Compensation Claims:

If you do not agree with our decision, you must complete and return to us the enclosed VA Form 21-0958, *Notice of Disagreement*, in order to initiate your appeal. You have *one year from the*

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date of this letter to appeal the decision. The enclosed VA Form 4107, "*Your Rights to Appeal Our Decision,*" explains your right to appeal.

What is eBenefits?

eBenefits provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Request a Veterans Service Officer to represent you
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in eBenefits is easy. Just visit www.eBenefits.va.gov for more information. If you submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

If You Have Questions or Need Assistance

If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov.
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail or fax all written correspondence to the appropriate address listed on the attached *Where to Send Your Written Correspondence* chart, below.

In all cases, be sure to refer to your VA file number (b) (6)

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If you are looking for general information about benefits and eligibility, you should visit our web site at http://www.va.gov, or search the Frequently Asked Questions (FAQs) at http://iris.va.gov.

We sent a copy of this letter to DISABLED AMERICAN VETERANS, who you have appointed as your representative. If you have questions or need assistance, you can also contact your representative.

Thank you for your service,

Regional Office Director

Enclosure(s): VA Form 4107
VA Form 21-0958
Where to Send Your Written Correspondence

cc: DISABLED AMERICAN VETERANS

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Department of Veterans Affairs

YOUR RIGHTS TO APPEAL OUR DECISION

After careful and compassionate consideration, a decision has been reached on your claim. If we were not able to grant some or all of the VA benefits you asked for, this form will explain what you can do if you disagree with our decision. If you do not agree with our decision, you may:

- Start an appeal by submitting a Notice of Disagreement.
- Give us evidence we do not already have that may lead us to change our decision.

This form will tell you how to appeal and how to send us more evidence. You can do either one or both of these things.

HOW CAN I APPEAL THE DECISION?

How do I start my appeal? To begin your appeal, you **must** submit VA Form 21-0958, "Notice of Disagreement," if that form was provided to you in connection with our decision. If we denied more than one claim for a benefit (for example, if you claimed compensation for three disabilities and we denied two of them), please tell us in Part III of VA Form 21-0958 each of the claims you are appealing. A filed VA Form 21-0958 is considered your Notice of Disagreement. If you did not receive VA Form 21-0958 in connection with our decision, then write us a letter telling us you disagree with our decision or enter your disagreement on VA Form 21-0958 in questions 15 or 16A. If you did not receive VA Form 21-0958 in connection with our decision, then either your statement or VA Form 21-0958 is considered your Notice of Disagreement. ***Send your Notice of Disagreement to the address included on our decision notice letter.***

How long do I have to start my appeal? You have one year to start an appeal of our decision. ***Your*** Notice of Disagreement must be postmarked (or received by us) within one year from the date of ***our*** letter denying you the benefit. In most cases, you cannot appeal a decision after this one-year period has ended.

What happens if I do not start my appeal on time? If you do not start your appeal on time, our decision will become final. Once our decision is final, you cannot get the VA benefit we denied unless you either:

- Show that we were clearly wrong to deny the benefit ***or***
- Send us new evidence that relates to the reason we denied your claim.

What happens after VA receives my Notice of Disagreement? We will either grant your claim or send you a Statement of the Case. A Statement of the Case describes the facts, laws, regulations, and reasons that we used to make our decision. We will also send you a VA Form 9, "Appeal to Board of Veterans' Appeals," with the Statement of the Case. If you want to continue your appeal to the Board of Veterans' Appeals (the Board) after receiving a Statement of the Case, you must complete and return the VA Form 9 within one year from the date of our letter denying you the benefit ***or*** within 60 days from the date that we mailed the Statement of the Case to you, ***whichever is later***. If you decide to complete an appeal by filing a VA Form 9, you have the option to request a Board hearing. Hearings often increase wait time for a Board decision. It is not necessary for you to have a hearing for the Board to decide your appeal. It is your choice.

Where can I find out more about the VA appeals process?

- You can find a "plain language" pamphlet called "How Do I Appeal," on the Internet at: http://www.bva.va.gov/How_Do_I_Appeal.asp.
- You can find the formal rules for the VA appeals process in title 38, Code of Federal Regulations, Part 20. You can find the complete Code of Federal Regulations on the Internet at: http://www.gpoaccess.gov/cfr/index.html. A printed copy of the Code of Federal Regulations may be available at your local law library.

YOUR RIGHT TO REPRESENTATION

Can I get someone to help me with my appeal? Yes. You can have a Veterans Service Organization representative, an attorney-at-law, or an "agent" help you with your appeal. You are not required to have someone represent you. It is your choice.

- Representatives who work for accredited Veterans Service Organizations know how to prepare and present claims and will represent you. You can find a listing of these organizations on the Internet at: http://www.va.gov/vso.

(Please continue reading on page 2)

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- A private attorney or an "agent" can also represent you. VA only recognizes attorneys who are licensed to practice in the United States or in one of its territories or possessions. Your local bar association may be able to refer you to an attorney with experience in veterans' law. An agent is a person who is not a lawyer, but who VA recognizes as being knowledgeable about veterans' law. Contact us if you would like to know if there is a VA accredited agent in your area.

Do I have to pay someone to help me with my appeal? It depends on who helps you. The following explains the differences.

- Veterans Service Organizations will represent you for free.
- Attorneys or agents can charge you for helping you under some circumstances. Paying their fees for helping you with your appeal is your responsibility. If you do hire an attorney or agent to represent you, one of you must send a copy of any fee agreement to the following address within 30 days from the date the agreement is executed: Office of the General Counsel (022D), 810 Vermont Avenue, NW, Washington, DC 20420. *See* 38 C.F.R. 14.636(g). If the fee agreement provides for the direct payment of fees out of past-due benefits, a copy of the agreement must also be filed with us at the address included on our decision notice letter. *See* 38 C.F.R. 14.636(h)(4).

GIVING VA ADDITIONAL EVIDENCE

You can send us more evidence to support a claim whether or not you choose to appeal.

NOTE: Please direct all new evidence to the address included on our decision notice letter. You should not send evidence directly to the Board at this time. You should only send evidence to the Board if you decide to complete an appeal and, then, you should only send evidence to the Board after you receive written notice from the Board that they received your appeal.

If you have more evidence to support a claim, it is in your best interest to give us that evidence as soon as you can. We will consider your evidence and let you know whether it changes our decision. Please keep in mind that we can only consider new evidence that: (1) we have not already seen and (2) relates to your claim. You may give us this evidence either in writing or at a personal hearing with your local VA office.

In writing. To support your claim, you may send documents and written statements to us at the address included on our decision notice letter. Tell us in a letter how these documents and statements should change our earlier decision.

At a personal hearing. You may request a hearing with an employee at your local VA office at any time, whether or not you choose to appeal. We do not require you to have a local hearing. It is your choice. At this hearing, you may speak, bring witnesses to speak on your behalf, and hand us written evidence. If you want a local hearing, send us a letter asking for a local hearing. Use the address included on our decision notice letter. We will then:

- Arrange a time and place for the hearing
- Provide a room for the hearing
- Assign someone to hear your evidence
- Make a written record of the hearing

WHAT HAPPENS AFTER I GIVE VA EVIDENCE?

We will review any new evidence, including the record of the local hearing, if you choose to have one, together with the evidence we already have. We will then decide if we can grant your claim. If we cannot grant your claim and you complete an appeal, we will send the new evidence and the record of any local hearing to the Board.

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Department of Veterans Affairs

INFORMATION AND INSTRUCTIONS FOR COMPLETING NOTICE OF DISAGREEMENT (NOD)

IMPORTANT: PLEASE READ THE INFORMATION BELOW CAREFULLY TO HELP YOU COMPLETE THIS FORM QUICKLY AND ACCURATELY. SOME PARTS OF THE FORM ALSO CONTAIN NOTES OR SPECIFIC INSTRUCTIONS FOR COMPLETING THAT PART.
THE USE OF THIS FORM IS MANDATORY TO INITIATE AN APPEAL FROM A DECISION ON COMPENSATION CLAIMS. THIS FORM HAS SEVERAL KEY COMPONENTS, WHICH WHEN FILLED OUT COMPLETELY AND ACCURATELY, WILL DECREASE THE AMOUNT OF TIME IT TAKES TO PROCESS YOUR NOD.

FREQUENTLY ASKED QUESTIONS

For what do I use this standard NOD?

You **must** use this form if you wish to indicate to your Regional Office (RO) that you disagree with a decision you received regarding your claim for disability compensation. Examples of these decisions may include entitlement to service connection, percentage of evaluation assigned, and effective date among other things. This form is the only way that you can initiate an appeal from a decision on your claim for disability compensation.

Should I fill out this form?

You **must** fill out this form if you disagree with a decision issued by your RO about your disability compensation claim. This includes an initial decision, a decision for an increased rating, or any other decision with which you disagree. Only those issues that you list on this NOD will be considered on appeal. For those issues you do not list on this NOD, you will still have one year from the date of the decision notification letter to file an appeal for those issues.

Where can I get help?

You can ask the Department of Veterans Affairs (VA) to help you fill out the form by contacting us at 1-800-827-1000. Before you contact us, please make sure you gather the necessary information and materials, and complete as much of the form as you can.

What should I do when I have finished my NOD?

You should provide your signature in the block provided at the bottom of the second page. Be sure to sign every form you fill out before you send it to us. If you don't sign the form, VA will return it for you to sign, and it will take longer to process.

Attach any materials that support and explain your NOD.

Mail or take your NOD to the RO that issued the decision or notification that you disagree with, which is the Agency of Original Jurisdiction (AOJ.)

Do I need to keep a copy of this NOD form?

It is important that you keep a copy of all completed forms and materials you give to VA.

What constitutes a complete NOD form?

Generally, VA will consider your NOD "complete" if the following information is provided on the form:

(1) Part I - Information to identify the claimant such as name, Social Security Number, or VA claim number.
Please note that it would assist VA if you provide all the personal information in Part I. However, if you provide certain information specific to the claimant such as the claimant's last name and Social Security Number or VA file number, VA will be able to identify the claimant in our system and would not necessarily consider this NOD incomplete if other information in Part I such as the claimant's address and telephone number is excluded.
(2) Part III - Information to identify the specific nature of the disagreement.
Please enumerate the issues or conditions for which you seek appellate review in Item 10 of Part III. At a minimum, please indicate the specific issue of disagreement in Item 10A such as "right knee disability" or "PTSD" and indicate the area of disagreement in Item 10B by checking the appropriate box. If you disagree with an evaluation of a disability, you may tell us what percentage evaluation you seek in Item 10C. However, you are not required to indicate the percentage of evaluation sought in Item 10C in order to complete this form.
(3) Part IV - Claimant's signature.
Please be sure to sign the NOD, certifying that the statements on the form are true and correct to the best of the claimant's knowledge and belief.

IMPORTANT: If you do not provide the above information on this NOD, VA will consider your form incomplete and will request clarification from you: either 60 days from the date of VA's request for verification or one year from the date of mailing of the notice of decision of the AOJ, whichever is later. If you do not provide VA with a completed form within that time frame, the decision will become final, and you will have to file a new claim.

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SPECIFIC INSTRUCTIONS FOR THE NOD

Part I - Personal Information

Please provide all personal contact information.

Part II - Telephone Contact

Why is VA asking to contact me by telephone?

The purpose of the optional telephone contact is to help process your NOD quicker by requesting clarification of any ambiguous information on the form. If you indicate you wish to be contacted by telephone, VA may make up to two attempts to call you at the telephone number provided during the time slot you select. It is important to make sure you select a time period you will be available to speak with a RO representative by telephone.

Part III - Specific Issues of Disagreement

What date do I enter in the Notification/Decision Letter Date?

You should enter the date stamped on the notification or decision letter you received that you disagree with in Item 14. Please do not enter today's date in this field. If you need help identifying the date of the notification or decision you disagree with, contact us.

How do I complete this section?

The purpose of this section is for you to individually identify each area of disagreement that you have with our decision notification letter. Please list **only** the issues or disabilities with which you disagree. Only those issues that you list on this NOD will be considered on appeal. For those issues you do not list on this NOD, you will still have one year from the date of the decision notification letter to file an appeal for those issues.

In the Specific Issue of Disagreement column in Item 10, please individually identify in separate boxes each of the issues with which you disagree. For example, left knee condition, hearing loss, etc.

In the "Area of Disagreement" column, Item 10B, please check the area with which you disagree. For example, if you disagree with the effective date that VA assigned for a particular benefit, check the "Effective Date of Award" option. If VA granted a benefit, but you disagree with the evaluation that we assigned, check the "Evaluation of Disability" option. If you were claiming service connection for an injury or disability that you believe to be the result of your military service, and VA denied that claim, please check the "Service Connection" option. If you are disagreeing with our decision for reasons other than listed in the "Area of Disagreement" column, please check "Other" and specify your reason.

If you disagree with a disability evaluation that we have assigned and believe that the evidence justifies a specific evaluation, please list the percentage that you believe the evidence to warrant in the "Percentage of Evaluation Sought If Known" column, Item 15C, within Part III of the form. To assist, please refer to our decision notification letter where we indicate what the evidence must show for the evaluation we assigned as well as the next higher evaluation.

There is extra space provided for you in Item 11A to explain why you feel VA incorrectly decided your claim, and to list any disagreements not covered by the form. Please utilize this space to briefly and clearly explain why you disagree with our decision.

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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OMB Approved No. 2900-0791
Respondent Burden: 30 minutes
Expiration Date: 9/30/2017

Department of Veterans Affairs

NOTICE OF DISAGREEMENT

A CLAIMANT OR HIS OR HER DULY APPOINTED REPRESENTATIVE MAY FILE NOTICE EXPRESSING THEIR DISSATISFACTION OR DISAGREEMENT WITH AN ADJUDICATIVE DETERMINATION BY THE AGENCY OF ORIGINAL JURISDICTION. A DESIRE TO CONTEST THE RESULT WILL CONSTITUTE A NOTICE OF DISAGREEMENT (NOD.) WHILE SPECIAL WORDING IS NOT REQUIRED, THE NOD MUST BE IN TERMS WHICH CAN BE REASONABLY CONSTRUED AS DISAGREEMENT WITH THAT DETERMINATION AND A DESIRE FOR APPELLATE REVIEW. (AUTHORITY: 38 U.S.C. 7105)

TO FILE A VALID NOD, THERE IS A TIME LIMIT OF ONE YEAR FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT. FOR CONTESTED CLAIMS INCLUDING CLAIMS OF APPORTIONMENT, THIS TIME LIMIT IS 60 DAYS FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT.

(DO NOT WRITE IN THIS SPACE)
(VA DATE STAMP)

PART I - PERSONAL INFORMATION

1. VETERAN'S NAME *(First, middle initial, last)*

2. VA FILE NUMBER
C/CSS -

3. VETERAN'S SOCIAL SECURITY NUMBER
___ — ___ — ____

CLAIMANT'S PERSONAL INFORMATION

4. CLAIMANT'S NAME *(First, middle initial, last)*

5. MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

Number and Street *or* Rural Route, P.O. Box

Apt./Unit Number

City, State, ZIP Code and Country

6. PREFERRED TELEPHONE NUMBER *(Include Area Code)*

7. PREFERRED E-MAIL ADDRESS

PART II - TELEPHONE CONTACT

8. WOULD YOU LIKE TO RECEIVE A TELEPHONE CALL OR E-MAIL FROM A REPRESENTATIVE AT YOUR LOCAL REGIONAL OFFICE REGARDING YOUR NOD?

☐ YES ☐ NO *(If you answered "Yes," VA will make up to two attempts to call you between 8:00 a.m. and 4:30 p.m. local time at the telephone number and time period you select below. Please select up to two time periods you are available to receive a phone call.)*

☐ 8:00 a.m. - 10:00 a.m. ☐ 10:00 a.m. - 12:30 p.m. ☐ 12:30 p.m. - 2:00 p.m. ☐ 2:00 p.m. - 4:30 p.m.

Phone number I can be reached at the above checked time: _____

PART III - SPECIFIC ISSUES OF DISAGREEMENT

9. NOTIFICATION/DECISION LETTER DATE

10. PLEASE LIST EACH SPECIFIC ISSUE OF DISAGREEMENT AND NOTE THE AREA OF DISAGREEMENT. IF YOU DISAGREE ON THE EVALUATION OF A DISABILITY, SPECIFY PERCENTAGE EVALUATION SOUGHT, IF KNOWN. PLEASE LIST ONLY ONE DISABILITY IN EACH BOX. YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY.

A. Specific Issue of Disagreement	B. Area of Disagreement	C. Percentage (%) Evaluation Sought *(If known)*
	☐ Service Connection ☐ Effective Date of Award ☐ Evaluation of Disability ☐ Other *(Please specify)*	
	☐ Service Connection ☐ Effective Date of Award ☐ Evaluation of Disability ☐ Other *(Please specify)*	
	☐ Service Connection ☐ Effective Date of Award ☐ Evaluation of Disability ☐ Other *(Please specify)*	

(Continued on next page)

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PART III - SPECIFIC ISSUES OF DISAGREEMENT *(Continued)*		
A. Specific Issue of Disagreement	**B. Area of Disagreement**	**C. Percentage (%) Evaluation Sought** *(If known)*
	☐ Service Connection ☐ Effective Date of Award ☐ Evaluation of Disability ☐ Other *(Please specify)*	
	☐ Service Connection ☐ Effective Date of Award ☐ Evaluation of Disability ☐ Other *(Please specify)*	

11A. IN THE SPACE BELOW, OR ON A SEPARATE PAGE, PLEASE EXPLAIN WHY YOU FEEL WE INCORRECTLY DECIDED YOUR CLAIM, AND LIST ANY DISAGREEMENT(S) NOT COVERED ABOVE:

11B. DID YOU ATTACH ADDITIONAL PAGES TO THIS NOD?

☐ YES ☐ NO *(If so, how many?)*

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

12A. SIGNATURE	12B. DATE SIGNED

PENALTY: THE LAW PROVIDES SEVERE PENALTIES WHICH INCLUDE A FINE, IMPRISONMENT, OR BOTH, FOR THE WILLFUL SUBMISSION OF ANY STATEMENT OR EVIDENCE OF A MATERIAL FACT, KNOWING IT TO BE FALSE.

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Where to Send Your Written Correspondence		
Location of Residence		**Address to Send all Written Correspondence**
Alabama Connecticut Delaware District of Columbia Florida Georgia Indiana Kentucky Maine Maryland Massachusetts Michigan Mississippi New Hampshire New Jersey New York North Carolina Ohio Pennsylvania	Rhode Island South Carolina Tennessee Vermont Virginia West Virginia Puerto Rico Europe Asia Australia Africa Canada Palau Marshall Islands The U.S. Virgin Islands Federated States of Micronesia	Department Of Veterans Affairs Evidence Intake Center PO BOX 4444 Newnan, GA 30271-0020 Or fax your information to: Toll Free: 844-531-7818 DID: 248-524-4260
Alaska Arizona Arkansas California Colorado Louisiana Hawaii Idaho Illinois Iowa Kansas Oklahoma Oregon Minnesota Missouri Montana Nebraska Nevada	New Mexico North Dakota South Dakota Texas Utah Washington Wisconsin Wyoming Mexico Central America South America The Caribbean The Philippines American Samoa Guam Northern Mariana Islands	Department Of Veterans Affairs Evidence Intake Center PO BOX 4444 Janesville WI 53547-4444 Or fax your information to: Toll Free: 844-822-5246 DID: 608-373-6690

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STATION OF JURISDICTION: MUSKOGEE (351)

(b) (6)

MARSHALL H HOPKINS

Claim Information

Date of Claim	Type of Claim	End Product	POA	Claimant	Claim Jurisdiction
07/14/2015	Dependency	138	DISABLED AMERICAN VETERANS	Marshall H Hopkins	Muskogee (351)

Miscellaneous Data

Net Effect of Award as of Generation	Cross Reference	Employable	Competent Status	Fiduciary Status	PGF Loc
$19,970.26		Y	Competent	Pay Direct	

Verified Service

Name	Branch	Duty	EOD	RAD	Char Disch
Marshall H Hopkins	Air Force	Active Duty	12/02/1963	06/09/1967	Honorable
Marshall H Hopkins	Air Force Reserves	Active Duty for	12/28/1990	02/25/1991	Honorable

Gross Retired Pay

Date	Amount

Separation Pay

Amount

Disability Severance Pay

Before Tax	After Tax
$75,380.00	$75,380.00

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Primary Beneficiary Information

Mailing Address

MARSHALL H HOPKINS
(b) (6)

Payment Address

(b) (6)

Date of Birth: 07/20/1943

Gender: Male

(b) (6)

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Compensation/Pension Live Award

Eff Date	Reason	Gross	IVAP	MAPR	Total W/H	Allot W/H	Net	Dis Lvl	S	M C	H C	S C	P
06/01/2006	Recoupment of Disability Severance Pay	$1,262.00			$406.00		$856.00	070	Y	1			
12/01/2006	Cost of Living Adjustment, Recoupment of Disability Severance Pay	$1,303.00			$420.00		$883.00	070	Y	1			
12/01/2007	Cost of Living Adjustment, Recoupment of Disability Severance Pay	$1,332.00			$429.00		$903.00	070	Y	1			
12/01/2008	Cost of Living Adjustment, Recoupment of Disability Severance Pay	$1,409.00			$453.00		$956.00	070	Y	1			
12/01/2011	Cost of Living Adjustment, Recoupment of Disability Severance Pay	$1,459.00			$469.00		$990.00	070	Y	1			
12/01/2012	Cost of Living Adjustment, Recoupment of Disability Severance Pay	$1,483.00			$476.00		$1,007.00	070	Y	1			
02/01/2013	Recoupment of Disability Severance Pay	$1,483.00			$199.93		$1,283.07	070	Y	1			
03/01/2013	Recoupment of Disability Severance Pay	$1,483.00					$1,483.00	070	Y	1			
12/01/2013	Cost of Living Adjustment	$1,505.66					$1,505.66	070	Y	1			
01/01/2014	Cost of Living Adjustment	$1,505.40					$1,505.40	070	Y	1			
12/01/2014	Cost of Living Adjustment	$1,530.71					$1,530.71	070	Y	1			
08/22/2021	Minor Child Adjustment	$1,447.71					$1,447.71	070	Y				

Dependents

Name	DOB	SSN	Status	Award Effective Date	Decision Type
Kerri Hopkins	(b) (6)		Minor Child	09/01/2003	Eligible Minor Child
			Not an Award Dependent	08/22/2021	Turns 18
Darlene Hopkins	07/02/1964	522-94-9287	Spouse	12/01/2002	Dependency Established
Dal L Hopkins	(b) (6)		Minor Child	12/01/2002	Eligible Minor Child
			Not an Award Dependent	04/17/2006	Turns 18

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Review Messages

Remarks

Added Darlene and Kerri back to date previously removed (6-1-06)

Generated By - 58917004 (b) (6)	08/13/2015 5:16 PM	Authorized By (b) (6)	08/14/2015 8:29 AM

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OMB Approved No. 2900-0500
Respondent Burden: 10 Minutes

STATUS OF DEPENDENTS QUESTIONNAIRE

PRIVACY ACT NOTICE: - The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. You must give us your and your dependents SSN account information. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 U.S.C. 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine continued eligibility for an additional allowance for your spouse and/or child(ren). 38 U.S.C. 1115, Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet page at www.reginfo.gov/public/do/PRAMain. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

1. FIRST - MIDDLE - LAST NAME OF VETERAN	2. ARE YOU MARRIED?
MARSHALL H HOPKINS (b) (6)	☒ YES ☐ NO (If "Yes," complete Items 3A-3E)

3A. DATE OF MARRIAGE (Month, day, year)	3B. PLACE OF MARRIAGE (City, State)	3C. TO WHOM WERE YOU MARRIED? (First name, Middle Initial, Last Name)
06/01/2002	DENVER CO	DARLENE R HERBERT

(b) (6) SPOUSE	3E. DATE OF BIRTH OF SPOUSE (Month, day, year)
	07/02/1964

NOTE - Please provide the following information for each child under age 18, over age 18 and under 23 and attending school, or of any age if permanently disabled. If you have more than four children, list the others in Item 6, "Remarks," giving the information requested in Items 4A thru 4E. If you have no children in any of the categories described above, write "None" in Item 4A.

4A. FULL NAME OF EACH CHILD	4B. DATE OF BIRTH (MONTH, DAY, YEAR)	4C. PLACE OF BIRTH (CITY, STATE)	4D. SOCIAL SECURITY NUMBER	4E. NAME AND ADDRESS OF PERSION HAVING CUSTODY OF THE CHILD (If child is not in the custody of person claiming dependency allowance)
KERRI HOPKINS	(b) (6)	HOOKER OK	(b) (6)	

NOTE: Furnish the following information for each terminated dependent.

5A. FULL NAME OF EACH DEPENDENT	5B. PROVIDE REASON FOR TERMINATION (death, divorce, age)	5C. DATE OF TERMINATION

6. REMARKS

7. TELEPHONE NUMBER(S) (Include Area Code)		
(b) (6)	B. EVENING	C. CELL PHONE

I HEREBY CERTIFY THAT the information I have given on this form is true and correct to the best of my knowledge and belief.

8A. SIGNATURE OF VETERAN OR GUARDIAN	8B. DATE SIGNED
SIGN HERE IN INK Marshall H Hopkins	07/14/2015

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

VA FORM 21-0538, APR 2013

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

USE THIS COVER SHEET TO FAX CLAIMS TO THE VA'S CLAIMS AND EVIDENCE INTAKE CENTERS

(Central and Western Areas)

VBA's Office of Business Process Integration

Fax Coversheet and Checklist

To: VBA Claims and Evidence Intake Center
Fax: 844-822-5246
Veterans Claims Intake Program

- ☐ Veteran First and Last Name: Marshall Hopkins
- ☐ Veteran C File #: (b) (6) [redacted]
- ☐ Claimant Zip Code: 73645
- ☐ Fax Date: 7-14-15
- ☐ # of Pages to include Coversheet: 2
- ☐ Forms Included:

21-0538

Please correct dependency + date DEAD

DOUBLE CHECK: Check Confirmation sheet and ensure fax is to 844-822-5246

***Disclaimer:** Incorrect input of fax number, such as dialing the prefix "9" unnecessarily will result in failed submission to VA. Due to similarities in numbers, multiple parties have submitted to the wrong VA department. AVP Metro Petroleum is destroying any faxed Veterans records.*

VA Directive 6609, NOVEMBER 9, 2007: NOTICE! Access to Veterans records is limited to Authorized Personnel Only. Information may not be disclosed unless permitted pursuant to 38 CFR 1.500-1.599. The Privacy Act contains provisions for criminal penalties for knowingly and willingly disclosing information from the file unless properly authorized to do so.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
Debt Management Center
Bishop Henry Whipple Federal Building
P.O. Box 11930
St. Paul, MN 55111-0930

APRIL 4, 2015

MARSHALL H HOPKINS
(b) (6)

83 351 (b) (6)

Pay Numb r: 00
P rson Ent t d: MHHOPK
D duct on Cod : 30
E-Ma Addr ss: dmc.ops@va.gov
(P as prov d th nformat on abov on any -ma corr spond nc)

The Department of Veterans Affairs recently sent you a letter explaining that your entitlement to Compensation and Pension benefits had changed. As a result, you were paid $ 19,186.26 more than you were entitled to receive. **Since you are currently receiving VA benefits, we plan to withhold those benefits until the amount you were overpaid is recouped. The withholding is scheduled to begin on** July 2015.

WHAT ARE YOUR RIGHTS?
You have the right to dispute the debt and the right to request waiver. If you request waiver, you also have the right to request an oral hearing. **Information regarding these options is on the enclosed document entitled, Notice of Rights and Obligations. Read it carefully.**

WHAT ARE YOUR OPTIONS?
You can pay the debt in full within the next 30 days. Payment instructions are on the back of this letter. If you cannot afford to have your entire check withheld, contact us immediately. We will work with you to establish a reasonable payment schedule.

WHERE DO YOU CALL IF YOU HAVE QUESTIONS?
You can contact this office by calling toll-free, 1-800-827-0648. Our office hours are 7:30 AM to 6:00 PM Central Time. Please note we experience our highest call volumes on Mondays and throughout the first week of each month. By avoiding these peak times, you will minimize your wait time. Your call may be monitored to ensure quality information.

FOR PROPER CREDIT TO YOUR ACCOUNT, PLEASE DETACH AND RETURN WITH YOUR PAYMENT

Department of Veterans Affairs | 2015096 PAYMENT REMITTANCE

529567575003013080815161127 (b) (6) 0030 13080815161127 0133471 6

* FILE NO. ▶	(b) (6)	MOUNT ENCLOSED	ENTER YOUR CURRENT DDRESS BELOW ONLY IF THE ONE BOVE IS INCORRECT. PLE SE INCLUDE YOUR ZIP CODE.
PAYEE NO. ▶	00	$	
PERSON ENTITLED ▶	MHH0PK	YOUR TELEPHONE NO. (Include rea Code)	
DEDUCTION CODE ▶	30		

* *Please include this number on your check or money order.*

FL 4-474b-3, M Y 2012

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
Debt Management Center
Bishop Henry Whipple Federal Building
P.O. Box 11930
St. Paul, MN 55111-0930

APRIL 4, 2015

MARSHALL H HOPKINS
PO BOX 702
HOOKER OK 73945

83 351

File Number: 529567575
Payee Number: 00
Person Entitled: MHHOPK
Deduction Code: 30
E-Mail Address: dmc.ops@va.gov
(Please provide the information above on any e-mail correspondence)

The Department of Veterans Affairs recently sent you a letter explaining that your entitlement to Compensation and Pension benefits had changed. As a result, you were paid $ 19,186.26 more than you were entitled to receive. **Since you are currently receiving VA benefits, we plan to withhold those benefits until the amount you were overpaid is recouped. The withholding is scheduled to begin on** July 2015.

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FOR PROPER CREDIT TO YOUR ACCOUNT, PLEASE DETACH AND RETURN WITH YOUR PAYMENT

Department of Veterans Affairs — 2015096 PAYMENT REMITTANCE

529567575003013080815161127 (b) (6) 0030 13080815161127 0133471 6

* FILE NO. ▶	(b) (6)	OUNT ENCLOSED	ENTER YOUR CURRENT DDRESS BELOW ONLY IF THE ONE BOVE IS INCORRECT. PLE SE INCLUDE YOUR ZIP CODE.
PAYEE NO. ▶	00	$	
PERSON ENTITLED ▶	MHHOPK	YOUR TELEPHONE NO. (Include rea Code)	
DEDUCTION CODE ▶	30		

* *Please include this number on your check or money order.*

FL 4-474b-3, 1 Y 2012

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

STATION OF JURISDICTION: MUSKOGEE (351)

(b) (6)

MARSHALL H HOPKINS

Claim Information

Date of Claim	Type of Claim	End Product	POA	Claimant	Claim Jurisdiction
10/31/2014	Review-Writeout Affecting Payments	693	DISABLED AMERICAN VETERANS	Marshall H Hopkins	Muskogee (351)
12/29/2014	Predetermination Notice	600	DISABLED AMERICAN VETERANS	Marshall H Hopkins	Muskogee (351)

Miscellaneous Data

Net Effect of Award as of Generation	Cross Reference	Employable	Competent Status	Fiduciary Status	PGF Loc
-$19,186.26		Y	Competent	Pay Direct	

Verified Service

Name	Branch	Duty	EOD	RAD	Char Disch
Marshall H Hopkins	Air Force	Active Duty	12/02/1963	06/09/1967	Honorable
Marshall H Hopkins	Air Force Reserves	Active Duty for	12/28/1990	02/25/1991	Honorable

Gross Retired Pay

Date	Amount

Separation Pay

Amount

Disability Severance Pay

Before Tax	After Tax
$75,380.00	$75,380.00

Primary Beneficiary Information

Mailing Address

MARSHALL H HOPKINS

(b) (6)

Payment Address

(b) (6)

Date of Birth: 07/20/1943

Gender: Male

(b) (6)

VBMS COMPENSATION AND PENSION AWARD

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Compensation/Pension Live Award

Eff Date	Reason	Gross	IVAP	MAPR	Total W/H	Allot W/H	Net	Dis Lvl	S	M C	H C	S C	P
06/01/2006	Minor Child Adjustment, Change in Spouse Status, Recoupment of Disability Severance Pay	$1,099.00			$337.00		$762.00	070					
12/01/2006	Cost of Living Adjustment, Recoupment of Disability Severance Pay	$1,135.00			$348.00		$787.00	070					
12/01/2007	Cost of Living Adjustment, Recoupment of Disability Severance Pay	$1,161.00			$356.00		$805.00	070					
12/01/2008	Cost of Living Adjustment, Recoupment of Disability Severance Pay	$1,228.00			$376.00		$852.00	070					
12/01/2011	Cost of Living Adjustment, Recoupment of Disability Severance Pay	$1,272.00			$389.00		$883.00	070					
12/01/2012	Cost of Living Adjustment, Recoupment of Disability Severance Pay	$1,293.00			$395.00		$898.00	070					
12/01/2013	Cost of Living Adjustment, Recoupment of Disability Severance Pay	$1,312.40			$400.93		$911.47	070					
05/01/2014	Recoupment of Disability Severance Pay	$1,312.40			$293.28		$1,019.12	070					
06/01/2014	Recoupment of Disability Severance Pay	$1,312.40			$0.00		$1,312.40	070					
12/01/2014	Cost of Living Adjustment	$1,334.71					$1,334.71	070					

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Dependents

Name	DOB	SSN	Status	Award Effective Date	Decision Type
Kerri Hopkins	(b) (6)		Minor Child	09/01/2003	Eligible Minor Child
			Not an Award Dependent	06/01/2006	Failed to Confirm Dependency
Darlene Hopkins	07/02/1964	522-94-9287	Spouse	12/01/2002	Dependency Established
			Not an Award Dependent	06/01/2006	Failed to Confirm Dependency
Dal L Hopkins	(b) (6)		Minor Child	12/01/2002	Eligible Minor Child
			Not an Award Dependent	04/17/2006	Turns 18

Review Messages

Remarks

FN - remove Darlene and Kerri eff 05/22/06, failed to return 0538

Generated By - 56799008 (b) (6)	03/19/2015 12:20 PM	Authorized By (b) (6)	03/20/2015 8:26 AM

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March 20, 2015

DEPARTMENT OF VETERANS AFFAIRS

MARSHALL H HOPKINS
(b) (6)

In Reply Refer To:
(b) (6)
HOPKINS, M H

Dear Mr. Hopkins:

As proposed in our letter dated December 29, 2014, we have removed your spouse, Darlene, and your child, Kerri, from your compensation award effective June 1, 2006, the first day of the month following the last date you verified them as your dependents.

Your Award Amount and Payment Start Date

Your monthly entitlement amount is shown below:

Total VA Benefit	Amount Withheld	Amount Paid	Payment Start Date	Reason For Change
$1,099.00	$337.00	$762.00	Jun 1, 2006	Remove spouse and minor child, Recoupment of Disability Severance Pay
1,135.00	348.00	787.00	Dec 1, 2006	Cost of Living Adjustment, Recoupment of Disability Severance Pay
1,161.00	356.00	805.00	Dec 1, 2007	Cost of Living Adjustment, Recoupment of Disability Severance Pay
1,228.00	376.00	852.00	Dec 1, 2008	Cost of Living Adjustment, Recoupment of Disability Severance Pay
1,272.00	389.00	883.00	Dec 1, 2011	Cost of Living Adjustment, Recoupment of Disability Severance Pay
1,293.00	395.00	898.00	Dec 1, 2012	Cost of Living Adjustment, Recoupment of Disability Severance Pay

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

(b) (6)

Hopkins, M H

Total VA Benefit	Amount Withheld	Amount Paid	Payment Start Date	Reason For Change
1,312.40	400.93	911.47	Dec 1, 2013	Cost of Living Adjustment, Recoupment of Disability Severance Pay
1,312.40	293.28	1,019.12	May 1, 2014	Recoupment of Disability Severance Pay
1,312.40	0.00	1,312.40	Jun 1, 2014	Recoupment of Disability Severance Pay Ends
1,334.71	0.00	1,334.71	Dec 1, 2014	Cost of Living Adjustment

This adjustment results in an overpayment of benefits which have been paid to you. You will be notified shortly of the exact amount of the overpayment and given information about repayment.

NEW EVIDENCE: If you believe this decision is incorrect, you may submit additional evidence in connection with your claim. It is in your interest to send us any new evidence as promptly as possible. We will carefully consider it and let you know whether it changes our decision.

PERSONAL HEARING: If you desire a personal hearing to present evidence or argument on any point of importance in your claim, notify this office and we will arrange a time and place for the hearing. You may bring witnesses if you desire and their testimony will be entered in the record. The Department of Veterans Affairs (VA) will furnish the hearing room and provide hearing officials. The VA cannot pay any other expenses of the hearing since a personal hearing is held only on your request.

REPRESENTATION: You may be represented, without charge, by an accredited representative of a veterans organization or other service organization recognized by the Secretary of the Department of Veterans Affairs. You may also be represented by an agent or an attorney, for example, an attorney in private practice or a legal aid attorney. However, under 38 U.S.C. 3404(c), an agent or an attorney may only charge you for services performed on or after the date of final decision by the Board of Veterans Appeals.

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(b) (6)

Hopkins, M H

APPEAL: You may appeal our decision to the Board of Veterans Appeals at any time within 1 year from the date of this letter if you believe the decision is not in accord with the law and the facts now of record. You can start the appeal process by filing a Notice of Disagreement. You may do this by writing a letter to this office stating that you wish to appeal. If more than one benefit is involved, you should identify the benefit or benefits you are appealing.

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, please download and complete VA Form 21-0958, "*Notice of Disagreement*". You can download the form at http://www.va.gov/vaforms or you can call us at 1-800-827-1000. You have *one year from the date of this letter to appeal the decision.* The enclosed *VA Form 4107, "Your Rights to Appeal Our Decision,"* explains your right to appeal.

If You Have Questions or Need Assistance

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	**Here is what to do.**
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov.
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail or fax all written correspondence to the appropriate address listed on the attached *Where to Send Your Written Correspondence*.

In all cases, be sure to refer to your VA file number 529 56 7575.

If you are looking for general information about benefits and eligibility, you should visit our website at https://www.va.gov, or search the Frequently Asked Questions (FAQs) at https://iris.va.gov.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

(b) (6)

Hopkins, M H

We sent a copy of this letter to your representative, Disabled American Veterans, whom you can also contact if you have questions or need assistance.

Sincerely yours,
RO Director
VA Regional Office

Contact us at: https://iris.va.gov

Enclosure(s): VA Form 4107

cc: Disabled American Veterans

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

(b) (6)

Hopkins, M H

Where to Send Your Written Correspondence		
Location of Residence		**Address to Send all Written Correspondence**
Alabama Connecticut Delaware District of Columbia Florida Georgia Indiana Kentucky Maine Maryland Massachusetts Michigan Mississippi New Hampshire New Jersey New York North Carolina	Ohio Pennsylvania Rhode Island South Carolina Tennessee Vermont Virginia West Virginia Puerto Rico Europe Asia Australia Africa Palau Marshall Islands Federated States of Micronesia	Department Of Veterans Affairs Evidence Intake Center PO BOX 4444 Newnan, GA 30271-0020 Or fax your information to: Toll Free: 844-531-7818 Local: 248-524-4260
Alaska Arizona Arkansas California Colorado Louisiana Hawaii Idaho Illinois Iowa Kansas Oklahoma Oregon Minnesota Missouri Montana Nebraska Nevada New Mexico	North Dakota South Dakota Texas Utah Washington Wisconsin Wyoming Canada Mexico Central America South America The Caribbean The U.S. Virgin Islands The Philippines American Samoa Guam Northern Mariana Islands U.S. Virgin Islands	Department Of Veterans Affairs Evidence Intake Center PO BOX 4444 Janesville WI 53547-4444 Or fax your information to: Toll Free: 844-822-5246 Local: 608-373-6690

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

MR. MARSHALL H HOPKINS
(b) (6)

In reply, refer to:
(b) (6)
Marshall H. Hopkins

IMPORTANT -- reply needed

Dear Mr. Hopkins:

We previously sent you Department of Veterans Affairs (VA) Form 21-0538, Status of Dependents Questionnaire, which we have not received as of this date. You are presently receiving additional benefits for DARLENE and KERRI. Because you failed to return the requested form, we propose to reduce your benefits effective June 1, 2006, the last date we can verify the status of your dependents.

Your Proposed Award Amount and Payment Start Date

Your monthly entitlement and amount is shown below:

Monthly Entitlement Amount	Withhold Amount	Amount Paid	Payment Start Date	Reason For Change
$1,099.00	406.00	693.00	Jun 1, 2006	Remove Darlene and Kerri
1,135.00	420.00	715.00	Dec 1, 2006	Cost of Living Adjustment
1,161.00	429.00	732.00	Dec 1, 2007	Cost of Living Adjustment
1,228.00	453.00	775.00	Dec 1, 2008	Cost of Living Adjustment
1,272.00	469.00	803.00	Dec 1, 2011	Cost of Living Adjustment
1,293.00	476.00	817.00	Dec 1, 2012	Cost of Living Adjustment
1,312.40	199.93	1,112.47	Feb 1, 2013	Recoupment of severance pay
1,312.40	0.00	1,312.40	Mar 1, 2013	Recoupment ends
1,334.71	0.00	1,334.71	Dec 1, 2014	Cost of Living Adjustment

We are enclosing VA Form 21-0538 for you to complete and return. If we do not receive this form within 60 days from the date of this letter, the above proposed action will be implemented.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

SUBMISSION OF EVIDENCE: Your payments will continue at the present rate for 60 days following the date of this notice so that you may, if you wish, submit evidence to show that the proposed action should not be taken. You may submit evidence in person, through the mail or through your accredited representative.

If you wait more than 60 days to submit evidence, we will carefully consider whatever you submit, but the adjustment of benefits described above will already have gone into effect and your benefits will continue in that status while we review the additional evidence.

MINIMIZING POTENTIAL OVERPAYMENT. You should be aware if you continue to accept payments at the present rate for the next 60 days and it is then determined the proposed adjustment must be made, you will have to repay all or a part of the benefits you have received during the 60 days. You may minimize this potential overpayment by sending us a written statement asking that, beginning with your next check, we reduce your payments while we review your case. If you make this request and at the end of the 60 days our review shows you should have received the higher rate, we will restore the full rate from the date on which it was reduced.

PERSONAL HEARING: If you desire a personal hearing to present evidence or argument on any point of importance in your claim, notify this office and we will arrange a time and place for the hearing. You may bring witnesses if you desire and their testimony will be entered in the record. The VA will furnish the hearing room and provide hearing officials. The VA cannot pay any other expenses of the hearing, since a personal hearing is held only upon your request.

If, within 30 days from the date of this notice, Department of Veterans Affairs (VA) receives a hearing request from you, payments will continue at the present rate until the hearing is held and the testimony is reviewed. You should be aware that continuing to receive the current rate of payments until a hearing is conducted could result in the creation of an overpayment which must be repaid. If you request a hearing but desire to minimize any overpayment which could result, you should submit a statement asking your benefits be reduced or suspended beginning with your next check.

This adjustment will result in an overpayment of benefits which have been paid to you. If the proposed decision is implemented, you will be notified of the exact amount of the overpayment and given information about repayment.

After 30 days, you may request a hearing but benefits may already have been adjusted as explained earlier in this notice.

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REPRESENTATION: You may be represented, without charge, by an accredited representative of a veterans organization or other service organization recognized by the Secretary of the Department of Veterans Affairs. You may also be represented by an agent or an attorney, for example, an attorney in private practice or a legal aid attorney.

How Should You Submit What We Need?

Please note that the quickest, easiest, and most secure way to submit any documents to us is via the eBenefits website. Just visit www.eBenefits.va.gov to register. Please also refer to the 'What is eBenefits?' section of this letter for more information.

You can also send what we need to the appropriate address listed on the attached *Where to Send Your Written Correspondence chart.*

What is eBenefits?

eBenefits provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Request a Veterans Service Officer to represent you
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in eBenefits is easy. Just visit www.eBenefits.va.gov for more information. If you submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

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How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our web site at http://www.va.gov. Otherwise, you can contact us in several ways. Please give us your VA file number, **529 56 7575**, when you do contact us.

- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711 (international number is 1-800-829-4833).
- Send us an inquiry using the Internet at https://iris.va.gov.
- Please mail or fax all responses to the appropriate address listed on the attached *Where to Send Your Written Correspondence* chart.

We look forward to resolving your claim in a fair and timely manner.

Sincerely yours,

RO Director
VA Regional Office

Enclosures: VA Form 21-0538
Where To Send Your Written Correspondence

cc: DISABLED AMERICAN VETERANS

21/349/KLD

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Audit Sheet for VARO (351)

Only enter items in WHITE unshaded areas

revised 3-27-06 jdcash	NAME:			FILE NUMBER			
Effective date OLD award	No pay date old award	Monthly rate OLD award	Total Benefit old award	Effective date NEW award	No pay date new award	Monthly rate NEW award	Total Benefit new award
6/1/06	12/1/06	$406.00	$2,436.00				
12/1/06	12/1/07	$420.00	$5,040.00				
12/1/07	12/1/08	$429.00	$5,148.00				
12/1/08	12/1/11	$453.00	$16,308.00				
12/1/11	12/1/12	$469.00	$5,628.00				
12/1/12	2/1/13	$476.00	$952.00				
2/1/13	3/1/13	$199.93	$199.93				
3/1/13							

pay g/l date

Total of old award:	$35,711.93	Total of new award:	$0.00
Retro Due/(Overpayment):	($35,711.93)	Today's Date:	12/29/14

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

marshal M. Hopkins 529567575

Audit Sheet for VARO (351)

Only enter items in WHITE unshaded areas

revised 3-27-06 jdcash	NAME:			FILE NUMBER:			
Effective date OLD award	No pay date old award	Monthly rate OLD award	Total Benefit old award	Effective date NEW award	No pay date new award	Monthly rate NEW award	Total Benefit new award
6/1/06	12/1/06	$406.00	$2,436.00				
12/1/06	12/1/07	$420.00	$5,040.00				
12/1/07	12/1/08	$429.00	$5,148.00				
12/1/08	5/1/10	$453.00	$7,701.00				
5/1/10	6/1/10	$15,386.93	$15,386.93				
6/1/10							

Severance Balance on 6-1-2006

Total of old award:	$35,711.93	Total of new award:	$0.00
Retro Due/(Overpayment):	($35,711.93)	Today's Date:	12/22/14

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Department of Veterans Affairs

125 S MAIN ST
MUSKOGEE OK 74401

December 23, 2014

Veteran's Name:
Hopkins, Marshall, H

MARSHALL H HOPKINS
PO BOX 702
HOOKER OK 73945

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is: (b) (6)
You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Air Force, Honorable, 02-Dec-1963 - 09-Jun-1967

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes
Your combined service-connected evaluation is: 70 PERCENT
The effective date of the last change to your current award was: 01-DEC-2014
Your current monthly award amount is: $1,530.71

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

Need Additional Information or Verification?

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711. Send electronic inquiries through the Internet at https://iris.va.gov.

Sincerely yours,

T.CLARK
VETERANS SERVICE CENTER MANAGER

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

VA Benefit Details

SERVICE-CONNECTED DISABILITY: A condition incurred during or aggravated by military service, for which the Veteran is receiving VA benefits.

COMBINED SERVICE-CONNECTED EVALUATION: The Veteran's disability rating for all conditions determined to be service-connected.

CURRENT MONTHLY AWARD AMOUNT: The monthly monetary benefit paid to the Veteran or survivor receiving benefits under a VA program.

NON-SERVICE-CONNECTED PENSION: Benefit for a non-service connected Veteran who meets specific criteria, which include disability or age, wartime service, minimum length of service, and income restrictions. If a Veteran is eligible for service-connected benefits and pension benefits, VA will pay the higher benefit.

INDIVIDUAL UNEMPLOYABILITY (IU): The Veteran is receiving payment at the 100 percent rate, even though the combined service-connected evaluation is not 100 percent. The Veteran's service-connected conditions cause him/her to be unable to obtain or maintain substantially gainful employment because of the Veteran's service-connected conditions. The Veteran must periodically certify continued unemployability, but if there is no scheduled future reduction or medical examination required, he/she may be considered by some states to be permanently and totally disabled.

PERMANENT AND TOTAL (P&T) DISABILITY: The Veteran is considered by VA to be permanently and totally disabled because of his/her service-connected conditions.

SPECIAL MONTHLY COMPENSATION: The Veteran is receiving additional compensation for one or more of the following: a service-connected loss of or loss of use of one or more specific organs or extremities; a combination of severe disabilities; is 100 percent disabled and housebound, bedridden, or in the need of the aid and attendance of another person.

SPECIALLY ADAPTED HOUSING and/or SPECIAL HOME ADAPTATION GRANT: Grants provided by VA to service-connected veterans and service members to help build a new specially adapted house, to adapt a home they already own, or buy a house and modify it to meet their disability-related requirements.

Wartime Service Periods

Mexican Border Period: May 9, 1916, through April 5, 1917, for veterans who served in Mexico, on its borders or in adjacent waters.

World War I: April 6, 1917, through Nov. 11, 1918; for veterans who served in Russia, April 6, 1917, through April 1, 1920; extended through July 1, 1921, for veterans who had at least one day of service between April 6, 1917, and Nov. 11, 1918.

World War II: Dec. 7, 1941, through Dec. 31, 1946.

Korean War: June 27, 1950, through Jan. 31, 1955.

Vietnam War: Aug. 5, 1964 (Feb. 28, 1961, for veterans who served "in country" before Aug. 5, 1964), through May 7, 1975.

Gulf War: Aug. 2, 1990, through a date to be set by law or Presidential Proclamation.

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OMB Control No. 2900--0734
Respondent Burden: 5 minutes

Department of Veterans Affairs

REPORT OF GENERAL INFORMATION

NOTE - This form must be filled out in ink or on a typewriter or computer, as it becomes a permanent record in the veteran's folder.

1. VA OFFICE: 335

2. IDENTIFICATION NUMBERS *(C, XC, SS, XSS, V, K, etc.)*: (b) (6)

3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*: HOPKINS, MARSHALL H

4. DATE OF CONTACT *(Month, day, year)*: 09/30/2016

5. ADDRESS OF VETERAN *(Include number and street or rural route, city or P.O., State and ZIP Code)*:

6A. TELEPHONE NUMBER OF VETERAN *(Include Area Code)*
DAY:
EVENING:

6B. E-MAIL ADDRESS *(If applicable)*:

7. NAME OF PERSON CONTACTED: Darlene Hopkins

8. TYPE OF CONTACT: ☐ PERSONAL ☑ TELEPHONE

9. ADDRESS OF PERSON CONTACTED:

10. TELEPHONE NUMBER OF PERSON CONTACTED *(Include Area Code)*: (620) 272-4822

☑ I certify that I properly identified my caller using the ID Protocol

11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN:

Spoke to Darlene Hopkins to verify the $1000 wages on the application. She stated that she earns $1000 per month in wages.

Notification of Action

☑ I read the following statement to the caller:

"I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."

cc: POA *(If applicable)*:

DIVISION OR SECTION: PMC

(b) (6)

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at http://www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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REQUE) AUTHORIZATION FOR SEPAR

(THIS FORM IS AFFEC. THE PRIVACY ACT OF 1974 - USE BLANKE1 F FORM 11)

1. TYPE OF SEPARATION, MEMBER IS:
☒ DISCHARGED ☐ ENTRY LEVEL SEPARATION ☐ RELEASE FROM VOID ENLISTMENT ☐ RELEASED FROM EAD/REVERTS TO ANG
☐ RELEASED FROM ACTIVE DUTY/TRANSFERRED TO RESAF ☐ RELEASED FROM EAD/REVERTS TO RESAF ☐ DISMISSAL

2. AUTHORITY: ☐ BY DIRECTION OF THE PRESIDENT ☐ RESIGNATION ACCEPTED BY THE PRESIDENT

3. NAME (Last, First, MI), GRADE, SSAN
HOPKINS, MARSHALL H., MSGT (E-7), (b) (6)

4. PLACE OF ENTRY ON ACTIVE DUTY OR ENLISTMENT
PETERSON AFB, CO

5. HOME OF RECORD
VICTOR CO
(b) (6)

7. ☐ UNDER 2 YEARS SERVICE (E-4 Only)

8. PAFSC	9. RESERVE AF GRADE	10. MIL SVC OBLIGATION DATE	11. AERONAUTICAL RATING	12. FLYING STATUS
X1A271	E-7	NA	NA	☐ YES ☒ NO

13. EFFECTIVE DATE
27 MAR96

14. CHARACTER OF SERVICE
☒ HONORABLE ☐ GENERAL (Under Honorable Conditions) ☐ UNCHARACTERIZED
☐ UNDER OTHER THAN HONORABLE CONDITIONS
☐ BAD CONDUCT DISCHARGE ☐ DISHONORABLE DISCHARGE

15. CERTIFICATE ISSUED
☒ DD FORM 256AF
☐ DD FORM 214

16. RELIEVED FROM ASSIGNMENT (Unit, Major Command, Address and Servicing CBPO)
UNIT: 320 ALCF PETERSON AFB CO 80914
MPF: 302 MSS, PETERSON AFB CO 80914

17. WILL PROCEED TO:
☐ PLACE OF ENTRY ON ACTIVE DUTY OR ENLISTMENT
☒ HOME OF RECORD ☐ HOME OF SELECTION

18. TRAVEL BY PRIVATE CONVEYANCE (TPC) ☐ NO ☐ YES, WITH DAYS TRAVEL TIME PERMITTED.

19. MEMBER QUALIFIES FOR FULL TRAVEL/TRANSPORTATION ENTITLEMENT UNDER THE JFTR PARA U5125 ☐ YES ☐ NO

20. ASSIGNED TO (Check if Applicable)

A. ARPC DENVER, CO	B. REVERTS TO CONTROL OF ANG (Name of State)	C. TYPE OF POSITION
☐ YES ☐ NO		☐ MOBILIZATION AUGMENTEE ☐ REINFORCEMENT DESIGNEE ☐ UNIT

D. UNIT OF ASSIGNMENT AND CBPO	E. TNG/PAY CATEGORY	F. RESERVE SECTION CODE	G. FUNCTIONAL ACCT CODE
	H. AUTHORIZED GRADE	I. AUTHORIZED AFSC	J. POSITION CONTROL NO.

21. A. ELIGIBLE FOR: PER 10 USC 1174
☐ READJUSTMENT PAY
☐ SEPARATION PAY

CREDITABLE ACTIVE FEDERAL SERVICE

YEARS	MONTHS	DAYS

B. ENTITLED TO SEVERANCE PAY
SERVICE FOR PAY IS: 11.52 YRS (4147 POINTS)

YEARS	MONTHS	DAYS

C. CHAPTER 61, 10 U.S.C.

DISABILITY
☐ NOT ENTITLED TO BENEFITS
☐ NOT APPLICABLE

22. REMARKS Officials within the office of the SAF determined mbr is physically unfit for continued military service and directed discharge with severance pay IAW Title 10, USC, SEC 1203. Mbr entitled to severance pay in the grade of E-7 computed IAW Title 10, USC, SEC 1208.

23. DATE	24. ORDERS ISSUING/APPROVING OFFICIAL (Name, Grade, Title, Phone)	25. SIGNATURE
20 MAR 96	TERRY H. GLOVER, SSGT, USAF Asst. NCOIC, Relocation Programs	

(*Insert M, D, H, I, T, G, or Y)

26. EXPENSES CHARGEABLE TO:

NONTEMPORARY STORAGE CHARGEABLE TO:

CIC: TAC:

27. DESIGNATION AND LOCATION OF HEADQUARTERS	28. AUTHORITY	29. SPECIAL ORDER NO.	30. DATE
DEPARTMENT OF THE AIR FORCE HEADQUARTERS AIR FORCE RESERVE 155 2ND STREET ROBINS AIR FORCE BASE, GEORGIA 31098-1635	AFI 36-3212	RO A-116	20 MAR 96

31. TDN PCS
FOR THE COMMANDER

32. DISTRIBUTION
1-HQ AFPC/DPMADS
1-HQ ARPC/DSMM
1-HQ AFRES/SGP
1-HQ AFRES/DPMB
2-302 MSS/DPMAR
2-UNIT CONCERNED
5-INDIVIDUAL

33. SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL
HEADQUARTERS
GARY L. SHOEMAKER, Colonel, USAF
Chief, Military Personnel Division
Directorate of Personnel

AF Form 100, JUL 87 PREVIOUS EDITION WILL BE USED.

*U.S. Government Printing Office: 1990-263-972

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Vetnet Writeouts

File Number	Veteran Full Name	Entitlement	EP Code	Write Out Category	Message Text	Payee	DOC	ST
(b) (6)	HOPKINS,MARSHALL H	Compensation	810	631L-Return of Dependency Verification Form	Return of Dependency Verification Form	00	10/31/2014	OK

PCR 810 MC

Dest date 11-6-14
EP- 138/693
(b) (6)

Refer to sharepoint for cesting instructions

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Department of Veterans Affairs

125 S MAIN ST
MUSKOGEE OK 74401

December 26, 2013

Veteran's Name:
Hopkins, Marshall, H

MARSHALL H HOPKINS
(b) (6) [redacted]

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is: (b) (6) [redacted]
You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Air Force, Honorable, 02-Dec-1963 - 09-Jun-1967

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes
Your combined service-connected evaluation is: 70 PERCENT
The effective date of the last change to your current award was: 01-DEC-2013
Your current monthly award amount is: $1,505.66

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

Need Additional Information or Verification?

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. Send electronic inquiries through the Internet at https://iris.va.gov.

Sincerely yours,

T.CLARK
VETERANS SERVICE CENTER MANAGER

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

VA Benefit Details

SERVICE-CONNECTED DISABILITY: A condition incurred during or aggravated by military service, for which the Veteran is receiving VA benefits.

COMBINED SERVICE-CONNECTED EVALUATION: The Veteran's disability rating for all conditions determined to be service-connected.

CURRENT MONTHLY AWARD AMOUNT: The monthly monetary benefit paid to the Veteran or survivor receiving benefits under a VA program.

NON-SERVICE-CONNECTED PENSION: Benefit for a non-service connected Veteran who meets specific criteria, which include disability or age, wartime service, minimum length of service, and income restrictions. If a Veteran is eligible for service-connected benefits and pension benefits, VA will pay the higher benefit.

INDIVIDUAL UNEMPLOYABILITY (IU): The Veteran is receiving payment at the 100 percent rate, even though the combined service-connected evaluation is not 100 percent. The Veteran's service-connected conditions cause him/her to be unable to obtain or maintain substantially gainful employment because of the Veteran's service-connected conditions. The Veteran must periodically certify continued unemployability, but if there is no scheduled future reduction or medical examination required, he/she may be considered by some states to be permanently and totally disabled.

PERMANENT AND TOTAL (P&T) DISABILITY: The Veteran is considered by VA to be permanently and totally disabled because of his/her service-connected conditions.

SPECIAL MONTHLY COMPENSATION: The Veteran is receiving additional compensation for one or more of the following: a service-connected loss of or loss of use of one or more specific organs or extremities; a combination of severe disabilities; is 100 percent disabled and housebound, bedridden, or in the need of the aid and attendance of another person.

SPECIALLY ADAPTED HOUSING and/or SPECIAL HOME ADAPTATION GRANT: Grants provided by VA to service-connected veterans and service members to help build a new specially adapted house, to adapt a home they already own, or buy a house and modify it to meet their disability-related requirements.

Wartime Service Periods

Mexican Border Period: May 9, 1916, through April 5, 1917, for veterans who served in Mexico, on its borders or in adjacent waters.

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Gulf War: Aug. 2, 1990, through a date to be set by law or Presidential Proclamation.

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Department of Veterans Affairs

125 S MAIN ST
MUSKOGEE OK 74401

January 21, 2013

Veteran's Name:
Hopkins, Marshall, H

MARSHALL H HOPKINS
PO BOX 702
HOOKER OK 73945

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is (b) (6)
You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Air Force, Honorable, 02-Dec-1963 - 09-Jun-1967

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes
Your combined service-connected evaluation is: 70 PERCENT
The effective date of the last change to your current award was: 01-DEC-2012
Your current monthly award amount is: $1,483.00

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

Need Additional Information or Verification?

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. Send electronic inquiries through the Internet at https://iris.va.gov.

Sincerely yours,

T.CLARK
VETERANS SERVICE CENTER MANAGER

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

VA Benefit Details

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COMBINED SERVICE-CONNECTED EVALUATION: The Veteran's disability rating for all conditions determined to be service-connected.

CURRENT MONTHLY AWARD AMOUNT: The monthly monetary benefit paid to the Veteran or survivor receiving benefits under a VA program.

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PERMANENT AND TOTAL (P&T) DISABILITY: The Veteran is considered by VA to be permanently and totally disabled because of his/her service-connected conditions.

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Gulf War: Aug. 2, 1990, through a date to be set by law or Presidential Proclamation.

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Department of Veterans Affairs

125 S MAIN ST
MUSKOGEE OK 74401

January 9, 2012

Veteran's Name:
Hopkins, Marshall, H

MARSHALL H HOPKINS
(b) (6)

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is: (b) (6)
You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Air Force, Honorable, 02-Dec-1963 - 09-Jun-1967

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes
Your combined service-connected evaluation is: 70 PERCENT
The effective date of the last change to your current award was: 01-DEC-2011
Your current monthly award amount is: $1,459.00

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

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Sincerely yours,

T.CLARK
VETERANS SERVICE CENTER MANAGER

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Department of Veterans Affairs

125 S MAIN ST
MUSKOGEE OK 74401

January 13, 2011

Veteran's Name:
Hopkins, Marshall, H

MARSHALL H HOPKINS
(b) (6)

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is: (b) (6)
You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Air Force, Honorable, 02-Dec-1963 - 09-Jun-1967

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes
Your combined service-connected evaluation is: 70 PERCENT
Your current monthly award amount is: $1,409.00
Are you being paid at the 100 percent rate because you are unemployable due to your service-connected disabilities: Not Indicated
Have you received a Specially Adapted Housing (SAH) and/or Special Home Adaptation (SHA) grant: No

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

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Sincerely yours,

J. SIKES
VETERANS SERVICE CENTER MANAGER

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

VA Benefit Details

SERVICE-CONNECTED DISABILITY: If yes, the Veteran is receiving VA benefits for a condition incurred during or aggravated by military service.

COMBINED SERVICE-CONNECTED EVALUATION: The Veteran's combined evaluation for all conditions determined to be service-connected.

CURRENT MONTHLY AWARD AMOUNT: The monetary benefit paid to Veterans and survivors who are receiving benefits under a VA program.

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PERMANENT AND TOTAL (P&T) DISABILITY: Veteran is considered by VA to be totally and permanently disabled because of his/her service-connected conditions.

FUTURE EXAMINATION: If this line appears on the letter, the Veteran is scheduled for a follow-up medical examination on the date shown, to determine the current level of disability.

FUTURE REDUCTION: If this line appears on the letter, the Veteran is currently receiving temporary disability benefits. On the date shown, the Veteran's temporary disability period will expire, and the combined service-connected evaluation will be reduced.

SPECIAL MONTHLY COMPENSATION: If yes, the Veteran is service-connected for loss of or loss of use of a limb, or is totally blind in or missing at least one eye.

SPECIALLY ADAPTED HOUSING and/or SPECIAL HOME ADAPTATION GRANT: Grants provided by VA to service-connected veterans and service members to help build a new specially adapted house, to adapt a home they already own, or buy a house and modify it to meet their disability-related requirements.

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Gulf War: Aug. 2, 1990, through a date to be set by law or Presidential Proclamation.

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RO	PA	VSO	TAX	POW
51	83			

SUSPENSE DATA TYPE	SOURCE	RSN	MO	DA	YR	LAST ACTIVITY TRANS	YR	MO	CY	M/R TYPE	PAY STATUS	PROCEEDS	PAY FREQ	ERROR SEG CODE	YR	MO	CY	CLOTHING	DATE MO	DA	YR
						22M	09	02	5	A	ACTIV		0						04	17	10

P C A H Y G	TREAS AMT	AMT AVAIL	TYPE	RO	SEQ	ZIP / BANK	CHECK AMT	INC	NAME OF VETERAN	PERSON ENTITLED	(b) (6)	YEE
											[redacted]	

TYPE	ERR	COMB DEF	TOTAL AWARD	ANNUAL INCOME	CHG RSN	DEPEN TOT / THIS	ENT CODE	MONTHLY RATE	EFFEC DATE MO DA YR	SP LAW MISC	CHILD S	CHILD H	A / A	WITHHOLDING TYPE / AMT	APPORT	RECOUP OFFSET	PFOP
		050	000000		37	1111	71	037400	120102		0	0				36600	
		050	000000		26	1212	71	039300	090103		0	0				37900	
		050	000000		37	1212	71	040000	120103		0	0				38700	
		070	000000		33	1212	71	082700	040104		0	0				40000	
		070	000000		37	1212	71	084800	120104		0	0				41000	
		070	000000		37	1212	71	088300	120105		0	0				42600	
		070	000000		24	1111	71	085600	041706		0	0				40600	
		070	000000		37	1111	71	088300	120106		0	0				42000	
		070	000000		37	1111	71	090300	120107		0	0				42900	
*		070			37	1111	71	140900	120108		0	0					
			133300		24	1010	71	133300	082221		0	0				42100	

	EFFEC DATE MO DA YR	COMB DEGREE	NO. SCD	1ST DIAG CODE	%	2ND DIAG CODE	%	3RD DIAG CODE	%	4TH DIAG CODE	%	5TH DIAG CODE	%	6TH DIAG CODE	%	OVER 9	SMC	SP	EMP	COMP
CURRENT		070	4	5237	40	9434	30	5203	10	5237	10							0	YES	YES

NURSING	
PRIORS	9
FUT	2
REPS	
CHAMPVA	0

TYPE AND CLASS	DEDUCTION AMT	BAL PFOP	GRAT AMT	CALLUP MO	CALLUP YR	CAUSE	REFERENCE	INT COMP MO	INT COMP YR	INT BAL PRIV	INT BAL PFOP	NO PAY	RO	TRANS	CARS	LOSS CODES	USE	ANAT OTH	HOSP SMC
99K	45300	1538693	1205																

ACTIVE DUTY DATA BR	EOD	RAD	ASC	SP A / A
F	120263	060967		

DIRECT DEPOSIT (b) (6) [redacted] OVER 4

BIRTH DATE MO DA YR	STAT	FIRST NAME	CHANGE DATA RSN	MO	DA	YR	EXPENSES TYPE / AMT	MO SOC SEC VER	AMT	ANNUAL INCOME FIELDS SOC SEC	EARNINGS	OTHER
(b) (6) [redacted]												

NAME AND ADDRESS

(b) (6) [redacted]

73945

SEQ 2 NAME

MAIL CODE 370

ACTIVE RESV	DAYS WAIVED
N	000

TOT CHILD 01

DEATH STATS

DEATH AGE MO DA YR SVC

REFERENCE	VER	FUTURE CONTROLS MO	YR	RS	MONTHLY RETIREMENT AMTS TYPE	REPORTED	VERIFIED	BIRTH DT - MO DA YR
VET SSN (b) (6) [redacted]								VETERAN
P / S SSN								SPOUSE
OTHER SSN								FATHER
CROSS REF								MOTHER
SVC SER 17667335								PAYEE
PAR HOUSE								
CONSOL PAYEE								

47	47I	48	EVR TRANS	VET / PAY	COMP PAY	PAY GR

CURRENT YR – 1 SRC	AMT	ADJUSTMENT ACT	RETRO	INCOME	NET WORTH
					00

SPOUSE NAME	INC YR	IVAP	EVR CONTROL	MED EXP TYPE	AMT	EST	SP NW
DARLENE							

ANNUAL INCOME	EARNED	SOC SEC	RETIREMENT TYPE	AMT	OTHER SOURCES	MONTHLY SOCIAL SECURITY REPORTED	VERIFIED	SMIB
PAYEE								
SPOUSE								

INSURANCE CHANGE TYPE	DISC	EST	DIST	DISCON	ESTAB	ADDITIONAL	SSI

CODE 899

LEGEND CONVERTED INTO VETSNET 04/17/2010

BURIAL AWARDS PAID SVC CON	NON SVC CON	TRANS	PLOT	HEAD

EFFEC DATE ORIGINAL AWARD MO DA YR 100196

ROUTING VETSNET

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Department of Veterans Affairs

125 S MAIN ST
MUSKOGEE OK 74401

December 21, 2009

Veteran's Name:
Hopkins, Marshall, H

MARSHALL H HOPKINS
(b) (6)

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

Personal Claim Information:

Your VA claim number is (b) (6)
You are the Veteran

Military Information:

Your character(s) of discharge and service date(s) include:

Honorable, 02-Dec-1963 - 09-Jun-1967

(You may have additional periods of service not listed above)

VA Benefits Information:

Service-connected disability: Yes
Your combined service-connected evaluation is: 70 PERCENT
Your current monthly award amount is: $1,409.00
Are you receiving non-service-connected pension: No
Are you being paid at the 100 percent rate because you are unemployable due to your service-connected disabilities: Not Indicated
Are you considered to be totally and permanently disabled due to your service-connected disabilities: No
Are you service-connected for loss of or loss of use of a limb, or are you totally blind in or missing at least one eye: No
Have you received a Specially Adapted Housing (SAH) and/or Special Home Adaptation (SHA) grant: No

You should contact your state or local office of veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of veterans' affairs are available at http://www.va.gov/statedva.htm.

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If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. Send electronic inquiries through the Internet at https://iris.va.gov.

Sincerely yours,

J. SIKES
VETERANS SERVICE CENTER MANAGER

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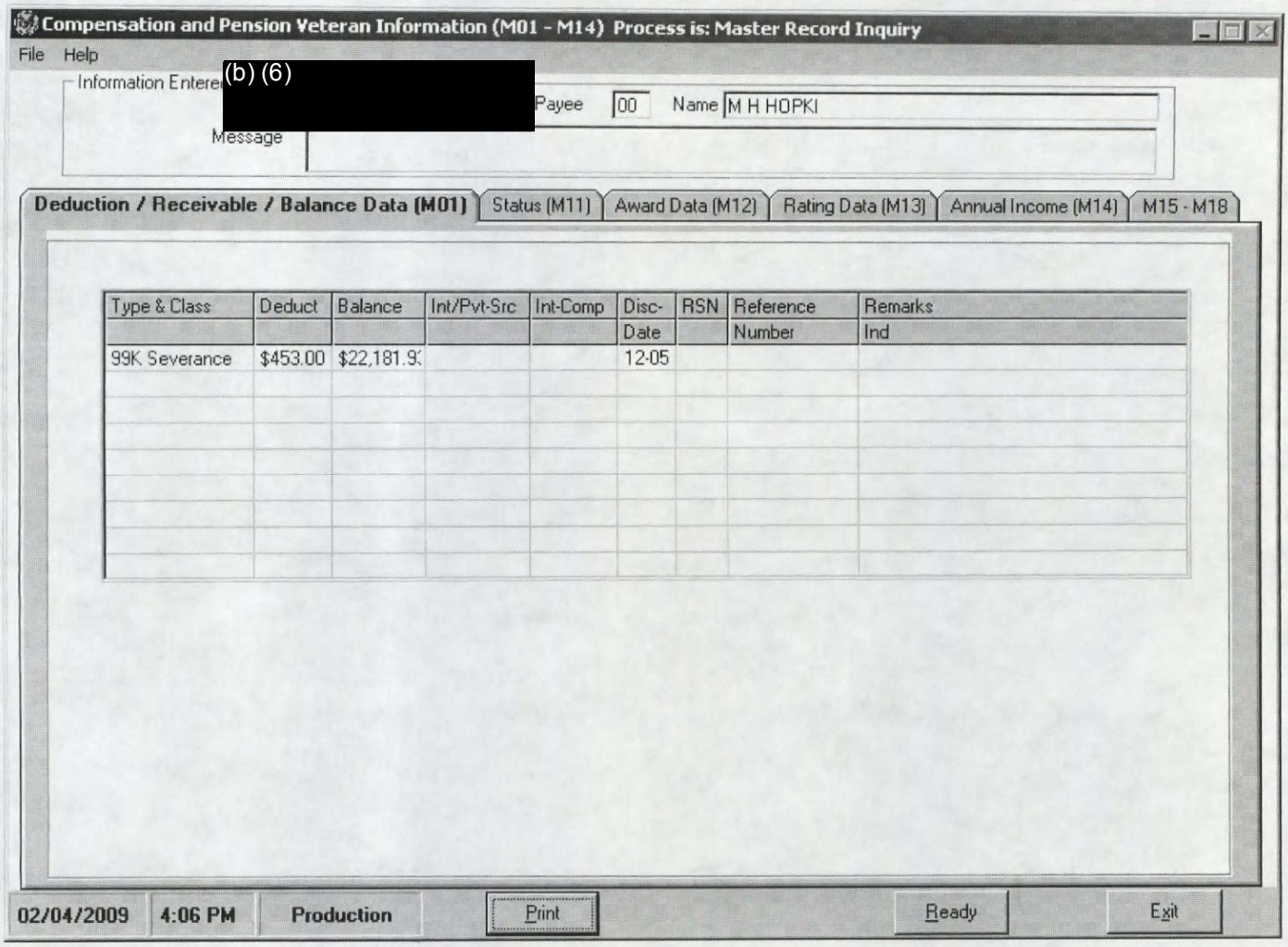

(b) (6)

02/04/2009 4:06:55 PM

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
Muskogee Regional Office
125 South Main Street
Muskogee, OK 74401

FEB 05 2009

MARSHALL HOPKINS
(b) (6)

(b) (6)

In Reply Refer To:
351/21
(b) (6)
Marshall H Hopkins

Dear Mr. Hopkins:

You have filed a Notice of Disagreement with our action. This is the first step in appealing to the Board of Veterans' Appeals (BVA). This letter and enclosures contain very important information concerning your appeal.

Statement of the Case

We have enclosed a Statement of the Case, a summary of the law and evidence concerning your claim. This summary will help you to make the best argument to the BVA on why you think our decision should be changed.

What You Need To Do

To complete your appeal, you must file a formal appeal. We have enclosed VA Form 9, Appeal to the Board of Veterans' Appeals, which you may use to complete your appeal. We will gladly explain the form if you have questions. Your appeal should address:

- the benefit you want
- the facts in the Statement of the Case with which you disagree; and
- the errors that you believe we made in applying the law.

When You Need To Do It

You must file your appeal with this office within 60 days from the date of this letter or within the remainder, if any, of the one-year period from the date of the letter notifying you of the action that you have appealed. **If we do not hear from you within this period, we will close your case.** If you need more time to file your appeal, you should request more time before the time limit for filing your appeal expires. See item 5 of the instructions in VA Form 9, Appeal to Board of Veterans' Appeals.

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Hearings

You may have a hearing before we send your case to the BVA. If you tell us that you want a hearing, we will arrange a time and a place for the hearing. VA will provide the hearing room, the hearing official, and a transcript of the hearing for the record. VA cannot pay any other expenses of the hearing. You may **also** have a hearing before the BVA, as noted on the enclosed VA Form 9, Appeal to the Board of Veterans' Appeals. **Do not delay filing your appeal if you request a hearing. Your request for a hearing does not extend the time to file your appeal.**

Representation

If you do not have a representative, it is not too late to choose one. An accredited representative of a recognized service organization may represent you without charge. An attorney or an accredited agent may also represent you, and may charge you a fee for services related to your claim that he or she provides after a final decision of the BVA under certain circumstances. VA cannot pay fees of agents or attorneys. For more information on fees, see 38 U.S.C. § 5904. If an attorney or accredited agent charges a fee for services in connection with your claim before VA, the attorney or agent should file a copy of the fee agreement within 30 days after it is signed. The fee agreement should be filed at the following address: Counsel to the Chairman (01C3), Board of Veterans' Appeals, 810 Vermont Avenue, N.W., Washington, DC 20420.

What We Will Do

After we receive your appeal, we will send your case to the BVA in Washington, DC for a decision. The BVA will base its decision on an independent review of the entire record, including the transcript of the hearing, if you have a hearing.

Sincerely yours,

Judy Sikes

Judy Sikes
Service Center Manager

Enclosure(s): VA Form 9
Appeal Hearing Options

CC: Disabled American Veterans

21/035ja

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ISSUE:

Whether the collectable amount of severance disability pay of $75,380.00 is correct.

EVIDENCE:

December 19, 2008, Formal Finding stating all requests for severance pay records to National Personnel Records Center, claimant, Defense Finance and Accounting Services, Air Force Personnel Center, and Department of Defense in Denver, Colorado.

Copy of claimant's deposit receipt in the amount of $54,273.60 dated April 18, 1996.

ADJUDICATIVE ACTIONS:

06-11-2007	Claim considered based on all the evidence of record.
06-11-2007	Claimant notified of decision.
08-27-2007	Notice of Disagreement received.
09-07-2007	Appeal Election Letter sent to the appellant.
09-28-2007	De Novo Review election received from appellant.

PERTINENT LAWS; REGULATIONS; RATING SCHEDULE PROVISIONS:

Unless otherwise indicated, the symbol "§" denotes a section from title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief. Title 38 contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits.

§3.700 General.

Not more than one award of pension, compensation, or emergency officers', regular or reserve retirement pay will be made concurrently to any person based on his or her own service except as provided in §3.803 relating to naval pension and §3.750(c) relating to waiver of retirement pay. Not more than one award of pension, compensation, or dependency and indemnity compensation may be made concurrently to a dependent on account of more than one period of service of a veteran. (Authority: 38 U.S.C. 5304(a))

(a) Veterans:

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(1) Active service pay.

(i) Pension, compensation, or retirement pay on account of his or her own service will not be paid to any person for any period for which he or she receives active service pay. (Authority: 38 U.S.C. 5304(c))

(ii) Time spent by members of the ROTC in drills as part of their activities as members of the corps is not active service.

(iii) Reservists may waive their pension, compensation, or retirement pay for periods of field training, instruction, other duty or drills. A waiver may include prospective periods and contain a right of recoupment for the days for which the reservists did not receive payment for duty by reason of failure to report for duty.

(2) Lump-sum readjustment pay.

(i) Where entitlement to disability compensation was established prior to September 15, 1981, a veteran who has received a lump-sum readjustment payment under former 10 U.S.C. 687 (as in effect on September 14, 1981) may receive disability compensation for disability incurred in or aggravated by service prior to the date of receipt of lump-sum readjustment payment subject to deduction of an amount equal to 75 percent of the amount received as readjustment payment. (Authority: 38 U.S.C. 1501(a))

(ii) Readjustment pay authorized under former 10 U.S.C. 3814(a) is not subject to recoupment through withholding of disability compensation, entitlement to which was established prior to September 15, 1981. (Authority: 38 U.S.C. 1501(a))

(iii) Where entitlement to disability compensation was established on or after September 15, 1981, a veteran who has received a lump-sum readjustment payment may receive disability compensation for disability incurred in or aggravated by service prior to the date of receipt of the lump-sum readjustment payment, subject to recoupment of the total amount of the readjustment payment. (Authority: 38 U.S.C. 1501(a))

(iv) The receipt of readjustment pay does not affect the payment of disability compensation based on a subsequent period of service. Compensation payable for service-connected disability incurred or aggravated in a subsequent period of service will not be reduced for the purpose of offsetting readjustment pay based on a prior period of service. (Authority: 10 U.S.C. 1174(h)(2))

(3) Severance pay. Where the disability or disabilities found to be service-connected are the same as those upon which disability severance pay is granted, an award of compensation will be made subject to recoupment of the disability severance pay. Prior to the initial determination of the

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degree of disability recoupment will be at the full monthly compensation rate payable for the disability or disabilities for which severance pay was granted. Following initial determination of the degree of disability recoupment shall not be at a monthly rate in excess of the monthly compensation payable for that degree of disability. For this purpose the term "initial determination of the degree of disability" means the first regular schedular compensable rating in accordance with the provisions of Subpart B, Part 4 of this chapter and does not mean a rating based in whole or in part on a need for hospitalization or a period of convalescence. There is no prohibition against payment of compensation where the veteran received nondisability severance pay or where disability severance pay was based upon some other disability. Compensation payable for service-connected disability other than the disability for which disability severance pay was granted will not be reduced for the purpose of recouping disability severance pay. (Authority: 10 U.S.C. 1212(c))

(4) Improved pension. If a veteran is entitled to improved pension on the basis of the veteran's own service and is also entitled to pension under any pension program currently or previously in effect on the basis of any other person's service, the Department of Veterans Affairs shall pay the veteran only the greater benefit. (Authority: 38 U.S.C. 1521(i))

(5) Separation pay.

(i) A veteran who has received separation pay may receive disability compensation for disability incurred in or aggravated by service prior to the date of receipt of separation pay subject to recoupment of the total amount received as separation pay.

(ii) The receipt of separation pay does not affect the payment of disability compensation based on a subsequent period of service. Compensation payable for service-connected disability incurred or aggravated in a subsequent period of service will not be reduced for the purpose of offsetting separation pay based on a prior period of service. (Authority: 10 U.S.C. 1174)

(b) Dependents:

(1) Surviving spouse. Subject to the provisions of paragraph (a)(4) of this section, the receipt of pension, compensation, or dependency and indemnity compensation by a surviving spouse because of the death of any veteran, or receipt of pension or compensation because of his or her own service, shall not bar the payment to the surviving spouse of pension, compensation, or dependency and indemnity compensation because of the death or disability of any other veteran; however, other than insurance, concurrent benefits under laws administered by the Department of Veterans Affairs may not be authorized to a surviving spouse by reason of the death of more than one veteran to whom the surviving spouse has been married. The surviving spouse may elect to receive benefits based on the death of one such spouse and the election places the right to benefits based on the deaths of other spouses in suspense. The suspension may be lifted at any time by another election based on the death of another spouse. Benefits payable in the elected case will be

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subject to prior payments for the same period based on the death of the other spouse where, under the provisions of §3.400(c) there is entitlement in the elected case prior to date of receipt of the election. (Authority: 38 U.S.C. 5304)

(2) Children. Except as provided in §3.703 and paragraph (a)(4) of this section, the receipt of pension, compensation, or dependency and indemnity compensation by a child on account of the death of a veteran or the receipt by the child of pension or compensation on account of his or her own service will not bar the payment of pension, compensation, or dependency and indemnity compensation on account of the death or disability of any other veteran.

(3) Parents. The receipt of compensation or dependency and indemnity compensation by a parent on account of the death of a veteran or receipt by him or her of pension or compensation on account of his or her own service will not bar the payment of pension compensation, or dependency and indemnity compensation on account of the death or disability of any other person. (Authority: 38 U.S.C. 5304(b))

DECISION:

The collectable amount of severance disability pay of $75,380.00 is correct.

REASONS AND BASES:

Claimant received severance pay in April 1996. We have exhausted all possibilities to verify the amount received. In April of 1996, severance pay was taxed at the 28% rate. 28% of $75.380.00 is $54,273.60, the amount of the check veteran deposited in his account on April 18, 1996. Regulations state that Prior to October 1, 1996, the pre-tax amount should be recouped, therefore we are in the process of recouping $75,380.00 from his monthly benefits.

(b) (6) [redacted]

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Department of Veterans Affairs

REPORT OF CONTACT

(NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in veterans' folders.)

VA OFFICE: 335

(b) (6) [redacted]

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*: HOPKINS, MARSHALL H

DATE OF CONTACT: 09/30/2016

ADDRESS OF VETERAN:

TELEPHONE NO. OF VETERAN *(Include Area Code)*: Home: Work:

PERSON CONTACTED: Darlene Hopkins

TYPE OF CONTACT *(Check)*: ☐ PERSONAL ☑ TELEPHONE

ADDRESS OF PERSON CONTACTED:

TELEPHONE NO. OF PERSON CONTACTED *(Include Area Code)*: (620) 272-4822

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN

Spoke to Darlene Hopkins to verify the $1000 wages on the application. She stated that she earns $1000 per month in wages.

DIVISION OR SECTION

(b) (6) [redacted]

VA FORM **119**

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Department of Veterans Affairs

REPORT OF CONTACT

(NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in veterans' folders.)

VA OFFICE: 335

(b) (6) [redacted]

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*: HOPKINS, MARSHALL H

09/30/2016

ADDRESS OF VETERAN

TELEPHONE NO. OF VETERAN *(Include Area Code)*

Home:

Work:

PERSON CONTACTED: Darlene Hopkins

TYPE OF CONTACT *(Check)*

☐ PERSONAL ☑ TELEPHONE

ADDRESS OF PERSON CONTACTED

TELEPHONE NO. OF PERSON CONTACTED *(Include Area Code)*: (620) 272-4822

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN

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DIVISION OR SECTION

(b) (6) [redacted]

VA FORM **119**

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Department of Veterans Affairs

REPORT OF CONTACT

(NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in veterans' folders.)

VA OFFICE: 351

(b) (6) [redacted]

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*: HOPKINS, MARSHALL H

DATE OF CONTACT: 1/9/2009

(b) (6) [redacted]

TELEPHONE NO. OF VETERAN *(Include Area Code)*: Home: Work:

PERSON CONTACTED *: Phone rep

TYPE OF CONTACT *(Check)* *: ☐ PERSONAL ☑ TELEPHONE

ADDRESS OF PERSON CONTACTED: Petersen AFB Colorado

(b) (6) [redacted]

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN *:

Representative at location BOCW REFERRED ME TO PHONE # 1 800 616 3775 ASPC in Colorado, for information on severance pay.

Same as contacted previously

(b) (6) [redacted]

(b) (6) [redacted]

(b) (6) [redacted]

DIVISION OR SECTION *: Compensation & Pension

VA FORM **119**

☐ Start Paperless Claim

Submit

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Department of Veterans Affairs

REPORT OF CONTACT

(NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in veterans' folders.)

VA OFFICE: 351

(b) (6) [redacted]

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*: HOPKINS, MARSHALL H

DATE OF CONTACT: 1/9/2009

(b) (6) [redacted]

TELEPHONE NO. OF VETERAN *(Include Area Code)*

Home:

Work:

(b) (6) [redacted]

TYPE OF CONTACT *(Check)* *

☐ PERSONAL ☑ TELEPHONE

ADDRESS OF PERSON CONTACTED: ASPC Colorado

TELEPHONE NO. OF PERSON CONTACTED: (b) (6) [redacted]

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN *

Veteran's records were transferred to NPRC on 7/28/97 and file (b) (6) [redacted] was used.

(b) (6) [redacted]

(b) (6) [redacted]

DIVISION OR SECTION *: Compensation & Pension

(b) (6) [redacted]

VA FORM **119**

☐ Start Paperless Claim

Submit

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
Federal Building
125 South Main Street
Muskogee OK 74401-7025

DEC 19 2008

MARSHALL H HOPKINS
(b) (6)

(b) (6)
(b) (6)
(b) (6)

In reply, refer to:
351/21
(b) (6)
Marshall H. Hopkins

IMPORTANT INFORMATION

Dear Mr. Hopkins:

The purpose of this letter is to advise you we have completed a review of your claim file. We previously notified you that we were unable to obtain information concerning your severance pay amount. This letter will inform you the steps we have take to obtain this information.

What Has VA Done So Far?

As of this date, we have initiated inquiries to obtain your severance pay amount from 1996, as follows:

DATE SENT	TYPE OF INQUIRY	INQUIRY SENT TO	RESPONSE RECEIVED/DATE (if applicable)
09-06-05	Request for severance pay information on severance received April 1996	National Personnel Records Center (NPRC), St Louis, MO	September 26, 2005, NPRC responds that finance records are not kept at their facility, and they are forwarding request to DFAS finance code 17
09-06-05	Phone call to Veteran to ask for severance pay amount	Veteran	December 12, 2005, veteran calls us to tell us deposit slip found for $54,273.60 deposited April 18, 1996
12-12-05 to 12-30-05	10 phone calls to request for severance pay amount	DFAS, 7 calls to 7 different people AF Personnel Center, 1 call AF Reserve Personnel Center, 1 call NPRC, 1 call	Each call referred us to someone else, until, we came full circle, being referred to DFAS again

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7-24-08	Request for severance pay	Department of Defense (Air Force) in Denver CO	No response, however we have deleted this request because VA manual reference M21-MR III.iii.2.71.d tells us records are destroyed six years and 3 months after separation

If you have any other information concerning your severance pay amount, please submit it.

How Soon Should You Send It?

We will continue on your appeal if severance pay information is not received within 10 days from the date of this letter.

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our website at http//www.va.gov. Otherwise, you can contact us in several ways. Let us know your VA file number, (b) (6) when you contact us.

- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Wrote t us at the address at the top of this letter.
- On the Internet at https://iris.va.gov

We appreciate your help.

Sincerely yours,

J. Sikes

J. Sikes
Veterans Service Center Manager

21/345ja

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

83 December 11, 2008

125 S MAIN ST
MUSKOGEE OK 74401 (RO COPY)

(b) (6)
[redacted]

(b) (6)
[redacted]
PAYEE NO 00
M H HOPKI

We amended your disability compensation award as follows:

MONTHLY RATE	EFFECTIVE DATE
$1409.00	12-01-08
$1333.00	8-22-21

We included additional benefits for your spouse and child. You must tell us immediately if there is any change in the number or status of your dependents. Failure to tell VA immediately of a dependency change will result in an overpayment which must be repaid.

We included a cost-of-living increase in this award effective December 1, 2008.

If this change in your award decreases your payments for a prior period, we may establish an overpayment in your award. If our adjustment results in an overpayment of the benefits we paid you, we will notify you shortly of the exact amount of the overpayment. Also, we will give you information about repayment.

Please read the enclosed VA Form 21-8764. It contains important information about rights to receive this benefit.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

IF YOU RESIDE IN THE CONTINENTAL UNITED STATES, ALASKA, HAWAII OR PUERTO RICO, YOU MAY CONTACT VA WITH QUESTIONS AND RECEIVE FREE HELP BY CALLING OUR TOLL-FREE NUMBER 1-800-827-1000 (FOR HEARING IMPAIRED TDD 1-800-829-4833).

J. SIKES

VETERANS SERVICE CENTER MANAGER

Enclosures: 21-8764 4107

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Department of Veterans Affairs

Memorandum

(b) (6)

Date: 12/10/2008

(b) (6)

RE: Marshall H. Hopkins

SUBJ: Formal Finding on the Unavailability of Personnel records

TO: File

1. We have determined that the finance/personnel records are unavailable for review.

2. All procedures to obtain the finance/personnel records for this veteran have been correctly followed. Evidence of written and telephonic efforts to obtain the records is in the file. All efforts to obtain the needed military information have been exhausted; further attempts are futile and that, based on these facts, the record is not available.

3. The following efforts to obtain the military service records were attempted:

DATE SENT	TYPE OF INQUIRY	INQUIRY SENT TO	RESPONSE RECEIVED/DATE (if applicable)
09-06-05	Request for severance pay information on severance received April 1996	National Personnel Records Center (NPRC), St Louis, MO	September 26, 2005, NPRC responds that finance records are not kept at their facility, and they are forwarding request to DFAS finance code 17
09-06-05	Phone call to Veteran to ask for severance pay amount	Veteran	December 12, 2005, veteran calls us to tell us deposit slip found for $54,273.60 deposited April 18, 1996
12-12-05 to 12-30-05	10 phone calls to request for severance pay amount	DFAS, 7 calls to 7 different people AF Personnel Center, 1 call AF Reserve Personnel Center, 1 call NPRC, 1 call	Each call referred us to someone else, until, we came full circle, being referred to DFAS again
7-24-08	Request for severance pay	Department of Defense (Air Force) in Denver CO	No response, however we have deleted this request because VA manual reference M21-MR III.iii.2.71.d tells us records are destroyed six years and 3 months after separation

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Formal finding signed by: (b) (6) Date: 12-10-08

Date: 12/17/08

Veteran Notified of Formal Finding:

Notification letter sent 12-19-08 Telephone contact made

(b) (6)

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE OF CLAIM OR ISSUE	END PRODUCT	TRANSACTION	L.O. NO.	POWER OF ATTORNEY	FID. R.O.	PAYEE NO.	PAYEE NA	(b) (6)
12-02-08	694	13C-SUPP	351	DAV		00	M H HOPKI	

SOCIAL SECURITY NUMBERS: VETERAN [redacted] SPOUSE 522 94 9287 PAYEE

BIRTH: VETERAN SPOUSE 07-02-64 WIDOW FATHER MOTHER

NAME AND ADDRESS - PAYEE

MARSHALL H HOPKINS
(b) (6) [redacted]

NAME OF VETERAN	SEX	NAME OF SPOUSE
M H HOPKI		DARLENE

BR.	EOD	RAD	PAY GR.

ASC	SERVICE NO.	CROSS REFERENCE NO.

CHAR. DIS.	SEP. RSN.	DATE OF DEATH	AGE AT DEATH	VET. SPOUSE

PRIOR NET AWARD DATA

MONTHLY RATE	EFFECTIVE DATE	WITHHOLD - RECOUP TYPE	WITHHOLD - RECOUP AMOUNT

C-FILE 21 2 VOLS.

DEC 10 '08

ZIP CODE	CONS. PAY. NO.	COLLECTION ▶	CODE	AMOUNT
73945				

DIRECT DEPOSIT
C 1363603 103110046

DISALLOWANCE ▶ CODE-REASON

EFFECTIVE DATE	RSN CODE	NET MONTHLY RATE	WITHHOLDING TYPE	WITHHOLDING AMOUNT	OFFSET/RECOUP TYPE	OFFSET/RECOUP AMOUNT	ENT CODE	DISABILITY ENTITLEMENT	INCOME	DEPENDENCY TOT	DEPENDENCY THIS	SCHL/ HLP	SPECIAL LAW/MISC
12-01-08	37	956.00			9	453.00	71	070		11	11	0/0	
08-22-21	24	912.00			9	421.00	71	070		10	10	0/0	

RATING

EFFECTIVE DATE	COMB DEG	SMC BAS HOS	SPL PRO	EMPL	W-PCT.	LOSSES USE ANAT OTH	CONTROLS MO	CONTROLS YR	CONTROLS RSN	OFFSET - RECOUPMENT TYPE	BALANCE	DEDUCTION
CURRENT	070		0	YES			08	14	24	SEVR	23087.93	453.00

COMPETENCY

RATING	PAYMENT
YES	

INCOME

	NET WORTH	MO. SOC. SEC.	ANN. SOC. SEC	ANN. EARNING	MO. CIVIL SERV.	MO. MILITARY	MO. BLACK LUNG	MO. RAILROAD	MO. OTHER RET.	ANN. OTH. INC.
PAYEE	00									
SPOUSE										

AND DEPENDENCY

NAME OF CHILD	BIRTH DATE	STAT	NW	MO. SOC. SEC.	ANN. SOC. SEC.	ANN. EARNINGS	ANN. OTH. INC.	FUTURE DATE	RSN
KERRI	(b) (6) [redacted]	1						08-22-21	24

DEDUCTIBLE EXPENSES

MEDICAL	
LAST	
FAMILY	
SOC. SEC.	
OTH. RET.	
WAIVER	
EDUCATION	

ADDL. CHILDREN ▶ TOTAL: THIS: IVAP: ▶

BURIAL

DESCRIPTION	AMOUNT	PERSON TO BE NOTIFIED
S/C BURIAL		
NSC BURIAL		
PLOT/INTER.		
HDST./MARKER		
TRANSPORTATION		
TOTAL		

ACCRUED

BASIS FOR PAYMENT: COLA
AMOUNT PAYABLE:
SHARE:
AMOUNT THIS PAYEE: SEV BAL ONLY
LESS COLLECTION:
NET PAY:

WOF

REMARKS

A/R EXISTS - REFER TO FINANCE IF RETROACTIVE BENEFITS INVOLVED

BDN LTR

(b) (6) [redacted]

(b) (6) [redacted]

DATE 12-10-08

AWARD

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Department of Veterans Affairs

125 S MAIN ST
MUSKOGEE OK 74401

December 02, 2008

In Reply Refer To:

MARSHALL H HOPKINS
(b) (6)

File Number:
(b) (6)

The President has signed into law an Act of Congress increasing rates of Disability Compensation for disabled veterans, and of Dependency and Indemnity Compensation for the survivors of deceased veterans effective December 1, 2008. We are reviewing your award to determine what rate you will be entitled to receive.

Should your award require adjustment, we will advise you of the new monthly rate.

Please advise us immediately if you return to active military service or if your address or marital status changes. If you are receiving additional benefits for dependents, notify us immediately of any change in their status.

VA will match benefit information from your records with the following agencies for the purposes described below:

1. Department of Defense: to verify a return to active military service.

2. Department of Defense: to identify veterans receiving disability compensation who are also receiving military pay and allowances (drill pay) as members of the National Guard or Reserves.

3. Social Security Administration: to identify veterans in receipt of substantial earned income who are also rated totally disabled based on unemployability for VA purposes.

4. Social Security Administration: to assist in determining eligibility for benefits under the Supplemental Security Income program.

5. Social Security Administration: to verify a beneficiary's self-certification of eligibility for prescription drug subsidy assistance under the Medicare Prescription Drug, Improvement and Modernization Act of 2003.

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6. U.S. Department of Health and Human Services: to assist states in determining eligibility for public assistance programs.

7. Department of Education: to verify veteran status of applicants for financial assistance.

8. Federal and State law enforcement agencies: to identify VA beneficiaries who are fugitive felons.

9. Bureau of Prisons and Social Security Administration: to identify beneficiaries who are incarcerated more than 60 days.

A beneficiary may be entitled to additional benefits if permanently housebound or in need of the regular aid and attendance of another person in performing certain activities of daily living. For information about these benefits, call 1-800-827-1000.

STATE BENEFITS: You should contact your state office of veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible as a veteran (or surviving dependent of a veteran). State offices of veterans' affairs are available at http://www.va.gov/statedva.htm.

TAX CREDITS: The Internal Revenue Service has asked us to encourage you to take advantage of certain tax credits, deductions and services for which you may qualify. Special deductions and credits can benefit disabled taxpayers or their families. Free tax help is available for low-income, elderly, disabled or individuals who do not speak English. Returns can be filed electronically to speed receipt of refunds and increase accuracy. The Earned Income Tax Credit may be available to low- or moderate-income workers, depending on the amount of earned income and the number of children in the household. Even when income is below the threshold for filing a tax return, eligible individuals can file a return and claim the credit to receive a refund. Education credits and deductions for non-reimbursed expenses may be available to individuals when they or members of their family are pursuing post-secondary or job-related education. Child tax credits may be available to those with children under age 17. To find out more and to see if you qualify for the credits, call the Internal Revenue Service at (800) 829-1040 or visit the IRS web site at www.irs.gov.

CONTACTING VA: Any questions or correspondence should be submitted to the VA regional office handling your account. If you do not know which regional office handles your account, contact the office nearest your home. For telephone inquiries, dial the following toll-free number: 1-800-827-1000. If you are hearing impaired, dial 1-800-829-4833.

J. SIKES
VETERANS SERVICE CENTER MANAGER

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(b) (6) [redacted]

RO	PA	VSO	TAX	POW
51	83			

SUSPENSE DATA TYPE	SOURCE	RSN	MO	DA	YR	LAST ACTIVITY TRANS	YR	MO	CY	M/R TYPE	PAY STATUS	PROCEEDS	PAY FREQ	ERROR SEG CODE	YR	MO	CY	CLOTHING	DATE MO	DA	YR
						13C	08	01	5	A	ACTIV		0	740	08	11	Y		12	02	08

PC AH YG	TREAS AMT	AMT AVAIL	TYPE	RO	SEQ	ZIP/BANK	CHECK AMT	INC	NAME OF VETERAN	PERSON ENTITLED	PAYEE
						73945	90300		(b) (6) [redacted]	M H HOPKI	00

TYPE	ERR	COMB DEG	TOTAL AWARD	ANNUAL INCOME	CHG RSN	DEPEN TOT/THIS	ENT CODE	MONTHLY RATE	EFFEC DATE MO DA YR	SP LAW MISC	CHILD S	CHILD H	A/A	WITHHOLDING TYPE/AMT	APPORT	RECOUP OFFSET	PFOP
		050	000000		26	1111	71	036900	070102		0	0				36200	
		050	000000		37	1111	71	037400	120102		0	0				36600	
		050	000000		26	1212	71	039300	090103		0	0				37900	
		050	000000		37	1212	71	040000	120103		0	0				38700	
		070	000000		33	1212	71	082700	040104		0	0				40000	
		070	000000		37	1212	71	084800	120104		0	0				41000	
		070	000000		37	1212	71	088300	120105		0	0				42600	
		070	000000		24	1111	71	085600	041706		0	0				40600	
		070	000000		37	1111	71	088300	120106		0	0				42000	
*	*	070			37	1111	71	133200	120107		0	0					
			126000		24	1010	71	126000	082221		0	0				39800	

C-FILE
(b) (6) [redacted]
DEC 10 '08

EFFEC DATE MO DA YR	COMB DEGREE	NO. SCD	1ST DIAG CODE	%	2ND DIAG CODE	%	3RD DIAG CODE	%	4TH DIAG CODE	%	5TH DIAG CODE	%	6TH DIAG CODE	%	OVER 9	SMC	SP	EMP	COMP
CURRENT	070	4	5237	40	9434	30	5203	10	5237	10							0	YES	YES

NURSING PRIORS 9
FUT 2
REPS
CHAMPVA 0

TYPE AND CLASS	DEDUCTION AMT	BAL PFOP	GRAT AMT	CALLUP MO	YR	CAUSE	REFERENCE	INT COMP MO	YR	INT BAL PRIV	PFOP	NO PAY	RO	TRANS	CARS	LOSS CODES	USE	ANAT	OTH	HOSP SMC
99K	42900	2308793	1205																	

ACTIVE DUTY DATA
BR EOD RAD ASC
F 120263 060967

SP A/A

(b) (6) [redacted]

OVER 4

BIRTH DATE MO DA YR	STAT	FIRST NAME	CHANGE DATA RSN	MO	DA	YR	EXPENSES TYPE/AMT	MO SOC SEC VER	AMT	ANNUAL INCOME FIELDS SOC SEC	EARNINGS	OTHER
(b) (6) [redacted]	1	KERRI	24	08	22	21						

Rec'd VSC
DEC 03 2008
/ARO, MUSKOGEE

NAME AND ADDRESS
MARSHALL H HOPKINS
(b) (6) [redacted]

73945 SEQ 1 NAME
MAIL CODE 370

ACTIVE RESV	DAYS WAIVED
N	000

TOT CHILD 01

DEATH STATS
DEATH AGE MO DA YR SVC

REFERENCE	VER
(b) (6) [redacted]	X
P/S SSN	522949287 X
OTHER SSN	
CROSS_REF	
SVC SER	17667335
PAR HOUSE	
CONSOL PAYEE	

FUTURE CONTROLS MO	YR	RS
08	14	24

MONTHLY RETIREMENT AMTS
TYPE REPORTED VERIFIED

BIRTH DT - MO DA YR	
VETERAN	072043
SPOUSE	070264
FATHER	
MOTHER	
PAYEE	

47	47I	48	EVR	TRANS	VET/PAY	COMP PAY	PAY GR
						1	

CURRENT YR-1 SRC	AMT	ADJUSTMENT ACT	RETRO	INCOME	NET WORTH
					00

SPOUSE NAME	INC YR	IVAP	EVR CONTROL	MED EXP TYPE	AMT	EST	SP NW
DARLENE							

ANNUAL INCOME	EARNED	SOC SEC	RETIREMENT TYPE	AMT	OTHER SOURCES	MONTHLY SOCIAL SECURITY REPORTED	VERIFIED	SMIB
PAYEE								
SPOUSE								

INSURANCE CHANGE
TYPE DISC EST DIST DISCON ESTAB ADDITIONAL

SSI

CODE LEGEND
740 NOT ADJ - SEV/READJ/SEC 351 DED INVOLVED

BURIAL AWARDS PAID SVC CON	NON SVC CON	TRANS	PLOT	HEAD

EFFEC DATE ORIGINAL AWARD MO DA YR
100196

ROUTING
ADJUD.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Department of Veterans Affairs

Request for Information

General Information

Address Code: 25 (b) (6)
VA Requesting Office:
MUSKOGEE RO
FEDERAL BUILDING
125 SOUTH MAIN STREET

MUSKOGEE, OK 74401

Insurance No.: (b) (6)
Submit Date: 07/24/2008
PIES ID: 2890427

C-FILE
21
(b) (6) 351
DEC 01 2008

Veteran Name: HOPKINS, MARSHALL H (b) (6)
Place of Birth:

Date of Birth: 07/20/1943
Date of Death:

Claim Date: 08/27/2007
Branch Completion Date:
Overall Status: CO

Receipt Date:
Branch Completed By:
Overall Completion Date: 07/25/2008

Period of Service Data for Branch: AF

Name	SN	EOD	RAD	COD	Duty Status	RT Date	Retired Status	Pay Grade
HOPKINS, MARSHALL H	(b) (6)	12/02/1963	06/09/1967	HON	DCH			

Request/Response Information

REQUEST: 003
SEVERANCE PAY, FURNISH VERIFICATION OF SEVERANCE PAY VS DISABILITY SEVERANCE PAY.

RESPONSE:

PIES shows 'Complete' and forwarded to Address Code 25 (ARPC, Denver).

Still pending 1-8-09 (b) (6)

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Department of Veterans Affairs

REPORT OF CONTACT

(NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in veterans' folders.)

VA OFFICE: 351

(b) (6) [redacted]

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*: HOPKINS, MARSHALL H

DATE OF CONTACT: 12/1/2008

(b) (6) [redacted]

(b) (6) [redacted]

Work:

C-FILE

21

PERSON CONTACTED *: Sgt. Stanton, ARPC; Carol, NPRC

TYPE OF CONTACT *(Check)* *: ☐ PERSONAL ☑ TELEPHONE

DEC 04 2008

ADDRESS OF PERSON CONTACTED

(b) (6) [redacted]

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN *

This file came to me for a follow-up on an old PIES request. We have been trying to verify the exact pre-tax amount of the veteran's disability severance pay. The veteran's claims file contains a detailed history of our attempts to verify the information.

The response to the most recent PIES request shows that the inquiry was forwarded to address code 25, which is APRC (Air Force Reserve Personnel Center) in Denver. I called ARPC and spoke with Sgt. Stanton, who said that ARPC only held records back to 2003, and that prior records would have been retired to NPRC.

I spoke with Carol at NPRC, and she said that this was not NPRC information, and she directed me to DFAS. A prior PIES request was forwarded to DFAS on September 23, 2005. Subsequent calls to DFAS from that date were negative, per the notes in the file from the SVSR who had previously attempted to verify the information.

To this point, DFAS, NPRC, and ARPC are all pointing at each other as to which facility should have the veteran's records. It appears that the only information we can use is what was previously submitted by the veteran, and that further attempts to verify the information (or to locate any other information) would be futile.

DIVISION OR SECTION *: Compensation & Pension

(b) (6) [redacted]

VA FORM 119

☐ Start Paperless Claim

Submit

Clear

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71. Address Codes Air Force Service Records

Contents

- Change Date
- a. Address Codes for Service Information
- b. Address Codes for Medical and Dental Records
- c. Addresses for Air Force X-Ray Records
- d. Address Codes for Other Types of Service Information

Change Date

December 13, 2005

[III.iii.2.J.71.a]a. Address Codes for Service Information

The table below lists the types of service, service circumstances, and the corresponding address codes to use to obtain the following for officers and enlisted personnel:

- personnel records
- facts and circumstances surrounding an other-than-honorable discharge including
  - Board of Officers proceedings, and
  - investigations and information concerning all courts-martial
- summary of proceedings of summary
- special or general courts-martial
- reports of investigation on in-service injuries
- Physical Evaluation Board proceedings
- pay grade, and
- travel time.

To request Air Force x-ray records, use

- address code 75 for entrance and separation x-rays, and
- address code 85 for in-service interim x-rays.

Note: In-service interim x-rays are retained for only five years from date of exposure.

on NOD for Severance

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[III.iii.2.J.71.d]d. Address Codes for Other Types of Service Information

The table below lists the appropriate address codes to use to obtain other service information for officers and enlisted personnel.

Type of Record	Address Code
Information on	For personnel separated or deceased
• readjustment pay • severance pay, not released from TDRL • separation pay • allowance, and • allotment. ***Note***: Records are destroyed six years and three months after separation or the death of a member.	• before 06/01/1951, use address code 16, and • on or after 06/01/1951 use address code 25.
Retired pay information	35
SBP information (Finance)	17
Verification of in-service stressors (claimed by veterans seeking service connection for post-traumatic stress disorder)	55
Inpatient clinical records created during active duty	13
Military retiree outpatient treatment records	13
In/outpatient treatment records for dependents of service members	13

Note: Clinical records are retired to NPRC in annual collections by the creating hospital. They are typically retained for two calendar years before retirement. Teaching hospitals that maintain clinical record libraries may retain records up to 5 years before retirement to NPRC.

Go to Top

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Department of Veterans Affairs

REPORT OF CONTACT

(NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in veterans' folders.)

VA OFFICE: 335

(b) (6)

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*: HOPKINS, MARSHALL H

DATE OF CONTACT: 09/30/2016

ADDRESS OF VETERAN:

TELEPHONE NO. OF VETERAN *(Include Area Code)*: Home: Work:

PERSON CONTACTED: Darlene Hopkins

TYPE OF CONTACT *(Check)*: ☐ PERSONAL ☑ TELEPHONE

ADDRESS OF PERSON CONTACTED:

TELEPHONE NO. OF PERSON CONTACTED *(Include Area Code)*: (620) 272-4822

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN

Spoke to Darlene Hopkins to verify the $1000 wages on the application. She stated that she earns $1000 per month in wages.

DIVISION OR SECTION:

EXECUTED BY *(Signature and title)*: PMCCKNIG335

pmccknig

VA FORM **119**

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Department of Veterans Affairs

Request for Information

General Information

Address Code: 25 (b) (6)
VA Requesting Office:
MUSKOGEE RO
FEDERAL BUILDING
125 SOUTH MAIN STREET

MUSKOGEE, OK 74401

Insurance No.: (b) (6)
Submit Date: 09/06/2005
PIES ID: 2890427

-351

Veteran Name: HOPKINS, MARSHALL H SSN: (b) (6)
Place of Birth:

Date of Birth: 07/20/1943
Date of Death:

C-FILE
21
JUL 24 '08

Claim Date: 08/27/2007
Branch Completion Date:
Overall Status: SU

Receipt Date:
Branch Completed By:
Overall Completion Date:

Period of Service Data for Branch: AF

Name	SN	EOD	RAD	COD	Duty Status	RT Date	Retired Status	Pay Grade
HOPKINS, MARSHALL H	(b) (6)	12/02/1963	06/09/1967	HON	DCH			

Request/Response Information

REQUEST: 003
SEVERANCE PAY, FURNISH VERIFICATION OF SEVERANCE PAY VS DISABILITY SEVERANCE PAY.

RESPONSE:

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Eligibility Report

4/21/2008

Profile

Name: **Marshall H Hopkins**
Alias: -
File No: (b) (6)
Service No:
Claim Folder RO Num: **351**
Active Duty Training:

(b) (6)
DOB: **07/20/1943**
DOD: -
POA: **Disabled American Veterans**

Military History

Service	Component	EOD	RAD	Rank	TAFMS	Char SRV	Ret Type
Air Force	**Reserve**	**07/02/1974**	**03/31/1996**	**Master Sergeant**	**261**	**Honorable**	

COMBAT/DEPLOYMENT PAY:

HAZARDOUS DUTY PAY:

Vietnam Era Service: -
Gulf War Indicator: **N**
POW Days: -
Purple Heart Recipient: -

Veterans Information Solution 2001

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COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Veterans Service Center/21
918-781-7655 (FAX)

VA Regional Office
125 South Main St
Muskogee, OK 74403

Fax

To: SEPARATION **From:** JOE TILLMAN (918) 781-7575 EX 6655. 781-7691 FAX #

Fax: 216 367 3515 **Pages:** 4/21/08

Phone: **Date:**

Re: MARSHALL H HOPKINS (b) (6) [redacted]

Urgent ☐ **For Review** ☐ **Please Comment** ☒ **Please Reply**

Comments:

THIS VETERAN WAS ON ACTIVE DUTY FROM 12-2-63 TO 6-9-67, AND IN THE RESERVE FROM 7-2-74 TO 3-31-96. PLEASE PROVIDE US WITH THE TYPE AND AMOUNT OF SEVERANCE PAY RECEIVED. THANK YOU.

PLEASE GIVE NEGATIVE REPLY IF INFORMATION CAN NOT BE OBTAINED.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

d. Address Codes for Other Types of Service Information [III.iii.2.J.7.d]

The table below lists the appropriate address codes to use to obtain other service information for officers and enlisted personnel.

Type of Record	Address Code
Information on • readjustment pay • severance pay, not released from TDRL • separation pay • allowance, and • allotment. ***Note***: Records are destroyed six years and three months after separation or the death of a member.	For personnel separated or deceased • before 06/01/1951, use address code 16, and • on or after 06/01/1951 use address code 25.
Retired pay information	35
SBP information	17
Verification of in-service stressors (claimed by veterans seeking service connection for post-traumatic stress disorder)	55
Inpatient clinical records created during active duty	13
Military retiree outpatient treatment records	13
In/outpatient treatment records for dependents of service members	13

Note: Clinical records are retired to NPRC in annual collections by the creating hospital. They are typically retained for two calendar years before retirement. Teaching hospitals that maintain clinical record libraries may retain records up to 5 years before retirement to NPRC.

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Department of Veterans Affairs

POA: DAV

 DATE OF RATING: 4/21/2008

DEFERRED RATING DECISION

REGIONAL OFFICE NUMBER	NAME OF VETERAN	(b) (6)
351/Muskogee, OK	MARSHALL HOPKINS	[redacted]

THE RATING HAS BEEN DEFERRED PENDING RECEIPT OF DATA INDICATED BELOW:

REASONS(S) FOR DEFERRAL *(Check appropriate box(es)*

[] EXAMINATION REPORT [] HOSPITAL REPORT [] FIELD EXAMINATION REPORT [] SUPPLEMENTAL SERVICE RECORDS [] EVIDENCE FROM VETERAN OR OTHERS [X] OTHER *(Specify)*

EXPLANATION FOR ITEMS CHECKED

We need to follow up on PIES request for information on severance pay. Initial request sent 9/6/2005. Response noting finance records not maintained at Code 13 and request forwarded to Code 17. We then did a lot of chasing, but there is nothing to indicate we have ever received any actual response to show the amount received. We have to have a negative response or a final response before we can work the veteran's NOD.

(b) (6) [redacted]

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

f. Address Code 17 [III.iii.2.K.76.f]

Address:

Defense Finance and Accounting Service

U.S. Military Retired Pay

PO Box 7131

London, KY 40742-7130

Telephone number: (800) 321-1080

Fax number: (800) 982-8459

(b) (6) [redacted]

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j. Address Code 25 [III.iii.2.K.76.j]

Address:

Department of Defense (Air Force)

DFAS-DE/PMJYB

6760 E. Irvington Place

Denver, CO 80280

Telephone number: (303) 676-4274

Fax number: (303) 676-6218

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

NSN 7540-00-634-4176 351 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
3 Oct 94	Mental Health Clinic Peterson AFB, CO 80914-5300 FILE MAINTAINED IN MENTAL HEALTH CLINIC C-FILE 21 APR 07 2008 Telecon ĉ pt: Mood improving since began Elavil (placebo effect?) a few days ago. Pt to have neuropsych testing mid-Nov by Dr. Wexler at Ft. Carson. Christine Ely, CAPT, BSC 549-04-1587, Staff Psychologist ROBERT G LAUBERTE, MAJ, USAF, BSC SSN (b) (6) AFSC 9186 Chief, Mental Health Clinic RMC ST. LOUIS
28 Oct 94	Mental Health Clinic Peterson AFB, CO 80914-5300 FILE MAINTAINED IN MENTAL HEALTH CLINIC FEB 11 2008 Telecon ĉ pt. See MAN ANALYZER #15 Christine Ely, CAPT, BSC 549-04-1587, Staff Psychologist ROBERT G LAUBERTE, MAJ, USAF, BSC SSN (b) (6) AFSC 9186 Chief, Mental Health Clinic

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

OPR

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
Hopkins, Marshall		M
RELATIONSHIP TO SPONSOR	**STATUS**	**RANK/GRADE**
S	AF Res	MSgt
SPONSOR'S NAME	**ORGANIZATION**	
DEPART./SERVICE AFR (b) (6)		**DATE OF BIRTH**

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600** (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

(b) (6)

[redacted]

*U.S. Government Printing Office: 1993 — 342-199/50262

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ARPC

TELEPHONE CONSULTATION
USAF CLINIC PETERSON AFB CO 80914-5300
(This form is affected by the Privacy Act of 1974 - Us[redacted]5)

CALL DATE 25 Feb 93
CALL TIME

NAME Hopkins, Karol
[redacted]
STATUS
UNIT

RECORD LOCATION ☐ OTHER ☐ AFA ☒ PETERSON CLINIC ☐ FT CARSON

ALLERGIES

CALL BACK DATE 5 MAR 93
CALL BACK TIME 1600

S AND O Patient states/denies PRP/SCI/FLYING STATUS.

Pap done 8 Feb 93 Returns Sq Cell
abs Parakeratosis. Pr notified
of Results.

A

Ab Pap

P

Fu Pap 3 months
Pap Fu file started

TELEPHONE NUMBER
[redacted]
PHYSICIAN STAMP
[illegible] MAJ, USAF, NC
9756 A. OB/GYN NP
21st MED. GP, PAFB, CO 80914-5300
EXTENDER FORM MUST BE FILLED AT
PAFB CLINIC OR USAFA HOSPITAL, BHA

21 MG/SGHG FORM 273, MAY 92 REPLACES USAF CLINIC PETERSON FORM 273, JUN 87, WHICH WILL BE USED UNTIL STOCK IS EXHAUSTED.

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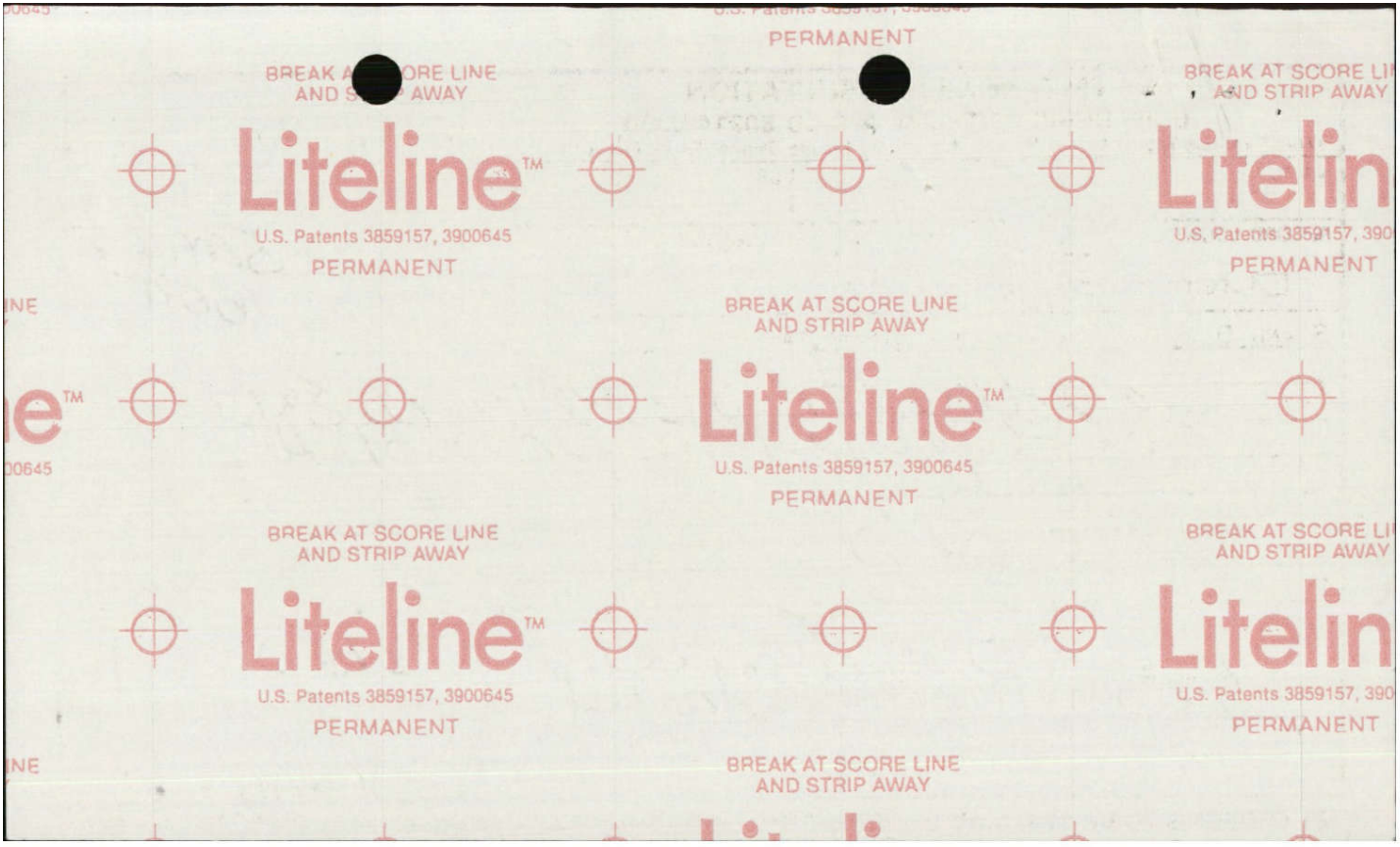

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EVANS ARMY COMMUNITY HOSPITAL
DEPARTMENT OF RADIOLOGY
526-7300

BARIUM ENEMA INFORMATION SHEET

Three day preparation instructions:

1. On days 1 and 2, (dates) 2+3 May 94, your meals must be low bulk and consist of the following types of foods: eggs (not fried), cottage cheese, smooth peanut butter, rolls, white bread, macaroni, cooked vegetables, rice, soup, baked or broiled fish.

2. DO NOT EAT OR DRINK whole milk, fried foods, raw fruits or vegetables, meat or poultry products, highly spiced rich foods, nuts, seeds, whole grain breads or cereals.

3. Begin Prep Kit at noon on (date) 4 May 94.

4. If these instructions are not followed, your examination will be of little diagnostic value and may have to be repeated. If you have any questions, problems, or cannot keep your appointment call **526-7300**, Radiology Department.

NAME: Hopkins, M. APPT DATE 5 May 94 TIME 0730

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PHYSICAL PROFILE SERIAL REPORT

PATIENT ID (Use plastic card or type/print name)	GRADE	DATE
HOPKINS, MARSHALL H.	MSGT	7 AUG 94
	AFSC: A11470	(b) (6) [redacted]
	UNIT: 302 ALCF	
	BASE: Peterson AFB, CO	

PROFILE	P	U	L	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS	4	1	1	1	1	1	T	TYPE AND RH	
REVISED TEMPORARY	4	1	1	1	1	1	T	G6PD	DEFICIENCY ☐ NO ☐ YES
REVISED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT ☐ NO ☐ YES

RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION: 10 SEP 94

WORLD-WIDE QUALIFIED ☐ YES ☒ NO

INDIVIDUAL DEFECTS/RESTRICTIONS

PASSES COLOR VISION ☐ YES ☐ NO

Member required to follow up with reserve medical unit on 10 Sep 94.
Member restricted fro pay or points in reserve status pending AFRES approval.

☐ MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE (AAC) 37 APPLIES.

As shown by examination or review of Health Record or current course of treatment, individual is cleared for

☐	OVERSEAS ASSIGNMENT	☐	RETIREMENT/SEPARATION WITHIN ONE (1) YEAR
☐	REMOTE/ISOLATED TOUR	☐	OTHER (Specify)

REMARKS

I certify I have been advised of my disqualifying medical condition and of the requirement to provide medical information from my private physician to my supporting reserve medical unit to aid in the evaluation of my medical condition. I understand that HQ AFRES/SGP will make the final determination on my medical qualifications for continued military duty and that if I fail to submit the requested civilian medical documentation to my supporting reserve medical unit within 60 days from the date of initial request, my case may be forwarded to HQ AFRES/SGP without it.

MEMBER'S SIGNATURE: Marshall H. Hopkins DATE: _____

TYPED OR PRINTED NAME AND GRADE OF HEALTH CARE PROVIDER	SIGNATURE
	X
TYPED OR PRINTED NAME AND GRADE OF PES MANAGER: SUSAN A BROWNBERGER, MSGT, USAFR (ART)	SIGNATURE
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER: EDWARD T. KIMBLE,Col,USAFR,MC, FS	SIGNATURE MD

DPMUO	DPMUM	DPMU(R)	DPMPC	DPMAR		

AF Form 422, APR 89 *PREVIOUS EDITION WILL BE USED* COPY 1 - HEALTH RECORD

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AUTHORIZATION FOR QUARTERS

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974. USE BLANKET PAS, DD FORM 2005)

DATE

Prior to placing a patient on quarters, all providers must complete SECTIONS I and II and then direct patients to go to Patient Administration with this form and their medical records.

SECTION I - COMPLETED BY PROVIDER

PATIENT'S NAME	SEX	GRADE	SSN

HOME PHONE	ORGANIZATION	DUTY PHONE	ORDERLY ROOM PHONE

SECTION II - COMPLETED BY PROVIDER

LENGTH OF QUARTERS

- [x] 24 HOURS *(or less)*
- [ ] 48 HOURS
- [ ] 72 HOURS
- [ ] OB QUARTERS DAYS/HOURS _____

MEDICAL TREATMENT FACILITY (MTF) PERSONNEL?

[ ] YES [ ] NO

RETURN APPOINTMENT

[ ] YES [x] NO IF YES, DATE _____ TIME _____

COMMUNICABLE DISEASE

[ ] YES [ ] NO

PROVIDER'S SIGNATURE, STAMP, AND DATE

[redacted] (b) (6)
21 Medical Group/SGP
Peterson AFB, CO 80914-1540

PHYSICIAN'S COUNTERSIGNATURE *(If greater than 24 hrs, or patient will be alone)*

CATEGORY

- [x] DISEASE
- [ ] BATTLE CASUALTY

NONBATTLE INJURY:

- [ ] AIRCRAFT
- [ ] MOTOR VEHICLE
- [ ] OTHER _____

Medicine Resident

DIAGNOSIS

IF INJURED, GIVE DETAILS OF THE ACCIDENT

HOW

TIME	LOCATION

SECTION III - COMPLETED BY PATIENT

INSTRUCTIONS FOR QUARTERS PATIENTS

1. While on quarters, you are expected to remain in your residence to recuperate from your illness. Members residing in dormitories are permitted to go to mess in government dining facilities while on quarters. You may also make stops to purchase personal items at the BX, Commissary, etc.
2. It is your responsibility to present a copy of the quarters authorization to your orderly room.
3. It is your responsibility to notify your supervisor that you are being placed on quarters.
4. At the expiration of your quarters you are expected to report to your duty section.
5. Noncompliance with the above directives can lead to disciplinary action by your commander. If you have any questions, contact Patient Administration at 556-4037.

PATIENT'S SIGNATURE

SECTION IV - COMPLETED BY PATIENT ADMINISTRATION OR DESIGNATED SECTIONS

DATE PLACED ON QUARTERS	RETURN TO DUTY	REMARKS

DATE NOTIFIED	TIME NOTIFIED	PERSON CONTACTED *(Orderly Room)*

IS PATIENT ON PRP STATUS?	PERSON CONTACTED	NOTIFICATION MADE BY *(Patient Administration Representative)*
[ ] YES [ ] NO		

21 MG/SGR FORM 296, DEC 93

WHITE - PATIENT ADMINISTRATION; **YELLOW** - UNIT ORDERLY ROOM; **PINK** - INDIVIDUAL

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
Adams	NEUROLOGY CLINIC USAF ACADEMY HOSPITAL
30 May 95	
1115	
100/60	
	51 yo RH W → whom I last
	saw 6 April 95.
MD ∅	He has since stopped all meds.
	He c/o Burning (R) trapezius &
	Intermittent mild cervicalis - He c/o difficulty
	Sleeping
	Exam - Tender pt (R) trap
	- (R) drift - no (R) fx - Rain al - Sinuosa al.
	- Gait / Stance - al.
	Dx - (1) Myofascial Pain
	(2) Mechanical Low Back Pain
	(3) TIC Delaireux
	(4) Cooling Decline 2° Depression
	(5) Depression mild
	~~Rx~~ (6) Insomnia
	Rec - Elevate to HS, ↑ By to HS until sleeping
	well
	- Ice to (R) shoulder

Laurence J. Adams, LtC, USAF, MC
(b) (6) (b) (b) (b) (b) USAFA Hospital

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*
(b) (6) [redacted]

RECORDS MAINTAINED AT:	PAF (b) (6) (b) (b) [redacted]	
PATIENT'S NAME *(Last, First, Middle in* Hopkins, Marshall		SEX M
RELATIONSHIP TO SPONSOR self	STATUS AD	RANK/GRADE Tsgt
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE AF	SSN/IDEN (b) (6) [redacted]	DATE OF BIRTH

CHRONOLOGICAL RECORD OF ME[illegible]L CARE STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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BEST COPY

U.S. Government Printing Office: 1993 — 342-199/50262

NO RECORD
21 MDOS/SGOMGO
RETURN TO ORIGINATOR
31 July

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

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PHYSICAL PROFILE SERIAL REPORT

PATIENT ID (Use plastic card or type/print name)	GRADE	DATE
HOPKINS, Marshall H.	MSgt	1 June 1995
	AFSC: 1A271	(b) (6) [redacted]
	UNIT: 302d Airlift Control Flight	
	BASE: Peterson AFB, Colorado 80914-8010	

PROFILE	P	U	L	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS	4	1	1	1	1	1	T	TYPE AND RH	A Pos
REVISED TEMPORARY	4	1	1	1	1	1	T	G6PD	DEFICIENCY [X] NO [ ] YES
REVISED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT [X] NO [ ] YES

RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION: Pending MEB Results

WORLD-WIDE QUALIFIED [ ] YES [X] NO

INDIVIDUAL DEFECTS/RESTRICTIONS

PASSES COLOR VISION [X] YES [ ] NO

For MPF - update deployment-availability-status physical (DIN KCC) as "41" (not qualified for deployment) and assignment-availability-status (DIN ABA) as "31" (not qualified for reassignment). Expiration dates will be the same as in the "release date" block of this form.

[ ] MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE (AAC) 37 APPLIES.

As shown by examination or review of Health Record or current course of treatment, individual is cleared for

[ ]	OVERSEAS ASSIGNMENT	[ ]	RETIREMENT/SEPARATION WITHIN ONE (1) YEAR
[ ]	REMOTE/ISOLATED TOUR	[ ]	OTHER (Specify)

REMARKS

I certify I have been advised of my disqualifying medical condition and of the requirement to provide medical information from my private physician to my supporting reserve medical unit to aid in the evaluation of my medical condition. I understand that HQ AFRES/SGP will make the final determination on my medical qualifications for continued military duty and that if I fail to submit the requested civilian medical documentation to my supporting reserve medical unit within 60 days from the date of initial request, my case may be forwarded to HQ AFRES/SGP without it. I UNDERSTAND THAT WHILE I HAVE THIS PROFILE, I MAY NOT PARTICIPATE IN THE RESERVE PROGRAM, WHETHER FOR PAY OR POINTS, UNTIL THE "4" HAS BEEN REMOVED FROM MY PROFILE.

MEMBER"S SIGNATURE Member Is Aware Of Action DATE: _____

TYPED OR PRINTED NAME AND GRADE OF HEALTH CARE PROVIDER	SIGNATURE
TYPED OR PRINTED NAME AND GRADE OF PES MANAGER: PATRICIA M. KENAN, SMSgt, USAFR (ART)	SIGNATURE: Patricia Kenan
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER: EDWARD T. KIMBLE, III, Colonel, USAFR, MC, SFS	SIGNATURE: Edward T. Kimble III

DPMUO	DPMUM	DPMU(R)	DPMPC	DPMAR		

AF Form 422, APR 89 *PREVIOUS EDITION WILL BE USED* COPY 1 - HEALTH RECORD

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302nd

TIME: 09:07 PM WILFORD HALL USAF MEDICAL CENTER LABORATORY
DATE: 15-Aug-95 OTHER BASES LABORATORY REPORT

FCP

RESULT FLAGS: * = ABNORMAL ** = CRITICAL (PA of 1974 Applies)
(Normal ranges are shown in parentheses)

CHART LOCATION: 21 MED GP PETERSON AFB

HOPKINS,MARSHALL H 20. (b) (6) /654-6102

(Requested from NEUROLOGY CL by Dr: AMATO ANTHONY A..)
Dr:
ESR WESTERGREN Collected on 15-AUG-95 at 1113 hours.
ESR WESTERGREN 4 mm/hr (0-15)

ARPC

Record Copy

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TIME: 09:54 PM WILFORD HALL USAF MEDICAL CENTER LABORATORY
DATE: 16-Aug-95 OTHER BASES LABORATORY REPORT

RESULT FLAGS: * = ABNORMAL ** = CRITICAL (PA of 1974 Applies)
(Normal ranges are shown in parentheses)

CHART LOCATION: 21 MED GP PETERSON AFB

HOPKINS,MARSHALL H 20.[redacted] /654-6102

(Requested from NEUROLOGY CL by Dr: AMATO ANTHONY A..)
Dr:

B-12 FOLATE LEVE Collected on 15-AUG-95 at 1113 hours.

B12 LEVEL	327	pg/ml	(160-970)
FOLATE LEVEL	9.1	ng/ml	(1.5-16.9)

(Requested from NEUROLOGY CL by Dr: AMATO ANTHONY A..)
Dr:

RPR BATTERY Collected on 15-AUG-95 at 1113 hours.

SCREEN RPR	NON-REACTIVE		

(Requested from NEUROLOGY CL by Dr: AMATO ANTHONY A..)
Dr:

THYROID BATTERY Collected on 15-AUG-95 at 1113 hours.

S TSH	1.10	mcIU/ml	(0.30-6.60)
FREE T4	0.9	ng/dl	(0.6-1.5)

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83 January 14, 2008

125 S MAIN ST
MUSKOGEE OK 74401 (RO COPY)

MARSHALL H HOPKINS
(b) (6)

(b) (6)

PAYEE NO 00
M H HOPKI

We amended your disability compensation award as follows:

MONTHLY RATE	EFFECTIVE DATE
$1332.00	12-01-07
$1260.00	8-22-21

We included additional benefits for your spouse and child. You must tell us immediately if there is any change in the number or status of your dependents. Failure to tell VA immediately of a dependency change will result in an overpayment which must be repaid.

We included a cost-of-living increase in this award effective December 1, 2007.

If this change in your award decreases your payments for a prior period, we may establish an overpayment in your award. If our adjustment results in an overpayment of the benefits we paid you, we will notify you shortly of the exact amount of the overpayment. Also, we will give you information about repayment.

Please read the enclosed VA Form 21-8764. It contains important information about rights to receive this benefit.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

IF YOU RESIDE IN THE CONTINENTAL UNITED STATES, ALASKA, HAWAII OR PUERTO RICO, YOU MAY CONTACT VA WITH QUESTIONS AND RECEIVE FREE HELP BY CALLING OUR TOLL-FREE NUMBER 1-800-827-1000 (FOR HEARING IMPAIRED TDD 1-800-829-4833).

J. SIKES

VETERANS SERVICE CENTER MANAGER

Enclosures: 21-8764 4107

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NOTICE OF DISAGREEMENT HISTORY

End Product:_____ Date of Claim (Date NOD received):_____

Veteran's Address:_____ Power of Attorney:_____

_____ Lawyer:_____

Ltr #1

Veteran's Phone #:_____

ISSUE (List each issue separately):

1. Amt of Disability Severance Pay
2. _____
3. _____
4. _____
5. _____
6. _____

Date of decision (rating and/or auth.) 6-11-07 DRO elect 9/28/07

Date of notification 6-11-07

Date NOD received 8-27-07 Date hearing request received _____

Date Statement of Case mailed 2-5-09 Date hearing held or canceled _____

Date Substantive Appeal (Form 9) rec'd _____

Date SSOC mailed _____

_____

_____

Date Form 8 prepared _____

Date Form 8 reviewed _____

Date Transferred to BVA _____

F9 due by 4-5-09

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Department of Veterans Affairs

125 S MAIN ST
MUSKOGEE OK 74401 **(RO COPY)**

83 January 14, 2008

In Reply Refer To:

MARSHALL H HOPKINS
(b) (6)

File Number:
(b) (6)
PAYEE NO 00
M H HOPKI

We amended your disability compensation award as follows:

MONTHLY RATE	EFFECTIVE DATE
$1332.00	12-01-07
$1260.00	8-22-21

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If this change in your award decreases your payments for a prior period, we may establish an overpayment in your award. If our adjustment results in an overpayment of the benefits we paid you, we will notify you shortly of the exact amount of the overpayment. Also, we will give you information about repayment.

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J. SIKES

VETERANS SERVICE CENTER MANAGER

Enclosures: 21-8764 4107

VA FORM
JAN 1990 **20-8992**

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DATE OF CLAIM OR ISSUE	END PRODUCT	TRANSACTION	R.O. NO.	POWER OF ATTORNEY	FID. R.O.	PAYEE NO.	PAYEE	(b) (6)
11-27-07	692	13C-SUPP	351	DAV		00	M H HOPKI	

SOCIAL SECURITY NUMBERS: VETERAN [redacted] SPOUSE 522 94 9287 PAYEE

BIRTH: VETERAN SPOUSE 07-02-64 WIDOW FATHER MOTHER

NAME AND ADDRESS - PAYEE	NAME OF VETERAN	SEX	NAME OF SPOUSE	PRIOR NET AWARD DATA
MARSHALL H HOPKINS (b) (6) [redacted]	M H HOPKI		DARLENE	MONTHLY RATE / EFFECTIVE DATE / WITHHOLD - RECOUP TYPE AMOUNT

BR.	EOD	RAD	PAY GR.

ASC	SERVICE NO.	CROSS REFERENCE NO.

CHAR. DIS.	SEP. RSN.	DATE OF DEATH	AGE AT DEATH	VET. SPOUSE

ZIP CODE	CONS. PAY. NO.	COLLECTION	CODE	AMOUNT
73945				

DIRECT DEPOSIT (b) (6) [redacted] DISALLOWANCE CODE-REASON

EFFECTIVE DATE	RSN CODE	NET MONTHLY RATE	WITHHOLDING TYPE	WITHHOLDING AMOUNT	OFFSET/RECOUP TYPE	OFFSET/RECOUP AMOUNT	ENT CODE	DISABILITY ENTITLEMENT	INCOME	DEPENDENCY TOT	DEPENDENCY THIS	SCHL/ HLP	SPECIAL LAW/MISC
12-01-07	37	903.00			9	429.00	71	070		11	11	0/0	
08-22-21	24	862.00			9	398.00	71	070		10	10	0/0	

RATING

EFFECTIVE DATE	COMB DEG	SMC BAS	SMC HOS	SPL PRO	EMPL	W-PCT.	LOSSES USE	LOSSES ANAT	LOSSES OTH	COMPETENCY RATING	COMPETENCY PAYMENT
CURRENT	070			0	YES					YES	

CONTROLS MO	CONTROLS YR	CONTROLS RSN	OFFSET - RECOUPMENT TYPE	BALANCE	DEDUCTION
08	14	24	SEVR	27815.93	429.00

INCOME AND DEPENDENCY

	NET WORTH	MO. SOC. SEC.	ANN. SOC. SEC	ANN. EARNING	MO. CIVIL SERV.	MO. MILITARY	MO. BLACK LUNG	MO. RAILROAD	MO. OTHER RET.	ANN. OTH. INC.
PAYEE	00									
SPOUSE										

NAME OF CHILD	BIRTH DATE	STAT	NW	MO. SOC. SEC.	ANN. SOC. SEC.	ANN. EARNINGS	ANN. OTH. INC.	FUTURE DATE	RSN
KERRI	(b) (6) [redacted]	1						08-22-21	24

DEDUCTIBLE EXPENSES: MEDICAL / LAST / FAMILY / SOC. SEC. / OTH. RET. / WAIVER / EDUCATION

ADDL. CHILDREN ▶ TOTAL: THIS: IVAP:

BURIAL

DESCRIPTION	AMOUNT	PERSON TO BE NOTIFIED
S/C BURIAL		
NSC BURIAL		
PLOT/INTER.		
HDST./MARKER		
TRANSPORTATION		
TOTAL		

ACCRUED

BASIS FOR PAYMENT: COLA
AMOUNT PAYABLE:
SHARE:
AMOUNT THIS PAYEE:
LESS COLLECTION:
NET PAY:

REMARKS

A/R EXISTS - REFER TO FINANCE IF RETROACTIVE BENEFITS INVOLVED / SEV BAL ONLY

(b) (6) [redacted] DATE 01-11-08

(b) (6) [redacted] DATE 1/11/08

ARD

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(b) (6) [redacted]

RO	PA	VSO	TAX	POW
51	83			

SUSPENSE DATA TYPE	SOURCE	RSN	MO	DA	YR	LAST ACTIVITY TRANS	YR	MO	CY	M/R TYPE	PAY STATUS	PROCEEDS	PAY FREQ	ERROR SEG CODE	YR	MO	CY	CLOTHING	DATE MO	DA	YR
						13C	07	010		A	ACTIV		0	740	07	11	Y		11	27	07

PC AH YG	TREAS AMT	AMT AVAIL	TYPE	RO	SEQ	ZIP/BANK	CHECK AMT	INC	NAME OF VETERAN	PERSON ENTITLED	(b) (6)	AYEE
						73945	88300			M H HOPKI	[redacted]	00

TYPE	ERR	COMB DEG	TOTAL AWARD	ANNUAL INCOME	CHG RSN	DEPEN TOT/THIS	ENT CODE	MONTHLY RATE	EFFEC DATE MO DA YR	SP LAW MISC	CHILD S	CHILD H	A/A	WITHHOLDING TYPE/AMT	APPORT	RECOUP OFFSET	PFOP
		050	000000		37	8181	71	033600	120101		0	0				33100	
		050	000000		26	1111	71	036900	070102		0	0				36200	
		050	000000		37	1111	71	037400	120102		0	0				36600	
		050	000000		26	1212	71	039300	090103		0	0				37900	
		050	000000		37	1212	71	040000	120103		0	0				38700	
		070	000000		33	1212	71	082700	040104		0	0				40000	
		070	000000		37	1212	71	084800	120104		0	0				41000	
		070	000000		37	1212	71	088300	120105		0	0				42600	
		070	000000		24	1111	71	085600	041706		0	0				40600	
**		070			37	1111	71	130300	120106		0	0					
			123200		24	1010	71	123200	082221		0	0				38900	

EFFEC DATE MO DA YR	COMB DEGREE	NO. SCD	1ST DIAG CODE	%	2ND DIAG CODE	%	3RD DIAG CODE	%	4TH DIAG CODE	%	5TH DIAG CODE	%	6TH DIAG CODE	%	OVER 9	SMC	SP	EMP	COMP	NURSING	
CURRENT	070	4	5237	40	9434	30	5203	10	5237	10							0	YES	YES	PRIORS	9
																				FUT	2
																				REPS	
																				CHAMPVA	0

TYPE AND CLASS	DEDUCTION AMT	BAL PFOP	GRAT AMT	CALLUP MO	YR	CAUSE	REFERENCE	INT COMP MO	YR	INT BAL PRIV	PFOP	NO PAY	RO	TRANS	CARS	LOSS CODES	USE	ANAT	OTH	HOSP	SMC
99K	42000	2823593	1205																		

ACTIVE DUTY DATA

BR	EOD	RAD	ASC	SP A/A
F	120263	060967		

DIRECT DEPOSIT (b) (6) [redacted] OVER 4

BIRTH DATE MO DA YR	STAT	FIRST NAME	CHANGE DATA RSN	MO	DA	YR	EXPENSES TYPE/AMT	MO SOC SEC VER	AMT	ANNUAL INCOME FIELDS SOC SEC	EARNINGS	OTHER
(b) (6) [redacted]	1	KERRI	24	08	22	1						

NAME AND ADDRESS

MARSHALL H HOPKINS

(b) (6) [redacted]

73945 SEQ 1 NAME

MAIL CODE 370

DEATH STATS

ACTIVE RESV	DAYS WAIVED	DEATH AGE	MO	DA	YR	SVC
N	000					

TOT CHILD 01

REFERENCE		VER
VET SSN	(b) (6) [redacted]	X
P/S SSN	522949287	X
OTHER SSN		
CROSS REF		
SVC SER	(b) (6) [redacted]	
PAR HOUSE		
CONSOL PAYEE		

FUTURE CONTROLS MO	YR	RS
08	14	24

MONTHLY RETIREMENT AMTS

TYPE	REPORTED	VERIFIED

BIRTH DT - MO DA YR		47	47I	48	EVR	TRANS	VET/ PAY	COMP PAY	PAY GR
VETERAN	072043							1	
SPOUSE	070264								
FATHER									
MOTHER									
PAYEE									

CURRENT YR-1 SRC	AMT	ADJUSTMENT ACT	RETRO	INCOME	NET WORTH
					00

SPOUSE NAME	INC YR	IVAP	EVR CONTROL	MED EXP TYPE	AMT	EST	SP NW
DARLENE							

ANNUAL INCOME	EARNED	SOC SEC	RETIREMENT TYPE	AMT	OTHER SOURCES	MONTHLY SOCIAL SECURITY REPORTED	VERIFIED	SMIB
PAYEE								
SPOUSE								

INSURANCE CHANGE

TYPE	DISC	EST	DIST	DISCON	ESTAB	ADDITIONAL	SSI

CODE LEGEND

740 NOT ADJ - SEV/READJ/SEC 351 DED INVOLVED

BURIAL AWARDS PAID

SVC CON	NON SVC CON	TRANS	PLOT	HEAD

EFFEC DATE ORIGINAL AWARD MO DA YR: 100196

ROUTING: ADJUD.

Department of Veterans Affairs

125 S MAIN ST
MUSKOGEE OK 74401

November 27, 2007

In Reply Refer To:

File Number:

(b) (6)

(b) (6)

The President has signed into law an Act of Congress increasing rates of Disability Compensation for disabled veterans, and of Dependency and Indemnity Compensation for the survivors of deceased veterans effective December 1, 2007. We are reviewing your award to determine what rate you will be entitled to receive.

Should your award require adjustment, we will advise you of the new monthly rate.

VA will match benefit information from your records with the following agencies for the purposes described below:

1. Department of Defense to verify a return to active military service.

2. Department of Defense to identify veterans receiving disability compensation who are also receiving military pay and allowances (drill pay) as members of the National Guard or Reserves.

3. Social Security Administration to identify veterans in receipt of substantial earned income who are also rated totally disabled based on unemployability for VA purposes.

4. Your records are provided to the Social Security Administration to assist in determining eligibility to benefits under the Supplemental Security Income program.

5. During the next year it is expected that VA compensation records will be matched through the U.S. Department of Health and Human Services with records maintained by the New York State Department of Social Services, the South Dakota Department of Social Services and the Tennessee Department of Human Services. This information will be used, by the states, to determine eligibility to Medicaid, Aid to Families with Dependent Children and Food Stamps.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

6. U.S. Department of Health and Human Services to assist states in determining eligibility for public assistance programs.

7. Department of Education to verify veteran status of applicants for financial assistance.

8. Federal and State law enforcement agencies to identify VA beneficiaries who are fugitive felons.

9. Social Security Administration to verify a beneficiary's self-certification of eligibility for prescription drug subsidy assistance under the Medicare Prescription Drug, Improvement and Modernization Act of 2003.

10. Bureau of Prisons and Social Security Administration to identify beneficiaries who are incarcerated more than 60 days.

Please advise us immediately if you return to active military service or if your address or marital status changes. If you are receiving additional benefits for dependents, notify us immediately of any change in their status.

If you want to open or expand a small business, VA's Center for Veterans Enterprise (CVE) can help. To open a business, its staff will connect you with local specialists who can answer start-up and financing questions as well as help you craft a business plan. VA has no business loans or grants, but some veterans may be eligible for tuition assistance for qualified business courses. To expand an existing business into the federal marketplace, the staff will help you learn how to identify and market contract opportunities. To learn more, visit the CVE web portal at http://www.vetbiz.gov.

The Internal Revenue Service has asked us to encourage you to take advantage of certain tax credits, deductions and services for which you may qualify. Special deductions and credits can benefit disabled taxpayers or their families. Free tax help is available for low-income, elderly, disabled or non-English speaking individuals. Returns can be filed electronically to speed receipt of refunds and increase accuracy. The Earned Income Tax Credit may be available to low- or moderate-income workers, depending on the amount of earned income and the number of children in the household. Even when income is below the threshold for filing a tax return, eligible individuals can file a tax return and claim the credit to receive a refund. Education credits and deductions for non-reimbursed expenses may be available to individuals when they or members of their families are pursuing post-secondary or job-related education. Child tax credits may be available to those with children under age 17. To find out more and to see if you qualify for the credits, call the Internal Revenue Service at (800) 829-1040 or visit the IRS web site at www.irs.gov.

J. SIKES
VETERANS SERVICE CENTER MANAGER

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

AN EMAIL FROM YOUR CONGRESSIONAL FRIENDS
AT VA REGIONAL OFFICE IN MUSKOGEE
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401

NOV 19 '07
C-FILE
21

TO: Patrick Guinn
DATE: November 19, 2007
FROM: Martha Gile, Congressional Liaison

Number of pages to include cover sheet: 1
Commercial Telephone numbers are 918-781-7684/7627
Fax telephone number is 918-781-7694

IN REFERENCE TO: Marshall Hopkins
CLAIM NUMBER: (b) (6) [redacted]

This is in response to your inquiry for Mr. Hopkins.

You are correct regarding severance. Section 653 of Public law 104-201 provides that with respect to payments after September 30, 1996, VA shall recoup the amount of readjustment pay received by the veteran after withholding for Federal income tax. Prior to this date, the total amount of the readjustment pay rewarded must be recouped.

We notified the veteran by letter dated June 11, 2007, that we had exhausted all resources to verify the amount of disability severance pay he stated that he received upon discharge from the service. We asked him to provide documentation of the amount for further consideration. We received his Notice of Disagreement on August 27, 2007. We sent him a letter informing him of this on September 11, 2007. We received his election to have his case reviewed by a Decision Review Officer on September 28, 2007.

We will add the evidence submitted by Mr. Hopkins to his claims file and it will be reviewed in the date order received. We have flashed the file for "Congressional Interest." We will notify both you and the veteran of any future actions regarding his claim.

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Print Form

UNITED STATES SENATOR

Tom Coburn, M.D.

OKLAHOMA
http://www.coburn.senate.gov

1800 S. Baltimore, Suite 800
Tulsa, OK 74119
Phone (918) 581-7651
FAX (918) 581-7195

CME
21 pages
NOV 19 '07

Date: 11-19-07

To: MARTHA Gile - VARO

Fax Number: 918-781-7694

From: Patrick

Re: Marshall Hopkins,

Number of pages including cover: 3

NOTES:

Confidentiality Notice:

The documents accompanying this telecopy transmission contain confi dential information. The in for ma tion is intended only for the use ofindividual(s) or entity named above. If you are not the intended recipient, you are notifi ed that any disclosure, copying, distribution or thetaking of any action in reliance on the contents of this telecopied information is not permissible. If you have received this telecopy in error,please immediately notify us by telephone at the number above to arrange for return of the original documents. Thank you.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

July 26, 2007

Dear Sen. Coburn
I am writing this letter requesting your assistance.
In Dec. 1990 I was activated in the Air Force Reserves for " Desert Shield ". While on active duty and during work I was involved in an accident. I was stopped at a crosswalk waiting for a pedestrian to cross and was rear-ended. I was hit hard enough that my car seat separated from it's mountings and I was thrown into the rear seat, then when my car went forward from the impact and hit another car, I was then thrown forward into the dash and windshield. In 1994 I was medically discharged from the reserves. I chose to take a cash pay-out in instead of a monthly retirement. I thought that I was in better physical shape than I actually am. I then decided to apply for a V.A. pension. For ten years I fought the V.A. for disability status. That was finally awarded in 2004. I was told that I would have to pay back my cash-out. Which I was ok with. I was asked for proof of the amount of the cash-out. All I could come up with is the deposit slip for the check. {See enclosed letter}. It is not right because the V.A. cannot find out how much I was paid to take out the $ 75,380.00. I Just received an answer to the enclosed letter stating that is still their intention, I am asking for you help in this matter.

Sincerely

Marshall Hopkins
(b) (6)
[redacted]

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COMMITTEE ON INDIAN AFFAIRS

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENT AFFAIRS

RANKING MEMBER
SUBCOMMITTEE ON FEDERAL FINANCIAL MANAGEMENT, GOVERNMENT INFORMATION AND INTERNATIONAL SECURITY

United States Senate
Senator Tom Coburn, MD
Russell Senate Office Building, Room 172
Washington, DC 20510-3604
Phone: 202-224-5754
Fax: 202-224-6008

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

COMMITTEE ON THE JUDICIARY

RANKING MEMBER
SUBCOMMITTEE ON HUMAN RIGHTS AND THE LAW

November 19, 2007

Ms. Martha Gile
Congressional Liaison
VA Regional Office, Muskogee
125 S. Main
Muskogee, Oklahoma 74401-7031

Dear Ms. Gile,

Attached please find a letter from one of my constituents, Marshall Hopkins, concerning a situation in which I believe you can be of assistance. This appears to be an issue of when he was discharged from the military and received the severance bonus. It is our understanding that after a certain date, you only had to recoup the after tax amount and before that date, you had to recoup the pre-tax amount.

Which case does Mr. Hopkins fall into, or is there some other issue? I would appreciate your looking into this matter for me. In responding to me, please direct your correspondence to the attention of my representative:

Patrick Guinn, Constituent Representative
1800 S Baltimore, Ste. 800
Tulsa, OK 74119

Thank you very much for your cooperation.

Sincerely,

Tom Coburn
United States Senator

TC: pg

1800 SOUTH BALTIMORE
SUITE 800
TULSA, OK 74119
PHONE: 918-581-7651

100 NORTH BROADWAY
SUITE 1820
OKLAHOMA CITY, OK 73102
PHONE: 405-231-4941

www.coburn.senate.gov

711 SW D AVENUE
SUITE 202
LAWTON, OK 73501
PHONE: 580-357-9878

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

January 23, 2006

To; Dept. of Veterans Affairs
VA Regional Office
125 South Main St.
Muskogee, Ok. 74401

Case number: 351/21
(b) (6)
Hopkins, M H

Attn: To Whom It May Concern

In 1996 I was medically retired from the USAFR. I choose to receive my retirement, Lump Sum. On the 18th of April I received a check for $ 54,273.60.
On Mar.8th 2004 I was awarded VA compensation. In a letter dated Jan. 12, 2006, it stated that I was given $ 75,380.00. I called your office and Talked to (b) (6) He asked if I had the paperwork that came with the lump sum check. I did not at that time, so I started to look for it. I never found it but I did find the deposit check for it. I called him and gave him the date of the deposit, check number, and the amount. He said that if I did not have the proper paper work then the VA would go with the $ 75,380.00 amount.
Today I called and talked to a Karen. She said that there was nothing in my records about the $ 54,273.60 but that as of today there was still a recoup amount of $ 32,855.93. This is wrong. I never received $ 75,380. With, or without taxes. The above mentioned letter states that the VA is trying to verify the amount from the service. It is now two years later and apparently nothing has happened. If I don't hear from you in a couple of months then I will turn this over to my Senator's office for assistance, but first I feel that I need to give you another chance to straighten it out.

Sincerely

Marshall H. Hopkins

(b) (6)

DATE 18 Apr 1996

DEPOSITOR'S SIGNATURE FOR CASH RECEIVED

(b) (6)

CURRENCY		
COIN		
CHECKS / DRAFTS	54,273	60
TOTAL FROM REVERSE SIDE	0	
SUB-TOTAL	54,273	60
LESS CASH OUT		
TOTAL DEPOSIT	54,273	60

42-6/1070

USE OTHER SIDE FOR ADDITIONAL LISTING

BE SURE EACH ITEM IS PROPERLY ENDORSED

DEPOSITED FUNDS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

(b) (6)

recieved Answer to this letter July 2007

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

(b) (6)

Hopkins, Marshall H

C-FILE
21
APR 21 2008

☒ YES, I would like my case reviewed by a Decision Review Officer.

☐ NO, I would not like my case reviewed by a Decision Review Officer.

Veteran's Signature: Marshall H. Hopkins Date: 9-18-07

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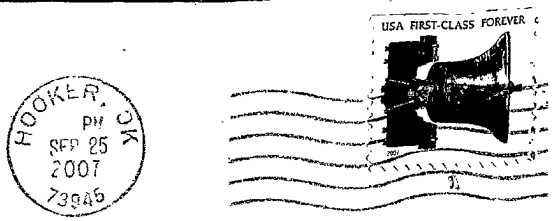
RECEIVED
SEP 26 2007
Mail Center 13
VARO, MUSKOGEE 351

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Hopkins
(b) (6)
[redacted]



Department of Veterans Affairs
VA Regional office
125 South main Street
Muskogee OK 74401

74401+7031 C008

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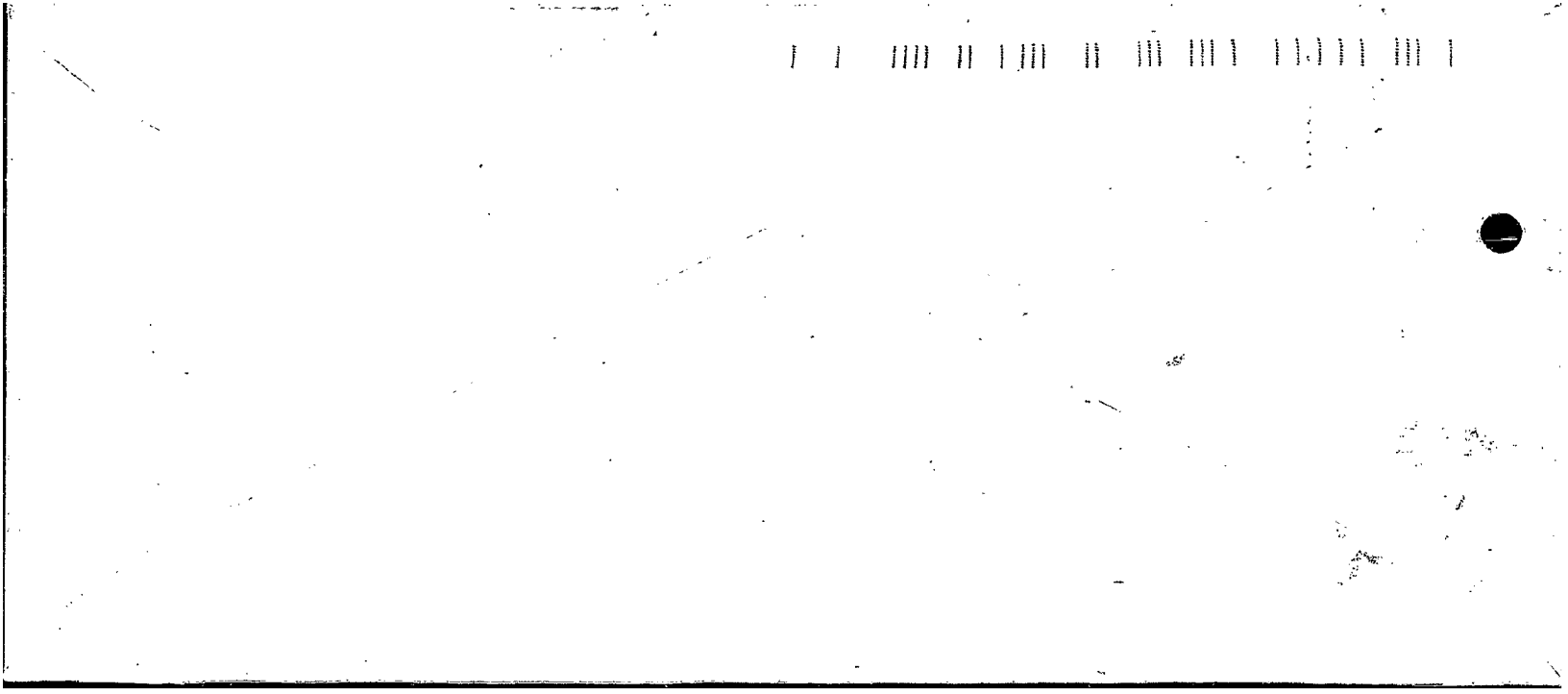

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DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
125 South Main Street
Muskogee OK 74401

September 7, 2007

In Reply Refer To: 351/21
(b) (6)
HOPKINS, Marshall H

MARSHALL H HOPKINS
(b) (6)

(b) (6)

Dear Mr. Hopkins:

We received your written disagreement with the Department of Veterans Affairs (VA) decision of June 11, 2007. This letter describes what happens next.

Will VA try to resolve my disagreement?

This local VA office will try to resolve your disagreement through the Post-Decision Review Process. As part of this process, you must decide how you would like us to handle your appeal. You may choose to have a Decision Review Officer assigned to your case or to follow the traditional appeal process.

How does the Decision Review Officer Process work?

Complete review: The Decision Review Officer will review the materials in your VA claims folder, including evidence and arguments, and statements from your representative. This may lead the Decision Review Officer to request additional evidence from you, your doctor or some other source. You may be asked to participate in an informal conference with the Decision Review Officer to discuss your case.

New decision: The DRO will then make a new decision. You will be notified of the decision and your appeal rights.

How does the Traditional Appeal Process work?

Complete review: A VA staff member will check your file for completeness. Then a review will be made of your evidence and arguments, statements from your representative and any other information available in your claims folder. This may lead to a request for additional evidence from you, your doctor or other sources. You may be asked to clarify questions about your disagreement.

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Statement of the Case: The reviewer will then prepare a Statement of Case (SOC) and send you a copy. The SOC will include a summary of the evidence, a citation to pertinent laws, a discussion of how those laws affect the decision, and a summary of the reasons for the decision. If you still do not agree with that decision and wish to continue your appeal, you need to submit a substantive appeal so that your case can be sent to the Board of Veterans' Appeals. Instructions on how to file a substantive appeal will be provided in our letter notifying you of the decision.

May I be represented?

You designated Disabled American Veterans to represent you in presenting your claim to VA. The Decision Review Officer will work with this representative while trying to resolve your disagreement. If you have not already done so, you should contact your representative directly to discuss your case.

How do I select the Decision Review Officer or traditional appeal process?

You must notify us within 60 days from the date of this letter whether you want to have your case reviewed by the Decision Review Officer or by the traditional appeal process. If we do not hear from you within 60 days, your case will be reviewed under the traditional appeal process.

We hope we will be able to resolve your disagreement to your satisfaction. If you have questions about the information in this letter please call us at 800-827-1000.

Sincerely yours,

J. SIKES
Veterans Service Center Manager

Contact us at: https://iris.va.gov

cc: Disabled American Veterans

21/250-dn

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(b) (6)

Hopkins, Marshall H

☐ YES, I would like my case reviewed by a Decision Review Officer.

☐ NO, I would not like my case reviewed by a Decision Review Officer.

Veteran's Signature: _____ Date: _____

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DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
125 South Main Street
Muskogee OK 74401

August 10, 2007

In Reply Refer To: 351/21
(b) (6)
HOPKINS, Marshall H

MARSHALL H. HOPKINS
(b) (6)

C-FILE
21 5H
AUG 10 2007
NOD sent back to
Vet For Signature

Dear Mr. Hopkins:

We received your informal notice of disagreement on August 6, 2007. We can not accept a notice of disagreement that has not been signed by you or your representative.

You should sign the attached notice of disagreement and return it to this office if you wish to file an appeal.

No further action will be taken on your notice of disagreement until we receive this information from you.

This evidence should be submitted as soon as possible, preferably within 30 days and in any case, it must be received in the Department of Veterans Affairs (VA) within 1 year from the date of this letter; otherwise, benefits, if entitlement is established, may not be paid prior to the date of its receipt.

If you have any questions, call us toll-free by dialing 1-800-827-1000. Our TDD number for the hearing impaired is 1-800-829-4833. *If you call, please have this letter with you.*

We sent a copy of this letter to Oklahoma Department of Veterans Affairs because you appointed them as your representative. If you have questions or need assistance, you can also contact them.

Sincerely yours,

J. SIKES
Veterans Service Center Manager

Contact us at: https://iris.va.gov

Cc: Disabled American Veterans

21/222/jh

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[redacted]

AUG 10 2007

Notice of Disagreement

July 31, 2007

Ref. Letter of July 11,2007
351/21
(b) (6)
HOPKINS M.H.

To Whom It May Concern,

I have supplied you with the check number, amount, and day I deposited the check. There was an additional piece of paper with the check showing the purpose and breakdown of the amount. I do not now have that paper. There has to be a copy of that paper somewhere in my pay records.

I have requested the assistance of Senator Tom Cole and Congressman Frank Lucas in this matter. I can better understand now why the Veteran's Administration is having the problems that they are. My situation should not exist at all. And yet it does. It appears that you do not have ANY record of the amount that I received. I find this VERY strange.

Marshall H. Hopkins

DN 9-7-07
NOTICE OF DISAGREEMENT

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RECEIVED
AUG 27 2007
Mail Center 2
MUSKOGEE 351

(b) (6)

RECEIVED
AUG 06 2007
Mail Center 13
VARO, MUSKOGEE 351

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Hopkins

(b) (6)

[redacted]

USA First-Class

Dept. of Veterans Affairs
VA Regional Office
125 South main Street
Muskogee, OK
74401

74401$7031 C006

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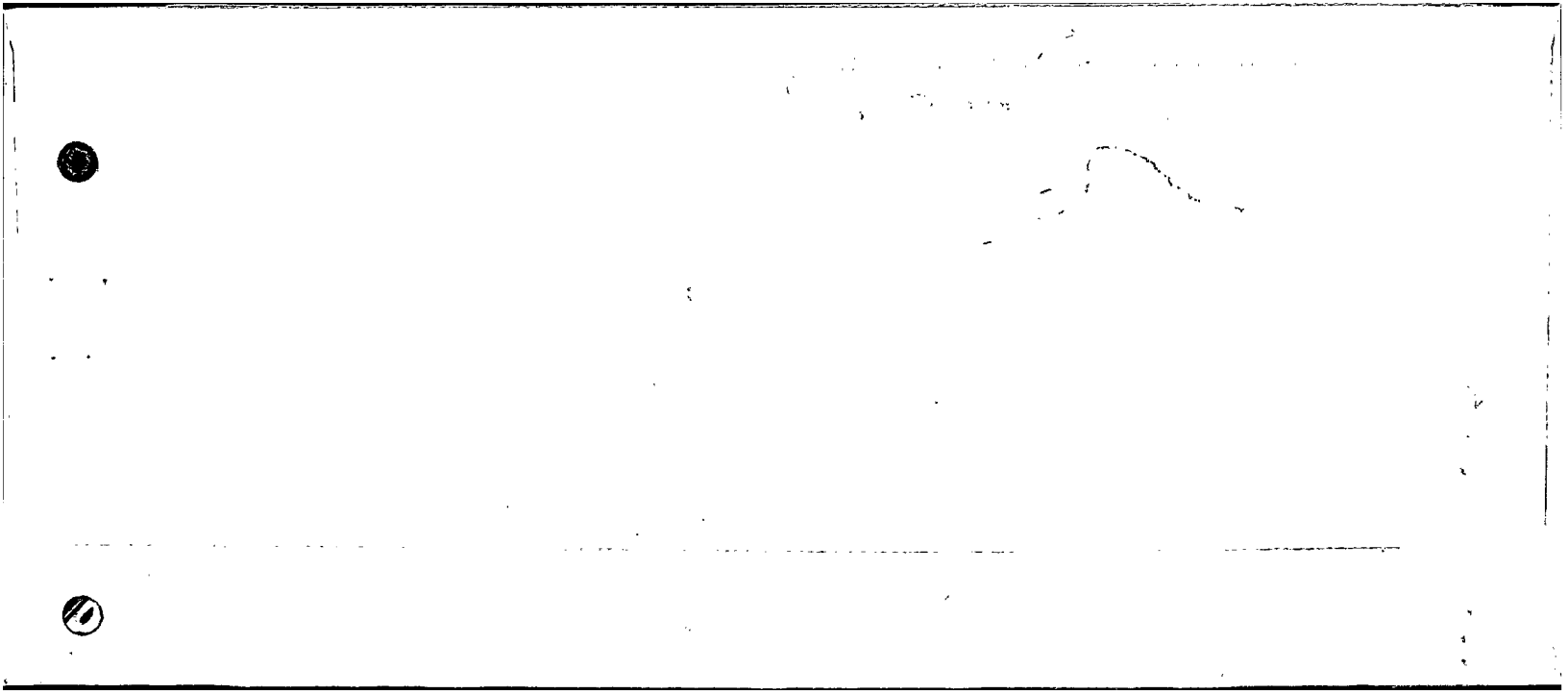
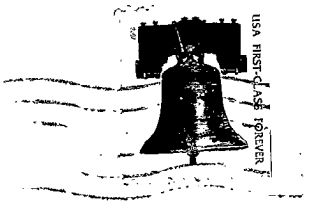


COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Hopkins

(b) (6)
[redacted]



Dept of Veteran's Affairs
VA Regional Office
125 South main Street
Muskogee OK
74401

74401+7031 C008

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COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
125 South Main Street
Muskogee OK 74401

JUN 1 1 2007

MARSHALL H HOPKINS
(b) (6)

In Reply Refer To: 351/21
(b) (6)
HOPKINS, M H

(b) (6)

Dear Mr. Hopkins:

We have exhausted all resources to verify the amount of disability severance pay you state that you received upon discharge from the service.

Provide us with documentation of the amount for further consideration.

What You Should Do If You Disagree With Our Decision.

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision.* The enclosed *VA Form 4107, "Your Rights to Appeal Our Decision,"* explains your right to appeal.

Do You Have Questions Or Need Assistance?

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov.
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

In all cases, be sure to refer to your VA file number 529 56 7575.

If you are looking for general information about benefits and eligibility, you should visit our web site at https://www.va.gov, or search the Frequently Asked Questions (FAQs) at https://iris.va.gov.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

(b) (6)

Hopkins, M H

We sent a copy of this letter to your representative, Disabled American Veterans, whom you can also contact if you have questions or need assistance.

Sincerely yours,

J. SIKES
Veterans Service Center Manager

Contact us at: https://iris.va.gov

Enclosure(s): VA Form 4107

cc: Disabled American Veterans

21/162:JDF

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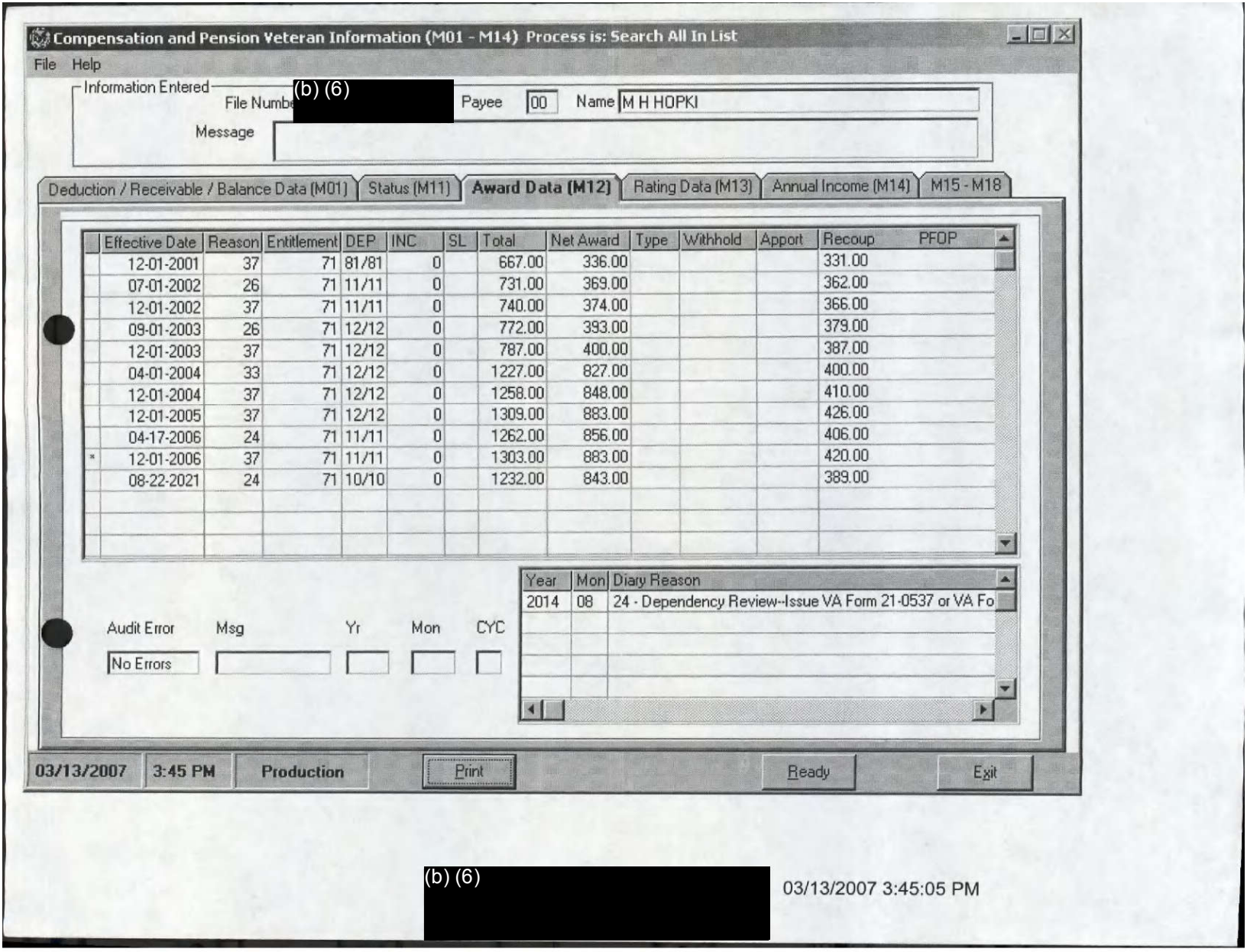

(b) (6)

03/13/2007 3:45:05 PM

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

January 23, 2006

To; Dept. of Veterans Affairs
VA Regional Office
125 South Main St.
Muskogee, Ok. 74401

CALE
JUN 11 '07

Case number: 351/21
(b) (6)
Hopkins, M H

Attn: To Whom It May Concern

In 1996 I was medically retired from the USAFR. I choose to receive my retirement, Lump Sum. On the 18th of April I received a check for $ 54,273.60.
On Mar.8th 2004 I was awarded VA compensation. In a letter dated Jan. 12, 2006, it stated that I was given $ 75,380.00. I called your office and Talked to (b) (6) He asked if I had the paperwork that came with the lump sum check. I did not at that time, so I started to look for it. I never found it but I did find the deposit check for it. I called him and gave him the date of the deposit, check number, and the amount. He said that if I did not have the proper paper work then the VA would go with the $ 75,380.00 amount.
Today I called and talked to a Karen. She said that there was nothing in my records about the $ 54,273.60 but that as of today there was still a recoup amount of $ 32,855.93. This is wrong. I never received $ 75,380. With, or without taxes. The above mentioned letter states that the VA is trying to verify the amount from the service. It is now two years later and apparently nothing has happened. If I don't hear from you in a couple of months then I will turn this over to my Senator's office for assistance, but first I feel that I need to give you another chance to straighten it out.

Sincerely
Marshall H. Hopkins

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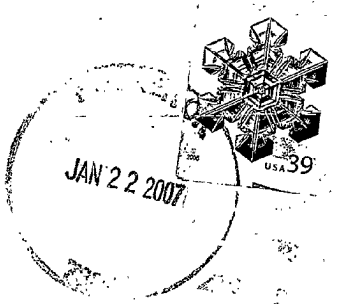
JAN 2 5 2007

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Hopkins

(b) (6)

[redacted]



Dept of Veterans Affairs
VA Regional Office
125 South Main St
Muskogee, OK
74401

74401+7031-89 C008

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Department of
Veterans Affairs

125 S MAIN ST
MUSKOGEE OK 74401

(RO COPY)

83 December 21, 2006

In Reply Refer To:

MARSHALL H HOPKINS
(b) (6)

File Number:
(b) (6)

PAYEE NO 00
M H HOPKI

We amended your disability compensation award as follows:

MONTHLY RATE	EFFECTIVE DATE
$1303.00	12-01-06
$1232.00	8-22-21

We included additional benefits for your spouse and child. You must tell us immediately if there is any change in the number or status of your dependents. Failure to tell VA immediately of a dependency change will result in an overpayment which must be repaid.

We included a cost-of-living increase in this award effective December 1, 2006.

If this change in your award decreases your payments for a prior period, we may establish an overpayment in your award. If our adjustment results in an overpayment of the benefits we paid you, we will notify you shortly of the exact amount of the overpayment. Also, we will give you information about repayment.

Please read the enclosed VA Form 21-8764. It contains important information about rights to receive this benefit.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

IF YOU RESIDE IN THE CONTINENTAL UNITED STATES, ALASKA, HAWAII OR PUERTO RICO, YOU MAY CONTACT VA WITH QUESTIONS AND RECEIVE FREE HELP BY CALLING OUR TOLL-FREE NUMBER 1-800-827-1000 (FOR HEARING IMPAIRED TDD 1-800-829-4833).

J. SIKES

VETERANS SERVICE CENTER MANAGER

Enclosures: 21-8764 4107

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

83 December 21, 2006

125 S MAIN ST
MUSKOGEE OK 74401 (RO COPY)

MARSHALL H HOPKINS
(b) (6)

(b) (6)

PAYEE NO 00
M H HOPKI

We amended your disability compensation award as follows:

MONTHLY RATE	EFFECTIVE DATE
$1303.00	12-01-06
$1232.00	8-22-21

We included additional benefits for your spouse and child. You must tell us immediately if there is any change in the number or status of your dependents. Failure to tell VA immediately of a dependency change will result in an overpayment which must be repaid.

We included a cost-of-living increase in this award effective December 1, 2006.

If this change in your award decreases your payments for a prior period, we may establish an overpayment in your award. If our adjustment results in an overpayment of the benefits we paid you, we will notify you shortly of the exact amount of the overpayment. Also, we will give you information about repayment.

Please read the enclosed VA Form 21-8764. It contains important information about rights to receive this benefit.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

IF YOU RESIDE IN THE CONTINENTAL UNITED STATES, ALASKA, HAWAII OR PUERTO RICO, YOU MAY CONTACT VA WITH QUESTIONS AND RECEIVE FREE HELP BY CALLING OUR TOLL-FREE NUMBER 1-800-827-1000 (FOR HEARING IMPAIRED TDD 1-800-829-4833).

J. SIKES

VETERANS SERVICE CENTER MANAGER

Enclosures: 21-8764 4107

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE OF CLAIM OR ISSUE	END PRODUCT	TRANSACTION	R.O. NO.	POWER OF ATTORNEY	FID. R.O.	PAYEE NO.	PAYEE	FILE NUMBER
12-15-06	692	13C-SUPP	351	DAV		00	M H HOPKI	(b) (6)

SOCIAL SECURITY NUMBERS: VETERAN [redacted] SPOUSE 522 94 9287 PAYEE

BIRTH: VETERAN SPOUSE 07-02-64 WIDOW FATHER MOTHER

NAME AND ADDRESS - PAYEE	NAME OF VETERAN	SEX	NAME OF SPOUSE
MARSHALL H HOPKINS (b) (6) [redacted]	M H HOPKI		DARLENE

BR.	EOD	RAD	PAY GR.

ASC	SERVICE NO.	CROSS REFERENCE NO.

CHAR. DIS.	SEP. RSN.	DATE OF DEATH	AGE AT DEATH	VET. SPOUSE

PRIOR NET AWARD DATA

MONTHLY RATE	EFFECTIVE DATE	WITHHOLD - RECOUP TYPE	WITHHOLD - RECOUP AMOUNT

ZIP CODE	CONS. PAY. NO.	COLLECTION	CODE	AMOUNT
73945				

(b) (6) [redacted]

DISALLOWANCE ▶ CODE-REASON

EFFECTIVE DATE	RSN CODE	NET MONTHLY RATE	WITHHOLDING TYPE	WITHHOLDING AMOUNT	OFFSET/RECOUP TYPE	OFFSET/RECOUP AMOUNT	ENT CODE	DISABILITY ENTITLEMENT	INCOME	DEPENDENCY TOT	DEPENDENCY THIS	SCHL/ HLP	SPECIAL LAW/MISC
12-01-06	37	883.00			9	420.00	71	070		11	11	0/0	
08-22-21	24	843.00			9	389.00	71	070		10	10	0/0	

RATING

EFFECTIVE DATE	COMB DEG	SMC BAS	SMC HOS	SPL PRO	EMPL	W-PCT.	LOSSES USE	LOSSES ANAT	LOSSES OTH
CURRENT	070			0	YES				

COMPETENCY RATING: YES PAYMENT:

CONTROLS

MO	YR	RSN
08	14	24

OFFSET - RECOUPMENT

TYPE	BALANCE	DEDUCTION
SEVR	33275.93	420.00

INCOME AND DEPENDENCY

	NET WORTH	MO. SOC. SEC.	ANN. SOC. SEC	ANN. EARNING	MO. CIVIL SERV.	MO. MILITARY	MO. BLACK LUNG	MO. RAILROAD	MO. OTHER RET.	ANN. OTH. INC.
PAYEE										
SPOUSE	00									

NAME OF CHILD	BIRTH DATE	STAT	NW	MO. SOC. SEC.	ANN. SOC. SEC.	ANN. EARNINGS	ANN. OTH. INC.	FUTURE DATE	RSN
KERRI	(b) (6) [redacted]	1						08-22-21	24

DEDUCTIBLE EXPENSES

MEDICAL	
LAST	
FAMILY	
SOC. SEC.	
OTH. RET.	
WAIVER	
EDUCATION	

ADDL. CHILDREN ▶ TOTAL: THIS: IVAP: ▶

BURIAL

DESCRIPTION	AMOUNT	PERSON TO BE NOTIFIED
S/C BURIAL		
NSC BURIAL		
PLOT/INTER.		
HDST./MARKER		
TRANSPORTATION		
TOTAL		

ACCRUED

BASIS FOR PAYMENT: Veteran to 50% w/o SMC disability
AMOUNT PAYABLE:
SHARE:
AMOUNT THIS PAYEE:
LESS COLLECTION:
NET PAY:

REMARKS

A/R EXISTS - REFER TO FINANCE IF RETROACTIVE BENEFITS INVOLVED

Cola 2006

ENTERED BY 1134 (b) (6) [redacted] DATE 12-2006

VA FORM JAN 1984 21-8947 [redacted]ON AWARD

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

RO	PA	VSO	TAX	POW
51	83			

SUSPENSE DATA TYPE	SOURCE	RSN	MO	DA	YR	LAST ACTIVITY TRANS	YR	MO	CY	M/R TYPE	PAY STATUS	PROCEEDS	PAY FREQ	ERROR SEG CODE	YR	MO	CY	CLOTHING	DATE MO	DA	YR
						02M	06	09	4	A	ACTIV		0	740	06	11	Y		11	28	06

PC AH YG	TREAS AMT	AMT AVAIL	TYPE	RO	SEQ	ZIP/BANK	CHECK AMT	INC	NAME OF VETERAN	PERSON ENTITLED	FILE NO	PAYEE
						73945	85600			M H HOPKI	(b) (6)	00

TYPE	ERR	COMB DEG	TOTAL AWARD	ANNUAL INCOME	CHG RSN	DEPEN TOT/THIS	ENT CODE	MONTHLY RATE	EFFEC DATE MO DA YR	SP LAW MISC	CHILD S	CHILD H	A/A	WITHHOLDING TYPE/AMT	APPORT	RECOUP OFFSET	PFOP
		050	000000		24	8181	71	032800	082601		0	0				32200	
		050	000000		37	8181	71	033600	120101		0	0				33100	
		050	000000		26	1111	71	036900	070102		0	0		(b) (6)		36200	
		050	000000		37	1111	71	037400	120102		0	0				36600	
		050	000000		26	1212	71	039300	090103		0	0				37900	
		050	000000		37	1212	71	040000	120103		0	0				38700	
		070	000000		33	1212	71	082700	040104		0	0				40000	
		070	000000		37	1212	71	084800	120104		0	0				41000	
		070	000000		37	1212	71	088300	120105		0	0				42600	
***		070			24	1111	71	126200	041706		0	0					
			119300		24	1010	71	119300	082221		0	0				37700	

	EFFEC DATE MO DA YR	COMB DEGREE	NO. SCD	1ST DIAG CODE	%	2ND DIAG CODE	%	3RD DIAG CODE	%	4TH DIAG CODE	%	5TH DIAG CODE	%	6TH DIAG CODE	%	OVER 9	SMC	SP	EMP	COMP
CURRENT		070	4	5237	40	9434	30	5203	10	5237	10							0	YES	YES

NURSING	
PRIORS	9
FUT	2
REPS	
CHAMPVA	0

TYPE AND CLASS	DEDUCTION AMT	BAL PFOP	GRAT / AMT	CALLUP MO YR	CAUSE	REFERENCE	INT COMP MO YR	INT BAL PRIV PFOP	NO PAY	RO	TRANS	CARS	LOSS CODES	USE	ANAT	OTH	HOSP SMC
99K	40600	3327593	1205														

ACTIVE DUTY DATA BR	EOD	RAD	ASC	SP A/A
F	120263	060967		

DIRECT DEPOSIT (b) (6) OVER 4

BIRTH DATE MO DA YR	STAT	FIRST NAME	CHANGE DATA RSN	MO	DA	YR	EXPENSES TYPE/AMT	MO SOC SEC VER	AMT	ANNUAL INCOME FIELDS SOC SEC	EARNINGS	OTHER
(b) (6)	1	KERRI	24	08	22	21						

NAME AND ADDRESS
MARSHALL H HOPKINS
(b) (6)

73945 SEQ 1 NAME
MAIL CODE 370

ACTIVE RESV	DAYS WAIVED
N	000

TOT CHILD 01

DEATH STATS
DEATH AGE MO DA YR SVC

REFERENCE		VER	FUTURE CONTROLS MO	YR	RS	MONTHLY RETIREMENT AMTS TYPE	REPORTED	VERIFIED
VET SSN	(b) (6)	X						
P/S SSN	522949287	X	08	14	24			
OTHER SSN								
CROSS REF								
SVC SER	(b) (6)							
PAR HOUSE								
CONSOL PAYEE								

BIRTH DT - MO DA YR			47	471	48	EVR	TRANS	VET/ PAY	COMP PAY	PAY GR
VETERAN	07	2043							1	
SPOUSE	07	0264								
FATHER										
MOTHER										
PAYEE										

CURRENT YR-1 SRC	AMT	ADJUSTMENT ACT	RETRO	INCOME	NET WORTH
					00

SPOUSE NAME	INC YR	IVAP	EVR CONTROL	MED EXP TYPE	AMT	EST	SP NW
DARLENE							

ANNUAL INCOME	EARNED	SOC SEC	RETIREMENT TYPE	AMT	OTHER SOURCES	MONTHLY SOCIAL SECURITY REPORTED	VERIFIED	SMIB
PAYEE								
SPOUSE								

INSURANCE CHANGE
TYPE DISC EST DIST DISCON ESTAB ADDITIONAL

SSI

CODE LEGEND
740 NOT ADJ - SEV/READJ/SEC 351 DED INVOLVED

BURIAL AWARDS PAID SVC CON	NON SVC CON	TRANS	PLOT	HEAD

EFFEC DATE ORIGINAL AWARD MO DA YR
100196

ROUTING
ADJUD.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE OF CLAIM OR ISSUE	END PRODUCT	TRANSACTION	[redacted] NO.	POWER OF ATTORNEY	FID. R.O.	PAYEE NO.	PAYEE N[redacted]	FILE NUMBER
06-28-06	930	13C-SUPP	351	DAV		00	M H HOPKI	529 56 7575

SOCIAL SECURITY NUMBERS: VETERAN (b) (6) SPOUSE 522 94 9287 PAYEE

BIRTH: VETERAN 07-20-43 SPOUSE 07-02-64 WIDOW FATHER MOTHER

NAME AND ADDRESS - PAYEE

MARSHALL H HOPKINS
(b) (6)

NAME OF VETERAN	SEX	NAME OF SPOUSE
M H HOPKI	M	DARLENE

BR.	EOD	RAD	PAY GR.
F	12-02-63	06-09-67	

ASC (b) (6) CROSS REFERENCE NO.

CHAR. DIS.	SEP. RSN.	DATE OF DEATH	AGE AT DEATH	VET. SPOUSE
HON	SAT			

PRIOR NET AWARD DATA

MONTHLY RATE	EFFECTIVE DATE	WITHHOLD - RECOUP TYPE	WITHHOLD - RECOUP AMOUNT

ZIP CODE 73945 CONS. PAY. NO. COLLECTION ▶ CODE AMOUNT

(b) (6)

DISALLOWANCE ▶ CODE-REASON

EFFECTIVE DATE	RSN CODE	NET MONTHLY RATE	WITHHOLDING TYPE	WITHHOLDING AMOUNT	OFFSET/RECOUP TYPE	OFFSET/RECOUP AMOUNT	ENT CODE	DISABILITY ENTITLEMENT	INCOME	DEPENDENCY TOT	DEPENDENCY THIS	SCHL/ HLP	SPECIAL LAW/MISC
12-01-97	37	338.00			9	330.00	71	050		83	83	0/0	
12-01-98	37	341.00			9	334.00	71	050		83	83	0/0	
11-08-99	24	323.00			9	322.00	71	050		82	82	0/0	
12-01-99	37	330.00			9	329.00	71	050		82	82	0/0	
12-01-00	37	341.00			9	340.00	71	050		82	82	0/0	
08-26-01	24	328.00			9	322.00	71	050		81	81	0/0	
12-01-01	37	336.00			9	331.00	71	050		81	81	0/0	
07-01-02	26	369.00			9	362.00	71	050		11	11	0/0	
12-01-02	37	374.00			9	366.00	71	050		11	11	0/0	

RATING

EFFECTIVE DATE	COMB DEG	SMC BAS	SMC HOS	SPL PRO	EMPL	W-PCT.	LOSSES USE	LOSSES ANAT	LOSSES OTH
12-01-97	050				YES	9-030			
04-01-04	070				YES				

COMPETENCY RATING: YES PAYMENT:

CONTROLS MO YR RSN

OFFSET - RECOUPMENT

TYPE	BALANCE	DEDUCTION
SEVR	40365.00	330.00

INCOME

	NET WORTH	MO. SOC. SEC.	ANN. SOC. SEC	ANN. EARNING	MO. CIVIL SERV.	MO. MILITARY	MO. BLACK LUNG	MO. RAILROAD	MO. OTHER RET.	ANN. OTH. INC.
PAYEE	00									
SPOUSE										

DEPENDENCY

NAME OF CHILD	BIRTH DATE	STAT	NW	MO. SOC. SEC.	ANN. SOC. SEC.	ANN. EARNINGS	ANN. OTH. INC.	FUTURE DATE	RSN
LAURA	(b) (6)	1						11-08-99	24
MELANIE		1						08-26-01	24
DAN L		1						04-17-06	24
KERRI		1						08-22-21	24

DEDUCTIBLE EXPENSES: MEDICAL, LAST, FAMILY, SOC. SEC., OTH. RET., WAIVER, EDUCATION

ADDL. CHILDREN ▶ TOTAL: THIS: IVAP: ▶

BURIAL

DESCRIPTION	AMOUNT	PERSON TO BE NOTIFIED
S/C BURIAL	5237	01 010 040
NSC BURIAL	9434	01 030 030 5030
PLOT/INTER.	5203	01 010 010
HDST./MARKER	5237	01 010 010
TRANSPORTATION		
TOTAL		

ACCRUED

BASIS FOR PAYMENT: added dependents to award
AMOUNT PAYABLE:
SHARE:
AMOUNT THIS PAYEE:
LESS COLLECTION:
NET PAY:

REMARKS

A/R EXISTS - REFER TO FINANCE IF RETROACTIVE BENEFITS INVOLVED
MORE THAN 9 AWARD LINES - PRINT 403 SCREEN
VITAL M/R EXISTS - REVIEW VUPD MAYBE REQ
AWD OVER 1 YR (b) (6) - REVIEW IF INCREASE PCGL

ENTERED BY		DATE	AUTHOR	DATE
1133	(b) (6)	07-05-06	(b) (6)	7-25-06

VA FORM JAN 1984 **21-8947** COMPE[redacted]AWARD

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE	RSN	RATE	EC	DISAB	DEPEN	S	H	INC	SLC	WITHHOLD	DED-OFFSET
12-01-97	37	0338.00	71	050	83/83	0	0				9 0330.00
12-01-98	37	0341.00	71	050	83/83	0	0				9 0334.00
11-08-99	24	0323.00	71	050	82/82	0	0				9 0322.00
12-01-99	37	0330.00	71	050	82/82	0	0				9 0329.00
12-01-00	37	0341.00	71	050	82/82	0	0				9 0340.00
08-26-01	24	0328.00	71	050	81/81	0	0				9 0322.00
12-01-01	37	0336.00	71	050	81/81	0	0				9 0331.00
07-01-02	26	0369.00	71	050	11/11	0	0				9 0362.00
12-01-02	37	0374.00	71	050	11/11	0	0				9 0366.00
09-01-03	26	0393.00	71	050	12/12	0	0				9 0379.00
12-01-03	37	0400.00	71	050	12/12	0	0				9 0387.00
04-01-04	33	0827.00	71	070	12/12	0	0				9 0400.00
12-01-04	37	0848.00	71	070	12/12	0	0				9 0410.00
12-01-05	37	0883.00	71	070	12/12	0	0				9 0426.00
04-17-06	24	0856.00	71	070	11/11	0	0				9 0406.00
08-22-21	24	0816.00	71	070	10/10	0	0				9 0377.00

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for OP insert OLD rates and dates	for Retro insert NEW award dates in column A	Rates from Award	TOTAL BENEFIT		for OP insert NEW award dates	for Retro enter OLD award dates in Column A	Rates from Award	TOTAL BENEFIT	
10/1/96	12/1/96	$266.00	$532.00		7/1/05	12/1/05		$0.00	
12/1/96	12/1/97	$274.00	$3,288.00		12/1/05	3/1/06		$0.00	
12/1/97	12/1/98	$279.00	$3,348.00		3/1/06				
12/1/98	12/1/99	$282.00	$3,384.00						
12/1/99	12/1/00	$288.00	$3,456.00						
12/1/00	12/1/01	$298.00	$3,576.00						
12/1/01	7/1/02	$331.00	$2,317.00						
7/1/02	12/1/02	$362.00	$1,810.00						
12/1/02	9/1/03	$366.00	$3,294.00						
9/1/03	12/1/03	$379.00	$1,137.00						
12/1/03	4/1/04	$387.00	$1,548.00						
4/1/04	12/1/04	$400.00	$3,200.00						
12/1/04	12/1/05	$410.00	$4,920.00						
12/1/05	4/17/06	$426.00	$1,931.20						
4/17/06	12/1/06	$406.00	$3,031.47						
12/1/06	3/1/07	$420.00	$1,260.00						
		total this award=	$42,032.67				total this award=	$0.00	
		retro or op=	**$42,032.67**						

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
125 South Main Street
Muskogee OK 74401

JUL 20 2006

MARSHALL H HOPKINS
(b) (6)

In Reply Refer To: 351/21
(b) (6)
HOPKINS, M H

Dear Mr. Hopkins:

On February 6, 2006, we received your VA Form 21-686c, Declaration of Status of Dependents. We have added your dependents to your award as shown below:

Total Award Amount	Amount Withheld	Monthly Entitlement Amount	Payment Start Date	Reason For Change
$663.00	324.00	339.00	Oct 1, 1996	Added dependents to award and withholding due to receipt to severance pay
683.00	335.00	348.00	Dec 1. 1996	cost of living adjustment and withholding due to receipt of severance pay
654.00	323.00	331.00	Oct 27, 1997	Kenneth reaches the age of 18 and withholding due to receipt of severance pay
668.00	330.00	338.00	Dec 1, 1997	cost of living adjustment and withholding due to receipt of severance pay
675.00	334.00	341.00	Dec 1, 1998	cost of living adjustment and withholding due to receipt of severance pay
645.00	322.00	323.00	Nov 8, 1999	Laura reaches the age of 18 and withholding due to receipt of severance pay

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(b) (6)

Hopkins, M H

Total Award Amount	Amount Withheld	Monthly Entitlement Amount	Payment Start Date	Reason For Change
659.00	329.00	330.00	Dec 1, 1999	cost of living adjustment and withholding due to receipt of severance pay
681.00	340.00	341.00	Dec 1, 2000	cost of living adjustment and withholding due to receipt of severance pay
650.00	322.00	328.00	Aug 26, 2001	Melanie reaches the age of 18 and withholding due to receipt of severance pay
667.00	331.00	336.00	Dec 1, 2001	cost of living adjustment and withholding due to receipt of severance pay
731.00	362.00	369.00	Jul 1, 2002	added spouse to award and withholding due to receipt of severance pay
740.00	366.00	374.00	Dec 1, 2002	cost of living adjustment and withholding due to receipt of severance pay
772.00	379.00	393.00	Sep 1, 2003	added Kerri as your dependent and withholding due to receipt of severance pay
787.00	387.00	400.00	Dec 1, 2003	cost of living adjustment and withholding due to receipt of severance pay
1227.00	400.00	827.00	Apr 1, 2004	Increased evaluation and withholding due to receipt of retired pay
1258.00	410.00	848.00	Dec 1, 2004	cost of living adjustment and withholding due to receipt of severance pay
1309.00	426.00	883.00	Dec 1, 2005	cost of living adjustment and withholding due to receipt of severance pay

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(b) (6)

Hopkins, M H

Total Award Amount	Amount Withheld	Monthly Entitlement Amount	Payment Start Date	Reason For Change
1262.00	406.00	856.00	Apr 17, 2006	Dan'l reaches the age of 18 and withholding due to receipt of severance pay
1193.00	377.00	816.00	Aug 22, 2021	Kerri reaches the age of 18 and withholding due to receipt of severance pay

Presently, we are paying you as a veteran with two dependents. Please inform us of any change to the status of your dependents. Failure to inform us of a change in your dependent's status will result in an overpayment of benefits paid to you.

Why Have We Withheld Benefits?

You received a severance pay allowance of $75,380.00 from the military for your major depression with sleep difficulty and memory loss. We must hold back part of your VA compensation until the severance amount is paid back. *VA shall withhold (after federal income tax) the severance amount received after September 30, 1996. Severance amount received prior to October 1, 1996, will include the amount before taxes are taken out.* After an amount equal to your severance pay allowance is paid back, you'll start receiving your full monthly VA compensation.

What You Should Do If You Disagree With Our Decision.

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision.* The enclosed *VA Form 4107, "Your Rights to Appeal Our Decision,"* explains your right to appeal.

Do You Have Questions Or Need Assistance?

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.

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(b) (6) [redacted]

Hopkins, M H

Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov.
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

In all cases, be sure to refer to your VA file number (b) (6) [redacted]

If you are looking for general information about benefits and eligibility, you should visit our web site at http://www.va.gov, or search the Frequently Asked Questions (FAQs) at http://iris.va.gov.

We sent a copy of this letter to Oklahoma Department of Veterans Affairs because you appointed them as your representative. If you have questions or need assistance, you can also contact them.

Sincerely yours,

J. SIKES
Veterans Service Center Manager

Contact us at: https://iris.va.gov

Enclosure(s): VA Form 4107

cc: Disabled American Veterans

21/186-dat

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Audit Sheet for VARO (351)

Only enter items in WHITE unshaded areas

revised 3-27-06 jdcash	NAME:			FILE NUMBER:			
Effective date OLD award	No pay date old award	Monthly rate OLD award	Total Benefit old award	Effective date NEW award	No pay date new award	Monthly rate NEW award	Total Benefit new award
10/1/96	12/1/96	$276.00	$552.00	10/1/96	12/1/96	$339.00	$678.00
12/1/96	10/27/97	$284.00	$3,086.13	12/1/96	10/27/97	$348.00	$3,781.60
10/27/97	12/1/97	$284.00	$321.87	10/27/97	12/1/97	$331.00	$375.13
12/1/97				12/1/97			

OOS Pay Purpose

Total of old award:	$3,960.00	Total of new award:	$4,834.73
Retro Due/(Overpayment):	$874.73	Today's Date:	7/19/06

06A

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

F95 FISCAL AUTHORIZATION-C&P DATE 07-19-06

FILE NO (b)(6) PAYEE 00 STUB NAME M H HOPKI STATION 351

AMT $ 834.40 CODE/CLASS 99K DED AMT $ APPRO COST CODE

ADDRESS: FOREIGN MAIL CODE PYMT CODE DATE 0706 NO MONTHS
1 2 3
4 5 6
DOCUMENT NO AMOUNT $ DATE
LOAN GUARANTY DATA:
PRIN AMT $ INT AMT $ INT COMP DATE REF NO
UNASSOCIATED DATA:
UNASSOCIATED NO AMOUNT $ INC/DEC
INPUT DOCUMENT: DATE NO ORIG TRANS

PFOP DATA: GRAT AMT $ PVT SOURCE AMT $ VSO RO

TRANS CODE	ADJ CODE	TRANS DATE	OPERATOR NO	ENTER X BY ACTION:	AUTHORIZER NO	AUTHORIZER DATE
04E		07-19-06	1133	APPROVE X	4038	
				DISAPPROVE		
				PASS	CASH JODY	

NEXT: FILE NUMBER PAYEE (b)(6) NEXT SCREEN
TRANSACTION SENT SUCCESSFULLY

OOS offset of Sev. pay.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

F25 ACCOUNT RECEIVABLE ADJUSTMENTS DATE 07-19-06
FILE NO (b) (6) PAYEE 00 STUB NAME M H HOPKI STATION 351

04E-ESTABLISH/INCREASE A/R X 04G-LOCAL SPECIAL PAYMENT 08E-DECREASE A/R
CODE/CLASS 99K TRANS AMT $ 834.40 DATE 0706
DEDUCTION AMT $ 0.00 REFERENCE NO
07C-WAIVER-FULL/PARTIAL 07A-UNCOLLECTIBLE A/R-REFERRED
07D-WRITEOFF 07B-UNCOLLECTIBLE A/R-NOT REFERRED
07G-DECREASE REFERRED A/R
CODE/CLASS TRANS AMT $ REFERENCE NO DATE
18-ESTABLISH/CHANGE RECURRING DEDUCTION DATE
CODE/CLASS DEDUCTION AMT $ REFERENCE NO

M/R DATA: BALANCE	DED AMT	CODE/ CLASS	COLL IND	LG PRIN BALANCE	LG INT BALANCE	INT COMP DATE	REFERENCE NO
40365.00	337.00	99K					

(b) (6)

NEXT SCREEN

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

OUT-OF-SYSTEM DISABILITY AWARD

TRANS CODE	TYPE	LETTER INDICATOR	COPY TO	RO NO.	File Number	PAYEE NO
		DICTATED	VSO		(b) (6)	
		SPECIAL	DEA	351		00

CIRCLE POWER OF ATTORNEY	OTHER POA	VETERAN'S SSN	SPOUSE OR PAYEE SSN
74 - AL 75 - ARC 77 - AMVETS 83 - DAV 97 - VFW OTHER	83	(b) (6)	Darlene

NAME AND ADDRESS OF PAYEE	NEW ADDRESS YES	NEW ADDRESS NO	INITIALS AND SURNAME OF VETERAN
MARSHALL H HOPKINS			M H HOPKI
(b) (6)			INITIALS AND SURNAME OF PAYEE

PRIOR NET AWARD DATA

MONTHLY RATE	EFFECTIVE DATE	RECOUP-OFFSET TYPE	RECOUP-OFFSET AMOUNT
$276.00	10/01/96	9	$266.00
284.00	12/01/96	9	274.00
~~0.00~~ None	~~01/00/00~~ 12/01/97	—	None
0.00	01/00/00		
0.00	01/00/00		
0.00	01/00/00		
0.00	01/00/00		
0.00	01/00/00		
0.00	01/00/00		
0.00	01/00/00		

AWARD DATA

% DIS	TOTAL AWARD	ANNUAL INCOME	CHANGE REASON	DEPENDENCY TOTAL	DEPENDENCY THIS	MONTHLY RATE	EFFECTIVE DATE	SPEC. LAW	ENTIT. CODE	WITHHOLDING TYPE	WITHHOLDING AMOUNT
50	$663.00		26	84	84	$339.00	10/01/96			9	$324.00
50	683.00		37	84	84	348.00	12/01/96			9	335.00
50	654.00		24	83	83	331.00	10/27/97			9	323.00
~~0~~	~~#N/A~~ None			~~00~~	~~00~~	~~#N/A~~	~~01/00/00~~ 12/01/97	—	—	—	None ~~0.00~~
0	#N/A			00	00	#N/A	01/00/00				0.00
0	#N/A			00	00	#N/A	01/00/00				0.00
0	#N/A			00	00	#N/A	01/00/00				0.00
0	#N/A			00	00	#N/A	01/00/00				0.00
0	#N/A			00	00	#N/A	01/00/00				0.00
0	#N/A			00	00	#N/A	01/00/00				0.00

(b) (6)	DATE	(b) (6)	DATE	RO NO
	7/5/06		7-19-06	~~348~~ 351

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

F95 FISCAL AUTHORIZATION-C&P DATE 07-19-06

FILE NO (b) (6) PAYEE 00 STUB NAME M H HOPKI STATION 351

AMT $ 874.73 CODE/CLASS DED AMT $ APPRO 02 COST CODE 01

ADDRESS: FOREIGN MAIL CODE PYMT CODE DATE NO MONTHS

1 MARSHALL H HOPKINS (b) (6)

(b) (6)

5 6

DOCUMENT NO AMOUNT $ DATE

LOAN GUARANTY DATA:

PRIN AMT $ INT AMT $ INT COMP DATE REF NO

UNASSOCIATED DATA:

UNASSOCIATED NO AMOUNT $ INC/DEC

INPUT DOCUMENT: DATE NO ORIG TRANS

PFOP DATA: GRAT AMT $ PVT SOURCE AMT $ VSO RO

TRANS CODE	ADJ CODE	TRANS DATE	OPERATOR NO	ENTER X BY ACTION:	AUTHORIZER NO	AUTHORIZER DATE
06A		07-19-06	1133	APPROVE X		
				DISAPPROVE	4038	
				PASS		

NEXT: FILE NUMBER PAYEE (b) (6) NEXT SCREEN

TRANSACTION SENT SUCCESSFULLY

OOS payment due.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

F15 SPECIAL PAYMENTS DATE 07-19-06
FILE NO (b) (6) PAYEE 00 STUB NAME M H HOPKI STATION 351

06A-ONE TIME X 06G-SPECIAL 06K-CLOTHING ALLOWANCE 06L-WORK STUDY
PYMT AMT $ 874.73 COST CODE 01 CLOTHING ALLOWANCE CODE PAY YEAR

06B-ONE TIME PAYMENT-ESTABLISH A/R
PYMT AMT $ COST CODE CODE/CLASS DED AMT $

PAYEE NAME AND ADDRESS (ALL TRANSACTIONS) 1 MARSHALL H HOPKINS
(b) (6)
5 6

M/R DATA: BALANCE	DED AMT	CODE/ CLASS	COLL IND	LG PRIN BALANCE	LG INT BALANCE	INT COMP DATE	REFERENCE NO
$ 40365.00	$ 337.00	99K					

COST CODE 01 NEXT SCREEN

(b) (6)

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Audit Sheet for VARO (351)

Only enter items in WHITE unshaded areas

revised 3-27-06 jdcash	NAME:			FILE NUMBER:			
Effective date OLD award	No pay date old award	Monthly rate OLD award	Total Benefit old award	Effective date NEW award	No pay date new award	Monthly rate NEW award	Total Benefit new award
12/1/97	12/1/98	$290.00	$3,480.00	12/1/97	12/1/98	$338.00	$4,056.00
12/1/98	11/8/99	$294.00	$3,302.60	12/1/98	11/8/99	$341.00	$3,830.57
11/8/99	12/1/99	$294.00	$225.40	11/8/99	12/1/99	$323.00	$247.63
12/1/99	12/1/00	$301.00	$3,612.00	12/1/99	12/1/00	$330.00	$3,960.00
12/1/00	8/26/01	$311.00	$2,747.17	12/1/00	8/26/01	$341.00	$3,012.17
8/26/01	12/1/01	$311.00	$984.83	8/26/01	12/1/01	$328.00	$1,038.67
12/1/01	7/1/02	$319.00	$2,233.00	12/1/01	7/1/02	$336.00	$2,352.00
7/1/02	12/1/02	$319.00	$1,595.00	7/1/02	9/1/03	$369.00	$5,166.00
12/1/02	9/1/03	$323.00	$2,907.00	9/1/03	12/1/03	$374.00	$1,122.00
9/1/03	12/1/03	$323.00	$969.00	12/1/03	4/1/04	$393.00	$1,572.00
12/1/03	4/1/04	$330.00	$1,320.00	4/1/04	12/1/04	$400.00	$3,200.00
4/1/04	12/1/04	$713.00	$5,704.00	12/1/04	12/1/05	$848.00	$10,176.00
12/1/04	12/1/05	$732.00	$8,784.00	12/1/05	4/17/06	$883.00	$4,002.93
12/1/05	4/17/06	$762.00	$3,454.40	4/17/06	7/1/06	$856.00	$2,111.47
4/17/06	7/1/06	$762.00	$1,879.60	7/1/06			
7/1/06							

BDN retro payment

Total of old award:	$43,198.00	Total of new award:	$45,847.43
Retro Due/(Overpayment):	$2,649.43	Today's Date:	7/19/06

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Audit Sheet for VARO (351)

Only enter items in WHITE unshaded areas

revised 3-27-06 jdcash	NAME:			FILE NUMBER:			
Effective date OLD award	No pay date old award	Monthly rate OLD award	Total Benefit old award	Effective date NEW award	No pay date new award	Monthly rate NEW award	Total Benefit new award
10/1/96	12/1/96	$266.00	$532.00	10/1/96	12/1/96	$324.00	$648.00
12/1/96	10/27/97	$274.00	$2,977.47	12/1/96	10/27/97	$335.00	$3,640.33
10/27/97	12/1/97	$274.00	$310.53	10/27/97	12/1/97	$323.00	$366.07
12/1/97				12/1/97			
Total of old award:			$3,820.00	Total of new award:			$4,654.40
Retro Due/(Overpayment):			$834.40	Today's Date:	7/19/06		

OOS offset purpose

04E

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Department of Veterans Affairs

REPORT OF CONTACT

(NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in veterans' folder.)

VA OFFICE: VARO (351) MUSKOGEE OK

(b) (6) [redacted]

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print): Hopkins, Marshall H.

DATE OF CONTACT: 7-05-06

ADDRESS OF VETERAN: Po BOX 702 Hooker OK 73945

(b) (6) [redacted]

PERSON CONTACTED: vet - Marshall

TYPE OF CONTACT (CHECK): [ ] PERSONAL [X] TELEPHONE

ADDRESS OF PERSON CONTACTED

TELEPHONE NO. OF PERSON CONTACTED (Include Area Code)

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN

Claimant's Date of Birth: (b) (6) [redacted] Social Security Number: (b) (6) [redacted]

VA employee identified himself as authorized representative to receive this information. Yes X No ___

The claimant was told the information provided would be used for the purpose of calculating benefit amounts and making an immediate adjustment to their benefits. Yes X No ___

Allthough this information has been obtained telephonically, a notification letter will be issued. Yes X No ___

Contacted veteran to obtain the following:

(1) None of his children married before Age 18.

(2) Veteran did not recall any children attending school after Age of 18. Informed if he does remember to provide this information w/in a year of requested 4-11-06.

(3) Marshall was over the age of 18, after grant of 50%. (informed vet)

CC: 83 (POA)

DIVISION OR SECTION: VETERANS SERVICE CENTER 21

Post TEAM

(b) (6) [redacted]

VA FORM 119 MAY 1990

EXISTING STOCK OF VA FO WILL BE USED

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

304 DEPENDENCY 07-05-06

FILE NUMBER (b) (6) END PRODUCT 930 NAME M H HOPKI

	IND	DOB	HLP	ADD	RSN	CHG STAT	RSN	REMOVE	RSN	APPOR
SPOUSE	Y	07-02-64		07-01-02	26					
MOTHER										
FATHER										

CHILD NAME	SSN	CHILD DOB	STAT	ADD	RSN	CHG STAT	RSN	REMOVE	RSN	APPOR
KENNETH	Y	(b) (6)	1	10-01-96	26			10-27-97	24	
LAURA	Y		1	10-01-96	26			11-08-99	24	
MELANIE	Y		1	10-01-96	26			08-26-01	24	
DAN L	Y		1	10-01-96	26			04-17-06	24	
KERRI	Y		1	09-01-03	26			08-22-21	24	

SPOUSE: NAME DARLENE SSN 522-94-9287 P&T VET STAT IND CRF

ADDNL CHILDREN: TOTAL THIS TOTAL W/H NEXT SCREEN

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
125 South Main Street
Muskogee OK 74401

JUN 15 2006

MARSHALL H HOPKINS
(b) (6)

In Reply Refer To: 351/21
(b) (6)
HOPKI, M H

C-FILE
21
JUN 14 2006

Dear Mr. Hopkins:

On April 11, 2006, we wrote and asked you to send us:

- VA Form 21-686c, Declaration of Status of Dependents, providing complete marital history for you and your spouse
- VA Form 21-4138, Statement in Support of Claim, providing Social Security numbers for Kerri, Dan'l, Melanie, Kenneth, Sterling and Laura
- Providing a statement if any of the children married prior to their eighteenth birthday
- Verification of school attendance for any children who attended school after age 18

Because we have not received them, we must deny your claim.

When And Where Do You Send The Information Or Evidence?

Please send us the information we asked for as soon as you can. If you are having any difficulty getting this evidence, call us. We may be able to help you.

If we get the evidence by January 12, 2007, we can continue processing your claim. Information received after January 12, 2007, must be considered a new claim. That means any benefits you may be eligible for can't start before the date we receive your new claim.

IMPORTANT

It is to your advantage to send this information as soon as you can.

130

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(b) (6)

Hopki, M H

What You Should Do If You Disagree With Our Decision.

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision.* The enclosed *VA Form 4107, "Your Rights to Appeal Our Decision,"* explains your right to appeal.

Sincerely yours,

J. SIKES
Veterans Service Center Manager

Contact us at: https://iris.va.gov

cc: Disabled American Veterans

21/165-dat

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Rec'd VSC

MAY 2 3 2006

Dependency Ten

OMB Approved No. 2900-0043
Respondent Burden: 15 minutes

Department of Veterans Affairs

DECLARATION OF STATUS OF DEPENDENTS

VARO, MUSKOGEE

Privacy Act Information: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58 VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 USC 5101 (c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine marital status and eligibility for an additional allowance for dependents under 38 U.S.C. 1115. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information unless a valid OMB number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/library/omb/OMBINVC.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

INSTRUCTIONS: Print all answers clearly. Make sure you sign and date this form (Items 18 and 19). Note: Unless the claimant is the veteran's surviving spouse, the veteran must sign in Item 18. When you have completed this form, mail it or take it to a VA regional office.

1A. FIRST - MIDDLE - LAST NAME OF VETERAN	2A. NAME OF CLAIMANT *(If other than veteran)*	3. FILE NUMBER
Marshall H Hopkins		
(b) (6)	2B. CLAIMANT'S SOCIAL SECURITY NUMBER	(b) (6)

...te, city or P.O., State and ZIP Code)

5A. MARITAL STATUS *(Check one)*	5B. IF MARRIED, SPOUSE'S DATE OF BIRTH
☒ MARRIED ☐ DIVORCED ☐ NEVER MARRIED *(If checked, do not complete (Skip to Item 12))* ☐ WIDOWED ☐ SEPARATED	July 2 1964 *month day year*

NOTE: You must furnish complete information about all your and your current spouse's previous marriages. If you or your spouse have been married more than three times, list additional marriages in Item 17, "Remarks, " or attach a separate sheet.

SECTION I - VETERAN'S MARRIAGES

6. HOW MANY TIMES HAVE YOU BEEN MARRIED? 2

7A. DATE AND PLACE OF MARRIAGE *(City,/State or Country)*	7B. TO WHOM MARRIED *(First, middle, last name)*	7C. SOCIAL SECURITY NUMBER	7D. HOW MARRIAGE TERMINATED *(Death, Divorce)*	7E. DATE AND PLACE TERMINATED *(City/State or Country)*
4 16 1977 *month day year* Place: Provo Utah	Karol Ann Nordstrom	Unknown	Divorce	12 Oct 1995 Canon City Colo
6 1 2002 *month day year* Place: Denver Colo	Darlene Ruth Hopkins	(b) (6)		*month day year* Place:
month day year Place:				*month day year* Place:

SECTION II - SPOUSE'S PREVIOUS MARRIAGES

8. HOW MANY TIMES HAS THE VETERAN'S CURRENT SPOUSE OR SURVIVING SPOUSE BEEN MARRIED? 1

9A. DATE AND PLACE OF MARRIAGE	9B. TO WHOM MARRIED *(First, middle, last name)*	9C. HOW MARRIAGE TERMINATED *(Death, Divorce)*	9D. DATE AND PLACE TERMINATED
6 1 2002 *month day year* Place: Denver Colo	Marshall Hugh Hopkins	Ø	*month day year* Place:
month day year Place:			*month day year* Place:
month day year Place:			*month day year* Place:

VA FORM NOV 2004 **21-686c**

EXISTING STOCKS OF VA FORM 21-686c, DEC 1999, WILL BE USED.

(Continued on Reverse)

PAGE 01 IMI INC 7016284556 04/11/2006 19:38

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

M H Hopkins (b) (6)

10A. IS YOUR SPOUSE ALSO A VETERAN?	10B. WHAT IS YOUR SPOUSE'S VA FILE NUMBER *(If any)*?
☐ YES ☒ NO *(If "Yes," answer Item 10B also. If "No," skip to Item 11.)*	
11. DO YOU LIVE WITH YOUR SPOUSE?	**12. WHAT IS YOUR SPOUSE'S ADDRESS?**
☒ YES ☐ NO *(If "Yes," skip to Item 14A. If "No," answer Items 12 and 13)*	

13. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSE'S SUPPORT?

$

SECTION III - VETERAN'S UNMARRIED CHILDREN

NOTE: If any child is claimed as "seriously disabled" (Item 14H), it must be shown that the child became permanently unable to support themselves before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.

Note: In Items 14A through 14I, check all boxes that apply.

14A. NAME OF CHILD *(first, middle initial, last)*	14B. DATE AND PLACE OF BIRTH *(city, state or country)*	14C. SOCIAL SECURITY NUMBER	14D. BIO-LOGICAL	14E. ADOPT-ED	14F. STEP-CHILD	14G. 18-23 YRS. OLD AND IN SCHOOL	14H. SERIOUSLY DISABLED	14I. CHILD PREVIOUSLY MARRIED
Dan'l D Hopkins	(b) (6) PLACE: Ramah Colo	(b) (6)	☒	☐	☐	☐	☐	☐
Melanie L Hopkins	(b) (6) PLACE: Colo Spgs		☒	☐	☐	☐	☐	☐
Kerri L Hopkins	(b) (6) PLACE: Hooker Ok		☒	☐	☐	☐	☐	☐

Note: If any of the children listed above don't live with you, complete Items 16A through 16C.

16A. NAME OF CHILD *(first, middle initial, last)*	16B. CHILD'S COMPLETE ADDRESS	16C. NAME OF PERSON THE CHILD LIVES WITH *(If applicable)*
(b) (6) Laura A Eyestone	(b) (6)	married
Kenneth Jason Hopkins		Karol Buchanan
Marshall Sterling Hopkins		married

17. REMARKS

Laura's (b) (6)

Kenneth's

Marshall Sterling (b) (6)

The only child that Lives with marshall is Kerri L Hopkins

I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.

18. SIGNATURE OF CLAIMANT	19. DATE	20. TELEPHONE NUMBER (S) *(Include Area Code)*
Marshall N Hopkins	5-22-06	(b) (6)

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
125 South Main Street
Muskogee OK 74401

In Reply Refer To: 351/21
(b) (6)
HOPKINS, M H

KAROL HOPKINS-BUCHANA
CUSTODIAN OF
DAN'L HOPKINS
(b) (6)

C-FILE
21
JUN 14 2006
pcon
130

Dear Ms. Buchanan:

On May 15, 2006, we received your request for an apportionment for Dan'l. However, because he is over the age of eighteen, he must sign a request for an apportionment. In addition, he must be attending school at an approved institution or school to be eligible for the apportionment. We have enclosed a VA Form 21-674, Request for Approval of School Attendance, for his completion. Therefore, no further action will be taken until receipt from Dan'l.

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov.
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

In all cases, be sure to refer to your VA file number (b) (6)

If you are looking for general information about benefits and eligibility, you should visit our web site at http://www.va.gov, or search the Frequently Asked Questions (FAQs) at http://iris.va.gov.

Sincerely yours,

J. SIKES
Veterans Service Center Manager

Contact us at: https://iris.va.gov

Enclosure(s): VA Form 21-674

21/165-dat

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

8 May 2006

Dear Sir

My ex-husband has a medical disability from the Air Force for an accident in 1991 while on active duty at Peterson Field. His SSN is (b) (6) [redacted]

My purpose in writing is to ask if some of his disability can be apportioned to his son, Daniel. Marshall has an active child support order which is currently in arrears.

These funds would be helpful for Dan to help with his support and maintenance.

Thank you in advance for checking on this matter.

Sincerely,

Karol Hopkins Buchanan

(b) (6) [redacted]

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RECEIVED

MAY 15 2006

Mail Center 2
VARO MUSKOGEE 351

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
Federal Building
125 South Main Street
Muskogee OK 74401-7025

April 11, 2006

MR. MARSHALL H HOPKINS
(b) (6)
[redacted]

In reply, refer to:
351/21
(b) (6)
[redacted]
Marshall H. Hopkins

IMPORTANT -- reply needed

Dear Mr. Hopkins:

We are working on your application for Dependency.

G-FILE
21
APR 11 2006

What Do We Still Need from You?

We need additional things from you. ***Please put your VA file number on the first page of every document you send us.***

The number of previous marriages indicated on your application for benefits did not equal the former spouses listed. On the enclosed VA Form 21-686c, Declaration of Status of Dependents, please provide you and your spouse's complete marital history, listing the date and place of each prior marriage, and its termination.

On the enclosed VA Form 21-4138, Statement in Support of Claim, please provide us the Social Security number(s) for Kerri, Dan'l, Melanie, Kenneth, Sterling and Laura.

Please make a statement on the enclosed form, if any children married prior to their eighteenth birthday.

If any children attended school after the age of 18, please provide evidence of their school attendance (i.e. verification from the College or University). Please provide the date of marriage for your child, if they did attend school after the age of 18.

How Soon Should You Send It?

You can take up to a year from January 12, 2006, to make sure we receive the information and evidence we have requested. VA may decide your claim within 60 days if we have completed our attempts to get all the relevant evidence about which we know. If VA decides your claim before one year from the date of this letter, you continue to have until that date to submit additional evidence.

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How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our web site at http://www.va.gov. Otherwise, you can contact us in several ways. Please give us your VA file number, (b) (6) when you do contact us.

- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- On the Internet at https://iris.va.gov.
- Write to us at the address at the top of this letter.

We are trying to decide claims as quickly as possible. We appreciate your help.

Sincerely yours,

J. Sikes

J. Sikes
Veterans Service Center Manager

Enclosures: VA Form 21-686c
VA Form 21-4138

cc: DISABLED AMERICAN VETERANS

21/101-dat

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

OMB Approved No. 2900-0043
Respondent Burden: 15 minutes

Department of Veterans Affairs — DECLARATION OF STATUS OF DEPENDENTS

Privacy Act Information: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58 VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 USC 5101 (c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine marital status and eligibility for an additional allowance for dependents under 38 U.S.C. 1115. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information unless a valid OMB number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/library/omb/OMBINVC.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

INSTRUCTIONS: Print all answers clearly. Make sure you sign and date this form (Items 18 and 19). Note: Unless the claimant is the veteran's surviving spouse, the veteran must sign in Item 18. When you have completed this form, mail it or take it to a VA regional office.

1A. FIRST - MIDDLE - LAST NAME OF VETERAN	2A. NAME OF CLAIMANT *(If other than veteran)*	3. FILE NUMBER
M H Hopkins		
(b) (6) [redacted]	2B. CLAIMANT'S SOCIAL SECURITY NUMBER	(b) (6) [redacted]

4. ADDRESS OF CLAIMANT *(No. and street or rural route, City or P.O., State and ZIP Code)*

5A. MARITAL STATUS *(Check one)*	5B. IF MARRIED, SPOUSE'S DATE OF BIRTH
[X] MARRIED [ ] DIVORCED [ ] NEVER MARRIED *(If checked, do not complete (Skip to Item 12))* [ ] WIDOWED [ ] SEPARATED	month day year

NOTE: You must furnish complete information about all your and your current spouse's previous marriages. If you or your spouse have been married more than three times, list additional marriages in Item 17, "Remarks, " or attach a separate sheet.

SECTION I - VETERAN'S MARRIAGES

6. HOW MANY TIMES HAVE YOU BEEN MARRIED?

7A. DATE AND PLACE OF MARRIAGE *(City,/State or Country)*	7B. TO WHOM MARRIED *(First, middle, last name)*	7C. SOCIAL SECURITY NUMBER	7D. HOW MARRIAGE TERMINATED *(Death, Divorce)*	7E. DATE AND PLACE TERMINATED *(City/State or Country)*
month day year Place:				
Apr 19 1976 month day year Place: Provo Utah	Karen Ann Nordstrom		Divorce	Oct 12 1995 month day year Place: Fremont County - Colo
month day year Place:				month day year Place:

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SECTION II - SPOUSE'S PREVIOUS MARRIAGES

8. HOW MANY TIMES HAS THE VETERAN'S CURRENT SPOUSE OR SURVIVING SPOUSE BEEN MARRIED? None

9A. DATE AND PLACE OF MARRIAGE	9B. TO WHOM MARRIED *(First, middle, last name)*	9C. HOW MARRIAGE TERMINATED *(Death, Divorce)*	9D. DATE AND PLACE TERMINATED
month day year Place:			month day year Place:
month day year Place:			month day year Place:
month day year Place:			month day year Place:

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10A. IS YOUR SPOUSE ALSO A VETERAN?	10B. WHAT IS YOUR SPOUSE'S VA FILE NUMBER *(If any)*?
☐ YES ☒ NO *(If "Yes," answer Item 10B also. If "No," skip to Item 11.)*	
11. DO YOU LIVE WITH YOUR SPOUSE?	**12. WHAT IS YOUR SPOUSE'S ADDRESS?**
☒ YES ☐ NO *(If "Yes," skip to Item 14A. If "No, answer Items 12 and 13*	
13. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSE'S SUPPORT?	
$ Total	

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SECTION III - VETERAN'S UNMARRIED CHILDREN

NOTE: If any child is claimed as "seriously disabled" (Item 14H), it must be shown that the child became permanently unable to support themselves before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.

Note: In Items 14A through 14I, check all boxes that apply.

14A. NAME OF CHILD *(first, middle initial, last)*	14B. DATE AND PLACE OF BIRTH *(city, state or country)*	14C. SOCIAL SECURITY NUMBER	14D. BIO - LOGICAL	14E. ADOPT - ED	14F. STEP - CHILD	14G. 18-23 YRS. OLD AND IN SCHOOL	14H. SERIOUSLY DISABLED	14I. CHILD PREVIOUSLY MARRIED
BC Merri L. Hopkins	(b) (6) PLACE: Hooker Oklahoma	In Progress	☒	☐	☐	☐	☐	☐
	mo day yr PLACE:		☐	☐	☐	☐	☐	☐
	mo day yr PLACE:		☐	☐	☐	☐	☐	☐

Note: If any of the children listed above don't live with you, complete Items 16A through 16C.

16A. NAME OF CHILD *(first, middle initial, last)*	16B. CHILD'S COMPLETE ADDRESS	16C. NAME OF PERSON THE CHILD LIVES WITH *(If applicable)*
BC Dan'l D. Hopkins	(b) (6)	Karen A. Hopkins
BC Melanie L. Hopkins		~~Karen A. Hopkins~~ Self
BC Kenneth J. Hopkins		~~Karen A. Hopkins~~ Self

17. REMARKS

Sterling Hopkins now Married 3yr
Laura Hopkins now married 1yr
Eyestone married name

(b) (6)

I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.

18. SIGNATURE OF CLAIMANT	19. DATE	20. TELEPHONE NUMBER (S) *(Include Area Code)*
Marshall H. Hopkins	31 Jan 06	(b) (6)

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

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January 31, 2006

To whom it may concern,
Since I have been awarded back pay on my disability claim, I have come up with a question and that is what about the unmarried children in the years of 1996 up to present. I called and talked with someone from your dept. and they said to send proof of children and my pay would be calculated accordingly. Enclosed are birth certificates and social security numbers. On our latest child, a social security number has just been requested.

Sincerely

Marshall H. Hopkins

My Air Force Reserve dates Should be From 1982 To 1996

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STATE OF COLORADO

CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER (b) (6) [redacted]

CHILD

1. CHILD—NAME FIRST: Marshall | MIDDLE: Sterling | LAST: HOPKINS | 2. SEX: M
3a. HOSPITAL—NAME (If not in hospital, give street and number): FITZSIMONS ARMY MEDICAL CENTER
4b. CITY, TOWN OR LOCATION OF BIRTH: Aurora
4c. COUNTY OF BIRTH: Adams

5a. CERTIFIER — I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Signature) [signature] (M.D., D.O., OTHER (SPECIFY))
5b. DATE SIGNED (Month, Day, Year): February 27 1978
5c. NAME (Type or print): GORDON S. PARK, MD, CPT, MC
5d. MAILING ADDRESS (Street or R.F.D. No., City, State, Zip): Fitzsimons Army Medical Center, Denver, CO 80240

6a. REGISTRAR (Signature): Jeanette L. Beck Deputy
6b. DATE RECEIVED BY REGISTRAR (Month, Day, Year): MAR 9 1978

PARENTS

7a. MOTHER—NAME FIRST: Karol | MIDDLE: Ann | LAST (MAIDEN): Nordstrom
7b. AGE (At time of this birth): 32
7c. STATE OF BIRTH (If not in U.S.A., name country): California
8a. RESIDENCE—STATE: Colorado
8b. COUNTY: Summit
8c. CITY, TOWN OR LOCATION: Dillon
(b) (6) [redacted]
8d. ZIP
8e. INSIDE CITY LIMITS (Yes or No): Yes

(b) (6) [redacted]

10a. FATHER—NAME FIRST: Marshall | MIDDLE: Hugh | LAST: Hopkins
10b. AGE (At time of this birth): 34
10c. STATE OF BIRTH (If not in U.S.A., name country): Kansas

11a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Informant) [signature]
11b. RELATION TO CHILD: Mother

STATE OF COLORADO, TRI-COUNTY DISTRICT HEALTH DEPARTMENT

I hereby certify that the above is a true, full and correct copy of the certificate, in my custody and now on file in my office.

Witness my hand and official seal in Englewood, in the County of Arapahoe, in said State, this 15th day of March A.D., 1978.

Samuel Johnson M.D.
Samuel Johnson, M.D., Registrar
Adams Arapahoe and Douglas Counties

(b) (6) [redacted]

Jeanette L. Beck
Jeanette L. Beck, Deputy Registrar

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CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

DATE REGISTERED BY STATE REGISTRAR

STATE OF COLORADO
CERTIFICATE OF LIVE BIRTH 105

7586 Dist. 67

STATE FILE NUMBER

CHILD

1. CHILD-NAME FIRST: Dan'l	MIDDLE: DeLaws	LAST: HOPKINS	SEX: 2. Male	(b) (6) [redacted]
4a. HOSPITAL-NAME (If not in hospital, give street and number): 101 Commercial Street			CITY, TOWN OR LOCATION OF [redacted] 4b. Ramah	4c. El Paso

CERTIFIER — I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

5a. (Signature) Marshall H. Hopkins — Father (SPECIFY) — DATE SIGNED (Month, Day, Year) 5b. December 29, 1988

NAME (Type or print) 5c. Marshall H. Hopkins — (b) (6) [redacted]

REGISTRAR 6a. (Signature) Cane Green, Deputy Registrar by LGM — 6b. December 29, 1988

PARENTS

7a. MOTHER-NAME FIRST: Karol	MIDDLE: Ann	LAST (MAIDEN): Nordstrom	AGE (At time of this birth) 7b. 42	STATE OF BIRTH (If not in U.S.A., name country) 7c. Colorado
8a. RESIDENCE-STATE: Colorado	8b. COUNTY: El Paso	8c. CITY, TOWN OR LOCATION: Ramah	(b) (6) [redacted]	INSIDE CITY LIMITS (Yes or No) 8e. yes
(b) (6) [redacted]				ZIP
10a. Marshall	MIDDLE: Hugh	LAST: Hopkins	AGE (At time of this birth) 10b. 46	STATE OF BIRTH (If not in U.S.A., name country) 10c. Colorado
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. 11a. (Signature of Informant) Marshall Hugh Hopkins			RELATION TO CHILD 11b. Father	

(b) (6) [redacted]

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DEC 29 1988
DATE ISSUED

LOCAL REGISTRAR

21-003229

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

VR 100C 8/88

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SS# 522-59-0231

DATE REGISTERED BY STATE REGISTRAR

STATE OF COLORADO

CERTIFICATE OF LIVE BIRTH 105

4443 Dist. 67

STATE FILE NUMBER (b) (6)

CHILD

1. CHILD NAME — FIRST: MELANIE — MIDDLE: LYNN — LAST: HOPKINS — SEX: Female

2. HOSPITAL NAME (If not in hospital, give street and number): 625 Hathaway

4. CITY, TOWN OR LOCATION OF BIRTH: Colorado Springs

4. COUNTY OF BIRTH: El Paso

5a. CERTIFIER — I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Signature): Marshall H. Hopkins

5a. TITLE OF CERTIFIER: Father

5b. DATE SIGNED (Month, Day, Year): September 19, 1983

5a. NAME (Type or print): Marshall H. Hopkins (b) (6) (b) (6)

6a. REGISTRAR: Jane Green, Deputy Registrar by mo

6b. DATE RECEIVED BY REGISTRAR (Month, Day, Year): September 19 1983

PARENTS

7. MOTHER'S NAME — FIRST: Karol — MIDDLE: Ann — LAST (MAIDEN): Nordstrom

7a. AGE (At time of this birth): 38

7c. STATE OF BIRTH (If not in U.S.A., name country): California

8a. RESIDENCE - STATE: Colorado

8b. COUNTY: El Paso

8c. CITY, TOWN OR LOCATION: Colorado Springs

(b) (6)

8d. INSIDE CITY LIMITS (Yes or No): No

(b) (6)

ZIP: 80860

10a. FATHER'S NAME — FIRST: Marshall — MIDDLE: Hugh — LAST: Hopkins

10b. AGE (At time of this birth): 40

10c. STATE OF BIRTH (If not in U.S.A., name country): Kansas

11a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Informant): Karol A Hopkins

11b. RELATION TO CHILD: Mother

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE WAS CORRECTLY COPIED FROM THE RECORD OF BIRTH IN MY CUSTODY AS REQUIRED BY LAW.

NOT VALID WITHOUT

LOCAL REGISTRAR'S

SEAL

ISSUED IN COLORADO SPRINGS, EL PASO COUNTY, COLORADO

THIS 19th DAY OF September 1983

Jane Green Deputy Registrar by mo

Local Registrar of Vital Statistics

PENALTY BY LAW: If any Person alters, uses, attempts to use, or furnishes to another for deceptive use any Vital Statistics Certificate.

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STATE OF COLORADO

Office of the Local Registrar of Vital Statistics

Victor, Colorado

CERTIFIED COPY OF BIRTH RECORD

NAME OF CHILD: LAURA ANN HOPKINS		SEX: Female	
PLACE OF BIRTH: 310 Victor Avenue, Victor, Colorado 80860		(b) (6) [redacted]	
NAME OF FATHER: Marshall Hugh Hopkins	AGE: 38	PLACE OF BIRTH: Kansas	
MAIDEN NAME OF MOTHER: Karol-Ann Nordstrom	AGE: 36	PLACE OF BIRTH: Colorado	
DATE RECORD FILED: February 15, 1982		LOCAL REGISTRATION NUMBER: District 234	

IF AMENDED, DATE _____, ITEM AMENDED _____, DOCUMENTS USED: _____

IF DELAYED REGISTRATION, DOCUMENTS USED: _____

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE WAS CORRECTLY COPIED FROM THE RECORD OF BIRTH IN MY CUSTODY AS REQUIRED BY LAW.

NOT VALID IF IT DOES NOT BEAR THE SEAL OF THE LOCAL REGISTRAR OF VITAL STATISTICS.

WITNESS MY HAND AND SEAL

THIS 17th DAY OF March, 19 82

LOCAL REGISTRAR OF VITAL STATISTICS

Victor, COLORADO

COLORADO DEPARTMENT OF HEALTH
AD RS 15B (REV. 1-78)

(b) (6) [redacted]

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State of Oklahoma - Department of Health

DELAYED CERTIFICATE OF BIRTH - SPECIAL

State File No. D2614-097

1. PLACE OF BIRTH a. County TEXAS	2. USUAL RESIDENCE OF MOTHER (At time of this birth) a. State COLORADO b. County FREEMONT
b. City or Town HOOKER	c. City or Town ROCKVALE
c. Full Name of Hospital or Institution HOME BIRTH	(b) (6) [redacted]

3. CHILD'S NAME (Type or Print)	a. (First) KERRI	b. (Middle) LEIGH	c. (Last) HOPKINS
4. SEX FEMALE	5a. THIS BIRTH Single [X] Twin [ ] Triplet [ ]	5b. IF TWIN OR TRIPLET (This child born) 1st [ ] 2nd [ ] 3rd [ ]	(b) (6) [redacted]

FATHER OF CHILD

7. FULL NAME	a. (First) MARSHALL	b. (Middle) HUGH	c. (Last) HOPKINS	8. COLOR OR RACE WHITE	
9. AGE (At time of this birth) 60 YEARS	10. BIRTHPLACE (State or foreign country) LARNED, KANSAS	11a. USUAL OCCUPATION SALESMAN	11b. BUSINESS OR INDUSTRY IWI LIGHTING		

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First) DARLENE	b. (Middle) RUTH	c. (Last) HERBERT	13. COLOR OR RACE WHITE
14. AGE (At time of this birth) 39 YEARS	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this birth) a. How many OTHER children are now living? - 0 -	b. How many OTHER children were born alive but are now dead? - 0 -	c. How many children were stillborn (born dead after 20 weeks pregnancy)? - 0 -	
15. BIRTHPLACE (State or foreign country) VERMONT				

AFFIDAVIT OF PARENT

17. I hereby declare upon oath that the above statements are true and correct.

SIGNATURE Darlene L Hopkins FULL ADDRESS 101 Oklahoma St Hooker Ok 73945

Subscribed and sworn to before me this (date) 1-11-05 NOTARY PUBLIC Naomi D. Knier My commission expires 10-15-2005

AFFIDAVIT OF ATTENDANT OR OTHER PERSON

I hereby declare upon oath that the above statements are true and correct to the best of my knowledge and belief, for the following reasons: I was the attending midwife

SIGNATURE Debbie Farr FULL ADDRESS 1405 N. Woodland Amarillo, Tx 79107

Subscribed and sworn to before me this (date) 1-2005 NOTARY PUBLIC [signature] My commission expires 11-18-06

DATE RECEIVED BY STATE REGISTRAR 01/26/2005 STATE REGISTRAR John C Burba

VS 181 1-54

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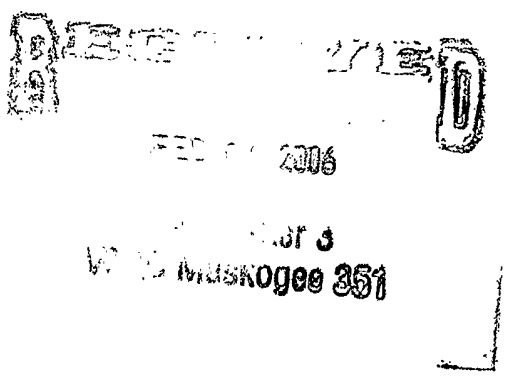

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(b) (6) [redacted]

STATE OF COLORADO

Office of the Local Registrar of Vital Statistics

Victor, Colorado

CERTIFIED COPY OF BIRTH RECORD

1. NAME OF CHILD: KENNETH JASON HOPKINS		2. SEX: Male
(b) (6) [redacted]		
5a. NAME OF FATHER: Marshall Hugh Hopkins	5b. AGE: 36	5c. PLACE OF BIRTH: Kansas
6a. MAIDEN NAME OF MOTHER: Karol Ann Nordstrom	6b. AGE: 34	6c. PLACE OF BIRTH: California
7. DATE RECORD FILED: December 1, 1979		8. LOCAL REGISTRATION NUMBER: District 234
IF AMENDED, DATE _____, ITEM AMENDED _____, DOCUMENTS USED: _____		
IF DELAYED REGISTRATION, DOCUMENTS USED: _____		

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE WAS CORRECTLY COPIED FROM THE RECORD OF BIRTH IN MY CUSTODY AS REQUIRED BY LAW.

NOT VALID IF IT DOES NOT BEAR THE SEAL OF THE LOCAL REGISTRAR OF VITAL STATISTICS

COLORADO DEPARTMENT OF HEALTH
AD RS 15B (Rev. 1-71)

WITNESS MY HAND AND SEAL

THIS 4th DAY OF April, 19 80

Ethel M. Podnie

LOCAL REGISTRAR OF VITAL STATISTICS

Victor, COLORADO

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DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
125 South Main Street
Muskogee OK 74401

JAN 12 2006

MARSHALL H HOPKINS
(b) (6)

In Reply Refer To: 351/21
(b) (6)
HOPKINS, M H
(b) (6)
(b) (6)

Dear Mr. Hopkins:

We made a decision on your claim for service connected compensation received on March 8, 2004.

This letter tells you about your entitlement amount and payment start date and what we decided. It includes a copy of our rating decision that gives the evidence used and reasons for our decision. We have also included information about additional benefits, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

What Is Your Entitlement Amount And Payment Start Date?

Your monthly entitlement amount is shown below:

Total Award Amount	Amount Withheld	Monthly Entitlement Amount	Payment Start Date	Reason For Change
$542.00	$266.00	$276.00	Oct 1, 1996	Grant service connected compensation; withholding disability severance pay
558.00	274.00	284.00	Dec 1, 1996	Cost of living adjustment; withholding disability severance pay
569.00	279.00	290.00	Dec 1, 1997	Cost of living adjustment; withholding disability severance pay
576.00	282.00	294.00	Dec 1, 1998	Cost of living adjustment; withholding disability severance pay
589.00	288.00	301.00	Dec 1, 1999	Cost of living adjustment; withholding disability severance pay

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609.00	298.00	311.00	Dec 1, 2000	Cost of living adjustment; withholding disability severance pay
625.00	306.00	319.00	Dec 1, 2001	Cost of living adjustment; withholding disability severance pay
633.00	310.00	323.00	Dec 1, 2002	Cost of living adjustment; withholding disability severance pay
646.00	316.00	330.00	Dec 1, 2003	Cost of living adjustment; withholding disability severance pay
1,029.00	316.00	713.00	Apr 1, 2004	Grant increase in service connected compensation; withholding disability severance pay
1,056.00	324.00	732.00	Dec 1, 2004	Cost of living adjustment; withholding disability severance pay
1,099.00	337.00	762.00	Dec 1, 2005	Cost of living adjustment; withholding disability severance pay

We are paying you as a single veteran with no dependents.

When Can You Expect Payment?

Your payment begins the first day of the month following your effective date. You will receive a payment covering the initial amount due under this award, minus any withholdings, in approximately 15 days. Payment will then be made at the beginning of each month for the prior month. For example, benefits due for May are paid on or about June 1.

Why Have We Withheld Benefits?

You received a severance pay allowance of $75,380.00 from the military for your major depression with sleep difficulty and memory loss. We are continuing to try to verify the amount with the service department. When we receive the correct amount we will make any adjustment needed. We must hold back part of your VA compensation until the severance amount is paid back. *VA shall withhold (after federal income tax) the severance amount received after September 30, 1996. Severance amount received prior to October 1, 1996, will include the amount before*

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taxes are taken out. After an amount equal to your severance pay allowance is paid back, you'll start receiving your full monthly VA compensation.

What Did We Decide?

We determined that the following condition(s) was/were related to your military service, so service connection has been granted:

Medical Description	Percent (%) Assigned	Effective Date
Mechanical low back pain with arthritis	10%	Sep 11, 1996
Major depression with sleep difficulty and memory loss	30%	Sep 11, 1996
Right shoulder contusion with arthritis	10%	Sep 11, 1996
Cervical spine arthritis	10%	Sep 11, 1996

We determined that the following condition(s) was/were not related to your military service, so service connection couldn't be granted:

Medical Description
Fibromyalgia
Tic douloureux
Myofascial pain

We determined that the following service connected condition(s) has/have worsened, so we granted an increase in your assigned percentage:

Medical Description	Old Percent (%) Assigned	New Percent (%) Assigned	Effective Date
Mechanical low back pain with arthritis	10%	40%	Mar 8, 2004

Your overall or combined rating is 50% effective September 11, 1996 and 70% effective March 8, 2004. We do not add the individual percentages of each condition to determine your combined rating. We use a combined rating table that considers the effect from the most serious to the least serious conditions.

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(b) (6)
Hopkins, M H

We have enclosed a copy of your Rating Decision for your review. It provides a detailed explanation of our decision, the evidence considered and the reasons for our decision. You can find the decision discussed in the section titled *"Decision."* The evidence we considered is discussed in the section titled *"Evidence."* The reasons for our decision can be found in the portion of the rating titled *"Reasons for Decision"* or *"Reasons and Bases."*

We enclosed a VA Form 21-8764, "Disability Compensation Award Attachment-Important Information," which explains certain factors concerning your benefits.

What Do We Need From You To Complete Your Claim For Dependents?

The information you sent us about your dependents wasn't complete. Before we can pay additional benefits for your dependent(s), send us the following:

- VA Form 21-686c, "Declaration Of Status Of Dependents." Please fill out every blank on the form which applies to you.

When And Where Do You Send The Information Or Evidence?

Send the information or the evidence to the address at the top of this letter. Please put your full name and VA file number on the evidence.

We may be able to pay you from the date we received your claim, if we receive the information or evidence within one year from the date of this letter and we decide that you are entitled to VA benefits. If we do not receive the evidence within one year from the date of this letter, we can only pay you from the date we receive the evidence.

How Do You Start Direct Deposit?

Your money may be deposited directly into your checking or savings account. This is the safest and most reliable way to get your money. For more information about Direct Deposit, please call us toll free by dialing 1-877-838-2778.

Are You Eligible To Additional Benefits?

Since you have been rated for a new service connected disability, you may be eligible for government life insurance if you are in good health (except for any service connected conditions) and apply within two years of this notification of your disability rating. If you are totally disabled, you may be eligible to have your government life insurance premiums waived. You should receive an S-DVI package within two

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weeks. This package will contain information about the insurance and an application. If you do not receive an S-DVI package, please contact the Insurance Center to request additional information. Call the Insurance toll free number, 1-800-669-8477, or visit the Insurance web site, **http://www.insurance.va.gov**, for further information about Service-Disabled Veterans Insurance.

You may be able to receive vocational rehabilitation employment services. The enclosed VA Form 28-8890, "Important Information About Vocational Rehabilitation Benefits," explains this benefit completely. To apply for this benefit, complete and return the enclosed VA Form 28-1900, "Disabled Veterans Application for Vocational Rehabilitation."

You are eligible to medical care by the VA health care system for any service connected disability. You may apply for medical care or treatment at the nearest medical facility. If you apply in person, present a copy of this letter to the Patient Registration/Eligibility Section. If you apply by writing a letter, include your VA file number and a copy of this letter.

What You Should Do If You Disagree With Our Decision.

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision.* The enclosed *VA Form 4107, "Your Rights to Appeal Our Decision,"* explains your right to appeal.

Do You Have Question Or Need Assistance?

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
Use the Internet	Send electronic inquires through the Internet at https://iris.va.gov.
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

In all cases, be sure to refer to your VA file number 529 56 7575.

If you are looking for general information about benefits and eligibility, you should visit our web site at http://www.va.gov, or search the Frequently Asked Questions (FAQs) at http://iris.va.gov.

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(b) (6)

Hopkins, M H

We sent a copy of this letter to Disabled American Veterans because you appointed them as your representative. If you have questions or need assistance, you can also contact them.

Sincerely yours,

J. SIKES
Veterans Service Center Manager

Contact us at: https://iris.va.gov

Enclosure(s): Rating Decision
VA Form 21-8764
VA Form 21-686c
VA Form 28-1900
VA Form 28-8890
VA Form 4107

cc: Disabled American Veterans

21/003 ss

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DATE OF CLAIM OR ISSUE	END PRODUCT	TRANSACTION	R.O. NO.	POWER OF ATTORNEY	FID. R.O.	PAYEE NO.	PAYEE N	(b) (6)
03-08-04	020	11B-ORIG	351	DAV		00	M H HOPKI	

SOCIAL SECURITY NUMBERS: VETERAN (b) (6) SPOUSE PAYEE

BIRTH: VETERAN 07-20-43 SPOUSE WIDOW FATHER MOTHER

NAME AND ADDRESS - PAYEE	NAME OF VETERAN	SEX	NAME OF SPOUSE	PRIOR NET AWARD DATA
MARSHALL H HOPKINS (b) (6)	M H HOPKI	M		MONTHLY RATE / EFFECTIVE DATE / WITHHOLD - RECOUP TYPE AMOUNT

BR.	EOD	RAD	PAY GR.
F	12-28-90	02-25-91	

ASC (b) (6) CROSS REFERENCE NO.

CHAR. DIS.	SEP. RSN.	DATE OF DEATH	AGE AT DEATH	VET. SPOUSE
HON	SAT			

ZIP CODE	CONS. PAY. NO.	COLLECTION ▶	CODE	AMOUNT
73945				

DIRECT DEPOSIT DISALLOWANCE ▶ CODE-REASON

EFFECTIVE DATE	RSN CODE	NET MONTHLY RATE	WITHHOLDING TYPE	WITHHOLDING AMOUNT	OFFSET/RECOUP TYPE	OFFSET/RECOUP AMOUNT	ENT CODE	DISABILITY ENTITLEMENT	INCOME	DEPENDENCY TOT	DEPENDENCY THIS	SCHL/ HLP	SPECIAL LAW/MISC
10-01-96	00	276.00			9	266.00	01	050		00	00	0/0	
12-01-96	37	284.00			9	274.00	01	050		00	00	0/0	
12-01-97	37	290.00			9	279.00	01	050		00	00	0/0	
12-01-98	37	294.00			9	282.00	01	050		00	00	0/0	
12-01-99	37	301.00			9	288.00	01	050		00	00	0/0	
12-01-00	37	311.00			9	298.00	01	050		00	00	0/0	
12-01-01	37	319.00			9	306.00	01	050		00	00	0/0	
12-01-02	37	323.00			9	310.00	01	050		00	00	0/0	
12-01-03	37	330.00			9	316.00	01	050		00	00	0/0	

RATING

EFFECTIVE DATE	COMB DEG	SMC BAS HOS	SPL PRO	EMPL	W-PCT.	LOSSES USE ANAT OTH	CONTROLS MO YR RSN	OFFSET - RECOUPMENT TYPE	BALANCE	DEDUCTION
10-01-96	050			YES	9-030			SEVR	75380.00	266.00
04-01-04	070			YES						

COMPETENCY RATING: YES PAYMENT:

INCOME AND DEPENDENCY

	NET WORTH	MO. SOC. SEC.	ANN. SOC. SEC	ANN. EARNING	MO. CIVIL SERV.	MO. MILITARY	MO. BLACK LUNG	MO. RAILROAD	MO. OTHER RET.	ANN. OTH. INC.
PAYEE SPOUSE										

NAME OF CHILD	BIRTH DATE	STAT	NW	MO. SOC. SEC.	ANN. SOC. SEC.	ANN. EARNINGS	ANN. OTH. INC.	FUTURE DATE	RSN
over 25/no rev	1-18-06								

DEDUCTIBLE EXPENSES: MEDICAL, LAST, FAMILY, SOC. SEC., OTH. RET., WAIVER, EDUCATION

ADDL. CHILDREN ▶ TOTAL: THIS: IVAP:

BURIAL

DESCRIPTION	AMOUNT	PERSON TO BE NOTIFIED
S/C BURIAL	5237	01 010-040
NSC BURIAL	9434	01 030-030-5030
PLOT/INTER.	5203	01 010-010
HDST./MARKER	5237	01 010-010
TRANSPORTATION		
TOTAL		

ACCRUED

BASIS FOR PAYMENT:
AMOUNT PAYABLE:
SHARE: $42,586.80
AMOUNT THIS PAYEE:
LESS COLLECTION:
NET PAY: RETRO $25000.00

REMARKS

MORE THAN 9 AWARD LINES - PRINT 403 SCREEN
VITAL M/R EXISTS - REVIEW VUPD MAYBE REQ
AWD OVER 1 YR RETRO - REVIEW IF INCREASE
INS $542.00 EFF 9-11-96

EST 207/c431

(b) (6)

DATE 1-11-06

ARD

DATE	RSN	RATE	EC	DISAB	DEPEN	S	H	INC	SLC	WITHHOLD	DED-OFFSET
10-01-96	00	0276.00	01	050	00/00	0	0				9 0266.00
12-01-96	37	0284.00	01	050	00/00	0	0				9 0274.00
12-01-97	37	0290.00	01	050	00/00	0	0				9 0279.00
12-01-98	37	0294.00	01	050	00/00	0	0				9 0282.00
12-01-99	37	0301.00	01	050	00/00	0	0				9 0288.00
12-01-00	37	0311.00	01	050	00/00	0	0				9 0298.00
12-01-01	37	0319.00	01	050	00/00	0	0				9 0306.00
12-01-02	37	0323.00	01	050	00/00	0	0				9 0310.00
12-01-03	37	0330.00	01	050	00/00	0	0				9 0316.00
04-01-04	33	0713.00	01	070	00/00	0	0				9 0316.00
12-01-04	37	0732.00	01	070	00/00	0	0				9 0324.00
12-01-05	37	0762.00	01	070	00/00	0	0				9 0337.00

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(b) (6) [redacted]

Subject: RE: here's that case information

The original request was sent to code 003. They responded advising us they were forwarding to Finance, code 17. We did a follow-up request on 12-30-05. (b) (6) [redacted] says we're not allowed to do follow-up requests, though. We just have to wait. Today he is going to try to find a fax number for us and we'll fax our request. We sent our request to code 25.

(b) (6) [redacted]

-----Original Message-----
(b) (6) [redacted]
Sent: Tuesday, January 03, 2006 6:28 AM
(b) (6) [redacted]
Subject: FW: here's that case information

Debbie,

So where was the original PIES request sent? And we never heard anything back?

What's the normal follow up now. I need to get caught up on the current procedures.

One PIES request and we then start calling?

-----Original Message-----
(b) (6) [redacted]
Sent: Friday, December 30, 2005 10:39 AM
(b) (6) [redacted]
Subject: here's that case information

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TOTAL PAID

PAID AND DUE

OP OLD AWARD			TOTAL BENEFIT	OP new awd	Retro old awd		TOTAL BENEFIT	
10/1/96	12/1/96	$276.00	$552.00					
12/1/96	12/1/97	$284.00	$3,408.00					
12/1/97	12/1/98	$290.00	$3,480.00					
12/1/98	12/1/99	$294.00	$3,528.00					
12/1/99	12/1/00	$301.00	$3,612.00					
12/1/00	12/1/01	$311.00	$3,732.00					
12/1/01	12/1/02	$319.00	$3,828.00					
12/1/02	12/1/03	$323.00	$3,876.00					
12/1/03	4/1/04	$330.00	$1,320.00					
4/1/04	12/1/04	$713.00	$5,704.00					
12/1/04	12/1/05	$732.00	$8,784.00					
12/1/05	1/1/06	$762.00	$762.00					
1/1/06								

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PAID AND DUE

		total this award=	$42,586.00			total this award=	$0.00	
		retro or op=	$42,586.00					

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TOTAL W/HELD

PAID AND DUE

OP OLD AWARD			TOTAL BENEFIT	OP new awd	Retro old awd		TOTAL BENEFIT	
10/1/96	12/1/96	$266.00	$532.00					
12/1/96	12/1/97	$274.00	$3,288.00					
12/1/97	12/1/98	$279.00	$3,348.00					
12/1/98	12/1/99	$282.00	$3,384.00					
12/1/99	12/1/00	$288.00	$3,456.00					
12/1/00	12/1/01	$298.00	$3,576.00					
12/1/01	12/1/02	$306.00	$3,672.00					
12/1/02	12/1/03	$310.00	$3,720.00					
12/1/03	4/1/04	$316.00	$1,264.00					
4/1/04	12/1/04	$316.00	$2,528.00					
12/1/04	12/1/05	$324.00	$3,888.00					
12/1/05	1/1/06	$337.00	$337.00					
1/1/06								

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PAID AND DUE

	[redacted]		[redacted]		[redacted]		[redacted]	
		total this award=	$32,993.00			total this award=	$0.00	
		retro or op=	$32,993.00					

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TOTAL BENEFITS

PAID AND DUE

OP OLD AWARD	10/1/96		TOTAL BENEFIT	OP new awd	Retro old awd		TOTAL BENEFIT	
10/1/96	12/1/96	$542.00	$1,084.00					
12/1/96	12/1/97	$558.00	$6,696.00					
12/1/97	12/1/98	$569.00	$6,828.00					
12/1/98	12/1/99	$576.00	$6,912.00					
12/1/99	12/1/00	$589.00	$7,068.00					
12/1/00	12/1/01	$609.00	$7,308.00					
12/1/01	12/1/02	$625.00	$7,500.00					
12/1/02	12/1/03	$633.00	$7,596.00					
12/1/03	4/1/04	$646.00	$2,584.00					
4/1/04	12/1/04	$1,029.00	$8,232.00					
12/1/04	12/1/05	$1,056.00	$12,672.00					
12/1/05	1/1/06	$1,099.00	$1,099.00					
1/1/06								

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		total this award=	$75,579.00			total this award=	$0.00	
		retro or op=	$75,579.00					

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F95 (b) (6) FISCAL AUTHORIZATION-C&P DATE 12-30-05
PAYEE 00 STUB NAME M H HOPKI STATION 351

AMT $75380.00 CODE/CLASS 99K DED AMT $ APPRO COST CODE

ADDRESS: FOREIGN MAIL CODE PYMT CODE DATE 1205 NO MONTHS
1 2 3
4 5 6
DOCUMENT NO AMOUNT $ DATE
LOAN GUARANTY DATA:
PRIN AMT $ INT AMT $ INT COMP DATE REF NO
UNASSOCIATED DATA:
UNASSOCIATED NO AMOUNT $ INC/DEC
INPUT DOCUMENT: DATE NO ORIG TRANS

PFOP DATA: GRAT AMT $ PVT SOURCE AMT $ VSO RO

TRANS CODE	ADJ CODE	TRANS DATE	OPERATOR NO	ENTER X BY ACTION:	AUTHORIZER NO	AUTHORIZER DATE
04E		12-30-05	1035	APPROVE X	4034	
				DISAPPROVE		
				PASS	ROYSE DEBB	

NEXT: FILE NUMBER PAYEE NEXT SCREEN
TRANSACTION SENT SUCCESSFULLY

DRoyse

To est dec pay amt

54273.60 ÷ .72 = 75380.00

On 10-1-96, we began w/h 28% for taxes & vet was required pay the after tax amt

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F25 (b) (6) ACCOUNT RECEIVABLE ADJUSTMENTS DATE 12-30-05
PAYEE 00 STUB NAME M H HOPKI STATION 351

04E-ESTABLISH/INCREASE A/R X 04G-LOCAL SPECIAL PAYMENT 08E-DECREASE A/R
CODE/CLASS 99K TRANS AMT $ 75380.00 DATE 1205
DEDUCTION AMT $ 0.00 REFERENCE NO
07C-WAIVER-FULL/PARTIAL 07A-UNCOLLECTIBLE A/R-REFERRED
07D-WRITEOFF 07B-UNCOLLECTIBLE A/R-NOT REFERRED
07G-DECREASE REFERRED A/R
CODE/CLASS TRANS AMT $ REFERENCE NO DATE
18-ESTABLISH/CHANGE RECURRING DEDUCTION DATE
CODE/CLASS DEDUCTION AMT $ REFERENCE NO

M/R DATA: BALANCE	DED AMT	CODE/ CLASS	COLL IND	LG PRIN BALANCE	LG INT BALANCE	INT COMP DATE	REFERENCE NO

NEXT SCREEN

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(b) (6)

Marshall H Hopkins

Vet was in the Air Force from 12-02-63 to 06-09-67. When he got out, he joined the reserves. He went back on active duty from 10-16-90 to 02-25-91. He was medically discharged from the reserves on 03-27-96 with severance pay at the E7 rate.

Vet's discharge papers tell us he received severance pay. Vet could not supply the amount, only that it was around $50,000.00. He did not have any paperwork to support that amount. VSR sent PIES request on 09-26-05. The following is the trail I took to try to find the amount:

DFAS 1-800-321-1080 they had no record, but gave me the number and e-mail address for (b) (6) -800-433-0461 ext 4274 I or 4275
I called and got (b) (6) had nothing, but sent a message to (b) (6) (b) (6)
(b) (6) had nothing, but gave me the name and number of (b) (6) 3
(b) (6) 303-676-5020 fax number is 303-676-5019
(b) (6) has old LESs back 50 years or more and travel vouchers 6 yrs and 3mos old (b) (6) sent my request to (b) (6) -216-204-3617 4
(b) (6) had nothing, but gave me (b) (6) at 303-676-7121 5
(b) (6) ad nothing but gave me AF Personnel Center 1-800-616-3775 and AF 6
Reserve Personnel at 1-800-525-0102
Nothing. Someone gave me NPRC 314-801-0800. 7
(b) (6) ad nothing, but gave me DFAS.
Even though I had called there before, I tried again and (b) (6) gave me 8
1-888-755-7413. I have not been able to reach that number. Always get a busy signal, regardless of the time of day I call.

This has been going on for over 2.5 months. Finally, the vet called in on 12-12-05 and spoke with (b) (6) said he found the amount of his deposit on 04-18-96. It went to (b) (6) in the amount of $54,273.60.

DRoope
SVSR

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(b) (6) said we could use the amount supplied by veteran for severance pay amount. He said to take the EP and establish a 290 for the PIES request.

Fist action to establish debt amount of $75380.00. This should be the before-tax amount of the severance pay amount supplied by veteran. Done

Re-do your PIES request to use the new date. Give them the date he was discharged and the date he states he received the money.

We'll go ahead and take action and start paying veteran while we're waiting on the response from PIES.

(b) (6) further said to send him the history of this case and he would contact (b) (6) Parker to see if she could be of any assistance. - Done

(b) (6)

See M21-MR
III.iii.J.11.d

Severance pay records are destroyed 6yrs and 3 mo after Separation

Vet separated in 1996

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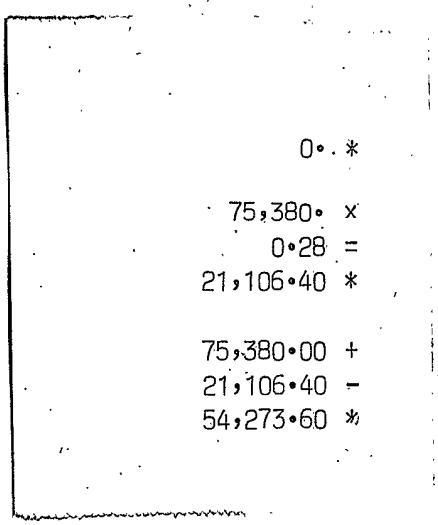

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(b) (6)

Sent: Thursday, December 29, 2005 2:28 PM

(b) (6)

Subject: RE: another problem case

as discussed, go ahead and use that amount so that we can start paying the veteran something. In a 119 summarize what addresses you have contacted and received negative replies from and I (or you, if you want to call her) will contact (b) (6)
(b) (6) o see if she has any ideas on who to contact.

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

(b) (6)

Sent: Wednesday, December 28, 2005 10:08 AM

(b) (6)

Subject: another problem case

(b) (6)

We have another problem case. The case has been rated since 09-01-05. This will be the first time we've paid him, and he received severance pay. He didn't have anything to show the amount of severance pay, but remembered it was around $50,000.00. I have called everybody I know to call. I've called DFAS, AF Reserve Personnel Center, AF Personnel Center, MMPA (can't remember what that stands for, but they have records going back 50 years), Military Pay Specialist, Nat'l Personnel Records. No one has any record of the guy. (It's taken this long because I've been waiting for call backs from all these places.)

So, he called a couple of weeks ago and told the VSR he found the amount of the deposit he got on 04-18-96 in the amount of $54,273.60. Can we just use this amount? Do you have any suggestions?

(b) (6)

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(b) (6) [redacted]

Sent: Monday, December 12, 2005 10:00 AM

(b) (6) [redacted]

The above veteran was calling you back and had your extension.

He said he found the deposit for how much he got from us back in 1996.
4/18/1996
$54,273.60
(b) (6) [redacted]

Please let him know if you need documents from the bank verifying this, and they can do a history search.
(b) (6) [redacted]

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Department of Veterans Affairs

Request for Information

General Information

Address Code: 13 (b) (6)
VA Requesting Office:
MUSKOGEE RO
FEDERAL BUILDING
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401

Insurance No.: (b) (6)
Submit Date: 09/06/2005
PIES ID: 1725120

(b) (6)
SEP 26 2005

Veteran Name: HOPKINS, MARSHALL H (b) (6)
Place of Birth:

Date of Birth: (b) (6)
Date of Death:

Claim Date: 03/08/2004
Branch Completion Date: 09/23/2005
Overall Status: CO

Receipt Date: 09/12/2005
Branch Completed By: VALDSMIT
Overall Completion Date: 09/23/2005

Period of Service Data for Branch: AF

Name	SN	EOD	RAD	COD	Duty Status	RT Date	Retired Status	Pay Grade
HOPKINS, MARSHALL H	(b) (6)	12/02/1963	06/09/1967	HON	DCH			

Request/Response Information

REQUEST: 003
SEVERANCE PAY, FURNISH VERIFICATION OF SEVERANCE PAY VS DISABILITY SEVERANCE PAY.

RESPONSE: 99
FINANCE RECORDS ARE NOT MAINTAINED AT CODE 13. THIS REQUEST IS BEING FORWARDED TO CODE 17 FOR A RESPONSE. IN THE FUTURE, ADDRESS THESE REQUESTS CONCERNING MILITARY BENEFITS YOURSELF . SEE PIES PARTICIPANT GUIDE PAGE 14, CHAPTER 8.

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Department of Veterans Affairs

REPORT OF CONTACT

(NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in veterans' folder.)

VA OFFICE: VARO (351)

(b) (6) [redacted]

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print): Hopkins, Marshall

DATE OF CONTACT: September 6, 2005

(b) (6) [redacted]

(b) (6) [redacted]

PERSON CONTACTED: The Veteran

TYPE OF CONTACT (CHECK): [ ] PERSONAL [X] TELEPHONE

ADDRESS OF PERSON CONTACTED

TELEPHONE NO. OF PERSON CONTACTED (Include Area Code)

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN

Attempted to contact veteran about Disability Severance Pay. Unable to contact veteran.

(b) (6) [redacted]

(b) (6)

(b) (6) [redacted]

DIVISION OR SECTION: VETERANS SERVICE CENTER (211)

VA FORM MAY 1990 **119**

EXISTING STOCK OF VA F[redacted] WILL BE USED

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(b) (6)

SEP 01 2005

PENDING SEV PAY

DEPARTMENT OF VETERANS AFFAIRS
MUSKOGEE
125 S MAIN
MUSKOGEE, OK 74401

MARSHALL H. HOPKINS

VA File Number
(b) (6)

Represented by:
DISABLED AMERICAN VETERANS

Rating Decision
September 1, 2005

INTRODUCTION

The records reflect that you are a veteran of the Vietnam Era, Peacetime and Gulf War Era. You served in the Air Force from December 2, 1963 to June 9, 1967 and the Air Force Reserves from December 28, 1990 to February 25, 1991. We received a request to reopen a previous claim on March 8, 2004. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

Effective date is September 11, 1996, because verified service has been received. You were notified previously that should we receive your verified service and a different decision made that the decision will be effective as of the date of the original claim.

DECISION

1 . Service connection for mechanical low back pain with arthritis is granted with an evaluation of 10 percent effective September 11, 1996 and 40 percent effective March 8, 2004.

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2 . Service connection for major depression with sleep difficulty and memory loss is granted with an evaluation of 30 percent effective September 11, 1996.

3 . Service connection for right shoulder contusion with arthritis is granted with an evaluation of 10 percent effective September 11, 1996.

4 . Service connection for cervical spine arthritis is granted with an evaluation of 10 percent effective September 11, 1996.

5 . Service connection for fibromyalgia is denied.

6 . The previous denial of service connection for tic douloureux is confirmed and continued.

7 . The previous denial of service connection for myofascial pain is confirmed and continued.

EVIDENCE

- Service medical records from November 1963 through June 1967 and reserve medical records for the period July 14, 1974 to February 1977 and January 15, 1983 to October 18, 1995
- Personnel records with Physical Evaluation Board findings
- VA examination dated February 7, 1997
- QTC examination dated April 25, 2005
- The attempt to get outpatient treatment records from VA Medical Center, Amarillo was not successful because there were no records for you.
- Article named "The Fibromyalgia Alliance of America"

REASONS FOR DECISION

1. Service connection for mechanical low back pain with arthritis.

Service connection for mechanical low back pain has been established as directly related to military service. The claim for mechanical low back pain was previously denied because there was no verified service. Verified service has been received; therefore, the claim is reopened. Service medical records and personnel records show you were in an automobile accident January 4, 1991. This accident was during your active duty for training and there is a line of duty determination showing this accident was in line of duty. You had complaints of chronic low back pain since the accident. Examination of February 7, 1997 shows tenderness of the back with some limitation of motion. A 10 percent evaluation will be assigned effective September 11, 1996, date of original claim based on pain and some limitation of motion. An evaluation of 20 percent is assigned

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for muscle spasm on extreme forward bending and unilateral loss of lateral spine motion in a standing position. The current examination dated April 25, 2005 shows X-ray evidence of minimal degenerative arthritic changes. In the examiners opinion the chronic back pain from the accident as likely as not led to current minimal lumbosacral degenerative joint disease. Range of motion is limited by pain and stiffness. It is not further limited by fatigue, weakness, lack of endurance, or coordination. Range of motion consists of 30 degrees flexion, extension 25 degrees, bilateral lateral flexion of 20 degrees, and bilateral rotation of 30 degrees. A 40 percent evaluation is assigned due to flexion of 30 degrees effective March 8, 2004, date your reopened claim was received. A higher evaluation of 50 percent is not warranted unless there is unfavorable ankylosis of the entire thoracolumbar spine. Effective September 25, 2003, the rating criteria for a spinal condition was changed. The criteria for rating diseases and injuries of the spine apply with or without symptoms such as pain (whether or not it radiates), stiffness, or aching in the area of the spine affected by residuals of injury or disease. Effective March 8, 2004, your back is evaluated under the new criteria because it is more advantageous.

2. Service connection for major depression with sleep difficulty and memory loss.

Service connection for major depression with sleep difficulty has been established as directly related to military service. Service connection for depression was previously denied because of no verified service. Verified service has been received and the claim is reopened. Service medical records show you were in an automobile accident in January 1991 and had complaints of depression, memory loss, and difficulty with sleep. The Physical Evaluation Board granted you severance pay for major depressive disorder, single episode, mild and pain disorder associated with psychological and general medical problems. A 30 percent evaluation is assigned because the examination in February 1997 shows affect somewhat constricted, some memory difficulty, and difficulty with sleep. The current examination shows moderate memory loss, passive thought of suicide with no intent, and difficulty with sleep. Although the examiner states you have difficulty establishing and maintaining effective work and social relationships but you are shown to be currently working and have an excellent relationship with your boss.

An evaluation of 30 percent is granted whenever there is occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events). A higher evaluation of 50 percent is not warranted unless there is reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only

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highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships.

3. Service connection for right shoulder contusion with arthritis.

Service connection for right shoulder contusion with arthritis has been established as directly related to military service. This disability was previously denied because of no verified service. Verified service has been received; therefore, the claim is reopened. Service medical records show you were in an automobile accident in January 1991. Following the accident you were seen for right shoulder pain. The examination in February 1997 shows you had burning pain in your right shoulder. It was stated the myofascial pain you were experiencing was primarily in the right shoulder. A 10 percent evaluation is assigned due pain and some limitation of motion. The current examination shows range of motion is limited by pain and stiffness. It is not further limited by fatigue, weakness, lack of endurance after repetitive use or incoordination. Range of motion consists of forward flexion of 160 degrees, abduction 160 degrees, internal rotation of 80 degrees, and external rotation of 60 degrees. There is x-ray evidence of degenerative arthritis. In the examiners opinion it is as likely as not that the right shoulder contusion from the accident is related to current right shoulder arthritis. A higher evaluation of 20 percent is not warranted unless the record shows dislocation of the clavicle or scapula, or nonunion of the clavicle or scapula with loose movement or limitation of motion of the arm at shoulder level.

4. Service connection for cervical spine arthritis.

Service connection for cervical spine arthritis has been established as directly related to military service. Service connection for cervical spine was previously denied because there was no verified service. Verified service has been received; therefore the claim is reopened. Service medical records show you were in an automobile accident in January 4, 1991. You were shown to have complaints of neck pain. Report in service medical records show headaches and facial pain might have cervical origin. Examination in February 1997 showed stiffness of the neck with some mild limitation of motion. Current examination shows range of motion is limited by pain and stiffness. It is not further limited by fatigue, weakness, lack of endurance after repetitive use or incoordination. Range of motion consists of flexion 40 degrees, extension 50 degrees, right lateral flexion to 45 degrees, left lateral flexion 45 degrees, right rotation 70 degrees and left rotation 80 degrees with a combination of 330. There is x-ray evidence of arthritis. In the examiners opinion it is as likely as not the neck strain in January 1991 led to the current arthritis of the cervical spine. The headaches are more likely than not related to the cervical arthritis. The headache complaints require no ongoing medical treatment or medications. A 10 percent evaluation is assigned due to pain under the old criteria for spinal conditions. An evaluation of 20 percent is assigned whenever there is moderate limitation of motion of the cervical spine, or demonstrable deformity of a

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vertebral body from fracture with slight limitation of motion. Effective September 25, 2003, the criteria for evaluating spines was changed. The criteria for rating diseases and injuries of the spine apply with or without symptoms such as pain (whether or not it radiates), stiffness, or aching in the area of the spine affected by residuals of injury or disease. An evaluation of 10 percent is granted for forward flexion of the cervical spine greater than 30 degrees but not greater than 40 degrees; or, combined range of motion of the cervical spine greater than 170 degrees but not greater than 335 degrees. A higher evaluation of 20 percent is now warranted unless there is forward flexion of the cervical spine greater than 15 degrees but not greater than 30 degrees; or, the combined range of motion of the cervical spine is not greater than 170 degrees. Your cervical spine is evaluated 10 percent under the old and new criteria; therefore, it will remain under the old criteria.

5. Service connection for fibromyalgia.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Report from Drs. Herrington and Schultz dated April 7, 1993 shows fibromyalgia right scapular and lumbosacral spine areas. Service connection for right shoulder and low back has already been established. Although the Line of Duty Determination shows the nature and extent of you injury are symptoms similar in appearance to fibromyalgia the current examination shows there is no objective evidence to render this diagnosis and is less likely as not related to your automobile accident in January 1991. Therefore, service connection is denied.

6. Service connection for tic douloureux.

Service connection for tic douloureux was previously denied May 15, 1997 due to no verified service. Verified service has been received; therefore, the claim is reopened. Although the service medical records shows complaints of right facial pain also shown as tic douloureux it was shown to be completely resolved. Symptoms resumed in November 1991 but then again subsided. Magnetic resonance imaging was normal. Medical Board Report shows tic douloureux treated with medication the current medical evidence shows no diagnosis for this condition. The report "The Fibromyalgia Alliance of America" submitted in connection with the current claim does not show you have a current diagnosis of this condition. Examination by QTC Medical Services shows the claims file was reviewed and it is opined that fibromyalgia is less likely as not related to the motor vehicle accident in January 1991. There is no objective evidence to render this diagnosis.

7. Service connection for myofascial pain.

The claim for service connection for myofascial pain which was shown in the examination in February 1997 as primarily in the left knee, left ankle, right shoulder, neck, and back was previously denied by rating dated May 15, 1997 because there was no verified service. Verified service has been received; therefore, the claim is reopened.

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Service connection for myofascial pain is denied because the current examination shows no objective evidence to render a diagnosis and in the examiner's opinion is less likely as not related to the automobile accident. However, service connection for low back, right shoulder, and cervical spine is granted and is separately evaluated under their own criteria.

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REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our web site, www.va.gov.

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Rating Decision	*Department of Veterans Affairs* *MUSKOGEE*	Page 1 09/01/2005
NAME OF VETERAN MARSHALL H. HOPKINS	(b) (6) [redacted]	POA DISABLED AMERICAN VETERANS / COPY TO

ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
12/02/1963	06/09/1967	Air Force	Honorable
12/28/1990	02/25/1991	Air Force Reserves	Honorable

LEGACY CODES			
ADD'L SVC CODE	COMBAT CODE	SPECIAL PROV CDE	FUTURE EXAM DATE
	1	4	None

JURISDICTION: Reopened Claim Received 03/08/2004

SUBJECT TO COMPENSATION (1. SC)

5237 MECHANICAL LOW BACK PAIN WITH ARTHRITIS
Service Connected, Gulf War, Incurred
10% from 09/11/1996
40% from 03/08/2004

9434 MAJOR DEPRESSION WITH SLEEP DIFFICULTY AND MEMORY LOSS
Service Connected, Gulf War, Incurred
(Disability Severance Condition)
30% from 09/11/1996

5203 RIGHT SHOULDER CONTUSION WITH ARTHRITIS
Service Connected, Gulf War, Incurred
10% from 09/11/1996

5290 CERVICAL SPINE ARTHRITIS
Service Connected, Gulf War, Incurred
10% from 09/11/1996

COMBINED EVALUATION FOR COMPENSATION :

50% from 09/11/1996
70% from 03/08/2004

NOT SERVICE CONNECTED/NOT SUBJECT TO COMPENSATION (8.NSC Gulf War, Peacetime, Vietnam Era)

5025 FIBROMYALGIA
Not Service Connected, Not Incurred/Caused by Service

8850-5025 GULF WAR SYNDROME
Not Service Connected, Not Incurred/Caused by Service

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8100	HEADACHES Not Service Connected, Not Incurred/Caused by Service
8405	MYOFASCIAL PAIN Not Service Connected, Not Incurred/Caused by Service
8405	TIC DOULOUREUX Not Service Connected, Not Incurred/Caused by Service

(b) (6)

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M-RVSR

INVOICE
QTC MEDICAL SERVICES
P.O. BOX 5679
Diamond Bar, CA 91765

Tom

7/11/2005
DEPARTMENT OF VETERANS AFFAIR REGIONAL OFFICE
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401

(b) (6)

VETERAN'S NAME: HOPKINS, MARSHALL
(b) (6)

ACCOUNT NUMER: 1152139.1.3

APPOINTMENT: 04/25/2005 09:45 am

PHYSICIAN: QTC MEDICAL SERVICES - OKC (34074)

SPECIALTY: Psychiatry

SERVICE DATE	PROCEDURE CODE	DESCRIPTION	AMOUNT
04/25/2005	0003AD	GENERAL PSYCHIATRY EXAMINATIO	$ 560.26
		Total	$ 560.26

HOPKINS, MARSHALL

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Theresa Garton, MD
PO BOX 13068
OKLAHOMA CITY, OK 73113

CLAIMANT: MARSHALL HOPKINS
(b) (6)
DATE OF EXAM: 4/25/2005
DATE OF REPORT: 4/25/2005

GENERAL HISTORY:

Patient reports "it began after the accident, I had a lot of pain, things kept going down hill, I got discouraged a lot. I lost the best job I ever had because they medically discharged me. Then, I got a divorce, I had gotten hard to live with."

"There's days I wake up and I'm more tired than when I went to bed."

States he got some treatment initially, but didn't like the medications because of the side effects, and "in 1994, I made the decision to go medication free."

SPECIFIC HISTORY FOR: DEPRESSION AND SLEEP DISORDER

The mental symptoms began on 1991. He has had trouble sleeping for 14 years. The sleeping problem consist frequent awakenings, with pain. The current symptoms are fatigue, irritability, sleep problems, pain, "I do stupid things", will sit at an intersection and is sure he is hit as a car approaches, puts wrong dates on invoices, has sleep episodes. The symptoms described occur constantly. The ability to perform daily functions during remission/partial remission is "On my best day, I can go out and do the whole day"

OTHER HISTORY:

He is receiving the following treatment for his psychiatric condition: Prozac since 1992 and 1993 the dosage is unknown but the response has been poor. There are side effects of ?dizziness and numbness. He still requires continuous treatment to control this condition because patient continues to have symptoms, but won't take medication. He has not received psychotherapy for his mental condition within the past year. He has not been admitted to a hospital for psychiatric reasons. He has not required any emergency room visits for his psychiatric problem. He served in the Air Force for 19 years. His occupation in the military was Airlift control, leadmaster and the highest rank he obtained was E-6. During his military service he did not receive a citation, did not have any disciplinary infractions and did not have any adjustment problems. He has received a medal, including the NDSM. He was discharged from the service on 1994 with an Honorable discharge. After leaving the service he reports having further medical problems, including neck and back pain for 14 years. He has been treated with chiropracter for this condition; it has resulted in disability consisting of pain, walking restrictions; hospitalization has been necessary 1 times. After leaving the service, he has worked at the following jobs: airlift control for 5 months and the relationship with the supervisor was good; the relationship with his co-workers was good. sales for 6 years and the relationship with the supervisor was good; the relationship with his co-workers was good. During this employment, he had the following problems at work: not able to work all day. He has not had any legal problems after leaving military service.

HISTORY OF ACTIVITIES AND FUNCTIONS:

Since he developed his mental condition there have been major changes in his daily activities, such as has to stop and take naps, puts wrong dates on invoices, cannot walk long distances There have been some major social function changes since he developed his mental condition, for example divorce in 1994, avoids social contact, irritable He states that currently he is working. The job title is salesman and he has worked there since 2004. His relationship with his supervisor is excellent and his relationship with his co-workers is none. While performing this job he has lost time from work as follows: (1) off and on he was off work for daily to weekly because has to stop and take naps. Regarding excessive alcohol and/or illegal substances, he reports using alcohol that he started 1963- 1972 because "I liked it." He reports quitting this habit for the past 33 years.

MENTAL STATUS EXAMINATION:

The claimant is a reliable historian. Orientation is within normal limits. Appearance and hygiene are appropriate. Behavior is appropriate. Affect and mood are normal. Communication is within normal limits. Speech is within normal limits. Panic attacks are absent. There is no delusion history present. At the time of examination, there was no delusion observed. There is no hallucination history present. At the time of examination, there was no hallucination observed. Obsessional rituals are absent. Thought processes

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are appropriate. Judgment is not impaired. Abstract thinking is normal. Memory is impaired and the degree is moderate-problems with retention of highly learned material, forgetting to complete tasks. There are passive thoughts of death has had thoughts "I'd be better off.. get rid of the pain.. not seriously.". Homicidal ideation is absent.

MEDICAL RECORD REVIEW:

The following records have been reviewed: DD 214, report from Dr. Vinson, report from Dr. Adams, report from Dr. Sutton, report from Dr. Stassen, report from Dr. Khan,

DIAGNOSIS:

For the claimant's claimed condition of DEPRESSION,

For the claimant's claimed condition of SLEEP DISORDER, Axis I: Major Depression.
Axis II: No Diagnosis.
Axis III: Back and neck pain.
Axis IV: health problems, limited social support.
Axis V: The GAF score is 30.

REMARKS:

He is mentally capable of managing benefit payments in his own best interest. Mentally, he intermittently is unable to perform activities of daily living (but he can provide self-care) because patient has problems with memory and concentration, as well as motivation He has difficulty establishing and maintaining effective work and social relationships because patient is irritable, and somewhat socially avoidant He has no difficulty understanding commands. He appears to pose no threat of persistent danger or injury to self or others

Sincerely

Theresa Garton, MD

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INVOICE
QTC MEDICAL SERVICES
P.O. BOX 5679
Diamond Bar, CA 91765

7/11/2005
DEPARTMENT OF VETERANS AFFAIR REGIONAL OFFICE
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401

(b) (6) [redacted]

VETERAN'S NAME: HOPKINS, MARSHALL
(b) (6) [redacted]

ACCOUNT NUMER: 1152139.1.2

APPOINTMENT: 04/25/2005 09:10 am

PHYSICIAN: MEDICAL SUPPORT SYSTEMS, INC. (33245)

SPECIALTY: Diagnostics

SERVICE DATE	PROCEDURE CODE	DESCRIPTION	AMOUNT
04/25/2005	73564L	LEFT KNEE, COMPLETE	$ 48.48
04/25/2005	73610L	LEFT ANKLE, COMPLETE	$ 39.11
04/25/2005	73030R	RIGHT SHOULDER , COMPLETE	$ 42.60
04/25/2005	72110	LUMBAR SPINE COMPLETE X-RAY	$ 69.28
04/25/2005	72050	CERVICAL SPINE X-RAY, COMPLET	$ 68.27
		Total	$ 267.74

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WILLIAM D. JONES, MD, MPH

707 NW 13th Street ~ Oklahoma City, Oklahoma 73103
Phone (405) 521-8604 ~ Fax (405) 521-8605

Occupational Medicine Specialist
Independent Medical Examiner

Jeanne Brodersen
Office Manager

April 25, 2005

QTC Medical Services
Michelle Spencer, Case Coordinator
401 West Commerce Street, # 226
San Antonio, Texas 78207

Name: Marshall Hopkins
(b) (6) [redacted]

This 61 year old male veteran, who was active duty in the United States Air Force for 4 years and 6 months and inactive duty for 17 years with combat duty in the Gulf War and Viet Nam, is referred to this office for a Veterans Administration medical examination of the following claimed conditions:

1. Fibromyalgia
2. Right shoulder condition
3. Myofascial pain syndrome, left knee
4. Myofascial pain syndrome, left ankle
5. Mechanical low back pain
6. Cervical spine condition
7. Tic Douloureux
8. Headaches

Medical records reviewed

- Lawrence J. Adams, Lt. Col. USAF, MC Neurologist dated April 7, 1995
- Imran U. Khan, M. D. dated May 30, 1994 and March 23, 1995
- Stassen Chiropractic Center for the period of March 27, 1995 to May 22, 1995
- Sutton Chiropractic Office dated June 15, 1994
- Raphael W. Vinson, M. D. dated February 7, 1997

Chief Complaints:

The Veteran presents today for the complaints listed above, strains and contusions secondary to a minor motor vehicle accident in January 1991 at Fort Collins AFB in Colorado. No significant abnormalities were noted on radiographic or physical examinations. The treated the condition was chiropractic manipulations and passive therapy.

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History of Injuries:
Medical records were reviewed in this case, listed above.

The Veteran allegedly developed Fibromyalgia from a January 1991 motor vehicle accident. He complaints of easy fatigue, headaches, insomnia, stiffness, depression, and numbness in his hands. The symptoms are more than 2/3 of the year. The symptoms are not precipitated by weather, emotions, overexertion. He currently seeks no medical treatment for this condition.

The Veteran allegedly sustained a right shoulder contusion in a January 1991 motor vehicle accident. He complains of shoulder pain, weakness, instability, stiffness, and lack of endurance on overhead work. He treated the condition with chiropractic manipulations and passive therapy.

The Veteran allegedly developed moyfascial pain syndrome of the left knee from a January 1991 motor vehicle accident. He complains of some knee pain, weakness, stiffness, swelling, fatigue, and inflammation. He states that his knee condition flares up weekly from activities that require prolonged standing, walking, or repetitive climbing. He treated the condition with chiropractic manipulations and passive therapy.

The Veteran allegedly developed moyfascial pain syndrome of the left ankle from a January 1991 motor vehicle accident. He complains of some knee pain, weakness, stiffness, swelling, fatigue, and inflammation. He states that his knee condition flares up weekly from activities that require prolonged standing, walking, or repetitive climbing. He treated the condition with chiropractic manipulations and passive therapy.

The Veteran allegedly developed moyfascial pain syndrome of the low back from a January 1991 motor vehicle accident. He complains of some knee pain, weakness, stiffness, swelling, fatigue, and inflammation. He states that his knee condition flares up weekly from activities that require prolonged standing, walking, or repetitive climbing. He treated the condition with chiropractic manipulations and passive therapy.

The Veteran allegedly developed cervical spine strain from a January 1991 motor vehicle accident. He complains of some knee pain, weakness, stiffness, swelling, fatigue, and inflammation. He states that his knee condition flares up weekly from activities that require prolonged standing, walking, or repetitive climbing. He treated the condition with chiropractic manipulations and passive therapy.

The Veteran allegedly developed Tic Douloureux, a neuralgia of the facial nerve, from his January 1991 motor vehicle accident. The Veteran explained that his neuralgia on his nose and forehead. They occur two or three times day with each episode lasting 1 to 2 minutes. He has no seizure disorders or any complaints of vertigo or balance problems. He treats these headaches with over the counter headache medicine and rest. He treated the condition with Dilantin for several years. He had not taken any medicine or sought any further care for the condition since 1996.

The Veteran allegedly developed headaches from his January 1991 motor vehicle accident. The Veteran explained that his headaches are at the base of this skull. The Veteran explained that his headaches are on the side of his temple to his forehead. They occur two or three times per month

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with each episode lasting 1 to 2 hours. He has no seizure disorders or any complaints of vertigo or balance problems. He has never tried any prescription or over-the-counter headache medicine for this condition.

Social History:
The Veteran does routine activities of daily living without difficulty, including hair care, dressing, donning shoes/socks, climbing stairs, taking out the trash, and cooking. He can no longer do the following activities because of his complaints: heavy lifting.

Occupational History:
The patient was a Loadmaster in the Air Force and is a salesman as a civilian.

History of Previous Diagnostic Testing:
MRI of back, neck and head in 1991, no significant abnormalities were noted

Physical Examinations:
General: This is a well-developed male, well-nourished, in no apparent distress. He is right handed and does not smoke. Gait and posture are normal, no devices used while walking.

Vitals Signs:
Height: 6'2"
Weight: 180 pounds

Head: Normocephalic, atraumatic

EENT: Ophthalmic, otoscopic, and oral cavity exams were unremarkable.

Skin: the skin reveals no signs of topical or systemic diseases, no scars are noted. A few small "trigger points" were noted on palpation of the skin on the upper back and base of the neck.

Inclinometers and goniometer instruments are used to perform range of motion tests. When appropriate, repeated measurements are taken for validity.

Examination of the musculature of the patient's spine reveals no paravertebral spasm of the cervical, thoracic or lumbar areas. No lymph nodes are palpable.

Cervical Spine: Range of motion is limited by pain and stiffness; range of motion is not further limited by fatigue, weakness, lack of endurance, after repetitive use, or incoordination. Examination of the cervical spine reveals the patient has flexion from the neutral position to 40 degrees and extension from the neutral position to 50 degrees. Occipital and T1 range of motion testing were performed to obtain results of flexion and extension. The patient has right lateral flexion to 45 degrees and left lateral flexion to 45 degrees. The patient has right cervical rotation to 70 degrees and left cervical rotation to 80 degrees. No radicular or neurologic abnormalities were noted on physical examination. No ankylosis in flexion or extension was present by clinical exam.

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Right Shoulder: Range of motion is limited by pain and stiffness; range of motion is not further limited by fatigue, weakness, lack of endurance, after repetitive use, or incoordination. Examination reveals the patient to have forward flexion from the neutral position to 160 degrees, and backward extension from the neutral position to 50 degrees. The patient has abduction from the neutral position to 160 degrees and adduction from the neutral position to 50 degrees. The patient has internal rotation from the neutral position to 80 degrees and external rotation from the neutral position to 60 degrees. No crepitus is noted throughout the range of motion examination.

Left Knee: Range of motion is normal. Examination reveals retained active flexion of 120 degrees and extension to 0 degrees. No effusion is noted. The knee joint is stable. No ligament laxity is noted. Tenderness is noted. Crepitus & patellar grinding are absent. No drawer or McMurray's signs are noted. There is no heat, redness, swelling, effusion, drainage, instability, or weakness noted in the left knee.

Lumbar Spine: Range of motion is limited by pain and stiffness; range of motion is not further limited by fatigue, weakness, lack of endurance, or coordination. Examination of the lumbar spine region reveals the patient's maximum true lumbar flexion angle equals 30 degrees. The patient's maximum true lumbar extension angle equals 25 degrees. The patient's maximum lumbar right lateral flexion angle equals 20 degrees and maximum lumbar left lateral flexion angle equals 20 degrees. No ankylosis is present by clinical examination. Straight leg raising is negative at 90 degrees, bilaterally. Right and left rotation is 30 degrees to each side. I cannot demonstrate any definite toe extensor weakness. There is no evidence of sensory loss extremities. Deep tendon reflexes are present and equal.

Feet: there are no sign of abnormal weight bearing, and no devices are required for ambulation. The patient is not flat-footed. There are no signs of painful motion, edema, instability, are weakness in either foot. No hallus valgus is noted. No shoe orthotics or other corrective devices are worn. There is no heat, redness, swelling, tenderness, muscle spasm, instability, or weakness noted in the feet. Weight bearing alignment of the Achilles tendon is normal. There are no skin or vascular changes. There are no hammer toes, high arches, claw feet, or hallus valgus. The Veteran wears no insets, corrective shoes, orthotics, foot, or ankle supports.

Left Foot and Ankle: Range of motion is normal. Examination reveals plantar flexion to 20 degrees, dorsi-flexion to 40 degrees, inversion to 30 degrees, and eversion to 20 degrees. The ankle joint is stable. No crepitus is noted. The patient walks on heels and metatarsal heads independently. Repetitive toe raises can be performed. No ligament laxity is noted. No effusion is noted. Toe flexion and extension are both 60 degrees. Two-point sensory exam on the left lower extremities, ankle, and left foot are normal. No sensory deficit noted.

Heart has regular sinus rate and rhythm, without gallop or murmur.

Abdomen: Round, soft, non-tender, bowel sounds present. No evidence of liver or spleen enlargement is noted.

Neurologic Examination:
Memory for remote and recent past events is intact.
Cranial nerves I - XII are intact.

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Patient's visual fields and movements are intact.
V. Corneal reflexes intact.
VII. Patient able to elevate eyebrows, close eyes tightly.
VIII. Hearing grossly intact.
IX, X. Gag reflex and swallowing intact.
XI. Patient able to elevate shoulders.
XII. Tongue coordination normal.

Motor system demonstrates no muscle atrophy, rigidity, or spasticity, but diffuse muscle tenderness in noted on palpation. No abnormal movements such as tremors or clonus noted. Upper and lower extremities are without cyanosis, clubbing, or edema. Reflexes are normal in the biceps, triceps, patellar, and Achilles tendon. Sensation such as touch, vibration, and position are normal. Two-point discrimination is normal.

Gait and coordination are normal.

Diagnostic Tests:
Radiographs of the right shoulder indicate moderate degenerative or post traumatic arthritic changes.
Radiographs of the left knee indicate minimal osteoarthropathy.
Radiographs of the left ankle are within normal limits.
Radiographs of the cervical spine indicate mild to moderate degenerative arthritic changes.
Radiographs of the lumbar spine indicate minimal degenerative arthritic changes.

Diagnosis:

1. For the claimed condition of fibromyalgia, there is no objective evidence to render this diagnosis. This diagnosis presents the Veteran with no functional limitations with restrictions. In my opinion, this diagnosis is less likely as not, related to the Veteran's January 1991 motor vehicle accident. The Veteran was involved in a relatively minor motor vehicle accident at Fort Carson, Colorado in January 1991. Physical, neurologic, and radiographic examinations at the time of the alleged incident failed to reveal any acute abnormalities, despite the Veteran's complaints of headaches, neck, shoulder, and upper back pain.

2. For the claimed condition of right shoulder contusion, the diagnosis is s/p right shoulder contusion with mild DJD. This diagnosis presents the Veteran with mild functional limitations with restrictions on repetitive use of the right shoulder. The Veteran was involved in a relatively minor motor vehicle accident at Fort Carson, Colorado in January 1991. Physical, neurologic, and radiographic examinations at the time of the alleged incident failed to reveal any acute abnormalities, despite the Veteran's complaints of headaches, neck, shoulder, and upper back pain. It is as likely as not that the right shoulder contusion from the Veteran's 1991 MVA is causally related to his current right shoulder. DJD

3. For the claimed condition of moyfascial pain syndrome, there is no objective evidence to render this diagnosis. This diagnosis presents the Veteran with no functional limitations with restrictions. In my opinion, this diagnosis is less likely as not, related to the

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Veteran's January 1991 motor vehicle accident. The Veteran was involved in a relatively minor motor vehicle accident at Fort Carson, Colorado in January 1991. Physical, neurologic, and radiographic examinations at the time of the alleged incident failed to reveal any acute abnormalities, despite the Veteran's complaints of headaches, neck, shoulder, and upper back pain.

4. For the claimed condition of mechanical low back pain, the diagnosis is minimal lumbosacral DJD. This diagnosis presents the Veteran with minimal functional limitations with restrictions on prolonged standing, walking, or repetitive lifting. The Veteran was involved in a relatively minor motor vehicle accident at Fort Carson, Colorado in January 1991. Physical, neurologic, and radiographic examinations at the time of the alleged incident failed to reveal any acute abnormalities, despite the Veteran's complaints of headaches, neck, shoulder, and upper back pain. The patient's back condition was treated with a course of chiropractic manipulations, which as likely as not, led to his current minimal lumbosacral DJD.

5. For the claimed condition of cervical spine condition, the diagnosis is minimal cervical spine DJD. This diagnosis presents the Veteran with mild functional limitations with restrictions on repetitive and overhead use of the neck. In my opinion, this condition is as likely at not, related to the alleged MVA in January 1991. The Veteran was involved in a relatively minor motor vehicle accident at Fort Carson, Colorado in January 1991. Physical, neurologic, and radiographic examinations at the time of the alleged incident failed to reveal any acute abnormalities, despite the Veteran's complaints of headaches, neck, shoulder, and upper back pain. It is as likely as not that the patient's neck strain in January 1991 led to his current minimal DJD of the cervical spine.

6. For the claimed condition of Tics Douloureux, the diagnosis is s/p Tics Douloureux. This condition causes no functional limitations and requires no ongoing medical treatment or follow-up. In my opinion, this condition is less likely than not related to the alleged MVA in January 1991. The Veteran was involved in a relatively minor motor vehicle accident at Fort Carson, Colorado in January 1991. Physical, neurologic, and radiographic examinations at the time of the alleged incident failed to reveal any acute abnormalities, despite the Veteran's complaints of headaches, neck, shoulder, and upper back pain. The Veteran has a normal central and peripheral neurologic examination on today's visit.

7. For the claimed condition of headaches, there is no objective medical evidence to render this diagnosis. The claimed condition of headaches is more likely than not, related to the patient's minimal cervical spine DJD. The headache complaints require no ongoing medical treatment or medications. The Veteran has a normal central and peripheral neurologic examination on today's visit.

8. For the claimed condition of left ankle strain, there is no objective medical evidence to render this diagnosis. This diagnosis presents the Veteran with no functional limitations with restrictions on the use of the left ankle and foot. This is based on normal range of motion and physical examination of the patient's left ankle.

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Additional Comments and Discussions:
There are no signs of malnutrition, anemia, or systemic arthritis.

I hope this assists you in the evaluation of this case. If I can be of further assistance, please do not hesitate to contact my office at 405-521-8604.

My examination is in compliance with the VA's Reference Manual for General Medical Evaluation for Compensation and Pension.

I declare under penalty of perjury that I have examined this report, and that all statements contained herein, and to the best of my knowledge and belief, are true, correct and complete.

Respectfully,

William D. Jones IV, M.D., MPH

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

INVOICE
QTC MEDICAL SERVICES
P.O. BOX 5679
Diamond Bar, CA 91765

7/11/2005
DEPARTMENT OF VETERANS AFFAIR REGIONAL OFFICE
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401

(b) (6) [redacted]

VETERAN'S NAME: HOPKINS, MARSHALL
(b) (6) [redacted]

ACCOUNT NUMER: 1152139.1.1

APPOINTMENT: 04/25/2005 11:00 am

PHYSICIAN: JONES, WILLIAM D. (13640)

SPECIALTY: Occupational Medicine

SERVICE DATE	PROCEDURE CODE	DESCRIPTION	AMOUNT
04/25/2005	0002AB	DETAILED EXAMINATION LEVEL I.	$ 361.88
04/25/2005	0005	INDEPENDENT MEDICAL OPINION	$ 414.20
		Total	$ 776.08

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MEDICAL SUPPORT SYSTEMS, INC.
dba East Coast Imaging Associates, Inc.
301 Widgeon Drive
Hampstead, North Carolina
Films Submitted by Medical Support Systems, Inc.

Date: 04-25-05 **Name:** Hopkins, Marshall

Acct: 1152139 **Referring Physician:** QTC Clinic – Oklahoma City

CERVICAL SPINE FOUR VIEWS: Four projections reveal a normal curvature and appropriate alignment of the anterior and posterior elements. There is mild to moderate diffuse cervical spondylosis. There is no compression injury, subluxation or evidence of neuroforaminal compromise.

LUMBAR SPINE FOUR VIEWS: Four projections reveal a normal curvature. There is minimal diffuse spondylosis. There is no abnormality of significance in the posterior elements. Of note, there are sclerotic bone changes consistent with chronic bilateral sacroiliitis.

LEFT KNEE FOUR VIEWS: Four projections reveal minimal osteoarthropathy but no joint effusion, fracture, subluxation or osteochondritis.

LEFT ANKLE THREE VIEWS: Complete ankle series reveals normal mineralization. No fractures or osseous abnormalities are demonstrated. The joint spaces are well maintained without ligamentous laxity. No soft tissue swelling is seen. Of note, there is a plantar heel spur of the foot.

RIGHT SHOULDER TWO VIEWS: Two projections reveal moderate degenerative or posttraumatic arthritic change within the AC joint but no separation. The glenohumeral joint of the shoulder is unremarkable in appearance.

IMPRESSION:

1. **MILD TO MODERATE DIFFUSE CERVICAL SPONDYLOSIS BUT NO EVIDENCE OF FORAMINAL COMPROMISE.**
2. **MINIMAL DIFFUSE LUMBAR SPONDYLOSIS. CHRONIC BILATERAL SACROILIITIS.**
3. **MINIMAL OSTEOARTHROPATHY LEFT KNEE.**
4. **NEGATIVE LEFT ANKLE. PLANTAR HEEL SPUR LEFT FOOT.**
5. **MODERATE DEGENERATIVE OR POSTTRAUMATIC ARTHRITIC CHANGES AC JOINT RIGHT SHOULDER. NORMAL GLENOHUMERAL JOINT.**

Joseph Fischer, M.D. (signed)
RADIOLOGIST

JF/sb

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VERIS

Exam Request Report

(b) (6)

Back

Claim Number: (b) (6)

Veteran Information

SSN: (b) (6)

(b) (6)

Address:

(b) (6)

Date: 3/29/2005 dat

Name: HOPKINS, MARSHALL

Gender: Male

Phone Number

Day: (b) (6)

Night:

VSO Rep: DAV

BDD Site:

General Exam Information

Regional Office:	MUSKOGEE VARO	**Provider:**	QTC
Benefit Program:	COMP	**Claim Type:**	REOPEN
Physician to give opinion based on review:	Yes	**BDD:**	No
Send Claims File:	Yes	**VA Claim Date:**	03/08/2004
EOD:		**RAD:**	
Need Exam Delivered By:			

Physicans Instructions

THE VETERAN CLAIMS MYOFASCIAL PAIN IN LEFT KNEE, LEFT ANKLE, RIGHT SUPRASCAPULAR AND INTERSCAPULAR MUSCLES, NECK AND MID-BACK. PLEASE SEE THE MEDICAL OPINION FORM OVERFLAPPED IN C-FILE. THERE WERE TOO MANY CHARACTERS SO VERIS WOULD NOT ALLOW US TO TYPE IN THE MEDICAL OPINION REQUEST.

Body System	Worksheet	Notes
MENTAL DISORDERS	MENTAL DISORDERS	Specialist Required
MUSCULOSKELETAL	JOINTS (SHOULDER, ELBOW, WRIST, HIP, KNEE, AND ANKLE)	
MUSCULOSKELETAL	SPINE (CERVICAL, THORACIC, AND LUMBAR)	
NEUROLOGIC	CRANIAL NERVES	
NEUROLOGIC	NEUROLOGICAL DISORDERS, MISCELLANEOUS	

Claimed Conditions for Compensation

MYOFASCIAL PAIN SYNDROME/FIBROMYALGIA; MECHANICAL LOW BACK PAIN; RIGHT SHOULDER CONDITION; CERVICAL SPINE CONDITION; TIC DOULOUREUX; SLEEP DISORDER; HEADACHES; DEPRESSION

showed for exams 4-25-05 - dispd to 6-25-05 (b) (6) 5-9-05

OK

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REQUEST FOR MEDICAL OPINION

ISSUE: Service connection for fibromyalgia with depression, tic douloureux, myofascial pain, sleep disorder and headaches secondary to motor vehicle accident and low back, shoulder and cervical spine conditions secondary to motor vehicle accident.

AVAILABLE PERTINENT EVIDENCE:

(a) Line of Duty Determination dated November 4, 1993
(b) Report from Sutton Chiropractic Office dated June 15, 1994
(c) Report from Imran U. Khan, M.D., dated March 23, 1995 and May 30, 1994
(d) Report and progress notes from Stassen Chiropractic Center for the period March 27, 1995 to May 22, 1995
(e) Report from Laurence J. Adams, Lt. Col, USAF, MC Neurologist dated April 7, 1995
(f) Medical Evaluation Board Report dated May 6, 1995
(g) Findings and Recommended Disposition of USAF Physical Evaluation Board dated October 18, 1995
(h) VA examination dated February 7, 1997

MILITARY SERVICE:

12-02-63 to 06-09-67 Active Duty
06-10-67 to 12-01-69 inactive duty
07-17-74 to 02-01-77 inactive duty
01-15-83 to 03-27- 96 inactive duty

REQUESTED OPINION: The Line of Duty Determination (a) shows the veteran was in an automobile accident on January 4, 1991 while on active duty. The nature and extent of the condition was symptoms similar in appearance to fibromyalgia syndrome. There is chronic and recurring pain and insomnia. The report from Sutton Chiropractic (b) shows the veteran continues to suffer and complain of his injury, signs, and symptoms associated with automobile accident of January 3, 1991. The Report from Imran U. Khan, M.D., shows treatment for fibromyalgia and trigeminal neuralgia in the right side. He is shown to have swelling in his knees, back, with trigger point injections. The report from Stassen Chiropractic (d) shows treatment for complaints of neck pain, headaches, and low back for past 4 years. There is X-ray evidence of slight disc space loss of C4-5 and C5-6. there is also slightly dropped sacrum on right, rotatory subluxation of L4 and flattened lateral lumbar curvature. Report from Laurence Adams (e) shows he has been seeing the veteran since January 1994. He states his problems began in 1991. The diagnosis is myofascial pain, mechanical low back syndrome, tic douloureux, and decline in lapse of judgment probably secondary to depression. The Medical Evaluation Board (f) shows myofascial pain, mechanical low back syndrome, and tic douloureux beginning in 1991 and incurred in service. The decline in cognitive function secondary to depression and depression beginning in 1994 and incurred in service. The Physical Evaluation Board (g) shows major depressive disorder, single episode, mild; pain disorder associated with psychological and general medical problems with definite industrial impairment was incurred in service. The other

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diagnoses considered but not ratable is mechanical low back pain, tic douloureux, occasional right facial pain, stable; subjective loss of memory. VA examination (h) shows a diagnosis of tic douloureux on the right, small Schmorl's node of L3 , myofacial pain syndrome, and dysthymia.

There are several different diagnoses between what the veteran is claiming, the findings of the Physical Evaluation Board, and the VA examination. Which in fact are the current diagnoses and are they more likely than not due to the motor vehicle accident in 1991?

NOTE TO EXAMINER – In Your Response Please:

1. Identify the specific evidence you reviewed and considered in forming your opinion
2. Please provide a rationale (explanation/basis) for the opinion presented.
3. State your conclusions using one of the following legally recognized phrases:

a) _____is caused by or a result of_____
b) _____is most likely caused by or a result of _____
c) _____is at least as likely as not (50/50 probability) caused by or a result of _____
d) _____is less likely as not (less than 50/50 probability caused by or a result of:____
e) _____is not caused by or a result of _____
f) _____I cannot resolve this issue without resort to mere speculation.

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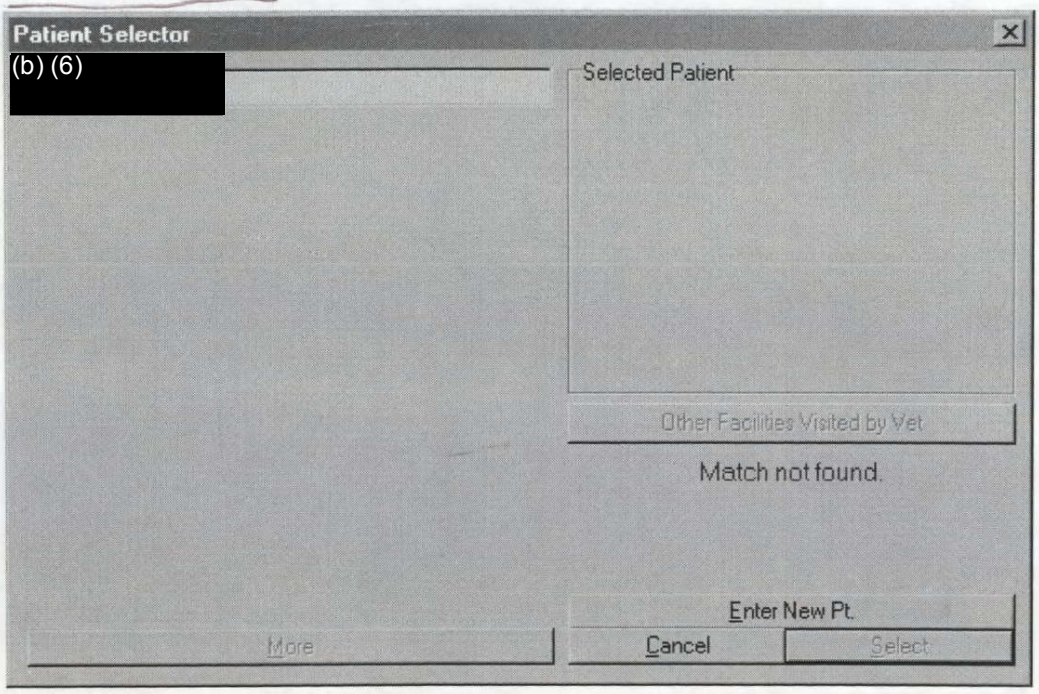
Amarillo



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Department of Veterans Affairs

Request for Information

General Information

Address Code: 13 (b) (6)
VA Requesting Office:
MUSKOGEE RO
FEDERAL BUILDING
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401

Insurance No.: (b) (6)
Submit Date: 09/14/2004
PIES ID: 1364469

JAN 12 2005
Records have not been matched

Veteran Name: HOPKINS, MARSHALL H (b) (6)
Place of Birth:

(b) (6)
Date of Death:

Claim Date: 03/08/2004
Receipt Date: 09/14/2004
Branch Completion Date: 01/06/2005
Branch Completed By: (b) (6)
Overall Status: CO
Overall Completion Date: 01/06/2005

Period of Service Data for Branch: AF

Name	SN	EOD	RAD	COD	Duty Status	RT Date	Retired Status	Pay Grade
HOPKINS, MARSHALL H	(b) (6)	11/01/1963	06/30/1967	UNK	DCH			
HOPKINS, MARSHALL H		10/16/1990	02/28/1991	UNK	RSV			UNK

Request/Response Information

REQUEST: O21
SEPARATION DOCUMENTS, FURNISH COPIES OF ANY SEPARATION DOCUMENTS (DD 214 OR EQUIVALENT)

RESPONSE: 99
<<ALL AVAILABLE SEPARATION DOCUMENT ON FILE <<MAILED>>.

REQUEST: S01
SERVICE, VERIFY ONLY THE UNVERIFIED PERIODS OF SERVICE SHOWN AND NAME, SSN, SN, AS APPLICABLE

RESPONSE: 99
<<SERVICE INFORMATION VERIFIED AS:HOPKINS,MARSHALL,HUGH,
(USAF/(b) (6) ACTIVE)12/02/63 TO 06/09/67/HON, (USAFR/INACTIVE)06/10/67-12/01/69/HON, 12/02/69-07/16/74(CIVILIAN STATUS),
(WY/ANG/(b) (6) INACTIVE)07/17/74 TO 02/01/77/HON, 02/02/77-01/14/8

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

(CIVILIAN STATUS), (USAFR/ACTIVE) 01/15/83 TO 03/27/96/HON/(DISABILITY DISCHARGE). PERTINENT DOCUMENTS <<MAILED>>(AF 526'S(ACTIVE DUTY FOR TRAINING DATES ARE HIGH-LIGHTED) AND DISCHARGE ORDERS ARE BEING <<MAILED>>.

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Department of Veterans Affairs

Request for Information

General Information

Address Code: 13 [redacted]
VA Requesting Office:
MUSKOGEE RO
FEDERAL BUILDING
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401

Insurance No.: [redacted]
Submit Date: 08/27/2004
PIES ID: 1352360

C-FILE 21
JAN 12 2005
Records have not been matched

Veteran Name: HOPKINS, MARSHALL H [redacted]
Place of Birth:

[redacted]
Date of Death:

Claim Date: 03/08/2004
Branch Completion Date: 01/06/2005
Overall Status: CO

Receipt Date: 09/01/2004
Branch Completed By: [redacted]
Overall Completion Date: 01/06/2005

Period of Service Data for Branch: AF

Name	SN	EOD	RAD	COD	Duty Status	RT Date	Retired Status	Pay Grade
HOPKINS, MARSHALL H	[redacted]	10/16/1990	10/15/1991	HON	DCH			E7

Request/Response Information

REQUEST: O19
PTSD, FURNISH PAGES FROM THE PERSONNEL FILE SHOWING UNIT OF ASSIGNMENT, DATES OF ASSIGNMENT, PARTICIPATION IN COMBAT OPERATIONS, WOUNDS IN ACTION, AWARDS AND DECORATIONS AND OFFICIAL TRAVEL OUTSIDE THE U.S.

RESPONSE: 99
AF FORM 7 & PERFORMANCE REPORTS <<MAILED>>

REQUEST: S01
SERVICE, VERIFY ONLY THE UNVERIFIED PERIODS OF SERVICE SHOWN AND NAME, SSN, SN, AS APPLICABLE

RESPONSE: 99
<<SERVICE INFORMATION VERIFIED AS:HOPKINS,MARSHALL,HUGH,
(USAF/[redacted]ACTIVE)12/02/63 TO 06/09/67/HON, (USAFR/INACTIVE)06/10/67-12/01/69/HON, 12/02/69-07/16/74(CIVILIAN STATUS),
(WY/ANG/[redacted]/INACTIVE)07/17/74 TO 02/01/77/HON, 02/02/77-01/14/8

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

(CIVILIAN STATUS), (USAFR/ACTIVE)01/15/83 TO 03/27/96/HON, (DISABILITY DISCHARGE). PERTINENT DOCUMENTS <<MAILED>>(AF 526'S(ACTIVE DUTY FOR TRAINING DATES ARE HIGH-LIGHTED) AND DISCHARGE ORDERS ARE BEING <<MAILED>>.

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DO NOT OVERFILL

IF 1/2 INCH THICK OR MORE USE ANOTHER ENVELOPE

Department of Veterans Affairs

SERVICE DEPARTMENT RECORDS ENVELOPE

LAST NAME - FIRST NAME - MIDDLE INITIAL OF VETERAN

Hopkins, Marshall H

(b) (6) [redacted]

SOCIAL SECURITY NUMBER

SERVICE NUMBER

THE ENCLOSED SERVICE RECORDS, PHYSICAL EXAMINATIONS, ETC., LOANED OR FURNISHED THE DEPARTMENT OF VETERANS AFFAIRS, MUST BE PROTECTED AGAINST MUTILATION, DEFACEMENT OR LOSS.

VA FORM JUL 2003 21-4582 EXISTING STOCKS OF VA FORM 21-4582, JAN 1990, WILL BE USED.

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

TRIAGE
JAN 12 2005

Department of Veterans Affairs
Request for Information

General Information

Address Code: 13 (b) (6)
VA Requesting Office:
MUSKOGEE RO
FEDERAL BUILDING
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401

Insurance No.: (b) (6)
Submit Date: 08/27/2004

Veteran Name: HOPKINS, MARSHALL H (b) (6)
Place of Birth:

Date of Birth: (b) (6)
Date of Death:

Claim Date: 03/08/2004
Branch Completion Date: 01/06/2005
Overall Status: CO

Receipt Date: 09/01/2004
Branch Completed By: (b) (6)
Overall Completion Date: 01/06/2005

Period of Service Date for Branch: AF

Name	SN	EOD	RAD	COD	Duty Status	RT Date	Retired Status	Pay Grade
HOPKINS, MARSHALL H	(b) (6)	10/16/1990	10/15/1991	HON	DCH			E7

Request/Response Information

REQUEST: 019
PTSD, FURNISH PAGES FROM THE PERSONNEL FILE SHOWING UNIT OF ASSIGNMENT, DATES OF ASSIGNMENT, PARTICIPATION IN COMBAT OPERATIONS, WOUNDS IN ACTION, AWARDS AND DECORATIONS AND OFFICIAL TRAVEL OUTSIDE THE U.S.

RECEIVED
JAN 12 2005
Mail Center 2
VARO MUSKOGEE 354

RESPONSE: 99
AF FORM 7 & PERFORMANCE REPORTS <<MAILED>>

REQUEST: S01
SERVICE, VERIFY ONLY THE UNVERIFIED PERIODS OF SERVICE SHOWN AND NAME, SSN, SN, AS APPLICABLE

RESPONSE: 99
<<SERVICE INFORMATION VERIFIED AS:HOPKINS,MARSHALL,HUGH,
(USAF/(b) (6) ACTIVE)12/02/63 TO 06/09/67/HON, (USAFR/INACTIVE)06/10/67-12/01/69/HON, 12/02/69-07/16/74(CIVILIAN STATUS),
(WY/ANG/(b) (6) /INACTIVE)07/17/74 TO 02/01/77/HON, 02/02/77-01/14/8

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3(CIVILIAN STATUS), (AFR/INACTIVE)01/15/83 TO 03/27/[illegible]HON, (DISABILITY DISCHARGE). PERTINENT DOCUMENTS <<MAILED>>(AF 526'S(ACTIVE DUTY FOR TRAINING DATES ARE HIGH-LIGHTED) AND DISCHARGE ORDERS ARE BEING <<MAILED>>.

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Department of Veterans Affairs

Request for Information

General Information

Address Code: 13
VA Requesting Office:
MUSKOGEE RO
FEDERAL BUILDING
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401

(b) (6)

Insurance No.: (b) (6)
Submit Date: 09/11/2004

Veteran Name: HOPKINS, MARSHALL H (b) (6)
Place of Birth:

Date of Birth: (b) (6)
Date of Death:

Claim Date: 03/08/2004
Branch Completion Date: 01/06/2005
Overall Status: CO

Receipt Date: 09/14/2004
Branch Completed By: (b) (6)
Overall Completion Date: 01/06/2005

Period of Service Date for Branch: AF

Name	SN	EOD	RAD	COD	Duty Status	RT Date	Retired Status	Pay Grade
HOPKINS, MARSHALL H	(b) (6)	11/01/1963	06/30/1967	UNK	DCH			
HOPKINS, MARSHALL H		10/16/1990	02/28/1991	UNK	RSV			UNK

Request/Response Information

REQUEST: 021
SEPARATION DOCUMENTS, FURNISH COPIES OF ANY SEPARATION DOCUMENTS (DD 214 OR EQUIVALENT)

RESPONSE: 99
<<ALL AVAILABLE SEPARATION DOCUMENT ON FILE <<MAILED>>.

REQUEST: S01
SERVICE, VERIFY ONLY THE UNVERIFIED PERIODS OF SERVICE SHOWN AND NAME, SSN, SN, AS APPLICABLE

RESPONSE: 99
<<SERVICE INFORMATION VERIFIED AS:HOPKINS,MARSHALL,HUGH,
(USAF/(b) (6) ACTIVE)12/02/63 TO 06/09/67/HON, (USAFR/INACTIVE)06/10/67-12/01/69/HON, 12/02/69-07/16/74(CIVILIAN STATUS),
(WY/ANG,(b) (6) /INACTIVE)07/17/74 TO 02/01/77/HON, 02/02/77-01/14/8

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

3(CIVILIAN STATUS), (AFR/INACTIVE)01/15/83 TO 03/27/[illegible]HON, (DISABILITY DISCHARGE). PERTINENT DOCUMENTS <<MAILED>>(AF 526'S(ACTIVE DUTY FOR TRAINING DATES ARE HIGH-LIGHTED) AND DISCHARGE ORDERS ARE BEING <<MAILED>>.

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DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU

REPORT OF SEPARATION AND RECORD OF SERVICE

PRIVACY ACT STATEMENT

1. Authority: 10 USC, 275, Executive Order 9397.
2. Purpose: Discharge/separate a member from (active/and inactive) National Guard Status.
3. Routine uses: Used to terminate active or inactive status of National Guard members. Completed form is filled in individual's Master Military Personnel Record before it it retired. This form contains information pertinent to individual's military service and the authority and cause for discharge, and should be treated as for official use only. It is a permanent document in the retired Master Military Personnel Record.
4. Disclosure: Mandatory. Individual could be denied future participation in military services if all items are not completed.

REPORT OF SEPARATION AND RECORD OF SERVICE IN THE[1] AIR NATIONAL GUARD OF WYOMING AND AS A RESERVE OF THE[2] AIR FORCE

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SEX	3.	4. DATE OF BIRTH	YEAR	MONTH	DAY
HOPKINS, MARSHALL HUGH	M	(b) (6)		43	Jul	20
5. DEPARTMENT, COMPONENT AND BRANCH	**6a. GRADE**	**6b. PAY GRADE**	**7. DATE OF RANK**	**YEAR**	**MONTH**	**DAY**
AIR FORCE, ANGUS	SGT	34		74	Jul	17

8a. STATION OR INSTALLATION AT WHICH EFFECTED
Cheyenne MAP, Cheyenne, Wyoming 82001

8b. AUTHORITY AND REASON	8c. EFFECTIVE DATE	YEAR	MONTH	DAY
ANGR 39-10, Para 12i		77	Feb	01

8d. CHARACTER OF SERVICE	8e. TYPE OF CERTIFICATE USED	9. REENLISTMENT ELIGIBILITY
HONORABLE	NGB Form 438	

10. COMMAND TO WHICH TRANSFERRED
N/A

11. RECORD OF SERVICE	YEARS	MONTHS	DAYS
(a) NET SERVICE THIS PERIOD	02	06	14
(b) PRIOR SERVICE	06	00	00
(c) TOTAL SERVICE FOR PAY	08	06	14

12. TERMINAL DATE OF RESERVE/ MILITARY SERVICE OBLIGATION: YEAR | MONTH: N/A | DAY

13. PRIMARY AFSC/MOS/SSI AND TITLE
A11450--Aircraft Loadmaster

14. SECONDARY AFSC/MOS/SSI AND TITLE
None

15. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years)
SECONDARY/HIGH SCHOOL 12 YRS (1-12 grades) · COLLEGE 1 YRS

16. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE
[X] FULL TIME [ ] PART TIME
[ ] $ 5,000 [ ] $10,000
[ ] $15,000 [X] $20,000
[ ] NONE

17. PERSONNEL SECURITY INVESTIGATION

a. TYPE	b. DATE COMPLETED
SECRET	Oct 74
See Remarks	

18. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED THIS PERIOD (State Awards may be included)
NOne

19. REMARKS
SO, AB-117 WY, WY AGO, dtd 1 Feb 77
Security Clearance, 7Oct74, Ft Holabird, MD, File: Unknown
AQE: M85/A80/G80/E55
BLOOD TYPE: A-Pos
DAFSC: A11450

This Airman has no service obligation under the provisions of 10 USC 651 as amended.

20. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and Zip Code)
Box 363
Strasberg, CO 80136

21. SIGNATURE OF PERSON BEING SEPARATED
NOT AVAILABLE FOR SIGNATURE

22. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER
DAVID R. ANSPAUCH, CPT, WY ANG
Chief, Central Base Administration

23. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
David R. Anspauch

NGB FORM 22
15 OCT 76

(This is a revision of NGB Form 22, dated 15 Jan 58, which is obsolete).

1. Insert either Army or Air
2. Enlisted personnel only - insert only Army or Air Force

8313132

BEST COPY
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THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

PERSONAL DATA

1. LAST NAME-FIRST NAME-MIDDLE NAME: HOPKINS MARSHALL HUGH (b) (6) [redacted]
SOCIAL SECURITY NUMBER: 529 | 56 | 7575
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: AIR FORCE, REGAF
5a. GRADE, RATE OR RANK: A1C
5b. PAY GRADE: E4
6. DATE OF RANK: DAY 1 | MONTH OCT | YEAR 66
7. U. S. CITIZEN: [X] YES [ ] NO
8. PLACE OF BIRTH (City and State or Country): LARNED KANSAS
9. DATE OF BIRTH: DAY 20 | MONTH JUL | YEAR 43

SELECTIVE SERVICE DATA

10a. SELECTIVE SERVICE NUMBER: 14 23 43 121
b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE: LB #23 DODGE CITY (FORD CO) KANSAS
c. DATE INDUCTED: DAY NA | MONTH | YEAR

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: REL FR AD
b. STATION OR INSTALLATION AT WHICH EFFECTED: MCGUIRE AFB NJ
c. REASON AND AUTHORITY: COG PARA 3-8C SEC B CH 3 AFM 39-10 (SDN 411)
d. EFFECTIVE DATE: DAY 9 | MONTH JUN | YEAR 67
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: 602 ACW SQ USAFE
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: NA
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED: AFRES
15. REENLISTMENT CODE: RE-12

SERVICE DATA

16. TERMINAL DATE OF RESERVE/NATIONAL GUARD OBLIGATION: DAY 1 | MONTH DEC | YEAR 69
17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: [X] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER AFQT 7B (82 II)
b. TERM OF SERVICE (Years): 4
c. DATE OF ENTRY: DAY 2 | MONTH DEC | YEAR 63
18. PRIOR REGULAR ENLISTMENTS: NA
19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC: AB
20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): DENVER COLORADO
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, R.F.D., City, County, State and ZIP Code): BOX 1 DIVIDE (TELLER CO) COLORADO
22. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	03	06	08
	(2) OTHER SERVICE	00	00	00
	(3) TOTAL (Line (1) plus Line (2))	03	06	08
b. TOTAL ACTIVE SERVICE		03	06	08
c. FOREIGN AND/OR SEA SERVICE		03	00	00

23a. SPECIALTY NUMBER & TITLE: MACHINIST PAFSC 53150
b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: 4-75.010 MACHINIST
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NDSM
25. EDUCATION AND TRAINING COMPLETED: MACHINIST 53130 1964

VA AND EMP. SERVICE DATA

26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years): NO TIME LOST
b. DAYS ACCRUED LEAVE PAID: 46
27a. INSURANCE IN FORCE (NSLI or USGLI): [ ] YES [X] NO
b. AMOUNT OF ALLOTMENT: $ NA
c. MONTH ALLOTMENT DISCONTINUED: NA
28. VA CLAIM NUMBER: C- NA
29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [X] $10,000 [ ] $5,000 [ ] NONE

REMARKS

30. REMARKS: HS 2 YEARS BLOOD GROUP A POS NAC COMPL 23 DEC 63 FILED 4 DIST OSI AQE M-85 A-80 G-80 E-55 DTD DEC 63 ODSD 8 JUN 67

AUTHENTICATION

31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, R.F.D., City, County, State and ZIP Code): BOX 90 RR 2 SEDALIA COLORADO 80135
32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Marshall Hugh Hopkins
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: D D TRIMBLE MAJOR USAF
34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: D. D. Trimble

DD FORM 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

1

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ANG/USAFR RETIREMENT CREDIT SUMMARY

TO THE GUARDSMAN/RESERVIST:

THIS FORM IS A STATEMENT OF YOUR POINTS EARNED TOWARD RETIREMENT AND RETENTION. IT HAS BEEN PRODUCED FOR THE REASON INDICATED BELOW. SINCE THE POINT RECORD CONTAINED HEREIN MAY AFFECT FUTURE RETIREMENT, RETENTION, AND PROMOTION ACTION, PLEASE VERIFY ITS ACCURACY. SHOULD YOU FIND ANY ERRORS PLEASE CONTACT YOUR CBPO/CRPO AND PROVIDE SUBSTANTIATION TO THEM WITHIN 30 DAYS OF RECEIPT OF THIS FORM.

MAILING ADDRESS

SGT HOPKINS MARSHALL W (b) (6)
(b) (6)

DATE PREPARED : 75/09/20
PAS : N30RFNSP 56
CLOSEOUT DATE : 750716
RET/RET DATE : 0717
STATEMENT REASON : ANNUAL

NON-CREDITABLE SERVICE PERIODS

FROM DATE	TO DATE	REASON SERVICE NON-CREDITABLE
691201	740716	CIVILIAN STATUS

LEGEND FOR POINT TOTAL COLUMNS

A AD/ACDUTRA
B INACDUTRA
C ECI
D GRATUITOUS
E TOTAL POINTS
F TOTAL POINTS FOR RETIREMENT
G SATISFACTORY SERVICE IN YEARS, MONTHS AND DAYS

TOTAL POINTS ACCRUED:		A	B	C	D	E	F	G
PRIOR TO 1 JULY 1949		0	0			0	0	000000
SINCE 1 JULY 1949 TO	740716	1283	0	0	38	1321	1321	030608
FOR THE CURRENT YEAR		149	44	16	15	224	209	010000
TOTAL POINTS ACCRUED TO	750716	1432	44	16	53	1545	1530	040608

AF FORM SEP 74 526 PAGE 1 PREVIOUS EDITION WILL BE USED.

COPY 2 - Officer Command Selection Folder or Airman State Record

(2)

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ANG/USAFR STATEMENT OF POINTS EARNED

PAGE 1 OF 1

SGT HOPKINS MARSHALL H (b) (6) [redacted]

DATE PREPARED 75/09/20

N300TMSM 56

TYPE DUTY CODES (TD)

1. Active Duty 2. Paid Inactive Duty 3. AFTP 4. Correspondence Course 5. Nonpaid Inactive Duty

FROM DATE	TO DATE	TD	PTS	VOL	COURSE
74 AUG 24	74 AUG 25	2	004		
74 SEP 07	74 SEP 08	2	004		
74 SEP 13	74 SEP 13	3	001		
74 SEP 14	74 SEP 14	3	001		
74 SEP 15	74 SEP 15	3	001		
74 SEP 16	74 SEP 16	3	001		
74 OCT 25	74 OCT 26	2	004		
74 OCT 28	74 DEC 18	1	052		
75 JAN 06	75 FEB 28	1	054		
75 MAR 01	75 MAR 07	1	007		
75 MAR 08	75 MAR 09	2	004		
75 MAR 10	75 MAR 13	1	004		
75 MAR 17	75 MAR 17	1	001		
75 MAR 18	75 MAR 19	2	003		
75 MAR 19	75 MAR 19	3	001		
75 MAR 21	75 MAR 21	2	001		
75 MAR 21	75 MAR 21	3	001		
75 MAR 25	75 MAR 25	2	001		
75 MAR 26	75 MAR 26	2	001		
75 MAR 26	75 MAR 26	3	001		
75 MAR 27	75 MAR 27	2	002		
75 MAR 28	75 MAR 28	3	001		
75 APR 01	75 APR 30	1	030		
75 JUN 07	75 JUN 09	2	005		
75 JUN 10	75 JUN 10	2	001		
75 JUN 11	75 JUN 11	2	002		
75 JUN 13	75 JUN 13	3	001		
75 JUN 13	75 JUN 14	2	002		
75 JUN 14	75 JUN 14	3	001		
75 JUN 16	75 JUN 16	1	001		
75 APR 29		4	007	01	60750
75 APR 29		4	006	02	60750
75 JUN 20		4	003	900	60750

FROM DATE	TO DATE	TD	PTS	VOL	COURSE

	A	B	C	D	E	F	G
TOTAL ACCRUED FOR CURRENT YEAR	149	44	16	15	224	209	010000

AF FORM SEP 74 526 PAGE 2 PREVIOUS EDITION WILL BE USED.

COPY 2 - Officer Command Selection Folder or Airman State Record

8 5 0 7 0

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ANG/USAFR RETIREMENT CREDIT SUMMARY

TO THE GUARDSMAN/RESERVIST:

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MAILING ADDRESS

SGT HOPKINS, MARSHALL H (b) (6)

(b) (6)

DATE PREPARED : 77/04/02
PAS : N3COFMSP 56
CLOSEOUT DATE : 770201
RET/RET DATE : 07 17
STATEMENT REASON : DISCHARGE

NON-CREDITABLE SERVICE PERIODS

FROM DATE	TO DATE	REASON SERVICE NON-CREDITABLE
691201	740716	CIVILIAN STATUS

LEGEND FOR POINT TOTAL COLUMNS

A ACTIVE DUTY POINTS
B INACTIVE DUTY POINTS
C ECI POINTS
D GRATUITOUS
E TOTAL POINTS
F TOTAL POINTS FOR RETIREMENT
G SATISFACTORY SERVICE IN YEARS, MONTHS AND DAYS

TOTAL POINTS ACCRUED:		A	B	C	D	E	F	G
PRIOR TO 1 JULY 1949		0	0			0	0	000000
SINCE 1 JULY 1949 TO	760716	1449	107	27	68	1651	1607	050608
FOR THE CURRENT YEAR		0	18	0	8	26	26	000000
TOTAL POINTS ACCRUED TO	770201	1449	125	27	76	1677	1633	050608

AF FORM JUN 76 526 PAGE 1 PREVIOUS EDITION WILL BE USED.

COPY 2 - Officer Command Selection Folder or Airman State Record

(2)

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ANG/USAFR STATEMENT OF POINTS EARNED

PAGE 1 OF 1

DATE PREPARED : 77/04/02

SGT HOPKINS MARSHALL H (b) (6) N300FMSP S6

TYPE DUTY CODES (TD)

1. Active Duty 2. Paid Inactive Duty 3. AFTP 4. Correspondence Course 5. Nonpaid Inactive Duty

FROM DATE	TO DATE	TD	PTS	VOL	COURSE
6 SEP 15	76 SEP 15	2	002		
6 SEP 17	76 SEP 17	3	001		
6 SEP 17	76 SEP 18	2	003		
6 SEP 21	76 SEP 21	2	001		
6 SEP 21	76 SEP 21	3	001		
6 SEP 22	76 SEP 22	3	001		
6 SEP 22	76 SEP 23	2	003		
6 SEP 24	76 SEP 24	3	001		
6 SEP 24	76 SEP 24	2	001		
6 SEP 25	76 SEP 25	3	001		
6 SEP 25	76 SEP 25	2	001		
6 SEP 28	76 SEP 28	2	001		
6 SEP 28	76 SEP 28	3	001		

	A	B	C	D	E	F	G
TOTAL ACCRUED FOR CURRENT YEAR	0	18	0	8	26	26	000000

AF FORM 597 JUN 76 526 PAGE 2 PREVIOUS EDITION WILL BE USED.

COPY 2 - Officer Command Selection Folder or Airman State Record

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ANG/USAFR RETIREMENT CREDIT SUMMARY

TO THE GUARDSMAN/RESERVIST:

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MAILING ADDRESS

SGT HOPKINS MARSHALL H
(b) (6)

(b) (6)

DATE PREPARED : 76/09/18
PAS : N300EMSP 56
CLOSEOUT DATE : 760716
RET/RET DATE : 0717
STATEMENT REASON : ANNUAL

NON-CREDITABLE SERVICE PERIODS

FROM DATE	TO DATE	REASON SERVICE NON-CREDITABLE
691201	740716	CIVILIAN STATUS

LEGEND FOR POINT TOTAL COLUMNS

A AD/ACDUTRA
B INACDUTRA
C ECI
D GRATUITOUS
E TOTAL POINTS
F TOTAL POINTS FOR RETIREMENT
G SATISFACTORY SERVICE IN YEARS, MONTHS AND DAYS

TOTAL POINTS ACCRUED:		A	B	C	D	E	F	G
PRIOR TO 1 JULY 1949		0	0			0	0	000000
SINCE 1 JULY 1949 TO	750716	1432	44	16	53	1545	1539	040608
FOR THE CURRENT YEAR		17	63	11	15	106	77	010000
TOTAL POINTS ACCRUED TO	760716	1449	107	27	68	1651	1607	050608

AF FORM SEP 74 526 PAGE 1 PREVIOUS EDITION WILL BE USED.

COPY 1 - Master Personnel Record

(2)

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ANG/USAFR STATEMENT OF POINTS EARNED

PAGE 1 OF 1

SGT HOPKINS MARSHALL H (b) (6)

DATE PREPARED = 76/09/18

M30QFMSP 56

TYPE DUTY CODES (TD)

1. Active Duty 2. Paid Inactive Duty 3. AFTP 4. Correspondence Course 5. Nonpaid Inactive Duty

FROM DATE	TO DATE	TD	PTS	VOL	COURSE
75 SEP 02	75 SEP 02	2	001		
75 SEP 03	75 SEP 03	2	002		
75 SEP 19	75 SEP 19	2	001		
75 SEP 20	75 SEP 20	2	002		
75 SEP 23	75 SEP 24	2	003		
75 OCT 04	75 OCT 05	2	004		
75 NOV 11	75 NOV 11	1	001		
75 NOV 12	75 NOV 12	3	001		
75 NOV 16	75 NOV 16	2	001		
75 NOV 18	75 NOV 18	1	001		
75 DEC 05	75 DEC 05	2	001		
75 DEC 05	75 DEC 05	3	001		
75 DEC 06	75 DEC 06	2	002		
75 DEC 09	75 DEC 09	2	001		
75 DEC 09	75 DEC 09	3	001		
75 DEC 10	75 DEC 10	3	001		
75 DEC 12	75 DEC 12	2	001		
75 DEC 12	75 DEC 12	3	001		
75 DEC 13	75 DEC 13	3	001		
75 DEC 13	75 DEC 13	2	001		
75 DEC 15	75 DEC 15	2	001		
75 DEC 16	75 DEC 16	2	001		
75 DEC 17	75 DEC 17	3	001		
76 JAN 09	76 JAN 09	2	001		
76 JAN 09	76 JAN 09	3	001		
76 JAN 10	76 JAN 10	2	001		
76 JAN 27	76 JAN 27	3	001		
76 JAN 27	76 JAN 27	2	001		
76 JAN 28	76 JAN 28	3	001		
76 FEB 06	76 FEB 06	2	001		
76 FEB 06	76 FEB 06	3	001		
76 FEB 07	76 FEB 07	2	002		
76 MAR 16	76 MAR 16	2	001		
76 MAR 16	76 MAR 16	3	001		
76 MAR 17	76 MAR 17	3	001		
76 MAR 19	76 MAR 19	2	001		
76 MAR 19	76 MAR 19	3	001		
76 MAR 23	76 MAR 23	2	001		
76 MAR 23	76 MAR 23	3	001		
76 MAR 24	76 MAR 24	3	001		
76 MAR 26	76 MAR 26	2	001		
76 MAR 26	76 MAR 26	3	001		
76 MAR 27	76 MAR 27	2	001		
76 MAR 27	76 MAR 27	3	001		
76 MAY 09	76 MAY 23	1	015		
76 JUN 04	76 JUN 05	2	004		
76 JUN 27	76 JUN 30	2	008		
76 APR 07		4	007	01	00009
76 APR 08		4	004	02	00009

	A	B	C	D	E	F	G
TOTAL ACCRUED FOR CURRENT YEAR	17	63	11	15	106	77	010000

AF FORM 1899 SEP 74 526 PAGE 2 PREVIOUS EDITION WILL BE USED.

COPY 1 - Master Personnel Record

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I. RATEE IDENTIFICATION DATA *(Read AFR 39-62, Vol I, carefully before completing any item.)*

1. NAME (Last, First, Middle Initial)	(b) (6) redacted	GRADE
Hopkins, Marshall H.		SSgt NON-EAD

4. ORGANIZATION, COMMAND, LOCATION AND PAS CODE	5. PERIOD OF REPORT AND SUPERVISION		6. REASON FOR REPORT	
39 MAPS (MAC) Peterson AFB CO W80QF37P	FROM: 15 Jan 84	NO. OF DAYS: 198	XX	CHANGE OF RATER
	THROUGH: 31 Jul 84			ANNUAL
				DIRECTED BY

7. PAFSC	8. DAFSC	9. CAFSC
	A11450	

II. JOB DESCRIPTION:

Aircraft Loadmaster. Plans and directs loading crews in aircraft loading and off-loading. Computes load distribution for safe flight along with passenger/troop handling requirements. Determines suiability/compatibility of hazarous materials to be loaded. Completes border clearance requirements per the foreign clearance guide. Performs inspection of airdrop loads to include proper rigging of same. Performs operation of the aircraft electrical and hydraulic systems. Requires a thourgh knowledge of emergency procedures as stated in the appropriate regulations and technical orders.

III. EVALUATION OF PERFORMANCE

			0	1	2	3	4	5	6	7	8	9
1. PERFORMANCE OF DUTY: Consider the quantity, quality, and timeliness of duties performed as described in Section II.	RATER	N/O										X
	1ST INDORSER	N/O										X
2. HUMAN RELATIONS: Consider how well ratee supports and promotes equal opportunity, shows concern and is sensitive to needs of others.	RATER											X
	1ST INDORSER											X
3. TRAINING: Consider how well responsibilities are discharged as an OJT supervisor or trainer and in other efforts to improve technical knowledge and educational level.	RATER	N/O										X
	1ST INDORSER	N/O										X
4. SUPERVISION: Consider how well ratee supervises, leads, uses available resources, communicates (oral and written), and maintains good order and discipline.	RATER	N/O										X
	1ST INDORSER	N/O										X
5. ACCEPTANCE OF NCO RESPONSIBILITY: Consider ratee's acceptance of responsibility for personal actions and those of subordinates.	RATER	N/O										X
	1ST INDORSER	N/O										X
6. BEARING AND BEHAVIOR: Consider the degree to which ratee's bearing and behavior on and off duty improve the image of Air Force noncommissioned officers.	RATER	BR BH										X X
	1ST INDORSER	N/O BR BH										X X

IV. OVERALL EVALUATION

How does the ratee compare with others of the same grade and Air Force specialty? Potential for promotion and increased responsibility are essential considerations in this rating.

	0	1	2	3	4	5	6	7	8	9
RATER										X
1ST INDORSER										X
2D INDORSER										
3D INDORSER										

AF FORM FEB 83 910 PREVIOUS EDITION WILL BE USED — TSGT, SSGT, SGT PERFORMANCE REPORT

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

V. RATER'S COMMENTS

FACTS AND SPECIFIC ACHIEVEMENTS: SSgt Hopkins is a qualified loadmaster in the Aerial Delivery Section. He shows a willingness, ability and attitude to perform all duties assigned him. SSgt Hopkins has been a valuable asset to this squadron by his outstanding dedication in the preparation of airdrop loads and the recovery of same. SSgt Hopkins has demonstrated his NCO responsibilities in the utmost manner. Sheer dedication by him has resulted in mission success in the accomplishment of this unit's tasking. SSgt Hopkins' expertise and leadership qualities in the utilization of airdrop resources place him in a class all his own. STRENGTHS: SSgt Hopkins has the ability to work well with his supervisors and subordinates. He is always there to help others with problems and will spend extra time to get to the proper solution. SSgt Hopkins is the type of person and NCO that will never let you down. EDUCATIONAL AND TRAINING ACCOMPLISHMENTS: SSgt Hopkins has completed Career Development Course A11450 in the minimum amount of time. He is currently enrolled in course 00011 and is progressing in a satisfactory manner. OTHER COMMENTS: SSgt Hopkins possesses the attributes desired in our NCOs and is worthy of special monitoring to insure maximum utilization. His continued drive, mark him for advancement and assignment to the most challenging positions. He is a type of person not reluctant to roll up his sleeves to get the job done and insists on integrity and responsiveness in all actions emanating from his activity. Promote.

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
MERKEL A. BAILEY, MSgt, USAFR 39 MAPS (MAC) Peterson AFB CO	NCOIC Loadmaster Section (b) (6) [redacted]	19 Aug 84 SIGNATURE: Merkel A. Bailey

VI. 1ST INDORSER'S COMMENTS ☒ CONCUR ☐ NONCONCUR

SSgt Hopkins is ideally suited for any Aerial Delivery position. He is an efficient and demanding NCO. I wholeheartedly agree with the rater's comments. SSgt Hopkins' work is always first class. His dedicated efforts have greatly improved the Aerial Delivery Section. He is a true professional whose "can-do" attitude is contagious to all he comes in contact with. I highly recommend this NCO for promotion at the earliest time possible

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
WILLIAM M. GRIFFITH, Major, USAFR 39 MAPS (MAC) Peterson AFB CO	COMMANDER (b) (6) [redacted]	29 Aug 84 SIGNATURE: William M. Griffith

VII. 2D INDORSER'S COMMENTS ☐ CONCUR ☐ NONCONCUR

This section not used.

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
	SSAN	SIGNATURE

VIII. 3D INDORSER'S COMMENTS ☐ CONCUR ☐ NONCONCUR

This section not used.

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
	SSAN	SIGNATURE

U.S.G.P.O 1983-380-979/868

TSGT, SSGT, SGT PERFORMANCE REPORT

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

I. RATEE IDENTIFICATION DATA *(Read AFR 39-62 carefully before completing any item)*

1. NAME (Last, First, Middle Initial)	(b) (6)	3. GRADE	4. DAFSC
Hopkins, Marshall H.	[redacted]	SSgt NON-EAD	A11450

5. ORGANIZATION, COMMAND, AND LOCATION	6. PAS CODE
39 MAPS (MAC), Peterson AFB CO	W80QF37P

7. PERIOD OF REPORT		8. NO. OF DAYS OF SUPERVISION	9. REASON FOR REPORT
FROM: 1 Aug 84	THRU: 27 Feb 85	211	CRO

II. JOB DESCRIPTION

1. DUTY TITLE: Aircraft Loadmaster

2. KEY DUTIES, TASKS, AND RESPONSIBILITIES: Plans and directs loading crews in aircraft loading and off loading. Computes load distributions for safe flight along with passenger/troop handling requirements. Determines suitability/compatibility of hazardous materials to be loaded. Completes border clearance requirements in accordance with foreign clearance directives. Performs inspection of airdrop loads to include proper rigging of same. Performs operation of aircraft electrical and hydraulic systems. Requires a thorough knowledge of emergency procedures in accordance with appropriate regulations and technical orders.

III. EVALUATION OF PERFORMANCE

			0	1	2	3	4	5	6	7	8	9
1. PERFORMANCE OF DUTY: Consider the quantity, quality, and timeliness of duties performed as described in Section II.	RATER	N/O										X
	1ST INDORSER											X
2. HUMAN RELATIONS: Consider how well ratee supports and promotes equal opportunity, shows concern and is sensitive to needs of others.	RATER											X
	1ST INDORSER											X
3. TRAINING: Consider how well responsibilities are discharged as an OJT supervisor or trainer and in other efforts to improve technical knowledge and educational level.	RATER	N/O										X
	1ST INDORSER											X
4. SUPERVISION: Consider how well ratee supervises, leads, uses available resources, communicates (oral and written), and maintains good order and discipline.	RATER	N/O										X
	1ST INDORSER											X
5. ACCEPTANCE OF NCO RESPONSIBILITY: Consider ratee's acceptance of responsibility for personal actions and those of subordinates.	RATER	N/O										X
	1ST INDORSER											X
6. BEARING AND BEHAVIOR: Consider the degree to which ratee's bearing and behavior on and off duty improve the image of Air Force noncommissioned officers.	RATER	BR										X
		BH										X
		N/O										
	1ST INDORSER	BR										X
		BH										X

IV. OVERALL EVALUATION

How does the ratee compare with others of the same grade and Air Force specialty? Potential for promotion and increased responsibility are essential considerations in this rating.

	0	1	2	3	4	5	6	7	8	9
RATER										X
1ST INDORSER										X
2D INDORSER										
3D INDORSER										

UNIT COMMANDER REVIEW *(Initials)*

WMH

AF FORM JUN 84 910 PREVIOUS EDITION WILL BE USED

TSGT, SSGT, SGT PERFORMANCE REPORT

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

V. RATER'S COMMENTS

FACTS AND SPECIFIC ACHIEVEMENTS: SSgt Hopkins is a qualified loadmaster in the Aerial Delivery Section. SSgt Hopkins has been a valuable asset to this unit by his willingness and ability to perform all duties assigned in a timely manner. SSgt Hopkins shows an unmatched expertise in the preparation of Aerial Delivery loads and the recovery of same. STRENGTHS: SSgt Hopkins is always there to help others with problems and is willing to do that "extra step" to get to the proper solution. He has the ability to work well with his supervisors and subordinates. EDUCATIONAL AND TRAINING ACCOMPLISHMENTS: SSgt Hopkins has completed Career Development Courses A11450 and 00011 in a timely manner. OTHER COMMENTS: SSgt Hopkins possesses the attributes desired in our NCO's and is worthy of special monitoring to insure maximum utilization. His bearing and behavior exemplify top military standards.

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
JAMES E. FRAAS, MSgt, USAFR 39 MAPS (MAC) Peterson AFB Co	Loadmaster Technician	1 March 1985
	(b) (6) [redacted]	SIGNATURE James E Fraas

VI. 1ST INDORSER'S COMMENTS ☒ CONCUR ☐ NONCONCUR

SSgt Hopkins is an efficient and demanding NCO. His work is always first class and I highly recommend him for promotion at the earliest opportunity

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
ELLEN C. MATZ, Capt, USAFR 39 MAPS (MAC) Peterson AFB CO	Operations Officer	27 Mar 85
	SSAN	SIGNATURE Ellen C Matz

VII. 2D INDORSER'S COMMENTS ☐ CONCUR ☐ NONCONCUR

THIS SECTION NOT USED

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
	SSAN	SIGNATURE

VIII. 3D INDORSER'S COMMENTS ☐ CONCUR ☐ NONCONCUR

THIS SECTION NOT USED

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
	SSAN	SIGNATURE

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

I. RATEE IDENTIFICATION DATA *(Read AFR 39-62 carefully before completing any item)*

1. NAME *(Last, First, Middle Initial)*	(b) (6) redacted	3. GRADE	4. DAFSC
Hopkins, Marshall H.		SSgt NON-EAD	A11450

5. ORGANIZATION, COMMAND, AND LOCATION	6. PAS CODE
731 TAS (MAC), Peterson AFB CO	W80QFLG6

7. PERIOD OF REPORT FROM:	THRU:	8. NO. OF DAYS OF SUPERVISION	9. REASON FOR REPORT
28 Feb 85	27 Feb 86	365	Annual

II. JOB DESCRIPTION

1. DUTY TITLE: C-130 Loadmaster

2. KEY DUTIES, TASKS, AND RESPONSIBILITIES: Reviews aircraft weight and balance records and load manifests, and determines quantity of cargo and passengers/troops to be loaded and proper placement in aircraft. Accomplishes initial preflight of aircraft according to applicable flight manuals; preflights specific aircraft systems as mission dictates. Supervises all activites related to the loading and unloading of cargo and passenger/troops. Arranges for supplies and equipment and provides for safety and comfort of passengers/troops. Prepares supplies and equipment for airdrop and conducts cargo and personnel airdrops.

III. EVALUATION OF PERFORMANCE

			0	1	2	3	4	5	6	7	8	9
1. PERFORMANCE OF DUTY: Consider the quantity, quality, and timeliness of duties performed as described in Section II.	RATER	N/O										X
	1ST INDORSER											X
2. HUMAN RELATIONS: Consider how well ratee supports and promotes equal opportunity, shows concern and is sensitive to needs of others.	RATER											X
	1ST INDORSER											X
3. TRAINING: Consider how well responsibilities are discharged as an OJT supervisor or trainer and in other efforts to improve technical knowledge and educational level.	RATER	N/O										X
	1ST INDORSER											X
4. SUPERVISION: Consider how well ratee supervises, leads, uses available resources, communicates (oral and written), and maintains good order and discipline.	RATER	N/O										X
	1ST INDORSER											X
5. ACCEPTANCE OF NCO RESPONSIBILITY: Consider ratee's acceptance of responsibility for personal actions and those of subordinates.	RATER	N/O										X
	1ST INDORSER											X
6. BEARING AND BEHAVIOR: Consider the degree to which ratee's bearing and behavior on and off duty improve the image of Air Force noncommissioned officers.	RATER	BR										X
		BH										X
		N/O										
	1ST INDORSER	BR										X
		BH										X

IV. OVERALL EVALUATION

How does the ratee compare with others of the same grade and Air Force specialty? Potential for promotion and increased responsibility are essential considerations in this rating.

	0	1	2	3	4	5	6	7	8	9
RATER										X
1ST INDORSER										X
2D INDORSER										X
3D INDORSER										

UNIT COMMANDER REVIEW *(Initials)*

AF FORM JUN 84 910 PREVIOUS EDITION WILL BE USED

TSGT, SSGT, SGT PERFORMANCE REPORT

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V. RATER'S COMMENTS FACTS AND SPECIFIC ACHIEVEMENTS: SSgt Hopkins has performed his duties and responsibilities in an outstanding and examplary manner. SSgt Hopkins received the Air Force Commendation Medal for his accurate and proficient assessment and response during an inflight emergency while that the LLATT School He was able to personnally assist the aircraft commander to assess and implement procedures to avoid an eminent disaster. SSgt Hopkins was recognized as primary crew member of the Outstanding Air Force Reserve Flight Crew of the Year in 1985. The crew was awarded the Presidental Citation. Because of his thorough knowledge and extensive experience SSgt Hopkins was selected to be the primary loadmaster judge at the 4th Air Force MAPS Rodeo. SSgt Hopkins was personnally requested to provide training on the C-130 and assorted aerial port equipment. The thoroughness of training and his ability to establish rapport and communicate the member of the CSS has resulted in a significant increase of their proficiency of their overall mission. Further, SSgt Hopkins developed and implemented a program to re-clean and re-inspect all weapons assigned to the 302 TAW and their tenant units. This program has resulted in a 40% reduction of mandays that had been anticipated. OTHER COMMENTS: In civilian life SSgt Hopkins is working with the east Colorado Council of Government (COG) to develop and improve the economic base of 5 small towns and 3 counties in eastern Colorado. This loyal dedicated individual is one of the finest NCOs I have come into contact with during my Air Force Career. He should be considered for advancement ahead of his contemporaries.

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
EDMOND J. STEWART III, MSgt, USAFR 731 TAS (MAC) Peterson AFB CO	C-130 Loadmaster Examiner	5 Mar 86
	(b) (6) SIGNATURE	

VI. 1ST INDORSER'S COMMENTS ☒ CONCUR ☐ NONCONCUR

SSgt Hopkins is one of the most highly motivated NCOs I've had the privilege of supervising. He's enthuasism and willingness to organize and conduct training sessions for Wing tennant units has contributed significantly to the mission requirements.

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
JOHN K. TOWNSEND JR, SMSgt, USAFR 731 TAS (MAC) Peterson AFB CO	C-130 Aircraft Loadmaster Superintendent	5 Mar 86
	(b) (6) SIGNATURE John K Townsend Jr.	

VII. 2D INDORSER'S COMMENTS ☒ CONCUR ☐ NONCONCUR

I have had the opportunity to observe SSgt Hopkins performance. His professional manner is a valuable aid to the Loadmaster Section and the Air Force Reserve. On numerous occasions he has perfomed responsibilities often at personal inconvenance to support the unit. Promote!

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
JIM L. FOLSOM, Lt Col, USAFR 731 TAS (MAC) Peterson AFB CO	Commander	5 Mar 86
	(b) (6) SIGNATURE J. L. Folsom	

VIII. 3D INDORSER'S COMMENTS ☐ CONCUR ☐ NONCONCUR

This section not used.

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
	SSAN	SIGNATURE

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I. RATEE IDENTIFICATION DATA *(Read AFR 39-62 carefully before completing any item)*

1. NAME (Last, First, Middle Initial)	(b) (6)	GRADE	4. DAFSC
Hopkins, Marshall H.	[redacted]	TSgt NON-EAD	A11470

5. ORGANIZATION, COMMAND, AND LOCATION	6. PAS CODE
731 TAS (MAC), Peterson AFB CO	W80QFLG6

7. PERIOD OF REPORT		8. NO. OF DAYS OF SUPERVISION	9. REASON FOR REPORT
FROM: 28 Feb 86	THRU: 27 Feb 87	365	Annual

II. JOB DESCRIPTION 1. DUTY TITLE: C-130 Loadmaster

2. KEY DUTIES, TASKS, AND RESPONSIBILITIES: Reviews aircraft weight and balance records and load manifests, and determines quantity of cargo and passengers/troops to be loaded and proper placement in aircraft. Accomplishes initial preflight of aircraft according to applicable flight manuals; preflights specific aircraft systems as mission dictates. Supervises all activities related to the loading and unloading of cargo and passengers/troops. Arranges for supplies and equipment and provides for safety and comfort of passengers/troops. Prepares supplies and equipment for airdrop and conducts cargo and personnel airdrops. Additional duties: Assistant NCOIC of Mobililty, Weapon courier and Alternate flight chief.

III. EVALUATION OF PERFORMANCE

			0	1	2	3	4	5	6	7	8	9
1. PERFORMANCE OF DUTY: Consider the quantity, quality, and timeliness of duties performed as described in Section II.	RATER	N/O										X
	1ST INDORSER											X
2. HUMAN RELATIONS: Consider how well ratee supports and promotes equal opportunity, shows concern and is sensitive to needs of others.	RATER											X
	1ST INDORSER											X
3. TRAINING: Consider how well responsibilities are discharged as an OJT supervisor or trainer and in other efforts to improve technical knowledge and educational level.	RATER	N/O										X
	1ST INDORSER											X
4. SUPERVISION: Consider how well ratee supervises, leads, uses available resources, communicates (oral and written), and maintains good order and discipline.	RATER	N/O										X
	1ST INDORSER											X
5. ACCEPTANCE OF NCO RESPONSIBILITY: Consider ratee's acceptance of responsibility for personal actions and those of subordinates.	RATER	N/O										X
	1ST INDORSER											X
6. BEARING AND BEHAVIOR: Consider the degree to which ratee's bearing and behavior on and off duty improve the image of Air Force noncommissioned officers.	RATER	BR										X
		BH										X
		N/O										
	1ST INDORSER	BR										X
		BH										X

IV. OVERALL EVALUATION

		0	1	2	3	4	5	6	7	8	9
How does the ratee compare with others of the same grade and Air Force specialty? Potential for promotion and increased responsibility are essential considerations in this rating.	RATER										X
	1ST INDORSER										X
UNIT COMMANDER REVIEW *(Initials)* 96	2D INDORSER										
	3D INDORSER										

AF FORM JUN 84 910 PREVIOUS EDITION WILL BE USED

TSGT, SSGT, SGT PERFORMANCE REPORT

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V. RATER'S COMMENTS FACTS AND SPECIFIC ACHIEVEMENTS: TSgt Hopkins is a qualified Loadmaster with the 731 TAS. TSgt Hopkins is a highly dedicated member, his attitude is mission first above all. He has supported the unit in many ways, i.e. attends all UTA's, 48 AFTP's, numerous mandays, Panama rotation, Green Flag and Maple Flag. OTHER COMMENTS: Hopkins's military bearing sets an example for all his peer's. He is an active member in the Reformed Latter Day Saints Church. TSgt Hopkins is also, a City Councilman and he is a volunteer with the fire department. TSgt Hopkins additional duties include Assistant NCOIC of Mobility for the 731 TAS, weapon courier and alternate flight chief.

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
EDMOND J. STEWART III, MSgt, USAFR 731 TAS (MAC) Peterson AFB CO	C-130 Loadmaster Examiner	5 APR 87
	(b) (6)	SIGNATURE: Edmond J. Stewart

VI. 1ST INDORSER'S COMMENTS ☒ CONCUR ☐ NONCONCUR

TSgt Hopkins is a very valuable asset to the unit and the Loadmaster section.

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
RUSSELL A. BURTON, MSgt, USAFR 731 TAS (MAC) Peterson AFB, CO	C-130 Loadmaster	5 APR 87
	(b) (6)	GNATURE: Russell A. Burton

VII. 2D INDORSER'S COMMENTS ☐ CONCUR ☐ NONCONCUR

THIS SECTION NOT USED.

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
	SSAN	SIGNATURE

VIII. 3D INDORSER'S COMMENTS ☐ CONCUR ☐ NONCONCUR

THIS SECTION NOT USED.

NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION, COMMAND AND LOCATION	DUTY TITLE	DATE
	SSAN	SIGNATURE: RKB

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ANG/USAFR POINT CREDIT SUMMARY

MAILING ADDRESS

SSG HOPKINS MARSHALL H (b) (6)

(b) (6)

DATE PREPARED : 84/03/17
: W80QF37P AF
CLOSEOUT DATE : 840114
RETIRE/RET DATE : 0115
STATEMENT REASON :
ANNUAL

TO THE GUARDSMAN/RESERVIST:
COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR CBPO/CRPO WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE.

FROM DATE	TO DATE	ACTIVE DUTY TRAINING	IN ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS, MOS AND DYS
830115	840114	0114	0059	0000	015	00188	00174	010000

****REFLECTS ONLY SERVICE SINCE LATEST ENTRY INTO THE AIR RESERVE FORCES****

NON-CREDITABLE SERVICE PERIODS

AF FORM 526 JUNE 1978

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ANG/USAFR POINT CREDIT SUMMARY
STATEMENT OF POINTS EARNED

DATE PREPARED : 84/03/17

SSG HOPKINS MARSHALL H (b) (6) : W8OQF37P AF

TYPE DUTY CODES (TD)
1. ACTIVE DUTY OTHER 2. SPECIAL TOUR 3. SCHOOL TOUR 4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY 6. AFTP 7. PAID INAC DUTY 8. NONPAID INAC DUTY
9. ECI ('NO' EQUALS COURSE EXAM WAIVED BY ARPC)

FROM DATE	TO DATE	TD	PTS	VOL	COURSE
83 FEB 05	83 FEB 06	7	004		
83 MAR 01	83 MAR 03	2	003		
83 MAR 05	83 MAR 06	7	004		
83 MAR 10	83 MAR 10	6	001		
83 MAR 11	83 MAR 13	1	003		
83 MAR 15	83 MAR 15	7	002		
83 MAR 17	83 MAR 17	7	002		
83 MAR 18	83 MAR 20	6	006		
83 MAR 28	83 JUN 15	3	080		
83 JUN 20	83 JUN 20	7	002		
83 JUN 21	83 JUN 21	6	001		
83 JUN 26	83 JUN 26	6	001		
83 JUL 13	83 JUL 13	6	001		
83 JUL 16	83 JUL 17	7	004		
83 JUL 23	83 AUG 06	4	015		
83 AUG 13	83 AUG 14	7	004		
83 AUG 15	83 AUG 15	6	001		
83 AUG 18	83 AUG 21	1	004		
83 AUG 27	83 AUG 27	6	002		
83 AUG 29	83 AUG 30	2	002		
83 SEP 10	83 SEP 11	7	004		
83 SEP 13	83 SEP 13	6	001		
83 SEP 24	83 SEP 30	2	007		
83 OCT 01	83 OCT 02	7	004		
83 NOV 04	83 NOV 06	7	005		
83 NOV 17	83 NOV 17	6	001		
83 DEC 03	83 DEC 04	7	003		
83 DEC 05	83 DEC 05	6	001		
84 JAN 07	84 JAN 08	7	004		
84 JAN 12	84 JAN 12	6	001		

AF FORM 526 JUNE 1978

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ANG/USAFR POINT CREDIT SUMMARY

MAILING ADDRESS
SSG HOPKINS MARSHALL H
(b) (6)
(b) (6)

DATE PREPARED : 85/03/16
PAS : W80QF37P AF
CLOSEOUT DATE : 850114
RETIRE/RET DATE : 0115
STATEMENT REASON :
ANNUAL

TO THE GUARDSMAN/RESERVIST:
COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR CBPO/CRPO WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE.

FROM DATE	TO DATE	ACTIVE DUTY TRAINING	IN ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS,MOS AND DYS
840115	850114	0113	0104	0000	015	00232	00173	010000
830115	840114	0114	0059	0000	015	00188	00174	010000
760717	770201	0000	0018	0000	008	00026	00026	000000
750717	760716	0017	0063	0011	015	00106	00077	010000
740717	750716	0149	0044	0016	015	00224	00209	010000
690610	691201	0000	0000	0000	007	00007	00007	000000
680610	690609	0000	0000	0000	015	00015	00015	000000
670610	680609	0000	0000	0000	015	00015	00015	000000
490701	670609	1286	0000	0000	000	01286	01286	030608
TOTAL POINTS ACCRUED TO 850114		1679	0288	00027	105	02099	01982	070608

NON-CREDITABLE SERVICE PERIODS

691202	740716	CIVILIAN STATUS
770202	830114	CIVILIAN STATUS

AF FORM 526 JUNE 1978

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ANG/USAFR POINT CREDIT SUMMARY
ADJUSTMENTS TO PRIOR YEARS

SSG HOPKINS MARSHALL H (b)(6) PREPARED : 85/03/16
: W80QF37P AF

FROM DATE	TO DATE	ACTIVE DUTY TRAINING	IN ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS,MOS AND DYS	
631202	641201	+0366	+0004	+0000	+000	00370	+00366	+010000	1
		HISTORY CAPTURE							R
641202	651201	+0365	+0000	+0000	+000	00365	+00365	+010000	1
		HISTORY CAPTURE							R
651202	661201	+0365	+0000	+0000	+000	00365	+00365	+010000	1
		HISTORY CAPTURE							R
661202	670609	+0190	+0000	+0000	+000	00190	+00190	+000608	1
		HISTORY CAPTURE							R
670610	680609	+0000	+0000	+0000	+015	00015	+00015	+000000	1
		HISTORY CAPTURE							V
680610	690609	+0000	+0000	+0000	+015	00015	+00015	+000000	1
		HISTORY CAPTURE							V
690610	691201	+0000	+0000	+0000	+007	00007	+00007	+000000	1
		HISTORY CAPTURE							V
740717	750716	+0149	+0044	+0016	+015	00224	+00209	+010000	1
		HISTORY CAPTURE							V
750717	760716	+0017	+0063	+0011	+015	00106	+00077	+010000	1
		HISTORY CAPTURE							V
760717	770716	+0000	+0018	+0000	+015	00033	+00033	+000000	1
		HISTORY CAPTURE							V
760717	770716	0000	0018	0000	+000	00000	00000	000000	1
		DISCHARGED FROM AND USAFR							V
830115	840114	+0114	+0059	+0000	+015	00188	+00174	+010000	1
		HISTORY CAPTURE							V

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ANG/USAFR POINT CREDIT SUMMARY — PAGE 2 OF 3
STATEMENT OF POINTS EARNED

SSG HOPKINS MARSHALL H (b) (6) — DATE PREPARED : 85/03/16 — PAS : W80QF37P AF

TYPE DUTY CODES (TD)
1. ACTIVE DUTY OTHER 2. SPECIAL TOUR 3. SCHOOL TOUR 4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY 6. AFTP 7. PAID INAC DUTY 8. NONPAID INAC DUTY
9. ECI ('NO' EQUALS COURSE EXAM WAIVED BY ARPC)

FROM DATE	TO DATE	TD	PTS	VOL	COURSE
84 JAN 19	84 JAN 20	6	004		
84 JAN 24	84 JAN 24	6	001		
84 JAN 26	84 JAN 26	6	002		
84 FEB 01	84 FEB 25	3	025		
84 FEB 28	84 FEB 28	6	001		
84 FEB 29	84 MAR 01	7	004		
84 MAR 03	84 MAR 04	7	004		
84 MAR 07	84 MAR 07	6	001		
84 MAR 17	84 MAR 17	6	002		
84 MAR 25	84 APR 02	3	009		
84 APR 03	84 APR 03	6	001		
84 APR 04	84 APR 06	1	003		
84 APR 07	84 APR 08	7	004		
84 APR 17	84 APR 20	4	004		
84 MAY 06	84 MAY 06	7	002		
84 MAY 15	84 MAY 15	7	002		
84 MAY 16	84 MAY 17	4	002		
84 MAY 21	84 MAY 25	1	005		
84 MAY 30	84 MAY 31	6	004		
84 JUN 02	84 JUN 03	7	004		
84 JUN 05	84 JUN 05	6	002		
84 JUN 07	84 JUN 07	6	002		
84 JUN 12	84 JUN 12	6	002		
84 JUN 14	84 JUN 15	6	004		
84 JUN 19	84 JUN 19	6	001		
84 JUN 21	84 JUN 25	2	005		
84 JUN 28	84 JUN 29	2	002		
84 JUL 02	84 JUL 03	4	002		
84 JUL 06	84 JUL 06	7	002		
84 JUL 07	84 JUL 13	4	007		
84 JUL 16	84 JUL 16	2	001		
84 JUL 17	84 JUL 17	7	002		
84 AUG 09	84 AUG 09	6	001		
84 AUG 18	84 AUG 19	7	004		
84 AUG 20	84 AUG 23	2	004		
84 AUG 24	84 AUG 26	6	005		
84 SEP 01	84 SEP 07	2	007		
84 SEP 08	84 SEP 09	7	004		
84 SEP 12	84 SEP 12	6	002		
84 SEP 18	84 SEP 20	6	006		
84 SEP 22	84 SEP 30	2	009		
84 OCT 02	84 OCT 02	6	002		
84 OCT 05	84 OCT 06	1	002		
84 OCT 10	84 OCT 10	7	002		
84 OCT 12	84 OCT 12	7	002		
84 OCT 18	84 OCT 18	6	001		
84 OCT 20	84 OCT 26	2	007		
84 OCT 27	84 OCT 27	6	001		
84 OCT 30	84 OCT 30	6	001		
84 NOV 02	84 NOV 02	6	002		
84 NOV 03	84 NOV 04	7	004		
84 NOV 07	84 NOV 07	6	002		
84 NOV 09	84 NOV 17	1	009		
84 NOV 27	84 NOV 28	6	003		
84 DEC 01	84 DEC 02	7	004		
84 DEC 05	84 DEC 06	1	002		
84 DEC 07	84 DEC 09	2	003		
84 DEC 11	84 DEC 11	6	002		
84 DEC 13	84 DEC 14	2	002		
84 DEC 18	84 DEC 18	6	001		
84 DEC 21	84 DEC 23	2	003		
85 JAN 09	85 JAN 10	7	004		

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ANG/USAFR POINT CREDIT SUMMARY

MAILING ADDRESS
SSG HOPKINS MARSHALL H (b) (6)
(b) (6)

DATE PREPARED : 86/03/15
: W80QFLG6 AD
CLOSEOUT DATE : 860114
RETIRE/RET DATE : 0115
STATEMENT REASON :
ANNUAL

TO THE GUARDSMAN/RESERVIST:
COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE, THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR CBPO/CRPO WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE.

FROM DATE	TO DATE	ACTIVE DUTY TRAINING	IN ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS,MOS AND DYS
850115	860114	0144	0077	0021	015	00257	00204	010000
840115	850114	0113	0104	0000	015	00232	00173	010000
830115	840114	0114	0059	0000	015	00188	00174	010000
760717	770201	0000	0018	0000	008	00026	00026	000000
750717	760716	0017	0063	0011	015	00106	00077	010000
740717	750716	0149	0044	0016	015	00224	00209	010000
690610	691201	0000	0000	0000	007	00007	00007	000000
680610	690609	0000	0000	0000	015	00015	00015	000000
490701	680609	1286	0000	0000	015	01301	01301	030608
TOTAL POINTS ACCRUED TO 860114		1823	0365	00048	120	02356	02186	080608

NON-CREDITABLE SERVICE PERIODS

691202	740716	CIVILIAN STATUS
770202	830114	CIVILIAN STATUS

AF FORM 526 JUNE 1978

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ANG/USAFR POINT CREDIT SUMMARY — PAGE 2 OF 2
STATEMENT OF POINTS EARNED

SSG HOPKINS MARSHALL H (b) (6) — DATE PREPARED : 86/03/15 — PAS : W80QFLG6 AD

TYPE DUTY CODES (TD)

1. ACTIVE DUTY OTHER 2. SPECIAL TOUR 3. SCHOOL TOUR 4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY 6. AFTP 7. PAID INAC DUTY 8. NONPAID INAC DUTY
9. ECI ('NO' EQUALS COURSE EXAM WAIVED BY ARPC)

FROM DATE	TO DATE	TD	PTS	VOL	COURSE
85 JAN 19	85 JAN 25	1	007		
85 FEB 01	85 FEB 01	6	001		
85 FEB 02	85 FEB 03	7	004		
85 FEB 07	85 FEB 07	6	002		
85 FEB 11	85 FEB 17	4	007		
85 FEB 19	85 FEB 24	1	006		
85 FEB 26	85 FEB 28	6	003		
85 MAR 02	85 MAR 08	2	007		
85 MAR 10	85 MAR 11	7	004		
85 MAR 20	85 MAR 20	6	002		
85 MAR 21	85 MAR 22	4	002		
85 MAR 26	85 MAR 27	6	003		
85 APR 03	85 APR 03	1	001		
85 APR 13	85 APR 14	7	004		
85 APR 19	85 APR 19	4	001		
85 APR 23	85 APR 23	2	001		
85 APR 24	85 APR 24	6	001		
85 APR 27	85 MAY 03	2	007		
85 MAY 04	85 MAY 05	7	004		
85 MAY 07	85 MAY 08	6	002		
85 MAY 10	85 MAY 12	2	003		
85 MAY 17	85 JUN 01	2	016		
85 JUN 15	85 JUN 16	7	004		
85 JUN 19	85 JUN 23	4	005		
85 JUN 26	85 JUN 26	6	002		
85 JUL 09	85 JUL 09	6	002		
85 JUL 13	85 JUL 14	7	004		
85 JUL 16	85 JUL 16	6	001		
85 APR 23		9	008	01	00011
85 APR 23		9	009	02	00011

FROM DATE	TO DATE	TD	PTS	VOL	COURSE
85 JUL 17	85 JUL 17	2	001		
85 AUG 13	85 AUG 13	6	001		
85 AUG 19	85 AUG 19	2	001		
85 AUG 21	85 AUG 21	6	002		
85 AUG 25	85 AUG 25	7	002		
85 AUG 26	85 AUG 26	6	001		
85 AUG 30	85 SEP 02	2	004		
85 SEP 06	85 SEP 08	7	006		
85 SEP 18	85 SEP 20	1	003		
85 SEP 21	85 SEP 22	6	004		
85 SEP 23	85 SEP 27	1	005		
85 SEP 28	85 OCT 26	2	029		
85 NOV 05	85 NOV 06	7	004		
85 NOV 07	85 NOV 07	6	002		
85 NOV 08	85 NOV 08	4	001		
85 NOV 12	85 NOV 15	4	004		
85 NOV 16	85 NOV 17	7	004		
85 NOV 18	85 NOV 27	4	010		
85 NOV 29	85 DEC 01	2	003		
85 DEC 07	85 DEC 08	7	004		
85 DEC 09	85 DEC 15	2	007		
85 DEC 18	85 DEC 18	6	002		
85 DEC 19	85 DEC 19	2	001		
85 DEC 23	85 DEC 23	6	001		
85 DEC 30	86 JAN 03	2	005		
86 JAN 07	86 JAN 07	6	001		
86 JAN 08	86 JAN 14	2	007		
85 APR 23		9	004	900	00011

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ANG/USAFR POINT CREDIT SUMMARY

MAILING ADDRESS
TSG HOPKINS MARSHALL W
(b) (6)
(b) (6)

DATE PREPARED : 87/03/14
PAS : W80QFLG6 AD
CLOSEOUT DATE : 870114
RETIRE/RET DATE : 0115
STATEMENT REASON : ANNUAL

TO THE GUARDSMAN/RESERVIST:
COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR CBPO/CRPO WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE.

FROM DATE	TO DATE	ACTIVE DUTY TRAINING	IN ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS,MOS AND DYS
860115	870114	0121	0103	0000	015	00239	00181	010000
850115	860114	0159	0071	0021	015	00266	00219	010000
840115	850114	0113	0104	0000	015	00232	00173	010000
830115	840114	0114	0059	0000	015	00188	00174	010000
760717	770201	0000	0018	0000	008	00026	00026	000000
750717	760716	0017	0063	0011	015	00106	00077	010000
740717	750716	0149	0044	0016	015	00224	00209	010000
690610	691201	0000	0000	0000	007	00007	00007	000000
490701	690609	1286	0000	0000	030	01316	01316	030608
TOTAL POINTS ACCRUED TO 870114		1959	0462	00048	135	02604	02382	090608
NON-CREDITABLE SERVICE PERIODS								
691202	740716	CIVILIAN STATUS						
770202	830114	CIVILIAN STATUS						

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ANG/USAFR POINT CREDIT SUMMARY — PAGE 2 OF 3

STATEMENT OF POINTS EARNED

TSG HOPKINS MARSHALL H (b) (6) — DATE PREPARED : 87/03/14 — PAS : W8OQFLG6 AD

TYPE DUTY CODES (TD)

1. ACTIVE DUTY OTHER 2. SPECIAL TOUR 3. SCHOOL TOUR 4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY 6. AFTP 7. PAID INAC DUTY 8. NONPAID INAC DUTY

ECI ('NO' EQUALS COURSE EXAM WAIVED BY ARPC)

FROM DATE	TO DATE	TD	PTS	VOL COURSE
86 JAN 15	86 JAN 17	2	003	
86 JAN 23	86 JAN 23	7	002	
86 JAN 24	86 JAN 26	6	006	
86 JAN 27	86 JAN 31	2	005	
86 FEB 06	86 FEB 06	6	001	
86 FEB 08	86 FEB 09	7	004	
86 FEB 10	86 FEB 13	2	004	
86 FEB 14	86 FEB 14	6	001	
86 FEB 15	86 FEB 28	2	014	
86 MAR 04	86 MAR 06	2	003	
86 MAR 07	86 MAR 07	7	001	
86 MAR 07	86 MAR 07	6	001	
86 MAR 08	86 MAR 09	7	004	
86 MAR 11	86 MAR 11	6	002	
86 MAR 13	86 MAR 13	6	001	
86 MAR 19	86 MAR 19	2	001	
86 MAR 20	86 MAR 20	6	002	
86 MAR 24	86 MAR 24	2	001	
86 MAR 27	86 MAR 27	2	001	
86 MAR 29	86 MAR 29	1	001	
86 MAR 31	86 APR 05	1	006	
86 APR 12	86 APR 14	7	004	
86 APR 17	86 APR 17	6	001	
86 APR 21	86 APR 21	6	001	
86 APR 24	86 APR 28	2	005	
86 MAY 03	86 MAY 11	1	009	
86 MAY 12	86 MAY 12	7	002	
86 MAY 13	86 MAY 13	6	001	
86 MAY 14	86 MAY 14	7	002	
86 MAY 16	86 MAY 18	1	003	
86 MAY 20	86 MAY 21	6	003	
86 MAY 28	86 MAY 28	6	001	
86 JUN 03	86 JUN 04	6	002	
86 JUN 06	86 JUN 08	1	003	
86 JUN 10	86 JUN 10	6	001	
86 JUN 18	86 JUN 18	2	001	
86 JUN 19	86 JUN 20	6	002	
86 JUN 20	86 JUN 22	7	005	
86 JUN 24	86 JUN 24	2	001	
86 JUN 26	86 JUN 26	6	002	
86 JUN 27	86 JUN 29	1	003	
86 JUL 01	86 JUL 03	6	003	
86 JUL 08	86 JUL 08	6	001	
86 JUL 10	86 JUL 10	6	001	
86 JUL 11	86 JUL 11	7	002	
86 JUL 12	86 JUL 18	1	007	
86 JUL 31	86 AUG 03	6	004	
86 AUG 08	86 AUG 10	7	005	
86 AUG 29	86 AUG 31	6	003	
86 SEP 05	86 SEP 14	1	010	
86 SEP 26	86 SEP 26	7	002	
86 SEP 29	86 SEP 29	1	001	
86 SEP 30	86 SEP 30	7	002	
86 OCT 01	86 OCT 05	2	005	
86 OCT 07	86 OCT 08	6	003	
86 OCT 16	86 OCT 22	1	007	
86 OCT 29	86 OCT 29	6	001	
86 OCT 30	86 OCT 31	7	004	
86 NOV 01	86 NOV 07	4	007	
86 NOV 08	86 NOV 09	7	004	
86 NOV 11	86 NOV 11	6	001	
86 NOV 13	86 NOV 13	6	001	
86 NOV 14	86 NOV 16	2	003	
86 NOV 23	86 DEC 01	3	009	
86 DEC 06	86 DEC 07	7	004	
86 DEC 08	86 DEC 12	2	005	
86 DEC 29	86 DEC 31	2	003	
87 JAN 06	87 JAN 08	6	004	
87 JAN 10	87 JAN 11	7	004	
87 JAN 12	87 JAN 12	6	001	
87 JAN 14	87 JAN 14	6	001	

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ANG/USAFR POINT CREDIT SUMMARY
ADJUSTMENTS TO PRIOR YEARS

TSG HOPKINS MARSHALL H (b) (6) PREPARED : 87/03/14
: WGOQFLGG AD

FROM DATE	TO DATE	ACTIVE DUTY TRAINING	IN ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS,MOS AND DYS	
850115	860114	0159	-0071	0021	+015	00266	00219	010000	1
		NO CREDIT FOR 6 7 8 SEP85							V
850115	860114	+0159	0077	0021	+015	00272	00219	010000	1
		ADD 15 AD PTS 3TO17 SEP85							V

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ANG/USAFR POINT CREDIT SUMMARY

MAILING ADDRESS
[redacted]
[redacted]

DATE PREPARED : 88/03/19
PAS : W800FLG6 AD
CLOSEOUT DATE : 880114
RETIRE/RET DATE : 0115
STATEMENT REASON : ANNUAL

TO THE GUARDSMAN/RESERVIST:
COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR CBPO/CRPO WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE.

FROM DATE	TO DATE	IN ACTIVE DUTY TRAININGS	IN ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS, MOS AND DYS
870115	880114	0116	0079	0000	015	00210	00176	010000
860115	870114	0121	0103	0000	015	00239	00181	010000
850115	860114	0159	0071	0021	015	00266	00219	010000
840115	850114	0113	0104	0000	015	00232	00173	010000
830115	840114	0114	0059	0000	015	00188	00174	010000
760717	770201	0000	0018	0000	008	00026	00026	000000
750717	760716	0017	0063	0011	015	00106	00077	010000
740717	750716	0149	0044	0016	015	00224	00209	010000
490701	691201	1286	0000	0000	037	01323	01323	030608
TOTAL POINTS ACCRUED TO 880114		2075	0541	00048	150	02814	02558	100608
NON-CREDITABLE SERVICE PERIODS								
691202	740716	CIVILIAN STATUS						
770202	830114	CIVILIAN STATUS						

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ANG/USAFR POINT CREDIT SUMMARY
STATEMENT OF POINTS EARNED

TSG HOPKINS MARSHALL H (b) (6)

DATE PREPARED : 88/03/19
PAS : W8QQFLG6 AD

TYPE DUTY CODES (TD)
1. ACTIVE DUTY OTHER 2. SPECIAL TOUR 3. SCHOOL TOUR 4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY 6. AFTP 7. PAID INAC DUTY 8. NONPAID INAC DUTY
9. ECI ('NO' EQUALS COURSE EXAM WAIVED BY ARPC)

FROM DATE	TO DATE	TD	PTS	VOL COURSE
87 JAN 16	87 JAN 18	2	003	
87 JAN 20	87 JAN 21	7	004	
87 JAN 22	87 JAN 23	2	002	
87 JAN 25	87 FEB 06	3	013	
87 FEB 13	87 FEB 15	6	006	
87 FEB 24	87 FEB 25	6	003	
87 FEB 27	87 MAR 01	2	003	
87 MAR 05	87 MAR 06	2	002	
87 MAR 07	87 MAR 08	7	004	
87 MAR 10	87 MAR 11	4	002	
87 MAR 18	87 MAR 19	4	002	
87 MAR 20	87 MAR 25	1	006	
87 APR 04	87 APR 04	7	002	
87 APR 06	87 APR 06	7	002	
87 APR 07	87 APR 10	2	004	
87 APR 22	87 APR 22	6	002	
87 APR 24	87 APR 26	1	003	
87 APR 28	87 MAY 01	2	004	
87 MAY 02	87 MAY 03	7	004	
87 MAY 05	87 MAY 07	2	003	
87 MAY 11	87 MAY 14	2	004	
87 MAY 18	87 JUN 07	2	021	
87 JUN 08	87 JUN 08	7	002	
87 JUN 10	87 JUN 11	2	002	
87 JUN 12	87 JUN 12	6	002	
87 JUN 16	87 JUN 16	7	002	
87 JUN 17	87 JUN 17	6	002	
87 JUN 30	87 JUN 30	6	001	
87 JUL 06	87 JUL 19	2	014	
87 JUL 23	87 JUL 23	7	002	
87 JUL 28	87 JUL 28	7	002	
87 JUL 29	87 JUL 31	4	003	
87 AUG 03	87 AUG 07	2	005	
87 AUG 08	87 AUG 08	7	002	
87 AUG 10	87 AUG 10	7	002	
87 AUG 12	87 AUG 12	6	001	
87 AUG 18	87 AUG 19	6	002	
87 AUG 25	87 AUG 26	6	002	
87 AUG 28	87 AUG 30	2	003	
87 SEP 03	87 SEP 03	4	001	
87 SEP 08	87 SEP 09	6	004	
87 SEP 19	87 SEP 20	7	004	
87 SEP 25	87 SEP 27	6	003	
87 SEP 29	87 SEP 29	2	001	
87 OCT 03	87 OCT 03	7	002	
87 NOV 13	87 NOV 13	7	002	
87 NOV 15	87 NOV 22	4	008	
87 NOV 23	87 NOV 23	7	002	
87 DEC 01	87 DEC 04	2	004	
87 DEC 16	87 DEC 16	6	002	
87 DEC 18	87 DEC 20	4	003	
87 DEC 22	87 DEC 22	6	001	
87 DEC 29	87 DEC 29	6	001	
88 JAN 05	88 JAN 06	7	004	
88 JAN 07	88 JAN 07	6	001	
88 JAN 09	88 JAN 10	7	004	

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ANG/USAFR POINT CREDIT SUMMARY

MAILING ADDRESS
TSG HOPKINS MARSHALL H
(b) (6)
(b) (6)

DATE PREPARED : 89/03/18
PAS : W80QFLG6 AD
CLOSEOUT DATE : 890114
RETIRE/RET DATE : 0115
STATEMENT REASON : ANNUAL

TO THE GUARDSMAN/RESERVIST:
COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR CBPO/CRPO WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE.

FROM DATE	TO DATE	IN ACTIVE DUTY TRAINING	ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS,MOS AND DYS
880115	890114	0076	0069	0000	015	00160	00136	010000
870115	880114	0116	0079	0000	015	00210	00176	010000
860115	870114	0121	0103	0000	015	00239	00181	010000
850115	860114	0159	0071	0021	015	00266	00219	010000
840115	850114	0113	0104	0000	015	00232	00173	010000
830115	840114	0114	0059	0000	015	00188	00174	010000
760717	770201	0000	0018	0000	008	00026	00026	000000
750717	760716	0017	0063	0011	015	00106	00077	010000
490701	750716	1435	0044	0016	052	01547	01532	040608
TOTAL POINTS ACCRUED TO 890114		2151	0610	00048	165	02974	02694	110608

NON-CREDITABLE SERVICE PERIODS

770202	830114	CIVILIAN STATUS
691202	740716	CIVILIAN STATUS

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ANG/USAFR POINT CREDIT SUMMARY — PAGE 2 OF 2
STATEMENT OF POINTS EARNED

TSG HOPKINS MARSHALL H (b) (6) — DATE PREPARED : 89/03/18 — PAS : W80QFLG6 AD

TYPE DUTY CODES (TD)
1. ACTIVE DUTY OTHER 2. SPECIAL TOUR 3. SCHOOL TOUR 4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY 6. AFTP 7. PAID INAC DUTY 8. NONPAID INAC DUTY
9. ECI ('NO' EQUALS COURSE EXAM WAIVED BY ARPC)

FROM DATE	TO DATE	TD	PTS	VOL COURSE
88 FEB 04	88 FEB 04	6	1	001
88 FEB 06	88 FEB 07	7	4	004
88 FEB 12	88 FEB 14	1	3	003
88 FEB 29	88 MAR 01	2	2	002
88 MAR 08	88 MAR 08	6	1	001
88 MAR 12	88 MAR 19	2	8	008
88 APR 05	88 APR 05	6	1	001
88 APR 09	88 APR 10	7	4	004
88 APR 12	88 APR 12	2	1	001
88 APR 18	88 APR 21	4	4	004
88 APR 22	88 APR 24	2	3	003
88 MAY 14	88 MAY 15	7	4	004
88 MAY 17	88 MAY 17	6	1	001
88 MAY 22	88 MAY 24	2	3	003
88 MAY 25	88 MAY 25	6	1	001
88 MAY 31	88 JUN 03	2	4	004
88 JUN 04	88 JUN 05	7	4	004
88 JUN 06	88 JUN 10	3	5	005
88 JUN 13	88 JUN 17	2	5	005
88 JUN 20	88 JUN 24	2	5	005
88 JUL 13	88 JUL 13	6	1	001
88 JUL 16	88 JUL 17	7	4	004
88 JUL 22	88 JUL 24	2	3	003
88 JUL 27	88 JUL 27	6	1	001
88 AUG 04	88 AUG 05	2	2	002
88 AUG 06	88 AUG 07	7	4	004
88 AUG 08	88 AUG 08	2	1	001
88 AUG 25	88 AUG 26	6	3	003
88 AUG 27	88 AUG 28	6	4	004
88 AUG 29	88 AUG 29	2	1	001
88 SEP 10	88 SEP 11	7	4	004
88 SEP 21	88 SEP 21	6	1	001
88 OCT 15	88 OCT 15	7	2	002
88 OCT 16	88 OCT 16	7	2	002
88 OCT 20	88 OCT 21	6	4	004
88 OCT 22	88 OCT 23	6	4	004
88 NOV 05	88 NOV 06	7	4	004
88 NOV 10	88 NOV 10	6	1	001
88 NOV 16	88 NOV 16	6	1	001
88 DEC 03	88 DEC 04	7	4	004
88 DEC 05	88 DEC 08	4	4	004
88 DEC 12	88 DEC 15	4	4	004
88 DEC 16	88 DEC 20	3	5	005
88 DEC 21	88 DEC 23	2	3	003
88 DEC 27	88 DEC 30	2	4	004
89 JAN 03	89 JAN 04	4	2	002
89 JAN 07	89 JAN 08	7	4	004
89 JAN 09	89 JAN 12	2	4	004

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ANG/USAFR POINT CREDIT SUMMARY

MAILING ADDRESS
TSG HOPKINS MARSHALL H (b) (6)
(b) (6)

DATE PREPARED : 90/03/17
PAS : W80QF869 AD
CLOSEOUT DATE : 900114
RETIRE/RET DATE : 0115
STATEMENT REASON : ANNUAL

TO THE GUARDSMAN/RESERVIST:
COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR CBPO/CRPO WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE.

FROM DATE	TO DATE	IN ACTIVE DUTY TRAINING	ACTIVE DUTY TRAINING	ECI	MEMBERSHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS,MOS AND DYS
890115	900114	0143	0066	0000	015	00224	00203	010000
880115	890114	0076	0069	0000	015	00160	00136	010000
870115	880114	0116	0079	0000	015	00210	00176	010000
860115	870114	0121	0103	0000	015	00239	00181	010000
850115	860114	0159	0071	0021	015	00266	00219	010000
840115	850114	0113	0104	0000	015	00232	00173	010000
830115	840114	0114	0059	0000	015	00188	00174	010000
760717	770201	0000	0018	0000	008	00026	00026	000000
490701	760716	1452	0107	0027	067	01653	01609	050608
TOTAL POINTS ACCRUED TO 900114		2294	0676	00048	180	03198	02897	120608

NON-CREDITABLE SERVICE PERIODS

770202	830114	CIVILIAN STATUS
691202	740716	CIVILIAN STATUS

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ANG/USAFR POINT CREDIT SUMMARY — PAGE 2 OF 2
STATEMENT OF POINTS EARNED

TSG HOPKINS MARSHALL H (b) (6) — DATE PREPARED : 90/03/17
PAS : W80QF869 AD

TYPE DUTY CODES (TD)
1. ACTIVE DUTY OTHER 2. SPECIAL TOUR 3. SCHOOL TOUR 4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY 6. AFTP 7. PAID INAC DUTY 8. NONPAID INAC DUTY
9. ECI ('NO' EQUALS COURSE EXAM WAIVED BY ARPC)

FROM DATE	TO DATE	TD	PTS	VOL COURSE
89 JAN 18	89 JAN 19	2	002	
89 JAN 24	89 JAN 25	2	002	
89 JAN 30	89 FEB 03	2	005	
89 FEB 04	89 FEB 04	7	002	
89 FEB 14	89 FEB 16	2	003	
89 FEB 21	89 FEB 23	1	003	
89 FEB 24	89 FEB 24	6	001	
89 MAR 01	89 MAR 01	7	002	
89 MAR 04	89 MAR 04	7	002	
89 MAR 05	89 MAR 05	7	002	
89 MAR 06	89 MAR 06	6	002	
89 MAR 21	89 MAR 21	6	002	
89 MAR 24	89 MAR 24	6	001	
89 MAR 30	89 MAR 30	2	001	
89 APR 01	89 APR 02	7	004	
89 APR 07	89 APR 08	6	002	
89 APR 14	89 APR 21	2	008	
89 APR 24	89 APR 25	2	002	
89 APR 27	89 APR 28	2	002	
89 MAY 01	89 MAY 01	6	001	
89 MAY 03	89 MAY 05	2	003	
89 MAY 06	89 MAY 07	7	004	
89 MAY 08	89 MAY 12	2	005	
89 MAY 22	89 MAY 25	2	004	
89 MAY 26	89 MAY 26	1	001	
89 JUN 03	89 JUN 04	7	004	
89 JUN 12	89 JUN 16	2	005	
89 JUN 26	89 JUN 27	2	002	
89 JUN 28	89 JUL 01	1	004	
89 JUL 05	89 JUL 05	6	001	
89 JUL 07	89 JUL 07	2	001	
89 JUL 10	89 JUL 14	4	005	
89 JUL 15	89 JUL 16	7	004	
89 JUL 17	89 JUL 19	2	003	
89 AUG 01	89 AUG 04	2	004	
89 AUG 05	89 AUG 06	7	004	
89 AUG 07	89 AUG 11	2	005	
89 AUG 15	89 AUG 16	6	002	
89 AUG 17	89 AUG 18	6	004	
89 AUG 22	89 AUG 25	2	004	
89 AUG 30	89 AUG 31	6	004	
89 SEP 05	89 SEP 11	3	007	
89 SEP 15	89 OCT 14	2	030	
89 OCT 21	89 OCT 22	7	004	
89 OCT 30	89 OCT 30	6	002	
89 NOV 03	89 NOV 05	2	003	
89 NOV 08	89 NOV 08	6	001	
89 NOV 13	89 NOV 19	1	007	
89 NOV 28	89 NOV 29	7	004	
89 DEC 02	89 DEC 03	7	004	
89 DEC 13	89 DEC 13	6	001	
89 DEC 14	89 DEC 23	4	010	
90 JAN 02	90 JAN 05	2	004	
90 JAN 06	90 JAN 06	7	002	
90 JAN 07	90 JAN 14	3	008	

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ANG/USAFR POINT CREDIT SUMMARY

DATE PREPARED : 910316
0302AIRLIFT CONTROL FT (b) (6) PAS : W80QF869 AD

MSG HOPKINS MARSHALL H (b) (6) RET/RETIRE : 0115
CLOSEOUT DATE : 910114
SATISFACTORY SVC : 130608
STATEMENT REASON : ANNUAL

TO THE GUARDSMAN/RESERVIST:
COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR CBPO/CRPO WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE. FAILURE TO IDENTIFY ERRORS PROMPTLY COULD AFFECT FUTURE CREDITING OF POINTS AND SERVICE.

FROM DATE	THRU DATE	ACTIVE DUTY TRAINING	IN ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS,MOS AND DYS
90 JAN 15	91 JAN 14	0198	0060	0000	015	00273	00258	010000

TYPE DUTY CODES (TD)

1. ACTIVE DUTY OTHER
2. SPECIAL TOUR
3. SCHOOL TOUR
4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY
6. AFTP
7. PAID INAC DUTY
8. NONPAID INAC DUTY
A. NONPAID ACTIVE DUTY
B. CONTINUATION PAY

FROM DT	THRU DT	TD	PTS
90JAN15	90JAN31	3	017
90FEB08	90FEB08	7	002
90MAR28	90MAR29	7	004
90APR30	90MAY04	2	005
90MAY14	90MAY17	2	004
90JUL09	90JUL13	4	005
90JUL30	90AUG03	2	005
90AUG27	90AUG31	2	005
90SEP10	90SEP19	2	010
90OCT15	90OCT19	4	005
90OCT31	90OCT31	7	002
90NOV13	90NOV13	6	002
90NOV24	90NOV30	2	007
90DEC12	90DEC13	6	004
90DEC27	90DEC27	7	002
90FEB01	90FEB01	7	002
90FEB13	90MAR17	3	033
90APR02	90APR06	2	005
90MAY05	90MAY06	7	004
90MAY28	90JUL01	3	035
90JUL14	90JUL15	7	004
90AUG05	90AUG06	7	004
90SEP04	90SEP04	6	001
90SEP24	90SEP25	2	002
90OCT24	90OCT24	6	001
90NOV01	90NOV04	3	004
90NOV17	90NOV18	7	004
90DEC03	90DEC07	4	005
90DEC14	90DEC14	6	002
90DEC28	91JAN14	1	018
90FEB03	90FEB03	7	002
90MAR19	90MAR23	2	005
90APR07	90APR08	7	004
90MAY07	90MAY11	2	005
90JUL06	90JUL07	7	004
90JUL16	90JUL20	2	005
90AUG07	90AUG11	2	005
90SEP08	90SEP09	7	004
90OCT05	90OCT07	4	003
90OCT27	90OCT27	7	002
90NOV05	90NOV09	2	005
90NOV20	90NOV20	6	002
90DEC10	90DEC11	7	004
90DEC17	90DEC21	2	005

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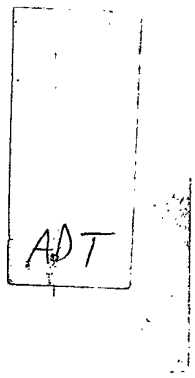

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MSG HOPKINS MARSHALL H (b) (6) DATE PREPARED: 910316

SERVICE HISTORY

FROM DATE	THRU DATE	AD	IDT	ECI	MBR	TOTAL	RETIRE	SATSVC
49 JUL 01	69 DEC 01	1286	0000	0000	037	01323	01323	030608
69 DEC 02	74 JUL 16	CIVI	LIAN	STA	TUS			
74 JUL 17	75 JUL 16	0149	0044	0016	015	00224	00209	010000
75 JUL 17	76 JUL 16	0017	0063	0011	015	00106	00077	010000
76 JUL 17	77 FEB 01	0000	0018	0000	008	00026	00026	000000
77 FEB 02	83 JAN 14	CIVI	LIAN	STA	TUS			
83 JAN 15	84 JAN 14	0114	0059	0000	015	00188	00174	010000
84 JAN 15	85 JAN 14	0113	0104	0000	015	00232	00173	010000
85 JAN 15	86 JAN 14	0159	0071	0021	015	00266	00219	010000
86 JAN 15	87 JAN 14	0121	0103	0000	015	00239	00181	010000
87 JAN 15	88 JAN 14	0116	0079	0000	015	00210	00176	010000
88 JAN 15	89 JAN 14	0076	0069	0000	015	00160	00136	010000
89 JAN 15	90 JAN 14	0143	0066	0000	015	00224	00203	010000

TOTAL POINTS ACCRUED THRU 910114	2492	0736	00048	195	03471	03155	130608

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ANG/USAFR POINT CREDIT SUMMARY

0302AIRLIFT CONTROL FT (b) (6)

DATE PREPARED : 920314
PAS : W80QF869 AD

MSG HOPKINS MARSHALL H
(b) (6)

RET/RETIRE : 0115
CLOSEOUT DATE : 920114
SATISFACTORY SVC : 140608
STATEMENT REASON : ANNUAL

TO THE GUARDSMAN/RESERVIST:
COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR CBPO/CRPO WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE. FAILURE TO IDENTIFY ERRORS PROMPTLY COULD AFFECT FUTURE CREDITING OF POINTS AND SERVICE.

FROM DATE	THRU DATE	ACTIVE DUTY TRAINING	IN ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS,MOS AND DYS
91 JAN 15	92 JAN 14	0235	0047	0000	015	00297	00295	010000

TYPE DUTY CODES (TD)

1. ACTIVE DUTY OTHER
2. SPECIAL TOUR
3. SCHOOL TOUR
4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY
6. AFTP
7. PAID INAC DUTY
8. NONPAID INAC DUTY
A. NONPAID ACTIVE DUTY
B. CONTINUATION PAY

FROM DT	THRU DT	TD	PTS	FROM DT	THRU DT	TD	PTS	FROM DT	THRU DT	TD	PTS
91JAN15	91FEB25	1	042	91FEB26	91FEB27	7	004	91FEB28	91MAR01	7	004
91MAR02	91MAR02	7	002	91MAR04	91MAR21	2	018	91MAR22	91MAR22	7	002
91APR01	91APR27	1	027	91APR28	91MAY31	2	034	91JUN01	91JUN02	7	004
91JUN03	91JUN07	2	005	91JUN10	91JUN22	2	013	91JUN25	91JUN26	2	002
91JUL12	91JUL12	4	001	91JUL13	91JUL13	7	002	91JUL15	91JUL15	7	002
91JUL17	91JUL17	4	001	91AUG05	91AUG31	2	027	91SEP08	91SEP09	7	004
91SEP11	91SEP12	7	004	91SEP13	91SEP13	6	001	91SEP18	91SEP18	6	001
910CT05	910CT06	7	004	910CT16	910CT18	4	003	910CT22	91NOV24	2	034
91NOV25	91NOV26	7	004	91NOV27	91NOV27	6	001	91DEC04	91DEC05	2	002
91DEC06	91DEC07	7	004	91DEC08	91DEC21	2	014	91DEC23	91DEC24	2	002
91DEC30	91DEC31	7	004	92JAN02	92JAN09	2	008	92JAN13	92JAN14	2	002

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ANG/USAFR POINT CREDIT SUMMARY PAGE 2 OF 2

MSG HOPKINS MARSHALL H (b) (6) DATE PREPARED: 920314

SERVICE HISTORY

FROM DATE	THRU DATE	AD	IDT	ECI	MBR	TOTAL	RETIRE	SATSVC
49 JUL 01	69 DEC 01	1286	0000	0000	037	01323	01323	030608
69 DEC 02	74 JUL 16	CIVI	LIAN	STA	TUS			
74 JUL 17	75 JUL 16	0149	0044	0016	015	00224	00209	010000
75 JUL 17	76 JUL 16	0017	0063	0011	015	00106	00077	010000
76 JUL 17	77 FEB 01	0000	0018	0000	008	00026	00026	000000
77 FEB 02	83 JAN 14	CIVI	LIAN	STA	TUS			
83 JAN 15	84 JAN 14	0114	0059	0000	015	00188	00174	010000
84 JAN 15	85 JAN 14	0113	0104	0000	015	00232	00173	010000
85 JAN 15	86 JAN 14	0159	0071	0021	015	00266	00219	010000
86 JAN 15	87 JAN 14	0121	0103	0000	015	00239	00181	010000
87 JAN 15	88 JAN 14	0116	0079	0000	015	00210	00176	010000
88 JAN 15	89 JAN 14	0076	0069	0000	015	00160	00136	010000
89 JAN 15	90 JAN 14	0143	0066	0000	015	00224	00203	010000
90 JAN 15	91 JAN 14	0198	0060	0000	015	00273	00258	010000

TOTAL POINTS ACCRUED THRU 920114	2727	0783	00048	210	03768	03450	140608

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ANG/USAFR POINT CREDIT SUMMARY

0302AIRLIFT CONTROL FT (b) (6)

MSG HOPKINS MARSHALL H (b) (6)

DATE PREPARED : 930320
PAS : W81LF869 AD

RET/RETIRE : 0115
CLOSEOUT DATE : 930114
SATISFACTORY SVC : 150608
STATEMENT REASON : ANNUAL

TO THE GUARDSMAN/RESERVIST:
COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR CBPO/CRPO WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE. FAILURE TO IDENTIFY ERRORS PROMPTLY COULD AFFECT FUTURE CREDITING OF POINTS AND SERVICE.

FROM DATE	THRU DATE	ACTIVE DUTY TRAINING	IN ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS,MOS AND DYS
92 JAN 15	93 JAN 14	0196	0086	0000	015	00297	00256	010000

TYPE DUTY CODES (TD)

1. ACTIVE DUTY OTHER
2. SPECIAL TOUR
3. SCHOOL TOUR
4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY
6. AFTP
7. PAID INAC DUTY
8. NONPAID INAC DUTY
A. NONPAID ACTIVE DUTY
B. CONTINUATION PAT

FROM DT	THRU DT	TD	PTS
92JAN15	92JAN15	2	001
92JAN30	92JAN31	7	004
92FEB07	92FEB07	2	001
92FEB12	92FEB13	2	002
92FEB28	92MAR02	2	004
92MAR12	92MAR12	6	002
92MAR30	92APR04	2	006
92APR20	92APR20	6	002
92JUN06	92JUN06	7	002
92JUN17	92JUN17	6	001
92JUN28	92JUN29	6	003
92JUL11	92JUL11	7	002
92JUL20	92JUL21	2	002
92AUG05	92AUG11	4	007
92SEP10	92SEP11	2	002
92SEP27	92SEP27	6	002
92OCT19	92OCT21	2	003

FROM DT	THRU DT	TD	PTS
92JAN21	92JAN22	7	004
92FEB03	92FEB04	7	004
92FEB08	92FEB09	7	004
92FEB18	92FEB22	2	005
92MAR04	92MAR04	6	002
92MAR15	92MAR21	3	007
92APR08	92APR10	2	003
92APR23	92MAY21	2	029
92JUN08	92JUN12	2	005
92JUN22	92JUN25	2	004
92JUL01	92JUL01	7	002
92JUL13	92JUL13	7	002
92JUL22	92JUL22	6	001
92AUG12	92AUG21	2	010
92SEP14	92SEP18	2	005
92OCT05	92OCT16	2	012
92OCT26	92NOV09	4	015

FROM DT	THRU DT	TD	PTS
92JAN24	92JAN29	2	006
92FEB06	92FEB06	7	002
92FEB10	92FEB11	7	004
92FEB26	92FEB26	6	001
92MAR05	92MAR09	4	005
92MAR26	92MAR26	6	002
92APR14	92APR17	2	004
92MAY25	92JUN05	2	012
92JUN15	92JUN15	6	002
92JUN26	92JUN27	6	004
92JUL07	92JUL10	2	004
92JUL14	92JUL17	2	004
92JUL27	92JUL31	2	005
92AUG31	92AUG31	7	002
92SEP25	92SEP26	6	004
92OCT17	92OCT18	7	004
92NOV13	92NOV14	7	004

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MSG HOPKINS MARSHALL H (b) (6)

DATE PREPARED: 930320

FROM DT	THRU DT	TD	PTS
92NOV15	92NOV15	7	002
92NOV29	92NOV29	6	002
92DEC08	92DEC08	6	002
92DEC14	92DEC18	2	005
92DEC28	92DEC29	7	004
92NOV16	92NOV19	2	004
92DEC01	92DEC04	2	004
92DEC09	92DEC11	2	003
92DEC20	92DEC21	7	003
92DEC30	93JAN14	1	016
92NOV27	92NOV28	6	004
92DEC07	92DEC07	2	001
92DEC13	92DEC13	7	002
92DEC22	92DEC22	6	001

SERVICE HISTORY

FROM DATE	THRU DATE	AD	IDT	ECI	MBR	TOTAL	RETIRE	SATSVC
49 JUL 01	69 DEC 01	1286	0000	0000	037	01323	01323	030608
69 DEC 02	74 JUL 16	CIVI	LIAN	STA	TUS			
74 JUL 17	75 JUL 16	0149	0044	0016	015	00224	00209	010000
75 JUL 17	76 JUL 16	0017	0063	0011	015	00106	00077	010000
76 JUL 17	77 FEB 01	0000	0018	0000	008	00026	00026	000000
77 FEB 02	83 JAN 14	CIVI	LIAN	STA	TUS			
83 JAN 15	84 JAN 14	0114	0059	0000	015	00188	00174	010000
84 JAN 15	85 JAN 14	0113	0104	0000	015	00232	00173	010000
85 JAN 15	86 JAN 14	0159	0071	0021	015	00266	00219	010000
86 JAN 15	87 JAN 14	0121	0103	0000	015	00239	00181	010000
87 JAN 15	88 JAN 14	0116	0079	0000	015	00210	00176	010000
88 JAN 15	89 JAN 14	0076	0069	0000	015	00160	00136	010000
89 JAN 15	90 JAN 14	0143	0066	0000	015	00224	00203	010000
90 JAN 15	91 JAN 14	0198	0060	0000	015	00273	00258	010000
91 JAN 15	92 JAN 14	0235	0047	0000	015	00297	00295	010000

TOTAL POINTS ACCRUED THRU 930114	2923	0869	00048	225	04065	03706	150608

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ANG/USAFR POINT CREDIT SUMMARY

0302AIRLIFT CONTROL FT (b) (6)

MSG HOPKINS MARSHALL H
(b) (6)

DATE PREPARED : 940319
PAS : W81CF869 AD

RET/RETIRE : 0115
CLOSEOUT DATE : 940114
SATISFACTORY SVC : 160608
STATEMENT REASON : ANNUAL

TO THE GUARDSMAN/RESERVIST:
COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR CBPO/CRPO WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE. FAILURE TO IDENTIFY ERRORS PROMPTLY COULD AFFECT FUTURE CREDITING OF POINTS AND SERVICE.

FROM DATE	THRU DATE	ACTIVE DUTY TRAINING	IN ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS,MOS AND DYS
93 JAN 15	94 JAN 14	0197	0050	0000	015	00262	00257	010000

TYPE DUTY CODES (TD)

1. ACTIVE DUTY OTHER
2. SPECIAL TOUR
3. SCHOOL TOUR
4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY
6. AFTP
7. PAID INAC DUTY
8. NONPAID INAC DUTY
A. NONPAID ACTIVE DUTY
B. CONTINUATION PAY

FROM DT	THRU DT	TD	PTS
93JAN15	93MAR26	1	071
93APR17	93APR17	7	002
93MAY17	93MAY20	2	004
93MAY24	93MAY28	2	005
93JUN07	93JUN11	2	005
93JUN18	93JUN21	2	004
93JUL18	93JUL24	3	007
93AUG10	93AUG10	6	001
93SEP01	93SEP17	2	017
93SEP27	93SEP28	7	004
93OCT25	93OCT25	7	002
93NOV12	93NOV12	2	001
93NOV29	93DEC03	4	005
93DEC12	93DEC17	2	006
94JAN10	94JAN11	6	002

FROM DT	THRU DT	TD	PTS
93MAR29	93APR02	2	005
93APR19	93APR23	2	005
93MAY21	93MAY22	7	004
93JUN01	93JUN04	2	004
93JUN15	93JUN16	6	004
93JUN23	93JUN30	2	008
93JUL26	93JUL30	2	005
93AUG12	93AUG13	2	002
93SEP24	93SEP25	6	004
93OCT02	93OCT03	2	002
93OCT26	93OCT29	2	004
93NOV13	93NOV14	7	004
93DEC04	93DEC05	7	004
93DEC27	93DEC30	2	004
94JAN14	94JAN14	7	002

FROM DT	THRU DT	TD	PTS
93APR13	93APR16	2	004
93APR26	93APR26	7	002
93MAY23	93MAY23	7	002
93JUN05	93JUN06	7	004
93JUN17	93JUN17	6	001
93JUL07	93JUL17	1	011
93AUG07	93AUG08	7	004
93AUG16	93AUG17	2	002
93SEP26	93SEP26	6	002
93OCT16	93OCT16	7	002
93NOV08	93NOV10	2	003
93NOV15	93NOV19	2	005
93DEC06	93DEC10	4	005
94JAN01	94JAN03	1	003

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ANG/USAFR POINT CREDIT SUMMARY

MSG HOPKINS MARSHALL H (b) (6)

DATE PREPARED: 940319

SERVICE HISTORY

FROM DATE	THRU DATE	AD	IDT	ECI	MBR	TOTAL	RETIRE	SATSVC
49 JUL 01	69 DEC 01	1286	0000	0000	037	01323	01323	030608
69 DEC 02	74 JUL 16	CIVI	LIAN	STA	TUS			
74 JUL 17	75 JUL 16	0149	0044	0016	015	00224	00209	010000
75 JUL 17	76 JUL 16	0017	0063	0011	015	00106	00077	010000
76 JUL 17	77 FEB 01	0000	0018	0000	008	00026	00026	000000
77 FEB 02	83 JAN 14	CIVI	LIAN	STA	TUS			
83 JAN 15	84 JAN 14	0114	0059	0000	015	00188	00174	010000
84 JAN 15	85 JAN 14	0113	0104	0000	015	00232	00173	010000
85 JAN 15	86 JAN 14	0159	0071	0021	015	00266	00219	010000
86 JAN 15	87 JAN 14	0121	0103	0000	015	00239	00181	010000
87 JAN 15	88 JAN 14	0116	0079	0000	015	00210	00176	010000
88 JAN 15	89 JAN 14	0076	0069	0000	015	00160	00136	010000
89 JAN 15	90 JAN 14	0143	0066	0000	015	00224	00203	010000
90 JAN 15	91 JAN 14	0198	0060	0000	015	00273	00258	010000
91 JAN 15	92 JAN 14	0235	0047	0000	015	00297	00295	010000
92 JAN 15	93 JAN 14	0196	0086	0000	015	00297	00256	010000

TOTAL POINTS ACCRUED THRU 940114	3120	0919	00048	240	04327	03963	160608

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0302AIRLIFT CONTROL FT

DATE PREPARED : 950318
PAS : W81CF869 AD

(b) (6)

MSG HOPKINS MARSHALL H
(b) (6)
(b) (6)

RET/RETIRE : 0115
CLOSEOUT DATE : 950114
SATISFACTORY SVC : 170608
STATEMENT REASON :
ANNUAL

TO THE GUARDSMAN/RESERVIST:
COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR CBPO/CRPO WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE. FAILURE TO IDENTIFY ERRORS PROMPTLY COULD AFFECT FUTURE CREDITING OF POINTS AND SERVICE.

FROM DATE	THRU DATE	ACTIVE DUTY TRAINING	IN ACTIVE DUTY TRAINING	ECI	MEMBERSHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS.MOS AND DYS
94 JAN 15	95 JAN 14	0109	0026	0000	015	00150	00150	010000

TYPE DUTY CODES (TD)

1. ACTIVE DUTY OTHER
2. SPECIAL TOUR
3. SCHOOL TOUR
4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY
6. AFTP
7. PAID INAC DUTY
8. NONPAID INAC DUTY
E I
A. NONPAID ACTIVE DUTY
B. CONTINUATION PAY

FROM DT	THRU DT	TD	PTS	FROM DT	THRU DT	TD	PTS	FROM DT	THRU DT	TD	PTS
94JAN18	94JAN18	7	002	94JAN19	94FEB10	1	023	94FEB14	94FEB18	2	005
94FEB23	94FEB25	2	003	94FEB28	94FEB28	7	002	94MAR01	94MAR06	2	006
94MAR07	94MAR08	7	004	94MAR09	94MAR09	7	002	94MAR10	94MAR18	2	009
94MAR28	94APR01	2	005	94APR04	94APR08	2	005	94APR09	94APR10	7	004
94APR11	94APR14	2	004	94APR16	94APR28	1	013	94MAY04	94MAY06	2	003
94MAY09	94MAY15	1	007	94MAY16	94MAY18	3	003	94MAY20	94MAY22	2	003
94MAY23	94JUN01	1	010	94JUN03	94JUN03	7	002	94JUN06	94JUN15	1	010
94JUN20	94JUN21	7	004	94JUN22	94JUN23	7	004	94JUN24	94JUN24	7	002
94JUN27	94JUL30	B	034	94AUG01	94OCT30	B	091	94NOV01	94DEC28	B	058

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DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR FORCE PERSONNEL CENTER
RANDOLPH AIR FORCE BASE TEXAS

[redacted]

6 August 1996

MEMORANDUM FOR HQ AFRES/DPML

FROM: HQ AFPC/DPPDS/dg
550 C Street West Ste 6
Randolph AFB TX 78150-4708

SUBJECT: Disability Discharge--Marshall H. Hopkins, (b) (6) [redacted] USAFR

The attached documents, which we received after we forwarded the case to your office on 7 Mar 96, are for file in member's master personnel record.

Our 171935Z Mar 96 message advised that the above identified member elected to be discharged in order to apply for early qualification for retired pay at age 60, in lieu of discharge with severance pay. Discharge was effective 27 March 1996.

Debra R. Gooden

DEBRA R. GOODEN, DAFC-7
Board Support Branch
USAF Physical Disability Division
Directorate of Personnel Program Mgt

Attachments:
1. Mbr's election, 29 Feb 96
2. HQ ARPC/DPKB, 5 Mar 96

23 Aug 96 20 6 25

G 3

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ELECTION REGARDING EARLY QUALIFICATION FOR RETIRED PAY AT AGE 60

I, MSgt Marshall H. Hopkins, (b) (6)

1. ( ) elect to apply for early qualification for retired pay at age 60.

2. (X) elect to be discharged with severance pay as provided under Section 1203, Chapter 61, Title 10, U.S.C. I understand that I am not entitled to retirement pay.

(SIGNATURE) 29 Feb 96 (DATE)

23 Aug 96 20 6 25

Attachment 1

A 4

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DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR RESERVE PERSONNEL CENTER

8 MAR 1996

MEMORANDUM FOR HQ AFPC/DPPDS
550 C ST WEST SUITE 6
RANDOLPH AFB TX 78150-4708

FROM: HQ ARPC/DPKB
6760 E Irvington Pl #2100
Denver CO 80280-2100

SUBJ: Disability Retirement, MSGT Marshall H. Hopking, (b) (6) USAFR

1. This confirms the telephone conversation between Wanda Johnson, this headquarters and Debra Gooden, your office, on 4 March 1996. The MPF has been contacted, and the points earned while assigned are included in the computation.

a. As of 27 March 1996, the member has accrued a total of 4147 retirement points.

b. As of 27 March 1996, the member's Total Active Federal Military Service (TAFMS) is 8 years, 10 months, and 22 days.

2. If you have any questions regarding this matter, please contact Wanda Johnson at DSN 926-6012.

DARLENE NICKELS
Chief, Point Credit Branch II
Directorate of Personnel

cc:
302 MSS/DPMPS

23 Aug 96 20 6 25

8 MAR 1996

B 4

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ANG/USAFR POINT CREDIT SUMMARY

DATE PREPARED : 960601

0302AIRLIFT CONTROL FT

PAS : W81CF869 AD

(b) (6)

MSG HOPKINS MARSHALL H

(b) (6)

(b) (6)

RET/RETIRE : 0115

CLOSEOUT DATE : 960327

SATISFACTORY SVC : 170608

STATEMENT REASON :

DISCHARGE

TO THE GUARDSMAN/RESERVIST:

COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR MPF WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE. FAILURE TO IDENTIFY ERRORS PROMPTLY COULD AFFECT FUTURE CREDITING OF POINTS AND SERVICE.

FROM DATE	THRU DATE	IN ACTIVE DUTY TRAINING	ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS.MOS AND DYS
96 JAN 15	96 MAR 27	0000	0000	0000	003	00003	00003	000000

TYPE DUTY CODES (TD)

1. ACTIVE DUTY OTHER
2. SPECIAL TOUR
3. SCHOOL TOUR
4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY
6. AFTP
7. PAID INAC DUTY
8. NONPAID INAC DUTY
A. NONPAID ACTIVE DUTY
B. CONTINUATION PAY

B 3

FROM DT	THRU DT	TD	PTS
96JAN15	96JAN30	B	016

FROM DT	THRU DT	TD	PTS
96FEB01	96MAR27	B	056

FROM DT	THRU DT	TD	PTS

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ANG/USAFR POINT CREDIT SUMMARY

**

**

0302AIRLIFT CONTROL FT

DATE PREPARED : 960316

PAS : W81CF869 AD

529 56 7575

MSG HOPKINS MARSHALL H

(b) (6)

(b) (6)

RET/RETIRE : 0115

CLOSEOUT DATE : 960114

SATISFACTORY SVC : 170608

STATEMENT REASON :

ANNUAL

TO THE GUARDSMAN/RESERVIST:

COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR MPF WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE. FAILURE TO IDENTIFY ERRORS PROMPTLY COULD AFFECT FUTURE CREDITING OF POINTS AND SERVICE.

FROM DATE	THRU DATE	IN ACTIVE DUTY TRAINING	ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS.MOS AND DYS
95 JAN 15	96 JAN 14	0016	0000	0000	015	00031	00031	000000

TYPE DUTY CODES (TD)

1. ACTIVE DUTY OTHER
2. SPECIAL TOUR
3. SCHOOL TOUR
4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY
6. AFTP
7. PAID INAC DUTY
8. NONPAID INAC DUTY
A. NONPAID ACTIVE DUTY
B. CONTINUATION PAY

B 2

FROM DT	THRU DT	TD	PTS	FROM DT	THRU DT	TD	PTS	FROM DT	THRU DT	TD	PTS
95JAN15	95JAN30	1	016	95FEB01	95MAR30	B	058	95APR01	95APR30	B	030
95JUN01	95JUL30	B	060	95AUG01	95AUG30	B	030	95SEP01	95OCT30	B	060
95NOV01	95DEC30	B	060	96JAN01	96JAN14	B	014				

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(b) (6)

(b) (6)

SATISFACTORY SVC : 170608

STATEMENT REASON :

ANNUAL

TO THE GUARDSMAN/RESERVIST:

COMPUTERIZED INFORMATION ON YOUR PARTICIPATION IS SHOWN BELOW. IT IS POSSIBLE THAT IT MAY BE INACCURATE. THEREFORE, IT IS NOT A GUARANTEE OF POINTS OR SERVICE FOR RETENTION, PROMOTION OR RETIRED PAY PURPOSES. IT REMAINS SUBJECT TO AUDIT AND ADJUSTMENT. REVIEW IT CAREFULLY. IF ANY ERRORS ARE FOUND, CONTACT YOUR CBPO/CRPO WITHIN 30 DAYS OF RECEIPT OF THIS FORM AND PROVIDE DOCUMENTATION OF CORRECT POINTS OR SERVICE. FAILURE TO IDENTIFY ERRORS PROMPTLY COULD AFFECT FUTURE CREDITING OF POINTS AND SERVICE.

FROM DATE	THRU DATE	ACTIVE DUTY TRAINING	IN ACTIVE DUTY TRAINING	ECI	MEMBER SHIP	TOTAL POINTS	TOTAL POINTS FOR RETIREMENT	SATISFACTORY SERVICE YRS,MOS AND DYS
94 JAN 15	95 JAN 14	0109	0026	0000	015	00150	00150	010000

TYPE DUTY CODES (TD)

1. ACTIVE DUTY OTHER
2. SPECIAL TOUR
3. SCHOOL TOUR
4. ANNUAL TOUR
5. EXTENDED ACTIVE DUTY
6. AFTP
7. PAID INAC DUTY
8. NONPAID INAC DUTY
A. NONPAID ACTIVE DUTY
B. CONTINUATION PAY

FROM DT	THRU DT	TD	PTS	FROM DT	THRU DT	TD	PTS	FROM DT	THRU DT	TD	PTS
94JAN18	94JAN18	7	002	94JAN19	94FEB10	1	023	94FEB14	94FEB18	2	005
94FEB23	94FEB25	2	003	94FEB28	94FEB28	7	002	94MAR01	94MAR06	2	006
94MAR07	94MAR08	7	004	94MAR09	94MAR09	7	002	94MAR10	94MAR18	2	009
94MAR28	94APR01	2	005	94APR04	94APR08	2	005	94APR09	94APR10	7	004
94APR11	94APR14	2	004	94APR16	94APR28	1	013	94MAY04	94MAY06	2	003
94MAY09	94MAY15	1	007	94MAY16	94MAY18	3	003	94MAY20	94MAY22	2	003
94MAY23	94JUN01	1	010	94JUN03	94JUN03	7	002	94JUN06	94JUN15	1	010
94JUN20	94JUN21	7	004	94JUN22	94JUN23	7	004	94JUN24	94JUN24	7	002
94JUN27	94JUL30	B	034	94AUG01	94OCT30	B	091	94NOV01	94DEC28	B	058

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MSG HOPKINS MARSHALL H (b) (6) DATE PREPARED: 950318

SERVICE HISTORY

FROM DATE	THRU DATE	AD	IDT	ECI	MBR	TOTAL	RETIRE	SATSVC
49 JUL 01	69 DEC 01	1286	0000	0000	037	01323	01323	030608
69 DEC 02	74 JUL 16	CIVI	LIAN	STA	TUS			
74 JUL 17	75 JUL 16	0149	0044	0016	015	00224	00209	010000
75 JUL 17	76 JUL 16	0017	0063	0011	015	00106	00077	010000
76 JUL 17	77 FEB 01	0000	0018	0000	008	00026	00026	000000
77 FEB 02	83 JAN 14	CIVI	LIAN	STA	TUS			
83 JAN 15	84 JAN 14	0114	0059	0000	015	00188	00174	010000
84 JAN 15	85 JAN 14	0113	0104	0000	015	00232	00173	010000
85 JAN 15	86 JAN 14	0159	0071	0021	015	00266	00219	010000
86 JAN 15	87 JAN 14	0121	0103	0000	015	00239	00181	010000
87 JAN 15	88 JAN 14	0116	0079	0000	015	00210	00176	010000
88 JAN 15	89 JAN 14	0076	0069	0000	015	00160	00136	010000
89 JAN 15	90 JAN 14	0143	0066	0000	015	00224	00203	010000
90 JAN 15	91 JAN 14	0198	0060	0000	015	00273	00258	010000
91 JAN 15	92 JAN 14	0235	0047	0000	015	00297	00295	010000
92 JAN 15	93 JAN 14	0196	0086	0000	015	00297	00256	010000
93 JAN 15	94 JAN 14	0197	0050	0000	015	00262	00257	010000

G 1

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THRU: *(SJA)*	TO: *(Appointing Authority)*	FROM: *(Immediate Commander)*
302 SJA	302 AW/CC	302 OG/CC

15. AT THE TIME OF THIS OCCURRENCE, THE MEMBER WAS:

X A. PRESENT FOR DUTY	C. ABSENT WITHOUT AUTHORITY FOR MORE THAN 24 HOURS	D. ABSENT WITHOUT AUTHORITY FROM	
B. ABSENT WITH AUTHORITY		FORMATION	RESTRICTION
	FROM *(Hour and date)*	SCHEDULED DUTY	ARREST
	TO *(Hour and date)*		

E. NEITHER PRESENT FOR DUTY, ABSENT WITH AUTHORITY NOR ABSENT WITHOUT AUTHORITY BUT WAS:

☐ USAFR OR ANGUS, TRAVELING TO OR FROM INACTIVE DUTY TRAINING.

☐ REG AF, USAFR OR ANGUS TRAVELING TO OR FROM DUTY OR TRAINING WHO HAD MATERIALLY DEVIATED FROM AUTHORIZED TRAVEL ROUTE.

16. AS A RESULT OF MY INVESTIGATION, I HAVE DETERMINED THE CIRCUMSTANCES TO BE AS FOLLOWS: *(Who, how, when, where, why)*

On 4 Jan 91, MSgt Hopkins was rearended by Deanne Lucero (Drivers License #061689090) while stopped at a cross-walk. This accident occurred on Fort Carson. MSgt Hopkins was returning to PAFB after teaching a class. He was examined at Evan's Hospital and released to the PAFB clinic.

A complete report is available from the Fort Carson Military Police. The report number is 00057-91.

17. THE PROXIMATE CAUSE OF THE MEMBER'S DISEASE OR INJURY WAS ☐ INTENTIONAL MISCONDUCT ☐ WILLFUL NEGLECT ☐ BOTH OF THESE ☒ NEITHER OF THESE BUT WAS *(Specify)*

The proximate cause of MSgt Hopkin's injury was due to an auto accident where he was not at fault.

18. SOURCES OF INFORMATION

A. ☒ MEMBER ☐ OSI ☐ POLICE ☐ OTHER *(Specify)* ☐ WITNESS(ES)

B. STATE NAME(S) AND ADDRESS(ES) OF WITNESS(ES)

COMPLETE EITHER ITEM 19 OR ITEM 20

19. ☐ THE RECOMMENDED FINDING IS *"IN LINE OF DUTY"*.

20. ☒ RECOMMEND A FORMAL INVESTIGATION.

DATE	TYPED NAME AND GRADE OF IMMEDIATE COMMANDER	SIGNATURE
17 FEB 94	DENNIS W. THOMPSON, COLONEL	

21. STAFF JUDGE ADVOCATE: ☐ CONCUR ☐ NONCUR

22. ACTION OF THE APPOINTING AUTHORITY

A. ☒ I CONCUR WITH THE RECOMMENDED FINDING OF *"IN LINE OF DUTY"* SHOWN IN ITEM 19. FILE THIS FORM IN MASTER PERSONNEL RECORDS *(AFR 35-67)*

B. ☒ I DO NOT CONCUR WITH THE RECOMMENDATION FOR A FORMAL INVESTIGATION SHOWN IN ITEM 20. A FINAL *"IN LINE OF DUTY"* FINDING IS HEREBY MADE. FILE THIS FORM IN MASTER PERSONNEL RECORDS *(AFR 35-67)*

C. ☐ APPOINT INVESTIGATING OFFICER. *(Appointing authority does not concur with finding recommended in Item 19 or does concur with action recommended in Item 20)*

DATE	TYPED NAME AND GRADE OF APPOINTING AUTHORITY	SIGNATURE
15 May 94	WALTER T. HATCHER III, Col	

AF FORM 348, OCT 85 (REVERSE)

☆ U.S. Government Printing Office: 1985—490-962/42094

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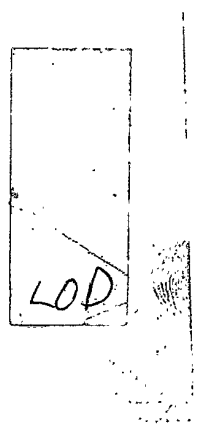

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REQUEST AND AUTHORIZATION FOR SEPARATION

(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974 - USE BLANKET PAS - AF FORM 11)

1. TYPE OF SEPARATION, MEMBER IS:
☒ DISCHARGED ☐ ENTRY LEVEL SEPARATION ☐ RELEASE FROM VOID ENLISTMENT ☐ RELEASED FROM EAD/REVERTS TO ANG
☐ RELEASED FROM ACTIVE DUTY/TRANSFERRED TO USAF ☐ RELEASED FROM EAD/REVERTS TO USAF ☐ DISMISSAL

2. AUTHORITY: ☐ BY DIRECTION OF THE PRESIDENT ☐ RESIGNATION ACCEPTED BY THE PRESIDENT

3. NAME (Last, First, MI), GRADE, SSAN	4. PLACE OF ENTRY ON ACTIVE DUTY OR ENLISTMENT
HOPKINS, MARSHALL H., MSGT (E-7), (b) (6)	PETERSON AFB, CO

5. HOME OF RECORD	7. ☐ UNDER 2 YEARS SERVICE (E-1 Only)
VICTOR CO (b) (6)	

8. PAFSC	9. RESERVE AF GRADE	10. MIL SVC OBLIGATION DATE	11. AERONAUTICAL RATING	12. FLYING STATUS
X1A271	E-7	NA	NA	☐ YES ☒ NO

13. EFFECTIVE DATE	14. CHARACTER OF SERVICE	15. CERTIFICATE ISSUED
27 MAR96	☒ HONORABLE ☐ GENERAL (Under Honorable Conditions) ☐ UNCHARACTERIZED ☐ UNDER OTHER THAN HONORABLE CONDITIONS ☐ BAD CONDUCT DISCHARGE ☐ DISHONORABLE DISCHARGE	☒ DD FORM 256AF ☐ DD FORM 214

16. RELIEVED FROM ASSIGNMENT (Unit, Major Command, Address and Servicing CBPO)	17. WILL PROCEED TO:
UNIT: 320 ALCF PETERSON AFB CO 80914 MPF: 302 MSS, PETERSON AFB CO 80914	☐ PLACE OF ENTRY ON ACTIVE DUTY OR ENLISTMENT ☒ HOME OF RECORD ☐ HOME OF SELECTION

18. TRAVEL BY PRIVATE CONVEYANCE (TPC) ☐ NO ☐ YES, WITH ____ DAYS TRAVEL TIME PERMITTED.

19. MEMBER QUALIFIES FOR FULL TRAVEL/TRANSPORTATION ENTITLEMENT UNDER THE JFTR PARA U5125 ☐ YES ☐ NO

20. ASSIGNED TO (Check If Applicable)

A. ARPC DENVER, CO	B. REVERTS TO CONTROL OF ANG (Name of State)	C. TYPE OF POSITION
☐ YES ☐ NO		☐ MOBILIZATION AUGMENTEE ☐ REINFORCEMENT DESIGNEE ☐ UNIT

D. UNIT OF ASSIGNMENT AND CBPO	E. TNS/PAY CATEGORY	F. RESERVE SECTION CODE	G. FUNCTIONAL ACCT CODE
	H. AUTHORIZED GRADE	I. AUTHORIZED AFSC	J. POSITION CONTROL NO.

21. A. ELIGIBLE FOR: PER 10 USC 1174	B. ENTITLED TO SEVERANCE PAY	C. CHAPTER 61, 10 U.S.C.
☐ READJUSTMENT PAY ☐ SEPARATION PAY	SERVICE FOR PAY IS: 11.52 YRS (4147 POINTS)	DISABILITY ☐ NOT ENTITLED TO BENEFITS ☐ NOT APPLICABLE

CREDITABLE ACTIVE FEDERAL SERVICE

YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS

22. REMARKS: Officials within the office of the SAF determined mbr is physically unfit for continued military service and directed discharge with severance pay IAW Title 10, USC, SEC 1203. Mbr entitled to severance pay in the grade of E-7 computed IAW Title 10, USC, SEC 1208.

23. DATE	24. ORDERS ISSUING/APPROVING OFFICIAL (Name, Grade, Title, Phone)	25. SIGNATURE
20 MAR 96	TERRY H. GLOVER, SSGT, USAF Asst. NCOIC, Relocation Programs	

26. EXPENSES CHARGEABLE TO: (*Insert M, D, H, I, T, O, or V)

TEMPORARY STORAGE CHARGEABLE TO:

CIC: TLRL TAC:

27. DESIGNATION AND LOCATION OF HEADQUARTERS	28. AUTHORITY	29. SPECIAL ORDER NO.	30. DATE
DEPARTMENT OF THE AIR FORCE HEADQUARTERS AIR FORCE RESERVE 155 2ND STREET ROBINS AIR FORCE BASE, GEORGIA 31098-1635	AFI 36-3212	ARPC A-116	20 MAR 96

31. TDN PCS: FOR THE COMMANDER

32. DISTRIBUTION	33. SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL
1-HQ AFPC/DPMADS 1-HQ ARPC/DPMM 1-HQ AFRES/SCP 1-HQ AFRES/DPMB 2-302 MSS/DPMAR 2-UNIT CONCERNED 5-INDIVIDUAL	GARY L. [redacted], Colonel, USAF Chief, Military Personnel Division Directorate of Personnel

AF Form 160, JUL 87 PREVIOUS EDITION WILL BE USED. U.S. Government Printing Office: 1990-261-971

DISCHARGE (1)

F-2

INDEX=DISCHARGE 03/20/1996 PG 1

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Machine Processed 7030 CSW CBPO

1. LAST NAME — FIRST NAME — MIDDLE INITIAL — AFSN
HOPKINS MARSHALL H (b) (6)
(b) (6)
ENLISTMENT CATEGORY: AFTE-1
GRADE: A1C COMPONENT: AFRES

3. PERSONAL DATA

DATE OF BIRTH	RELIGION	BIRTHPLACE
20Jul41	None	Larned, Kans

MARITAL STATUS: S-D
RACE: (b) (6)

SERVICE DATES — Sv Category X

DATE OF ENLISTMENT OR INDUCTION	2 Dec 63
DATE OF ORDER TO EAD	
COMPLETION OF ENLISTMENT OR PERIOD OF INDUCTION	
DATE OF COMPLETION OF SERVICE OBLIGATION	1Dec69
DATE TO BE RELEASED FROM AD OR EAD	
TAFMSD	42/08 10 JUN 67
TMSD	2 DEC 63

5. GRADE DATA

TEMP. GRADE	PERM. GRADE	DATE OF RANK	AUTHORITY
	AB	2Dec63	AFM 39-9/2 May60
	A3C	27 Jan 64	SO 8/24Jan64/3350th Sch Sq
	A2C	1Feb65	SOA-1,1Feb65,602 AC&W Sq.
	A1C	1 Oct 66	SO AA-3698, DAF Hq 7030 COSWg

PROFICIENCY PAY RATING

RATING	DATE	AUTHORITY

2. FOREIGN SERVICE

DATE DEPARTED	LOCATION	ACCOMPANIED OR UNACCOMPANIED	PSSD	ISOLATED AREA
			NoneDec63	
8 Jun 64	Germany	N. A.		No

FOREIGN SERVICE SUMMARY

DATE RETURNED ZI: 8 JUN67

6. ASSIGNMENT LIMITATIONS

DEPARTED ON PCS. DISLOCATION ALLOWANCE:

PHYSICAL STATUS

P	U	L	H	E	S	SUFFIX	DATE
1	1	1	1	1	1	A	6MAY67

7. AIR FORCE SPECIALTIES

AFSC	DESIGNATED	SPECIALTY TITLE	AUTHORITY
~~92210~~		PersEqpHlpr	SOAB3,2Jan63,LMTC
~~92230A~~		AprPersEqpSpec	
~~92210~~			
~~53010~~		MetalworkingHlpr	SOAB3,2Jan63,LMTC
~~53130~~		AprMach	
53150	20	Machinist	AFFM1098,23Dec64,602d

670609

AF FORM JAN 60 PREVIOUS EDITIONS OF THIS FORM MAY BE USED.

AIRMAN MILITARY RECORD

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8. IN-SERVICE SCHOOLS

COURSE TITLE AND AFSC	RATING	YEAR TERM
Basic Mil Tng Ph I-ABM-00010-1	Comp.	1964
Basic Tng PH II 00010	compl	64
Machinist 53130	compl	64

LAST NAME—FIRST NAME—MIDDLE INITIAL—AFSN: HOPKINS MARSHALL H (b) (6)

2

9. OTHER EDUCATION

NAME—LOCATION OF SCHOOL	DEGREE	YEAR COMPLETED
Fowler H.S., Minneda, Kansas	10	1959
HS GED	12	1966

10. AWARDS

AWARD	AUTHORITY	PRESENTED

11. TEST RESULTS

APTITUDE		OTHER
AQE-62 DEC1966		SKT 53150,65(%ile), 90ct64
GEN	80	AFQT 7b 82 II
ADMIN	80	SKT 60330, 60% (ile) 10 Oct 66
MECH	85	
ELECT	55	

12. PERSONNEL SECURITY CLEARANCE DATA

CLEARANCE	DATE GRANTED	INVESTIGATIVE DATA
Secret	27Mar64	NAC, 23Dec63 by OSI DIsH 4 Bolling AFB 25, D. C.

13. FOREIGN LANGUAGES

LANGUAGE	DIALECT	INTPR.	TRANS.	U	R	W

14. COMBAT

15. CIVILIAN OCCUPATION

	JOB TITLE	NO. MOS.	YEAR TERM
MAIN	~~Rodeo - Hand~~	39	1963
OTHER	TRUCK DRIVER LIGHT		

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16. RESERVE DATA

ASSIGNED			QUALIFIED FOR (Pencil)		AVAILABILITY CODE	
CATEGORY	STATUS	DATE	CATEGORY	DATE	CODE	DATE
RE.IDY	ACTIVE	10 JUN 67			AA	10 JUN 67

ITEM CONTINUATION

LAST NAME—FIRST NAME—MIDDLE INITIAL—AFSN
HOPKINS MARSHALL H (b) (6)

3

18.
SOCIAL SECURITY NO. (b) (6)
OTHER SERVICE NO.

Period from 2 DEC 1963 thur 10 ~~JAN 1964~~
creditable for award of GCM ~~MAY 14 1964~~
Period from JAN 11 1964 thru
Creditable for award of GCM // ~~Enl of 10 Aug 59 for 6 years vol exh for 8 months. New DOS: 9 Apr 66~~

SEL S/N: 14-23-43-121

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LAST NAME—FIRST NAME—MIDDLE INITIAL—AFSN

HOPKINS MARSHALL H (b) (6) [redacted]

4

19. CHRONOLOGICAL LISTING OF SERVICE

EDOA	DAFSC	DUTY TITLE	ORGANIZATION AND STATION OF ASSIGNMENT
		Continuous Active	Duty From 2Dec63
2Dec63	00010	Basic Airman (Enl)	3703 BMTS, Lackland AFB, Tex (ATC)
11Jan64	00010	Pata	3350th Sch Sq Chanute AFB, ILL. (ATC)
4Feb64	53130	Student 53130 Crs	3351 S.h Sq Chanute AFB Ill (ATC)
16Jun64	53150	Mach, Veh Maint (340)	602 ACW Sq, Giebelstadt AB, Ger. (USAFE)
16Dec64	53150	Machinist, Vehicle Maint (340)	602d ACW Sq, Giebelstadt AB, Ger (USAFE)
JUN 9 1967		SDN 411	
		PAR 3-8C AFM 32-10 CON	
		SEC.B CH.3	
10 JUN 67			HQ CNG (ORS) ARPC, DENVER, CO

20. PERFORMANCE REPORTS

DATE	TYPE
1 Dec 64	NoRptlYr
1 Dec 65	No Rpt 1 Yr
1 Dec 66	NoRptlYr

U.S. GOVERNMENT PRINTING OFFICE : 1960 O—537325

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Department of Veterans Affairs

REPORT OF CONTACT

(NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in veterans' folder.)

VA OFFICE: VARO (351)

(b) (6) [redacted]

DATE OF CONTACT: 9-11-04

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)

Hopkins Marshall H

C FILE RJZ SEP 13 2004

(b) (6) [redacted]

(b) (6) [redacted]

PERSON CONTACTED

Marshall Hopkins veteran

TYPE OF CONTACT (CHECK)

[ ] PERSONAL [X] TE

ADDRESS OF PERSON CONTACTED

TELEPHONE NO. OF PERSON CONTACTED (Include Area Cor

BRIEF STATEMENT OF INFORMA (b) (6) [redacted]

VA employee identified him/herself as authorized representative to receive this information. Yes ← No

The claimant was told the information provided would be used for the purpose of calculating benefit am and making an immediate adjustment to his/her benefits. Yes ← No

Contacted veteran to verify dates of Active duty for Reserves called in support of Operation Desert Shield/ Desert Storm. Veteran stated he was active duty for reserves from October 16, 1990 to February 1991. Reserves do not issue DD 214's for periods of active duty. Veteran does not have. Nothing follows

DIVISION OR SECTION

351/2112/ cc: DAV

(b) (6) [redacted]

VA FORM MAY 1990 119

EXISTING STOCK OF VA WILL BE USED

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Department of Veterans Affairs

Request for Information

General Information

Address Code: (b) (6)
VA Requesting Office:
MUSKOGEE RO
FEDERAL BUILDING
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401

Insurance No.: (b) (6)
Submit Date: 09/11/2004

C FILE
SEP 15 2004
(b) (6)

Veteran Name: HOPKINS, MARSHALL H (b) (6)
Place of Birth:

Date of Birth: (b) (6)
Date of Death:

Claim Date: 03/08/2004
Branch Completion Date:
Overall Status: SU

Receipt Date:
Branch Completed By:
Overall Completion Date:

Period of Service Data for Branch: AF

Name	SN	EOD	RAD	COD	Duty Status	RT Date	Retired Status	Pay Grade
HOPKINS, MARSHALL H	(b) (6)(b) (6)	11/01/1963	06/30/1967	UNK	DCH			
HOPKINS, MARSHALL H		10/16/1990	02/28/1991	UNK	RSV			UNK

Request/Response Information

REQUEST: O21
SEPARATION DOCUMENTS, FURNISH COPIES OF ANY SEPARATION DOCUMENTS (DD 214 OR EQUIVALENT)

RESPONSE:

REQUEST: S01
SERVICE, VERIFY ONLY THE UNVERIFIED PERIODS OF SERVICE SHOWN AND NAME, SSN, SN, AS APPLICABLE

RESPONSE:

incomplete
11-3-04 CHart

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Department of Veterans Affairs

Request for Information

General Information

Address Code: (b) (6)
VA Requesting Office:
MUSKOGEE RO
FEDERAL BUILDING
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401

Insurance No.: (b) (6)
Submit Date: 08/27/2004

Veteran Name: HOPKINS, MARSHALL H (b) (6)
Place of Birth:

Date of Birth: (b) (6)
Date of Death:

Claim Date: 03/08/2004
Branch Completion Date:
Overall Status: SU

Receipt Date:
Branch Completed By:
Overall Completion Date:

Period of Service Data for Branch: AF

Name	SN	EOD	RAD	COD	Duty Status	RT Date	Retired Status	Pay Grade
HOPKINS, MARSHALL H	(b) (6)	10/16/1990	10/15/1991	HON	DCH			E7

Request/Response Information

REQUEST: O19
PTSD, FURNISH PAGES FROM THE PERSONNEL FILE SHOWING UNIT OF ASSIGNMENT, DATES OF ASSIGNMENT, PARTICIPATION IN COMBAT OPERATIONS, WOUNDS IN ACTION, AWARDS AND DECORATIONS AND OFFICIAL TRAVEL OUTSIDE THE U.S.

RESPONSE: Vet ø claiming PTSD – trying to verify vet was on active duty @ time of MVA in Jan '91.
dak

REQUEST: S01
SERVICE, VERIFY ONLY THE UNVERIFIED PERIODS OF SERVICE SHOWN AND NAME, SSN, SN, AS APPLICABLE

RESPONSE:

incomplete 11-3-04 Chart

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Department of Veterans Affairs

Request for Information

General Information

Address Code: 13 (b) (6)
VA Requesting Office:
MUSKOGEE RO
FEDERAL BUILDING
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401

Insurance No.:
Requester ID: (b) (6)
Submit Date: 06/19/2004

Veteran Name: HOPKINS, MARSHALL H SSN: (b) (6)
Place of Birth:

Date of Birth: (b) (6)
Date of Death:

Claim Date: 03/08/2004
Branch Completion Date: 08/25/2004
Overall Status: CO

Receipt Date: 06/23/2004
Branch Completed By: VALAROGE
Overall Completion Date: 08/25/2004

Period of Service Data for Branch: AF

Name	SN	EOD	RAD	COD	Duty Status	RT Date	Retired Status	Pay Grade
HOPKINS, MARSHALL H	(b) (6)	12/02/1963	06/09/1967	HON	DCH			

Request/Response Information

REQUEST: 030
SOUTHWEST ASIA, FURNISH ACTIVE DUTY DATES IN SOUTHWEST ASIA ON OR AFTER 08/02/1990.

RESPONSE: 99
THERE IS NO EVIDENCE IN THIS VETERAN'S FILE TO SUBSTANTIATE ANY SERVICE IN SOUTHWEST ASIA.

Vet indicated he never left the states. dak

REQUEST: S01
SERVICE, VERIFY ONLY THE UNVERIFIED PERIODS OF SERVICE SHOWN AND NAME, SSN, SN, AS APPLICABLE

RESPONSE: 6
SERVICE HAS BEEN MODIFIED AS INDICATED.

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Department of Veterans Affairs | POA: DAV | PAGE 1 DATE OF RATING: 08-27-04

DEFERRED RATING DECISION

REGIONAL OFFICE NUMBER	NAME OF VETERAN	(b) (6)
351/Muskogee, OK	Marshall H. Hopkins	

THE RATING HAS BEEN DEFERRED PENDING RECEIPT OF DATA INDICATED BELOW:

REASONS(S) FOR DEFERRAL *(Check appropriate box(es)*

[ ] EXAMINATION REPORT [ ] HOSPITAL REPORT [ ] FIELD EXAMINATION REPORT [ ] SUPPLEMENTAL SERVICE RECORDS [ ] EVIDENCE FROM VETERAN OR OTHERS [X] OTHER *(Specify)*

EXPLANATION FOR ITEMS CHECKED

VSR –

A review of this veteran's file shows we've never requested his military personnel records to verify his recent active duty dates.

- **Please send the veteran a letter telling him we've requested portions of his military personnel file to try and verify that he was on active duty at the time of his motor vehicle accident in January 1991.** (See formal bndngs in file) See VCAA - 6-21-04
- **Tell him if he'll provide evidence from the military showing the date he entered active duty and the date he was discharged from active duty during which time he had his motor vehicle accident in January 1991, this may expedite processing of his claim. Tell him the Medical Evaluation Board shows his date entered active duty current tour as October 16, 1990. However, we have conflicting evidence showing he was to report for active duty in February 1990. In addition, we have no evidence showing the date the active duty ended, and he was returned to reserve status.** See RoC dated 9-11-04

I've already disp'd the ep 60 days for the PIES request. Please send file to PreWipp.

(b) (6)

[redacted]

VA FORM JUN 1994 **21-6789** EXISTING STOCKS OF VA FORM 21-6789, JAN 1991, WILL BE USED.

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DEPARTMENT OF VETERANS AFFAIRS
Regional Office
Federal Building
125 South Main Street
Muskogee OK 74401-7025

C FILE
JUN 21 2004

JUN 21 2004

MARSHALL H HOPKINS
(b) (6)

In reply, refer to:
351
(b) (6)
Marshall H. Hopkins

Dear Mr. Hopkins:

We are working on your service-connected compensation claim for low back pain, shoulder disorder, cervical spine disorder, fibromyalgia, depression, tic doloureux, myofascial pain, sleep disorder, and headaches.

What Do We Still Need from You?

On your application, you indicated that you received treatment from Dr. Evans. Complete and return an enclosed VA Form 21-4142, Authorization and Consent to Release Information, for each health care provider so that we can obtain treatment information. You may want to obtain and send us the information yourself.

Send evidence showing service in the Southwest Asia Theater of Operations (i.e., official orders, travel vouchers, performance evaluations or receipts from purchases made.)

You were previously denied service connection for depression, tic douloureux, low back pain, and myofascial pain. You were notified of the decision on May 20, 1997. The appeal period for that decision has expired and the decision is now final. In order for us to reopen your claim, we need new and material evidence.

You were previously denied service connection for sleep disorder, shoulder disorder, cervical spine disorder, and headaches. You were notified of the decision on November 8, 1999. The appeal period for that decision has expired and the decision is now final. In order for us to reopen your claim, we need new and material evidence.

- To qualify as new, the evidence must be in existence and be submitted to VA for the first time. Although VA will make reasonable efforts to help you obtain currently existing evidence, we cannot provide a medical examination or obtain a medical opinion until your claim is successfully reopened.

- In order to be considered material, the additional existing evidence must pertain to the reason your claim was previously denied.

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Your claim was previously denied for depression, tic douloureux, low back pain, and myofascial pain because the evidence indicated there was no treatment in service. Therefore, the evidence you submit must relate to this fact.

Your claim was previously denied for sleep disorder, shoulder disorder, cervical spine disorder, and headaches because service-connection could not be established until there is verification of service, and the claimant has not established status as a veteran. Therefore, the evidence you submit must relate to this fact.

New and material evidence must raise a reasonable possibility of substantiating your claim. The evidence cannot simply be repetitive or cumulative of the evidence we had when we previously decided your claim.

Send us the original or a certified copy of your DD Form 214 or other separation papers for all periods of service(active duty, guard and reserve). We will return original documents to you.

You mentioned treatment at Amarillo, Texas VA Medical Center. Give us the dates of treatment and we will request the records.

Please see the attached information sheet "What the Evidence Must Show to Help Prove Your Claim." If there is any other evidence or information that you think will support your claim, please let us know. If you have any evidence in your possession that pertains to your claim, please send it to us.

How Soon Should You Send It?

You can take up to a year from the date of this letter to make sure we receive the information and evidence we have requested. We encourage you to send us this information and evidence as soon as you can, or contact us within 60 days. Unless we hear from you, VA may decide your claim as soon as we have completed our attempts to get all the relevant evidence that we know about on your claim.

If VA decides your claim before one year from the date of this letter, you continue to have until that date to submit additional evidence and protect your entitlement to benefits from the earliest possible date.

How Can You Contact Us?

You can contact us in several ways. Let us know your VA file number, **529 56 7575**, when you contact us.

- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.

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- E-mail or visit our web site. For specific information about your claim, e-mail us at **muskogee.query@vba.va.gov**. For general information about benefits, visit our web site at www.va.gov.

- Write to us at the address at the top of this letter.

We have also enclosed information on the status of your claim and how you can help, and what the evidence must show.

We are trying to decide claims as quickly as possible. We appreciate your help.

Sincerely yours,

J. Tracy

J. Tracy
Veterans Service Center Manager

Enclosures: VA Form 21-4138
What is the Status of Your Claim and How You Can Help
What the Evidence Must Show

cc: DISABLED AMERICAN VETERANS

21/173rjl

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What is the Status of Your Claim and How You Can Help

We want to update you about the supporting documentation we need for your claim.

We have received the following:

- Your claim for benefits, received March 8, 2004.
- VA Form 21-22
- VA Form 21-4138(2)
- Copy of Service Medical Records from the veteran
- cover sheet
- Accident Information
- Medical evidence from The Fibromyalgia Alliance of America
- copy of original VA Form 21-526

VA is responsible for getting the following evidence:

Relevant records held by any Federal Agency. This may include medical records from the military, from VA hospitals (including private facilities where VA authorized treatment), or from the Social Security Administration.

- Service
- Confirm Southwest Asia

On your behalf, VA will make reasonable efforts to get the following evidence:

Relevant records not held by any Federal Agency. This may include medical records from State or local governments, private doctors and hospitals, or current or former employers.

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(b) (6)

Marshall H. Hopkins

How Can You Help VA

You must give us enough information about your records so that we can request them from the person or agency that has them. If the holder of the records declines to give us the records or asks for a fee to provide them, we'll notify you of the problem. *It's your responsibility to make sure that we receive all requested records that aren't in the possession of a Federal department or agency.*

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(b) (6)

Marshall H. Hopkins

What the Evidence Must Show

What Must the Evidence Show to Support Your Claim?

To support the claim for service connected compensation benefits, the evidence must show three things:

1. You had an injury in military service or a disease that began in or was made worse during military service, or that there was an event in service which caused injury or disease.

2. You have a current physical or mental disability. Medical evidence, including a VA examination will show this.

3. There is a relationship between your current disability and an injury, disease, or event in military service. Medical records or medical opinions usually show this relationship. However, under certain circumstances, VA may conclude that certain current disabilities were caused by service, even if there is no specific evidence proving this in your particular claim. The relationship is presumed for these veterans who have certain diseases:
   - former prisoners of war
   - veterans who have certain chronic or tropical diseases which become evident within a specific period of time after discharge from service
   - veterans who were exposed to ionizing radiation, mustard gas, or Lewisite while in service
   - veterans who served in Vietnam or in Southwest Asia during the Gulf War

Veterans who have certain kinds of service/disease combinations may qualify for an automatic presumption of service connection.

How Will VA Help You Obtain Evidence for Your Claim?

This letter tells you what records or evidence we need to support the benefit you claimed. If they are needed for your claim, we're requesting all records held by Federal agencies to include your service medical records or other military records, and medical records at VA hospitals. We're making reasonable efforts to help you get private records or evidence necessary to support your claim. We'll tell you if we are unable to get records that we requested. We'll also assist you by providing a medical examination or getting a medical opinion if we decide it's necessary to make a decision on your claim.

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Department of Veterans Affairs

Request for Information

General Information

Address Code: File No.: (b) (6)
Insurance No.: (b) (6)
VA Requesting Office:
MUSKOGEE RO
FEDERAL BUILDING
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401
Submit Date: 06/19/2004

C FILE
JUN 21 20 (b) (b) (6)

Veteran Name: HOPKINS, MARSHALL H (b) (6)
Date of Birth: (b) (6)
Place of Birth:
Date of Death:

Claim Date: 03/08/2004
Receipt Date:
Branch Completion Date:
Branch Completed By:
Overall Status: SU
Overall Completion Date:

Period of Service Data for Branch: AF

Name	SN	EOD	RAD	COD	Duty Status	RT Date	Retired Status	Pay Grade
HOPKINS, MARSHALL H	(b) (6)	11/01/1963	06/30/1967	UNK	DCH			

Request/Response Information

REQUEST: O30
SOUTHWEST ASIA, FURNISH ACTIVE DUTY DATES IN SOUTHWEST ASIA ON OR AFTER 08/02/1990.

RESPONSE:

REQUEST: S01
SERVICE, VERIFY ONLY THE UNVERIFIED PERIODS OF SERVICE SHOWN AND NAME, SSN, SN, AS APPLICABLE

RESPONSE:

Vet indicates on 4138 dtd 5-5-99, he never left the states.

INCOMPLETE 7-21-04

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06/03/04
15:05

COVERS - STATION 376
PERMANENT TRANSFER REPORT
ALL FOLDERS REQUESTED BY OTHER STATIONS FOR 06/03/2004
BY FILE NUMBER WITHIN DOUBLE TERMINAL DIGIT

RECORD 582

BY STATION: 351 - MUSKOGEE

FILE NUMBER	FOLDER TYPE	VOL	SS NUMBER	LAST NAME	FIRST NAME	TRANSFER DATE
(b) (6)	CLAIM	01	(b) (6)	HOPKINS	MARSHALL	06/03/04

RECEIVED
JUN 10 2004
Mail Center 10
VARO MUSKOGEE 351

VA
JUN 14 2004
FILE CLERK

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OMB Approved No. 2900-0075
Respondent Burden: 15 minutes

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form (38 U.S.C.501(a) and (b)). The responses you submit are considered confidential (38 U.S.C.5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN *(Type or print)*

Marshall Hopkins

(b) (6) [redacted]

VA FILE NO.

C/CSS - SSN.

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I wash to file for service connection for the following conditions,

Low back pain, shoulder disorder, cervical spine disorder, due to the car wreck I was in on base at Ft. Carson. WI wish to file for service connection of Fibromyalgia with secondary symptoms of depression, tic doloureux, myofascial pain, sleep disorders, and headaches in connection to same car wreck. My medical records are located at the Amarillo VAMC and all other pertinent information is being sent in with request. If there is anythig more I can get for you please let me know.

CEST DATE 3-18-04
EP 020
INITIALS

Thank you for your time.

(CONTINUE ON REVERSE)

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE

Marshall H Hopkins

DATE SIGNED

02 23 04

(b) (6) [redacted]

(Include Area Code)

ENING

Same

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM JUN 2000 **21-4138**

EXISTING STOCKS OF VA FORM 21-4138, APR 1994, WILL BE USED

☆U.S.GPO: 2003 519-536/99551

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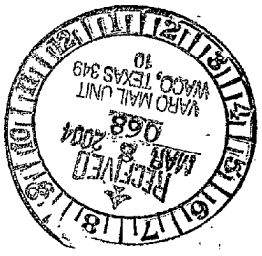

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THE FIBROMYALGIA ALLIANCE OF AMERICA

P.O. Box 21990, Columbus, Ohio 43221-0990 • Telephone (614) 457-4222 Fax (614) 457-2729

We thank you for contacting us for information on the fibromyalgia syndrome. It's always a pleasure to help people understand this frustrating condition a little more clearly. This is, after all, the reason why we are here! We hope this small packet will be helpful.

What Is It?

Fibromyalgia is a chronic musculoskeletal condition causing widespread pain throughout much of the body. People with fibromyalgia will often say, "I hurt all over." The pain is in the muscles, tendons, and ligaments. While it is an *arthritis-related* condition, it does not involve the joints, as do osteoarthritis or rheumatoid arthritis. It is not an inflammatory or an auto-immune condition. It does not cause permanent damage to the body. Although pain can be severe, people with fibromyalgia will look as if nothing is wrong with them!

In the past, fibromyalgia may have been called fibrositis, a term seldom used now. Doctors don't yet know what causes fibromyalgia, nor do they know how to cure it. Many doctors still aren't aware of the tremendous increase in scientific research on this condition in just the last ten years. New research focuses on abnormalities in biochemicals in the body, especially those which work within the central nervous system.

How Does Fibromyalgia (FMS) Feel?

The major symptoms are pain, fatigue, and stiffness in the muscles. Many persons with FMS do not sleep well and do not feel rested in the morning. Their sleep is "non-restorative." Other symptoms can include: anxiety, chest pain that is not cardiac-related, cognitive problems, depression, dizziness, excessive dryness in eyes or mouth, headaches, irritable bowel or bladder syndrome, numbness or tingling in the arms or legs, Raynaud's phenomenon, subjective swelling, tendinitis, and bursitis. While these symptoms occur in many other conditions as well, they seem to be more frequent in fibromyalgia.

How Often Does It Occur?

FMS is not rare. In fact, physicians are only now beginning to recognize how frequently this syndrome can occur. Many have not yet been diagnosed and don't realize what is causing their problems. Fibromyalgia occurs in 2% to 5% of the adult population, or approximately 3 1/2 to 5 million people.

FMS affects more women than men. It can be present in children and teenagers, too. Many adults now being diagnosed can trace their symptoms back to childhood. It also appears much more commonly than previously realized in older persons. Some doctors also feel that fibromyalgia may be inherited; a "predisposition" to develop it may be passed from parent to child.

Can It Occur With Another Condition?

It can and does! In older adults, many will have FMS along with osteoarthritis (or degenerative) arthritis. It also occurs frequently in people who have auto-immune or connective tissue disorders such as rheumatoid arthritis, lupus, or polymyalgia rheumatica, etc. Often physicians don't check for this additional condition and patients wonder why their pain and fatigue isn't responding to their usual arthritis or anti-inflammatory medications.

What Doctor Do I Go To?

Physicians specializing in Rheumatology or Physical Medicine are most aware of recent research on fibromyalgia. Family practitioners often diagnose and treat fibromyalgia, also. As yet, unfortunately, there are no lab tests or X-rays that show fibromyalgia. Your doctor should take your history and then do a "tender point exam" in which he presses on 18 designated areas in your muscles. FMS will be diagnosed if 11 of these 18 points are painful when pressure is applied. Please see diagram.

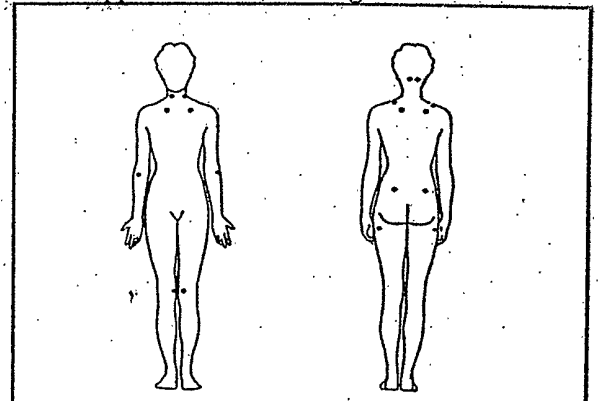

Illustration of Tender Points

How Is It Treated?

Medications currently being used for FMS include low doses of the tricyclic medications such at amitriptyline (Elavil) and cyclobenzaprine (Flexeril). These medications and others with similar actions increase the level of serotonin, an important neurotransmitter in the body. Low levels of serotonin occur in fibromyalgia and can contribute to pain sensitivity, sleep difficulty, and depression.

Although FMS can't yet be cured, it can be managed. A combination of medication, exercise, and lifestyle changes to reduce physical, environmental, and psychological stress can help improve your quality of life. Education and support are also of primary importance.

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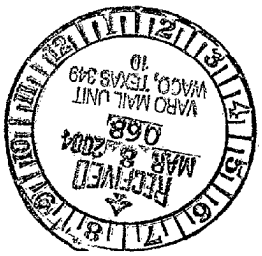

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and nomenclature for the benefit of the health care practitioner, patient, and legal representative. As fibromyalgia and myofascial pain syndrome have some degree of overlap, a brief historical perspective is useful to better understand these conditions.

"Fibrositis" was introduced into the English language medical literature by Sir William Gowers.[3] For many years this term was used for a variety of ill-defined painful disorders. However, the work of Kellgren in 1938,[4] which demonstrated that pain could be referred to remote locations from muscle and other tissues throughout the body, led to important clinical investigations throughout the world. Gutstein[5] in Europe, Kelly[6] in Australia, and Travell[7] in the United States published the bulk of the clinical work on myofascial pain. Collectively these works, coupled with the original work of Kellgren, unequivocally demonstrated that localized irritable regions in soft tissue (such as trigger points in muscle) were often the cause of pain perceived by the patient at a distance from the irritable site. The diagnosis of referred pain from muscles and other tissues depends upon a detailed history and physical examination specifically designed to ferret out tender points and trigger points. If these specific pain-producing tissues are not carefully sought, they will be missed. That is, they are not diagnosable on a routine physical examination, and conventional laboratory testing, for the most part, is not helpful. Doctors Travell and Simons published their seminal work on myofascial pain in 1983, followed by Volume 2 in 1992.[8] Parallel to this work on MPS, intensive studies on defining FMS were carried out. These culminated into a well-designed multicenter prospective study by a blue ribbon committee of the American College of Rheumatology and resulted in universally accepted criteria for the diagnosis of FMS.[9]

FIBROMYALGIA

Fibromyalgia is diagnosed when two criteria are met:

1. A history of widespread pain must have been present for at least three months. Pain is considered widespread when it: (a) is present on the left and right sides of the body, (b) is present above and below the waist, and (c) involves the axial skeleton.
2. Pain must be present on digital palpation in at least 11 out of 18 defined tender point sites.[10]

Seventy-seven percent of PTFS patients returned for treatment even after settlements or awards had been obtained.

Fibromyalgia can be either idiopathic (no identifiable precipitating event), or secondary/concomitant (due to an illness or disease). Fibromyalgia can also be post traumatic (PTFS, caused by an identifiable trauma/accident[11]), as authoritative textbooks indicate.[12] Of particular relevance is a recent study from Canada showing that "reactive" fibromyalgia, which includes development of fibromyalgia after an accident, causes more disability than the primary form.[13] It is PTFS that most often involves litigation, since a trauma/accident can be shown to be the proximate cause of the PTFS and damages or remuneration can be sought via a personal injury lawsuit. FMS is a painful musculoskeletal disorder that can involve other organ systems such as the central nervous system or immune system.[14] It is a permanent condition for which there is no known cure, although ongoing medical treatment is necessary to minimize and control the pain as well as to optimize functioning on numerous levels (e.g., employment, interpersonal relationships, recreation, etc.).[15] It can be as painful and disabling as rheumatoid arthritis,[16] and in the past the presence of FMS was relegated to a clinical diagnosis due to the limitation of imaging or standardized tests. Frequently, FMS patients suffer from muscle spasms, headache, poor/nonrestorative sleep (i.e., a defect in stage 4, non-rem, delta wave sleep), fatigue, a state of widespread diffuse musculoskeletal pain, and the reactive depression so often seen in individuals who have become limited in what they can do and who have displayed a loss of the enjoyment of life.

Anyone doubting that PTFS patients are truly suffering need only listen to the histories of these unfortunate individuals. Moreover, their behavior after litigation is equally convincing to clinicians who have followed the history of patients in the post-settlement era. Seventy-seven percent of PTFS patients returned for treatment even after settlements or awards had been obtained.[17] This dispels the notion that malingering or symptom amplification is a predictable profile of the PTFS patient. PTFS is a painful, permanent, and potentially disabling condition, even more so than primary FMS.[18] In light of the recent medical literature, reaching any other conclusion would be an example of severe intellectual myopia and a tremendous disservice to the patient.

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MYOFASCIAL PAIN

Myofascial pain syndrome (MPS) is the most common source of musculoskeletal pain.[19] The disease is not easily understood without specialized training. Although studied extensively for many years, myofascial pain has been somewhat more difficult to study systematically, particularly with complex cases, than fibromyalgia. It may take a great deal of clinical skill to define it on physical examination. While there are no generally accepted criteria that have been studied and defined in a systematic fashion, such as with fibromyalgia, most definitions are similar to those adopted by doctors Travell and Simons.[20] However, the regimen of MPS diagnosis and treatment are accomplished facts and have become recognized procedure within the accepted standard of care. Listed below are the symptoms (subjective) and signs (objective) of MPS:

Symptoms (subjective)—May consist of one or a number of the following:

- Pain Severity
  - Mild
  - Moderate
  - Severe
  - Morphine Type
- Pain Location
  - Single Muscle
  - Multifocal
  - One region (upper extremity)
  - Hemi-body
  - Total Body
- Decreased range of motion (restricted movement)
- Dysfunction (altered or abnormal function, such as limping, etc.)
- Weakness of an extremity (i.e., buckling knee; drops objects)
- Numbness
- Headaches
  - Muscular
  - "Sinus"
  - "Migraine"
  - "Unilateral"
  - "Bilateral"
- Tingling
- Burning Sensation
- Pressure Sensation
- Goose bumps ("goose flesh")
- Tenderness
- Muscle spasms
- Stiffness
- Tension
- Tightness
- Dizziness (vertigo)
- Ringing in the ears
- Difficulty breathing
- Bladder problems
- Muscle cramps and charley horses
- Sleep disorder
- Disability
  - Temporary
  - Intermittent
  - Permanent

Signs (objective)—May consist of one or more of the following:

- Perpetuating factors
- Taut band(s), an involuntary tightening of a portion of a muscle that the patient has no control over
- Jump sign, an involuntary startle or withdrawal response to pressure applied to an active trigger point
- Local twitch response, an involuntary contraction of a taut band in a muscle that may occur when the trigger point residing in the taut band is snapped with the examining finger
- Specific trigger points in specific, textbook-specified locations[21]
  - Pressure on the myofascial trigger points reproduces some or all of the presenting complaints(s).
- Irregular heartbeats
- Deformity (such as listing to one side or the other; involving twisting of the torso)
- Decreased range of motion (restrictive movement)
- Dysfunction (altered or abnormal function, such as limping)
- Breakaway weakness in the muscle that resisted the overload of the injury
- Abnormal tissue compliance
- Abnormal pressure threshold meter test
- Asymmetrical palpebral fissures (vertical dimension)
- Neurological abnormalities
  - Asymmetrical and/or absent deep tendon reflexes

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OMB Approved 2900-0321
Respondent Burden: 5 minutes

Department of Veterans Affairs

APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

Note — If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, " Appointment of Individual As Claimant's Representative."

IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM

1. LAST-FIRST-MIDDLE NAME OF VETERAN: Hopkins Marshall H. (b) (6)

3A. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS *(See list on reverse side before selecting organization)*: Disabled American Veterans

3B. JOB TITLE OF OFFICIAL REPRESENTATIVE AUTHORIZED TO ACT ON VETERAN'S BEHALF:

INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES

4. SOCIAL SECURITY NUMBER: (b) (6)

5. INSURANCE NUMBER(S) *(Include letter prefix)*:

6A. SERVICE NUMBER(S):

6B. BRANCH OF SERVICE: USAFR

7. NAME OF CLAIMANT *(If other than veteran)*: (b) (6)

8. RELATIONSHIP *(If other than veteran)*:

10. CLAIMANT'S TELEPHONE NUMBER *(Include Area Code)*
. EVENING: (b) (6)) Same

02 23 04

12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.

Unless I check the box below, I **do not authorize** VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

☒ I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.

13. LIMITATION OF CONSENT— My consent in Item 12 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:

I, the claimant named in Items 1 or 7, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim for any and all benefits from the Department of Veterans Affairs based on the service of the veteran named in Item 1. I authorize the Department of Veterans Affairs to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 12 and 13), to that service organization appointed as my representative. It is understood that no fee or compensation of whatsoever nature will be charged me for service rendered pursuant to this power of attorney. I understand that the service organization I have appointed as my representative may revoke this power of attorney at any time, subject to 38 C.F.R. §20.608. *Additionally, in those cases where a veteran's income is being developed because of an income verification necessitated by an Internal Revenue Service verification match, the assignment of the service organization as the veteran's representative is only valid for five years from the date this form is signed for purposes restricted to the verification match.* Signed and accepted subject to the foregoing conditions.

THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

14. SIGNATURE OF CLAIMANT (Do Not Print): Marshall H. Hopkins

15. DATE SIGNED: 2/23/04

VA USE ONLY	VA FORM 21-22-1 SENT TO:	DATE SENT	ACKNOWLEDGED (Date)	REVOKED *(Reason and date)*
	☐ CER FILE ☐ EDU FILE ☐ INSURANCE FILE ☐ CH. 30 ☐ DEA FILE ☐ LG FILE		6/19/04	

NOTE: As long as this appointment is in effect the organization named herein will be recognized as the sole agent for presentation of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

FORM 21-22 2003

SUPERSEDES VA FORM 21-22, JUN 2002, WHICH WILL NOT BE USED.

CLAIMS FOLDER 1

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RECOGNIZED SERVICE ORGANIZATIONS

Membership in an organization is not a prerequisite to appointment of the organization as claimant's representative.

The following is a listing of National Organizations recognized by the Secretary in the preparation, and prosecution of claims under laws administered by the Department of Veterans Affairs.

African American PTSD Association
American Legion
American Red Cross
American Veterans Committee
AMVETS
American Ex-Prisoners of War, Inc.
American Defenders of Bataan and Corregidor, Inc.
American GI Forum, National Veterans Outreach Program
Army and Navy Union, USA
Army and Air Force Mutual Aid Association
Blinded Veterans Association
Catholic War Veterans of the U.S.A.
Disabled American Veterans
Eastern Paralyzed Veterans Association
Fleet Reserve Association
Gold Star Wives of America, Inc.
Italian American War Veterans of the United States, Inc.
Jewish War Veterans of the United States
Legion of Valor of the United States of America, Inc.
Marine Corps League
Military Order of the Purple Heart
National Amputation Foundation, Inc.
National Association of County Veterans Service Officers, Inc.
National Veterans Legal Services Program
National Veterans Organization of America
Non Commissioned Officers Association of the USA
Navy Mutual Aid Association
Paralyzed Veterans of America, Inc.
Polish Legion of American Veterans, U.S.A.
Swords to Plowshares, Veterans Rights Organization
The Retired Enlisted Association
United Spanish War Veterans of the United States
Veterans of Foreign Wars of the United States
Veterans of World War I of the U.S.A., Inc.
Veterans of the Vietnam War, Inc.
Vietnam Era Veterans Association
Vietnam Veterans of America

Although agency titles vary, the following States and possessions maintain veterans service agencies which are recognized to present claims.

Alabama
American Samoa
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Guam
Hawaii
Idaho
Illinois
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Northern Mariana Islands
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Virgin Islands
Washington
West Virginia
Wisconsin

PRIVACY ACT INFORMATION: The information requested on this form is solicited under 38 § U.S.C. 5902, which authorizes VA to recognize representatives of certain organizations for the preparation, presentation, and prosecution of claims for VA benefits. We will use the information to recognize the service organization you named to act on your behalf and to identify any VA records which VA may disclose to the service organization under 38 U.S.C. 5701(b). Except for information protected by 38 U.S.C. 7332, the service organization is not prohibited from redisclosing records. Provision of the requested information is voluntary, but your failure to provide us the information could impede the recognition of the service organization as your representative and/or the identification of disclosable records. The Privacy Act authorizes VA to disclose the requested information outside VA for certain routine uses, which have been published in the Federal Register with reference to a VA system of records entitled, "Compensation, Pension, Education, and Rehabilitation Records-VA (58VA21/22). Such routine uses include debt collection, civil or criminal law enforcement, communications with members of Congress or other representatives, benefits delivery, program administration, and personnel administration.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, [illegible] and maintaining the data needed, and completing and reviewing the collection of information. If you have comments [illegible] is burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information [illegible] end your comments.

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4/4

Disabled American Veterans
National Service Office

VA Regional Office • One Veterans Plaza • 701 Clay • Waco, TX 76799
(254) 299-9932
E-mail: WACO.DAV@vba.va.gov

C FILE
JUN 21 2004

Memorandum

TO: 217B

FROM: John Kleindienst
National Service Officer (T)
Disabled American Veterans
VARO Waco, TX

RE: Hopkins, Marshall
(b) (6)

DATE: 3/5/04

In accordance with 38 C.F.R. § 14.631 the above captioned requests the appointment of the Disabled American Veterans as the authorized representative as indicated on the completed VAF 21-22.

It is therefore requested that the Department of Veterans Affairs update all systems to include: COVERS, BDN, MINQ, PINQ, TINQ, MAP-D, and VACOLS to reflect the Disabled American Veterans accredited representative (083).

Please accept the attached 21-4138 (2), 2-pages of info on fibromyalgia, and 68 pages of medical information as a formal request to establish service connection for fibromyalgia.

We request the determination as to service connection be based on a careful review of the entire evidence of record with due consideration to the policy of the Department of Veterans Affairs to administer the law under a broad and liberal interpretation consistent with the facts in each individual case. (38 C.F.R. § 3.303)

The veteran has indicated that medical evidence pertaining to the claimed condition(s) may be obtained from the Amarillo VAMC. It is therefore requested that these records be secured in support of this veteran's claim pursuant to 38 C.F.R § 3.103.

Continued

RECEIVED
MAR 17 2004
Mail Center 10
VARO MUSKOGEE 351

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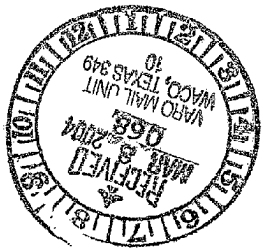

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This request is made under the regulatory provisions of 38 C.F.R. 3.155 (a) and (c).

John Kleindienst
National Service Officer (T)

JHK/dlc

CC: Marshall Hopkins
(b) (6) [redacted]

CC: Kathy Fagin, DAV, DSO, Amarillo

Protect Your Benefits-Register and Vote!

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OMB Approved No. 2900-0075
Respondent Burden: 15 minutes

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form (38 U.S.C. 501(a) and (b)). The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN *(Type or print)*	(b) (6)	VA FILE NO.
Marshall Hopkins		C/CSS - SSN.

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

Approx. Jan. 3 1991, I had been out at Ft. Carson Colo. helping guard and reserve Army personnel deploy to Desert Storm. I had finished the duty for the day and was departing the post. I stopped at a crosswalk for a pedestrian.

A car coming from behind me failed to notice that I had stopped and rear-ended me. Several witnesses indicated that the car was approaching at approx. speeds of 30 to 40 mph.

The impact throwed me into the back seat of my car then moved my car into an adjoining lane and hit a car parked there. That impact moved me from the rear seat up and onto the dash. I was taken to Evens hospital, x-rayed, and released because there appeared to be no broken bones. Most of Evens permanate party had been deployed and temporary cevilian personnel were operating the hospital.

(CONTINUE ON REVERSE)

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED
Marshall H Hopkins	02 23 04

(b) (6) *(Include Area Code)*

EVENING

Same

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM JUN 2000 **21-4138** EXISTING STOCKS OF VA FORM 21-4138, APR 1994, WILL BE USED

☆U.S.GPO: 2003 519-536/99551

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DEPARTMENT OF VETERANS AFFAIRS
Regional Office
155 Van Gordon Street
Box 25126
Denver CO 80225

February 5, 2003

In Reply Refer To: 339/27MB/41
(b) (6)
HOPKINS, Marshall H.

FREMONT COUNTY VSO
615 MACON AVENUE #LL-8
CANON CITY CO 81212

Dear Sir/Madam:

We are responding to your request for information under the Privacy Act and are enclosing a copy of the information you requested.

This information is being furnished at the written request or with the written consent of the veteran. Since this information is privileged, its confidentiality should be maintained.

The copies were made from records contained in the Department of Veterans Affairs claim file. **Please do not resubmit these copies as evidence to support a claim.** If you need more information, please call our toll-free number, 1-800-827-1000. *If you call, have this letter with you.*

Sincerely yours,

ROBERT K. SHEARIN
Veterans Service Center Manager

Enclosures:
Entire VA file.

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DEPARTMENT OF VETERANS AFFAIRS
Regional Office
155 Van Gordon Street
Box 25126
Denver CO 80225

September 20, 2002

In Reply Refer To: 339/27MB/41
(b) (6)

MARSHALL H HOPKINS
(b) (6)

Dear Mr. Hopkins:

We are responding to your request under the Privacy Act for information from the Department of Veterans Affairs (VA) file.

Due to the recent increase of requests for information under the Privacy Act, there will be a delay in the processing of your request. We will send our reply as soon as possible. There is no need for you to take any further action at this time.

We are sorry for any inconvenience that this delay may cause. Your patience is appreciated.

Sincerely yours,

ROBERT K. SHEARIN
Veterans Service Center Manager

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Adjudication Officer
Veterans Administration Regional Office
155 Van Gordon St
PO Box 25126
Denver, CO 80225

Privacy

PRIVACY ACT REQUEST

RE: HOPKINS, Marshall H.
(b)(6) [redacted]

Gentlemen;

This is a request made under the provisions of the Privacy Act.

Please provide me, without delay, copies of the entire contents of my claims folder. This is to include, but is not limited to, all documents, papers, communications, memos, entries, correspondence, computer printouts, determinations, reports, notes, logs, actions, rating board decisions and each and every document of any other type that your office may possess that contains my name, social security or claim number.

You are no doubt familiar with the time requirements of the Privacy Act. Please forward the above requested information within those time constraints.

Thank You for your quick response to this request.

Sincerely,

Marshall H. Hopkins

Marshall H. HOPKINS
(b)(6) [redacted]

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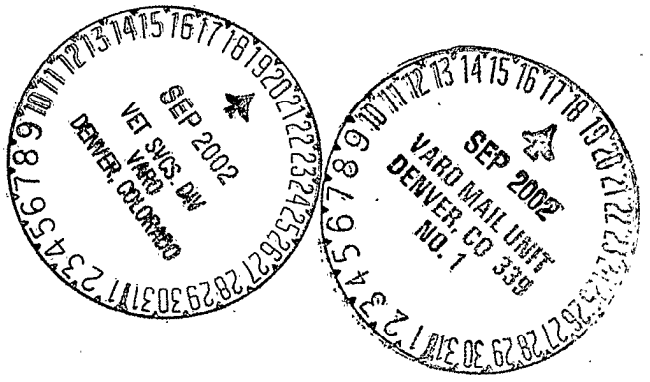

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DEPARTMENT OF VETERANS AFFAIRS
Regional Office
155 Van Gordon Street
Box 25126
Denver CO 80225

APR 20 2002

In Reply Refer To: 339/SRC/vas

MARSHALL H HOPKINS
(b) (6)

(b) (6)
HOPKINS, Marshall H

Dear Mr. Hopkins:

We made a decision on your claim for service connected compensation.

This letter tells you what we decided. It includes a copy of our rating decision that gives the evidence used and reasons for our decision. We have also included information about what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

What Did We Decide?

We determined that the following conditions were not related to your military service, so service connection couldn't be granted:

Medical Description
depression
tic douloureux
mechanical low back pain
decline in cognitive function secondary to depression
myofascial pain
sleep disorder
shoulder disorder
cervical spine disorder
gulf war syndrome
headaches

We have enclosed a copy of your Rating Decision for your review. It provides a detailed explanation of our decision, the evidence considered and the reasons for our decision. You can find the decision discussed in the section titled *"Decision."* The evidence we considered

4-18-02 RECD (b) (6)

FILE COPY

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is discussed in the section titled *"Evidence."* The reasons for our decision can be found in the portion of the rating titled *"Reasons for Decision"* or *"Reasons and Bases."*

What You Should Do If You Disagree With Our Decision.

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision.* The enclosed *VA Form 4107, "Your Rights to Appeal Our Decision,"* explains your right to appeal.

Do You Have Questions Or Need Assistance?

If you have any questions or need assistance with this claim, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.

If you call, please refer to your VA file number 529 56 7575. If you write to us, put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter. You can visit our web site at www.va.gov for more information about veterans' benefits.

We sent a copy of this letter to Disabled American Veterans because you appointed them as your representative. If you have questions or need assistance, you can also contact them.

Sincerely yours,

Robert K. Sharin

ROBERT K. SHEARIN
Veterans Service Center Manager

Enclosure(s): Rating Decision
VA Form 4107

cc: Disabled American Veterans

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DATE OF CLAIM OR ISSUE	END PRODUCT	TRANSACTIO	R.O. NO.	POWER OF ATTORNEY	FID. R.O.	PAYEE NO.	PAYEE NAME	(b) (6)
11-26-01	020	27L-DISA	339	DAV		00	M H HOPKI	

SOCIAL SECURITY NUMBERS: VETERAN [redacted] SPOUSE PA

BIRTH: VETERAN 07-20-43 SPOUSE WIDOW FATHER MOTHER

NAME AND ADDRESS - PAYEE

MARSHALL H HOPKINS
(b) (6) [redacted]

NAME OF VETERAN	SEX	NAME OF SPOUSE
M H HOPKI	M	

BR.	EOD	RAD	PAY GR.
F	11-01-63	06-30-67	

ASC (b) (6) [redacted] CROSS REFERENCE NO.

CHAR. DIS.	SEP. RSN.	DATE OF DEATH	AGE AT DEATH	VET. SPOUSE
UNV				

PRIOR NET AWARD DATA

MONTHLY RATE	EFFECTIVE DATE	WITHHOLD - RECOUP TYPE	WITHHOLD - RECOUP AMOUNT

ZIP CODE	CONS. PAY. NO.	COLLECTION	CODE	AMOUNT
80832				

DIRECT DEPOSIT

DISALLOWANCE ▶ CODE-REASON 06-DIS/DTH NOT DUE TO SVC

EFFECTIVE DATE	RSN CODE	NET MONTHLY RATE	WITHHOLDING TYPE	WITHHOLDING AMOUNT	OFFSET/RECOUP TYPE	OFFSET/RECOUP AMOUNT	ENT CODE	DISABILITY ENTITLEMENT	INCOME	DEPENDENCY TOT	DEPENDENCY THIS	SCHL/ HLP	SPECIAL LAW/MISC

RATING

EFFECTIVE DATE	COMB DEG	SMC BAS	SMC HOS	SPL PRO	EMPL	W-PCT.	LOSSES USE	LOSSES ANAT	LOSSES OTH	CONTROLS MO	CONTROLS YR	CONTROLS RSN	OFFSET - RECOUPMENT TYPE	BALANCE	DEDUCTION

COMPETENCY RATING | COMPETENCY PAYMENT

INCOME AND DEPENDENCY

	NET WORTH	MO. SOC. SEC.	ANN. SOC. SEC	ANN. EARNING	MO. CIVIL SERV.	MO. MILITARY	MO. BLACK LUNG	MO. RAILROAD	MO. OTHER RET.	ANN. OTH. INC.
PAYEE										
SPOUSE										

NAME OF CHILD	BIRTH DATE	STAT	NW	MO. SOC. SEC.	ANN. SOC. SEC.	ANN. EARNINGS	ANN. OTH. INC.	FUTURE DATE	RSN	DEDUCTIBLE EXPENSES
DOC = VCAA REVIEW										MEDICAL
										LAST
										FAMILY
										SOC. SEC.
										OTH. RET.
										WAIVER
										EDUCATION

ADDL. CHILDREN ▶ TOTAL: THIS: ▶ IVAP:

BURIAL

DESCRIPTION	AMOUNT	PERSON TO BE NOTIFIED
S/C BURIAL	9434	08 000
NSC BURIAL	8405	08 000
PLOT/INTER.	5295	08 000
HDST./MARKER	9499	08 000
TRANSPORTATION	8405	08 000
TOTAL	9499	08 000

ACCRUED

BASIS FOR PAYMENT: Denied SC for 9434, 8405, 5295, 9499-9440, 8405, 9499-9440, 5299-5201, 5290 8850-5025 and 8199-8100
AMOUNT PAYABLE: Award draft document NSC entitlement
SHARE:
AMOUNT THIS PAYEE:
LESS COLLECTION:
NET PAY: Rating Decision dated 4-16-02

REMARKS

DICTATED LETTER REQUIRED - NO FREE TEXT
VITAL M/R EXISTS - REVIEW VUPD MAYBE REQ

ENTERED BY 3752 (b) (6) [redacted] DATE 04-18-02

(b) (6) [redacted] DATE 4/20/02

VA FORM JAN 1984 **21-8947** COMPLETION AND PENSION AWARD

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Rating Decision	*Department of Veterans Affairs* *Seattle Regional Office*	Page 5 04/16/2002
NAME OF VETERAN MARSHALL H. HOPKINS	(b) (6) [redacted]	POA Disabled American Veterans

ACTIVE DUTY *(Month/Day/Year)*				ADDITIONAL SERVICE CODE	COMBAT STATUS	SPECIAL PROVISION CODE	FUTURE EXAM *(Month/Year)*
EOD	RAD	EOD	RAD				
11-01-63	06-01-67				1		

COPY TO:		EFFECTIVE DATE	BASIC	HOSPITAL	LOSS OF USE	ANAT. LOSS	OTHER LOSS
	S						
	M						
	C						

JURISDICTION: 020;10 Reopened claim received 11-26-01

8. NSC (VE PTE GW)

9434	DEPRESSION (VCAA)
8405	TIC DOULOUREUX (VCAA)
5295	MECHANICAL LOW BACK PAIN (VCAA)
9499-9440	DECLINE IN COGNITIVE FUNCTION SECONDARY TO DEPRESSION (VCAA) (claimed as memory loss)
8405	MYOFASCIAL PAIN (VCAA) (claimed as right facial pain)
9499-9440	SLEEP DISORDER (VCAA)
5299-5201	SHOULDER DISORDER (VCAA)
5290	CERVICAL SPINE DISORDER (VCAA)
8850-5025	GULF WAR SYNDROME (VCAA)
8199-8100	HEADACHES (VCAA)

(b) (6) [redacted]

(b) (6) [redacted] 20416.RTG

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Rating Decision	*Department of Veterans Affairs* *Seattle Regional Office*	Page 1 04/16/2002
NAME OF VETERAN MARSHALL H. HOPKINS	(b) (6) [redacted]	POA Disabled American Veterans

ISSUE:

1. Service connection for depression.
2. Service connection for tic douloureux.
3. Service connection for mechanical low back pain.
4. Service connection for decline in cognitive function secondary to depression (claimed as memory loss).
5. Service connection for myofascial pain (claimed as right facial pain).
6. Service connection for sleep disorder.
7. Service connection for shoulder disorder.
8. Service connection for cervical spine disorder.
9. Service connection for gulf war syndrome.
10. Service connection for headaches.

EVIDENCE:

- Service medical records for the period November 1963 to June 1967.
- Reserve unit medical records for the period July 14, 1974 to February 1, 1977; and for the period January 15, 1983 to October 18, 1995.
- The DD 214 for the period November 1963 to June 1967 could not be obtained for review.
- There is no record on file of the active duty for training dates.
- There is no record on file confirming the 120 days active duty in support of Desert Shield/Desert Storm.
- Line of Duty determination dated November 4, 1993 noting that Mr. Hopkins was on 120 days of active duty when the motor vehicle accident occurred.
- The DD 214 for the 120 days of active duty in support of Desert Storm could not be obtained for review. If these records are located at a later date, this decision will be reconsidered. If a different decision results, that decision will be effective as of the date of the original claim.
- VA examination dated February 7, 1997, from the VA Medical Center, Denver ,Colorado.
- We sent a letter dated November 26, 2001 to Mr. Hopkins asking for any additional evidence he can provide which is related to the claimed disabilities. He did not provide additional evidence.

DECISION:

1. Service connection for depression (VCAA) is denied.
2. Service connection for tic douloureux (VCAA) is denied.
3. Service connection for mechanical low back pain (VCAA) is denied.
4. Service connection for decline in cognitive function secondary to depression (VCAA) is denied.
5. Service connection for myofascial pain (VCAA) is denied.
6. Service connection for sleep disorder (VCAA) is denied.
7. Service connection for shoulder disorder (VCAA) is denied.
8. Service connection for cervical spine disorder (VCAA) is denied.

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9. Service connection for gulf war syndrome (VCAA) is denied.
10. Service connection for headaches (VCAA) is denied.

REASONS FOR DECISION:

1. Service connection for depression.
2. Service connection for tic douloureux.
3. Service connection for mechanical low back pain.
4. Service connection for decline in cognitive function secondary to depression (claimed as memory loss).
5. Service connection for myofascial pain (claimed as right facial pain).

FACTS: Service connection for these five conditions was originally denied by the rating decision dated May 15, 1997. Mr. Hopkins had one year in which to appeal the decisions. The decisions were not appealed within the applicable one-year period, so the decisions became final.

We sent a letter dated November 21, 2001 to Mr. Hopkins asking for any additional medical evidence, or other evidence, he can provide which is related to these five conditions. He did not provide additional evidence.

ANALYSIS: In order to reopen a claim, new and material evidence must be presented. New and material evidence means evidence not previously submitted to agency decisionmakers which bears directly and substantially upon the specific matter under consideration, which is neither cumulative nor redundant, and which by itself or in connection with evidence previously assembled is so significant that it must be considered in order to fairly decide the merits of the claim.

No additional evidence has been provided for the claims on these five conditions:

depression
tic douloureux
mechanical low back pain
memory loss
myofascial pain

Without additional evidence, we do not have a basis upon which to re-open these claims.

Service connection may not be established until there is verification of service. The claimant has not established status as a veteran. Our efforts to obtain the necessary documentation have not been successful. In particular, active duty service during the Gulf War needs to be documented. Service connection on a presumptive basis for symptoms or disabilities associated with Gulf War Syndrome would require service in

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the Southwest Asia theater. Service connection on a direct basis for diagnosed disabilities which arose while on active duty do not require SW Asia service.

6. Service connection for sleep disorder.
7. Service connection for shoulder disorder.
8. Service connection for cervical spine disorder.
9. Service connection for gulf war syndrome.
10. Service connection for headaches.

FACTS: Service connection for these five conditions was originally denied by the rating decisions dated October 29, 1999. Because of a change in the law, we are considering these claims again, as if the original decisions had not been made.

With the change in the law, we sent a letter dated November 21, 2001 to Mr. Hopkins asking for any additional evidence he can provide which is related to these conditions. He did not provide additional evidence.

There is no record on file of the active duty for training dates. There is no record on file confirming the 120 days active duty in support of Desert Shield/Desert Storm. A Line of Duty determination dated November 4, 1993 noting that Mr. Hopkins was on 120 days of active duty when the motor vehicle accident occurred. However, the DD 214 for the 120 days of active duty in support of Desert Storm could not be obtained for review.

ANALYSIS: Service connection may not be established until there is verification of service. The claimant has not established status as a veteran. Our efforts to obtain the necessary documentation have not been successful. In particular, active duty service during the Gulf War needs to be documented. Service connection on a presumptive basis for symptoms or disabilities associated with Gulf War Syndrome would require service in the Southwest Asia theater. Service connection on a direct basis for diagnosed disabilities which arose while on active duty do not require SW Asia service.

Without confirmed service during Desert Storm, establishing status as a veteran for the purposes of disabilities which arose during that time, service connection for the following conditions cannot be favorably considered.

sleep disorder
shoulder disorder
cervical spine disorder
gulf war syndrome
headaches

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Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our web site, www.va.gov.

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DEPARTMENT OF VETERANS AFFAIRS
Regional Office
155 Van Gordon Street
Box 25126
Denver CO 80225

November 26, 2001

In Reply Refer To: 339/27T/RDW
[redacted]
HOPKINS, Marshall H

MARSHALL H HOPKINS
[redacted]

Dear Mr. Hopkins:

On May 5, 1999, you submitted a claim for service-connected disability compensation benefits. In our letter of November 8, 1999, we told you that we denied service-connection for the following disabilities because your claims were not well-grounded:

- SLEEP DISORDER
- SHOULDER DISORDER
- CERVICAL SPINE DISORDER
- HEADACHES
- GULF WAR SYNDROME
- MECHANICAL LOW BACK PAIN
- DECLINE IN COGNITIVE FUNCTION SECONDARY TO DEPRESSION (CLAIMED AS MEMORY LOSS)
- DEPRESSION
- TIC DOULOUREUX
- MYOFASCIAL PAIN

Recent Legislative Changes

On November 9, 2000, The Veterans Claims Assistance Act of 2000 (VCAA) was signed into law. This law establishes new duties for the Department of Veterans Affairs (VA) when you file an application for disability benefits.

As a result of this new law, we are going to reconsider your claim.

In this letter, we will tell you what has been done to help with your claim, what evidence is necessary to establish entitlement, and what information or evidence we need from you. This letter will also tell you when and where to send the information or evidence, and who to call if you have questions or need assistance.

684/020 P
11/26/01
[redacted]

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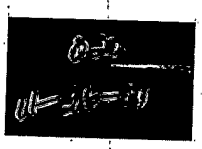

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Please pay special attention to the sections entitled, "What Have We Done To Help With Your Claim?" and "What Information or Evidence Do We Need From You?"

VA's Duty To Notify You About Your Claim

The VCAA requires us to explain to you what information or evidence we need to grant the benefit you want. We will tell you when medical evidence is required. Medical evidence includes such things as doctors' records, medical diagnoses, and medical opinions.

We will tell you what necessary information or evidence you must give us, such as income information, or the names and addresses of doctors who treated you for your medical condition. We will also tell you what necessary information or evidence we will try to get for you.

VA's Duty To Assist You To Obtain Evidence For Your Claim

The law states that we must make reasonable efforts to help you get evidence necessary to support your claim. We will try to help you get such things as medical records, employment records, or records from other Federal agencies.

You must give us enough information about these records so that we can request them from the person or agency who has them. It's still your responsibility to make sure these records are received by us.

We will also assist you by providing a medical examination or getting a medical opinion if we decide it's necessary to make a decision on your claim.

What Must The Evidence Show To Establish Entitlement?

To establish entitlement for service-connected compensation benefits, the evidence must show three things:

- *An injury in military service or a disease that began in or was made worse during military service, or an event in service causing injury or disease.*

  OR

  Additionally, VA laws and regulations permit VA to conclude that some current disabilities were caused by service, even if there is no specific evidence proving this. These are called presumptive conditions.

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There are presumptions for veterans who have certain chronic or tropical diseases, which become evident within a particular period of time. Presumptions also apply to veterans who had a particular kind of service and develop certain diseases. Former prisoners of war, veterans who were exposed to ionizing radiation, mustard gas, or Lewisite while in service, and veterans who served in Vietnam or in Southwest Asia during the Gulf War are entitled to a presumption of service connection if they have certain diseases or disabilities.

If we do not have your service medical records, we will get them. We will review your service medical records to see if they show you had an injury or disease in service. We will also get other military service records if they are necessary.

- *A current physical or mental disability.*

This can be shown by medical evidence or other evidence showing you have persistent or recurrent symptoms of disability. We will get any VA medical records or other medical treatment records you tell us about. You may also submit your own statements or statements from other people describing your physical or mental disability symptoms. We will review this evidence to see if it shows you have a current disability or symptoms of a disability.

- *A relationship between your current disability and an injury, disease, or event in service.*

This is usually shown by medical records or medical opinions. We will request this medical evidence from medical providers who treated you if you tell us about it. You can give us a medical opinion regarding a relationship from your own doctor.

Gulf War Claims

- Regulations may authorize compensation for disabilities due to undiagnosed illness if:

  - began EITHER during active service in the Southwest Asian theater of operations OR to any time through December 31, 2001, and

  - has lasted for six months or longer.

If you have any questions, call our toll-free Gulf War Information Helpline at 1-800-PGW-VETS.

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(b) (6) [redacted]

Hopkins, Marshall H

- Exposure to Gulf War environmental hazards or "Gulf War Syndrome" is not considered a disability. We need to know specifically what disability(ies) you are claiming. We need current medical evidence of signs or symptoms which may be manifestations of undiagnosed illness to include, but not limited to the following:

  Fatigue
  Signs or symptoms involving skin
  Headache
  Muscle pain
  Joint pain
  Neurologic signs or symptoms
  Neuropsychological signs or symptoms
  Signs or symptoms involving the respirator system (upper or lower)
  Sleep disturbances
  Gastrointestinal signs or symptoms
  Cardiovascular signs or symptoms
  Abnormal weight loss
  Menstrual disorders

- We need a statement or proof that you served in the Southwest Asia theater of operations during the Gulf War.

- We need evidence showing one or more symptoms which have been present for more than six (6) months.

  Medical evidence is necessary to support your claim; however, we can also use nonmedical evidence. This is evidence such as:

  1. Records or reports of time you lost from work; changes in your physical appearance; changes in your physical abilities; changes in your mental or emotional attitude.

  2. We can also use statements from persons who knew you during the Gulf War or after military service. This person would have personal knowledge of your disabilities. Each person should submit a statement on the enclosed VA Form 21-4138, Statement In Support of Claim, or a letter with the following statement above the signature:

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(b) (6) [redacted]

Hopkins, Marshall H

I hereby certify that the information I have given
is true to the best of my knowledge and belief.

The statement should describe exactly what the person observed and mention specific dates and places. The person's name and complete address must be clearly shown. Identify the statement with your name and VA file number.

A person on active duty at the time should include his or her service number and military unit.

- Provide medical evidence that the chronic disability is the result of an undiagnosed illness.

- Veterans who served in the Gulf War are entitled to a Gulf War Health Registry Examination provided at a Department of Veterans Affairs (VA) health care facility free of charge. If you have had this examination, submit copies as evidence to support your claim. You can also notify us of the date of examination and which VA Medical Center, and we will obtain the examination.

What Have We Done To Help With Your Claim?

We have received the following evidence to support your claim:

- SMR's, AND A REVIEW OF ALL EVIDENCE OF RECORD IN C-FILE WAS UNDERTAKEN

What Information Or Evidence Do We Need From You?

Please tell us whether there is any additional information or evidence that you think will support your claim. **If there are no additional records, please tell us.** VA Form 21-4138, Statement in Support of Claim, is enclosed for your use.

If there are additional records, you can send them directly to us, or you can ask us to help get them for you. If you want us to help get additional information or evidence for you, please follow these instructions:

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- ***Private medical records:*** If you want us to help get private medical records for you, please complete and return the enclosed VA Form 21-4142, Authorization and Consent to Release Information to the Department of Veterans Affairs. We will request the records for you.

  Be sure to include a complete mailing address, including zip code, as well as dates of treatment and condition treated. Provide a separate form for each private care provider. If you need additional copies of VA Form 21-4142, you may photocopy the enclosed form.

  Note: You can help with your claim by getting the private medical records and sending them directly to us.

- ***Federal records:*** If there are *additional* Federal records (i.e., VA Medical Center records, military hospital records, etc.) that you think will support your claim, please tell us about them. We will request the records for you.

  Be sure to tell us the name of the facility, as well as the city, state, country, etc. of the facility. In addition, tell us the condition treated and the dates of treatment. VA Form 21-4138, Statement in Support of Claim, is enclosed for your use.

- ***Other information or evidence:*** If you want us to help get any *additional* information or evidence that you think will support your claim, please tell us about it. VA Form 21-4138, Statement in Support of Claim, is enclosed for your use. Be sure to include the following:

  1. the name of the person, agency, or company who has records that you think will support your claim;
  2. the address of the person, agency, or company; and
  3. the approximate time frame covered by the records.

  Note: You can help us with your claim by getting the information or evidence and sending it directly to us.

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(b) (6)
Hopkins, Marshall H

When Do You Send The Information Or Evidence?

Send the information describing additional evidence or the evidence itself as soon as possible, but not later than 60 days from the date of this letter. Please put your VA file number, full name, and address on the evidence.

If we don't receive the information or evidence within that time, we will decide your claim based only on the evidence we have received and any VA examinations or medical opinions we have requested.

If the information or evidence is received within one year from the date of this letter, and if we decide that you are entitled to VA benefits, we may be able to pay you from the date we received your claim.

If the evidence isn't received within one year from the date of this letter, and if we decide that you are entitled to VA benefits, we can only pay you from the date we receive the evidence.

Where Do You Send the Information or Evidence?

Send the information describing additional evidence or the evidence itself to the address at the top of this letter.

For your convenience, you may FAX the requested evidence to the Denver Department of Veterans Affairs (VA) Regional Office at (303) 914-5903. If you do not have any additional information or evidence, you may also FAX your signed and dated VA Form 21-4138 to the regional office.

Please put your VA file number, and your full name and address on anything you send to us. Your VA file number is CSS 529 56 7575.

You should call or write to us as soon as possible if you move or change your mailing address.

How Long Will It Take To Decide Your Claim?

It now takes us an average of 8 months to complete this type of claim. We'll make every effort to decide your claim sooner.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

(b) (6) [redacted]

Hopkins, Marshall H

Do You Have Questions Or Need Assistance?

Your case has been assigned to Team 27E. Members of our team will keep you informed about what is happening with your claim and we will work with you to help gather the evidence we need. If you are in doubt about what to do at any time, please call us toll free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.

If you call please refer to your VA file number CSS 529 56 7575. If you write to us, please put your full name and VA file number on the letter.

You can visit our web site at www.va.gov for more information about veterans' benefits.

A copy of this letter was sent to Disabled American Veterans, telephone number 303-914-5570, because you appointed them as your representative. If you have questions or need assistance completing forms/claim, etc., you can also contact them.

Your Right To Privacy

The information asked for in this letter is needed to determine your entitlement to benefits. All information and evidence you send to us is considered confidential. Information may only be disclosed outside VA as allowed by law.

Sincerely yours,

Robert K. Shearin

ROBERT K. SHEARIN
Veterans Service Center Manager

Enclosure(s): VA Form 21-4138
VA Form 21-4142

cc: Disabled American Veterans

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Enter only AU Notes.

11/26/2001 8:02 AM; VSDRWALK

EP 684/020 FOR NWG ISSUE:

SLELEP DISORDER
SHOULDER DISORDER
CERVICAL SPINE DISORDER
HEADACHES
GULF WAR SYNDROME
MECHANICAL LOW BACK PAIN
DECLINE IN COGNITIVE FUNCTION SECONDARY TO DEPRESSION (CLAIMED AS MEMORY LOSS)
DEPRESSION
TIC DOULOUREUX
MYOFASCIAL PAIN

ORGINAL DATE OF CLAIM: 05/05/99, DATE OF NOTIFICATION: 11/08/99
VCAA LETTER TO VET ON THIS DATE

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DATE OF CLAIM OR ISSUE	END PRODUCT	TRANSACTION	R.O. NO.	POWER OF ATTORNEY	FID. R.O.	PAYEE NO.	PAYEE
05-05-99	020	27L-DISA	339	DAV		00	M H HOPKI

(b) (6) [redacted]

SOCIAL SECURITY NUMBERS: VETERAN [redacted] SPOUSE PAYEE

BIRTH: VETERAN 07-20-43 SPOUSE WIDOW FATHER MOTHER

NAME AND ADDRESS - PAYEE	NAME OF VETERAN	SEX	NAME OF SPOUSE
MARSHALL H HOPKINS (b) (6) [redacted]	M H HOPKI	M	

BR.	EOD	RAD	PAY GR.
F	11-01-63	06-30-67	

ASC (b) (6) [redacted] CROSS REFERENCE NO.

CHAR. DIS.	SEP. RSN.	DATE OF DEATH	AGE AT DEATH	VET. SPOUSE
UNV				

PRIOR NET AWARD DATA

MONTHLY RATE	EFFECTIVE DATE	WITHHOLD - RECOUP TYPE	WITHHOLD - RECOUP AMOUNT

ZIP CODE	CONS. PAY. NO.	COLLECTION	CODE	AMOUNT
80832				

DIRECT DEPOSIT

DISALLOWANCE ▶ CODE-REASON: 06-DIS/DTH NOT DUE TO SVC

EFFECTIVE DATE	RSN CODE	NET MONTHLY RATE	WITHHOLDING TYPE	WITHHOLDING AMOUNT	OFFSET/RECOUP TYPE	OFFSET/RECOUP AMOUNT	ENT CODE	DISABILITY ENTITLEMENT	INCOME	DEPENDENCY TOT	DEPENDENCY THIS	SCHL/ HLP	SPECIAL LAW/MISC

RATING

EFFECTIVE DATE	COMB DEG	SMC BAS	SMC HOS	SPL PRO	EMPL	W-PCT.	LOSSES USE	LOSSES ANAT	LOSSES OTH	CONTROLS MO	CONTROLS YR	CONTROLS RSN	OFFSET - RECOUPMENT TYPE	OFFSET - RECOUPMENT BALANCE	OFFSET - RECOUPMENT DEDUCTION
						COMPETENCY RATING	COMPETENCY PAYMENT								

INCOME

	NET WORTH	MO. SOC. SEC.	ANN. SOC. SEC	ANN. EARNING	MO. CIVIL SERV.	MO. MILITARY	MO. BLACK LUNG	MO. RAILROAD	MO. OTHER RET.	ANN. OTH. INC.
PAYEE										
SPOUSE										

AND DEPENDENCY

NAME OF CHILD	BIRTH DATE	STAT	NW	MO. SOC. SEC.	ANN. SOC. SEC.	ANN. EARNINGS	ANN. OTH. INC.	FUTURE DATE	RSN

DEDUCTIBLE EXPENSES

MEDICAL	
LAST	
FAMILY	
SOC. SEC.	
OTH. RET.	
WAIVER	
EDUCATION	

ADDL. CHILDREN ▶ TOTAL: THIS: IVAP: ▶

BURIAL

DESCRIPTION	AMOUNT	PERSON TO BE NOTIFIED		
S/C BURIAL	9499	08	000	
NSC BURIAL	5299	08	000	
PLOT/INTER.	5299	08	000	✓
HDST./MARKER	8100	08	000	
TRANSPORTATION	6399	08	000	
TOTAL	5299	08	000	

ACCRUED

BASIS FOR PAYMENT: DOR 10.29.99
AMOUNT PAYABLE:
SHARE: 12yrs
AMOUNT THIS PAYEE: 15K
LESS COLLECTION:
NET PAY:

REMARKS

DICTATED LETTER REQUIRED - NO FREE TEXT
684 PCLR

ENTERED BY 1088 (b) (6) [redacted] DATE 11-08-99

(b) (6) [redacted] DATE 11-8-99

VA FORM JAN 1984 **21-8947**

COMPENSATION AND PENSION AWARD

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
155 Van Gordon Street
Box 25126
Denver CO 80225

NOV 08 1999

In Reply Refer To: 339/21/amb
(b) (6)
HOPKINS, Marshall H

MARSHALL H HOPKINS
(b) (6)

Dear Mr. Hopkins:

We've made a decision on your compensation claim. The attached copy of the Rating Decision shows the following:

- the evidence we considered,
- the decision we made,
- the reasons for our decision.

Compensation is not payable for the disability(s) in this decision.

If You Think We're Wrong

If you think our decision is wrong, you should write and tell us why. The enclosed VA Form 4107 explains your right to appeal.

If You Have Questions

If you have any questions, call us toll-free by dialing 1-800-827-1000. Our TDD number for the hearing impaired is 1-800-829-4833. *If you call, please have this letter with you.*

Sincerely yours,

Robert K. Shearin

ROBERT K. SHEARIN
Acting Veterans Service Center Manager

Enclosure(s): Rating Decision
VA Form 4107

cc: Disabled American Veterans

D20 F
684 PCLR
11-8-99
(b) (6)

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Department of Veterans Affairs

P O BOX 25126
DENVER CO 80225

83 November 2, 1999

In Reply Refer To:

MARSHALL H HOPKINS
(b) (6)

File Number:
(b) (6)
PAYEE NO 00
M H HOPKI

We are still processing your application for COMPENSATION. We apologize for the delay. You will be notified upon completion of processing. If you need to contact us, be sure to show the file number and full name of the veteran.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

IF YOU RESIDE IN THE CONTINENTAL UNITED STATES, ALASKA, HAWAII OR PUERTO RICO, YOU MAY CONTACT VA WITH QUESTIONS AND RECEIVE FREE HELP BY CALLING OUR TOLL-FREE NUMBER 1-800-827-1000 (FOR HEARING IMPAIRED TDD 1-800-829-4833).

RAYMOND B. BOOR
ADJUDICATION OFFICER

VA FORM
JAN 1990 20-8992

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Rating Decision	*Department of Veterans Affairs* *Denver Regional Office*	Page 1 10/29/99
NAME OF VETERAN M. N. HOPKINS	(b) (6) [redacted]	POA Disabled American Veterans

ISSUE:

1. Service connection for sleep disorder.
2. Service connection for cervical spine disorder.
3. Service connection for shoulder disorder.
4. Service connection for headaches.
5. Service connection for back disorder.
6. Service connection for Gulf War syndrome.

EVIDENCE:

A review of all evidence of record in the C-file was undertaken

DECISION:

1. Service connection for sleep disorder is denied.
2. Service connection for cervical spine disorder is denied.
3. Service connection for shoulder disorder is denied.
4. Service connection for headaches is denied.
5. Service connection for back disorder is denied.
6. Service connection for Gulf War syndrome is denied.

REASONS AND BASES:

Service records including DD214 for the period November, 1963, to June, 1967 could not be obtained for review. There is no record of active duty training dates on file, as there is no record of the 120 days active duty in support of Desert Shield-Desert Storm on file. National Personnel Records Center responded on 6-11-97, that records which were stored at NPRC were recalled by the Air Force 2-4-83 and never returned.

Service connection may not be established until there is verification of service as the claimant has not established status as a veteran. Service connection for sleep disorder, shoulder pain, headaches, back pain, cervical spine disorder and Gulf War syndrome cannot be considered: the claimant has not established his status as a veteran. Therefore, the claim is not well grounded.

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Rating Decision	Department of Veterans Affairs Denver Regional Office	Page 2 10/29/99
NAME OF VETERAN M. N. HOPKINS	(b) (6)	POA Disabled American Veterans

ACTIVE DUTY (Month/Day/Year)				ADDITIONAL SERVICE CODE	COMBAT STATUS	SPECIAL PROVISION CODE	FUTURE EXAM (Month/Year)
EOD	RAD	EOD	RAD		1		None

COPY TO:		EFFECTIVE DATE	BASIC	HOSPITAL	LOSS OF USE	ANAT. LOSS	OTHER LOSS
DAV	S						
	M						
	C						

JURISDICTION: 020;5 5-5-99, VA Form 21-4138 (Statement in Support of Claim)

8. NSC (PTE VE GW)

9499 SLEEP DISORDER (NWG Not shown in service)
5299 SHOULDER DISORDER (NWG)
5299 CERVICAL SPINE DISORDER (NWG)
8100 HEADACHES (NWG)
6399 GULF WAR SYNDROME (NWG)
5299 MECHANICAL LOW BACK PAIN (NWG)
9499 DECLINE IN COGNITIVE FUNCTION SECONDARY TO DEPRESSION (claimed as MEMORY LOSS) (NWG)
9434 DEPRESSION (NWG)
8299 TIC DOULOUREUX (NWG)
5299 MYOFASCIAL PAIN (claimed as RIGHT FACIAL PAIN) (NWG)

(b) (6)

(b) (6) 991029.RTG

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PULL 211A

OMB Approved No. 2900-0075
Respondent Burden: 15 minutes

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form (38 U.S.C. 501(a) and (b)). The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0075), Washington, DC 20503. PLEASE DO NOT SEND THIS FORM OR APPLICATIONS FOR BENEFITS TO THESE ADDRESSES.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN *(Type or print)* (b) (6) [redacted] VA FILE NO.

Marshall Hugh Hopkins C/CSS-

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I am requesting a reevaulation on my Disability claim. I still have sleeping to the extent that it interfers with my holding a job. Also I cannot sit at a computer for more than 30-45 min without sholder pain. I cannot walk or stand for more than 20-30 min without pain.

The Headaches come + go - sometime sever, Sometime I suffer backpain all day long, Parts of my body still swells and throbs without a reason.

Twice before I was discharged, I was told that I had 17 of the 18 Sytoms of Desert Storm Syndrom. But I never left the States. The only thing in common was that i had all of the Shots to go over seas but i never went.

EP 020
ESTB PCLR
PCAN CONT
INITIALS
DATE 5/11/99

(CONTINUE ON REVERSE)

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE: Marshall H. Hopkins

DATE SIGNED: 5 May 99

(b) (6) [redacted] S *(Include Area Code)*

EVENING

Same

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the wilful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM APR 1994 21-4138 EXISTING STOCKS OF VA FORM 21-4138, OCT 1993, WILL BE USED.

*U.S. Government Printing Office: 1996 - 717-536/83333

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

TO: 215

Department of Veterans Affairs

REQUEST FOR INFORMATION

1A. ADDRESS CODE

1B. TYPE OF CLAIM

2. SEPARATION FORMS ON FILE ☐ YES ☐ NO

3. DATA REQUESTED ☐ SERVICE ☐ MEDICAL ☐ DENTAL ☐ CLINICAL ☐ OTHER

4. BRANCH OF SERVICE ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD ☐ NATIONAL GUARD *(Army)* ☐ NATIONAL GUARD *(Air)* ☐ OTHER *(Specify)*

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE

VARO
Denver CO 80225

(b) (6) [redacted]

(b) (6) [redacted]

7. INSURANCE NO.

8. LAST NAME - FIRST NAME - MIDDLE INITIAL *(Under which served)*

Hopkins, Marshall H.

10. DATE OF BIRTH

11. PLACE OF BIRTH

12. DATE OF DEATH

	13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK AND ORGANIZATION
A.	63	78		
B.				
C.				

	17. ALLEGED DISEASE OR INJURY	18. DATES OF TREATMENT	19. PLACE OF TREATMENT	20. TYPE *(Check)* HOSPITAL	OP
A.					
B.					
C.					

21. ADDITIONAL INFORMATION REQUESTED

22A. SUBSEQUENT RESERVE OR RETIRED STATUS ☐ NONE ☐ RESERVE OBLIGATION *(Complete Item 22B)* ☐ RETIRED *(Complete Item 22C)* ☐ UNKNOWN

22B. OBLIGATION TERMINAL DATE

22C. RETIRED STATUS ☐ IN PAY STATUS ☐ NONPAY STATUS ☐ TEMPORARY DISABILITY RETIRED LIST ☐ RETIRED-STATUS UNKNOWN

23. DATE

24. SIGNATURE AND TITLE OF VA OFFICIAL

ENDORSEMENT-VERIFICATION BY SERVICE DEPARTMENT *(Check applicable box(es))*

☐ AVAILABLE REQUESTED RECORDS FORWARDED ☐ ITEMS 8, 9, AND 13 THROUGH 15 VERIFIED CORRECT ☐ ITEMS 8, 9, AND 13 THROUGH 15 VERIFIED CORRECT, EXCEPT:

Records at code 13 were recalled by Air Force Manpower Center (PFMC), Randolph AFB, TX on 2-4-83 and were never returned. Did not have service subsequent to 78? It appears Dept of the AF still has his records.

NO. OF ENCLOSURES	ORIG.	COPY	NO. ENCLS. *(Cont.)*	ORIG.	COPY
HEALTH RECORDS			CLINICAL RECORDS		
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS		
			DENTAL RECORDS		
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS		
			OTHER RECORDS		

SERVICE INFORMATION — DATE 6/11/9[illegible] — (b) (6) [redacted]

MEDICAL RECORDS — DATE — SIGNATURE AND TITLE

VA FORM DEC 1989 **21-3101** Exception to SF 180 Approved by General Services Administration, March 1969

EXISTING STOCKS OF VA FORM 21-3101, OCT 1987, WILL BE USED.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE OF CLAIM OR ISSUE	END PRODUCT	TRANSACTION	R.O. NO.	POWER OF ATTORNEY	FID. R.O.	PAYEE NO.	PAYEE NAME	(b) (6)
05-20-97	930	27L-DISA	339	DAV		00	M H HOPKI	

SOCIAL SECURITY NUMBERS - VETERAN (b) (6) SPOUSE PAYEE

SPOUSE WIDOW FATHER MOTHER

MARSHALL H HOPKINS

NAME OF VETERAN	SEX	NAME OF SPOUSE
M H HOPKI	M	

BR.	EOD	RAD	PAY GR.

SC (b) (6) CROSS REFERENCE NO.

CHAR. DIS.	SEP. RSN.	DATE OF DEATH	AGE AT DEATH	VET. SPOUSE

PRIOR NET AWARD DATA

MONTHLY RATE	EFFECTIVE DATE	WITHHOLD - RECOUP TYPE	WITHHOLD - RECOUP AMOUNT

ZIP CODE	CONS. PAY. NO.	COLLECTION	CODE	AMOUNT
80860				

DIRECT DEPOSIT

DISALLOWANCE ▶ CODE-REASON 29-OTHER NW6

EFFECTIVE DATE	RSN CODE	NET MONTHLY RATE	WITHHOLDING TYPE	WITHHOLDING AMOUNT	OFFSET/RECOUP TYPE	OFFSET/RECOUP AMOUNT	ENT CODE	DISABILITY ENTITLEMENT	INCOME	DEPENDENCY TOT	DEPENDENCY THIS	SCHL/ HLP	SPECIAL LAW/MISC

RATING

EFFECTIVE DATE	COMB DEG	SMC BAS	SMC HOS	SPL PRO	EMPL	W-PCT.	LOSSES USE	LOSSES ANAT	LOSSES OTH	COMPETENCY RATING	COMPETENCY PAYMENT

CONTROLS MO	CONTROLS YR	CONTROLS RSN	OFFSET - RECOUPMENT TYPE	BALANCE	DEDUCTION

INCOME AND DEPENDENCY

	NET WORTH	MO. SOC. SEC.	ANN. SOC. SEC	ANN. EARNING	MO. CIVIL SERV.	MO. MILITARY	MO. BLACK LUNG	MO. RAILROAD	MO. OTHER RET.	ANN. OTH. INC.
PAYEE										
SPOUSE										

NAME OF CHILD	BIRTH DATE	STAT	NW	MO. SOC. SEC.	ANN. SOC. SEC.	ANN. EARNINGS	ANN. OTH. INC.	FUTURE DATE	RSN

DEDUCTIBLE EXPENSES

MEDICAL	
LAST	
FAMILY	
SOC. SEC.	
OTH. RET.	
WAIVER	
EDUCATION	

ADDL. CHILDREN ▶ TOTAL: THIS: IVAP: ▶

BURIAL

DESCRIPTION	AMOUNT	PERSON TO BE NOTIFIED
S/C BURIAL		
NSC BURIAL		
PLOT/INTER.		
HDST./MARKER		
TRANSPORTATION		
TOTAL		

ACCRUED

BASIS FOR PAYMENT: Rating dated 5-15-97
AMOUNT PAYABLE:
SHARE:
AMOUNT THIS PAYEE: 405
LESS COLLECTION:
NET PAY:

REMARKS

DICTATED LETTER REQUIRED: DISALLOWANCE

110 taken

(b) (6) DATE 05-21-97

(b) (6) DATE 5/22/97

VA FORM JAN 1984 **21-8947** COMPENSATION AND PENSION AWARD

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE OF CLAIM OR ISSUE	END PRODUCT	TRANSACTION	R.O. NO.	POWER OF ATTORNEY	FID. R.O.	PAYEE NO.	PAYEE NA[redacted]	(b) (6) [redacted]
09-11-96	110	27L-DISA	339	DAV		00	M H HOPKI	

SOCIAL SECURITY NUMBERS: VETERAN (b) (6) [redacted] SPOUSE PAYEE

SPOUSE WIDOW FATHER MOTHER

NAME AND ADDRESS - PAYEE	NAME OF VETERAN	SEX	NAME OF SPOUSE	PRIOR NET AWARD DATA		
MARSHALL H HOPKINS	M H HOPKI	M		MONTHLY RATE	EFFECTIVE DATE	WITHHOLD - RECOUP TYPE / AMOUNT
(b) (6) [redacted]	BR. / EOD / RAD / PAY GR.					
	ASC (b) (6) [redacted]		CROSS REFERENCE NO.			
	CHAR. DIS. / SEP. RSN.		DATE OF DEATH / AGE AT DEATH / VET. SPOUSE			

ZIP CODE	CONS. PAY. NO.	COLLECTION ▶	CODE	AMOUNT
80860				

DIRECT DEPOSIT

DISALLOWANCE ▶ CODE-REASON 29-OTHER NWG

EFFECTIVE DATE	RSN CODE	NET MONTHLY RATE	WITHHOLDING TYPE	WITHHOLDING AMOUNT	OFFSET/RECOUP TYPE	OFFSET/RECOUP AMOUNT	ENT CODE	DISABILITY ENTITLEMENT	INCOME	DEPENDENCY TOT	DEPENDENCY THIS	SCHL/HLP	SPECIAL LAW/MISC

RATING

EFFECTIVE DATE	COMB DEG	SMC BAS HOS	SPL PRO	EMPL	W-PCT.	LOSSES USE ANAT OTH	CONTROLS MO YR RSN	OFFSET - RECOUPMENT TYPE	BALANCE	DEDUCTION
					COMPETENCY RATING	PAYMENT	✓			

INCOME AND DEPENDENCY

PAYEE SPOUSE	NET WORTH	MO. SOC. SEC.	ANN. SOC. SEC	ANN. EARNING	MO. CIVIL SERV.	MO. MILITARY	MO. BLACK LUNG	MO. RAILROAD	MO. OTHER RET.	ANN. OTH. INC.

NAME OF CHILD	BIRTH DATE	STAT	NW	MO. SOC. SEC.	ANN. SOC. SEC.	ANN. EARNINGS	ANN. OTH. INC.	FUTURE DATE	RSN	DEDUCTIBLE EXPENSES
										MEDICAL
										LAST
										FAMILY
										SOC. SEC.
										OTH. RET.
										WAIVER
										EDUCATION

ADDL. CHILDREN ▶ TOTAL: THIS: ▶ IVAP:

BURIAL

DESCRIPTION	AMOUNT	PERSON TO BE NOTIFIED
S/C BURIAL		
NSC BURIAL		
PLOT/INTER.		
HDST./MARKER		
TRANSPORTATION		
TOTAL		

ACCRUED

BASIS FOR PAYMENT: Rating dated
AMOUNT PAYABLE: 5-15-97
SHARE:
AMOUNT THIS PAYEE:
LESS COLLECTION: 405
NET PAY:

REMARKS

DICTATED LETTER REQUIRED: DISALLOWANCE

(b) (6) [redacted]

Gap'd & PCL R'd

Set up 930

(b) (6) [redacted]

DATE 5/21/97

VA FORM JAN 1984 **21-8947**

COMPENSATION AND PENSION AWARD

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

AN E-MAIL FROM YOUR CONGRESSIONAL FRIENDS
AT VA REGIONAL OFFICE IN MUSKOGEE
125 SOUTH MAIN STREET
MUSKOGEE, OK 74401

(b) (6)

DATE: February 5, 2009

(b) (6)

(b) (6)

FEB 05 '09

Number of pages to include cover sheet: 1

IN REFERENCE TO: Marshall H Hopkins
CLAIM NUMBER: (b) (6)

This is an update on your inquiry for Mr. Hopkins.

We sent Mr. Hopkins a Statement of the Case on his appeal regarding the amount of disability Severance Pay on February 5, 2009. He has 60 days fro m the date of our letter to complete his appeal by submitting VA Form 9, *Appeal to the Board of Veterans' Appeals*.

The decision is hat the collectable amount of severance disability pay of $75,380.00 is correct.

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DEPARTMENT OF VETERANS AFFAIRS
Regional Office
155 Van Gordon Street
Box 25126
Denver CO 80225

May 20, 1997

In Reply Refer To: 339/212S/LMB
(b) (6)
HOPKINS, Marshall H

MARSHALL H HOPKINS
(b) (6)

Dear Mr. Hopkins:

We've made a decision on your compensation claim. The attached copy of the Rating Decision shows the following:

- the evidence we considered,
- the decision we made,
- the reasons for our decision.

Compensation is not payable for the disability(ies) in this decision.

If You Think We're Wrong

If you think our decision is wrong, you should write and tell us why. The enclosed VA Form 4107 explains your right to appeal.

If You Have Questions

If you have any questions, call us toll-free by dialing 1-800-827-1000. Our TDD number for the hearing impaired is 1-800-829-4833. *If you call, please have this letter with you.*

Sincerely yours,

Raymond B Boor

RAYMOND B. BOOR
Adjudication Officer

Enclosure(s): 2

cc: Disabled American Veterans

RCVD 110
5-20-97
(b) (6)
(b) (6)

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Rating Decision	Department of Veterans Affairs Denver Regional Office	Page 3 05/15/97
NAME OF VETERAN M H HOPKINS	(b) (6)	POA Disabled American Veterans

ACTIVE DUTY (Month/Day/Year)				ADDITIONAL SERVICE CODE	COMBAT STATUS	SPECIAL PROVISION CODE	FUTURE EXAM (Month/Year)
EOD	RAD	EOD	RAD				
11-01-63	06-01-67				1		None

COPY TO:		EFFECTIVE DATE	BASIC	HOSPITAL	LOSS OF USE	ANAT. LOSS	OTHER LOSS
DAV	S						
	M						
	C						

JURISDICTION: Original disability claim received 09-11-96

8. NSC VE PGW

9899 DEPRESSION (NWG)

9899 TIC DOULOUREUX (NWG)

9899 MECHANICAL LOW BACK PAIN (NWG)

9899 DECLINE IN COGNITIVE FUNCTION SECONDARY TO DEPRESSION/CLAIMED AS MEMORY LOSS (NWG)

9899 MYOFASCIAL PAIN/CLAIMED AS RIGHT FACIAL PAIN (NWG)

(b) (6)

KINS7575.RTG

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Rating Decision	*Department of Veterans Affairs* *Denver Regional Office*	Page 1 05/15/97
NAME OF VETERAN M H HOPKINS	(b) (6)	POA Disabled American Veterans

ISSUE:

1. Service connection for depression.
2. Service connection for Tic douloureux.
3. Service connection for mechanical low back pain.
4. Service connection for decline in cognitive function secondary to depression/claimed as memory loss.
5. Service connection for myofascial pain/claimed as right facial pain.

EVIDENCE:

Service medical records for the period November 1963, to June 1967, and reserve medical records for the period July 14, 1974, to February 1, 1977, and January 15, 1983, to October 18, 1995.
Service records for the period November 1963, to June 1967, Form DD 214, could not be obtained for review. There is no record of active duty for training dates on file, as there is no record of the 120 days active duty in support of Desert Shield - Desert Storm on file. Line of duty determination noted that the veteran was on 120 days of active duty when the motor vehicle accident occurred. There is no DD 214 on file to verify the dates. If these records are located at a later date, this decision will be reconsidered. If a different decision results, that decision will be effective as of the date of the original claim.
VA examination dated February 7, 1997, from VA Medical Center, Denver, Colorado.

DECISION:

1. Service connection for depression is denied.
2. Service connection for Tic douloureux is denied.
3. Service connection for mechanical low back pain is denied.
4. Service connection for decline in cognitive function secondary to depression/claimed as memory loss is denied.
5. Service connection for myofascial pain/claimed as right facial pain is denied.

REASONS AND BASES:

1., 2., 3., 4., & 5. The law provides that a person who submits a claim for VA benefits must submit evidence sufficient to justify a belief that the claim is well grounded. A well-grounded claim is a plausible claim, one which has merit on its own, or is capable of substantiation. Such a claim need not be conclusive, but it must be accompanied by evidence which shows that the claimed condition exists and is possibly related to service.

A well grounded claim for service connection requires evidence of a current disability, evidence of incurrence or aggravation of a disease or injury in the service, and evidence of a nexus, or link, between the in-service injury or disease and the current disability. There is no record of treatment in service for depression, Tic douloureux, mechanical low back pain, decline in cognitive function secondary to depression/claimed as

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memory loss, and myofascial pain/claimed as right facial pain. In order to establish a well-grounded claim, it is necessary to provide evidence which demonstrates that the claimed condition was incurred in or aggravated by military service.

Service connection may not be established until there is verification of service. The Medical Evaluation Board findings dated May 31, 1995, noted diagnoses of depression, Tic douloureux right side, mechanical low back pain, myofascial pain, and a decline in cognitive function secondary to depression. It was noted that these disabilities were incurred while entitled to basic pay. The right facial pain claimed by the veteran is associated with Tic douloureux.

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Department of Veterans Affairs

REPORT OF CONTACT

(NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in veterans' folders.)

VA OFFICE: 339

(b) (6) [redacted]

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*: Hopkins, Marshall H.

DATE OF CONTACT: 5-13-97

ADDRESS OF VETERAN:

TELEPHONE NO. OF VETERAN *(Include Area Code)*:

PERSON CONTACTED: Staff Sgt Thomas

TYPE OF CONTACT *(Check)*: ☐ PERSONAL ☒ TELEPHONE

ADDRESS OF PERSON CONTACTED: Peterson AFB

(b) (6) [redacted]

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN

Do you have verification of active duty training dates?

Not allowed to give out any info over the phone. Can write a letter She doesn't think they have the records we need.

(b) (6) [redacted]

Attn: Staff Sgt Thomas

DIVISION OR SECTION: 2125

(b) (6) [redacted]

VA FORM MAY 1990 **119**

EXISTING STOCK OF VA FORM 119, JUL 1977, WILL BE USED.

*U.S. Government Printing Office: 1993 — 301-790/94787

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
155 Van Gordon Street
Box 25126
Denver CO 80225

In Reply Refer To: 339/212T/ys
(b) (6)
HOPKINS, M H

May 2, 1997

MARSHALL H HOPKINS
(b) (6)

Dear Mr. Hopkins:

Telephone and written requests have been made to obtain your DD214 and verification of active duty for training dates from the service department. All efforts to obtain these records have been exhausted.

If you have any of these records in your possession you must submit them to our office within the next 10 days or a decision will be made based on the evidence of record.

If we receive the above listed records after the initial decision, an amended decision will be made.

For your convenience, you may FAX the requested evidence to the Denver Department of Veterans Affairs (VA) Regional Office at (303) 914-5903.

You may request the above information directly from the service department by completing the attached Standard Form 180, Request Pertaining To Military Records, and sending it to the appropriate address on the back of the form. Please send us a copy of any response you receive.

Please show veteran's full name and VA file number on all correspondence or evidence submitted.

110 P
5.2 C17
(b) (6)

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

(b) (6)

Hopkins, M H

If You Have Questions

If you have any questions, call us toll-free by dialing 1-800-827-1000. Our TDD number for the hearing impaired is 1-800-829-4833. *If you call, please have this letter with you.*

Sincerely yours,

Raymond B Boor

RAYMOND B. BOOR
Adjudication Officer

Enclosure(s): Standard Form 180

cc: Disabled American Veteran

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

VA REGIONAL OFFICE
DENVER, CO 80225

Veteran's Name: M H Hopkins
File Number: (b) (6) [redacted]

FORMAL FINDING

ISSUE: Unavailability of Service Records - DD-214/ACDUTRA

FACTS: VAF 21-3104-4 sent to NPRC on Oct 29, 1996 & Mar 3, 1997.

FINDING: The response from the service department/records center is inadequate.

Telephone calls by the military records specialist have not produced the service records. Written evidence of these contacts are in file and all procedures have been correctly followed.

REASONS AND BASES: All efforts to obtain the needed service records or military information have been exhausted; further efforts are futile. Based on these facts, the record is found to be unavailable.

DECISION: Service records are unavailable.

(b) (6) [redacted]

Date: 3-19-97

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

FAX

Department of Veteran Affairs
VA Regional Office
PO Box 25126
155 Van Gordon Street
Denver, CO 80225

Date 4/30/97

Number of pages including cover sheet 2

To: VA Liaison Office

Phone (314) 538-4278

Fax Phone (314) 538-4295

From: (b) (6)

Records Specialist

Phone (303) 914-5971

Fax Phone (303) 914-5903

REMARKS:

At least two requests have been sent for the information indicated below; no response has been recieved from the Service Department Records Center.

Must have a response in 7 days, otherwise it will be assumed that records are NOT available.

DATA REQUESTED	DATE OF FIRST REQUEST:	DATE OF SECOND REQUEST:
☑ SERVICE ☐ MEDICAL ☐ DENTAL ☐ CLINICAL ☒ OTHER	10/29/96	3/3/97

ADDITIONAL INFORMATION REQUESTED

ACDUTRA / SVC VERIFICATION

LAST NAME - FIRST NAME - MIDDLE INITIAL

HOPKINS, MARSHALL H (b) (6)

(b) (6)

SEPARATION ON FILE: ☐ YES ☒ NO

☐ ARMY ☐ NAVY ☑ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD ☐ NATIONAL GUARD (Army) ☒ NATIONAL GUARD I(Air) ☐ OTHER

DATE ENTERED ACTIVE DUTY	DATE SEPARATED FROM ACTIVE DUTY	CHARACTGER OF SEPARATION OR DISCHARGE	LAST GRADE, RATE OR RANK AND ORGANIZATION
11/63	6/67	HNX	MSgt
74	74		AIR NATIONAL GUARD
1974	1978		USAFR

ALLEGED DISEASE OR INJURY	DATES OF TREATMENT	PLACE OF TREATMENT	HOSPITAL	OP

* in lieu of 119 (Call to Svc Dept)

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

ROUTING AND TRANSMITTAL SLIP

Date 3-12-97

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. ROSE ANDERSON, CHIEF, MED.REC., VAMC		
2. DENVER, CO 80225		
3. VARO DENVER, 271Z, PRIVACY ACT DESK		
4. DENVER, CO 80220		
5.		

XX	Action		File		Note and Return
	Approval		For Clearance		Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate		For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

1) PLEASE HAVE THE ATTACHED FOLDER REVIEWED FOR RELEASE AS REQUIRED UNDER THE PRIVACY ACT.

REF: HOPKINS, MARSHALL C# (b) (6) [redacted]

2. VET REQUESTS TO REVIEW HIS MEDICAL RECORDS. IS IT O.K.?

(b) (6) [redacted] X YES NO (If "NO", please explain why.)

(b) (6) [redacted]

(b) (6) [redacted] 3/17/97

SIGNATURE OF REVIEWER DATE

RETURN TO VARO DENVER, 339/271Z/PRIVACY ACT DESK

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.--Bldg.
VARO DENVER, PRIVACY ACT DESK, 271Z	Phone No.

5041-102

OP 27-1580

★U.S.GPO:1986-0-491-247/20047

Dec. 20, 1990

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
155 Van Gordon Street
Box 25126
Denver CO 80225

March 10, 1997

In Reply Refer To: 339/271Z/41
(b) (6)
HOPKINS, Marshall H.

FM Callaway, PC
Attorney at Law
2 North Cascade Avenue, Suite 470
Colorado Springs, CO 80903

Dear Sir/Madam:

We are responding to your request for information under the Privacy Act and are enclosing a copy of the information you requested.

This information is being furnished at the written request or with the written consent of the veteran. Since this information is privileged, its confidentiality should be maintained.

The copies were made from records contained in the Department of Veterans Affairs claim file. **Please do not resubmit these copies as evidence to support a claim.** If you need more information, please call our toll-free number, 1-800-827-1000. *If you call, have this letter with you.*

Sincerely yours,

ANN H. O'HART
Veterans Services Officer

Enclosures

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OMB Approved No. 2900-0075
Respondent Burden: 15 minutes

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form (38 U.S.C. 501(a) and (b)). The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0075), Washington, DC 20503. PLEASE DO NOT SEND THIS FORM OR APPLICATIONS FOR BENEFITS TO THESE ADDRESSES.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN *(Type or print)*	(b) (6)	VA FILE NO.
Marshall H. Hopkins		C/CSS-

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I hereby request a copy of my service medical Records For Social Security. Also any other medical records in my file

COC 339

MAR 1997
VET SVCS DIV
VARO
DENVER, COLORADO

VSD VARO DENVER
97 MAR 10 AM 11:29

(CONTINUE ON REVERSE)

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED
Marshall H. Hopkins	6 Mar 97

(b) (6)

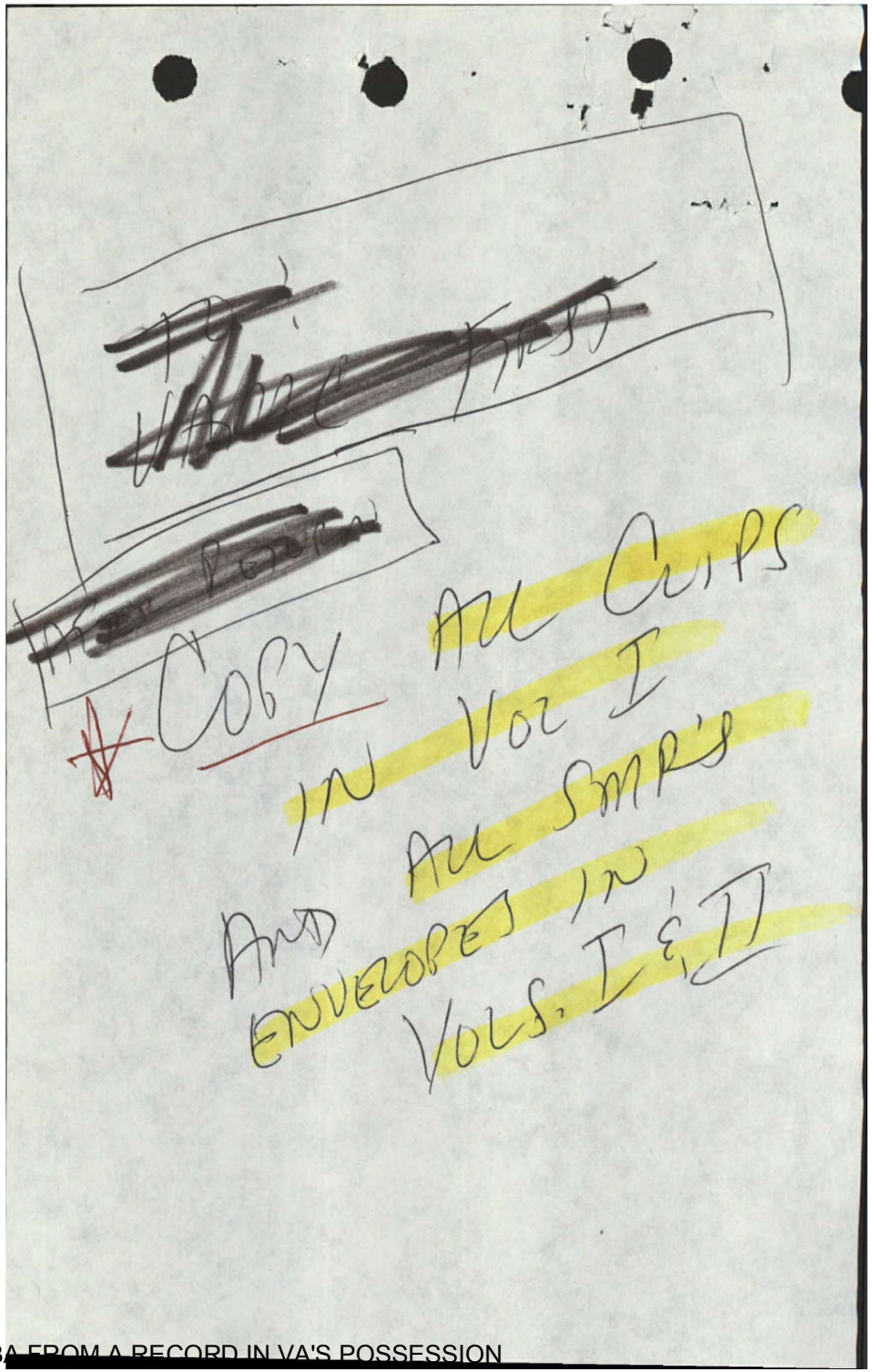
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM OCT 1993 **21-4138** EXISTING STOCKS OF VA FORM 21-4138, APR 1992, WILL BE USED.

*U.S. Government Printing Office: 1995 — 623-279/83135

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

BEST COPY



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[redacted] 9/10 12:30 10:2025

F.M. Callaway, P.C.
Attorney at Law
Holly Sugar Building
2 N. Cascade Ave., Suite 470
Colorado Springs, CO 80903

(719) 632-3972
(719) 632-2602 (FAX)

2125-2-97

October 30, 1996

Dept. of Veteran Affairs
Service Medical Center
P.O. Box 150950
St. Louis MO 63115-8950

VSD MAIL ROOM DENVER
97 MAR -5 A11:07

Station
339

RE: Marshall H. Hopkins
(b) (6) [redacted]
DOL: 1/3/91

To Whom It May Concern:

This office represents the interests of the above-referenced client. Enclosed is a copy of the signed authorization for the release of information executed by my client who was injured in the above referenced motor vehicle accident and who was treated by military medical facilities in the past.

Please provide us a copy of Mr. Hopkins military medical file to include office notes, records, diagnostic notes, emergency room records, clinic notes and reports, operating room notes and reports, and any other medical records, in your possession concerning the treatment of Marshall Hopkins. In addition, please include billing statements indicating the date of service, charges, amount paid and by whom, and the outstanding balance, if any.

Should you have any questions or concerns, please feel free to contact this office. Thank you for your assistance and cooperation in this matter.

Very truly yours,

F.M. Callaway

FMC/em
Enclosure

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

202

REQUEST FOR MILITARY/MEDICAL DATA

FILE NUMBER (b) (6) (b) -00 END PRODUCT 110 CPL 03-03-97

EOD	RAD	DISCH SERVICE NO	GRADE ORGANIZATION	NAME M H HOPKI
11-01-63	06-30-67	UNK 17667335	E-7 UNKNOWN	SEPFORM
07-01-67	06-01-95	UNK 17667335	E-7 UNKNOWN	NO
				NO

CONDITION TREATMENT DATES PLACE TYPE

X DD 214
TRAVEL TIME
PHYSICAL EOD
PAY GRADE
LAST RANK/ORG
CHAR DISCH INFO
PTSD DATA

SPECIAL INFORMATION

VERIFY SVC
SEV/READJ
PHYSICAL RAD
CASUALTY REPORT
PERS DESCRIPTION
COND DISCH
SVC ACAD
SVC SCH
ADDITIONAL INFORMATION

ADDL SVC
TDRL
X-RAYS
90 DAY CERT
POW STATUS
CHAP 35 SVC

CONS OBJECTOR
ACOUTRA
PURPLE HEART
MARITAL DATA
COMPLETE SEPARATION
DEL ENT PROS

PLS PROVIDE VERIFICATION OF SERVICE,11-63 TO 06-67, & AIR FORCE RESERVE
& AIR NATIONAL GUARD,& ACTIVE DUTY FOR TRNG DATES(2ND REQUEST)THANKS

NEXT SCREEN js

201

3101 DATA SELECTION

FILE NUMBER (b) (6) (b) (6) -00 END PRODUCT 110 CPL 03-43-77

NAME M H HOPKI

X DISABILITY
EDUCATION
PENSION
DENTAL
INS WAIVER

CLAIM LEGEND

DEATH BURIAL
UNEMPLOYMENT
SERVICE PENSION
HOSPITALIZATION
INS CLAIM

NATIONAL GUARD
DEATH IN SVC
BODY HELD
DOMICILIARY
INS APPLICATION

RESERVE
LOANS
SGLI
VA INS NO

TYPE CLAIM/REQUEST:
N ORIGINAL
SECOND REQUEST 03-03-97
DATA REQUESTED:
SERVICE MEDICAL DENTAL CLINICAL OTHER

ADDRESS CODE SVC 13 MEDICAL
BRANCH OF SERVICE AF
SEPARATION FORMS ON FILE N

SVC NAME HOPKINS,MARSHALL,H
AKA
BIRTH PLACE LARNED KANSAS

SSN 529-56-7575
DOB 07-20-43 DOD

RESERVE STATUS: NONE UNKNOWN RES OBLIG DATE
RETIRED STATUS: X IN PAY NON PAY TDRL

NEXT SCREEN js

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

201 3101 DATA SELECTION 03-03-97

FILE NUMBER (b) (6) -00 END PRODUCT 110 CPL NAME M H HOPKI

CLAIM LEGEND

X DISABILITY	DEATH	BURIAL	NATIONAL GUARD	RESERVE
EDUCATION	UNEMPLOYMENT		DEATH IN SVC	LOANS
PENSION	SERVICE PENSION		BODY HELD	SGLI
DENTAL	HOSPITALIZATION		DOMICILIARY	VA INS NO
INS WAIVER	INS CLAIM		INS APPLICATION	

TYPE CLAIM/REQUEST:
N ORIGINAL
SECOND REQUEST 03-03-97

ADDRESS CODE SVC 13 MEDICAL
BRANCH OF SERVICE AF
SEPARATION FORMS ON FILE N

DATA REQUESTED:
X SERVICE MEDICAL DENTAL CLINICAL OTHER

SVC NAME HOPKINS,MARSHALL,H SSN 529-56-7575
AKA
BIRTH PLACE LARNED KANSAS DOB 07-20-43 DOD

RESERVE STATUS: NONE UNKNOWN RES OBLIG DATE
RETIRED STATUS: X IN PAY NON PAY TDRL

NEXT SCREEN js

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201 3101 DATA SELECTION 03-03-97

FILE NUMBER (b) (6) -00 END PRODUCT 110 CPL NAME M H HOPKI

CLAIM LEGEND

X DISABILITY	DEATH	BURIAL	NATIONAL GUARD	RESERVE
EDUCATION	UNEMPLOYMENT		DEATH IN SVC	LOANS
PENSION	SERVICE PENSION		BODY HELD	SGLI
DENTAL	HOSPITALIZATION		DOMICILIARY	VA INS NO
INS WAIVER	INS CLAIM		INS APPLICATION	

TYPE CLAIM/REQUEST:
Y ORIGINAL
SECOND REQUEST

ADDRESS CODE SVC 22 MEDICAL
BRANCH OF SERVICE AF
SEPARATION FORMS ON FILE N

DATA REQUESTED:
X SERVICE MEDICAL DENTAL CLINICAL OTHER

SVC NAME HOPKINS,MARSHALL,H SSN 529-56-7575
AKA
BIRTH PLACE LARNED KANSAS DOB 07-20-43 DOD

RESERVE STATUS: NONE UNKNOWN RES OBLIG DATE
RETIRED STATUS: IN PAY X NON PAY TDRL

NEXT SCREEN js

ADDRESS CODE ENTRY INCONSISTENT WITH CODE 13 GENERATED

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

202 REQUEST FOR MILITARY/MEDICAL DATA 03-03-97

FILE NUMBER (b)(6) 00 END PRODUCT 110 CPL NAME M H HOPKI

EOD	RAD	DISCH	SERVICE NO	GRADE	ORGANIZATION	SEPFORM
11-01-63	06-30-67	UNK	17667335	E-7	UNKNOWN	NO
07-01-67	06-01-95	UNK	17667335	E-7	UNKNOWN	NO

CONDITION TREATMENT DATES PLACE TYPE

SPECIAL INFORMATION

X DD 214	VERIFY SVC	ADDL SVC	CONS OBJECTOR
TRAVEL TIME	SEV/READJ	TDRL	ACDUTRA
PHYSICAL EOD	PHYSICAL RAD	X-RAYS	PURPLE HEART
PAY GRADE	CASUALTY REPORT	90 DAY CERT	MARITAL DATA
LAST RANK/ORG	PERS DESCRIPTION	POW STATUS	
CHAR DISCH INFO	COND DISCH	COMPLETE SEPARATION	
PTSD DATA	SVC ACAD	SVC SCH	CHAP 35 SVC	DEL ENT PROG

ADDITIONAL INFORMATION

PLS PROVIDE VERIFICATION OF SERVICE,11-63 TO 06-67, & AIR FORCE RESERVE & AIR NATIONAL GUARD,& ACTIVE DUTY FOR TRNG DATES(2ND REQUEST)THANKS

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RFI 3101 INFORMATION REQUEST DATE OF REQUEST 03-03-97

FILE NUMBER (b)(6) -00 END PRODUCT 110 NAME M H HOPKI

TYPE REQUEST SUPPLEMENTAL 03-03-97 SEP FORMS ON FILE NO
ADDRESS CODE 13 BRANCH OF SERVICE AF

CLAIM TYPE DISABILITY

DATA REQUESTED SERVICE

CONDITIONS

SPECIAL INFORMATION

DD 214

PLS PROVIDE VERIFICATION OF SERVICE,11-63 TO 06-67, & AIR FORCE RESERVE & AIR NATIONAL GUARD,& ACTIVE DUTY FOR TRNG DATES(2ND REQUEST)THANKS

REQUESTED BY STAHL J

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202 REQUEST FOR MILITARY/MEDICAL DATA 03-03-97

FILE NUMBER (b)(6) 00 END PRODUCT 110 CPL NAME M H HOPKI

EOD	RAD	DISCH	SERVICE NO	GRADE	ORGANIZATION	SEPFORM
11-01-63	06-30-67	UNK	17667335	E-7	UNKNOWN	NO
07-01-67	06-01-95	UNK	17667335	E-7	UNKNOWN	NO

CONDITION TREATMENT DATES PLACE TYPE

SPECIAL INFORMATION

X DD 214	VERIFY SVC	ADDL SVC	CONS OBJECTOR
TRAVEL TIME	SEV/READJ	TDRL	ACOUTRA
PHYSICAL EOD	PHYSICAL RAD	X-RAYS	PURPLE HEART
PAY GRADE	CASUALTY REPORT	90 DAY CERT	MARITAL DATA
LAST RANK/ORG	PERS DESCRIPTION	POW STATUS	
CHAR DISCH INFO	COND DISCH	COMPLETE SEPARATION	
PTSD DATA	SVC ACAD	SVC SCH	CHAP 35 SVC	DEL ENT PROG

ADDITIONAL INFORMATION

PLS PROVIDE VERIFICATION OF SERVICE,11-63 TO 06-67, & AIR FORCE RESERVE & AIR NATIONAL GUARD,& ACTIVE DUTY FOR TRNG DATES(2ND REQUEST)THANKS

NEXT SCREEN js

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Department of Veterans Affairs

REPORT OF CONTACT

(NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in veterans' folders.)

VA OFFICE: 339

(b) (6) [redacted]

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*: Hopkins Marshall

DATE OF CONTACT: 3-3-97

ADDRESS OF VETERAN

(b) (6) [redacted]

PERSON CONTACTED

TYPE OF CONTACT *(Check)*: ☐ PERSONAL ☒ TELEPHONE

ADDRESS OF PERSON CONTACTED

TELEPHONE NO. OF PERSON CONTACTED *(Include Area Code)*

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN

Reached Veteran's answering machine & left message regarding his DD 214 & to send us a copy.

DIVISION OR SECTION: 2125

(b) (6) [redacted]

VA FORM MAY 1990 **119**

EXISTING STOCK OF VA FORM 119 WILL BE USED.

U.S. Government Printing Office: 1993 — 301-790/94787

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COMPENSATION AND PENSION DIAGNOSIS
02-07-97

1. Tic douloureux on the right side, controlled with dilantin and signs and symptoms as described.

2. Lumbosacral spine: x-rays show Schmorl's nodes, normal variant, insufficient clinical evidence to warrant a diagnosis of any acute or chronic disorder or residual thereof.

3. Cognitive dysfunction and memory loss will be addressed by a psychyatrist.

4. Myofacial pain syndrome, primarily in the left knee, left ankle, right suprascapular and interscapular muscles, posterior neck and mid-back requiring no medication, but requires chyropractic manipulations approximately every two months, and with signs and symptoms.

Ray W. Vinson M.D.
Raphael W. Vinson,M.D.

Compensation and Pension Exam

Hopkins, Marshall
(b) (6) [redacted]

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COMPENSATION AND PENSION DIAGNOSES
02-07-97

1. Tic douloureux on the right side, controlled with Dilantin and signs and symptoms as described.

2. Lumbo-sacral spine: ~~Strain~~ ~~Mechanical low back pain.~~ X-rays show SCHMORL'S NODES, normal variant. Insufficient clinical evidence at this time for any acute or chronic disorder. There of

3. Cognitive dysfunction and memory loss will be addressed by the psychiatrist.

4. Myofascial pain syndrome, primarily in the left knee, left ankle, right suprascapular and interscapular muscles, posterior neck and mid-back requiring no medication, but requires chiropractic manipulations approximately every two months, and with signs and symptoms as described.

ORIGINAL, DO NOT REMOVE

Ray W. Vinson MD

RAPHAEL W. VINSON, M.D.

HOPKINS, MARSHALL H.

(b) (6) [redacted]

DENVER, CO.

D:02-07-97 T:02-10-97 ExecuMed

MEDICAL RECORDS REPORT

COMPENSATION AND PENSION EXAMINATION

JOB: 99
VA FORM 10-9034

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COMPENSATION AND PENSION EXAMINATION
02-07-97

This is a 53-year-old, right-handed, male veteran who is appointed disability examination per 2507 request. This is a limited medical examination for tic douloureux, mechanical low back pain, cognitive dysfunction with loss of memory and myofascial pain syndrome. The medical records were available and were reviewed, and in December of 1994 he had neuropsychologic testing and board. Release from active duty date was June 1967.

He is unemployed at this time. He has a rooming house in Victor, Colorado and is self-employed in that respect. He was in the reserves from 1991 to March 1996. No hospitalizations, no surgeries. He has a private doctor. Medications are Dilantin 100 mg 2 capsules only as needed for right facial pain. This is not used even once a week. He is taking nothing for myofascial pain or mechanical low back pain. He is seeing a chiropractor for treatment of headaches and neck pain.

He had a motor vehicle accident in January 1991. He was shipping people to Operation Desert Storm at Fort Carson and he was injured on the post. At that time he had neck, back and right shoulder pain. No facial injury, no head injury, no known injury to the jaw. He had good recovery from this and then in August of 1991 he was in Oklahoma. He was eating grapes and he got the sudden jabbing pain behind the right cheek bone up into the right eye. He visited the dentist and the dentist said it was tic douloureux. He was referred to a neurologist at the Air Force Academy who confirmed the diagnosis. He was placed on Tegretol and later Dilantin. Apparently the Tegretol had a toxic side effect. He has spells now that occur once a month and they last for a week of recurrent lancinating pain behind the right cheek bone and right eye. Only about once a month are they severe. The other times they are not usually terribly bad and he treats it with Dilantin.

He has had from this accident of January 1991 headaches which are in the back of the neck, the occipital. He gets chiropractic adjustment and it relieves the headache completely for two weeks. The headache varies from mild to severe. There is always something present. He may have nausea with this and has become depressed over the lack of sleep and the headaches. He was first treated by the chiropractor for headaches, back pain in the mid-thoracic to low and over the scapular area.

RAPHAEL W. VINSON, M.D.

HOPKINS, MARSHALL H.
(b) (6) [redacted]

DENVER, CO.

D:02-07-97 T:02-10-97 ExecuMed

MEDICAL RECORDS REPORT

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He awakened in October 1991 with the first back pain. It grew worse. He went to Keesler Air Force Base in Mississippi and had an examination. By that time, it was excruciating. He went to the emergency room. They thought he had a kidney stone and screened him for this, but there was no hematuria and no stones. He was then referred to Balboa Hospital in California where he had awakening with back pain every day. The pain went away with sitting up. The head of neurology told him he had a tumor or cyst on the left kidney on his films. He advised a nephrectomy. The patient decided to come back to Evans, Colorado to get a second opinion. Here the urologist said it was a thumb print on the x-ray and not a kidney tumor or cyst. He got three thoracic nerve blocks which relieved the pain for months. When he had the pains, they started in the back, but they spread around with abdominal spasms. In April 1993, he went to Saudi Arabia and then Cairo, Egypt. The back pain recurred. He was told he had a vertebra out of place and this was put back in.

He dates the onset of depression to this time because of lack of sleep from the pain, and he has had trigger point injections periodically since then. He averages every two months for chiropractic treatment. At times when his cognitive dysfunction was bad, he would get in the truck and forget his destination or while teaching, he would forget his lesson plan. In September 1991, that was the first time his left knee swelled up and then in December 1991, his left ankle swelled up. These have been investigated by the flight surgeon and x-rayed and studied. Now he has periodic swelling of the left knee and left ankle. He used a TENS (transcutaneous electrical nerve stimulator) unit for three months and he occasionally has trigger point injections and manipulations down the mid-back and neck and right shoulder blade area with burning pain. If it is really bad, the right arm has gone numb on him two times. One year to 15 months ago, the left knee and ankle swell.

He has bile regurgitation in the throat. The pain, bile regurgitation and nausea occur but no irritable bowel. The discomfort is not constant. It is not refractory to treatment. Sometimes it is precipitated by stress or exertion, but he is on no medications for myofascial pain syndrome. Prozac causes slurred speech, disorientation and ataxia and an anxiety attack. Zoloft caused depersonalization and that was two to three years ago. Elavil had some side effects that he had to stop. He had a medical evaluation board on May 15, 1995. He saw Dr. Cohen, a psychiatrist at Fort Carson, Dr. Ingram, psychiatrist, Dr. Mark Wechsler, neuropsychologic testing in December 1994. He wore a TENS unit for three months. He gave it up. Major depression in 1992 lasting one to two years. His marriage ended and job was in jeopardy. He tried all of these

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antidepressants. This was marked by some memory loss and cognitive dysfunction. Please see the psychiatrist's report on it.

PHYSICAL EXAMINATION: Height is 72" and weight 190 pounds. His gait is antalgic. He limps because the left knee is slightly painful. Cervical spine: There is general stiffness and slow moving of the neck. The cervical spine flexes 60 degrees, extended 50 degrees, laterally flexed 45 degrees to either side and rotated 50 degrees. The lumbar spine: There were some tender trigger points in the back. Tender along side the right supraspinatus muscle and the medial scapular muscles. This would be the rhomboid and in the mid-back. Rotating the scapular, however, was not painful. There was also a tender area about T12. The lumbar spine flexes 70 degrees and his fingertips did not touch the floor. They were about 23 cm from the floor. The back extends 10 degrees, laterally flexes 20 degrees to the right, 20 degrees to the left. Shoulders have 0-180 degrees dorsiflexion, 0-180 degrees of flexion, 0-90 degrees internal external rotation. Both knees showed no effusions. There were generally loose to lateral stress; however, the anterior drawers sign was negative. McMurray's sign was negative. The knees flexed 0-135 degrees. Ankles: Some stiffness, 0-15 degrees dorsiflexion, 0-25 degrees plantar flexion. There were no sensory losses and there was no specific motor weakness. The speech was normal. The answers to questions were appropriate. On checking deep tendon reflexes, they were 2+. There was no measurable loss of feeling in the arms, hands or feet. Pressure over the right temporomandibular joint did not cause pain. The jaw could be opened widely.

RAPHAEL W. VINSON, M.D.

HOPKINS, MARSHALL H.
(b)(6) [redacted]

DENVER, CO.

D:02-07-97 T:02-10-97 ExecuMed

MEDICAL RECORDS REPORT

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@AME
@520567575/HOPKINS,MARSHALL H./02 07 97/GLASCO,DONALD [redacted] 12 97/ExecuMed,user

COMPENSATION AND PENSION EXAMINATION
02-07-97

This veteran is a 53-year-old, right-handed, Caucasian man who is appointed disability examination per 2507 request. The veteran has not been psychiatrically evaluated previously for claims purposes. The veteran's medical records were reviewed at the time of this examination. For pertinent past medical history and findings of record, please see the claims folder.

IDENTIFICATION: The veteran is referred for psychiatric evaluation in regard to depression and a claim for memory loss.

HISTORY OF PRESENT ILLNESS: On January 4, 1991, the veteran was driving his vehicle which was involved in a car crash. A car rearended the veteran whose car then lurched forward. The veteran said when this occurred he first thought an earth quake was occurring. He said the seat in which he was sitting broke. It sounded, from his description, as if he was slightly dazed for a brief period of time but did not loss consciousness. He apparently did not hit his head. Following the accident, the veteran went to the police station to make a statement. He said the police asked him if he was all right, and he answered that he was, but the police insisted that he go to the hospital to be examined. The veteran interpreted this advice to mean he was acting oddly or not himself. The veteran was cleared at the hospital and released.

Following the accident, the veteran has claimed problems with memory loss. He was given a neuropsychological battery of testing for cognitive deficits in December 1994. The report of that testing indicated essentially normal memory function and no indication of an organic brain syndrome. The veteran apparently had some difficulty defining his affects during the evaluation, and the doctor suggested depression @n the basis of the veteran's statements. The veteran said he has continued to have some difficulty. He has tic dpuloureux for which he takes Dilantin. He said he takes 200 mg of this medication only when his tic douloureux is acting up. He said the Dilantin will abort the tic.

He said he has had burning pain in his right shoulder and suprascapular area. He said twice in the last few years his right hand has gone numb briefly. The veteran said if he has to maintain a posture without being able to move, the pain will start. He described the pain in his shoulder as a burning kind of pain which can be

DONALD GLASCO, M.D.

HOPKINS, MARSHALL H.
(b) (6) [redacted]
DENVER, CO.

COMPENSATION AND PENSION EXAMINATION
Page 1
JOB: 88
VA FORM 10-9034

D:02-08-97 T:02-12-97 ExecuMed

MEDICAL RECORDS REPORT

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relieved by changing posture.

The veteran said he also has problems with sleep. He falls asleep without trouble but then will awaken after two hours or so. He said that he may waken several times during the night. He is not aware of bad dreams, and he has no idea why he wakes up.

He said that the people who work with him tell him that he does have memory problems. The veteran was elected mayor of the town of Victor, Colorado. The veteran said he will have difficulty remembering minutes of the town counsel meeting, and he will forget details so that he will have to check the minutes of the meeting to remember various resolutions which were passed. He said there have been occasions when he became suddenly disoriented. He said this has happened once or twice that he was driving and suddenly did not know where he was or why he was there or where he was trying to go. The veteran said that he uses stick-um pieces of paper as reminders when he gets in the car to go someplace. He will post the reminder so that he will be sure to get there. He said that he also carries a pocket planner all of the time to keep track of his schedule and appointments.

The veteran said in addition he has headache with fluttering of the eyelids. He said at times the fluttering of his right eyelid will be serious enough that it will interfere with his vision. He described this "fluttering" as a tic. The veteran said chiropractic treatments will help his headache. He said the chiropractic manipulations will relieve pressure in his back and also relieve pain. The veteran said he had a thoracic block which would help his back pain for a month or two at a time.

The veteran denied any ongoing depression. He said he has had some depression during the time he was suffering back pain. He said when the back pain was relieved, his depression was relieved. The veteran said he had also had some depression over losing his wife and family and, "The best job I ever had." The quotation reference is to the veteran's job with the Army which is explained in more detail in some of his letters in the C file. The veteran said he does have somewhat less sleep than usual, and he feels tired most of the time. He denied any suicidal thoughts. He said that he does have infrequent crying spells.

WORK HISTORY: Since the veteran lost his job with the Army, he has operated a hotel in Victor, Colorado. The veteran said he has lived in Victor, a town of some 550 people, for the last 25-26 years. He said that he cannot do any of the cleaning in the hotel and hires this

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done. He said that he also has difficulty driving a truck which he attempted to do for a while. He said the posture problem again asserts itself. When he attempts to drive a truck, he will start having pain in his shoulder.

The veteran was asked if there was any litigation pending concerning the accident. He said there was litigation pending. He said that his claims have never been settled with the insurance company. The exact status of this situation is not altogether clear to the examiner. Apparently, the veteran and his insurance company are at odds over whether the veteran's insurance was canceled or not at the time of the accident. The veteran considers the insurance not canceled at that time. The veteran apparently is still involved with a lawyer concerning his situation with the insurance.

MARRIAGE AND SOCIAL RELATIONSHIPS: The veteran said his second marriage broke up after 18 years in October 1995. He and his second wife have five children, ages 9 to 18. The oldest son is emancipated. The veteran said the next child, a 17-year-old boy, is living with the patient in Victor. The rest of the children are living with their mother. The veteran is 6'2" tall, he reported, and currently weighs 178 lb.

MENTAL STATUS EXAMINATION: The veteran is a tall man who walked slowly and, as reported later, with some pain to the consultation room. He was dressed in casual clothes. He has a mustache. He maintained good eye contact. He was well spoken. His affect was somewhat constricted. He looked somewhat tired. He was oriented to time, place, and person. He was given three items to remember, a black sky, a 1956 Chevrolet, and a street address, 3328 East Pine Street. On immediate recall, he remembered all three items accurately. On recall six minutes later, he remembered the first item accurately. He changed the automobile to a 1957 Chevrolet. He remembered the address as 33-something Pine Street. He was able to remember six digits forward and four backwards, a usual performance. His proverb interpretations were appropriately abstract. There was no indication of any thinking disorder. He was asked how much change he should receive from a dollar bill if he bought an item for 34 cents and he gave the correct answer.

In the serial seven subtraction from 100, he gave a total of six answers with one incorrect answer which was unrecognized in 30 seconds. He was asked what he would do if he were in a movie theater and the first one to smell smoke. He said he would tell an usher. The examiner asked the veteran if he felt depressed at the time of the examination. He said that he felt "down." He said that he "would

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like to take a nap." The veteran had arisen at 4 o'clock or so in the morning to drive to the examination in Denver from Victor.

SUMMARY: This 53-year-old veteran was involved in a motor vehicle accident in January 1991. He apparently did not have a period of unconsciousness, but he has claimed problems with memory since the accident. Neuropsychological testing in December 1994 indicated no evidence of cognitive dysfunction indicative of an organic brain syndrome; however, the veteran's claims of memory problems, fibromyalgia, and some depression, particularly secondary to his pain, have continued. It is apparently new information for the medical record that litigation is still pending in this case. The examiner feels this information is probably significant in light of the persisting complaints of memory problems when these have not been documented. It is felt the veteran's performance on recent memory recall in this examination is equivocal. A diagnosis of dysthymia secondary to the fibromyalgia is made at this time. The GAF is rated at 85 which reflects minimal symptoms which have some bearing on the veteran's social and occupational functioning.

DONALD GLASCO, M.D.

HOPKINS, MARSHALL H.
(b) (6) [redacted]

DENVER, CO.

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MEDICAL RECORDS REPORT

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(b)
(6)

COMPENSATION AND PENSION DIAGNOSES
02-07-97

AXIS I: Dysthymia, 300.40.

AXIS II: No diagnosis, V71.09. The veteran is considered competent for VA purposes.

AXIS III: Refer to the C file.

AXIS V: GAF 85.

ORIGINAL, DO NOT REMOVE

DONALD GLASCO, M.D.

HOPKINS, MARSHALL H.
(b) (6)

DENVER, CO.

D:02-08-97 T:02-12-97 ExecuMed

MEDICAL RECORDS REPORT

COMPENSATION AND PENSION EXAMINATION

JOB: 88
VA FORM 10-9034

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NAME : HOPKINS,MARSHALL H SSN (b) (6)
CASE NO. : 1641 PROCEDURE : SPINE LUMBOSACRAL MIN 2 VIEWS
EXAM DATE: FEB 7,1997 10:45 TECHNOLOGIST: DANIEL,THOMAS P
LOC: C&P-VINSON (Req'g Loc) PHYSICIAN : VINSON,RAPHAEL W

Exam Modifiers : None

Clinical History:
MECHANICAL LOW BACK PAIN

Report: Status: VERIFIED
TWO VIEWS OF LUMBOSACRAL SPINE:

AP and lateral radiographs of the lumbosacral spine demonstrate no fractures or subluxations. The intervertebral disk spaces are of uniform height. The vertebral bodies and posterior elements are well aligned. Several punctate calcifications are seen in the pelvis bilaterally, which are consistent with phleboliths.

Impression:
Normal radiographs of the lumbosacral spine. There is a small Schmorl's node of the inferior end-plate of the L3 vertebral body, but this is essentially a normal variant.

Primary Interpreting Staff:
SEAN CASEY, IMAGING (Verifier)

RWH

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0 T.K. Pull 110p Nancy Goodwin 2-27 Pull 110p 7

Date: JAN 6,1997 COMPENSATION AND PENSION EXAM REQUEST Page: 1

SCH'D FEB 07 1997 For Denver VAMC Medical Center Division at DENVER

RET'D 2/13/97

Requested by DENVER, CO-RO
Date Requested: JAN 3,1997@09:19:26

Name: HOPKINS,MARSHALL H SSN: (b) (6) [redacted] (H7575)
C-Number: (b) (6) [redacted]

(b) (6) [redacted]

(b) (6) [redacted]

Bus Phone:

Entered active service: Not specified 119 NOV 63 Last rating exam date: JAN 3,1997
Released active service: ~~Not specified~~ June 67 Reserve 91- March 96

** Priority of exam: Original SC

Selected exams:

GENERAL MEDICAL; MENTAL DISORDERS;

Current Rated disabilities:

No rated disabilities on file

Other Disabilities:

General remarks:

EXAMINE NSC: P
DEPRESSION
TIC DOULOUREX X X
MECHANICAL LOW BACK PAIN P
COGNITIVE FUNCTION - MEMORY LOSS
MYOFACIAL PAIN SYNDROME X
POA - DAV
GENERAL MEDICAL NOT REQUIRED
C FILE TO FOLLOW
H7575
JS

WTO 3/20/97 need DD214 for verification of service

(b) (6) [redacted]

VA Form 21-2507

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Department of Veterans Affairs

STATUS OF REQUEST FOR MEDICAL EXAMINATION

DATE

TO	CHIEF, MEDICAL ADMINISTRATION SERVICE	FROM	ADJUDICATION OFFICER

FIRST NAME-MIDDLE NAME-LAST NAME OF VETERAN	SOCIAL SECURITY NUMBER	VA FILE NUMBER C-

(✓)	We did not receive results of this veteran's examination. Please give us a status report in the space provided below. Our records concerning the examination request show:	DATE
	VA FORM 21-2507 ISSUED	
	OTHER (Indicate how requested)	
	PREVIOUS FOLLOW-UP BY ADJUDICATION DIVISION	

ADJUDICATION OFFICER

TO ADJUDICATION OFFICER

EXAMINATION STATUS

HOPKINS MARSHALL, H (b) (6) [redacted]
(b) (6)
RECEIVED: 01/06/97
?
SCHEDULED: 02/07/97
?

PROJECTED COMPLETION DATE	SIGNATURE OF CHIEF, MEDICAL ADMINISTRATION SERVICE

VA FORM APR 1990 **21-4199**

EXISTING STOCK OF VA FORM 21-4199, AUG 1977, WILL BE USED.

☆ U.S.G.P.O.: 1990- 262-755/16974

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETE[illegible]S [illegible]FAIRS [illegible]RATING DECISION

1.REGIONAL OFFICE NO.	2.TYPE OF RATING	3.ORIGINAL DISABILITY RATING	4.VETERAN'S FILE NO.
339	Memorandum		(b) (6) [redacted]

5.VETERAN'S INITIALS AND SURNAME	6.COPY TO	7.VETERAN'S SOCIAL SECURITY NO
M. N. HOPKINS	VR&C, DAV	

8.DATE OF CLAIM	9.DATE OF THIS RATING	10. DATE OF BIRTH	11.DATE OF DEATH
9/11/94	11/5/96	(b) (6) [redacted]	

12.ACTIVE DUTY (Mo,day,yr.)		13.ADDL. SERVICE CODE
EOD	RAD	
11-30-63	In service	

14.COMBAT STATUS	15.DATE OF LAST EXAMINATION	16.DATE OF FUTURE PHYSICAL EXAMINATION(Mo./yr.)	17.EMPLOYABLE (COMPENSATION ONLY)
	SMR's		

18.COMPETENT	19.SPECIAL PROVISION CODE	20.NO.OF ADDITIONAL DIAGNOSTICS	21.NO.OF ADDITIONAL S/C DIAGNOSTICS

22.SPECIAL MONTHLY COMPENSATION

A.STATUS	B.BASIC SMC	C.HOSPITAL SMC	D.LOSS OF USE	E.ANAT LOSS	F.OTHER LOSS
CURRENT					
FUTURE					

23.NARRATIVE

FOR VOCATIONAL REHABILITATION PURPOSES

J. VA Form 28-1900.

I. Determination of eligibility for vocational rehabilitation.

E. We reviewed the following evidence: Service Medical Records November 30, 1963 Ex

F. MVA 1/3/91. Claimant not at fault. Depressive symptoms decreased interest, poor concentration terminal insomnia and fatigue - meets criteria for Major Depression 4 FEB - assign 30% Placed on Temporary Retirement

1. SC (PTSD INC)
20% or more

9405 Major depressive disorder, single episode; pain disorder associated with Psychological and General Medical Problems

24.MEDICAL RATING SPECIALIST	25.RATING SPECIALIST	26.RATING SPECIALIST	27.P/A
	(b) (6) [redacted]		DAV

28.R.B.NO. 212F

VA FORM 21-6796-1
SEP 1986

October 4, 1991

NOV 15 1996

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize Dept. of Veterans Affairs Service Medical Center, to release to my attorney, F.M. CALLAWAY, or his representatives, any and all information, including the following:

( ) Any and all insurance information, including my entire Personal Injury Protection file.

( ) Any and all information in the possession of any of my employers.

( ) Any and all tax records or tax information, whether State, Federal, county or other.

( ) Any and all information contained in any Worker's Compensation file.

( ) Any and all information from any billing institution regarding bills incurred, past or outstanding.

( ) Any and all information concerning my credit rating or other credit information.

( ) Any and all school records.

( ) Any and all information contained in any Social Security Administration file.

(XXX) Other: A complete copy of my military medical records

VSD VASC DENVER 97 MAR -5 AM 10:07

I hereby waive any privilege I have to send information to my attorneys. A photocopy of this Authorization (**XX**) may ( ) may NOT have the same force and effect as the original.

Dated this 30th day of October, 1996.

X _____
Marshall H. Hopkins
(b) (6)

STATE OF COLORADO)
)ss.
COUNTY OF EL PASO)

SUBSCRIBED AND SWORN TO before me this 30th day of October, 1996, by Marshall H. Hopkins.

Witness my hand and official seal.

[S E A L]

November 17, 1997
My commission expires

_____
Notary Public

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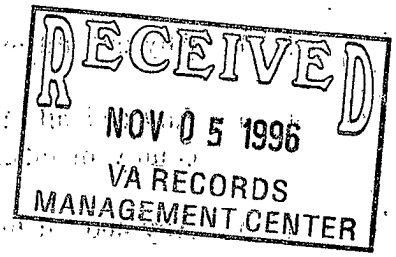

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

201 %101 DATA SELECTION 10-29-96

FILE NUMBER (b)(6) -00 END PRODUCT 110 CPL NAME M H HOPKI

CLAIM LEGEND

X DISABILITY	DEATH	BURIAL	NATIONAL GUARD	RESERVE
EDUCATION	UNEMPLOYMENT		DEATH IN SVC	LOANS
PENSION	SERVICE PENSION		BODY HELD	SGLI
DENTAL	HOSPITALIZATION		DOMICILIARY	VA INS ND
INS WAIVER	INS CLAIM		INS APPLICATION	

TYPE CLAIM/REQUEST: ADDRESS CODE SVC 13 MEDICAL

Y ORIGINAL BRANCH OF SERVICE AF

SECOND REQUEST SEPARATION FORMS ON FILE N

DATA REQUESTED:

X SERVICE MEDICAL DENTAL CLINICAL OTHER

SVC NAME HOPKINS,MARSHALL,H SSN 529-56-7575

AKA

BIRTH PLACE LARNED KANSAS DOB 07-20-43 DOD

RESERVE STATUS: NONE UNKNOWN RES OBLIG DATE

RETIRED STATUS: X IN PAY NON PAY TDRL

NEXT SCREEN is

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

202 REQUEST FOR MILITARY/MEDICAL DATA 10-29-96

FILE NUMBER (b)(6) -00 END PRODUCT 110 CPL NAME M,H HOPKI

EOD	RAD	DISCH	SERVICE NO	GRADE	ORGANIZATION	SEPFORM
11-01-63	06-30-67	UNK	1766/335	E-7	UNKNOWN	NO
07-01-67	06-01-95	UNK	1766/335	E-7	UNKNOWN	NO

CONDITION TREATMENT DATES PLACE TYPE

SPECIAL INFORMATION

X DD 214	VERIFY SVC	ADDL SVC	CONS OBJECTOR
TRAVEL TIME	SEV/READJ	IDRL	ACDUTRA
PHYSICAL EOD	PHYSICAL RAD	X-RAYS	PURPLE HEART
PAY GRADE	CASUALTY REPORT	90 DAY CERT	MARITAL DATA
LAST RANK/ORG	PERS DESCRIPTION	POW STATUS	
CHAR DISCH INFO	COND DISCH	COMPLETE SEPARATION	
PTSD DATA	SVC ACAD	SVC SCH	CHAP 35 SVC	DEL ENT PROG

ADDITIONAL INFORMATION

PLS PROVIDE VERIFICATION OF SERVICE,11-63 TO 06-67, AND AIR FORCE RESERVE ANO AIR NATIONAL GUARD,AND ACTIVE DUTY FOR TRNG DATES. THANKS

NEXT SCREEN is

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

RFI 3101 INFORMATION REQUEST DATE OF REQUEST 10-29-96
FILE NUMBER (b) (6) 00 END PRODUCT 110 NAME M H HOPKI

TYPE REQUEST ORIGINAL SEP FORMS ON FILE NO
ADDRESS CODE 13/ BRANCH OF SERVICE AF

CLAIM TYPE DISABILITY

DATA REQUESTED SERVICE

CONDITIONS

SPECIAL INFORMATION

DD 214

PLS PROVIDE VERIFICATION OF SERVICE,11-63 TO 06-67, AND AIR FORCE RESERVE AND AIR NATIONAL GUARD,AND ACTIVE DUTY FOR TRNG DATES. THANKS

REQUESTED BY STAHL J

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
155 Van Gordon Street
Box 25126
Denver CO 80225

OCT 29 1996

In Reply Refer To: 339/212s/js
CSS (b) (6)
HOPKINS, Marshall H.

MARSHALL H HOPKINS
(b) (6)

Dear Mr. Hopkins:

We are making arrangements for your physical examination. You will be informed at a later date of the time and place of the examination by the Veterans Affairs Medical Center (VAMC).

Verification of Service

We have requested verification of your military service from the service department. However, it will be 90 to 120 days for a response.

To expedite your claim, you may submit the original copy of your DD Form 214, Certificate of Release of Discharge from Active Duty, which we will return upon request. You may also submit a copy issued by a public custodian of records who ***certifies*** that it is a true and exact copy of the original document. If you prefer, the veterans benefits counselors in our office can certify the document for you. Some military bases also have personnel who are authorized to certify military documents. If the original or certified copy is unavailable, please furnish any available documents or information concerning any periods of service for yourself including dates of service, branch, service number, organization, unit, etc.

Service-Connected Disabilities

If you received recent treatment for your depression, tic doulourex, mechanical low back pain, memory loss, and myofacial pain syndrome at a VA facility or military hospital, please furnish the dates and places. We will obtain the medical treatment records for you.

If you received recent private medical treatment, please submit your treatment reports or a doctor's statement. The doctor's statement should show the dates of examination and/or treatment, findings, and diagnosis.

If you would like us to obtain the treatment records, please complete and return the enclosed VA Form 21-4142, Authorization for Release of Information. Please provide the entire name and address (including zip code).

110P
9A

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(b) (6)

Hopkins, Marshall H.

If you need additional copies of VA Form 21-4142, you may photocopy the forms we are sending you. If you would like for us to send additional copies, please call our office at 985-0618. If you are located outside of the Denver area, you may call us toll free at 1-800-827-1000.

If You Have Questions

If you have any questions, call us toll-free by dialing 1-800-827-1000. Our TDD number for the hearing impaired is 1-800-829-4833. *If you call, please have this letter with you.*

Sincerely yours,

Raymond B Boor

RAYMOND B. BOOR
Adjudication Officer

Enclosure(s): VA Form 21-4142(2)

cc: Disabled American Veterans

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VOL II

DO NOT OVERFILL

IF 1/2 INCH THICK OR MORE
USE ANOTHER ENVELOPE

REC
10122196
SMR

Department of Veterans Affairs

SERVICE DEPARTMENT RECORDS ENVELOPE

LAST NAME – FIRST NAME – MIDDLE INITIAL OF VETERAN

HOPKINS Marshall

FILE NUMBER

C-

(b) (6)

SERVICE NUMBER

THE ENCLOSED SERVICE RECORDS, PHYSICAL EXAMINATIONS, ETC., LOANED OR FURNISHED THE DEPARTMENT OF VETERANS AFFAIRS, MUST BE PROTECTED AGAINST MUTILATION, DEFACEMENT OR LOSS.

VA FORM JAN 1990 21-4582

EXISTING STOCKS OF VA FORM 21-4582, FEB 1988 WILL BE USED.

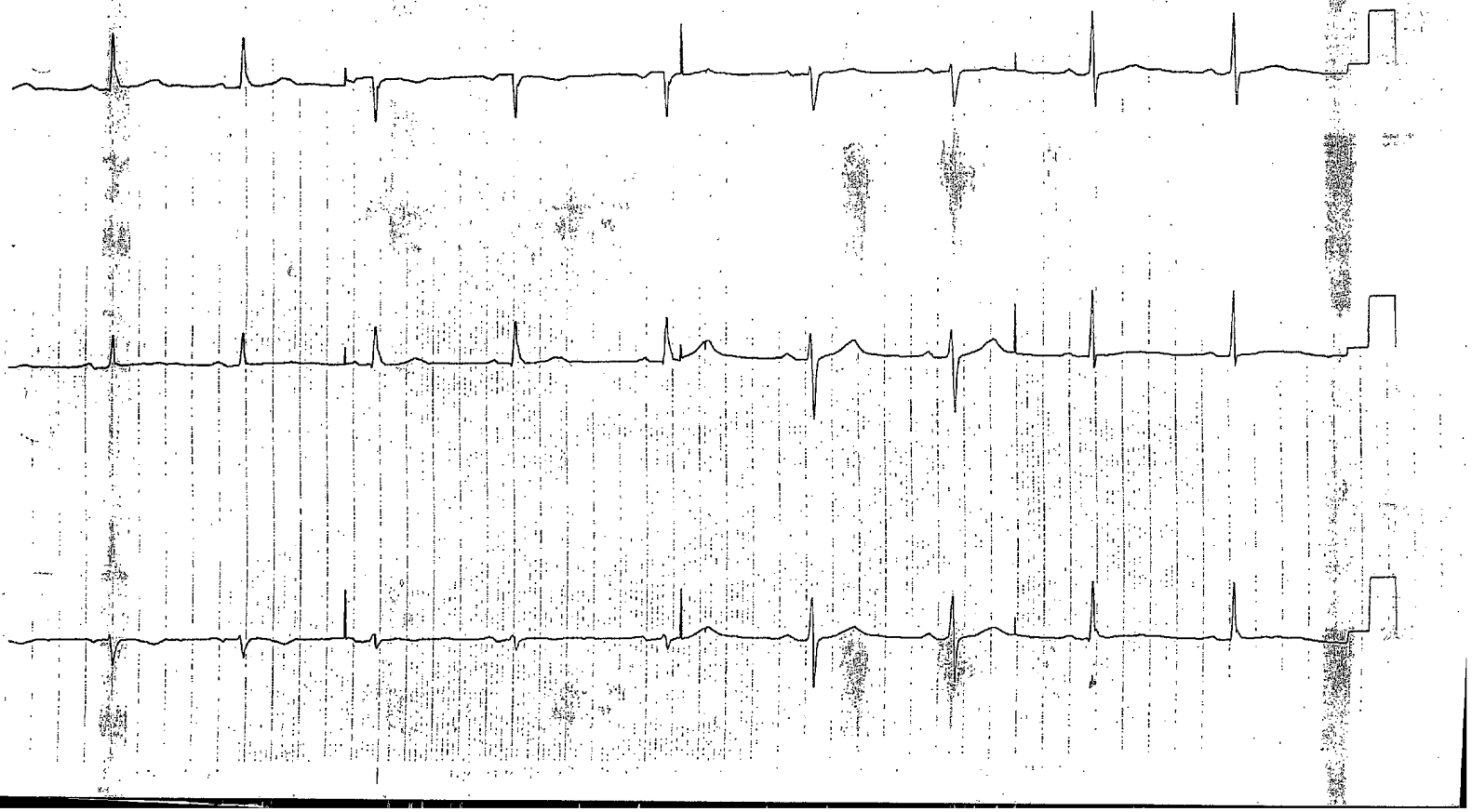
BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

FAMC CAPOC REGION 5
HOPKINS,MARSHELL
ID 20[redacted] LOC CART78
50YR AVG-NML CAUC MALE
MED UNKNOWN
PC 01 IND 00 OUT/QC
ECG TAKEN 09-JUL-94 10:56
VENT. RATE 57 BPM
PR INTERVAL 192 MS
QRS DURATION 92 MS
QT/QTC 436/421 MS
P-R-T AXES 24 4 5

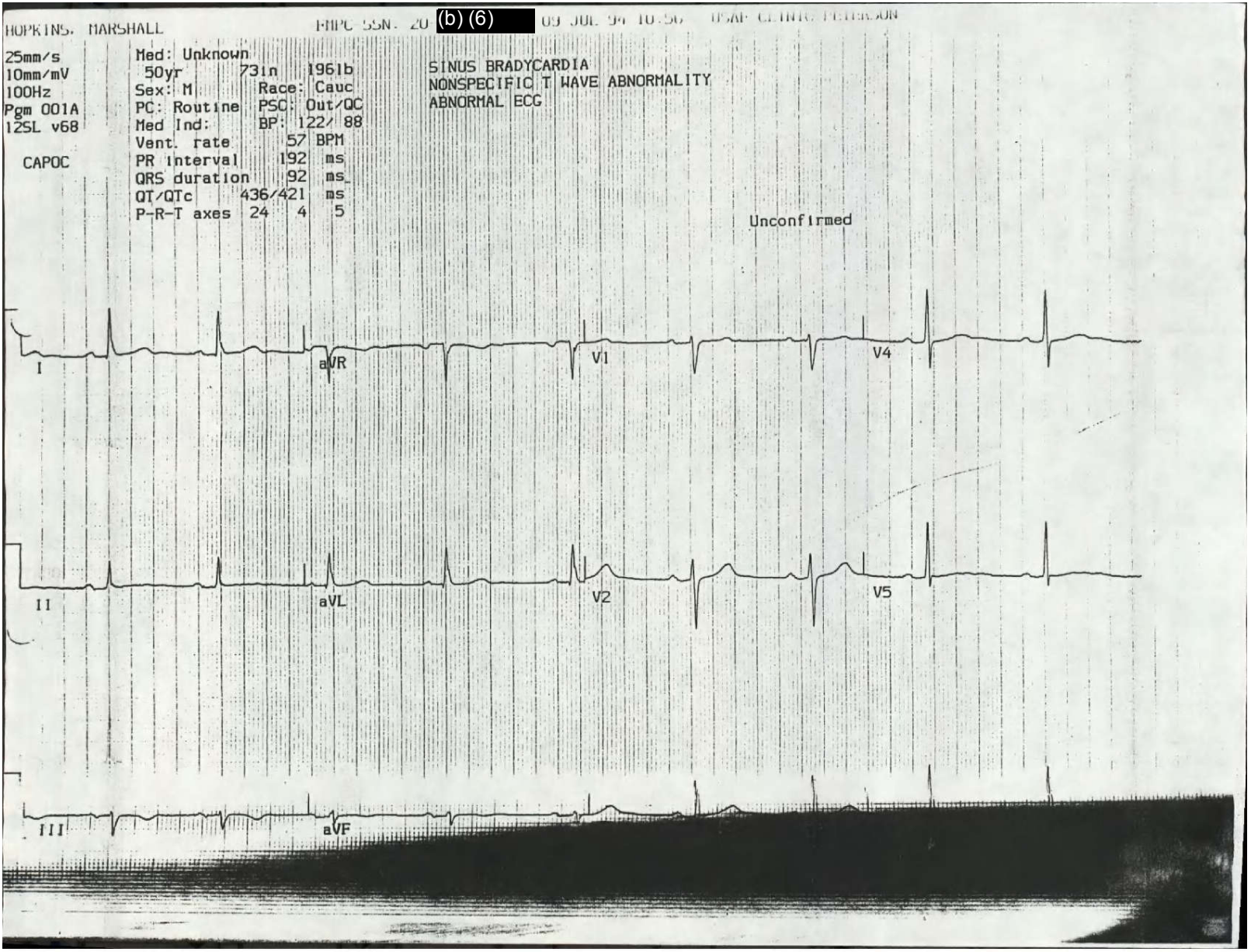
SINUS BRADYCARDIA
NONSPECIFIC T WAVE ABNORMALITY
ABNORMAL ECG

13-JUL-94 23:25

REVIEWED BY: LOWRY, DAVID A. MAJ.

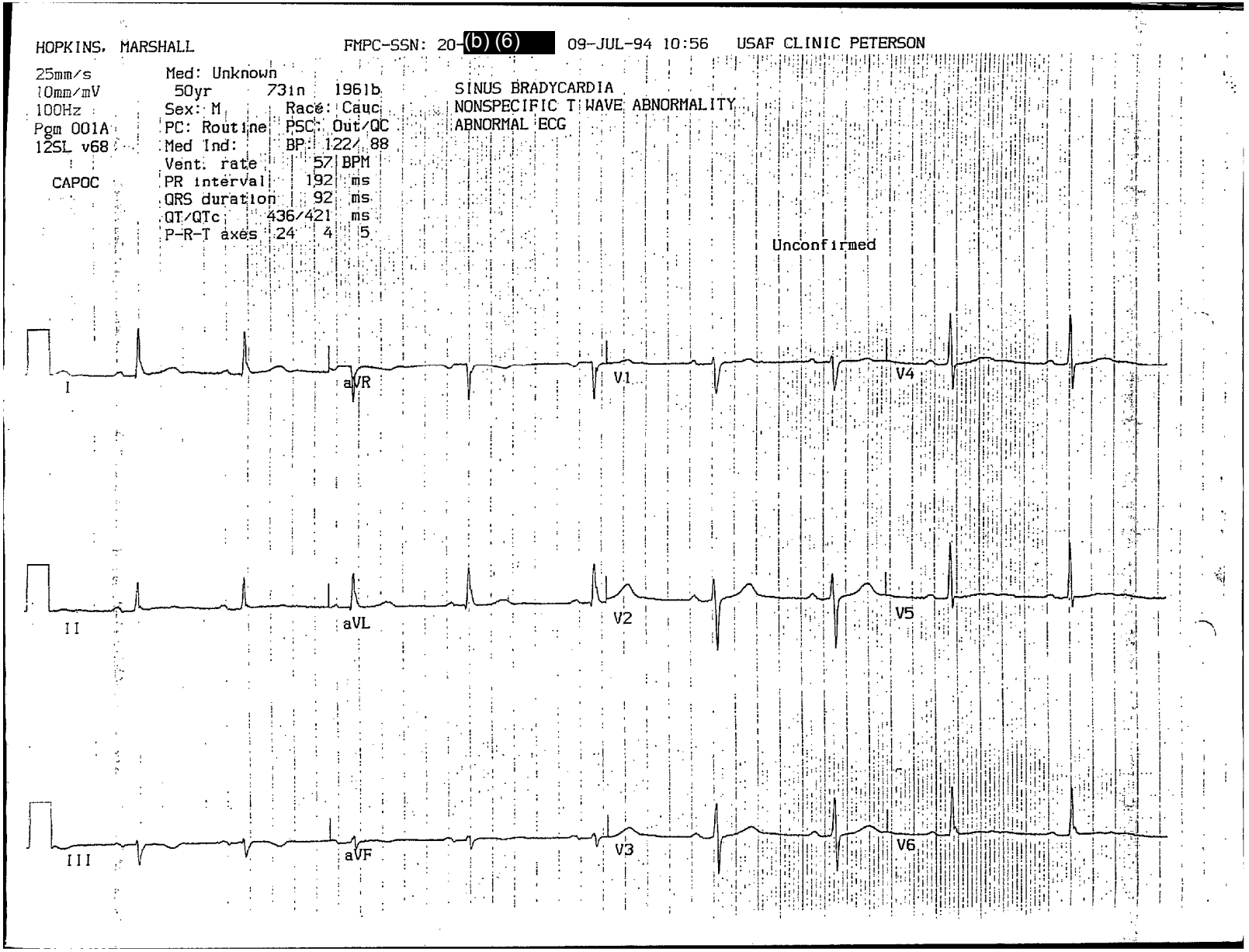


BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION



BEST COPY

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION



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CLINICAL CHEMISTRY
21ST MEDICAL GROUP/SGHL
PETERSON AFB, CO 80914-1540

LAST NAME: HOPKINS
FIRST NAME: MARSHALL
AGE: 50y
DOCTOR: RESERVE
HM/DT PHONE: 689-2637

SEX: M
UCA: FCDA
STAT FLAG: N

FMP/SSAN: 20(b) (6)
SAMPLE ID: 071141
Run Date: 07/11/94

COMMENTS:

TEST NAME	RESULTS	FLAG	UNITS	NORMAL RANGE	CODES
GLUCOSE	104		MG/DL	68 - 110	
CHOLESTEROL	258	HIGH	MG/DL	132 - 200	
TRIGLYCERIDES	284	HIGH	MG/DL	0 - 210	
HDL CHOLESTEROL	38		MG/DL	30 - 90	
TOTAL CHOL/HDL RATIO	6.8	HIGH	RATIO	3.7 - 6.7	
LDL CALCULATION	164	HIGH	CALC	0 - 130	

»»»»»»»»»»» Panels »»»»»»»»»»»
CARE PANEL
»»

CURRENT DATE: 07/11/94
REVIEWED BY

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

HEARING CONSERVATION DATA

ZIP CODE/APO: W 8 1 L F 3 K W

DOD COMPONENT: F (A-ARMY, N-NAVY, F-AIR FORCE, M-MARINE CORPS, 1-OTHER DOD ACTIVITY)

SERVICE COMPONENT: V (R-REGULAR, V-RESERVE, G-NATIONAL GUARD, 1-OTHER)

(b) (6) [redacted]

LAST NAME—FIRST NAME—MIDDLE INITIAL: Hopkins Marshall H

SEX: m (M-MALE, F-FEMALE)

(b) (6) [redacted]

PAY GRADE, UNIF SVCS	GRADE, CIVILIAN	SERVICE DUTY OCCUPATION CODE	MAILING ADDRESS OF ASSIGNMENT
E07	—	11750	302 ALCF

LOCATION—PLACE OF WORK	MAJOR COMMAND	DUTY PHONE
~~302 ALCF~~ 0063 FAFC 083A	AMC/AFRES	6-6102

AUDIOMETRY

PURPOSE: 2 (1—90 DAY, 2—ANNUAL, 3—TERMINATION, 4—OTHER)

AUDIOMETRIC DATA RE: ANSI S3.6 — LEFT — RIGHT — 6.6

	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year 93, month 06, day 05)	10	5	20	30	35	35	10	5	30	30	35	35
REFERENCE AUDIOGRAM DATE (89, 05, 23)	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT (+ = Poorer, — = Better)	/	-10	0	0	-10	/	/	-10	-10	-10	0	/

1-No Significant threshold shift; 2-Yes ± 20dB or greater: 1

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify supervisor ● Followup No. 1 after minimum 15 hours noise free

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT. NO.	SSN	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL
Lowderman Allison E	92-292	(b) (6) [redacted]	90130	SGP

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year, month, day)
3	MA728	MACO	31412	92 10 01

FOLLOWUP NO. 1 — Minimum 15 hours noise free

AUDIOMETRIC DATA RE: ANSI S3.6 — LEFT — RIGHT

	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year, month, day)												
REFERENCE AUDIOGRAM DATE (year, month, day)												
THRESHOLD SHIFT (+ = Poorer, — = Better)	/					/	/					/

1-No Significant threshold shift; 2-Yes ± 20dB or greater:

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify Supervisor ● Cleared by medical reviewer before Followup No. 2

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT. NO.	SSN	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year, month, day)

FOLLOWUP NO. 2 — Minimum 40 hours noise free since Followup No. 1

AUDIOMETRIC DATA RE: ANSI S3.6 — LEFT — RIGHT

	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year, month, day)												
REFERENCE AUDIOGRAM DATE (year, month, day)												
THRESHOLD SHIFT (+ = Poorer, — = Better)	/					/	/					/

Significant threshold shift ± 20dB or greater: 1-No 2-Yes

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Refer to appro directive ● Requires medical disposition ● Validated by reviewer ● Orig in health record ● Send copy to appro registry

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT. NO.	SSN	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year, month, day)

REVIEWED & VALIDATED BY	SERVICE DUTY OCCUPATION CODE	AUTOVON	SSN	OFC SYMBOL
Mark T. Block	90170	834-3940	(b) (6) [redacted]	SGP

DD Form 2216
1 SEP 79

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HEARING CONSERVATION DATA

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

ZIP CODE/APO: 81DPA11145DDDD

DOD COMPONENT: F (A-ARMY, N-NAVY, F-AIR FORCE, M-MARINE CORPS, 1-OTHER DOD ACTIVITY)

SERVICE COMPONENT: V (R-REGULAR, V-RESERVE, G-NATIONAL GUARD, 1-OTHER)

(b) (6) [redacted] | LAST NAME–FIRST NAME–MIDDLE INITIAL: HOPKINS, MARSHALL H | SEX: M (M-MALE, F-FEMALE) | (b) (6) [redacted]

PAY GRADE, UNIF SVCS	GRADE, CIVILIAN	SERVICE DUTY OCCUPATION CODE	MAILING ADDRESS OF ASSIGNMENT
E07		A11470	3D2 ALCF PAFB 80914

LOCATION–PLACE OF WORK	MAJOR COMMAND	DUTY PHONE
0063 FAFC 083A	AMC (AFRES)	7258

AUDIOMETRY

PURPOSE: [2] 1–90 DAY 2–ANNUAL 3–TERMINATION 4–OTHER

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 11.6666						RIGHT 6.6666					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year/month/day) 92/05/02	20	30	40	40	40	45	15	10	30	40	25	25
REFERENCE AUDIOGRAM DATE 89/05/23	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT (+=Poorer, –=Better)	/	15	20	10	5	/	/	-5	-10	0	-10	/

[2] 1-No 2-Yes Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify supervisor ● Followup No.1 after minimum 15 hours noise free

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL
PROSPER JENNIFER R	92-1102 (b) (6) [redacted]	90130	SGP

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year/month/day)
[3]	MA728	MAICO	31411	91/10/01

FOLLOWUP NO.1 [X] Minimum 15 hours noise free

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 1.6666						RIGHT 3.333					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year/month/day) 92/06/06	0	5	20	30	30	30	05	10	30	35	40	25
REFERENCE AUDIOGRAM DATE 89/05/23	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT (+=Poorer, –=Better)	/	-5	0	0	-5	/	/	-5	-10	-5	+5	/

[1] 1-No 2-Yes Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify Supervisor ● Cleared by medical reviewer before Followup No. 2

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL
PROSPER JENNIFER R	92-1102 (b) (6) [redacted]	90130	SGP

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year/month/day)
[3]	MA728	MAICO	31412	91/10/01

FOLLOWUP NO. 2 [ ] Minimum 40 hours noise free since Followup No. 1

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT						RIGHT					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year/month/day)												
REFERENCE AUDIOGRAM DATE (year/month/day)												
THRESHOLD SHIFT (+=Poorer, –=Better)	/					/	/					/

Significant threshold shift (STS) 20dB or greater [ ] 1-No 2-Yes

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Refer to appro directive ● Requires medical disposition ● Validated by reviewer ● Orig in health record ● Send copy to appro registry

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	SSN	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year/month/day)
[ ]				

REVIEWED & VALIDATED BY:	SERVICE DUTY OCCUPATION CODE	AUTOVON	(b) (6) [redacted]	OFC SYMBOL
Minnie L. Green	90690	692-4785		SGA

DD FORM 1 SEP 79 2216 REPLACES AF[illegible] M 1490, MAR 75, WHICH IS OBSOLETE.

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

REFERENCE AUDIOGRAM

ZIP CODE/APO: 80911415000

DOD COMPONENT: F — A=ARMY, M=MARINE CORPS, N=NAVY, O=OTHER DOD ACTIVITY, F=AIR FORCE

SERVICE COMPONENT: V — R=REGULAR, G=NATIONAL GUARD, V=RESERVE, 1=OTHER

PERSONAL DATA

(b) (6) [redacted]

LAST NAME–FIRST NAME–MIDDLE INITIAL: Hopkins, Marshall H

(b) (6) [redacted]

SEX: M — M=MALE, F=FEMALE

PAY GRADE, UNIFORMED SERVICES: E07

GRADE, CIVILIAN: —

SERVICE DUTY OCCUPATION CODE: A11470

MAILING ADDRESS OF ASSIGNMENT: 731 TAS/100LM PAFB, CO 80914

LOCATION–PLACE OF WORK: 0063 RAFG 083A

MAJOR COMMAND: AFRES

DUTY PHONE: 7258

AUDIOMETRY

1 — 1. REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS
2. REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES
3. REFERENCE RE-ESTABLISHED AFTER FOLLOWUP PROGRAM

HEARING THRESHOLD LEVELS OF TEST FREQUENCIES RE: ANSI S3.6

LEFT EAR						RIGHT EAR					
500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
10	0	20	25	20	35	15	5	30	30	25	20

DATE OF AUDIOGRAM: year 91 month 09 day 07

DAY OF WEEK: 0 — 1-SUN, 2-MON, 3-TUES, 4-WED, 5-THURS, 6-FRI, 7-SAT

MIL-TIME-DAY: 0800

HOURS SINCE LAST NOISE EXPOSURE: 15

ENT PROBLEM AT TIME OF TEST: 3 — 1=NO, 2=YES, 3=UNKNOWN

EXAMINER

LAST NAME–FIRST NAME–MIDDLE INITIAL: Ross, Tracy J

TRAINING CERT NO.: 91-057

(b) (6) [redacted]

SERVICE DUTY OCCUPATION CODE: 90130

OFFICE SYMBOL: SGP

AUDIOMETER

TYPE: 2 — 1-MANUAL, 2-SELF-RECORDING (automatic), 3-MICROPROCESSOR

MODEL: MA-728

MANUFACTURER: MAICO

SERIAL NUMBER: 31411

LAST ELECTROACOUSTIC CALIB DATE: year 90 month 10 day 01

PERSONAL HEARING PROTECTION

TYPE USED: 1-SINGLE FLANGE (V51R), 2-TRIPLE FLANGE, 3-HAND FORMED EARPLUGS, 4-EAR CANAL CAPS, 5-NOISE MUFFS, 6-OTHER

EARPLUGS ISSUED: V — 1-NO, 2-YES, 3-PREVIOUSLY ISSUED

SIZE EARPLUGS: R, L — 1-XS, 2-S, 3-M, 4-L, 5-XL

DOUBLE PROTECTION USED: 1-NO, 2-YES

GLASSES WORN (including goggles): 1-NO, 2-YES

FREQUENCY GLASSES WORN: 1-ALWAYS, 2-SELDOM, 3-N/A

REMARKS

CONTENTS REVIEWED AND VALIDATED BY

NAME OF REVIEWER (Signature): [signature]

SERVICE DUTY OCCUPATION CODE: 90610

AUTOVON: 6924785

(b) (6) [redacted]

OFFICE SYMBOL: SGA

DD FORM 1 SEP 79 2215

1

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Name Marshall Hopkins

Address 10 Victor Av. Tel. Victor, CO. 80862

Date 8-19-91

Analysis		Hand	Hand	Hand	X-Ray	
Marshall Hopkins	AT					
	AX	Rt L				
	3					HAN RT EYE
	4					TIC
	5					
	6					
	7	R				
	1					
	2					① BETWEEN SHEETS
	3	Rt R				RT BURNING
	4					Rt HAND FINGERS
	5					
	6					
	7					
	8					
	9	L				
	10					
	11					
	12					
Name	1					
	2					
	3	Rt L				
	4					
	5					
	B					
	A					
R. IL.						
L. IL.						
CCX.						

Referred By

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HEARING CONSERVATION DATA

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

ZIP CODE/APO: 80914

DOD COMPONENT: [F] A-ARMY M-MARINE CORPS N-NAVY 1-OTHER DOD ACTIVITY F-AIR FORCE

SERVICE COMPONENT: [V] R-REGULAR G-NATIONAL GUARD V-RESERVE 1-OTHER

(b) (6) [redacted]

LAST NAME–FIRST NAME–MIDDLE INITIAL: Hopkins, Marshall H

SEX: [M] M-MALE F-FEMALE

(b) (6) [redacted]

PAY GRADE, UNIF SVCS	GRADE, CIVILIAN	SERVICE DUTY OCCUPATION CODE	MAILING ADDRESS OF ASSIGNMENT
E07		A11470	731 TAS / DOLM 80914

LOCATION–PLACE OF WORK	MAJOR COMMAND	DUTY PHONE
0063 FAFC 083A	AFRES	7258

AUDIOMETRY

PURPOSE: [2] 1–90 DAY 2–ANNUAL 3–TERMINATION 4–OTHER

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day) 91 06 25	10	10	20	10	10	10	20	10	10	35	15	10
REFERENCE AUDIOGRAM DATE 89 05 23	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT +=Poorer –=Better		-5	0	-20	-25			-5	-30	-5	-20	

[2] 1-No 2-Yes Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify supervisor ● Followup No.1 after minimum 15 hours noise free

NAME OF EXAMINER (Last, first, MI): Ross, Tracy J

TRAINING CERT NO.: 91-057

(b) (6) [redacted]

SERVICE DUTY OCCUPATION CODE: 90130

OFC SYMBOL: SGP

TYPE: [2] 1-Manual 2-Self-recording (auto) 3-Microprocessor

MODEL: MA 728

MANUFACTURER: MAICO

SERIAL NO.: 31211 ~~02399~~

LAST ELECTROACOUSTIC CALIB DATE (year month day): 90 10 01

FOLLOWUP NO.1 [√] Minimum 15 hours noise free

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day) 91 09 07	10	00	20	25	20	35	15	05	30	30	25	20
REFERENCE AUDIOGRAM DATE 89 05 23	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT +=Poorer –=Better		-15	0	-5	-15			-10	-10	-10	-10	

[1] 1-No 2-Yes Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify Supervisor ● Cleared by medical reviewer before Followup No. 2

NAME OF EXAMINER (Last, first, MI): Ross Tracy J

TRAINING CERT NO.: 91-057

(b) (6) [redacted]

SERVICE DUTY OCCUPATION CODE: 90130

OFC SYMBOL: SGP

TYPE: [2] 1-Manual 2-Self-recording (auto) 3-Microprocessor

MODEL: MA 728

MANUFACTURER: MAICO

SERIAL NO.: 31411

LAST ELECTROACOUSTIC CALIB DATE (year month day): 90 10 01

FOLLOWUP NO. 2 [ ] Minimum 40 hours noise free since Followup No. 1

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day)												
REFERENCE AUDIOGRAM DATE (year month day)												
THRESHOLD SHIFT +=Poorer –=Better												

Significant threshold shift (STS) 20dB or greater [ ] 1-No 2-Yes

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Refer to appro directive ● Requires medical disposition ● Validated by reviewer ● Orig in health record ● Send copy to appro registry

NAME OF EXAMINER (Last, first, MI) | TRAINING CERT NO. | SSN | SERVICE DUTY OCCUPATION CODE | OFC SYMBOL

TYPE: [ ] 1-Manual 2-Self-recording (auto) 3-Microprocessor | MODEL | MANUFACTURER | SERIAL NO. | LAST ELECTROACOUSTIC CALIB DATE (year month day)

REVIEWED & VALIDATED BY: Russell L Jones | SERVICE DUTY OCCUPATION CODE: 90670 | AUTOVON: 692-4785 | (b) (6) [redacted] | OFC SYMBOL: SGA

DD FORM 1 SEP 79 2216 REPLACES FORM 1490, MAR 73, WHICH IS OBSOLETE.

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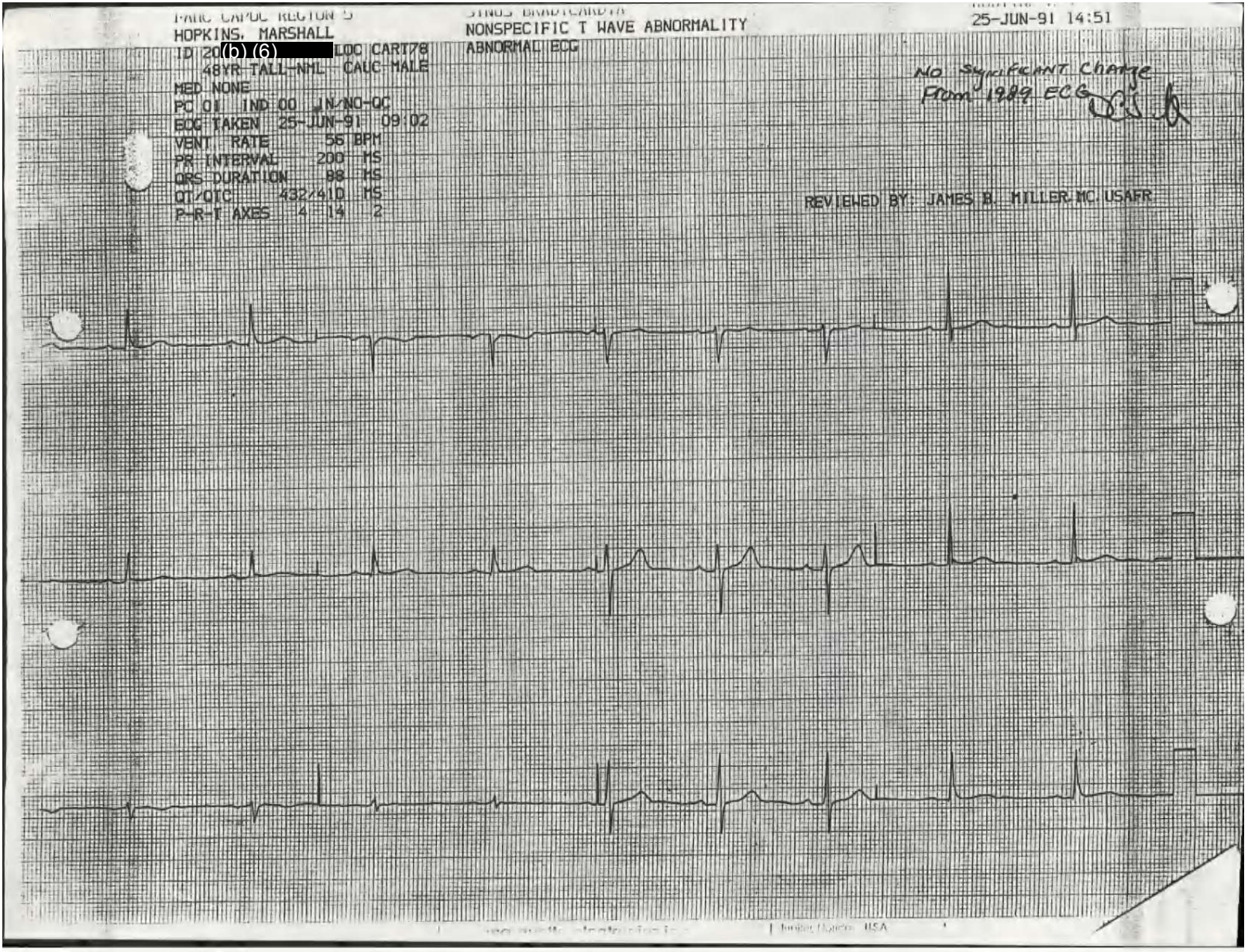

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HEARING CONSERVATION DATA

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAE - DD Form 2005)

ZIP CODE/APO: 80911 4

DOD COMPONENT: F (A-ARMY N-NAVY F-AIR FORCE M-MARINE CORPS 1-OTHER DOD ACTIVITY)

SERVICE COMPONENT: V (R-REGULAR V-RESERVE G-NATIONAL GUARD 1-OTHER)

(b) (6) [redacted]

LAST NAME–FIRST NAME–MIDDLE INITIAL: Hopkins, Marshall H

SEX: M (M-MALE F-FEMALE)

(b) (6) [redacted]

PAY GRADE, UNIF SVCS: E07

GRADE, CIVILIAN:

SERVICE DUTY OCCUPATION CODE: A11470

MAILING ADDRESS OF ASSIGNMENT: 731 TAS / DOLM 80914

LOCATION–PLACE OF WORK: 0063 FAFC 083A

MAJOR COMMAND: AFRES

DUTY PHONE: 7258

AUDIOMETRY

PURPOSE: 2 (1–90 DAY 2–ANNUAL 3–TERMINATION 4–OTHER)

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day) 91 06 25	10	10	20	10	10	10	20	10	10	35	15	10
REFERENCE AUDIOGRAM DATE 89 05 23	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT (+=Poorer –=Better)	/	-5	0	-20	-25	/	/	-5	-30	-5	-20	/

2 (1-No 2-Yes) Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify supervisor ● Followup No.1 after minimum 15 hours noise free

NAME OF EXAMINER (Last, first, MI): Ross, Tracy, J

TRAINING CERT NO.: 91-057 (b) (6) [redacted]

SERVICE DUTY OCCUPATION CODE: 90130

OFC SYMBOL: SGP

TYPE: 2 (1-Manual 2-Self-recording (auto) 3-Microprocessor)

MODEL: MA 728

MANUFACTURER: MAICO

SERIAL NO.: 82349

LAST ELECTROACOUSTIC CALIB DATE (year month day): 90 10 01

FOLLOWUP NO.1 ☑ Minimum 15 hours noise free

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day) 91 09 07	10	00	20	25	20	35	15	05	30	30	25	20
REFERENCE AUDIOGRAM DATE 89 05 23	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT (+=Poorer –=Better)	/	-15	0	-5	-15	/	/	-10	-10	-10	-10	/

1 (1-No 2-Yes) Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify Supervisor ● Cleared by medical reviewer before Followup No. 2

NAME OF EXAMINER (Last, first, MI): Ross Tracy J

TRAINING CERT NO.: 91-057 (b) (6) [redacted]

SERVICE DUTY OCCUPATION CODE: 90130

OFC SYMBOL: SGP

TYPE: 2 (1-Manual 2-Self-recording (auto) 3-Microprocessor)

MODEL: MA-728

MANUFACTURER: MAICO

SERIAL NO.: 31411

LAST ELECTROACOUSTIC CALIB DATE (year month day): 90 10 01

FOLLOWUP NO. 2 ☐ Minimum 40 hours noise free since Followup No. 1

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day)												
REFERENCE AUDIOGRAM DATE (year month day)												
THRESHOLD SHIFT (+=Poorer –=Better)	/					/	/					/

Significant threshold shift (STS) 20dB or greater ☐ (1-No 2-Yes)

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Refer to appro directive ● Requires medical disposition ● Validated by reviewer ● Orig in health record ● Send copy to appro registry

NAME OF EXAMINER (Last, first, MI):

TRAINING CERT NO.:

SSN:

SERVICE DUTY OCCUPATION CODE:

OFC SYMBOL:

TYPE: ☐ (1-Manual 2-Self-recording (auto) 3-Microprocessor)

MODEL:

MANUFACTURER:

SERIAL NO.:

LAST ELECTROACOUSTIC CALIB DATE (year month day):

REVIEWED & VALIDATED BY: Minnie L. Jones

SERVICE DUTY OCCUPATION CODE: 90670

AUTOVON: 692-478

(b) (6) [redacted]

OFC SYMBOL: SGA

DD FORM 1 SEP 79 2216 REPLACES DD FORM 1490, MAR 75, WHICH IS OBSOLETE.

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(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

EYEWEAR PRESCRIPTION

DATE: 15 Aug 91

ORDER NUMBER: 3624 -91

TO: (Optical Laboratory, Including ZIP Code): FAMC

FROM: (Station & Location, Including ZIP Code): USAF CLINIC/SGHCO PETERSON AFB, CO 80914-5300

NAME (Last, first, middle initial) GRADE AND SERVICE NUMBER/SSN: HOPKINS, MARSHALL ET [redacted] (b) (6)

AGE: 15 Aug 91

UNIT AND ADDRESS: 689-2637 out of town until 1 Sep

☑ ACTIVE DUTY ☐ RETIRED ☐ OTHER (Specify)

☐ USA ☐ USN ☑ USAF ☐ USPHS ☐ USCG ☐ OTHER (Specify)

PRESCRIPTION

SPECTACLES: ☑ MALE ☐ FEMALE ☐ STATION SPECTACLES ☐ N-15 ☐ COATED ☐ CLEAR

OTHER: ☐ REPAIR ☐ PROTECTIVE MASK INSERT (Specify type and position)

INTERPUPILLARY DIS DISTANCE	NEAR	EYE SIZE	BRIDGE SIZE	TEMPLE LENGTH AND STYLE	NUMBER PAIR(S)	CASE
66	63		AIRCREW		2	2

SINGLE VISION

	SPHERE	CYLINDER	AXIS	DECENTRATION IN/OUT	PRISM	BASE
R	PL	DS				
L	PL	DS				

FOR LABORATORY USE ONLY: ☐ STANDARD ☐ NONSTANDARD ☐ FINISHED STOCK ☐ CYLINDER SURFACE ☐ SPHERE SURFACE ☐ SINGLE VISION ☐ BIFOCAL ☐ TRIFOCAL % INT ☐ TINT ☐ OTHER

MULTIVISION

	ADD FOR NEAR	MULTIFOCAL INSTRUCTIONS: SEGMENT HT	MULTIFOCAL INSTRUCTIONS: DECENTRATION NEAR	TOTAL DECENTRATION
R	+1.50	20		
L	+1.50	20		

SPECIAL LENSES OR FRAME (Details and/or circumstances necessitating prior approval under current instructions and/or regulations. Only identical duplicate presecriptions and components should be ordered on the same DD Form 771.)

ELIGIBILITY VERIFIED

COMFORT CABLES TEMPLES

TYPED OR PRINTED NAME, GRADE, TITLE AND SIGNATURE OF APPROVING AUTHORITY: CHAPMAN, JAMES C. MAJ.

TYPED OR PRINTED NAME, GRADE, TITLE AND SIGNATURE OF [illegible]: MARTINSEN, [illegible]

DISTRIBUTION OF COPIES: CLINIC Originating Prescription - Removes Copy 3 for insertion in patient's Health Record (DD Form 722). Sends Copies 1 and 2 to designated optical laboratory. LABORATORY - Retains Copy 1 for file. Returns Copy 2 with completed spectacles.

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(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

EYEWEAR PRESCRIPTION

DATE: USAF CLINIC [illegible] | ORDER NUMBER: [illegible]

TO: (Optical Laboratory, including ZIP Code): FAMC

FROM: (Stationed Location, including ZIP Code): 80914-5300

NAME (Last, first, middle initial) GRADE AND SERVICE NUMBER: HOPKINS, MARSHALL E7 (b) (6) [redacted] | AGE-

UNIT AND ADDRESS

☑ ACTIVE DUTY ☐ RETIRED ☐ OTHER (Specify) | ☐ USA ☐ USN ☑ USAF ☐ USPHS ☐ USCG ☐ OTHER (Specify)

PRESCRIPTION

SPECTACLES: ☑ MALE ☐ FEMALE (AVIATION SPECTACLES) ☑ N-15 ☐ COATED ☐ CLEAR

OTHER: ☐ REPAIR ☐ PROTECTIVE MASK INSERT (Specify type and position)

INTERPUPILLARY DIS DISTANCE NEAR	EYE SIZE	BRIDGE SIZE	TEMPLE LENGTH AND STYLE	NUMBER PAIR(S)	CASE
66/63		AIRCREW		2	2

SINGLE VISION

	SPHERE	CYLINDER	AXIS	DECENTRATION IN/OUT	PRISM	BASE
R	PL	DS				
L	PL	DS				

FOR LABORATORY USE ONLY: ☐ STANDARD ☐ NONSTANDARD ☐ FINISHED STOCK ☐ CYLINDER SURFACE ☐ SPHERE SURFACE ☐ SINGLE VISION ☐ BIFOCAL ☐ TRIFOCAL % INT ☐ TINT ☐ OTHER

MULTIVISION

	ADD FOR NEAR	MULTIFOCAL INSTRUCTIONS: SEGMENT HT	MULTIFOCAL INSTRUCTIONS: DECENTRATION NEAR	TOTAL DECENTRATION
R	+1.50	20		
L	+1.50	20		

LENSES ARE CHEMICALLY PLATED AND TESTED INSPECTOR [illegible]

SPECIAL LENSES OR FRAME (Details and/or circumstances necessitating prior approval under current instructions and/or regulations. Only identical duplicate prescriptions and requirements should be ordered on the same DD Form 771.)

EUGIBILITY VERIFIED
CONFORT CABLES TEMPLES

CHAPMAN, JAMES C. MAJ.

TYPED OR PRINTED NAME, GRADE, TITLE AND SIGNATURE OF APPROVING AUTHORITY

MARTINSEN, GARY L. CAPT

TYPED OR PRINTED NAME, GRADE, TITLE AND SIGNATURE OF PRESCRIBING OFFICER

MARTINSEN, MELINDA A. CAPT

DISTRIBUTION OF COPIES: CLINIC Originating Prescription - Removes Copy 3 for insertion in patient's Health Record (DD Form 722). Sends Copies 1 and 2 to designated optical laboratory. LABORATORY - Retains Copy 1 for file. Returns Copy 2 with completed spectacles.

DD FORM 1 SEP 68 771

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RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY - DENTAL

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use blanket PAS - DD Form 2005)

TO:	FROM:	DATE/TIME OF TREATMENT
FSO	Dental	1430 - 19Apr91

NAME (Last, First, Middle Initial)	GRADE	[redacted] ANIZATION
Hopkins, Marshall H.		302

DIAGNOSIS	TREATMENT
Extraction	Extraction

MEDICATION ADMINISTERED	MEDICATION PRESCRIBED
Local anesthesia: [X] YES [ ] NO Other:	Motrin 800mg tid p.r.n.

- [ ] RECOMMEND NO PARTICIPATION IN FLYING OR SPECIAL OPERATIONAL DUTY FOR 72 HOURS OR _____ DAYS.
- [ ] PATIENT TO RETURN TO CLINIC FOR FOLLOW-UP EVALUATION ON _____.
- [ ] RECOMMEND RETURN TO FLYING OR SPECIAL OPERATIONAL DUTY.
- [ ] FSO NOTIFIED BY PHONE

TYPED OR PRINTED NAME AND GRADE OF DENTAL OFFICER	SIGNATURE	DATE
John M. Leib CAPT USAF(DC)		19Apr91

I CERTIFY that I understand the above recommendation.

SIGNATURE OF PATIENT	DATE

AF Form1418, DEC 88 — PREVIOUS EDITIONS ARE OBSOLETE — Copy 1 - Flight Medicine via Member

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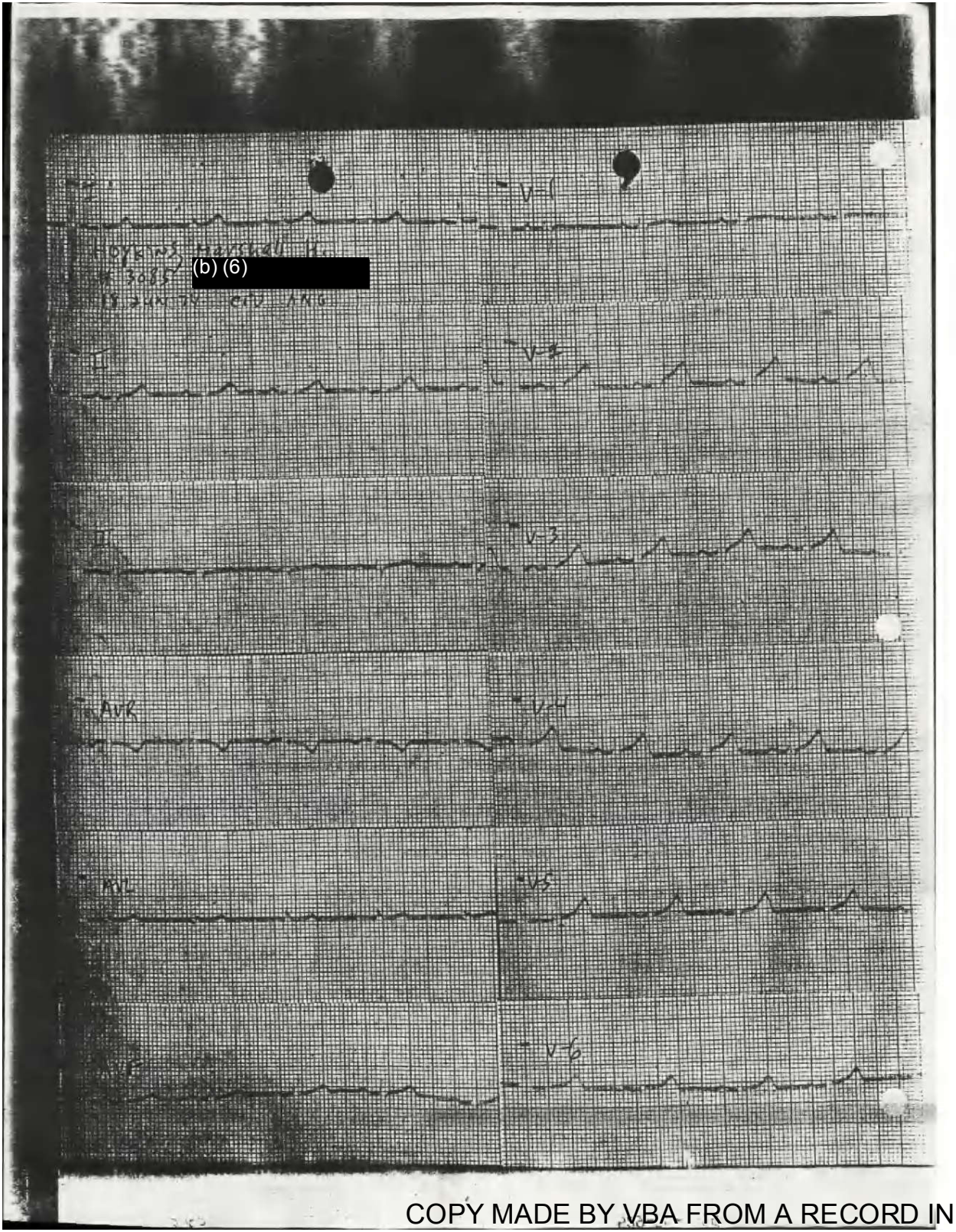

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FILE AS TOP PAGE ON LEFT SIDE OF FOLDER

SUMMARY OF CARE

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974–Use Blanket PAS - DD Form 2005)

No.	CHRONIC ILLNESSES	DATE	MEDICATIONS	START	STOP
1	Routine Health Maint				
2	Acute minor illness				
3	Fibromyalgia Syndrome	1993			
4	– Headaches, bitemporal				
5	– Lt knee pain				
6	– Mid-back pain				
7	Histoplasmosis				
8					
9					
10					
11					
12					
13					
14					

Dr. Wexler
Evans Mental Health Center
526-7155
Capt Ely – PAFB MHC 556-7804

NTENANCE	DATE OF LAST TEST (Pencil entry)

OTHER HTLV-III V7260 7.88

(CONTINUE ILLNESSES, MEDICATIONS, HOSPITALIZATIONS/SURGERY, TEMPORARY PROBLEMS ON REVERSE.)

OCCUPATION	Loadmaster ALCS
HABITS	(–) Tobacco
ALLERGIES	NKMA
IMMUNIZATIONS	NKDA
FAMILY HISTORY	(–) CA (L) CAD (E) Dm (O) HTN

(Space for mechanical imprint)

NAME OF PATIENT *(Last, First, Middle Initial)*	SEX
HOPKINS, MARSHALL H.	M
YEAR OF BIRTH: 1943	NAME OF SPONSOR: --
(b) (6) [redacted]	RELATIONSHIP TO SPONSOR: --

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Standard Form 519
Rev. August 1954
Bureau of the
Budget Circular A-32

CLINICAL RECORD | **RADIOGRAPHIC REPORTS**

PATIENT'S LAST NAME — FIRST NAME — MIDDLE NAME

HOPKINS MARSHALL H A1/C

(b) (6)

602 AC&W

REGISTER NO.

WARD NO. PEU

AGE	SEX	(Check one)
24	M	☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☐ AMBULATORY

EXAMINATION REQUESTED

CHEST

REQUESTED BY: DR WEBSTER MAJ MC

DATE OF REQUEST: 27 Apr 1967

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

SEparation

FILM NO. F-525

RADIOGRAPHIC REPORT

DATE OF REPORT 27 Apr 67

No significant abnormalities seen

ALBERT THIBEAUX JR
CPT, MC
USAH WURZBURG, APO 09801

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

ALBERT THIBEAUX, CAPT MC

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)
RADIOGRAPHIC REPORT
519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

USAH WURZBURG 9 Apr 65

RADIOGRAPHIC REPORT
519-205

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A—32 (Rev.)
RADIOGRAPHIC REPORT

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

RADIOGRAPHIC REPORT
519-205

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. WARD NO.

Hopkins, Marshall, H
A1C

RADIOGRAPHIC REPORTS
Standard Form 519
519-105

* U.S. GOVERNMENT PRINTING OFFICE : 1961 O—582553

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Standard Form 519
Rev. August 1954
Bureau of the
Budget Circular A-32

CLINICAL RECORD | **RADIOGRAPHIC REPORTS**

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Hopkins, Marshall H

(b) (6) [redacted] Sgt

602nd AC & N

(Above space for mechanical imprinting, if used)

AGE 23 | SEX M | (CHECK ONE) ☐ FACILITY ☐ WHEELCHAIR, ☐ BED PATIENT ☒ AMBULATORY

EXAMINATION REQUESTED: PA + Lat. R shoulder + upper arm

REQUESTED BY: L. Rosenstock

DATE OF REQUEST: 3/21/67

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Pacn in area of R biceps

FILM NO. 26505

DATE OF REPORT

RADIOGRAPHIC REPORT

RIGHT SHOULDER: Negative 26505

Negative

ALBERT THIBEAUX, CAPT MC
USAH WURZBURG 22 Mar 67

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

USAH WURZBURG 9 Apr 65

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A—32 (Rev.)
RADIOGRAPHIC REPORT
519-205

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A—32 (Rev.)
RADIOGRAPHIC REPORT

RADIOGRAPHIC REPORT
519-205

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

Hopkins, Marshall H
Arc

REGISTER NO. | WARD NO.

RADIOGRAPHIC REPORTS
Standard Form 519
519-105

U.S. GOVERNMENT PRINTING OFFICE

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Standard Form 519
Rev. August 1954
Bureau of the
Budget Circular A-32

CLINICAL RECORD | **RADIOGRAPHIC REPORTS**

GIEBELSTADT AB

REGISTER NO. | WARD NO.

PATIENT'S NAME—FIRST NAME—MIDDLE NAME

Hopkins, Marshall H.

(b) (6) [redacted]

602nd ACW SQ

(Above space for mechanical imprinting, if used)

AGE: 21 | SEX: M | (Check one) ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☒ AMBULATORY

EXAMINATION REQUESTED: Routine Chest

REQUESTED BY: Dr. Hanson Maj MC

DATE OF REQUEST: 2 April 65

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Food handler

FILM NO. 26505

DATE OF REPORT

RADIOGRAPHIC REPORT

CHEST: Negative

RIGHT ANKLE: There is considerable soft [illegible] evidence of fracture or dislocation.

D Hebert

DONALD H. HEBERT, MAJ MC
USAH WURZBURG, 9 Apr 65

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A—32 (Rev.)

RADIOGRAPHIC REPORT

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

RADIOGRAPHIC REPORT
519-205

☐ NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

[illegible] (or typed or written entries [illegible] middle; grade; date; hospital or medical facility)

Hopkins, Marshall, H

RADIOGRAPHIC REPORTS
Standard Form 519
519-105

2-4-65

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CLINICAL RECORD — ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG: ☐ YES ☒ NO

CLINICAL IMPRESSION: ENLISTMENT & FLYING CLASS III P.E.

MEDICATION: NONE

☐ EMERGENCY ☒ ROUTINE ☐ BEDSIDE ☒ AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.
30	M	Cau	72½	150	112/78

SIGNATURE OF WARD PHYSICIAN:

DATE: 18JUN74

RHYTHM:

AXIS DEVIATION (QRS):

RATES: AURIC. 68 VENT. 68

INTERVALS: PR 0.18 QRS 0.08 QT 0.36

P WAVES: 1-2-3 upright

QRS COMPLEXES: I qR II Rs III Rs

RS—T SEGMENT:

T WAVES: 1-2-3 upright

UNIPOLAR EXTREMITY LEADS (*Specify*)

AVR - S -T- ↓

AVL - q R -T- ↑

AVF - R s -T- ↑

PRECORDIAL LEADS (*Specify*)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

NORMAL TRACING

No Previous Tracing
To Compare

(Continue on reverse)

NO. ECG 3085

SIGNATURE OF PHYSICIAN: Dr. John D. Graber

(b) (6) [redacted]

DATE: 18 June 74

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

HOPKINS, MARSHALL HUGH
CIV ANG
18 JUN 74

REGISTER NO.

WARD NO.

140th TAC HOSPITAL
COLORADO ANG
BUCKLEY ANG BASE
AURORA, COLO. 80011

ELECTROCARDIOGRAPHIC RECORD
(Attach Tracings to SF-507)

Standard Form 520
Revised April 1968
General Services Administration &
Interagency Comm. on Medical Records
FPMR 101-11-809-3
520-.05

GPO : 1972 O - 461-870

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* U.S. GOVERNMENT PRINTING OFFICE : 1964 O—718-468

INICAL RECORD | RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

[redacted] AT THIS LINE ↑

[redacted] WITH TOP AT THIS LINE

ATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
Kins Marshall H

REGISTER NO.

WARD NO.
OM

(b) (6)

AGE 30 | SEX M | (Check one) ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☒ AMBULATORY

ANG

(b) (6)

EXAMINATION REQUESTED
PA CHEST

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS
Enlistment P.E.

FILM NO. 74-496 | DATE OF REQUEST 8 Jun 74 | REQUESTED BY DR. FRANKS

RADIOGRAPHIC REPORT

CHEST: Negative.

F. C. LYONS, MAJOR, MC
6-12-74 dmg

DATE OF REPORT: SIGNATURE: (Specify location of laboratory if not part of requesting facility)

140 TAC HOSP, BUCKLEY ANG BASE, CO 80011
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519-A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A—32 (Rev.)
RADIOGRAPHIC REPORT
519—207

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

Hopkins, MARSHALL H.
153D TAC CLINIC WYANG
2 MAR 1977

RADIOGRAPHIC REPORTS
Standard Form 519
519-106

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RECORD | RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

[redacted]

~~[illegible]~~ NO

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Kins, Marshall Hugh

(b) (6) [redacted] SGT

153rd TACTICAL CLINIC WYO ANG
CHEYENNE, WY 82001

(Above space for mechanical imprinting, if used)

REGISTER NO.

WARD NO.

AGE 32 | SEX M | (Check one) ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☒ AMBULATORY

EXAMINATION REQUESTED

PA CHEST

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

PA CHES

FILM NO. 76-192 | DATE OF REQUEST 5 JUN 76 | REQUESTED BY DR. SELL

RADIOGRAPHIC REPORT

NEGATIVE

KELLER, Thomas A.
Major, USAF, MC
(b) (6) [redacted]

JUN 9 1976

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

6-12-76

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

140 TAC HOSP, BUCKLEY ANG BASE, CO 80011

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

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RADIOGRAPHIC REPORT
519—207

Promulgated by Bureau of the Budget
Circular A—32 (Rev.)
RADIOGRAPHIC REPORT
519—207

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

HOPKINS, MARSHALL H.
153D TAC CLINIC WYANG

2 MAR 1977

RADIOGRAPHIC REPORTS
Standard Form 519
519-106

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Standard Form 519
Rev. August 1954
Bureau of the
Budget Circular A-32

U.S. GOVERNMENT PRINTING OFFICE : 1964 O—718-468

RADIOGRAPHIC REPORTS

NSN 7540-00-634-4162

519-216

PATIENT IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)

Hopkins, Marshall H.
E-5 Reserve (AFRES)
FLY
(b) (6) [redacted] DP-4264

AGE: 43 | SEX: M | (b) (6) [redacted] | WARD/CLINIC: BJ | REGISTER:

EXAMINATION REQUESTED (Use SF 519-B for multiple exams): Sinus Series

REQUESTED BY: [signature] | TELEPHONE NO.: 7965

FILM NO.: 85F-7575 | DATE REQUESTED: 19 Dec 85 | PREGNANT: ☐ YES ☐ NO

FLY - 302 Tac Hosp - BAFB, CO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

Hx of cyst in maxillary sinus, this is F/U X-ray to show resolution (Hopefully)

DATE OF EXAMINATION (Month, day, year): 19 Dec 85 | DATE OF REPORT (Month, day, year): 20 Dec 85 | DATE OF TRANSCRIPTION (Month, day, year): 23 Dec 85

RADIOLOGIC REPORT: SINUS SERIES, 19 Dec 85: Compared with previous study of 9 Sept 85: Retention cyst in the inferior aspect of the right maxillary sinus again demonstrated, unchanged in appearance since the previous study. No other significant abnormalities present.

STEVEN L. TAYLOR, LTC, USAF, MC
STAFF RADIOLOGIST
USAF CLINIC PETERSON AFB CO

Reserve

SIGNATURE: [signature] | LOCATION OF RADIOLOGIC FACILITY:

1—MEDICAL RECORD — RADIOLOGIC CONSULTATION REQUEST/REPORT — STANDARD FORM 519-A (REV. 8-83) Prescribed by GSA/ICMR FPMR 101-11.806-8

☆ GPO : 1983 O - 421-531 (4530)

1—MEDICAL RECORD — RADIOLOGIC CONSULTATION REQUEST/REPORT — STANDARD FORM 519-A (REV. 8-83) Prescribed by GSA/ICMR FPMR 101-11.806-8

☆ GPO : 1983 O - 421-531 (4530)

USAF CLINIC PETERSON AFB
PETERSON AFB CO 80914

SIGNATURE: [signature] | LOCATION OF RADIOLOGIC FACILITY:

1—MEDICAL RECORD — RADIOLOGIC CONSULTATION REQUEST/REPORT — STANDARD FORM 519-A (REV. 8-83) Prescribed by GSA/ICMR FPMR 101-11.806-8

☆ GPO : 1983 O - 421-531 (4530)

DATE OF REPORT:

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

140 TAC HOSP, BUCKLEY ANG BASE, CO 80011

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Promulgated by Bureau of the Budget Circular A—32 (Rev.)
RADIOGRAPHIC REPORT
519—207

Promulgated by Bureau of the Budget Circular A—32 (Rev.)
RADIOGRAPHIC REPORT
519—207

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade; date; hospital or medical facility)

REGISTER NO. | WARD NO.

RADIOGRAPHIC REPORTS
Standard Form 519
519-106

HOPKINS, MARSHALL H.
153D TAC CLINIC WYANG

2 MAR 1977

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AL RECORD | RADIOGRAPHIC REPORTS

-634-4162

IDENTIFICATION (For typed or written entries give: t. first, middle, Medical Facility)

ns, Marshall H.

(b) (6) [redacted]

AGE	SEX	WARD/CLINIC	REGISTER NO.
40	M	BT	F85-75

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

mandible

SSAO

ATION OF MEDICAL RECORDS

REQUESTED BY: 302 TAC HOSP/

TELEPHONE NO.

2 TAC HOSPITAL Peterson AFB

FILM NO.: 7575

DATE REQUESTED

PREGNANT: ☐ YES ☒

ECIFIC REASON(S) FOR REQUEST (Complaints and findings)

Visit (R) body of mandible for trabeculation during flight, status one

(L) body of mandible

DATE OF EXAMINATION (Month, day, year): 5 May 85

DATE OF REPORT (Month, day, year): 6 May

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

NO SIGNIFICANT PATHOLOGY

JOSEPH MIRANDA CAPT USAF M
USAF CLINIC PETERSON AFB
PETERSON AFB CO 80914

SIGNATURE

LOCATION OF RADIOLOGIC FACILITY

1—MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

☆ GPO : 1983 O - 421-531 (4530)

STANDARD FORM 519-A (REV. 8-8)
Prescribed by GSA/ICMR
FPMR 101-11.806-8

DATE OF ...

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

140 TAC HOSP, BUCKLEY ANG BASE, CO 80011

519—207
Promulgated by Bureau of the Budget
Circular A—32 (Rev.)

RADIOGRAPHIC REPORT
519—207

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

grade; date; hospital or medical facility)

RADIOGRAPHIC REP

Standard Form 5
519-106

HOPKINS, MARSHALL H.
153D TAC CLINIC WYANG 2 MAR 1977

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ICAL RECORD | RADIOGRAPHIC REPORTS

519-216

634-4162

ENTIFICATION (For typed or written entries give: first, middle, Medical Facility)

Hopkins, Marshall H. AF
(b) (6) [redacted] 731 TAS
S/SGT
264 HP: 541-2691

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
42	M	(b) (6) [redacted]	BJ	

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)
Sinus 1800

REQUESTED BY: Cook | WARD/CLINIC | TELEPHONE NO. 7965

ATION OF MEDICAL RECORDS: 901 Reserves

FILM NO.: F85-7575 | DATE REQUESTED: 9 Sept 85 | PREGNANT: YES / NO

PECIFIC REASON(S) FOR REQUEST (Complaints and findings)
1 week Hx Bilateral Maxillary Sinus Fullness

TELEPHONE NO.

DATE OF EXAMINATION (Month, day, year): 9 SEPT 85 | DATE OF REPORT (Month, day, year): 10 Sep 85 | DATE OF TRANSCRIPTION (Month, day, year): 10 Sep 85 | PREGNANT: YES / NO

RADIOLOGIC REPORT SINUS SERIES, 9 Sept 85: There is moderate mucosal edema involving the inferi and lateral aspect of the right maxillary sinus. Bony structures appear intact. Remaining paranasal sinuses are clear.

CONCLUSION: Right maxillary sinusitis.

STE VEN R. TAYLOR, LTC, USAF, MC
STAFF RADIOLOGIST
USAF CLINIC PETERSON AFB CO

SIGNATURE | LOCATION OF RADIOLOGIC FACILITY

1—MEDICAL RECORD | RADIOLOGIC CONSULTATION REQUEST/REPORT | STANDARD FORM 519-A (REV. 8-8 Prescribed by GSA/ICMR FPMR 101-11.806-8

☆ GPO : 1983 O - 421-531 (4530)

USAF CLINIC PETERSON AFB
PETERSON AFB CO 80914

SIGNATURE | LOCATION OF RADIOLOGIC FACILITY

1—MEDICAL RECORD | RADIOLOGIC CONSULTATION REQUEST/REPORT | STANDARD FORM 519-A (REV. 8-83) Prescribed by GSA/ICMR FPMR 101-11.806-8

☆ GPO : 1983 O - 421-531 (4530)

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

DATE OF REPORT:

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

140 TAC HOSP, BUCKLEY ANG BASE, CO 80011

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519-A (Rev. Aug. 1954) Promulgated by Bureau of the Budget Circular A—32 (Rev.)
RADIOGRAPHIC REPORT
519—207

Promulgated by Bureau of the Budget Circular A—32 (Rev.)
RADIOGRAPHIC REPORT
519—207

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | REGISTER NO. | WARD NO.

HOPKINS, MARSHALL H.
1530 TAC CLINIC WYANG

2 MAR 1977

RADIOGRAPHIC REPORTS
Standard Form 519
519-106

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NSN 7540-00-634-4162

PATIENT IDENTIFICATION (For typed or written entries give: name — last, first, middle, Medical Facility)

Hopkins, Marshall H.
ADAFB E.H.

(b) (6) [redacted]

AGE 48 | SEX M | (b) (6) [redacted] | WARD/CLINIC 302 TAC Hosp | REGISTER NO. 519-216

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)
Chest PA and left lateral

REQUESTED BY
R.J. BLACK SCHULTZ, COL, USAFR, MC, FS

TELEPHONE NO. 7940

LOCA[redacted]
302 TAC Hosp, Peterson

FILM NO. N92-7575 | DATE REQUESTED 2 May 92 | PREGNANT ☐ YES ☒ NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
Cough intermittent since dirt LZ work 11/91, 12/91
Lungs are clear to auscultation non-productive

DATE OF EXAMINATION (Month, day, year) 2 MAY 92 | DATE OF REPORT (Month, day, year) 4 May 92 | DATE OF TRANSCRIPTION (Month, day, year) 5 May 92 SHORTFLY

RADIOLOGIC REPORT

PA/LAT CHEST: The heart, aorta, mediastinum, and hilar structures are normal. The lungs are clear. A few healed granulomas are present. The bones are unremarkable.

IMPRESSION: Normal chest x-ray.

CYRUS W. PARTINGTON, M.D., F.A.C.R.
USAF CLINIC
PETERSON AFB, CO

CWP:jaf

Recd
MHS

7575

NATURE

LOCATION OF RADIOLOGIC FACILITY

[redacted]CAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

☆ GPO : 1984 O - 421-531 (10505)

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FPMR 101-11.806-8

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N 7540-00-634-4162 516-216

PATIENT IDENTIFICATION (For typed or written entries give: Name — last, first, middle; Medical Facility)	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
20 (b) (6) HOPKINS MARSHALL E7 302 ALCF PAFB CO 20 JUL 43 DPSS46102	48	M		64	20-75-75

EXAMINATION REQUESTED (Use SF 519-B for multiple exams): IVP

REQUESTED BY	TELEPHONE NO.
Biggers	

LOCATION OF MEDICAL RECORDS	FILM NO.	DATE REQUESTED	PREGNANT
PAFB		122y	☐ YES ☐ NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

Angiostenta Microhematuria

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
15 JUL 91	25 Jul 91	1 Aug 91/kmp

RADIOLOGIC REPORT

This study was performed in the x-ray department. The KUB is unremarkable. There are phleboliths in the true pelvis. Following the injection of contrast material, prompt bilateral nephrograms are seen. The collecting systems are delicate. There is a smooth curvilinear deformity of the infundibulum to the middle pole on the right. No mass affect is seen. The ureters are normal in course and caliber. The bladder is smooth walled, without filling defect and empties completely.

IMPRESSION: Possible mass affect most likely due to cysts on the right kidney, otherwise normal study. Recommend clinical correlation possible right renal ultrasound.

SIGNATURE	LOCATION OF RADIOLOGIC FACILITY
Robert D. Biggers COL MC	

1 – MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

☆ GPO : 1984 O - 421-531 (10505)

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FPMR 101-11.806-8

ATTACH REPORTS WITH 1½ INCH MARGIN

RADIOLOGIC CONSULTATION REQUESTS/REPORTS

STANDARD FORM 519 (REV. 2-84)
PRESCRIBED BY GSA/ICMR
FIRMR (41 CFR) 101-11.806

N 7540-00-634-4162

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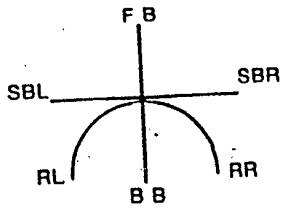
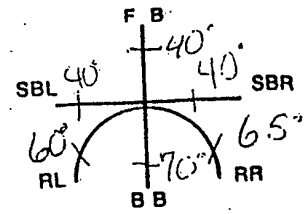
PATIENT: M. HopKins

ACTIVE MOVEMENTS:
LUMBAR:



Lumbar Comments:

CERVICAL:



Cervical Comments:

LOWER QUARTER EXAMINATION:

	(L)	(R)
L1,2 Psoas		
L3 Quads		
L4 Ant Tib		
L5 E.H.L.		
S1 F.H.L.		
S2 Hams		
SLR		

KEY
5/5=Normal
4/5=Good
3/5=Fair
2/5=Poor
1/5=Trace
0/5=Zero

Other Test Results

UPPER QUARTER EXAMINATION:

	(L)	(R)
C1,2 tk chin in	5	
C1,2 psh chin up	5	
C3 hd nk lat	5	5
C4 diaphragm		
C5 biceps		
C5 deltoid		
C6 wrist ext		
C7 triceps	5	5
C7 wrist flex		
C8 thumb ext		
T1 hand intrin		
Shldr flex	5	5
Shldr abd	5	5
Grip Strength		

Compression (-) ve Distraction ↓ ve
Flex (-) ext ↓
flex (-)

ROM:

		(L)	(R)
Hip:	flex		
	ext		
	abd		
	add		
	IR		
	ER		
Knee:	flex		
	ext		
Ankle:	D flex		
	P flex		
	sup		
	pron		

ROM:

		(L)	(R)
Shoulder:	flex		
	ext		
	abd		
	add		
	int rot		
	ext rot		
	hor abd		
	hor add		
Elbow:	flex		
	ext		
Wrist:	flex		
	ext		
	sup		
	pron		

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MAGNETIC RESONANCE IMAGING OF COLORADO
2115 E. LASALLE COLORADO SPRINGS, CO
719-634-7728

Name Marshall Hopkins Date

Instructions:

MRI brain c̄ angio R/O R trigeminal lesion
Tues. 1/14 2:45 p.

COLORADO SPRINGS NEUROLOGICAL ASSOCIATES, P.C.
LaSalle Medical Building
2125 LaSalle
Colorado Springs, Colorado 80909
Telephone 473-3272

NEUROLOGICAL SURGERY
Matthew Presti, M.D.
Michael J. McNally, M.D.
Deane L. Noblett, M.D.
Michael W. Brown, M.D.
D. James Sceats, Jr., M.D.

MEDICAL NEUROLOGY
J. Bradley Gibson, M.D.
Richard A. Bell, M.D.
William R. Seybold, M.D.
Bruce H. Peters, M.D.
Randall J. Bjork, M.D.

NAME Marshall Hopkins AGE
ADDRESS 8 Jan 92 DATE

℞

Dx: cervical grain
℞: PT eval. & Rx specifically, set up home exercise program for his need

☐ Label
Refill _____ Times PRN NR
☐ Dispense as written

[signature] M.D.

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PATIENT: M. Hopkins

CLARIFYING EXAMINATION:
TESTS: X-RAY ✓ CT SCAN ___ MRI ___ EMG ✓ BONE SCAN ___ MYELOGRAM ___
RESULTS: per PATIENT Having another one tomorrow. N + Arthyclate together
per PHYSICIAN ___

INITIAL OBSERVATION:
GAIT: NORMAL ___; GUARDED ___;
SITTING: NORMAL ___; PROTECTED ___; ON ISCHIUM: [L] / [R] ___
MOVES CONSTANTLY ___; To/From chair guarded ___
ASSISTIVE DEVICES ___
COMMENTS: ___

HISTORY:
1. Pain started where? ___
2. Has pain changed recently? since Nov.
3. (Constant)/intermittent/varying intensity? ___
4. Numbness/tingling? (Y) / N Frequency and location? (R) hand at night 2x/wk
5. Headaches? Y / N Frequency and location? see front
6. Pain Clicking in TM joints? When? ___
7. Coughing/Sneezing __ve? Bladder changes? ___
8. What increases pain? Driving
9. What decreases pain? towel roll behind neck sleep
10. Trouble sleeping? (Y) / N
Frequency awake? goes to sleep instantly wakes up after 30-45'
Mattress? Waterbed? ___
Position? Now (L) side Previous ___
Pillows? 2 - due to breathing problems.
AM pain? fatigued
11. With movement? Better ___ Worse ___
12. End of day? Better ___ Worse Helps to take nap
13. Present time? Better ___ Worse ___ Stable ___
14. 10 point scale __/10. [0=no pain; 10/10=intolerable] ___
15. Previous history of injury? Y / (N)
Similar? Y / N Describe: ___
16. Other medical information: ___

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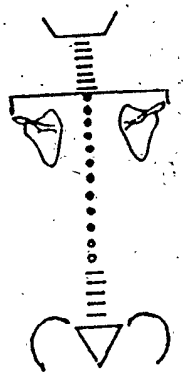


STRUCTURAL EXAMINATION:

POSTURE: Min Mod Maj

Head Fwd: I——✓——I

Shld Fwd: I——✓——I

Dorsal Kyphosis: Normal (Inc) Dec

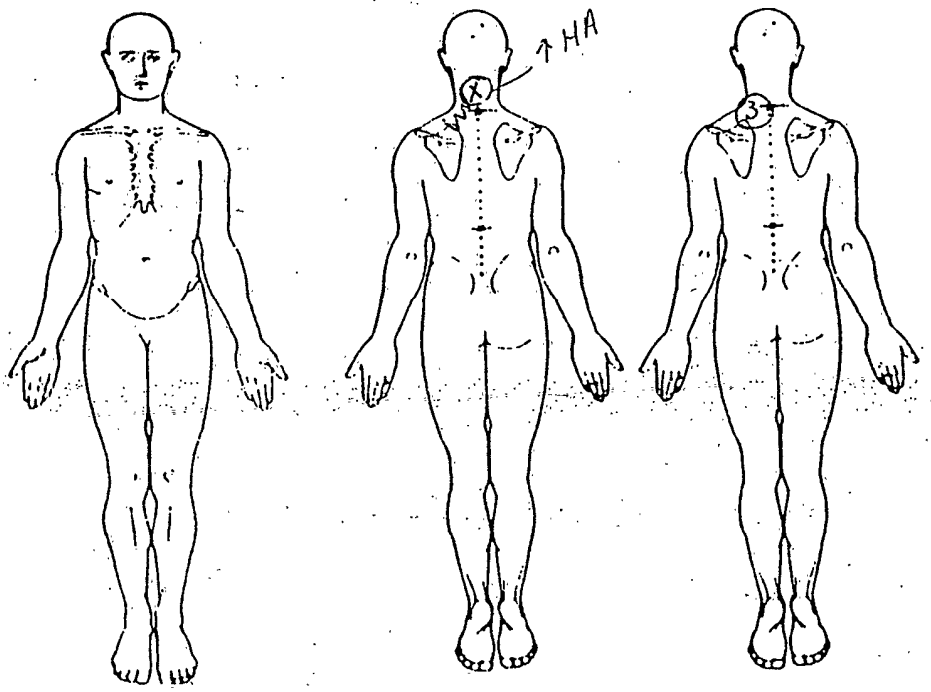
Scoliosis: S-Curve___; C-Curve___ (See Diag)

Lumbar Lordosis: Normal Inc Dec

Lumbar Lat. Shift: (L)__ (R)__ NIL__ (See Diag)

COMMENTS:_____

PALPATION:



KEY

Muscle Tone:

5/5 = Normal

4/5 = Minimal INC

3/5 = Min-Mod INC

2/5 = Moderate INC

1/5 = Mod-Sev INC

0/5 = Severe INC

SYMBOLS

X = Center Pain

X = Tender

Z = Spasm

/// = Guarding

MOBILITY

Segment:

PELVIC SCREEN

	High	Low	Level	Tender
Iliac Crest				
Gr. Troch.				
ASIS				
PSIS				
Pubic Bone				

Sacrum Rotated: (L)__ve; (R)__ve

Sulci (deep or shallow): L _____

R _____

Step Test: Sulci Sym____ Assym____

Pain Inc. Wgt Bearing: L R

Provocation:	(L)	(R)
ASIS gap / SI JT Comp	__ve	__ve
ASIS Comp/ SI JT Gap	__ve	__ve
FWD Torsion	__ve	__ve
BWD Torsion	__ve	__ve

1st RIB

Position	Spring
(L) HI WNL	DEC WNL
(R) HI WNL	DEC WNL

SCALENE TONE

(L) INC WNL DEC

(R) INC WNL DEC

NOTES:

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
	ORTHOPAEDIC CLINIC Wilford Hall USAF Medical Center Date: 24 AUG 95 ORTHO ___ CAST CLINIC ___ ACUTE ___ PODIATRY ___ HAND ___ TUMOR ___ PMR ___ SCOLIOSIS ___ NM/SB ___ PA ___ Dr. ___ TEAM GREEN (POSSIBLE MEB, EVAL. (MISSED 23 AUG 95 Pt. FROM COLO, SPRINGS, CO
① TOB ② ETOH	NO Δ IN SX'S FROM LAST WK - "BURNING" PAIN OVER MED BORDER OF SCAPULA - GRADUALLY SPREADS (FANS OUT) OCCURS ⊼ BENDING OVER RESOLVES ⊼ SITTING - HAS BEEN EVAL BY CIV MD (NEUROLOGIST) - NO ETIOLOGY LOCATED STILL HAVING LBP Ø RADICULAR SX'S Ø BOWEL/BLADDER SX'S SX'S STILL ONLY OCCUR ⊼ SLEEPING ON FIRM MATTRESS Can walk unlimited amount Pt Gait Ⓐ [MRI] mild L3-L4 stenosis skin UK and degenerative facets flex to knee d/w family Ⓑ Ⓑ motor 5/5 symmetric DTRs A/ Non mechanical low back pain, mild spinal stenosis P/ No need for surgical intervention. Continue back exercises, begin low impact aerobics. If remains a profile will likely need MEB. Can be done @ Colorado facility (Peterson or USAFA)

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)* | SEX

7/u WTMC pm

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

D/w Dr Glover

SPONSOR'S NAME | ORGANIZATION

DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH

20 (b) (6) [redacted] PAFB
HOPKINS, MARSHALL H.
(b) (6) [redacted] M RES USAF
E7 HP (b) (6) [redacted]
302 ALCF PAFB 554-6102

RODERT T. BENTS, Capt, USAF, MC
(b) (6) [redacted] Resident, Orthopaedic Surgery
Wilford Hall Medical Center PC: 142019

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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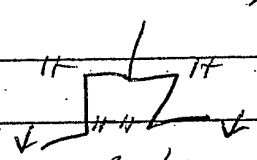
NSN 7540-00-634-4176

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
	52yo ♂ ADAF MSgt
	Airlift Cmd loadmaster
	Referred from Colorado Springs
	for pre MEB evaluation
	for Low Back pain
	Pain began 1991 ~~p mva~~ approx 6 mos p. MVA. Pain is
PMHX	lower lumbar c̄ radiation around both flanks. Pain
Fibromyalgia	only occurs c̄ lying on flat surfaces; c/w ∅ pain
	∅ distal motor/sensory sx. Does get relief from
Meds	spinal manipulation by chiropractor. Not doing
∅	back exercises. Urology w/u ⊖ in past
	∅ F/chills / wt loss
	Been on profile since June PB
	Gait ✓ heel/toe walk
	PE Nontender to palpation
	flexes to mid tibia; stiffness any
	extension - only mild back pain



∅ clonus

Over →

ORTHOPAEDIC CLINIC
Wilford Hall USAF Medical Center
Date: 16 Aug 95
ORTHO___ CAST CLINIC___ ACUTE___
PODIATRY___ HAND___ TUMOR___
PMR___ SCOLIOSIS___ NM/SB___ PA___
Dr._____ TEAM Green

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

20 (b) (6) [redacted] PAFB
HOPKINS, MARSHALL H.
(b) (6) [redacted] RES USAF
E7 HP (b) (6) [redacted]
302 ALCF PAFB 554-6102

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
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FIRMR (41 CFR) 201-45.505

071295

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	(B) hips from 5 pain
	2 + PT pulses bilat
	Ø abd masses
	motor 5/5 (B) CE
	sens intact LT
	⊖ seated SLR
	[Xrays] mild +12 wedging, o/w ⊖
	several Schmorl's nodes
	A/ Non-mechanical LBP
	P/ MRI L_1 – Sacrum
	PTC after above
	seen c̄ Dr Glover
	Back exercises [signature]

ROBERT T. BENTS, Capt, USAF MC
(b) (6) [redacted] Resident, Orthopaedic Surgery
Wilford Hall Medical Center PC: 142019

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

PSYCHIATRIC SERVICES CLINIC/PSCCO
59th MEDICAL WING/PSCCO
2200 BERQUIST DR STE 1
LACKLAND AFB TX 78236-5300

Consultation Psychiatry

15 Aug 95

CC: 52 yo w male full time AD AF Reservist E-7 with 25 years creditable service who presents for evaluation of depressive symptoms for MEB as a consult from Peterson AFB.

HOPI: 52 yo w male who presents reporting a 4yr history of complicated symptoms, medical work up and treatments with the eventual diagnosis of Fibromyalgia syndrome. Only later in the interview, with prompting, he discusses his depressive history. He notes that about 3 years ago he had the progressive onset of difficulty with terminal insomnia leaving him only 3-4 hours of sleep per night. He had attributed this to his pains but now reports this occurs nightly with out pain as a factor. His interest has been diminished as he is unable, due to pain, to do most of the activities he used to find pleasurable (horse riding, fishing and his job). He denies significant guilt and reports his energy has been poor due to the insomnia. His concentration has been poor with this. He denies difficulties with appetite or psychomotor retardation, and denies helpless hopeless or worthless feelings. He states he only recently learned that the bad feelings he has been having have been what most others would call depression. His wife divorced him due to mood swings he has had over the last 3 years. He describes these as not only irritability and poor stress tolerance but also periods of 1-2 days of feeling good and being pleasant, alternating with 1-2 days of being irritable and depressed. (This is presented as information given him from others rather than his own subjective sense.) He admits that at it's worst he had some suicidal ideas but this will never be an option and has not been a recent problem. He notes that stress has an effect on his tic symptoms but little effect on the pain or muscle cramps from the fibromyalgia. In addition to his depression he also complains of memory problems over the same 3 year time. He gives examples such as driving on to base and forgetting why he came or wanting to go to one city and finding himself in another. He has difficulty recalling the names of old friends at times. Recently when working on some very familiar circuits was unable to recall important information, making a half day job take 2 days (poor memory and concentration). He has been DNIF on and off for this over these 3 years and finally DNIF in June 94 when profile/board action was started.

Past Psych: In 1972 pt underwent alcohol rehabilitation. Pt saw psychology 3/94 with initial diagnosis of Psychological Factors Affecting Physical Condition. Pt was seen psychiatry Sept 94 with opinion of rule out somatoform disorder or psychological factors affecting physical condition. He was treated with Elavil 10-25 gm qhs with excessive

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:	PAFB		
PATIENT'S NAME *(Last, First, Middle initial)*			**SEX**
Hopkins Marshall			male
RELATIONSHIP TO SPONSOR	**STATUS**		**RANK/GRADE**
Same	AD		E-7
SPONSOR'S NAME		**ORGANIZATION**	
same		302ALCF PAFB	
DEPART./SERVICE	**SSN/IDENTIFICATION NO.**		**DATE OF BIRTH**
USAF Res	20- (b) (6)		

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600** (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	sedation. He was tried on Ambien without good results. Zoloft resulted in morning hangover. In all he has had no trial of antidepressant for more than one week. Family Psych: denies Psychosocial: Born first of three brothers to migrant farm workers, he describes his early childhood as very good with no history of abuse and loving parents. He adds that he had no friends because of moving all the time, and left home at age 13 because he didn't want to leave a good job when his parents moved. He adopted a new family where he "finished growing up" and entered the AF. He obtained a GED in the AF and has no further degrees since then. He has been in the regular AF, Guard, and Reserves as a full time member. He has been married 18 years with 5 children and divorce was finalized one month ago. He has been actively trying to build a bed and breakfast business over the last year, but his illness has interfered significantly. PMH: Fibromyalgia syndrome, s/p MVA Jan'91, Tic Doulourеau diagnosed in Jan'91 and treated unsuccessfully with dilantin and tegretol, bronchitis, recurrent knee swelling, GERD. He is on no medications. NKDA. He denies significant use of alcohol, tobacco or drugs. ROS includes headaches, back spasms, indigestion, chronic nausea, numbness and tingling in the extremities, memory problems, decreased sleep and fatigue. MSE: 52 yo w male well groomed in BDU uniform who presents to the examiner with a detailed and well animated history of medical care and complaints, and a lesser emphasized history of depression. He is cooperative with the interview, though somewhat suspicious about getting a full evaluation, "How will they evaluate me if they haven't read my whole record?" Kinetics are normal and speech is normal. Mood is euthymic and affect is restricted, with little evidence of emotion when speaking of his divorce, major changes in his life or his frustration with his illness. Thought processes are logical linear and goal directed. Thought content is without suicidal or homicidal ideas, or psychotic symptoms. Insight is poor ("I have no idea why I'm here to see you.") and judgment seems intact. Memory for long term history is good and recent memory good. He is fully oriented and has no difficulty in the interview with concentration. Beck Depression Inventory - 9 Minimal Labs: 11/94 sleep study - normal 10/94 Neuropsychological testing normal - consider pseudodementia of depression 8/94 PFT's normal 8/94 EEG - excess beta consistent with benzodiazepine or barbiturate use 6/92 MRI head - no clinically significant abnormalities 9/92 MRI c-spine - C5-6 mild narrowing unchanged 9/92 EMG - carpel tunnel syndrome on the right Impression: 52 yo w male who reports no complaints up until an MVA. He then began a history of multiple medical complaints with depressive symptoms that went long unrecognized by himself, and some cognitive difficulties not

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

PSYCHIATRIC SERVICES CLINIC/PSCCO
59th MEDICAL WING/PSCCO
2209 BERGQUIST DR STE 1
LACKLAND AFB TX 78236-5300

demonstrable on neuropsychological testing. His depressive symptoms (feeling depressed, decreased interest, poor concentration, terminal insomnia, and fatigue) meet the criteria for Major Depression and his cognitive complaints likely are secondary to that depression. His difficulty in recognizing the mood states resulting from his psychosocial stress contributes to his pain symptoms.

Recommendations:

Axis I: Major Depression, mild, single episode
Psychological Factors Affecting Fibromyalgia

Axis II: deferred

Axis III: Fibromyalgia
Tic Douloureau

Axis IV: psychosocial stressors: divorce, illness, financial difficulties,

Axis V: Global Assessment of Function (past year) 60% moderate symptoms, primarily social. (Does not include impairment from physical limitations.

Profile: S4
Social Industrial Impairment: definite
Military Impairment: moderate
World Wide Qualified: no
Competent for Pay and Records: yes
Premorbid Personality and Predisposition: moderate - his difficulty with recognizing his own emotional states predisposes him to both Axis I conditions above.
External Precipitating Stress: moderate - Fibromyalgia, divorce

Recommendations:
I recommend TDRL as his illness has significantly impaired his ability to serve in his current position. Appropriate labs drawn by neurology and agree with MRI scan. I do not see a need to repeat the neuropsychological testing at this time. Would consider a full trial of antidepressant as this does not seem to have been accomplished yet.

Joseph P. Chozinski, Maj, USAF, MC, FS
Staff Psychiatrist PC 070122

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:	PAFB		
PATIENT'S NAME *(Last, First, Middle initial)* Hopkins Marshall			**SEX** male
RELATIONSHIP TO SPONSOR Same	**STATUS** AD		**RANK/GRADE** E-7
SPONSOR'S NAME same		**ORGANIZATION** 302ALCF PAFB	
DEPART./SERVICE USAF	**SSN/IDENTIF**[redacted] Res 20 (b) (6) [redacted]		(b) (6) [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM** [redacted]
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

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513-110 NSN 7540-00-634-4127

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO: Neurology

FROM: (Requesting physician or activity) PCC PMTS

DATE OF REQUEST 28 Aug 96

REASON FOR REQUEST (Complaints and findings)

5'4" ADAF MSCT c Myofascial pain, TIC-douloureux & decline in cognitive function due to depression

Please Eval As per PEB

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION: ☐ ROUTINE ☐ TODAY ☐ BEDSIDE ☑ ON CALL ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO

Michael A. Thompson, Capt, USAF, BSC
42G3
Physicians Assistant
21MG Peterson AFB, CO 80914-1540
(b) (6)

Hx c RH arm S/P MVA accident Jan 96. Subsequent Neck/head pain. No objective abnormalities noted. Pt c/o back to pain, neck/head pain improve c chiropractic manipulation, posterior HAs, neck & back pain improve c chiropractic manipulation, also Hx c TIC douloureux based on occasional R facial pain since Nov 95. Pt describes electrical shooting pains R cheek & periorbital area radiating into teeth. Relief c CBZ & PP therapist but D/C 2° toxicity effect. Tx facial pressure elicited by touch, auditec heard, Pt has learned to live c TIC-douloureau and it does not keep him from functioning. Pt also c/o memory problems but NP testing was WNL ⇒ attributed to pseudodementia 2° depression

Gen: WDWN WMin NAD HEENT: PERRLA, EOMI, Fundi benign, Tender R cheek to touch

Sensory intact to Pain LT, Vib, Prop c/ Romberg

Pt MS: A&Ox3 speech Coherent & Fluent WORD CO STM 3/3 LT memory intact

CN II-XII intact digits Sharp & SVP R>L c some motor strength 5/5 Rhomboid drift at PTN WFS RUE/LE FTN

DTR: 2+ 2+ 2+ 2+ 2+ 2+

Gait/Heel Toe/Tandem WNL

Hx c TIC-Douloureux Stable pt

1) Musculoskeletal Pain - Patient Chief C/C. No Neurologic explanation for symptoms c/a dysmenia c WNL NP testing

2) Subjective

3) Refer c 4 CPS

Re: Been to Chiro, MRI & Surgery Image Brain c/ TFTs B12, ESR, RF, MMPI-2, RVA

(Continue on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO. | ORGANIZATION | REGISTER NO. | WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Hopkins, Marshall H.
(b) (6)
USAFR MSgt
(b) (6)

Address
(b) (6)

U.S.GPO: 1993-360-612

CONSULTATION SHEET

Medical Record

ANTHONY A. AMATO, MAJ, USAF, MC
Neurology
(b) (6)
Wilford Hall Medical Center, PC06001

STANDARD FORM 513 (REV. 8-85) Prescribed by GSA/ICMR/FIRMR 41 CFR 201-9.202-3

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513-110 NSN 7540-00-634-4127

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO: Psychiatry

FROM: (Requesting physician or activity) PCC PAFB

DATE OF REQUEST 26 July 95

REASON FOR REQUEST (Complaints and findings)

51 y.o. AD/AF c decline in cognitive Function secondary to depression & Mild depression

PROVISIONAL DIAGNOSIS

Please Eval/Advise as per MCB/ACB

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
M Thompson		☐ BEDSIDE ☑ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☑ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO

Michael A. Thompson, Capt, USAF, BSC
42G3
Physicians Assistant
21MG Peterson AFB, CO 80914-1540
(b) (6)

See SF 600

Joseph P Chozinski

Joseph P Chozinski, Maj USAF, MC, FS
Staff Psychiatrist PC 070122

(Continue on reverse side)

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Hopkins, Marshall H.

Zo (b) (6)

USAFR MSgt

(b) (6)

Address

(b) (6)

*U.S.GPO:1993-360-612

CONSULTATION SHEET
Medical Record

ARD FORM 513 (REV. 8-92)
bed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

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513-110 NSN 7540-00-634-4127

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
Orthopedics	PCC PAFB	28 July 95

REASON FOR REQUEST (Complaints and findings)

5 1/4 ♂ AD/AF MSGT c̄ Mechanical Low Back pain

PROVISIONAL DIAGNOSIS

Please eval/~~Ex~~ Advise As per MEB/PEB

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
[signature]		☐ BEDSIDE ☑ ON CALL	☑ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO

Michael A. Thompson, Capt, USAF, BSC
(b) (6) [redacted] 42G3
Physicians Assistant
21MG Peterson AFB, CO 80914-1540

(Continue on reverse side)

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Hopkins, Marshall H.
20/ (b) (6) [redacted]
USAFR MSgt
(b) (6) [redacted]

Address
(b) (6) [redacted]

*U.S.GPO:1993-360-612

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 8-92)
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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
ENT CLINIC, FAMC, AURORA, CO	Problem List: Here to review Sleep Study.
TIME 1415 DATE 25Feb95	Entry Required: Seen by Dr Meyer for
DR. Ingram	Yes No: Snoring & witnessed apnea & daytime somnolence.

Sleep Study @ Denver VA (11/94): AHI 0.6 c̄ 4 disordered events over 6.3 hrs. Total Sleep Time. no evidence of narcolepsy, periodic leg movement syndrome, nocturnal desaturation; no significant sleep disordered respiration.

Improved Snoring & sleep quality c̄ less daytime somnolence. ? ↓ Stress. Feels that life is getting better.

O/E Nose 5 DC or masses (L) convex dern.

O/P sH narrow post. high-arched palate Ø lesions.

Neck clear.

Imp. nl Sleep Study. Improving sleep quality.

Plan - RTC prn.

WA Ingram MD.

3rd Party Insurance
Yes / No / N/A

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
Hopkins, Marshall		M
RELATIONSHIP TO SPONSOR	STATUS: AD	RANK/GRADE: MSGT
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/I (b) (6) 20/ [redacted]	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Rick
~~Last~~
0752

21ST MEDICAL GROUP, PETERSON AFB, CO. 80914-5300
PRIMARY CARE CLINIC

Date 15 MAY 95 Weight 180
Appt Time S/C BP 1/2/62
Allergies NKDA Temp 98°

S: 51 y 00 dx w/ tick delaroo

h/o dx tic delaroux, c/o pain pain @ supraorbital

h/o frontal bone. Followed by neurology.

c/o pain limiting sleep.

O: NAD, defined

A/P h/o tic ~~delaroux~~ douloureux

- Dannocrit [illegible] #10 ? ? 6-8° pm, [illegible] for minor pain

- F/U = neurology pm

- F/U = Appt

[signature]

JAMES RICK CPT, USAF
44G1
21ST MEDICAL GROUP/SGHG
PAFB, CO 80914

*U.S. Government Printing Office: 1993 — 300-892/60148

STANDARD FORM 600 BACK (REV. 5-84)

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PHYSICAL PROFILE SERIAL REPORT

PATIENT ID (Use plastic card or type/print name)	GRADE	DATE
HOPKINS, MARSHALL	MSGT	2 DEC94
	AFSC: 1A271	(b) (6) [redacted]
	UNIT: 302 ALCF	
	BASE: Peterson AFB, CO	

PROFILE	P	U	L	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS	prior 2/4	1	1	1	1	1	W	TYPE AND RH	Apos
REVISED TEMPORARY	4	1	1	1	1	1	T	G6PD	DEFICIENCY [X] NO [ ] YES
REVISED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT [X] NO [ ] YES

RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION: INDEFINITE

WORLD-WIDE QUALIFIED [ ] YES [X] NO

INDIVIDUAL DEFECTS/RESTRICTIONS

PASSES COLOR VISION [ ] YES [ ] NO

[ ] MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE (AAC) 37 APPLIES.

As shown by examination or review of Health Record or current course of treatment, individual is cleared for

[ ]	OVERSEAS ASSIGNMENT	[ ]	RETIREMENT/SEPARATION WITHIN ONE (1) YEAR
[ ]	REMOTE/ISOLATED TOUR	[ ]	OTHER *(Specify)*

REMARKS

Pending MEB evaluation.

TYPED OR PRINTED NAME AND GRADE OF HEALTH CARE PROVIDER: R.J. BLACK-SCHULTZ, COL, USAFR, MC, FS	SIGNATURE: R J Black-Schultz
TYPED OR PRINTED NAME AND GRADE OF PES MANAGER	SIGNATURE
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER: R.J. BLACK-SCHULTZ, COL, USAFR, MC, FS	SIGNATURE: R J Black-Schultz

DPMUO	DPMUM	DPMU(R)	DPMPC	DPMAR		

AF Form 422, APR 89 *PREVIOUS EDITION WILL BE USED* COPY 1 - HEALTH RECORD

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SLEEP RECORD REPORT

Name: MARSHALL HOPKINS
(b) (6) [redacted]

Study Date: 11-06-94

During the night we monitored electroencephalography, electromyography, electro-oculography, nasal and oral airflow, EKG, anterior tibialis EMG, chest-abdominal wall motion, and arterial oxygen saturation.

Sleep data:

time in bed	404	mins	23% REM sleep
total sleep time	378	mins	5% stage I
sleep efficiency	94	%	54% stage II
sleep latency	4	mins	7% stage III
			11% stage IV

Arousals/ hr sleep: Total: 2 Spontaneous: 2
With breathing: 0 With legs: 0

Breathing data: Total apneas 0

Total hypopneas 4 Type: OBSTRUCTIVE
(a decrease in ventilation sufficient to cause a 4% or greater fall in arterial oxygen saturation or to cause arousal)

AHI (apnea-hypopnea index) .6, 4 sleep disordered breathing events over 6.3 hours total sleep time

Saturation data: Mean min. sat. range at the end of an apnea N/A
hypopnea 80-89%

Wake range 90-95 %,
NREM range 90-95 %
REM range 88-95 %, 93%

PLM's: Total 0

Technician Comments: OCCASIONAL LIGHT SNORING. TECHNICIAN TRIED TO TURN PT. TO BACK TO COLLECT DATA, BUT HIS BACK "HURTS TOO MUCH". SO ALL DATA WAS ON RIGHT AND LEFT SIDE.

PSG Technician: CHRISTOPHER BECKER PSG

William C. Fox, CRTT/RRT Date: 11-08-94

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL # of pages ▸ 2

To DAVE EVERETT	From DVA Resp-Care
Dept./Agency FITZ	Phone # 393-2869
Fax # 361-8392	Fax # 393-4639

NSN 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINISTRATION

Dr. Meyer, ENT Clinic - Fitzsimons

HOPKINS, Marshall
(b) (6) [redacted]

Denver VAMC

11/9/94 csa

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DOCTOR'S INTERPRETATION: **Marshall Hopkins** was evaluated in the sleep laboratory at the Denver VA Medical Center on November 6, 1994. This sleep study was performed to rule out sleep apnea and nocturnal desaturation in a patient with a history of snoring, daytime somnolence, witnessed apneas, and restless sleep. During the study, we monitored sleep stage, respiratory effort, airflow, leg EMG, O_2 saturation, and heartrate.

This study was performed while breathing room air. Throughout the study, Mr. Hopkins was monitored for 404 minutes, during which he demonstrated excellent sleep quality with a brief sleep onset latency of 4 minutes and a sleep efficiency of 93.6%. 18% of total sleep time was spent in slow wave sleep, while 23.3% was spent in REM sleep. During sleep, Mr. Hopkins demonstrated a total of four obstructive hypopneas, giving a combined apnea/hypopnea index that was well within the normal range at .6 events per hour. These events were not associated with significant O_2 desaturation. There was no evidence of periodic leg movement syndome, nothing to suggest narcolepsy, and no evidence of abnormally disrupted sleep.

In summary, this study demonstrates good sleep quality with a brief sleep onset latency that is consistent with hypersomnolence. However, there is no evidence of significant sleep disordered respiration, nocturnal desaturation, periodic leg movement syndrome, or narcolepsy. This study does therefore not desmonstrate a clear cut ideology to this patient's daytime somnolence. However, I would consider the presence of underlying psycho-social issues, as depression is a comon contributor to daytime somnolence. I would also consider the effects of medications, as this patient reports being on therapy with Elavil, a common contributor to somnolence. No other therapeutic interventions are clearly warranted from the results of this study.

Thank you for the referral.

Robert D. Ballard, M.D.

11/9/94
Date

TYPE OF REPORT *(Check one)*

- ☐ HISTORY AND PHYSICAL EXAM *(SF 504, 505, 506 or VAF 10-7978 a, b, d and e)*
- ☐ DISCHARGE SUMMARY *(VAF 10-1000, a and b)*
- ☐ PROGRESS NOTE *(SF 509)*
- ☐ AUTOPSY PROTOCOL *(SF 503)*
- ☐ CONSULTATION SHEET *(SF 513)*
- ☐ OTHER *(Specify)*
- ☐ OPERATION REPORT *(SF 516)*

SIGNATURE OF PHYSICIAN / DENTIST: Dr. Meyer, ENT Clinic - Fitzsimons

PATIENT'S NAME: HOPKINS, Marshall

(b) (6) [redacted] DATE OF BIRTH

VAMC: Denver VAMC

WARD / SERVICE	DATE DICTATED	DATE TYPED
	11/9/94	csa

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NSN 7540-00-634-4178 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

3 Oct 94

Mental Health Clinic
Peterson AFB, CO 80914-5300
FILE MAINTAINED IN MENTAL HEALTH CLINIC

Telecon ⊂ pt: Mood improving since began Elavil (placebo effect?) a few days ago. Pt to have neuropsych testing mid-Nov by Dr. Wexler at Ft. Carson.

Christine Ely, CAPT, BSC
549-04-1587, Staff Psychologist

ROBERT G. LIBERTE, MAJ, USAF, BSC
(b) (6) AFSC 9186
Chief, Mental Health Clinic

28 Oct 94

Mental Health Clinic
Peterson AFB, CO 80914-5300
FILE MAINTAINED IN MENTAL HEALTH CLINIC

Telecon ⊂ pt. See MHC file

Christine Ely, CAPT, BSC
549-04-1587, Staff Psychologist

ROBERT G. LIBERTE, MAJ, USAF, BSC
(b) (6) AFSC 9186
Chief, Mental Health Clinic

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

OPR

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
Hopkins, Marshall		M
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
S	AF Res	MSgt
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE AFR	(b) (6)	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
Adams	NEUROLOGY CLINIC USAF ACADEMY HOSPITAL
7 Oct 94	
0910	
98/60	
60	
	50yb RH W ↓
	— Myofascial Pain
	— Mechanical Low Back Pain
	— ? Lapsus in Judgment ?
	— 1x TIC Delivery
	Dono somewhat better on Elavil 10 HS.
	Labs — Elb — Exam Beta —
	Plan — ↑ Elavil to 25 HS
	— 4T Profile
	— P.T.
	— Obtain MRI Results
	— Get Neuro ↓
	— FV (Cond Appt) ↓ Assume Pr
	MB Dil
	Laurence J. Adams, LtC, USAF, MC (b) (6) [redacted] (b) (6) [redacted] R9576) USAFA Hosp

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

(b) (6) [redacted]

RECORDS MAINTAINED AT: PAFB

PATIENT'S NAME *(Last, First, Middle Initial)*: Hopkins, Marshall

SEX: M

RELATIONSHIP TO SPONSOR: Sey

STATUS: AD

RANK/GRADE: TSgt

SPONSOR'S NAME:

ORGANIZATION:

DEPART./SERVIC: AF

(b) (6) [redacted] TE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

(b) (6)

[redacted]

*U.S. Government Printing Office: 1992 — 312-071/50058

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PHYSICAL THERAPY CONSULTATION – CONTINUATION SHEET

29 Nov 94
(S): Pain exacerbated for no apparent reason. Pain located @ lumbar area. Pt is wearing back brace
(O): 1). NSR- at L2-L5 2) FSR- at L5 3) Performed MET
(A): Min progression
(P): Rec wk 2 days

Jeffrey R. Parker Capt, USAF, BSC
(b) (6) 9236)
Staff Physical Therapist

02 Dec 94
(S): Pain same. Pain in thoracic area. No LBP @ present
(O): 1). FSR- at L4 2) NSR- at L2-L4
(A): M.D progress
(P): Rec next week

Jeffrey R. Parker Capt, USAF, BSC
(b) (6) 9236)
Staff Physical Therapist

05 Dec 94
50% ↓ in pain.
(S): Pt. notes overall ~~no pain~~: No "debilitating" LBP, less pain & functional activities
(P): Return to Dr Adams. Will ~~D/C consult~~ place consult on hold x 4 weeks.

Jeffrey R. Parker Capt, USAF, BSC
(b) (6) 9236)
Staff Physical Therapist

21 Jan 95
Pt has failed to return for further treatment. Present status is unknown. Discharge.

(b) (6)
Jeffrey R. Parker Capt, USAF, BSC
Staff Physical Therapist

PATIENT IDENTIFICATION
Hopkins, Marshall
529-56-7575

AF FORM JAN 82 1536

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PHYSICAL THERAPY CONSULTATION *(Continued)*

*U.S. G.P.O. 1991-281-438:90187

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PHYSICAL THERAPY CONSULTATION

FROM: *(Requesting Activity)* Neurology — BAFB — DATE 7 OCT 94

PROVISIONAL DIAGNOSIS - REASON FOR REQUEST *(Complaints/findings)*

Dx ⇒ C Myofascial Pain Syndrome,
Mechanical Low Back Pain
Phase Eval & Rx

ATTN: CPT PARK

SIGNATURE OF PROVIDER — Laurence J. Adams, LtC, USAF, MC (b) (6) [redacted] USAF

PATIENT STATUS ☐ IN ☑ OUT

PLACE OF CONSULTATION ☐ BEDSIDE ☑ DEPT

☐ EMERGENCY ☑ ROUTINE

11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

REMARKS *(For P.T. Use Only)*

NAME *(Last, First, M.I.) (For P.T. Use Only)* — STATUS — SCHEDULE

PHYSICAL THERAPY REPORT

10 Oct 94

S: Pt presents c LBP - Ø leg symptoms. Pain present since Oct 1991 ṗ doing an exercise. Pain has been constant until Jan of 1994, somewhat improved since then 2° to chiropractic treatment and trigger point injections. Hx of MDA - Jan 1991. Pain ↑'d c lifting, driving, prolonged positions, sleeping > 6-7 hours. Occ. values. Ø ds/s. MEDS: Elavil for depression & pain. MRI downtown last year - results N/A. Currently seeing chiropractor ẗ cervical manip, occ. LBP.

O: 11.50 yom in NAD. 2). ® pelvis ↑ 3). ® upslip, 4) WSR at L3-4, SI SR at L5 61 ↑ performed MET ↑ Dist in both - neck care, position Δs

A: Lumbar - pelvic dysfunction - both? Social aspects. Educate in back care (Mot)

P: 2x in 3-5 days.

Jeffrey R. Parker, Capt, USAF, BSC
(b) (6) [redacted] (9236)
Staff Physical Therapist

PATIENT IDENTIFICATION

NAME Hopkins, Marian C
(b) (6) [redacted]

STATUS ADAF (b) (6) [redacted]

PAF B

LMR Peterson

AF FORM 1535 JAN 82 (BE [illegible] TO REVERSE CARBON WHEN CONTINUING ON [illegible] RSE)

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PHYSICAL THERAPY CONSULTATION *(Continued)*

01 Nov. 94
(S): Pt notes a ↓ in LBP, ↑ in lower thoracic pain + occ wakes.
(O): 1) FSR at L5 2) NSR at L2→L5 3) Performed MET
(A): Mild progression
(P): RW in 3→5 days

Jeffrey R. Parker Capt, USAF, BSC
(b) (6) [redacted] (9236)
Staff Physical Therapist

07 Nov. 94
(S): Pt notes a 30% ↓ in pain.
(O): 1) Level pelvis 2) Lumbar AROM: FB-60° BB-30°, SB(B)-30° c̄ pain → (R) 2) NSR at L2→L5 3) FSR at L5 4) added press-ups & trunk rolls
(A): Mild progression
(P): RW 3→5 days

Jeffrey R. Parker Capt, USAF, BSC
(b) (6) [redacted] (9236)
Staff Physical Therapist

10 Nov 94
(S): Overall 35→38% ↓ in pain
(O): 1) (L) upslip 2) NSR at L2→L5 3) FSR at L5 4) Performed MET
(A): Progressing
(P): RW next week

Jeffrey R. Parker Capt, USAF, BSC
(b) (6) [redacted] (9236)
Staff Physical Therapist

21 Nov. 94
(S): Pain less when sleeping on waterbed. Pain returned in (L) leg on 18 Nov 94. Pain in (L) LB.
(O): 1) (L) upslip. 2) NSR at L2→L5 3) FSR at L4 4) Performed MET 5) Pt. instructed to do BB & press-ups every 2 hours
(A): Slow progression
(P): RW in 3→5 days

Jeffrey R. Parker Capt, USAF, BSC
(b) (6) [redacted] (9236)
Staff Physical Therapist

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NSN 7540-00-634-4176 600-108

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
26 Sept 94	~~Mental Health Clinic~~ Peterson AFB, CO 80914-5300 ~~FILE MAINTAINED IN MENTAL HEALTH CLINIC~~
S:	Pt is 51 y/o MWM, seen for f/u at MHC c/o "poor judgment", difficulty c information processing, memory, & feelings of depression.
O:	MSE: WNL, NAD.
A:	DSM IV:
	Axis I: R/o Somatoform D/o vs Psych factors affecting physical condition vs early onset of dementia?
P:	Will staff case & discuss referral for neuropsych testing. RTC X 1 wk.

Reviewed
ROBERT G. LALIBERTE, MAJ, USAF, BSC
SSN (b) (6) AFSC 9186
Chief, Mental Health Clinic

Christine Ely CAPT, BSC
(b) (6)
Staff Psychologist

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

OPR

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
Hopkins Marshall		M
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
S	Af Res	MSgt
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SS (b) (6)	DATE OF BIRTH
AF		

CHRONOLOGICAL RECORD OF MEDICAL CARE — STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
30 Oct 94	Mental Health Clinic Peterson AFB, CO 80914-5300 FILE MAINTAINED IN MENTAL HEALTH CLINIC

S: Pt seen in MHC. No Δ in Sx.

O: MSE: WNL, NAD

A: Same

P: RTC for f/u after neuropsych testing at Evans. Will write consult for neuropsych testing to Dr. Wexler at Evans.

Christine Ely CAPT, BSC

(b) (6) [redacted]

Staff Psychologist

ROBERTO LALIBERTE, MAJ, USAF, BSC

(b) (6) [redacted] AFSC 5186

Chief, Mental Health Clinic

*U.S. Government Printing Office: 1993 — 342-199/50262

STANDARD FORM 600 BACK (REV. 5-84)

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Referral # BG 5002
APC: D121
DATE: 12 Sep 94

HSHG-SG (40)

MEMORANDUM THRU C, Dept of Surgery MS

FOR DCCS

SUBJECT: Request for Supplemental Medical Care

1. Request authority to refer the following patient to a civilian medical provider for Supplemental Medical Care:

a. Name of Patient HOPKINS, MARSHALL H. XXXXOUTPT Ward Phone Number _____

b. Type of consultation, examination, diagnosis, or treatment to be performed and justification:

Sleep study (not available at FAMC). All night baseline.

c. Date Referred: 30 Aug 94 Estimated Date of Service _____ Estimated Cost: $650.00

2. The privacy Act Statement DD-2205, that is in your medical records applies to the solicitation of the following information:

(b) (6) [redacted]

c. Name of Sponsor (for dependents): _____

d. Organization: RES USAF I.D. Card Expiration Date: Indef

3. In accordance with Para 15-9 15-12(6), AR 40-3 and Title 10, United States Code, Sec 1079, the personal information on this form is solicited to contact the patient, if necessary and for secondary identification.

4. A Referral for Civilian Medical Care, FAMC Overprint 15-102 is enclosed.

5. The necessary appointment has been made with _____ on _____ 19___

Denver Veteran's Affairs
Med Center-Sleep Center
1055 Clermont
Denver CO 80220

Attending Physician

CYNTHIA L. MEYER, LTC, MC
Chief, Otolaryngology Svc

ENC:
HSHG-ZB 1st End

Deputy Commander: Date: 12 Sep 94

FOR HSHG-RMB

Approved/~~Disapproved~~

ARLENE J. ZALOZNIK, COL, MC
DEPUTY COMMANDER

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PHYSICAL PROFILE SERIAL REPORT

PATIENT ID (Use plastic card or type/print name)	GRADE	DATE
HOPKINS, Marshall	MSgt	10 SEP 1994
	AFSC: 1A271	(b) (6) [redacted]
	UNIT: 302 ALCF	
	BASE: Peterson AFB, Colorado 80914-8010	

PROFILE	P	U	L	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS	4	1	1	1	1	1		TYPE AND RH	A Pos
REVISED TEMPORARY	4	1	1	1	1			G6PD	DEFICIENCY XX NO ☐ YES
REVISED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT XX NO ☐ YES

RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION: 7 JAN 1995

WORLD-WIDE QUALIFIED: ☐ YES XX NO

PASSES COLOR VISION: XX YES ☐ NO

INDIVIDUAL DEFECTS/RESTRICTIONS

Member required to follow up with reserve medical unit on 7 Jan 1995.
Member restricted from pay or points in reserve status pending AFRES approval.

☐ MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE (AAC) 37 APPLIES.

As shown by examination or review of Health Record or current course of treatment, individual is cleared for

☐	OVERSEAS ASSIGNMENT	☐	RETIREMENT/SEPARATION WITHIN ONE (1) YEAR
☐	REMOTE/ISOLATED TOUR	☐	OTHER (Specify)

REMARKS

TYPED OR PRINTED NAME AND GRADE OF HEALTH CARE PROVIDER	SIGNATURE
TYPED OR PRINTED NAME AND GRADE OF PES MANAGER: SUSAN A BROWNSBERGER, MSGT, USAFR (ART)	SIGNATURE: Susan A Brownsberger
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER: EDWARD T. KIMBLE, Col, USAFR, MC, FS	SIGNATURE: Edward T. Kimble MD

DPMUO	DPMUM	DPMU(R)	DPMPC	DPMAR		

AF Form 422, APR 89 *PREVIOUS EDITION WILL BE USED*

COPY 1 - HEALTH RECORD

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REFERRAL FOR CIVILIAN MEDICAL CARE

SUBMIT CHARGES TO ☐ REFERRING UNIFORMED SERVICES FACILITY ☐ CHAMPUS

MEDICAL RECORD	CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
Sleep Center Denver Veteran's Affairs Med Ctr	Otolaryngology Svc	30 Aug 94

REASON FOR REQUEST (Symptoms and findings)

51 yr old male with severe snoring X 2 years, positive apnea by history of wife. Documented with audio tape - occ HA's. Daytime somnolence X 3 yrs.

ANTICIPATED LENGTH OF TREATMENT

PROVISIONAL DIAGNOSIS

R/O OSA

DOCTOR'S SIGNATURE	APPROVED BY	PLACE OF CONSULTATION	
DR. VOSS CYNTHIA L. MEYER, LTC, MC	ANTHONY J. LAPORTA, COL, MC C. DOS	☐ BEDSIDE ☐ ON CALL CONSULTATION REPORT	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

(Continued on reverse side)

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (If not typed or written correct give Name - last, first, middle, grade, rank; rate, hospital or medical facility)

DD FORM 1 OCT 78 2161

HOPKINS, MARSHALL H. RES USAF
20 (b)(6)
Fitzsimons Army Medical Center, Aurora CO 80045-5001

PATIENT RESPONSIBLE FAMILY MEMBER SIGNATURE _____

SPONSOR'S FULL SSAN _____

IMPORTANT INFORMATION (on reverse side)

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~~Admit (AFJ)~~

ELECTROENCEPHALOGRAPH REPORT *(EEG)*

(THIS FORM IS SUBJECT TO PRIVACY ACT OF 1974 - See DD Form 2005)

CLINICAL PROBLEM

TYPE OF SEIZURE

DATE OF FIRST SEIZURE

DATE OF LAST SEIZURE

MEDICATION AND DOSAGE

0

PHYSICAL EXAM

ACTIVATION PROCEDURES

HYPERVENTILATION	HYPNOTIC-INDUCED SLEEP	SLEEP-DEPRIVATION
[X] YES [ ] NO	[ ] YES [ ] NO	[ ] YES [ ] NO

REFERRING PHYSICIAN SIGNATURE: Adams

DATE

OFFICIAL REPORT

Classification: Excess Beta

-Interpretation: This EEG is abnormal due to excess beta. The only significance of this is the increased incidence of beta in those on barbituates or benzodiazepines.

-Report: This is a 17 channel EEG, with one channel dedicated to EKG. The underlying rhythm is a low voltage symmetrical beta, good alpha is not seen.
-There is no focal slowing.
-There is no epileptiform activity
-Photic stimulation and hyperventilation elicit no further abnormalities

LAURENCE J. ADAMS, Maj, USAF, MC
Neurologist

TECHNICIAN: Lynn Tunson, Neurodiagnostic Technician

DATE: 29 Aug 94

WARD OR CLINIC: Neurology Ch -

(b) (6) [redacted]

ATIENT NAME: Hopkins, Marshall

EEG: AFA #94 107

GE: 51 yo

SSAN: 20 - (b) (6) [redacted]

Rhanded Ate 0630

29 Aug 94 1000

SAFA FORM NOV 83 0-891 (SGHMN)

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Lynn Tunson
Neurodiagnostic Technician

H - Box 276
Victor, Co
80860

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
22 Aug 94	NEUROLOGY CLINIC USAF ACADEMY HOSPITAL
1350 Adams	
120/80	
60.	
	50yo RH WM c̄ myofascial pain (R) shoulder, chronic mechanical low back pain, TIC Doloreux all p̄ MVA Jan 91.
	Recent HA or what sounds more like irritation than anything else which drives.
	Exam Remarkable.
	Imp 1) Myofascial pain
	2) TIC Doloreux - Quiescent
	3) Irritation.
	Plan - Elavil 10 HS
	- EEG
	- ~~[illegible]~~ RV p̄ EEG

Laurence J. Adams, LtC, USAF, MC
(b) (6) [redacted]
(b) (6) [redacted]
USAFA Hosp

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

(b) (6) [redacted]

RECORDS MAINTAINED AT: PAFB

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
Hopkins, Marshall		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
	AD	MSgt
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENT	DATE OF BIRTH
AF	20/ (b) (6) [redacted]	

CHRONOLOGICAL RECORD OF MEDICAL CARE — STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
3 Oct 94	Mental Health Clinic Peterson AFB, CO 80914-5300 FILE MAINTAINED IN MENTAL HEALTH CLINIC

*U.S. Government Printing Office: 1992 — 312-071/50058

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Pulmonary Function Laboratory
Fitzsimons Army Medical Center
Aurora, Colorado 80045
11-AUG-94 10:58:22

MARSHALL H HOPKINS SSN: 20[redacted] (b) (6)

Interpretation of data acquired on 11-AUG-94 at 08:50:05

Age: 51.1 Ht: 74.0 Wt: 204.0 Race: Caucasian Sex: male
B.P.: 633. Torr Temperature: 27. C BTPS: 1.0691 STPD: 0.7259

	PREDICTED	OBSERVED	NUMBER OF STAND. DEV.
IVC (L)	5.53	4.25 [01A]	-1.900 (76.70%)
FVC (L)	5.53	4.27 [03A]	-1.856 (77.24%)
FEV-1 (L)	4.35	3.52 [03A]	-1.612 (81.11%)
% FEV-1/FVC	78.29	82.45	0.827
MMEF (L/Min)	241.63	230.72 [03A]	(95.49%)
TLC (L)	7.77	7.64	-0.138 (98.27%)

(FEV-1 determined by back extrapolation.)
(Predicted values have NOT been corrected for race.)

Impression:

Spirometry and body plethysmography within normal limits.

==========[PHYSICIAN OVER-READER'S CHECK BOX]==========

[ ] Technique inadequate for interpretation. Recommend repeat study if clinically indicated.

[✓] Agree with automated interpretation.

[✓] In addition to automated interpretation, see below.

[ ] Disregard automated interpretation. See below.

(#1) Post rx bronchodilator albuterol Spirometry unchanged -

JERRY L. PLUSS
LTC, MC
(b) (6) [redacted]

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Pulmonary Function Laboratory
Fitzsimons Army Medical Center
Aurora, Colorado 80045
11-AUG-94 08:54:51

MARSHALL H HOPKINS SSN: 20[redacted] (b) (6)

Spirometry Report (BASELINE) acquired on 11-AUG-94 at 08:50:05

Age: 51.1 Ht: 74.0 Wt: 204.0 Race: Caucasian Sex: male
B.P.: 633. Torr Temperature: 27. C BTPS: 1.0691 STPD: 0.7259

	PREDICTED	OBSERVED	NUMBER OF STAND. DEV.
IVC (L)	5.53	4.25 [01A]	-1.900
FVC (L)	5.53	4.27 [03A]	-1.856 (77.24%)
FEV-1 (L)	4.35	3.52 [03A]	-1.612 (81.11%)
% FEV-1/FVC	78.29	82.45	0.827
MMEF (L/Min)	241.63	230.72 [03A]	95.49%
FEF 75-85 (L/Min)	119.86	53.11 [03A]	44.31%
MVV (L/Min)(calculated)	165.13	150.86 [03A]	-0.490
IC (L)	3.73	3.75 [01A]	0.020(estimated)
ERV (L)	1.76	0.50 [01A]	-1.887(estimated)

(FEV-1 determined by back extrapolation.)
(Predicted values have NOT been corrected for race.)

PREDICTED EQUATIONS:

IVC, FVC: 0.0600(HT in cm.) - 0.0214(Age) - 4.650
[Crapo - Clin. Pulm. Funct. Testing(ITS) 2nd Ed., P. 101, 1984]

FEV-1: 0.0414(HT in cm.) - 0.0244(Age) - 2.190
[Crapo - Clin. Pulm. Funct. Testing(ITS) 2nd Ed., P. 101, 1984]

% FEV-1/FVC: -0.1300(HT in cm.) - 0.152(Age) - 110.49
[Crapo - Clin. Pulm. Funct. Testing(ITS) 2nd Ed., P. 101, 1984]

MMEF(L/Sec): 0.0204(HT in cm.) - 0.0380(Age) + 2.133
[Crapo - Clin. Pulm. Funct. Testing(ITS) 2nd Ed., P. 101, 1984]

FEF 75-85: 0.78(HT in in.) - 1.38(Age) + 132.6
[Morris - ARRD 111:755 1975]

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Pulmonary Function Laboratory
Fitzsimons Army Medical Center
Aurora, Colorado 800
11-AUG-94 08:55:14

MARSHALL H HOPKINS SSN: 20- (b) (6) [redacted]

Body plethysmography report (BASELINE)
(Manual reduction)

Age: 51.1 Ht: 74.0 Wt: 204.0 Race: Caucasian Sex: male
B.P.: 633. Torr Temperature: 27. C BTPS: 1.0691 STPD: 0.7259

	PREDICTED	OBSERVED	PER CENT OR STAND. DEV.
Thoracic Gas Volume (L) (FRC)	4.40	3.89 (35.5 Deg.)	-0.57
Total Lung Capacity (L)	7.77	7.64	98.27%
Residual Volume (L)	2.28	3.39	2.42
RV/TLC (%)	29.84	44.42	2.73
TGV/TLC (%)	56.54	50.90	
TLC(obs)/TLC(pred) (%)	80.00	98.27	
FEV-1/TLC (%)		46.15	
FEV-1/RV		1.04	
Airway Resistance (cm H2O/Liter/second)		1.20 (48.0 Deg.)	
Conductance (Liters/second/cm H2O)		0.83	
Specific Conductance (Liters/second/cm H2O/liter)	>= 0.13	0.21	

Only the Thoracic Gas Volume is determined by the plethysmograph. The remaining parameters above are determined from expiratory compartments obtained from this patient's spirometry in conjunction with the TGV.
TLC = IC + TGV
RV = TLC - VC

Predicted values have NOT been corrected for race.)

PREDICTED EQUATIONS:
FRC: 0.0472(Ht in cm.) + 0.009(Age) - 5.29
[CRAPO - clin. Pulm. Funct. Testing(ITS) 2nd ED., P. 101, 1984]
TGV: 0.803(FRC in L.) + 1.15
TLC: 0.0795(Ht in cm.) + 0.0032(Age) - 7.333
[CRAPO - Clin. Pulm. Funct. Testing(ITS) 2nd ED., P. 101, 1984]
RV: 0.0216(Ht in cm.) + 0.0207(Age) - 2.84
[CRAPO - Clin. Pulm. Funct. Testing(ITS) 2nd ED., P. 101, 1984]
RV/TLC %: .309(Age) + 14.06
[CRAPO - Clin. Pulm. Funct. Testing(ITS) 2nd ED., P. 101, 1984]

C U R R E N T C A L I B R A T I O N D A T A
11-AUG-94

FLOW CAL	1.539	Liters/second/cm
MOUTH CAL	3.125	cm H2O/cm
BOX CAL	13.333	cc/cm
B.P.	633.	Torricelli

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Pulmonary Function Laboratory
Fitzsimons Army Medical Center
Aurora, Colorado 8004
11-AUG-94 10:58:03

MARSHALL H HOPKINS SSN: 20 (b) (6)

Body plethysmography report (POST BRONCHODILATOR II)
(Manual reduction)

Age: 51.1 Ht: 74.0 Wt: 204.0 Race: Caucasian Sex: male
B.P.: 633. Torr Temperature: 27. C BTPS: 1.0691 STPD: 0.7259

	PREDICTED	OBSERVED	PER CENT OR STAND. DEV.
Thoracic Gas Volume (L) (FRC)	4.40	2.97 (43.0 Deg.)	-1.62
Total Lung Capacity (L)	7.77	6.60	84.92%
Residual Volume (L)	2.28	2.27	-0.01
RV/TLC (%)	29.84	34.40	0.86
TGV/TLC (%)	56.54	44.92	
TLC(obs)/TLC(pred) (%)	80.00	84.92	
FEV-1/TLC (%)		54.74	
FEV-1/RV		1.59	
Airway Resistance (cm H2O/Liter/second)		1.08 (58.0 Deg.)	
Conductance (Liters/second/cm H2O)		0.92	
Specific Conductance (Liters/second/cm H2O/liter)	>= 0.13	0.31	

Only the Thoracic Gas Volume is determined by the plethysmograph. The remaining parameters above are determined from expiratory compartments obtained from this patient's spirometry in conjunction with the TGV.
TLC = IC + TGV
RV = TLC - VC

Predicted values have NOT been corrected for race.)

PREDICTED EQUATIONS:
FRC: 0.0472(Ht in cm.) + 0.009(Age) - 5.29
[CRAPO - clin. Pulm. Funct. Testing(ITS) 2nd ED., P. 101, 1984]
TGV: 0.803(FRC in L.) + 1.15
TLC: 0.0795(Ht in cm.) + 0.0032(Age) - 7.333
[CRAPO - Clin. Pulm. Funct. Testing(ITS) 2nd ED., P. 101, 1984]
RV: 0.0216(Ht in cm.) + 0.0207(Age) - 2.84
[CRAPO - Clin. Pulm. Funct. Testing(ITS) 2nd ED., P. 101, 1984]
RV/TLC %: .309(Age) + 14.06
[CRAPO - Clin. Pulm. Funct. Testing(ITS) 2nd ED., P. 101, 1984]

C U R R E N T C A L I B R A T I O N D A T A
11-AUG-94

FLOW CAL	1.539	Liters/second/cm
MOUTH CAL	3.125	cm H2O/cm
BOX CAL	13.333	cc/cm
B.P.	633.	Torricelli

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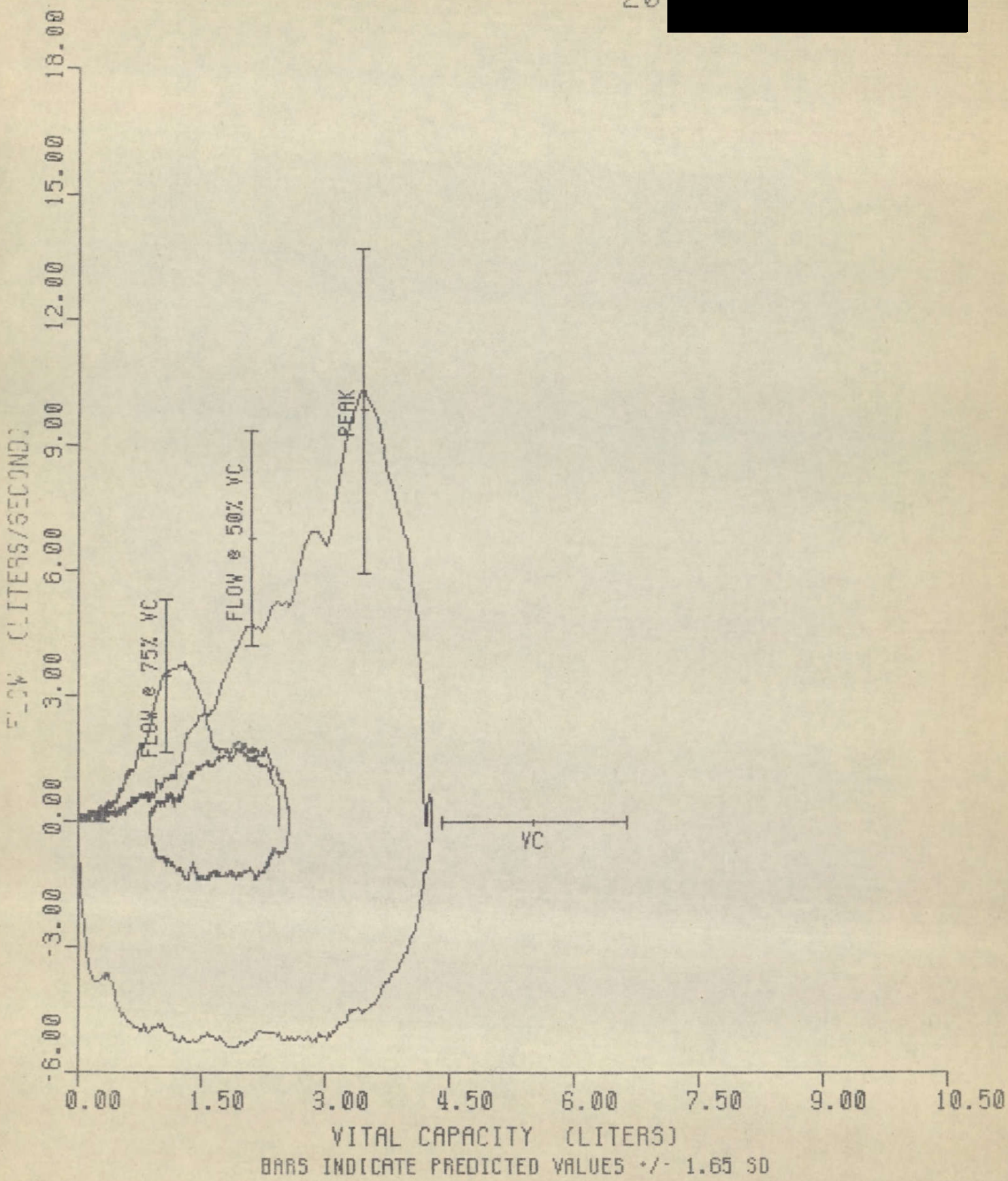
SPIROMETER DATA

11-AUG-94 10:03:39

HOPKINS, MARSHALL H

(b) (6)

20



BARS INDICATE PREDICTED VALUES +/- 1.65 SD

POST B.D. I FLOW VOLUME LOOP #1

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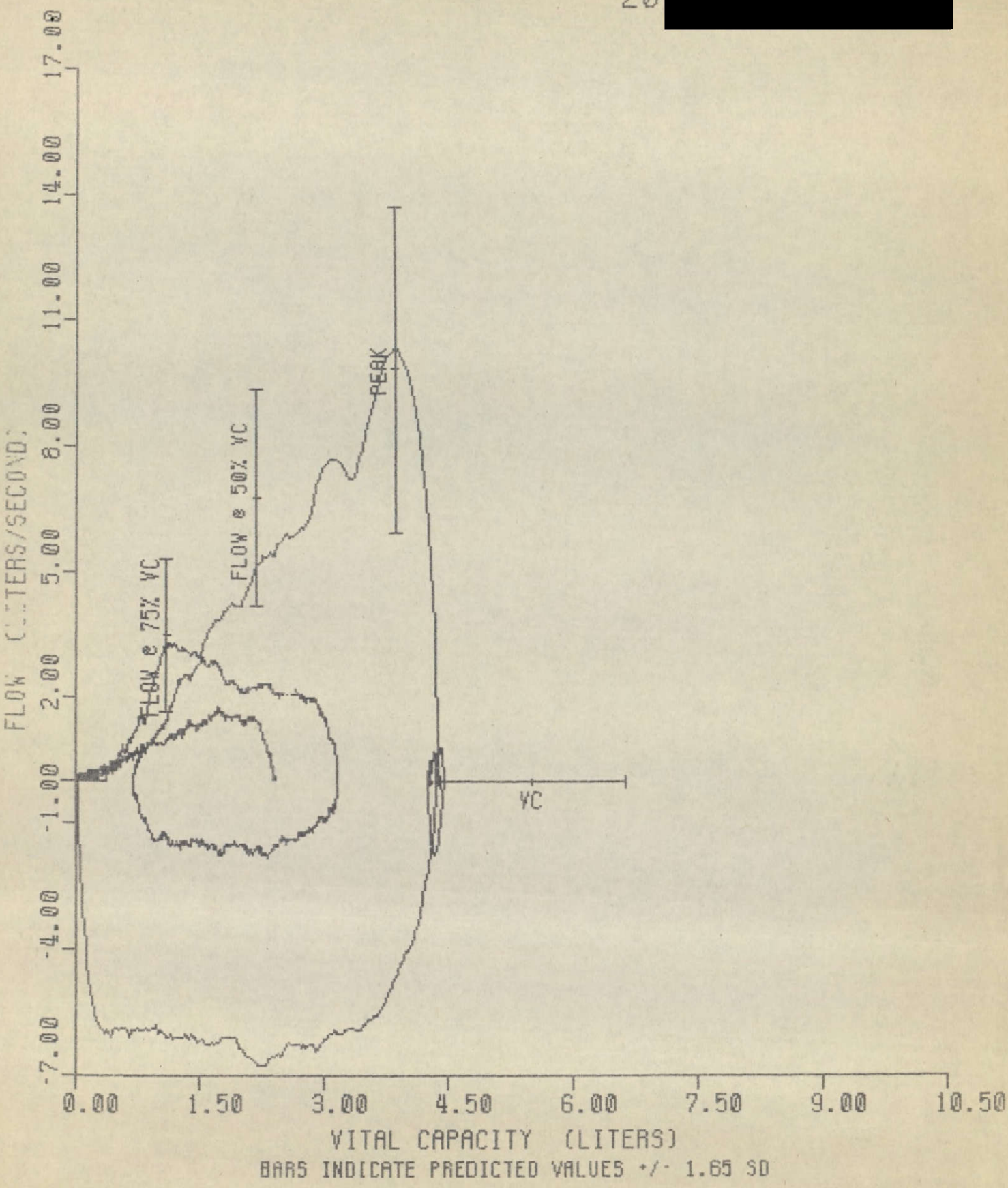
SPIROMETER DATA

11-AUG-94 10:04:37

HOPKINS, MARSHALL H

20 (b) (6) [redacted]



BARS INDICATE PREDICTED VALUES +/- 1.65 SD

POST B.D. I FLOW VOLUME LOOP #2

BEST COPY

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

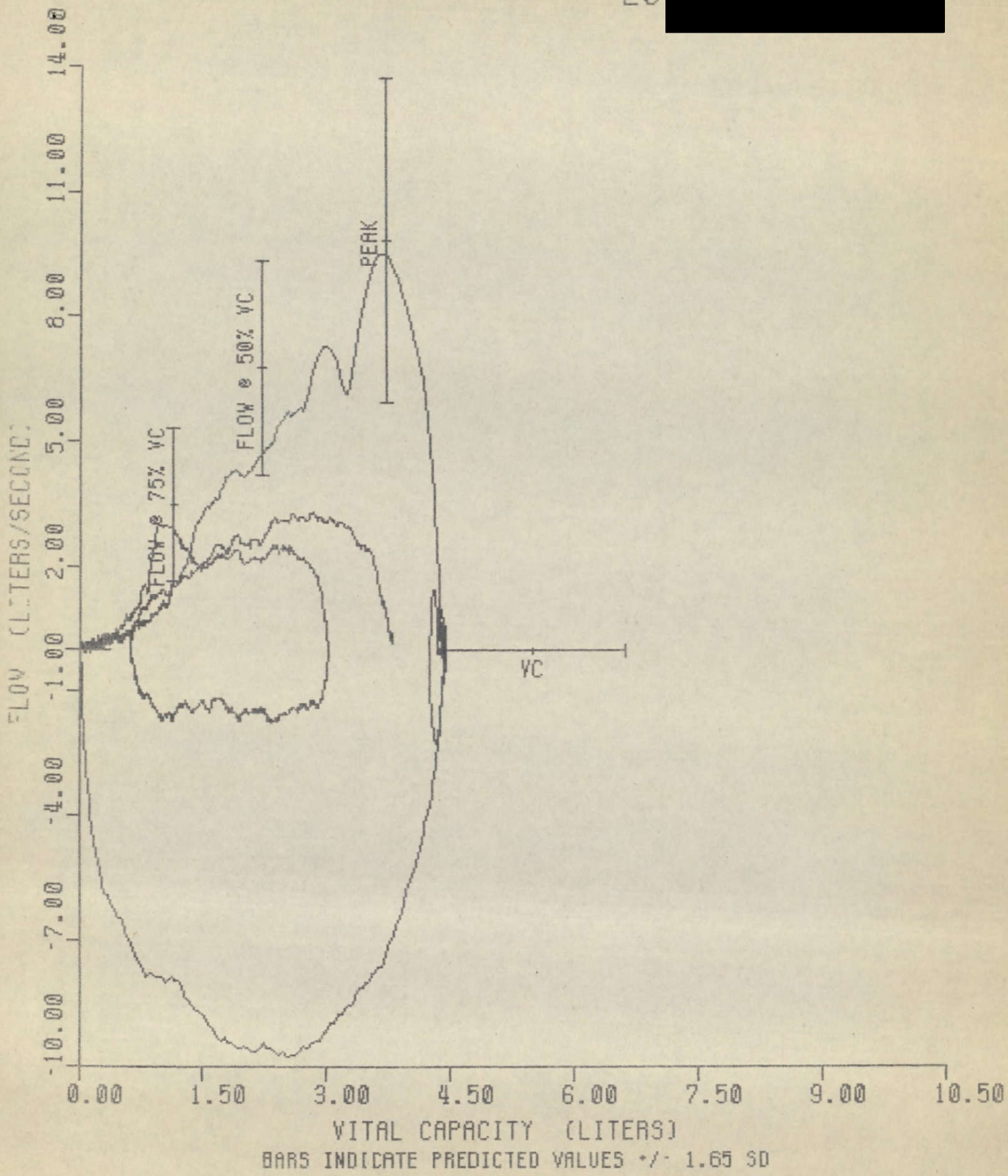
SPIROMETER DATA

11-AUG-94 10:05:42

HOPKINS, MARSHALL H

(b) (6)

20



BARS INDICATE PREDICTED VALUES +/- 1.65 SD

POST B.D. I FLOW VOLUME LOOP #3

BEST COPY

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

PULMONARY FUNCTION LABORATORY
FITZSIMONS ARMY MEDICAL CENTER
AURORA, COLORADO 800[redacted]
11-AUG-94 08:56:37

MARSHALL H HOPKINS SSN: 20[redacted] (b) (6)

FLOW VOLUME LOOP SUMMARY (BASELINE # 3) ACQUIRED ON 11-AUG-94 AT 08:54:42
>> SPIROMETER DATA <<

AGE: 51.1 HEIGHT: 74.0in (188.0cm) WEIGHT: 204.0

	PREDICTED	OBSERVED	NO. OF STAND DEV.	PER CENT OF PREDICTED
FORCED VITAL CAPACITY (L)	5.53	4.27	-1.86	77.24
INSP. VITAL CAPACITY (L)	5.53	4.22	-1.94	76.23
PEAK FLOW (L/SEC)	9.89	6.65	-1.37	67.26
FLOW AT 50% FVC (L/SEC)	6.80	4.84	-1.25	71.10
FLOW AT 75% FVC (L/SEC)	3.51	1.61	-1.70	45.87
MVFR	0.87			

VC : 0.0600(HT in cm.) - 0.0214(AGE) - 4.650
[CRAPO - CLIN. PULM. FUNCT. TESTING(ITS) 2nd ED., P. 101, 1984]

PEAK FLOW : 0.094(HT in cm) - 0.035(AGE) - 5.993
[KNUDSON - ARRD 113:587 1976]

V50 FLOW : 0.069(HT in cm) - 0.015(AGE) - 5.4
[KNUDSON - ARRD 113:587 1976]

V75 FLOW : 0.044(HT in cm) - 0.012(AGE) - 4.143
[KNUDSON - ARRD 113:587 1976]

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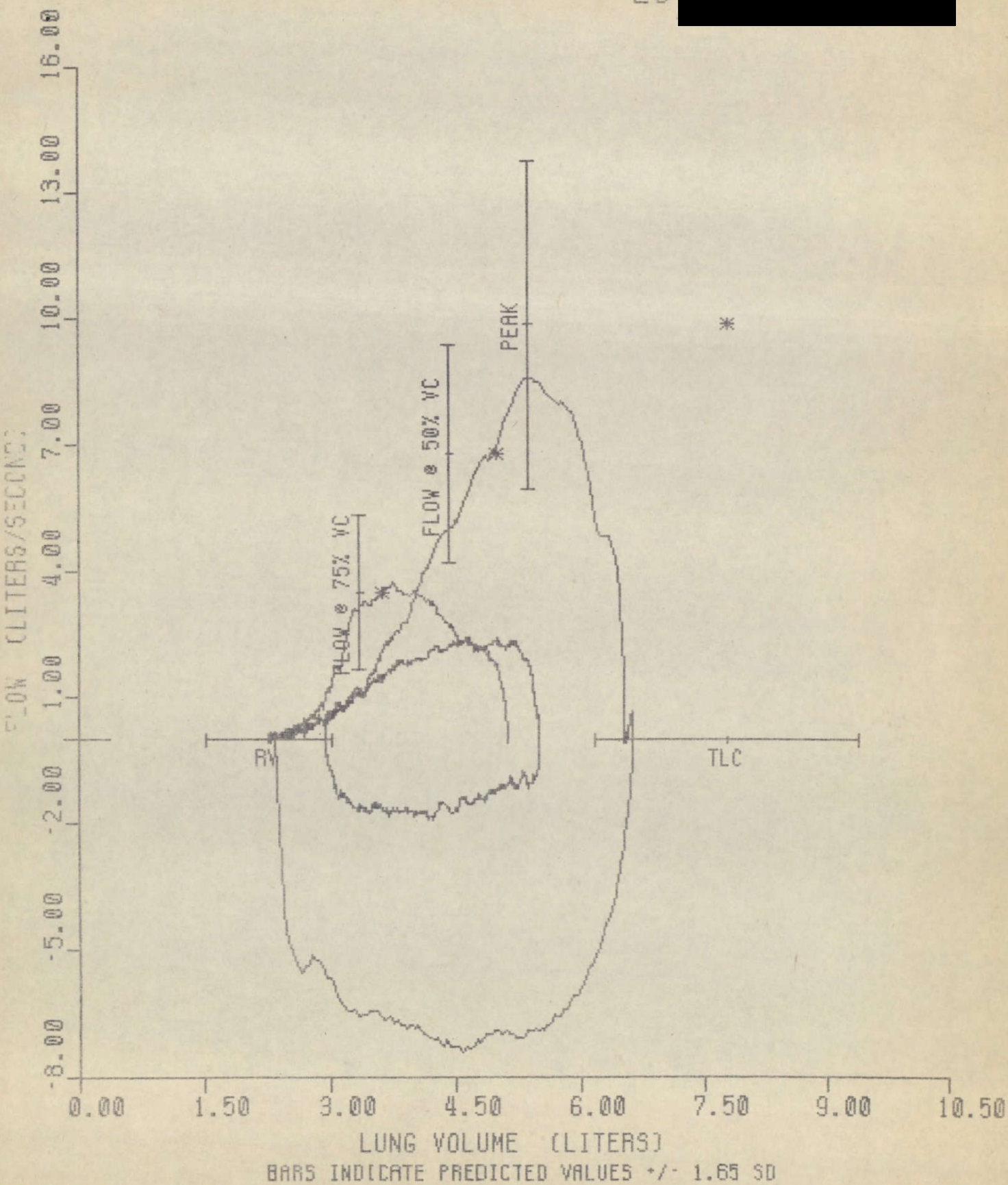
SPIROMETER DATA HOPKINS, MARSHALL H

11-AUG-94 10:46:22 20 (b) (6) [redacted]



BARS INDICATE PREDICTED VALUES +/- 1.65 SD

POST B.D. II FLOW VOLUME LOOP #1

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PULMONARY FUNCTION LABORATORY
FITZSIMONS ARMY MEDICAL CENTER
AURORA, COLORADO 80045
11-AUG-94 10:59:10

MARSHALL H HOPKINS SSN: 20[redacted] (b) (6)

FLOW VOLUME LOOP SUMMARY (POST B.D. II # 2) ACQUIRED ON 11-AUG-94 AT 10:47:08
>> SPIROMETER DATA <<

AGE: 51.1 HEIGHT: 74.0in (188.0cm) WEIGHT: 204.0

	PREDICTED	OBSERVED	NO. OF STAND DEV.	PER CENT OF PREDICTED
FORCED VITAL CAPACITY (L)	5.53	4.41	-1.66	79.64
INSP. VITAL CAPACITY (L)	5.53	4.33	-1.77	78.30
PEAK FLOW (L/SEC)	9.89	8.80	-0.46	89.00
FLOW AT 50% FVC (L/SEC)	6.80	4.97	-1.17	73.07
FLOW AT 75% FVC (L/SEC)	3.51	1.55	-1.76	43.96
MVFR	0.79			

VC : 0.0600(HT in cm.) - 0.0214(AGE) - 4.650
[CRAPO - CLIN. PULM. FUNCT. TESTING(ITS) 2nd ED., P. 101, 1984]

PEAK FLOW : 0.094(HT in cm) - 0.035(AGE) - 5.993
[KNUDSON - ARRD 113:587 1976]

V50 FLOW : 0.069(HT in cm) - 0.015(AGE) - 5.4
[KNUDSON - ARRD 113:587 1976]

V75 FLOW : 0.044(HT in cm) - 0.012(AGE) - 4.143
[KNUDSON - ARRD 113:587 1976]

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H - Box 276
Victor, Co
80860

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Pulmonary Function Laboratory
Fitzsimons Army Medical Center
Aurora, Colorado 80045
11-AUG-94 10:47:26

MARSHALL H HOPKINS SSN: 20(b) (6)

Spirometry Report (POST BASELINE SUMMARY)

Age: 51.1 Ht: 74.0 Wt: 204.0 Race: Caucasian Sex: male
B.P.: 633. Torr Temperature: 27. C BTPS: 1.0691 STPD: 0.7259

	PREDICTED	BASELINE	Post BD I	Post BD II
		<<08:50:05>>	<<10:03:39>>	<<10:46:22>>
IVC (L)	5.53	4.25 [01A]	4.48 [03A]	4.33 [02A]
FVC (L)	5.53	4.27 [03A]	4.47 [02A]	4.41 [02A]
FEV-1 (L)	4.35	3.52 [03A]	3.71 [02A]	3.61 [02A]
FEV-1/FVC (%)	78.29	82.45	82.98	81.98
MMEF (L/Min)	241.63	230.72 [03A]	254.09 [02A]	249.19 [02A]
FEF 75-85 (L/Min)	119.86	53.11 [03A]	53.21 [02A]	44.34 [02A]
MVV (L/Min)(calc)	165.13	150.86 [03A]	158.77 [02A]	154.66 [02A]
IC (L)	3.73	3.75 [01A]	3.86 [03A]	3.64 [02A]
ERV (L)	1.76	0.50 [01A]	0.62 [03A]	0.69 [02A]
% of Baseline FVC			104.58	103.11
% of Baseline FEV-1			105.24	102.52

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PULMONARY FUNCTION LABORATORY
FITZSIMONS ARMY MEDICAL CENTER
AURORA, COLORADO 800
11-AUG-94 10:08:28

MARSHALL H HOPKINS SSN: 20 (b) (6)

FLOW VOLUME LOOP SUMMARY (POST B.D. I # 2) ACQUIRED ON 11-AUG-94 AT 10:04:37
>> SPIROMETER DATA <<

AGE: 51.1 HEIGHT: 74.0in (188.0cm) WEIGHT: 204.0

	PREDICTED	OBSERVED	NO. OF STAND DEV.	PER CENT OF PREDICTED
FORCED VITAL CAPACITY (L)	5.53	4.47	-1.57	80.71
INSP. VITAL CAPACITY (L)	5.53	4.45	-1.60	80.37
PEAK FLOW (L/SEC)	9.89	10.41	0.22	105.30
FLOW AT 50% FVC (L/SEC)	6.80	5.17	-1.04	76.03
FLOW AT 75% FVC (L/SEC)	3.51	1.48	-1.82	42.05
MVFR	0.77			

VC : 0.0600(HT in cm.) - 0.0214(AGE) - 4.650
[CRAPO - CLIN. PULM. FUNCT. TESTING(ITS) 2nd ED., P. 101, 1984]

PEAK FLOW : 0.094(HT in cm) - 0.035(AGE) - 5.993
[KNUDSON - ARRD 113:587 1976]

V50 FLOW : 0.069(HT in cm) - 0.015(AGE) - 5.4
[KNUDSON - ARRD 113:587 1976]

V75 FLOW : 0.044(HT in cm) - 0.012(AGE) - 4.143
[KNUDSON - ARRD 113:587 1976]

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PHYSICAL PROFILE SERIAL REPORT

PATIENT ID (Use plastic card or type/print name)	GRADE	DATE
HOPKINS, MARSHALL b	MSGT	7 AUG 94
	AFSC: A11470	(b) (6)
	UNIT: 302 ALCF	
	BASE: Peterson AFB, CO 80914	

PROFILE	P	U	L	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS	4	1	1	1	1	1	W	TYPE AND RH	
REVISED TEMPORARY	4	1	1	1	1	1	T	G6PD	DEFICIENCY ☐ NO ☐ YES
REVISED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT ☐ NO ☐ YES

RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION: 15 OCT 94

WORLD-WIDE QUALIFIED: ☐ YES ☒ NO

INDIVIDUAL DEFECTS/RESTRICTIONS

PASSES COLOR VISION: ☒ YES ☐ NO

Multiple illnesses; not world wide qualified; member is currently being evaluated for above

☐ MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE (AAC) 37 APPLIES.

As shown by examination or review of Health Record or current course of treatment, individual is cleared for

☐	OVERSEAS ASSIGNMENT	☐	RETIREMENT/SEPARATION WITHIN ONE (1) YEAR
☐	REMOTE/ISOLATED TOUR	☐	OTHER (Specify)

REMARKS

I certify I have been advised of my disqualifying medical condition and of the requirement to provide medical information from my private physician to my supporting reserve medical unit to aid in the evaluation of my medical condition. I understand that HQ AFRES/SGP will make the final determination on my medical qualifications for continued military duty and that if I fail to submit the requested civilian medical documentation to my supporting reserve medical unit within 60 days from the date of initial request, my case may be forwarded to HQ AFRES/SGP without it.

Member has provided all documentation and is under military care for LOD yes injury/illness.

MEMBER'S SIGNATURE: Marshall A Hopkins DATE: 7 Aug 95

TYPED OR PRINTED NAME AND GRADE OF HEALTH CARE PROVIDER	SIGNATURE
TYPED OR PRINTED NAME AND GRADE OF PES MANAGER: SUSAN A BROWNSBERGER, MSGT, USAFR (ART)	SIGNATURE: S A Blg
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER: EDWARD T KIMBLE, COL, USAFR, MC, FS	SIGNATURE: E.T. Kimble MD

DPMUO	DPMUM	DPMU(R)	DPMPC	DPMAR		

AF Form 422, APR 89 *PREVIOUS EDITION WILL BE USED* COPY 1 - HEALTH RECORD

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

N
D Hc ins, Marshall 15430 — 872-0147 (Hm) 689 2637 } Wk

History of Present Condition / Interim History

Complaints / Symptoms (inc. freq. & dur.)

1
2
3
4
5
6 Ex
7 Sm
8 ETOH
9 Caff
10
Rx Dx
Sx Vx
Fx Hx
Ax Ft

Diagnosis

TREATMENT

2x/day	1x/wk
Daily	1x/2wks
3x/wk	1x/3wks
2x/wk	1x/4wks

DATE	TCP	THP	TIT	TUS	TES	X-RAYS/ OTHER	COMMENTS
7-28-94						ENA	(F) C2 + LT1 - L5 L3 - Anterior — (Fri)
07-29-94						cancelled	— in mtg - WC on 8-1-94
8-12-94							(F) C2 & L5 [illegible] & [illegible] — Severe Back in
							Neck & [illegible] Back - Burning in (F) LST
							C5 [illegible] — Treatment Plan after (Ah)
							Able to follow through

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Hopkins Marshall 1 w[illegible] 11 Aug 800 719-372-0147

513-110 NSN 7540-00-634-4127

MEDICAL RECORD — CONSULTATION SHEET

B.D. Spiro

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
Pulmonary Function	Meyer	7/28/94

REASON FOR REQUEST (Complaints and findings)

51 yo wo♂ with cough
Spiro pre + post β-agonist

PROVISIONAL DIAGNOSIS

R/o RAD

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
J Meyer		☐ BEDSIDE ☐ ON CALL	☑ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO

SEE ATTACHED

20 (b) (6) [redacted] PAFB
HOPKINS, MARSHALL H.
(b) (6) [redacted] RES USAF
E7 HP (b) (6) [redacted]
302 ALCF PAFB 554-6102

(Continue on reverse side)

SIGNATURE AND TITLE		DATE
IDENTIFICATION NO. 20 (b) (6) [redacted] PAFB HOPKINS, MARSHALL H. RES USAF	REGISTER NO.	WARD NO. Conf.

PATIENT'S IDENTIFICATION (b) (6) [redacted] s give: Name; last, first, middle; grade; rank; rate; hospital or medical facility)
E7 HP (b) (6) [redacted]
302 ALCF PAFB 554-6102

11 Aug 800
CONSULTATION SHEET
Medical Record

*U.S. GPO: 1993-346-813

STANDARD FORM 513 (REV. 8-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

20 JUL 1994

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505

513-110 NSN 7540-00-634-4127

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
ENT	Meyer	7/28/94

REASON FOR REQUEST (Complaints and findings)

Slyowo↗ c̄ chronic cough t/o smoking some hoarseness.

PROVISIONAL DIAGNOSIS

hoarseness

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
J Meyer		☐ BEDSIDE ☐ ON CALL	☑ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO

ENT CLINIC, FAMC, AURORA, CO
Time 0930 Date 10 Aug 94
Dr. VOSS

28 Jul 94 689 - no longer in service
322 - no Ans
29 Jul 94 L.M. at 372-0147

5 y/o c̄ h/o hoarseness x 2½ yrs. Persistent cough x same time. Ø Wax/Lead hoarseness but cough worsening. Under eval by Pulmonary. Hoarse ↑ c̄ talking. Nl @ times more in AM. ⊕ Heartburn x 1½ yrs. Self medicates c̄ rolaids. ⊕ Nasal Congestion c̄ PND - constant. Ø Allergies known. Ø nasal meds x̄ occ Duration. ⊕ Deviated septum. Alternating nasal obstruction. ⊕ TOB 13 yrs x 2+ ppd. Quit 72. Heavy ~~EtOH~~ till 72. Ø Since. Ø Caffeine beverages. Eates supper ~2 hr prior to bed. Min Fatty foods. Ø Wt loss. Also c/o ↑↑ Snoring @ noc. c̄ apneic spells. Ø W/U. Snoring worse x 2 yrs. s̄ wt ↑.

PE Talk WM NAD
TM's obscured c̄ Cerumen
Nose ⊕ NSD off crest c̄ obstruction. Nl mucosa.
OC: Ø lesions. Small tonsil large asym uvula.
NPS Narrow NP opening. Nl AP ∫ Larynx.
NECK Benign.

Imp: ① Possible OSA
② Nasal Septal Deviation
③ H/O c/w GER poss causing Hoarseness

Rec: GER precautions given
Mylanta qhs
Sleep Study
RTC p Study ~1 month from now
Vancenase.

(Continue on reverse side)

SIGNATURE AND TITLE	DATE
[signature] MD	10 Aug 94

MARK A. VOSS, MD
CPT, MC [redacted]

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.
	[redacted]		

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

[redacted] PAFB
[redacted] RES USAF
[redacted]

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 8-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

*U.S. GPO: 1993-346-813

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ROCKRIMMON CHIROPRACTIC CLINIC
425 Rockrimmon Blvd #100
Colorado Springs, CO 80919
(719) 593-1969

TREATMENT PLAN

PATIENT: Marshall Hopkins DATE:7/26/94

DIAGNOSIS: Cervical, thoracic, and lumbar fixations

HISTORY OF TRAUMA/CONDITION: Auto accident Jan 3, 1992

PATIENT/DOCTOR GOALS: Decrease pain and muscle spasm
increase strength and Range of motion
Instruction in Posture and body mechanics
Instruction in Williams exercises

SUPPORTS: Cervical pillow
Firm Matress
Lumbar car support
Rest

PHYSICAL THERAPY: Intersegmental traction
Heat packs

EXERCISE: Stretching
Strenghtening
Aerobic conditioning at a health club

TREATMENT PROGRAM: 2x/wk for 4 weeks
re-evaluate

Jack C. Harvey, D.C.

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N
D Ho[illegible]ins, Marshall 15430

372-0147 } Hm. &
689 2637 } Wk.

History of Present Condition / Interim History

Complaints / Symptoms (inc. freq. & dur.)

1
2
3
4
5
6 Ex
7 Sm
8 ETOH
9 Caff
10
Rx Dx
Sx Vx
Fx Hx
Ax Ft

Diagnosis

TREATMENT

2x/day	1x/wk
Daily	1x/2wks
3x/wk	1x/3wks
2x/wk	1x/4wks

DATE	TCP	THP	TIT	TUS	TES	X-RAYS/ OTHER	COMMENTS
7-26-94						ENA	(E) CZ + LTI - L5 L3 - Anterior — (Fri)
07-29-94						cancelled	— in mtg - WC on 8-1-94
8-12-94							(E) CC & LS BR & Pain Deviation — Severe Bads in
							Neck & Non Back - Burning in (E) LST
							CS Bp — Treatment Plan after (Ah)
							Able to follow through

BEST COPY

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

PHYSICAL PROFILE SERIAL REPORT

PATIENT ID (Use plastic card or type/print name)	GRADE	DATE
Hopkins Marshall H	E7	940709
	AFSC 81470	(b) (6) [redacted]
	UNIT 302AhCF	
	BASE PAFB Co	

PROFILE	P	U	L	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS	4	1	1	1	1	1	W	TYPE AND RH	
REVISED TEMPORARY	4	1	1	1	1	1	T	G6PD	DEFICIENCY ☐ NO ☐ YES
REVISED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT ☐ NO ☐ YES

RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION: 7 Aug 94

WORLD-WIDE QUALIFIED: ☐ YES ☒ NO

INDIVIDUAL DEFECTS/RESTRICTIONS

PASSES COLOR VISION: ☒ YES ☐ NO

Multiple illnesses (insomnia, migraine headache, gastritis) prohibit world-wide deployment. Currently member is being evaluated for above.

☐ MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE (AAC) 37 APPLIES.

As shown by examination or review of Health Record or current course of treatment, individual is cleared for

☐	OVERSEAS ASSIGNMENT	☐	RETIREMENT/SEPARATION WITHIN ONE (1) YEAR
☐	REMOTE/ISOLATED TOUR	☐	OTHER (Specify)

REMARKS

TYPED OR PRINTED NAME AND GRADE OF HEALTH CARE PROVIDER	SIGNATURE
TYPED OR PRINTED NAME AND GRADE OF PES MANAGER SUSAN A BROWNSBERGER, MSGT, USAFR (ART)	SIGNATURE
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER EDWARD T KIMBLE, COL, USAFR, MC, FS	SIGNATURE MD

DPMUO	DPMUM	DPMU(R)	DPMPC	DPMAR		

AF Form 422, APR 89 *PREVIOUS EDITION WILL BE USED* COPY 1 - HEALTH RECORD

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513-109 NSN 7540-00-634-4127

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO: Pulmonary (FAMC)

FROM: (Requesting physician or activity) 302 MRS Flight Surgeons Peterson AFB

DATE OF REQUEST: 9 July 94

REASON FOR REQUEST (Complaints and findings)

50 Y/O W/M chronic cought with duration at least since 1992. Some shortness of breath at altitude Victor Co. Chest X-Ray some granulomas present 1992 Non smoker. Currently DNIF due to fibromyalgia

PROVISIONAL DIAGNOSIS: Chronic Bronchitis

DOCTOR'S SIGNATURE: R J Blake Schultz [redacted] Col USAFR (MC) AFRES 302 MRS Peterson AFB

APPROVED: ET [illegible] MD

PLACE OF CONSULTATION: ☐ BEDSIDE ☑ ON CALL

☑ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

Wt 196 B/P 122/70 P 68 O_2 sat 9.94 Rom A.

28 JUL 1994

PROBLEM LIST ENTRY REQUIRED YES NO

Chronic cough

CXR ⊖ some hoarseness ⊕ heartburn

? wheezing in part

1. PFTs pre + post β-agonist
2. ENT consult
3. Trial of prilosec
4. trial of Vancenase
5. F/U in Sept

(Continue on reverse side)

SIGNATURE AND TITLE: [signature] JAMES L. MEYER [redacted] MAJ MC PULMONARY - CRITICAL CARE

DATE: 7/28/94

IDENTIFICATION NO.: | ORGANIZATION: | REGISTER NO.: | WARD NO.: H

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; gra[redacted]

Hopkins Marshall H. [redacted]

20 [redacted] Mst 302 ALCF

[redacted]

CONSULTATION SHEET

Medical Record

NDARD FORM 513 (REV. 7-91)
scribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

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Slyow ♂ on reserve full time works airlift control referred by DR SCHULTZ for chronic cough and wheezing. Egypt, Arkansas, Saudi Arabia, Lybia germany, COL, OKANAWA All over Conus Swest. cough 1991 steadily worse over years. especially c̄ speech, liquids help slightly + hoarse. 4-5 times/day now. occas sputums clear. NOT congested. irritation. no sinus problem. ⊕ post nasal drip. winter c̄ lung congestion. heartburn 3/week. chest pain c̄ congestion. SOB off and on DOE. no PND orthopnea no edema. Dust as Farmer. chickens at home. no birds/pets NO TB exposure ⊖ppd.

PMH
Chronic HA
upper shoulder and back pain
CLBP
Tic douloureux
NAUSEA
H/o MVA 3Jan91
L5 Radiculopathy
Fibromyagia

PSH 2 hernia repairs

All NKDA
Sinequan – Disoriented
Dilantin – sluggish

Smoke
Quit 1972
2ppd x 12 years

ETOH
Quit 1972

Fhx ∅

Meds
∅

122/70 68 74% 196

Ekg July 94
Normal

Gen WDWNWO♂

Lung CTA

CV RRR ⅓ m rub Brius.

ADD ∅

Ext ⅓ CCE

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513-109

NSN 7540-00-634-4127

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
Pulmonary	Flight Surgeons 302 MRS Peterson AFB	9 July 94

REASON FOR REQUEST (Complaints and findings)

50 Y/O W/M chronic cought with duration at least since 1992. Some shortness of breath at altitude Victor Co, Chest X-Ray some granulomas present 1992 Non smoker. Currently DNIF due to fibromyalgia

PROVISIONAL DIAGNOSIS Chronic Bronchitis

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
[redacted] Alan Schultz Col USAFR MD AFRB 302 MRS Peterson AFB CO	[signature] MD	☐ BEDSIDE ☑ ON CALL	☑ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

consult sent 12 Jul 94 0900 AB.
member called 0845 12 Jul 94 to clarify LOD info. MSG left. AB.

(Continue on reverse side)

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank) [redacted]

Hopkins, Marshall H.

20/[redacted]

Mgt 302 ALCF

[redacted]

CONSULTATION SHEET

Medical Record

ARD FORM 513 (REV. 7-91)
bed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

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Standard Form 88
Revised 10/75
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.806-9

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME: Hopkins Marshall Hugh	2. GRADE AND COMPONENT OR POSITION: E-7 USA	(b) (6)	(b) (6)
(b) (6)	5. PURPOSE OF EXAMINATION: Annual Flying Class III		6. DATE OF EXAMINATION: 9 Jan 94 / 940709
7. SEX: Male	8. RACE: Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE: MILITARY 20 / CIVILIAN —	10. AGENCY: DAF
			11. ORGANIZATION UNIT: 302ALCF Dy Ph: 6 6102
(b) (6)	13. PLACE OF BIRTH: Lamed KS		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN: 1795 R. St Penrose CO 80214 Karol A. Hopkins Spouse
R EXAMINER, AND ADDRESS: 302 Medical Sq, Peterson AFB, CO 80914-5000			16. OTHER INFORMATION: AFSC: X1A271 Total Years Reserve Service: 12 yrs
17. RATING OR SPECIALTY: Load master (C-130B/E)		TIME IN THIS CAPACITY (Total): 2700 Hours	LAST SIX MONTHS: 0 Hours

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
	18. HEAD, FACE, NECK AND SCALP	X
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS—GENERAL (Ext & ext canals) (Auditory acuity under items 70 and 71)	
✓	23. DRUMS (Perforation)	
✓	24. EYES—GENERAL (Visual acuity and refraction under items 58, 60 and 62)	
✓	25. OPHTHALMOSCOPIC	
✓	26. PUPILS (Equality and reaction)	
✓	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
✓	28. LUNGS AND CHEST (Include breasts)	
✓	29. HEART (Thrust, size, rhythm, sounds)	
✓	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
✓	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
✓	33. ENDOCRINE SYSTEM	
✓	34. G-U SYSTEM	
✓	35. UPPER EXTREMITIES (Strength, range of motion)	
✓	36. FEET	
✓	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
✓	38. SPINE, OTHER MUSCULOSKELETAL	
✓	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
✓	40. SKIN, LYMPHATICS	
✓	41. NEUROLOGIC (Equilibrium tests under item 72)	
✓	42. PSYCHIATRIC (Specify any personality deviation)	
N/A	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

18 Hypersensative Right side of face to light touch

23. Valsalva Normal - bilaterally.

28. Lungs clear to auscultation

31. 5" left inguinal scar No recurrent hernia impulse

32. Rectal exam Normal. Prostate Normal. Occult blood neg.

35. 1½" scar lateral side left wrist w/ROM

37. 1½" scar left knee pre-patellar w/ROM Left knee Hyperextends 10°. Click of medial meniscus with rotation of flexed tibia on femur. Range of motion 0-150° Both knees. Tenderness, Flexion 40° Extension 20° Left lateral Bend 25° Left lateral Bend 25°

38. Tenderness

41. Normal reflexes

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	X	X	X	O									O	X	X	X	

Restorable teeth; Non-restorable teeth; Missing teeth; Replaced by dentures; Fixed Partial dentures

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Type 2
Class 2

Qualified/Disqualified

LABORATORY FINDINGS

45. URINALYSIS A. SPECIFIC GRAVITY (1.006-1.030) 1.021
B. ALBUMIN Neg
C. SUGAR Neg
D. MICROSCOPIC 0-1 RBC

46. CHEST X-RAY (Place, date, film number and result) —

47. SEROLOGY (Specify test used and result) —

48. EKG See attached report

49. BLOOD TYPE AND RH FACTOR A pos

50. OTHER TESTS FBS(68-110)104 Chol(132-230)258 Trig(up to 210)284 HDL-38 HIV- G6PD-normal Hgb-S-Neg HGB(14-18)M 15.9 (12-16)F

SG OVERPRINT JUN 92

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MAX- 218

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
73½	196½	Brown	Blue	☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	—

57. BLOOD PRESSURE (*Arm at heart level*)

A SITTING	SYS. 122 / DIAS. 88	B RECUMBENT	SYS. — / DIAS. —	C STANDING (3 min.)	SYS. — / DIAS. —

58. PULSE (*Arm at heart level*)

A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
64	—	—	—	—

59. DISTANT VISION

RIGHT 20/ 17	CORR TO 20/ 17		
LEFT 20/ 17	CORR TO 20/ 17		

60. REFRACTION ~~Manifest~~ Neutral

BY	S.	CX	
Pl	—	—	
-0.12	-0.25	180	

61. NEAR VISION

20/200	CORR. TO 20/50	BY	+200 ADD
20/200	CORR. TO 20/50	BY	

62. HETEROPHORIA (*Specify distance*) VTA-ND (Far)

ES°	EX°	R. H.	L. H.	PRISM DIV.	~~PRISM CONV.~~ CT	PC	PD
0	2	0	0.5	—	ortho	60	62/59

63. ACCOMMODATION

RIGHT — LEFT —

64. COLOR VISION (*Test used and result*)

VTS-CV (Passed/Failed) B/R

65. DEPTH PERCEPTION (*Test used and score*)

VTA-ND Passed (F)

UNCORRECTED passes (F)

CORRECTED —

66. FIELD OF VISION

Confrontation Normal

67. NIGHT VISION (*Test used and score*)

NIBH

68. RED LENS TEST

—

69. INTRAOCULAR TENSION

OD: 08 OS: 09

70. HEARING

RIGHT WV — /15 SV — /15

LEFT WV — /15 SV — /15

71. AUDIOMETER Maico Ansi 69

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT	X	10	10	30	25	25	45	X
LEFT	X	0	0	20	25	35	35	X

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

—

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

All Positive items of medical history have been previously documented or listed below.

#60 Refr. OD Pl D.S. OS +0.25 -0.25 x 180 20/15-1 15 +200 ADD 20/20 20

Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, history of motion sickness or disturbance of consciousness, irradiation therapy, and all other significant medical or surgical history.

(*Use additional sheets if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

18 Tic douleroux right
38 Lumbar fibromyalgia
73 Chronic cough.
48. Abnormal EKG
50 High Chol, Trig,
61. Defective near vision Od. ~~corrited~~ Corrective to 20/200
71. ~~Hr~~ HF Hearing loss

75. RECOMMENDATIONS – FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

Pulmonary consultation, wear corrective lenses, wear hearing protection, see physician for EKG, + high blood work

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
4	1	1	1	1	

77. EXAMINEE (*Check*)

A. ☐ IS QUALIFIED FOR
B. ☒ IS NOT QUALIFIED FOR

Worldwide Duty/Flying Class III

B. PHYSICAL CATEGORY

A	B	C	E
—	—	—	—

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF ~~PHYSICIAN~~ Examiner — SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE [signature]

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — SIGNATURE [signature] Johnson LC

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

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STANDARD FORM 93
REV. OCTOBER 1974
GSA FPMR 101-11.8

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME
Hopkins Marshall H

(b) (6) [redacted]

(b) (6) [redacted]

Load master

5. PURPOSE OF EXAMINATION
FLT. Phy (Long)

6. DATE OF EXAMINATION
940208

7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)
362 TAC HOSPITAL
Peterson AFB, CO 80914-50[illegible]

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)
Not Very Good.

NO medications currently.

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
✓		Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas
	✓		Rheumatic fever
✓			Swollen or painful joints
✓			Frequent or severe headache
	✓		Dizziness or fainting spells
✓			Eye trouble
	✓		Ear, nose, or throat trouble
✓			Hearing loss
	✓		Chronic or frequent colds
	✓		Severe tooth or gum trouble
	✓		Sinusitis
	✓		Hay Fever
	✓		Head injury
	✓		Skin diseases
	✓		Thyroid trouble
	✓		Tuberculosis
	✓		Asthma
	✓		Shortness of breath
	✓		Pain or pressure in chest
✓			Chronic cough
	✓		Palpitation or pounding heart
	✓		Heart trouble
	✓		High or low blood pressure

YES	NO	DON'T KNOW	(Check each item)
✓			Cramps in your legs
✓			Frequent indigestion
✓			Stomach, liver, or intestinal trouble
	✓		Gall bladder trouble or gallstones
✓			Jaundice or hepatitis
✓			Adverse reaction to serum, drug, or medicine
✓			Broken bones
	✓		Tumor, growth, cyst, cancer
✓			Rupture/hernia
	✓		Piles or rectal disease
	✓		Frequent or painful urination
	✓		Bed wetting since age 12
✓			Kidney stone or blood in urine
		✓	Sugar or albumin in urine
	✓		VD—Syphilis, gonorrhea, etc.
	✓		Recent gain or loss of weight
	✓		Arthritis, Rheumatism, or Bursitis
	✓		Bone, joint or other deformity
✓			Lameness
	✓		Loss of finger or toe
✓			Painful or "trick" shoulder or elbow
✓			Recurrent back pain

YES	NO	DON'T KNOW	(Check each item)
	✓		"Trick" or locked knee
	✓		Foot trouble
	✓		Neuritis
	✓		Paralysis (include infantile)
	✓		Epilepsy or fits
✓			Car, train, sea or air sickness
✓			Frequent trouble sleeping
	✓		Depression or excessive worry
✓			Loss of memory or amnesia
✓			Nervous trouble of any sort
	✓		Periods of unconsciousness

12. FEMALES ONLY: HAVE YOU EVER

			Been treated for a female disorder
			Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?
USAFR Loadmaster

14. ARE YOU (Check one)
☐ Right handed ☐ Left handed

93-102-02

EXCEPTION TO SF 93
APPROVED BY OIRM 12/83

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	#18 Hernia Repair 1968 St. Joesph Hosp. Denver Doctor Unknown #19 Hernia Repair 1973 Memorial Hosp. Denver Doctor Unknown
	✓	B. Inability to perform certain motions.	
		C. Inability to assume certain positions.	
		D. Other medical reasons (If yes, give reasons.)	
	✓	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).	
	✓	17. Have you ever been denied life insurance? (If yes, state reason and give details.)	
✓		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
	✓	19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why and name of doctor and complete address of hospital.)	
✓	✓	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
✓		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
✓		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Hopkins Marshall H	Marshall H Hopkins

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important and record any significant findings here.)

ALL POSITIVE ITEMS OF MEDICAL HISTORY HAVE BEEN PREVIOUSLY DOCUMENTED OR LISTED BELOW.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
	9 Jul 94	[illegible]	

REVERSE OF STANDARD FORM 93

☆ GOVERNMENT PRINTING OFFICE: 1984-447-685/18419

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PHYSICAL PROFILE SERIAL REPORT

PATIENT ID (Use plastic card or type/print name)	GRADE	DATE
HOPKINS, MARSHALL	MSGT	27 June 94
	AFSC 1A271	(b) (6) [redacted]
	UNIT 302 ALCF	
	BASE Peterson AFB, CO	

PROFILE	P	U	L	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS	1	1	1	1	1	1	W	TYPE AND RH	A pos
REVISED TEMPORARY	4	1	1	1	1	1	T	G6PD	DEFICIENCY [X] NO [ ] YES
REVISED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT [X] NO [ ] YES

RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION: 9 Jul 94

WORLD-WIDE QUALIFIED [ ] YES [X] NO

PASSES COLOR VISION [X] YES [ ] NO

INDIVIDUAL DEFECTS/RESTRICTIONS

MULTIPLE ILLNESSES (INSOMNIA, MIGRAINE HEADACHE, GASTRITIS) PROHIBIT WORLD-WIDE DEPLOYMENT. CURRENTLY MEMBER IS BEING EVALUATED FOR ABOVE.

[ ] MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE (AAC) 37 APPLIES.

As shown by examination or review of Health Record or current course of treatment, individual is cleared for

[ ]	OVERSEAS ASSIGNMENT	[ ]	RETIREMENT/SEPARATION WITHIN ONE (1) YEAR
[ ]	REMOTE/ISOLATED TOUR	[ ]	OTHER (Specify)

REMARKS

Pending MEB evaluation.

TYPED OR PRINTED NAME AND GRADE OF HEALTH CARE PROVIDER	SIGNATURE
TYPED OR PRINTED NAME AND GRADE OF PES MANAGER SUSAN A BROWNSBERGER, MSGT, USAFR (ART)	SIGNATURE
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER EDWARD T KIMBLE, COL, USAFR, MC, FS	SIGNATURE mp

DPMUO	DPMUM	DPMU(R)	DPMPC	DPMAR		

AF Form 422, APR 89 *PREVIOUS EDITION WILL BE USED* COPY 1 - HEALTH RECORD

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HOPKINS MARSHELL
MALE,CAUCASIAN AGE 41
TALL-NORMAL PSC 0
CART 78 PC 1 MED 9 IND 00
REPORT 20- II(b) (6) -20
V2M0 13-JUL-85 09:08
PRINT 16-JUL-85 09:04

DUR PR 183 QRS 86 QT 450
AXES P 26 Q 30 T 12
F:GERALD THURMAN,MC,USAF

* SINUS BRADYCARDIA, RATE 45
* OTHERWISE NORMAL ECG

zC

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NAME Hopkins, Meesner
NO 7575 DATE

I	AVR	V1	V4
II	AVL	V2	V5
III	AVF	V3	V6

AGE RATE
AXIS PR
QRS QT
RX
MD

STANDARDIZATION PULSE

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Exception to SF 520
Approved by OIRM 5/83

CLINICAL RECORD | **ELECTROCARDIOGRAPHIC RECORD** | PREVIOUS ECG ☐ YES ☐ NO

CLINICAL IMPRESSION: Annual Flying Class III Physical

MEDICATION: Predasone

☐ EMERGENCY ☒ ROUTINE ☐ BEDSIDE ☐ AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B.P.	SIGNATURE OF WARD PHYSICIAN	DATE
41	M	Cau	74	172	110/90	ALAN H. HALL, Capt, USAFR, MC, FS	13 Jul 85

RHYTHM

AXIS DEVIATION (QRS)

RATES AURIC. VENT.

INTERVALS PR QRS QT

P WAVES

QRS COMPLEXES

RS—T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS *(Specify)*

PRECORDIAL LEADS *(Specify)*

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

See Attached Computer Readout

(Continue on reverse)

NO. ECG	SIGNATURE OF PHYSICIAN	PATIENT'S IDENTIFICATION NO.	DATE

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

REGISTER NO.	WARD NO.

Hopkins, Marshall
SSgt 731 TAS (AFRES)
(b) (6) [redacted]
302 TAC Hospital, Peterson AFB, CO 80914

ELECTROCARDIOGRAPHIC RECORD
(Attach Tracings to SF-507)
STANDARD FORM 520
General Services Administration and
Interagency Committee on Medical Records
FPMR 101—11.806—8
OCTOBER 1975 520-106-01

☆ U.S. GOVERNMENT PRINTING OFFICE: 1983—417-030(147)

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HEARING CONSERVATION DATA

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

ZIP CODE/APO: 80914

DOD COMPONENT: F (A-ARMY, N-NAVY, F-AIR FORCE, M-MARINE CORPS, 1-OTHER DOD ACTIVITY)

SERVICE COMPONENT: V (R-REGULAR, V-RESERVE, G-NATIONAL GUARD, 1-OTHER)

(b) (6) [redacted]

LAST NAME—FIRST NAME—MIDDLE INITIAL: Hopkins, Marshall

SEX: M (M-MALE, F-FEMALE)

(b) (6) [redacted]

GRADE: E05

CIVILIAN:

SERVICE DUTY OCCUPATION CODE: 11470

MAILING ADDRESS OF ASSIGNMENT: 731 TAS/DOLM 80914

LOCATION—PLACE OF WORK: 0063 FAFC 083A

MAJOR COMMAND: AFRES

DUTY PHONE: 7258

AUDIOMETRY

PURPOSE: 2 (1—90 DAY, 2—ANNUAL, 3—TERMINATION, 4—OTHER)

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year 85, month 07, day 13)	5	5	10	25	20	30	0	0	10	15	10	20
REFERENCE AUDIOGRAM DATE (year 74, month 06, day 08)	10	5	0	10	5	30	10	10	10	15	10	20
THRESHOLD SHIFT (+=Poorer —=Better)		0	+10	+15	+15			-10	0	0	0	

1 (1-No 2-Yes) Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify supervisor ● Followup No.1 after minimum 15 hours noise free

NAME OF EXAMINER (Last, first, MI): Conque, Linda E.

TRAINING CERT NO.: 82-36

SSN: (b) (6) [redacted]

SERVICE DUTY OCCUPATION CODE: 90270C

OFC SYMBOL: 59A

TYPE: 1 (1-Manual 2-Self-recording (auto) 3-Microprocessor)

MODEL: 10D

MANUFACTURER: Beltone

SERIAL NO.: 27476

LAST ELECTROACOUSTIC CALIB DATE: year 85, month 03, day 14

FOLLOWUP NO. 1 ☐ Minimum 15 hours noise free

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year, month, day)												
REFERENCE AUDIOGRAM DATE (year, month, day)												
THRESHOLD SHIFT (+=Poorer —=Better)												

☐ (1-No 2-Yes) Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify Supervisor ● Cleared by medical reviewer before Followup No. 2

NAME OF EXAMINER (Last, first, MI)

TRAINING CERT NO.

SSN

SERVICE DUTY OCCUPATION CODE

OFC SYMBOL

TYPE: ☐ (1-Manual 2-Self-recording (auto) 3-Microprocessor)

MODEL

MANUFACTURER

SERIAL NO.

LAST ELECTROACOUSTIC CALIB DATE (year, month, day)

FOLLOWUP NO. 2 ☐ Minimum 40 hours noise free since Followup No. 1

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year, month, day)												
REFERENCE AUDIOGRAM DATE (year, month, day)												
THRESHOLD SHIFT (+=Poorer —=Better)												

Significant threshold shift (STS) 20dB or greater ☐ (1-No 2-Yes)

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Refer to appro directive ● Requires medical disposition ● Validated by reviewer ● Orig in health record ● Send copy to appro registry

NAME OF EXAMINER (Last, first, MI)

TRAINING CERT NO.

SSN

SERVICE DUTY OCCUPATION CODE

OFC SYMBOL

TYPE: 1 (1-Manual 2-Self-recording (auto) 3-Microprocessor)

MODEL

MANUFACTURER

SERIAL NO.

LAST ELECTROACOUSTIC CALIB DATE (year, month, day)

REVIEWED & VALIDATED BY: Lora Leitenbecher

SERVICE DUTY OCCUPATION CODE: 90600

AUTOVON: 693-4839

SSN: (b) (6) [redacted]

OFC SYMBOL: 59A

DD FORM 1 SEP 79 2216 REPLACES F FORM 1490, MAR 73, WHICH IS OBSOLETE.

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COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

CLINICAL CHEMISTRY
21ST MEDICAL GROUP/SGHL
PETERSON AFB, CO 80914-1540

LAST NAME: HOPKINS
FIRST NAME: MARSHALL
AGE: 50y
DOCTOR: RESERVE
HM/DT PHONE:689-2637

SEX: M
UCA: FCDA
STAT FLAG: N

FMP/SSAN: 20 (b) (6)
SAMPLE ID: 071141
Run Date: 07/11/94

COMMENTS:

TEST NAME	RESULTS	FLAG	UNITS	NORMAL RANGE	CODES
GLUCOSE	104		MG/DL	68 - 110	
CHOLESTEROL	258	HIGH	MG/DL	132 - 200	
TRIGLYCERIDES	284	HIGH	MG/DL	0 - 210	
HDL CHOLESTEROL	38		MG/DL	30 - 90	
TOTAL CHOL/HDL RATIO	6.8	HIGH	RATIO	3.7 - 6.7	
LDL CALCULATION	164	HIGH	CALC	0 - 130	

»»»»»»»»»»» Panels »»»»»»»»»»»
CARE PANEL
»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»

CURRENT DATE: 07/11/94
REVIEWED BY _____

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ARMSTRONG LABORATORY / AOEL
EPIDEMIOLOGY DIVISION
BROOKS AFB TX 78235-5000
REFERENCE LABORATORY REPORT (CAP#21420-01-0201)

* * * * * * * * * * * PERSONAL DATA - PRIVACY ACT OF 1974 * * * * * * * * * * *

HOPKINS,MARSHALL H SSN: 20[redacted] (b) (6) 07/19/94 5:15
Home Phone: Sex: M Age: 50y Loc: RESERVE UNIT 302

MTF Provider: UNK MTF Identifier:
Specimen: SERUM. YE 0700 2850
Date Received: 07/15/94 14:04 Date Completed: 07/18/94 13:37

Test name	Result	units	Ref. range
HIV ELISA SCREEN	NEGATIVE		
Eval:			NORMAL: NEGATIVE

KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value

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MEDICAL EXAMINATION—FLYING PERSONNEL

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974—USE BLANKET PAS-DD Form 2005)

INSTRUCTIONS

Items 1-12. Self explanatory.
Item 13. Flight Duty Performed—Enter rating and type of aircraft, for example, Pilot/KC-135, Radar Navigator/B-52.
Item 14. ASC—Enter current aviation service code from AFM 300-4, Vol 1.
Item 15. Total Flying Hours—Enter total flying hours since entry into aviation service.
Item 16. Total Flying Hours Last Six Months—Enter total flight hours during the last six months prior to this examination.
Item 17. Self-explanatory.
Item 18. Height—Record height to the nearest half inch or the nearest centimeter, with examinee in stocking feet.
Item 19. Weight—Weigh examinee in minimum clothing and record weight to the nearest pound or half of a kilogram.
Item 20. Visual Acuity—Record best uncorrected distant and near vision and best corrected distant and near vision.
Item 21. Auditory Acuity—Record pure bone threshold for each year at frequencies 500, 1000, 2000, 3000, 4000, and 6000 Hz.
Item 22. Type of Instrument Used—Record type of instrument used and its calibration standard.
Item 23. History and Remarks—Enter significant history since last complete medical examination and any other remarks the examining Flight Surgeon feels are pertinent.
Item 24 and 25. Self-explanatory.

1. NAME (Last, First, Middle Initial)	2. GRADE	(b) (6) redacted	5. AGE
Hopkins Marshall H	TSgt		42

6. SEX	7. RACE (Do not abbreviate)	8. AGENCY	9. UNIT OF ASSIGNMENT	10. MAJCOM
M	Caucasian	DAF	731 TAS	MAC

11. DATE OF EXAMINATION (Day, mo, yr)	12. NAME AND BASE OF EXAMINING FACILITY
07 07 86	USAF Clinic Peterson AFB CO 80914-5000

13. FLIGHT DUTY PERFORMED	14. ASC	15. TOTAL FLYING HOURS	16. TOTAL FLYING HOURS LAST 6 MONTHS
Loadmaster	A11470	1500	169

17. BLOOD PRESSURE (Sitting with arm at heart level)		18. HEIGHT	19. WEIGHT
SYSTOLIC	DIASTOLIC		
110	74	75	172

20. VISUAL ACUITY

EYE	DISTANT		NEAR	
RIGHT	20/20	CORR TO 20/ —	20/30	CORR TO 20/20
LEFT	20/20	CORR TO 20/ —	20/70	CORR TO 20/20

21. AUDITORY ACUITY	22. TYPE OF INSTRUMENT USED
500-6000 Hz	Beltone

CALIBRATION STANDARD ☐ ISO ☐ ASA ☒ ANSI 69 ☐ OTHER

EAR	250	500	1000	2000	3000	4000	5000	6000
RIGHT		15	10	25	25	20		25
LEFT		15	10	20	20	15		30

23. HISTORY AND REMARKS

NSIH since last PE (13 Jul 85)
~~Needs further visual acuity evaluation and possible correction~~
Recieved glasses today. Needs to wear glasses while performing aircrew duties.

24. TYPE OR PRINT NAME OF MEDICAL OFFICER	25. SIGNATURE
MAJOR ALFRED O. SELLERS M.D. USAF MC FS (b) (6) redacted CHIEF AEROSPACE MEDICINE, USAF CLINIC PETERSON AFB, CO 80914-5300	

AF FORM 1042, OCT 81

☆U.S. Government Printing Office: 1981—360-979/32

(File in Outpatient Record)

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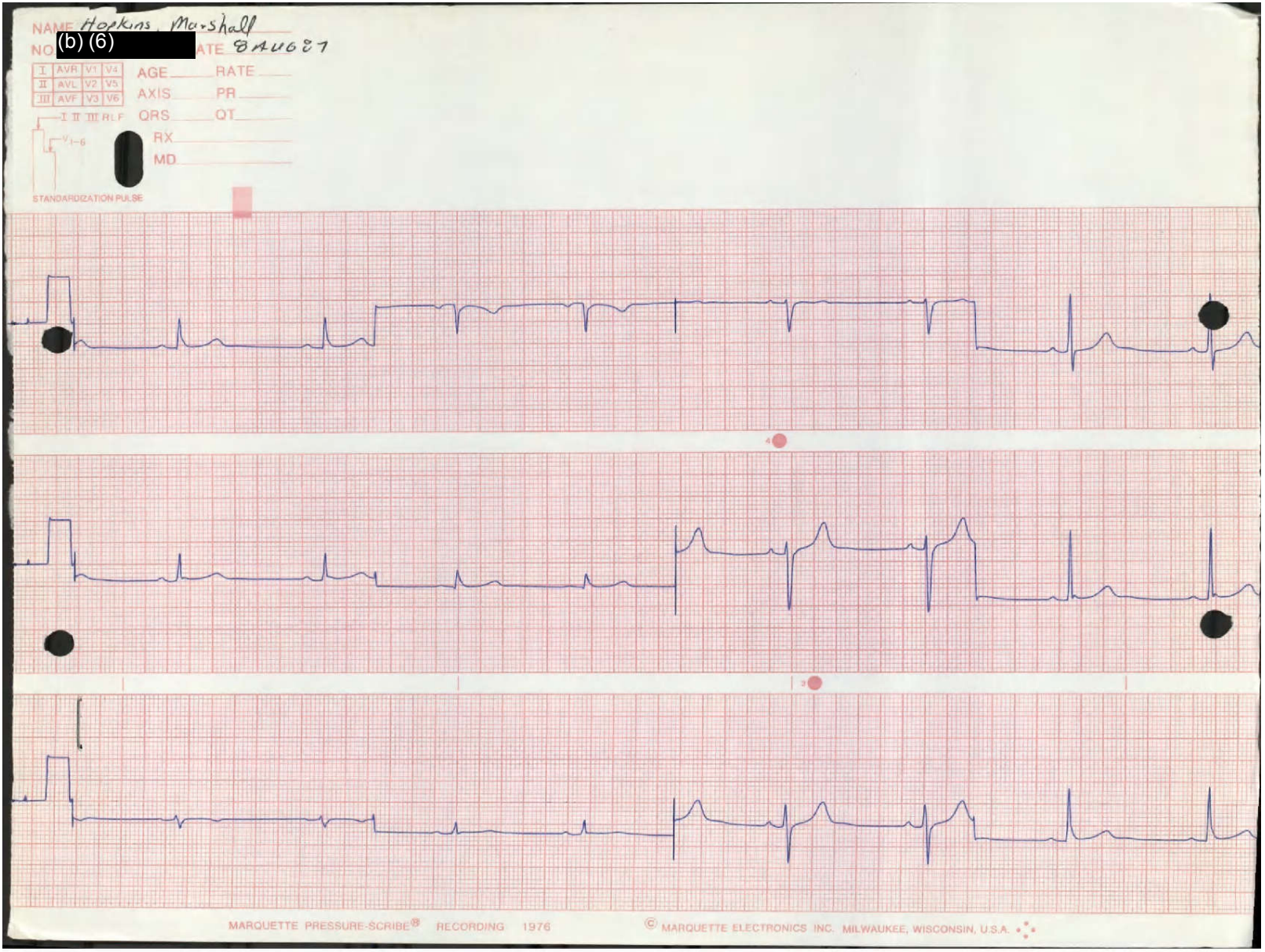

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PULMONARY FUNCTION STUDIES

FACILITY	WARD

PATIENT IDENTIFICATION
Hopkins Marshall H

AGE	HT (cm)	WT	SEX	RACE	SEA M2	DATE
44		170	M	C		870808

PREVIOUS STUDIES ☐ YES ☐ NO

REQUESTED BY

SMOKING HISTORY
☐ NON-SMOKER
☒ FORMER SMOKER/YR QUIT 72
☐ SMOKER/PACK YRS

SUSPECTED PULMONARY DIAGNOSIS

LUNG SURGERY/DATE

SPIROMETRY

ITEM	PREDICTED	PRE-DILATORS OBSERVED	PRE-DILATORS % PREDICTED	POST-DILATORS OBSERVED	POST-DILATORS % PREDICTED
VITAL CAPACITY VC (FVC)	5.2 cc	4.6 cc	88 %	cc	%
FORCED EXP VOL 1 SECOND (FEV_1)	4.1 cc	3.8 cc	93 %	cc	%
FEV_1/FVC	79	83 %		%	
MAX MID FLOW RATE (MM FR OR FEF 25-75)	L/SEC	L/SEC	%	L/SEC	%
MAXIMUM VOLUNTARY VENTILATION (MVV)	L/MIN	L/MIN	%	L/MIN	%

LUNG VOLUMES
☐ HE ☐ BOX ☐ N_2

PREDICTED	OBSERVED	% PREDICTED
FRC		
ERV		
RV		
TLC		
RV/TLC %		

ARTERIAL BLOOD GAS VALVES

TEST	REST	STANDING	100% O_2
pH			
PCO_2 MMHG			
PO_2 MMHG			
% SAT			
A-a GRAD			
HCO_3 MEQ/L			

TECHNICIAN REMARKS AND SIGNATURE
Karen Lehman Sgt

DIFFUSING CAPACITY (DL CO) ml/mm/mmHg

	PREDICTED	OBSERVED	% PREDICTED
SINGLE BREATH (Resting)			
STEADY STATE (Resting)			
STEADY STATE (Exercise)			

INTERPRETATION

PHYSICIAN SIGNATURE
[signature]

AF FORM JAN 82 1226

☆ U.S. Government Printing Office 1985—460-983/23503

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REFERENCE AUDIOGRAM

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

ZIP CODE/APO: 80914

DOD COMPONENT: F — A–ARMY, N–NAVY, F–AIR FORCE, M–MARINE CORPS, 1–OTHER DOD ACTIVITY

SERVICE COMPONENT: V — R–REGULAR, V–RESERVE, G–NATIONAL GUARD, 1–OTHER

PERSONAL DATA

(b) (6) [redacted]

LAST NAME–FIRST NAME–MIDDLE INITIAL: HOPKINS, MARSHALL H.

SEX: F — M–MALE, F–FEMALE

(b) (6) [redacted]

PAY GRADE, UNIFORMED SERVICES: E06

GRADE, CIVILIAN:

SERVICE DUTY OCCUPATION CODE: A11470

MAILING ADDRESS OF ASSIGNMENT: 731 TAS/DOLM Peterson AFB, CO 80914

LOCATION–PLACE OF WORK: 0063 FAFC 083A

MAJOR COMMAND: AFRES

DUTY PHONE: 7258

AUDIOMETRY

3
1. REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS
2. REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES
3. REFERENCE RE–ESTABLISHED AFTER FOLLOWUP PROGRAM

HEARING THRESHOLD LEVELS OF TEST FREQUENCIES RE: ANSI S3.6

LEFT EAR						RIGHT EAR					
500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
15	15	20	30	35	15	10	15	40	40	35	30

DATE OF AUDIOGRAM (year month day): 89 05 23

DAY OF WEEK: 3 — 1-SUN, 2-MON, 3-TUES, 4-WED, 5-THURS, 6-FRI, 7-SAT

MIL-TIME-DAY: 1430

HOURS SINCE LAST NOISE EXPOSURE: 40

ENT PROBLEM AT TIME OF TEST: 3 — 1–NO, 2–YES, 3–UNKNOWN

EXAMINER

LAST NAME–FIRST NAME–MIDDLE INITIAL: Deitrick, Karol J

TRAINING CERT NO.: (b) (6) [redacted]

SERVICE DUTY OCCUPATION CODE: 90150

OFFICE SYMBOL: SGP

AUDIOMETER

TYPE: 3 — 1-MANUAL, 2-SELF-RECORDING (automatic), 3-MICROPROCESSOR

MODEL: MA728

MANUFACTURER: MAICO

SERIAL NUMBER: 30611

LAST ELECTROACOUSTIC CALIB DATE (year month day): 88 10 04

PERSONAL HEARING PROTECTION

TYPE USED: 1 — 1-SINGLE FLANGE (V51R), 2-TRIPLE FLANGE, 3-HAND FORMED EARPLUGS, 4-EAR CANAL CAPS, 5-NOISE MUFFS, 6-OTHER

EARPLUGS ISSUED: 2 — 1-NO, 2-YES, 3-PREVIOUSLY ISSUED

SIZE EARPLUGS (R L): 1-XS, 2-S, 3-M, 4-L, 5-XL

DOUBLE PROTECTION USED: 2 — 1-NO, 2-YES

GLASSES WORN (including goggles): 2 — 1-NO, 2-YES

FREQUENCY GLASSES WORN: 1 — 1-ALWAYS, 2-SELDOM, 3-N/A

REMARKS

CONTENTS REVIEWED AND VALIDATED BY

NAME OF REVIEWER (Signature): Minnie L. Owens

SERVICE DUTY OCCUPATION CODE: 90670

AUTOVON: 692-483

(b) (6) [redacted]

OFFICE SYMBOL: SGA

DD FORM 1 SEP 79 2215 REPLACES AF FORM 1491, MAR 73, WHICH IS OBSOLETE.

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HEARING CONSERVATION DATA

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974.- Use Blanket PAS - DD Form 2005)

ZIP CODE/APO: 80911411

DOD COMPONENT: F (A-ARMY, N-NAVY, F-AIR FORCE, M-MARINE CORPS, 1-OTHER DOD ACTIVITY)

SERVICE COMPONENT: V (R-REGULAR, V-RESERVE, G-NATIONAL GUARD, 1-OTHER)

(b) (6) [redacted]

LAST NAME—FIRST NAME—MIDDLE INITIAL: Hopkins, Marshall H

SEX: M (M-MALE, F-FEMALE)

(b) (6) [redacted]

PAY GRADE, UNIF SVCS	GRADE, CIVILIAN	SERVICE DUTY OCCUPATION CODE	MAILING ADDRESS OF ASSIGNMENT
E06		A11490	731 TAS DOLM 80914

LOCATION—PLACE OF WORK	MAJOR COMMAND	DUTY PHONE
00663 FAFC 083A	AFRES	M258

AUDIOMETRY

PURPOSE: 2 (1—90 DAY, 2—ANNUAL, 3—TERMINATION, 4—OTHER)

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day) 88 01 09	10	5	20	25	25	30	10	5	30	20	20	40
REFERENCE AUDIOGRAM DATE (year month day) 74 06 08	10	5	0	10	5	30	10	10	10	15	10	20
THRESHOLD SHIFT (+=Poorer, -=Better)			+20	+15	+20			-5	+20	+5	+10	

2 (1-No Significant threshold shift, 2-Yes (STS) 20dB or greater)

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify supervisor ● Followup No.1 after minimum 15 hours noise free

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	(b) (6)	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL
Dettrick, Karol J	87-363	[redacted]	90150	SGP

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year month day)
3	MA728	MAICO	30611	88 10 04

FOLLOWUP NO.1 ☐ Minimum 15 hours noise free

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day) 89 05 06	15	20	35	35	35	30	15	10	25	30	30	25
REFERENCE AUDIOGRAM DATE (year month day) 74 06 08	10	5	0	10	5	30	10	10	10	15	10	20
THRESHOLD SHIFT (+=Poorer, -=Better)		+15	+35	+25	+30				+15	+15	+20	

2 (1-No Significant threshold shift, 2-Yes (STS) 20dB or greater)

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify Supervisor ● Cleared by medical reviewer before Followup No. 2

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	(b) (6)	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL
Dettrick, Karol J	87-363	[redacted]	90150	SGP

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year month day)
3	MA728	MAICO	30611	88 10 04

FOLLOWUP NO. 2 ☐ Minimum 40 hours noise free since Followup No. 1

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day) 89 05 23	15	15	20	30	35	15	10	15	40	40	35	30
REFERENCE AUDIOGRAM DATE (year month day) 74 06 08	10	5	0	10	5	30	10	10	10	15	10	20
THRESHOLD SHIFT (+=Poorer, -=Better)		+10	+20	+20	+30			+5	+30	+25	+25	

Significant threshold shift (STS) 20dB or greater: 2 (1-No 2-Yes)

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Refer to appro directive ● Requires medical disposition ● Validated by reviewer ● Orig in health record ● Send copy to appro registry

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	(b) (6)	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL
Dettrick, Karol J	87-363	[redacted]	90150	SGP

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year month day)
3	MA728	MAICO	30611	88 10 04

REVIEWED & VALIDATED BY:	SERVICE DUTY OCCUPATION CODE	AUTOVON	(b) (6)	OFC SYMBOL
Minnie L Simms	90670	692-4839	[redacted]	SGA

DD FORM 1 SEP 79 2216 REPLACES FORM 1490, MAR 73, WHICH IS OBSOLETE.

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REQUEST AND AUTHORIZATION FOR SEPARATION

(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974 - USE BLANKET PAS - AF FORM 11)

1. TYPE OF SEPARATION, MEMBER IS:
☒ DISCHARGED ☐ ENTRY LEVEL SEPARATION ☐ RELEASE FROM VOID ENLISTMENT ☐ RELEASED FROM EAD/REVERTS TO ANG
☐ RELEASED FROM ACTIVE DUTY/TRANSFERRED TO RESAF ☐ RELEASED FROM EAD/REVERTS TO RESAF ☐ DISMISSAL

2. AUTHORITY: ☐ BY DIRECTION OF THE PRESIDENT ☐ RESIGNATION ACCEPTED BY THE PRESIDENT

3. NAME (Last, First, MI), GRADE, SSAN	4. PLACE OF ENTRY ON ACTIVE DUTY OR ENLISTMENT
HOPKINS, MARSHALL H., MSGT (E-7), (b) (6)	PETERSON AFB, CO

5. HOME OF RECORD	6. FUTURE MAILING ADDRESS	7. ☐ UNDER 2 YEARS SERVICE (E-4 Only)
VICTOR CO	312 HALF VICTOR AVE VICTOR CO 80860	

8. PAFSC	9. RESERVE AF GRADE	10. MIL SVC OBLIGATION DATE	11. AERONAUTICAL RATING	12. FLYING STATUS
X1A271	E-7	NA	NA	☐ YES ☒ NO

13. EFFECTIVE DATE: 27 MAR96

14. CHARACTER OF SERVICE
☒ HONORABLE ☐ GENERAL (Under Honorable Conditions) ☐ UNCHARACTERIZED
☐ UNDER OTHER THAN HONORABLE CONDITIONS
☐ BAD CONDUCT DISCHARGE ☐ DISHONORABLE DISCHARGE

15. CERTIFICATE ISSUED
☒ DD FORM 256AF
☐ DD FORM 214

16. RELIEVED FROM ASSIGNMENT (Unit, Major Command, Address and Servicing CBPO)
UNIT: 320 ALCF PETERSON AFB CO 80914
MPF: 302 MSS, PETERSON AFB CO 80914

17. WILL PROCEED TO:
☐ PLACE OF ENTRY ON ACTIVE DUTY OR ENLISTMENT
☒ HOME OF RECORD ☐ HOME OF SELECTION

18. TRAVEL BY PRIVATE CONVEYANCE (TPC) ☐ NO ☐ YES, WITH DAYS TRAVEL TIME PERMITTED.

19. MEMBER QUALIFIES FOR FULL TRAVEL/TRANSPORTATION ENTITLEMENT UNDER THE JFTR PARA U5125 ☐ YES ☐ NO

20. ASSIGNED TO (Check if Applicable)

A. ARPC DENVER, CO	B. REVERTS TO CONTROL OF ANG (Name of State)	C. TYPE OF POSITION
☐ YES ☐ NO		☐ MOBILIZATION AUGMENTEE ☐ REINFORCEMENT DESIGNEE ☐ UNIT

D. UNIT OF ASSIGNMENT AND CBPO	E. TNG/PAY CATEGORY	F. RESERVE SECTION CODE	G. FUNCTIONAL ACCT CODE
	H. AUTHORIZED GRADE	I. AUTHORIZED AFSC	J. POSITION CONTROL NO.

21. A. ELIGIBLE FOR: PER 10 USC 1174
☐ READJUSTMENT PAY
☐ SEPARATION PAY

B. ENTITLED TO SEVERANCE PAY
SERVICE FOR PAY IS: 11.52 YRS (4147 POINTS)

YEARS	MONTHS	DAYS

C. CHAPTER 61, 10 U.S.C.
DISABILITY
☐ NOT ENTITLED TO BENEFITS
☐ NOT APPLICABLE

CREDITABLE ACTIVE FEDERAL SERVICE

YEARS	MONTHS	DAYS

22. REMARKS Officials within the office of the SAF determined mbr is physically unfit for continued military service and directed discharge with severance pay IAW Title 10, USC, SEC 1203. Mbr entitled to severance pay in the grade of E-7 computed IAW Title 10, USC, SEC 1208.

23. DATE	24. ORDERS ISSUING/APPROVING OFFICIAL (Name, Grade, Title, Phone)	25. SIGNATURE
20 MAR 96	TERRY H. GLOVER, SSGT, USAF Asst. NCOIC, Relocation Programs	

(*Insert M, D, H, I, T, G, or Y)

26. EXPENSES CHARGEABLE TO:

NONTEMPORARY STORAGE CHARGEABLE TO:

CIC: TAC:

27. DESIGNATION AND LOCATION OF HEADQUARTERS	28. AUTHORITY	29. SPECIAL ORDER NO.	30. DATE
DEPARTMENT OF THE AIR FORCE HEADQUARTERS AIR FORCE RESERVE 155 2ND STREET ROBINS AIR FORCE BASE, GEORGIA 31098-1635	AFI 36-3212	RO A-116	20 MAR 96

31. TDN PCS: FOR THE COMMANDER

32. DISTRIBUTION
1-HQ AFPC/DPMADS
1-HQ ARPC/DSMM
1-HQ AFRES/SGP
1-HQ AFRES/DPMB
2-302 MSS/DPMAR
2-UNIT CONCERNED
5-INDIVIDUAL

33. SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL

GARY L. SHOMBERG, Colonel, USAF
Chief, Military Personnel Division
Directorate of Personnel

HEADQUARTERS OFFICIAL

AF Form 100, JUL 87 PREVIOUS EDITION WILL BE USED.

*U.S. Government Printing Office: 1990-265-97/

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Standard Form 600
General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8
October 1975

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

USAF CLINIC HICKAM/SGP
HICKAM AFB, HI 96853
AEROSPACE MEDICINE SVCS

Time S/C
Date 14 NOV 84
DUTY | DINF | QTRS

C/O: Sore throat; body ache OT: 99.0

c̄ Subj fever yesterday.
Feels better today but still has sore throat.

O Pharynx & tonsils red. Few spots of exudate
Few petechiae of soft palate. Tonsils H↑
ACN's ↑ & Tender
This δ

A Tonsillopharyngitis, Prob Strep

P ① TC
② Pen VK 250 x 48 ii gid x 2d, then i gid
③ Cepacol #24 i q i-ii hr
④ DNIF - Prob 10d
⑤ RTC 2-3d if NB or pm ↑ or Δ in Sx

ALAN H. MUMM
LT COL, USAF 9656
(b) (6) [redacted]
CHIEF, AEROSPACE MEDICINE

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

731/TAS
Peterson AFB, CO
80914

PATIENT'S NAME (Last, First, Middle initial): Hopkins, Marshall
SEX:
YEAR OF BIRTH:
RELATIONSHIP TO SPONSOR: S
COMPONENT/STATUS: AD
DEPART/SERVICE: AF
SPONSOR'S NAME:
RANK/GRADE:
(b) (6) [redacted] RGANIZATION

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-106

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

U.S. GOVERNMENT PRINTING OFFICE : 1984 O - 429-373

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

TO: FMO/Scheduling Officer (Unit)	FROM:	DATE
~~XXXXXXXXXXXX~~ 731 TAS	USAF CLINIC HICKAM/SGP HICKAM AFB, HI 96853-5300	14 Nov 84

LAST NAME-- FIRST NAME - MIDDLE INITIAL	GRADE	(b) (6)
Hopkins, Marshall	SSgt	

RATING/FLYING DUTY	ASC	ORGANIZATION AND MAJCOM OF ASSIGNMENT
LOADMASTER	9D ACTIVE FLYING ☒ YES ☐ NO	731 TAS (SPACE CMD)

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes)*

- ☒ MEDICALLY DISQUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.
- ☐ MEDICALLY QUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.
- ☐ MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:
  - ☐ AIRCRAFT MISHAP
  - ☐ INITIAL CLEARANCE *(This Base)*
  - ☐ PERIODIC MEDICAL EXAMINATION
- ☐ REQUIRED TO WEAR GLASSES WHILE PERFORMING FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY.

(CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

I CERTIFY that I have been notified and understand the above actions and recommendations

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall Hopkins	84/11/14

DATE MEDICAL CLEARANCE EXPIRES

- ☐ RATED OFFICER: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE SIXTH MONTH FOLLOWING THIS DISQUALIFICATION.
- ☐ NONRATED OFFICER OR ENLISTED PERSONNEL: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING DISQUALIFICATION.

ACTUAL DATE FOUND MEDICALLY DISQUALIFIED	ESTIMATED DURATION OF DISQUALIFICATION	ACTUAL DATE FOUND MEDICALLY REQUALIFIED	TOTAL DAYS DISQUALIFIED THIS ILLNESS/INJURY
14 Nov 84	2-3 days	-	-

REMARKS

May fly as passenger.

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
ALAN H. MUMM, LTC, USAF, MC, FS		14 Nov 84

AF FORM 1042 AUG 79 PREVIOUS EDITION WILL BE USED.

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MEDICAL EXAMINATION—FLYING PERSONNEL

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974—USE BLANKET PAS-DD Form 2005)

INSTRUCTIONS

Items 1-12. Self explanatory.
Item 13. Flight Duty Performed—Enter rating and type of aircraft, for example, Pilot/KC-135, Radar Navigator/B-52.
Item 14. ASC—Enter current aviation service code from AFM 300-4, Vol 1.
Item 15. Total Flying Hours—Enter total flying hours since entry into aviation service.
Item 16. Total Flying Hours Last Six Months—Enter total flight hours during the last six months prior to this examination.
Item 17. Self-explanatory.
Item 18. Height—Record height to the nearest half inch or the nearest centimeter, with examinee in stocking feet.
Item 19. Weight—Weigh examinee in minimum clothing and record weight to the nearest pound or half of a kilogram.
Item 20. Visual Acuity—Record best uncorrected distant and near vision and best corrected distant and near vision.
Item 21. Auditory Acuity—Record pure bone threshold for each year at frequencies 500, 1000, 2000, 3000, 4000, and 6000 Hz.
Item 22. Type of Instrument Used—Record type of instrument used and its calibration standard.
Item 23. History and Remarks—Enter significant history since last complete medical examination and any other remarks the examining Flight Surgeon feels are pertinent.
Item 24 and 25. Self-explanatory.

1. NAME *(Last, First, Middle Initial)*	2. GRADE	(b) (6)	5. AGE
HOPKINS, MARSHALL (NMN)	SSgt		41

6. SEX	7. RACE *(Do not abbreviate)*	8. AGENCY	9. UNIT OF ASSIGNMENT	10. MAJCOM
Male	Caucasian	DAF	731 TAS, Peterson AFB CO	AFRES

11. DATE OF EXAMINATION *(Day, mo, yr)*	12. NAME AND BASE OF EXAMINING FACILITY
7 Jul 84	901 Tac Clinic, Peterson AFB CO 80914

13. FLIGHT DUTY PERFORMED	14. ASC	15. TOTAL FLYING HOURS	16. TOTAL FLYING HOURS LAST 6 MONTHS
Loadmaster (C-130B)	9D	1000	250

17. BLOOD PRESSURE *(Sitting with arm at heart level)*		18. HEIGHT	19. WEIGHT
SYSTOLIC	DIASTOLIC		
108	70	74	176

20. VISUAL ACUITY

EYE	DISTANT		NEAR	
RIGHT	20/ 20	CORR TO 20/	20/ 25	CORR TO 20/
LEFT	20/ 17	CORR TO 20/	20/ 25	CORR TO 20/

21. AUDITORY ACUITY	22. TYPE OF INSTRUMENT USED
Beltone	ANSI 1969

CALIBRATION STANDARD ☐ ISO ☐ ASA ☒ ANSI ☐ OTHER

EAR	250	500	1000	2000	3000	4000	5000	6000
RIGHT	X	15	5	25	25	25	X	25
LEFT	X	0	0	25	20	20	X	30

23. HISTORY AND REMARKS

Examinee denies, and review of medical records fails to reveal, any significant medical or surgical history since date of last medical exam.

840707 Date — Marshall H. Hopkins Signature

on occasion during low level flying for 10 yrs.

Examinee denies family and personal history of diabetes or psychosis, use of contact lenses, ~~history of motion sickness~~ or disturbances with consciousness, irradiation therapy and all other significant medical or surgical history.

IPPD=Negative, 9Jul84 Pulmonary Function Test: $FEV_1 - \frac{4.1}{4.2}(98\%)$; $FVC - \frac{5.1}{5.6}(91\%)$; $\frac{FEV}{FVC} - 80\%$

Nonsmoker

24. TYPE OR PRINT NAME OF MEDICAL OFFICER	25. SIGNATURE
ALAN H HALL, Capt, USAFR, MC, FS	Alan H Hall

AF FORM OCT 81 1446 *(File in Outpatient Record)*

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STANDARD FORM 93
REV. OCTOBER 1974
GSA FPMR 101–11.8

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29- R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME: Hopkins Marshall H (b) (6)

(b) (6)

4. POSITION (title, grade, component): 55g

5. PURPOSE OF EXAMINATION: Annual Flying Class III

6. DATE OF EXAMINATION: 840707

7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code): 90T TAC CLINIC Peterson AFB, CO 80914

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Good

On Demand - Predisone

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
	X	Wear glasses or contact lenses
X		Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever, erysipelas
	X		Rheumatic fever
	X		Swollen or painful joints
	X		Frequent or severe headache
	X		Dizziness or fainting spells
	X		Eye trouble
	X		Ear, nose, or throat trouble
X			Hearing loss
	X		Chronic or frequent colds
	X		Severe tooth or gum trouble
	X		Sinusitis
	X		Hay Fever
	X		Head injury
	X		Skin diseases
	X		Thyroid trouble
	X		Tuberculosis
	X		Asthma
	X		Shortness of breath
	X		Pain or pressure in chest
	X		Chronic cough
	X		Palpitation or pounding heart
	X		Heart trouble
X			High or low blood pressure

YES	NO	DON'T KNOW	(Check each item)
	X		Cramps in your legs
	X		Frequent indigestion
	X		Stomach, liver, or intestinal trouble
	X		Gall bladder trouble or gallstones
X			Jaundice or hepatitis
	X		Adverse reaction to serum, drug, or medicine
X			Broken bones
	X		Tumor, growth, cyst, cancer
X			Rupture/hernia
	X		Piles or rectal disease
	X		Frequent or painful urination
	X		Bed wetting since age 12
	X		Kidney stone or blood in urine
	X		Sugar or albumin in urine
	X		VD—Syphilis, gonorrhea, etc.
	X		Recent gain or loss of weight
	X		Arthritis, Rheumatism, or Bursitis
	X		Bone, joint or other deformity
	X		Lameness
	X		Loss of finger or toe
	X		Painful or "trick" shoulder or elbow
	X		Recurrent back pain

YES	NO	DON'T KNOW	(Check each item)
			"Trick" or locked knee
	X		Foot trouble
	X		Neuritis
	X		Paralysis (include infantile)
	X		Epilepsy or fits
X			Car, train, sea or air sickness
	X		Frequent trouble sleeping
	X		Depression or excessive worry
	X		Loss of memory or amnesia
	X		Nervous trouble of any sort
	X		Periods of unconsciousness

12. FEMALES ONLY: HAVE YOU EVER

			Been treated for a female disorder
			Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

Wheeler-Dealer

14. ARE YOU (Check one)

[X] Right handed [ ] Left handed

93–102–02

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	#18 Hernia Oper. 1969-1973
	X	B. Inability to perform certain motions.	
	X	C. Inability to assume certain positions.	#19 Hernia Oper. 1969-1973 St. Joseph Hosp. Denver memorial Hosp. Denver
	X	D. Other medical reasons (*If yes, give reasons.*)	
	X	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details.*)	
	X	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)	
X		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)	
X		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)	
	X	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)	
	X	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)	
	X	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)	
	X	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)	
	X	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Hopkins Marshall H	Marshall H. Hopkins

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

All positive items of medical history have been previously documented or are listed below.

Examinee denies family or personal history of diabetes or psychosis, use of contact lenses, history of disturbances with consciousness, irradiation therapy and all other significant medical or surgical history.

Motion sickness is experienced on low level flights only, not incapacitating.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
ALAN H HALL,Capt, US[illegible], MC,FS	7Jul84	Alan H Hall	

REVERSE OF STANDARD FORM 93

GPO : 1981 O - 353-125

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CLINICAL RECORD — ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG: [X] YES [ ] NO

CLINICAL IMPRESSION: Annual Flying Class III

MEDICATION: None

[ ] EMERGENCY [ ] BEDSIDE
[X] ROUTINE [X] AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN	DATE
41	M	C	74	176	108/70	901 Tac Clinic, Peterson AFB CO	7 Jul 84

RHYTHM

AXIS DEVIATION (QRS)

RATES: AURIC. VENT.

INTERVALS: PR QRS QT

P WAVES

QRS COMPLEXES

RS—T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (*Specify*)

PRECORDIAL LEADS (*Specify*)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

See attached Computer Readout

(*Continue on reverse*)

NO. ECG	SIGNATURE OF PHYSICIAN	PATIENT'S IDENTIFICATION NO.	DATE

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

REGISTER NO.	WARD NO.

HOPKINS, MARSHALL NMN
SSgt 731 TAS (AFRES)
(b) (6)
901 Tac Clinic, Peterson AFB CO 80914

901 TAC CLINIC
Peterson AFB, CO 80914

ELECTROCARDIOGRAPHIC RECORD
(Attach Tracings to SF-507)

STANDARD FORM 520
General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.806-8
OCTOBER 1975 520-106

☆ GPO : 1982 O - 361-526 (8012)

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Standard Form 600
GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.806-8
OCTOBER 1975

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	901 TAC CLINIC Peterson AFB, CO 80914
23Mar84	Individual returned from Basic Survival School Class #84017; Course #SV80A Did not fully complete the course but is medically cleared as of this date for return to same school.
	Charles R Adkison CHARLES R ADKISON, MSgt, USAF NCOIC (b) (6) [redacted] 90270C
26 Mar84	—
	This member of the RESERVES was disqualified from Field training because of Flu, then was permitted to go thru RT. After RT he was able to go home for some business. Today he returns to complete the rest of the Field portion.
	Cleared for field training
	[signature] (b) (6) [redacted] 9359) [illegible] COMMANDER FAIRCHILD AFB WA 99011

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
Hopkins, Marshall H			M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
1943	—	USAFR	—
SPONSOR'S NAME			RANK/GRADE
—			Sgt
(b) (6) [redacted]		ORGANIZATION	
		39 MAPS	

EXCEPTION TO SF 600
APPROVED BY NARS AUG 79

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-106-02

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	901 TAC CLINIC Peterson AFB, CO 80914
7/Jul 84	FSO - interim physical performed discussed airsickness Alan H. Hall CPT, USAFR, MC, FS
12 Sept 84	RECORDS HAVE BEEN REVIEWED IAW AFR 168-4. 901 Tac Clinic, Peterson AFB CO 80914. DC Burrell DOROTHY C. BURRELL, Sgt, USAFR AFSC: 90650, Medical Records Technician 901 Tac Clinic, Peterson AFB CO 80914
20 Nov 84	Was DNIF from 14 Nov 84 for cold/throat culture by Flight Surgeon at Hickam AFB. Culture ⊖ Now no sore throat, fever, sinus drainage. Clears ear well. OK for flying status 1042 done [signature] ALAN H HALL, Capt, USAFR, MC, FS (b) (6) [redacted] AFSC: 09356 901 Tac Clinic, Peterson AFB CO 80914
5 May 85	Hit body of (R) mandible on bulkhead 5 days ago, still painful & feels small swelling over (R) body. normal occlusion, no intraoral swelling, no loose teeth, non-tender over TMJ's, TM's & wint clear mandible x-ray → probably neg but inconclusive Dx: hematoma (R) mandible w Pl: refer to Dental clinical (Dr. Johnson) for panorex [signature] ALAN H. HALL, Capt, USAFR, MC, FS (b) (6) [redacted] AFSC: 09356 302 TAC Hosp, Peterson AFB, CO 80914-5000

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REQUEST AND AUTHORIZATION FOR AERONAUTICAL ORDERS

SGP

(If more space is needed, use reverse and identify by Item Number)

1. ☐ INITIATE AVIATION SERVICE PERIOD
☐ CHANGE AVIATION SERVICE CODE FROM _____
☐ AIRCRAFT ASSIGNMENT ACTION *(M/D/S)*
☒ OTHER *(Specify)* Amend AO 198

2. ENTITLEMENT STATUS
ENTITLEMENT TO ☐ ACIP ☒ HDIP
IS ☐ AUTHORIZED ☐ TERMINATED
☒ NOT AFFECTED

3. THE FOLLOWING INDIVIDUAL(S)

NAME	GRADE	(b) (6)	ORGANIZATION AND LOCATION
MARSHALL H HOPKINS USAFR (NON-EAD)	SSGT	[redacted]	39 MAPS (AFRES) Peterson AFB CO 80914

	YES	NO
4. REQUIRED TO PERFORM FREQUENT AND REGULAR FLIGHT	X	
5. REQUIRED TO PERFORM PARACHUTE JUMP DUTIES		

6. EFFECTIVE DATE: 4 Mar 83

7. TERMINATION DATE: 14 Jan 86

RATED INFORMATION (8-14)

8. STATUS	A. AERO RATING	B. ASC	9. AIRCRAFT ASSIGNMENT *(M/D/S)*, FAC, ETC.
☐ POSSESS(ES) ☐ IS/ARE AWARDED BASIC ☐ IS/ARE IN TRAINING FOR BASIC			
10. AND POSSESS(ES) ADDITIONAL			

11. IS/ARE AWARDED THE RATING	12. ASD	13. OSD	14. OFDA

NON RATED INFORMATION (15-17)

(Only flying time logged IAW AFR 60-1 in aircraft authorized in Item 17 is creditable for incentive pay entitlement)

15. AIRBORNE DUTY/POSITION CODE	16. ASC	17. AIRCRAFT M/D/S
	9D	

18. REMARKS

AO 198 Hq 46 AERODW(SAC) 15 Mar 83, is amended to correct underscored information in item (3).

19. ORDERS ISSUING/APPROVAL OFFICIAL: JACQUELINE A WRIGHT, GS-5, DAF

20. SIGNATURE: Jacqueline A Wright

21. AUTHORITY: AFR 60-1, para 2-14a

22. DATE: 27 Feb 84

23. DESIGNATION AND LOCATION OF HEADQUARTERS
DEPARTMENT OF THE AIR FORCE
Hq 1st Space Support Group(SPACE COMMAND)
Peterson AFB CO 80914

24. AERO ORDER NUMBER: 86

25. DATE: 28 Feb 84

26. DISTRIBUTION: D plus J-A

(SEE AFR 10-7)

27. SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL
FOR THE COMMANDER
RE Hagler
RONALD E HAGLER, LT COL, USAF
Asst Chief, Base Administration

MPO SECTION

28.	29. ACTION	30. EFFECTIVE DATE	31. TERMINATION DATE	PROCESSING VERIFICATION	
☐ ACIP ☐ HDIP	☐ START *(01)* ☐ STOP *(02)* ☐ REPORT *(03)* ☐ CHANGE *(04)* ☐ CANCEL *(06)*			34. TRANSACTION NO.	35. ADSN
32. DATE	33. MPO CERTIFYING SIGNATURE			36. TRANSMISSION NO.	37. DROT DATE

AF FORM 1887 PREVIOUS EDITION WILL BE USED

☆ U.S. Government Printing Office: 1980—340-979/211

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Standard Form 600
GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.806-8
OCTOBER 1975

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

3636 CCTW/SG (ATC)
OFFICE OF THE WING SURGEON
FAIRCHILD AFB, WA 99011

16 FEB 1984

pt. arrive from the field @ 0915 - Hrs -
Flu -
HEENT - throat ok
Chest - wheeze, conchi
neg rales -

Bronchitis, Viral(?),
- TCN 250 + OTC
- Robitussin
- Tylenol 4/11 Q 4h
Could return as RT student
on Monday 20th

[signature]

MOISES B. TUASON, JR. MAJ, USAF, MC,FS
SSAN (b) (6) [redacted] (9356)
3636 CCTW CLINIC COMMANDER
FAIRCHILD AFB WA 99011

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
Hopkins Marshall			M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
—	Self	AD	AG
SPONSOR'S NAME			RANK/GRADE
—			Sgt
SSAN OR IDE[redacted]IZATION			
20			

84-18
med pull

APPROVED BY NARS AUG 79

[redacted]AL RECORD OF MEDICAL CARE
Standard Form 600
600-106-02
39 MAPS

BEST COPY
COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
19 FEB 1984	3636 CCTW/SG (ATC) OFFICE OF THE FLIGHT SURGEON FAIRCHILD AFB, WA 99011
	S. 40yo w ♂ Loadmaster c̄ c/of F/u Bronchitis + hematuria. Was seen 16 Feb 84 by Dr Tawson post being pulled from F.T. Patient states feels better still has weakness - ↑ Temp broke yesterday. Sputum is not a viscous as it was. Not coughing as often.
	O. O.T. 98.6
	P.E. Chest - few scattered rhonchi. otherwise clear A+P Bilat.
	LAB. UA. - yellow SG 1.020 ⊖ Hematuria noted.
	P 1) Reentered into training RT + PARA
	2) Con't Meds.
	3) RTC of ↑ Temp or S/S worsen
	[signature] BILLY L. PROCTOR, JR., [redacted] (b) (6) [redacted] 3636 CCTW/SG
29 FEB 84	
	S/ Pt wishes refill on transderm V - Scopolamine for motion sickness - He was advised that this has not been authorized for flight crew member use in unsupervised capacity. He will contact his reserve flight surgeon for referral to appropriate resource.
	[signature] MAJ ALFRED G. [redacted] M.D. 9358 (b) (6) [redacted] (b) (6) [redacted] LO 80914

☆U.S. [redacted]RNMENT PRINTING OFFICE 1981 357-870/5004

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Standard Form 600
General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8
October 1975

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE: 15 Feb 84

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
3636 CCTW / SG (ATC) OFFICE OF THE WING SURGEON, FAIRCHILD AFB WA 99011

ARRIVAL TIME: 1850 | TIME SEEN: 1850 | DISPOSITION AND TIME: Med. Pulled @ 2140

CHIEF COMPLAINT: (include symptoms and duration)
Productive Cough x 2½ days.

IF CONDITION IS RESULT OF ACCIDENT/INJURY, STATE WHERE, WHEN, HOW ACCIDENT OCCURRED.

POSSIBLE THIRD PARTY YES (NO)
LINE OF DUTY (YES) NO

ALLERGIES / MEDICATIONS ? None None Was taking Predisone last dose 5 days ago
DATE - LAST TETANUS N/A

VITAL SIGNS. 1850 TEMPERATURE - ORAL. 102° RECTAL. Rechecked temp @ 2100 101.6

	♂	♀	♀	
PULSES	88 Reg	100 Reg	100 Reg	
B/P	130/80	140/80	124/84	RESP. 16

LABORATORY U/A: Yellow Clear Sp Gr. 1.018 Ketones 80 mg/dl Protein trace
Quick-blood Pk 6.

HISTORY, EXAM, TREATMENT. 40 yo w ♂ C-130 load master

S- Productive cough x 2½ days Tires easily p̄ any physical exertion
Hx of pneumonia x 2 in past 5 yrs. "Feels the same way now"
Also some nasal drainage some pressure frontal sinuses noted
occassionally during coughing also has had occassional frontal HA
Cough is described as burning in nature c̄ horseness s̄
sore throat. No other symptoms.

O- General apperance shows no acute distress Ears: OS TM clear
c̄ good lite reflex Valsalva good OD no visualize 2° cerum
Sinus Non tender to palpation Percuss & trans luminate clear.

PATIENT'S IDENTIFICATION (*Use this Space for Mechanical Imprint*)
FORMS COMPLETED.

SAC 830	N/	CL #	84-18
AF 1042	/A	GP #	6
ATC 167	✓	EL #	13
ATC 169	✓	ST #	94

Peterson AFB, Co. PCS INFORMATION

PATIENT'S NAME (*Last, First, Middle initial*): Hopkins Marshall H | SEX: M

YEAR OF BIRTH: 43 | RELATIONSHIP TO SPONSOR: Self | COMPONENT/STATUS: Res | DEPART/SERVICE: AF

SPONSOR'S NAME: | RANK/GRADE: Sgt

(b) (6) [redacted] | ORGANIZATION: 39 MAPS

[redacted]L RECORD OF MEDICAL CARE

Standard Form 600
600-106

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Nose: Turbonates Pink ⓛ swollen c̄ discharge present. Nasal pharyngeal passages patient.
Throat: Pink mucosa moist. Pharynx appears erythemic. No post nasal drainage noted.
Neck: Supple s̄ ↑ nodes.
Chest: Clear to A & P; voice fremitus. Breath sounds present all fields s̄ adventitious sounds.
Abd.: B.S. present all quads. s̄ tenderness, guarding, masses, or rebound tenderness noted.

A: ① Viral URI
② Hemouria prob. transient. 2° physical exertion.
P: Remove from Trng.
Cama ↑ P.O. Stat.
Sudafed #24 ii q4h.
Afrin Nasal Spray ↑ Bt. Tid x 2-3 days.
↑ Fluid
Reck Temp in AM
Repeat UA in AM
RTB via GOV tomorrow.

16 Feb 84 S - Reck Temp & UA. No pain urination
0630 O-O-T. 101.4

U/A - Yellow Cl. Sp. Gr. Blood 2+ Ketone 40 mg/dL Protein trace PH 6 Nitrite Neg.
Macro 12-15 RBC PHPF

CVA Tap shows tenderness ⓛ side

A - ① Viral URI
② Hemouria

P - Cama ↑ P.O. Stat.
Cont Meds.
RTB today @ 0715
F/u FSO Survival

MW Hadlock

MW Hadlock

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GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.806-8
OCTOBER 1975

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

901 TAC CLINIC
Peterson AFB, CO 80914

26 JAN 1984 — RECORDS HAVE BEEN REVIEWED IAW AFR 168-4.
901 Tac Clinic, Peterson AFB CO 80914.

PATRICIA M. DANES, GS-4
MEDICAL RECORDS TECH

3636 CCTW/SG (ATC)
OFFICE OF THE WING SURGEON
FAIRCHILD AFB, WA 99011

8 FEB 1984

20 y/o w/m NKA to meds @ present.
C/o Herpes simplex blisters to ① index finger & inside of upper lip x 1d. Post Hx of Herpes Simplex x 10 years - has been treated c Prednisone when symptomatic.

O) ① Posterior ① index finger c 0.5 cm area of redness between MIP & PIP joint small raised papule in center - diffuse borders.
② Small ulceration to mucosa of upper lip.

A) Herpes Simplex

Refill meds — Prednisone 5 mg

3 tabs TID	one day
2 tabs TID	one day
one tab TID	one day

RX copied 13 June 83 entry

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle initial)			SEX
Hopkins, Marshall N			M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
1943	—	USAFR	—
SPONSOR'S NAME			RANK/GRADE
—			SSgt
(b) (6) [redacted]			ORGANIZATION 731 TPS

EXCEPTION TO SF 600
APPROVED BY NARS AUG 79

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-106-02

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	3636 CCTW/SG (ATC) OFFICE OF THE WING SURGEON FAIRCHILD AFB, WA
15 FEB 1984	Over 40 briefings given. Cleared for Training. Earl H. Falk EARL H. FALK, JR., MSGT, USAF SSAN: (b) (6) 3636 CCTW/SG
16 FEB 1984	

U.S. GOVERNMENT PRINTING OFFICE 1979-632-162

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PHYSICAL PROFILE SERIAL REPORT

DATE: 20 January 1984

PATIENT ID *(Use plastic card or type/print name)*: HOPKINS, MARSHALL (NMN)

GRADE: SSgt | (b) (6) [redacted] | AFSC: 114X0

UNIT: 731 TAS, Peterson AFB CO

BASE: Peterson AFB CO 80914

PROFILE	P	U	L	H	E	S	X	SUFFIX
PREVIOUS	1	1	1	1	1	1	1	
REVISED TEMPORARY								
REVISED PERMANENT	1	1	1	2	1	1	1	

RELEASE DATE OF TEMPORARY RESTRICTION:

WORLD-WIDE QUALIFIED: ☒ YES ☐ NO

INDIVIDUAL DEFECTS/RESTRICTIONS

DEFECTIVE COLOR VISION ☐ YES ☐ NO

Hearing protection will be worn while in a hazardous noise area.

As shown by examination or review of Health Record or current course of treatment, individual is cleared for

	OVERSEAS ASSIGNMENT		RETIREMENT/SEPARATION WITHIN ONE (1) YEAR
	REMOTE/ISOLATED TOUR		OTHER *(Specify)*

REMARKS

TYPED OR PRINTED NAME AND GRADE OF PES MANAGER — SIGNATURE

TYPED OR PRINTED NAME AND GRADE OF DENTAL OFFICER — SIGNATURE

TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER: R.J. BLACK SCHULTZ, LtCol, USAFR, MC, FS — SIGNATURE: R. J. Black Schultz

DPMUO	DPMUM	DPMU(R)	DPMPO	DPMPC		

CBPO REMARKS

AF FORM 422 JAN 82 PREVIOUS EDI[illegible] WILL BE USED.

COPY 1 – HEALTH RECORD

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

TO: FMO/Scheduling Officer (Unit)	FROM:	DATE
1st SPACE SPT GP/OTFI 731st TAS	USAF CLINIC PETERSON /SGP	17 JUN83

LAST NAME-- FIRST NAME - MIDDLE INITIAL	GRADE	(b) (6)
HOPKINS, MARSHALL	SGT	

RATING/FLYING DUTY	ASC	ORGANIZATION AND MAJCOM OF ASSIGNMENT
Loadmaster	9D ACTIVE FLYING ☒ YES ☐ NO	731st TAS (AFRES)

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes)*

☐ MEDICALLY DISQUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☒ MEDICALLY QUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☐ MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

☐ AIRCRAFT MISHAP ☐ INITIAL CLEARANCE *(This Base)* ☐ PERIODIC MEDICAL EXAMINATION

☐ REQUIRED TO WEAR GLASSES WHILE PERFORMING FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY.

(CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

I CERTIFY that I have been notified and understand the above actions and recommendations

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall H. Hopkins	17 June 83

DATE MEDICAL CLEARANCE EXPIRES
31 July 84

☐ RATED OFFICER: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE SIXTH MONTH FOLLOWING THIS DISQUALIFICATION.

☐ NONRATED OFFICER OR ENLISTED PERSONNEL: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING DISQUALIFICATION.

ACTUAL DATE FOUND MEDICALLY DISQUALIFIED	ESTIMATED DURATION OF DISQUALIFICATION	ACTUAL DATE FOUND MEDICALLY REQUALIFIED	TOTAL DAYS DISQUALIFIED THIS ILLNESS/INJURY
14 Jun 83	3-5 days	17 Jun 83	Ø3

REMARKS

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
JOHN M. JESSEL, MAJOR,USAFR,MC,FS		17 Jun 83

AF FORM 1042 AUG 79 PREVIOUS EDITION WILL BE USED.

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Standard Form 600
GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.806-8
OCTOBER 1972

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
17 JUN 1983	PEDIATRIC CLINIC USAF CLINIC [redacted]
No Med	5 y/o male c/o fever, sore throat x 1 day.
NKa	Wt. 47 lb Ht. 46 in OT. 100.8
	(O) Ears, Nose } nl.
	Throat - Gritty red.
	Neck - Supple
	Lungs clear
	(A) Pharyngitis
	(P) TC.

[redacted]
GLADYS E. MARTIN, MD
Pediatrician
USAF Clinic Peterson AFB, Co 80914 9366

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

591-8786
Pete

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
Hopkins Marshall S			F
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
27 Feb 79	D/S	AD	AF
SPONSOR'S NAME			RANK/GRADE
Marshall			
[redacted]		ORGANIZATION	

EXCEPTION TO SF 600
APPROVED BY NARS AUG 79

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-106-02

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

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Standard Form 600
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FPMR 101-11.806-8
OCTOBER 1975

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
14 JUN 83	FLIGHT SURGEON'S OFFICE ~~USAF HOSP LITTLE ROCK~~ LITTLE ROCK AFB, AR 72099 (S) Break out with herpes simplex to blister stage. (O) Seen in ER and given prednisone as was given by dermatologist (A) Herpes (P) continue prednisone DNIF x 3 days DANIEL G. MORRIS (b) (6) CAPT, USAF, MC, FS
17 JUN 1983	USAF CLINIC-SGP PETERSON AFB, CO 80914 Returns from TDY (Little Rock AFB, AR) is presently DNIF. Needs to be returned OK to return to duty JOHN Y. JESSEE, MD, USAF, MC, FS (b) (6) USAF CLINIC, PETERSON AFB, CO 80914

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
Hopkins, Marshall			M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
43	—	AD	AF
SPONSOR'S NAME			RANK/GRADE
—			Sgt
(b) (6)		ORGANIZATION	
		34 TFS	

EXCEPTION TO SF 600
APPROVED BY NARS AUG 79

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-106-02

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COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	901 TAC CLINIC, PETERSON AFB CO 80914
13 Jul 83	901 TAC Clinic records reviewed for Security Clerance IAW AFR 205-32 and found qualified. Leona Seitenbecher LEONA A SEITENBECHER, SMSGT, USAFR MEDICAL ADMINISTRATIVE SUPERINTENDENT
25 OCT 1983	USAF CLINIC-SGP PETERSON AFB, CO 80914 Cleared to return to duty JOHN M. JESSEL, Maj, USAF, MC, FS (b) (6)
26 January84	Medical records have been reviewed and no discrepancies noted for entrance into Basic Survival School Class #84017; Course #SV80A on 2Feb84. (b) (6)
26January84	Medical records have been reviewed and no discrepancies noted for entrance into Water Survival School Class #84030; Course #SV90A, on 8Feb84. Individual is entering from Basic Survival to Water Survival without a break in orders; not returning to home station for clearance so clearance has to be granted more than 7 days prior to entrance. Charles R Adkison CHARLES R. ADKISON, MSgt, USAF 90270C (b) (6) NCOIC, PHYSICAL STANDARDS

GPO : 1982 0 - 393-172

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(See Instructions on Back of this Sheet)

558-101

MEDICAL RECORD — EMERGENCY CARE AND TREATMENT

ARRIVAL (*Date and Time*): 13 Jun 83 2100 A.M. P.M. X

NAME OF TRANSPORTER: Self

TRANSPORTATION USED:
- [ ] AMBULANCE
- [ ] POLICE/RESCUE
- [X] PRIVATE VEHICLE
- [ ] OTHER (*Specify*)

CARE GIVEN ENROUTE: none

ALLERGIES: NKDA

DATE OF LAST TETANUS SHOT: UTD

HISTORY OBTAINED FROM: Pt.

CHIEF COMPLAINT(S) (*Include symptom(s) duration*): C/O rash on most of body X this A.M. Has Herpes Simplex

IF CONDITION IS RESULT OF ACCIDENT/INJURY, STATE WHERE, WHEN, HOW ACCIDENT OCCURRED

POSSIBLE THIRD PARTY ☐ YES ☐ NO

ARRIVAL CONDITION		VITAL SIGNS				CATEGORY (*See reverse*)
X	CONSCIOUS	PULSE	76	TEMPERATURE	97.9	EMERGENT
	SEMI-CONSCIOUS	BP	108/82	X ORAL	RECTAL	URGENT
	UNCONSCIOUS	RESP	18	TIME SIGNS TAKEN: 2158 A.M. P.M.		NON-URGENT

TIME SEEN BY PROVIDER: 2019 A.M. P.M.

PROVIDERS STATEMENT-INSTRUCTIONS: DESCRIBE (1) PERTINENT HISTORY (*if not given above*); (2) EXAMINATION (*include results of tests and X-rays*); (3) PROCEDURES; (4) TREATMENT (*include medications given*)

39 yo M. – Recurrent herpes simplex infections. In Denver a dermatologist, Dr. Nelson, Rxs. c̄ Prednisone
↑ Cherry creek med. center
on vesicular rash on abd. – pruritic

(*Continue on SF 507 if Needed*)

DIAGNOSIS/ASSESSMENT: Recurrent Herpes simplex.

CONDITION UPON RELEASE FROM EMERGENCY ROOM (*See reverse side*): Good.

DISPOSITION: Charles H. Pancoast Capt USAF MC 9346 — TIME: 2225 A.M. P.M.

- [✓] SENT HOME/QUARTERS
- [ ] RETURN (b) (6) [redacted]
- [ ] ADMIT USAF Hosp. Little Rock
- [ ] REFERRED TO CLINIC
- [ ] OTHER (*Specify*)

INSTRUCTION SHEET GIVEN ☐ YES ☐ NO

PATIENT INSTRUCTIONS: (*Include medications ordered and follow-up plans*)
① Prednison 15mg tid x 1 day
10mg tid x 1 day
5mg tid x 1 day then DC

PROVIDER TYPE (*Mark one*)
- [✓] PHYSICIAN
- [ ] NURSE
- [ ] PHYSICIAN'S ASSISTANT
- [ ] OTHER (*Specify*)

PROVIDER'S SIGNATURE AND DATE: [signature] 13 Jun 83

PATIENT'S SIGNATURE AND DATE (*or accompanying person*): X Marshall H. Hopkins 13 Jun 83

(b) (6) [redacted]

(b) (6) [redacted]

GRADE: Sgt.

NAME—LAST, FIRST, MIDDLE; SSN; SEX; DOB, SERVICE STATUS; NAME AND RELATION OF SPONSOR OR NEXT OF KIN.

LOG NUMBER: POU 69

Hopkins, Marshall
AD AF Reserve 731TAS

USAF HOSPITAL, LITTLE ROCK
LITTLE ROCK AFB, AR 72076

(b) (6) [redacted]

(b) (6) [redacted]

EMERGENCY CARE AND TREATMENT

STANDARD FORM 558 (9-79)
Prescribed by GSA and Interagency Committee on Medical Records
FPMR (41 CFR) 101-11.806-8

MEDICAL RECORD COPY

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Instructions for Completion of the Emergency Care and Treatment Form

NOTE: This form will be used to record all care rendered to patients in the Emergency Room and will be used in lieu of *all* locally prepared emergency room forms. This form is not a substitute for line of duty, accident/injury or third party liability forms, but it may be used as a basis for completing those forms.

1. Complete form for each patient entered on Emergency Room Log.
2. Complete all parts of form.
3. Enter patient's log number from Emergency Room Log.
4. Check appropriate condition in "category" block based on following definitions:
   Emergent—A condition which requires immediate medical attention and for which delay is harmful to the patient; such a disorder is acute and potentially threatens life or function.
   Urgent—A condition which requires medical attention within a few hours or danger can ensue; such a disorder is acute but not necessarily severe.
   Non-Urgent—A condition which does not require the immediate resources of an emergency medical services system; such a disorder is minor or non-acute.
5. Use SF 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, to obtain authorization for any necessary procedures.
6. Enter in "condition upon release" block patient's overall condition (i.e., good, fair, stable, seriously ill, very seriously ill), and how patient left Emergency Room (i.e., wheelchair, stretcher, ambulatory).
7. Have patient or person accompanying patient sign form. This signature *only* acknowledges that instructions were given to patient.
8. Give "Patient's Copy", containing instructions, to patient, sponsor (NOK) or person accompanying patient, except when patient is admitted.
9. File original in patient's treatment record (i.e., Military Health Record, Outpatient Treatment Record or Inpatient Record) as applicable.
10. Establish a treatment record for any patient who does not have a record. File and maintain treatment record in accordance with appropriate directives.

(b) (6)

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

TO: FMO/Scheduling Officer (Unit)	FROM:	DATE
34th TTS/MAC LITTLE ROCK AFB, AR 72099	USAF HOSP LITTLE ROCK/SGP MAC LITTLE ROCK AFB, AR 72099	31 MAY 83

LAST NAME- FIRST NAME - MIDDLE INITIAL	GRADE	(b) (6)
HOPKINS, MARSHALL	SGT	

RATING/FLYING DUTY	ASC	ORGANIZATION AND MAJCOM OF ASSIGNMENT
LM	9D ACTIVE FLYING ☒ YES ☐ NO	34th TTS/MAC

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes)*

- ☐ MEDICALLY DISQUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.
- ☒ MEDICALLY QUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.
- ☐ MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:
  - ☐ AIRCRAFT MISHAP
  - ☐ INITIAL CLEARANCE *(This Base)*
  - ☐ PERIODIC MEDICAL EXAMINATION
- ☐ REQUIRED TO WEAR GLASSES WHILE PERFORMING FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY.

(CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

I CERTIFY that I have been notified and understand the above actions and recommendations

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
INDIVIDUAL AWARE OF ACTION TAKEN: NOT AVAILABLE FOR SIGNATURE	31 MAY 83

DATE MEDICAL CLEARANCE EXPIRES

- ☐ RATED OFFICER: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE SIXTH MONTH FOLLOWING THIS DISQUALIFICATION.
- ☐ NONRATED OFFICER OR ENLISTED PERSONNEL: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING DISQUALIFICATION.

ACTUAL DATE FOUND MEDICALLY DISQUALIFIED	ESTIMATED DURATION OF DISQUALIFICATION	ACTUAL DATE FOUND MEDICALLY REQUALIFIED	TOTAL DAYS DISQUALIFIED THIS ILLNESS/INJURY
16 MAY 83	10 DAYS	31 MAY 83	15 DAYS

REMARKS

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
FRANK PAOLANTONIO, CAPT, USAF, MC, FS	Paolantonio	31 May

AF FORM 1042 AUG 79 PREVIOUS EDITION WILL BE USED.

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Standard Form 600
GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.806-8
OCTOBER 1975

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	~~FLIGHT SURGEON'S OFFICE~~
25 May 83	USAF HOSP LITTLE ROCK
	~~LITTLE ROCK AFB, AR 7.099~~
oT. 98.5	S/ 7/a from 16 May - doing well - no problem
	feels fine, ⊖ compts, wife c̄ trick
	meds done
	O/ VNB Pharyx WNL ⊖ cough
	lungs CTA ⊖ sinus tend
	⊖ nodes ⊖ rhinorrhea
	A/ wife c̄ trick
	URI / Bronchitis resolved.
	P/ ~~[illegible]~~
	Flagyl 250 TID x 7d
	Continue dNF for flagyl x 7 WK
	Paolantonio
	FRANK PAOLANTONIO III
	(b) (6) [redacted]
	CAPT, USAF, MC, FS

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
HOPKINS MARSHALL			M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
SPONSOR'S NAME			RANK/GRADE
			Sgt
SSAN OR IDENTIFICATION NO.		ORGANIZATION	
529 56 7575			

EXCEPTION TO SF 600
APPROVED BY NARS AUG 79

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-106-02

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
31 May 83	FLIGHT SURGEON'S OFFICE USAF HOSP LITTLE ROCK LITTLE ROCK AFB, AR 72099 Pt wants to RTFS. S/ feels fine, ⊖ compts, off Flagyl O/ Unremarkable P/ RTFS FRANK PAOLANTONIO III (b) (6) CAPT, USAF, MC, FS
10 Jun 83	FLIGHT SURGEON'S OFFICE USAF HOSP LITTLE ROCK LITTLE ROCK AFB, AR 72099 Pt. request a new prescription Refill Tranxene Stop DANIEL C. MORRIS (b) (6) CAPT, USAF, MC, FS

GPO : 1982 0 - 393-172

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GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.806-8
OCTOBER 1975

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

USAF ~~CLINIC-SGP~~
PETERSON AFB, CO 80914

FLIGHT SURGEON'S OFFICE
~~USAF HOSP LITTLE ROCK~~
LITTLE ROCK AFB, AR 72099

2 May 83

Twisted Lt ank. Swollen & sore. (R) ankle
some discoloration

T 98.2 S: AS ABOVE

O: MILD EDEMA/ECCHYMOSIS OF
lateral ankle; tender
over lat malleolus → ant.
talofibular ligament.

A: Mild sprain, Rankle

P: Support c. Boots -
ASA prn
Ice prn

Max T. Billingsley, Jr
Capt USAF MC FS
(b) (6) [redacted]

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME *(Last, First, Middle initial)*: Hopkins Marshall | SEX: M

YEAR OF BIRTH | RELATIONSHIP TO SPONSOR | COMPONENT/STATUS | DEPART/SERVICE

SPONSOR'S NAME | RANK/GRADE: Sgt

SSAN (b) (6) [redacted] | ANIZATION

EXCEPTION TO SF 600
APPROVED BY NARS AUG 79

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-106-02

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
16 MAY 1983	FLIGHT SURGEON'S OFFICE US F H. SP LITTLE ROCK LITTLE ROCK AFB, AR 72099

% 102/64
T 97.4
P 76.

S/Pt % Cold symptoms with in chest. Ran fever Sat into States fever 105 III days ago then broke now afebrile, ⊕ cough + "lung" congestion.

O/ VNB Pharynx WNL
Sinuses nontender ~~[illegible]~~
⊖ nodes
lungs c̄ diffuse coarse snds thruout
s̄ areas of consolidation or wheezes
⊕ Rhinorrhea

A/ URI / Cough
Bronchitis

P/ Actifed ṫ QID
~~[illegible]~~ PenVK 500 QID
Tessilon Perls ṫ q-4-6 hr PRN
DNIF
Rev 7-10 d

Paolantonio

FRANK PAOLANTONIO III
(b) (6) [redacted]
CAPT, USAF, MC, FS

U.S. GOVERNMENT PRINTING OFFICE 1979-632-162

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Standard Form 600
GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.806-8
OCTOBER 1975

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

FLIGHT SURGEON'S OFFICE
USAF HOSP LITTLE ROCK
LITTLE ROCK AFB, AR 72099

15 APR 83

S. Rash c̄ burning on nose
started flaking 1 wk ago & had sudden
onset this AM
(O) Flaking tz erythematous patches
on malar and nose regions
(A) Contact dermatitis
(P) 1% HC cream.
Re - Tues - Wed

DANIEL G. MORRIS
(b) (6) [redacted]
CAPT, USAF, MC, FS

26 APR 83

FLIGHT SURGEON'S OFFICE
USAF HOSP LITTLE ROCK
LITTLE ROCK AFB, AR 72099

Motion sickness
(S) Pt complains of pain sickness while
on low level mission - Is currently
in training
(O) Normal Exam
(A) Motion Sickness
(P) Transderm Scap

DANIEL G. MORRIS
(b) (6) [redacted]
CAPT, USAF, MC, FS

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
Hopkins Marshall H			M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
43	N/A	USAFRES	USAF
SPONSOR'S NAME			RANK/GRADE
N/A			Sgt E4
(b) (6) [redacted]		ORGANIZATION	
		73/TAS	

EXCEPTION TO SF 600
APPROVED BY NARS AUG 79

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-106-02

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

CLINICAL RECORD — ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG: ☒ YES ☐ NO

CLINICAL IMPRESSION: Int Flying Class III

MEDICATION: None

☐ EMERGENCY ☐ BEDSIDE
☒ ROUTINE ☒ AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN	DATE
39	M	Cau	73	159	120/76	ROBERT J. MORRIS, CAPT, USAF,MC,FS	4 Jan 83

RHYTHM

AXIS DEVIATION (QRS)

RATES: AURIC. VENT.

INTERVALS: PR QRS QT

P WAVES

QRS COMPLEXES

RS—T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (*Specify*)

PRECORDIAL LEADS (*Specify*)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

SEE ATTACHED COMPUTER ECG REPORT

(*Continue on reverse*)

NO. ECG

SIGNATURE OF PHYSICIAN (b) (6) [redacted]

DATE

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

REGISTER NO.

WARD NO. FSO

HOPKINS, MARSHALL
SGT USAFR
731st TAS Peterson AFB, CO 80914

USAF CLINIC PETERSON A[redacted] CO 80914

ELECTROCARDIOGRAPHIC RECORD
(Attach Tracings to SF-507)

STANDARD FORM 520
General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.806-8
OCTOBER 1975 520-106

☆ GPO : 1981 O - 341-526 (6369)

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Standard Form 88
Revised 10—75
General Services Administration
Interagency Comm. on Medical Records
FPMR 101—11.806—8

REPORT OF MEDICAL EXAMINATION

88—119—02

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	(b) (6)
HOPKINS, MARSHALL	SGT USAFR	
(b) (6)	5. PURPOSE OF EXAMINATION: Initial Flying Class III	6. DATE OF EXAMINATION: 4 Jan 1983

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Caucasian	4	—	DAF	731st TAS (AFRES)

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
(39) 20 Jul 43	Larned, KS	Karol A. Hopkins (Wife) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USAF Clinic/SGP, Peterson AFB, CO 80914	RESERVE YEARS: 6

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
—	—	—

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	X
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	X
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
—	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

HQ AIR FORCE RESERVE
Surgeon
1 1 JAN 1983
medically qualified for flying duty, class III

23. Valsalva normal bilaterally

28. FEV1=3.5/4.3(81%); FVC=4.4/5.7(77%); FEV1/FVC=(83%); nonsmoker.

31. Left inguinal 10 cm. oblique herniorrhaphy scar, WHNS. No hernia.

32. Rectum and prostate normal to digital exam. Stool guaiac negative for occult blood.

39. 4 cm. irregular scar, left knee.

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT																X	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		X	X			O							O	X	X		

Restorable teeth; Non-restorable teeth; Missing teeth; Replaced by dentures; Fixed Partial dentures

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

TYPE II

Class B

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY: 1.027
B. ALBUMIN: Negative
C. SUGAR: Negative
D. MICROSCOPIC: Normal

46. CHEST X-RAY (Place, date, film number and result): USAF Clinic/PAFB, CO 80914 4 Jan 83 Film #83-F-056 (14 x 17) Normal

47. SEROLOGY (Specify test used and result): RPR: Nonreactive

48. EKG: Normal

49. BLOOD TYPE AND RH FACTOR: A Positive

50. OTHER TESTS: FBS 100, nl 76-115 mgs%. HDL 32, nl 28-78. Sickledex, negative. Hct. 50 Vol%. Chol. 197, nl 108-300. Trig. 329, nl 36-200.

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MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
73 in.	159 lbs.	Brown	Blue	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	–

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 120 / DIAS. 76	B. RECUMBENT	SYS. 118 / DIAS. 76	C. STANDING (3 min.)	SYS. 118 / DIAS. 78	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
						64	112	72	60	68

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/ –	BY – S. – CX –	20/20 CORR. TO – BY –
LEFT 20/ 20 CORR. TO 20/ –	BY – S. – CX –	20/20 CORR. TO – BY –

62. HETEROPHORIA (Specify distance) VTA-ND (FAR)

ES°	EX°	R. H.	L. H.	PRISM DIV.	XXXXX	PC	PD
0	0	0	0	–	CT ORTHO	40	–

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED Passed (F)
RIGHT 7.3 LEFT 7.1	VTS-CV Passed	VTA-ND	CORRECTED –

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION
Confrontation-Normal	NIBH	–	OD:13 hg OS:11 hg

70. HEARING

RIGHT WV – /15 SV – /15

LEFT WV – /15 SV – /15

71. BELTONE AUDIOMETER ANSI 1969

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT	X	10	10	35	30	35	45	X
LEFT	X	0	5	15	15	20	30	X

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

ARMA: Satisfactory

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Hearing loss, mild, attributed to flight line noise, due to civilian employment with airline company, current hearing profile, H-1.
Low blood pressure by history, blood pressure normal this exam.
Hepatitis, 1965, Wurtsburg Army Hospital, hospitalized 3 weeks, normal recovery.
Hernia repair, left, 1969, St. Joseph's Hospital, Denver, Colorado, repaired again in 1973, Memorial Hospital, Colorado Springs, normal recovery.
Fractured left leg, 1965, related to skiing accident, treated with cast 6 weeks, normal recovery.
Air sickness, related to low level air drops, never incapacitating.
Examinee denies personal or family history of diabetes or psychosis; use of contact lenses; history of disturbance of consciousness or irradiation therapy and all other significant medical or surgical history. (Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

44. Dental caries, not endangering the pulp.

75. RECOMMENDATIONS–FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Correction of dental defects.

76. A. PHYSICAL PROFILE

P	U	L	H	E	S	X
1	1	1	2	1	1	1

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR (IS) FLYING CLASS III (LOADMASTER DUTIES)

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

–

A	B	C	E
–	–	–	–

79. TYPED OR PRINTED NAME OF ~~PHYSICIAN~~ XXXX EXAMINER
CHARLES R.ADKISON,MSGT,USAF,NCOIC,AERO MED SVCS
SIGNATURE Charles R Adkison

80. TYPED OR PRINTED NAME OF PHYSICIAN
ROBERT J. MORRIS, CAPT, USAF, MC, FS
SIGNATURE Robert J. Morris

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)
–
SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
–
SIGNATURE
NUMBER OF ATTACHED SHEETS

☆ U.S. GOVERNMENT PRINTING OFFICE: 1980 — 620-786

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STANDARD FORM 93
REV. OCTOBER 1974
GSA FPMR 101-11.8

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME: Hopkins Marshall H (b) (6)

(b) (6)

E-4 Loadmaster

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)
Flight Phy	4-Jan 83	USAF CLINIC/SGP PETERSON AFB CO [illegible]

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Good-None

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
	X	Wear glasses or contact lenses
X		Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever, erysipelas		X		Cramps in your legs		X		"Trick" or locked knee
	X		Rheumatic fever		X		Frequent indigestion		X		Foot trouble
	X		Swollen or painful joints		X		Stomach, liver, or intestinal trouble		X		Neuritis
	X		Frequent or severe headache		X		Gall bladder trouble or gallstones		X		Paralysis (include infantile)
	X		Dizziness or fainting spells	X			Jaundice or hepatitis		X		Epilepsy or fits
	X		Eye trouble		X		Adverse reaction to serum,	X			Car, train, sea or air sickness
	X		Ear, nose, or throat trouble				drug, or medicine		X		Frequent trouble sleeping
X			Hearing loss	X			Broken bones		X		Depression or excessive worry
	X		Chronic or frequent colds		X		Tumor, growth, cyst, cancer		X		Loss of memory or amnesia
	X		Severe tooth or gum trouble	X			Rupture/hernia		X		Nervous trouble of any sort
	X		Sinusitis		X		Piles or rectal disease		X		Periods of unconsciousness
	X		Hay Fever		X		Frequent or painful urination				
	X		Head injury		X		Bed wetting since age 12				
	X		Skin diseases		X		Kidney stone or blood in urine				
	X		Thyroid trouble		X		Sugar or albumin in urine				
	X		Tuberculosis		X		VD—Syphilis, gonorrhea, etc.				
	X		Asthma		X		Recent gain or loss of weight				
	X		Shortness of breath		X		Arthritis, Rheumatism, or Bursitis				
	X		Pain or pressure in chest		X		Bone, joint or other deformity				
	X		Chronic cough		X		Lameness				
	X		Palpitation or pounding heart		X		Loss of finger or toe	12. FEMALES ONLY: HAVE YOU EVER			
	X		Heart trouble		X		Painful or "trick" shoulder or elbow				Been treated for a female disorder
X			High or low blood pressure		X		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

Heavy Equipment Operator

14. ARE YOU (Check one)

[X] Right handed [ ] Left handed

93-102

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
	X	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	#18 Hernia operations Left Groin area 1969 - 1973 Repair
	X	B. Inability to perform certain motions.	
	X	C. Inability to assume certain positions.	#19 1969 Hernia Operation St. Joseph Hospital Denver Colo Repair 1973 " " Memorial Hospital Denver Colo
	X	D. Other medical reasons *(If yes, give reasons.)*	
	X	16. Have you ever been treated for a mental condition? *(If yes, specify when, where, and give details.)*	
	X	17. Have you ever been denied life insurance? *(If yes, state reason and give details.)*	
X		18. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occurred.)*	
X		19. Have you ever been a patient in any type of hospitals? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*	
	X	20. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*	
	X	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*	
	X	22. Have you ever been rejected for military service because of physical, mental, or other reasons? *(If yes, give date and reason for rejection.)*	
	X	23. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)*	
	X	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? *(If yes, specify what kind, granted by whom, and what amount, when, why.)*	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE: Marshall H. Hopkins

SIGNATURE: Marshall H. Hopkins

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

Hearing loss, mild, attributed to flight line noise, due to civilian employment with airline company, current hearing profile, H-1.
Low blood pressure by history, blood pressure normal this exam.
Hepatitis, 1965, Wurtsburg Army Hospital, hospitalized 3 weeks, normal recovery.
Hernia repair, left, 1969, St. Joseph's Hospital, Denver, Colorado, repaired again in 1973, Memorial Hospital, Colorado Springs, normal recovery.
Fractured left leg, 1965, related to skiing accident, treated with cast 6 weeks, normal recovery.
Air sickness, related to low level air drops, never incapacitating.
Examinee denies personal or family history of diabetes or psychosis; use of contact lenses; history of disturbance of consciousness or irradiation therapy and all other significant medical or surgical history.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
ROBERT J.MORRIS,CAPT,USAF,MC,FS	4 Jan 83	Robert J. Morris	

REVERSE OF STANDARD FORM 93

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PHYSICAL PROFILE SERIAL REPORT

DATE: 29 Jun 76

TO: CBPO

FROM: 153 Tac Clinic

LAST NAME—FIRST NAME—MIDDLE INITIAL	GRADE	(b) (6)	ORGANIZATION AND LOCATION
HOPKINS, MARSHALL H.	SGT	[redacted]	187 TAS WYANG Cheyenne MAP, WY 82001

I. DUTY STATUS

INDIVIDUAL IS RETURNED TO YOUR UNIT FOR [X] DUTY [ ] SEPARATION PROCESSING

AS EVIDENCED BY MEDICAL EXAMINATION AND REVIEW OF HEALTH RECORDS, INDIVIDUAL IS MEDICALLY QUALIFIED FOR

Flying Class III

II. PROFILE SERIAL

	P	U	L	H	E	S	X	SUFFIX
PREVIOUS	1	1	1	1	1	1	-	W
REVISED	1	1	1	1	1	1	1	W

INDIVIDUAL'S DEFECT(S)

-

III. PHYSICAL RESTRICTIONS

[X] INDIVIDUAL REQUIRES NO DUTY RESTRICTIONS [ ] DEFECTIVE COLOR VISION [ ] OTHER

MAJOR DUTY RESTRICTIONS

-

ABOVE CONDITIONS ARE [ ] PERMANENT [ ] TEMPORARY — DATE OF RELEASE OF TEMPORARY LIMITATIONS

INDIVIDUAL SHOULD REPORT FOR EVALUATION AT — LOCATION — DATE

IV. ASSIGNMENT ELIGIBILITY AND LIMITATIONS

INDIVIDUAL REQUIRES AN ASSIGNMENT ELIGIBILITY/LIMITATION		YES	X	NO	DATE OF AVAILABILITY

REMARKS

-

TYPED NAME AND GRADE OF MEDICAL OFFICER: DEAN J. SELL, LTC, WYANG, MC, FS

SIGNATURE: D J Sell

V. CBPO COORDINATION RECORD

ADM	ASGMTS	C AND T	OJT	FT	R AND S	SA	ER/PR	RP
OR	AR	I AND OP	MA	MR	MP	CM	PA	

AF FORM DEC 72 422 PREVIOUS EDITION WILL BE USED.

GPO: 1973 O - 491-335

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PHYSICAL PROFILE SERIAL REPORT

DATE: 8Jun74

TO: CBPO WYANG

FROM: 153D TAC CLINIC WYANG

LAST NAME—FIRST NAME—MIDDLE INITIAL	GRADE	(b) (6)	ORGANIZATION AND LOCATION
HOPKINS, MARSHALL H.	SGT	[redacted]	153D TAGP WYANG CHEYENNE,WY.82001

I. DUTY STATUS

INDIVIDUAL IS RETURNED TO YOUR UNIT FOR: XX DUTY | SEPARATION PROCESSING

AS EVIDENCED BY MEDICAL EXAMINATION AND REVIEW OF HEALTH RECORDS, INDIVIDUAL IS MEDICALLY QUALIFIED FOR

FLYING CLASS III

II. PROFILE SERIAL

	P	U	L	H	E	S	SUFFIX
PREVIOUS	-	-	-	-	-	-	-
REVISED	1	1	1	1	1	1	W

INDIVIDUAL'S DEFECT(S)

-

III. PHYSICAL RESTRICTIONS

XX INDIVIDUAL REQUIRES NO DUTY RESTRICTIONS | DEFECTIVE COLOR VISION | OTHER

MAJOR DUTY RESTRICTIONS

ABOVE CONDITIONS ARE: PERMANENT | TEMPORARY

DATE OF RELEASE OF TEMPORARY LIMITATIONS

INDIVIDUAL SHOULD REPORT FOR EVALUATION AT

LOCATION

DATE

IV. ASSIGNMENT ELIGIBILITY AND LIMITATIONS

INDIVIDUAL REQUIRES AN ASSIGNMENT ELIGIBILITY/LIMITATION: YES XX | NO

DATE OF AVAILABILITY

REMARKS

-

TYPED NAME AND GRADE OF MEDICAL OFFICER

DEAN J. SELL,LTCOL,ANG,MC,FS.

SIGNATURE

Dean J. Sell

V. CBPO COORDINATION RECORD

ADM	ASGMTS	C AND T	OJT	FT	R AND S	SA	ER/PR	RP
OR	AR	I AND OP	MA	MR	MP	CM	PA	

AF FORM DEC 72 422 PREVIOUS EDITION WILL BE USED.

GPO : 1973 O - 491-335

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Standard Form 600
April 1974
General Services Administration and
Interagency Comm. on Medical Records
FPMR 101-11.809-3

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
13 MAY 1976	0700 T. 103. TC
13 MAY 1976	CO Sorethroat, stuffy nose gen malaise since yesterday
	PE: 1) Ring Inj's Ph
	2) [illegible] Rhonchi
	Inf: 1) Ph. c̄ Bron.
	Rx - 1) V-Cillin 16 500 Tid
	X 10
	2) Exp. Phenergan c̄ cd
	[signature]
	LARRY G. BROOME, Lt Col, USAF, MC
	(b) (6) [redacted] 9526
	USAF Clinic, Pope AFB, NC
29 JUN 76	CLASS III PE OK. BY DR. SELL.
	901 TAC CLINIC
	[illegible] AFB, CO 80911
	[signature] Manuel A. Escobedo, Tsg. Wyang Medical Technician

PATIENT'S IDENTIFICATION (*Use this Space for Mechanical Imprint*)
Cheyenne, Wyoming
Municipal Airport
82001

PATIENT'S NAME (*Last, First, Middle initial*)			SEX
Hopkins Marshall H			M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
1943	Self	Nationalgr	AF
SPONSOR'S NAME			RANK/GRADE
			Sgt
(b) (6) [redacted]		ORGANIZATION	
		187th JAS	

[redacted]L RECORD OF MEDICAL CARE
Standard Form 600
600-105

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

☆ U. S. GPO:1975-0-592-717/5

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

19 DEC 1974

153rd TACTICAL CLINIC WYO ANG
CHEYENNE, WY 82001

Outpatient Clinic
Fitzsimons Army Medical Center
Time 13:45 Temp 37°
BP 114/80 Pulse 80
Resp 12

No awareness of allergies.
cold etc.
T.C. obtained.

Age 32. Respiratory symptoms since last Friday and getting progressively more disabling. Sore throat, nasal congestion, tightness in chest, hard cough, headache, general malaise. Elevated temp., accelerated pulse.

Impression: Pharyngo-trachio-bronchitis.

Rx: 1.) Bicillin, 1.2 million U. i.-m. stat.
2.) V-Cillin-K (250) #40. 1 tab. q.i.d.
3.) Brondecon #40. 1 tab. q.i.d.
4.) Sudafed (60) #24. 1 tab. q. 4-6 h., p.r.n.
5.) Tylenol #3 #15. 1 tab. q. 6-8 h., p.r.n.
6.) Robitussin D.-M., 120, 5 c.c. q. 2-3 h., p.r.n.

[illegible] W. [illegible] CIV
MED OFFICER 003-12-2842

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle initial)			SEX
HOPKINS MARSHALL H			M.
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
1943		ANG	DAF
SPONSOR'S NAME			RANK/GRADE
			SGT

(b) (6) [redacted] ORGANIZATION
153 TAGP WYANG

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 600
September 1971
General Services Administration and
Interagency Comm. on Medical Records
FPMR 101-11.809-3
600-104

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

★ GPO : 1979 O - 474-748

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Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A-32

U.S. GOVERNMENT PRINTING OFFICE : 1961 O—586373

CLINICAL RECORD	CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
Med.	Air Natl. Gd.	12-16-74

REASON FOR REQUEST (Complaints and findings)

Sick all week end. Cough, ache all over. ↑T

WBC, Diff + Hct DF 8:50
Chest + ray

PT ___ PT ___ 110 - ph
T 99.4 P 100 BP 176
Time in 0845 Age 32

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

Fever, cough, chills all weekend. Cough productive of yellow, thick sputum in large amounts. No nausea + vomiting, no diarrhea, Has been taking ASA. Pt does not smoke

PEx - In NAD
HEENT - nl Neck - suppl, tender ant cervical nodes present
Chest - clear Heart - no ⊕ or gallop
Abd - benign
Imp: Viral URI c̄ bronchitis
Plan: Cont ASA, fluids
Rest
Tetracycline 500 tid

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
Marcish	12/16/74		

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
Hopkins, Marshall H.		

(b) (6) [redacted]

7-20-43

CONSULTATION SHEET
Standard Form 513
513-104

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Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A-32

C-43 - GPO - 16-77350-1

CLINICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: (*Requesting ward, unit, or activity*)	DATE OF REQUEST
P.T.	OPD	3/21/67

REASON FOR REQUEST (*Complaints and findings*)

Please give ice massage & ROM exercises to pt, & teach him how to do it.

PROVISIONAL DIAGNOSIS

Muscle Strain, R Biceps

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
L. Rosenstock		☐ BEDSIDE ☐ ~~ON CALL~~	☐ EMERGENCY ☑ ROUTINE

CONSULTATION REPORT

21Mar'67--- Ice massage and ROM exercises instruction given this date.

FM Reynolds Maj
AMSC

(*Continued on reverse side*)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)	REGISTER NO.	WARD NO.
Hopkins, Marshall (b) (6) 602nd ACS W		

CONSULTATION SHEET
Standard Form 513
513-104

AF
Giebelstadt

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Standard Form 600
Nov. 1952
Bureau of the Budget
Circular A-32
600-102

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
19 MAY 1966	Medical Clinic USAH Wurzburg
	① Discharged by Hospital 23 Apr Dx Infection bronchiolitis Now resolved Rtd - no splenomegaly
	② Allergic Rhino - Sinusitis Rx Benadryl 50 mg h.s Antifed tab ÷ - 942 pm (do not take while driving). Rt pm Cmd de Castro Lt Col
31 OCT 66	Det 2, 86 Tac Hosp APO NY NY 09321 — Removal Foreign Body ① foot Rx - 1 Removed [signature]
DEC 15 1966	Det 2, 86 Tac Hosp APO NY NY 09321 Apparent fungus infection ① foreign - ? Rx - 1, Mycolex 9 ID 2, Disinfect liquid 3 Advised [signature]

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	C	A/2C	602nd	AF	AIR FORCE

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
HOPKINS, MARSHALL H.

(b) (6) [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

BEST COPY
COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
24 JAN CC	CC FB in left eye. PE- Small piece of material imbedded in cornea around 11 O'clock. R- Irrigated c N.S. - FB flushed out Bacitracin Neomycin oint TID. Ret. P.R.N. SS Austin.
FEB 27 1967	Det 2, 86 Tac Hosp APO US Forces 09327 CC Loss of Lashes PE: Impacted Cerumen bilateral Rx Wash c H_2O + H_2O_2 Cortisporin gtts x 3 days SS Austin
10 Mar 67	F.B. (L) eye. PE. Rinse well c Saline Boric Acid oint Patch Ret PRN Cpt
21 MAR 1967	Outpatient Clinic USAH Wurzburg Pt. has had vague pain off + on + in region of R biceps for 2 wks. P.E. neg. Impr: Muscle Strain. X-Ray, P.T. L. Rosenstock

* U.S. GOVERNMENT PRINTING OFFICE : 1960 O—574078

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MEDICAL CONDITION – PHYSICAL PROFILE RECORD

(AR 40-501)

DATE: 28 Apr 66

TO: Commanding Officer
602 AC/WSQN USAFE
APO US Forces 09321

FROM: Commanding Officer
USAH, Wurzburg
APO US Forces 09801

LAST NAME - FIRST NAME - MIDDLE INITIAL, GRADE, SERVICE NO. AND ORGANIZATION

HOPKINS, Marshall H A2C
(b) (6) [redacted]

INSTRUCTIONS

Complete Section D of this form in lieu of DA Form 8-118, whenever a medical board is held for the sole purpose of permanently revising the physical profile to or from a numerical designator "3".

PREPARE COPIES AS INDICATED BELOW:

Unit Commander - 1 copy when Item 1 or 2 is checked
Appropriate Commander or HQ - 1 copy when Item 3 is checked.
Health Record Jacket, (DD Form 722) - 1 copy
Clinical Record - 1 copy when appropriate

SECTION A - DUTY STATUS (Check Applicable Item(s))

1	X	INDIVIDUAL IS RETURNED TO YOUR UNIT FOR DUTY ~~(AR 40-212, AR 635-40B, as applicable)~~ AR 40-501
2		INDIVIDUAL IS RETURNED TO YOUR UNIT FOR SEPARATION PROCESSING (AR 40-212, AR 635-40B, as applicable)
3	X	INDIVIDUAL (IS) ~~(IS NOT)~~ MEDICALLY QUALIFIED FOR duty AS EVIDENCED BY A MEDICAL EXAMINATION AND A REVIEW OF HIS HEALTH RECORD THIS DATE

SECTION B - PHYSICAL PROFILE

(Complete all items. When applicable "R" or "T" will be entered with numerical designator under appropriate factor)

		P	U	L	H	E	S	
4	PREVIOUS	1	1	1	1	1	1	PREVIOUS
5	PRESENT	1	1	1	1	1	1	PRESENT

6 INDIVIDUAL HAS THE DEFECT(S) LISTED BELOW. (All defects requiring a 3 or 4 in any PULHES factor will be reported in non-technical language)

☐ Continued under remarks

SECTION C - ASSIGNMENT RESTRICTIONS, OR GEOGRAPHICAL, OR CLIMATIC AREA LIMITATIONS (Check Applicable Items(s))

7	X	INDIVIDUAL REQUIRES NO MAJOR ASSIGNMENT, GEOGRAPHICAL, OR CLIMATIC AREA LIMITATIONS
8		MAJOR ASSIGNMENT, GEOGRAPHICAL, OR CLIMATIC AREA LIMITATIONS ARE ESTABLISHED BELOW (AR 40-212, AR 40-501, AR 635-40B, as applicable. Describe specific assignment limitations or restrictions as outlined in Chapter 9, AR 40-501.)

☐ Continued under remarks

9	X	THE ABOVE CONDITIONS ARE PERMANENT
10		THE ABOVE CONDITIONS ARE TEMPORARY, INDIVIDUAL IS TO REPORT TO A MEDICAL FACILITY ON (Date) FOR FURTHER PHYSICAL PROFILE EVALUATION OR MEDICAL TREATMENT AND DISPOSITION (AR 40-212, AR 40-501 as applicable)
11		SEPARATION OR RETIREMENT OF THIS INDIVIDUAL WILL NOT BE EFFECTED WITHOUT PRIOR MEDICAL EVALUATION (AR 40-212, AR 40-501, AR 616-41, as applicable)
12	X	THIS SUPERSEDES PREVIOUS MEDICAL CONDITION - PHYSICAL PROFILE RECORDS

13. TYPED NAME & GRADE OF AUTHORIZED OFFICER AT MEDICAL FACILITY

CARLOS M. DE CASTRO, MAJ, MC
Asst. Chief, Department of Medicine

SIGNATURE: C M de Castro

DA FORM 1 FEB 62 8-274

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CLINICAL RECORD COVER SHEET *(FOR ADDRESSOGRAPH)*

1. ADMISSION NOTES

No Evid of A or N

22. ADMITTING OFFICER

MAJOR DE CASTRO

2-21. PATIENT DATA

(b) (6) [redacted] HOPKINS MARSHALL H A2C
M 22 CAU USAF P 2Y-6M 0005 10APR66
(b) (6) [redacted] 602AC/WSQN* 09321 1-B H
N 53150 Y 8 JUN 67
10APR66 DIR CAS PROP STA WURZ
MR HARRY M HOPKINS/F HR/Y
GENERAL DELIVERY LARNED KANSAS
USAH WURZ GER APO 09801 *USAFE
TONSILLITIS LD JM

LINE	LEGEND *(2-21)*
1	NAME-GRADE OR STATUS-FLYING STATUS - REGISTER NO.
2	DEPT. *(USA,USAF,etc.)*-TREATMENT FACILITY
3	SERVICE NO.-ORG.-TIME OF ADMISSION-WARD NO.-TYPE OF CASE
4	SEX-AGE-RACE-LENGTH OF SERVICE-RELIGION-BRANCH OF SERVICE
5	SOURCE OF ADMISSION-DATE ADMITTED-PREVIOUS ADMISSION
6	EMERGENCY ADDRESSEE; *(Name-Relationship)*
7	ADDRESS OF LINE 6
8	CITY-STATE OF LINE 6-RATING OR DESIGNATION
9	*(For any local use desired)*

23. DIAGNOSES *(See instructions for recording as shown on reverse side. Include all required related data)*

Dg. 1: 0920 Mononucleosis, infectious. LD: Yes.

HEALTH RECORD

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES *(Show date for each; show anesthetic for each operation)*

None

25. SELECTED ADMINISTRATIVE DATA *(Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)*

None

26. PHYSICAL PROFILE

TYPE	SERIAL P	U	L	H	E	S	SUFFIX R	T	D	O	N	☐ PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY
ALL 18 IN HOSPITAL OR INFIRMARY 18 SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____

28. NATURE OF DISPOSITION
Duty.

29. DATE OF DISPOSITION
28 Apr 66

30. SIGNATURE OF ATTENDING PHYSICIAN
CARLOS M. DE CASTRO, MAJOR, MC

31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER
Rudolph Moran Jr

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY
USAH WURZBURG (33rd F. H.)

33. REGISTER NUMBER
117 884

DA FORM 1 JUL 62 8-275-2

AG (1) 10-64-200M-100548

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34. ADDITIONAL REMARKS *(Show item number to which extended entry applies. Group all continuations of a particular item)*

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully--including causative agent, how, when, where, doing what, for injuries--in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" *(previously recorded)* or "Not PR". Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of veneral disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered, 11 May 1951." For each diagnosis line of duty status must be shown in accordance with separate directives, thus: "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE *DISEASE, INJURY,* OR *COMPLICATIONS* WHICH CAUSED DEATH.	Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	b. DUE TO *(Or as the consequence of)*	
(Do not enter more than one cause per line for items Ia, b, and c)	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE *(Item Ia)* STATING THE UNDERLYING CAUSE LAST.	c. DUE TO *(Or as the consequence of)*	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	

36. AUTOPSY PERFORMED *(If "Yes" indicate date and place)*	37. HOUR AND DATE OF DEATH
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN

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Standard Form 502
Rev. August 1954
Bureau of the Budget
Circular A-32

U.S. GOVERNMENT PRINTING OFFICE: 628244

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
10 April 1966	28 April 1966	18

(Sign and date at end of narrative)

CHIEF COMPLAINT:
This 22 year old Caucasian A2C was admitted to USAH, Wurzburg, on 10 April 1966 with a chief complaint of sore throat.

HISTORY OF PRESENT ILLNESS:
Patient was admitted with a 3 day history of fever, swelling of the glands in the neck and sore throat. In addition patient had a copious yellowish nasal drainage.

This patient was hospitalized at the USAH, Wurzburg, from 28 March 1966 to 4 April 1966 for his first time, because of an upper respiratory infection associated with neck stiffness. At that time he had a spinal tap which was normal, but was followed by a post-spinal headache. At the present time patient has no headache. Because of the tonsillitis and fever patient was admitted to the hospital.

PAST MEDICAL HISTORY AND REVIEW OF SYSTEMS:
Not contributory to the present illness. Patient denies allergies.

PHYSICAL EXAMINATION:
An alert, febrile Caucasian male who appears in some acute distress. Temperature 101 degrees. The neck is supple. There is tender anterocervical adenopathy. A purulent tonsillitis is present. Lungs clear to auscultation and percussion. Heart regular sinus rhythm with no murmurs. The abdomen is soft with no enlargement of the spleen or the liver. There is no rash.

LABORATORY DATA:
White blood cell count 13,200 with 56 % lymphocytes and 5 % atypical lymphocytes. Hematocrit 46 % with a sedimentation rate of 18. Urinalysis was normal. Throat culture revealed normal flora. Serology non-reactive. Heterophile titer 1:896; with absorption by beef cell antigen no titer and after absorption by guinea pig antigen 1:448. Transaminase 31 units with a bilirubin of 0.38 mg%. Repeat CBC on 19 April 1966 was 12,000 with 55 % lymphocytes and a sedimentation rate of 28, hematocrit of 45 %. The blood morphology was normal. Transaminase on 19 April 1966 was 192 units with a bilirubin of 0.38 mg%. Culture of nasal drainage revealed only a few staph epidermidis.
Chest x-ray normal. X-ray of the paranasal sinuses revealed mucosal membrane thickening in the maxillary sinuses bilaterally. The swelling of the mucosa in the right maxillary sinus is cystic.

Electrocardiogram is normal.

(Use additional sheets of this form (Standard Form 502) if more space is required)

cont.

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
		(b) (6)	602 AC/WSON USAREUR APO 09321

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name, middle; grade; date; hospital or medical facility)*

HOPKINS, Marshall H A2C
Wurzburg

117 884

1-B
NARRATIVE SUMMARY
Standard Form 502
502-107-02

US ARMY HOSP WURZBURG
APO US Forces 09801

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Standard Form 502
Rev. August 1954
Bureau of the Budget
Circular A-32

U.S. GOVERNMENT PRINTING OFFICE: 628244

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION 10 April 1966	DATE OF DISCHARGE 28 April 1966	NUMBER OF DAYS HOSPITALIZED 18

(Sign and date at end of narrative)

cont.

HOSPITAL COURSE:
Patient made a uneventful recovery from infectious mononucleosis associated with tonsillitis, sinusitis and mild abnormality of liver function studies. He was returned to duty without any profile limitations and in a asymptomatic state. He is to be seen in the medical clinic in approximately 3 weeks.

DIAGNOSIS: 0920 Mononuclepsis, infectious. LD Yes.

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Ne[redacted] (b) (6) [redacted] TER NO. 602 AC/WSQN USAFE APO 09321 WARD NO.

CARLOS M. DE CASTRO, [illegible] 66

HOPKINS, Marshall H A2C
Wurzburg

117 884

NARRATIVE SUMMARY
Standard Form 502
502-107-02

US ARMY HOSP WU[illegible]BURG
APO US Forces 09801

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Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4 Apr 66	Patient was hospitalized at the USAH, Wurzburg, APO US Forces 09801, for 7 days (28 Mar - 4 Apr 66) for 1. 4750 Infection, upper respiratory, acute, diffuse, organism unknown. LD Yes. 2. 7910 Headache, post-spinal. LD Yes. Patient discharged to duty this date without change in profile. He is to return to the medical clinic on 11 April 1966. CARLOS M. DE CASTRO, MAJ, MC
8 APR 1966	ENT CLINIC USAF HOSP WIESBADEN APO US Forces 1 wk of sore throat, chills + fever. Px- acute tonsillitis + cervical lymphadenitis. Ct Stake PCN 400 000 u q i d. 9 APR 1966 EMERGENCY ROOM US ARMY HOSPITAL WURZBURG APO US FORCES 09801 2305 hrs T/o 102°
28 Apr 66	Patient was hospitalized at the USAH, Wurzburg, APO US Forces 09801, for 18 days (10-28 April 1966) for 0920 Mononucleosis, infectious. LD Yes. Patient was discharged to duty this date without any change in his profile. He was in a asymptomatic atate and is to be seen in the medical clinic in approximately 3 weeks. CARLOS M. DE CASTRO, MAJ, MC

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	C	A2C	602 AC/W	AF	Air Force

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: HOPKINS, Marshall H

DATE OF BIRTH (DAY-MONTH-YEAR): 20 Jul 43 (b) (6) [redacted]

AGL (1) 11-62-300M-91598

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

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COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

MEDICAL CONDITION – PHYSICAL PROFILE RECORD

(AR 40-501)

DATE: 4 Apr 66

TO: Commanding Officer
602nd ACSI Squadron, USAFE
APO US Forces 09321

FROM: Commanding Officer
USAH, Wurzburg
APO US Forces 09801

LAST NAME - FIRST NAME - MIDDLE INITIAL, GRADE, SERVICE NO. AND ORGANIZATION

HOPKINS, Kenneth H. A2C
(b) (6)
ACSI Sqdn, APO 09321

INSTRUCTIONS

Complete Section D of this form in lieu of DA Form 8-118, whenever a medical board is held for the sole purpose of permanently revising the physical profile to or from a numerical designator "3".

PREPARE COPIES AS INDICATED BELOW:
Unit Commander - 1 copy when Item 1 or 2 is checked
Appropriate Commander or HQ - 1 copy when Item 3 is checked.
Health Record Jacket, (DD Form 722) - 1 copy
Clinical Record - 1 copy when appropriate

SECTION A - DUTY STATUS *(Check Applicable Item(s))*

1	X	INDIVIDUAL IS RETURNED TO YOUR UNIT FOR DUTY *(AR 40-212, AR 635-40B, as applicable)* AR 40-501
2		INDIVIDUAL IS RETURNED TO YOUR UNIT FOR SEPARATION PROCESSING *(AR 40-212, AR 635-40B, as applicable)*
3	X	INDIVIDUAL (IS) ~~(IS NOT)~~ MEDICALLY QUALIFIED FOR duty AS EVIDENCED BY A MEDICAL EXAMINATION AND A REVIEW OF HIS HEALTH RECORD THIS DATE

SECTION B - PHYSICAL PROFILE

(Complete all items. When applicable "R" or "T" will be entered with numerical designator under appropriate factor)

		P	U	L	H	E	S	
4	PREVIOUS	1	1	1	1	1	1	PREVIOUS
5	PRESENT	1	1	1	1	1	1	PRESENT

6 INDIVIDUAL HAS THE DEFECT(S) LISTED BELOW. *(All defects requiring a 3 or 4 in any PULHES factor will be reported in non-technical language)*

☐ *Continued under remarks*

SECTION C - ASSIGNMENT RESTRICTIONS, OR GEOGRAPHICAL, OR CLIMATIC AREA LIMITATIONS *(Check Applicable Items(s))*

7	X	INDIVIDUAL REQUIRES NO MAJOR ASSIGNMENT, GEOGRAPHICAL, OR CLIMATIC AREA LIMITATIONS
8		MAJOR ASSIGNMENT, GEOGRAPHICAL, OR CLIMATIC AREA LIMITATIONS ARE ESTABLISHED BELOW *(AR 40-212, AR 40-501, AR 635-40B, as applicable. Describe specific assignment limitations or restrictions as outlined in Chapter 9, AR 40-501.)*

☐ *Continued under remarks*

9	X	THE ABOVE CONDITIONS ARE PERMANENT
10		THE ABOVE CONDITIONS ARE TEMPORARY, INDIVIDUAL IS TO REPORT TO A MEDICAL FACILITY ON *(Date)* FOR FURTHER PHYSICAL PROFILE EVALUATION OR MEDICAL TREATMENT AND DISPOSITION *(AR 40-212, AR 40-501 as applicable)*
11		SEPARATION OR RETIREMENT OF THIS INDIVIDUAL WILL NOT BE EFFECTED WITHOUT PRIOR MEDICAL EVALUATION *(AR 40-212, AR 40-501, AR 616-41, as applicable)*
12	X	THIS SUPERSEDES PREVIOUS MEDICAL CONDITION - PHYSICAL PROFILE RECORDS

13. TYPED NAME & GRADE OF AUTHORIZED OFFICER AT MEDICAL FACILITY
CARLOS H. DE CASTRO, MAJ, MC
Chief, Department of Medicine

SIGNATURE

DA FORM 1 FEB 62 8-274

BEST COPY
COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

CLINICAL RECORD COVER SHEET *(FOR ADDRESSOGRAPH)*

1. ADMISSION NOTES

No Evid of A or N

2-21. PATIENT DATA

(b) (6) [redacted] HOPKINS MARSHALL H A2C
M 22 CAU USAF P 2Y3M 1000 28MAR66
(b) (6) [redacted] 602AC/WSQN* 09321 1-B H
N 53150 N 30 NOV 67
28MAR66 DIRECT
KENNETH FRITTES/SF HR/Y
RR2 BOX 90 SEDALIA COLO
USAH WURZ GER APO 09801 *USAFE
OBSN/MED FLU SYNDROME LD IN

LINE LEGEND *(2-21)*

1 NAME-GRADE OR STATUS-FLYING STATUS - REGISTER NO.
2 DEPT. *(USA,USAF,etc.)*-TREATMENT FACILITY
3 SERVICE NO.-ORG.-TIME OF ADMISSION-WARD NO.-TYPE OF CASE
4 SEX-AGE-RACE-LENGTH OF SERVICE-RELIGION-BRANCH OF SERVICE
5 SOURCE OF ADMISSION-DATE ADMITTED-PREVIOUS ADMISSION
6 EMERGENCY ADDRESSEE; *(Name-Relationship)*
7 ADDRESS OF LINE 6
8 CITY-STATE OF LINE 6-RATING OR DESIGNATION
9 *(For any local use desired)*

22. ADMITTING OFFICER
MAJOR DE CASTRO

23. DIAGNOSES *(See instructions for recording as shown on reverse side. Include all required related data)*

Dg. 1: 4750 Acute diffuse upper respiratory tract infection, organism unknown. LD: Yes.

Dg. 2: 7910 Headache, post-spinal. Not PR. LD: Yes.

HEALTH RECORD

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES *(Show date for each; show anesthetic for each operation)*

28 Mar 66: 024 Spinal puncture. Anesthesia: Local, 1% xylocaine.

25. SELECTED ADMINISTRATIVE DATA *(Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)*

None

26. PHYSICAL PROFILE

TYPE	SERIAL						SUFFIX					
	P	U	L	H	E	S	R	T	D	O	N	☒ PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY
ALL 7 IN HOSPITAL OR INFIRMARY 7 SUBSISTING ELSEWHERE ____ QUARTERS OR DISPENSARY ____ LEAVE ____ OTHER ____

28. NATURE OF DISPOSITION
Duty.

29. DATE OF DISPOSITION
4 Apr 66

30. SIGNATURE OF ATTENDING PHYSICIAN
CARLOS M. DE CASTRO, MAJOR, MC

31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER
RUDOLPH MOREAU JR., CAPT., MSC

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY
[illegible]

33. REGISTER NUMBER
117 579

DA FORM 1 JUL 62 8-275-2

O-809

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34. ADDITIONAL REMARKS *(Show item number to which extended entry applies. Group all continuations of a particular item)*

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully--including causative agent, how, when, where, doing what, for injuries--in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" *(previously recorded)* or "Not PR". Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of veneral disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered, 11 May 1951." For each diagnosis line of duty status must be shown in accordance with separate directives, thus: "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE *DISEASE, INJURY,* OR *COMPLICATIONS* WHICH CAUSED DEATH.	Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	b. DUE TO *(Or as the consequence of)*	
(Do not enter more than one cause per line for items Ia, b, and c)	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE *(Item Ia)* STATING THE UNDERLYING CAUSE LAST.	c. DUE TO *(Or as the consequence of)*	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	

36. AUTOPSY PERFORMED *(If "Yes" indicate date and place)*	37. HOUR AND DATE OF DEATH
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN

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Standard Form 502
Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A-32

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
28 March 1966	4 April 1966	7 days

(Sign and date at end of narrative)

CHIEF COMPLAINT:
This 22 year old Caucasian male A2C with 2 yrs 3 mos military service was admitted to the USAH, Wurzburg on 28 March 1966 because of headache of three days duration.

PRESENT ILLNESS:
The patient three days previous to admission had the onset of headache, fever, chills, sore throat and dry cough. On the day of admission, the patient noted that he had some neck stiffness. He denies diarrhea, vomiting, joint pain, rash or earache.

PAST MEDICAL HISTORY:
Repair of tendons and ligaments around the left patella. No allergies.

SYSTEM REVIEW:
Non-contributory to the present illness.

PHYSICAL EXAMINATION:
Temperature 102.6. An alert, Caucasian male who appears to be in some acute distress. There is some stiffness to forward flexion of the neck. There is no cervical adenopathy. Fundoscopic examination is normal. Examination of the ears, nose and throat is negative. The lungs are clear to auscultation and percussion. Heart - regular sinus rhythm with no murmurs; normal heart size. The abdomen is soft with no enlargement of spleen or liver.

LABORATORY DATA:
WBC 8,400 with 72% neutrophils and normal lymphocytes, with hematocrit of 48% and a corrected sedimentation rate of 17 mm/hr. Urinalysis is normal. Throat culture revealed normal flora. Serology was non-reactive.

Spinal fluid revealed the following: Clear, colorless fluid with no cell count, negative culture, negative serology, sugar 76 mg% and total protein 10.2 mg%.

Chest x-ray was normal.

HOSPITAL COURSE:
The patient remained febrile during the first three days of hospitalization. Shortly after admission, a lumbar puncture was performed which revealed a normal spinal fluid with an opening pressure of 170 ml. The patient's malaise, sore throat and neck stiffness gradually disappeared. The clinical course was complicated by a post-spinal headache. He was returned to duty on the eighth hospital

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	ORGANIZATION
(b) (6)		502 AC/W Sqd, APO 09321

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	R NO.	WARD NO.
HOPKINS, Marshall H. A2C	117599	1B

* 1 *

NARRATIVE SUMMARY
Standard Form 502

USAH, WURZBURG, APO U[illegible]FORCES 09801

AGL (1) 11-61-180M-85272

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Standard Form 502
Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A—32

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative)

Cont.

day without any symptoms. No profile restrictions were required. He has an appointment to the medical clinic on 11 April 1966.

DISCHARGE DIAGNOSES: 1. 4750 Acute diffuse upper respiratory infection. LD Yes.

2. 7910 Headache, post-spinal. LD Yes.

DISPOSITION:
Returned to duty on 4 April 1966.

SPECIAL PROCEDURES: 28 March 1966 - 024 Spinal puncture: 1% xylocaine anesthesia, locally.

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	(b) (6)	ORGANIZATION
CARLOS M. DE CASTRO, MAJ, MC	7 Apr 66		602 AC/W Sqdn, APO 09321

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
HOPKINS, Marshall H.	A2C	117599	1B

* 2 *

USAH, WURZBURG, APO US FORCES 09801

NARRATIVE SUMMARY
Standard Form 502

AGL (1) 11-61-180M-85272

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Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
MAR 5 1965	Outpatient Clinic LOD____ Disp____ USAH WURZBURG APO 800, US Forces
26505	follow up twisted ankle sprain - Xray - no fx noted - plan - continue heat, elevation, crutches. light duty. for 1 week ut ur. [signature]
Det 0200 86 Tac Hosp APO US Forces	
JUN 23 1965	Complain of Sore throat T-98°
	Imp: tonsillitis
	Rx. Erythromycin, [illegible] 1 tab Q6h.
	H Arist SS
4 OCT 1965	Outpatient Clinic LOD____ Disp____ USAH WURZBURG APO 803, US Forces
	T/O 98°
	Dry cough started 1 week ago - Last 3 days has been productive of Greenish sputum. Has some nasal + sinus stuffiness.
	Ex.-
	Nose - Congested - Edematous
	Throat - Clear. Sore post. nasal discharge
	Chest - Clear to A+P
	Imp - Bronchitis
	Dy - Arnade T - BID
	Gelb Benex - ~~[illegible]~~ cast

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
SM	C	A2C	602 NC	AF	Air Force

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: Hopkins, Marshall H.

(b) (6) [redacted]

AGL (1) 4-64-100M-98388

Standard Form 600

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
25 MAR 1966	EENT CLINIC US ARMY HOSPITAL L.O.D. DISP. WURZBURG, APO 800

Hx of loss of vision in both eye after ~~being~~ being momentarily blended by the sun. This lasted for about 1/2 hr

✓ OD 20/20 ok
OS

Cpt Hom Sol
E.M. - full
Fundi - Dt M Sig

28 MAR 1966 Outpatient Clinic
USAH Wurzburg

T/O - 101.6

Since above episode has had headache, sore throat - stiffness - cough - fever - worsening last night and had 3 lesions like insect bites on ankles. but denies other rash (pounds a little like another fellows evanescent rash)

Exam: No rash on ankles - Febrile. Canals - Thro injected. Pharynx erythematous neck supple.

Imp: Flu syndrome:

Pt lives in billets at Giebelstadt - cannot care for self adequately there.

Admit 1B ~~Flu syndrome~~ Flu syndrome

CLINICAL RECORD COVER SHEET *(FOR ADDRESSOGRAPH)*

1. ADMISSION NOTES

No Evid of A or N

22. ADMITTING OFFICER

DR STEWART

2-21. PATIENT DATA

HOPKINS MARSHALL H A2C N 109484
AF USAH WURZBURG GER APO 09801
(b) (6) 2AC/WSQN* 1530 QRS I
1 21 CAU 1Y1M P AF 1MAR65
DIRECT N
MR MARSHALL H HOPKINS/F 53150
GEN DEL LARNED KANSAS
*USAFE APO 09321
SPRAINED RT ANKLE LD IN

LINE	LEGEND *(2-21)*
1	NAME-GRADE OR STATUS-FLYING STATUS - REGISTER NO.
2	DEPT. *(USA, USAF, etc.)*-TREATMENT FACILITY
3	SERVICE NO.-ORG.-TIME OF ADMISSION-WARD NO.-TYPE OF CASE
4	SEX-AGE-RACE-LENGTH OF SERVICE-RELIGION-BRANCH OF SERVICE
5	SOURCE OF ADMISSION-DATE ADMITTED-PREVIOUS ADMISSION
6	EMERGENCY ADDRESSEE; *(Name-Relationship)*
7	ADDRESS OF LINE 6
8	CITY-STATE OF LINE 6-RATING OR DESIGNATION
9	*(For any local use desired)*

23. DIAGNOSES *(See instructions for recording as shown on reverse side. Include all required related data)*

Dg. 1: 8450-860-9221 Sprain, acute, right ankle. AI: At approximately 1400 hours, 1 March 1965 while participating in basketball game. LD: Yes. CO and Surgeon agree.

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES *(Show date for each; show anesthetic for each operation)*

None

25. SELECTED ADMINISTRATIVE DATA *(Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)*

None

26. PHYSICAL PROFILE

TYPE	SERIAL						SUFFIX					
	P	U	L	H	E	S	R	T	D	O	N	
PREVIOUS												PROFILE IS UNCHANGED ☐
REVISED												

27. DAYS DURATION THIS FACILITY
ALL ____ IN HOSPITAL OR INFIRMARY - SUBSISTING ELSEWHERE - QUARTERS OR DISPENSARY 4 LEAVE - OTHER -

28. NATURE OF DISPOSITION
Duty.

29. DATE OF DISPOSITION
5 Mar 65

30. SIGNATURE OF ATTENDING PHYSICIAN
JAMES C. STEWART, M. D.

31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER
Robert J. Muzzio
ROBERT J. MUZZIO, CAPT, MSC

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY
USAH WURZBURG (10th E. H.)

33. REGISTER NUMBER
109 484

DA FORM 1 JUL 62 8-275-2 REPLACES DD FORM 48 1-2, 1 MAY 56, EXISTING SUPPLIES OF WHICH WILL BE ISSUED AND USED UNTIL 1 JUL 63 UNLESS SOONER EXHAUSTED.

AGL (1) 11-62-400M-91672

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34. ADDITIONAL REMARKS *(Show item number to which extended entry applies. Group all continuations of a particular item)*

INSTRUCTIONS FOR ITEM 28: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully--including causative agent, how, when, where, doing what, for injuries--in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" *(previously recorded)* or "Not PR". Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of veneral disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered, 11 May 1951." For each diagnosis line of duty status must be shown in accordance with separate directives, thus: "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE *DISEASE, INJURY,* OR *COMPLICATIONS* WHICH CAUSED DEATH.	Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	b. DUE TO *(Or as the consequence of)*	
(Do not enter more than one cause per line for items Ia, b, and c)	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE *(Item Ia)* STATING THE UNDERLYING CAUSE LAST.	c. DUE TO *(Or as the consequence of)*	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	

36. AUTOPSY PERFORMED *(If "Yes" indicate date and place)*	37. HOUR AND DATE OF DEATH
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN

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Standard Form 600
Nov. 1952
Bureau of the Budget
Circular A-32
600-102

(8)

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Pains around heart
24 JAN 1964	Pain Precordial - 30 sec duration while gain up steps
	PE hemoglobin
	Heart - no murmur or thrill Rg typ Rm
	After Exercise - still sound good
	Rx Ct Adjusted
	D Hugh
24 FEB 64	EMERGENCY
1950	Sore Throat
T (99)	pharynx neg
	give benadryl elixir to gargle
	Dupoe
26 MAR 1964	Security Clearance

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	e	AB	50		AF AD

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
Hopkins, Marshall H.

(b) (6) [redacted]

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
27 Nov 64	Stomach Cramps & Diarrhea ℞ Diarrhea mix. 1 tsp after ea BM Refer to ARM EWK
1 Mar 65	Patient twisted ankle while skiing sunday. Refer to 10th Evac Hosp for possible X-ray & disposition E S Acosta

MAR 1 1965
Outpatient Clinic
LOD____ Disp____
USAH WURZBURG
APO 80, US Forces

CC: Sprained Rt ankle during skiing yesterday

PE: Swelling and ecchymose about the ankle, + tenderness to palpation, noted.

Impr: Sprained ankle R/O ft.

Rx 1) X ray
(wet film is negative)
2) Zactrin
3) Bandage + crutches
4) Quarters (3) days

TURKKAN

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Standard Form 600
Nov. 1952
Bureau of the Budget
Circular A-32
600-102

USAF HOSPITAL
CHANUTE AFB, ILL

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
22 JAN 64	EMERGENCY
2145	"Via Ambulance" - 20 yr old A/B
T-99	Chest pain L side, dyspnea
	after stretching to reach for
	something atop locker - feels well now
	Exam: Heart & lungs ok
	Imp: Muscle spasm
	MD: Advise
	MAR
	Mitchell A. Rapkin
	Capt, USAF, MC

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	C	AB.	50th SS.		

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
Hopkins, Marshall H (b) (6) [redacted]

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

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Standard Form 600
Nov. 1952
Bureau of the Budget
Circular A-32
600-102

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
DISP "A" Lackland AFB, Tex	
DEC 18 [illegible]	Vomiting
DEC 19 1963	P.E. Abdo soft & flat
	RP A S [illegible]

USAF HOSPITAL
CHANUTE AFB, ILL

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	Cau	A.B.	3703	1678	USAF

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
Hopkins Marshall Hugh

(b) (6) [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

U.S. GOVERNMENT PRINTING OFFICE : 1962 O—625713

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Standard Form 88
(Rev. June 1956)
Bureau of the Budget
Circular A-32 (Rev.)

REPORT OF MEDICAL EXAMINATION

88-104-01

1. LAST NAME—FIRST NAME—MIDDLE NAME: Hopkins, Marshall Hugh

(b) (6) [redacted]

2. GRADE AND COMPONENT OR POSITION: A/C

(b) (6) [redacted]

PURPOSE OF EXAMINATION: Sep ENT USAF

30 Nov63

7. SEX: Male

8. RACE: Cauc

9. TOTAL YEARS GOVERNMENT SERVICE — MILITARY: 3 6/12 — CIVILIAN:

10. AGENCY: DAF

11. ORGANIZATION UNIT: 60 W

(b) (6) [redacted]

13. PLACE OF BIRTH: Larned K nsas

14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN: STEP FATHER MR KENNETH H FRITZ SAME AS 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: AFES, Den ver, Colorado

16. OTHER INFORMATION

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY (Total)

LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated)	ABNORMAL
✓	18. HEAD, FACE, NECK AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS—GENERAL (Ext. & ext. canals) (Auditory acuity under items 70 and 71)	
✓	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	X
✓	25. OPHTHALMOSCOPIC	
✓	26. PUPILS (Equality and reaction)	
✓	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
✓	28. LUNGS AND CHEST (Include breasts)	
✓	29. HEART (Thrust, size, rhythm, sounds)	
✓	30. VASCULAR SYSTEM (Varicosities, etc.)	
✓	31. ABDOMEN AND VISCERA (Include hernia)	
✓	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
✓	33. ENDOCRINE SYSTEM	
✓	34. G-U SYSTEM	
✓	35. UPPER EXTREMITIES (Strength, range of motion)	
✓	36. FEET	
✓	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
✓	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	X
✓	40. SKIN, LYMPHATICS	
✓	41. NEUROLOGIC (Equilibrium tests under item 72)	
✓	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

24. Mild Epotrophia of Rt. Eye.

39. Ant 1" scar R knee
Ant 2" scar L wrist

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

O—Restorable teeth
/—Nonrestorable teeth
X—Missing teeth
XXX—Replaced by dentures
(—X—)—Fixed bridge, brackets to include abutments

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Orally Qualified

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY: 1.016
B. ALBUMIN: Negative
C. SUGAR: Negative
D. MICROSCOPIC:

46. CHEST X-RAY (Place, date, film number and result): 17-806 NEGATIVE DATE AS ABOVE DENVER AFES

47. SEROLOGY (Specify test used and result): STS NONREACTIVE 806

48. EKG:

49. BLOOD TYPE AND RH FACTOR:

50. OTHER TESTS:

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MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: ☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	56. TEMPERATURE
73	135	Brown	Blue		98.6

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
A. SITTING	SYS. 124 / DIAS. 70	B. RECUMBENT	SYS. / DIAS.	C. STANDING (*3 min.*)	SYS. / DIAS.	A. SITTING 74	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S. OX	CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY	S. OX	CORR. TO	BY

62. HETEROPHORIA (*Specify distance*)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION		64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT	LEFT	DVORINE 14/14 NORMAL		UNCORRECTED
				CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING

RIGHT WV /15 SV /15

LEFT WV /15 SV /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT		0	0	0	5	10	15	
LEFT		0	0	0	5	5	5	

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

AFQT 7B 82 II

VTS-CV.

TS-CV PASSED

(*Use additional sheets if necessary*)

74 SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

24. Mild exotrophia of right eye

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

B. PHYSICAL CATEGORY

77. EXAMINEE (*Check*)

A. ☑ IS QUALIFIED FOR enlistment

B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E
1			

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY THOMAS J. CONNOLLY CAPTAIN, MC, USAF	SIGNATURE Connolly — NUMBER OF ATTACHED SHEETS

GOVERNMENT PRINTING OFFICE 1960—O-540014

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Standard Form 89
(Rev. Aug. 1950)
BUREAU OF THE BUDGET
CIRCULAR A-32

Hopkins

REPORT OF MEDICAL HISTORY

89-103

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
Hopkins, Marshall Hugh		
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
G. Charles [illegible] Kansas	FL USAF	30 Nov63

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
[illegible]	[illegible] Caus				

(b) (6) [redacted]

12. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
[illegible] Larned Kansas	
[illegible] AMINER, AND ADDRESS	16. OTHER INFORMATION
[illegible] ES, Denver, Colorado	

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (*Follow by description of past history, if complaint exists*)

good

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER	50	Excellent		
MOTHER	35	good		
SPOUSE		none		
BROTHERS AND SISTERS	17	Excellent		
	15	Excellent		
CHILDREN		none		

19. HAS ANY BLOOD RELATION (*Parent, brother, sister, other*) OR HUSBAND OR WIFE:

YES	NO	(*Check each item*)	RELATION(S)
	X	HAD TUBERCULOSIS	
	X	HAD SYPHILIS	
	X	HAD DIABETES	
	X	HAD CANCER	
	X	HAD KIDNEY TROUBLE	
	X	HAD HEART TROUBLE	
	X	HAD STOMACH TROUBLE	
	X	HAD RHEUMATISM (*Arthritis*)	
	X	HAD ASTHMA, HAY FEVER, HIVES	
	X	HAD EPILEPSY (*Fits*)	
	X	COMMITTED SUICIDE	
X		BEEN INSANE	Mother

20. HAVE YOU EVER HAD OR HAVE YOU NOW (*Place check at left of each item*)

YES	NO	(*Check each item*)	YES	NO	(*Check each item*)	YES	NO	(*Check each item*)	YES	NO	(*Check each item*)
	X	SCARLET FEVER, ERYSIPELAS		X	GOITER		X	TUMOR, GROWTH, CYST, CANCER		X	"TRICK" OR LOCKED KNEE
	X	DIPHTHERIA		X	TUBERCULOSIS		X	RUPTURE		X	FOOT TROUBLE
	X	RHEUMATIC FEVER		X	SOAKING SWEATS (*Night sweats*)		X	APPENDICITIS		X	NEURITIS
	X	SWOLLEN OR PAINFUL JOINTS		X	ASTHMA		X	PILES OR RECTAL DISEASE		X	PARALYSIS (*Inc. infantile*)
X		MUMPS		X	SHORTNESS OF BREATH		X	FREQUENT OR PAINFUL URINATION		X	EPILEPSY OR FITS
	X	WHOOPING COUGH		X	PAIN OR PRESSURE IN CHEST		X	KIDNEY STONE OR BLOOD IN URINE		X	CAR, TRAIN, SEA, OR AIR SICKNESS
	X	FREQUENT OR SEVERE HEADACHE		X	CHRONIC COUGH		X	SUGAR OR ALBUMIN IN URINE		X	FREQUENT TROUBLE SLEEPING
	X	DIZZINESS OR FAINTING SPELLS		X	PALPITATION OR POUNDING HEART		X	BOILS		X	FREQUENT OR TERRIFYING NIGHTMARES
	X	EYE TROUBLE		X	HIGH OR LOW BLOOD PRESSURE		X	VENEREAL DISEASE		X	DEPRESSION OR EXCESSIVE WORRY
	X	EAR, NOSE OR THROAT TROUBLE		X	CRAMPS IN YOUR LEGS		X	RECENT GAIN OR LOSS OF WEIGHT		X	LOSS OF MEMORY OR AMNESIA
	X	RUNNING EARS		X	FREQUENT INDIGESTION		X	ARTHRITIS OR RHEUMATISM		X	BED WETTING
	X	CHRONIC OR FREQUENT COLDS		X	STOMACH, LIVER OR INTESTINAL TROUBLE		X	BONE, JOINT, OR OTHER DEFORMITY		X	NERVOUS TROUBLE OF ANY SORT
	X	SEVERE TOOTH OR GUM TROUBLE		X	GALL BLADDER TROUBLE OR GALL STONES		X	LAMENESS		X	ANY DRUG OR NARCOTIC HABIT
X		SINUSITIS		X	JAUNDICE		X	LOSS OF ARM, LEG, FINGER, OR TOE		X	EXCESSIVE DRINKING HABIT
	X	HAY FEVER		X	ANY REACTION TO SERUM, DRUG OR MEDICINE		X	PAINFUL OR "TRICK" SHOULDER OR ELBOW		X	HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (*Check each item*)				22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
	X	WORN GLASSES					AGE AT ONSET OF MENSTRUATION
	X	WORN AN ARTIFICIAL EYE			BEEN PREGNANT		
	X	WORN HEARING AIDS			HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS
	X	STUTTERED OR STAMMERED			BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS
	X	WORN A BRACE OR BACK SUPPORT			HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD
					HAD IRREGULAR MENSTRUATION	QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY	

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?	24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?	25. WHAT IS YOUR USUAL OCCUPATION?	26. ARE YOU (*Check one*)
16	MONTHS 6	~~Rodeo~~ Rodeo Hand	☒ RIGHT HANDED ☐ LEFT HANDED

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	X	B. INABILITY TO PERFORM CERTAIN MOTIONS
	X	C. INABILITY TO ASSUME CERTAIN POSITIONS
	X	D. OTHER MEDICAL REASONS (*If yes, give reasons*)
	X	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (*If yes, give details*)
	X	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (*If yes, state reason and give details*)
	X	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (*If yes, state reason and give details*)
	X	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (*If yes, describe and give age at which occurred*)
	X	33. HAVE YOU EVER BEEN A PATIENT (*committed or voluntary*) IN A MENTAL HOSPITAL OR SANATORIUM? (*If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic*)
	X	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (*If yes, specify when, where, and give details*)
	X	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (*If yes, give complete address of doctor, hospital, clinic, and details*)
	X	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (*If yes, which illnesses*)
	X	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date and reason for rejection*)
	X	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability*)
	X	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (*If yes, specify what kind, granted by whom, and what amount, when, why*)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Hopkins, Marshall Hugh	Marshall H. Hopkins

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (*Physician shall comment on all positive answers in items 20 thru 39*)

UCND - N.S.
Sinusitis Mild

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
THOMAS J. CONNOLLY CAPTAIN, MC, USAF	30 Nov63	Connolly	

☆ U. S. GOVERNMENT PRINTING OFFICE: 1963 O-669640

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PATIENT'S LAST NAME — FIRST NAME — MIDDLE NAME

HOPKINS MARSHALL H A1/C

(b) (6)

602 AC&W

REGISTER NO.

WARD NO.
PEU

AGE	SEX	(Check one)
24	M	☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☐ AMBULATORY

EXAMINATION REQUESTED
CHEST

REQUESTED BY
DR WEBSTER MAJ MC

DATE OF REQUEST
27 Apr 1967

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

SEparation

F- 525

FILM NO.

DATE OF REPORT
27 4 67

RADIOGRAPHIC REPORT

No significant abnormalities seen

ALBERT THIBEAUX JR
CPT, MC
USAH WURZBURG, APO 09801

SIGNATURE: *(Specify location of laboratory if not part of requesting facility)*

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)
RADIOGRAPHIC REPORT
519-205

SERV USAH WURZBURG

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PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Hopkins, Marshall H

(b) (6)

602nd AC+W

(Above space for mechanical imprinting, if used)

AGE	SEX	(Check one)
22	M	☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☒ AMBULATORY

EXAMINATION REQUESTED: PA + Lat. R shoulder + upper arm

REQUESTED BY	DATE OF REQUEST
L. Rosenstock	3/21/67

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Pain in area of R biceps

FILM NO.	DATE OF REPORT
26505	21 Mar 67

RADIOGRAPHIC REPORT

RIGHT SHOULDER: Negative

ALBERT THIBEAUX, CAPT MC
USAH WURZBURG 22 Mar 67

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

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Circular A—32 (Rev.)
RADIOGRAPHIC REPORT
519-205

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PATIENT'S NAME—FIRST NAME—MIDDLE NAME

Hopkins, Marshall H.
(b) (6)
602nd ACW SQ

(Above space for mechanical imprinting, if used)

GIEBELSTADT AB

REGISTER NO. | WARD NO.

AGE: 21 | SEX: M | (Check one) ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT XX AMBULATORY

EXAMINATION REQUESTED: Routine Chest

REQUESTED BY: Dr. Hanson Maj MC | DATE OF REQUEST: 2 April 65

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Food handler

2 4 65

FILM NO. 26505 | DATE OF REPORT

RADIOGRAPHIC REPORT

CHEST: Negative

D Hebert

DONALD H. HEBERT, MAJ MC
USAH WURZBURG 9 Apr 65

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

Standard Form 519A (Rev. Aug. 1954)
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RADIOGRAPHIC REPORT

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Giebs

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
WET HOPKINS, Marshall H. (b) (6)		

AGE	SEX	(Check one)
21	M	☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☐ AMBULATORY

EXAMINATION REQUESTED: Rt ankle

REQUESTED BY: TURKKAN | DATE OF REQUEST: March 1, 65

(Above space for mech

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Injured Rt ankle while skiing

FILM NO. 26505 | DATE OF REPORT

RADIOGRAPHIC REPORT

RIGHT ANKLE: There is considerable soft tissue swelling about the ankle but no evidence of fracture or dislocation.

DONALD H. HEBERT, MAJ MC
USAH WURZBURG 4 Mar 65

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

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RADIOGRAPHIC REPORT
519-205

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Standard Form 519
Rev. August 1954
Bureau of the
Budget Circular A-32

CLINICAL RECORD | **RADIOGRAPHIC REPORTS**

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

Hopkins, Marshall, H
Arc

REGISTER NO.

WARD NO.

RADIOGRAPHIC REPORTS
Standard Form 519
519-105

* U.S. GOVERNMENT PRINTING OFFICE : 1961 O—582553

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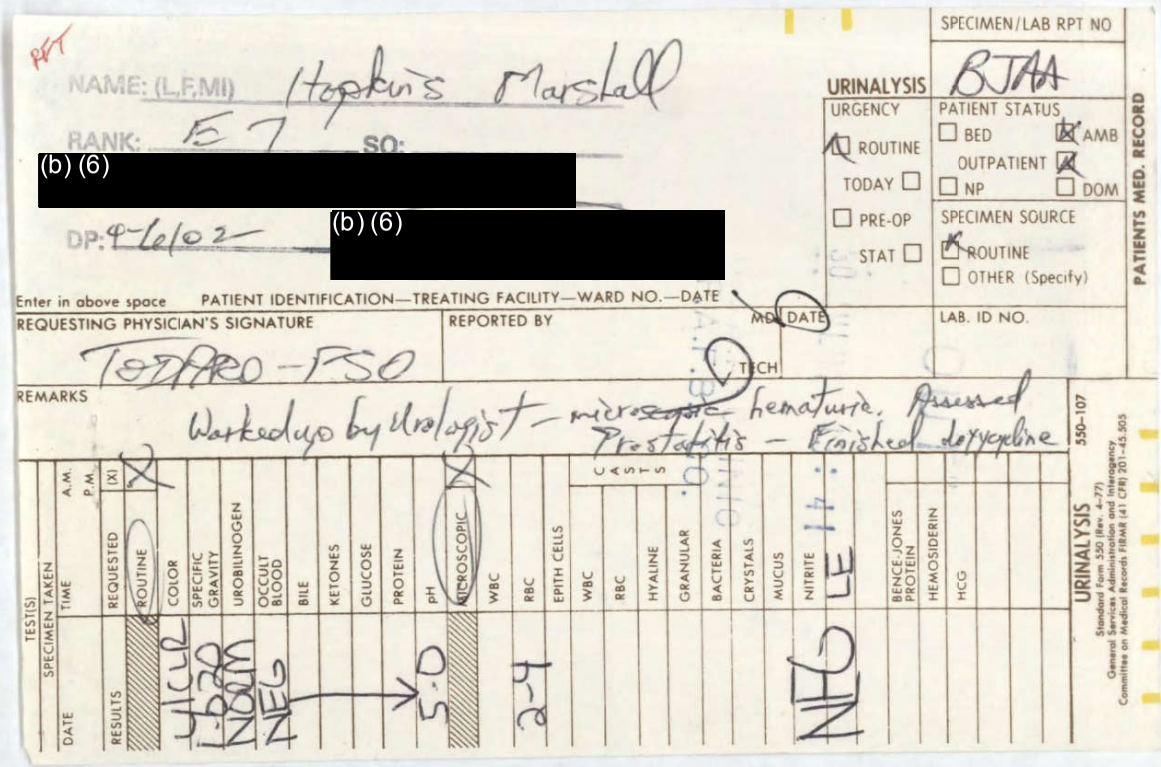

RFT

NAME: (L,F,MI) Hopkins Marshall

RANK: E 7 SO:

(b) (6) [redacted]

DP: 4-6-02 (b) (6) [redacted]

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

URINALYSIS

SPECIMEN/LAB RPT NO: BJAA

URGENCY: ☒ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

PATIENT STATUS: ☐ BED ☒ AMB ☐ OUTPATIENT ☒ ☐ NP ☐ DOM

SPECIMEN SOURCE: ☒ ROUTINE ☐ OTHER (Specify)

PATIENTS MED. RECORD

REQUESTING PHYSICIAN'S SIGNATURE: TODARO-FSO

REPORTED BY: MD DATE TECH

LAB. ID NO.

REMARKS: Worked up by Urologist - microscopic hematuria. Assessed Prostatitis - Finished doxycycline

TEST(S)	RESULTS
SPECIMEN TAKEN DATE	
TIME A.M. P.M.	
REQUESTED (X)	
ROUTINE	X
COLOR	YELLOW
SPECIFIC GRAVITY	1.020
UROBILINOGEN	NORM
OCCULT BLOOD	NEG
BILE	
KETONES	
GLUCOSE	
PROTEIN	
pH	5.0
MICROSCOPIC	X
WBC	
RBC	2-4
EPITH CELLS	
CASTS: WBC	
CASTS: RBC	
CASTS: HYALINE	
CASTS: GRANULAR	
BACTERIA	
CRYSTALS	
MUCUS	
NITRITE	NEG
LE	
BENCE-JONES PROTEIN	
HEMOSIDERIN	
HCG	

URINALYSIS 550-107

Standard Form 550 (Rev. 4-77) General Services Administration and Interagency Committee on Medical Records FIRMR (41 CFR) 201-45.505

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NAME: (L.F.M.) Hopkins Marshall H

RANK: E-7 SQ: 302ALCF

(b) (6) [redacted]

DP: 4-6/02 (b) (6) [redacted]

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD DATE

TECH

REMARKS

1st a.m. ccmsu

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
RESULTS	REQUESTED	(X)
	ROUTINE	X
4/CLR	COLOR	
1.622	SPECIFIC GRAVITY	
NORM	UROBILINOGEN	
MOD	OCCULT BLOOD	
NEG	BILE	
	KETONES	
	GLUCOSE	
	PROTEIN	
5.0	pH	
	MICROSCOPIC	X
3-5	WBC	
10-20	RBC	
	EPITH CELLS	
	WBC	CASTS
	RBC	
	HYALINE	
	GRANULAR	
	BACTERIA	
1+ Calcium Oxalate	CRYSTALS	
3+ Amorphous Sediment	MUCUS	
NEGLE	NITRITE	
	BENCE-JONES PROTEIN	
	HEMOSIDERIN	
	HCG	

URINALYSIS 550-107

Standard Form 550 (Rev. 4-77)
General Services Administration and Interagency
Committee on Medical Records FIRMR (41 CFR) 201-45.505

SPECIMEN/LAB RPT NO

BJAA

URINALYSIS

URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

PATIENT STATUS ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE ☐ ROUTINE ☐ OTHER (Specify)

LAB. ID NO.

PATIENT'S MED. RECORD

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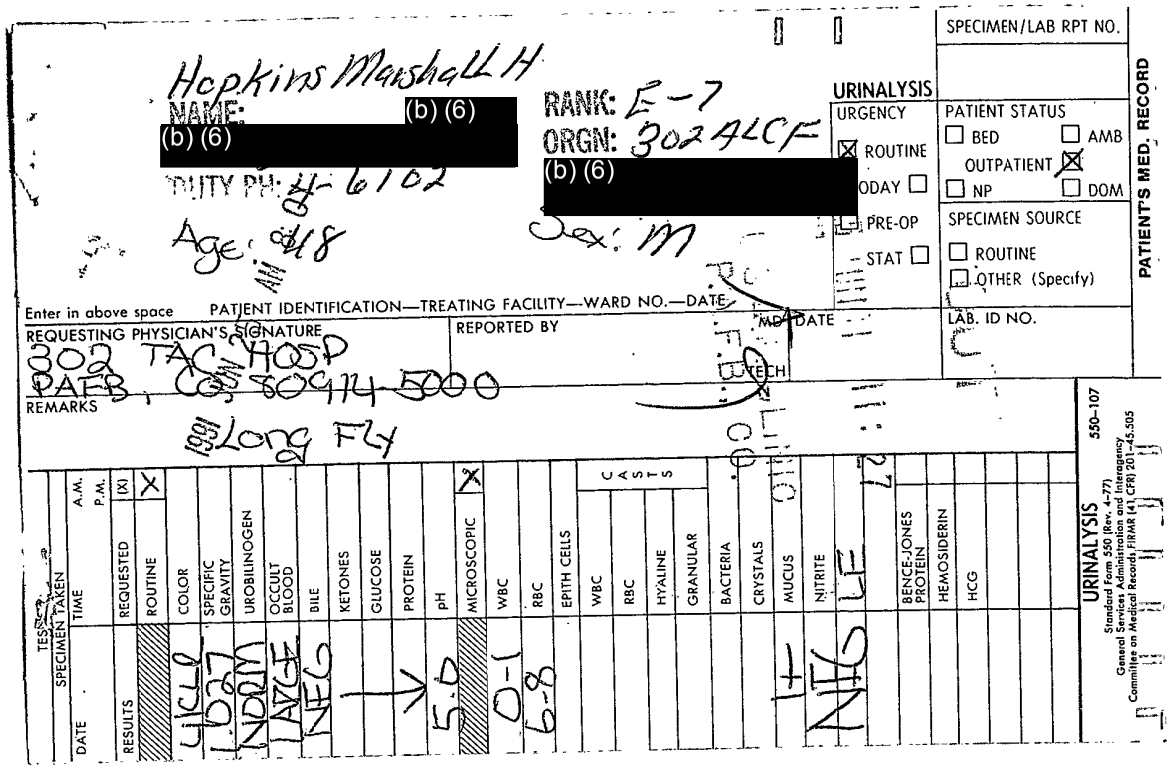

Hopkins Marshall H
NAME: (b) (6)
(b) (6)
DUTY PH: 4-6102
RANK: E-7
ORGN: 302 ALCF
(b) (6)
Age: 28
Sex: M

URINALYSIS
URGENCY
☒ ROUTINE
☐ ODAY
☐ PRE-OP
☐ STAT

SPECIMEN/LAB RPT NO.

PATIENT STATUS
☐ BED ☐ AMB
OUTPATIENT ☒
☐ NP ☐ DOM

SPECIMEN SOURCE
☐ ROUTINE
☐ OTHER (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE
302 TAC HOSP
PAFB, CO 80914-5000

REPORTED BY

MD DATE

TECH

LAB. ID NO.

REMARKS
Long FLT

TESTS	RESULTS	REQUESTED (X)	NORMAL
SPECIMEN TAKEN DATE			
TIME A.M. P.M.			
ROUTINE		X	
COLOR	YELL		YELLOW
SPECIFIC GRAVITY	1.027		1.003-1.030
UROBILINOGEN	NORM		NORMAL
OCCULT BLOOD	LARGE		NEG
BILE	NEG		NEG
KETONES	→		NEG
GLUCOSE			NEG
PROTEIN	5.0		NEG
pH			5.0-8.0
MICROSCOPIC		X	
WBC	0-1		0-5
RBC	6-8		0-3
EPITH CELLS			
CASTS WBC			
CASTS RBC			
CASTS HYALINE			
CASTS GRANULAR			
BACTERIA			
CRYSTALS			
MUCUS	1+		
NITRITE	NEG		NEG
BENCE-JONES PROTEIN			
HEMOSIDERIN			
HCG			

550-107

URINALYSIS
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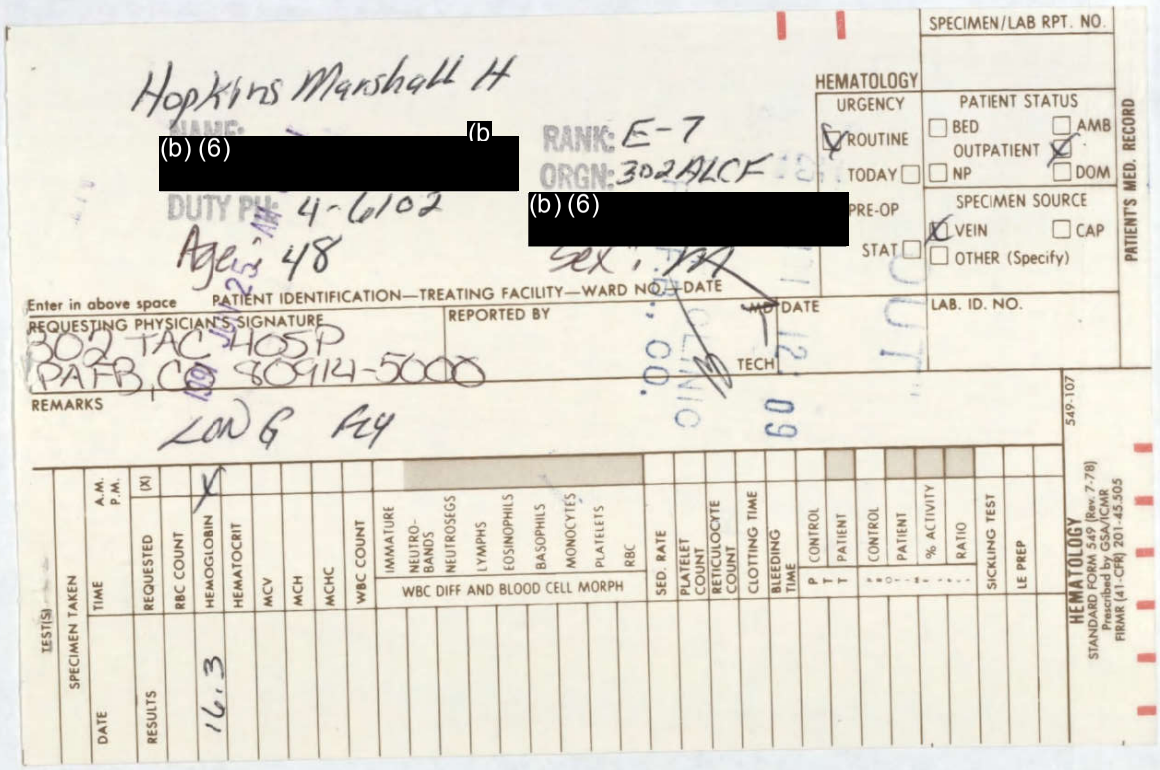

Hopkins Marshall H

NAME: [redacted] (b) (6)

RANK: E-7

ORGN: 302ALCF

DUTY PH: 4-6102

Ages 48

[redacted] (b) (6)

Sex: M

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

302 TAC HOSP
PAFB, CO 80914-5000

REPORTED BY

MD DATE

TECH

REMARKS

LONG FLY

HEMATOLOGY

URGENCY: ☒ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☐

PATIENT STATUS: ☐ BED ☐ AMB ☒ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE: ☒ VEIN ☐ CAP ☐ OTHER (Specify)

SPECIMEN/LAB RPT. NO.

LAB. ID. NO.

PATIENT'S MED. RECORD

TEST(S) | SPECIMEN TAKEN | DATE | TIME A.M. P.M. | REQUESTED (X) | RBC COUNT | HEMOGLOBIN | HEMATOCRIT | MCV | MCH | MCHC | WBC COUNT | WBC DIFF AND BLOOD CELL MORPH: IMMATURE, NEUTRO-BANDS, NEUTROSEGS, LYMPHS, EOSINOPHILS, BASOPHILS, MONOCYTES, PLATELETS, RBC | SED. RATE | PLATELET COUNT | RETICULOCYTE COUNT | CLOTTING TIME | BLEEDING TIME | PT CONTROL | PT PATIENT | PROTEIN CONTROL | PROTEIN PATIENT | % ACTIVITY | RATIO | SICKLING TEST | LE PREP

RESULTS: 16.3

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
Prescribed by GSA/ICMR
FIRMR (41-CFR) 201-45.505

549-107

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Hopkins, Marshall

20/ (b) (6) [redacted]

Res AF M.

(PW)

MICRO-BIOLOGY 1

SPECIMEN LAB RPT NO

PATIENT STATUS
- [ ] BED
- AMB [ ]
- [x] OUTPT
- DOM [ ]
- [x] NP

INFECTION
- [ ] ADMITTED WITH HOSPITAL ACQUIRED [ ]
- [ ] PRE OPERATIVE POST OPERATIVE [ ]
- [x] NON SURGICAL POSTPARTUM [ ]
- [ ] NEWBORN OTHER (Specify) [ ]

LABORATORY FILE

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE	REPORTED BY	MD / TECH	DATE	LAB ID NO
[signature]		[signature]	18 Jun 9	

CLINICAL INFORMATION (Including specimen source)

Fecal Leukocytes

ANTIBACTERIAL THERAPY

SPECIMEN TAKEN

DATE	TIME	A.M. P.M.

EXAMINATION REQUESTED
- [ ] SMEAR
- [ ] SENSITIVITY
- [ ] CULTURE
- [ ] COLONY COUNT

REPORT

NO LEUKOCYTES SEEN

MICROBIOLOGY I
STANDARD FORM 553 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41-CFR) 201-45.505

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Peterson AFB, CO 80914-5000

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HOPKINS, MARSHALL
RESERVE AF TSST
(b) (6)
DP: 5955

24 Medical Group Howard (SGHL)
APO Miami 34001-5000

89 OCT -3 AM 8:44

SPECIMEN/LAB RPT. NO.
SGPM

MISC
URGENCY: ROUTINE ✓ TODAY ☐ PRE-OP ☐ STAT ☐
PATIENT STATUS: BED ☐ AMB ☐ OUTPATIENT ☑ NP ☐ DOM ☐
SPECIMEN SOURCE (Specify)

PATIENTS MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: CAPT Copley
REPORTED BY MD TECH
DATE: 30 Oct 89
LAB ID NO.: 192

REMARKS

TEST(S) | SPECIMEN TAKEN A.M. P.M. TIME | REQUESTED | RESULTS

Auto-HBS

HEPATITIS BY EIA

HBSAG	POS	NEG	HBEAG	POS	NEG
ANTIHBS	POS	NEG	ANTIHBE	POS	NEG
ANTIHBC(TA)	POS	NEG	HAVAB(TA)	POS	NEG
ANTIHBC(IGM)	POS	NEG	HAVAB(IGM)	POS	NEG
A N T I D E L T A				POS	NEG

CAP LAB#21420-01-02-01
BROOKS AFB, SA, TX, 78235(240-3592)

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
557-107

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MEDICAL RECORD | CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
Environmental Health Services	Dental Clinic	30ct89

REASON FOR REQUEST (Complaints and findings)

This patient reports for routine dental treatment, with history of hepatitis. Please evaluate and advise as to infectious status.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	☐ ROUTINE ☐ TODAY
		☐ BEDSIDE ☐ ON CALL	☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

DATE Patient was diagnosed with a blood-borne (or) respiratory communicable disease and is now considered non-infectious.

Hopkins, Marshall
Reserve AF TS-T
(b) (6) [redacted]
DP: 5/55

89 OCT -3 AM 8:44

MISC

SPECIMEN/LAB RPT. NO.
SGPA

URGENCY
☑ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☐

PATIENT STATUS
☐ BED ☐ AMB
OUTPATIENT ☑
☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PHYSICIAN'S COPY

Susan N. Baker

SUSAN N. BAKER, Sgt, US
(b) (6) [redacted] AFSC 90
24 Medical Gp Howard

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE	REPORTED BY	MD / TECH	DATE	LAB ID NO.
Capt Copley			30ct89	192

REMARKS

HEPATITIS BY EIA
HBSAG POS NEG HBEAG POS NEG
ANTIHBS POS NEG ANTIHBE POS NEG
ANTIHBC(TA) POS NEG HAVAB(TA) POS NEG
ANTIHBC(IGM) POS NEG HAVAB(IGM) POS NEG
A N T I D E L T A POS NEG
CAP LAB#21420-01-02-01
BROOKS AFB, SA, TX, 78235(240-3592)

TESTS | SPECIMEN TAKEN | TIME A.M. P.M. | REQUESTED

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505
557-107

GARY B. COPLEY, Capt, USAF, BSC, Chief, Environmental Health Services

DATE 30ct89

IDENTIFICATION NO	ORGANIZATION	REGISTER NO	WARD NO

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, rank, rate, hospital or medical facility)

Hopkins, Marshall
AF Reserve TSgt
(b) (6) [redacted] (b) (6)

U.S. GPO: 1987-181-243/40511

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505
513-108

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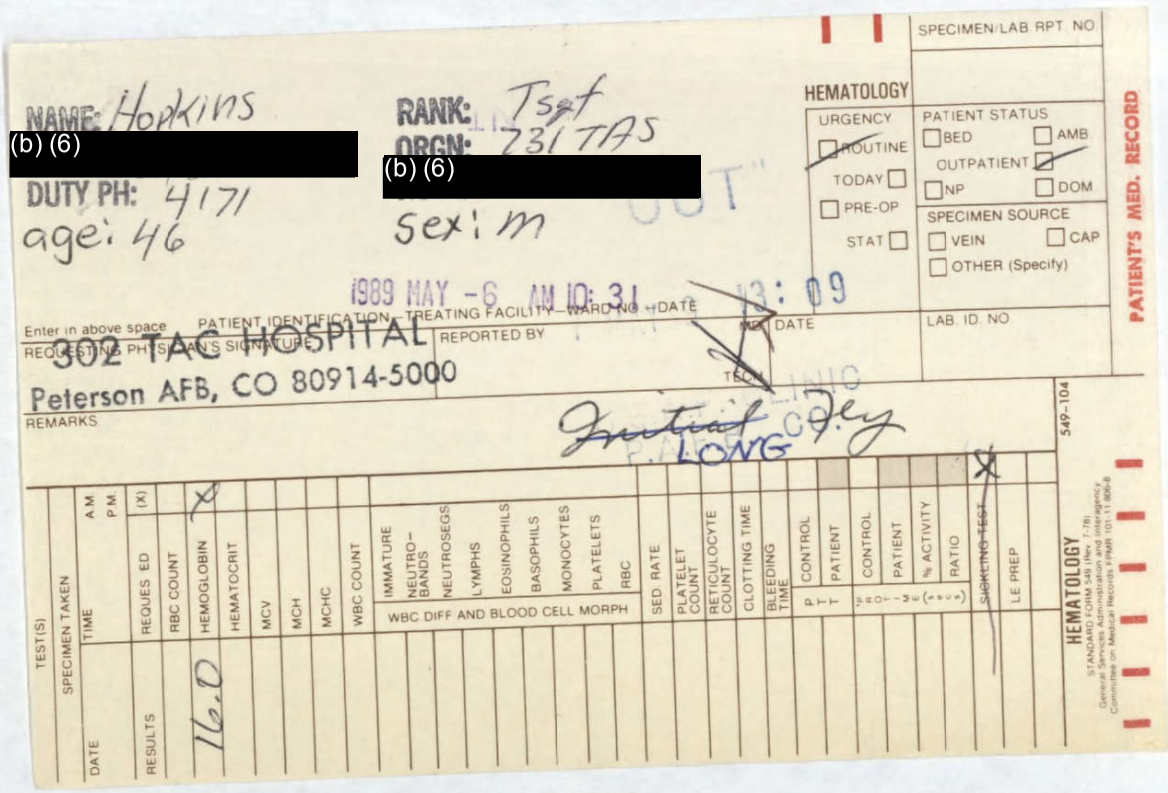

NAME: Hopkins
(b) (6) [redacted]
DUTY PH: 4171
age: 46

RANK: Tsgt
ORGN: 731 TAS
(b) (6) [redacted]
sex: m

1989 MAY -6 AM 10:31

13:09

HEMATOLOGY

SPECIMEN/LAB RPT NO

URGENCY: ☑ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

PATIENT STATUS: ☐ BED ☐ AMB. ☑ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE: ☐ VEIN ☐ CAP ☐ OTHER (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD DATE

TECH

LAB. ID. NO.

302 TAC HOSPITAL
Peterson AFB, CO 80914-5000

REMARKS

Initial LONG

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUES ED (X)	RBC COUNT	HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	WBC COUNT	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	NEUTRO-BANDS	NEUTROSEGS	LYMPHS	EOSINOPHILS	BASOPHILS	MONOCYTES	PLATELETS	RBC	SED RATE	PLATELET COUNT	RETICULOCYTE COUNT	CLOTTING TIME	BLEEDING TIME	PTT: CONTROL	PTT: PATIENT	PROTIME (secs): CONTROL	PROTIME (secs): PATIENT	% ACTIVITY	RATIO	SICKLING TEST	LE PREP
RESULTS					16.0																											

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
General Services Administration and Interagency Committee on Medical Records FPMR 101-11.806-8

549-104

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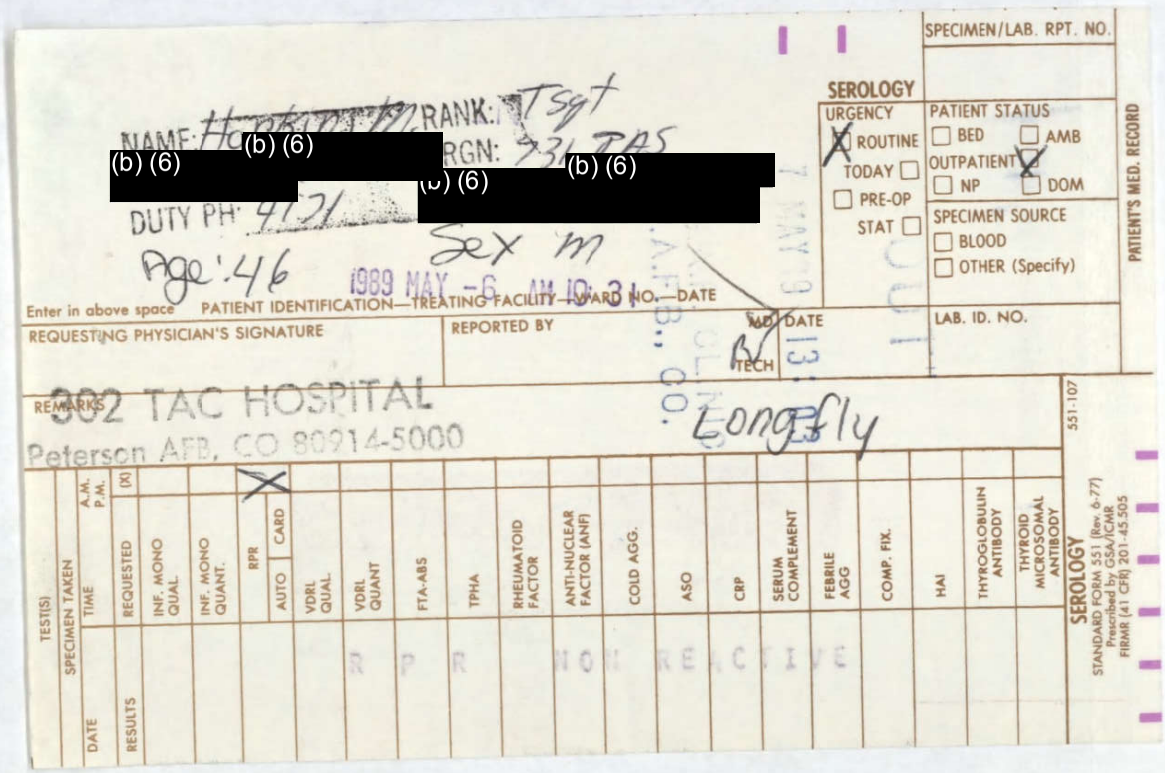

NAME: [redacted] RANK: Tsgt

[redacted] RGN: 931 PAS

DUTY PH: 4121 [redacted]

Sex m

Age: 46

1989 MAY -6 AM 10:31

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

SPECIMEN/LAB. RPT. NO.

SEROLOGY

URGENCY: [X] ROUTINE; TODAY [ ]; PRE-OP [ ]; STAT [ ]

PATIENT STATUS: [ ] BED; [ ] AMB; OUTPATIENT [X]; [ ] NP; [ ] DOM

SPECIMEN SOURCE: [ ] BLOOD; [ ] OTHER (Specify)

PATIENT'S MED. RECORD

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD DATE 7 MAY 89 13:

TECH

LAB. ID. NO.

REMARKS

302 TAC HOSPITAL
Peterson AFB, CO 80914-5000

Longfly

551-107

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED (X)	RESULTS	INF. MONO QUAL.	INF. MONO QUANT.	RPR AUTO	RPR CARD	VDRL QUAL.	VDRL QUANT	FTA-ABS	TPHA	RHEUMATOID FACTOR	ANTI-NUCLEAR FACTOR (ANF)	COLD AGG.	ASO	CRP	SERUM COMPLEMENT	FEBRILE AGG	COMP. FIX.	HAI	THYROGLOBULIN ANTIBODY	THYROID MICROSOMAL ANTIBODY
							X																

R P R NON REACTIVE

SEROLOGY
STANDARD FORM 551 (Rev. 6-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

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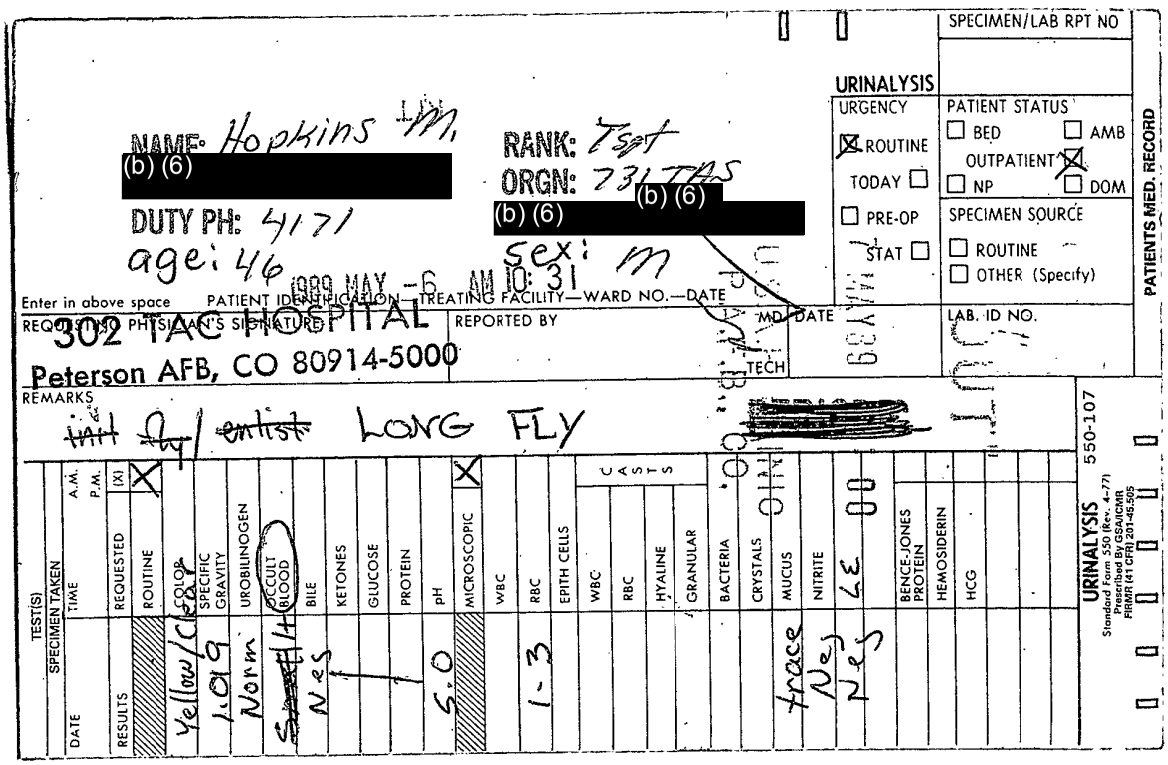

BEST COPY

NAME: Hopkins Jm
(b) (6) [redacted]
DUTY PH: 4171
age: 46
RANK: Tsgt
ORGN: 731 TAS
(b) (6) [redacted]
sex: m
1999 MAY -6 AM 10:31

Enter in above space
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE
302 TAC HOSPITAL
Peterson AFB, CO 80914-5000
REPORTED BY
MD DATE
TECH

REMARKS
~~init~~ ~~Ag~~ / ~~entist~~ LONG FLY

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
RESULTS	REQUESTED	(X)
	ROUTINE	X
Yellow/Clear	COLOR	
1.019	SPECIFIC GRAVITY	
Norm	UROBILINOGEN	
~~Small~~ 1+	OCCULT BLOOD	
Neg	BILE	
	KETONES	
	GLUCOSE	
	PROTEIN	
5.0	pH	
	MICROSCOPIC	X
	WBC	
1-3	RBC	
	EPITH CELLS	
	WBC	CASTS
	RBC	
	HYALINE	
	GRANULAR	
	BACTERIA	
	CRYSTALS	
trace	MUCUS	
Neg	NITRITE	
Neg	LE	
	BENCE-JONES PROTEIN	
	HEMOSIDERIN	
	HCG	

URINALYSIS 550-107
Standard Form 550 (Rev. 4-77)
Prescribed By GSA/ICMR
FIRMR (41 CFR) 201-45.505

URINALYSIS
URGENCY: ☒ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS: ☐ BED ☐ AMB ☒ OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE: ☐ ROUTINE ☐ OTHER (Specify)
LAB. ID NO.
SPECIMEN/LAB RPT NO

PATIENTS MED. RECORD

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

NAME: Hopkins M. RANK: Tsgt

(b) (6) [redacted] ORGN: 731 TAS

DUTY PH: 4171 (b) (6) [redacted]

age 46 Sex M

1989 MAY -6 AM 10: 31

16: 23

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD DATE

TECH

REMARKS

302 TAC HOSPITAL

Peterson AFB, CO 80914-5000

Longfliz

U.S.A.F. CLINIC CO.

CHEM I

SPECIMEN/LAB. RPT. NO

URGENCY: [X] ROUTINE; TODAY [ ]; PRE-OP [ ]; STAT [ ]

PATIENT STATUS: [ ] BED; [ ] AMB; OUTPATIENT [X]; [ ] NP; [ ] DOM

SPECIMEN SOURCE: [ ] BLOOD; [ ] OTHER (Specify)

PATIENTS MED. RECORD

LAB. ID. NO.

TEST(S)	SPECIMEN TAKEN	REQUESTED (X)	RESULTS
	DATE / TIME (A.M. P.M.)		
GLUCOSE		X	96
UREA N.			
CREATININE			
URIC ACID			
SODIUM			
POTASSIUM			
CHLORIDE			
CO_2			
PHOSPHATE			
CALCIUM			
TOTAL PROTEIN			
ALBUMIN			
GLOBULIN			
ALKALINE PHOSPHATASE			
ACID PHOSPHATASE			
SGOT			
LDH			
CPK			
BILIRUBIN (TOTAL)			
BILIRUBIN (DIRECT)			
CHOLESTEROL		XX	190
TRIGLYCERIDES		XX	258
AMYLASE			
LIPASE			
PROFILE (Specify)		X	HDL 31

CHEMISTRY I

STANDARD FORM 546 (Rev. 8-77)

PRESCRIBED BY GSA ICMR

FIRMR (41 CFR) 201-45.505

546-107

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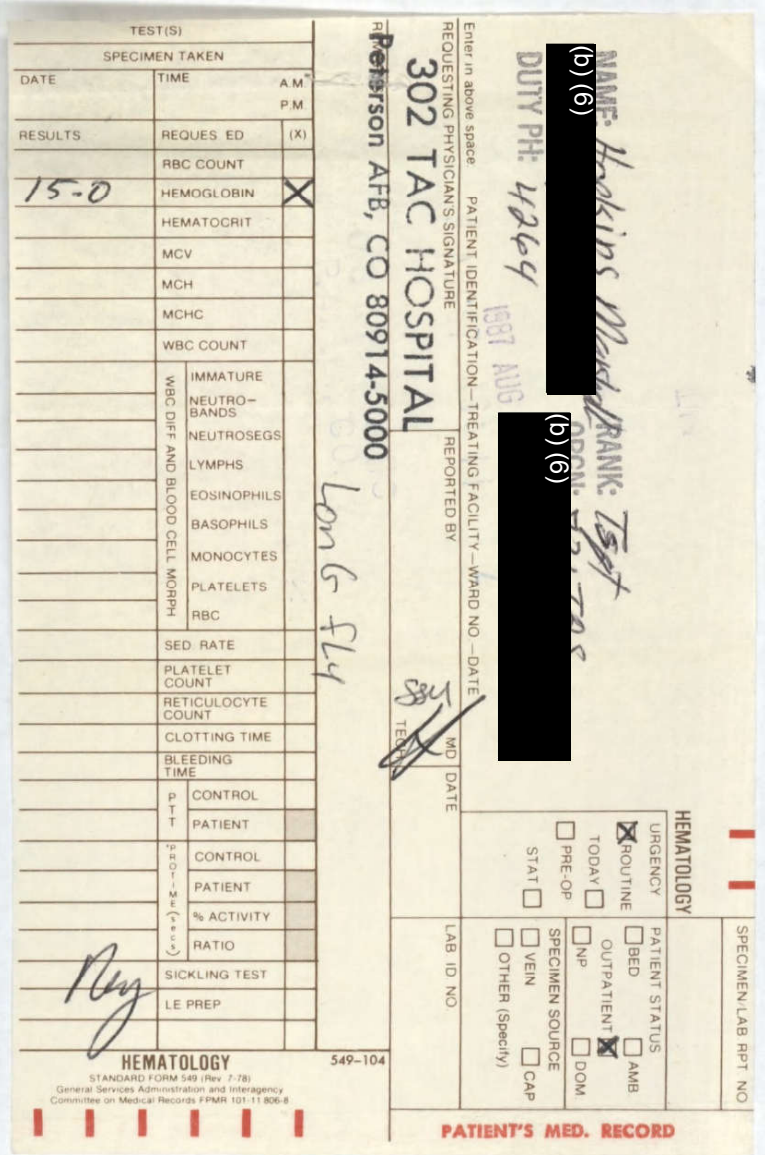

NAME: Hoskins Marshall RANK: Tsgt
(b) (6) [redacted] (b) (6) [redacted]
DUTY PH: 4264 1987 AUG [redacted]

Enter in above space: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: 302 TAC HOSPITAL
Peterson AFB, CO 80914-5000

REPORTED BY: SSY
TECH: MD
DATE

Lon G Fly

HEMATOLOGY
URGENCY: ☒ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS: ☐ BED ☐ AMB ☒ OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE: ☐ VEIN ☐ CAP ☐ OTHER (Specify)
LAB ID NO.
SPECIMEN/LAB RPT NO.

PATIENT'S MED. RECORD

TEST(S)
SPECIMEN TAKEN
DATE | TIME | A.M. P.M.

RESULTS	REQUES ED	(X)
	RBC COUNT	
15-0	HEMOGLOBIN	X
	HEMATOCRIT	
	MCV	
	MCH	
	MCHC	
	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT: CONTROL	
	PTT: PATIENT	
	PROTIME (secs): CONTROL	
	PROTIME (secs): PATIENT	
	PROTIME (secs): % ACTIVITY	
	PROTIME (secs): RATIO	
Neg	SICKLING TEST	
	LE PREP	

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
General Services Administration and Interagency Committee on Medical Records FPMR 101-11.806-8
549-104

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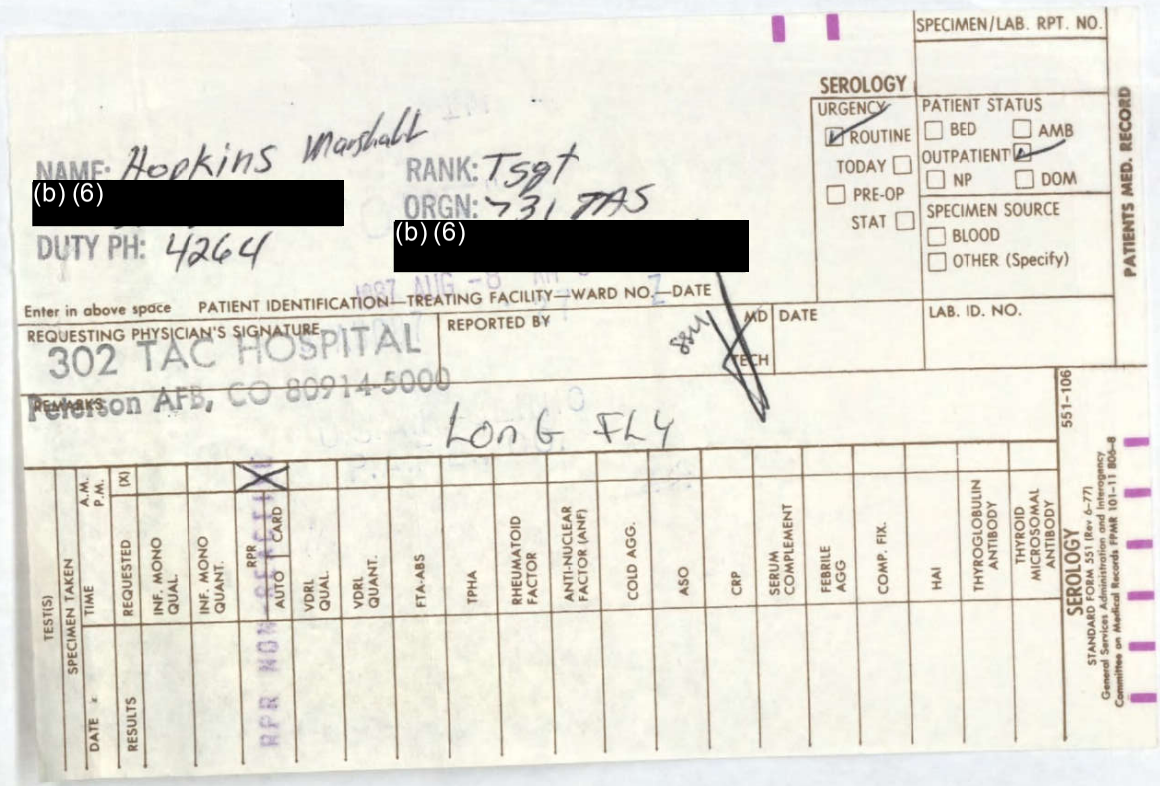

SPECIMEN/LAB. RPT. NO.

SEROLOGY

URGENCY: ☑ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☐

PATIENT STATUS: ☐ BED ☐ AMB ☑ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

PATIENTS MED. RECORD

NAME: Hopkins Marshall

(b) (6)

RANK: TSgt

ORGN: 731 TAS

DUTY PH: 4264

(b) (6)

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

1987 AUG -5 PM 2

REQUESTING PHYSICIAN'S SIGNATURE

302 TAC HOSPITAL

Peterson AFB, CO 80914-5000

REPORTED BY

MD TECH

DATE

LAB. ID. NO.

Remarks

Long FLY

TEST(S)	SPECIMEN TAKEN: DATE	TIME	A.M. P.M.	RESULTS
REQUESTED	(X)			
INF. MONO QUAL.				
INF. MONO QUANT.				
RPR AUTO CARD	X			RPR NON-REACTIVE
VDRL QUAL.				
VDRL QUANT.				
FTA-ABS				
TPHA				
RHEUMATOID FACTOR				
ANTI-NUCLEAR FACTOR (ANF)				
COLD AGG.				
ASO				
CRP				
SERUM COMPLEMENT				
FEBRILE AGG				
COMP. FIX.				
HAI				
THYROGLOBULIN ANTIBODY				
THYROID MICROSOMAL ANTIBODY				

551-106

SEROLOGY

STANDARD FORM 551 (Rev 6-77)
General Services Administration and Interagency Committee on Medical Records FPMR 101-11 B06-8

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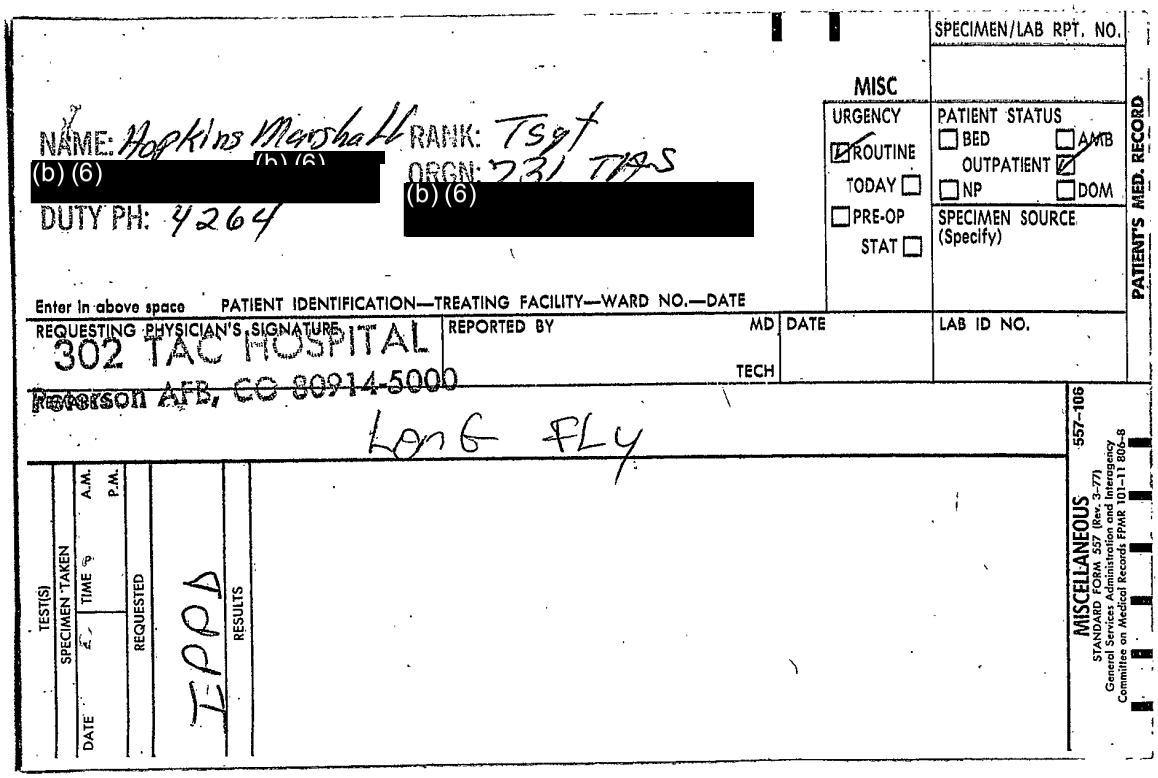

MISC

SPECIMEN/LAB RPT. NO.

NAME: Hopkins Marshall (b) (6) RANK: TSgt

ORGN: 721 TAS

(b) (6)

DUTY PH: 4264

URGENCY
☑ ROUTINE
TODAY ☐
PRE-OP ☐
STAT ☐

PATIENT STATUS
☐ BED ☐ AMB
OUTPATIENT ☑
☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE
302 TAC HOSPITAL
~~Peterson AFB, CO 80914-5000~~

REPORTED BY MD TECH

DATE

LAB ID NO.

Long FLY

TEST(S) | SPECIMEN TAKEN DATE | TIME A.M. P.M. | REQUESTED | RESULTS

EPPS

MISCELLANEOUS 557-106
STANDARD FORM 557 (Rev. 3-77)
General Services Administration—National Archives and Records Service
Committee on Medical Records FPMR 101-11.802-8

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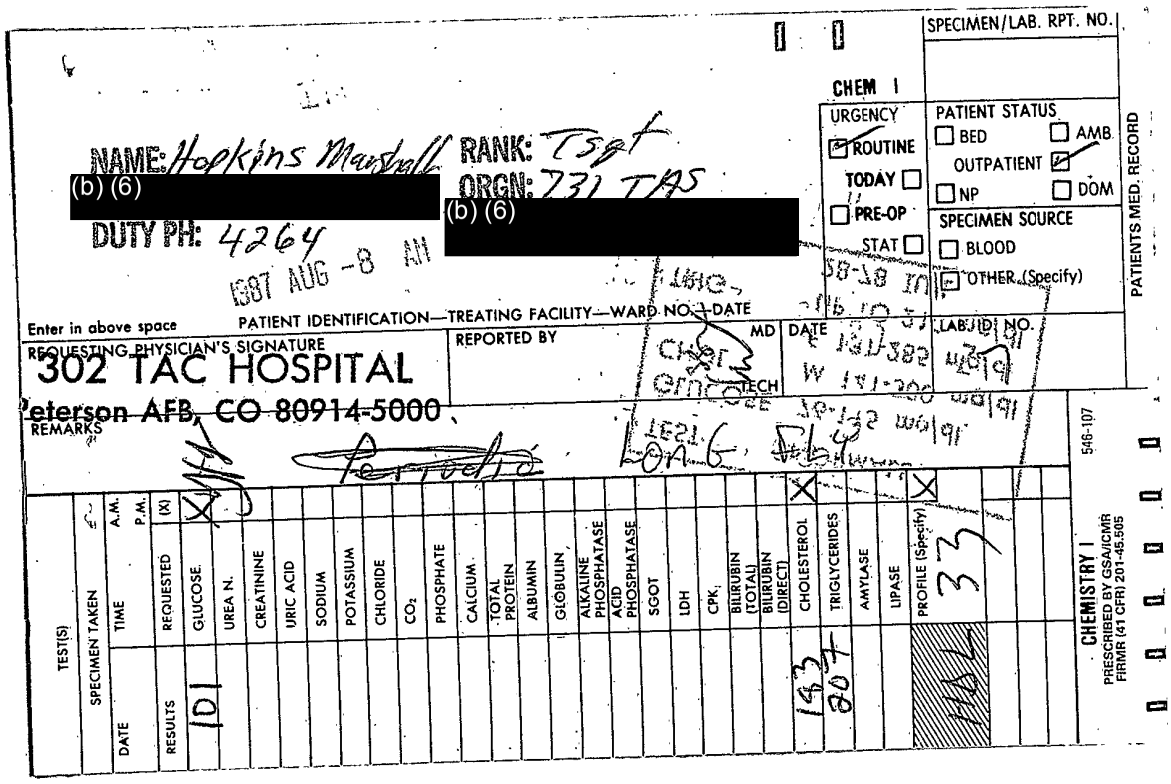

SPECIMEN/LAB. RPT. NO.

CHEM 1

NAME: Hopkins Marshall (b) (6) RANK: TSgt

(b) (6) ORGN: 731 TAS

DUTY PH: 4264

1987 AUG -8 AM

URGENCY: ROUTINE ☑ TODAY ☐ PRE-OP ☐ STAT ☐

PATIENT STATUS: BED ☐ AMB ☐ OUTPATIENT ☑ NP ☐ DOM ☐

SPECIMEN SOURCE: BLOOD ☐ OTHER (Specify) ☑

PATIENTS MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: 302 TAC HOSPITAL

Peterson AFB, CO 80914-5000

REPORTED BY MD

DATE

LAB I.D. NO.

REMARKS

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M.	TIME P.M.	REQUESTED (X)	RESULTS
GLUCOSE				X	101
UREA N.					
CREATININE					
URIC ACID					
SODIUM					
POTASSIUM					
CHLORIDE					
CO_2					
PHOSPHATE					
CALCIUM					
TOTAL PROTEIN					
ALBUMIN					
GLOBULIN					
ALKALINE PHOSPHATASE					
ACID PHOSPHATASE					
SGOT					
LDH					
CPK					
BILIRUBIN (TOTAL)					
BILIRUBIN (DIRECT)					
CHOLESTEROL				X	143
TRIGLYCERIDES					80
AMYLASE					
LIPASE					
PROFILE (Specify)				X	33

CHEMISTRY I

546-107

PRESCRIBED BY GSA/ICMR FIRMR (41 CFR) 201-45.505

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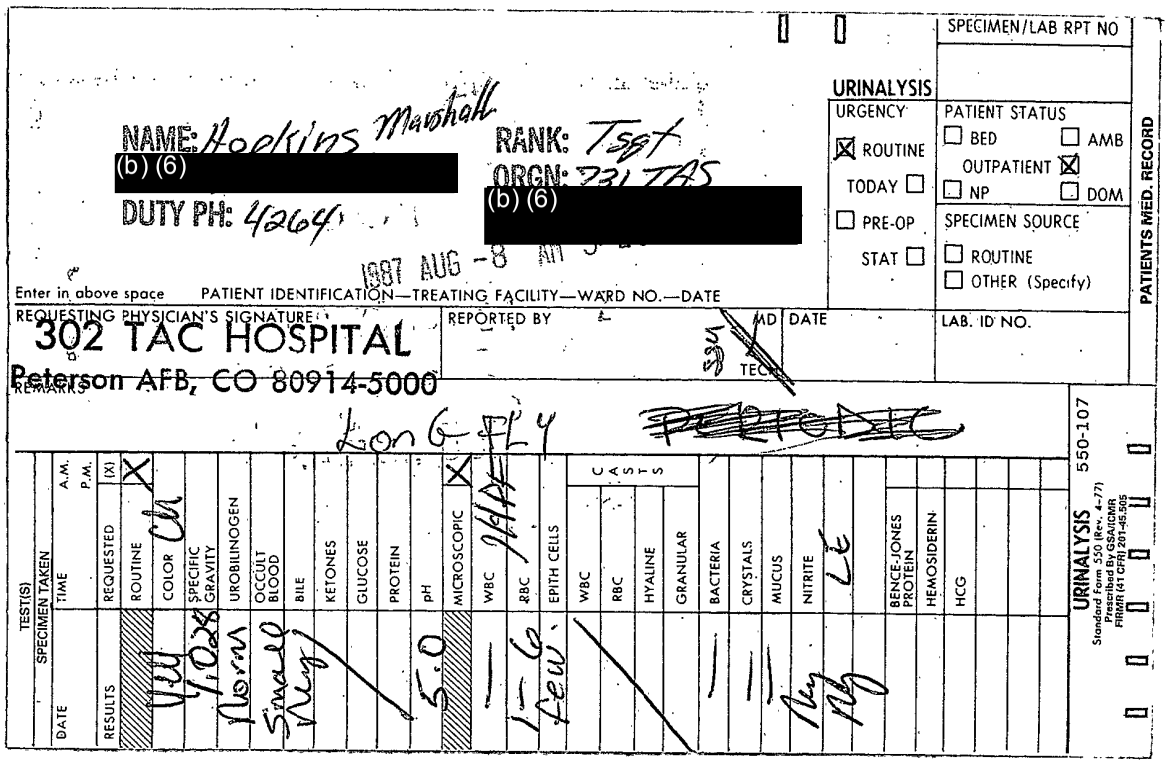

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NAME: Hoekins Marshall
(b) (6) [redacted]
DUTY PH: 4264
RANK: Tsgt
ORGN: 731 TAS
(b) (6) [redacted]

1987 AUG -8 AM

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE:
302 TAC HOSPITAL
Peterson AFB, CO 80914-5000
REMARKS:

REPORTED BY
MD DATE
TECH

URINALYSIS
URGENCY
☒ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☐

PATIENT STATUS
☐ BED ☐ AMB
OUTPATIENT ☒
☐ NP ☐ DOM

SPECIMEN SOURCE
☐ ROUTINE
☐ OTHER (Specify)

LAB. ID NO.

SPECIMEN/LAB RPT NO

PATIENTS MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
RESULTS	REQUESTED	(X)
	ROUTINE	X
Yell	COLOR Ch	
1.028	SPECIFIC GRAVITY	
Norm	UROBILINOGEN	
Small	OCCULT BLOOD	
Neg	BILE	
	KETONES	
	GLUCOSE	
	PROTEIN	
5.0	pH	
	MICROSCOPIC	X
—	WBC	JHAF
1-6	RBC	
few	EPITH CELLS	
	WBC	CASTS
	RBC	
	HYALINE	
	GRANULAR	
—	BACTERIA	
—	CRYSTALS	
—	MUCUS	
Neg	NITRITE	
Neg	LE	
	BENCE-JONES PROTEIN	
	HEMOSIDERIN	
	HCG	

Lon G Fly

URINALYSIS 550-107
Standard Form 550 (Rev. 4-77)
Prescribed By GSA/ICMR
FIRMR (41 CFR) 201-45.505

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Hopkins, Marshall H.
731 TAS

(b) (6) [redacted]

302 TAC HOSPITAL
Peterson AFB, CO 80914-5000

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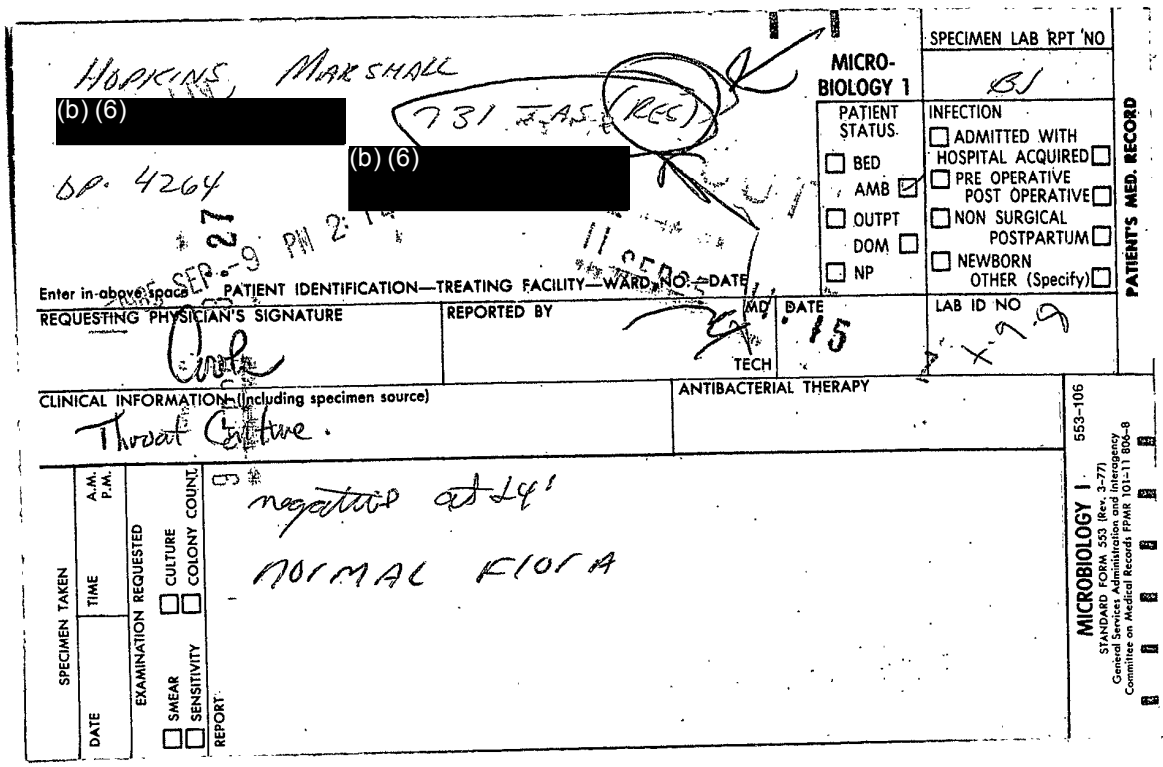

HOPKINS, MARSHALL

(b) (6) [redacted]

731 IAS (REC)

OP. 4264

(b) (6) [redacted]

SEP -9 PM 2:14

11 SEP 2

MICRO-BIOLOGY 1

SPECIMEN LAB RPT NO: BJ

PATIENT STATUS: ☐ BED ☑ AMB ☐ OUTPT ☐ DOM ☐ NP

INFECTION: ☐ ADMITTED WITH HOSPITAL ACQUIRED ☐ PRE OPERATIVE POST OPERATIVE ☐ NON SURGICAL POSTPARTUM ☐ NEWBORN OTHER (Specify) ☐

PATIENT'S MED. RECORD

Enter in-above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: [signature]

REPORTED BY: [signature] MD TECH

DATE: 15

LAB ID NO: X-9-9

CLINICAL INFORMATION (Including specimen source): Throat Culture.

ANTIBACTERIAL THERAPY:

SPECIMEN TAKEN: DATE / TIME / A.M. P.M.

EXAMINATION REQUESTED: ☐ SMEAR ☐ SENSITIVITY ☐ CULTURE ☐ COLONY COUNT

REPORT: negative at 24'

NORMAL FLORA

MICROBIOLOGY I 553-106

STANDARD FORM 553 (Rev. 3-77)
General Services Administration and Interagency Committee on Medical Records FPMR 101-11 806-8

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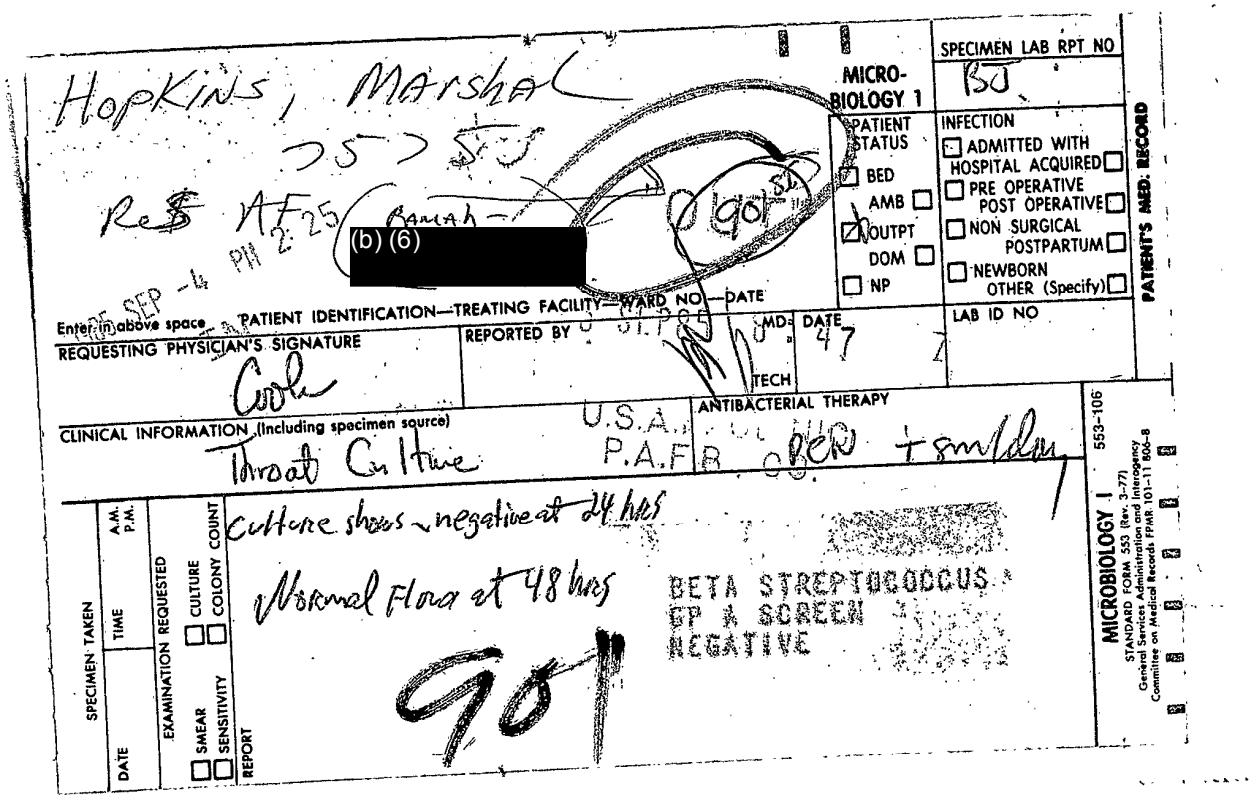

Hopkins, Marshal
757 SU
Res AF 25 Ramah
(b) (6) [redacted]
SEP -4 PM 2:25
901

MICRO-BIOLOGY 1

SPECIMEN LAB RPT NO: BJ

PATIENT STATUS: ☐ BED ☐ AMB ☒ OUTPT ☐ DOM ☐ NP

INFECTION: ☐ ADMITTED WITH HOSPITAL ACQUIRED ☐ PRE OPERATIVE POST OPERATIVE ☐ NON SURGICAL POSTPARTUM ☐ NEWBORN OTHER (Specify) ☐

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: Cook

REPORTED BY: MD / TECH

DATE: 47

LAB ID NO

CLINICAL INFORMATION (Including specimen source): Throat Culture

ANTIBACTERIAL THERAPY: BEN + sm/day

U.S.A. P.A.F.B.

SPECIMEN TAKEN: DATE / TIME / A.M. P.M.

EXAMINATION REQUESTED: ☐ SMEAR ☐ SENSITIVITY ☐ CULTURE ☐ COLONY COUNT

REPORT: Culture shows negative at 24 hrs
Normal Flora at 48 hrs

BETA STREPTOCOCCUS
GP A SCREEN
NEGATIVE

901

MICROBIOLOGY 1 553-106
STANDARD FORM 553 (Rev. 3-77)
General Services Administration and Interagency Committee on Medical Records FPMR 101-11 806-8

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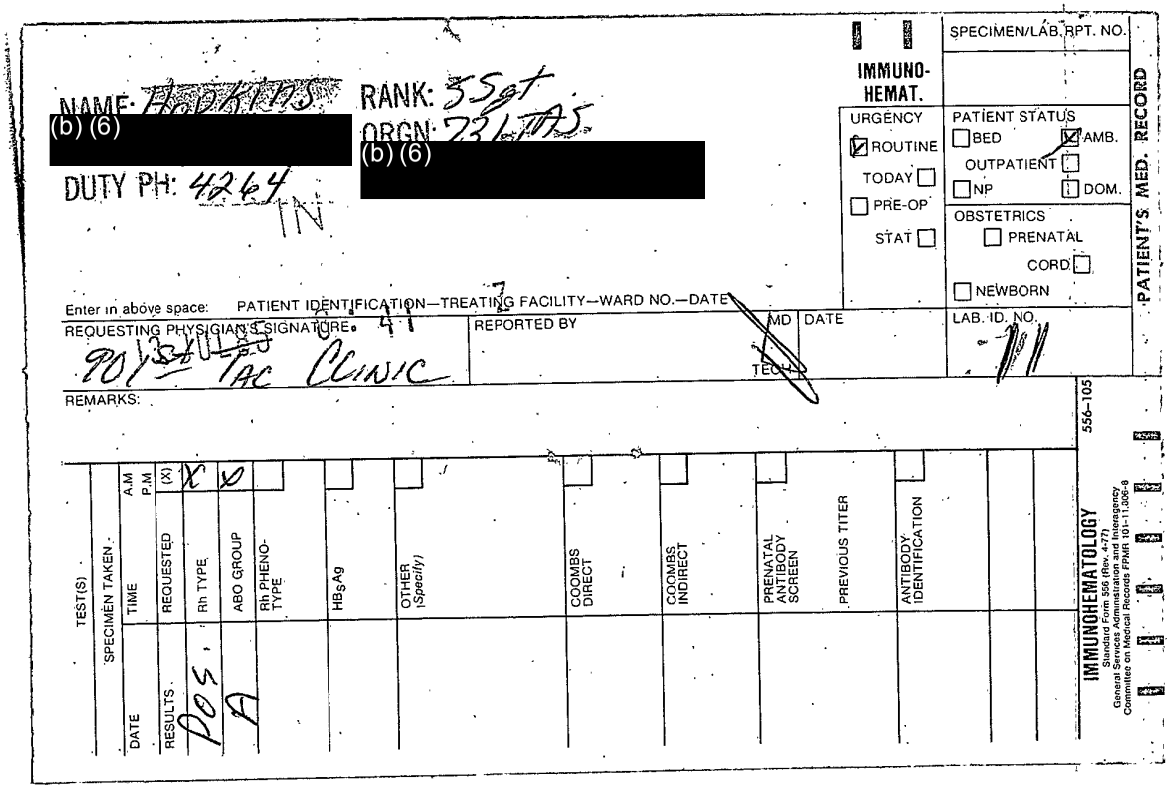

NAME: [redacted] (b) (6)

RANK: 55 gt

ORGN: 731 TAS (b) (6)

DUTY PH: 4264 IN

Enter in above space: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: 41 90 Sta Tac Clinic

REPORTED BY

MD | DATE

TECH

REMARKS:

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M / P.M
RESULTS	REQUESTED	(X)
Pos.	Rh TYPE	X
A	ABO GROUP	X
	Rh PHENO-TYPE	
	HB_SAg	
	OTHER (Specify)	
	COOMBS DIRECT	
	COOMBS INDIRECT	
	PRENATAL ANTIBODY SCREEN	
	PREVIOUS TITER	
	ANTIBODY IDENTIFICATION	

IMMUNOHEMATOLOGY
Standard Form 556 (Rev. 4-77)
General Services Administration and Interagency Committee on Medical Records FPMR 101-11.806-8

556-105

IMMUNO-HEMAT.

URGENCY: ☒ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

PATIENT STATUS: ☐ BED ☒ AMB. ☐ OUTPATIENT ☐ NP ☐ DOM.

OBSTETRICS: ☐ PRENATAL ☐ CORD ☐ NEWBORN

LAB. ID. NO.

SPECIMEN/LAB. RPT. NO.

PATIENT'S MED. RECORD

BEST COPY

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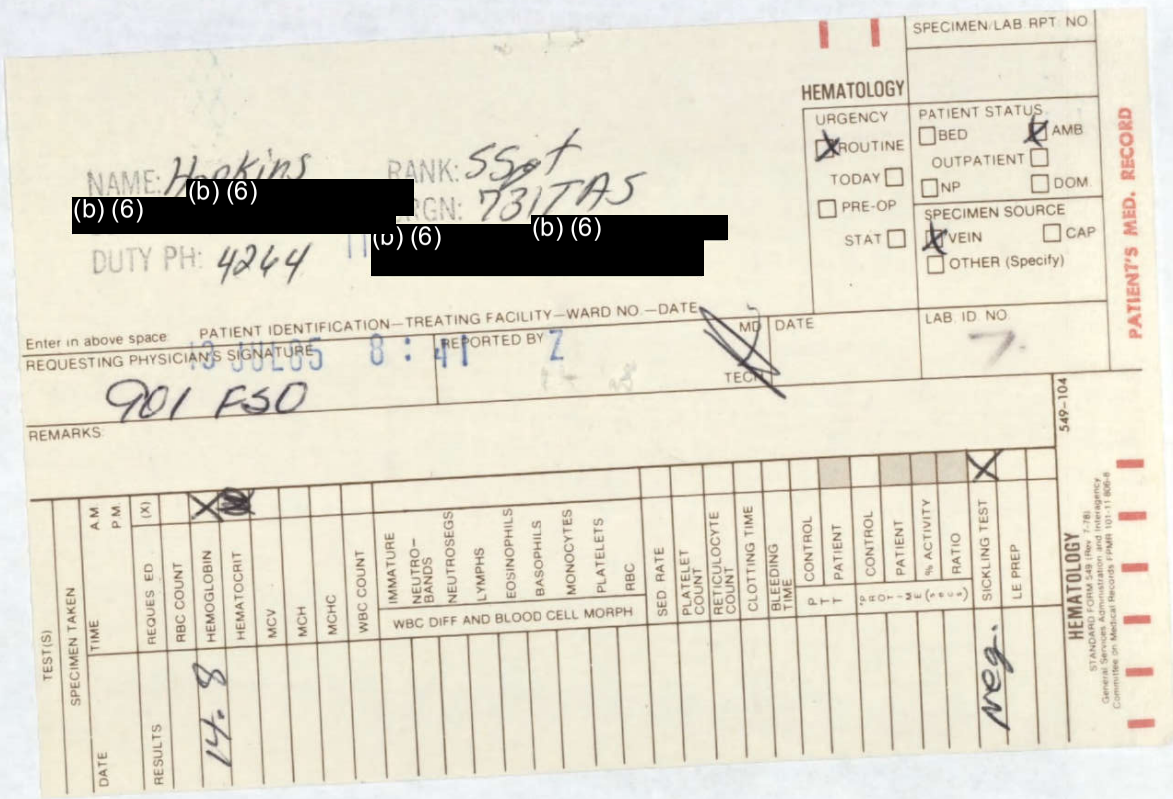

HEMATOLOGY

SPECIMEN/LAB RPT. NO.

NAME: Hopkins RANK: SSgt
(b) (6) (b) (6)
DUTY PH: 4244 SIGN: 731TAS
(b) (6) (b) (6)

URGENCY: ☒ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☐

PATIENT STATUS: ☐ BED ☒ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE: ☒ VEIN ☐ CAP ☐ OTHER (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE 13 JUL 05 8:41 REPORTED BY Z MD DATE TECH

LAB. ID. NO. 7

REMARKS 901 FSO

549-104

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUES ED (X)	RESULTS
RBC COUNT				
HEMOGLOBIN			X	14.8
HEMATOCRIT			X	
MCV				
MCH				
MCHC				
WBC COUNT				
WBC DIFF AND BLOOD CELL MORPH: IMMATURE				
NEUTRO—BANDS				
NEUTROSEGS				
LYMPHS				
EOSINOPHILS				
BASOPHILS				
MONOCYTES				
PLATELETS				
RBC				
SED. RATE				
PLATELET COUNT				
RETICULOCYTE COUNT				
CLOTTING TIME				
BLEEDING TIME				
PROTIME (Secs.): CONTROL				
PROTIME (Secs.): PATIENT				
% ACTIVITY: CONTROL				
% ACTIVITY: PATIENT				
RATIO				
SICKLING TEST			X	neg.
LE PREP				

HEMATOLOGY

STANDARD FORM 549 (Rev. 7-78)
Prescribed by General Services Administration and Interagency Committee on Medical Records 1FMR 101-11.808-6

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Hopkins Marshall H

(b) (6)

Peterson AFB Co. 80914

MICRO-BIOLOGY 1

SPECIMEN LAB RPT NO 298

PATIENT STATUS
☐ BED ☐ AMB
☐ OUTPT ☐ DOM
☐ NP

INFECTION
☐ ADMITTED WITH: HOSPITAL ACQUIRED ☐
☐ PRE OPERATIVE ☐ POST OPERATIVE ☐
☐ NON SURGICAL ☐ POSTPARTUM ☐
☐ NEWBORN ☐ OTHER (Specify) ☐

LABORATORY FILE

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY MD TECH

DATE 84 NOV 14 7:57

LAB ID NO

CLINICAL INFORMATION (Including specimen source)

T.C.

ANTIBACTERIAL THERAPY

SPECIMEN TAKEN DATE TIME A.M. P.M.

EXAMINATION REQUESTED ☒ CULTURE ☐ COLONY COUNT ☐ SMEAR ☐ SENSITIVITY REPORT

NORMAL FLORA

LABORATORY SVCS
HICKAM AFB HI 841115

MICROBIOLOGY 1 553-106
STANDARD FORM 553 (Rev. 3-77)
General Services Administration and Interagency Committee on Medical Records FPMR 101-11 806-8

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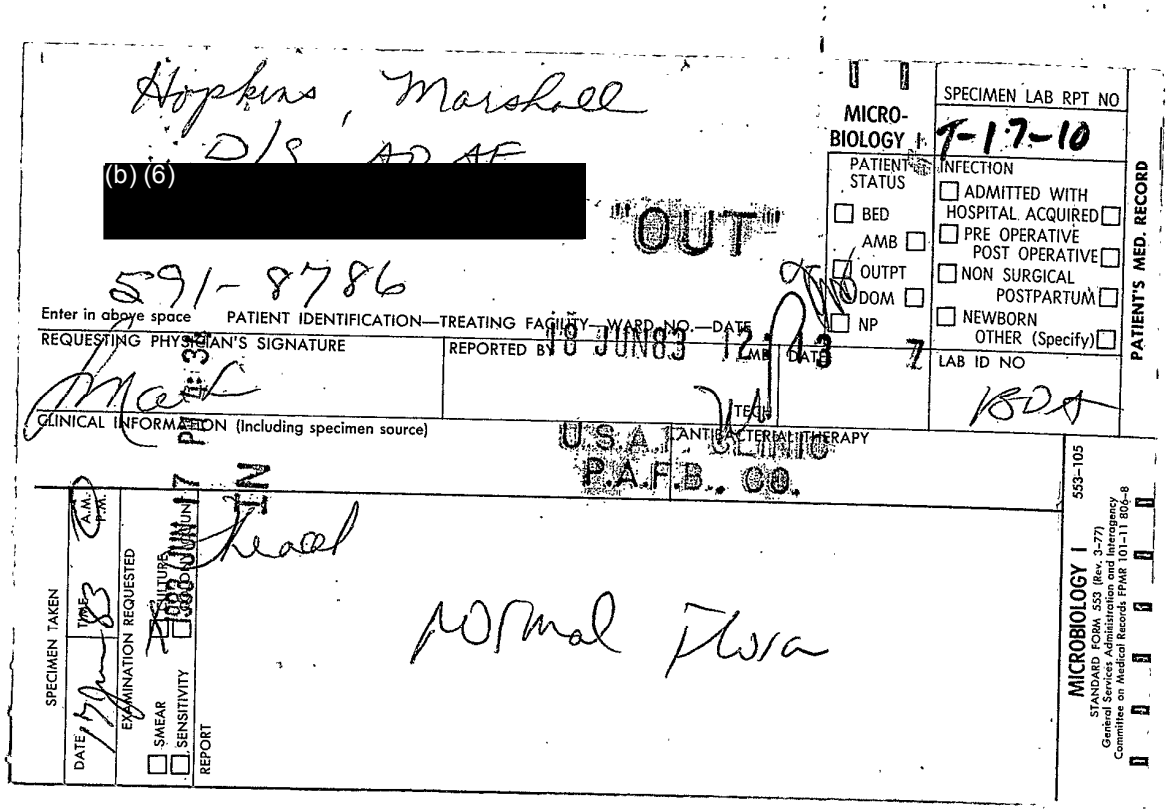

Hopkins, Marshall
D/S AD AF
(b) (6)
591-8786
OUT
MICRO-BIOLOGY
SPECIMEN LAB RPT NO
7-17-10
PATIENT STATUS
BED
AMB
OUTPT
DOM
NP
INFECTION
ADMITTED WITH HOSPITAL ACQUIRED
PRE OPERATIVE
POST OPERATIVE
NON SURGICAL
POSTPARTUM
NEWBORN
OTHER (Specify)
PATIENT'S MED. RECORD
Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE
REPORTED BY
10 JUN83 12
DATE
LAB ID NO
1824
CLINICAL INFORMATION (Including specimen source)
ANTIBACTERIAL THERAPY
U.S.A. CLINIC
P.A.F.B. CO.
SPECIMEN TAKEN
DATE 17 Jun 83
TIME
A.M.
P.M.
EXAMINATION REQUESTED
CULTURE
SMEAR
SENSITIVITY
REPORT
10 JUN 17
Throat
Normal Flora
MICROBIOLOGY I
553-105
STANDARD FORM 553 (Rev. 3-77)
General Services Administration and Interagency Committee on Medical Records FPMR 101-11 806-8

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LABORATORY REPORT DISPLAY

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

HOPKINS, MARSHALL H.

(b) (6)

25 JUN 76

153rd TACTICAL CLINIC WYO ANG
CHEYENNE, WY 82001

FORMS DISPLAYED ON THIS SHEET ARE *(Check one)*

MOUNTED ON STRIPS 1 THROUGH 7	MOUNTED ON STRIPS 1, 3, 5, AND 7
☐ CHEMISTRY I (SF 546)	☐ PARASITOLOGY (SF 552)
☐ CHEMISTRY II (SF 547)	☐ IMMUNOHEMATOLOGY (SF 556)
☐ CHEMISTRY III (SF 548)	☐ ASSORTED FORMS
☐ HEMATOLOGY (SF 549)	☐ OTHER *(Specify)*
☐ URINALYSIS (SF 550)	**MOUNTED ON STRIPS 1, 4, AND 7**
☐ SEROLOGY (SF 551)	☐ MICROBIOLOGY I (SF 553)
☐ SPINAL FLUID (SF 555)	☐ MICROBIOLOGY II (SF 554)
	☐ MISCELLANEOUS (SF 557)
	☐ ASSORTED FORMS

STANDARD FORM 545
FEBRUARY 1972
545-102

LABORATORY REPORT DISPLAY

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Hopkins, Marshall H.

(b)
(6)

SGT

153rd TACTICAL CLINIC WYO ANG
CHEYENNE, WY 82001

HEMA-TOLOGY

SPECIMEN/LAB RPT. NO.

URGENCY: [X] ROUTINE [ ] TODAY [X] [ ] PRE-OP [ ] STAT

PATIENT STATUS: [ ] BED [X] AMB. [X] OUTPATIENT [ ] NP [ ] DOM.

SPECIMEN SOURCE: [ ] VEIN [X] CAP [ ] OTHER (Specify)

Enter in above space: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: Dr Sell

REPORTED BY: AS MD / TECH

DATE: 6-5-76

LAB ID. NO.

REMARKS:

RPR-CT Neg

TEST(S)	SPECIMEN TAKEN: DATE	TIME	(X)	METHOD (X): AUTO-MATED	MANUAL	A.M. P.M.	REQUESTED	RESULTS
RBC COUNT								
HGB								15.4
HCT								
WBC COUNT								
DIFFERENTIAL: IMMATURE								
DIFFERENTIAL: NEUTRO-BANDS								
DIFFERENTIAL: NEUTRO-SEGS.								
DIFFERENTIAL: LYMPHO-CYTE								
DIFFERENTIAL: EOSINO-PHILS								
DIFFERENTIAL: BASO-PHILS								
DIFFERENTIAL: MONO-CYTES								
PLATELETS								
RBC								
SED RATE								
PLATELET COUNT								
RETICULO-CYTE COUNT								
CLOTTING TIME								
BLEEDING TIME								
PTT: CONTROL								
PTT: PATIENT								
PROTIME: CONTROL								
PROTIME: PATIENT								
PROTIME: % ACTIVITY								
PROTIME: RATIO								
SICKLING TEST								
LE PREP								
MCV								
MCH								
MCHC								

HEMATOLOGY
Standard Form 549 (July 1971)—GSA FPMR 101-11.8

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BEST COPY

Hopkins, Marshall H.

(b)(6) [redacted]

SGT

153rd TACTICAL CLINIC WYO ANG
CHEYENNE, WY 82001

URIN-ALYSIS

SPECIMEN/LAB RPT. NO.

URGENCY: [X] ROUTINE [X] TODAY [ ] PRE-OP [ ] STAT

PATIENT STATUS: [ ] BED [X] AMB. [X] OUTPATIENT [ ] NP [ ] DOM.

SPECIMEN SOURCE: [X] ROUTINE [ ] OTHER (Specify)

Enter in above space: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: DR. SELL

REPORTED BY: MD / TECH

DATE: 6-5-76

LAB ID. NO.

REMARKS:

TEST(S)	RESULTS	
SPECIMEN TAKEN: DATE / TIME A.M. P.M.		
REQUESTED (x)	X	
ROUTINE	X	
COLOR		
SPECIFIC GRAVITY	1.023	
pH		
GLUCOSE	X	
PROTEIN	X	
OCCULT BLOOD		
KETONES		
MICROSCOPIC	X	
WBC		
RBC		
EPI CELLS		
CASTS: WBC		
CASTS: RBC		
CASTS: HYALINE		
CASTS: GRANULAR		
BACTERIA		
CRYSTALS		
MUCUS		
BILE		
URO-BILINOGEN		
BENCE-JONES PROTEIN		
HEMOSIDERIN		
PSP: 15 MIN.		
PSP: 1 HR.		
HCG		

URINALYSIS
Standard Form 550 (July 1971)—GSA FPMR 101-11.8

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PUBLIC HEALTH LABORATORY SERVICES
WYOMING DEPARTMENT OF HEALTH & SOCIAL SERVICES
CHEYENNE, WYOMING 82001

REPORT OF LABORATORY EXAMINATIONS

NOTE: 1. PLEASE GIVE FULL INFORMATION TO AVOID DELAY IN REPORT.
2. TYPE OR USE PENCIL OR BALL POINT PEN. PRESS HARD.
3. ENCLOSE ALL COPIES WITH SPECIMEN.

NAME OF PATIENT (PLEASE PRINT OR TYPE)
HOPKINS, MARSHALL

ADDRESS

AGE	SEX	DATE COLLECTED
31	M	23 JAN 75

TYPE OR PURPOSE OF SPECIMEN AND REMARKS:
T.C.

SPECIMEN SENT IN BY

DR. DR. JODER

STREET ADDRESS 153rd TACTICAL CLINIC WYO ANG
CHEYENNE, WY. 82001

CITY WYOMING

TEL. 7777639

FOR LABORATORY USE ONLY

LAB. NO. 40991

DATE RECEIVED	DATE REPORTED

EXAMINATION FOR SYPHILIS:

TEST	REACTIVE	WEAKLY REACTIVE	NON-REACTIVE	TITER
VDRL				

FORM NO. 1 50M

Ps

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TEST REQUESTED
☐ PROFILE ☒ DIFF.
SPECIMEN TAKEN
DATE TIME A.M. P.M.
JULIAN DATE 116

TEST NO.	TEST
049	
068 IF 99.9 RE-DILUTE	WBC x 10³ X
529	RBC x 10⁶
152	Hgb gm
451	Hct % X
085	MCV μ³
289	MCH μμg
340	MCHC %

	DIFFERENTIAL
	IMMATURE
	NEUTRO. BANDS
72	NEUTRO. SEGS.
18	LYMPHOCYTES
1	EOSINOPHILS
	BASOPHILS
9	MONOCYTES
Appears normal in #	PLATELETS
	SED. RATE
	PLATELET COUNT
	RETICULOCYTE COUNT
	CLOTTING TIME
	BLEEDING TIME

PTT	CONTROL	
	PATIENT	
PROTIME	CONTROL	
	PATIENT	
	% ACTIVITY	

REMARKS

Enter in above space: PATIENT IDENTIFICATION — TREATING FACILITY — WARD NO. — DATE
REQUESTING PHYSICIAN'S SIGNATURE
REPORTED BY Adm
MD
TECH
DATE 12-16-74
LAB ID. NO.

(b)
(6)

Hopkins, Marshall

HEMATOLOGY II

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP. ☐ STAT
PATIENT STATUS: ☐ BED ☐ AMB. ☐ OUTPATIENT ☐ NP ☐ DOM.
SPECIMEN SOURCE: ☐ VEIN ☐ CAP. ☐ OTHER
SPECIMEN/LAB REPORT NO.

VA FORM MAR 1973 10-1429 HEMATOLOGY II

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Hopkins Marshall H.

(b) (6) [redacted]

Civ ANG

(b) (6) [redacted]

140 TAC HOSP, BUCKLEY ANG BASE, CO 80011

Enter in above space: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

HEMATOLOGY

SPECIMEN/LAB RPT. NO. 5

URGENCY: [X] ROUTINE; TODAY [X]; [ ] PRE-OP; STAT [ ]

PATIENT STATUS: [ ] BED; [X] AMB.; OUTPATIENT [X]; [ ] NP; [ ] DOM.

SPECIMEN SOURCE: [ ] VEIN; [ ] CAP; [ ] OTHER (Specify)

REQUESTING PHYSICIAN'S SIGNATURE: DR. FRANKS

REPORTED BY: MD / TECH

DATE: 8 Jun 74

LAB ID. NO.

REMARKS: BT: APOs

RPR-CT: Neg

TEST(S) — SPECIMAN TAKEN — METHOD (X): AUTOMATED / MANUAL

DATE	TIME A.M. P.M.	REQUESTED (X)	RBC COUNT	HGB	HCT	WBC COUNT	IMMATURE	NEUTROBANDS	NEUTROSEGS	LYMPHOCYTE	EOSINOPHILS	BASOPHILS	MONOCYTES	PLATELETS	RBC	SED RATE	PLATELET COUNT	RETICULOCYTE COUNT	CLOTTING TIME	BLEEDING TIME	CONTROL	PATIENT	CONTROL	PATIENT	% ACTIVITY	RATIO	SICKLING TEST	LE PREP	MCV	MCH	MCHC
RESULTS					47																										

DIFFERENTIAL

PROTIME SECS

HEMATOLOGY Standard Form 549 (July 1971)—GSA FPMR 101-11.8

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Hopkins, Marshall H.

(b) (6) [redacted]

CHANG

(b) (6) [redacted]

140 TAC HOSP, BUCKLEY ANG BASE, CO 80011

Enter in above space: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

HEMA-TOLOGY

SPECIMEN/LAB RPT. NO.

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

PATIENT STATUS: ☐ BED ☐ AMB. ☐ OUTPATIENT ☐ NP ☐ DOM.

SPECIMEN SOURCE: ☐ VEIN ☐ CAP ☐ OTHER (Specify)

REQUESTING PHYSICIAN'S SIGNATURE: Dr. Franks

REPORTED BY: [signature] MD / TECH

DATE: 18 JUN 74

LAB ID. NO.

REMARKS:

TEST(S)	METHOD (X)	RESULTS	SPECIMEN TAKEN DATE	SPECIMEN TAKEN TIME	(X)	REQUESTED
RBC COUNT	AUTO-MATED		18 Jun 74	1600 (PM)		
HGB	MANUAL					
HCT		46			X	
WBC COUNT						
DIFFERENTIAL: IMMATURE						
DIFFERENTIAL: NEUTRO-BANDS						
DIFFERENTIAL: NEUTRO-SEGS						
DIFFERENTIAL: LYMPHO-CYTE						
DIFFERENTIAL: EOSINO-PHILS						
DIFFERENTIAL: BASO-PHILS						
DIFFERENTIAL: MONO-CYTES						
PLATELETS						
RBC						
SED RATE						
PLATELET COUNT						
RETICULO-CYTE COUNT						
CLOTTING TIME						
BLEEDING TIME						
PTT: CONTROL						
PTT: PATIENT						
PROTIME: CONTROL						
PROTIME: PATIENT						
PROTIME: % ACTIVITY						
PROTIME: RATIO						
SICKLING TEST						
LE PREP						
MCV						
MCH						
MCHC						

HEMATOLOGY

Standard Form 549 (July 1971)—GSA FPMR 101-11.8

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BEST COPY

Hopkins Marshall H.

(b) (6) [redacted]

Cir AAG

(b) (6) [redacted]

140 TAC HOSP, BUCKLEY ANG BASE, CO 80011

Enter in above space: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: Dr. Franks

REPORTED BY: [signature]

MD: TECH

DATE: 8 Jun 74

REMARKS:

URIN-ALYSIS

URGENCY: ☒ ROUTINE ☐ TODAY ☒ ☐ PRE-OP ☐ STAT ☐

PATIENT STATUS: ☐ BED ☒ AMB. ☐ OUTPATIENT ☒ ☐ NP ☒ DOM.

SPECIMEN SOURCE: ☒ ROUTINE ☐ OTHER (Specify)

SPECIMEN/LAB RPT. NO.: 5

LAB ID. NO.:

TEST(S)		
SPECIMEN TAKEN		
DATE: 8 June 74	TIME: 10:30 A.M. P.M.	
RESULTS	(x)	REQUESTED
	X	ROUTINE
		COLOR
1.015		SPECIFIC GRAVITY
		pH
Neg		GLUCOSE
Neg		PROTEIN
		OCCULT BLOOD
		KETONES
	X	MICROSCOPIC
0-1		WBC
Ess Neg		RBC
		EPI CELLS
	CASTS	WBC
		RBC
		HYALINE
		GRANULAR
		BACTERIA
		CRYSTALS
		MUCUS
		BILE
		URO-BILINOGEN
		BENCE-JONES PROTEIN
		HEMOSIDERIN
		PSP
		15 MIN.
		1 HR.
		HCG

URINALYSIS

Standard Form 550 (July 1971)—GSA FPMR 101-11.8

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LABORATORY REPORT DISPLAY

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

HOPKINS, MARSHALL H.
153D TAC CLINIC WYANG

2 MAR 1977

FORMS DISPLAYED ON THIS SHEET ARE *(Check one)*

MOUNTED ON STRIPS 1 THROUGH 7

- ☐ CHEMISTRY I (SF 546)
- ☐ CHEMISTRY II (SF 547)
- ☐ CHEMISTRY III (SF 548)
- ☒ HEMATOLOGY (SF 549)
- ☒ URINALYSIS (SF 550)
- ☐ SEROLOGY (SF 551)
- ☐ SPINAL FLUID (SF 555)

MOUNTED ON STRIPS 1, 3, 5, AND 7

- ☐ PARASITOLOGY (SF 552)
- ☐ IMMUNOHEMATOLOGY (SF 556)
- ☐ ASSORTED FORMS
- ☒ OTHER *(Specify)* SMA FM.

MOUNTED ON STRIPS 1, 4, AND 7

- ☐ MICROBIOLOGY I (SF 553)
- ☐ MICROBIOLOGY II (SF 554)
- ☐ MISCELLANEOUS (SF 557)
- ☐ ASSORTED FORMS

STANDARD FORM 545
FEBRUARY 1972
545-102

LABORATORY REPORT DISPLAY

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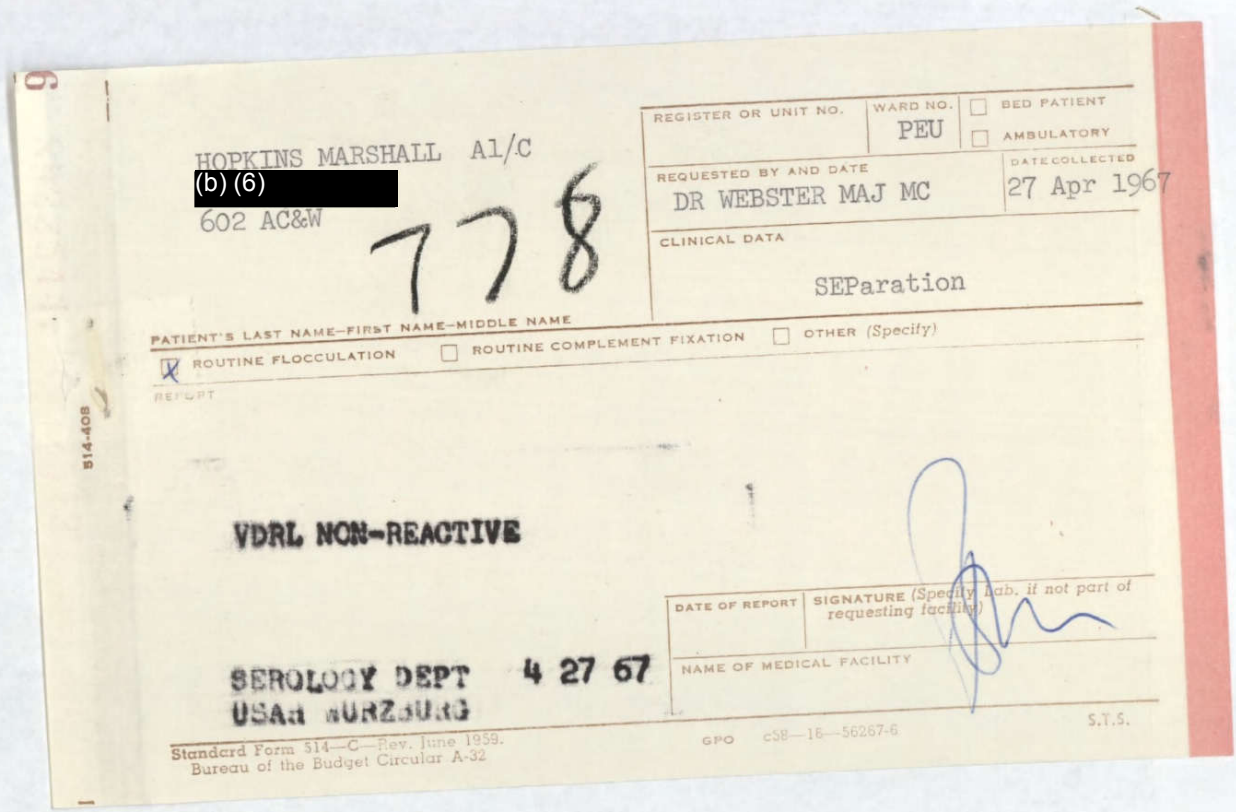

HOPKINS MARSHALL A1/C
(b) (6)
602 AC&W
778

REGISTER OR UNIT NO. | WARD NO. PEU | ☐ BED PATIENT ☐ AMBULATORY
REQUESTED BY AND DATE: DR WEBSTER MAJ MC | DATE COLLECTED: 27 Apr 1967
CLINICAL DATA: SEParation

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

☒ ROUTINE FLOCCULATION ☐ ROUTINE COMPLEMENT FIXATION ☐ OTHER (Specify)

REPORT

VDRL NON-REACTIVE

DATE OF REPORT | SIGNATURE (Specify Lab. if not part of requesting facility)

SEROLOGY DEPT 4 27 67
USAd WURZBURG

NAME OF MEDICAL FACILITY

Standard Form 514—C—Rev. June 1959. Bureau of the Budget Circular A-32

GPO c58—16—56267-6

S.T.S.

514-408

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HOPKINS MARSHALL A1/C
(b) (6) (b) (6)
602 AC&W

REGISTER OR UNIT NO.	WARD NO.	☐ BED PATIENT ☐ AMBULATORY
	PEU	

REQUESTED BY AND DATE: DR WEBSTER MAJ MC
DATE COLLECTED: 28 Apr 1967

CLINICAL DATA: Separation

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

W.B.C.			R.B.C.	
Differential Count		X	HEMATOCRIT	47%
NEUTROPHILES		X	HEMOGLOBIN	15.6g
BLASTS			BLEEDING TIME	
MYELOCYTES			Coagulation Time	
BANDS			BLOOD MORPHOLOGY: REMARKS	
LYMPHOCYTES				
MONOCYTES				
EOSINOPHILES				
BASOPHILES				
PLATELETS				
Sedimentation Rate				
C.S.R.				

DATE OF REPORT: 4-27-67
SIGNATURE (Specify Lab. if not part of requesting facility)
NAME OF MEDICAL FACILITY

514-308

Standard Form 514-B—Rev. June 1959.
Bureau of the Budget Circular A-32

☆ U. S. GOVERNMENT PRINTING OFFICE: 1964—721-130

HEMATOLOGY

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HOPKINS MARSHALL A1/C

(b) (6) [redacted]

602 AC&W

48

PATIENT'S LAST NAME–FIRST NAME–MIDDLE NAME

	COLOR-APPEARANCE	
	REACTION	
X	SPECIFIC GRAVITY	1.020
X	ALBUMIN	Neg
X	SUGAR	Neg
	ACETONE	
	BILE	

REGISTER OR UNIT NO. | WARD NO. PEU | ☐ BED PATIENT ☐ AMBULATORY

REQUESTED BY DR WEBSTER MAJ MC | DATE OF REQUEST 27 Apr 1967

DATE, TIME, AND METHOD OF COLLECTION

Separation

X MICROSCOPIC: REMARKS

Amorphous urates

DATE OF REPORT 5-1-67 | SIGNATURE (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

514-208

Standard Form 514-A—Rev. June 1959.
Bureau of the Budget Circular A-32

GPO c58 : 16—56268-6

URINALYSIS

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Hopkins Marshall H
602nd ACW Sqd 6 e.b. A/2C

(b) (6) [redacted]

REGISTER OR UNIT NO. | WARD NO. ER | ☐ BED PATIENT ☐ AMBULATORY

REQUESTED BY AND DATE: Dr Kuchar (POD) | DATE AND TIME COLLECTED: 9 April 2300

CLINICAL DATA

PATIENT'S LAST NAME ... MIDDLE NAME

EXAMINATION REQUESTED: culture | SPECIMEN AND SOURCE: throat swab | ANTIBACTERIAL THERAPY: —

REPORT

Staph epid I & skip

DATE OF REPORT: 12/4/68 | SIGNATURE (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

BACTERIOLOGY

Standard Form 514-K—Rev. June 1959.
Bureau of the Budget Circular A-32

514-1208

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NAME HOPKINS, Marshall
STATUS A2C
RECORDS AT, 09321
PHONE Goldsboro Mil 120

REGISTER OR UNIT NO.	WARD NO.	☐ BED PATIENT ☐ AMBULATORY
REQUESTED BY AND DATE	ENT	DATE AND TIME COLLECTED

CLINICAL DATA

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

EXAMINATION REQUESTED	SPECIMEN AND SOURCE	ANTIBACTERIAL THERAPY
CFS	Throat	Started on PCN

REPORT

Pneumococcoi (few)

Normal Flora

Robert V. Marrello
Capt, BSC, USAF
OIC, Microbiology

DATE OF REPORT	SIGNATURE (Specify lab if not part of report title)
11 APR 1966	

NAME OF MEDICAL FACILITY
USAF HOSP WIESBADEN, APO 220, NY, NY

514-1206

1561

Standard Form 514-K—Rev. June 1959.
Bureau of the Budget Circular A-32

GPO c58—16—56265-6

BACTERIOLOGY

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GIEBELSTADT AB

REGISTER OR UNIT NO. | WARD NO. | ☐ BED PATIENT ☐ AMBULATORY

Hopkins, Marshall H.
(b) (6)
602 AC W Sq

Gieb.

REQUESTED BY AND DATE: 2 April 65
Dr Hanson Maj MC

DATE AND TIME COLLECTED

CLINICAL DATA

Food Handler

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

	APPEARANCE			
	CONSISTENCY			
	BLOOD—GROSS			
	OCCULT			
	PUS			
	MUCUS			
	BILE			
XX	OVA AND PARASITES			

514-804

REMARKS

Neg

DATE OF REPORT: 13 Apr 65

SIGNATURE (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

R L COATS,
4 13 65 USAH NURSE

Standard Form 514—G—Rev. June 1959.
Bureau of the Budget Circular A-32

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Hopkins Marshall H.
(b) (6) [redacted]
602nd AC W SQ

Food Handler
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Gibelstad
REGISTER OR UNIT NO. | WARD NO. | ☐ AMBULATORY ☐ BED PATIENT

REQUESTED BY: Dr. Hanson Maj MC
DATE OF REQUEST: 2 APril 65
DATE, TIME, AND METHOD OF COLLECTION

	COLOR-APPEARANCE	
	REACTION	
X	SPECIFIC GRAVITY	1.022
X	ALBUMIN	neg
X	SUGAR	neg
	ACETONE	
	BILE	

X MICROSCOPIC: REMARKS
1-3 WBC
Numerous threads
Rare RBC
Light amorph. sed.

DATE OF REPORT: 2 Apr
SIGNATURE (Specify Lab. if not part of requesting facility)
NAME OF MEDICAL FACILITY

514-206

Standard Form 514—A—Rev. June 1959.
Bureau of the Budget Circular A-32
GPO c58—16—56268-6
URINALYSIS

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GIEBELSTADT AB

Hopkins,Marshall H.
(b) (6)
602 ACW SQ

REGISTER OR UNIT NO. | WARD NO. | ☐ BED PATIENT ☐ AMBULATORY

REQUESTED BY AND DATE: Dr Hanson Maj 2Apr.65 | DATE COLLECTED

CLINICAL DATA: Food Handler

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

☒ ROUTINE FLOCCULATION ☐ ROUTINE COMPLEMENT FIXATION ☐ OTHER (Specify)

REPORT

NON-REACTIVE

DATE OF REPORT | SIGNATURE (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

SEROLOGY DEPT 4 2 65
USAH GIEBELSTADT

B14-406

Standard Form 514 Rev. June 1959.
Bureau of the Budget Circular A-32

GPO c58—16—56267-6 S.T.S.

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Standard Form 514
Rev. August 1954
Bureau of the Budget
Circular A-32 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE : 1961 O—584446

CLINICAL RECORD | **LABORATORY REPORTS**

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)	REGISTER NO.	WARD NO.
Hopkins, Marshall, A. (b) (6) [redacted]		

LABORATORY REPORTS
Standard Form 514
514-105

[illegible] Det
85 Tac Hosp
APO NY NY

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Hopkins, Marshall (Peterson AFB)

(b) (6) [redacted]

AD Reserve AF

20 Jul 43

325 MEDGP DEPLOYED "CAIROWEST" APO AE 09867

SPECIMEN/LAB RPT. NO.

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☐

PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: DeLaune

REPORTED BY

MD TECH

DATE: 15 Feb 93

LAB ID NO.

REMARKS

BUN & Potassium

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. / P.M.	REQUESTED	RESULTS
	15 Feb 93	0800		

BUN - 13 mg/dl

K^+ - 3.8 m mol/L

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

557-107

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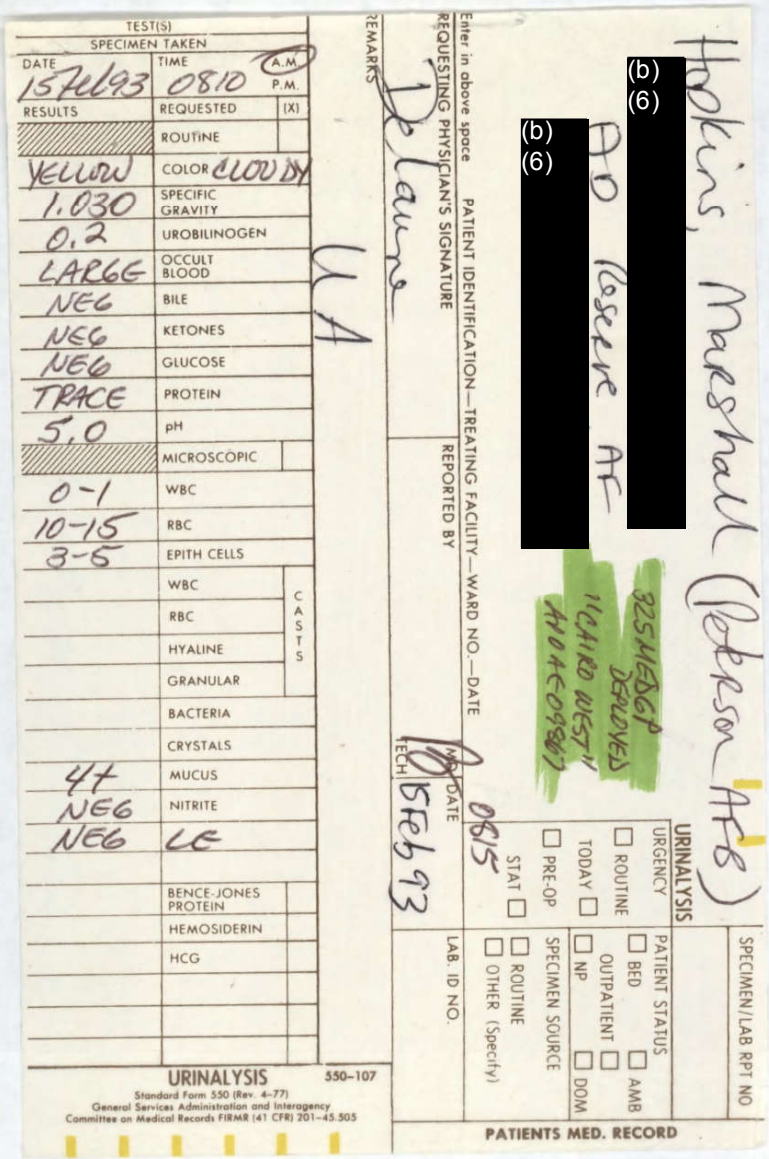
BEST COPY



Hopkins, Marshall (Peterson AFB)

(b) (6)

AD Reserve AF

(b) (6)

325 MEDGP DENTAL WEST 11 CAIRO WEST AFB 40 4 09867

URINALYSIS

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE: ☐ ROUTINE ☐ OTHER (Specify)

SPECIMEN/LAB RPT NO

LAB. ID NO.

PATIENTS MED. RECORD

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE — PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REMARKS: UA

REPORTED BY: [illegible] TECH

DATE: 0815 15 Feb 93

TEST(S) SPECIMEN TAKEN		
DATE: 15 Feb 93	TIME: 0810 A.M. P.M.	
RESULTS	REQUESTED	(X)
	ROUTINE	
YELLOW	COLOR CLOUDY	
1.030	SPECIFIC GRAVITY	
0.2	UROBILINOGEN	
LARGE	OCCULT BLOOD	
NEG	BILE	
NEG	KETONES	
NEG	GLUCOSE	
TRACE	PROTEIN	
5.0	pH	
	MICROSCOPIC	
0-1	WBC	
10-15	RBC	
3-5	EPITH CELLS	
	CASTS: WBC	
	CASTS: RBC	
	CASTS: HYALINE	
	CASTS: GRANULAR	
	BACTERIA	
	CRYSTALS	
47	MUCUS	
NEG	NITRITE	
NEG	LE	
	BENCE-JONES PROTEIN	
	HEMOSIDERIN	
	HCG	

URINALYSIS 550-107
Standard Form 550 (Rev. 4-77)
General Services Administration and Interagency Committee on Medical Records FIRMR (41 CFR) 201-45.505

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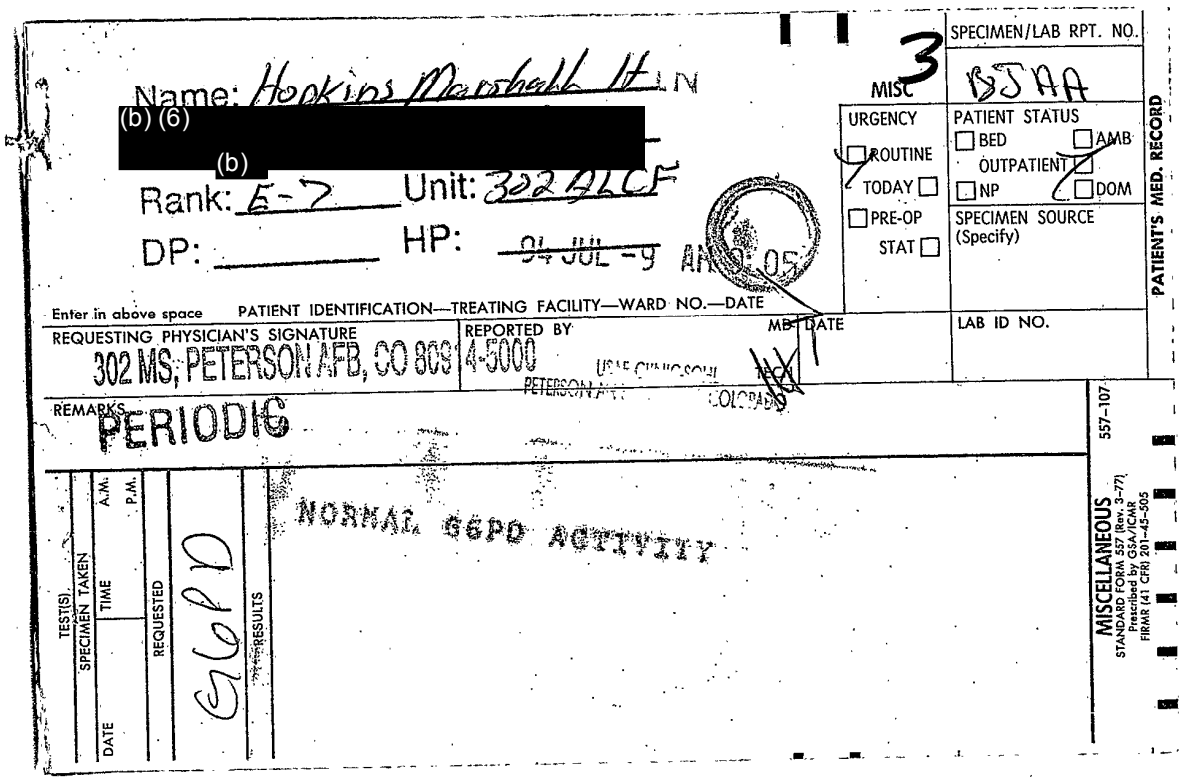

Name: Hopkins Marshall H LN
(b) (6)
(b)
Rank: E-7 Unit: 302 AGCF
DP: _____ HP: 94 JUL -9 AM 8:05
MISC 3
SPECIMEN/LAB RPT. NO. BJAA
URGENCY: ROUTINE / TODAY / PRE-OP / STAT
PATIENT STATUS: BED / AMB / OUTPATIENT / NP / DOM
SPECIMEN SOURCE (Specify)
PATIENT'S MED. RECORD
Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE: 302 MS; PETERSON AFB, CO 8090
REPORTED BY: 4-5000 USAF CLINIC SCHL PETERSON AFB COLORADO
MB DATE
LAB ID NO.
REMARKS: PERIODIC
TEST(S): G6PD
SPECIMEN TAKEN: DATE / TIME A.M. P.M.
REQUESTED
RESULTS: NORMAL G6PD ACTIVITY
MISCELLANEOUS STANDARD FORM 557 (Rev 3-77) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-45.505
557-107

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BEST COPY

Hopkins, marshall
(b) (6) [redacted]
DP: 6-6102
50 y.o.

MSgt
302 ALCF
(b) (6) [redacted]
M

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE
302 MS, PETERSON AFB, CO

REPORTED BY
80914-5000

MD DATE

TECH

REMARKS

URINALYSIS
URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☐

PATIENT STATUS ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE ☐ ROUTINE ☐ OTHER (Specify)

LAB. ID NO.

SPECIMEN/LAB RPT NO

PATIENTS MED. RECORD

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
RESULTS	REQUESTED	(X)
	ROUTINE	
yel	COLOR Clr	
1.021	SPECIFIC GRAVITY	
Norm	UROBILINOGEN	
2+	OCCULT BLOOD	
Neg	BILE	
	KETONES	
	GLUCOSE	
	PROTEIN	
6.0	pH	
	MICROSCOPIC	
	WBC	
0-1	RBC	
	EPITH CELLS	
	WBC	CASTS
	RBC	CASTS
	HYALINE	CASTS
	GRANULAR	CASTS
	BACTERIA	
	CRYSTALS	
Slight	MUCUS	
Neg	NITRITE	
Neg	Leuk.	
	BENCE-JONES PROTEIN	
	HEMOSIDERIN	
	HCG	

URINALYSIS 550-107
Standard Form 550 (Rev. 4-77)
General Services Administration and Interagency Committee on Medical Records FIRMR (41 CFR) 201-45.505

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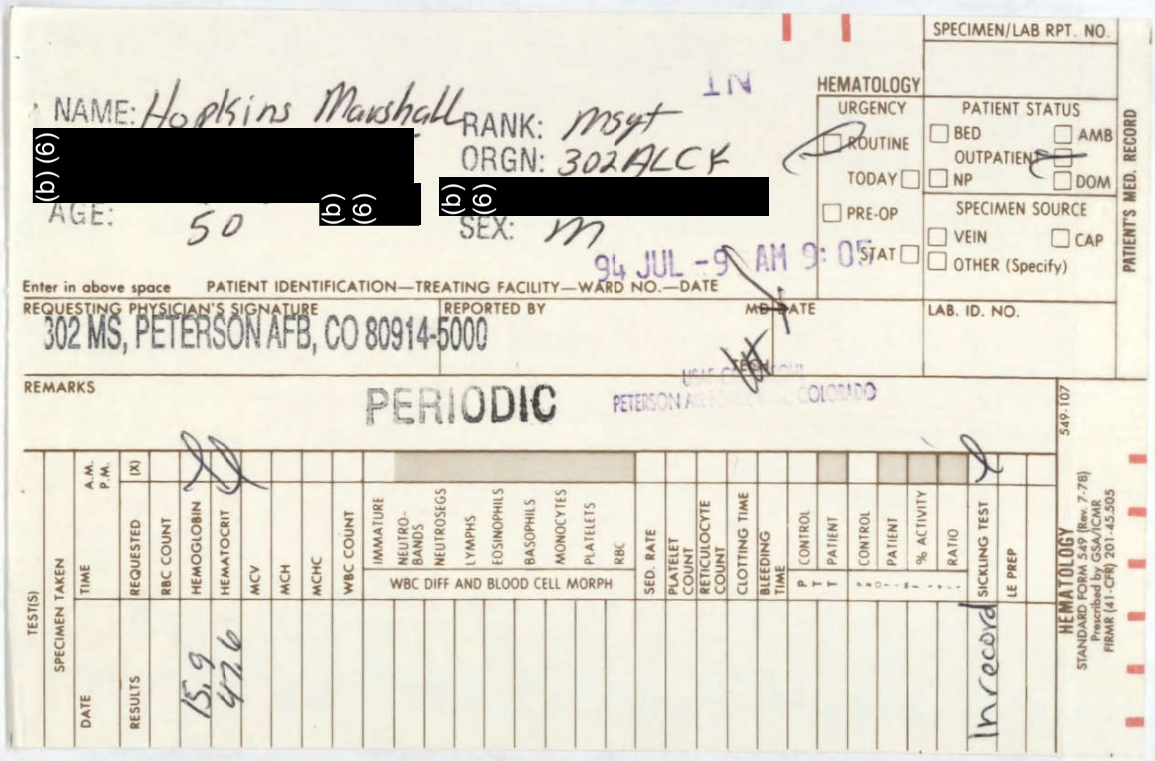

HEMATOLOGY

SPECIMEN/LAB RPT. NO.

NAME: Hopkins Marshall RANK: Msgt ORGN: 302ALCF

(b) (6) [redacted]

AGE: 50 SEX: M

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE: ☐ VEIN ☐ CAP ☐ OTHER (Specify)

PATIENT'S MED. RECORD

94 JUL -9 AM 9:05

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: 302 MS, PETERSON AFB, CO 80914-5000

REPORTED BY

MD DATE

LAB. ID. NO.

REMARKS: PERIODIC

PETERSON AFB COLORADO

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	RESULTS	REQUESTED (X)
RBC COUNT				
HEMOGLOBIN			15.9	
HEMATOCRIT			47.6	
MCV				
MCH				
MCHC				
WBC COUNT				
WBC DIFF AND BLOOD CELL MORPH: IMMATURE				
NEUTRO-BANDS				
NEUTROSEGS				
LYMPHS				
EOSINOPHILS				
BASOPHILS				
MONOCYTES				
PLATELETS				
RBC				
SED. RATE				
PLATELET COUNT				
RETICULOCYTE COUNT				
CLOTTING TIME				
BLEEDING TIME				
PTT CONTROL				
PTT PATIENT				
PT CONTROL				
PT PATIENT				
% ACTIVITY				
PT RATIO				
SICKLING TEST			In record	
LE PREP				

549-107

HEMATOLOGY
STANDARD FORM 549 (Rev. 7-78)
Prescribed by GSA/ICMR
FIRMR (41-CFR) 201-45.505

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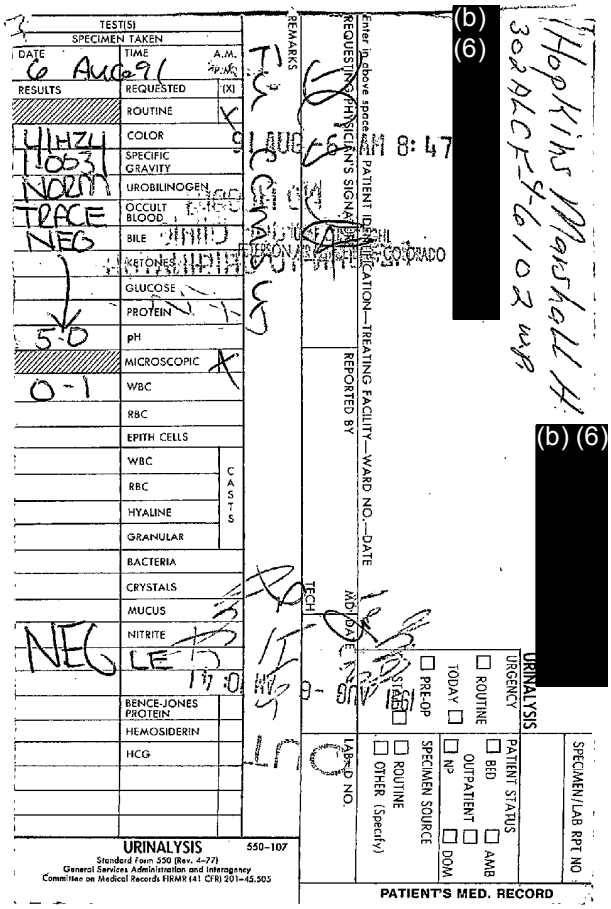

TEST(S)

SPECIMEN TAKEN

DATE	TIME	A.M. / P.M.
6 Aug 91		

RESULTS	REQUESTED	(X)
	ROUTINE	X
41HZ4	COLOR	
1003	SPECIFIC GRAVITY	
NORM	UROBILINOGEN	
TRACE	OCCULT BLOOD	
NEG	BILE	
	KETONES	
	GLUCOSE	
	PROTEIN	
5.0	pH	
	MICROSCOPIC	X
0-1	WBC	
	RBC	
	EPITH CELLS	
	WBC	CASTS
	RBC	CASTS
	HYALINE	CASTS
	GRANULAR	CASTS
	BACTERIA	
	CRYSTALS	
	MUCUS	
NEG	NITRITE	
	LE	
	BENCE-JONES PROTEIN	
	HEMOSIDERIN	
	HCG	

REMARKS

91 AUG -6 AM 8:47

Enter in above space: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

TECH

MD/DATE

(b) (6) [redacted]

Hopkins Marshall H.
302 ALCF-4-6102 WP

(b) (6) [redacted]

URINALYSIS

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☐

PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE: ☐ ROUTINE ☐ OTHER (Specify)

LAB-D NO.

SPECIMEN/LAB RPT NO.

URINALYSIS 550-107

Standard Form 550 (Rev. 4-77)
General Services Administration and Interagency
Committee on Medical Records FIRMR (41 CFR) 201-45.505

PATIENT'S MED. RECORD

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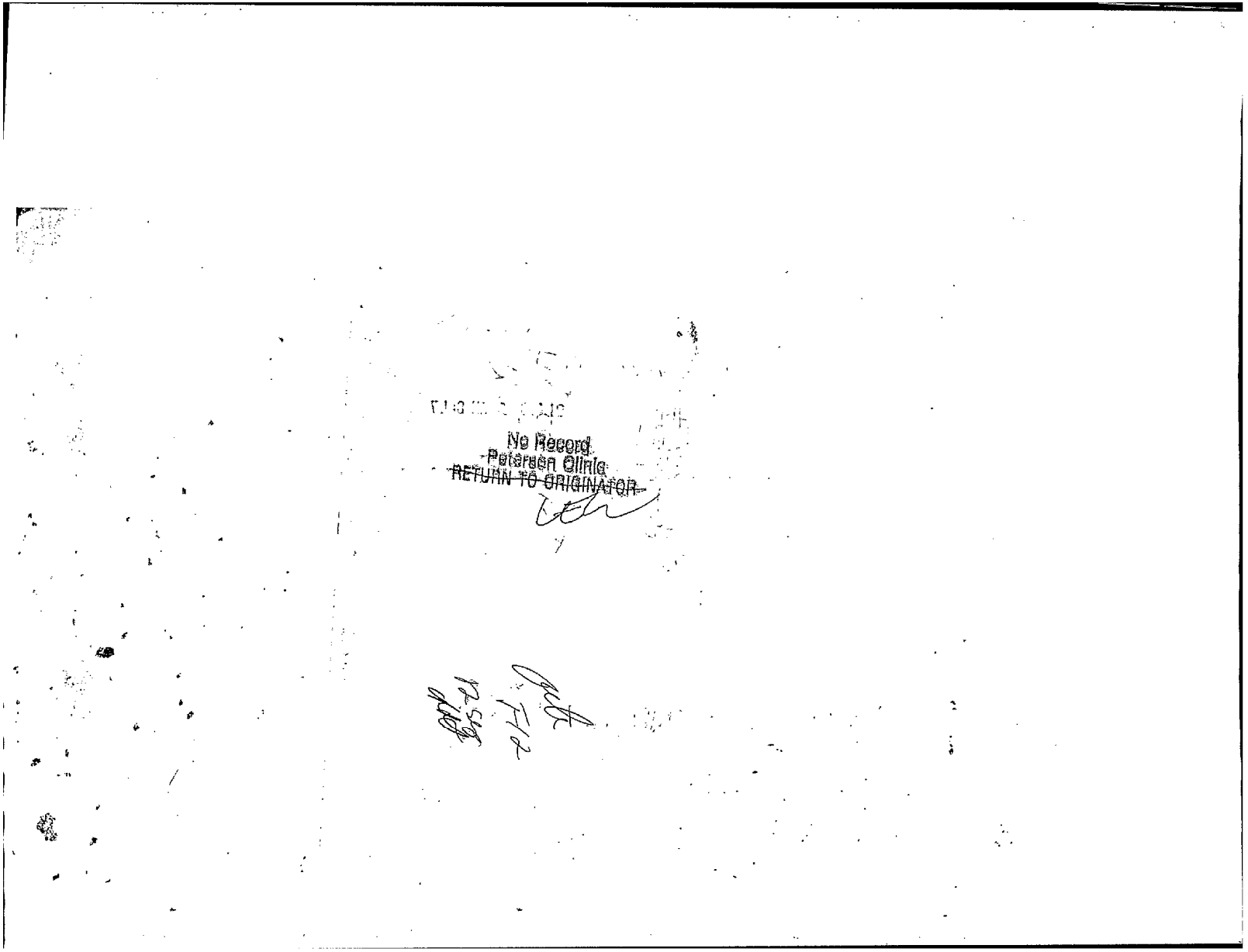

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PRIVACY ACT STATEMENT – HEALTH CARE RECORDS

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER *(SSN)*

Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR	(b) (6)	DATE
Marshall H. Hopkins	[redacted]	850713

FORM
DD 1 FEB 76 2005

PREVIOUS EDITION IS OBSOLETE

☆ U.S. GOVERNMENT PRINTING OFFICE: 1985:460-983/23324

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I

V-1

Hopkins, Marshall H.
3085
(b) (6)
18 24M 74 C.V ANG

II

V-2

III

V-3

AVR

V-4

AVL

V5

AVF

V6

AURORA, COLO. 80011

General Services Administration
Interagency Comm. on Medical Records
PMR 101-11-809-3
520-105

GPO : 1972 O - 461-570

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CLINIC CHEMISTR[illegible]
USAF CLINIC PETERSO[illegible]HL
PETERSON AFB, CO 80914-5300

LAST NAME: HOPKINS
FIRST NAME: MARSHALL
AGE: 48y
DOCTOR: TAC HOSP
HM/DT PHONE: 689-2637

SEX: M
UCA: FCDA
STAT FLAG: N

FMP/SSAN: 20[redacted] (b) (6)
SAMPLE ID: 62507
Run Date: 06/25/91

COMMENTS:

TEST NAME	RESULTS	FLAG	UNITS	NORMAL RANGE	CODES
GLUCOSE	109		MG/DL	68 - 110	
CHOLESTEROL	213		MG/DL	132 - 230	
TRIGLYCERIDES	394	HIGH	MG/DL	0 - 210	
HDL CHOLESTEROL	~~[illegible]~~ 34 [illegible]	[redacted]	MG/DL	30 - 70	
TOTAL CHOL/HDL	~~[illegible]~~ 6.3 [illegible]	~~HIGH~~	RATIO	4.0 - 6.7	

»»»»»»»»»» Panels »»»»»»»»»»
LIPID PANEL
»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»

39
213
79

CURRENT DATE: 06/25/91
REVIEWED BY _____

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FILE AS TOP PAGE ON LEFT SIDE OF FOLDER

SUMMARY OF CARE

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974–Use Blanket PAS - DD Form 2005)

11/60

No.	CHRONIC ILLNESSES	DATE	MEDICATIONS	START	STOP
1	Routine Health Maint				
2	Acute minor illness				
3	Fibromyalgia Syndrome.	1993			
4	– Headaches, bitemporal				
5	– Lt knee pain				
6	– Mid-back pain				
7	Histoplasmosis				
8					
9					
10					
11					
12					
13					
14					

HOSPITALIZATION/SURGERY	DATE	HEALTH MAINTENANCE	DATE OF LAST TEST (Pencil entry)
		STOOL GUAIAC	
		MAMMOGRAM	
		CHEST X-RAY	
		EKG	
		CARE EVALUATION	
		PAP SMEAR	
		OTHER HTLV-III V7260	Feb 88

(CONTINUE ILLNESSES, MEDICATIONS, HOSPITALIZATIONS/SURGERY, TEMPORARY PROBLEMS ON REVERSE.)

OCCUPATION	Loadmaster ALCS
HABITS	(–) Tobacco
ALLERGIES	NKMA
IMMUNIZATIONS	NKDA
FAMILY HISTORY	(–) CA (–) CAD (–) DM (–) HTN

(Space for mechanical imprint)

VAP 629-2657

NAME OF PATIENT *(Last, First, Middle Initial)*: HOPKINS, MARSHALL H.

SEX: M

YEAR OF BIRTH: 1/13

NAME OF SPONSOR: --

(b) (6) [redacted]

RELATIONSHIP TO SPONSOR: --

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SUMMARY OF CARE (CONTINUED)

No.	CHRONIC ILLNESSES	DATE	MEDICATIONS	START	STOP
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					

HOSPITALIZATION/SURGERY	DATE	HEALTH MAINTENANCE	DATE OF LAST TEST (Pencil entry)

REVERSE OF AF FORM 1480, MAR 85

U.S. GOVERNMENT PRINTING OFFICE : 1985 O - 484-649

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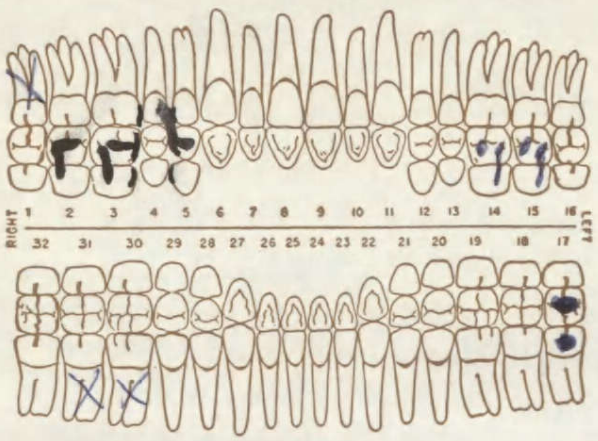
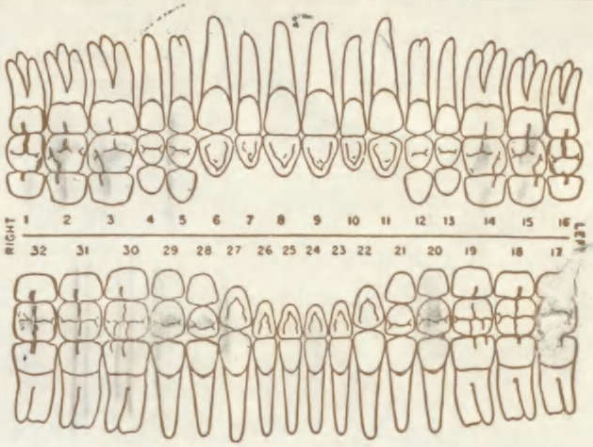
SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
			CHANUTE AFB ILLINOIS	
25/2/64	Exam type #2 Re Surg XR#259	3	3 TW Charron	
10/3/64	Car #30 #31 Ext Anes Reg 2 Su Ins	3	HR Hunsinger	
11/3/64	POT	3	TW Charron	
13/3/64	POT Obs	3	HR Hunsinger	
16/3/64	POT Obs Su Rem Re Oper	3	TW Charron	
17Apr6 4	Car # 14 O # 14 DL # 15 DL #15 O ZnO Eug B Am Anes Reg	3	JP SCHEIDEL	
28Apr64	Pedon Scaling Cal Pro SnF2 Tr	3	JP SCHEIDEL	
12 Jun 64	302 ACW Sq. APO 321			
14 JUL 1964			RAMSTEIN AB. APO 12, N.Y.	
31 Jul64	Type 3 Exam, Ging & Cal mod, ref Pro - oper Dr. Kobetitsch	3	OD Frisbie	
3 Aug 64	Car #17-O-CaoH-Am, Car #17-F-Am, Anes Reg	-3+2	RH Kobetitsch	
13 Aug64	Broken appointment for Prophy	2	CL Hughes	
17Feb65	Cal Pro SnF2 CPT XR BW	2	SSgt Nolen JS	
9Mar65	Car#5-DO-B-Am			
	Car#2-OL-B-Am			
	Car#3-MO-B-Am			
	Car#3-OL-Am			
	Mal Posed #1			
	Ext#1 Anes Reg	-2+1	ES Senia, Captain	
10Mar65	POT-Progress good	1	ES Senia, Captain	
23Jun65	Exam T-3, Consultation	1-2	ES Senia Capt	
2Sep65	Max and Mdn Impr for Man Pr Dtr	2	ES Senia Capt	
80ct65	Selective grinding for rest prep for Man Pr Dtr	2	ES Senia Capt	
4Nov65	Final Impr Max and Man	2	ES Senia Capt	
2Dec65	Man Pr Dtr Ins Repl#19,30,31	2	ES Senia Capt	
7Dec65	Man Pr Dtr Adj	2-1	ES Senia Capt	
8Feb66	#3 Sensitive to percussion & cold on mesial bucal cusp Occl Adj Copalite Tr	1	ES Senia Capt	

(b)
(6)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Hopkins, Marshal H.

U.S. GOVERNMENT PRINTING OFFICE : 1962 O—644314

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Rev. November 1953
Bureau of the Budget
Circular A–32 (Rev.)

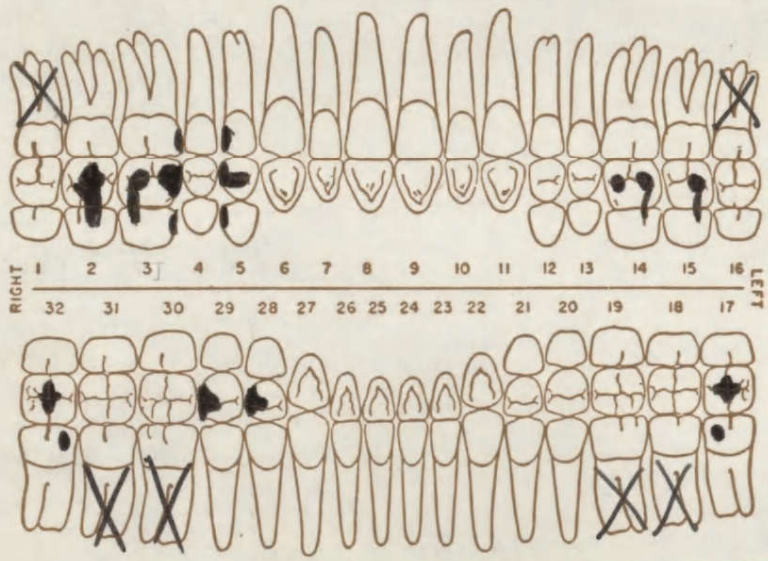
+EL-135 20
PCS- 12 June 67

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.					3. DENTAL CLASSIFICATION					
X	INITIAL		SEPARATION		OTHER (*Specify*)		1	X	2	3	4		1	2	3	4	5

4. MISSING TEETH AND EXISTING RESTORATIONS



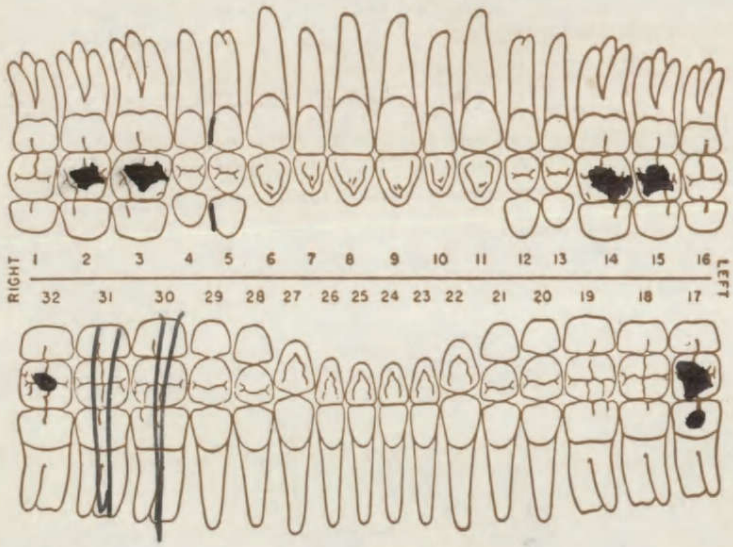
REMARKS

PLACE OF EXAMINATION	DATE
LACKLAND AFB Tex	6 Dec 63

SIGNATURE OF DENTIST COMPLETING THIS SECTION

D. Lauder Capt

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT		MODERATE	X	HEAVY

B. PERIODONTOCLASIA

	LOCAL		GENERAL
	INCIPIENT	MODERATE	SEVERE

C. STOMATITIS (*Specify*)

	GINGIVITIS		VINCENT'S

D. DENTURES NEEDED
(*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL	X	POSTERIOR BITE-WINGS		OTHER (*Specify*)

DATE	PLACE OF EXAMINATION
6-Dec-63	LACKLAND AFB Tex

SIGNATURE OF DENTIST COMPLETING THIS SECTION

D. Lauder Capt

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
M	Cau	MSgt	302 ALCF	Res	USAF

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

HOPKINS MARSHALL H (b) (6)

(b) (6)

(b) (6)

DENTAL

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COMPLETE IN INK

DENTAL PATIENT MEDICAL HISTORY

(This Form is Subject to the Privacy Act of 1974 - Use Blanket PAS - DD Form 2005)

NAME (Last, First, Middle Initial)	(b) (6)	AGE	ACTIVE DUTY ONLY (Circle correct responses)
Hopkins Marshall H		50	Currently on: Flying Status? YES NO
ORGANIZATION (Active Duty) OR HOME ADDRESS	DUTY PHONE	HOME PHONE	SDP (PRP, SCI, or PS)? YES NO
302 ALCF	6-6102	719-684-2677	

The answers to the following questions will assist the dentist in evaluating your general health prior to providing your dental treatment.
PLEASE READ CAREFULLY AND ANSWER EACH QUESTION AS ACCURATELY AS POSSIBLE

1. WHAT IS YOUR IMPRESSION OF YOUR PRESENT HEALTH?	2. YEAR LAST MEDICAL PHYSICAL?
not to good	92

3. PLEASE DRAW A CIRCLE AROUND ANY OF THE FOLLOWING WHICH YOU HAVE HAD OR HAVE AT PRESENT.

Heart Disease or Condition	Rheumatic Fever	Asthma	Hepatitis	Venereal Disease (Syphilis,
Angina Pectoris	Stroke	Hay Fever	Thyroid Disease	Gonorrhea)
Frequent Chest Pains	Hemophilia	Emphysema	Glaucoma	Drug Addiction
High Blood Pressure	Bruise Easily	Tuberculosis (TB)	Epilepsy or Seizures	Psychiatric Treatment
Shortness of Breath	Prolonged or Unusual Bleeding	Diabetes	Fainting or Dizzy Spells	Cancer
Swollen Ankles	Anemia	Ulcers	AIDS or AIDS Related Complex	Radiation Therapy
Artificial Heart Valve	Blood Transfusion	Kidney Trouble	HIV Positive	Chemotherapy
Congenital Heart Disease	Sickle Cell Disease	Liver Disease	Cold Sores	Implant Prosthesis
Heart Murmur	Arthritis	Jaundice (Other than at birth)	Genital Herpes	Unexplained Weight Loss

CIRCLE YES OR NO FOR THE FOLLOWING QUESTIONS. *(IF IN DOUBT, CIRCLE YES.)*
(If YES, please give details.) **CONTINUE COMMENTS ON BACK IF NECESSARY.**

4. ARE YOU PRESENTLY, OR HAVE YOU BEEN UNDER THE CARE OF A PHYSICIAN DURING THE PAST YEAR? Need Review for back injury	YES	NO
5. ARE YOU PRESENTLY TAKING ANY MEDICINE OR DRUGS?	YES	NO
6. ARE YOU ALLERGIC TO ANY MEDICINE OR MATERIALS?	YES	NO
7. HAVE YOU EVER HAD A REACTION TO A LOCAL ANESTHETIC?	YES	NO
8. HAVE YOU EVER EXPERIENCED ANY COMPLICATION OR ILLNESS FOLLOWING DENTAL TREATMENT?	YES	NO
9. DO YOU HAVE ANY DISEASES OR CONDITIONS NOT LISTED ABOVE?	YES	NO
10. HAVE YOU EVER BEEN TOLD YOU WERE NOT ELIGIBLE TO BE A BLOOD DONOR?	YES	NO
11. DO YOU USE TOBACCO? *(If YES, please circle and give frequency)* **SMOKE:** Cigarettes Cigars Pipe **SMOKELESS:** Chewing Tobacco Snuff or "Dip" **FREQUENCY:** _____	YES	NO
12. **WOMEN:** ARE YOU PREGNANT? *(If YES, please circle trimester block)*	YES NO	TRIMESTER 1 2 3

PATIENT COMMENTS *(Check this box if you have added comments on the back of this form)* ☐	SIGNATURE OF PATIENT *(or legal guardian if patient is a minor)*	DATE
	X Marshall H Hopkins	X 940709

DENTIST'S COMMENTS

see #3 & 4 above

(If necessary, continue on reverse and check this box) ☐

BLOOD PRESSURE	DATE	BLOOD PRESSURE	DATE	BLOOD PRESSURE	DATE	BLOOD PRESSURE	DATE
118/84	9 Jul 94						

DENTIST'S SIGNATURE	DATE	REVIEWER	DATE	REVIEWER	DATE	REVIEWER	DATE
[signature]	9 Jul 94						

AF Form 696, APR 87 PREVIOUS EDITION IS OBSOLETE. * U.S. GPO: 1988-196-773/79081

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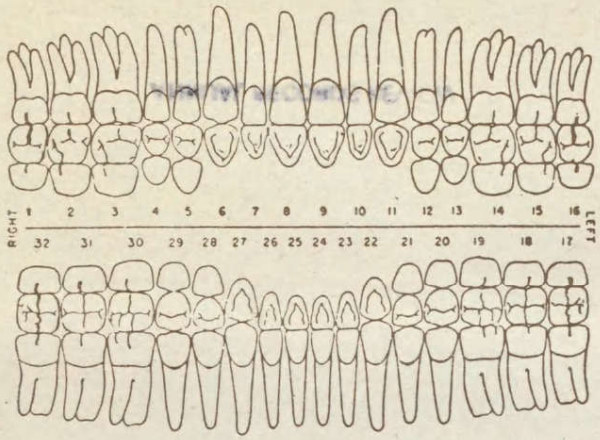
Standard Form 603-A

HEALTH RECORD

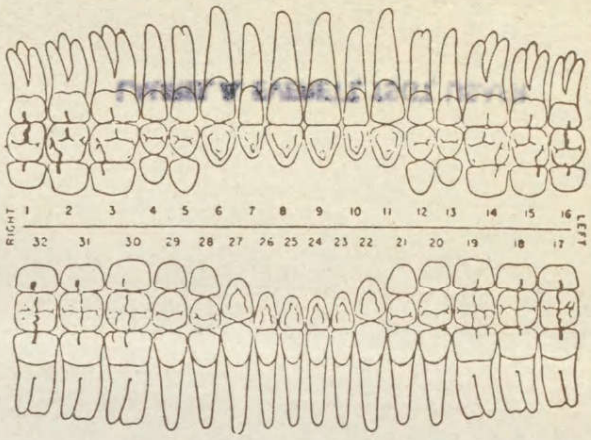
DENTAL—Continuation

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

IDENTIFICATION NO.

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.806
OCTOBER 1975 603-204

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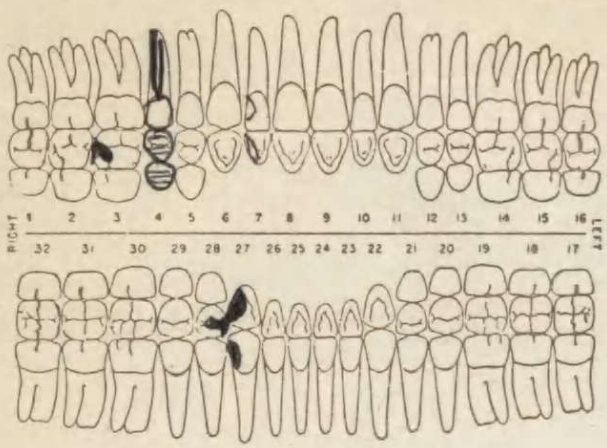
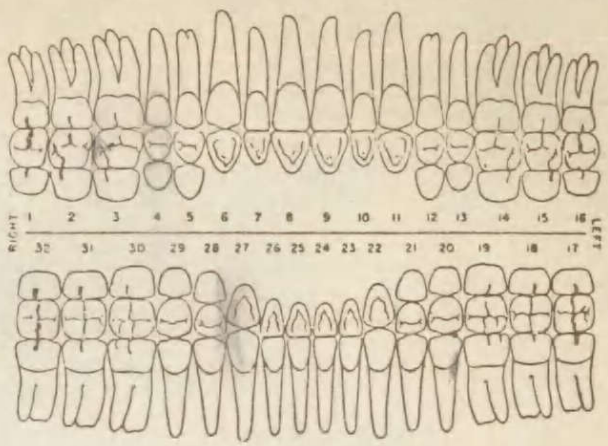
SECTION III. ATTENDANCE RECORD SUPL 5 SIDE 1

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
17Jan86	Type 3 exam, RE #4-asymptomaitc, Ropen, insturment 2 canals to completion. Irrigate, dry, final fill 2 canals GP + Procosol. Cotton pellet + cavit. RD, 3 Per XR. Anes Reg lidocaine 2% 1:100,000 epinephrine x 1.8 ml. Pt placed on 6 month recall + referred to pros for post & crn. PDC- home care.	2	A. J. GERATHY, MAJ	[illegible]
29Jan86	T-3 exam, pros eval for PFM #4. Took man and max prelim impr.	2	T. E. BOWMAN, MAJ.	TEB
10Feb86	Endo treated #4 prepped for PFM paro. post with comspan.Placed P-10 composite substructure. Took final impr. Construct tem acr crn and cem with dycal. Anes reg: 1.5 ml x 2% xylo w/epin of 1/100,000.	2	T. E. BOWMAN, MAJ.	TEB
24Feb86	TYPE 3 EXAM. ADJ AND INS PFM #4. CEM WITH ZNPO4.	2	T.E. BOWMAN, MAJ.	TEB
20Jun86	TYPE 2 EXAM. 4 BWS, 6 PA XR., CARIES #7 DL, DYCAL, ACID ETCH COMMAND, ANES REG 1.8cc XYLOCIANE WITH EPI 1:100,000, r.d.	2	D.M. JOHNSON, MAJ.	[illegible]
24Jun86	TYPE 3 EXAM. CAR # 3 DO, #27 DFL, #28 MO - DYCAL, COP, AM. ANES VIA TENS R.D.		D.M. JOHNSON, MAJ.	[illegible]
8Aug 87	T-2 exam, BW XR's, BP 106/60 Rec pros eval	2	K. D. O'Neal, Capt USAF CLINIC/SGD PETERSON AFB, CO 80914-5300	KDO
6May89	Exam T-1, 2BW, Pany, OMC - refer to OOS for Prophy & restoration	2	DM Johnson 4C USAFR	[illegible]
18Jul89	DUPLICATE PANNOREX SENT TO REPOSITORY			
24Jan90	ANNUAL RECORDS REVIEW	2	LAUREL A. EVERETT, TSGT, USAFR	[illegible]

com

8 AUG 1987

HOPKINS MARSHALL H. (b) (6)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

IDENTIFICATION NO.

☆ GOVERNMENT PRINTING OFFICE : 1983 O - [illegible]-526 (842[illegible]

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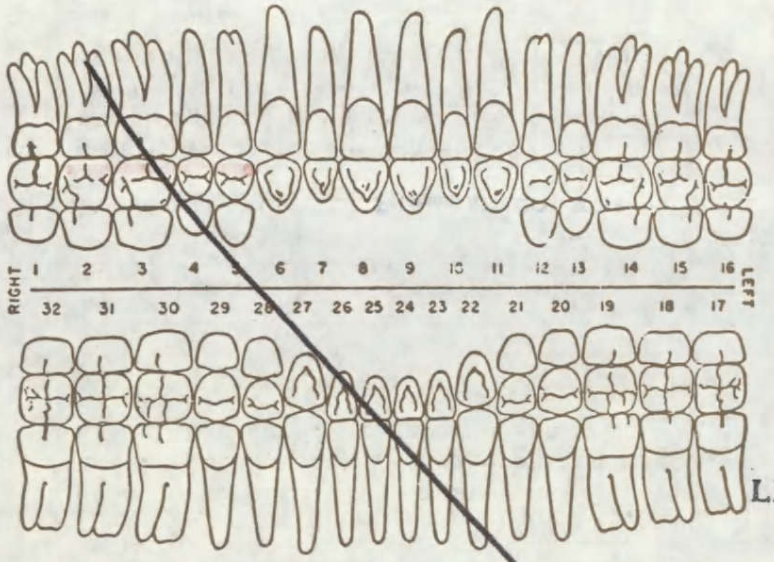
GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.806-8—OCTOBER 1975

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION					
	INITIAL		SEPARATION		OTHER (*Specify*)	1	2	3	4	1	2	3	4	5	

4. MISSING TEETH AND EXISTING RESTORATIONS



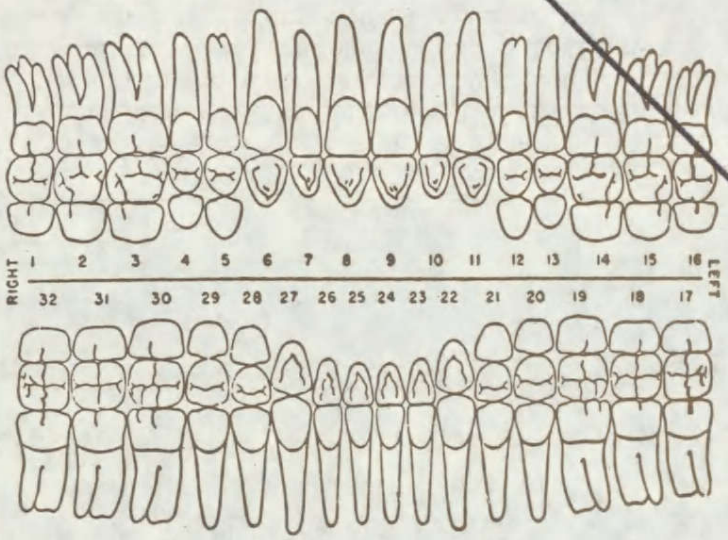
REMARKS

REFER TO PAGE 1
FOR CHARTING

PLACE OF EXAMINATION	DATE
LITTLE ROCK AFB, AR 72099	

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS — SLIGHT | MODERATE | HEAVY

B. PERIODONTOCLASIA — LOCAL | GENERAL; INCIPIENT | MODERATE | SEVERE

C. STOMATITIS (*Specify*)

GINGIVITIS | VINCENT'S

D. DENTURES NEEDED
(*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

FULL MOUTH PERIAPICAL | POSTERIOR BITE-WINGS | OTHER (*Specify*)

DATE	PLACE OF EXAMINATION	SIGNATURE OF DENTIST COMPLETING THIS SECTION
	LITTLE ROCK AFB, AR 72099	

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
M	C	Sgt. MSG	302 ACF	[redacted]	IAF

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

HOPKINS, MARSHALL H

NSN 7540-00-634-4179

DENTAL
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603-103

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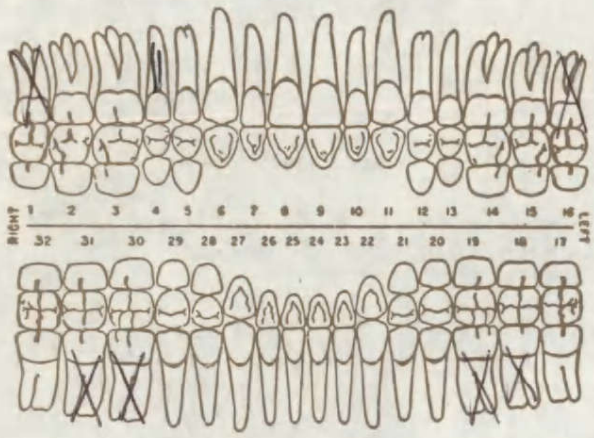
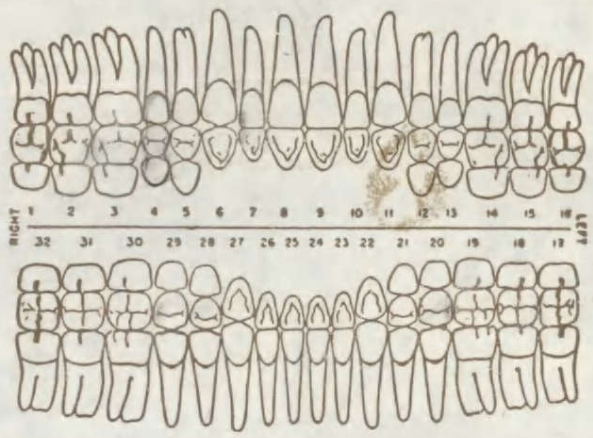
SECTION III. ATTENDANCE RECOR

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
			LITTLE ROCK AFB, AR 72099	
15Apr83	Exam T-3 PA #5 Frac Fil #4-DOL All Car excavated pulpal canal encroached upon, however no pulpal involvement due to pulpal recession and calcification. Pt informed of the depth and the possibility of Ext. Temp with CaOH and ZNPO4. Pt to return in one wk for reeval	B	S. Lee, Lt. Col.	SLL
22Apr83	Exam T-3 Re: Observation tooth #5. Pt asymptomatic. Temp restor still intact. Pt informed RCT May - be indicated at a later date. Pt referred to Oper for Tx	B	S. Lee, Lt. Col.	SLL
16May83	Pt cancelled 3 unit oper appt at 1410 hea	B	S. Lee, Lt. Col.	SLL
25July83	T-2 annual exam Fract. ling Cusp. #4 Temp fil. placed April Reapp Oper. BP taken, Bwos taken read pos.	B	A.J. Wyand Lt. Col.	AW
5 AUG 1983	Record Review Peterson AFB CO. 80914			
21Sep83	BA OPER X 4.	B	K.D. O'Neal, Capt	KDO
5MAY85	PT. PRESENTS WITH PAIN MANDIBULAR RT. FROM TRAUMATIC INJURY RECEIVED WHILE ON DUTY - SUSPECT HEMATOMA - NO TX INDICATED PRESCRIBED MASSAGE & APPLIED EXT. HEAT DANX	2		
28Jun85	Records Review:	2	DM Johnson Maj USAFR	DMJ
12Jul85	Exam T-2, 2BSW		DM Johnson Maj USAFR	DMJ
19Nov85	Type # 3 Exam Recem tem Cr # 4 with temp Bond.	2	T.E. Bowman, Maj.	TEB
15Jan86	Type 3 exam, Pt referred for prophylactic endo #4. Rem temp fil #4-MODL-open #4, access into vital pulp, locate 2 canals & instrument to #30. Irrigate, dry, close with cotton pellet & cavit. RD, 4 Per XR. Pt reappt 2 days for completion. Pt DNIF 72 hrs. FSO notified.	2	A. J. GERATHY, MAJ	

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

HOPKINS, MARSHALL

(b) (6)

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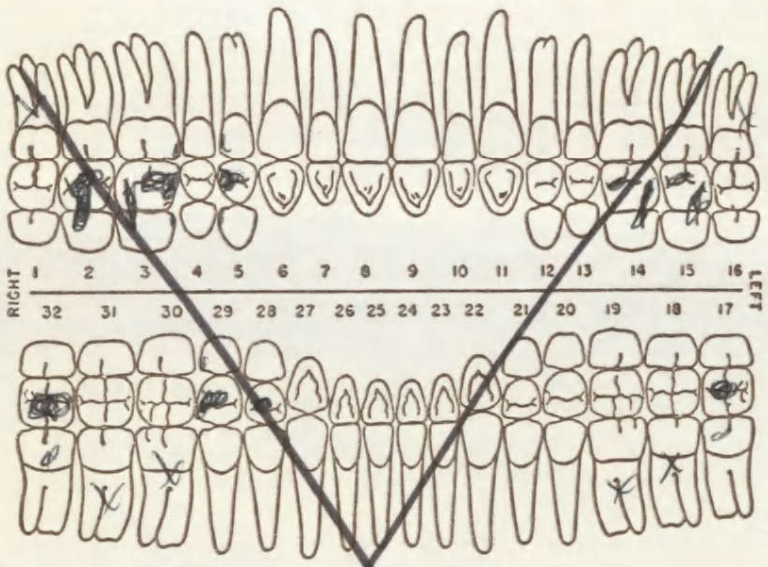
Rev. November 1953
Bureau of the Budget
Circular A–32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION					2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION					
✓ INITIAL		SEPARATION		OTHER (Specify)		2				4				

4. MISSING TEETH AND EXISTING RESTORATIONS



REMARKS

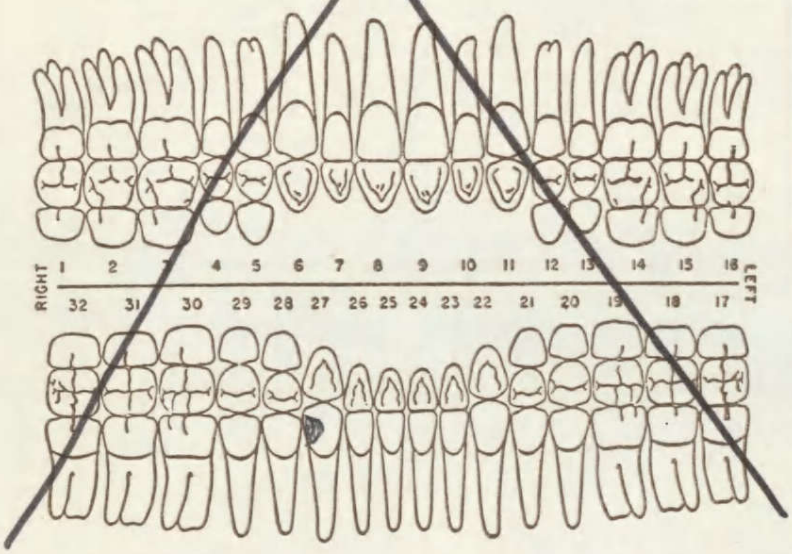
Same partial crowns
cobalt frame acrylic
saddles

REFER TO PAGE 1
FOR CHARTING

PLACE OF EXAMINATION	DATE
153rd TAC CLINIC WYOANG	5 JUNE 76

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT		MODERATE		HEAVY

B. PERIODONTOCLASIA

	LOCAL		GENERAL
	INCIPIENT	MODERATE	SEVERE

C. STOMATITIS (Specify)

	GINGIVITIS		VINCENT'S

D. DENTURES NEEDED
(Include dentures needed after indicated extractions)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL		POSTERIOR BITE-WINGS		OTHER (Specify)
		X			

DATE	PLACE OF EXAMINATION	SIGNATURE OF DENTIST COMPLETING THIS SECTION
5 JUNE 76	153rd TAC CLINIC WYOANG	

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
M	C	MSG	153rd TAC [illegible]	[illegible]	USAF

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
HOPKINS MARSHALL H.

(b) (6) [redacted]

DENTAL
Standard Form 603
603-102

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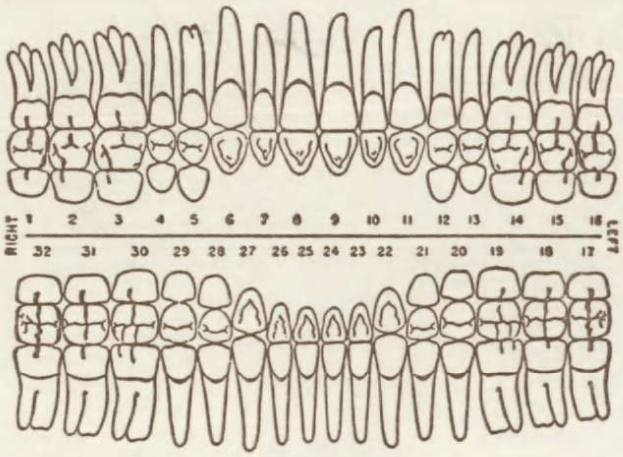
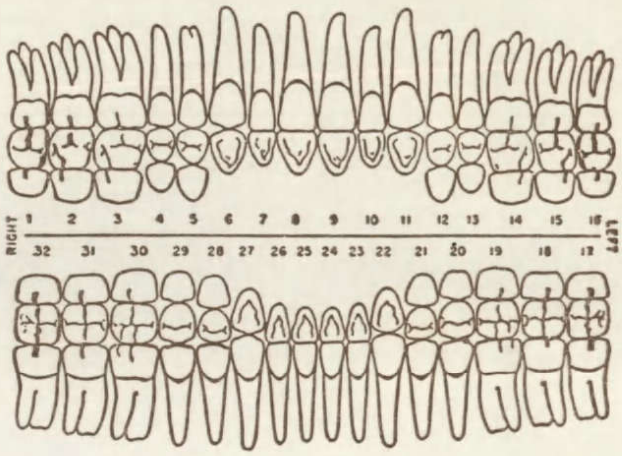
SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
5 JUL 74	EXAM T-2 SF8Y	II	J.C. ESMAY LTC MSC USA	

(b) (6)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

HOPKINS [illegible]

GPO : 1969—c48—16—80366-1

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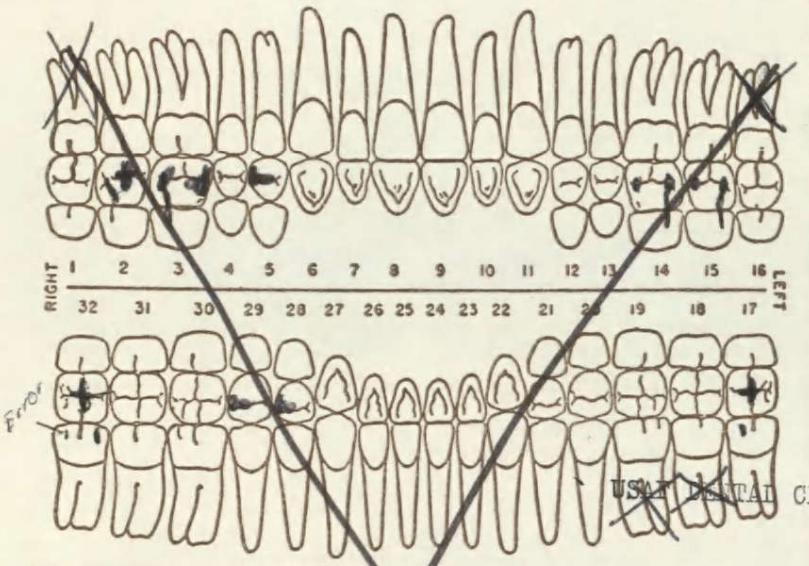
Circular A–32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.					3. DENTAL CLASSIFICATION					
	INITIAL		SEPARATION		OTHER (*Specify*)		1	X 2	3	4		1	X 2	3	4	5

4. MISSING TEETH AND EXISTING RESTORATIONS



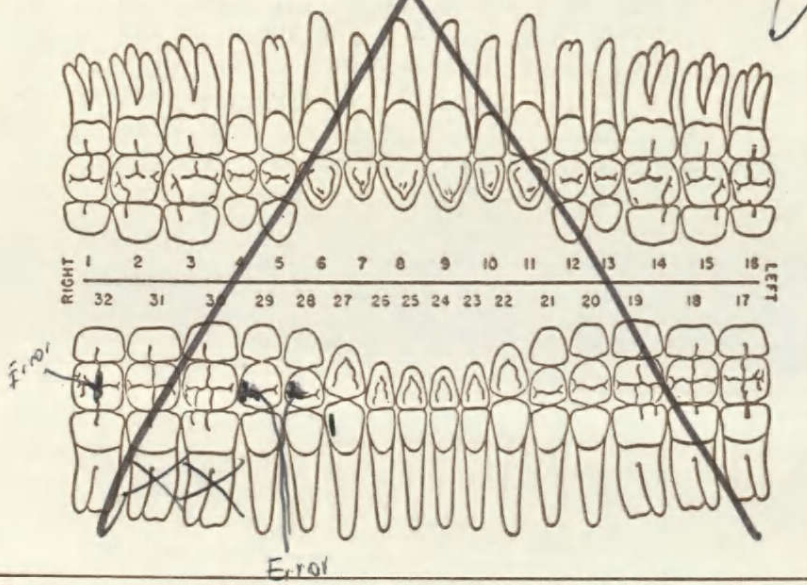
REMARKS

REFER TO CHARTING ON PAGE 1

PLACE OF EXAMINATION: USAF DENTAL CLINIC, F E WARREN AFB, WYO — DATE: 14 Dec 75

SIGNATURE OF DENTIST COMPLETING THIS SECTION: CAPT USAFDC

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS — SLIGHT | MODERATE | HEAVY

B. PERIODONTOCLASIA — LOCAL | GENERAL; INCIPIENT | MODERATE | SEVERE

C. STOMATITIS (*Specify*) — GINGIVITIS | VINCENT'S

D. DENTURES NEEDED (*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL		POSTERIOR BITE-WINGS		OTHER (*Specify*)

DATE: 14 Dec 75 — PLACE OF EXAMINATION: USAF DENTAL CLINIC F E WARREN AFB, WYO. — SIGNATURE OF DENTIST COMPLETING THIS SECTION: CAPT USAFDC

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
M	CAU	TSG	302ACF	Res	AF

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: HOPKINS, MARSHALL HUGH

(b) (6) [redacted]

DENTAL
Standard Form 603
603-102

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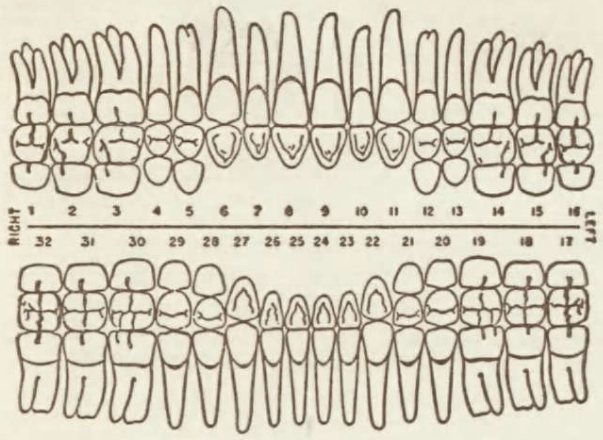
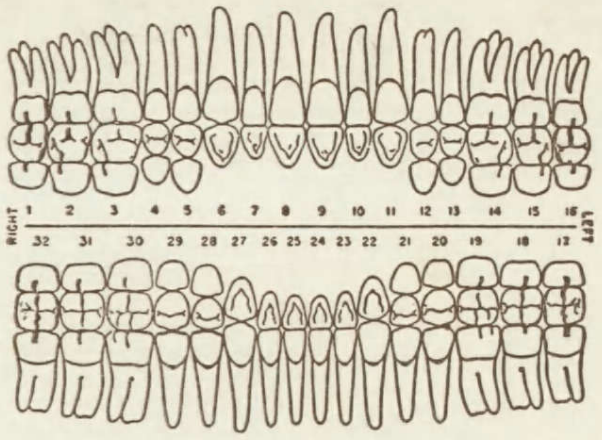
SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
	USAF DENTAL CLINIC F E WARREN AFB, WYO.			
14Feb75	Exam Type 1 XRPA Def Fil #27 - tem fil			
	w/IRM PDC	2	SWellins, LtCol	SW
6Mar75	Broken Appointment @0945	2	DFerraris, Capt	
7Mar75	Exam Type 2 XRBW Car #27, large lesion			
	car exp, not all car rem, IRM, Dycal			
	ques prog IRM in place for 6 mo min			
	Plaque control poor PDC AnesReg	2	DFerraris, Capt	DF
9Apr75	Exam Type 3 Cal Pro Com Cal & Stain Mod			
	CPTSnF PDC	2	ECarpenter, Sgt	EC

(b) (6)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Hopkins Donald

GPO : 1969—c48—16—80366-1

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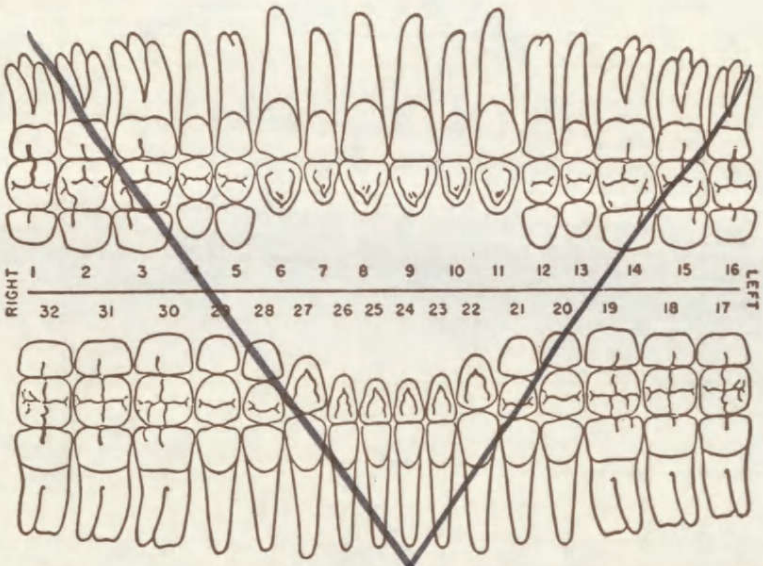
Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A–32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION					
	INITIAL		SEPARATION		OTHER (*Specify*)	1	2	3	4	1	2	3	4	5	

4. MISSING TEETH AND EXISTING RESTORATIONS



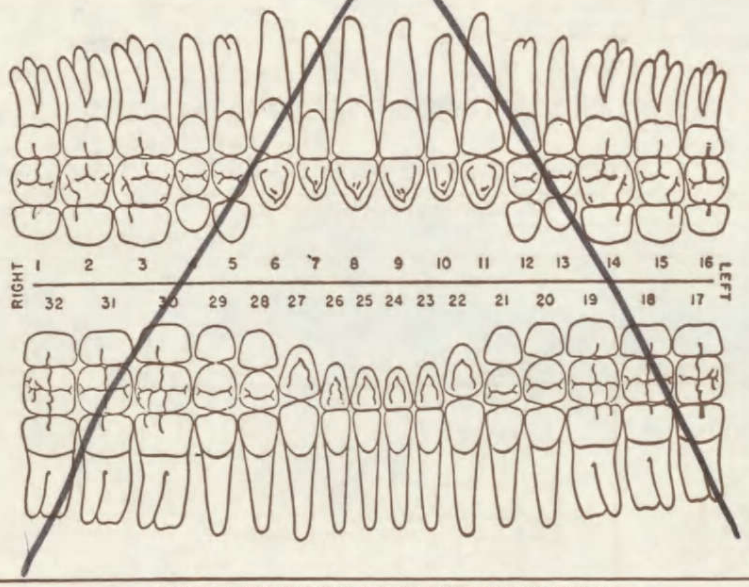
REMARKS

REFER TO PAGE 1 FOR CHARTING

PLACE OF EXAMINATION | DATE

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT		MODERATE		HEAVY

B. PERIODONTOCLASIA

	LOCAL		GENERAL	
	INCIPIENT		MODERATE	SEVERE

C. STOMATITIS (*Specify*)

	GINGIVITIS		VINCENT'S

D. DENTURES NEEDED
(*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL		POSTERIOR BITE-WINGS		OTHER (*Specify*)

DATE | PLACE OF EXAMINATION | SIGNATURE OF DENTIST COMPLETING THIS SECTION

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
M	Cau	MSGT	302 ACF	Res	~~USAF~~

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Hopkins, Marshall Hugh

(b) (6) [redacted]

DENTAL
Standard Form 603
603-102

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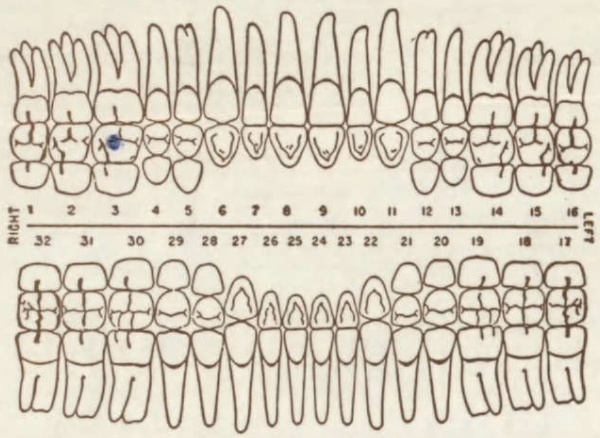
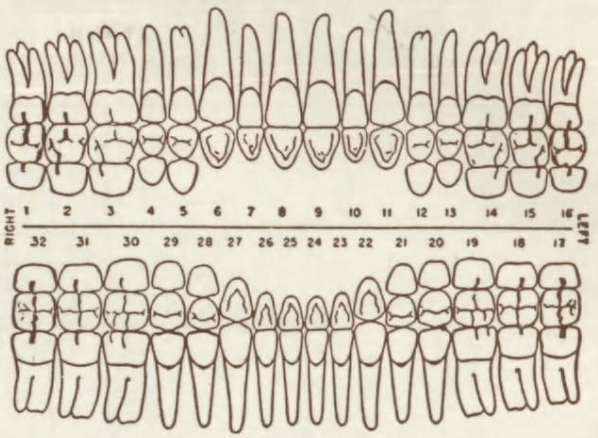
SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
18Feb66	Hypersensitive area#3 O ZnOEug placed Ames Reg	2	ES Senia Capt	DS
19Jul66	Cal Pro PrevDent COUnsel CPT XRBW	2	A2C Ambruske	
16Nov66 OTHER	Exam T-3 Patient kicked left side of Mand. Unable to chew with pressure. All movements normal, no swelling present — normal occlusion. No treatment indicated at this time.	2-1	ES Senia Capt	DT
28Apr67	Re#3 O B Copalite Am A es Reg	1	ES Senia Capt	DT

(b) (6)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Hopkins, Marshall H.

* U.S. GOVERNMENT PRINTING OFFICE : 1961 O—604761

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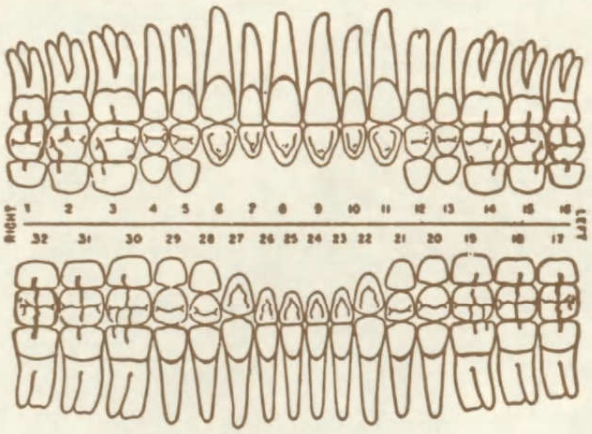
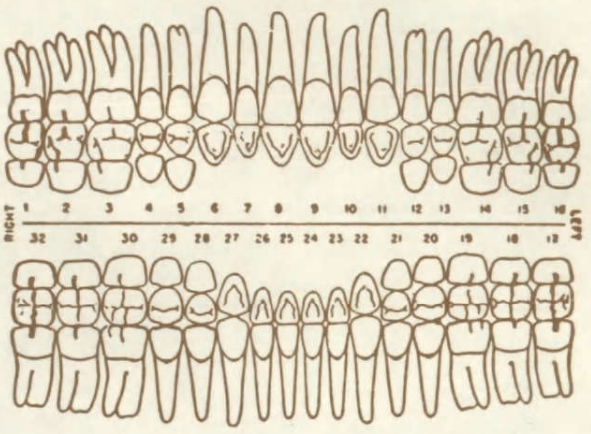
SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



REMARKS

16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

① SF513 Consult - awaiting needs reply

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
			24 MEDICAL GROUP HOWARD/SGD APO MIAMI, FL 34001	
28Sep89	AF Form 696 reviewed, pt reports hx of Hepatitis, pt to return to clinic with medical record to evaluate for carrier status.	4	D.Wofford,Maj/C.Nieves,Civ	DW
30Oct89	Medical Record Reviewed-no Hepatitis Screen found, SF 513 completed to Environmental Health for Hepatitis Screen, Disposition: Awaiting Screen. D.Wofford,Maj			DW

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

HOPKINS, MARSHALL H.

(b) (6)

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GENERAL SERVICES ADMINISTRATION
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR(41 CFR) 201-45.505 8—OCTOBER 1975

DOD Exception to SF 603
approved by GSA/IRMS 1-86

HEALTH RECORD — DENTAL

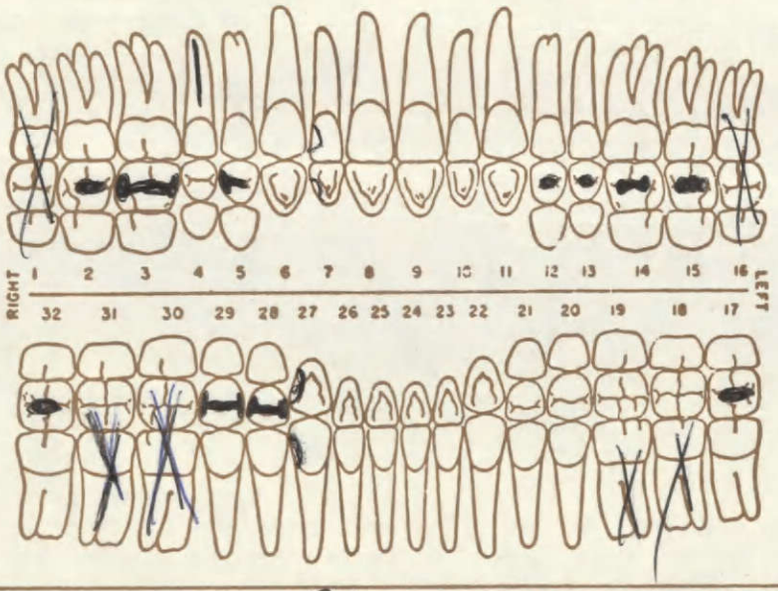
SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION: [ ] INITIAL [ ] SEPARATION [✓] OTHER (Specify) V9 Record,

2. TYPE OF EXAM. [ ]1 [ ]2 [✓]3 [ ]4

3. DENTAL CLASSIFICATION [ ]1 [ ]2 [ ]3 [ ]4 [ ]5

4. MISSING TEETH AND EXISTING RESTORATIONS

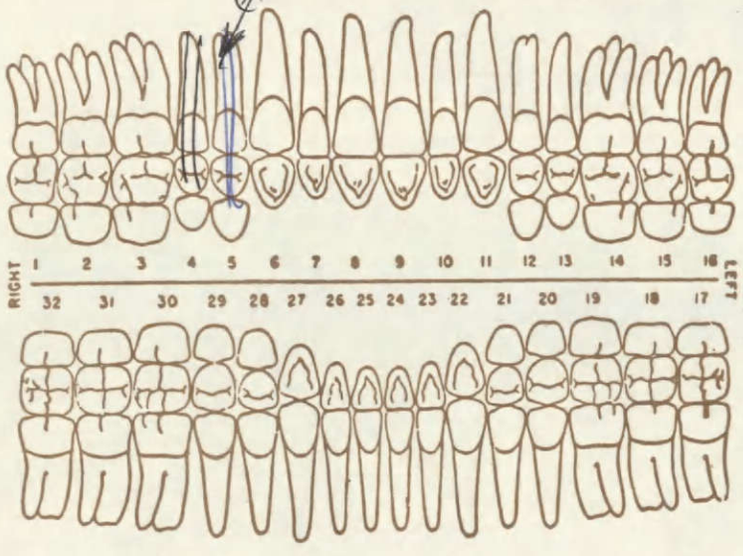


REMARKS

PLACE OF EXAMINATION: USAF Clinic Petersen — DATE: 19APR91

SIGNATURE OF DENTIST COMPLETING THIS SECTION: [signature]

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS: [ ] SLIGHT [ ] MODERATE [ ] HEAVY

B. PERIODONTOCLASIA: [ ] LOCAL [ ] GENERAL; [ ] INCIPIENT [ ] MODERATE [ ] SEVERE

C. STOMATITIS (Specify)

[ ] GINGIVITIS [ ] VINCENT'S

D. DENTURES NEEDED
(Include dentures needed after indicated extractions)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

[ ] FULL MOUTH PERIAPICAL [✓] POSTERIOR BITE-WINGS [ ] OTHER (Specify)

DATE: 19APR91 — PLACE OF EXAMINATION: USAF Clinic Petersen, SGD

SIGNATURE OF DENTIST COMPLETING THIS SECTION: [signature]

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
M		MSgt	302 ALCF	USAF	Reserve

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: Hopkins Marshall H

(b) (6) [redacted]

Standard Form 603
603-104-01

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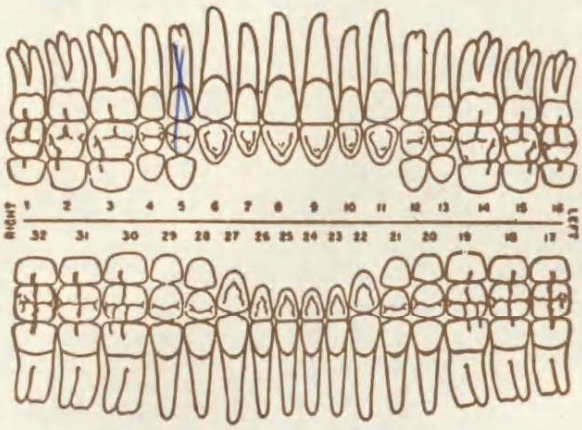
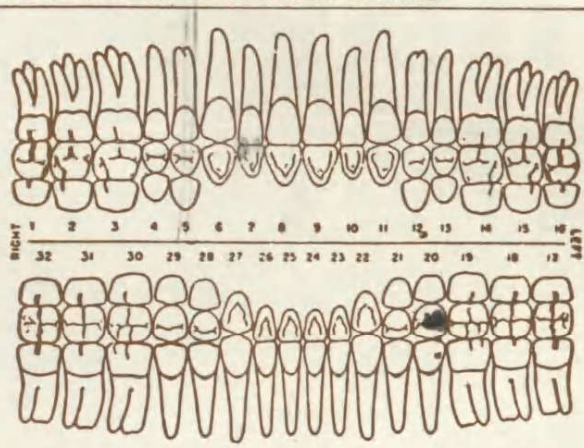
SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

#20 Probable RCT

22Nov91 Tjrs

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
15Apr91	T-3 Exam Sick Call CC: "I have this root canal treated tooth on the UR that broke off several weeks ago." S: Pt describes no symptoms associated with area. O: Clinical exam reveals abs of clinical cr #5, only endo treated root structure remains-non-res. A: Residual root #4. P: Refer to O.S.	3	G.M. Nassif, Maj./L. Adames, RCV	
19Apr91	T 3 exam. Pt referred for ext root #4, non-restorable. Mucoging flap reflected facially and palatally. Complicated ext #4. 2% lido with 1:100,000 epi (3.6cc) 4.0 dexon su x 2. Rx: Motrin 800mg x 12 tablets, 1 every 6-8 hours prn pain, no refill. Post oper instructions and side effects warning to pt who will RTC prn. 72 hour DNIF to Flight Surgeon Office.	2	J.Leib,Capt/C.Olson,Sgt	
3May91	Annual Record Review	2	J. Hatton, SSgt, USAFR	
26Jun91	SF 88 Fly exam T 2. P1,H3. BWXRs taken and reviewed. BP 110/70.	2	W.Moore,LTC/S.Hamm,Sgt	
7NOV91	T-3 Exam Sick Call S: If I stroke my nose sideways or touch my lower jaw (shaving) I get a sharp pain in my UR teeth. Onset 1 day. Other stimuli include eating (especially grapes), yawning, kissing. O: Perc of all teeth WNL, Per #2-5 WNL, Palpation of muscles WNL, stimulus to nose and LR chin produced a sharp apin hte pts UR quadrant. A: Tic Dolarouex P: Consult sent to Primary care. Appt oper, Pro.		TR Okazaki, Capt./Wheeler, RCV	
20NOV91	Annual Exam T-2 P1H1 BWXR's reviewed 26Jun91 BP 120/80. Refer to Pro.	2	C. Kemp, Capt./N. Weston, SrA	
22NOV91	Screening Exam, Adult Pro com Cal mdr Plq mdr OH Fiar. CPTAPF PDC Soft brush, Floss. Pedoni: Sc x 6 sectants.	2	JL Harris, SSgt.	
22NOV91	T-3 Exam Dx #7 Def L cmpst. Tx: 1.0cc 2% xylocaine 1:100,000 epi, RD, #7 DL cmpst, Prisma APH, L, acid etch, glaze Per #20 taken and read, Vitra-bond B. Appt oper.	3	TR Okazaki, Capt./Wheeler, RCV	
21Aug92	ANNUAL RECORDS REVIEW		C Chesley SSGT USAFR	

Hopkins, Mar shall H.

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

GPO : 1990 O - 265-984

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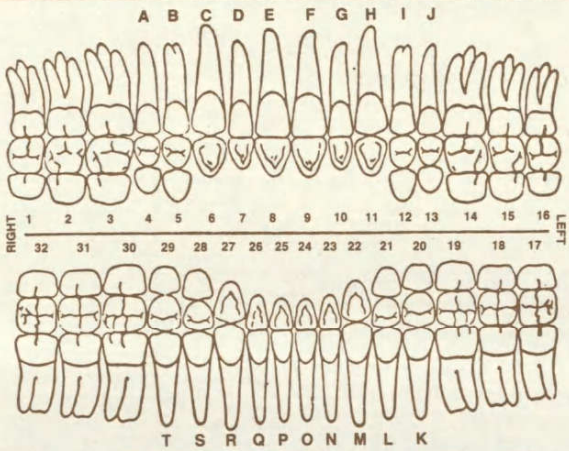
SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE

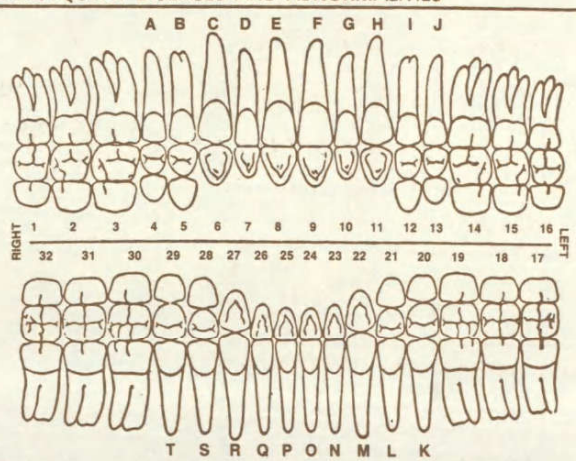
PAGE:

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



REMARKS

9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS

PATIENT'S NAME:

SSN:

SF 603A (SIDE 2)

GPO : 1993 O - 351-389

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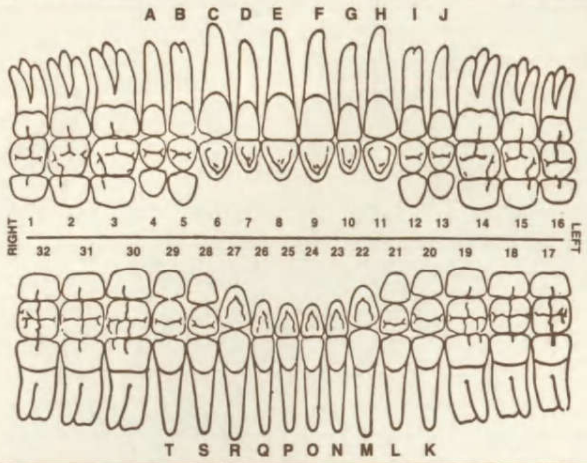
Standard Form 603-A

HEALTH RECORD	DENTAL – Continuation

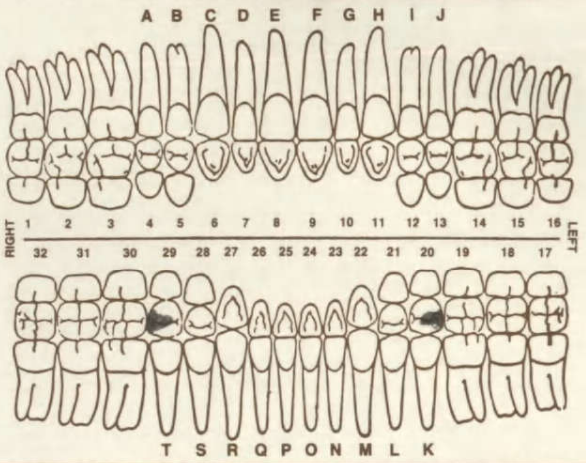
SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE PAGE:

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



REMARKS

9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

302 MS, PETERSON AFB, CO 80914-5000

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS
23 Sep 93	ANNUAL RECORDS REVIEW A.R. LEE, SSgt, USAFR, ARL	
09 JUL 1994	EXAM TYPE 2	
	XRAYS TAKEN AND REVIEWED	
	BP 118 / 84 P 1 H 1 needs restorative care; Jon Johnson	2
22 JUN 1995	ANNUAL RECORDS REVIEW LAUREL A. EVERETT, MSgt USAFR LAE	

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME *(Last, First, Middle Initial)*			SEX
HOPKINS, MARSHALL			M
DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
20 JUL 43		Res	AF
SPONSOR'S NAME			RANK/GRADE
			M Sgt
(b) (6) [redacted]		ORGANIZATION	
		302 ACFT	

DOD EXCEPTION TO SF 603A
APPROVED BY GSA/IRMS 1-91

Standard Form 603A (10-75)
GSA/ICMR
FIRMR (41 CFR) 201-45.505

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HOPKINS MARSHALL
MALE,CAUCASIAN AGE 40
TALL-NORMAL PSC 3
CART 78 PC 1 MED 9 IND 01
REPORT 15 (b)(6) 20
V2M0 07-JUL-84 08:12
PRINT 10-JUL-84 14:14

DUR PR 182 QRS 88 QT 432
AXES P 54 Q 29 T 20
JAMES HANSEN,MC,USAF

* SINUS BRADYCARDIA, RATE 51
* WITH SINUS ARRHYTHMIA
* OTHERWISE NORMAL ECG

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HEARING CONSERVATION DATA

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

ZIP CODE/APO: 81019 14

DOD COMPONENT: F — A-ARMY, N-NAVY, F-AIR FORCE, M-MARINE CORPS, 1-OTHER DOD ACTIVITY

SERVICE COMPONENT: V — R-REGULAR, V-RESERVE, G-NATIONAL GUARD, 1-OTHER

(b) (6) [redacted]

LAST NAME–FIRST NAME–MIDDLE INITIAL: HOPKINS MARSHALL

SEX: M — M-MALE, F-FEMALE

(b) (6) [redacted]

PAY GRADE, UNIF SVCS: E 05

GRADE, CIVILIAN:

SERVICE DUTY OCCUPATION CODE: 11XO

MAILING ADDRESS OF ASSIGNMENT: 731 TAS/DOLM 80914

LOCATION–PLACE OF WORK: 2063 FAFC 083A

MAJOR COMMAND: AFRES

DUTY PHONE: 7258

AUDIOMETRY

PURPOSE: 2 — 1–90 DAY; 2–ANNUAL; 3–TERMINATION; 4–OTHER

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year 84 month 07 day 07)	0	0	25	20	20	30	15	5	25	25	25	25
REFERENCE AUDIOGRAM DATE (year 74 month 06 day 08)	10	5	0	10	5	30	10	10	10	15	10	20
THRESHOLD SHIFT (+=Poorer, −=Better)	/	-5	+25	+10	+15	/	/	-5	+15	+10	+15	/

2 — 1-No 2-Yes Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify supervisor ● Followup No.1 after minimum 15 hours noise free

NAME OF EXAMINER (Last, first, MI): Seitenbecher, Leona A.

TRAINING CERT NO.: 83-386 (b) (6) [redacted]

SERVICE DUTY OCCUPATION CODE: 90690

OFC SYMBOL: SGA

TYPE: 1 — 1-Manual 2-Self-recording (auto) 3-Microprocessor

MODEL: MA-20

MANUFACTURER: MAICO

SERIAL NO.: 22228

LAST ELECTROACOUSTIC CALIB DATE: year 84 month 04 day 14

FOLLOWUP NO.1 ☑ Minimum 15 hours noise free

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year 84 month 07 day 10)	5	0	15	15	15	15	10	5	10	20	20	25
REFERENCE AUDIOGRAM DATE (year 74 month 06 day 08)	10	5	0	10	5	30	10	10	10	15	10	20
THRESHOLD SHIFT (+=Poorer, −=Better)	/	-5	+15	+5	+10	/	/	-5	0	+5	+10	/

1 — 1-No 2-Yes Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify Supervisor ● Cleared by medical reviewer before Followup No. 2

NAME OF EXAMINER (Last, first, MI): Seitenbecher, Leona A

TRAINING CERT NO.: 83-386 (b) (6) [redacted]

SERVICE DUTY OCCUPATION CODE: 90690

OFC SYMBOL: SGA

TYPE: 1 — 1-Manual 2-Self-recording (auto) 3-Microprocessor

MODEL: MA-20

MANUFACTURER: MAICO

SERIAL NO.: 22228

LAST ELECTROACOUSTIC CALIB DATE: year 84 month 04 day 14

FOLLOWUP NO. 2 ☐ Minimum 40 hours noise free since Followup No. 1

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day)												
REFERENCE AUDIOGRAM DATE (year month day)												
THRESHOLD SHIFT (+=Poorer, −=Better)	/					/	/					/

Significant threshold shift (STS) 20dB or greater ☐ 1-No 2-Yes

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Refer to appro directive ● Requires medical disposition ● Validated by reviewer ● Orig in health record ● Send copy to appro registry

NAME OF EXAMINER (Last, first, MI)

TRAINING CERT NO.

SSN

SERVICE DUTY OCCUPATION CODE

OFC SYMBOL

TYPE: 1-Manual 2-Self-recording (auto) 3-Microprocessor

MODEL

MANUFACTURER

SERIAL NO.

LAST ELECTROACOUSTIC CALIB DATE year month day

REVIEWED & VALIDATED BY: Leona Seitenbecher

SERVICE DUTY OCCUPATION CODE: 90690

AUTOVON: 692-7940

(b) (6) [redacted]

OFC SYMBOL: SGA

DD FORM 1 SEP 79 2216 REPLACES AF FORM 1490, MAR 73, WHICH IS OBSOLETE.

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I am aware of the restrictions governing the wear of contact type lenses while on flying status and certify that I will not wear contact lenses for the entire duration of the time I am on flying status established by aeronautical orders. I fully realize the hazard to flying and personal safety that may arise should the lens be worn and that use of contact lens is basis for removal from flying status.

WITNESS BY:

Marshall M. Hopkins
(Signature of Applicant)

Patricia M Jones
(Authorized Representative Signature)

070784
(Date)

7 Jul 84
(Date)

PRINTED ON U.S. GOVERNMENT COPIER

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HEARING CONSERVATION DATA

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

ZIP CODE/APO: 80914

DOD COMPONENT: F — A-ARMY, N-NAVY, F-AIR FORCE, M-MARINE CORPS, 1-OTHER DOD ACTIVITY

SERVICE COMPONENT: V — R-REGULAR, V-RESERVE, G-NATIONAL GUARD, 1-OTHER

(b) (6) [redacted] | LAST NAME—FIRST NAME—MIDDLE INITIAL: HOPKINS MARSHALL | SEX: M — M-MALE, F-FEMALE | (b) (6) [redacted]

PAY GRADE, UNIF SVCS	GRADE, CIVILIAN	SERVICE DUTY OCCUPATION CODE	MAILING ADDRESS OF ASSIGNMENT
E05		11XO	731 TAS/DOLM 80914

LOCATION—PLACE OF WORK	MAJOR COMMAND	DUTY PHONE
0063 FAFC 083A	AFRES	7258

AUDIOMETRY

PURPOSE: 2 — 1—90 DAY, 2—ANNUAL, 3—TERMINATION, 4—OTHER

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year/month/day) 8/4/07/07	0	0	25	20	20	30	15	5	25	25	25	25
REFERENCE AUDIOGRAM DATE 7/4/06/18	10	5	0	10	5	30	10	10	10	15	10	20
THRESHOLD SHIFT (+=Poorer, —=Better)		-5	+25	+10	+15			-5	+15	+10	+15	

2 — 1-No 2-Yes Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify supervisor ● Followup No.1 after minimum 15 hours noise free

NAME OF EXAMINER (Last, first, MI): SEITENBECHER, LEONA A. | TRAINING CERT NO.: (b) (6) [redacted] 83-386 | SERVICE DUTY OCCUPATION CODE: 90690 | OFC SYMBOL: SGA

TYPE: 1 — 1-Manual, 2-Self-recording (auto), 3-Microprocessor | MODEL: MA-20 | MANUFACTURER: MAICO | SERIAL NO.: 22228 | LAST ELECTROACOUSTIC CALIB DATE (year/month/day): 84/04/14

FOLLOWUP NO.1 ☑ Minimum 15 hours noise free

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year/month/day) 8/4/07/10	5	0	15	15	15	15	10	5	10	20	20	25
REFERENCE AUDIOGRAM DATE 7/4/06/18	10	5	0	10	5	30	10	10	10	15	10	20
THRESHOLD SHIFT (+=Poorer, —=Better)		-5	+15	+5	+10			-5	0	+5	+10	

1 — 1-No 2-Yes Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify Supervisor ● Cleared by medical reviewer before Followup No. 2

NAME OF EXAMINER (Last, first, MI): SEITENBECHER, LEONA A | TRAINING CERT NO.: (b) (6) [redacted] 83-386 | SERVICE DUTY OCCUPATION CODE: 90690 | OFC SYMBOL: SGA

TYPE: 1 — 1-Manual, 2-Self-recording (auto), 3-Microprocessor | MODEL: MA-20 | MANUFACTURER: MAICO | SERIAL NO.: 22228 | LAST ELECTROACOUSTIC CALIB DATE (year/month/day): 84/04/14

FOLLOWUP NO. 2 ☐ Minimum 40 hours noise free since Followup No. 1

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year/month/day)												
REFERENCE AUDIOGRAM DATE (year/month/day)												
THRESHOLD SHIFT (+=Poorer, —=Better)												

Significant threshold shift (STS) 20dB or greater ☐ 1-No 2-Yes

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Refer to appro directive ● Requires medical disposition ● Validated by reviewer ● Orig in health record ● Send copy to appro registry

NAME OF EXAMINER (Last, first, MI) | TRAINING CERT NO. | SSN | SERVICE DUTY OCCUPATION CODE | OFC SYMBOL

TYPE: 1 — 1-Manual, 2-Self-recording (auto), 3-Microprocessor | MODEL | MANUFACTURER | SERIAL NO. | LAST ELECTROACOUSTIC CALIB DATE (year/month/day)

REVIEWED & VALIDATED BY: Leona Seitenbecher | SERVICE DUTY OCCUPATION CODE: 90690 | AUTOVON: 69-7940 | (b) (6) [redacted] | OFC SYMBOL: SGA

DD FORM 1 SEP 79 2216 REPLACES AF FORM 1490, MAR 73, WHICH IS OBSOLETE.

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Vol II of IV

DO NOT OVERFILL

IF 1/2 INCH THICK OR MORE
USE ANOTHER ENVELOPE

REC
10122146
SMR

Department of Veterans Affairs

SERVICE DEPARTMENT RECORDS ENVELOPE

LAST NAME – FIRST NAME – MIDDLE INITIAL OF VETERAN

Hopkins Marshall H.

FILE NUMBER

C-

(b) (6) [redacted]

SERVICE NUMBER

THE ENCLOSED SERVICE RECORDS, PHYSICAL EXAMINATIONS, ETC., LOANED OR FURNISHED THE DEPARTMENT OF VETERANS AFFAIRS, MUST BE PROTECTED AGAINST MUTILATION, DEFACEMENT OR LOSS.

VA FORM JAN 1988 21-4582

EXISTING STOCKS OF VA FORM 21-4582, FEB 1988 WILL BE USED.

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Personal Data - Priva[redacted] Act of 1974 (PL 93-579) [redacted]omated Version SF558

EMERGENCY CARE & TREATMENT - KEESLER MEDICAL CENTER | LOG NUMBER: 921029-00044

Arrival Date/Time: 29 Oct 1992@1316 | Medications | Allergies: NKDA
Trans to Hospital: PRIVATELY OWNED VE | Ø
History Obtained From: PATIENT | Tetanus: 3 yrs

(b) (6) [redacted]

Chief Complaint: INJ L KNEE TRA | Sex: MALE Age: 49

3rd Party Payer: NO
Time Seen: 14:00
Category: NON-URGENT

VITAL SIGNS

Time:	1332		
BP SY:	114		
BP DI:	71		
Pulse:	66		
Resp:	16		
Temp:	98+		
WT(child)			

Orders	Inits	Time
[illegible]		
ACE WRAP Lt. Knee	[illegible]	[illegible]

ASSESSMENT/DIAGNOSIS
(1) Lt. Knee strain

====== DISPOSITION =====
__Home X Full Duty
__Quarters
__24hrs __48hrs __72hrs

Modified Duty Until:
Day:____ Mon:____ Yr:____

Referred to: PCC

__Emergency __Today
__72 hours X Routine

Admitted to:

Others:

Condition Upon Release:
__Improved __Unchanged
__Deteriorated
Release Tm: 14:25

S: 49 y/o WM, AD sgt twisted his Lt. Knee outward on a curb yesterday with pain and swelling today.

O: Lt. Knee - ∅ effusion, ∅ ligamentous laxity tender on knee extension medially, able to weight bear and ambulate c̄ minimal pain
PTR's - 2/4 (B) in LE.

Lungs - CTAB
CV - S1S2RRR
Abd - soft, NT, BS(+)

A/P - Lt. Knee strain - Ace wrap Lt. Knee
- motrin 800mg tid c̄ meals ✓
- F/U in Primary Care PRN

RIVAHERRERA, ALBERTO, Capt, USAF, MC
(b) (6) [redacted] (b) (6) 9396A
Keesler Medical Center

[signature]

Signature of Provider/Stamp:
[signature]
ERIC J. MUNN, Capt, USAF, MC 9381
(b) ((b) (6) [redacted]
KEESLER MED CTR, KEESLER AFB MS

Instructions to Patient:
Reserve AF

(1) Motrin 800mg take 3 per day with meals
(2) Ace wrap to Lt. Knee
(3) Return to Primary care if needed.

20 (b) (6) [redacted] HOPKINS,MARSHALL F12
(b) (6) [redacted] W: H: 7196892637
CS: CIC:
Spon: HOPKINS,MARSHALL Rank: MASTER SERGEAN D:
SF558 Unit: 302 ALCF RR:

Peterson AFBCO

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Rocky Mountain Neurological Laboratories

2125 LaSalle Street
Colorado Springs, Colorado 80909
Telephone 719/473-5912

Electromyogram Laboratory Report

NAME Hopkins, Marshall EMG# 092-14,190 DATE 9-21-92

AGE 47 SEX Male REFERRING PHYSICIAN: Daniel A. Sollee, D.C.

HOSPITAL

ELECTROMYOGRAPHIC STUDIES:

Right supraspinatus - Normal insertional activity. No abnormal spontaneous activity. Normal motor unit potentials and firing pattern.

Infraspinatus, deltoid, biceps, triceps, brachioradialis, pronator teres, first dorsal interosseous and abductor pollicis brevis - Same as supraspinatus - Normal.

C4-5, C5-6, C6-7 and C7-T1 paraspinals - Normal insertional activity. No abnormal spontaneous activity.

INTERPRETATION:

Right median distal motor latency is prolonged absolutely and relative to the left median and right ulnar values, muscle action potential amplitudes are reduced above the carpal tunnel and normal below indicating some motor conduction block across the carpal tunnel, motor nerve conduction velocity is normal. F-wave latency is prolonged compared to the left median and right ulnar values. Sensory latency is borderline with normal amplitude.

Left median motor and sensory latencies and amplitudes and F-wave latency are normal.

Right ulnar motor latencies and amplitudes, motor nerve conduction velocities across and below the elbow and F-wave latency are normal. Sensory latency is mildly prolonged with normal amplitude.

Left ulnar sensory latency and amplitude are normal.

Right radial sensory latency and amplitude are normal.

Needle exam of selected proximal and distal muscles of the right shoulder and upper extremity and the C5-T1 myotomes, including the corresponding paraspinal segments, is normal.

COMMENT:

There is electrophysiologic evidence of right carpal tunnel syndrome with motor conduction block across the carpal tunnel. There is also mild ulnar sensory neuropathy at the wrist. There is no specific electrophysiologic evidence of cervical radiculopathy.

WRS:vsr

Richard A. Bell, M.D.
Bruce H. Peters, M.D.
William R. Seybold, M.D.
Randall J. Bjork, M.D.

William R. Seybold, M.D.

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HOPKINS, MARSHALL (#97[redacted])

OFFICE NOTE

September 21, 1992

I saw Marshall Hopkins again today. Cervical MRI scan showed only some bulging and mild hypertrophic changes in the uncovertebral joints at C5-6 without any significant foraminal stenosis. X-rays showed minimal narrowing of the disc space at C5-6. Thoracic x-rays were normal except for some minimal left-sided curvature of the thoracic spine.

EMG and nerve conduction studies of his neck and upper extremities today showed right carpal tunnel syndrome with some motor conduction block across the carpal tunnel and there is also mild ulnar sensory neuropathy at the wrist. There was no evidence of cervical radiculopathy.

His current chief complaint is the recurrent burning pain in his right mid to lower thoracic paraspinal region, that flares up when he uses his arms elevated and particularly when he uses them overhead. He finds, for instance, driving his large truck with a horizontal steering wheel will within a couple of hours cause a flare-up of the burning pain, as will prolonged walking. There is some tenderness in the right lower mid-thoracic paravertebral region; local therapy to this region with ultrasound, etc., has not been helpful. It sounds as though he may have some intermittent thoracic nerve root irritation related to his myofascial injuries and I think a series of diagnostic and therapeutic nerve blocks in this region would be beneficial for him. He would like to proceed with this so I will set up an appointment for him to see one of the anesthesiologist and he will give me a progress report when the blocks have been accomplished.

William R. Seybold, M.D.

WRS:vsr
c:
Daniel A. Sollee, D.C.
Citadel Chiropractic Clinic
3612 Galley Road, Suite A
Colorado Springs, CO 80909

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MAGNETIC RESONANCE IMAGING
OF COLORADO

September 11, 1992

NAME: HOPKINS, Marshall
AGE: 48
SS. NO.:
ID. NO: 91-435
REF. M.D.: William R. Seybold, M.D.

EXAM DATE: September 10, 1992

ANATOMICAL AREA: MRI OF THE CERVICAL SPINE

CLINICAL: Neck injury. Pain/paresthesias in neck radiating into the right hand and interscapular area.

TECHNIQUE: MRI evaluation of the cervical spine was performed without contrast (gadolinium-DTPA). Images were generated in the sagittal and axial planes using T2-weighted, T1-weighted and intermediate pulse sequences. 3D images were processed using the ViStar imaging supercomputer. There is motion artifact on the axial T1-weighted images.

FINDINGS: The overall shape and volume of the cervical spinal canal is within normal limits. The spinal cord is well delineated, and there are no signs of spinal cord mass, syrinx or other intrinsic cord abnormality. At C5-6 there is bulging of the anulus fibrosus causing indentation of the ventral margin of the thecal sac. There is minimal hypertrophic change in the uncovertebral joints. There is no significant foraminal stenosis. There is possible mild left-sided facet joint arthritis. The other intervertebral discs appear normal. The lateral recesses and foramina are patent. The craniovertebral junction is normal.

OPINION:

1. There is disc bulging at C5-6 causing indentation of the thecal sac, but there is no evidence of spinal cord or nerve root compression. There is probable mild arthritic change in the uncovertebral joint and in the left facet joint.

John L. Sherman, M. D.
Neuroradiologist

JLS/nd

2115 E. La Salle Street • Colorado Springs, Colorado 80909
(719) 634-7728 • FAX 634-2346

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ROCKY MOUNTAIN X-RAY
2121 East LaSalle, Suite 100
Colorado Springs, CO 80909

September 22, 1992

NAME: HOPKINS, Marshall
AGE: 49
ID. NO.: 41202
REF. M.D.: William R. Seybold, M.D.
EXAM DATE: 9/8/92

ANATOMICAL AREA: CERVICAL SPINE COMPARISON FILMS

FINDINGS: Comparison of the September 8, 1992 cervical spine study to a previous exam dated January 4, 1991. There is mild disk narrowing at the C5-6 level on the January 1991 study. Allowing for slight technical differences, there has been no interval change in the appearance of the disk narrowing.

John L. Sherman, M.D.

JLS:fd

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ROCKY MOUNTAIN X-RAY
2121 East LaSalle, Suite 100
Colorado Springs, CO 80909

September 9, 1992

NAME: HOPKINS, Marshall
AGE: 49
ID. NO.: 41202
REF. M.D.: William R. Seybold, M.D.
EXAM DATE: 9/8/92

ANATOMICAL AREA: THORACIC SPINE

FINDINGS: AP and lateral views of the thoracic spine were obtained. The vertebral bodies, pedicles, and posterior elements are intact. There is minimal curvature of the upper thoracic spine. There is no evidence of abnormal lordotic or kyphotic curvature. There are no signs of compression fracture. The paraspinal soft tissues are normal.

IMPRESSION: Normal, except for minimal left-sided curvature of the upper thoracic spine.

John L. Sherman, M.D.

JLS:fd

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Scanner __.5T 1.5T 269 Scheduled Da 7-10-97
Acct#_____ Scheduled Time 7:30 am
ID#_____ 91-435 (5) Scheduler Initials MC

SCHEDULING FORM

Patient Name Hopkins, Marshall DOB____ Age 48

(b) (6)

Weight 190 Height 6'1

SS# Can't Give it out Because of job. Type: _Amb _Stretch _W/C _Ventilator M V F/S

Pregnant: Y/N _Y _N Claustrophobic: _Y _N

Insurer USAA

PLEASE BE SURE TO ASK PATIENT TO BRING INSURANCE CARD IN FOR APPT.

Ordering Doctor Seybold PH_____ FAX_____
(Last) (First)

Address_____ Specialty_____ 1st Time Ref _Y* _N

Primary/Other Doctor_____ PH_____ FAX_____
(Last) (First)

Body Part C-Spine Diagnosis R/O Disc / Ridic

Ed Schedule_____ Ref. Phys. _____ Spec. Needs _____ No Films _____ Pull Set _____ Collect _____ Wait Patient _____ Verified _____

Previous surgery to body part being scanned: _Y N

Previous biopsy, Ca, MS's of body part being scanned: _Y (Brain)
If so, bring films to MRI Suite at the appt.

Pt Just To Needs To Be Talked Through

Technique(s): _Gadolinium _Sedation _cc _cc Angio
_Pneumonia _Limit Supplemental
_Guidance/Fusion _Radiologist will guide to area scan

Explain: _Why (surgery, anxiety, apprehensive)
_Claustro (Claustrophobia, soreness or tension, sweating)
_Weight (in excess of 350 lbs)
_Severe (inability to remain motionless for 45 minutes to scan)
(Pt. safety, schedule) Refer to guidelines

_Other_____

Yes

Use this reference, or as pertains above in scheduling Guidelines, to complete back of this form.

PROT#	BODY PART / PLANE	TR	TE	FOV	PHASE SAMP / RESOLUTIO	NSA	SLICE THICK
20	C-Sp / S	60	18	23	192 / 256	1	1.1
16	/ S	600	26	20	192 / 230	4	4
276	/ T	1000	14	28	192 / 300	4	4
	/				/		
	/				/		
	/				/		

TECHNOLOGISTS COMMENTS:
CONTRAST: PATIENT INJECTED WITH
CC'S OF GD DTPA (MAGNEVIST)
MEDICATION GIVEN:
TIME: INITIALS
ALLERGIES TO MEDICATIONS(S)

PHYSICIANS COMMENTS:

OUTSIDE FILMS:

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HOPKINS, MARSHALL (#972

OFFICE NOTE September 8, 1992

I saw Marshall Hopkins again today for the first time since April. He say Dr. Jack Klapper in Denver and Dr. Klapper felt that his headaches might have a cervical origin. He thus recommended home traction and the patient says that this has been remarkably effective in controlling and preventing the headaches and face pain and also the facial tic. He is back to see me today for an increasing problem with pain in the lower neck and interscapular region, present since the auto accident, but not as prominent until the past few months. He says that there is a constant burning discomfort in the right thoracic paravertebral level that enlarges with arm activities. Recently, for the first time, an area enlarged enough that it spread up into the neck and he experienced a tingling and loss of sensation in his right hand. This occurred last weekend while he was doing some overhead work at his home and he found that when he tried to hammer to pound a nail that his hand was numb enough that he could not effectively hold the hammer. He rested and relaxed and sensation returned to his hand as the pain in the neck and interscapular region receded back to its baseline level. He says that the cervical traction that he has used to control the headaches has not helped the interscapular pain.

Examination today shows normal strength and sensation in his upper extremities. There is tenderness over the paraspinal muscles at about the T6 level on the right side. There is no tenderness over the thoracic outlet on either side. There is restriction of cervical range of motion and there is particular discomfort on extension and bending to the right, though this does not cause any pain radiating to the right arm. He does have a mildly positive Tinel's sign at both wrists with negative Phalen's.

It sounds as though he has lower cervical or upper thoracic radicular irritation, the symptoms dating back to the cervical whiplash injury in an auto accident in January 1991. This suggests the possibility of a cervical disc herniation wit intermittent nerve root compression and I will investigate this with an MRI scan of the cervical spine. I will also plan a current set of cervical and thoracic spine x-rays, to be compared to the ones done right after the accident in January 1991.

I will see him again when the results are available and plan electrophysiologic studies of his right upper extremity to look for evidence of nerve root injury versus brachial plexopathy as a source for his right arm paresthesias and hand numbness.

William R. Seybold, M.D.

WRS:vsr

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ROCKY MOUNTAIN X-RAY
2121 East LaSalle, Suite 100
Colorado Springs, CO 80909

September 9, 1992

NAME: HOPKINS, Marshall
AGE: 49
ID. NO.: 41202
REF. M.D.: William R. Seybold, M.D.
EXAM DATE: 9/8/92

ANATOMICAL AREA: CERVICAL SPINE

FINDINGS: There is slight disk narrowing at C5-6, but there is no evidence of osteophyte formation or spondylosis. Oblique views reveal no evidence of foraminal stenosis. The uncovertebral joints are normal. The odontoid process and atlanto-axial relationships are normal.

IMPRESSION: There is minimal narrowing of the C5-6 intervertebral disk. No other abnormalities are demonstrated. This may represent chronic or recent disk disease.

John D. Sherman, M.D.

JLS:fd

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Arkansas Valley Chiropractic Center

760 Piedra Canon City, Colorado 81212 275-8109

DR. M. V. CHRISTIANSEN

August 12, 1992

AUG 17 1992

TO WHOM IT MAY CONCERN:

I am writing in regards to my treatment of Mr. Marchall Hopkins.

Mr. Hopkins came into my office because of any injury sustained in an auto accident where he suffered upper spinal and neck problems.

We have been treating Mr. Hopkins for the last 8 months because of these problems. We have found that there has been sufficient change in the Cervical spine especially since his receiving a Cervical Traction unit. We have been able to reduce the Muscle Spasm and Neuritis of the upper spine on the right but it only lasts for up to a week and then returns.

I realize that Mr. Hopkins has received 2 other M.R.I.'s. The first was of the head area. The second was also of the head and down to T2 area. Neither of these M.R.I.'s covers the area of my concern.

I am therefore requesting that he get another M.R.I. with the main area of concern between T2 thru T8, especially on the right.

Sincerely,

Dr. Michael V. Christiansen, D.C.

Dr. Michael V. Christiansen D.C.

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HEARING CONSERVATION DATA

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

ZIP CODE/APO: 80914

DOD COMPONENT: [F] A-ARMY N-NAVY F-AIR FORCE M-MARINE CORPS 1-OTHER DOD ACTIVITY

SERVICE COMPONENT: [V] R-REGULAR V-RESERVE G-NATIONAL GUARD 1-OTHER

(b) (6)	LAST NAME–FIRST NAME–MIDDLE INITIAL	SEX	(b) (6)
[redacted]	HOPKINS, MARSHALL H	[M] M-MALE F-FEMALE	[redacted]

PAY GRADE, UNIF SVCS	GRADE, CIVILIAN	SERVICE DUTY OCCUPATION CODE	MAILING ADDRESS OF ASSIGNMENT
E07		A11470	302 ALCF PAFB 80914

LOCATION–PLACE OF WORK	MAJOR COMMAND	DUTY PHONE
0063 FAFC 083A	AMC (AFRES)	7258

AUDIOMETRY

PURPOSE: [X] 1–90 DAY 2–ANNUAL 3–TERMINATION 4–OTHER

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 11.6666						RIGHT 66.6666					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day) 92 05 02	20	30	40	40	40	45	15	10	30	40	25	25
REFERENCE AUDIOGRAM DATE 89 05 23	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT +=Poorer –=Better	/	15	20	10	5	/	/	-5	-10	0	-10	/

[2] 1-No 2-Yes Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify supervisor ● Followup No.1 after minimum 15 hours noise free

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	(b) (6)	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL
PROSPER JENNIFER R	92-1162	[redacted]	90130	SGP

TYPE	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year month day)
[3] 1-Manual 2-Self-recording (auto) 3-Microprocessor	MA 728	MAICO	31411	91 10 01

FOLLOWUP NO. 1 [X] Minimum 15 hours noise free

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 1.6666						RIGHT 3.333					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day) 92 06 06	0	5	20	30	30	30	05	10	30	35	40	25
REFERENCE AUDIOGRAM DATE 89 05 23	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT +=Poorer –=Better	/	-5	0	0	-5	/	/	-5	-10	-5	+5	/

[1] 1-No 2-Yes Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify Supervisor ● Cleared by medical reviewer before Followup No. 2

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	(b) (6)	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL
PROSPER JENNIFER R.	92-1162	[redacted]	90130	SGP

TYPE	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year month day)
[3] 1-Manual 2-Self-recording (auto) 3-Microprocessor	MA728	MAICO	31412	92 10 01

FOLLOWUP NO. 2 [ ] Minimum 40 hours noise free since Followup No. 1

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT						RIGHT					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day)												
REFERENCE AUDIOGRAM DATE (year month day)												
THRESHOLD SHIFT +=Poorer –=Better	/					/	/					/

Significant threshold shift (STS) 20dB or greater [ ] 1-No 2-Yes

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Refer to appro directive ● Requires medical disposition ● Validated by reviewer ● Orig in health record ● Send copy to appro registry

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	SSN	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL

TYPE	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year month day)
[ ] 1-Manual 2-Self-recording (auto) 3-Microprocessor				

REVIEWED & VALIDATED BY:	SERVICE DUTY OCCUPATION CODE	AUTOVON	(b) (6)	OFC SYMBOL
Minnie L. Green	90690	692-4785	[redacted]	SGA

DD FORM 1 SEP 79 2216 REPLACES AF[illegible] 1490, MAR 73, WHICH IS OBSOLETE.

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NSN 7540-00-634-4178 600-108

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

8 July '92 CLINIC/SGP URI sx's
PETERSON AFB, CO 80914
BP 110/80
0845 P 68
T 97.5
NKDA
MEDS Ø

(5) Sx began yest w/ runny nose, today began w/ cough, from chest, w/ (+) green thick sputum. No ear c/o, (+) sinus congestion, (+) PND, (−) ST, (+) sore chest. Felt warm this am, no chills. No N/V/D. Appetite WNL. Non-smoker. No hx of asthma, but does report freq pneumonia (x 4 or 5) & other chest c/o. Seems to happen when he comes down to this altitude & the heat.

(o) Ears plugged w/ cerumen (B), p̄ lavage, UNB
Nose - OK Sinuses - tender (B) eth & max
pharynx - erythema & PND
Neck - 2+/4+ sl tender AC nodes Lungs - clear

(a) Sinusitis / Bronchitis

(p) 1) No DNIF (2) Septra DS, #26, + PO BID, RXØ
(3) DRIXORAL, #20, + PO BID pm, RXØ, 4) Robitussin DM, 4 oz, 1-2 tsp PO q̄ 4° pm, RXØ 5) Prednisone, 20 mg, #9, ~~iii~~ q̄ day x 3d, RXØ 6) ↑ rest, fluids 7) RTC pm

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

Maj James D. Collier, M.D.
USAF, MC, FS, (b) (6) [redacted]
Chief, Aerospace Medicine, USAF Clinic
Peterson AFB, CO 80914-5300

RECORDS MAINTAINED AT: 302 MS, PETERSON AFB, CO 80914-5000

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
Hopkins, Marshall		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
—	USAFR	MSgt
SPONSOR'S NAME	ORGANIZATION	
—	93, TAS	
DEPART./SERVICE	(b) (6) [redacted]	DATE OF BIRTH
DAF		

CHRONOLOGICAL [redacted] ARD FORM 600 (REV. 5-84)
[redacted] ed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

21st Medical Group/SGP
Peterson AFB, CO 80914-5300 P/V

17 NOV 92
0830 SMITH

B/P 116/80 S/ 49 y/o ♂ developed (L) Flank pain
P 54 O/ ~ 3 NOV 92. Seen @ Biloxi then @
T 96.9 Balboa NAVAL while TDY. They did IVP,
Saw urologist. a cyst or mass on (L)
kidney was noted. No stones or
obstruction. Ultrasound recommended.

ALLERGIES: Ø

A) Poss Renal cyst but no path found

MEDS: Ø

P) Ultrasound then urologist
Spoke ☎ urologist @ EVANS. He felt no hurry.
Remain on F.S.

Lt Col David C. Smith
USAF, MC, FS (b) (6)
21st Medical Group
Peterson AFB, CO 80914-5300

*U.S. Government Printing Office: 1990 — 281-782/20213

STANDARD FORM 600 BACK (REV. 5-84)

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EMERGENCY CARE & TREATMENT - WINN ACH | Log number: 21

Arrival Date: 29 MAY 1992 Time: 08:19 | Medications: | Allergies:
Trans to Hospital Via: 302 ALCF P | N | NKA
History Obtained From: SELF | Tetanus:

(b) (6) [redacted]

Chief Complaint: LOST VOICE, LUNG AND THROAT CONGESTION | Sex: M Age: 48

VITALS
Time: 0830
BP ST: 170
BP DI: 69
Pulse: 67
Resp: 17
Temp: 98.4
Wt(child):

BACTI
X-RAY
EKG
ORTHO EQUIP LOANED
ON FLIGHT STATUS

3rd Party Payer? N
Time Seen: 0905

Category: _ Emergent
_ Urgent
✓ Non-urg

Orders	Inits	Time

can't hospital above whisper since 3AM never had laryngitis before Has been in climate Δ from LA to CO to GA then in rain all day yesterday / unproductive cough.

S - 48 y/o WO C/O loss of voice x 1 day c̄ nasal drainage & cough -

ASSESSMENT/DIAGNOSIS
prob viral syndrome c̄ laryngitis

O - ENT TM's clear nonematy drainage, throat ∅ erythema ∅ exudate

neck - supple

Gn Chest - lungs CTA

======DISPOSITION======
_ Home _ Full duty
_ Quarters
_ 24h _ 48h _ 72h

_ Modified Duty Until:
Day:__ Mon:___ Yr:__

_ Referred to:

_ Emergency _ Today
_ 72 hours _ Routine

_ Admitted to:

_ Others: ____

Condition Upon Release:
_ Improved ✓ Unchanged
_ Deteriorated
Time of Release: 0915

Patient Identification
HOPKINS, MARSHALL SFC
UNIT: 302 ALCF PETERSONAFB
CAT: USA RES
EMP/SSN: 20(b) (6) [redacted]
(b) (6)
NOK: H,K
PMTF:

Signature of Provider/Stamp
[signature]

Instructions To Patient voice rest x 72 hrs
Sintex LA 1 tablet twice a day as needed
Cepacol & Tylenol as needed
F/U TMC

THIS FORM IS AN AUTOMATED VERSION OF SF558 - DRAFT

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use blanket PAS DD Form 2005)

TO: *(HOSM/Unit Scheduling Officer) or (Commander/Duty Section)*	FROM:	DATE
3 SPACE SPT WG/AMF 731 TAS/DOT Peterson AFB, CO 80914-5000	302 MEDICAL SQ/SGA	15 Jan 92

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE	(b) (6)
HOPKINS, MARSHALL H.	MSGT,	[redacted]

RATING/FLYING OR SPECIAL OPERATIONAL DUTY	ASC	ACTIVE FLYING	ORGANIZATION	MAJCOM
LOADMASTER (C130B)	9D	XX YES ☐ NO	731 TAS(AFRES)	MAC

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes):*

☐ MEDICALLY RESTRICTED FROM FLYING OR SPECIAL OPERATIONAL DUTY *(DNIF)*

☒ MEDICALLY CLEARED FOR FLYING OR SPECIAL OPERATIONAL DUTY FOLLOWING AN ILLNESS OR INJURY

☐ MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

☐ INITIAL MEDICAL EXAMINATION ☐ PERIODIC MEDICAL EXAMINATION ☐ INITIAL CLEARANCE *(This Base)* ☐ AIRCRAFT MISHAP

☐ REQUIRED TO WEAR GLASSES WHILE PERFORMING FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY

(CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

☐ RATED OFFICER: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 180 DAYS.

☐ NONRATED OFFICER OR ENLISTED PERSONNEL: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 90 DAYS.

ACTUAL DATE FOUND DNIF	ESTIMATED DURATION OF DNIF	ACTUAL DATE FOUND MEDICALLY CLEARED	TOTAL DAYS DNIF THIS ILLNESS/INJURY
8 Jan 92	Indefinite	15 Jan 92	8

REMARKS

DATE MEDICAL CLEARANCE EXPIRES	MEDICAL EXAMINATION MAY BE ACCOMPLISHED IN THE MONTH AND YEAR INDICATED:	
31 Jul 92		
TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	**SIGNATURE**	**DATE**
ROBERT F. TODARO, MAJ,USAF,MC, FS	Robt Todaro	15 JAN 92

I CERTIFY that I have been notified and understand the above actions and recommendations.

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall H. Hopkins	920115

AF Form 1042, MAY 88 PREVIOUS EDITION WILL BE USED.

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MAGNETIC RESONANCE IMAGING
OF COLORADO

January 16, 1992

NAME: HOPKINS, Marshall
AGE: 48
(b) (6) [redacted]
(b) (6)
ID. NO: 91-435
REF. M.D.: William R. Seybold, M.D.

EXAM DATE: January 14, 1992

ANATOMICAL AREA: MRI OF THE BRAIN WITH EMPHASIS ON THE POSTERIOR FOSSA WITH AND WITHOUT GADOLINIUM-DTPA (MAGNEVIST).

TECHNIQUE: MRI evaluation of the brain with emphasis on the posterior fossa was performed using T2-weighted, T1-weighted and intermediate pulse sequences. Image section thickness varied from 3.5-6.0 mm.

FINDINGS: T2-weighted images reveal a few nonspecific punctate areas of increased intensity in the cerebral white matter. There is no evidence of abnormal signal intensity in the brain stem or cerebellum. The ventricles are normal in size and shape. The ganglionic segments of the trigeminal nerves were clearly visualized bilaterally, and there is no evidence of abnormal enhancement following contrast administration. The cavernous sinuses are normal. Postcontrast screening images revealed no other evidence of abnormal intra-axial or extra-axial enhancement in the supratentorial or infratentorial compartments.

MR angiography was performed through the posterior fossa but revealed no evidence of aneurysm or vascular malformation.

OPINION:

1. There are a few nonspecific punctate white matter lesions in the brain. These are probably not clinically significant. There is no evidence of brain stem or cerebellar abnormality.

2. Evaluation of the trigeminal nerves reveals no abnormality on pre or postcontrast images.

3. Limited MR angiography through the posterior fossa reveals no evidence of aneurysm or dolichoectasia.

John E. Sherman, M. D.
Neuroradiologist

JLS/nd

2115 E. La Salle Street • Colorado Springs, Colorado 80909
(719) 634-7728 • FAX 634-2346

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HOPKINS, MARSHALL (#97239)

OFFICE NOTE January 15, 1992

I saw Marshall Hopkins again today. MRI brain scan appears normal to me; I will await Dr. Sherman's report for a final analysis.

He feels that the physical therapy/traction for his neck has been quite helpful in relieving the tightness and soreness. He will use a home unit and give me a progress report in a few weeks.

William R. Seybold, M.D.

WRS:vsr

OFFICE NOTE April 1, 1992

I saw Marshall Hopkins again today. He has continued to have recurrent headaches, with pain shooting into the right eye as well as right-sided headache. I recommended a trial of Ergostat, but he cannot take this medication without losing his flight status which he needs for his job.

At this point I am not really sure where to turn, since he really cannot take most of the usual migraine medications. I have recommended another consultation with Dr. Jack Klapper, headache specialist in Denver, and Mr. Hopkins would like to pursue this. I will set up an appointment for him to see Dr. Klapper in the near future.

He does tell me today that he had an ophthalmologic examination by Dr. Richard Wetzig because of the eye pain and no abnormalities were found.

William R. Seybold, M.D.

WRS:vsr

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MAGNETIC RESONANCE IMAGING
OF COLORADO

January 16, 1992

NAME: HOPKINS, Marshall
AGE: 48
(b) (6) [redacted]
ID. NO: 91-435
REF. M.D.: William R. Seybold, M.D.

EXAM DATE: January 14, 1992

ANATOMICAL AREA: MRI OF THE BRAIN WITH EMPHASIS ON THE POSTERIOR FOSSA WITH AND WITHOUT GADOLINIUM-DTPA (MAGNEVIST).

TECHNIQUE: MRI evaluation of the brain with emphasis on the posterior fossa was performed using T2-weighted, T1-weighted and intermediate pulse sequences. Image section thickness varied from 3.5-6.0 mm.

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MR angiography was performed through the posterior fossa but revealed no evidence of aneurysm or vascular malformation.

OPINION:

1. There are a few nonspecific punctate white matter lesions in the brain. These are probably not clinically significant. There is no evidence of brain stem or cerebellar abnormality.

2. Evaluation of the trigeminal nerves reveals no abnormality on pre or postcontrast images.

3. Limited MR angiography through the posterior fossa reveals no evidence of aneurysm or dolichoectasia.

John E. Sherman, M. D.
Neuroradiologist

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COLORADO SPRINGS PHYSICAL THERAPY CLINIC
2121 E. LaSalle ~~Suite 200~~
Colorado Springs, Colorado 80909

PROGRESS REPORT

DATE	INITIAL EVAL PATIENT'S NAME: Marshall Hopkins
1/13/92	S - States the tx helped his HA but ↑ Ⓡ shld blade pn.
	O - INITIAL EVAL (see attached) Trial of man ex tx / inhib distraction Issued lumbar cushion Discussed use of towel roll.
	A - Man tx seemed to help ↓ HA.
	P - Trial ICT, Add ex, US Jeana Onofrio PT #2325
1/15/92	S - States he feels like the tx. really helped his HA. Ⓡ shld blade pn went away p about 1 hr. Hasn't had a chance to use the lumbar cushion
	O - Rx consisted of US to Ⓡ up traps + Ⓡ medial scap area in sitting flwd by ICT (Saunders) @ 18# x 10' c HP
	A - Subj. ↓ HA p Rx
	P - Consider home unit (tx) Add ex Jeana Onofrio PT #2325
1/20/92	S - States his HA's are less frequent + severe. Feeling very hopeful about tx.
	O - Rx as on 1/15/92 ↑ tx to 20# x 15'
	A - Seems to be getting good carryover c Rx. Jeana Onofrio PT #2325
1/27/92	No show. Jeana Onofrio PT #2325
1/30/92	No show. Jeana Onofrio PT #2325
2/11/92	S - Reports he got called out of the country HA's cont to be less frequent + severe. Taking a long car trip in a couple of weeks + that will be the test.
	O - Rx as on 1/22/92.
	P - Cont 2-3x/wk for US/ICT Jeana Onofrio PT #2325

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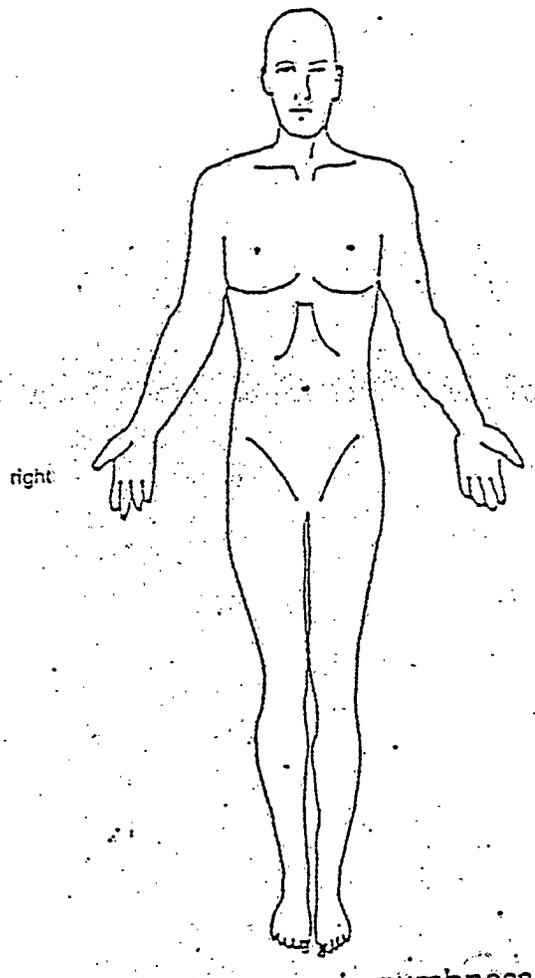
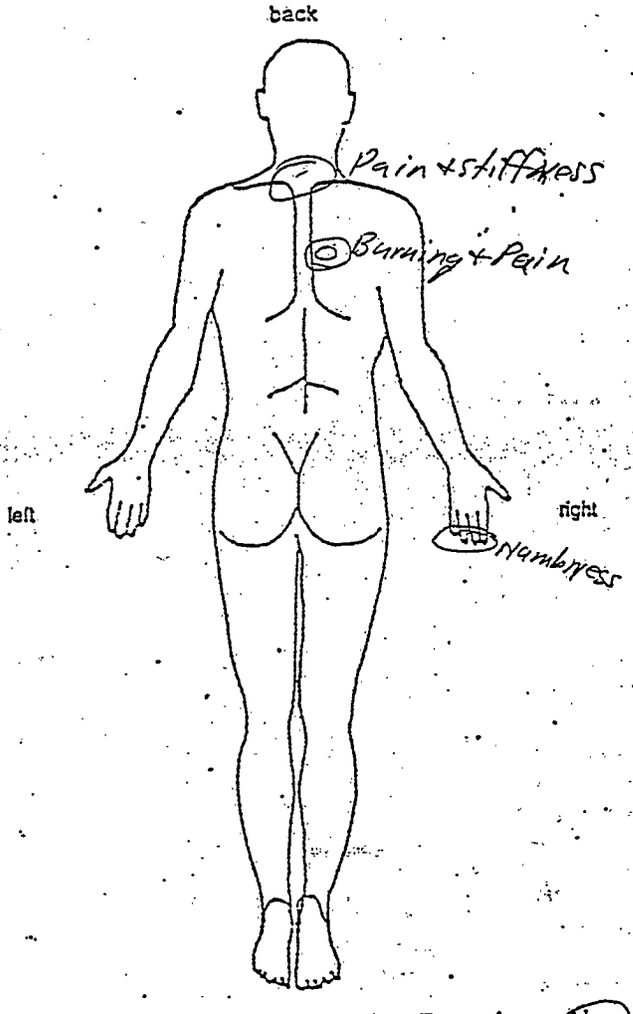
MAGNETIC RESONANCE IMAGING
OF COLORADO
2115 E. La Salle Street • Colorado Springs, Colorado 80909
(719) 634-7723 • FAX 634-2346

SPINE EXAMINATION HISTORY

PATIENT: AGE: SEX: EXAM DATE:
REFERRED BY: WEIGHT:
AREA EXAMINED:

PLEASE MARK ON PICTURE WITH AN "X" WHERE YOU HAVE HAD PAIN OR OTHER SYMPTOMS INCLUDING NUMBNESS OR TINGLING.





Are you having any pain, numbness or tingling now? Yes R L (No)
Have you had any fractures or surgery on your back or neck? Yes (No)
If yes to surgery, what area? Back Neck
Have you had x-rays of the effected area? yes Back Neck
Are symptoms related to an accident? If yes, date: 3 Jan 91 Yes No
Presently receiving ( ) Medical (X) Chiropractic ( ) Other.

PATIENT SIGNATURE

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MAGNETIC RESONANCE IMAGING
OF COLORADO

PATIENT HISTORY AND SAFETY SCREENING

THE FOLLOWING ITEMS MAY INTERFERE WITH MR IMAGING AND SOME MAY BE HAZARDOUS TO YOUR SAFETY.
PLEASE CIRCLE IF YOU HAVE ANY OF THESE ITEMS:

ARE YOU IN THE FIRST TRIMESTER OF PREGNANCY?	YES	(NO)
DO YOU HAVE A CARDIAC PACEMAKER?	YES	(NO)
DO YOU HAVE ANY BRAIN/ANEURYSM CLIPS?	YES	(NO)
HAVE YOU HAD HEART BYPASS SURGERY?	YES	(NO)
ANY KNOWN AORTIC CLIPS?	YES	(NO)
INSERTION OF NEUROSTIMULATORS (TENS UNIT)	YES	(NO)
INSERTION OF HEART VALVE OR INSULIN VALVE?	YES	NO
ANY TYPE OF ELECTRODES?	YES	NO
DO YOU HAVE A HEARING AID?	YES	NO
INSERTION OF AN IUD (INTRAUTERINE DEVICE)?	YES	NO
INSERTION OF SHUNT DEVICE?	YES	NO
ANY METAL PLATES, PINS, SCREWS, NAILS, OR RODS?	YES	NO
INSERTION OF METAL IMPLANTS OR PROSTHESIS?	YES	NO
DO YOU HAVE A PARTIAL PLATE OR DENTURES?	YES	NO
ANY KNOWN SHRAPNEL OR BULLETS?	YES	NO
ANY KNOWN CARDIOVASCULAR PROBLEMS? (EXPLAIN)	YES	NO
ANY CURRENT OR PAST CANCER TREATMENT?	YES	(NO)
(EXPLAIN)		
ARE YOU A NURSING MOTHER?	YES	(NO)
DO YOU WORK WITH METAL (WELDING/GRINDING)	YES	(NO)
ANY KNOWN BLOOD DISORDERS?	YES	(NO)
ARE YOU ALLERGIC TO ANY MEDICATIONS?	YES	(NO)

NOTE: Anyone entering the scan rooms should remove all metal or magnetic objects, including watches, keys, hearing aids, credit cards, pagers, hair pins, and jewelry.

M. Hopkins
PATIENT SIGNATURE

9/20/10
DATE

PARENT/GUARDIAN SIGNATURE

2115 E. La Salle Street • Colorado Springs, Colorado 80909
(719) 634-7728 • FAX (634-2346

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7575

COLORADO SPRINGS NEUROLOGICAL ASSOCIATES, P.C.
LaSalle Medical Building
2125 LaSalle
Colorado Springs, Colorado 80909
Telephone 473-3272

NEUROLOGICAL SURGERY
Matthew Presti, M.D.
Michael J. McNally, M.D.
Deane L. Noblett, M.D.
Michael W. Brown, M.D.
D. James Sceats, Jr., M.D.

MEDICAL NEUROLOGY
J. Bradley Gibson, M.D.
Richard A. Bell, M.D.
William R. Seybold, M.D.
Bruce H. Peters, M.D.
Randall J. Bjork, M.D.

NAME Marshall Hopkins AGE

ADDRESS DATE 18 Jan 92

℞

MRI brain
Scan w/wo
no evidence of
tumor

☐ Label

Refill _____ Times PRN NR

☐ Dispense as written

M.D.

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3-771-26 116-26 CLNM

Colorado Springs PHYSICAL THERAPY Clinic

INITIAL EVALUATION

DATE: 1/13/92

THERAPIST: Jeana

NAME Marshall Hopkins AGE SEX M/F OCCUPATION:

OFF WORK Y/N SINCE:

JOB DESCRIPTION:

NON WORK ACTIVITIES:

DATE AND NATURE OF INJURY: MVA 1/3/91 Rear-ended by a car going 40mph
Pushed pt's car into another car 22' in front
Was doing OK until Nov.

SURGERIES:

PATIENT'S COMPLAINT: HA's - getting worse since starting to drive a lot
Daily wakes up c̄ them usually forehead/behind eyes
+ Back of head
Shld blade - burns, Ⓡ side c̄ driving
Tic de Laroux - Ⓡ side of face 1/10/91

PREVIOUS TREAT. FOR CURRENT PROBLEM:
Chiro - Dr. Christianson in Canon City Adjustments

MEDICATIONS: —

PRECAUTIONS:

SUMMARY OF SIGNIFICANT FINDINGS

1. ↑mm tone Ⓛ up trap 3/5
2. UE strength WNL
3. TX ↓pn
4. slight ↓CROM
5.
6.
7.
8.

LONG TERM GOALS

1. ↓mm tone 4/5
2. ↓HA
3. ↑CROM SB by 10°
4.
5.
6.
7.
8.

Equipment: lumbar cushion

Insurance: M

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Tues 1/14 3pm.

MRI OF COLORADO

NAME: Marshall Hopkins INS: USAA

(b) (6) [redacted] WEIGHT: 180 (6-3) (b) (6) [redacted]

ID#: 91-435 AGE: 48 M X F

1-14-92

ORDERING PHYSICIAN(S): Seybold FAX#:

ADDRESS OF REFERRING PHYSICIAN:

BODY PART: brain c̄ angio

CLINICAL DATA: symptomatic R trigeminal lesion

with and w/o CONTRAST

PROTOCOL#	BODY PART/PLANE	TR	TE	FOV	PHASE SAMP RESOL/RATIO	NSA	SLICE THICK
3	Brain / T	2567	20/80		256 /	1	4
345	" / T	550	13		192 /	4	3.5
	Angio T	45	7		256 /	1	.8
c̄ Gad	/ T+C	600	20		200 /	4	4
	/				/		
	/				/		
	/				/		

TECHNOLOGISTS COMMENTS:

☑ CONTRAST: PATIENT INJECTED WITH 20 CC'S OF GD DTPA (MAGNEVIST)

☐ MEDICATION GIVEN:

TIME: INITIALS:

☐ ALLERGIES TO MEDICATION(S):

☐ OUTSIDE FILMS:

PHYSICIANS COMMENTS:

pre-T2 w 4mm - 256x256

thin sections

pre - post fossa

Ax-4mm

TE 13° 4c192

Angio .8mm (84)

post fossa / circle willis

Post Ax 4c 256 T1

COR T1

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Arkansas Valley Chiropractic Center

760 Piedra Canon City, Colorado 81212 275-8109

DR. M. V. CHRISTIANSEN

116 35 26
3-771-6
15

October 17, 1991

United Services Automobile Assoc
Attn: Sandra Brisco
1855 Telstar Drive
Colorado Springs, CO 80920

RE: Patient: Marshall H. Hopkins
PolicyHolder: Karol A. Hopkins
Policy Number: 116 35 26
Case Number: 1-3-755-11
Injury Date: 1/3/91

10/10/91	0	90000	Initial Exam	20.00
	0	97260	Spinal Manipulation	20.00
10/15/91	0	97260	spinal manipulation	20.00

total charges due to date $60.00

Diagnosis: Acute Traumatic Thoracic Sprain/Strain (847.1) complicated by a segmental Dysfunction of T6 on the rt (739.2) causing Muscle Spasm (728.85), Radiculitis (724.4) and Subscapular Neuritis (729.2).

Tax ID# 84-6140753

Mr. Hopkins will continue to see us whenever he is in town. Apparently he does travel alot. We do not expect to see again until sometime in December.

MK NO.

87329480

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HOPKINS, MARSHALL (#97239)

OFFICE NOTE

January 8, 1992

I saw Marshall Hopkins again today for the first time since last June. He had complete resolution of his right facial muscular tic shortly after I saw him and had no further symptoms until November when he developed recurrent shooting pain into his right cheek and jaw. This was consistently triggered by pressure over his face, such as with shaving or even chewing and he was seen at Peterson Field where a diagnosis of tic douloureux was entertained. A trial of Naprosyn for a couple of weeks did not offer any benefit and it was recommended that he come back for another neurologic look. Since then his symptoms have again subsided; they were prominent for about a month before they resolved over the last couple of weeks. He now has had symptoms of cranial nerve irritation in two different nerve territories, initially the right facial nerve, and now the right trigeminal nerve. In the context of the injury I suspect that there may be some correlation here and he needs another MRI brain scan to look for a symptomatic lesion. This will be done with angiography to see if we can identify a vascular enlargement that might be causing compression of the right trigeminal and (earlier facial).

He still has prominent posterior headaches that are particularly bothersome late in the day with associated neck stiffness. He feels that he can stretch his neck and relieve the pain and this makes me think that a course of physical therapy with setting up a home exercise program might be beneficial.

He switched chiropractic treatments to Dr. Christiansen who is doing only chiropractic adjustment, which he also finds helpful.

I will see him again when we get the MRI brain scan report and he will also give me a progress report about the physical therapy at that time.

If the tic douloureux symptoms recur then I will give him a trial of Tegretol, but at this point he hopefully is in spontaneous remission.

William R. Seybold, M.D.

WRS:vsr

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use blanket PAS DD Form 2005)

TO: *(HOSM/Unit Scheduling Officer) or (Commander/Duty Section)*	FROM:	DATE
3 SPACE SPT WG/AMF 731 TAS/DOT PETERSON AFB, CO 80914-5000	302 MEDICAL SQ/SGA	25 Nov 91

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE	(b) (6)
HOPKINS, MARSHALL H.	MSGT	[redacted]

RATING/FLYING OR SPECIAL OPERATIONAL DUTY	ASC	ACTIVE FLYING	ORGANIZATION	MAJCOM
LOADMASTER (C130B)	9D	[XX] YES [ ] NO	731 TAS(AFRES)	MAC

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes):*

- [ ] MEDICALLY RESTRICTED FROM FLYING OR SPECIAL OPERATIONAL DUTY *(DNIF)*
- [✓] MEDICALLY CLEARED FOR FLYING OR SPECIAL OPERATIONAL DUTY FOLLOWING AN ILLNESS OR INJURY
- [ ] MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:
  - [ ] INITIAL MEDICAL EXAMINATION
  - [ ] PERIODIC MEDICAL EXAMINATION
  - [ ] INITIAL CLEARANCE *(This Base)*
  - [ ] AIRCRAFT MISHAP
- [ ] REQUIRED TO WEAR GLASSES WHILE PERFORMING FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY

(CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

- [ ] RATED OFFICER: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 180 DAYS.
- [ ] NONRATED OFFICER OR ENLISTED PERSONNEL: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 90 DAYS.

ACTUAL DATE FOUND DNIF	ESTIMATED DURATION OF DNIF	ACTUAL DATE FOUND MEDICALLY CLEARED	TOTAL DAYS DNIF THIS ILLNESS/INJURY
7 Nov 91	10 days	25 Nov 91	18

REMARKS

DATE MEDICAL CLEARANCE EXPIRES	MEDICAL EXAMINATION MAY BE ACCOMPLISHED IN THE MONTH AND YEAR INDICATED:
31 Jul 92	

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
ROBERT F. TODARO, MAJ,USAF, MC, FS	Robert F Todaro	25 Nov 91

I CERTIFY that I have been notified and understand the above actions and recommendations.

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall H. Hopkins	25 Nov 91

AF Form 1042, MAY 88 PREVIOUS [redacted]N WILL BE USED.

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MEDICAL RECORD | **CONSULTATION SHEET**

REQUEST

TO: FSO ~~Primary Care~~

FROM: *(Requesting physician or activity)* Dr. Okazaki

DATE OF REQUEST 7 Nov 91

REASON FOR REQUEST *(Complaints and findings)*

48 yr old male reports sharp pain int. maxillary region when his nose is pushed laterally or when his LL chin is touch ie. shaving. Teeth, gums, muscles of mastication WNL. After approximately 3 strokes to pts nose or chin a sharp pain is experienced in the maxillary arch.

PROVISIONAL DIAGNOSIS

Tic Delaroux (sp?)

DOCTOR'S SIGNATURE [signature] | APPROVED | PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL | ☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

USAF CLINIC/SGP
PETERSON AFB, CO 80914

7NOV91 B/P 110/64 P 68 T: 98.7

S: 48 yr old w o/ c/o 3 day hx of shooting pain sensations of short duration to (RT) superior maxillary cheek and (RT) mandibular area. Elicited c shaving (RT) chin and stroking (RT) side of nose, with transmitted pain. No motor pain. Denies recent trauma, but in auto accident Jan 1991, striking face. Denies any functional disturbance. Began when eating grapes! Chewing cookies, however, not painful! Seen today by dentist, since pt c/o pain radiating to upper (RT) 3 molars. No dental pathology found - Panorex films were taken.

O: VS stable

Eyes - PERRLA, EOMI. Fundi sharp. Orbicularis oculi musculature

(Continued on reverse side)

SIGNATURE AND TITLE | DATE (over)

IDENTIFICATION NO. | ORGANIZATION | REGISTER NO. | WARD NO.

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)*

Hopkins Marshall H.

(b) (6) [redacted]

E-7

(b) (6) [redacted]

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRNIR (41 CFR) 201-45.505
513-108

★U.S.GPO:1989-0-241-172/80519

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intact, strong. No ptosis.

Ears - Canals clean. TMs lucent. No pain on pinna tug.

Nose - Deviated septum to Rt. No polyps seen.

Mouth - Good oral hygiene. No exudates

Neck - ∅ bruits. No adenopathy. Supple.

Lungs - clear to P&A

Heart - RSR $S_1 S_2$ No ∞

Face: Symmetric. No rashes. No masses or cysts. Equal symmetry on expressions. No signs Bell's palsy or tic fasiculations. No sinus pain to direct pressure.

Neuro: CN II - IV, VI - XII intact. Shooting sensation, stinging like, felt over superior maxillary and mandibular branch distribution Rt Trigeminal (CN V) nerve. Elicited by stroking Rt nasal "trigger zone," also caused by touching Rt chin area.

Pinprick test - Sensory intact.

Motor intact

A: Trigeminal Neuralgia. R/o Tumor. Consider MS.

P: Begin c̄ NSAID - Naprosyn 375 mg TID + 15 days. Observe result. May need Tegretol 100 mg BID, increasing by 100 mg q12° to 1gm! Could try Dilantin.

See Pt 10 days. DNIF - 1042 signed

ROBERT F. [illegible] MAJ MC FS
(b) (b) ((b)
AEROSPACE MEDICINE PHYSICIAN
USAF [illegible]

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CORRECTED COPY

MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use blanket PAS DD Form 2005)

TO: *(HOSM/Unit Scheduling Officer) or (Commander/Duty Section)*	FROM:	DATE
3 SPACE SPT GP/AMF 731 TAS/DOT Peterson AFB, CO 80914-5000	302 MSQ Peterson AFB, CO 80914-5000	6 AUG 91

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE	(b) (6)
HOPKINS, MARSHALL H	MSGT	

RATING/FLYING OR SPECIAL OPERATIONAL DUTY	ASC	ACTIVE FLYING	ORGANIZATION	
Loadmaster (C-130B)	9D	[X] YES [ ] NO	731 TAS	AFRES

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes):*

[ ] MEDICALLY RESTRICTED FROM FLYING OR SPECIAL OPERATIONAL DUTY *(DNIF)*

[X] MEDICALLY CLEARED FOR FLYING OR SPECIAL OPERATIONAL DUTY FOLLOWING AN ILLNESS OR INJURY

[XX] MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

[ ] INITIAL MEDICAL EXAMINATION [XX] PERIODIC MEDICAL EXAMINATION [ ] INITIAL CLEARANCE *(This Base)* [ ] AIRCRAFT MISHAP

[XX] REQUIRED TO WEAR GLASSES WHILE PERFORMING FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY

(CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

[ ] RATED OFFICER: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 180 DAYS.

[ ] NONRATED OFFICER OR ENLISTED PERSONNEL: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 90 DAYS.

ACTUAL DATE FOUND DNIF	ESTIMATED DURATION OF DNIF	ACTUAL DATE FOUND MEDICALLY CLEARED	TOTAL DAYS DNIF THIS ILLNESS/INJURY
1 JUL 91	Indefinite	6 AUG 91	37 days

REMARKS

DATE MEDICAL CLEARANCE EXPIRES	MEDICAL EXAMINATION MAY BE ACCOMPLISHED IN THE MONTH AND YEAR INDICATED:	
31 JUL 92		
TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
DAVID C SMITH, LTC USAF MC FS	DCS	6 Aug 91

I CERTIFY that I have been notified and understand the above actions and recommendations.

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall H Hopkins	910806

AF Form 1042, MAY 88 PREVIOUS EDITION WILL BE USED.

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NSN 7540-00-634-4178 600-108

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

25 Nov 91 (continuation)

accident! ?. Cause & effect relationship between last yrs ht and current presentation? Pt had been seeing chiropractor also. Will defer to Dr. Seybold.

Will RTFS - no affect wearing O2 mask - has tested himself. Flys C-130. 1042 signed.

Off all meds.

If Neurologist considers further testing or treatment, then Pt acknowledges that he will notify me.

Todaro

ROBERT F. TODARO MAJ MC FS
(b) (6) 9356/R9346
AEROSPACE MEDICINE PHYSICIAN
USAF CLINIC PETERSON AFB CO

28 JAN 92

USAF CLINIC/SGP
PETERSON AFB, CO 80914

Member brings in chart, as requested above, after seeing Neurologist Dr Seybold. MRI brain & angio ordered by Neurologist to R/O Pt trigeminal lesion of brain!

Feel Pt should be placed DNIF til MRI completed. Discussed & member per telephone. Acknowledges action.

1042 signed - DNIF

F/U after MRI result. Will confer with Dr. Seybold.

ROBERT F. TODARO MAJ MC FS
(b) (6) 9356/R9346
AEROSPACE MEDICINE PHYSICIAN
USAF CLINIC PETERSON AFB CO

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: PAFB CO

PATIENT'S NAME (Last, First, Middle initial): Hodkins, Marshall. SEX: M

RELATIONSHIP TO SPONSOR: 5 STATUS: Reserve RANK/GRADE: E-7

SPONSOR'S NAME: ORGANIZATION:

DEPART./SERVICE: AF (b) (6)

CHRONOLOGICAL RECORD OF MEDICAL CARE

Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
15 JAN 92	USAF CLINIC/SGP PETERSON AFB, CO 80914
	See reverse side. IS DNIF pending MRI result. MRI performed 14 JAN 92 - NORMAL. Received note by Dr. Seybold - Neurologist. On no meds. RTFS - 1042 signed.
	[redacted] 9356/R9348 AEROSPACE MEDICINE PHYSICIAN USAF CLINIC PETERSON AFB CO
5 MAY 92	S. Short flying physical. Cough intermittent at dirt landing zone at Fort Chaffee CO12 Nov 91, and Dec 91. Also note MRI study exposed to C141 yesterday O. Left ear decreased hearing on comparison Lungs clear to auscultation A. Candidate for Chest X Ray. Form error is physically fit for flying Cl III P. 1042 signed, Chest film ordered.
	R J Black Schultz R.J. BLACK SCHULTZ, COL, USAFR, MC, FS [redacted] AFSC: 09356 302 TAC HOSP, PETERSON AFB, CO. 80914-5000

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NSN 7540-00-634-4176 600-108

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

USAF CLINIC SGHGO
PETERSON AFB, CO 80914

5 Aug 91

1455

S PT RTC FOR SP
O SPM A
A PT S
D PT

OLIVER J.R. CASEY II, SGT, USAF
(b) (6) [redacted] FSC 91255
OPTOMETRY TECHNICIAN

5 Aug 91

USAF CLINIC/SGP
PETERSON AFB, CO 80914
BP 108/70
P 64
T

S) FU on urine (see prev note)

O) 30 Jul 91 UA: 2-4 RBC
A) Resolved prostatitis
P) repeat UA tomorrow

LT COL DAVID C. SMITH
USAF, MC, FS, (b) (b) (b) (b) [redacted]
USAF CLINIC PETERSON AFB, CO 80914

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:	PAFB, CO	
PATIENT'S NAME *(Last, First, Middle Initial)* HODKINS MARSHALL		SEX
RELATIONSHIP TO SPONSOR	STATUS AD	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO. 52956 7575	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6 Aug 91.	3) 48 y/o W male requests f/u for PE accomplished 25 Jun 91. See SF 88 + 93 same date.
	O) Repeat UA today: 0-1 WBC, Ø RBC
	A) Prostatitis, resolved
	P) RTFS
	LT COL DAVID C. SMITH USAF, MC, FS (b) (6) [redacted] USAF CLINIC PETERSON AFB, CO 80914 (b) (b) (b) (b) (b)
25 Nov 91	USAF CLINIC/SGP PETERSON AFB, CO 80914
S:	See 07 Nov 91 consult from Dentist. F/U now for his Tic Douloreau (Trigeminal neuralgia). Doing much better. Only trigger zone exciting Rt maxillary area is the chin. Nose no longer sensitive. No trouble chewing, eating, swallowing. Afebrile. No sore throat
O:	HEENT - Neg
	Neck - Ø masses, bruits, (b) (6) [redacted]
	Lungs - Clear
	Heart - RSR
	Neuro - CN II - VII intact, except sensation along Rt maxillary branch trigeminal on stroking Rt chin. No facial asymmetry
A:	Resolving Trigeminal Neuralgia
P:	Pt referred back to his Neurologist - Dr Seybold who saw him January 1991 for periorbital Rt tic following car

*U.S. Government Printing Office: 1990 — 281-782/20213

STANDARD FORM 600 BACK (REV. 5-84)

(over)

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	UROLOGY CLINIC EACH FT CARSON, CO 80913 579-7125
17 Jul 91 1415	IVP – Completely Nl
	Cystos – Urethra nl Prostate – hyperemic mucosa, infl polyps, min hypertrophy Bladder gr 1/111 Trabec nl otherwise nl
	Imp ASx microhematuria 2° to prostatitis (Mild, low-grade, ASx)
	Pl. Doxy x 54 No other Rx / Tx Recommend waiver for flight NDB

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)* Hopkins, Marshall		SEX
RELATIONSHIP TO SPONSOR	STATUS AD	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION USA PAFB	
DEPART./SERVICE (b) (6) [redacted]		DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
19 JUL 91	USAF CLINIC/SGP
PRP-NO	PETERSON AFB, CO 80914 F/U Urology
Fly-yes	BP 110/70
meds: Ø	P 64
	T 97.5
NKDA	age - ~~48~~ 47 yr old W ♂ reservist evaluated by Urologist last week after UA showed microscopic hematuria on annual PE; asymptomatic. Lab slips show: 10-20 RBC 6-8 RBC.
	See 513 consult. See reverse side this 600.
	IVP - normal. Cysto - mild low grade prostatitis, asymptomatic.
	Pt begun by Urologist on doxycycline 100 mg BID x5 days. Told to see Flt Surgeon for F/U. Here today - still asymptomatic. Denies rectal/urinary complaints.
	Discussed microscopic hematuria, prostatitis (chronic vs acute) and regulations governing flying. ? need for waiver if cure obtained.
	Will request repeat UA to be done 5 days after completing Rx - lab slip given to Pt. Return then to discuss results. Continue DNIF.
	May need to call AFRES for guidance.
	Pt acknowledges.

Todaro

ROBERT F. TODARO MAJ MC FS
(b) (6) [redacted] (b) 9356/R9346
AEROSPACE MEDICINE PHYSICIAN
USAF CLINIC PETERSON AFB CO

☆U.S. GPO: 1989-261-871/02643

STANDARD FORM 600 BACK (REV. 5-84)

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MEDICAL RECORD

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

IVP (INTRAVENOUS PYELOGRAM)

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be

(Description of operation or procedure in layman's language)

INJECTION OF DYE (RENO-60 OR ISOVUE-300) INTO THE VEINS FOR THE VISUALIZATION OF THE KIDNEYS, URETERS, AND URINARY BLADDER.

which is to be performed by or under the direction of Dr. BEHRMANN PARTINGTON BEETLESTONE McFARLAND

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: None

(If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.
b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES *(Appropriate items in Parts A and B must be completed before signing)*

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

Rudy A. Rosello M.D.
(Signature of Counseling Physician/Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

Maria Jandra R.T. — (Signature of Witness, excluding members of operating team)

Marshall H. Hopkins — (Signature of Patient) — 910715 (Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) — (Signature of Sponsor/Legal Guardian) — (Date and Time)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

Hopkins, Marshall
20
48 M E-
(b) (6) [redacted]

REGISTER NO.

WARD NO.

STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FPMR 101-11.806-8
522-109

☆U.S. GPO: 1989-242-450/90285

NSN 7540-00-634-4165

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NSN 7540-00-834-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
1 JUL 91	USAF Clinic Peterson/SGHGO Peterson AFB, CO 80914
1055	S: Age: 48 Meds: 0 Last Eye Exam: 2 yrs.
MM	Allergies: 0 Med/Ocular Hx: 0
	C/C: NVAL
	O: VA OD 20/20 VA OD 20/20 NCT OD 09 OS 08
	Dist OS 20/20 Near OS 20/20 Time: 1120
	Hab Rx OD P1-0.25X167 Frame:
	OS +0.25 SPH ADD +1.00 PD:
	CTN 0 PERRLENG EOMs full NPC TTN
	Subj: plan DS 20/20 Trial frame: plan DS 20/20
	+0.25 DS 20/20 plan DS 20/20 +1.75
	SLE: lid: clrn Trial frame: accepted
	conj: clrn cornea: clrn
	iris / lens / AC: clrn
	Lt: .3 x .3 cup/ons; 1D degen; Dist margins/ons
	Xy / AV: WNLon Macaulas gutton
	AD ① Emmetrope ≈ pres on ② NAP Int/Ext on ③
	PS ① Adv above ② Subj Rx ③ RTC Btn DFE
	[illegible]

PATIENT'S IDENTIF[redacted] *Mechanical Imprint)*

MELINDA E. MARTINSEN, Capt, USAF, BSC
(b) (6) [redacted]
OPTOMETRIST
PETERSON AFB, CO 80914-5300

USAF CLINIC PETERSON OVERPRINT
#77

RECORDS MAINTAINED AT:		
PATIENT'S NAME *(Last, First, Middle initial)* Hodkins, Marshall		SEX M
RELATIONSHIP TO SPONSOR	STATUS Res.	RANK/GRADE E-7
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE USAF	(b) (6) [redacted]	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

U.S. Government Printing Office: 1988-241-175/80187

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MEDICAL RECORD	CONSULTATION SHEET

REQUEST

TO:	FROM: *(Requesting physician or activity)*	DATE OF REQUEST
Urology	PAFB 302 MS	1 Jul 91

REASON FOR REQUEST *(Complaints and findings)*

48 y/o A.D. ♂ on flight status (Loadmaster) has microhematuria on annual PE, asymptomatic. Please evaluate.

PROVISIONAL DIAGNOSIS

microhematuria

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	ROUTINE / TODAY
		☐ BEDSIDE ☐ ON CALL	☐ 72 HOURS ☑ EMERGENCY

CONSULTATION REPORT

DAVID C. SMITH
LTCOL USAF MC FS

2 July 91 0900
DRB

5.48 y/o. DD male. denies burning on dischg or urethral discharge. denies recent injury c/o pt tenderness at Rt. pelvis umbilical burning 2 days no assoc sx. denies a problem c. stool & Looks normal. no hx of previous microhematuria: states good health. & fam. Hx. Non-smoker. Active Physical Life style.

O. Urine: hemolyzed trace abd. & masses, nodules though obs slightly Rotundus.

Imp: R/O. malignancy

P.1) IVP / cystoscope: soon as possible
2) CBC, PPT
3) Renal panel
- monitor for hematuria persistence

RICHARD R. SILVERMAN
(b) (6)
WO-1 PA-S
Staff Bivens M.D.

(Continued on reverse side)

SIGNATURE AND TITLE			DATE
R Silverman PA-S			2 July 91
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)*

Hopkins Marshall H E-7
302ALCF-4-6102
(b) (6)
(b) (6)

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FPMR 101-11.806-8
513-107

☆ U.S. GOVERNMENT PRINTING OFFICE : 1984 O - 421-531 (10502)

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NSN 7540-00-634-4178 600-108

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
S)	48 year old 07 who works as Loadmaster
DATE:	[✓] without current medical concerns:
26 Jan 91	[ ] with history or complaints of:
USAF CLINIC	
PETERSON AFB,	
CO 80914-5300	
TYPE OF PE	See Last SF 93 Dated: 6-91
annual PE	
O)	See SF Form 88. [ ] PE unremarkable [✓] PE remarkable for:
BP: 108/70	
Pulse: 64	
O.T. —	
HT: 74	CARE data shows patient to be at:
WT: 196	[ ] relatively low risk of developing early CAD.
	[✓] increased risk of developing early CAD because of:
CHOL: 213 mg/dl	[ ] elevated blood pressure
TRIG: 394 mg/dl	[ ] smoker
HDL: 34 mg/dl	[✓] elevated cholesterol
RATIO: 6.3	[ ] elevated LDL 130mg/dl [LDL + T.Chol - HDL - $\frac{Trig}{5}$]
LDL: 100 mg/dl	[✓] elevated CHOL/HDL ratio of 6.3
	[ ] overweight, according to AF Standards (30% over IBW)
	(CONTINUED ON REVERSE SIDE)

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: ~~Hopkins, M~~		
PATIENT'S NAME *(Last, First, Middle initial)* Hopkins, Marshall		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

USAF CLINIC OVERPRINT #109/SGPA

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
A)	[ ] Normal PE
	[ ] Normal PE except for increased risk of developing CAD
	[✓] other diagnoses:
	Microhematuria
P)	SF Form 88 to be completed
	[ ] CARE Counseling accomplished
	[ ] AF Form 1662 completed
	Referred to:
	[ ] Dietary Counseling (use overprint SF 600)
	[ ] Hypertension follow-up (use SF 513)
	[ ] Stop Smoking Clinic (use SF 513)
	[ ] Weight Management follow-up (use SF 513)
	[ ] Routine follow-up
	[ ] Other:
	Recommendations:
	Repeat UA
	[✓] Medical Record given to patient to return to Physical Exam Section:

LT COL DAVID C. SMITH
USAF, MC, FS (b) (6)
USAF CLINIC PETERSON AFB, CO 80914

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Standard Form 88
Revised 10/75
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.806-8

HP-689-2637
DP 4-6102

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	(b) (6)
Hopkins Marshall Hugh	E-7 USAFR	
(b) (6)	5. PURPOSE OF EXAMINATION: Annual Flying Class	6. DATE OF EXAMINATION: 25 Jun 91

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE: MILITARY 16 / CIVILIAN	10. AGENCY	11. ORGANIZATION UNIT	
			DAF	302 ALCF	4-6102 Dy Ph:

(b) (6)

12. PLACE OF BIRTH: [redacted] Garned Kan.

14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN: Karol A. Hopkins Spouse

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: 302 TAC Hospital, Peterson AFB, CO 80914-5000

16. OTHER INFORMATION: AFSC: A11470 Total Years Reserve Service:

17. RATING OR SPECIALTY: Loadmaster (C-130B)

TIME IN THIS CAPACITY (Total): 2500 Hours | LAST SIX MONTHS: 20 Hours

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Ext & ext canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
	25 OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28 LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32 ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	X
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39 IDENTIFYING BODY MARKS SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

23. Valsalva N bilaterally.

~~28. See attached AF Form 1226.~~

31. 6 cm RLQ herniorraphy scar WNL

32. R+P: NL Stool: NEG

34. circumcised

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth; Non-restorable teeth; Missing teeth; Replaced by dentures; Fixed Partial dentures

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT	0			I												X	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		X	X										O	X	X		

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Type 2
Class 2

Qualified/Disqualified

LABORATORY FINDINGS

45. URINALYSIS A. SPECIFIC GRAVITY (1.001 - 1.034) 1.027
B. ALBUMIN Neg
C. SUGAR Neg
D. MICROSCOPIC 6-8 RBC

46. CHEST X RAY (Place, date, film number and result) —

47. SEROLOGY (Specify test used and result) RPR —

48. EKG see Report attached

49. BLOOD TYPE AND RH FACTOR A pos B/R

50. OTHER TESTS FBS(68-110) 109 Chol(132-230) 213 Trig(up to 210) 394 Sickling- Neg B/R HGB(14-18) 16.3 HDL(28-83) 34

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Max. 218

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
74	196	Brown	Blue	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	—

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A SITTING	SYS 108 / DIAS. 70	B RECUMBENT	SYS. — / DIAS. —	C STANDING (3 min.)	SYS. — / DIAS. —	A SITTING 64	B. AFTER EXERCISE —	C. 2 MIN. AFTER —	D. RECUMBENT —	E. AFTER STANDING 3 MIN.

59. DISTANT VISION	60. REFRACTION Manifest	61. NEAR VISION 40 (26 June 81)
RIGHT 20/ 20 CORR. TO 20/ —	BY S. CX	20/200 CORR. TO 20/ BY 20/20
LEFT 20/ 17 CORR TO 20/ —	BY S. CX	20/200 CORR. TO 20/ BY 20/20

62. HETEROPHORIA (Specify distance) VTA-ND (Far)

EX.		H.H.		PRISM DIV.	PRISM CONV. CT Ortho	PC —	PD —
0	0	0	0				

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED Passes (F)
RIGHT — LEFT —	VTA-CV-Passed/Falled 14/14	VTA-ND	CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION
Normal Confrontation	NIBH	—	OD: — OS: —

70. HEARING

RIGHT WV — /15 SV — /15

LEFT WV — /15 SV — /15

71. MAICO AUDIOMETER ANSI 69

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT	X	20	10	10	35	15	10	X
LEFT	X	10	10	20	10	10	10	X

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

—

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

All positive items of medical history have been previously documented or listed below.

Examinee denies personal or family history of diabetes or psyshosis, use of contact lenses, history of motion sickness or disturbance of consciousness, irradiation therapy, and all other significant medical or surgical history.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

44. Dental class II.
45. RBC in urine.
50. Elevated triglycerides
61. Defective near vision corrected to 20/20 OU.
71. Hearing loss Bilatterally.

75. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

wear hearing protection when exposed to noise, Wear corrective lenses when performing duties.

76. A. PHYSICAL PROFILE

P	U	L	H	E	S	X
1	1	1	1	1	1	

77. EXAMINEE (Check)

A ☒ IS QUALIFIED FOR (IS) WWD/FC III

B ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

A	B	C	E
—	—	—	—

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

—

79. TYPED OR PRINTED NAME OF ~~PHYSICIAN~~ Examiner

MINNIE L. GIVENS, MSgt, USAFR

SIGNATURE Minnie L. Givens

80. TYPED OR PRINTED NAME OF PHYSICIAN

DAVID C. SMITH, LTC, USAF MC FS

SIGNATURE [signature]

81. TYPED OR PRINTED NAME OF DENTIST ~~OR PHYSICIAN~~ (Indicate which)

WILLIAM S. MOORE, LT. COL., USAF DC

SIGNATURE William S. Moore

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

—

SIGNATURE —

NUMBER OF ATTACHED SHEETS

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STANDARD FORM 93
REV. OCTOBER 1974
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29- R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME: Hopkins Marshall II (b) (6)

(b) (6)

4. POSITION (title, grade, component): Loadmaster

5. PURPOSE OF EXAMINATION: Long Fly

6. DATE OF EXAMINATION: 25 Jun 91

7. EXAMINING FACILITY OR EXAMINER AND ADDRESS (Include ZIP Code): 92 TAC HOSPITAL, Peterson AFB, CO 80914-5000

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Good

no medication

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
X		Wear glasses or contact lenses
X		Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever, erysipelas
	X		Rheumatic fever
	X		Swollen or painful joints
	X		Frequent or severe headache
	X		Dizziness or fainting spells
	X		Eye trouble
	X		Ear, nose, or throat trouble
X			Hearing loss
	X		Chronic or frequent colds
	X		Severe tooth or gum trouble
	X		Sinusitis
	X		Hay Fever
	X		Head injury
	X		Skin diseases
	X		Thyroid trouble
	X		Tuberculosis
	X		Asthma
	X		Shortness of breath
	X		Pain or pressure in chest
	X		Chronic cough
	X		Palpitation or pounding heart
	X		Heart trouble
	X		High or low blood pressure
	X		
	X		

YES	NO	DON'T KNOW	(Check each item)
	X		Cramps in your legs
	X		Frequent indigestion
	X		Stomach, liver, or intestinal trouble
	X		Gall bladder trouble or gallstones
X			Jaundice or hepatitis
	X		Adverse reaction to serum, drug, or medicine
X			Broken bones
	X		Tumor, growth, cyst, cancer
X			Rupture/hernia
	X		Piles or rectal disease
	X		Frequent or painful urination
	X		Bed wetting since age 12
	X		Kidney stone or blood in urine
	X		Sugar or albumin in urine
	X		VD—Syphilis, gonorrhea, etc.
	X		Recent gain or loss of weight
	X		Arthritis, Rheumatism, or Bursitis
	X		Bone, joint or other deformity
	X		Lameness
	X		Loss of finger or toe
	X		Painful or "trick" shoulder or elbow
	X		Recurrent back pain
	X		
	X		

YES	NO	DON'T KNOW	(Check each item)
	X		"Trick" or locked knee
	X		Foot trouble
	X		Neuritis
	X		Paralysis (include infantile)
	X		Epilepsy or fits
X			Car, train, sea or air sickness
	X		Frequent trouble sleeping
	X		Depression or excessive worry
	X		Loss of memory or amnesia
	X		Nervous trouble of any sort
	X		Periods of unconsciousness
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		

12. FEMALES ONLY: HAVE YOU EVER

			Been treated for a female disorder
	NA		Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION? Loadmaster/Air Lift Control

14. ARE YOU (Check one)
[X] Right handed [ ] Left handed

93-103-02

EXCEPTION TO SF 93
APPROVED BY OIRM 12/83

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
	X	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	#18 Hernia Repair. 1969 St, Joseph Hospital Denve Doc, unknown #19 Hernia Repair 1973 memorial Hosp, Denver Doc, unknown
	X	B. Inability to perform certain motions.	
	X	C. Inability to assume certain positions.	
	X	D. Other medical reasons (If yes, give reasons.)	
	X	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).	
	X	17. Have you ever been denied life insurance? (If yes, state reason and give details.)	
X		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
X		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	
	X	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
	X	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
	X	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
	X	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
	X	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Marshall H. Hopkins	Marshall H. Hopkins

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

ALL POSITIVE ITEMS OF MEDICAL HISTORY HAVE BEEN PREVIOUSLY DOCUMENTED OR LISTED BELOW. WNL

Examinee denies personal or family history of diabetes or psychosis, use of **contact lenses, history [redacted], disturbances of consciousness or irradiation therapy and all other significant medical or surgical history.** WNL

LT COL DAVID C. SMITH
USAF, MC, FS (b) (6)
USAF CLINIC PETERSON AFB, CO 80914

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
	26-6-91	DCS	

REVERSE OF STANDARD FORM 93

GPO : 1989 0 - 228-729

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Colorado Springs Neurological Associates, P.C.

2125 La Salle Street
Colorado Springs, Colorado 80909
Telephone 719/473-3272

Neurological Surgery
Matthew Presti, M.D.
Michael J. McNally, M.D.
Deane L. Noblett, M.D.
Michael W. Brown, M.D.
D. James Sceats, Jr., M.D.

Medical Neurology
J. Bradley Gibson, M.D.
Richard A. Bell, M.D.
William R. Seybold, M.D.
Bruce H. Peters, M.D.
Randall J. Bjork, M.D.

June 24, 1991

Daniel A. Sollee, D.C.
Citadel Chiropractic Clinic
3612 Galley Road, Suite A
Colorado Springs, CO 80909

RE: HOPKINS, MARSHALL
CLINIC #97239

Dear Dr. Sollee:

I saw Marshall again today for the first time since April. After I last saw him he elected to put off trying the medication, waiting for spontaneous remission and indeed this occurred after a few weeks. He had no further headaches or facial muscle twitching until about two weeks ago when it recurred for a couple of days, but has again completely resolved.

It does not appear at this point that he is developing any facial spasm syndrome, and I have expressed optimism that these post traumatic symptoms have cleared and will remain in remission.

I plan to see him again on a regular basis, but I have asked him to come back to see me, for another look, if the symptoms recur for more than a couple of days.

Sincerely,

William R. Seybold, M.D.

WRS:vsr

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	302 MRS, PETERSON AFB, CO 80914-5000
22 Apr 91	Records have been reviewed IAW AFR 168-4.
	302 MRS, PETERSON AFB, CO 80914-5000 Nelda J Gilberti
	NELDA J. GILBERTI, SSgt, USAFR (b) (6) [redacted] AFSC 90650 302 MRS, PAFB, CO 80914-5000
26 Jun 91	USAF CLINIC/SGP PETERSON AFB, CO 80914 annual long flyer
	See overprint SF600
	[illegible]
1 July 91	Repeat UA abnormal (10-20 RRC)
	will get urology Eval
	[illegible]
	LT COL DAVID C. SMITH USAF, MC, FS (b) (6) [redacted] USAF CLINIC PETERSON AFB, CO 80914

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Bruce H. Peters, M.D.
Randall J. Bjork, M.D.

April 19, 1991

Daniel A. Sollee, D.C.
Citadel Chiropractic Clinic
3612 Galley Road, Suite A
Colorado Springs, CO 80909

RE: Hopkins, Marshall

Dear Dr. Sollee,

I saw Marshall Hopkins again today. The MRI brain scan was normal.

He has continued to have the right-sided headaches on a daily basis, as often as three or four times a day and lasting up to an hour each time. He has also had more frequent episodes of twitching of the right eye and today I can actually see some muscle twitching in his lower eyelid. There is no actual movement of the eyeball itself. He had another episode of numbness around the right eye that lasted seven minutes, by his timing.

I think the recurrent right-sided headache and numbness around the right eye is most likely a post traumatic migraine-like syndrome, associated with some muscle tic of his orbicularis oculi or perhaps he also is developing a post traumatic "hemifacial spasm" problem.

To test the migraine possibility, I recommended a trial of migraine prophylaxis with Inderal, 120 mg LA, each day. I gave him samples for a couple of weeks and told him to look out for side effects, such as tiredness and depression. If he doesn't have any side effects he'll give the medication a full month's trial.

He will keep a diary of headache, numbness and eye twitching episodes and I'll see him again, for follow-up, in about a month. I'll send you another note at that time.

Sincerely,

William R. Seybold, M.D.

WRS/dem

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3/1269

MAGNETIC RESONANCE IMAGING
OF COLORADO

April 15, 1991

NAME: HOPKINS, Marshall
AGE: 47
SS. NO.:
ID. NO.: 91-435
REF. M.D.: William R. Seybold, M.D.

Dr. Sollee, D.C.

EXAM DATE: 4/12/91

ANATOMICAL AREA: Brain

CLINICAL DATA: This 47-year-old man has had post-traumatic headaches.

TECHNIQUE: The current scan was performed on the 0.5 Tesla MRI scanner. Axial and coronal dual-echo images were obtained with slice thickness of 7 mm and axial and sagittal T1-weighted images were obtained at a slice thickness of 7 and 4 mm respectively.

FINDINGS: The brain parenchyma is normal. Specifically, there is no abnormality of the grey or white matter. The midline is conserved. The ventricular system is of normal size and contour. The brain stem is not displaced. The temporal tips and subfrontal regions are quite unremarkable.

The course and caliber of the major cerebral arteries are normal. The cerebellopontine angles are normal. The craniovertebral junction is normal. The pituitary is normal.

The orbits are quite unremarkable. The paranasal sinuses, however, reveal a retention cyst or a polyp in the floor of the right maxillary sinus. To a lesser extent there is increased T2 signal in the floor of the left maxillary sinus.

IMPRESSION: This MRI scan of the brain is normal. Incidentally noted is bilateral maxillary sinus disease, right greater than left.

Interpreted by: Randall J. Bjork, M.D.

RJB:fd

Reviewed by:

2115 E. La Salle Street • Colorado Springs, Colorado 80909

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William R. Seybold, M.D.
Bruce H. Peters, M.D.
Randall J. Bjork, M.D.

April 10, 1991

Daniel A. Sollee, D.C.
Citadel Chiropractic Clinic
3612 Galley Road, Suite A
Colorado Springs, CO 80909

RE: Hopkins, Marshall

Dear Dr. Sollee,

I saw your patient, Marshall Hopkins, for neurologic evaluation today. As you know, he is a 47-year-old man, currently on active duty in the U.S. Air Force Reserve, who was injured in an auto accident on 4 January 1991. He was driving and was stopped at a crosswalk, when he was rear-ended by another vehicle. This produced a strong impact, strong enough to break his seat backwards, and his cap was knocked off, though he was not knocked out. The collision pushed his car 22' feet forward and into a car in front of him and this snapped him back forward again. He, fortunately, was wearing a seat belt and was restrained from hitting the steering wheel or windshield, but says he did feel his neck snap, with immediate pain.

He did not seek medical attention at the time and over that weekend the neck pain persisted and he developed a headache, particularly behind his right eye. He began chiropractic treatments under your care the following week and has continued them to present, with essentially complete resolution of his neck pain and stiffness. He still, however, has a persistent pressure headache behind his right eye and, over the past month, has noted recurrent twitching around and involving his right eye which has been worse over the past couple of weeks. At this point it has actually begun to interfere with his vision and he has some oscillopsia associated with the muscle twitching. The muscle jerking tends to occur when his headache is somewhat worse and lasts a couple of minutes at a time. Last week, for the first and only occasion, he had an approximate 15 minute episode of numbness in his right lateral periorbital region. He has not had any extremity symptoms, any other visual symptoms or problems with cerebral function or speech.

Continued...

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WET

NSN 7540-01-165-7291 *U.S. GPO: 1989-249-002 519-301

4 JAN 1991 19 17 18

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

NIF

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Cervical Spine	47	M		ECER	20-7575
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) Alfred Bedford				TELEPHONE/PAGE NO. 7111
	SIGNATURE OF REQUESTOR Alfred Bedford				DATE REQUESTED 1/4/91

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

(Rear ended — M.V.A. No pain in neck) No fracture or Subluxation. Spina Bifida. Bedford

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
4 JAN 91	4 JAN. 91	7 JAN. 91/RN/17

RADIOLOGIC REPORT

CERVICAL SPINE:

The vertebrae are normal in height, position and alignment. The neural foramina are bilaterally patent. The odontoid is in the midline. No soft tissue abnormalities are noted.

CWP

CYRUS W. PARTINGTON, M.D., F.A.C.R.
DEPARTMENT OF RADIOLOGY
EVANS ARMY COMMUNITY HOSPITAL
FORT CARSON, COLORADO 80913

20 July 43

PATIENT'S [redacted] (b) (6) [redacted]e:
Name — last,
20 [redacted]
Hopkins Marshal
302TH TAW
M
47
A/D
E-8

LOCATION OF MEDICAL RECORDS
PAFB

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE
CWP

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

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558-102 NSN 7540-01-075-3786

EMERGENCY CARE AND TREATMENT (Medical Record)	TREATMENT FACILITY (Stamp) FLER	LOG NUMBER 100

ARRIVAL DATE DAY	MONTH	YR.	TIME	TRANSPORTATION TO HOSPITAL (Attach care enroute sheet)	CURRENT MEDS. (tetanus immunization and other data)	HISTORY OBTAINED FROM
4	JAN	71	1825	☑ PRIVATE VEHICLE ☐ AMBULANCE ☐ OTHER (Specify)	Φ	☐ PATIENT ☐ OTHER (Specify) ALLERGIES NKA

(b) (6) [redacted] (b) (6) [redacted]

CHIEF COMPLAINT(S) (Include symptom(s), duration)	SEX	AGE	POSSIBLE THIRD PARTY PAYER?
H.A. → MVA x 3 HRS NOW DIZZY (RESTRAINED)	M	47	☐ YES ☐ NO

PATIENT'S COPY

(NOTICE TO PATIENT - PLEASE FOLLOW PHYSICIAN'S INSTRUCTIONS AS STATED BELOW)

PATIENT'S IDENTIFICATION (Mechanical imprint)
FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD)

(b) (6) [redacted]

M
47
A/D
E-8

HOPKINS, MARSHALL

PAFB -RD SPC WING

SIGNATURE OF PROVIDER AND ID STAMP

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)

Home. Use ice to head for pain. Return sick if more pain or any problems. Follow-up call

EMERGENCY CARE AND TREATMENT

STANDARD FORM 558 (REV. 6-82)
Prescribed by GSA and ICMR
FPMR (41 CFR) 101-11.806-8

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558-102 (See Instructions on Back of this Sheet) NSN 7540-01-075-3786

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp): FLER

LOG NUMBER: 100

ARRIVAL — DATE: DAY 4, MONTH JAN, YR. 91 — TIME: 1825

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): ☑ PRIVATE VEHICLE ☐ AMBULANCE ☐ OTHER (Specify)

CURRENT MEDS. (tetanus immunization and other data): Φ

HISTORY OBTAINED FROM: ☑ PATIENT ☐ OTHER (Specify)

ALLERGIES: NKA

(b) (6) [redacted] (b) (6) [redacted]

CHIEF COMPLAINT(S) (Include symptom(s), duration): H.A. → MVA x 3 HRS (RESTRAINED) NOW DIZZY, ⊖ TENDERNESS

SEX: M — AGE: 47

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER: 1905

VITAL SIGNS

TIME	1847		
BP	123/89		
PULSE	79		
RESP.	18		
TEMP.	98.3		
WT. (Child)			

CATEGORY (See reverse)
- EMERGENT
- URGENT
- X NON-URGENT A42.

ORDERS	INITS.	TIME

ASSESSMENT/DIAGNOSIS: Contusion of Thorax

DISPOSITION (Check all that apply): ☑ HOME ☐ FULL DUTY

QUARTERS: ☐ 24 Hrs. ☐ 48 Hrs. ☐ 72 Hrs.

MODIFIED DUTY UNTIL: DAY / MONTH / YEAR

REFERRED TO (Indicate clinic): TMC

☐ EMERGENCY ☐ TODAY
☐ 72 HOURS ☐ ROUTINE

ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE: ☐ IMPROVED ☑ UNCHANGED ☐ DETERIORATED

TIME OF RELEASE: 1946

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

(+) PERRLA. (+) INDIRECT TRAUMA. ON POST ⊖ LOC

Dear ended 1515 - and able to ambulate but disorientated & then felt normal - now eyes don't feel right

Head - Eyes Pupils equal normal - Ears clear.

Neck - Pain over cervical spine.

Thorax Heart NSR - Lung clear

Abd - no pain

Pelvis & legs normal

Neuro normal.

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD)

(b) (6) [redacted]

HOPKINS, MARSHALL

M 47 A/D E-8

PAFB 3RD SPC WING.

SIGNATURE OF PROVIDER AND ID STAMP: Alfred Rod [illegible]

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)

Home - use ice to back for pain

Return here if more pain or any problem. Follow sick call

EMERGENCY CARE AND TREATMENT
Medical Record Copy

STANDARD FORM 558 (REV. 6-82)
Prescribed by GSA and ICMR
FPMR (41 CFR) 101-11.806-8

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INSTRUCTIONS FOR COMPLETION OF THE EMERGENCY CARE AND TREATMENT FORM

NOTE: This form will be used to record all care rendered to patients in the Emergency Room and will be used in lieu of ***all*** locally prepared emergency room forms. This form is not a substitute for line of duty, accident/injury or third party liability forms, but it may be used as a basis for completing those forms.

1. Complete form for each patient entered on Emergency Room Log.
2. Complete all parts of form.
3. Enter patient's log number from Emergency Room Log.
4. Check appropriate condition in "category" block based on following definitions:
   Emergent—A condition which requires immediate medical attention and for which delay is harmful to the patient; such a disorder is acute and potentially threatens life or function.
   Urgent—A condition which requires medical attention within a few hours or danger can ensue; such a disorder is acute but not necessarily severe.
   Non-Urgent—A condition which does not require the immediate resources of an emergency medical services system; such a disorder is minor or non-acute.
5. Use SF 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, to obtain authorization for any necessary procedures.
6. Orders: Provider enters orders; i.e., CBC, UA, etc. The person completing the action enters the time and his/her initials at the time of completion.
7. Give "Patient's Copy", containing instructions, to patient, sponsor (NOK) or person accompanying patient, except when patient is admitted.
8. File original in patient's treatment record (i.e., Military Health Record, Outpatient Treatment Record or Inpatient Record) as applicable.
9. Establish a treatment record for any patient who does not have a record. File and maintain treatment record in accordance with appropriate directives.

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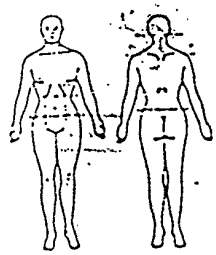
CITADEL CHIROPRACTIC CLINIC

PATIENT NAME Marshall Hopkins ACCT #
DOCTOR Seibel WC (AUTO) PI IN MD SELF DOA
SPECIAL INSTRUCTIONS
Initial Visit: Last Visit: 2/27/91 Last Progress:

	Signature	Date		Signature	Date
1.		APR 01 1991	6.		/ /
2.		MAY 24 1991 JUL 29 1991	7.		/ /
3.		/ /	8.		/ /
4.		AUG 02 1991	9.		/ /
5.		/ /			

Marshal Hoplins 4/1/91
Patient presents with improved symptomatology overall, however he still has the pain and pressure behind the right eye with the headaches. Patient states that he is somewhat concerned about this and he has not been able to get in for treatments due to his work schedule. I suggested today to send him to a neurologist for a workup and he agrees. He will be seeing Dr. Seybold at Colorado Springs Neurological Associates and will report back to us. Patient does have paraspinal muscle spasms and continues to have pain on flexion and extension and cervical compressions are also positive. He adjusted well, RTC after his evaluation.

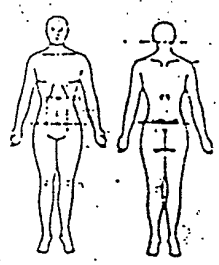
S TUT TEX



MAY 24 1991

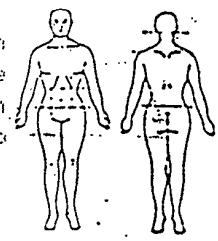
Marshal Hopkins 5/24/91
Patient presents to the clinic today with severe headache and pain between the right eye along with some muscle twitching around that area. He also has cervical spine pain and pain in the thoracic spine and both shoulder girdles. Patient states that he has been out of town since his last visit and because of his schedule he has not been able to see us. He also estimates that he may leave for 3 weeks for Japan. Told patient to get in when his schedule allowed him and he agreed. We did receive a note from Dr. Seybold on his condition and he is following up his examination with an MRI. Patient adjusted well. Patient states that he gets much relief from the treatments and is pleased with our care and will return when he can.

S TUT TEX



Note: Dr. Seybold states in his letter that it is his opinion that the recurrent headache and numbness around the right eye are most likely post traumatic migraine like syndrome associated with a muscle tic of the orbicularis oculi or perhaps he is also developing a post traumatic hemifacial spasms problem.

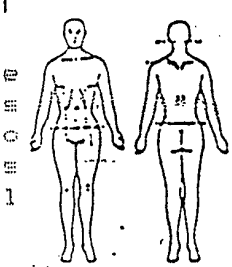
S TUT TEX



cervical compression. He adjusted well, RTC PRN

DATE AUG 02 1991 EX LAB MAT XRY (SA) (VB) (THP) (TUS) TCP TI TES TUT TEX

Marshal Hopkins 8/2/91
Patient presents to the clinic today stating he continues to have some problems with his headache and they seem to be worse this week than last week. He does think that they are proportional to his work activities which tend to aggravate his condition. He is doing his ROM stretching exercises, he adjusted well, and will continue to be on a PRN basis.



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He denies any past history of neck injury or headaches and has never had any ocular symptoms such as the present symptoms before. He says he's always been in good health. He's had intermittent chiropractic treatments off and on over the years for minor low back pain, but says he hasn't had any treatment of any kind in the past couple of years.

On exam he's alert, pleasant and cooperative, with normal speech and mental status. Cranial nerve exam shows normal pupil light and Neer reaction, normal extraocular movements and facial and trigeminal motor function. There is relative hyperesthesia over his right periorbital and temple region. Lower cranial nerves are unremarkable. Motor, sensory, reflex, coordination and gait exams are normal. Neck has normal range of motion, without discomfort. There is no scalp tenderness. Funduscopic exam is normal and visual fields are full to confrontation.

The persistent post traumatic discomfort behind his right eye and recurrent muscle twitching producing some oscillopsia suggests that there may be some sort of retro-orbital lesion made symptomatic by this injury and I'll investigate this with an MRI brain scan. It would appear that his cervical myofascial injuries have essentially fully recovered at this point under your care.

I'll see him again when the MRI results are available and will send you a follow-up note at that time.

Sincerely,

William R. Seybold, M.D.

WRS/dem

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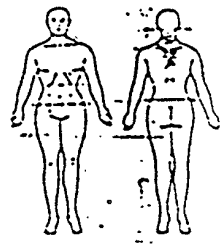
CITADEL CHIROPRACTIC CLINIC

PATIENT NAME Marshall Hopkins ACCT #
DOCTOR Miller WC AUTO PI IN MD SELF DOA 11/21/91
SPECIAL INSTRUCTIONS

DATE EX LAB MAT XRY SA VB THP TUS TCP TI TES TUT TEX

Neck & Upper Back

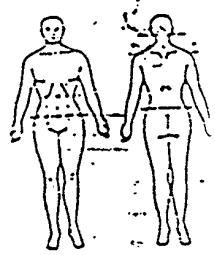


See Clinic Note

DATE JAN 23 1991 EX LAB MAT XRY SA VB THP TUS TCP TI TES TUT TEX

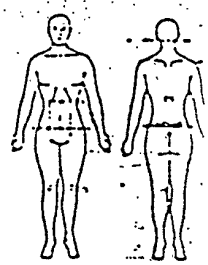
Had No Trouble
Will Come In

Cancel



DATE 11/25/91 X-Ray Report EX LAB MAT XRY SA VB THP TUS TCP TI TES TUT TEX

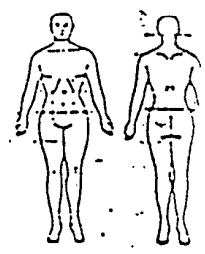
Marshal Hopkins 1/25/91
Patient presents to the clinic today with slightly improves
[illegible]matology. Patient missed his appointment on Wed due to car
[illegible] he has difficulty sleeping due to
[illegible]activities.



JAN 30 1991

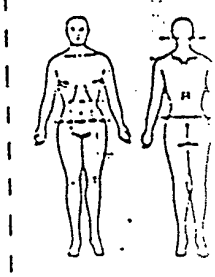
Marshall Hopkins 1/30/91 MAT XRY SA VB THP TUS TCP TI TES TUT TEX

Patient presents with improved symptomatology. Patient stated that it was difficult for him to get in because of his work activities, however he is going to try to get in when he can. Patient feels much relief after the treatments, however he feels the symptoms tend to build up again to the point where he had difficulty doing his daily activities. Patient does have positive Cervical Compression test and does have pain at end points of cervical ROMs. Reflexes are +2 and equal in both the upper and lower extremities. Patient adjusted well, RTC next week.



DATE FEB 4 1991 EX LAB MAT XRY SA VB THP TUS TCP TI TES TUT TEX

Marshall Hopkins 2/4/91
Patient presents to the clinic today with much improvment. Patient however he still wakes at night due to the headaches. Patient states that he still continues to have pressure feeling behind the right eye with cervical spine pain and pain in the upper dorsal area. Patient does have paraspinal muscle spasms with pain at the end mavment of a[illegible] cervical ROMs. Again we talked about home exercises and stret[illegible]ing exercises that he co[illegible] do to help his condition. Patient adjusted well, RTC on Fri.



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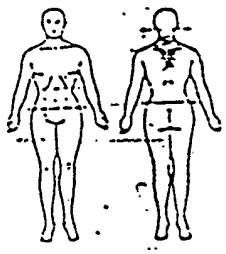
CITADEL CHIROPRACTIC CLINIC

PATIENT NAME [illegible] ACCT #

DOCTOR WC AUTO PI IN MD SELF DOA

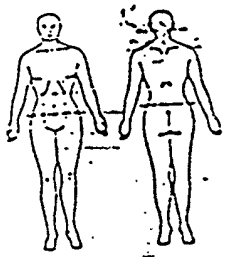
SPECIAL INSTRUCTIONS

DATE EX LAB MAT XRY SA VB THP TUS TCP TI TES TUT TEX



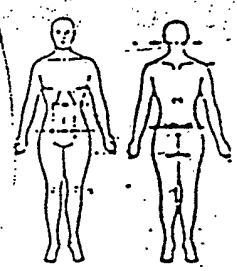
See Clinic Note

DATE JAN 23 1991 EX LAB MAT XRY SA VB THP TUS TCP TI TES TUT TEX



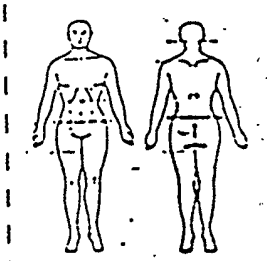
Had No Trouble
Will Come In
Cancel

DATE 1/25/91 X-Ray Report EX LAB MAT XRY SA VB THP TUS TCP TI TES TUT TEX



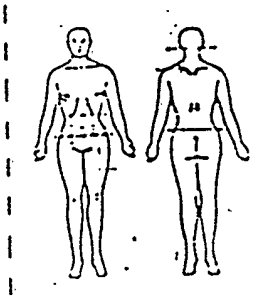
Marshal Hopkins 1/25/91
Patient presents to the clinic today with slightly improves symptomatology. Patient missed his appointment on Wed due to car trouble. Patient states that he has difficulty sleeping due to the pain and has difficulty doing his normal daily activities. Patient is doing ice at home which helps and stated that he was doing better after the first treatment. However the pain is still very intense. He does have active trigger points with an obvious cervical spine sprain and upper dorsal sprain. X-ray report was given to the patient and told the patient, who is concerned about pain and pressure behind the right eye, that if this didn't clear up in the relatively quickly, I would send him to a neurologist for a work up. Patient was given dos and don'ts for his condition. He adjusted well, RTC next week.

TES TUT TEX



Patient feels much relief after the treatments, however he feels the symptoms tend to build up again to the point where he had difficulty doing his daily activities. Patient does have positive Cervical Compression test and does have pain at end points of cervical ROMs. Reflexes are +2 and equal in both the upper and lower extremities. Patient adjusted well, RTC next week.

DATE FEB 4 1991 EX LAB MAT XRY SA VB THP TUS TCP TI TES TUT TEX



Marshall Hopkins 2/4/91
Patient presents to the clinic today with much improvment. however he still wakes at night due to the headaches. Patient states that he still continues to have pressure feeling behind the right eye with cervical spine pain and pain in the upper dorsal area. Patient does have paraspinal muscle spasms with pain at the end movment of all cervical ROMs. Again we talked about home exercises and stretching exercises that he could do to help his condition. Patient adjusted well, RTC on Fri.

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CITADEL CHIROPRACTIC CLINIC
3612 Galley Rd., Suite A
Colorado Springs, CO 80909

Daniel A. Sollee, D.C.

CLINIC NOTE

Patient: Marshal Hopkins
Date of Examination: 1/21/91

Patient presents to the clinic today for examination and treatment for injuries he received in a motor vehicle accident on 1/4/91. Patient states that he was the driver of his car and he stopped at a stop sign at an intersection when another vehicle rearened him. It hit him hard enought to push him 22 feet out into the intersection into another car. Patient states that he did not see the car coming and the impact was so hard it caused the back of his seat to fold and break. He was wearing a seat belt and he was wearing a hat that was knocked off. He estimated that the car that rearened him was a large vehicle and traveling approximately 35-40 mph.

CHIEF COMPLAINTS

Patients major complaints are severe headaches with pressure behind the right eye, pain cervical spine bilaterally more intense on the left, pins and needles both hands especially when he wakes in the morning, pain in the mid back and between the shoulder blades. Patient states that his low back is OK and he denies any numbness or pins and needles in the lower extremities. Patient states that he went to Evans Army Hospital at 7:00 pm on the date of the accident. He was checked and released.

EXAMINATION

Neurological, orthopedic and physical examinations reveal the patient to have a blood pressure 129/85 with a pulse rate of 69. Heart and lungs are normal, with heighth of 6'2", weight of 185. General appearnce is good. Cervical ROMs reveal a 50% reduction in all directions with pain at end points in all directions. Reflexes are +2 and equal in both the upper and lower extremities bilaterally. Foramina Compression, Jackson Compression, Maximum Cervical Compression, and Cervical Distraction are postive bilaterally. Dejernes Triad is negative. Wartenberg pinwheel is negative in both the left and right upper extremity. Cranial nerves are also negative. Soto Hall is positive, while Laseques, Braggard, Fabere-Patrick, and Babinski are all negative. Dosolumbar ROMs are within normal limits with no pain at end points. Toe Walk, Heel Walk, and Kneps are also negative. There is pain, tenderness and spasms at the base of the occiput bilaterally all the way to T5 bilaterally. Patient was given some instructions in home care and ice, with ROM stretching exercises and some dos and don'ts for his particular condition. We are useing ice, moist heat and ultrasound on the patient and adjustments. Patient does have paraspinal muscle spasms with active trigger points and adjusted well, RTC for report and treatment in 2 days.

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CITADEL CHIROPRACTIC CLINIC

PATIENT NAME M. H. Hopkins ACCT #

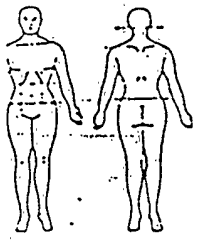
DOCTOR WC AUTO PI IN MD SELF DOA

~~SPECIAL INSTRUCTIONS~~

Marshall Hopkins 2/8/91

Patient presents with improved symptomatology. He continues to have the pain behind the right eye, however the frequency and intensity have decreased. Patient is encouraged about this, however I told him I was concerned about this symptom and I thought we should send him to a neurologist for a work up. He agrees with this however, he feels that at this time he does not have time to work it into his schedule. Patient does have paraspinal muscle spasms with spasms at the base of the occiput bilaterally and pain on cervical flexion and extension. Patient adjusted well, RTC next week.

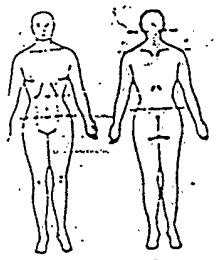
TUT TEX



Marshall Hopkins 2/22/91

Patient presents clinic today with improved symptomatology. Patient states that the reason he has not been in the last couple of weeks is because he has been out of town because he is in the air force reserves and he has been going all over the country. Patient feels he needs the treatments, however it is difficult with his air force schedule to come in when he needs to. Patient is doing his home exercises routine and stretching exercises and using moist heat and ice at home. He does have paraspinal muscle spasms with positive cervical compresssion and refles are +2 and equal in the upper and lower extremities. He adjusted well, RTC next week.

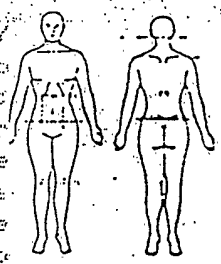
TUT TEX



EX LAB MAT XRY SA VB THP TUS TCP TI TES TUT TEX

Marshal Hopkins 2/27/91

Patient stated that he was supposed to have gotton sent for TDY for approximately 6 months, however they decieded not to do that. He did wake up this morning with a severe headache and it has lasted all day. Patient states that he is feeling much better over all, but he feels the stress of his job tends to aggravate his headaches and his cervical spine pain. Patient is doing his stretching exercises which do give him some relief, however he feels the treatment help also. Patient adjusted well, he is to return on a weekly schedule if his job commitment lets him.



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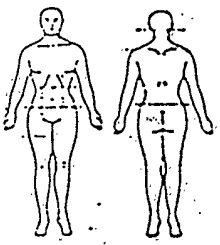

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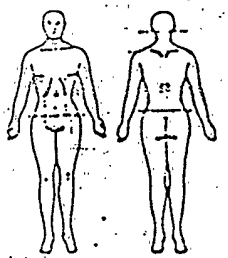

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NSN 7540-00-634-4178 600-108

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
	302 TAC HOSPITAL Peterson AFB, CO 80914-5000 USAF CLINIC/SGP PETERSON AFB, CO 80914
5 Jul 90	S) RTFS AGE SXS OF 18 hrs resolved O) ~~Ø~~ A) Resolved AGE P) RTFS DCS
	MAJ DAVID C. SMITH USAF, MC, FS, DAFSC 9356 USAF CLINIC PETERSON AFB, CO 80914
	RECORDS HAVE BEEN REVIEWED IAW AFR 168-4. 302 TAC Hosp., Peterson AFB, CO 80914-5000.
14 Aug 90	The records were inventoried at this time.
	Peggy L. Rivest PEGGY L. RIVEST, SSgt, USAFR (b) (6) AFSC 906 0 302 TAC HOSP, PETERSON AFB, CO 80914-5000
19 Apr 91	DNIF by Dr Leib, Dentist, due to tooth extraction. (72 HOURS) . CHARLES E. KING, CIV. (b) (6) 302 TAC HOSPITAL PETERSON AFB, CO. 80914-5300

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: 302 TAC HOSPITAL Peterson AFB, CO 80914-5000

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
HOPKINS, MARSHALL H		M
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
–	USAFR	TSGT
SPONSOR'S NAME		ORGANIZATION
–		302 ALCE
DEPART./SERVICE	(b) (6)	
DAF		

CHRONOLOGICAL RECORD OF MEDICAL CARE — STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	302 MRS, PETERSON AFB, CO 80914-5000
22 Apr 91	Records have been reviewed IAW AFR 168-4.
	302 MRS, PETERSON AFB, CO 80914-5000 Nelda J Celiberti
	NELDA J. CELIBERTI, SSgt, USAFR (b) (b) (6) [redacted] AFSC 90650 302 MRS, PAFB, CO 80914-5000
26 Jun 91	USAF CLINIC/SGP PETERSON AFB, CO 80914 annual long flyer
	See overprint SF600
	DCS
	(b) (6) [redacted]
1 July 91	Repeat UA abnormal (10-20 RRC)
	will get urology Eval
	(b) (6) [redacted] DCS
	LT COL DAVID C. SMITH USAF, MC, (b) (6) (b) (6) [redacted] USAF CLINIC PETERSON AFB, CO 80914

BEST COPY

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

TO: FMO/Scheduling Officer (Unit)	FROM:	DATE
3 Space Spt Gp/)TFI 731 TAS/DOT Peterson AFB, CO 80914-5000	302 Tac Hosp Peterson AFB, CO 80914-5000	5 Jul 190

LAST NAME- FIRST NAME - MIDDLE INITIAL	GRADE	(b) (6) [redacted]
HOPKINS, MARSHALL H.	TSGT	

RATING/FLYING DUTY	ASC 9D ACTIVE FLYING ☒ YES ☐ NO	ORGANIZATION AND MAJCOM OF ASSIGNMENT
Loadmaster (C-130B)		302 ACLF (AFRES)

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes)*

- ☐ MEDICALLY DISQUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.
- ☒ MEDICALLY QUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.
- ☐ MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:
  - ☐ AIRCRAFT MISHAP
  - ☐ INITIAL CLEARANCE *(This Base)*
  - ☐ PERIODIC MEDICAL EXAMINATION
- ☐ REQUIRED TO WEAR GLASSES WHILE PERFORMING FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY.
  (CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

I CERTIFY that I have been notified and understand the above actions and recommendations

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall H. Hopkins	5 Jul 1990

DATE MEDICAL CLEARANCE EXPIRES
31JUL91

- ☐ RATED OFFICER: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE SIXTH MONTH FOLLOWING THIS DISQUALIFICATION.
- ☐ NONRATED OFFICER OR ENLISTED PERSONNEL: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING DISQUALIFICATION.

ACTUAL DATE FOUND MEDICALLY DISQUALIFIED	ESTIMATED DURATION OF DISQUALIFICATION	ACTUAL DATE FOUND MEDICALLY REQUALIFIED	TOTAL DAYS DISQUALIFIED THIS ILLNESS/INJURY
18 Jun 90	4 days	5 Jul 90	18

REMARKS

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
DAVID C. SMITH, LT COL, USAF,MC,FS	DCS	5 Jul 90

AF FORM 1042 AUG 79 PREVIOUS EDITION WILL BE USED.

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NSN 7540-00-634-4178 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

DATE: 18 June 90
ACUTE CARE CLINIC
CHARLESTON AFB
CHARLESTON, S.C.

TIME SEEN:

LAB:

X-RAY:

LOD: Y-N

TIME RELEASED:

STANDING

AGE: 47 SEX: M ALLERGIES: NKA PRP: Y-N

TIME IN: 0800 CURRENT MEDICATIONS: [redacted] FLYING STATUS: Y-N

DAY TIME PHONE #: DF no phone YEAR OF LAST TETANUS: NA

TEMPERATURE: 98.3 PULSE: 60 RESPIRATIONS: B/P: 120/80 TECH's INITIALS: AMS

CHIEF COMPLAINT: S: Diarrhea x 3 days ⊖ Fever ⊖ nausea

Left Cairo Egypt 15 Jun 90 ~ 2 wks TDY. Was had clear liquid stool q 2-3h. ⊖ Reddish tint @ times

Ate Watermelon (did not touch rind) 14 Jun 90 AM - diarrhea started 2h later

B.P 124/88 P 60

— Patient left clinic without completing lab work or notifying ACC. Lt Stephen E Barnes Patient returned to ACC at 1500. He stated that he waited 1½ hours at lab; And he decided that he couldn't wait any longer.

Lt Stephen E Barnes

O, no w/o quib NAD

Did sig/sx BV ⊖ non-tender ↓ mobile non LAN

Stool ⊖ blood ⊖ WBC ⊖ Amoebae

(over ⇒)

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

Northport Inn
747-7691

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)*: Hopkins, Marsha V | SEX: F

RELATIONSHIP TO SPONSOR: S | STATUS: Rec | RANK/GRADE:

SPONSOR'S NAME: [redacted] | ORGANIZATION:

DEPART./SERVICE: AF | [redacted] | DATE OF BIRTH:

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

USAF CLINIC OVERPRINT/SGHE SF600 #1 8/89

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	A Traveller's diarrhea
	P Lomotil 4mg now then 2mg p each BM max 8/day
	#20 ⊕ Rep
	↑ Clear liquids
	Avoid dairies
	To FSO for administrative disposition

USAF CLINIC/SGP
CHARLESTON AFB, SC 29404
FLIGHT MEDICINE CLINIC

TIME
DATE 18 Jun 90

MICHAEL W. COSTELLO, CAPT, USAF, MC
(b) (b) (6) AFSC 9346A
USAF CLINIC CHARLESTON

B/P 120/80 S Pt here for F/U travellers diarrhea.
Temp 98.3 Xld

USAF CLINIC/SGP
CHARLESTON AFB, SC 29404
FLIGHT MEDICINE CLINIC

TIME
DATE 19 June 90

S - Patient complains of possible parasites. Just returned from TDY to overseas location.

B/P 112/66 Treated with Lomotil yesterday
Thinks he feels something biting
Temp 99.0 rectum & moving inside.
O Fecal leukocytes (−)
A Age vs enterotoxin
P Bactrim DS q 12 hr #4
Clear liquid till tomorrow
Rinse rectal area after BM.
avoid soap.

C Newton
CAROLYN G. NEWTON, MAJ, USAF, MC, FS
AFSC: 9351 (b) (6)

☆U.S. Government Printing Office: 1988-241-175/80187

STANDA. FORM 600 BACK (REV. 5-84)

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MEDICAL EXAMINATION—FLYING PERSONNEL

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974—USE BLANKET PAS-DD Form 2005)

INSTRUCTIONS

Items 1-12. Self explanatory.
Item 13. Flight Duty Performed—Enter rating and type of aircraft, for example, Pilot/KC-135, Radar Navigator/B-52.
Item 14. ASC—Enter current aviation service code from AFM 300-4, Vol 1.
Item 15. Total Flying Hours—Enter total flying hours since entry into aviation service.
Item 16. Total Flying Hours Last Six Months—Enter total flight hours during the last six months prior to this examination.
Item 17. Self-explanatory.
Item 18. Height—Record height to the nearest half inch or the nearest centimeter, with examinee in stocking feet.
Item 19. Weight—Weigh examinee in minimum clothing and record weight to the nearest pound or half of a kilogram.
Item 20. Visual Acuity—Record best uncorrected distant and near vision and best corrected distant and near vision.
Item 21. Auditory Acuity—Record pure bone threshold for each year at frequencies 500, 1000, 2000, 3000, 4000, and 6000 Hz.
Item 22. Type of Instrument Used—Record type of instrument used and its calibration standard.
Item 23. History and Remarks—Enter significant history since last complete medical examination and any other remarks the examining Flight Surgeon feels are pertinent.
Item 24 and 25. Self-explanatory.

1. NAME *(Last, First, Middle Initial)*	2. GRADE	(b) (6)	5. AGE
Hopkins Marshall H	TSgt		46

6. SEX	7. RACE *(Do not abbreviate)*	8. AGENCY	9. UNIT OF ASSIGNMENT	10. MAJCOM
M	Caucasian	DAF	302ALCF	MAC

11. DATE OF EXAMINATION *(Day, mo, yr)*	12. NAME AND BASE OF EXAMINING FACILITY
070590	Peterson AFB Co 80914

13. FLIGHT DUTY PERFORMED	14. ASC	15. TOTAL FLYING HOURS	16. TOTAL FLYING HOURS LAST 6 MONTHS
Loadmaster		2500	20

17. BLOOD PRESSURE *(Sitting with arm at heart level)*		18. HEIGHT	19. WEIGHT
SYSTOLIC	DIASTOLIC		
110	80	74	190

20. VISUAL ACUITY

EYE	DISTANT		NEAR	
RIGHT	20/ 20	CORR TO 20/	20/200	CORR TO 20/20
LEFT	20/ 20	CORR TO 20/	20/200	CORR TO 20/20

21. AUDITORY ACUITY	22. TYPE OF INSTRUMENT USED
—	MAICO

CALIBRATION STANDARD ☐ ISO ☐ ASA ☒ ANSI 69 ☐ OTHER

EAR	250	500	1000	2000	3000	4000	5000	6000
RIGHT		15	5	25	30	30		30
LEFT		15	5	25	30	30		25

23. HISTORY AND REMARKS

24. TYPE OR PRINT NAME OF MEDICAL OFFICER	25. SIGNATURE
DAVID C. SMITH, MAJ, USAF, MC,FS	

AF FORM OCT 81 1446 *(File in Outpatient Record)*

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MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
Environmental Health	SGD	30 Oct 89

REASON FOR REQUEST (Complaints and findings)

Pt reports incidences (two) of jaundice and hospitalization in last several years. Please perform Hepatitis screen.

PROVISIONAL DIAGNOSIS

Past Hx Hepatits?

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
David Wofford		☐ BEDSIDE ☐ ON CALL	☒ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

30 Oct 89

S-Pt. has Hx of hepatitis. Type unknown
O-Pt. Reserve.
A-Need specific hepatitis confirmation.
P-1) ANTI-HBS
2) Mail results to home station. (address attached)

Susan N. Baker
SUSAN N. BAKER, Sgt, USAF
(b) (6)
AFSC 90850
24 Medical Gp Howard AFB, PM

(Continued on reverse side)

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Hopkins, MARSHAL H.
(b) (6)

☆U.S. GPO: 1987-181-243/40511

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
513-108

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

TO: FMO/Scheduling Officer (Unit)	FROM:	DATE
1003 Space Spt Gp/DTFI 731 TAS/DOT Peterson AFB, CO 80914-5000	302 TAC HOSP Peterson AFB, CO 80914-5000	6 May 89

LAST NAME- FIRST NAME - MIDDLE INITIAL	GRADE	SSAN
Hopkins, Marshall H.	TSgt	529-56-7575

RATING/FLYING DUTY	ASC	ORGANIZATION AND MAJCOM OF ASSIGNMENT
(C-130B) Loadmaster	ACTIVE FLYING ☒ YES ☐ NO	731 TAS (AFRES)

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes)*

☐ MEDICALLY DISQUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☒ MEDICALLY QUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☒ MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

☐ AIRCRAFT MISHAP ☐ INITIAL CLEARANCE *(This Base)* ☒ PERIODIC MEDICAL EXAMINATION

☐ REQUIRED TO WEAR GLASSES WHILE PERFORMING FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY.

(CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

I CERTIFY that I have been notified and understand the above actions and recommendations.

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall H. Hopkins	890506

DATE MEDICAL CLEARANCE EXPIRES
31 Jul 90

☐ RATED OFFICER: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE SIXTH MONTH FOLLOWING THIS DISQUALIFICATION.

☐ NONRATED OFFICER OR ENLISTED PERSONNEL: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING DISQUALIFICATION.

ACTUAL DATE FOUND MEDICALLY DISQUALIFIED	ESTIMATED DURATION OF DISQUALIFICATION	ACTUAL DATE FOUND MEDICALLY REQUALIFIED	TOTAL DAYS DISQUALIFIED THIS ILLNESS/INJURY

REMARKS

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
R. A. DIASIO, MAJ, USAFR	RA Diasio	6 May 89

AF FORM 1042 AUG 79 PREVIOUS EDITION WILL BE USED.

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Exception to SF 520
Approved by OIRM 5/83

CLINICAL RECORD	ELECTROCARDIOGRAPHIC RECORD	PREVIOUS ECG ☐ YES ☐ NO

CLINICAL IMPRESSION	MEDICATION	☐ EMERGENCY ☑ ROUTINE	☐ BEDSIDE ☑ AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B.P.	SIGNATURE OF WARD PHYSICIAN	DATE
46	M	Cau	73½	188	76/64		6 May 89

RHYTHM	AXIS DEVIATION (QRS)	RATES AURIC. VENT.

INTERVALS PR QRS QT	P WAVES

QRS COMPLEXES

RS—T SEGMENT	T WAVES

UNIPOLAR EXTREMITY LEADS *(Specify)*

PRECORDIAL LEADS *(Specify)*

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Normal

(Continue on reverse)

NO. ECG	SIGNATURE OF PHYSICIAN	PATIENT'S IDENTIFICATION NO.	DATE
	RA Ano		6 May 89

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

REGISTER NO.	WARD NO.

NAME: Hopkins M. RANK: TSgt
(b) (6) [redacted] ORGN: 731 TAS
DUTY PH: 4171 (b) (6) [redacted]

302 TAC HOSPITAL, PETE[illegible]ON AFB, CO 80914-5000

ELECTROCARDIOGRAPHIC RECORD
(Attach Tracings to SF-507)
STANDARD FORM 520
General Services Administration and
Interagency Committee on Medical Records
FPMR 101—11.806—8
OCTOBER 1975 520-106-01

☆ U.S. GOVERNMENT PRINTING OFFICE: 1983—417-030(147)

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PULMONARY FUNCTION STUDIES

FACILITY: 302 TAC HOSPITAL, PETERSON AFB, CO 80914-5000

WARD:

PATIENT IDENTIFICATION: Hopkins Marshall H
Sgt 231 TAS PAFB Co
529567595

AGE	HT (cm)	WT	SEX	RACE	BSA M^2	DATE
46	173¼	188	M	C		6 MAY 89

PREVIOUS STUDIES: ☐ YES ☐ NO

REQUESTED BY:

SUSPECTED PULMONARY DIAGNOSIS:

SMOKING HISTORY: ☐ NON-SMOKER ☒ FORMER SMOKER/YR QUIT 1976 ☐ SMOKER/PACK YRS

LUNG SURGERY/DATE: LONG FLY

SPIROMETRY

ITEM	PREDICTED	PRE-DILATORS OBSERVED	PRE-DILATORS % PREDICTED	POST-DILATORS OBSERVED	POST-DILATORS % PREDICTED
VITAL CAPACITY VC (FVC)	5.4 cc	4.3 cc	79 %	cc	%
FORCED EXP VOL 1 SECOND (FEV_1)	4.0 cc	~~3~~ 3.5 cc	87 %	cc	%
FEV_1/FVC	74	81 %		%	
MAX MID FLOW RATE (MM FR OR FEF 25-75)	L/SEC	L/SEC	%	L/SEC	%
MAXIMUM VOLUNTARY VENTILATION (MVV)	L/MIN	L/MIN	%	L/MIN	%

LUNG VOLUMES ☐ HE ☐ BOX ☐ N_2

PREDICTED	OBSERVED	% PREDICTED
FRC		
ERV		
RV		
TLC		
RV/TLC %		

ARTERIAL BLOOD GAS VALVES

TEST	REST	STANDING	100% O_2
pH			
PCO_2 MMHG			
PO_2 MMHG			
% SAT			
A-a GRAD			
HCO_3 MEQ/L			

TECHNICIAN REMARKS AND SIGNATURE: R.D. Blake

DIFFUSING CAPACITY (D_L CO) ml/mm/mmHg

	PREDICTED	OBSERVED	% PREDICTED
SINGLE BREATH (Resting)			
STEADY STATE (Resting)			
STEADY STATE (Exercise)			

INTERPRETATION

PHYSICIAN SIGNATURE: [signature]

AF FORM JAN 82 1226

★U.S.GPO:1987-0-180-966/60091

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STANDARD FORM 93
REV. OCTOBER 1974
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29- R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME
Hopkins Marshall H

(b) (6) [redacted]

(b) (6) [redacted]

4. POSITION (title, grade, component)
Loadmaster Tsgt USAFR

5. PURPOSE OF EXAMINATION
LONG FLY

6. DATE OF EXAMINATION
890506

7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)
302 TAC HOSPITAL
Peterson AFB, CO 80914-5000

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)
Good Health - No Medications

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
X		Wear glasses or contact lenses
X		Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever, erysipelas		X		Cramps in your legs		X		"Trick" or locked knee
	X		Rheumatic fever		X		Frequent indigestion		X		Foot trouble
	X		Swollen or painful joints		X		Stomach, liver, or intestinal trouble		X		Neuritis
	X		Frequent or severe headache		X		Gall bladder trouble or gallstones		X		Paralysis (include infantile)
	X		Dizziness or fainting spells	X			Jaundice or hepatitis		X		Epilepsy or fits
	X		Eye trouble		X		Adverse reaction to serum, drug, or medicine	X			Car, train, sea or air sickness
	X		Ear, nose, or throat trouble						X		Frequent trouble sleeping
X			Hearing loss	X			Broken bones		X		Depression or excessive worry
	X		Chronic or frequent colds		X		Tumor, growth, cyst, cancer		X		Loss of memory or amnesia
	X		Severe tooth or gum trouble	X			Rupture/hernia		X		Nervous trouble of any sort
	X		Sinusitis		X		Piles or rectal disease		X		Periods of unconsciousness
	X		Hay Fever		X		Frequent or painful urination				
	X		Head injury		X		Bed wetting since age 12				
	X		Skin diseases		X		Kidney stone or blood in urine				
	X		Thyroid trouble		X		Sugar or albumin in urine				
	X		Tuberculosis		X		VD—Syphilis, gonorrhea, etc.				
	X		Asthma		X		Recent gain or loss of weight				
	X		Shortness of breath		X		Arthritis, Rheumatism, or Bursitis				
	X		Pain or pressure in chest		X		Bone, joint or other deformity				
	X		Chronic cough		X		Lameness				
	X		Palpitation or pounding heart		X		Loss of finger or toe				
	X		Heart trouble		X		Painful or "trick" shoulder or elbow				
	X		High or low blood pressure		X		Recurrent back pain				
	X				X						
	X				X						

12. FEMALES ONLY: HAVE YOU EVER

			Been treated for a female disorder
	NA		Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?
Wheeler Dealer

14. ARE YOU (Check one)
☐ Right handed ☐ Left handed

93-103-02

EXCEPTION TO SF 93
APPROVED BY OIRM 12/83

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	X	B. Inability to perform certain motions.
	X	C. Inability to assume certain positions.
	X	D. Other medical reasons (*If yes, give reasons.*)
	X	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details.*)
	X	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)
X		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)
X		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)
	X	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)
	X	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)
	X	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)
	X	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)
	X	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)

#18 Hernia 1969 St Joesph Hosp, Denver
Doctor Unknown

#19 " 1973 Memorial Hosp, Denver
Doctor Unknown

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Marshall H. Hopkins	Marshall H. Hopkins

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

ALL POSITIVE ITEMS OF MEDICAL HISTORY HAVE BEEN
PREVIOUSLY DOCUMENTED OR LISTED BELOW.

Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, history of motion sickness, disturbances of consciousness or irradiation therapy and all other significant medical or surgical history.

Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, history of motion sickness, disturbances of consciousness or irradiation therapy and all other significant medical or surgical history.

TYPED OR PRINTED NAME OF EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
RICHARD A. DIASIO, MAJ, USAFR, FS, MC	6 May 87	R A Diasio	

REVERSE OF STANDARD FORM 93

GOVERNMENT PRINTING OFFICE : 1987 O — 176-626

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Standard Form 88
Revised 10/75
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.806-8

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME (b) (6) [redacted] Hopkins [illegible]	2. GRADE AND COMPONENT OR POSITION (b) (6) [redacted] Tsgt USAFR
(b) (6) [redacted]	5. PURPOSE OF EXAMINATION: Annual Flying Class 3 — 6. DATE OF EXAMINATION: 890506
7. SEX: Male — 8. RACE: Caucasian — 9. TOTAL YEARS GOVERNMENT SERVICE (AD): MILITARY 4 [illegible] CIVILIAN	10. AGENCY: DAF — 11. ORGANIZATION UNIT: 731TAS (MAC) AFB Co Duty ph- 4171
(b) (6) [redacted] — 13. PLACE OF BIRTH: Larned Kansas	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN: Karol Hopkins-Spouse-Same as item 4
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: 302 TAC Hospital, Peterson AFB, CO 80914-5000	16. OTHER INFORMATION: AFSC: A11470 Total Years Reserve Service: 7 6/12
17. RATING OR SPECIALTY: Loadmaster (C-130B)	TIME IN THIS CAPACITY (Total): 2400 HOURS — LAST SIX MONTHS: 40 HOURS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
/	18. HEAD, FACE, NECK AND SCALP	
/	19. NOSE	
/	20. SINUSES	
/	21. MOUTH AND THROAT	
/	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
/	23. DRUMS (Perforation)	
/	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
/	25. OPHTHALMOSCOPIC	
/	26. PUPILS (Equality and reaction)	
/	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
/	28. LUNGS AND CHEST (Include breasts)	
/	29. HEART (Thrust, size, rhythm, sounds)	
/	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	/
/	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
/	33. ENDOCRINE SYSTEM	
/	34. G-U SYSTEM	
/	35. UPPER EXTREMITIES (Strength, range of motion)	
/	36. FEET	
/	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
/	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	/
/	40. SKIN, LYMPHATICS	
/	41. NEUROLOGIC (Equilibrium tests under item 72)	
/	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

23. Valsalva Normal bilaterally

28. See attached AF Form 1226

31. 3" (L) inguinal scar - WHNS

32. Rectal exam Normal
Hemoccult: Negative

39. Scars as before on (R) arm, (R) forearm, (L) forearm, and (L) patellar area - WHNS

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth — Non-restorable teeth — Missing teeth — Replaced by dentures — Fixed Partial dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		X	X										O	X	X		

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
Type 1
Class 2
Qualified/Disqualified

LABORATORY FINDINGS

45. URINALYSIS A. SPECIFIC GRAVITY (1.003-1.030) 1.019
B. ALBUMIN Neg
C. SUGAR Neg
D. MICROSCOPIC —

46. CHEST X RAY (Place, date, film number and result) —

47. SEROLOGY (Specify test used and result): RPR NR

48. EKG: Normal

49. BLOOD TYPE AND RH FACTOR: —

50. OTHER TESTS: HGB (M-14.8-18.8) 16.0 Chol (~~141-300~~ 132-230) 190
Trig (up to 210) 258 FBS (76-115) 96
HDL (28-~~88~~) 31 Sickling-Neg IPPD-Neg

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MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
73 1/4	188	Brown	Blue	☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	–

57. BLOOD PRESSURE (Arm at heart level)

A SITTING	SYS. 110 / DIAS. 64	B RECUMBENT	SYS. – / DIAS. –	C STANDING (3 min.)	SYS. 110 / DIAS. 70

58. PULSE (Arm at heart level)

A SITTING	B. AFTER EXERCISE	C 2 MIN. AFTER	D. RECUMBENT	E AFTER STANDING 3 MIN.
72	86	76	–	76

59. DISTANT VISION

RIGHT 20/ 17	CORR TO 20/ —		
LEFT 20/ 17	CORR TO 20 —		

60. REFRACTION Manifest

BY PL	S. —	CX. —	
BY +0.25	S. —	CX —	

61. NEAR VISION

20/70	CORR. TO 20/20	BY +1.00 ADD
20/17	CORR. TO 20/20	BY +1.00

62. HETEROPHORIA (Specify distance)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD
5	0	0	0	—	Ortho	–	–

63. ACCOMMODATION

RIGHT – LEFT –

64. COLOR VISION (Test used and result)

VTS-CV-~~Failed~~ Passed BY RECORD /14

65. DEPTH PERCEPTION (Test used and score)

VTA-ND

UNCORRECTED PASSES (F)

CORRECTED —

66. FIELD OF VISION

Normal Confrontation

67. NIGHT VISION (Test used and score)

NIBH

68. RED LENS TEST

–

69. INTRAOCULAR TENSION

OD: 11 OS: 07

70. HEARING

RIGHT WV – /15 SV – /15

LEFT WV – /15 SV – /15

71. MAICO AUDIOMETER ANSI 69

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT	X	15	10	25	30	30	25	X
LEFT	X	15	20	35	35	35	30	X

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

–

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

All positive items of medical history have been previously documented or listed below.

EXAMINEE DENIES AND REVIEW OF MEDICAL RECORDS FAILS TO REVEAL ANY SIGNIFICANT MEDICAL OR SURGICAL HISTORY SINCE LAST EXAM DATED 9 Apr 88

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

44. Dental caries #20

71. High frequency hearing loss bilatterally

75. RECOMMENDATIONS FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Dental corrections. Hearing protection worn in hazardous noise areas

76. A PHYSICAL PROFILE

P	U	L	H	E	S	X
1	1	1	1	1	1	1

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR (IS) Flying Class III

B. ☐ IS NOT QUALIFIED FOR

B PHYSICAL CATEGORY

A	B	C	E
–	–	–	–

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF [redacted] EXAMINER MINNIE L. GIVENS, MSgt, USAFR — SIGNATURE Minnie L. Givens

80. TYPED OR PRINTED NAME OF PHYSICIAN RICHARD A. DIABIO, MAJ, USAFR, FS, MC — SIGNATURE R A Diabio

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) 302 TAC HOSP, PETERSON AFB, CO. 80914-5000 — SIGNATURE D M Johnson LC

82. TYPED OR PRINTED NAME OF REVIEWING [redacted] AUTHORITY DAVID M. JOHNSON, LTC, USAFR, DC — SIGNATURE — NUMBER OF ATTACHED SHEETS

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

302 TAC HOSPITAL
Peterson AFB, CO 80914-5000

19 Jan 89 — AF Form 895 accomplished this date for annual records review/ re-enlistment; no discrepancies noted.

Ann Irene J. Johnson USAFR
(b) (6) AFSC 90630
302 TAC HOSPITAL
Peterson AFB, CO 80914-5000

6 May 89 — Lung Fly/ ~III

RICHARD A. DIASIO, MAJ., USAFR, MC, FS
(b) (6) DAFSC: 9351
302 TAC HOSP.
PETERSON AFB, CO 80914

9 Jan 89 — Cervicitis b/l, letter of counseling sent this date.

MINNE L. GIVENS, TSgt, USAFR
(b) (6) AFSC: 90670
302 TAC HOSP, PETERSON AFB, CO. 80914-5000

23 AUG 1989 — INDIVIDUALS MEDICAL RECORDS HAVE BEEN REVIEWED FOR SECURITY CLEARANCE IAW AFR 205-32 AND FOUND QUALIFIED.

MINNE L. GIVENS, TSgt, USAFR
(b) (6) AFSC: 90670
302 TAC HOSP, PETERSON AFB, CO. 80914-5000

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: 302 TAC HOSPITAL, Peterson AFB, CO 80914-5000

PATIENT'S NAME (Last, First, Middle initial)	SEX
Hopkins, Marshall H.	M
RELATIONSHIP TO SPONSOR	**STATUS** / **RANK/GRADE**
—	USAFR / SSGT
SPONSOR'S NAME	**ORGANIZATION**
—	731 TAS
DEPART./SERVICE	(b) (6)
USAFR	

CHRONOLOGICAL RECORD OF MEDICAL CARE — STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	USAF CLINIC-SGP PETERSON AFB, CO 80914
7 May 90 No Appt	DATE – BP 110/86 Chief Complaint: Short Fly TIME – T – AGE 46 P – WT 190 R – Allergies: NKDA
	S) Denies active med concerns except Notes his new glasses don't correct his Near Viscon O.S
	O) See AF 1446 (b) (6) [redacted] Near Viscon 20/40 O.S. CC
	MAJ DAVID C. SMITH USAF, MC, FS, DAFSC 9356 USAF CLINIC PETERSON AFB, CO 80914
	A) as above
	P) 1042 Signed DCS FU c̄ optom.
	(b) (6) [redacted]
	(b) (6) [redacted]

GPO : 1987 O - 173-675 (40285)

STANDARD FORM 600 BACK (REV. 5-84)

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MEDICAL EXAMINATION—FLYING PERSONNEL

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974—USE BLANKET PAS-DD Form 2005)

INSTRUCTIONS

Items 1-12. Self explanatory.
Item 13. Flight Duty Performed—Enter rating and type of aircraft, for example, Pilot/KC-135, Radar Navigator/B-52.
Item 14. ASC—Enter current aviation service code from AFM 300-4, Vol 1.
Item 15. Total Flying Hours—Enter total flying hours since entry into aviation service.
Item 16. Total Flying Hours Last Six Months—Enter total flight hours during the last six months prior to this examination.
Item 17. Self-explanatory.
Item 18. Height—Record height to the nearest half inch or the nearest centimeter, with examinee in stocking feet.
Item 19. Weight—Weigh examinee in minimum clothing and record weight to the nearest pound or half of a kilogram.
Item 20. Visual Acuity—Record best uncorrected distant and near vision and best corrected distant and near vision.
Item 21. Auditory Acuity—Record pure bone threshold for each year at frequencies 500, 1000, 2000, 3000, 4000, and 6000 Hz.
Item 22. Type of Instrument Used—Record type of instrument used and its calibration standard.
Item 23. History and Remarks—Enter significant history since last complete medical examination and any other remarks the examining Flight Surgeon feels are pertinent.
Item 24 and 25. Self-explanatory.

1. NAME *(Last, First, Middle Initial)*	2. GRADE	(b) (6)	5. AGE
Hopkins Marshall Hugh	E6	(b) (6)	44

6. SEX	7. RACE *(Do not abbreviate)*	8. AGENCY	9. UNIT OF ASSIGNMENT	10. MAJCOM
M	Caucasian	DAF	731 TAS	MACRES

11. DATE OF EXAMINATION *(Day, mo, yr)*	12. NAME AND BASE OF EXAMINING FACILITY	
90488	Peterson AFB Co	302 TAW Colorado Springs, Colo 80914-5000

13. FLIGHT DUTY PERFORMED	14. ASC	15. TOTAL FLYING HOURS	16. TOTAL FLYING HOURS LAST 6 MONTHS
Loadmaster	~~A 11470~~ 9D	2100	50

17. BLOOD PRESSURE *(Sitting with arm at heart level)*		18. HEIGHT	19. WEIGHT
SYSTOLIC 96	DIASTOLIC 68	74	184

20. VISUAL ACUITY

EYE	DISTANT		NEAR	
RIGHT	20/ 17	CORR TO 20/	20/30	CORR TO 20/20
LEFT	20/ 15	CORR TO 20/	20/70	CORR TO 20/15

21. AUDITORY ACUITY	22. TYPE OF INSTRUMENT USED

CALIBRATION STANDARD ☐ ISO ☐ ASA ☐ ANSI ☐ OTHER

EAR	250	500	1000	2000	3000	4000	5000	6000
RIGHT	—	10	05	30	20	20	—	40
LEFT	—	10	05	20	25	25	—	30

23. HISTORY AND REMARKS

EXAMINEE DENIES AND REVIEW OF MEDICAL RECORDS FAILS TO REVEAL ANY SIGNIFICANT MEDICAL OR SURGICAL HISTORY SINCE LAST EXAM DATED 8 Aug 87

24. TYPE OR PRINT NAME OF MEDICAL OFFICER	25. SIGNATURE
RICHARD A. DIASIO, MAJ, USAFR, FS, MC	R. A Diasio

AF FORM 1446 OCT 81

(File in Outpatient Record)

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STANDARD FORM 93
REV. OCTOBER 1974
GSA FPMR 101-11.8

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME: Hopkins Marshall Hugh

(b) (6)

(b) (6)

4. POSITION (title, grade, component): Tsgt USFR

Short Fly

Apn 090488

7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)
302 TAC HOSPITAL
Peterson AFB, CO 80914-5000

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)
Good Health
No Medications

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
X		Wear glasses or contact lenses
X		Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever, erysipelas
	X		Rheumatic fever
	X		Swollen or painful joints
	X		Frequent or severe headache
	X		Dizziness or fainting spells
	X		Eye trouble
	X		Ear, nose, or throat trouble
X			Hearing loss
	X		Chronic or frequent colds
	X		Severe tooth or gum trouble
	X		Sinusitis
	X		Hay Fever
	X		Head injury
	X		Skin diseases
	X		Thyroid trouble
	X		Tuberculosis
	X		Asthma
	X		Shortness of breath
	X		Pain or pressure in chest
	X		Chronic cough
	X		Palpitation or pounding heart
	X		Heart trouble
	X		High or low blood pressure
	X		
	X		

YES	NO	DON'T KNOW	(Check each item)
	X		Cramps in your legs
	X		Frequent indigestion
	X		Stomach, liver, or intestinal trouble
	X		Gall bladder trouble or gallstones
X			Jaundice or hepatitis
	X		Adverse reaction to serum, drug or medicine
X			Broken bones
	X		Tumor, growth, cyst, cancer
X			Rupture/hernia
	X		Piles or rectal disease
	X		Frequent or painful urination
	X		Bed wetting since age 12
	X		Kidney stone or blood in urine
	X		Sugar or albumin in urine
	X		VD—Syphilis, gonorrhea, etc.
	X		Recent gain or loss of weight
	X		Arthritis, Rheumatism, or Bursitis
	X		Bone, joint or other deformity
	X		Lameness
	X		Loss of finger or toe
	X		Painful or "trick" shoulder or elbow
	X		Recurrent back pain
	X		
	X		

YES	NO	DON'T KNOW	(Check each item)
	X		"Trick" or locked knee
	X		Foot trouble
	X		Neuritis
	X		Paralysis (include infantile)
	X		Epilepsy or fits
X			Car, train, sea or air sickness
	X		Frequent trouble sleeping
	X		Depression or excessive worry
	X		Loss of memory or amnesia
	X		Nervous trouble of any sort
	X		Periods of unconsciousness

12. FEMALES ONLY: HAVE YOU EVER

			Been treated for a female disorder
	NA		Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?
Coal Dealer-Produce Dealer Misc Dealer

14. ARE YOU (Check one)
[X] Right handed [ ] Left handed

93-102-02

EXCEPTION TO SF 93
APPROVED BY OIRM 12/83

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
	X	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	#18 Hernia 1969 St. Joesph Hosp. Denver Doctor Unknown #19 " 1973 Memorial Hosp. Denver Doctor Unknown
	X	B. Inability to perform certain motions.	
	X	C. Inability to assume certain positions.	
	X	D. Other medical reasons (*If yes, give reasons.*)	
	X	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details*).	
	X	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)	
X		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)	
X		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)	
	X	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)	
	X	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)	
	X	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)	
	X	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)	
	X	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Marshall Hugh Hopkins	Marshall H Hopkins

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

ALL POSITIVE ITEMS OF MEDICAL HISTORY HAVE BEEN PREVIOUSLY DOCUMENTED OR LISTED BELOW.

Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, history of motion sickness, disturbances of consciousness or irradiation therapy and all other significant medical or surgical history.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
RICHARD A. DIASIO, MAJ, USAFR, FS, MC		RA Diasio	

REVERSE OF STANDARD FORM 93

☆ U.S. GOVERNMENT PRINTING OFFICE: 1984-447-685/18419

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Standard Form 88
Revised 10/75
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.806-8

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME: Hopkins Marshall Hugh	2. GRADE AND COMPONENT OR POSITION: Tsgt USAFR
(b) (6) [redacted]	(b) (6) [redacted]
5. PURPOSE OF EXAMINATION: Annual Flying Class 3	6. DATE OF EXAMINATION: 870808
7. SEX: Male	8. RACE: Caucasian
9. TOTAL YEARS GOVERNMENT SERVICE: MILITARY 4 yrs; CIVILIAN	10. AGENCY: DAF
11. ORGANIZATION UNIT: 731 TAS (MAC) Duty ph- 4264	
(b) (6) [redacted]	13. PLACE OF BIRTH: Larned Kansas
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN: Karol A. Hopkins - spouse	(b) (6) [redacted]
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: 302 TAC Hospital, Peterson AFB, CO 80914-5000	16. OTHER INFORMATION: AFSC: [illegible] Total Years Reserve Service: 13 yr 6 m.
17. RATING OR SPECIALTY: Loadmaster (C-130B)	TIME IN THIS CAPACITY (Total): 2000 HOURS; LAST SIX MONTHS: 200 HOURS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

23. Valsalva Normal bilaterally

28. See attached AF Form 1226

31. 3" left inguinal scar w/ HNS. no hernia

32. Rectal exam Nml prostate & rectum occult blood regen

34. Circumcised.

39. 1½" scar rt arm near elbow w/ HNS
2" scar rt arm near elbow w/ HNS
2" scar rt forearm near elbow w/ HNS
1" scar left forearm w/ HNS
1¼" x ½" scar left Patella w/ HNS

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth; Non-restorable teeth; Missing teeth; Replaced by dentures; Fixed Partial dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
		X	X											X	X		

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
Type II
Class I
Qualified/Disqualified

LABORATORY FINDINGS

45. URINALYSIS A. SPECIFIC GRAVITY (1.010-1.030) 1.028
B. ALBUMIN NEG
C. SUGAR NEG
D. MICROSCOPIC NEG

46. CHEST X-RAY (Place, date, film number and result)

47. SEROLOGY (Specify test used and result): RPR / Non reactive

48. EKG: Normal

49. BLOOD TYPE AND RH FACTOR: APos

50. OTHER TESTS: HGB (M-14.8-18.8) 15.0 Chol (141-300) 183
Trig (up to 210) 207 FBS (76-115) 101
HDL (28-78) 33 Sickling- NEG IPPD- NEG

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MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
74	182	BROWN	BLUE	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	–

57. BLOOD PRESSURE (Arm at heart level)

A. SITTING	B. RECUMBENT	C. STANDING (5 min.)
SYS 108 / DIAS 56	SYS 102 / DIAS 56	SYS 104 / DIAS 62

58. PULSE (Arm at heart level)

A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
70	–	76	68	74

59. DISTANT VISION	60. REFRACTION Manifest	61. NEAR VISION
RIGHT 20/ 70 CORR. TO 20/	BY +1.25 S. D.S. CX	20/ 30 CORR. TO 20/ 20 BY Lens
LEFT 20/ 20 CORR. TO 20/	BY +1.50 S. D.S. CX	20/ 70 CORR. TO 20/ 20 BY Lens

62. HETEROPHORIA (Specify distance)

ES° 4 EX° Ø R. H. Ø L. H. 5 PRISM DIV. PRISM CONV. CT ~~Ortho~~ Low EP, Low XP CO PC 4 PD –

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED Fails - 8
RIGHT – LEFT –	~~Passed~~ VTS-CV-Failed 14	VTA-ND	CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION
Normal Confrontation	NIBH	–	OD: 10 OS: 6

70. HEARING

RIGHT WV – /15 SV – /15

LEFT WV – /15 SV – /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT	X	10	5	20	20	25	30	X
LEFT	X	10	0	15	25	20	25	X

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) Repeat OD ## OS09

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

All positive items of medical history have been previously documented or listed below.

Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, [redacted], irradiation therapy and all other significant medical or surgical history.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

61. Decreased Visual acuity OU, Near, corrected.

75. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

–

76. A. PHYSICAL PROFILE

P	U	L	H	E	S	X
1	1	1	1	1	1	1

77. EXAMINEE (Check)

A. ☑ IS QUALIFIED FOR (IS) Flying Class III

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E
–	–	–	–

79. TYPED OR PRINTED NAME OF PHYSICIAN MINNIE L. GIVENS, TSGT, USAFR — **SIGNATURE** Minnie L. Givens

80. TYPED OR PRINTED NAME OF PHYSICIAN R. J. Black Schultz LtCol USAFR (MC) Flight Surgeon — **SIGNATURE** R. J. Black Schultz

81. TYPED OR PRINTED NAME OF DENTIST OR ~~PHYSICIAN~~ (Indicate which) Kelly D. O'Neal Capt — **SIGNATURE** K. D. O'Neal

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — **SIGNATURE** — **NUMBER OF ATTACHED SHEETS**

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STANDARD FORM 93
REV. OCTOBER 1974
GSA FPMR 101-11.8

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME
Hopkins Marshall Hugh

(b) (6) [redacted]

(b) (6) [redacted]

4. POSITION (title, grade, component)
Loadmaster USAFR Tsgt

5. PURPOSE OF EXAMINATION
Long FLT Phy.

6. DATE OF EXAMINATION
870808

7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)
302 TAC HOSPITAL
Peterson AFB, CO 80914-5000

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complete data exists)
Good Health
NONE medications

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
X		Wear glasses or contact lenses
X		Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever, erysipelas
	X		Rheumatic fever
	X		Swollen or painful joints
	X		Frequent or severe headache
	X		Dizziness or fainting spells
	X		Eye trouble
	X		Ear, nose, or throat trouble
X			Hearing loss
	X		Chronic or frequent colds
	X		Severe tooth or gum trouble
	X		Sinusitis
	X		Hay Fever
	X		Head injury
	X		Skin diseases
	X		Thyroid trouble
	X		Tuberculosis
	X		Asthma
	X		Shortness of breath
	X		Pain or pressure in chest
	X		Chronic cough
	X		Palpitation or pounding heart
	X		Heart trouble
	X		High or low blood pressure

YES	NO	DON'T KNOW	(Check each item)
	X		Cramps in your legs
	X		Frequent indigestion
	X		Stomach, liver, or intestinal trouble
	X		Gall bladder trouble or gallstones
X			Jaundice or hepatitis
	X		Adverse reaction to serum, drug or medicine
X			Broken bones
	X		Tumor, growth, cyst, cancer
X			Rupture/hernia
	X		Piles or rectal disease
	X		Frequent or painful urination
	X		Bed wetting since age 12
	X		Kidney stone or blood in urine
	X		Sugar or albumin in urine
	X		VD—Syphilis, gonorrhea, etc.
	X		Recent gain or loss of weight
	X		Arthritis, Rheumatism, or Bursitis
	X		Bone, joint or other deformity
	X		Lameness
	X		Loss of finger or toe
	X		Painful or "trick" shoulder or elbow
	X		Recurrent back pain

YES	NO	DON'T KNOW	(Check each item)
	X		"Trick" or locked knee
	X		Foot trouble
	X		Neuritis
	X		Paralysis (include infantile)
	X		Epilepsy or fits
X	X		Car, train, sea or air sickness
	X		Frequent trouble sleeping
	X		Depression or excessive worry
	X		Loss of memory or amnesia
	X		Nervous trouble of any sort
	X		Periods of unconsciousness

12. FEMALES ONLY: HAVE YOU EVER

			Been treated for a female disorder
	N/A		Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?
Loadmaster

14. ARE YOU (Check one)
[X] Right handed [ ] Left handed

93-102-02

EXCEPTION TO SF 93
APPROVED BY OIRM 12/83

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
	X	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	#18 + 19 Hernia 1969 St Joesph Hosp Denver " 1733 Memorial Hosp, Denver Doctor Unknown
	X	B. Inability to perform certain motions.	
	X	C. Inability to assume certain positions.	
	X	D. Other medical reasons (*If yes, give reasons.*)	
	X	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details.*)	
	X	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)	
X		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)	
X		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)	
	X	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)	
	X	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)	
	X	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)	
	X	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)	
	X	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Marshall H. Hopkins	Marshall H Hopkins

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

ALL POSITIVE ITEMS OF MEDICAL HISTORY HAVE BEEN PREVIOUSLY DOCUMENTED OR LISTED BELOW. MH

Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, history of irradiation therapy, and all other significant medical or surgical history.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
R.J. Black Schultz LtCol USAFR (MC) Flight Surgeon	8 Aug 87	R J Black Schultz	

REVERSE OF STANDARD FORM 93

☆ U.S. GOVERNMENT PRINTING OFFICE: 1984-447-685/18419

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Exception to SF 520
Approved by OIRM 5/83

CLINICAL RECORD — ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG: [X] YES [ ] NO

CLINICAL IMPRESSION:

MEDICATION:

[✓] EMERGENCY [ ] BEDSIDE
[ ] ROUTINE [✓] AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B.P.	SIGNATURE OF WARD PHYSICIAN	DATE
44	M	C	72"	170			8 Aug 87

RHYTHM:

AXIS DEVIATION (QRS):

RATES: AURIC. VENT.

INTERVALS: PR QRS QT

P WAVES:

QRS COMPLEXES:

RS—T SEGMENT:

T WAVES:

UNIPOLAR EXTREMITY LEADS *(Specify)*

PRECORDIAL LEADS *(Specify)*

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Sinus Bradycardia
Otherwise Normal ECG

(Continue on reverse)

NO. ECG	SIGNATURE OF PHYSICIAN	PATIENT'S IDENTIFICATION NO.	DATE
	R A Dixon		

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

Hopkins Marshall H TSgt

(b) (6) [redacted]

REGISTER NO.	WARD NO.

ELECTROCARDIOGRAPHIC RECORD
(Attach Tracings to SF-507)
STANDARD FORM 520
General Services Administration and
Interagency Committee on Medical Records
FPMR 101—11.806—8
OCTOBER 1975 520-106-01

☆ U.S. GOVERNMENT PRINTING OFFICE: 1983—417-030(147)

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

TO: FMO/Scheduling Officer (Unit)	FROM:	DATE
1003 SPACE SPT GP/OTFI 731 TAS PETERSON AFB, CO 80914	302 Tactical Hospital PETERSON AFB, CO 80914	8 AUG 87

LAST NAME-- FIRST NAME - MIDDLE INITIAL	GRADE	(b) (6)
HOPKINS, MARSHALL H.	TSGT	[redacted]

RATING/FLYING DUTY	ASC 9D ACTIVE FLYING ☒ YES ☐ NO	ORGANIZATION AND MAJCOM OF ASSIGNMENT
LOADMASTER		731 TAS (AFRES)

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes)*

☐ MEDICALLY DISQUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☒ MEDICALLY QUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☒ MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

☐ AIRCRAFT MISHAP ☐ INITIAL CLEARANCE *(This Base)* ☒ PERIODIC MEDICAL EXAMINATION

☑ REQUIRED TO WEAR GLASSES WHILE PERFORMING FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY.

(CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

I CERTIFY that I have been notified and understand the above actions and recommendations

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall H Hopkins	870808

DATE MEDICAL CLEARANCE EXPIRES
31 JULY 88

☐ RATED OFFICER: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE SIXTH MONTH FOLLOWING THIS DISQUALIFICATION.

☐ NONRATED OFFICER OR ENLISTED PERSONNEL: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING DISQUALIFICATION.

ACTUAL DATE FOUND MEDICALLY DISQUALIFIED	ESTIMATED DURATION OF DISQUALIFICATION	ACTUAL DATE FOUND MEDICALLY REQUALIFIED	TOTAL DAYS DISQUALIFIED THIS ILLNESS/INJURY
1 Aug 87	7 days	8 Aug 87	

REMARKS

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
R.J. BLACK SCHULTZ, LTC, USAFR, MC, FS	R J Black Schultz	8 Aug 87

AF FORM 1042 AUG 79 PREVIOUS EDITION WILL BE USED.

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

TO: FMO/Scheduling Officer (Unit)	FROM:	DATE
1003 Space Supt GP/OTFI 731 TAS/DOT	302 Tactical Hospital Peterson AFB, CO 80914	3 Aug 87

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE	(b) (6)
HOPKINS, MARSHALL H.	TSG	

RATING/FLYING DUTY	ASC 9D ACTIVE FLYING ☒ YES ☐ NO	ORGANIZATION AND MAJCOM OF ASSIGNMENT
LOADMASTER (C130-B)		731 TAS (AFRES)

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes)*

☒ MEDICALLY DISQUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☐ MEDICALLY QUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☐ MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

☐ AIRCRAFT MISHAP ☐ INITIAL CLEARANCE *(This Base)* ☐ PERIODIC MEDICAL EXAMINATION

☐ REQUIRED TO WEAR GLASSES WHILE PERFORMING FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY.

(CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

I CERTIFY that I have been notified and understand the above actions and recommendations

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
MEMBER AWARE OF ACTION	3 Aug 87

DATE MEDICAL CLEARANCE EXPIRES

☐ RATED OFFICER: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE SIXTH MONTH FOLLOWING THIS DISQUALIFICATION.

☐ NONRATED OFFICER OR ENLISTED PERSONNEL: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING DISQUALIFICATION.

ACTUAL DATE FOUND MEDICALLY DISQUALIFIED	ESTIMATED DURATION OF DISQUALIFICATION	ACTUAL DATE FOUND MEDICALLY REQUALIFIED	TOTAL DAYS DISQUALIFIED THIS ILLNESS/INJURY
1 Aug 87	7 days		

REMARKS

Failure to comply with medical requirements- annual physical exam

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
EDWARD T. KIMBLE, LTC, USAFR, MC, FS	E T. K MD	3 Aug 87

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USAF CLINIC PETERSON
OPTOMETRY CLINIC
PETERSON AFB CO 80914

NSN 7540-00-634-4176 600-108

HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

DATE 8 Nov 8C

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What is your age? 45 When was your last eye exam? None Physical 7/88
2. Have you ever had an eye disease, injury, or surgery? No,
3. What is your occupation? Coal dealer / Loadmaster
4. Have you ever worn contact lenses? ____ If yes, what type? ____
5. Do you or any of your blood relatives have: (give relationship to you)
   High blood pressure ____ Glaucoma ____ Diabetes ____
   Cataracts ____ Other medical problems (list) ____
6. Have you ever been prescribed visual training or eye exercises? ____
7. Do you have any seasonal or drug allergies? No What? ____
8. Are you taking any medications? No What? ____
9. Are safety glasses required to perform your duties? ____
10. Are you on PRP/SCI? ____ Are you on flying status? Yes

		DVA	NVA	
Rx R	S C	R 20/20	20/20-2	NCT: R OK L OK
L		L 20/20-2	20/40	NPC: 2/2
ADD		PUPILS: PERRLA ( )MG		EOM: WFL
AMP OF ACCOM: ____		STEREOPSIS ____		CT: 0, Mod Exp
COLORVISION: PIP ____	D-15 ____	CF ____		PD 62/58
EYE SIZE ____	BRIDGE SIZE ____	TEMPLE ____	SEG HT ____	

EMMITT C. CAMERON, TSGT
(b) (6) AFSC 91275
NCOIC, OPTOMETRY CLINIC

PETER W. GRABARZ, A1C
(b) (6) AFSC 91235
OPTOMETRY SPECIALIST

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
Hopkins, Marshall		M.
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
Self	USAFR	TSgt
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	(b) (6)

CHRONOLOGICAL RECORD OF MEDICAL CARE — USAF CLINIC PETERSON OVERPRINT

STANDARD FORM 600 (RE
Prescribed by GSA and ICM
FIRMR (41CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
CONTINUED	C/C: Failed N.P. on short flying physical Bought OTC R.O. to pass test - Not used. No N.P. complaints

Pursuant to AFR 35-67, cause of Injury/Disease is/is not in LOD

RET: R Pl 20/ SUBJ: R Pl 20/

L +0.25 20/ L +0.25 D.S 20/20

+125 +150

PHORIAS DIST: V H X-CYL: +125 VERGENCES: DIST BI ___/___/___ BO ___/___/___

NEAR: V/Upcd H 2½ exo PRA -1.00 NRA +0.75 NEAR BI ___/___/___ BO ___/___/___

FUNDUS: MEDIA: cl - cl +1.00
DISC: 0.25/3 0.25/3
VESSELS: 2/3 2/3
MACULA: nl FR nl FR
POST POLE: Neg Neg
PERIPHERY:

20/20 20

SLE: L/L:
CONJ:
CORNEA:
A/C:
IRIS:
ANGLE:
LENS:
OTHER TESTS:

ASSESSMENT: R SM SMA CMA SH SHA CHA MA WTR ATR OBLQ PRES

L SM SMA CMA SH SHA CHA MA WTR ATR OBLQ PRES

N/A R L ESO/EXO/HYPER/HYPO CONSTANT/INTERMITTENT/ALT. TROPIA/PHORIA

DIST NEAR $\overline{S}$ $\overline{C}$ AMBLYOPIA

OCULAR HEALTH R NAP

L NAP

PLAN: ORDER 2/1 GI Rx, N-31, GMI, A-C Clear, A-C N-15, Gave copy of Rx to Pt.

ADVISED PT. ON CONDITION OF EYES, REFER TO Ø

RTC PRN, F/U ___ MONTHS, YEARLY, 2-3 YEARS, FINAL Rx R Pl

DIST, NVO

OTHER Tx: N/A ADD +1.00 L +0.25

MICHAEL B. GORDON, CAPT, USAF, BSC
170-54-5165 AFSC 9251
Optometrist, PAFB

ROBERT S. BUCKINGHAM, CAPT, USAF, BSC
(b) (6) [redacted] AFSC 9256
Chief, Optometry Services, PAFB

DANIEL C. WEBER, Capt, USAFR, BSC
(b) (6) [redacted] AFSC: 09256
302 TAC Hosp, Peterson AFB, CO 80914-5000

☆ U.S. Government Printing Office: 1985—461-275/20132

STANDARD FORM 600 BACK (REV. 5-84)

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NSN 7540-00-634-4176 600-107

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
27 MAR 1986	AEROMEDICAL SERVICES USAF HOSP SHAW/SGP SHAW AFB, SC 29152-5300
	S: Pt. bleeding from ① ear during chamber flt. ↓35,000, noticed at 8000 ft.
	O: small excoriation ext canal VNB - no TM lesion.
	A: ① ext canal excoriation ② no otitis externa
	P: ① Cleared [redacted] chamber ② reassured. ③ Clean ears c̄ H_2O_2 & H_2O 50/50 periodically.
	PAUL W. CRAIG, CAPT, USAF, MC, FS [redacted] FV USAF HOSP SHAW, SHAW AFB, SC 9351
9 Apr 88	Short Fly
	RICHARD A. DI ASIO, MAJ., USAFR, MC, FS [redacted] DAFSC: 9351 302 TAC HOSP. PETERSON AFB, CO 80914

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
Hopkins, Marshall H.		M.
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
—	AD	SSgt.
SPONSOR'S NAME	ORGANIZATION	
—	731 TASS	
DEPART./SERVICE	DATE OF BIRTH	
AF [redacted]		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FPMR (41 CFR) 101-11.806-8

☆ GPO : 1984 O - 421-526 (122)

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07 JUL 1986 USAF CLINIC-SGP
PETERSON AFB, CO 80914

S) Short Fly P.E. – 42 y.o. reservist load master here for short form flying physical.

O/ AF Form 1446 data reviewed and acceptable X for near vision of (R) 20/30 (L) 20/70. According to 160-43 needs to be 20/20 + 20/30 to be qualified.

A) needs optomometry [redacted] val. ASAP

P/ 1042 completion when standards met. Got glasses and passes visual acuity tests.

Sellers

MAJ ALFRED O. SELLERS M.D. 9356
USAF [redacted]
PETERSON AFB CLINIC, COLO 80914

8 Aug 87 + flying class III long physical. Deadly

R J Black Schultz

R.J. BLACK SCHULTZ, LTC, USAFR, MC FS
[redacted] FSC: 09356
302 TAC HOSP, PETERSON AFB, CO. 80914-5000

3. Oct 87

S. Hit by a hook L eyebrow. Seen at USAFA
No records or X Ray reports back yet.
Has mild headache. Hers been DNIF

O. Ecchymosis around L eye PERLA
Tender L eyebrow

A. Contusion of L eyebrow
Post traction headache

P. Instructed in ear traction for headache
Return next week when AFA
Continue DNIF

R J Black Schultz

R. J. Black Schultz Lt. Col. USAFR, MC, FS
[redacted] AFSC: 09356
731 TAS, Peterson AFB, CO 80914-5000

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MEDICAL CERTIFICATE

Attach copies of orders placing member on tour of duty as indicated.

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE	(b) (6)
HOPKINS, MARSHALL H.	E5	

ORGANIZATION AND LOCATION	CBPO
731 TAS/DOLM (AFRES), Peterson AFB, CO 80914-5000	302 TAW/DPMQ (AFRES)

DATES OF DISABILITY (Total period)		MONTHLY RECERTIFICATION (Dates)	
FROM	THROUGH	FROM	THROUGH
3 Sep 85	17 Sep 85		

MEMBER INCURRED DISABILITY

INJURY	DISEASE	TYPE OF DUTY
		INACTIVE DUTY TRAINING
		ACTIVE DUTY
		ACTIVE DUTY (30 days or more)
	X	ACTIVE DUTY (less than 30 days)
		ACTIVE DUTY (Training of 45 days or less under 10 U.S.C. 270(b)
		TEMPORARY DUTY FOR PHYSICAL EXAMINATION

AIR NATIONAL GUARD/AIR FORCE RESERVE CERTIFICATE

	INITIAL CERTIFICATE	*I certify above member was disabled in line of duty.*
X	INITIAL & FINAL CERTIFICATE	*AF Form 348, Line of Duty Determination, is attached.*
	MONTHLY RECERTIFICATION	*I certify above member continues to be disabled.*
	FINAL CERTIFICATE	*I certify above member has been returned to duty by medical authority.*

DATE	CERTIFYING OFFICER (Typed or printed name)	SIGNATURE
8 Mar 86	ALAN H. HALL, CPT, USAFR, MC, FS	Alan H Hall

UNIT COMMANDER CERTIFICATE

I order the member to perform limited or restricted duty while in a disability pay and allowance status.

DATE	UNIT COMMANDER (Typed or printed name)	SIGNATURE

CERTIFICATE OF SERVICE MEDICAL OFFICER

I certify above member was under my care.

MEMBER UNDER MY CARE		DIAGNOSIS
FROM	THROUGH	
3 Sep 85	17 Sep 85	Right maxillary sinusitis.

MEMBER HOSPITALIZED		NAME AND ADDRESS OF HOSPITAL
FROM	THROUGH	

IS ABLE TO RETURN TO MILITARY DUTY?	ADDRESS OF MEDICAL OFFICER
[X] YES - NORMAL MILITARY DUTY. [ ] NO - MEMBER IS ENTITLED TO CONTINUED DISABILITY PAY PER DODPM, PARAGRAPH 80254.	302 Tactical Hospital (AFRES) Peterson AFB, CO 80914-5000

DATE	SERVICE MEDICAL OFFICER (Type or print name)	SIGNATURE
8 Mar 86	ALAN H. HALL, CPT, USAFR, MC, FS	Alan H Hall

AF FORM SEP 79 1971 PREVIOUS EDITION IS OBSOLETE

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DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR FORCE RESERVE
ROBINS AIR FORCE BASE, GEORGIA 31098 -6001

REPLY TO ATTN OF: DPAA

20 February 1986

SUBJECT: Line of Duty Determination(s)

TO: HQ ARPC/DSMMA1

The attached line of duty determination(s) ~~XXXX~~ (are) approved. File in master personnel records. Additional remarks: None

FOR THE COMMANDER

WINFORD J. HAIRE
Chief, Personnel Actions Division
Directorate of Personnel Programs

5 Atch
1. SSgt CRANE, Floyd D.,
(b) (6) 917 TFG
2. SSgt HOPKINS, Marshall H.,
529-56-7575 - 302 TAW
3. SSgt LEE, John J.,
(b) (6) 94 TAW
4. SSgt LINZ, Monica L.,
(b) (6) 446 MAW
5. TSgt VOLLMER, Gary,
(b) (6) 94 TAW

cc: 917 TFG/DPMQ wo atch
302 TAW/DPMQ wo atch
94 TAW/DPMQ wo atch
446 MAW/DPMQ wo atch

81 80 E 9 0 9861

DPAA-FL-48

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

TO: FMO/Scheduling Officer (Unit)	FROM:	DATE
1st Space Supt Gp/OTFI 731 TAS/DOT Peterson, AFB, Co 80914	302 TAC Hospital Peterson, AFB, Co 80914	21 Jan 86

LAST NAME- FIRST NAME - MIDDLE INITIAL	GRADE	(b) (6)
HOPKINS, MARSHALL H.	SSGT	

RATING/FLYING DUTY	ASC	ORGANIZATION AND MAJCOM OF ASSIGNMENT
Loadmaster(6-130B)	9D ACTIVE FLYING ☒ YES ☐ NO	731 TAS (AFRES)

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes)*

☐ MEDICALLY DISQUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☒ MEDICALLY QUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☐ MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

☐ AIRCRAFT MISHAP ☐ INITIAL CLEARANCE *(This Base)* ☐ PERIODIC MEDICAL EXAMINATION

☐ REQUIRED TO WEAR GLASSES WHILE PERFORMING FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY.

(CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

I CERTIFY that I have been notified and understand the above actions and recommendations

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall H. Hopkins	860121

DATE MEDICAL CLEARANCE EXPIRES
31 Jul 86

☐ RATED OFFICER: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE SIXTH MONTH FOLLOWING THIS DISQUALIFICATION.

☐ NONRATED OFFICER OR ENLISTED PERSONNEL: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING DISQUALIFICATION.

ACTUAL DATE FOUND MEDICALLY DISQUALIFIED	ESTIMATED DURATION OF DISQUALIFICATION	ACTUAL DATE FOUND MEDICALLY REQUALIFIED	TOTAL DAYS DISQUALIFIED THIS ILLNESS/INJURY
15 Jan 86	72 hrs	21 Jan 86	5days

REMARKS

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
GUY L. COOK, CAPT, USAF, MC, FS		21 Jan 86

AF FORM 1042 AUG 79 PREVIOUS EDITION WILL BE USED.

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NSN 7540-00-634-4176 600-107

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	302 TAC HOSPITAL **Peterson AFB, CO 80914-5000**
13 Jan 86	AF Form 895 accomplished this date for ~~annual records review~~ re-enlistment; no discrepancies noted. Lynne N. Gore LYNNE N. GORE, Lt, USAFR (b) (6) AFSC: 90650 302 TAC Hosp, Peterson AFB, CO 80914-5000
21 Jan 86 S6P PAFB, CO	(5) No problem post dental work (8) CO (A) S/P dental work (P) RTFS G L Cook GUY L. COOK, CAPT, USAF, MC, FS SSAN (b) (6) AFSC: 9356 USAF CLINIC, PETERSON AFB CO 80914-5300

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: 302

PATIENT'S NAME *(Last, First, Middle initial)*: Hopkins Marshall | SEX: M

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE: SSG.

SPONSOR'S NAME | ORGANIZATION: 731 TAR

DEPART./SERVICE: USAFR (b) (6)

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600** (REV. 5-84)
Prescribed by GSA and ICMR
FPMR (41 CFR) 101-11.806-8

☆ GPO : 1984 O - 421-526 (122)

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LINE OF DUTY DETERMINATION (AFR 35-67)

AUTHORITY: 5 U.S.C. 2108, 3309 - 3315 and 8140; 10 U.S.C. 972(5), 1201 - 1221 and 8721 - 8722; 32 U.S.C. 318 - 319; 37 U.S.C. 802; 38 U.S.C. 310, 331, 610 and 612; Executive Order 9397.
PRINCIPAL PURPOSE(S): To determine if member's disease or injury was incurred in line of duty or not in line of duty.
ROUTINE USES: Used by the Air Force to determine eligibility for physical disability retirement or separation; lost time required to be made good; and forfeiture of pay for absence from duty owing to disease caused by intemperate use of alcohol or drugs. Used by the Veteran's Administration to determine eligibility for disability compensation or hospital benefits. Used by the Civil Service Commission to determine eligibility for veteran's preference. Used by the Labor Department to determine eligibility for compensation. Information may be reviewed by the base Ground Safety Office. SSAN is used only for identification purposes.
DISCLOSURE IS VOLUNTARY: Failure to provide information will result in this form being completed using other sources of information.

TO: *(Immediate Commander)*	THRU:	FROM:
731 TAS/DOLM	302 TAW/DPMQ	302 TAC Hospital (AFRES)

1. NAME *(Last, First, Middle Initial)*	(b) (6)	3. GRADE	4. ORGANIZATION
HOPKINS, MARSHALL H.		SSGT	731 TAS/DOLM(AFRES)

5. MEMBER'S STATUS

A. ☐ REG AF ☐ AFROTC CADET ☐ AFA CADET
B. ANGUS, AND STRENGTH ACCOUNTABILITY IS ☐ WITH ACTIVE FORCE ☐ WITH ANGUS
C. USAFR, AND STRENGTH ACCOUNTABILITY IS ☐ WITH ACTIVE FORCE ☒ WITH USAFR *(Also complete Item 5d)*
D. USAFR, STRENGTH ACCOUNTABILITY IS WITH USAFR AND ☐ IS ☒ IS NOT ASSIGNED TO AN ACTIVE DUTY UNIT FOR TRAINING.

6. NATURE AND EXTENT OF ☒ DISEASE ☐ INJURY *(Preliminary Diagnosis):*
Sinusitis with right maxillary retention cyst.

7. NAME AND LOCATION OF ☒ MILITARY ☐ CIVILIAN HOSPITAL OR TREATMENT FACILITY FIRST PROVIDING TREATMENT	8. TREATMENT PROVIDED	
	HOUR	DATE
USAF Clinic Peterson AFB, CO 80914	1245	3 Sep 85

9. RESULT(S) OF DISEASE OR INJURY

A. ☒ RESULTED IN INABILITY TO PERFORM DUTY FOR MORE THAN 24 HOURS
B. ☐ LIKELY TO RESULT IN A CLAIM AGAINST THE UNITED STATES
C. ☐ LIKELY TO RESULT IN PERMANENT DISABILITY *(Partial or total)*

10. MEDICAL OPINION OF MEMBER'S CONDITION WHEN FIRST TREATED

A. ☐ WAS ☒ WAS NOT UNDER THE INFLUENCE OF ALCOHOL *(See AFR 35-67, Explanation of Terms)*
B. ☐ WAS ☒ WAS NOT UNDER THE INFLUENCE OF A DRUG - INCLUDING MARIHUANA. *(See AFR 35-67, Explanation of Terms).*
IF MEMBER WAS UNDER THE INFLUENCE OF A DRUG, SPECIFY WHAT KIND _____
C. ☐ UNABLE TO DETERMINE BECAUSE OF PHYSICAL CONDITION
D. ☒ WAS ☐ WAS NOT MENTALLY RESPONSIBLE. MEMBER ☐ HAS ☒ HAS NOT BEEN PSYCHIATRICALLY EVALUATED.
☐ PSYCHIATRIC EVALUATION PENDING
E. SPECIFY ANY OTHER CONDITION DEEMED RELEVANT _____

11. TESTS

A. BLOOD ALCOHOL TEST ☐ WAS ☒ WAS NOT MADE. IF MADE, STATE RESULTS _____
B. ANY OTHER TESTS AND RESULTS *(Specify)* 9 Sep 85-Sinus Series-1.0cm mass inferior right maxillary sinus.

12. DETAILS OF ACCIDENT OR HISTORY OF DISEASE

SSgt Hopkins was billeted at McDill AFB, Florida in a room where he couldn't control the air conditioning. He got cold symptoms several days later. The cold did not resolve and sinus films revealed a mucus retention cyst-like mass in the right inferior maxillary sinus.

13. SOURCES OF INFORMATION	B. NAME(S) AND ADDRESS(ES) OF WITNESS(ES)
A. ☒ MEMBER ☐ POLICE ☐ WITNESS(ES) ☐ OTHER *(Specify)* _____	

14. BASED ON THE FOREGOING, THE FOLLOWING FINDING IS RECOMMENDED: A. ☒ IN LINE OF DUTY

B. ☐ NOT IN LINE OF DUTY *(Disease or injury incurred due to member's own misconduct or while member was absent without authority Reg AF, USAFR or ANGUS member incurred injury or disease during travel to or from duty or training and had materially deviated from authorized travel route; USAFR or ANGUS member incurred injury or disease while traveling to or from IDT; or USAFR or ANGUS member incurred disease while performing IDT).*

DATE	TYPED NAME AND GRADE OF MEDICAL OFFICER	SIGNATURE
19 Dec 85	GUY L. COOK, Capt, USAF, MC, FS	G. L. Cook

AF FORM NOV 83 348 PREVIOUS EDITION WILL BE USED

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Standard Form 600
GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.806-8
OCTOBER 1975

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
Peterson Clinic Aeromedical Services 12 Nov 85	S: [redacted] 43 yo WM reports 10 yr Hx of herpes simplex ordin. Historically lip lesions have been followed in 2-3 d by lesions beginning around the fingernails and progressing to hands and feet. These lesions begin as an erythematous red papule followed by eruption of a bullous with the center and finally degenerating into target lesions. The lesions are initially pruritic and then become painful. In the past these lesions were called called "Herpes Simplex" and treated c prednisone. Pt has had good response to steroids and on the past few years has been self medicating c a 3d course of steroids (dose?) with the appearance of a lip lesion. He has had no outbreak of the hand lesions since doing this. O: ulcerated lesion upper lip. Skin - clear A: 1) Herpes simplex ordin 2) Erythema multiforme 2° to hypersensitivity reaction to the herpes. Case discussed c Dr. Vandersel a dermatologist at the AFA who has seen several similar cases. It is very rare Pt's may or may not break out c EM c every

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
Hopkins, Marshall			
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
		USAF-R	
SPONSOR'S NAME			RANK/GRADE
(b) (6) [redacted]			
		ORGANIZATION	
		302 TAW	

EXCEPTION TO SF 600
APPROVED BY NARS AUG 79

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-106-02

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	outbreak of herpes so it is unclear whether pt has been aborting attacks by Rx ing expectantly or he is not breaking out ~~anyway~~ at all. In any case pt is on flying status and can not be taking steroids PRN. Based on pt's experience I would be inclined to go ahead and give steroids today. However pt does not want to go DNIF and elects to begin steroids only at the first sign of E-multiforme.
	P: Observe If E-multiforme lesions appear begin prednisone 60 mg qd x 3d and taper off over 7-10d.
	David A Carrier
	CAPTAIN DAVID A. CARRIER M.D. USAF MC FS (b) (6) [redacted] USAF CLINIC, PETERSON AFB, CO 80914-5300
19 Dec 85 SGP PAFB, CO	(S) Had Sinusitis Sept 85 c̄ (+) Sinus Series had what appeared to be a 1.0 mass inferior aspect (R) sinus, interpreted by radiologist as just mucosal edema. No problems c̄ sinus now (B) ∅ (A) Resolved (R) maxillary sinusitis VS Retention (mucoid) cysts (P) (1) Repeat Sinus Series (2) Flying [illegible]
	GUY L. COOK, CAPT, USAF, MC, FS SSAN (b) ((b) [redacted] AFSC: 9356 USAF CLINIC, PETERSON AFB CO 80914-5300

U.S. GOVERNMENT PRINTING OFFICE 1979-632-162

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TDY.

NSN 7540-00-634-4176 600-107

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

USAF CLINIC HOWARD/SGPF
APO MIAMI 34001-5000
FLIGHT MEDICINE

DATE 16 Oct 85		TIME 1025	
BP		PULSE	
WT		TEMP	
DUTY	DNIF	QTRS	HOSP

S. 42 yo 07 joint TDY to Ecuador
Needs GG shots and Malaria Pills
G6PD status unknown. TDY to Panama
from Colorado.
O. G-6PD status unknown. Caucasian.
A. Malaria / Hepatitis chemoprophylaxis
P. Gamma Globulin 2cc IM in divided doses
Chloroquine primaquine #7 x ∅ T po q Wk.
RTC pm.
DNIF 12 hrs s/p injection J Neuner

JANICE M. NEUNER, CAPT, USAF, MC, FS
(b) (6) [redacted] PAFSC: 9351
USAF Clinic Howard/SGPF
APO Miami 34001

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

Rotation Data. 26 Oct 85
Mailing Adress. 302nd CSS
Record Sec
Petterson AFB.
Colorado Spring.
Colorado 80914-5000

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
Hopkins Marshall H.		M
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
Self	AD	Ssgt.
SPONSOR'S NAME		ORGANIZATION
		731 TAS
DEPART./SERVICE	SSN/ID	(b) (6) [redacted]
	20	

CHRONOLOGICAL RECORD OF MEDICAL CARE
☆U.S. GPO: 1984—456-934/28101

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FPMR (41 CFR) 101-11.806-8

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

TO: FMO/Scheduling Officer (Unit)	FROM:	DATE
1st Space Support Group/OTFI 731 TAS/DOT Peterson AFB, CO 80914	302 TAC Hospital (AFRES) Peterson AFB, CO 80914	17 Sep 85

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE	(b) (6)
HOPKINS, MARSHALL	SSGT	

RATING/FLYING DUTY	ASC 9D	ORGANIZATION AND MAJCOM OF ASSIGNMENT
Loadmaster (C-130B)	ACTIVE FLYING ☒ YES ☐ NO	731 TAS (AFRES)

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes)*

☐ MEDICALLY DISQUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☒ MEDICALLY QUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☒ MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

☐ AIRCRAFT MISHAP ☐ INITIAL CLEARANCE *(This Base)* ☐ PERIODIC MEDICAL EXAMINATION

☐ REQUIRED TO WEAR GLASSES WHILE PERFORMING FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY.

(CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

I CERTIFY that I have been notified and understand the above actions and recommendations

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall K. Hopkins	850917

DATE MEDICAL CLEARANCE EXPIRES
31 July 1986

☐ RATED OFFICER: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE SIXTH MONTH FOLLOWING THIS DISQUALIFICATION.

☐ NONRATED OFFICER OR ENLISTED PERSONNEL: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING DISQUALIFICATION.

ACTUAL DATE FOUND MEDICALLY DISQUALIFIED	ESTIMATED DURATION OF DISQUALIFICATION	ACTUAL DATE FOUND MEDICALLY REQUALIFIED	TOTAL DAYS DISQUALIFIED THIS ILLNESS/INJURY
3 September 1985		17 September	14 days

REMARKS

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
GUY L. COOK, Capt, USAF, MC, FS		17 Sep 85

AF FORM 1042 AUG 79 PREVIOUS EDITION WILL BE USED.

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NSN 7540-00-634-4176 600-107

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
17 SEP 1985	Otolaryngology Surgical Services USAF Academy Hospital

B4 minutes - doing well
No further rx - No pain/pressure
@ present
@ Nasal mucosa & edema
No pus NSC ASC
Eng - set cpt still present
flow @ max
prob long standing
(A) Sinuitis resolves max sinuses otherwise
@ set cpt @ max prob long standing clear
(P) finish Sx
set to flyer
if sinus inf
recurs will prob
need Ant-irrigat

LARRY L. ISOM, CAPT, USAF, BSC-PA-ENT
(b) (6) [redacted] 286) USAFA HOSPITAL, CO

LARRY L. ISOM, CAPT, USAF, BSC-PA-ENT
(b) (6) [redacted] 286) USAFA HOSPITAL, CO

S:

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:	302 NB Reserves	
PATIENT'S NAME *(Last, First, Middle initial)* Hopkins, Marshall		SEX
RELATIONSHIP TO SPONSOR —	STATUS USAFR	RANK/GRADE
SPONSOR'S NAME —		ORGANIZATION 302 TAW
DEPART./SERVICE (b) (6) [redacted]		ATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FPMR (41 CFR) 101-11.806-8

☆ GPO : 1984 O - 421-526 (122)

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17 SEP 1985

USAF CLINIC-SGP
PETERSON AFB, CO 80914

(S) Meds - Amphibian, Seen by USAFAH.

No sinus pressure, See consult.

(O) (1) Sinus Tenderness

V.N.B.

Throat Clear

Lung Clear

(A) (1) Sinusitis Resolved

(2) Mucous Retention Cyst

(P) (1) Actifed / Entrex / Afrin for Flight Bag Use.

(2) Use above only if pain develop purely FS [illegible]

(3) RTFS.

GUY L. COOK, CAPT, USAF, MC, FS
(b) (6) [redacted] AFSC: 9356
USAF CLINIC, PETERSON AFB CO 80914-5300

USAF CLINIC-SGP
PETERSON AFB, CO 80914

12 NOV 1985

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MEDICAL RECORD | **CONSULTATION SHEET**

REQUEST

TO:	FROM: *(Requesting physician or activity)*	DATE OF REQUEST
ENT	Dr Cook - PAFB, CO	9 Sept 85

REASON FOR REQUEST *(Complaints and findings)*

42 y/o USAFR Loadmaster with a 1.0 cm mass base of (R) maxillary sinus, has (R) maxillary sinus tenderness on palpation, X-ray taken because slow on clearing his head congestion. Radiologist Not available, Is that a mass?, Can he Fly?

PROVISIONAL DIAGNOSIS

(R) Maxillary Sinus Mass ?

Do you want different meds? I just started him on Augmentin & Dimetapp.

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
Jay Cook		☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

Otolaryngology Surgical Services
USAF Academy Hospital

(S) Ha Rhinorrhea ↓ Nasal congestion
HA - Maxillary (R) > (L)
Denies epistaxis, odynophagia, trauma
or prev sinus dis, Non smoker Non
(O) Nare
Nare - mod mucosal edema Rt > Lt
- thick mucopurulent drnl Rt
US - Turbs, OP - crypt (c) tons
Pillars c debris (superior pole)
BET, eye, PS, Vol. c Nares c Mucosa
SS - mucosal thickening Rt > (L)
- Rt > Lt ant. ethmoid (R) maxillary
- Rt > Lt sphenoid
(A) Sinusitis c (R) > Lt ethmoid
Agree c Augmentin 500 mg TID
Nasal steroid spray
Antihistamine
Return to Flight Status

(Continued on reverse side)

SIGNATURE AND TITLE		DATE
(b) (6) LARRY L. ISOM, CAPT, USAF, BSC-PA-ENT		9 SEP 1985
IDENTIFICATION NO.	ORGANIZATION (b) (6) 286) USAFA HOSPITAL, CO	WARD NO.
	REGISTER NO.	

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)*

Hopkins, Marshall
(b) (6)
PAFB, CO 80914

(b) (6)

(b) (6)

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FPMR 101-11.806-8
513-107

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NSN 7540-00-634-4176 600-107

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

USAF CLINIC/SGRO
Peterson AFB, CO 80914

3 Sept 85

DATE BP 104/60 Chief Complaint: Si 42 yrs ♂ c/o Chest
TIME 1245 T 99 congestion, head congestion,
AGE 42 P 77 ? fever. Onset of Symptoms
WT 1165 R 16 Allergies: NKDA

2 day ago. Getting progressively worse.

Slept in Billeting Patrick AFB (31 Aug 85) under Air Conditioning, unable to turn off, had symptoms after that.

(O) Lungs CTA - No wheezing No Rales No Rhonchi
TMs - partially occluded c̄ Cerumen Bilaterally otherwise within
(N) limits. Throat - Belly Red c̄ Exudates.
Neck Supple c̄ Masses

(A) Pharyngitis - descending laryngotracheitis?

(P) (1) Robitussin DM ÷ tsp q 2-4° prn
(2) Debrox Otic ÷ sttm each Ear BID
(3) Actifed ÷ tab TID #30
(4) Sudafed ÷ tab qid #45
(5) Pen VK 250mg ÷ tab q6° #40
(6) DNIF 3-5 days.
(7) Throat Culture

GUY L. COOK, CAPT, USAF, MC, FS
SSAN: [redacted] AFSC: 9356
USAF CLINIC, PETERSON AFB CO 80914-5300

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

FLY STATUS

RECORDS MAINTAINED AT: Peterson AFB Co.

PATIENT'S NAME *(Last, First, Middle initial)*: Hopkins, Marshall
SEX: M
RELATIONSHIP TO SPONSOR:
STATUS: AD RES AF
RANK/GRADE: SSgt
SPONSOR'S NAME:
ORGANIZATION: 731 TAS
DEPART./SERVICE: AF Res [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FPMR (41 CFR) 101-11.806-8

☆ GPO : 1984 O - 421-526 (122)

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6 SEP 1985

USAF CLINIC-SGP
PETERSON AFB, CO 80914

DATE BP 106/76 Chief Complaint: Pharyngitis FU, DNIF
TIME 1030 T 96.8
AGE 42 P 68
WT 165 R 16 Allergies: NKDA

S) still has congestion, post-nasal drip, productive cough - taking Sudafed TID + Actafed at bedtime. Took only 2 Pen VK's. Taking Brytussin DM
O) Lungs - clear to ause. Speech - congested
Oropharynx - post nasal drip apparent. Blowing nose in office.
A) URI continuing - not ready to RTFS
P) Continue meds. Flu in 3 days c̄ Dr. Cook.

[signature]

MAJOR ALFRED O. SELLERS M.D.
USAF MC FS [redacted]
CHIEF AEROSPACE MEDICINE, USAF CLINIC
PETERSON AFB, CO 80914-5300

9 SEP 1985

USAF CLINIC-SGP
PETERSON AFB, CO 80914

DATE BP 102/60 Chief Complaint: FU DNIF, URI
TIME 0730 T 97.2
AGE 42 P 60
WT 165 R 16 Allergies: NKDA Productive Cough - greenish sputa

Meds - Sudafed, Stopped Pen VK after throat got better.
Present problem is dead congestion Will start using Debrox.

(O) (R) Maxillary Sinus Tenderness - X-ray show 1.0 cm mass Base
(R) Maxillary Sinus. Lung CTA, Throat - Several crypts
Filled c̄ Pus (L) tonsillar area. Neck Supple c̄ Masses.

(A) Sinusitis -
(P) (1) Ampicillin 250 mg #40 T tab 96°. (2) Dimetapp T tab [illegible] (3) Still DNIF
(4) Consult c̄ ENT

[signature]

GUY L. COOK, CAPT, USAF, MC, FS
SSAN: [redacted] AFSC: 9356
USAF CLINIC, PETERSON AFB CO 80914-5300

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

PULMONARY FUNCTION STUDIES

FACILITY: 302 TAC Hospital

WARD: SGPA

PATIENT IDENTIFICATION: Hopkins, Marshall

AGE	HT (cm)	WT	SEX	RACE	BSA M^2	DATE
41	74"	172	M	Cau		13 Jul 85

PREVIOUS STUDIES: ☒ YES ☐ NO

REQUESTED BY:

SMOKING HISTORY: ☒ NON-SMOKER ☐ FORMER SMOKER/YR QUIT ____ ☐ SMOKER/PACK YRS ____

SUSPECTED PULMONARY DIAGNOSIS:

LUNG SURGERY/DATE:

SPIROMETRY

ITEM	PREDICTED	PRE-DILATORS OBSERVED	PRE-DILATORS % PREDICTED	POST-DILATORS OBSERVED	POST-DILATORS % PREDICTED
VITAL CAPACITY VC (FVC)	5.2 cc	5.7 cc	110 %	cc	%
FORCED EXP VOL 1 SECOND (FEV_1)	4.1 cc	4.3 cc	105 %	cc	%
FEV_1/FVC		75 %		%	
MAX MID FLOW RATE (MM FR OR FEF 25-75)	L/SEC	L/SEC	%	L/SEC	%
MAXIMUM VOLUNTARY VENTILATION (MVV)	L/MIN	L/MIN	%	L/MIN	%

LUNG VOLUMES ☐ HE ☐ BOX ☐ N_2

PREDICTED	OBSERVED	% PREDICTED
FRC		
ERV		
RV		
TLC		
RV/TLC %		

ARTERIAL BLOOD GAS VALVES

TEST	REST	STANDING	100% O_2
pH			
PCO_2 MMHG			
PO_2 MMHG			
% SAT			
A-a GRAD			
HCO_3 MEQ/L			

TECHNICIAN REMARKS AND SIGNATURE

Linda E. Conque

LINDA E. CONQUE, Bat USAFR

AFSC: 90270C

(b) (6)

302 TAC Hosp, Peterson AFB, CO 80914-5000

DIFFUSING CAPACITY (D_L CO) *ml/mm/mmHg*

	PREDICTED	OBSERVED	% PREDICTED
SINGLE BREATH *(Resting)*			
STEADY STATE *(Resting)*			
STEADY STATE *(Exercise)*			

INTERPRETATION

PHYSICIAN SIGNATURE

AF FORM JAN 82 1226

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Standard Form 88
Revised 10–75
General Services Administration
Interagency Comm. on Medical Records
FPMR 101–11.806–8

REPORT OF MEDICAL EXAMINATION

Exception to SF 88 approved by NARS 3-80

88–119–02

1. LAST NAME–FIRST NAME–MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	(b) (6)
HOPKINS, MARSHALL (b) (6)	SSgt USAFR	
	4. PURPOSE OF EXAMINATION: nnual Flying lass III	5. DATE OF EXAMINATION: 13 Jul 85

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
Male	Caucasian	MILITARY 5	CIVILIAN –	DAF	731 TAS/DOL (AFRES)

(b) (6) 13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
Larned, Kansas	Karol Hopkins (Wife) Same as #4
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 302 TAC Hospital, Peterson AFB, CO 80914	16. OTHER INFORMATION AFSC:A11470 Total Years Reserve Service: 2

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
Loadmaster (C-130B)	1000+ hours	150+ hours

CLINICAL EVALUATION

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS–GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES–GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	X
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
–	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	–

23, Valsalva normal bilaterally.

28. See attached AF Form 1226.

32. Rectum and prostate normal on digital exam, stool negative for occult blood.

39/ Horizontal scar above left patella.

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth; Non restorable teeth; Missing teeth; Replaced by dentures; Fixed Partial dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
				O									O				

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Type 2
Class B

Qualified

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.032(1.001-1.034)
B. ALBUMIN Negative
C. SUGAR Negative
D. MICROSCOPIC Negative

46. CHEST X-RAY (Place, date, film number and result) –

47. [illegible]ogy (Specify test used and result) [illegible]est

48. EKG [illegible]rmal

49. BLOOD TYPE AND RH FACTOR A Positive

50. OTHER TESTS HGB-14.8; Chol-194(141-300)
Trig-152(36-200); FBS-93(76-115); HDL-35
Sickling-N[illegible]ative; IPPD-Negative

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MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
74"	172	Brown	Blue	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	–

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 110 DIAS. 90	B. RECUMBENT	SYS. – DIAS. –	C. STANDING (3 min.)	SYS. – DIAS. –	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
						72	–	–	–	–

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 17 CORR. TO 20/ –	BY – S. – CX –	20/20 CORR. TO – BY –
LEFT 20/ 17 CORR. TO 20/ –	BY – S. – CX –	20/20 CORR. TO – BY –

62. HETEROPHORIA (Specify distance) VTA-ND (Far)

ES° 1 EX° 0 R. H. 0 L. H. 0.5 PRISM DIV. – PRISM CONV. Ortho CT PC – PD –

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED Passed (F)
RIGHT – LEFT –	VTS-CV-Passed 14/14	VTA-ND	CORRECTED –
66. FIELD OF VISION	**67. NIGHT VISION (Test used and score)**	**68. RED LENS TEST**	**69. INTRAOCULAR TENSION**
Normal Confrontation	NIBH	–	OD:06 OS:07

70. HEARING

RIGHT WV – /15 SV – /15

LEFT WV – /15 SV – /15

71. Beltone AUDIOMETER ANSI 69

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT	–	0	0	10	15	10	20	–
LEFT	–	5	5	20	25	20	30	–

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

–

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

All positive items of medical history have been previously documented or listed below.

Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, irradiation therapy, and all other significant medical or surgical history.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

#44, Type 2 Class B Dental Exam, recommend dental follow-up.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Recommend dental follow-up

76. A. PHYSICAL PROFILE

P	U	L	H	E	S	X
1	1	1	1	1	1	1

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR (IS) Flying Class III

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

–

A	B	C	E
–	–	–	–

79. TYPED OR PRINTED NAME OF ~~EXAMINER~~ Examiner

LINDA E. CONQUE, TSgt, USAFR, Asst NCOIC PES

SIGNATURE Linda E. Conque

80. TYPED OR PRINTED NAME OF PHYSICIAN

ALAN H. HALL, Capt, USAFR, MC, FS

SIGNATURE Alan H. Hall

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

–

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

–

SIGNATURE

NUMBER OF ATTACHED SHEETS

☆ U. S. GOVERNMENT PRINTING OFFICE: 1982 — 371-775

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STANDARD FORM 93
REV. OCTOBER 1974
GSA FPMR 101–11.8

APPROVED
CE OF MANAGEMENT AND BUDGET No. 29- R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME: Hopkins Marshall H

(b) (6) [redacted]

(b) (6) [redacted]

4. POSITION (title, grade, component): L.M, SSgt USAFR

5. PURPOSE OF EXAMINATION: Annual Flying Class III

6. DATE OF EXAMINATION: 850713

7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code): 901 TAC CLINIC, PETERSON AFB CO 80914

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Fair

Predasone – When Needed

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
		Lived with anyone who had tuberculosis
		Coughed up blood
		Bled excessively after injury or tooth extraction
		Attempted suicide
		Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
		Wear glasses or contact lenses
		Have vision in both eyes
		Wear a hearing aid
		Stutter or stammer habitually
		Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever, erysipelas
	X		Rheumatic fever
	X		Swollen or painful joints
	X		Frequent or severe headache
	X		Dizziness or fainting spells
	X		Eye trouble
	X		Ear, nose, or throat trouble
X	X		Hearing loss
	X		Chronic or frequent colds
	X		Severe tooth or gum trouble
	X		Sinusitis
	X		Hay Fever
	X		Head injury
	X		Skin diseases
	X		Thyroid trouble
	X		Tuberculosis
	X		Asthma
	X		Shortness of breath
	X		Pain or pressure in chest
	X		Chronic cough
	X		Palpitation or pounding heart
	X		Heart trouble
X	X		High or low blood pressure

YES	NO	DON'T KNOW	(Check each item)
	X		Cramps in your legs
	X		Frequent indigestion
	X		Stomach, liver, or intestinal trouble
	X		Gall bladder trouble or gallstones
X			Jaundice or hepatitis
	X		Adverse reaction to serum, drug, or medicine
X			Broken bones
	X		Tumor, growth, cyst, cancer
X			Rupture/hernia
	X		Piles or rectal disease
	X		Frequent or painful urination
	X		Bed wetting since age 12
	X		Kidney stone or blood in urine
	X		Sugar or albumin in urine
	X		VD—Syphilis, gonorrhea, etc.
	X		Recent gain or loss of weight
	X		Arthritis, Rheumatism, or Bursitis
	X		Bone, joint or other deformity
	X		Lameness
	X		Loss of finger or toe
	X		Painful or "trick" shoulder or elbow
	X		Recurrent back pain

YES	NO	DON'T KNOW	(Check each item)
	X		"Trick" or locked knee
X			Foot trouble
	X		Neuritis
	X		Paralysis (include infantile)
	X		Epilepsy or fits
X			Car, train, sea or air sickness
	X		Frequent trouble sleeping
	X		Depression or excessive worry
	X		Loss of memory or amnesia
	X		Nervous trouble of any sort
	X		Periods of unconsciousness

12. FEMALES ONLY: HAVE YOU EVER

			Been treated for a female disorder
			Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

L.M.

14. ARE YOU (Check one)

[X] Right handed [ ] Left handed

93–102–02

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
	X	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	Hernia 1969+1973 #19 Hernia St Joseph Hosp Denver 1969+1973 ~~St~~ Memorial Denver
	X	B. Inability to perform certain motions.	
	X	C. Inability to assume certain positions.	
	X	D. Other medical reasons (*If yes, give reasons.*)	
	X	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details.*)	
	X	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)	
X		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)	
X		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)	
	X	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)	
	X	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)	
	X	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)	
	X	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)	
	X	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Hopkins Marshall H	Marshall H. Hopkins

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

ALL POSITIVE ITEMS OF MEDICAL HISTORY HAVE BEEN PREVIOUSLY DOCUMENTED OR LISTED BELOW.

Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, history of irradiation therapy, and all other significant medical or surgical history.

TYPED OR PRINTED NAME AND DESIGNATION OF EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
ALAN R. HALL, Capt, USAFR, MC, FS (b) (6) AFSC: 09356 302 TAC Hosp, Peterson AFB, C 80914-5000	13 JUN 85		

REVERSE OF STANDARD FORM 93

GPO : 1984 O - 433-330

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NSN 7540-00-634-4176 600-107

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	302 TAC HOSP Peterson AFB Co 80914
5 MAY 85	Patient presents to clinic with chief complaint of pain and swelling (R) posterior mandible. He states that he was knocked against the aircraft bulkhead on 29 Apr 85 while on duty. a resultant swelling & soreness occurred which has not decreased. Radiographic evidence shows no fracture or pathology. Hematoma suspected. recommended treatment - moist heat, light massage and return if swelling persists beyond 10 days. patient returned to duty DM Johnson Maj USAFR/SGD
5 May 85	X-Ray films of mandible reviewed. No fracture seen. Resorption of bone with missing teeth noted R/Black Schultz R. J. BLACK SCHULTZ, Lt Col, USAFR, MC, FS (b) (6) AFSC: 09356 302 Tac Clinic, Peterson AFB CO 80914
13 July 85	Annual Long-Form Class II Flying Physical Accomplished Alan H. Hall ALAN H. HALL, Capt, USAFR, MC, FS (b) (6) AFSC: 09356 302 TAC Hosp, Peterson AFB, CO 80914-5000

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: ▶

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
Hopkins, Marshall H		M
RELATIONSHIP TO SPONSOR	**STATUS**	**RANK/GRADE**
Self		SSgt
SPONSOR'S NAME		**ORGANIZATION**
DEPART./SERVICE (b) (6) [redacted]		**DATE OF BIRTH**

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600** (REV. 5-84)
Prescribed by GSA and ICMR
FPMR (41 CFR) 101-11.806-8

☆ GPO : 1984 O - 421-526 (122)

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

TO: FMO/Scheduling Officer (Unit)	FROM:	DATE
1st Space Supt Gp/OTFI 731 TAS/DOV Peterson AFB CO 80914	901 TAC Clinic Peterson AFB, CO	20 Nov 84

LAST NAME-- FIRST NAME - MIDDLE INITIAL	GRADE	(b) (6)
HOPKINS, MARSHALL (NMN)	SSgt	

RATING/FLYING DUTY	ASC	ORGANIZATION AND MAJCOM OF ASSIGNMENT
Loadmaster (C-130B)	9D ACTIVE FLYING ☒ YES ☐ NO	731 TAS (AFRES)

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes)*

☐ MEDICALLY DISQUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☒ MEDICALLY QUALIFIED FOR FLYING OR SPECIAL OPERATIONAL DUTY.

☐ MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

☐ AIRCRAFT MISHAP ☐ INITIAL CLEARANCE *(This Base)* ☐ PERIODIC MEDICAL EXAMINATION

☐ REQUIRED TO WEAR GLASSES WHILE PERFORMING FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY.

(CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.)

I CERTIFY that I have been notified and understand the above actions and recommendations

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall H. Hopkins	841120

DATE MEDICAL CLEARANCE EXPIRES

31 July 1985

☐ RATED OFFICER: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE SIXTH MONTH FOLLOWING THIS DISQUALIFICATION.

☐ NONRATED OFFICER OR ENLISTED PERSONNEL: MEDICAL DISQUALIFICATION WILL NOT BE RESOLVED BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING DISQUALIFICATION.

ACTUAL DATE FOUND MEDICALLY DISQUALIFIED	ESTIMATED DURATION OF DISQUALIFICATION	ACTUAL DATE FOUND MEDICALLY REQUALIFIED	TOTAL DAYS DISQUALIFIED THIS ILLNESS/INJURY
14 Nov 84	3 days	20 Nov 84	6 days

REMARKS

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
ALAN H. HALL, Capt, USAFR, MC, FS	Alan H Hall	20 Nov 84

AF FORM 1042 AUG 79 PREVIOUS EDITION WILL BE USED.

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NEUROLOGICAL ASSOCIATES
IMRAN U. KHAN, M.D.
1925 E. ORMAN AVENUE, SUITE G12
PUEBLO, CO 81004

(719) 564-7444

NAME Marshall Hopkins AGE

ADDRESS DATE 6/21/94

℞

Patient is suffering from fibromyalgia. He needs regular medical treatments with spinal adjustments. It is recommended he should not be sent out of the local area.

Refill ____ times

DISPENSE AS WRITTEN ☐

To ensure brand name dispensing, check and initial box.

NE5035867

NEUROLOGICAL ASSOCIATES
IMRAN U. KHAN, M.D.
1925 E. ORMAN AVENUE, SUITE G12
PUEBLO, CO 81004

(719) 564-7444

NAME Marshall Hopkins AGE

ADDRESS DATE 6/21/94

℞

In my professional opinion the Whirlpool Bath with special gets. Will be most effective to help control the Back pain. This should be daily.

Refill ____ times

DISPENSE AS WRITTEN ☐

To ensure brand name dispensing, check and initial box.

NE5035867

NEUROLOGICAL ASSOCIATES
IMRAN U. KHAN, M.D.
1925 E. ORMAN AVENUE, SUITE G12
PUEBLO, CO 81004

(719) 564-7444

NAME Marshall Hopkins AGE

ADDRESS DATE 6/21/94

℞

Dilantin. ~~250~~ 100 mg

2 tablets at night.

#100

Refill 3 times

DISPENSE AS WRITTEN ☒

To ensure brand name dispensing, check and initial box.

NE5035867

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N.C.
13 JUN 94
1430

NSN 7540-01-165-7294 519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	WARD/CLINIC	REGISTER NO.
MRI L-S Spine	[redacted]	M	F50	
	FILM NO.			PREGNANT ☐ YES ☒ NO
	REQUESTED BY (Print) PAFB		302 MED SQ. ARPES.	TELEPHONE/PAGE NO.
	EDW. T. KIMBLE MD			
	SIGNATURE OF REQUESTOR Edw T. Kimble		CAPT.	DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

As per advice of USAF Acad. Neurologist MRI of L-S Spine is requested to evaluate source of L5 radiculopathy

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
		21 JUN 94 sfe

RADIOLOGIC REPORT

THE PATIENT FAILED TO REPORT FOR SCHEDULED EXAMINATION. PATIENT DID NOT CALL TO CANCEL OR RESCHEDULE. IF THE EXAM IS STILL DESIRED CLINICALLY, PLEASE RESUBMIT SF 519-B FOR RESCHEDULING.

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

MSGT Hopkins, Marshall H.
USAFR
HP 689-2637

LOCATION OF MEDICAL RECORDS

302 Med Sq PAFB

LOCATION OF RADIOLOGIC FACILITY

USAF ACADEMY HOSPITAL (USAFA)
USAF ACADEMY, CO 80840-5300

SIGNATURE

JOHN R. OSBORNE, LTC, USAF, MC
CHIEF, RADIOLOGY SERVICE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

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CL / mh

Reviewer 2

MEDICAL RECORD | OUTPATIENT **CONSULTATION SHEET** 12 APR RECD

REQUEST

TO: DIETITIAN | FROM: *(Requesting physician or activity)* Neurology | DATE OF REQUEST 12 April 94

REASON FOR REQUEST *(Complaints and findings)*
HT: 72" Wt: 195 SEX: M AGE: 50 LDL:____ CHOL:____ HDL:____ TG:____ GLU:____
PLEASE INSTRUCT THE PATIENT ON A DIET FOR : (CIRCLE ONE CLASS ONLY)
CLASS 1: WEIGHT REDUCTION 2000 CALORIE ____Gm Na
~~CLASS 2:~~ DIABETIC ____CALORIE ____Gm Na
CLASS 3: PRENATAL ____CALORIE ____Gm Na
CLASS 4: CHOLESTEROL RESTRICTED/LOW SATURATED FAT
ALSO, FOR ELEVATED TG TREATMENT, CALORIES/RESTRICTED TO PROMOTE WT LOSS____
INDIVIDUAL:____PHYSICIAN SPECIFIES
RENAL: ____CALORIE____Gm prot____Gm Na____Gm PO4____

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	ROUTINE / TODAY
		☐ BEDSIDE ☐ ON CALL	☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

(b) (6) Laurence J. Adams, LtC, USAF, MC (b) (6) (R9576) USAFA Hosp

S: Pt's typical intake, food preferences, intolerances were noted.
Significant findings from basic assessment of dietary intake are as follows: Pt stated wants to lose ~ 15 lbs. in 2 months. Pt dose a lot of walking and lives and works on a farm.

O: 6'2" 50 y/o ♂ 200 lbs. IBW Range: 164-210 lbs. Records available. Reviewed food diary. Discussed Healthy Eating, Proper Weight loss, how to ↓ fat, exercise c Dr Approval, food Guide Pyramid Guidelines. Behavior Modification ↑Activity

A: Pt verbalized good understanding of the diet principles, and rationale. Pt demonstrated meal planning correctly. Pt's percent IBW 107 % Pt's diet seems inadequate in VitA, VitC, Grains. 2000 Calories would probably maintain pts current body wt. 1500 - 1800 Calories low fat Needed. c ↑Activity

P: Pt instructed on a Weight Reduction, ↓ fat diet. Principles and rationale of the diet were discussed. Provided the following handouts: AFP 1166-27 Behavior modification related to food, AFP 1166-10 Good Eating A Dieters Guide, Food Guide Pyramid Guidelines.
Recommend Pt decrease fat intake and increase - fruits, vegetables, and Grains. Encourage Pt to increase exercise c Dr Approval, and come to follow-up clinic. Provided Dietitians name and phone number for questions or follow up appointments.

(Continued on reverse side)

SIGNATURE AND TITLE: MICHAEL P. KENNER, SSgt, USAF
AFSC: 92670 Diet Therapy Supv
(b) (6)
DATE: 13 Apr 94

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)*
Hopkins, Marshall (b) (6)
Hopkins, Marshall H
(b) (6)
Active Duty/RES
(b) (6)
MSgt - 302 ACF
302 Clinic - PAEB, Co

79-689-2652/372-0147
(b) (6)
pt 13 April 0800

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRNIR (41 CFR) 201-45.505
513-108

SGF OVERPRINT

m

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H-Box 276
Victor, Co
80860

(b) (6)

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NSN 7540-01-165-7294 519-301

~~0730 2 May 94~~ 0730 0 42 ✓ 44

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

94

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
UGI c̄ SBF	3	Q		PCE	20-7575
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED 1 Ap 94

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

This 50 y.o. WO has chronic nausea c̄ Episodes suggestive of GERD - please evaluate

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
21 June 94	21 JUN 94	21 JUN 94/MS/2

RADIOLOGIC REPORT

20-7575, HOPKINS - UPPER GI SERIES WITH SMALL-BOWEL FOLLOW-THROUGH:

The esophagus has a smooth outline. A Schatzki's ring is demonstrated with a moderate-size, sliding-type hiatus hernia. A moderate degree of gastroesophageal reflux is seen. Stomach outline and contour are normal. Duodenal bulb fills well without evidence of ulceration. Small-bowel follow-through shows normal mucosal pattern and caliber throughout.

INTERPRETATION: Sliding hiatus hernia with moderate degree of gastroesophageal reflux; otherwise, normal upper GI series and small-bowel follow-through.

HARVEY R. HATCH, MD, LTC, MC
DEPARTMENT OF RADIOLOGY
EVANS ARMY COMMUNITY HOSPITAL
FORT CARSON, COLORADO 80913

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

(b) (6) [redacted]

(b) (6) [redacted]

LOCATION OF MEDICAL RECORDS

Hand carry

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

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NO RECORD
21st Medical Group/SGRO
RETURN TO ORIGINATOR
14J0194

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513-110

NSN 7540-00-634-4127

MEDICAL RECORD - CONSULTATION SHEET

PRIMARY CARE EAST

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
GI	PCC-E	31MAR14

REASON FOR REQUEST (Complaints and findings)

50 y.o. WM c chronic Nausea
Please schedule EGD R/O
GERD / PUD

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
MD		☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO

(Continue on reverse side)

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)*

CONSULTATION SHEET
Medical Record

*U.S. GPO: 1993-346-813

STANDARD FORM 513 (REV. 8-92)
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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

EACH, FORT CARSON, CO 80913
PRIMARY CARE CLINIC (EAST)
TIME IN: 1335
WT: 205 HT:
TEMP: 97.9 P: 77
R: BP: 154/84
HC: ALLERGIES: NKA
MEDS: Ø

MAR 31 1994

50 yo ♂ in for consult Jan Johnson

FLIGHT MEDICINE
21st Med Grp, PAFB CO

Date 22 June
Dr. S/C
Time
BP 140/84
Pulse 76
Temp
Active/Inactive
FLY/SPACEOPS
Allerg. NKDA

Meds: Sinequan
Age: 50
DP: 6-6102

S/ Prescription Refill.

Seen by Dr. Adams — Rx = Sinequan / Adapin 25mg → severe dizziness, sleepiness, hard to think. Better now than 2 hrs ago. Has tic doloreaux + Rt ankle nerve twitching. Has been to civilian neurologist Rx Dilantin. (Dr. Khan)

(O) N/A

(A) Tic Doloreaux

(P) Pt given PDR info re: Dilantin

Discussed options — Rx given for Dilantin 100 mg 2 tabs qHS

RTC neurology Already DONE

Otherwise 1 day to sleep off med

DAVID H. SUMMERS, LtCol, USAF, MC, FS
(b) (6) [redacted] AFSC 48F4
21 Medical Group/SGP
Peterson AFB, CO 80914-1540

PATIENT'S ID (b) (6) [redacted] *Space for Mechanical Imprint)*
HOPKINS, MARSHALL H.
(b) (6) [redacted] M RES USAF
27 HP 689-2637
302 ALCF PAFB 554-6102

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
9 Jul 94	302 Med. Sq
	S) 1. member had phys exam. today – Dr Schultz
	2. pulmonary consultation requested – ~~with~~
	3. MRI of head needs to be re-scheduled
	4. Needs extention of profile to 6 Aug for P4 T.
	P) pulmo. consult as requested; JMS Kimer will schedule
	MRI re scheduled
	~~P4 T~~ MEB – sent forward on receipt of all consults & MRI
	LOD investigation of Pulm. concerns
	P4 T until 7 Aug 94
	[signature]
	EDWARD T. KIMBLE, COL., USAFR,MC,FS (b) (6) [redacted] AFSC: 09356 302 MEDICAL SQUADRON PETERSON AFB, CO. 80914-5000
7 AUG	302 med sq.
	S) Extend profile until Next UTA (Sept)
	Pending completion of packet to Hq. AFRES/SG for MEB recommendation.
	Patient needs to complete pulmonary, ENT tests as scheduled during Aug / Sept.
	O) not exam
	A) Profile extention pending completion of tests etc
	P) Profile extended x 1 mo
	F/u next UTA
	[signature]
	EDWARD T. KIMBLE, COL., USAFR,MC,FS (b) (6) [redacted] AFSC: 09356 302 MEDICAL SQUADRON PETERSON AFB, CO. 80914-5000

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

302 MS, PETERSON AFB, CO 80914-5000

Flying - Yes.
Knee injury determined in line of duty. Previously. Member currently DNIF.

(Record not avail)

Date 14 Mar 94
Dr.
Time S/C
BP 124/66
Pulse 66
Temp 97.5
Active/Inactive
FLY/SPACEOPS
Allerg. NKdA

meds: Ø
age 50
d.p. 556-6705/6102

#1 S: Pt c/o Swollen Knee x 4 days. Reports (L) knee swelling 3 days ago - now resolved. H/o minor (L) knee injury 2 years ago. Has had occasional feeling of knee "giving away" since but has never fallen & feeling not assoc. c̄ knee pain. ⊖ locking. Denies recent ↑ activity. Feels rubbing on sides of knee when climbing stairs. (b) (6) [redacted]

O) (L) knee c̄ deformity / edema.
ROM 0° - 120° ⊕ tender LCL & MCL
⊖ joint line tenderness. ⊖ Lachman's / ant. Drawer
⊖ McMurray's.
gait wl. wl deep knee bend to 90° (limit of flexibility)

A) Decreased flexibility (B) LE's
R/o knee pathology

P) (L) knee XR

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: 302 MS, PETERSON AFB, CO 80914-5000

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
Hopkins Marshall H		M
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
Same		Msgt
SPONSOR'S NAME		ORGANIZATION
		302ALCF
DEPART./SERVICE	(b) (6) [redacted]	
USAFR		

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

PT for stretching (B) LEs
F/u 2-3 wks or pm.

Complaint #2:

S) Poor sleep. Wife c/o's snoring increasing. She Recorded him snoring + noted his breathing stops for as long as 15s. Reports wrecking 2 vehicles 2° falling asleep at wheel. PMH: fibromyalgia.

O) P

A) R/o sleep apnea

P) Neuro consult for possible sleep studies.
F/u p̄ above.

Major Kevin J. O'Toole, D.O.
USAF, MC, FS [redacted] (b) (6) AFSC 48G3
21 MG/SGP PAFB, CO 80914-1540

25 Jul 94

Mental Health Clinic
Peterson AFB, CO 80914-5300
FILE MAINTAINED IN MENTAL HEALTH CLINIC

S/O- Seen for initial intake
A- 799.90 Deferred
P- F/u c Dr Lakhesh 26 Jul 94, 1300

Patient non-emergent but requires F/u.
[signature]

DENISE E. PRINZ, TSGT, USAF, 91470
[redacted] (b) (6)

*U.S. Government Printing Office: 1992 — 312-071/50058 STANDARD FORM 600 BACK (REV. 5-84)

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LK

NSN 7540-01-165-7294 519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
(L) knee series					
	FILM NO.			(K)	PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) O'Toole				TELEPHONE/PAGE NO. 6-7965
	SIGNATURE OF REQUESTOR K J O'Toole				DATE REQUESTED 14 Mar 94

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

50 y/o AFR ♂ c̄ occasional feeling of (L) knee "giving way". Reports swelling of knee 3 days ago. ⊖ trauma. PE unremarkable.

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
14MAR94	15MAR94	15MAR94

RADIOLOGIC REPORT

LEFT KNEE: Examination of the left knee shows no significant bony, articular, or soft tissue abnormality.

IMPRESSION: Normal left knee.

Paul E. Bauer

PAUL E. BAUER, LT COL, AF, MC
CHIEF RADIOLOGY SERVICES
21ST MEDICAL GROUP
PETERSON AFB, CO 80914 7575

[redacted]

20/[redacted]

(P)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

Hopkins, Marshall

NAME: [redacted]

RANK: Msgt

[redacted]

DP: 6-6102 [redacted]

[redacted]

LOCATION OF MEDICAL RECORDS

PAFB

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

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PHYSICAL THERAPY CONSULTATION

FROM: *(Requesting Activity)* FSO

DATE 14 Mar 94

NAME (Last, First, M.I.) (For P.T. Use Only) Hopkins Marshall AFRes

PROVISIONAL DIAGNOSIS - REASON FOR REQUEST *(Complaints/findings)*

50 y/o AFR ♂ c very limited LE flexibility. Request stretching program for quads, hamstrings, calves. Thanks.

SIGNATURE OF PROVIDER: Major Kevin J. O'Toole, D.O. USAF, MC, FS (b) (6) AFSC 48G3 21 MG/SGP PAFB, CO 80914-1540

PATIENT STATUS: ☐ IN ☒ OUT

PLACE OF CONSULTATION: ☐ BEDSIDE ☒ DEPT

☐ EMERGENCY ☒ ROUTINE

SCHEDULE

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Mar 94																	⊘				→							/			

REMARKS *(For P.T. Use Only)*

STATUS (-1)

PHYSICAL THERAPY REPORT

14 Mar 94

PATIENT ASSESSED FOR SHORT TERM MANAGEMENT. GIVEN WRITTEN &/OR VERBAL INSTRUCTIONS. SCHEDULED FOR EVALUATION- 17 Mar @ 1100 c Maj Gina James Wilson.

17 Mar 94 S: 50 y/o ♂ when thru Civilian PT few months 3 relief (exercises only) - Dxed c Fibromyalgia - Has back sx, ⊕ knee pain - Has been seeing chiropractic / neurologist Has multiple area discomforts.

O: Instructed in HS/Quads/calf stretching exercises - Vl Amb/transfers - some com ⊕ knee c pain - Discussed poss. benefit of Aquatic Therapy Program & Back Class A: Multiple area arthralgias / Fibromyalgia

GINA L. JAMES, AC USAF
4J032 (b) (6)
PHYSICAL THERAPY SPECIALIST
21MG, PETERSON AFB, CO

PATIENT IDENTIFICATION

NAME: (L,F,M) Hopkins Marshall H.

RANK: MSgt AFRes/E

(b) (6)

DP: 6-6102 HP: 372-0147

(b) (6)

AF FORM JAN 82 1535 (BE[illegible]E TO REVERSE CARBON WHEN CONTINUING ON R[illegible]RSE)

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PHYSICAL THERAPY CONSULTATION *(Continued)*

P: Aquatic Therapy Program — home exercise per "O"
Back Class 19 Apr — Rev mid-end of Apr
goal: Instruct in appro exercise/care

DAWN E. WILSON, MAJOR, USAF
BSC, 42B3 (b) (6)
CHIEF, PHYSICAL THERAPY
21MG, PETERSON AFB, CO

4 May 94 S: Pt card held. x 1 month has not been to Therapy since 28 March 94. Status of condition unknown @ this time.
P: DC consult.

Michelle Sandy
MICHELLE A. SANDY, SGT, USAF
4J052 (b) (6)
PHYSICAL THERAPY SPECIALIST
21MG, PETERSON AFB, CO

DAWN E. WILSON, MAJOR, USAF
BSC, 42B3 (b) (6)
CHIEF, PHYSICAL THERAPY
21MG, PETERSON AFB, CO

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LINE OF DUTY DETERMINATION

AUTHORITY: 5 USC 2108, 3309 - 3315, and 8140; 10 USC 507, 972(5), 1074, 1074a, 1202 - 1221, and 8722; 32 USC 318 and 319; 37 USC 204(j) and 802; 38 USC 310, 331, 610, and 612; and EO 9397.
PRINCIPAL PURPOSE(S): To determine if member's disease or injury was incurred in line of duty or not in line of duty.
ROUTINE USES: Used by the Air Force to determine eligibility for physical disability retirement or separation; lost time required to be made good; and forfeiture of pay for absence from duty owing to disease caused by intemperate use of alcohol or drugs. Used by the Veteran's Administration to determine eligibility for disability compensation or hospital benefits. Used by the Civil Service Commission to determine eligibility for veteran's preference. Used by the Labor Department to determine eligibility for compensation. Information may be reviewed by the base Ground Safety Office. SSN is used only for identification purposes.
DISCLOSURE IS VOLUNTARY: Failure to provide information will result in this form being completed using other sources of information.

TO: *(Immediate Commander)*	THRU:	FROM:
302 ALCF	302 MSSQ/MSMQ	302 MED SQ

1. NAME *(Last, First, Middle Initial)*	(b) (6)	3. GRADE	4. ORGANIZATION
HOPKINS, MARSHALL H.		MSGT	302 ALCF

5. MEMBER'S STATUS

A. ☐ REG AF ☐ AFROTC CADET ☐ AFA CADET
B. ANGUS, AND STRENGTH ACCOUNTABILITY IS ☐ WITH ACTIVE FORCE ☐ WITH ANGUS
C. USAFR, AND STRENGTH ACCOUNTABILITY IS ☐ WITH ACTIVE FORCE ☒ WITH USAFR *(Also complete Item 5d)*
D. USAFR, STRENGTH ACCOUNTABILITY IS WITH USAFR AND ☐ IS ☐ IS NOT ASSIGNED TO AN ACTIVE DUTY UNIT FOR TRAINING.

6. NATURE AND EXTENT OF ☒ DISEASE ☒ INJURY *(Preliminary Diagnosis):*

Symptoms similar in appearance to Fibromyalgia Syndrome (See attached brochure)

7. NAME AND LOCATION OF ☒ MILITARY ☐ CIVILIAN HOSPITAL OR TREATMENT FACILITY FIRST PROVIDING TREATMENT	8. TREATMENT PROVIDED HOUR	DATE
Evans AMC , Ft Carson, CO	1825	4 JAN 94

9. RESULT(S) OF DISEASE OR INJURY

A. ☐ RESULTED IN INABILITY TO PERFORM DUTY FOR MORE THAN 24 HOURS
B. ☐ LIKELY TO RESULT IN PERMANENT DISABILITY *(Partial or total)*

10. MEDICAL OPINION OF MEMBER'S CONDITION WHEN FIRST TREATED

A. ☐ WAS ☐ WAS NOT UNDER THE INFLUENCE OF ALCOHOL *(See AFR 35-67, Explanation of Terms)*
B. ☐ WAS ☐ WAS NOT UNDER THE INFLUENCE OF A DRUG - INCLUDING MARIHUANA. *(See AFR 35-67, Explanation of Terms).*
IF MEMBER WAS UNDER THE INFLUENCE OF A DRUG, SPECIFY WHAT KIND _____.
C. ☐ UNABLE TO DETERMINE BECAUSE OF PHYSICAL CONDITION
D. ☐ WAS ☐ WAS NOT MENTALLY RESPONSIBLE. MEMBER ☐ HAS ☐ HAS NOT BEEN PSYCHIATRICALLY EVALUATED.
☐ PSYCHIATRIC EVALUATION PENDING
E. SPECIFY ANY OTHER CONDITION DEEMED RELEVANT _____.

11. TESTS

A. BLOOD ALCOHOL TEST ☐ WAS ☐ WAS NOT MADE. IF MADE, STATE RESULTS _____.
B. ANY OTHER TESTS AND RESULTS *(Specify)* _____.

12. DETAILS OF ACCIDENT OR HISTORY OF DISEASE

MSgt Hopkins had a MVA on 4 Jan 91 while on military status. Since that time he has had chronic and recurring pain and insomnia. On 26 OCT 93, MSgt Hopkins brought in a pamphlet from his private neurologist (Attached) linking these symptoms with a trigger responce to a previous event such as a automobile accident. There is a gap currently in his medical records where no medical problems related to this condition were recorded from 4 Jan 94 to 25 NOV 91. During the 25 NOV 91 examination, Dr. Todaro questioned the cause and effect relationship between history and presentation. (over)

13. SOURCES OF INFORMATION	B. NAME(S) AND ADDRESS(ES) OF WITNESS(ES)
A. ☐ MEMBER ☐ POLICE ☐ WITNESS(ES) ☒ OTHER *(Specify)* Medical Records	

14. BASED ON THE FOREGOING, THE FOLLOWING FINDING IS RECOMMENDED: A. ☐ IN LINE OF DUTY No determination made
B. ☐ NOT IN LINE OF DUTY *(Regular AF, USAFR, or ANGUS member incurred injury or disease due to member's own misconduct or while member was absent without authority; Regular AF, USAFR, or ANGUS member incurred injury or disease during travel to or from AD and had materially deviated from authorized travel route; USAFR or ANGUS member incurred injury or disease during travel to or from ADT and had materially deviated from authorized travel route; USAFR or ANGUS member incurred injury during travel to or from IDT and had materially deviated from authorized travel route; or USAFR or ANGUS member incurred disease during travel to or from IDT.)*

DATE	TYPED NAME AND GRADE OF MEDICAL OFFICER	SIGNATURE
4 NOV 93	EDWARD T. KIMBLE, COL USAFR, MC, FS	Edward T. Kimble COL.

AF Form 348, OCT 85 PREVIOUS EDITION WILL BE USED

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THRU: *(SJA)*	TO: *(Appointing Authority)*	FROM: *(Immediate Commander)*
302 SJA	302 AW/CC	302 OG/CC

15. AT THE TIME OF THIS OCCURRENCE, THE MEMBER WAS:

X	A. PRESENT FOR DUTY		C. ABSENT WITHOUT AUTHORITY FOR MORE THAN 24 HOURS	D. ABSENT WITHOUT AUTHORITY FROM	
	B. ABSENT WITH AUTHORITY			FORMATION	RESTRICTION
			FROM *(Hour and date)*	SCHEDULED DUTY	ARREST
			TO *(Hour and date)*		

E. NEITHER PRESENT FOR DUTY, ABSENT WITH AUTHORITY NOR ABSENT WITHOUT AUTHORITY BUT WAS:

☐ USAFR OR ANGUS, TRAVELING TO OR FROM INACTIVE DUTY TRAINING.

☐ REG AF, USAFR OR ANGUS TRAVELING TO OR FROM DUTY OR TRAINING WHO HAD MATERIALLY DEVIATED FROM AUTHORIZED TRAVEL ROUTE.

16. AS A RESULT OF MY INVESTIGATION, I HAVE DETERMINED THE CIRCUMSTANCES TO BE AS FOLLOWS: *(Who, how, when, where, why)*

On 4 Jan 91, MSgt Hopkins was rearended by Deanne Lucero (Drivers License #061689090) while stopped at a cross-walk. This accident occurred on Fort Carson. MSgt Hopkins was returning to PAFB after teaching a class. He was examined at Evan's Hospital and released to the PAFB clinic.

A complete report is available from the Fort Carson Military Police. The report number is 00057-91.

17. THE PROXIMATE CAUSE OF THE MEMBER'S DISEASE OR INJURY WAS ☐ INTENTIONAL MISCONDUCT ☐ WILLFUL NEGLECT ☐ BOTH OF THESE ☒ NEITHER OF THESE BUT WAS *(Specify)*

The proximate cause of MSgt Hopkin's injury was due to an auto accident where he was not at fault.

18. SOURCES OF INFORMATION	B. STATE NAME(S) AND ADDRESS(ES) OF WITNESS(ES)
A. ☒ MEMBER ☐ OSI ☐ POLICE ☐ OTHER *(Specify)* ☐ WITNESS(ES)	

COMPLETE EITHER ITEM 19 OR ITEM 20

19. ☐ THE RECOMMENDED FINDING IS *"IN LINE OF DUTY"*.

20. ☒ RECOMMEND A FORMAL INVESTIGATION.

DATE	TYPED NAME AND GRADE OF IMMEDIATE COMMANDER	SIGNATURE
17 FEB 94	DENNIS W. THOMPSON, COLONEL	

21. STAFF JUDGE ADVOCATE: ☐ CONCUR ☐ NONCUR

22. ACTION OF THE APPOINTING AUTHORITY

A. ☒ I CONCUR WITH THE RECOMMENDED FINDING OF *"IN LINE OF DUTY"* SHOWN IN ITEM 19. FILE THIS FORM IN MASTER PERSONNEL RECORDS *(AFR 35-67)*

B. ☒ I DO NOT CONCUR WITH THE RECOMMENDATION FOR A FORMAL INVESTIGATION SHOWN IN ITEM 20. A FINAL *"IN LINE OF DUTY"* FINDING IS HEREBY MADE. FILE THIS FORM IN MASTER PERSONNEL RECORDS *(AFR 35-67)*

C. ☐ APPOINT INVESTIGATING OFFICER. *(Appointing authority does not concur with finding recommended in Item 19 or does concur with action recommended in Item 20).*

DATE	TYPED NAME AND GRADE OF APPOINTING AUTHORITY	SIGNATURE
15 May 4	WALTER T. HATCHER III, Col	

AF FORM 348, OCT 85 (REVERSE)

☆ U.S. Government Printing Office: 1985—490-962/42094

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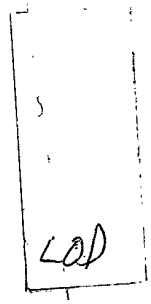

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

FLIGHT MEDICINE
21st Med Grp, PAFB CO

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, CREATING ORGANIZATION *(Sign each entry)*
Date 14FEB94	
Dr.	
Time S/C	S PT c/o cold symptoms x 3days.
BP 124/78	Cough x 5dys Not paroxysmal. + production. Pain w/ coughing. Nasal Congestion.
Pulse 78.	⊕ Headache ⊖ sore throat / ⊖ earache. ⊖ smoky PMH freq bronchitis
Temp 97.5	Already DNIF Pendy Workup for back pain, headache, knee pain
Active/Inactive	⓪ NAD
FLY/SPACEOPS	TM's WNL LN's 1cm, tender Throat WNL nontender sinuses
Allerg. NKDA	Lungs - freq tight cough prolonged expiratory phase squeeks
MEDS: 0	Ⓐ Bronchitis
Age: 50.	Ⓟ E Myin 250 21D 60
	Proventil Q4-Lh
	Azmacort TID
	Already DNIF
	Rev 3dys - Sick call

DAVID H. SUMMERS, LtCol, USAF, MC, FS
AFSC 48F4
[redacted] (b) (6)
21 Medical Group/SGP
Peterson AFB, CO 80914-1540

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: FLIGHT MEDICINE 21st Med Grp, PAFB CO

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
Hopkins, MARSHALL		M
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
S		MSgt
SPONSOR'S NAME		ORGANIZATION
		302 ACCF
DEPART./SERVICE	SSN/ID	DATE OF BIRTH
AFRES	20/ [redacted] (b) (6)	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

FLIGHT MEDICINE
21st Med Grp, PAFB CO

Date 17FEB94
Dr.
Time 5/C
BP 130/88
Pulse 76
Temp 98.1
~~Active/Inactive~~
(FLY/SPACEOPS)
Allerg. NKDA
MEDS: E-Mycin
Proventil

AGE: 50.

S: Pt in for F/u on Bronchitis. Reports that cough is lessened and now bringing up some phlegm. D/c'd Proventil due to jitters. ⊖ SOB.

O/ Lungs eventually clear, few pint occasional exp. wheezes over upper lung fields with deep exhalation.

A/ Bronchitis - improving

P/ cont meds
F/u when meds complete, earlier if Sx worsen

Major Kevin J O'Toole, D.O.
USAF, MC, FS (b) (6) AFSC 48G3
21 MG/SGP PAFB, CO 80914-1540

*U.S. Government Printing Office: 1992 — 342-199/50195

STANDARD FORM 600 BACK (REV. 5-84)

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MEDICAL RECORD | **CONSULTATION SHEET**

REQUEST

TO: Mental Health Peterson AFB, Co.

FROM: (Requesting physician or activity) E. Kimble 302 APSS (AFRES).

DATE OF REQUEST 10 FEB 94

REASON FOR REQUEST (Complaints and findings)

Request mental health evaluation as per information in attached neurologist's consultation

PROVISIONAL DIAGNOSIS

① chronic symptoms ② Is this a DNIF concern?

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
Edd G. Kimble MD		☐ BEDSIDE ~~☐ ON CALL~~	~~☐~~ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

S: Patient in MVA in Jan 91 - Dr. Adams Consultation report was reviewed - No medical problems reported prior to MVA - Patient has been treated by various doctors since MVA and was reviewed in Dr. Adams Consult - Patient did not experience LOC in the MVA but did experience a whiplash injury - He has experienced significant pain, depression and marital stress since the MVA injury - He reports his depression and marital problems have currently resolved - He reports no current sleep problems which were previously present - He currently reports problems with Right eye pressure, eyelid tic, upper back burning sensations, left knee pain and swelling, nausea, stomach pain, headaches, short term memory and long term memory - He has never had any psychiatric Rx or counseling - He completed an alcohol Rehab program in 1969 and has had no problem since that time - He also stopped smoking at that time - He reports no work difficulties and enjoys his work.

O: MSE WNL - Much focus on physical problems.

A: 316.00 Psychological factors affecting physical condition

P: ① No disqualifying factors for flying
② Attend stress management group
③ Work closely with neurologist, ~~[illegible]~~ Surgeon and Chiropractor regarding management of physical difficulties which may arise.

~~(Continued on reverse side)~~

SIGNATURE AND TITLE

Dale P. Mann, PhD

DALE P. MANN, Lt Col, USAFR
(b) (6) AFSC ~~9100~~ 7428
Clinical Psychologist

DATE 7 Mar 94

IDENTIFICATION NO. | ORGANIZATION | REGISTER NO. | WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

MSGT HOPKINS, Marshall H., USAFR, 302 ACF, Peterson AFB, CO 80914-8010
(b) (6) HP 719/689-2637
DP None

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
513-108

1987-181-243/40511

302 MD

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Watson 31 March 1420 Thurs.

MEDICAL RECORD	CONSULTATION SHEET

REQUEST

TO: ~~USAF Acad Hosp~~ Ft Carson Int. med. (GI)	FROM: (Requesting physician or activity) E. Kimble 302 APTS, Peterson AFB, Co	DATE OF REQUEST 10 FEB 94

REASON FOR REQUEST (Complaints and findings)

Request evaluation of chronic nausea as per attached neurologist's consult.

thank you

PROVISIONAL DIAGNOSIS

① chronic nausea (? gastritis) ② Is this a DNIF concern?

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	☑ ROUTINE ☐ TODAY
Edd T. Kimble		☐ BEDSIDE ☑ ON CALL	☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

MAR 31 1994
EACH, FORT CARSON, CO 80913
PRIMARY CARE CLINIC (EAST)
TIME IN: 1335
WT: HT:
TEMP: P:
R: BP:
HC: ALLERGIES:
MEDS:

This patient is a 50y.o. WO♂ refered from PAFB c/o persistant nausea and intermittent abd discomfort X18 mons - the patient denies vomiting, wt loss but has symptoms suggestive of GERD X 3-4 mons ∅ Δ in bowel habbits ∅ wt loss - the patient is scheduled for MED WDWN WO♂ Gen Exam (-)

A. GERD R/O PUD
P. EGD - BaE flux sig Zantac 150mg BID

(Continued on reverse side)

SIGNATURE AND TITLE	DATE
Lasaundra Watson, M.D. Dept. of Medicine E.A.C.H. 579-70-4922	31 Mar 94

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.
			A

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

MSGT HOPKINS, Marshall H., USAFR, 302 ACF, Peterson AFB, CO 80914-8010
(b) (6) [redacted]
HP 719/689-2637 DP None

☆U.S. GPO: 1987-181-243/40511

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
513-108

525-56-7575

556-6102

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MEDICAL RECORD	CONSULTATION SHEET

REQUEST

TO:	FROM: *(Requesting physician or activity)*	DATE OF REQUEST
USAF Acad Hosp. Int. med. (GI)	E. Kimble 302 ARSS, Peterson AFB, Co	10 FEB 94

REASON FOR REQUEST *(Complaints and findings)*

Request evaluation of chronic nausea as per attached neurologist's consult.

thank you,

PROVISIONAL DIAGNOSIS

① chronic nausea (? gastritis) ② Is this a DNIF concern?

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
Edd T. Kimble MD		☐ BEDSIDE ☑ ON CALL	☐ ~~ROUTINE~~ ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

(Continued on reverse side)

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)*

MSGT HOPKINS, Marshall H., USAFR, 302 ACF, Peterson AFB, CO 80914-8010

(b) (6)

HP 719/689-2637 DP None

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
513-108

☆U.S. GPO: 1987-181-243/40511

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(This Form is Subject to the Privacy Act of 1974 - Use Blanket PAS DD Form 2005)

TO: *(HOSM/Unit Scheduling Officer) or (Commander/Duty Section)*	FROM:	DATE
31 ALS/DOT 21 SPW/AMF Peterson AFB, CO 80914-5000	302d Medical Squadron Peterson AFB, CO 80914-8010	10 Feb 94

NAME *(Last, First, Middle Initial)*	GRADE	(b) (6)
HOPKINS, Marshall H.	E-7/MSgt	[redacted]

RATING\FLYING OR SPECIAL OPERATIONAL DUTY	ASC	ACTIVE FLYING				ORGANIZATION	MAJCOM
			YES		NO		
Load Master	9D	X				302 ALCF	ACC

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes):*

X	MEDICALLY RESTRICTED FROM FLYING OR SPECIAL OPERATIONAL DUTY *(DNIF)*
	MEDICALLY CLEARED FOR FLYING OR SPECIAL OPERATIONAL DUTY FOLLOWING AN ILLNESS OR INJURY
	MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

		INITIAL MEDICAL EXAMINATION		PERIODIC MEDICAL EXAMINATION		INITIAL CLEARANCE *(This Base)*		AIRCRAFT MISHAP

	REQUIRED TO WEAR VISION CORRECTION DEVICES WHILE PERFORMING FLYING OR SPECIAL OPERATIONAL DUTY.
	RATED OFFICER: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 180 DAYS.
	NONRATED OFFICER OR ENLISTED PERSONNEL: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 90 DAYS.

ACTUAL DATE FOUND DNIF	ESTIMATED DURATION OF DNIF	ACTUAL DATE FOUND MEDICALLY CLEARED	TOTAL DAYS DNIF THIS ILLNESS\INJURY
10 Feb 94	60 Days		

REMARKS

DATE MEDICAL CLEARANCE EXPIRES	MEDICAL EXAMINATION MAY BE ACCOMPLISHED IN THE MONTH AND YEAR INDICATED: ⟶	
TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON EDWARD T. KIMBLE, III, LTC, USAFR, MC, FS Commander, 302d Medical Squadron	SIGNATURE [signature]	DATE 10 FEB 94

I CERTIFY that I have been notified and understand the above actions and recommendations.

I ☐ DO ☒ DO NOT wear contact lenses while performing flying or special operational duty.

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
[signature]	930211

AF FORM 1042, FEB 92 PREVIOUS EDITION WILL BE USED.

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Gentle Touch Chiropractic
110 N. Ditmar Street
Oceanside, CA 92054
(619)722-1070

Date: 2-2-94

Patient Name: Marshall Hopkins

TOTAL AMOUNT RECEIVED: 25-

Services Rendered: Chiropractic consult & treat

Received by: B. Streagle

✓ CASH ___ CHECK ___ CREDIT CARD ___ M/C ___ VISA

Present History -
Left para. was not unconscious; Just dis oriented.

2 Para. Last sentence, Left Knee only.

NEUROLOGICAL ASSOCIATES
IMRAN U. KHAN, M.D.
1925 E. ORMAN AVENUE, SUITE G12
PUEBLO, CO 81004
(719) 564-7444

NAME Marshal Hopkins AGE

ADDRESS _____ DATE 1-1

℞

Please Use table u
for sleeping

Imran

Refill ____ times

DISPENSE AS WRITTEN ☐

To ensure brand name dispensing, check and initial box.

NE5

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CONSULTATION - Dr Adams

Consult is at the request of Dr Ed Kimble, Flight Surgeon's Office, 302nd Medical Squadron, for Air Medical Evaluation and line of duty purposes.

HISTORY OF PRESENT ILLNESS: This is a 50-year old right handed white male who was well until 3 Jan 91. At that time he was involved in a motor vehicle accident in which his relatively small car was struck from behind and pushed into a car in front. Both the car behind and the car in front were somewhat larger. He suffered no obvious immediate injury, however, about 30 minutes later, he noted difficulty using language and felt somewhat dizzy. He was evaluated at Fort Carson and had a cervical spine x-ray which he was told was normal. He was discharged.

The next morning he was feeling well and did relatively well for about 2 weeks. At that time, he began to develop a headache. This headache was in his occiput, across his shoulder, and up into the back of his head. It remained relatively constant. It was associated with occasional mild nausea. He also at this time developed some low back pain, in the lumbar area, no radiation, no obvious weakness or numbness in his legs. There is no bowel or bladder problems. He did notice that this disappeared with activity.

About one month after the accident, he developed a pressure-like sensation behind his right eye. This would occasionally take on somewhat of a burning aspect and he noticed some photophobia in his right eye as well. Approximately 8 months after the accident, there was a short-lived spell of a tic involving his right eye. Ten months after the accident, he developed some sharp pain in the right side of his face, worse when touching it. This was diagnosed by a dentist as being possible tic douloureux and supposedly confirmed by Dr Seybold, a neurologist. This was not treated.

In Oct 92, he twisted his knee and has noticed some intermittent left knee and leg weakness.

Since Jul 93, he has had daily nausea, although this is not to the point of actual emesis.

He has seen a multitude of practitioners for these problems. He was referred to Dr Seybold, neurologist in Colorado Springs, for his headaches. Dr Seybold ordered multiple MRIs, we do not have the results of these. No diagnosis was made that I am aware of. He was referred to Dr Jack Klapper in Denver. Dr Klapper again did not make a diagnosis I am aware of, but did treat his headaches with home traction which the patient has found has helped quite a bit. He was evaluated by anesthesiology for his back pain. He has received several shots in his "spine", again with some relatively good relief but with the pain always returning. He had an EMG and MCV at one point of his right arm; we do not have the results of these.

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He was finally evaluated by Dr Kahn, neurologist in Pueblo. Dr Kahn diagnosed him as having fibromyalgia. He was placed on low dose Elavil which he took for 30 days. He had quite good relief with the Elavil.

Throughout the course of this, he has been seen frequently by a chiropractor. He does notice that chiropractic manipulation is quite helpful as far as the pain in his head and neck.

PAST HISTORY: At the present time, he is on no medications. He has no allergies, does not smoke and drinks one glass of wine in the evening. He has had two hernia operations. He is not presently taking any medications.

PHYSICAL EXAMINATION: On exam, his blood pressure is 112/64.

His pupils are equal, round, and reactive to light and extraocular movements are full. Fundi are normal. He complains of some mild photophobia on ophthalmic exam of his right eye. Face is symmetric and moves normally. Palate and tongue are midline and move normally. Sternocleidomastoid and shrug are normal. Sensation is normal to touch bilaterally. I do not incite any pain with this. Corneal reflex is normal bilaterally.

There is no fix or drift. Rapid alternating movements are normal. Tone is normal. Strength is 5/5 in all areas with the exception of 4+/5 in his right gluteus maximus. Finger to nose and heel to shin is normal. Sensation is normal to touch and tuning fork with the exception of some decreased sensation which seems to spell out best to an L5 dermatome in the right foot. Reflexes are 2+ throughout and toes are downward going bilaterally.

He has a marked tender point over his right trapezius and one over his right lumbar paraspinal area.

IMPRESSION:
1. Chronic intermittent headache.
2. Chronic upper shoulder and back pain.
3. Chronic low back pain.
4. History of pain in right face diagnosed in past as tic douloureux.
5. Daily nausea.
6. Left knee and leg pain, probably secondary to twisted knee.
7. History of automobile accident on 3 Jan 91.
8. Subjective mood swings and depression.
9. Exam consistent with mild L5 radiculopathy right, otherwise normal neurologic exam with tender points.

DISCUSSION: Sgt Hopkins has a syndrome which appeared to begin related to a motor vehicle accident which occurred while he was on active duty on 3 Jan 91. A motor vehicle accident can certainly set off fibromyalgia, I believe that Dr Kahn's diagnosis of fibromyalgia is probably an accurate one.

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I think he as well has a mild L5 radiculopathy. I am uncertain whether or not the MRIs performed by Dr Seybold and elsewhere addressed his lumbar spine.

It is unclear to me exactly what is going on with the tic douloureux, he is certainly asymptomatic at the moment and I am uncertain if this was a true diagnosis or not.

The chronic daily nausea, abnormality of sleeping, and mood swings and depression does lead one to suggest that there may be some psychological factors going on, whether or not this is related to his chronic illness or visaversa is unclear. I do believe that his upper GI tract and liver/gallbladder probably should be worked up as a search for source of chronic nausea. If no source of this is found, an MMPI may be helpful.

All of Sgt Hopkins' problems, including the automobile accident have occurred while he was on active duty. At no point in time did any inciting factor occur while he was off active duty nor did any of them occur while he was inebriated or in the act of committing a felony. Therefore, I believe that his problems are most likely **LINE OF DUTY:** Yes.

RECOMMENDATIONS: Sgt Hopkins seems to be happy with his neurologist, chiropractor, and flight surgery care that he is getting. I believe that the MRIs need to be evaluated by somebody, paying particular attention to his lumbar area in particular if this was done. I think the EMGs and MCVs should be evaluated as well. I think that his GI system should be evaluated as I have noted above, again I think that if nothing is found, an MMPI would be helpful.

I will leave it up to Sgt Hopkins and Dr Kimble in combination to decide whether or not they are happy with the medical care that he is receiving, given these above recommendations, or whether or not they decide to come back here. If they do, I will ask Sgt Hopkins to give me a call and will be happy to set him up as a follow-up appointment and go on from there.

At the present time, I see nothing which should be disqualifying for active flying duty with the exception of the possible right L5 radiculopathy. I think before any flying decisions are made based on this, the MRI of his lumbosacral spine should be evaluated to see if there is a source for an L5 radiculopathy.

LAURENCE J. ADAMS, LtCol, USAF, MC-FS
Neurologist (9576)

☐ HISTORY & PHYSICAL EXAMINATION (SF 504, SF 505, & SF 506)
☐ CONSULTATION SHEET (SF 513)
☐ CHRON RECORD OF MEDICAL CARE - (SF 600)
☐ PROGRESS NOTE (SF 509)
☐ OPERATION REPORT (SF 516)
☐ NARRATIVE SUMMARY (SF 502)
☐ AUTOPSY PROTOCOL (SF 503)
☐

CONSULTATION Page 3

NAME: HOPKINS, MARSHALL
REGISTER NO.: OP (b) (6)
UNIT: USAF Academy Hospital, USAF Academy CO 80840-5300
DATE DICT: 14 Jan 94 /jb
DATE TYPED: 19 January 1994

50275-102 **MEDICAL RECORD REPORT** OPTIONAL FORM 275 (12-77) Prescribed by GSA and 1 CMR FIRMR (41 CFR) 201-45.505

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Patient name: Marshall Hopkins
Date: December 21, 1993
Neurology clinic: Pueblo

SUBJECTIVE: Patient returns to the clinic stating that when Ambien was given to him for sleeping, his wife noticed that he was snoring and he would only sleep for about 2-3 hours so he stopped taking the Ambien. He started using a sip of wine at night and with that he noted that he sleeps well and he does not snore.

His back has popped out again as he was sleeping on a hard mattress and he found out if he sleeps on a soft mattress the back doesn't pop.

Patient is needing manipulations again and wants to get a trigger point injection as the manipulations are hurting.

OBJECTIVE: Speech was fluent, patient was alert and oriented. fundi showed sharp discs. Pupils were reactive and full eye movements were seen. Facial movements were symmetrical. Hearing was ok. Tounge and palate were midline.

Strength was 5/5 in all four extremities.With normal muscle tone and bulk. Coordination was normal. Sensation was intact to touch. Gait was normal.

Chest and abdominal exam was unremarkable.

On examination, patient has tenderness in the parapsinal thoracic muscle.

ASSESSMENT: 1)Fibromyalgia

PLANS: 2 trigger point injections were given.

IMRAN U. KHAN, M.D.

IUK/td

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(This Form is Subject to the Privacy Act of 1974 - Use Blanket PAS DD Form 2005)

TO: *(HOSM/Unit Scheduling Officer) or (Commander/Duty Section)*	FROM:	DATE
21 SPACE SPT WG/AMF 731 ALS/DOT Peterson AFB, CO 80914-5000	302 Med Sq Peterson AFB, CO 80914-5000	16 Dec 93

NAME *(Last, First, Middle Initial)*	GRADE	(b) (6)
HOPKINS, MARSHALL H.	MSGT	

RATING\FLYING OR SPECIAL OPERATIONAL DUTY	ASC	ACTIVE FLYING				ORGANIZATION	MAJCOM
Loadmaster (C130	9D	X	YES		NO	302 ALCF	AFRES

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes):*

	MEDICALLY RESTRICTED FROM FLYING OR SPECIAL OPERATIONAL DUTY *(DNIF)*
X	MEDICALLY CLEARED FOR FLYING OR SPECIAL OPERATIONAL DUTY FOLLOWING AN ILLNESS OR INJURY
	MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

	INITIAL MEDICAL EXAMINATION		PERIODIC MEDICAL EXAMINATION		INITIAL CLEARANCE *(This Base)*		AIRCRAFT MISHAP	

	REQUIRED TO WEAR VISION CORRECTION DEVICES WHILE PERFORMING FLYING OR SPECIAL OPERATIONAL DUTY.
	RATED OFFICER: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 180 DAYS.
	NONRATED OFFICER OR ENLISTED PERSONNEL: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 90 DAYS.

ACTUAL DATE FOUND DNIF	ESTIMATED DURATION OF DNIF	ACTUAL DATE FOUND MEDICALLY CLEARED	TOTAL DAYS DNIF THIS ILLNESS\INJURY
11 Nov 93	indef	16 Dec 93	35 DAYS

REMARKS

Paperwork was mixed up with active duty paperwork so it failed to be processed earlier.

DATE MEDICAL CLEARANCE EXPIRES	MEDICAL EXAMINATION MAY BE ACCOMPLISHED IN THE MONTH AND YEAR INDICATED: ⟶	
31 JUL 94		JAN 94
TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
KEVIN J. O'TOOLE, MAJ, USAF, MC, FS	[signature]	16 Dec 93

I CERTIFY that I have been notified and understand the above actions and recommendations.

I ☐ DO ☐ DO NOT wear contact lenses while performing flying or special operational duty.

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall H. Hopkins	931216

AF FORM 1042, FEB 92 PREVIOUS EDITION WILL BE USED.

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
16 DEC 93	21st MG / SGP 559 Vincent St. PAFB, CO 80914-1540
S/C	RTFS
B/P: 110/86	S: DNIF'd previously because of medication
P: 76	taken for fibromyalgia - using Ambien for sleep.
T: 97.6	Now has d/c'd Ambien and is drinking
NKDA	a glass of wine qhs c̄ adequate sleep
MEDS: Ø	x 5 nights and no adverse effects.
ACTIVE	He reports side effect of improved
Flyer	breathing following use of wine. Gives h/o
	alternating nasal congestion previously
	O: Ø
	A: Desires RTS
	P: 1042 completed
	Flu pm
	Major Kevin J. O'Toole, DO USAF, MC [redacted] (b) (6) FSC 9351 21 MG/SGP PAFB, CO 80914-1540
9 FEB 94	302 APSS
	S) I am in receipt of neurological evaluation
	from Dr. L. J. Adams, USAF Acad. Hospital dated
	19 Jan 94. A number of diagnoses were
	listed, many of which I feel need to
	be further investigated. Review of AFR 160-43

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

DP 6-6705

RECORDS MAINTAINED AT:	21st MG / SGP 559 Vincent St. PAFB, CO 80914-1540	
PATIENT'S NAME *(Last, First, Middle initial)* Hopkins, Marshall H		SEX M
RELATIONSHIP TO SPONSOR	STATUS RES	RANK/GRADE NTSGT
SPONSOR'S NAME		ORGANIZATION 731 ALS
DEPART./SERVICE USAFR	[redacted] (b) (6)	

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

indicates that some of these diagnoses are disqualifying for flying class II duty:

A. radiculopathy unless completely resolved and J functional impairment
AFR 160-43 6-25 a. (17) (a) and (b)

B. depression 6-26 a. (10)

C. chronic nausea (? gastritis) 6-21 a. (9) if gastritis

D. chronic headache 6-25 a. (7) (d) (f)

In addition I would like to see further evaluation of MSgt Hopkins GI complaints and a mental health evaluation including test (MMPI) as indicated.

During the interim I feel he should not do flying duties but could remain on non-flying AFRES duty status.

O) Not examined

A) multiple concerns as noted in neurologist's consultation and listed above

P) 1) DNIF recommended until questions cleared
2) consults with Int. Med (GI) at USAFAcad.
" " mental health where appropriate.

Edward T. Kimble MC

EDWARD T. KIMBLE, COL., USAFR,MC,FS
(b) (6) [redacted] AFSC: 09356
302 MEDICAL SQUADRON
PETERSON AFB, CO. 80914-5000

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
	302 MS, PETERSON AFB, CO 80914-5000 No Records
15 Nov 93	21st MG / SGP 559 Vincent St. PAFB, CO 80914-1540
S/C	Pt c/o URI x 3 dys
B/P: 110/80	Nasal congestion Cough - productive Paroxysmal - chest pain w/ cough
P: 92	Sore throat ⊕ headache ⊖ smoking PMH bronchitis frequently
T: 100.4	(O) NAD
nKdA	TMs WNL Throat Red LNs 1cm mild tenderness
meds: ambien	no sinus tenderness
active flyer	Lungs - freq dry cough, diffuse squeeks end inspiratory
	(A) Bronchitis
	(P) E Mycin 250 QID 40
	Entex BID 20
	Proventil 94-62
	Already DNIF
	DAVID H. SUMMERS, LTCOL, USAF MC FS
	(b) (6) [redacted] AFSC: 9356

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: 302 MS, PETERSON AFB, CO 80914-5000

PATIENT'S NAME *(Last, First, Middle initial)*: Hopkins, Marshall

SEX: M

RELATIONSHIP TO SPONSOR: —

STATUS: —

RANK/GRADE: MSgt

SPONSOR'S NAME: —

ORGANIZATION: 302 ALCF

DEPART./SERVICE: USAFR (b) (6) [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

*U.S. Government Printing Office: 1992 — 312-071/50058

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(This Form is Subject to the Privacy Act of 1974 - Use Blanket PAS DD Form 2005)

TO: *(HOSM/Unit Scheduling Officer) or (Commander/Duty Section)*	FROM:	DATE
21 SPACE SPT WG/AMF 731 ALS/DOT Peterson AFB, CO 80914-5000	302 Med Sq Peterson AFB, CO 80914-5000	11 NOV 93

NAME *(Last, First, Middle Initial)*	GRADE	(b) (6)
HOPKINS, MARSHALL H.	MSGT	[redacted]

RATING\FLYING OR SPECIAL OPERATIONAL DUTY	ASC	ACTIVE FLYING				ORGANIZATION	MAJCOM
			YES		NO		
LOADMASTER (C130)	9D	X				302 ALCF	AFRES

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes):*

X	MEDICALLY RESTRICTED FROM FLYING OR SPECIAL OPERATIONAL DUTY *(DNIF)*
	MEDICALLY CLEARED FOR FLYING OR SPECIAL OPERATIONAL DUTY FOLLOWING AN ILLNESS OR INJURY
	MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

		INITIAL MEDICAL EXAMINATION		PERIODIC MEDICAL EXAMINATION		INITIAL CLEARANCE *(This Base)*		AIRCRAFT MISHAP

	REQUIRED TO WEAR VISION CORRECTION DEVICES WHILE PERFORMING FLYING OR SPECIAL OPERATIONAL DUTY.
	RATED OFFICER: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 180 DAYS.
	NONRATED OFFICER OR ENLISTED PERSONNEL: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 90 DAYS.

ACTUAL DATE FOUND DNIF	ESTIMATED DURATION OF DNIF	ACTUAL DATE FOUND MEDICALLY CLEARED	TOTAL DAYS DNIF THIS ILLNESS\INJURY
11 NOV 93	indef		

REMARKS

Reviewed 16 Dec 93

DATE MEDICAL CLEARANCE EXPIRES	MEDICAL EXAMINATION MAY BE ACCOMPLISHED IN THE MONTH AND YEAR INDICATED: ⟶	
31 JUL 94		JAN 94
TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	**SIGNATURE**	**DATE**
DAVID H. SUMMERS, LTC, USAF, MC, FS		11 NOV 93

I CERTIFY that I have been notified and understand the above actions and recommendations.

I ☐ DO ☐ DO NOT wear contact lenses while performing flying or special operational duty.

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall H. Hopkins	931111

AF FORM 1042, FEB 92 PREVIOUS EDITION WILL BE USED.

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Patient has been under chiropractic treatments and these help him but the chiropractic manipulations are extremely painful.

MEDICATIONS: None

ALLERGIES: None

PAST HISTORY: Hernia repair on the right side in 1969 and 1972

FAMILY HISTORY: Unremarkable

REVIEW OF SYSTEMS: Patient complains of insomnia and knee pain.

ON EXAMINATION:

The patient was alert and oriented, speech was fluent without dysartharia. General fund of knowledge was good. Patient had no difficulty with following commands and calculations.

CRANIAL NERVE EXAM:

Fundi showed sharp discs, there was no disc edema. Pupils were round and reactive to light and accommodations. There were full eye movements. Visual fields were full to confrontation. There was no pathological nystagmus.

Facial movements were symmetrical. Hearing was symmetrical. Tongue protruded in midline palate elevated in midline. There were full neck movements. There was no nuchal rigidity.

ON TESTING OF STRENGTH:

Muscle tone and muscle bulk were normal. Strength was 5/5 in all extremities tested. There was full range of motion in all extremities. Deep tendon reflexes were two plus and symmetrical bilaterally.

ON TESTING COORDINATION :

Coordination finger to nose and heel to shin was normal. Rapid alternating movements were well executed. Gait heel, walk to walk and tandem were all normal. Rhomberg test was normal. There was no resting or intention tremor.

ON TESTING OF SENSATION: Sensation was reduced to

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vibration at the toes.

Examination of chest and abdomen was unremarkable. There were no carotid bruits.

On examination, patient has tenderness in the right shoulder, multiple trigger points in the left paraspinal thoracic muscles and some on the right side.

ASSESSMENT: 1)Fibromyalgia
2)History of Hemifacial spasms
3)Migraine Headaches

PLANS: 2 trigger point injections were given to relieve the pain and patient was given a muscle stimulator to help relieve the pain.

Imran U. Khan, M.D.

IUK/td

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529 56 7575 AD Marshall Hopkins

MEDICAL RECORD	CONSULTATION SHEET

AFA

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
Neurology	FSO 302 MED SQ.	9 NOV 93

REASON FOR REQUEST (Complaints and findings)

50 y.o. C130 loadmaster with questions of Fibromyalgia Syndrome diagnosed by civilian neurologist. He was involved in active duty motor vehicle accident in 1991; brochure on FMS suggests poss. connection — poss. LOD investigation

PROVISIONAL DIAGNOSIS

R/I or R/O FMS; document pertinent symptoms and limitations reference flying duties & general activities

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
Edd T. Kimble MD. Cmdr. 302 Med Sq.		☐ BEDSIDE ☒ ON CALL	☒ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

Adams 14 Jan 94 0900

112/64

DICTATED
↳ TO SEND TO
DR KIMBLE WHEN
BACK

(Continued on reverse side)

SIGNATURE AND TITLE			DATE
			ADAMS 14 JAN 94 0900
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.
			LTR 17 DEC 93

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

DATB

Hopkins Marshall H E-7 Mgt

302 ALCF 20 (b) (6) [redacted] #-689-2637

W-556-6102

HM 689-2637

Box 56 Ramah, Colo 80832

302 Med Sq 6-4839

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
513-108

☆U.S. GPO: 1987-181-243/40511

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Patient name: Marshall Hopkins
Date: November 10, 1993
Neurology clinic: Pueblo

SUBJECTIVE: Patient returns to the clinic for follow up and he states that nothing has helped him more than the trigger point injections. He states that they have helped him enormously, he is feeling well and now the chiropractic manipulation are done easily after the trigger point injections because he could stand more pain.

OBJECTIVE: Speech was fluent, patient was alert and oriented. fundi showed sharp discs. Pupils were reactive and full eye movements were seen. Facial movements were symmetrical. Hearing was ok. Tounge and palate were midline.

Strength was 5/5 in all four extremities. With normal muscle tone and bulk. Coordination was normal. Sensation was intact to touch. Gait was normal.

Chest and abdominal exam was unremarkable.

On examination, patient has tenderness in the paraspinal thoracic muscle.

ASSESSMENT: 1)Fibromyalgia

PLANS: 2 trigger point injections were given..

IMRAN U. KHAN, M.D.

IUK/td

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Patient name: **Marshall Hopkins**
Date: **November 4, 1993**
Neurology clinic: **Pueblo**

SUBJECTIVE: Patient returns to the clinic for trigger point injections.

OBJECTIVE: Speech was fluent, patient was alert and oriented. fundi showed sharp discs. Pupils were reactive and full eye movements were seen. Facial movements were symmetrical. Hearing was ok. Tounge and palate were midline.

Strenght was 5/5 in all four extremities.With normal muscle tone and bulk. Coordination was normal. Sensation was intact to touch. Gait was normal.

Chest and abdominal exam was unremarkable.

PLANS: 2 trigger point injections were given in the paraspinal thoracic muscles.

IMRAN U. KHAN, M.D.

IUK/td

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
26 Oct 93	S: Dx'd ± FMS by civilian neurologist. Prescribed
Dr O'Toole	Ambien (hypnotic) to aid deep sleep. Wishes to know if
	med is grounding. Suggested course 6-8 wks. Hasn't filled script.
	O: ✓
	A: Ongoing
	P: Advised that med will ~~require~~ require grounding
	RTC prior to filling med for 1042 completion.
	Major Kevin J. Toole, DO
	USAF, MC, FS, (b) (6) FSC 9351
	21 MG/SGP PAFB, CO 80914-1540
	21st MG / SGP 559 Vincent St. PAFB, CO 80914-1540
10 Nov 93	Pt started meds, need DNIF
S/C	Taking sedative for sleep. Loadmaster on C130 for ∅ Low back pain
B/P: 144/82	Rx by Dr Khan
P: 78	ⓞ N/A
T: 98.4	ⓐ LBP on Rx
NKdA	ⓟ DNIF u 30 days
meds: AMBIEN TABIOMG	RTC 1 mo
~~Active~~ Flyer	DAVID H. SUMMERS, LTCOL, USAF MC FS
	523-64-2910 AFSC: 9356

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
Hopkins Marshall H		M
RELATIONSHIP TO SPONSOR	**STATUS**	**RANK/GRADE**
		MSGT
SPONSOR'S NAME		**ORGANIZATION**
		731 ALS
DEPART./SERVICE	**SSN/IDENTIFICATION NO.**	**DATE OF BIRTH**
USAFA	529567575	

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600 (REV. 5-84)** Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
1 Dec '93	S- Discussed multiple problems c̄ Mr Hopkins and briefly reviewed the medical record - He continues to have stomach cramps and intermittent nausea - He has had no emesis -
	S Alert ↔
	Abd - diffusely tender - no localized tenderness - bowel sounds normoactive
	A. Mild gastritis
	Anxiety
	Hx fibromyalgia
	P. Reglan (metoclopramide) 5mg po q 6h pr nausea (50) x1 -
	Mr Hopkins is already DNIF
	H H Middleton [illegible]
	(b) (6) [redacted]

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IMRAN U. KHAN, M.D.
NEUROLOGICAL ASSOCIATES

1925 EAST ORMAN SUITE G-12
PUEBLO, CO. 81004
719-564-7444

Practice limited to neurology

October 25, 1993

REFERRING DOCTOR:Self Referred

PATIENT'S NAME: Marshall Hopkins
NEUROLOGY CLINIC:Pueblo

CHIEF COMPLAINT: Patient comes to clinic with chief complaints of pain in the middle and lower back and right shoulder pain.

PRESENT HISTORY:This 49 year old gentleman who works for the US Air Force and is on active duty. Patient was injured in a auto accident which happened in January of 1991. At that time he was rearended by another vehicle. Patients seat broke at the time of the collision and patient was knocked out unconscious. His vehicle was pushed about 20-22 feet. He was wearing a seatbelt.

Since then patient has felt the pain in the neck and back and has felt some stiffness with it. Has also noted some reoccurring twitching around his eyes. He also gets right sided headaches. At times he get sharp pains in the right eye and at time they are pains which last for a longer time. He is also having pains in both knees.

Patient had a complete workup done for the knee pains and it was unremarkable. It was also noted that he does not sleep well and he wakes up in the morning tired and tends to fall asleep when he is driving in the morning. He also has burning in the right shoulder and gets this when waking up. In the night it goes away. His hands can go numb intermittently.

Patient has seen a Neurologist in Colorado Springs and has been worked up with MRI scan and EMG's. We have included MRI scan of the thoracic spine and all workup has been reported normal.

Patient bought all of these records with him at the time of his evaluation.

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Patient name: Marshall Hopkins
Date: November 4, 1993
Neurology clinic: Pueblo

SUBJECTIVE: Patient returns to the clinic for trigger point injections.

OBJECTIVE: Speech was fluent, patient was alert and oriented. fundi showed sharp discs. Pupils were reactive and full eye movements were seen. Facial movements were symmetrical. Hearing was ok. Tounge and palate were midline.

Strenght was 5/5 in all four extremities. With normal muscle tone and bulk. Coordination was normal. Sensation was intact to touch. Gait was normal.

Chest and abdominal exam was unremarkable.

PLANS: 2 trigger point injections were given in the paraspinal thoracic muscles.

IMRAN U. KHAN, M.D.

IUK/td

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IMRAN U. KHAN, M.D.
NEUROLOGICAL ASSOCIATES

1925 EAST ORMAN SUITE G-12
PUEBLO, CO. 81004
719-564-7444

REFERRING DOCTOR: None.
PATIENT'S NAME: Marshall Hopkins
NEUROLOGY CLINIC: Pueblo
DATE: October 25, 1993

CHIEF COMPLAINT: The patient has a chief complaint of pain in the middle and lower back and right shoulder.

The patient was in an auto accident three years ago. The patient woke up one year ago and had back pain. The patient moved around a lot but nothing helped. The patient went to a hospital and he was thought to have a kidney stone. The workup was normal.

While driving the patient will fall asleep. The patient does not sleep well at night. In the mornings the patient sleeps instantly. He has burning in the right shoulder. He gets this while working above his shoulder. The hand can go numb. The patients left knee will swell up at times. EMG/MRI scan of spine have all been normal.

MEDICATIONS: None.

ALLERGIES: None.

PAST HISTORY: Hernia in 1969.

FAMILY HISTORY: Unremarkable.

REVIEW OF SYSTEMS: The patient has no other complaints.

ON EXAMINATION: The patient was alert and oriented, speech was fluent without dysartharia. General fund of knowledge was good. Patient had no difficulty with following commands and calculations.

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CRANIAL NERVE EXAM: Fundi showed sharp discs, there was no disc edema. Pupils were round and reactive, to light and accommodation. There were full eye movements. Visual fields were full to confrontation. There was no pathological nystagmus.

Facial movements were symmetrical. Hearing was symmetrical. Tongue protruded in midline palate elevated in midline.

ON TESTING OF STRENGTH: Muscle tone and muscle bulk were normal. Strength was 5/5 in all extremities tested. There was full range of motion in all extremities. Deep tendon reflex's were two plus and symmetrical bilaterally.

ON TESTING COORDINATION :Coordination finger to nose and heel to shin was normal. Rapid alternating movements were well executed. Gait heel walk toe walk and tandem were all normal. Rhomberg test was normal. There was no resting or intention tremor.

ON TESTING OF SENSATION: Sensation was intact to pinprick, joint position and vibration. The patient has a tender lumbar spine and a tender right shoulder.

Examination of chest and abdomen was unremarkable. There were no carotid bruits.

ASSESSMENT: Myofascial pain.

PLANS: Two trigger point injections given and muscle stimulation.

Thank you for your referral.

Imran U. Khan, M.D.

IUK/nan

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(This Form is Subject to the Privacy Act of 1974 - Use Blanket PAS DD Form 2005)

TO: *(HOSM/Unit Scheduling Officer) or (Commander/Duty Section)*	FROM:	DATE
/31 ALS/DOT 21 SPW/AMF PETERSON AFB, CO 80914-5000	302 MED SQ PETERSON AFB, CO 80914	5 JUNE 1993

NAME *(Last, First, Middle Initial)*	GRADE	(b) (6) [redacted]
Hopkins Marshall H	E7	

RATING\FLYING OR SPECIAL OPERATIONAL DUTY	ASC	ACTIVE FLYING	ORGANIZATION	MAJCOM
Loadmaster	9D	X YES / NO	302 ALCF	AMC

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes)*:

	MEDICALLY RESTRICTED FROM FLYING OR SPECIAL OPERATIONAL DUTY *(DNIF)*
	MEDICALLY CLEARED FOR FLYING OR SPECIAL OPERATIONAL DUTY FOLLOWING AN ILLNESS OR INJURY
X	MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

	INITIAL MEDICAL EXAMINATION	X	PERIODIC MEDICAL EXAMINATION		INITIAL CLEARANCE *(This Base)*		AIRCRAFT MISHAP	

	REQUIRED TO WEAR VISION CORRECTION DEVICES WHILE PERFORMING FLYING OR SPECIAL OPERATIONAL DUTY.
	RATED OFFICER: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 180 DAYS.
	NONRATED OFFICER OR ENLISTED PERSONNEL: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 90 DAYS.

ACTUAL DATE FOUND DNIF	ESTIMATED DURATION OF DNIF	ACTUAL DATE FOUND MEDICALLY CLEARED	TOTAL DAYS DNIF THIS ILLNESS\INJURY

REMARKS

TNCT 11 08
0805

SLE - Dilated episcleral vessels OU
OD nasal esp prominent
chronic

D.C. Weber

DANIEL C. WEBER, MAJ. USAFR, BSC
(b) (6) [redacted] FSC: 09256
302 Tac Hospital,
PETERSON AFB, CO 80914-5300

DATE MEDICAL CLEARANCE EXPIRES	MEDICAL EXAMINATION MAY BE ACCOMPLISHED IN THE MONTH AND YEAR INDICATED: →	
31 JULY 1994		JAN 1994
TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	SIGNATURE	DATE
R.J. BLACK SCHULTZ, COL, USAFR, MC, FS	RJ Black Schultz	5 June 93

I CERTIFY that I have been notified and understand the above actions and recommendations.

I ☐ DO ☒ DO NOT wear contact lenses while performing flying or special operational duty.

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall H. Hopkins	930607

AF FORM 1042, FEB 92 PREVIOUS EDITION WILL BE USED.

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DRS. HERRINGTON and SCHULTZ
ORTHOPAEDIC SURGERY
110 East Routt Ave. Telephone 544-2842
Pueblo, Colorado 81004

Alan G. Herrington, M.D.
R.J. Black Schultz, M.D.

April 7, 1993

To Whom It May Concern

RE: Marshall H. Hopkins
(b) (6) [redacted]

SECOND OPINION:

Marshall H. Hopkins was evaluated 2 April 1993, regarding pain in his back and right shoulder girdle. The pain had been present since 3 January 1991, following a motor-vehicle accident. He has had several different evaluations. Among other things he has had 2 MRI studies of his spine. He continues to have pain in his back and this is somewhat of a puzzle to him. At times he has very severe muscle spasm such as if he is lying on a hard surface for 30 minutes he will have extreme difficulty in getting up. He also has headaches, but is learning to control the headaches and is utilizing a home traction apparatus that his helping him relieve his headaches. He recently had an evaluation in which recommendations were made for physical therapy and for medications including Clonidine and Elavil. He is concerned about the medications and their relationship to flying status. He is in the United States Air Force Reserve on flying status.

On physical examination height 6 feet 2 inches, weight 190 pounds, blood pressure 118/90. His gait is normal. Examining his upper extremities no abnormalities are detected. Examining his cervical spine there is slight tightness in the upper trapezius and levator scapulae muscles. Examining the scapular areas there is considerable tenderness over the rhomboids and the serratus muscles, particularly on the right side. There is tightness and tnderness in the lumbosacral spine, forward flexion is limited to 70°, extension is 10°, right lateral bending is 20°, left lateral bending is 20° and rotation is about 25° right and 25° left. The deep tendon reflexes are elicited and are 3+ at the patellae and 1+ at the Achilles. Normal sensation is found.

Review of multiple records was accomplished.

Diagnosis: Fibromyalgia right scapular and lumbosacral spine areas.

Recommendation: Outpatient physical therapy with massage and stretching exercises. In addition I recommend a home program of regular stretching exercises and pendulum type exercises for the right shoulder.

My assessment of the problem is the fibromyalgia elicits tightness and with daily activities pulling against the margin of the tightness continues to aggravate the symptoms and maintain the symptoms.

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DOCTOR'S LIEN

ATTORNEY Rick Callaway

118 North Tejon

Colorado Spgings, CO 80903

PATIENT Marshall H. Hopkins

ACCOUNT # 31269

DATE OF ACCIDENT 1-4-91

I HEREBY AUTHORIZE AND IRREVOCABLY DIRECT MY ATTORNEY_____, TO PAY PROMPTLY MRI OF COLORADO, FORM MY PORTION OF ANY PROCEEDS OUT OF ANY RECOVERY RELEVANT TO THE ACTION IN WHICH_____ REPRESENTS ME.

I UNDERSTAND THAT THIS DOES NOT RELEASE ME OF MY PERSONAL RESPONSIBILITY FOR THE DEBT TO MRI OF COLORADO, NOR DOES THIS IN ANY WAY CONSTITUTE AN AGREEMENT THAT MRI OF COLORADO WILL WAIT FOR PAYMENT OF THE DEBT SETTLEMENT OF ANY LEGAL ACTION AS DESCRIBED ABOVE.

DATED:_____ BY:_____
DEBTOR

THE UNDERSIGNED BEING THE ATTORNEY OF RECORD FOR _____ DOES HEREBY AGREE TO OBSERVE ALL THE TERMS OF THE ABOVE AND AGREES TO WITHHOLD SUCH SUMS FROM SETTLEMENT, JUDGEMENT, OR VERDICT AS MAY BE NECESSARY TO ADEQUATELY PROTECT MRI OF COLORADO AND\OR THEIR ASSIGNOR.

DATED:_____ BY:_____
ATTORNEY

2115 E. La Salle Street • Colorado Springs, Colorado 80909
(719) 634-7728 • FAX 634-2346

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TL MARSHALL HOPKINS USMC Do you Have?

History of Automobile Accident

During December 1991 I was offered 120 MPA days to work with Space Command for Desert Shield and Desert Storm. On 3 Jan 92 at 1515 hrs I was driving north on Magrath Avenue, Fort Carson, Colorado returning from giving pallet build-up classes to Army soldiers deploying. I was in the right lane when I stopped at a pedestrian crosswalk where some pedestrians were starting to cross. While waiting for the pedestrians to cross my car was hit on the right rear side which caused it to go forward and to the left. My car hit the automobile in the left lane that was ahead of me. The force of the impact simultaneously caused the drivers seat to break at the hinges and my body to fall back into the rear seat. The impact of hitting the car in the left lane caused me to be thrown forward, restrained by the seat belt and steering wheel, and then thrown back into the rear seat again.

At that time I did not feel any real pain only confusion. After the military police responded to the scene of the accident I was instructed to go to the military police station to fill out a accident report. While there I became extremely dizzy and disoriented.

I then went to Evans Hospital at Ft Carson and had a examination and some X-rays done. Nothing obvious showed up so I was put on quarters for 24 hrs and released. I obtained a copy of

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everything for my flight records. About three days later I started to feel some pain in the neck and back area accompanied by headaches.

I started going to a chiropractor. Two months later I started having a burning sensation in my right shoulder area and I was referred to see a neurologist by Dr. Solle, civilian chiropractor. Some problems started approximately the same time with my right eye. (A severe tic had developed.) Shortly there after while working a JRTC exercise I developed a condition known as a Tic Delarue on the right side of my face. This was diagnosed at the Peterson AFB clinic. The diagnosis was confirmed by Flt Surgeon Tedero. He indicated that since civilian doctors were treating me under auto insurance that I should continue with them. A Dr Siebold, civilian neurologist, ordered a magnetic resonance imagery (MRI) and determined that a nerve had slipped over next to an artery. He prescribed physical therapy which seemed to cure the Tic Delarue. For the headaches he referred me to a headache clinic up in Denver. After an examination I was told that an operation would give me a 50% chance of solving the headache problem. The other 50% is that it could make things worse. A traction devise was then prescribed, which is currently working.

For the burning sensations in my back area I received a series of thorasic spinal blocks, which have not solved the problem. On the night of 3 Nov 92 I was on a RAV exercise at Gulfport Miss. About 0100 I was awakened by a sever pain in what

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I thought, at the time, was my back. About a half hour later I decided that the pain was internal. I then got up and drove over to Keesler AFB. The initial diagnosis was kidney stones, however; after X-rays and an examination it was determined that I probably had some other problem. I was told that I should come back in two weeks. I told them that in two weeks I would be in San Diego, Ca. I was instructed to go to Balboa Naval Hospital. On 12 Nov 92 I reported to the hospital. Nine hours later I was informed by a urologist that I had a cyst or tumor on my left kidney and that I should be admitted and operated on by Friday. When I questioned if this situation was life threatening I was informed that it was not. I then indicated that I would like to return home and have the surgery. Upon returning I went to the active duty Flt Surgeon, Dr Smith. He obtained an appointment at Ft Carson for a ultra sound. The result was negative. All of this time I had been experiencing pain which started about four hours after I retired for the evening and would go away after I had been up 3 or 4 hours. After the visit to Dr Smith and the last spinal block (which was twice the amount of injection that I had been receiving) the pain went away. I started to feel okay. About the middle of December I was asked by AMC if I would like 90 MPA days to deploy to Saudia Arabia for support of operation Restore Hope. I felt physically capable of performing and accepted. About two weeks after I arrived in Saudi Arabia I started to have the same problem plus I deployed without my traction device. So I developed headaches in addition to the internal pain. However by getting up at 0230 or 0300 I could live with

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it. I was able to manage until after I was transferred to Cairo, Egypt. On 13-14 Feb 93 I worked two back to back shifts. This resulted in extreme fatigue. As a result when the pain started, I was too tired to respond by getting up until the pain was quite severe. At this time I went to the Flt Surgeon at the deployed TAC hospital at Cairo West.

He diagnosed my problem as internal muscle contractions caused by some problem with my back. Because of the limited facilities he was unable to find out any more. He prescribed a pain killer and took me off flying status. At this point a decision was made for me to return to the states for treatment and relief. I returned to Peterson AFB, CO on 19 Feb 93. After some examinations, X-rays, and MRIs by civilian personnel it was determined that I apparently had a vertebrae out of place in my lower back as a result of the auto accident in January. The vertebrae had rubbed through the nerve covering and made contact with the nerve causing muscle contractions and severe pain. We think that through chiropractic and physical therapy that the vertebrae is now back in place and the nerve is healing. I am still using the traction device for the headaches and a back brace for back support.

Marshall H. Hopkins

MARSHALL H. HOPKINS, MSGT, USAFR
302 Airfield Control Flight, Loadmaster

31 Mar 93
Date of Document

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APR 12 1993

Intermountain Rehabilitation Associates, Inc.
2215 North Cascade Avenue
(3rd Floor ACC, Penrose Hospital)
Post Office Box 7021
Colorado Springs, Colorado 80907
(719) 630-5789
(719) 630-5200

Medical Directors for the Capron Institute for Rehabilitation

OUTPATIENT WORKUP

Name: Marshall Hopkins Date: March 30, 1993

REFERRAL SOURCE: William Seybold, M.D.

CHIEF COMPLAINT: Burning sensation in the right mid back region with overhead motion and low back pain.

IDENTIFYING INFORMATION: 49-year-old man who was involved in a motor vehicle accident on January 3, 1991.

HISTORY OF PRESENT ILLNESS:

The patient is a 49-year-old man who was involved in a motor vehicle accident on January 3, 1991. He was stopped at an intersection when, suddenly, he was hit from behind by another vehicle traveling about 40 miles per hour. His seat broke and he was whipped backwards. He then hit the car in front of him and was whipped forward. He was wearing a seat belt with a chest restrain. He did not hit his head. There was no loss of consciousness. There was no pain initially. About one hour later, he did have some dizziness and disorientation. There was no significant pain initially. He went to a local emergency room where x-rays were obtained and were, apparently, negative. He was sent home with no medications.

The next day he awoke with neck pain, headaches, mid and lower back pain. He went to see a chiropractor named Dr. Solle. About a week later, he started developing a tick in the right eye with quivering of the eyelid and pressure within the eye. He was then referred to Dr. Seybold. Dr. Seybold diagnosed him as having tic douloureux on the right and prescribed both Tegretol and a referral to physical therapy. Physical therapy was done at the Mainstream Clinic and included massage, and traction. There was no active exercise program performed. The patient states that the tic certainly did go away but his headaches persisted. Also, the burning right upper back pain persisted at about the region of the shoulder blade. He was then referred to a headache clinic in Denver and saw a Dr. Klapper. He recommended some neck traction which was very helpful with respect to the headaches. He now only gets the headaches intermittently and they respond nicely to traction.

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As far as the Elavil and Clonidine it is my opinion that these medications would interfere with flying status duty and result in grounding from flying status.

Very truly yours,

R. J. Black Schultz, M. D.

RJBS:bs

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He continues to have right upper back pain as well as persistent low back discomfort. He has had numerous tests over the past few years. The most recent test was an MRI of the thoracic spine which was negative. This was on March 3, 1993. He had an MRI of the renal regions on March 3, 1993 which was also negative. In February of 1993, he had x-rays of the lumbar spine which showed a possible mild compression deformity/fracture of T12. There were no other abnormalities seen. MRI of the lumbar spine was also essentially normal. There were minor changes suggestive of slight protrusion of the disc margin at L4-5 and there were small Schmorl's nodes in the inferior endplates of L1, L2 and L3. X-rays of the cervical spine showed mild disc space narrowing at C5-6. MRI of the cervical spine from September of 1992 showed a disc bulge at C5-6 causing indentation of the thecal sac but no evidence of spinal cord or nerve root compression. There were mild arthritic changes in the uncovertebral joints on the left facet joint. X-rays of the thoracic spine were normal except for a left-sided minimal curvature of the upper thoracic spine. The patient also had electrodiagnostic studies of the right upper extremity which showed a right carpal tunnel syndrome and a mild ulnar sensory neuropathy at the wrist. There was no evidence of cervical radiculopathy. The patient had an MRI of the brain with emphasis on the posterior fossa with and without gadolinium. There were a few nonspecific punctate white matter lesions in the brain which were felt not to be clinically significant. There was no evidence of any brainstem or cerebellar abnormality. The trigeminal nerves appeared normal. There was no evidence of aneurysm. Another MRI of the brain from April of 1991 was normal. The patient was found to have bilateral maxillary disease.

Thus far, the patient has had about six weeks of physical therapy. He has his own home traction unit. He is still seeing a chiropractor about one to two times per week. This helps with the neck pain but not the back pain. He was referred here for recommendations concerning his mid and lower back pain and burning. He has never tried a TENS unit. He does not perform a daily stretching exercise program. He did try Motrin which, apparently, made him sick. He has tried two other nonsteroidal anti-inflammatory drugs which were not very helpful. He was also on a short course of steroids in the past which was not that helpful.

The patient states he had a series of nerve blocks which sound like epidural injections. This was done by an anesthesiologist here at Penrose Hospital. It was basically in the area of the thoracic spine where eh has the burning. He states it was helpful for about three to four weeks at a time. Of note, with injections to the mid back region, he also had improvement of his low back symptoms. However, the results were always temporary. The patient states that he would like to find out what the problem is and he would like to try to solve it.

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PAIN PROFILE:

The patient describes right-sided upper and mid back pain described as a burning sensation. It starts with a nodule about the size of a silver dollar and seems to spread out. At its worst, it had about a four-inch diameter at which time he developed numbness in the right hand and the fingertips. The right-sided upper back pain increases with overhead activities, when he drives a big truck and when he bends over a desk. It decreases when he sits down. Eventually, the pain would dissipate if he would sit.

His low back pain tends to start in the middle of the night at about 2:30 to 3:00 a.m. It awakens him from sleep. The low back pain increases with prolonged laying down. It does not matter what the position is or even if the patient is on his side. The low back pain seems to decrease with physical activity. There is no electrical radiation of the pain into the lower extremities. There is no bowel or bladder symptomatology. He denies any falls. He denies any dizziness. He does state that his memory is not as good but he attributes this to sleep deprivation ever since the motor vehicle accident. He is not allowed to take medications when he is flying. He only flies about one time per month. He states that he has to fly to stay current.

SLEEP PROFILE:

He has been sleeping poorly since the accident. He tosses and turns throughout the night. He awakens frequently about every one hour. He feels tired during the day.

ALLERGIES:

No known allergies.

MEDICATIONS:

None.

PAST MEDICAL HISTORY:

There is no history of diabetes, high blood pressure or heart disease. He has had three hernia repairs in the past.

SOCIAL HISTORY:

The patient is married. He does not smoke or drink. He works for the Air Force. He is not on active duty however.

PHYSICAL EXAMINATION:

The patient was a pleasant, well-developed, well-nourished, middle-aged man in no apparent distress. He ambulated normally into the examination room. He did not demonstrate any chronic pain behaviors such as moaning, groaning, or wincing.

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On evaluation of the lower extremities, straight leg raising test was negative bilaterally. He was noted to have tight hamstrings however. Knee jerks were 2+ and symmetrical bilaterally. I was unable to obtain ankle jerks bilaterally. Pinprick sensation was intact in all lower extremity dermatomes. There was no evidence of any muscle atrophy.

On evaluation of the upper extremities, reflexes were symmetrical. There was no muscle atrophy. Pinprick sensation was intact in all ten fingers.

Neck range of motion was decreased in most planes. It was fairly good with turning to the right. It was decreased with turning to the left. Trunk range of motion was markedly decreased with forward flexion associated with tight hamstrings. However, extension and side bending was essentially normal.

With the patient supine, straight leg raising test was negative bilaterally. The patient did have tight hamstrings. There was no hip pain elicited with internal or external rotation of either hip. There was no tenderness on palpation of the trochanteric bursas or the tensor fasciae latae muscles.

On palpation of his back, the patient did have a trigger point in the right-sided parathoracic muscles adjacent to the inferior border of the scapula. The patient also had tenderness of the thoracolumbar paraspinal muscles. The lower paraspinal muscles and the cervical and trapezius muscles were relatively nontender. The SI joints were nontender.

DIAGNOSES:

1. Myofascial pain syndrome.
2. Sleep disorder.
3. Tight hamstrings.

DISCUSSION:

I believe that most of his pain is myofascial in nature. The patient did have a trigger point in the right parathoracic musculature. There was also some fairly localized area of spasm and tenderness in the upper paralumbar muscles. In the past, he has had physical therapy but it was mostly passive modalities based on his description. The is patient needs to be involved in an aggressive physical therapy program including stretching and strengthening to the back musculature. Most importantly, he needs to stretch his muscles out on his own on a daily basis. I have given him a referral to physical therapy for hot packs, stretching and massage to the involved muscles, an aggressive stretching program and a home program. They will proceed to a back reconditioning program. With respect to medications, I will start him on some mild medications that may help with both pain and sleep. I have given him clonidine 0.1 mg q.h.s. which may help

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with pain and sleep. I have also started him on some low-dose Elavil at 10-20 mg q.h.s. I gave him samples of Lodine at 300 mg b.i.d. p.r.n. and Relafen at 500 mg b.i.d. p.r.n. He was instructed to take one drug or the other but not both at the same time. I warned him of potential orthostatic side effects of both the Elavil and the clonidine. I would like to follow up with him in three weeks to see how he is doing with these new medications. He will contact me before that time if he is having any problems.

Jack L. Rook, M.D.

/clr

cc: William Seybold, M.D.
Rick Callaway, Attorney
USAA Insurance (Claim #116-35-26-1-3-755-8)

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
13 Mar 93	S – F/u back strain – OK now See note 15 Feb 93 O – Back – OK [illegible] A – Back Strain – resolved P – RTFD
	RICHARD A. DIASIO, LTC, USAFR, MC, FS (b) (6) (b) (6) [redacted] DAFSC: 09356 302 MEDICAL SQUADRON PAFB, CO. 80914-5000
5 Jan 93	S. History left knee injury 23 Oct 92 + treated at Keesler 24 Oct 92 stepped down on an uneven surface for wheelchair while carrying radios at Gulfport Miss during an exercise. For annual phys. O. Tender medially left knee at joint line. Stable ligaments compression of medial meniscus → tender A. Possible partial tear of medial meniscus P. Isometric quadrupedal [illegible] Request records. May be MOI candidate
	R. Black Schultz (b) (6) [redacted] R. BLACK SCHULTZ, Lt Col, USAFR, MC, FS DAFSC: 09356 [illegible] Tac Clinic, Peterson AFB CO 80914 302 MS

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
Hopkins, Marshall H.		M
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
—	Res	TSgt
SPONSOR'S NAME	ORGANIZATION	
—	731ALS	
DEPART./SERVIC (b) (6) [redacted]		DATE OF BIRTH
USAFR		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	302 MS, PETERSON AFB, CO 80914-5000
12 July 93	ANNUAL RECORDS REVIEW, RECORDS REVIEWED IAW AFR 168-4 Leslie H. Kettle SSgt USAFR 90170 (b) (6) [redacted] Aeromedical Specialist 302MED SQ
	302 MRS, PETERSON AFB, CO 80914-5000
7 Aug 93	S. After walking 4 to 5 hrs on flight line has aching ~~left knee~~ left knee all night after sitting behind a desk has giving way sensation left knee. Sharp pain after left knee has been extended for period of time. Original records from Kessler have been requested. O. Medial side + endeavor left knee cartilage surface A Candidate for diagnostic study arthrogram or MRI. MRI has fewer side effects and can examine subchondral bone as well as better visualization of ligaments. Suspect internal derangement. P. Review when original documentation received R J Black Schultz R.J. BLACK SCHULTZ, COL, USAFR, MC, FS 9356 (b) (6) [redacted] 302 MRS Peterson AFB Co 80914

*U.S. Government Printing Office: 1990 — 281-782/20213

STANDARD FORM 600 BACK (REV. 5-84)

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MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY

(This Form is Subject to the Privacy Act of 1974 - Use Blanket PAS DD Form 2005)

TO: *(HOSM/Unit Scheduling Officer) or (Commander/Duty Section)*	FROM:	DATE
21 SPACE SPT WG/AMF 731 ALS/DOT Peterson AFB, CO 80914-5000	302 Med Sq Peterson AFB, CO 80914-5000	13 Mar 93

NAME *(Last, First, Middle Initial)*	GRADE	(b) (6)
HOPKINS, MARSHALL H	E-7	

RATING\FLYING OR SPECIAL OPERATIONAL DUTY	ASC	ACTIVE FLYING		ORGANIZATION	MAJCOM
		YES	NO		
Loadmaster (c130)	3A	X		302 ALCF	AFRES (MAC)

THE ABOVE INDIVIDUAL HAS BEEN FOUND *(Check appropriate boxes):*

	MEDICALLY RESTRICTED FROM FLYING OR SPECIAL OPERATIONAL DUTY *(DNIF)*
X	MEDICALLY CLEARED FOR FLYING OR SPECIAL OPERATIONAL DUTY FOLLOWING AN ILLNESS OR INJURY
X	MEDICALLY CLEARED FOR FLYING DUTY FOLLOWING:

	INITIAL MEDICAL EXAMINATION		PERIODIC MEDICAL EXAMINATION		INITIAL CLEARANCE *(This Base)*		AIRCRAFT MISHAP	

	REQUIRED TO WEAR VISION CORRECTION DEVICES WHILE PERFORMING FLYING OR SPECIAL OPERATIONAL DUTY.
	RATED OFFICER: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 180 DAYS.
	NONRATED OFFICER OR ENLISTED PERSONNEL: ILLNESS OR INJURY WILL NOT BE RESOLVED WITHIN 90 DAYS.

ACTUAL DATE FOUND DNIF	ESTIMATED DURATION OF DNIF	ACTUAL DATE FOUND MEDICALLY CLEARED	TOTAL DAYS DNIF THIS ILLNESS\INJURY
15 FEB 93	one week - 7 dys	13 Mar 93	

REMARKS

DATE MEDICAL CLEARANCE EXPIRES	MEDICAL EXAMINATION MAY BE ACCOMPLISHED IN THE MONTH AND YEAR INDICATED: ⟶	
31 Jul 93		
TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON	**SIGNATURE**	**DATE**
RICHARD A. DIASIO, LTC, USAFR, MC, FS	RA DiAsio	13 Mar 93

I CERTIFY that I have been notified and understand the above actions and recommendations.

I ☐ DO ☒ DO NOT wear contact lenses while performing flying or special operational duty.

SIGNATURE OF FLYER OR INDIVIDUAL	DATE
Marshall H Hopkins	930313

AF FORM 1042, FEB 92 PREVIOUS EDITION WILL BE USED.

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MAR 93 11:09

MAGNETIC RESONANCE IMAGING
OF COLORADO

March 3, 1993

NAME: HOPKINS, Marshall
AGE: 49
SS. NO.:

REF. M.D.: William R. Seybold, M.D.

EXAM DATE: 3-3-93

ANATOMICAL AREA: MRI OF THE RENAL REGIONS

TECHNIQUE: Multiple spin-echo and STIR images were obtained in the coronal plane.

FINDINGS: The kidneys are homogeneously decreased in signal intensity on the short TR/TE images with homogeneous increased signal intensity on the STIR images. These particular signal characteristics suggest the absence of any focal space-occupying masses. There are severe limitations on this particular study for the evaluation of nephrolithiasis or intra-renal calculi. Both kidneys are normal in size, shape, and axis. The perinephric space is normal in appearance. Both adrenal glands are identified and not enlarged.

IMPRESSION:
Negative MRI of the renal regions.

John R. Osborne, M.D.

JRO/dem

2115 E. La Salle Street • Colorado Springs, Colorado 80909
(719) 634-7728 • FAX 634-2346

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MAGNETIC RESONANCE IMAGING
OF COLORADO
2115 E. La Salle Street • Colorado Springs, Colorado 80909
(719) 634-7728 • FAX 634-2346

BRAIN EXAMINATION PROCEDURE

PATIENT: AGE: SEX: EXAM DATE:
REFERRED BY: WEIGHT:
AREA EXAMINED: BRAIN

CLINICAL DATA

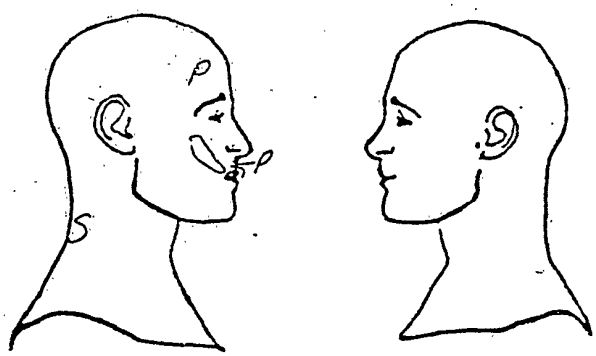
Present symptoms: Sensitive Nerves on Right Side of Face – Tic DeLa rue
Headaches
Onset of symptoms: middle of Nov 91
Did problems develop: Suddenly? ✓ Over days? ✓ weeks?____ months?____ years?____
Are symptoms related to an accident? (Yes) No Date of accident 3 Jan 91
DO YOU HAVE OR HAVE YOU HAD (Please circle "YES" or "NO", "R" or "L" where applicable, and indicate frequency):

				Frequency
Headaches			(Yes) No	daily – particularly afternoon + evening
Seizures			Yes (No)	
Weakness			Yes (No)	
Hearing problems	R	L	Yes (No)	
Visual problems	R	L	Yes (No)	
Balance problems			Yes (No)	
Numbness			Yes (No)	
Speech problems			Yes (No)	
Difficulty walking			Yes (No)	
Difficulty thinking			Yes (No)	
Reaction to x-rays, dyes or contrast agents			Yes (No)	

Have you had brain surgery: Yes (No)
If yes, what was done?

Indicate symptom areas on head diagrams:

Pain (P)
Numbness (N)
Stiffness (S)



RIGHT LEFT

Presently receiving ( ) Medical (✓) Chiropractic (✓) Other.

PATIENT SIGNATURE Marsha A. Hughes

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
15 Feb 93 @ 0750	325th Acc Hosp (Deployed) APO AE 09867
LOD (Y) N	
Fly (Y) N	CC: "Kidney problems? Ongoing problem, never diagnosed." - all info is from HX by Pt
Meds Ø	
Allergies NKDA	- 49 y/o WM c/o Bilat flank pain - aggravated by laying down for extended periods of time - aggravated by bumps on road when riding in car
T - 98.2	- Pt has had similar pain on & off since ? Nov, '93
P - 68	- pain was sudden in onset - bilat - no stone found @ that time
R - 16	
B/P - 132/80	- pain resolved c̄ Motrin for [redacted]
	- evaluated @ Babloon Navy c̄ IVP - normal kidney "mass above ⊕ kidney - same hematuria
	- Reevaluated at Ft Carson c̄ U/S - negative - no more pain & no hematuria
	- Pt was to see urology at USAFA Feb, 5th, but pt requested to be deployed & rescheduled for 5 April
	- Pain recurred 15 Jan '93, lasted ? week - pain ↓ c̄ activity x 1-2 hours ~~for~~ walking
	- Restricted 2 days ago
	- No recollection of trauma recently - Rear ended 2 years ago
	PMH: Ø
	Meds: Ø

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

Hotel F.6. #275

DATE ARRIVED
5 Feb 93

RECORDS MAINTAINED AT: Peterson AFB

PATIENT'S NAME *(Last, First, Middle initial)*: Hopkins, Marshall H

SEX: M

RELATIONSHIP TO SPONSOR: S

STATUS: ADR

RANK/GRADE: MSgt

SPONSOR'S NAME:

ORGANIZATION: 302 ALCF

DEPART./SERVICE: AF [redacted]

CHRONOLOGICAL R[redacted]

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Allg: NKDA

PE: VSS - temp = 98°F
- Bilat CVA tenderness
- bilat flank pain to lat. polp - no pain c̄ lat flextion - forward or back flextion
- UA 10-15 RBC's, 0-1 WBC, 3-5 Epis
  4+ mucus, trace Pet., 1.03, 5.0
- BUN = 13 K+ = 3.8

I: - Probable muscular back pain, Hematuria

P: - RTER in 1 week for reeval. or sooner for any problems
- DNIF
- Motrin 800 mg TID
- Urology consult @ home - ? Cystoscopy or CT scan

E. [signature]

[redacted] Eugene F., Capt, USAF, AFSC 9396
Chief, Emergency Services

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NSN 7540-00-634-4176

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

29 Dec 92 USAF CLINIC PETERSON/SGPA, PETERSON AFB, CO 80914-5300

DATE: S) 42 year old ADAF (male)/female interviewed for Overseas Medical Clearance

Dr Collier to: Saudi Arabia Reporting Month: 31 Dec 92

Current Physical Date: (YES)/NO June 91 Physical Profile: P U L H E S / / / / / /

HIV Antibody drawn date: 90 days TOY

Technician Signature H. L. Woodard

HARMON L. WOODARD, JR, SSgt, USAF
(b) (6) AFSC 90170
21st Medical Group/SGPA
Peterson AFB, CO 80914-5300

DATE: O) 29 DEC 92 Are there any: World Wide Duty Restrictions? Ø

Special Medical Devices Needed? Ø

Current Medications or Medical Concerns? Ø

Medical records review is unremarkable with the following exceptions: Ø

Recent renal / flank c/o but w/u was (-)

A) Medical Clearance for Overseas Duty is (indicated)/not indicated.

P) DPMU Form signed. Individual to notify this office of any significant change in medical status prior to departure.

Maj James D. Collier, M.D.
USAF, MC, FS
(b) (6)
Chief, Aerospace Medicine, 21 Med Gp
Peterson AFB, CO 80914-5300

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:	302 Reserve	
PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
Hopkins, Marshall		M
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
S	302 Reserve	MSgt.
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/ID	
AF	20 (b) (6)	

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5-84)
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USAF Clinic Peterson/SGPA Overprint #91

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

(b) (6)

[redacted]

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STANDARD FORM 600 BACK (REV. 5-84)

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
	302 MS, PETERSON AFB, CO 80914-5000
7 DEC 1992	302 MEDICAL SQUADRON PETERSON AFB, CO 80914-5000 INCOMING CLEARANCE/ANNUAL RECORDS REVIEW Date Last Physical Exam JUN 91 AF 1042 Valid Until JUL 93 Current AF Form 895 — Waivers N Expire — Privacy Act 4 Footprint 4 Profile Established — Sensitivity NKA Karla R Dunaway, SSgt
14 Dec 92	Telecon O) ultrasound q > Dec 92 : nl S) Pain improved A) defined P) Urology Eval DCS Lt Col David C. Smith USAF, MC, FS (b) (6) (b) (6) 21st Medical Group Peterson AFB, CO 80914-5300

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: 302 MS, PETERSON AFB, CO 80914-5000

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
HOPKINS, Marshall		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE (b) (6)		DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600** (REV. 5-84)
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FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

*U.S. Government Printing Office: 1991 — 312-071/40213

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NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations) PAFB

EXAMINATION(S) REQUESTED	AGE / SEX	WARD/CLINIC	REGISTER NO.
US (L) Kidney	46 M (b) (6)	BJAA	
	FILM NO.		PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* D.C. Smith LTC USAF MC		TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR		DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

2 wks of intermittant (L) flank pain. IVP shows possible renal cyst & mass without obstruction

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
7 Dec 92	7 DEC 92	7 DEC 92/IN/25

RADIOLOGIC REPORT

20-7575 - RENAL ULTRASOUND, DATED 7 DECEMBER 1992:

FINDINGS:
A previous IVP is not available for comparison. Multiple real-time images of the kidneys demonstrate normally sized and shaped kidneys. The long axis of the left kidney is approximately 10 cm; the right approximately 11.2 cm. No focal cortical defect is identified on either kidney. Specifically no abnormal mass is seen in the left kidney. No hydronephrosis is present. Views of the bladder are generally unremarkable.

IMPRESSION:
Normal renal ultrasound.

RICHARD T. HARPER, MD, LTC, MC
CHIEF, DEPARTMENT OF RADIOLOGY
EVANS ARMY COMMUNITY HOSPITAL
FORT CARSON, COLORADO 80913

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
Hopkins, Marshall MSGT AFRES (on active Duty) AP 689-2639 20 (b) (6) DP 556-6102	PAFB LOCATION OF RADIOLOGIC FACILITY SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

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☆ U.S. GOVERNMENT PRINTING OFFICE: 1992-317-095

513-109

(302 MS PAFB, CO)

NSN 7540-00-634-4127

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
Urology	PAFB / SGP	17 Nov 92

REASON FOR REQUEST (Complaints and findings)

49 y/o ♂ C Left FLANK pain SINCE 3 NOV - INTERMITTENT. IVP (10 Nov 92) showed NO obstruction but possible (L) renal mass or CYST. (STUDY DONE AT BALBOA NAVAL HOSP., SAN DIEGO). NEG ultrasound 7 Dec 92

PROVISIONAL DIAGNOSIS

R/O RENAL MASS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
DCS		☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

Lt Col David C. Smith
USAF, MC, FS (b) (6)
21st Medical Group
Peterson AFB, CO 80914-5300

CONSULTATION REPORT

Sent 18 Dec

(Continue on reverse side)

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; etc.; hospital or medical facility)

Hopkins, Marshall (b) (6)
MSGT
HD 689-2637

20 Jul 1943
DOB

CONSULTATION SHEET
Medical Record

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

21st Medical Group/SGP
Peterson AFB, CO 80914-5300 P/V

17 NOV 92 0830 SMITH

BP 116/80 S/ 49 Y/O OT developed (L) Flank pain P 56 O/ ~ 3 NOV 92. Seen @ Biloxi then @ T 96.9 Balboa NAVAL while TDY. They did IVP, saw urologist. a cyst or mass on (L) kidney was noted. No stones or obstruction. Ultrasound recommended.

ALLERGIES: Ø

MEDS: Ø

A) Poss Renal cyst but no path found

P) Ultrasound then urologist

Spoke 2 Urologist @ EVANS. He felt no hurry. Remain on F.S.

Lt Col David C. Smith
USAF, MC, FS
21st Medical Group
Peterson AFB, CO 80914-5300

(b) (6)

*U.S. Government Printing Office: 1990 — 281-782/20213

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NOV 19 1992

Kaelin Chiropractic Clinic

2641 Rogers Avenue · Fort Smith, Arkansas 72901 · Phone (501) 782-4361

November 16, 1992

Paulette Ingwersen PLS
Calloway & Turner
118 N Tejon
Suite 304
Colorado Springs, CO 80903

Dear Paulette:

Marshall Hopkins entered this office as a transient patient on August 19, 1991. He stated that he had pain between his shoulders, burning sensation in the right shoulder, right eye tic, and right hand tingles. He related that a MRI was performed on him at Colorado Springs, Colorado in January, 1991.

This patient was treated as a transient patient. No X-rays or examination beyond palpation of the spine was performed. Mr. Hopkins was found to have notable muscle spasm and myofascitis in the right upper thoracic and lower cervical spine area. Based on this information, we administered light mobilization treatment. The patient returned to this office on a subsequent trip on October 31, 1991. He stated that he had obtained some relief from his pain.

It is not practical to try to engage in any long term, comprehensive treatment regimen of a person who is not likely to respond in one or two treatments. We attempted to only make him comfortable enough to complete his trip. This patient was advised to seek examination and treatment in the vicinity of his home in Colorado.

Sincerely,

Conrad Kaelin D.C.

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Rocky Mountain Neurologi[illegible] Laboratories

2125 LaSalle Street
Colorado Springs, Colorado 80909
Telephone 719/473-5912

Electromyogram Laboratory Report

NAME Hopkins, Marshall EMG# 092-14,190 DATE 9-21-92

AGE 47 SEX Male REFERRING PHYSICIAN: Daniel A. Sollee, D.C.

HOSPITAL

HISTORY:
History of cervical whiplash injury with persistent neck pain and also intermittent right arm pain and tingling in the fingertips; rule out cervical radiculopathy or entrapment neuropathy.

EMG of the right upper extremity, shoulder and cervical paraspinals is normal.

NERVE CONDUCTION STUDIES:	VELOCITY	LATENCY	DISTANCE	AMPLITUDE
Right Median Nerve				
Elbow to wrist:	60.0 m/sec.	5.2 msec.	31.0 cm.	3.2 mv.
Distal motor latency:	--	4.7 msec.	8.0 cm.	3.5 mv.
Palmar latency:	--	2.2 msec.	--	9.6 mv.
Sensory latency:	--	3.4 msec.	14.0 cm.	26.0 mcv.
F-wave latency:	--	31.2 msec.	--	--
Left Median Nerve				
Distal motor latency:	--	3.8 msec.	8.0 cm.	9.0 mv.
Palmar latency:	--	2.0 msec.--		9.0 mv.
Sensory latency:	--	3.2 msec.	14.0 cm.	34.0 mcv.
F-wave latency:	--	28.0 msec.	--	--
Right Ulnar Nerve				
Above elbow to wrist:	65.0 m/sec.	5.2 msec.	33.5 cm.	8.3 mv.
Below elbow to wrist:	58.0 m/sec.	4.1 msec.	23.5 cm.	8.3 mv.
Distal motor latency:	--	3.3 msec.	8.0 cm.	9.8 mv.
Sensory latency:	--	4.0 msec.	14.0 cm.	22.0 mcv.
F-wave latency:	--	28.8 msec.	--	--
Left Ulnar Nerve				
Sensory latency:	--	3.5 msec.	14.0 cm.	37.0 mcv.
Right Radial Nerve				
Sensory latency:	--	2.8 msec.	14.0 cm.	22.0 mcv.

Richard A. Bell, M.D.
Bruce H. Peters, M.D.
William R. Seybold, M.D.
Randall J. Bjork, M.D.

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513-109 NSN 7540-00-634-4127

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
UROLOGY	SSC	11/10/92

REASON FOR REQUEST (Complaints and findings)

49 y.o. male c gilat flank pain. SEE ATTACHED H+P.

IUP 10 NOV 92
BALBOA HOSPITAL
SAN DIEGO

PROVISIONAL DIAGNOSIS

NEPHROLITHIASIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
Johnson, A.S. MC USN (b) (6) 579-4640		☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☒ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

SPOKE C DR CONNER

UROLOGY CLINIC, NHSD
DR. Conner
TYPE: W-E-R-A
DATE: 16/Nov/92
ARRIVAL TIME: 1455
ALLERGIES: NKDA

Pt. here for the above — FPM.
49 yo ♂ c 7 day hx of bilateral low back pain. Today ⊕ flank pain c nausea ⊕ back discomfort. Hx of nephrolithiasis c prostatitis 2yrs ago. ⊖ stone hx. ⊖ LTUS ⊖ UTOS. ⊖ F/C/R

PMHx: ⊖
PSHx: ⊖
Bilat hernia repair

VA large owner blood
141 | 104 | 13 / 108
4.2 | 34 | 0.9
P: 3.8 Ca 9.7 Mg 2.3
5-8 RBC 380 | 15.2 / 45.4 | 9.3

PE - Pt in no distress Abd - soft ⊖ CVAT Abd - soft c mid LUQ tenderness c/w prev hernia incision. GU - circ ♂ testes WNL bladder smooth. Prostate - 2cm smooth boggy, NT

PMH - Prostatitis 2yrs ago
PSH - ⊕ IHR 2

Imp: nephrolithiasis ⊕ flank pain x 7 d

Plan: IVP ⇒ Prompt function c obstruction. No stone seen. Nephrostomy. LUP Retrograde/trans LUP c U/S or CT c contrast. Needs cystoscopy as well for bilateral W.U. Pt plans to return to Colorado on Monday 11/16 for f/u at Evans Hospital @ Fort Carson. Pt aware of risk. RTC prn

(Continue on reverse side)

SIGNATURE AND TITLE — DATE

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

HOPKINS, MARSHALL
(b) (6)
AD E-7 USAF

CONSULTATION SHEET
Medical Record
STANDARD FORM 513 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

(b) (6)

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

STAFF SICK CALL
NAVAL HOSPITAL, SAN DIEGO
SAN DIEGO, CA 92134-5000

CHECK-IN TIME: 1300 CHECK-OUT TIME: _____

APPT: YES NO WI: X
IF YES, Dr. Name: _____

MEDICATIONS: motrin ALLERGIES: Ø

AGE: 49 WT: 199

T: 97.8 B/P: 108/72 P: 69 R: 16

SIQ: YES NO RTD: YES NO

TRIAGE NOTE: HAVE YOUR EVER HAD CHICKEN POX?
YES ( ) NO ( ) I DON'T KNOW ( )
49 y/o c/o ↑ Ch kidney pain, Pain greater on (R) side - HP Jeong
x 7 days
Triage M.D.R. Signature

SIQ: In accordance with NAVHOSPSDIEGOINST 6230.18, I acknowledge I must route SIQ chit for the appropriate signatures listed prior to beginning SIQ. Upon expiration of SIQ, I must return to SSC if symptoms persist, for further follow-up during walk-in hours.

Initials: _____

EDUCATION: I understand the medical treatment I have received today and have no further questions.

Instructed on the following: LABS: _____ CONSULT: _____

X-RAY: _____ OTHER: _____

Patient Signature: _____

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
Hopkins Marshall H		M
RELATIONSHIP TO SPONSOR: SELF	STATUS: Active/Flight	RANK/GRADE: E7
SPONSOR'S NAME		ORGANIZATION: 302 AW
DEPART./SERVICE: USAFR	(b) (6) [redacted]	(b) (6) [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600** (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11/10/92	49 y.o. male c̄ hx of bilat. flank pain since 11/3/92.
1327	pt awoke on 11/3/92 c̄ bilat back pain that slowly progressed until pt went into Keesler AFB ER. pt denies any hx of trauma to back or heavy lifting. ∅ F/C.
	The only significant finding from ER visit was 1-2 RBC on U/A + ?able stone at (L) UVJ. pt was given IM pain meds which helped resolve pain. He was given PO pain meds + told to F/U c̄ NHSD. Since then pt reports nightly pain c̄ nausea, ∅ Δ in BM/urine.
	pt was seen 1 year ago for blood in urine found on annual physical. Workup of which pt is unsure of the extent did not reveal any pathology. pt was diagnosed as having a chronic prostatitis + told to ↑ sex/exercise.
	20 years ago pt had similar c/o + was told it was due to his EtOH intake. He stopped any EtOH intake at that time.
	PSMG AX - (L) IH
	A+O x 4 in NAD
	PE: CV: RRR
	CHEST: (B) LCTA
	BACK - bilat CV tenderness + tenderness/nausea with deep flank palpation bilat.
	ABD: ND (+) NABS, (R) + (L) UQ tenderness/nausea c̄ deep palpation
	RECTAL: normal tone, nontender, Hem (−) full nontender prostate
	A/P: (1) possible nephrolithiasis - CRC - chem II panel U/A stat - consulted urology - will F/U as needed

Johnson, A.S. MC
(b) (6) [redacted]

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Privacy Act of 1974 (PL 93-579) Automated Version SF558

EMERGENCY CARE / TREATMENT - KEESLER MEDICAL CENTER LOG NUMBER: 921103-0904

Arrival Date/Time: 03 Nov 1992@0150
Trans to Hospital: PRIVATELY OWNED VE
History Obtained From: PATIENT

(b) (6)

Chief Complaint: LBP.LOWER ABD PAIN

Medications: Motrin

Allergies: NKDA

Tetanus: <5 yrs

CO 80860

(b) (6)

Sex: MALE Age: 49

3rd Party Payer: NO
Time Seen:
Category: URGENT

VITAL SIGNS

Time:	0052		
BP SY:	132		
BP DI:	67		
Pulse:	60		
Resp:	24		
Temp:	98		
WT(child):			

Orders	Init's	Time
[illegible]	[illegible]	[illegible]
Tor adol 60mg IMC	[illegible]	0200
KUB	[illegible]	0205
	[illegible]	[illegible]
CBC CPS	[illegible]	0235

ASSESSMENT/DIAGNOSIS

Possible Nephrolithiasis

=== DISPOSITION ===
__Home __Full Duty
__Quarters
__24hrs __48hrs __72hrs

Modified Duty Until:
Day:____ Mon:____ Yr:____

Referred to: San Hyp Prog
PCC
__Emergency Today
__72 Hours __Routine

Admitted to:

Others:

Condition Upon Release:
__Improved __Unchanged
__Deteriorated
Release Tm: 0730

Signature of Physician: GREGORY F. BACHHUBER, Capt, USAF, MC
(b) (6) (b) (6)
KHTC Medical Center
Amp: 9396A

5/4'sx0 w/ mid left severe "like the" lower back pain radiating to both flanks. Nl Postural, no associated N,V, no fever. PMH benign. ETOH negative, nurse x 2 same days. NKDA. Will get UA + KUB repeat x 2 stat. Leave treatment.

(w) in mild distress VSS RCVAT lungs CTAP. Nl soft, NT tenderness

KUB: ↑2 mild S/S RLE LLE. Bowel gas pattern Nl. Repeat tomorrow

Nl BSA mental x4 RRSM. Tasks II WI Nl. Pain gone at discharge. Patient deeply comfortable

KUB multiple calculi ? above at L UVJ

CTA Spl Blood 1-2 ROC

14.3 / 43.1 / 8.1 LFT WNL Agluc 92

4.3 / 10 / 17 / 144 / 25 / 1.2 / 123

Instructions to Patient: Drink lots of fluids. Ordering > sm. po tid prn

PCC Thursday 5 Nov 92 0800 - Set up for IVP

20 (b) (6) HOPKINS, MARSHALL (b) (6) MALE F12 W: H: 7196892627
CS: CIC:
Spon: HOPKINS, MARSHALL Rank: MASTER SERGEAN D:
SF558 Unit: 302 ALCF RR:

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Vol I of III

DO NOT OVERFILL

IF 1/2 INCH THICK OR MORE USE ANOTHER ENVELOPE

REC 10/22/96 SMR

Department of Veterans Affairs

SERVICE DEPARTMENT RECORDS ENVELOPE

LAST NAME – FIRST NAME – MIDDLE INITIAL OF VETERAN

Hopkins Marshall H

FILE NUMBER

(b) (6) [redacted]

C-

THE ENCLOSED SERVICE RECORDS, PHYSICAL EXAMINATIONS, ETC., LOANED OR FURNISHED THE DEPARTMENT OF VETERANS AFFAIRS, MUST BE PROTECTED AGAINST MUTILATION, DEFACEMENT OR LOSS.

VA FORM JAN 1990 21-4582

EXISTING STOCKS OF VA FORM 21-4582, FEB 1988 WILL BE USED.

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REQUEST AND AUTHORIZATION FOR ACTIVE DUTY TRAINING/ACTIVE DUTY TOUR

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974-USE BLANKET PAS-AF FORM 11)

BY ORDER OF THE SECRETARY OF THE AIR FORCE

1. GRADE, NAME (Last, First, MI): MSGT HOPKINS, MARSHALL H
(b) (6)
3. SECURITY CLEARANCE: TOP SECRET
4. DAFSC: A11470
5. UNIT OF ASSIGNMENT: 302 ALCF PETERSON AFB, CO 80914-5000
6. PAS CODE: W80QF869
7. PRIMARY DEPN: KAROL A/WIFE
8. BAS CODE CQ4: B
(b) (6)
9a. CORPORATE LIMITS OF DUTY STATION: ☐
9b. COMMUTING AREA CQN: ☐ YES(2) ☒ NO(1)
10. AUTHORIZED TO PARTICIPATE IN FLYING ACTIVITIES THIS TOUR: ☒ YES ☐ NO
11. Mbr is ordered to AD for 60 *days plus auth tvl time CPM
12. TYPE OF TOUR: MPA
13. AUTH AT TVL DAYS: N/A
14. TOTAL AT TVL DAYS:
15. AT DAYS OBLIGATED THIS YR:
16. AT ROUND TRIPS USED THIS YR (will not commute):
17. TNG-CAT-IND CPS: IS
18. TOUR-IND CPT: DESERT SHIELD
19. WILL REPORT TO (Unit and location) CQL: 3RD SSW/LGTT, PETERSON AFB, CO 80914-5000
20. REPORTING DATA (Hour) CQM (Dy, Mo, Yr) CQ2: 0730 28 DEC 90
21. RELEASE DATE (Dy, Mo, Yr): 25 FEB 91
22. MEAN CODE CQ9: 212
23. MAN-DAY ID CRR: 1S

24. VARIABLE TOUR STATEMENT. (Applies to AFRES units only.) *If member remains on special/school tour in excess of days shown in block 11, this order need not be amended unless this order exceeds -- days.

25. File travel voucher and STATEMENT OF TOUR OF DUTY within 5 workdays after tour completion. Travel days will not exceed DODPM authorized travel time. Per diem is based on the availibilty of government quarters and mess; contact the base billeting office SINCE GOVT QUARTERS MUST BE USED WHEN AVAILABLE. Turn in all promotional items such as gifts, bonus tickets, etc, to the AFO.

26. REMARKS (AMU-27OAN) J-130657.360

TR cost N/A. Individual must pay surcharge at government messing facilities. Report to CBPO/DPMU prior to departure. Trvrl is eligible for a govt. contractor issused trvl charge card. Limit the trvl advance pmt to 80% of auth and allowable out of pocket expenses. Per diem is based on availability of govt quarters and mess, contact Base Billeting Office to see if they are available. MPA AUTHORIZATION PER DPB LTR DATED 21 Dec 90.

ESTIMATED COST	27. TRAVEL	28. PER DIEM	29. OTHER	30. TOTAL
F	25.00	1560.00	0.00	1585.00
P				0500

31. PAY AND ALLOWANCE 5713500 321 510 503725

TRAVEL AND PER DIEM 5713400 301 83A2 100601.01 40770 40870 40970 676100 VA

CERTIFYING OFFICIAL

32. APPROVING OFFICIAL (TYPED Name, Grade, AUTOVON): JOHN K TOWNSEND MSGT AV 692-6102

33. SIGNATURE: A signed letter requesting the issuance of this order is on file with the orders authenticating official.

34. DATE: 26 DEC 90

35. DEPARTMENT OF THE AIR FORCE (Include designation & location of Headquarters) CQ6/01: HQ 302 CSS (AFRES), PETERSON AFB CO 80914-5000

36. RESERVE ORDER NO. CPY: D-01851

37. DATE CPZ: 27 DEC 90

TDN

FOR THE COMMANDER

38. DISTRIBUTION

39. SIGNATURE ELEMENT OF AUTHENTICATING OFFICIAL: Kandace M. Mueller
KANDACE M. MUELLER, TSgt, USAFR (ART)
Asst Chief, Information Mgt

40. STATEMENT OF TOUR OF DUTY

	LOCATION	HOUR(mil)	DAY	MONTH		LOCATION	HOUR(mil)	DAY	MONTH	MODE OF TVL
a. DEPART					b. ARRIVE					
c. DEPART					d. ARRIVE					

41. THE FOLLOWING STATEMENT APPLIES ONLY TO PERSONNEL WITH MILITARY SPOUSES.
My spouse ☐ (was) ☐ (was not) in Active Duty status during this tour.

42. THE FOLLOWING STATEMENT APPLIES TO ALL PERSONNEL.
I ☐ (did) ☐ (did not) occupy Govt Quarters (Includes Contract Qtrs)

43. I have applied for appropriate leave from Fed Civil Svc employment. ☐ (yes) ☐ (N/A) (0)

44. I certify that I have complied with the above order. I hereby claim any amount due me. The statements on this form are true and complete. Payment or credit has not been received. If this tour was extended under the variable tour provision, it was with my prior knowledge and consent.

45. MEMBERS SIGNATURE

46. DATE

CERTIFICATION

47. Member reported for duty as ordered at hours on and was released from duty at hours on.

48. MEMBER ☐ (is) ☐ (is not) entitled to flight pay.

49. CERTIFYING OFFICIALS NAME, GRADE, TITLE, AND AUTOVON

50. SIGNATURE

51. DATE

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MEDICAL EXAMINATION—FLYING PERSONNEL

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974—USE BLANKET PAS-DD Form 2005)

INSTRUCTIONS

Items 1-12. Self explanatory.
Item 13. Flight Duty Performed—Enter rating and type of aircraft, for example, Pilot/KC-135, Radar Navigator/B-52.
Item 14. ASC—Enter current aviation service code from AFM 300-4, Vol 1.
Item 15. Total Flying Hours—Enter total flying hours since entry into aviation service.
Item 16. Total Flying Hours Last Six Months—Enter total flight hours during the last six months prior to this examination.
Item 17. Self-explanatory.
Item 18. Height—Record height to the nearest half inch or the nearest centimeter, with examinee in stocking feet.
Item 19. Weight—Weigh examinee in minimum clothing and record weight to the nearest pound or half of a kilogram.
Item 20. Visual Acuity—Record best uncorrected distant and near vision and best corrected distant and near vision.
Item 21. Auditory Acuity—Record pure bone threshold for each year at frequencies 500, 1000, 2000, 3000, 4000, and 6000 Hz.
Item 22. Type of Instrument Used—Record type of instrument used and its calibration standard.
Item 23. History and Remarks—Enter significant history since last complete medical examination and any other remarks the examining Flight Surgeon feels are pertinent.
Item 24 and 25. Self-explanatory.

1. NAME (Last, First, Middle Initial)	2. GRADE	(b) (6)	5. AGE
Hopkins Marshall H	E-7	[redacted]	48

6. SEX	7. RACE (Do not abbreviate)	8. AGENCY	9. UNIT OF ASSIGNMENT	10. MAJCOM
Male	Caucasian	DAF	302 ALCF	AMC

11. DATE OF EXAMINATION (Day, mo, yr)	12. NAME AND BASE OF EXAMINING FACILITY
2 May 92	302 M.S., PETERSON AFB, CO. 80914-5000

13. FLIGHT DUTY PERFORMED	14. ASC	15. TOTAL FLYING HOURS	16. TOTAL FLYING HOURS LAST 6 MONTHS
Loadmaster	A11470	2600	10

17. BLOOD PRESSURE (Sitting with arm at heart level)		18. HEIGHT	19. WEIGHT
SYSTOLIC	DIASTOLIC		
110	70	73 1/4	193 (MAW 212 3/4)

20. VISUAL ACUITY

EYE	DISTANT		NEAR	
RIGHT	20/ 17	CORR TO 20/ —	20/200	CORR TO 20/20
LEFT	20/ 17	CORR TO 20/ —	20/200	CORR TO 20/20

21. AUDITORY ACUITY	22. TYPE OF INSTRUMENT USED
	MAICO

CALIBRATION STANDARD ☐ ISO ☐ ASA ☒ ANSI MAICO 69 ☐ OTHER

EAR	250	500	1000	2000	3000	4000	5000	6000
RIGHT	—	15	10	30	40	25	—	25
LEFT	—	20	30	40	40	40	—	45

23. HISTORY AND REMARKS

ENT -08 0820 -07 — 42/58 Refr OD -0.25 DS 20/15 OS PL -0.25 DS 1000 (20+2) +2.25 ADD 20/20-2 @16"

ALL POSITIVE ITEMS OF MEDICAL HISTORY HAVE BEEN PREVIOUSLY DOCUMENTED OR LISTED BELOW.

Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, [illegible], disturbances of consciousness or irradiation therapy and all other significant medical or surgical history.

PT. IN JAN 1991 was in MVA and diagnosed as having R/O RT. Trigeminal lesion of brain & JAN 92, After further Examination with MRI and Doppler Study performed 14 JAN 92 revealed Normal

M.D. [illegible]

24. TYPE OR PRINT NAME OF MEDICAL OFFICER	25. SIGNATURE
R.J. BLACK SCHULTZ, COL, USAFR, MC, FS	R. Black Schultz

AF FORM OCT 81 1446 *(File in Outpatient Record)*

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MEDICAL EXAMINATION—FLYING PERSONNEL

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974—USE BLANKET PAS-DD Form 2005)

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Item 20. Visual Acuity—Record best uncorrected distant and near vision and best corrected distant and near vision.
Item 21. Auditory Acuity—Record pure bone threshold for each year at frequencies 500, 1000, 2000, 3000, 4000, and 6000 Hz.
Item 22. Type of Instrument Used—Record type of instrument used and its calibration standard.
Item 23. History and Remarks—Enter significant history since last complete medical examination and any other remarks the examining Flight Surgeon feels are pertinent.
Item 24 and 25. Self-explanatory.

1. NAME (Last, First, Middle Initial)	2. GRADE	(b) (6)	5. AGE
Hopkins Marshall H	E7		49
6. SEX	**7. RACE (Do not abbreviate)**	**8. AGENCY**	**9. UNIT OF ASSIGNMENT**	**10. MAJCOM**
M	Caucasian	DAF	302 AKCT	AMC
11. DATE OF EXAMINATION (Day, mo, yr)	**12. NAME AND ADDRESS OF EXAMINING FACILITY**		
05 06 93	302 MS, PETERSON AFB, CO 80914-5000		
13. FLIGHT DUTY PERFORMED	**14. ASC**	**15. TOTAL FLYING HOURS**	**16. TOTAL FLYING HOURS LAST 6 MONTHS**
Loadmaster	9D	3000	4
17. BLOOD PRESSURE (Sitting with arm at heart level)		**18. HEIGHT**	**19. WEIGHT**
SYSTOLIC 130	DIASTOLIC 80	6' 73	MAW 211 / 189

20. VISUAL ACUITY

EYE	DISTANT		NEAR	
RIGHT	20/ 17	CORR TO 20/ —	20/200	CORR TO 20/20
LEFT	20/ 17	CORR TO 20/ —	20/200	CORR TO 20/20

21. AUDITORY ACUITY —

22. TYPE OF INSTRUMENT USED MAICO

CALIBRATION STANDARD ☐ ISO ☐ ASA ☑ ANSI 69 ☐ OTHER

EAR	250	500	1000	2000	3000	4000	5000	6000
RIGHT	/	10	5	30	30	35	/	35
LEFT	~~10~~ /	10	5	20	30	25	/	35

23. HISTORY AND REMARKS

Refr: OD Pl D.S. +2.00 ADD PD 62/59
OS Pl -0.25 x 172
TNCT — N SCE - Episcleral dilation
OPAT — OS x/vessels, OD nasal 7

Injured in MVA 31 Jan 92, 2° Complications of lowerback pain involving nerves, Tx & physical therapy. NCNS. Twisted Lt knee 23 Oct 92, 2° to stepping off curb, Tx & ACE Wrap. Still painful.

EXAMINEE DENIES AND REVIEW OF MEDICAL RECORDS FAILS TO REVEAL ANY SIGNIFICANT MEDICAL OR SURGICAL HISTORY SINCE LAST EXAM DATED 2 May 92

DANIEL C. WEBER, MAJ, USAFR, BSC
(b) (6) AFSC: 09256
302 Tac Hospital,
PETERSON AFB, CO 80914-5300

24. TYPE OR PRINT NAME OF MEDICAL OFFICER	25. SIGNATURE
R.J. BLACK SCHULTZ, COL, USAFR, MC, FS	

AF FORM 1446 OCT 81 * U.S.G.P.O. 1986—180-966/51591 (File in Outpatient Record)

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LINE OF DUTY DETERMINATION

AUTHORITY: 5 USC 2108, 3309 - 3315, and 8140; 10 USC 507, 972(5), 1074, 1074a, 1202 - 1221, and 8722; 32 USC 318 and 319; 37 USC 204(j) and 802; 38 USC 310, 331, 610, and 612; and EO 9397.
PRINCIPAL PURPOSE(S): To determine if member's disease or injury was incurred in line of duty or not in line of duty.
ROUTINE USES: Used by the Air Force to determine eligibility for physical disability retirement or separation; lost time required to be made good; and forfeiture of pay for absence from duty owing to disease caused by intemperate use of alcohol or drugs. Used by the Veteran's Administration to determine eligibility for disability compensation or hospital benefits. Used by the Civil Service Commission to determine eligibility for veteran's preference. Used by the Labor Department to determine eligibility for compensation. Information may be reviewed by the base Ground Safety Office. SSN is used only for identification purposes.
DISCLOSURE IS VOLUNTARY: Failure to provide information will result in this form being completed using other sources of information.

TO: *(Immediate Commander)*	THRU:	FROM:
302 ALCF	302 MSSQ/MSMQ	302 MED SQ

1. NAME *(Last, First, Middle Initial)*	2. SSN	3. GRADE	4. ORGANIZATION
HOPKINS, MARSHALL H.	(b) (6)	MSGT	302 ALCF

5. MEMBER'S STATUS
A. ☐ REG AF ☐ AFROTC CADET ☐ AFA CADET
B. ANGUS, AND STRENGTH ACCOUNTABILITY IS ☐ WITH ACTIVE FORCE ☐ WITH ANGUS
C. USAFR, AND STRENGTH ACCOUNTABILITY IS ☐ WITH ACTIVE FORCE ☒ WITH USAFR *(Also complete Item 5d)*
D. USAFR, STRENGTH ACCOUNTABILITY IS WITH USAFR AND ☐ IS ☐ IS NOT ASSIGNED TO AN ACTIVE DUTY UNIT FOR TRAINING.

6. NATURE AND EXTENT OF ☒ DISEASE ☒ INJURY *(Preliminary Diagnosis):*
Symptoms similar in appearance to Fibromyalgia Syndrome (See attached brochure)

7. NAME AND LOCATION OF ☒ MILITARY ☐ CIVILIAN HOSPITAL OR TREATMENT FACILITY FIRST PROVIDING TREATMENT	8. TREATMENT PROVIDED HOUR	DATE
Evans AMC , Ft Carson, CO	1825	4 JAN 94

9. RESULT(S) OF DISEASE OR INJURY
A. ☐ RESULTED IN INABILITY TO PERFORM DUTY FOR MORE THAN 24 HOURS
B. ☐ LIKELY TO RESULT IN PERMANENT DISABILITY *(Partial or total)*

10. MEDICAL OPINION OF MEMBER'S CONDITION WHEN FIRST TREATED
A. ☐ WAS ☐ WAS NOT UNDER THE INFLUENCE OF ALCOHOL *(See AFR 35-67, Explanation of Terms)*
B. ☐ WAS ☐ WAS NOT UNDER THE INFLUENCE OF A DRUG - INCLUDING MARIHUANA. *(See AFR 35-67, Explanation of Terms).*
IF MEMBER WAS UNDER THE INFLUENCE OF A DRUG, SPECIFY WHAT KIND _____.
C. ☐ UNABLE TO DETERMINE BECAUSE OF PHYSICAL CONDITION
D. ☐ WAS ☐ WAS NOT MENTALLY RESPONSIBLE. MEMBER ☐ HAS ☐ HAS NOT BEEN PSYCHIATRICALLY EVALUATED.
☐ PSYCHIATRIC EVALUATION PENDING
E. SPECIFY ANY OTHER CONDITION DEEMED RELEVANT _____.

11. TESTS
A. BLOOD ALCOHOL TEST ☐ WAS ☐ WAS NOT MADE. IF MADE, STATE RESULTS _____.
B. ANY OTHER TESTS AND RESULTS *(Specify)* _____.

12. DETAILS OF ACCIDENT OR HISTORY OF DISEASE
MSgt Hopkins had a MVA on 4 Jan 91 while on military status. Since that time he has had chronic and recurring pain and insomnia. On 26 OCT 93, MSgt Hopkins brought in a pamphlet from his private neurologist (Attached) linking these symptoms with a trigger responce to a previous event such as a automobile accident. There is a gap currently in his medical records where no medical problems related to this condition were recorded from 4 Jan 94 to 25 NOV 91. During the 25 NOV 91 examination, Dr. Todaro questioned the cause and effect relationship between history and presentation. (over)

13. SOURCES OF INFORMATION	B. NAME(S) AND ADDRESS(ES) OF WITNESS(ES)
A. ☐ MEMBER ☐ POLICE ☐ WITNESS(ES) ☒ OTHER *(Specify)* Medical Records	

14. BASED ON THE FOREGOING, THE FOLLOWING FINDING IS RECOMMENDED: A. ☐ IN LINE OF DUTY No determination made
B. ☐ NOT IN LINE OF DUTY *(Regular AF, USAFR, or ANGUS member incurred injury or disease due to member's own misconduct or while member was absent without authority; Regular AF, USAFR, or ANGUS member incurred injury or disease during travel to or from AD and had materially deviated from authorized travel route; USAFR or ANGUS member incurred injury during travel to or from IDT ADT and had materially deviated from authorized travel route; USAFR or ANGUS member incurred disease during travel to or from IDT.)*

DATE	TYPED NAME AND GRADE OF MEDICAL OFFICER	SIGNATURE
4 NOV 93	EDWARD T. KIMBLE, COL USAFR, MC, FS	Edward T. Kimble Col.

AF Form 348, OCT 85 PREVIOUS EDITION WILL BE USED

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CONSULTATION - Dr Adams

Consult is at the request of Dr Ed Kimble, Flight Surgeon's Office, 302nd Medical Squadron, for Air Medical Evaluation and line of duty purposes.

HISTORY OF PRESENT ILLNESS: This is a 50-year old right handed white male who was well until 3 Jan 91. At that time he was involved in a motor vehicle accident in which his relatively small car was struck from behind and pushed into a car in front. Both the car behind and the car in front were somewhat larger. He suffered no obvious immediate injury, however, about 30 minutes later, he noted difficulty using language and felt somewhat dizzy. He was evaluated at Fort Carson and had a cervical spine x-ray which he was told was normal. He was discharged.

The next morning he was feeling well and did relatively well for about 2 weeks. At that time, he began to develop a headache. This headache was in his occiput, across his shoulder, and up into the back of his head. It remained relatively constant. It was associated with occasional mild nausea. He also at this time developed some low back pain, in the lumbar area, no radiation, no obvious weakness or numbness in his legs. There is no bowel or bladder problems. He did notice that this disappeared with activity.

About one month after the accident, he developed a pressure-like sensation behind his right eye. This would occasionally take on somewhat of a burning aspect and he noticed some photophobia in his right eye as well. Approximately 8 months after the accident, there was a short-lived spell of a tic involving his right eye. Ten months after the accident, he developed some sharp pain in the right side of his face, worse when touching it. This was diagnosed by a dentist as being possible tic douloureux and supposedly confirmed by Dr Seybold, a neurologist. This was not treated.

In Oct 92, he twisted his knee and has noticed some intermittent left knee and leg weakness.

Since Jul 93, he has had daily nausea, although this is not to the point of actual emesis.

He has seen a multitude of practitioners for these problems. He was referred to Dr Seybold, neurologist in Colorado Springs, for his headaches. Dr Seybold ordered multiple MRIs, we do not have the results of these. No diagnosis was made that I am aware of. He was referred to Dr Jack Klapper in Denver. Dr Klapper again did not make a diagnosis I am aware of, but did treat his headaches with home traction which the patient has found has helped quite a bit. He was evaluated by anesthesiology for his back pain. He has received several shots in his "spine", again with some relatively good relief but with the pain always returning. He had an EMG and MCV at one point of his right arm; we do not have the results of these.

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He was finally evaluated by Dr Kahn, neurologist in Pueblo. Dr Kahn diagnosed him as having fibromyalgia. He was placed on low dose Elavil which he took for 30 days. He had quite good relief with the Elavil.

Throughout the course of this, he has been seen frequently by a chiropractor. He does notice that chiropractic manipulation is quite helpful as far as the pain in his head and neck.

PAST HISTORY: At the present time, he is on no medications. He has no allergies, does not smoke and drinks one glass of wine in the evening. He has had two hernia operations. He is not presently taking any medications.

PHYSICAL EXAMINATION: On exam, his blood pressure is 112/64.

His pupils are equal, round, and reactive to light and extraocular movements are full. Fundi are normal. He complains of some mild photophobia on ophthalmic exam of his right eye. Face is symmetric and moves normally. Palate and tongue are midline and move normally. Sternocleidomastoid and shrug are normal. Sensation is normal to touch bilaterally. I do not incite any pain with this. Corneal reflex is normal bilaterally.

There is no fix or drift. Rapid alternating movements are normal. Tone is normal. Strength is 5/5 in all areas with the exception of 4+/5 in his right gluteus maximus. Finger to nose and heel to shin is normal. Sensation is normal to touch and tuning fork with the exception of some decreased sensation which seems to spell out best to an L5 dermatome in the right foot. Reflexes are 2+ throughout and toes are downward going bilaterally.

He has a marked tender point over his right trapezius and one over his right lumbar paraspinal area.

IMPRESSION:
1. Chronic intermittent headache.
2. Chronic upper shoulder and back pain.
3. Chronic low back pain.
4. History of pain in right face diagnosed in past as tic douloureux.
5. Daily nausea.
6. Left knee and leg pain, probably secondary to twisted knee.
7. History of automobile accident on 3 Jan 91.
8. Subjective mood swings and depression.
9. Exam consistent with mild L5 radiculopathy right, otherwise normal neurologic exam with tender points.

DISCUSSION: Sgt Hopkins has a syndrome which appeared to begin related to a motor vehicle accident which occurred while he was on active duty on 3 Jan 91. A motor vehicle accident can certainly set off fibromyalgia, I believe that Dr Kahn's diagnosis of fibromyalgia is probably an accurate one.

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I think he as well has a mild L5 radiculopathy. I am uncertain whether or not the MRIs performed by Dr Seybold and elsewhere addressed his lumbar spine.

It is unclear to me exactly what is going on with the tic douloureux, he is certainly asymptomatic at the moment and I am uncertain if this was a true diagnosis or not.

The chronic daily nausea, abnormality of sleeping, and mood swings and depression does lead one to suggest that there may be some psychological factors going on, whether or not this is related to his chronic illness or visaversa is unclear. I do believe that his upper GI tract and liver/gallbladder probably should be worked up as a search for source of chronic nausea. If no source of this is found, an MMPI may be helpful.

All of Sgt Hopkins' problems, including the automobile accident have occurred while he was on active duty. At no point in time did any inciting factor occur while he was off active duty nor did any of them occur while he was inebriated or in the act of committing a felony. Therefore, I believe that his problems are most likely **LINE OF DUTY:** Yes.

RECOMMENDATIONS: Sgt Hopkins seems to be happy with his neurologist, chiropractor, and flight surgery care that he is getting. I believe that the MRIs need to be evaluated by somebody, paying particular attention to his lumbar area in particular if this was done. I think the EMGs and MCVs should be evaluated as well. I think that his GI system should be evaluated as I have noted above, again I think that if nothing is found, an MMPI would be helpful.

I will leave it up to Sgt Hopkins and Dr Kimble in combination to decide whether or not they are happy with the medical care that he is receiving, given these above recommendations, or whether or not they decide to come back here. If they do, I will ask Sgt Hopkins to give me a call and will be happy to set him up as a follow-up appointment and go on from there.

At the present time, I see nothing which should be disqualifying for active flying duty with the exception of the possible right L5 radiculopathy. I think before any flying decisions are made based on this, the MRI of his lumbosacral spine should be evaluated to see if there is a source for an L5 radiculopathy.

LAURENCE J. ADAMS, LtCol, USAF, MC-FS
Neurologist (9576)

☐ HISTORY & PHYSICAL EXAMINATION (SF 504, SF 505, & SF 506)	☐ OPERATION REPORT (SF 515)	NAME HOPKINS, MARSHALL	
☐ CONSULTATION SHEET (SF 513)	☐ NARRATIVE SUMMARY (SF 502)	REGISTER NO. OP	SSN 20 (b) (6)
☐ CHRON RECORD OF MEDICAL CARE (SF 600)	☐ AUTOPSY PROTOCOL (SF 503)	UNIT USAF Academy Hospital, USAF Academy, CO 80840-5300	
☐ PROGRESS NOTE (SF 509)	☐	DATE DICT 14 Jan 94 /jb	DATE TYPED 19 January 1994
CONSULTATION	Page 3		

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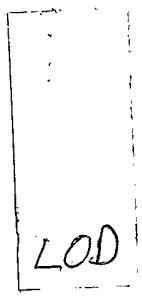

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MEDICAL EXAMINATION—FLYING PERSONNEL

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974—USE BLANKET PAS-DD Form 2005)

INSTRUCTIONS

Items 1-12. Self explanatory.
Item 13. Flight Duty Performed—Enter rating and type of aircraft, for example, Pilot/KC-135, Radar Navigator/B-52.
Item 14. ASC—Enter current aviation service code from AFM 300-4, Vol 1.
Item 15. Total Flying Hours—Enter total flying hours since entry into aviation service.
Item 16. Total Flying Hours Last Six Months—Enter total flight hours during the last six months prior to this examination.
Item 17. Self-explanatory.
Item 18. Height—Record height to the nearest half inch or the nearest centimeter, with examinee in stocking feet.
Item 19. Weight—Weigh examinee in minimum clothing and record weight to the nearest pound or half of a kilogram.
Item 20. Visual Acuity—Record best uncorrected distant and near vision and best corrected distant and near vision.
Item 21. Auditory Acuity—Record pure bone threshold for each year at frequencies 500, 1000, 2000, 3000, 4000, and 6000 Hz.
Item 22. Type of Instrument Used—Record type of instrument used and its calibration standard.
Item 23. History and Remarks—Enter significant history since last complete medical examination and any other remarks the examining Flight Surgeon feels are pertinent.
Item 24 and 25. Self-explanatory.

1. NAME (Last, First, Middle Initial)	2. GRADE	(b) (6)	5. AGE
Hopkins Marshall H	E-7	[redacted]	48

6. SEX	7. RACE (Do not abbreviate)	8. AGENCY	9. UNIT OF ASSIGNMENT	10. MAJCOM
male	caucasian	DAF	302 ALCF	MAC

11. DATE OF EXAMINATION (Day, mo, yr)	12. NAME AND BASE OF EXAMINING FACILITY
2 May 92	302 M.S., PETERSON AFB, CO. 80914-5000

13. FLIGHT DUTY PERFORMED	14. ASC	15. TOTAL FLYING HOURS	16. TOTAL FLYING HOURS LAST 6 MONTHS
Loadmaster	A11470	2600	10

17. BLOOD PRESSURE (Sitting with arm at heart level)		18. HEIGHT	19. WEIGHT
SYSTOLIC 110	DIASTOLIC 70	73 1/4	193 (MAW 212 3/4)

20. VISUAL ACUITY

EYE	DISTANT		NEAR	
RIGHT	20/ 17	CORR TO 20/ —	20/200	CORR TO 20/20
LEFT	20/ 17	CORR TO 20/ —	20/200	CORR TO 20/20

21. AUDITORY ACUITY

22. TYPE OF INSTRUMENT USED: MAICO

CALIBRATION STANDARD: ☐ ISO ☐ ASA ☒ ANSI MAICO 69 ☐ OTHER

EAR	250	500	1000	2000	3000	4000	5000	6000
RIGHT	—	15	10	30	40	25	—	25
LEFT	—	20	30	40	40	40	—	45

23. HISTORY AND REMARKS

TNCT -08 -07 0820 62/58 Refr OD -0.25 DS 20/15
OS Pl -0.25 x 180 20+2 15
+2.25 ADD 20/20 20/20
@16"

ALL POSITIVE ITEMS OF MEDICAL HISTORY HAVE BEEN PREVIOUSLY DOCUMENTED OR LISTED BELOW.

Examinee denies personal or family history of diabetes or psychosis, use of contact lenses, ~~history of motion sickness~~, disturbances of consciousness or irradiation therapy and all other significant medical or surgical history.

PT. IN JAN 1991 was in MVA and diagnosed as having R/O RT. Trigemal lesion of brain 8 JAN 92, After further examination with MRI and Dr Seybold performed 14 JAN 92 reviewed Normal
[signature]

24. TYPE OR PRINT NAME OF MEDICAL OFFICER	25. SIGNATURE
R.J. BLACK SCHULTZ, COL, USAFR, MC, FS	[signature]

AF FORM OCT 81 1446 *(File in Outpatient Record)*

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MEDICAL EXAMINATION—FLYING PERSONNEL

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Item 20. Visual Acuity—Record best uncorrected distant and near vision and best corrected distant and near vision.
Item 21. Auditory Acuity—Record pure bone threshold for each year at frequencies 500, 1000, 2000, 3000, 4000, and 6000 Hz.
Item 22. Type of Instrument Used—Record type of instrument used and its calibration standard.
Item 23. History and Remarks—Enter significant history since last complete medical examination and any other remarks the examining Flight Surgeon feels are pertinent.
Item 24 and 25. Self-explanatory.

1. NAME *(Last, First, Middle Initial)* Hopkins Marshall H	2. GRADE E7	(b) (6) [redacted]	5. AGE 49
6. SEX M	7. RACE *(Do not abbreviate)* Caucsan	8. AGENCY DAF	9. UNIT OF ASSIGNMENT 302 ALCF	10. MAJCOM AMC
11. DATE OF EXAMINATION *(Day, mo, yr)* 05 06 93	12. NAME AND BASE OF EXAMINING FACILITY 302 MS, PETERSON AFB, CO 80914-5000		
13. FLIGHT DUTY PERFORMED Loadmaster	14. ASC 9D	15. TOTAL FLYING HOURS 3000	16. TOTAL FLYING HOURS LAST 6 MONTHS 4
17. BLOOD PRESSURE *(Sitting with arm at heart level)* SYSTOLIC 130	DIASTOLIC 80	18. HEIGHT ~~62~~ 73	19. WEIGHT MAW 211 189

20. VISUAL ACUITY

EYE	DISTANT		NEAR	
RIGHT	20/ 17	CORR TO 20/ —	20/200	CORR TO 20/20
LEFT	20/ 17	CORR TO 20/ —	20/200	CORR TO 20/20

21. AUDITORY ACUITY —

22. TYPE OF INSTRUMENT USED MAICO

CALIBRATION STANDARD ☐ ISO ☐ ASA ☑ ANSI 69 ☐ OTHER

EAR	250	500	1000	2000	3000	4000	5000	6000
RIGHT		10	5	30	30	35		35
LEFT		10	5	20	30	25		35

23. HISTORY AND REMARKS

Refr: O.D. Pl D.S. +2.00 ADD PDG2/59
O.S. Pl -0.25 x 172
TNCT — 11
OPOS — OP
SCE - Episcleral dilation of vessels, OD nasal 7

D C Weber

DANIEL C. WEBER, MAJ. USAFR, BSC
(b) (6) [redacted] AFSC: 09256
302 Tac Hospital,
PETERSON AFB, CO 80914-5300

Injured in MVA 3 Jan 92, 20 complications of lower back pain involving nerves, Tx c̄ physical therapy. NCNS. Twisted Lt Knee 23 Oct 92, 2° to stepping off curb, Tx c̄ Ace Wrap, still painful.

EXAMINEE DENIES AND REVIEW OF MEDICAL RECORDS FAILS TO REVEAL ANY SIGNIFICANT MEDICAL OR SURGICAL HISTORY SINCE LAST EXAM DATED 2 May 92

24. TYPE OR PRINT NAME OF MEDICAL OFFICER R.J. BLACK SCHULTZ, COL, USAFR, MC, FS

25. SIGNATURE [signature]

AF FORM OCT 81 1446 ☆ U.S.G.P.O.: 1986- 180-966/51591 *(File in Outpatient Record)*

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What is FMS?

FMS (fibromyalgia syndrome) is considered to be a widespread musculoskeletal pain and fatigue disorder for which the cause is still unknown. The term fibromyalgia means pain in the muscles, ligament and tendons--in other words, the fibrous tissues in the body. FMS used to be called the fibrositis syndrome, implying that there was inflammation in the muscles, but that has not been born out by research.

Most patients with FMS say that they ache all over. Their muscles may feel like that have been pulled or overworked. Sometimes the muscles twitch and at other times they burn. More women than men are afflicted with FMS, but it shows up in people of all ages.

To help your family and friends relate to your condition, have them think back to the last time they had the bad flu. Every muscle in their body shouted out in pain. In addition, they felt devoid of energy as though someone had unplugged their power supply. While the severity of symptoms fluctuate from person to person, FMS may resemble a post-viral state and this is why several experts in the field of FMS and chronic fatigue syndrome (CFS) believe that these two syndromes are one and the same.

How is FMS diagnosed?

For the most part, routine laboratory testing reveals nothing. However, upon physical examination, the patient will be sensitive to pressure applied in certain areas of the body, called tender points. To meet the diagnostic criteria for FMS, patients must have widespread pain in all four quadrants of their body for a minimum duration of three months and at least 11 of the 18 specified tender points (as indicated on brochure cover). These 18 points used for diagnosis cluster around the neck, shoulder, chest, hip, knee and elbow regions. Roughly 75% of CFS-diagnosed patients will meet the FMS criteria.

While many chronic pain syndromes display some symptoms that overlap with FMS, the 1990 multi-center criteria study (published in the February issue of Arthritis and Rheumatism) evaluated a total of 558 patients, of which 265 were classified as controls. These control individuals weren't your typical healthy "normals." They were age and sex matched patients with neck pain syndrome, low back pain, local (regional) tendonitis, trauma-related pain syndromes, rheumatoid arthritis, lupus, osteoarthritis of the knee or hand, and other painful disorders. These patients all had some symptoms

that mimic FMS, but the trained examiners were not foiled--they hand-picked the FMS patients out of the "chronically ill" melting pot with an accuracy of 88%. FMS is not a wastebasket diagnosis!

Symptoms and associated syndromes of FMS

PAIN - The pain of FMS has no boundaries. People describe the pain as deep muscular aching, burning, throbbing, shooting and stabbing. Quite often, the pain and stiffness are worse in the morning and you may hurt more in muscle groups that are used repetitively.

FATIGUE - This symptom can be mild in some patients and yet incapacitating in others. The fatigue has been described as "brain fatigue" in which patients feel totally drained of energy. Many patients depict this situation by saying that they feel as though their arms and legs are tied to concrete blocks.

SLEEP DISORDER - Most FMS patients have an associated sleep disorder called the alpha-EEG anomaly. This condition was uncovered in a sleep lab with the aid of a machine which recorded the brain waves of patients during sleep. Researchers found that FMS patients could fall asleep without much trouble, but their deep level--or stage 4--sleep was constantly interrupted by bursts of awake-like brain activity. Patients appeared to spend the night with one foot in sleep and the other one out of it.

In most cases, a physician doesn't have to order

FIBROMYALGIA NETWORK NEWS
SUBSCRIPTION FORM
Annual fee is $15 in the U.S., $17 in U.S. funds for Canadian residents.

Name:_____
Address:_____
_____
Country:_____
Phone No.:_____

Cut out form and make checks payable to Fibromyalgia Network. Mail to the address on front cover. (This is a quarterly publication.)

expensive sleep lab tests to determine if you have disturbed sleep. If you wake up feeling as though you have just been run over by a Mack truck--what doctors refer to as unrefreshed sleep--it is reasonable for your physician to assume that you have a sleep disorder. It should be noted that most patients diagnosed with CFS have the same alpha-EEG sleep pattern and some FMS-diagnosed patients have been found to have other sleep disorders, such as sleep apnea, sleep myoclonus (nighttime jerking of the arms and legs), restless leg syndrome and bruxism (teeth grinding) The sleep pattern for clinically depressed patients is distinctly different from that found in FMS or CFS.

IRRITABLE BOWEL SYNDROME - Constipation, diarrhea, frequent abdominal pain, abdominal gas and nausea represent a constellation of symptoms frequently found in roughly 40 to 70% of FMS patients.

CHRONIC HEADACHES - Recurrent migraine or tension-type headaches are seen in about 50% of FMS patients and can pose as a major problem in coping for this patient group.

TEMPOROMANDIBULAR JOINT DYSFUNCTION SYNDROME - This syndrome, sometimes referred to as simply TMJ, causes tremendous face and head pain in one quarter of FMS patients. Most of the problems associated with this condition are thought to be related to the muscles and ligaments surrounding the joint and not necessarily the joint itself.

OTHER COMMON SYMPTOMS - Premenstrual syndrome and painful periods, chest pain, morning stiffness, cognitive or memory impairment, numbness and tingling sensations, muscle twitching, irritable bladder, the feeling of swollen extremities, skin sensitivities, dry eyes and mouth, frequent changes in eye prescription, dizziness, and impaired coordination can occur with FMS.

AGGRAVATING FACTORS - Changes in weather, cold or drafty environments, hormonal fluctuations (premenstrual and menopausal states), stress, depression, anxiety and physical over-exertion can all contribute to symptom flare-ups.

What causes FMS?

The cause of FMS remains elusive, but there are many triggering events thought to precipitate its onset.

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A few examples would be an infection (viral or bacterial), an automobile accident or the development of another disorder, such as rheumatoid arthritis, lupus, or hypothyroidism. These triggering events probably don't cause FMS, but rather, they may awaken an underlying physiological abnormality that's already present in patients.

What could this physiological abnormality be? Theories pertaining to alterations in neurotransmitter regulation (particularly serotonin), immune system function, sleep physiology and hormonal control are under investigation. In addition, modern brain imaging techniques are being used to explore various aspects of brain function, while sophisticated virological methods being employed to determine if viruses might somehow be involved in both FMS and CFS. The actual cause of FMS is by no means a closed book, and the mystery behind this syndrome is beginning to unfold!

How is FMS treated?

Traditional treatments are geared towards improving the quality of sleep, as well as reducing pain. Because deep level (stage 4) sleep is so crucial for many body functions, such as tissue repair, antibody production, and perhaps even the regulation of various neurotransmitters, hormones and immune system chemicals, the sleep disorders that frequently occur in FMS patients are thought to be a major contributing factor to the symptoms of this condition. Medicines that boost your body's level of serotonin--a neurotransmitter that modulates sleep, pain and immune system function--are commonly prescribed. Examples of drugs in this category would include Elavil, Flexeril, Sinequan, Prozac, Xanax and Klonopin. A low dose of one of these medications may be of help. In addition, nonsteroidal, anti-inflammatory drugs (NSAIDS) like ibuprofen may also be beneficial. Most patients, however, will probably need to use other treatment methods as well, such as tender or trigger point injections with lidocaine, physical therapy, acupuncture, acupressure, relaxation techniques, osteopathic manipulation or a gentle exercise program.

What is the prognosis?

Long term follow-up studies on FMS have shown that it is chronic, but the symptoms may wax and wane. The impact that FMS can have on daily living activities, including the ability to work a full-time job, differs among patients. Overall, studies have shown that FMS can be equally as disabling as rheumatoid arthritis.

Self-help strategies

Lifestyle modifications may help you conserve your energy and minimize your pain. Learn what factors aggravate your symptoms and avoid them if possible. Join your local support group and become informed about your condition by subscribing to FIBROMYALGIA NETWORK Newsletter (see page 2). In this newsletter you will read about research findings, new treatment options and tips on coping with FMS and CFS. You may also contact FIBROMYALGIA NETWORK for a listing of patient contacts and physician referrals.

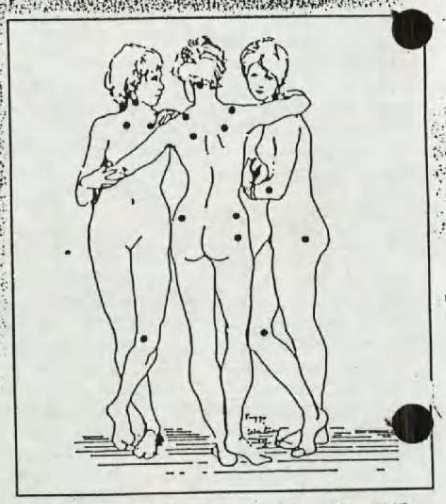
Other educational materials that may be helpful are:

- "Coping with FMS" by Beth Ediger costs $7.95 U.S. funds. Send your check to LRH Ppublications, Box 8, Station Q, Toronto, Ontario, Canada M4T 2L7.
- "FMS" by M. Saathoff costs $4.00. Order from FACO, 3545 Olentangy River Rd., #8, Columbus, OH 43214.

Fibromyalgia Network
5700 Stockdale Hwy., #100
Bakersfield, CA 93309
U.S.A.

Fibromyalgia Syndrome (FMS)

A Patient's Guide



The 18 Tender Point Locations for FMS on "The Three Graces" Masterpiece.*

This guide is published by Fibromyalgia Network, 5700 Stockdale Hwy., Suite 100, Bakersfield, CA 93309 - (805) 631-1950. All information contained in this brochure is provided for the purposes of assisting FMS patients in understanding their condition. Patients should always consult their physician for medical advice and treatment.

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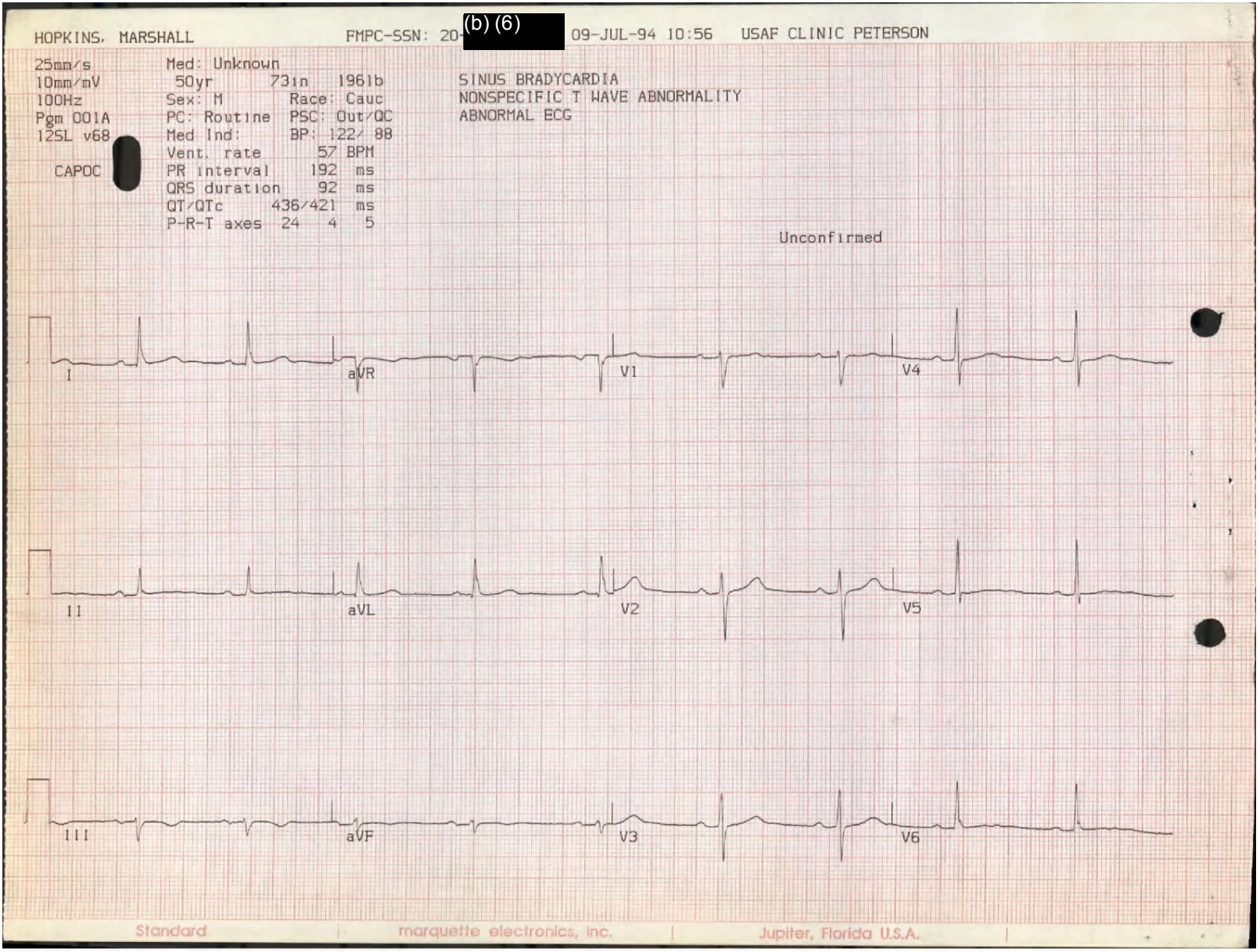

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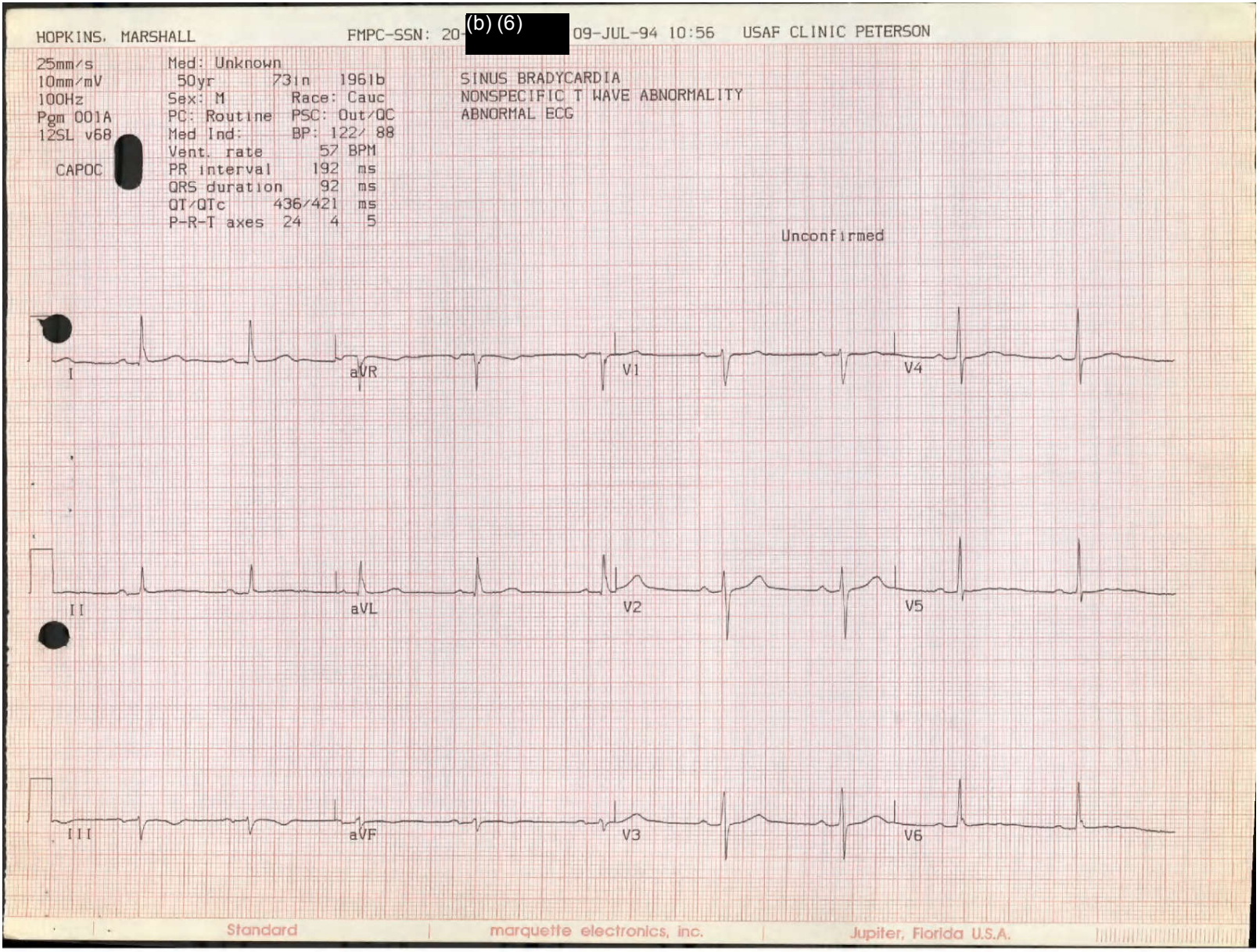

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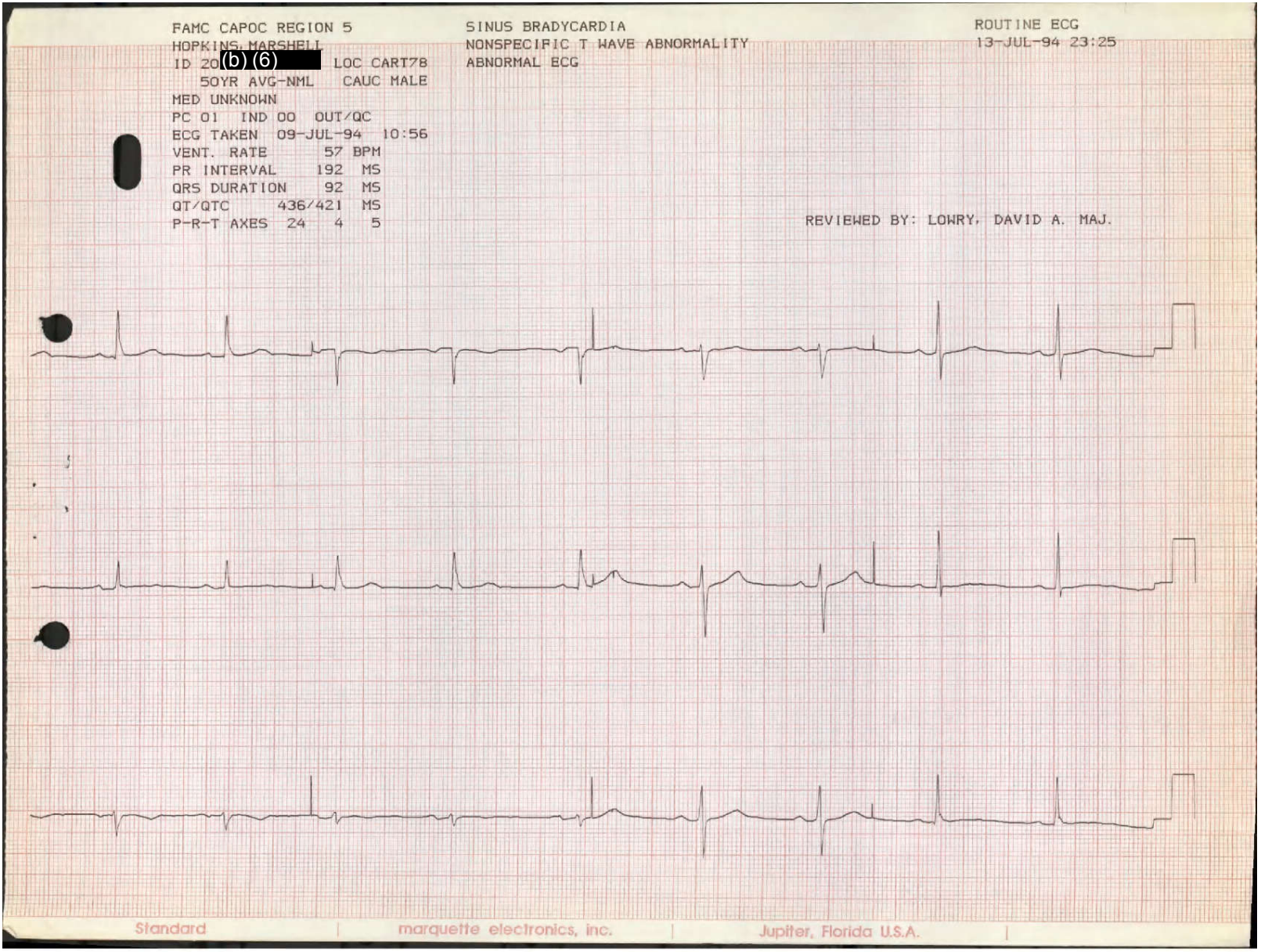

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Fibromyalgia Network

NEWSLETTER FOR
FIBROMYALGIA/FIBROSITIS/CFS SUPPORT GROUPS

23RD EDITION *OCTOBER 1993*

It's Always Something!

The symptoms of fibromyalgia syndrome (FMS) and chronic fatigue syndrome (CFS) can be so unpredictable. You never know which of the associated problems will strike you next, such as jaw pain, chest pain, breathing difficulties, pelvic discomfort, sleep disruption, or an upset stomach or bowel. Can you chalk all these symptoms up to FMS/CFS? Better yet, would you seek medical attention for these problems if you didn't have the FMS or CFS diagnosis? Of course you would!

Ah...but you probably already saw so many doctors just to find out that you suffered from FMS/CFS. You are concerned that your treating physician may think you are a hypochondriac if you told him or her about each new symptom, and the thought of going to an "outside" specialist has you filled with hesitation. A cardio-pulmonary specialist, a gynecologist, a sleep physiologist, a neurologist or a gastroenterologist will probably know little or nothing about FMS/CFS. They may put you through a battery of tests and run up your medical bills--only to say that there is nothing wrong with you. How humiliating.

Ideally, patients need a whole team of experts who are knowledgeable about their chronic illness and a generalist (or primary care physician) who can oversee everything. The "full-spectrum" treatment program described below has been implemented in Seattle, WA, to help meet the diverse needs of FMS/CFS patients. While this program concept is relatively new and may not be available in your city, don't get discouraged. View the following article as a guideline for the type of "whole-body" treatment plan that you and your fellow support group members should be striving to obtain!

A Full-Spectrum Treatment Program

By Donald Uslan, MA, MBA, CRC, of Seattle, WA

Patients with CFS and FMS are usually faced with the complex issues of adequate treatment and care while trying to maximize their limited dollars. Here are some suggestions based on the experience of the staff at the CFS and FMS Project in Seattle on how to make sure your treatment is as well-rounded as possible:

1. You need to be the center of the treatment program and learn to manage it. Although it may seem easier to delegate this to your doctor, you are the one who must cope with your condition each day. If prescribed treatments are not working to your satisfaction, or if a new symptom crops up that has you concerned, it is up to you to signal your doctor for help.

2. The principal team member, at least in the early stages, needs to be a primary care physician who is skillful with medications, reasonably familiar with chronic health conditions, and has some appreciation for the pain and fatigue components of CFS and FMS. He or she should also know how to manage a team of professionals, especially other physician specialists, and make sure that evaluations, work-ups, and diagnostic procedures are integrated into your treatment plan. Medications prescribed by more than one physician should be closely and carefully coordinated.

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Georgetown University
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3. Educate yourself. Attend support group meetings, read literature handouts, and talk to other patients.

4. Social isolation tends to be a major problem with CFS and FMS, as well as with many other chronic conditions. Develop or renew a support system for yourself with people who are compassionate and understanding about the daily adjustments you need to make to better cope with your condition. Also try to get involved in your community. Pace your activities within your limitations and routinely take a break to reassess your priorities--for each day and for your life in general. Be patient. Your family and significant other may require time to adapt to your new lifestyle.

5. A "talking" relationship with a professional is helpful. Carefully consider a counselor, social worker, psychologist or psychiatrist. Make sure they do not have a narrow view of your health problem, but are willing to be flexible and supportive, as well as directly confrontive of you.

6. We have found acupuncture to be beneficial in reducing pain (see October '91 issue).

7. Many patients have found considerable relief in the use of a physical therapist familiar with "manual techniques," such as myofascial release (see October '92 issue). Their guidance in the development of an exercise program realistically tailored to you is invaluable.

8. Developing specific strategies for assisting you in managing your sleep disorder can be beneficial, however, keep in mind that not all health care professionals are skilled in this area. For some people, medications (such as Elavil, Flexeril, Xanax, Klonopin, or Sinequan) may be sufficient, but don't hesitate to consider using self-help measures as well. To pick up a few good ideas in this area, you might want to read: Getting to Sleep by Ellen Mohr Catalano (New Harbinger Publications, Oakland, CA, 1990).

9. Specific skill training in the area of stress reduction is essential (stress can aggravate your symptoms). There are a variety of approaches available, including biofeedback, yoga, guided imagery, and breathing exercises, to name a few. These may be available through professionals, but short courses may also be offered through your community hospitals and other organizations such as the YMCA. Stress reduction doesn't have to be limited to strict "mind control" techniques. Be innovative! You can take your mind off of your symptoms and reduce your stress level by getting involved in hobbies and activities that are both relaxing and soothing.

10. Make substantial changes in your work life. Vocational rehabilitation assistance may be available through private practitioners, or the state social and health services department. They can also assist you in making "reasonable accommodations" in your work station, communicating with your supervisor or employer, and educating your employer about local and federal guidelines for persons with health or physical restrictions. A "rehabilitation plan" for your occupational health should be integrated into the "treatment plan" for your medical health.

11. You may need to call upon other talented professionals to assist you in your treatment program. These other professionals may be a massage therapist, chiropractor, nutritionist, or gynecologist. They will need to work with you as the manager of the treatment team, and should be willing to cooperate with the other professionals you have hired.

Several studies comparing FMS and CFS have failed to demonstrate any major differences. Therefore, these syndromes are treated in this newsletter as being one and the same.

Some Practical Pointers

CFS and FMS patients often feel unheard or not included in their own care. Here are some suggestions to help you get the most out of your professional care:

1. Make sure your primary health care provider can accept other providers of your choice in your care. They don't have to agree with each other, but they need to at least share written communication and not undermine each others' work.

2. Avoid relationships with practitioners and physicians who cause you to doubt yourself.

3. Insist on copies of evaluations, reports, correspondences or notes, and share these with your other providers. Keep detailed records for your personal file as well.

4. Be reasonable in your demands, especially of outcomes and time. A good and conscientious provider is often busy. Be prepared at appointments--have a few specific questions in writing. However, make sure you feel that you have received sufficient time to address your concerns and understand the direction of care.

5. You are a consumer and purchaser of health care. Feel free to give "performance reviews" to any of your health care practitioners. If things don't work out, fire them and hire someone else more suited to your needs.

6. Make sure that you clearly understand the training, qualifications, charges, philosophy of treatment of your health care practitioner, and general duration of care needed.

7. Be cautious of costly "evaluations" or "procedures."

8. Find out what other patients think of a practitioner as part of your consideration in hiring any health care provider.

9. No one practitioner has "the answer" or "the cure" or "the right way."

10. Help your practitioner help you.

...continued on page 8

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THE TEAM APPROACH TO STUDYING FMS

based on an interview with

Daniel Clauw, M.D.

Rheumatology Researcher at Georgetown University, Washington, DC

Dr. Clauw

Dr. Clauw is well-known for his work in the field of eosinophilia-myalgia syndrome (EMS)--a rare condition whose prevalence escalated when patients ingested a contaminated batch of essential amino acid, L-tryptophan. "Although EMS is a toxin-induced disorder initially characterized by inflammation, and FMS is a more common disorder not associated with inflammation," Clauw explains, "as EMS progresses, their similar symptoms can make them indistinguishable." But Dr. Clauw's involvement in FMS isn't solely because it is another muscle-pain syndrome. When he arrived at Georgetown University a few years ago, the local medical community began to send him patients diagnosed with low back pain syndrome. However, the majority of these people didn't just have an achy back, they had the characteristic widespread pain of FMS!

Views on FMS

Before delving into a discussion of Dr. Clauw's "team research" approach to investigating FMS, it's important to lay the ground-work on his views about this very perplexing syndrome.

Possible Causes

"All of our current theories being proposed for FMS are likely to be somewhat flawed," said Clauw. "This syndrome is probably not caused by any single biochemical problem, such as serotonin, substance P, or growth hormone. Instead, I suspect that FMS will turn out to involve multiple abnormalities in the central nervous system, and perhaps, in the peripheral tissues as well."

When Symptoms Erupt

Most research projects on FMS only include patients in the 18 to 70 year age range, but this doesn't mean that people younger or older can't get FMS. "I think that FMS is very common in the elderly population," said Clauw. Then he added, "It's just more likely to be mislabeled in the elderly as something related to the aging process, such as arthritis." And when it comes to children, it's hard to convince an institution's medical review board to conduct studies on children until similar and thorough investigations have already been done on the adult population.

Speaking of those young at heart, Dr. Clauw stated: "I feel that many people with FMS start experiencing symptoms in their teens. It may begin with headaches, irritable bowel, numbness/tingling sensations in their extremities, a sleep problem, chest pain or episodes of other types of symptoms commonly seen in the adult FMS population...I don't see many patients with this syndrome who didn't have a high level of activity prior to the full onset of their symptoms. They somehow figured out that regular exercise helped, but not uncommonly, something triggers a decrease in their activity or worsening of their sleep. During that same time frame, their FMS surfaces as a full-blown syndrome." Dr. Clauw routinely asks his patients during the first visit: "How many of these problems have you had over the course of your life?" In response, he says "patients get an awareness in their eyes, an overwhelming sense of relief that all of these seemingly different problems may somehow be tied together."

Whole-Body Research ...a team approach

Under Dr. Clauw's direction, 20 patients with FMS will be evaluated during a three-day hospital stay at Georgetown University Clinical Research Center. (All study participants have been enrolled and the project is already underway.) A multitude of tests will be conducted by a team of experts, including those in the field of pharmacology, neuropsychology, pulmonary medicine (a lung specialist), psychiatry, gastroenterology, endocrinology, mineral biology, temporomandibular joint dysfunction, and gynecology. Commenting on his project that began earlier this year, "We plan to extensively study a number of objective and subjective parameters in a group of FMS patients at a single point in time. The advantage of this approach is that more meaningful information can be obtained than in a project that looks at one variable." By looking at the whole-body, and not just a single neurotransmitter or hormone system, it may be possible to determine the interrelationships between the abundance of abnormalities that have recently been published on FMS.

For example, do people with a greater degree of sleep disruption have more cognitive problems, more pain (or other symptoms), greater alterations

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in neurotransmitters and immune system chemicals, or increased muscle tone? Th again, sleep disturbance may not correlate well with these variables; it might occur secondary to some other biochemical mal-function. The problem is, no one really knows how all of these systems are inter-related, and in a way, Dr. Clauw's study represents an attempt to connect-the-dots to a mysterious picture whose caption reads: The Fibromyalgia Syndrome.

The different systems that will be studied are described below.

The Lungs

Routine pulmonary function tests that are ordinarily ordered to rule out lung diseases typically produce normal results in FMS. Yet, a study published by Dr. Caidahl's team in Sweden indicated that roughly 84% of FMS patients battle a condition called dyspnea. In layman terms, dyspnea may be described as "air hunger" or an uncontrollable out of breath feeling. A significant portion of Dr. Clauw's FMS patients complain of this symptom as well. And for the record, patients with EMS (another muscle-skeletal pain disorder) have this problem too.

Could it be that patients just become out of breath because they are physically out of shape? Although deconditioning frequently occurs in FMS due to the painful/fatiguing symptoms, Dr. Clauw said, "It could account for some of the difficulties, but not all of them." The central nervous system has control over the opening of the airways and Dr. Clauw will be testing patients to see if there is a heightened reactivity within their central nervous system that restricts their airways--such a problem could disrupt normal breathing patterns.

Brain Function

Every region of the brain has a different function. "When we analyze the cerebrospinal fluid it is difficult to know what is going on in all of the centers of the brain," said Clauw. "It's just not that simple since there are marked regional differences in the concentration of chemicals in the brain." That's why he will be employing the aid of a functional MRI machine which will measure the activity levels in the numerous centers of the brain while patients are asked to perform various tasks (using light and sound stimulus, and concentration functions). It is hoped that this test might identify which areas in the brain are slow or abnormal in function...although routine MRI scans designed to pick up structural problems usually turn out normal.

The 20 FMS patients in this study will also undergo a 12-hour battery of neurocognitive testing to determine if the common complaints of memory and concentration problems can be validated on testing. The testing program to be used is the same as the one used to pick up attention deficits in pilots. From a research standpoint, Clauw said it would be better to find objective abnormalities which are now sorely lacking in FMS. However, he cautioned that the outcome of his testing could disappoint patients. Taking EMS as an example, he said, "There is a disparity between a patient's perception of cognitive problems and the data obtained on form esting." The reality is, these tests may not be capable of picking up subtle but significant changes in thought processes.

Sleep

While sleeping one evening during their hospital stay, patients will be hooked up to small EEG (electroencephalogram) electrodes, which are wires pasted to the scalp that record and measure brain waves. This procedure measures the electrical signals produced by the various areas of the brain but it does not send any electrical signals into the brain, i.e., it is non-invasive.

"The degree of sleep disturbance," said Clauw, "doesn't always correlate with symptoms. Yet, when patients have a lot of sleep loss, we know this tends to aggravate their symptoms. Also, many people have sleep disorders but they don't have FMS."

Just what is the role of sleep in FMS? We know that most patients have difficulty sleeping, but is it the cause of their symptoms, the result of other ongoing biochemical changes, an epiphenomenon, or some combination of all of these possibilities? Dr. Clauw's pilot study, which he candidly referred to as "data dredging". (i.e., finding out which symptoms might correlate with which variables), will attempt to answer these questions.

The Jaw Muscles

Symptom surveys reveal that there is a much higher prevalence of temporomandibular joint dysfunction (TMD) in fibromyalgia syndrome patients than what one would find in an otherwise healthy population. Few good research studies have been done on TMD, but many of them indicate that this jaw pain and dysfunction may be rooted in the muscles, especially the masseter muscle that stretches from the top cheek bone to the bottom jaw bone. Is the masseter muscle in a

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FIBROMYALGIA NETWORK is a quarterly publication (Jan., April, July & Oct.). Annual subscription fee is $15 in U.S.--$17 U.S. funds money order in Canada.

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spasm or hypersensitive to stimulus? Investigators working with Dr. Clauw will be placing surface EMG (electromyogram) probes on the masseter muscles of FMS patients to see if they can uncover anything out of the ordinary.

Gynecology-Related Problems

Pelvic pain is a common complaint of female FMS patients. Dr. Clauw recommends that FMS patients tread cautiously when a doctor suggests that they have a hysterectomy to alleviate the pain in their pelvic region. This symptom may have more to do with the body-wide FMS than an isolated gynecological problem, and if so, radical surgeries can prove disappointing. Vulvar vestibulitis and vulvodynia are diagnoses referred to in the gynecological literature to describe conditions of increased pain during sex, heightened pain sensitivity in the vulvar region (often worsened by stress) and a number of unexplained symptoms. Female patients in Dr. Clauw's study will undergo a full gynecological check-up to determine the prevalence of these ill-defined syndromes in FMS. When the study is completed, he is hoping to be able to answer the question: Are these conditions a result of the increased pain sensitivity that FMS patients experience in other body regions?

If you are a female FMS patient experiencing pelvic pain, mention it to your gynecologist. Dr. Clauw recommends that you inquire about whether your symptoms could be due to vulvar vestibulitis or vulvodynia. A gynecologist should be familiar with the two disorders, and he or she should understand that they are best treated by non-surgical interventions. In fact, the medications described in the literature to treat these conditions are quite similar to the drugs used for FMS.

Biochemical Changes

Serotonin and other major chemical transmitters in the body will be studied along with the concentration levels of the enzymes that metabolize them (particularly the liver enzymes responsible for breaking them down into various by-products for excretion). The enzyme system for metabolizing tryptophan will also be investigated. Tryptophan is the amino acid that is converted in the brain to serotonin and a contaminated batch of this compound is linked to the high incidence of EMS that occurred in 1989. The mechanism by which the contaminated tryptophan caused EMS is still unclear, but given that the symptoms of EMS and FMS are so similar, additional investigation into how this amino acid is metabolized in FMS patients may uncover an enzyme abnormality.

FMS: A Wide Open Frontier!

Although this pilot study will consume a lot of volunteer time on the part of the investigators (funding is scarce), the rewards could be significant. "Many diseases already have fairly effective treatments," claimed Dr. Clauw, "and finding one more abnormality probably wouldn't drastically alter the way patients with these well-researched diseases are treated. Uncovering two or three new revelations about FMS could make a substantial difference in the direction of research. There are few other medical conditions to research that could have such a significant impact on the treatment of a syndrome and the quality of life of those who suffer with it."

The EMS Story

Eosinophilia-myalgia syndrome (EMS) occurred in epidemic proportions in the summer and fall of 1989. A contaminated batch of L-tryptophan has been linked in the research studies to most of the cases of this condition, which produces incapacitating muscle pain (100%), skin problems often resembling the skin thickening of scleroderma (35%), fatigue (40-90%), dyspnea (30-80%), and elevated blood counts of eosinophil cells in a majority of the people afflicted with the syndrome. The Center for Disease Control surveyed 1500 cases of EMS during the epidemic and they were able to confirm that at least 2.5% resulted in EMS-related deaths. The potential contamination of any nutritive supplement should never be taken lightly.

Patients diagnosed as having EMS were usually hospitalized in the early stages of their disease due to the inflammation and other serious conditions this syndrome inflicted upon its victims. Years later (for those who survived), patients still have a significant amount of pain and debilitating symptoms. According to Dr. Clauw, many of them have the tender points of FMS and he uses the same treatments commonly prescribed for FMS.

The tryptophan-related EMS epidemic is a tragic story but there are lessons to be learned. Although you may think it is safer and healthier to take dietary supplements in place of prescription medicines, this is not necessarily the case. Most nutritive supplements are often mass-marked as "natural" when they are, in fact, the result of large-scale bacterial fermentation, and have undergone chemical and engineering processes in their production. "There is a good reason why the FDA took L-tryptophan off the market," said Dr. Clauw. "Unless there is a strong basis for why you must take nutritive supplements, don't take them!"

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(b) (6) [redacted]

LAST NAME—FIRST NAME—MIDDLE INITIAL: Hopkins Marshall A

SEX: M (M-MALE, F-FEMALE)

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PAY GRADE, UNIF SVCS: E 07

GRADE, CIVILIAN:

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STS YES: ● Notify supervisor ● Followup No. 1 after minimum 15 hours noise free

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Significant threshold shift ± 20dB or greater ☐ (1-No 2-Yes)

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SEX: M (M-MALE, F-FEMALE)

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STS NO: Counsel; Return to duty; Retest in 12 mo.; Validated by reviewer; Orig in health record; Send copy to registry

STS YES: Notify supervisor; Followup No.1 after minimum 15 hours noise free

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PROSPER JENNIFER R	92-1162 (b) (6) [redacted]	90130	SGP

TYPE	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year, month, day)
3 (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MA 728	MAICO	31411	91 / 10 / 01

FOLLOWUP NO. 1 [X] Minimum 15 hours noise free

AUDIOMETRIC DATA RE: ANSI S3.6

	LEFT 1.6606						RIGHT 3.333					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year 92, month 06, day 06)	0	5	20	30	30	30	05	10	30	35	40	25
REFERENCE AUDIOGRAM DATE (year 89, month 05, day 23)	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT (+=Poorer, -=Better)	/	-5	0	0	-5	/	/	-5	-10	-5	+5	/

1 (1-No, 2-Yes) Significant threshold shift (STS) 20dB or greater

STS NO: Counsel; Return to duty; Retest in 12 mo.; Validated by reviewer; Orig in health record; Send copy to registry

STS YES: Notify Supervisor; Cleared by medical reviewer before Followup No. 2

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL
PROSPER JENNIFER R.	92-1162 (b) (6) [redacted]	90130	SGP

TYPE	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year, month, day)
3 (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MA728	MAICO	31412	91 / 10 / 01

FOLLOWUP NO. 2 [ ] Minimum 40 hours noise free since Followup No. 1

AUDIOMETRIC DATA RE: ANSI S3.6

	LEFT						RIGHT					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year, month, day)												
REFERENCE AUDIOGRAM DATE (year, month, day)												
THRESHOLD SHIFT (+=Poorer, -=Better)	/					/	/					/

Significant threshold shift (STS) 20dB or greater [ ] (1-No, 2-Yes)

STS NO: Counsel; Return to duty; Retest in 12 mo.; Validated by reviewer; Orig in health record; Send copy to registry

STS YES: Refer to appro directive; Requires medical disposition; Validated by reviewer; Orig in health record; Send copy to appro registry

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	SSN	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL

TYPE	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year, month, day)
[ ] (1-Manual, 2-Self-recording (auto), 3-Microprocessor)				

REVIEWED & VALIDATED BY:	SERVICE DUTY OCCUPATION CODE	AUTOVON	(b) (6) [redacted]	OFC SYMBOL
Minnie L Sines	90690	692-4785		SGA

DD FORM 1 SEP 79 2216 REPLACES [redacted] M 1490, MAR 73, WHICH IS OBSOLETE.

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REFERENCE AUDIOGRAM

ZIP CODE/APO: 80911415000

DOD COMPONENT: [F] A–ARMY, N–NAVY, F–AIR FORCE, M–MARINE CORPS, 1–OTHER DOD ACTIVITY

SERVICE COMPONENT: [☑] R–REGULAR, V–RESERVE, G–NATIONAL GUARD, 1–OTHER

PERSONAL DATA

SSN: (b) (6) (b) (6) [redacted]

LAST NAME–FIRST NAME–MIDDLE INITIAL: Hopkins, Marshall H.

SEX: [M] M–MALE, F–FEMALE

PAY GRADE, UNIFORMED SERVICES: E07

GRADE, CIVILIAN:

SERVICE DUTY OCCUPATION CODE: A11470

MAILING ADDRESS OF ASSIGNMENT: 731 TAS/DOLM PAFB, CO 80914

LOCATION–PLACE OF WORK: 0063 FAFC 083A

MAJOR COMMAND: AFRES

DUTY PHONE: 7258

AUDIOMETRY

[ ]
1. REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS
2. REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES
3. REFERENCE RE–ESTABLISHED AFTER FOLLOWUP PROGRAM

HEARING THRESHOLD LEVELS OF TEST FREQUENCIES RE: ANSI S3.6

LEFT EAR						RIGHT EAR					
500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
10	0	20	25	20	35	15	5	30	30	25	20

DATE OF AUDIOGRAM (year/month/day): 91/09/07

DAY OF WEEK: [2] 1-SUN, 2-MON, 3-TUES, 4-WED, 5-THURS, 6-FRI, 7-SAT

MIL-TIME-DAY: 0800

HOURS SINCE LAST NOISE EXPOSURE: 15

ENT PROBLEM AT TIME OF TEST: [3] 1–NO, 2–YES, 3–UNKNOWN

EXAMINER

LAST NAME–FIRST NAME–MIDDLE INITIAL: Ross, Tracy J

TRAINING CERT NO.: 91-057

(b) (6) [redacted]

SERVICE DUTY OCCUPATION CODE: 90130

OFFICE SYMBOL: SGP

AUDIOMETER

TYPE: [3] 1-MANUAL, 2-SELF-RECORDING (automatic), 3-MICROPROCESSOR

MODEL: MA-728

MANUFACTURER: MAICO

SERIAL NUMBER: 31411

LAST ELECTROACOUSTIC CALIB DATE (year/month/day): 90/10/01

PERSONAL HEARING PROTECTION

TYPE USED: [ ] 1-SINGLE FLANGE (V51R), 2-TRIPLE FLANGE, 3-HAND FORMED EARPLUGS, 4-EAR CANAL CAPS, 5-NOISE MUFFS, 6-OTHER

EARPLUGS ISSUED: [ ] 1-NO, 2-YES, 3-PREVIOUSLY ISSUED

SIZE EARPLUGS (R / L): 1-XS, 2-S, 3-M, 4-L, 5-XL

DOUBLE PROTECTION USED: [ ] 1-NO, 2-YES

GLASSES WORN (including goggles): [ ] 1-NO, 2-YES

FREQUENCY GLASSES WORN: [ ] 1-ALWAYS, 2-SELDOM, 3-N/A

REMARKS

CONTENTS REVIEWED AND VALIDATED BY

NAME OF REVIEWER (Signature): [signature]

SERVICE DUTY OCCUPATION CODE: 90610

AUTOVON: 6924785

(b) (6) [redacted]

OFFICE SYMBOL: SGA

DD FORM 1 SEP 79 2215

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INSTRUCTIONS

(Refer to DOD Component Instructions for Additional Guidance)

PURPOSE: This form is used to record initial audiometric test results with which later audiometric test results can be compared (See DD Form 2216 on Hearing Conservation Data to record periodic test results).

GENERAL: Print all information in ink (DO NOT TYPE). Press firmly to ensure readable copies. If a mistake is made, do not attempt to erase or block out error. Start a new form.

1. Zip Code/APO - Enter five digit zip code/APO of installation where audiometric test is conducted.

2. DOD Component - Enter letter in box of major organizational subdivision of DOD to which military or civilian individual is assigned. Enter "1" if DOD component is not listed.

3. Service Component - Enter letter in box corresponding to primary subdivision of separate military service to which military is assigned (e.g., Regular (R) - standing military component of armed forces in peace and war; Reserve (V) - component of ready trained personnel for military service when needed, etc.) Enter "1" for all others including civilians.

4. Personal Data (of individual being tested).

a. SSN - Enter nine digit social security number. If foreign national, enter "FN" in middle two blocks.

b. Last Name, First Name, Middle Initial - Enter surname, given name and middle initial.

c. Sex - Enter "M" if male, "F" if female.

d. Pay Grade, Uniformed Services - For military personnel only, enter military personnel class and pay level serial number as follows:

011 - General of the Army/General of the Air Force/Fleet Admiral
010 - General/Admiral
009 - Lieutenant General/Vice Admiral
008 - Major General/Rear Admiral (Upper Half)
007 - Brigadier General/Rear Admiral (Lower Half)/Commodore
006 - Colonel/Captain (N)
005 - Lieutenant Colonel/Commander
004 - Major/Lieutenant Commander
003 - Captain (A,F,M)/Lieutenant (N)
002 - First Lieutenant/Lieutenant Junior Grade
001 - Second Lieutenant/Ensign

W04 - Chief Warrant Officer, W-4
W03 - Chief Warrant Officer, W-3
W02 - Chief Warrant Officer, W-2
W01 - Warrant Officer, W-1
C00 - Cadet/Midshipman

E09 - Sergeant Major/Chief Master Sergeant/Master Chief Petty Officer
E08 - Master Sergeant (A,M)/Senior Chief Petty Officer/Senior Master Sergeant/First Sergeant (A)
E07 - Sergeant First Class/Gunnery Sergeant/Chief Petty Officer/Master Sergeant (F) Platoon Sergeant (A) Specialist—7
E06 - Staff Sergeant/Technical Sergeant/Petty Officer First Class/Specialist—6
E05 - Sergeant (A,M)/Staff Sergeant/Petty Officer Second Class/Specialist—5
E04 - Corporal/Sergeant (F)/Petty Officer Third Class/Specialist—4
E03 - Private First Class (A)/Airman First Class/Lance Corporal/Seaman
E02 - Private (PV1)/Airman/Private First Class (M)/Seaman Apprentice
E01 - Private (PV2)/Private (M)/Airman Basic/Seaman Recruit

e. Grade, Civilian - Enter two letters and two numbers of Federal civilian employee rank (e.g., WG05, GS11, etc). Letter entries will be WG, WL, WS, WN, WD or GS. Number entries will be 01 to 18. Enter '1111' if other (e.g., foreign national, contractor, etc).

f. Service Duty Occupation Code - Enter code to which military member's duty occupation is assigned (e.g., MOS, SSI, NEC/Rating, NOBC or AFSC in which individual is actually working). Enter number code of civilian job series in which civilian member is actually working (e.g., for a carpenter enter "4607").

g. Mailing Address of Assignment - Enter unit, office symbol, and zip code/APO of individual's current duty assignment.

h. Location - Place of Work - Enter installation name, and specific location where individual is routinely exposed to hazardous noise including building number (e.g., Corpus Christi, NAS, Building 1571, Carpenter Shop).

i. Major Command - Enter authorized abbreviation of military major command to which individual is assigned.

j. Duty Phone - Enter individual's duty phone number.

5. Audiometry.

a. Enter number in box for reason to complete reference audiogram.

1 - individual has not yet worked in hazardous noise duty areas and no reference audiogram has been accomplished.

2 - individual has worked in hazardous noise duty areas but reference audiogram has been lost or was never accomplished.

3 - individual has worked in hazardous noise duty areas and requires revised reference audiogram following completion of hearing conservation followup program.

b. Hearing Threshold Levels of Test Frequencies - Enter threshold levels determined for this individual at six frequencies in each ear. Results are entered in 5dB increments (e.g., 0,5,10,15, etc). If responses exceed maximum limits of audiometer, enter that limit with plus sign (e.g., 110+).

c. Date of Audiogram - Enter year, month & day the audiometric test is given. If Jan 14, 1979, enter 79/01/14.

d. Day of Week - Enter number for day of the week test is given, (e.g., enter "2" for Monday, etc).

e. MIL-TIME-DAY - Enter four digits for hour of day (24-hour clock) this audiogram is completed (e.g., "0830", "1400", etc).

f. Hours Since Last Noise Exposure - Enter approximate number of hours prior to this audiogram that individual was last exposed to hazardous noise (e.g., steady noise 85 dBA or greater and/or impulse noise above 140 dBP).

g. ENT Problem at Time of Test - Enter "1" (no) if individual has no ear, nose or throat problems at time of test that could be causing a temporary (conductive) hearing loss (e.g., ear canal blocked with wax, ear infection, head cold, etc). Enter "2" (yes) if problem is present and "3" (unknown) if no way to determine presence of problem.

6. Examiner

a. Last Name, First Name, Middle Initial - Enter surname, given name and middle initial of individual operating audiometer.

b. Training Certification No. - Enter audiometric technician training certification number, if available.

c. SSN - Enter nine digit social security number.

d. Service Duty Occupation Code - Enter examiner's service duty occupation code (see item 4f).

e. Office Symbol - Enter complete office symbol where examiner is performing the test.

7. Audiometer

a. Type - Enter number for type of audiometer used (e.g., "1" for manual type).

b. Model - Enter manufacturer's designation.

c. Manufacturer - Enter name of company that produced audiometer.

d. Serial Number - Enter manufacturer's serial number.

e. Last Electroacoustic Calib Date - Enter year, month & day (see item 5c) of last electroacoustic determination of this audiometer's performance specifications.

8. Personal Hearing Protection

a. Type Used - Enter number for type of hearing protector that is routinely used by individual (e.g., "2" for triple flange, etc; if "6-other" explain under Remarks).

b. Earplugs Issued - Enter "1" if earplugs not issued at time of test and explain why not in remarks section. Enter "2" if earplugs issued and "3" if individual already has properly fitting earplugs in their possession at time of test.

c. Size Earplugs - Enter number for size of earplugs (single or triple flange) used for each ear (e.g., "4" for large in right ear (R) and "3" for medium or regular in the left ear (L)).

d. Double Protection Used - Enter "1" in box if earplugs are not routinely worn in combination with noise muffs or a noise-attenuating helmet. Enter "2" if they are routinely worn together.

e. Glasses Worn - Enter "1" in box if eye glasses or goggles are not routinely worn with noise (ear) muffs or noise attenuating helmet. Enter "2" if they are.

f. Frequency Glasses Worn - Indicate frequency of use in second box. Enter "3" (N/A) if "1" was entered in first box.

9. Remarks - Print explanations for any above items marked "other" and any information considered pertinent.

10. Contents Reviewed and Validated by:

a. Name of Reviewer - Enter name of individual reviewing audiogram (usually local surgeon or designated representative). Indorse with signature after ensuring that all items on original and duplicates are filled out legibly, correctly and completely.

b. Service Duty Occupation Code - See item 4f.

c. Autovon - Enter AUTOVON number of reviewer.

d. SSN - See item 4a.

e. Office Symbol - Enter reviewer's complete office symbol.

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Name Marshall Hopkins

Address 510 Victor Ave. Tel. Victor, CO. 80862

Analysis	Hand	Hand	Hand	X-Ray	Date 8-19-91
AT					
AX	Rt L				
3					HAND RT & LT TIC
4					
5					
6					
7	R				
1					
2					
3	Rt R				(1) BETWEEN STICKS RT - BURNS RT HAND THUMBS
4					
5					
6					
7					
8					
9	L				
10					
11					
12					
1					
2					
3	R L				
4					
5					
B					
A					
R. IL.					
L. IL.					
CCX.					

Name Marshall Hopkins

Referred By

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(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 – Use Blanket PAS - DD Form 2005)

EYEWEAR PRESCRIPTION

DATE: 23 May 89 | ORDER NUMBER: 89 2273-89

TO: (Optical Laboratory, including ZIP Code): FAMC

FROM: (Station & Location, including ZIP Code): [illegible]

NAME (Last, first, middle initial) | GRADE AND SERVICE NUMBER | SOCIAL SECURITY ACCOUNT NO. | AGE
Hopkins, Marshall H. | TSgt | [illegible] | 45

UNIT AND ADDRESS: 731 TAS (AFRES), Peterson AFB, CO 80914-5000 DX: 4264

[X] ACTIVE DUTY [ ] RETIRED [ ] USA [ ] USN [XX] USAF [ ] USPHS
[ ] OTHER (Specify) (AFRES) [ ] USCG [ ] OTHER (Specify) (AFRES)

PRESCRIPTION

SPECTACLES: [ ] MALE [ ] FEMALE (AVIATION SPECTACLES) [ ] N-15 [ ] COATED [X] CLEAR

OTHER: [ ] REPAIR [ ] PROTECTIVE MASK INSERT (Specify type and position)

INTERPUPILLARY-DISTANCE	EYE SIZE	BRIDGE SIZE	TEMPLE LENGTH AND STYLE	NUMBER PAIR(S)	CASE
DIST 62 NEAR 58	54	[illegible]	[illegible]	2	Y

SINGLE VISION

	SPHERE	CYLINDER	AXIS	DECENTRATION IN/OUT	PRISM	BASE
R	PL	sph				
L	+0.25	sph			31 MAY	

FOR LABORATORY USE ONLY: [ ] STANDARD [ ] NONSTANDARD [ ] FINISHED STOCK [ ] CYLINDER SURFACE [ ] SPHERE SURFACE [ ] SINGLE VISION [ ] BIFOCAL [ ] TRIFOCAL % INT. [ ] TINT [ ] OTHER

MULTIVISION

	ADD FOR NEAR	MULTIFOCAL INSTRUCTIONS: SEGMENT HT	DECENTRATION NEAR	TOTAL DECENTRATION
R	+1.00	38 OC		
L	+1.00	38 OC		

SPECIAL LENSES OR FRAME (Details and/or circumstances necessitating prior approval under current instructions and/or regulations. Only identical duplicate prescriptions and components should be ordered on the same DD Form 771.)

1) Rx's Status Verified IAW [illegible] 87-3 [illegible] Checked [illegible]
575 3740 545 6233
2) M45879 A5 604 67100
3) 2 Pairs Please

TYPED OR PRINTED NAME, GRADE, TITLE AND SIGNATURE OF OPTOMETRIST
MICHAEL [redacted] SSC 9256
FAFB, CO 80914

NAME, GRADE, TITLE, AND SIGNATURE OF OPTOMETRIST

DISTRIBUTION OF COPIES	CLINIC Record LABORA

DD FORM 1 SEP 68 771

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HEARING CONSERVATION DATA

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

ZIP CODE/APO: 80911 4111

DOD COMPONENT: [F] A-ARMY N-NAVY F-AIR FORCE M-MARINE CORPS 1-OTHER DOD ACTIVITY

SERVICE COMPONENT: [V] R-REGULAR V-RESERVE G-NATIONAL GUARD 1-OTHER

(b) (6)	LAST NAME–FIRST NAME–MIDDLE INITIAL	SEX	(b) (6)
	Hopkins, Marshall H	[M] M-MALE F-FEMALE	

PAY GRADE, UNIF SVCS	GRADE, CIVILIAN	SERVICE DUTY OCCUPATION CODE	MAILING ADDRESS OF ASSIGNMENT
E07		A11470	731 TAS / DOLM 80914

LOCATION–PLACE OF WORK	MAJOR COMMAND	DUTY PHONE
0063 FAFC 083A	AFRES	7258

AUDIOMETRY

PURPOSE [2] 1–90 DAY 2–ANNUAL 3–TERMINATION 4–OTHER

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE year 91 month 06 day 25	10	10	20	10	10	10	20	10	10	35	15	10
REFERENCE AUDIOGRAM DATE year 89 month 05 day 23	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT +=Poorer –=Better		-5	0	-20	-25			-5	-30	-5	-20	

[2] 1-No 2-Yes Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify supervisor ● Followup No.1 after minimum 15 hours noise free

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	(b) (6)	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL
Ross, Tracy J	91-057		90130	SGP

TYPE	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE year month day
[2] 1-Manual 2-Self-recording (auto) 3-Microprocessor	MA 728	MAICO	~~31411~~ 02349	90 10 01

FOLLOWUP NO.1 [√] Minimum 15 hours noise free

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE year 91 month 09 day 07	10	00	20	25	20	35	15	05	30	30	25	20
REFERENCE AUDIOGRAM DATE year 89 month 05 day 23	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT +=Poorer –=Better		-15	0	-5	-15			-10	-10	-10	-10	

[1] 1-No 2-Yes Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify Supervisor ● Cleared by medical reviewer before Followup No. 2

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	(b) (6)	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL
Ross Tracy J	91-057		90130	SGP

TYPE	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE year month day
[2] 1-Manual 2-Self-recording (auto) 3-Microprocessor	MA-728	MAICO	31411	90 10 01

FOLLOWUP NO. 2 [ ] Minimum 40 hours noise free since Followup No. 1

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE year month day												
REFERENCE AUDIOGRAM DATE year month day												
THRESHOLD SHIFT +=Poorer –=Better												

Significant threshold shift (STS) 20dB or greater [ ] 1-No 2-Yes

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Refer to appro directive ● Requires medical disposition ● Validated by reviewer ● Orig in health record ● Send copy to appro registry

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	SSN	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL

TYPE	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE year month day
[ ] 1-Manual 2-Self-recording (auto) 3-Microprocessor				

REVIEWED & VALIDATED BY:	SERVICE DUTY OCCUPATION CODE	AUTOVON	(b) (6)	OFC SYMBOL
Minnie L Jones	90670	692-4785		SGA

DD FORM 1 SEP 79 2216 REPLACES FORM 1490, MAR 73, WHICH IS OBSOLETE.

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ALL PURPOSE CHECKLIST

PAGE 1 OF 1 PAGES

TITLE SUBJECT, ACTIVITY/FUNCTIONAL AREA

Processing Checklist for Overseas TDY
21st Medical Group, Peterson, CO

OPR: SGPM

DATE:

ITEM NO (Assign a paragraph number to each item. Draw a horizontal line between each major paragraph.)	YES	NO	N/A

NAME: Hopkins RANK: _____ SSAN: _____

SQUADRON: _____ DUTY PHONE: _____ PRIMARY/ALTERNATE

COUNTRY: Saudi ESTIMATED DEPARTURE DATE: _____

1. Military Public Health - Room 240

a. Provide medical intelligence briefing on country. ✓
b. List any prophylaxis required. ✓
Tetanus Yellow Fever Chloroquine
Typhoid Flu
Polio ISG
c. Escorted to medical logistics for autoinjectors.
d. If TDY is less than 120 days, send patient to medical records for a copy of the AF Form 1480. If TDY is longer than 120 days, send patient to medical records for medical record.

2. Flight Medicine - Room 192

a. Medical record review for worldwide qualification IAW AFR 160-43. ✓
b. Provider review of prophylaxis required. ✓
"Reviewed and approved."

James D Collier

Provider Signature and Stamp JAMES D. COLLIER, MAJ, USAF, MC, FS

c. Provider issue of required AF Form 781, Multiple Item prescription. ✓
d. Operation Desert Storm Medical Checklist placed in medical record. ✓

3. Immunizations - Room 261

a. All required immunizations were provided.
b. The following immunizations were not provided with the reasoning below:

4. Dental Clinic

a. Has dental clearance exam been accomplished?
b. Date of exam _____.

5. Military Public Health - Room 240

AF FORM JUN 84 2519 PREVIOUS EDITION WILL BE USED

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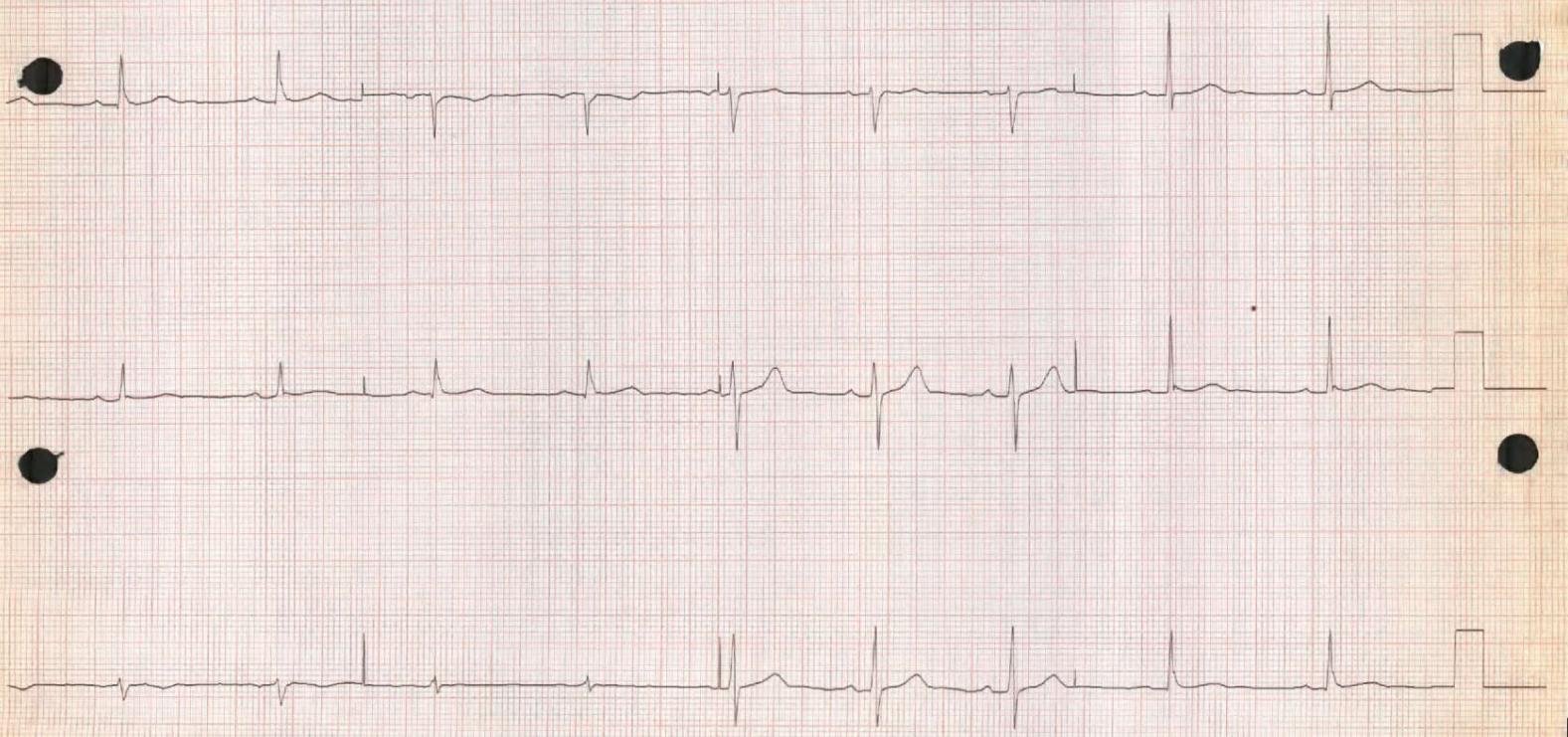
FAMC CAPOC REGION 5
HOPKINS, MARSHALL
ID 20 (b) (6) LOC CART78
48YR TALL-NML CAUC MALE
MED NONE
PC 01 IND 00 IN/NO-QC
ECG TAKEN 25-JUN-91 09:02
VENT. RATE 56 BPM
PR INTERVAL 200 MS
QRS DURATION 88 MS
QT/QTC 432/410 MS
P-R-T AXES 4 14 2

SINUS BRADYCARDIA
NONSPECIFIC T WAVE ABNORMALITY
ABNORMAL ECG

ROUTINE ECG
25-JUN-91 14:51

NO SIGNIFICANT CHANGE
FROM 1989 ECG

REVIEWED BY: JAMES B. MILLER, MC, USAFR



marquette electronics inc. | Jupiter, Florida U.S.A.

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HEARING CONSERVATION DATA

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

ZIP CODE/APO: 80911 4111

DOD COMPONENT: F (A-ARMY, N-NAVY, F-AIR FORCE, M-MARINE CORPS, 1-OTHER DOD ACTIVITY)

SERVICE COMPONENT: V (R-REGULAR, V-RESERVE, G-NATIONAL GUARD, 1-OTHER)

SSN	LAST NAME—FIRST NAME—MIDDLE INITIAL	SEX (M-MALE, F-FEMALE)	(b) (6)
(b) (6)	Hopkins, Marshall H	M	

PAY GRADE, UNIF SVCS	GRADE, CIVILIAN	SERVICE DUTY OCCUPATION CODE	MAILING ADDRESS OF ASSIGNMENT
E07		A11470	731 TAS / DOLM 80914

LOCATION—PLACE OF WORK	MAJOR COMMAND	DUTY PHONE
0063 FAFC 083A	AFRES	7258

AUDIOMETRY

PURPOSE: 2 (1—90 DAY, 2—ANNUAL, 3—TERMINATION, 4—OTHER)

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day) 91 06 25	10	10	20	10	10	10	20	10	10	35	15	10
REFERENCE AUDIOGRAM DATE 89 05 23	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT (+=Poorer, -=Better)		-5	0	-20	-25			-5	-30	-5	-20	

2 (1-No, 2-Yes) Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify supervisor ● Followup No.1 after minimum 15 hours noise free

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL
Ross, Tracy, J	91-057 (b) (6)	90130	SGP

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year month day)
2	MA 728	MAICO	~~31411~~ 02379	90 10 01

FOLLOWUP NO.1 [√] Minimum 15 hours noise free

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day) 91 09 07	10	00	20	25	20	35	15	05	30	30	25	20
REFERENCE AUDIOGRAM DATE 89 05 23	15	15	20	30	35	15	10	15	40	40	35	30
THRESHOLD SHIFT (+=Poorer, -=Better)		-15	0	-5	-15			-10	-10	-10	-10	

1 (1-No, 2-Yes) Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify Supervisor ● Cleared by medical reviewer before Followup No. 2

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO.	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL
Ross Tracy J	91-057 (b) (6)	90130	SGP

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year month day)
2	MA-728	MAICO	31411	90 10 01

FOLLOWUP NO. 2 [ ] Minimum 40 hours noise free since Followup No. 1

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day)												
REFERENCE AUDIOGRAM DATE (year month day)												
THRESHOLD SHIFT (+=Poorer, -=Better)												

Significant threshold shift (STS) 20dB or greater [ ] 1-No 2-Yes

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Refer to appro directive ● Requires medical disposition ● Validated by reviewer ● Orig in health record ● Send copy to appro registry

NAME OF EXAMINER (Last, first, MI)	TRAINING CERT NO. SSN	SERVICE DUTY OCCUPATION CODE	OFC SYMBOL

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor)	MODEL	MANUFACTURER	SERIAL NO.	LAST ELECTROACOUSTIC CALIB DATE (year month day)

REVIEWED & VALIDATED BY:	SERVICE DUTY OCCUPATION CODE	AUTOVON	(b) (6)	OFC SYMBOL
Minnie L. Green	90670	692-4785		SGA

DD FORM 1 SEP 79 2216 REPLACES FORM 1490, MAR 75, WHICH IS OBSOLETE.

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KAELIN CHIROPRACTIC CLINIC
2641 Rogers Avenue
Fort Smith, Arkansas 72901
Phone 782-4361

(X) Dr. C. Kaelin
( )
( )

DATE 10-31-91 | INV.

PATIENT'S NAME Marshall Hopkins

DIAGNOSTIC CODE (S) ICD9CM 839.20 723.3 | NEW DIAGNOSIS

PROFESSIONAL SERVICES DESCRIPTION		PROFESSIONAL SERVICES DESCRIPTION		PROFESSIONAL SERVICES DESCRIPTION	
1. Brief Examination 90000	46.00	20. Periodic Examination 90088	32.00	39. Chest, PA Lat 71020	66.00
2. Limited Examination 90010	54.00	21. Youth Examination 90763	24.00	40. Chest, PA 71010	48.00
3. Chiropractic Exam 90015	78.00	22. Infant Examination 90764	22.00	41. Elbow, AP Lat 73070	66.00
4. Comprehensive Exam 90020	175.00	23. Spinal Check 90751	22.00	42. Wrist, AP Lat 73100	66.00
5. Consultation 90030	17.50	24. Muscle Testing 95831	29.00	43. Wrist, Complete w/Hand 73130	66.00
6. Chiropractic Ov 90040	31.00	25. Range of Motion Study 95851	26.00	44. Knee, AP Lat 73560	66.00
7. Extended Ov 90050	35.00	26. Detention Care 99040	69.00	45. Ankle, Complete 73610	66.00
8. Prolonged Ov 90060	47.00	27. Physical medicine Massage 97124	14.50	46. Foot, Complete 73630	66.00
9. Medicare Ov A2000 (Sub Level ____ ____) 97300	20.00	28. Other Procedure 96499		47. Kinesiology 97740	32.00
10. Home Care Services 90110		29. Consultation & Report 90620	65.00	48. Blood Work 99010-90	$
11. Chiropractic Re-Exam 90070	84.00	30. Full Spine, AP Lat 72010 / 72020	105.00 / 59.00	49. Urinalysis 81000-90	$ 10.50
12. Comprehensive Re-Exam 90080	140.00	31. Cervical, AP Lat 72040	69.00	50. Phonocardiograph 93201	$40.00
13. Manipulation 97260	24.00	32. Cervical Comp., Davis 72052	140.00	51. Rib Support 99070	$
14. Unattended Therapy Intersegmental Traction 97012	15.00	33. Thoracic, 2 Views 72070	66.00	52. Cervical Collar 99070	$
15. Unattended / electrical stimulation 97014	14.50	34. Thoracic Lumbar, AP Lat 72080	66.00	53. Lumbosacral Support 99070	$
16. Cryotherapy/Hot Pack 97010	12.50	35. Lumbosacral Complete 72110	110.00	54. Other Appliance, Etc Vitamins 99070	$
17. Attended Therapy Ultra Sound 97126	14.50	36. Lumbosacral, 2 Views 72100	78.00	55. Other Appliance, Etc 99070	$
18. Attended Therapy E.M.S 97118	20.00	37. Pelvis Complete 72190	67.00	56. Other Appliance, Etc 99070	$
19. Other Service diathermy Interferential or 97024	15.50	38. Shoulder Series 73030	67.00	57. Other Reports & Service 99080	$

REMARKS: _____

TODAY'S CHARGES $ 24.00

TODAY'S PAYMENTS $ Paid

RECEIVED ON ACCOUNT $ _____

☐ CASH ☐ CHECK ☐ INS BY P.K.

☐ Comp Exam Today ☐ Comp X-rays Today
☐ Comp Exam Next Visit ☐ Comp X-rays Next Visit
☐ Report of Findings ☐ Review X-rays ☐ Blood Work Next Visit

ASSIGNMENT AND RELEASE

I hereby authorize my insurance benefits to be paid directly to the KAELIN CHIROPRACTIC CLINIC *and acknowledge that I am financially responsible for* NON-COVERED SERVICES. *I hereby authorize my physician to release any information to support my claim.*

Signed _____ *Date* _____

YOUR NEXT APPOINTMENT WILL BE

3X 2X 1W 2W 3W 4W

DATE _____ TIME _____ AM PM

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STATEMENT OF PHYSICAL CONDITIONING *(Members age 35 and older)*

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

AUTHORITY: 10 USC 8012 and EO 9397
PRINCIPAL PURPOSES: To standardize the recording of information in support of the USAF Physical Fitness and Weight Control Program.
ROUTINE USES: A source of information and data on individual physical conditioning habits and preferences for use in the evaluation and studies of physical fitness criteria and requirements.
DISCLOSURE IS MANDATORY: Failure to provide the requested information could result in disciplinary action. Disclosure of the Social Security Number is necessary to make positive identification of you and your records.

NAME *(Last, First, Middle Initial)*	(b) (6)
Hopkins Marshall H	
GRADE: Sgt	UNIT OF ASSIGNMENT: 731 TAS

Above member reported for annual physical fitness testing on this date. Prior to testing, member stated the following:

a. I [X] have [ ] have not been participating in a regular physical conditioning program.

b. Self-conditioning program consists of (i.e., jogging, swimming, handball, cycling, etc.) Shovelling Coal

DATE	SIGNATURE AND GRADE OF UNIT PHYSICAL FITNESS AND WEIGHT CONTROL MONITOR
Jul 83	E-7

AF FORM NOV 79 842

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DEPARTMENT OF THE AIR FORCE
USAF CLINIC (SAC)
PETERSON AIR FORCE BASE, CO 80914

7 JAN 1983

REPLY TO ATTN OF: SGP

SUBJECT: Report of Medical Examination - Sgt Marshall Hopkins, (b) (6)

TO: HQ AFRES/SG
Robins AFB, GA 31098

The report of medical examiantion is forwarded for your review and certification for Initial Flying Class III.

Charles R Adkison

CHARLES R. ADKISON, MSgt, USAF
NCOIC, Aeromedical Services

MEDICAL CERTIFICATE (AFRES)

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 Use Blanket PAS DD Form 2005)

I am ☐ *am not* ☒ *currently receiving a VA disability.* _____ %

☐ *I certify that my medical condition has undergone a change during the past year. PHYSICIAN'S REPORT REQUIRED and schedule appointment at medical facility.*

☐ *I believe I am physically disqualified for worldwide duty because of changes in my physical condition which may disqualify me for retention as a reservist and for active military service. PHYSICIAN'S REPORT REQUIRED and schedule appointment at medical facility.*

☒ *I certify that to the best of my knowledge I have no medical defect, disease, or disability which would disqualify me for full military duty.*

I certify that the above information is true and correct to the best of my knowledge.

DATE	SIGNATURE
20 June 84	Marshall H. Hopkins
(b) (6)	TYPED OR PRINTED NAME: Hopkins Marshall H.

AF JUL 82 895 (b) (6)

U.S. GOVERNMENT PRINTING OFFICE: 1982-360-979/5867

Peace . . . . is our Profession

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KAELIN CHIROPRACTIC CLINIC
2641 Rogers Avenue
Fort Smith, Arkansas 72901
Phone 782-4361

(X) Dr. C. Kaelin
( )
( )

DATE 8-19-91 | INV.

PATIENT'S NAME Marshall Hopkins

DIAGNOSTIC CODE (S) ICD9CM: 723.3 839.02

NEW DIAGNOSIS

PROFESSIONAL SERVICES DESCRIPTION		PROFESSIONAL SERVICES DESCRIPTION		PROFESSIONAL SERVICES DESCRIPTION	
1. Brief Examination 90000	$ 44.00	20. Periodic Examination 90088	$ 29.00	39. Chest, PA Lat 71020	$ 46.00
2. Limited Examination 90010	$ 52.00	21. Youth Examination 90763	$ 22.00	40. Chest, PA 71010	$ 48.00
3. Chiropractic Exam 90015	$ 75.00	22. Infant Examination 90764	$ 20.00	41. Elbow, AP Lat 73070	$ 63.00
4. Comprehensive Exam 90020	$170.00	23. Spinal Check 90751	$ 20.00	42. Wrist, AP Lat 73100	$ 63.00
5. Consultation 90030	$ 17.00	24. Muscle Testing 95831	$ 22.00	43. Wrist, Complete w/Hand 73130	$ 63.00
6. Chiropractic Ov 90040	$ 30.00	25. Range of Motion Study 95851	$ 24.00	44. Knee, AP Lat 73560	$ 63.00
7. Extended Ov 90050	$ 34.00	26. Detention Care 99040	$ 65.00	45. Ankle, Complete 73610	$ 63.00
8. Prolonged Ov 90060	$ 45.00	27. Acupuncture 96300	$ 20.00	46. Foot, Complete 73630	$ 63.00
9. Medicare Ov (Sub Level ___ ___) 97300	$ 20.00	28. Other Procedure 96499	$	47. Kinesiology 97740	$ 30.00
10. Home Care Services 90110		29. Consultation & Report 90620	$ 65.00	48. Blood Work 80018 85022 99010-90	$
11. Chiropractic Re-Exam 90070	$ 81.00	30. Full Spine, AP Lat 72010	$100.00	49. Urinalysis 81000-90	$ 14.00
		Full Spine AP 72020	$ 57.00		
12. Comprehensive Re-Exam 90080	$135.00	31. Cervical, AP Lat 72040	$ 66.00	50. Phonocardiograph 93201	$40.00
13. Manipulation 97260	$ 24.00	32. Cervical Comp., Davis 72052	$135.00	51. Rib Support 99070	$
14. Unattended Therapy Intersegmental Traction 97000	$ 14.00	33. Thoracic, 2 Views 72070	$ 63.00	52. Cervical Collar 99070	$
15. Add'l. Unatt'd. Therapy 97001	$ 10.00	34. Thoracic Lumbar, AP Lat 72080	$ 63.00	53. Lumbosacral Support 99070	$
16. Cryotherapy/Hot Pack 97010	$ 12.00	35. Lumbosacral Complete 72110	$105.00	54. Other Appliance, Etc Vitamins 99070	$
17. Attended Therapy Ultra Sound 97100	$ 15.00	36. Lumbosacral, 2 Views 72100	$ 72.00	55. Other Appliance, Etc 99070	$
18. Attended Therapy E.M.S 97014	$ 14.00	37. Pelvis Complete 72190	$ 63.00	56. Other Appliance, Etc 99070	$
19. Other Service 97024 Interferential or Diathermy	$ 15.00	38. Shoulder Series 73030	$ 63.00	57. Other Reports & Service 99080	$

REMARKS:

TODAY'S CHARGES $ 24.00

TODAY'S PAYMENTS $ Paid

RECEIVED ON ACCOUNT $

☐ CASH ☐ CHECK ☐ INS BY P.K.

☐ Comp Exam Today ☐ Comp X-rays Today
☐ Comp Exam Next Visit ☐ Comp X-rays Next Visit
☐ Report of Findings ☐ Review X-rays ☐ Blood Work Next Visit

ASSIGNMENT AND RELEASE

I hereby authorize my insurance benefits to be paid directly to the KAELIN CHIROPRACTIC CLINIC and acknowledge that I am financially responsible for NON-COVERED SERVICES. I hereby authorize my physician to release any information to support my claim.

Signed _____ Date _____

YOUR NEXT APPOINTMENT WILL BE

3X 2X 1W 2W 3W 4W

DATE _____ TIME _____ AM PM

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(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

EYEWEAR PRESCRIPTION

DATE: 13 July 94

ORDER NUMBER: 3[illegible]

TO: (Optical Laboratory, including ZIP Code): FAMC

FROM: (Station & Location, including ZIP Code): 80914-5300

NAME (Last, first, middle initial) GRADE AND SERVICE NUMBER/S: HOPKINS, MARSHALL E7 (b) (6) [redacted]

AGE:

UNIT AND ADDRESS:

☑ ACTIVE DUTY ☐ RETIRED ☐ USA ☐ USN ☑ USAF ☐ USPHS ☐ OTHER (Specify) ☐ USCG ☐ OTHER (Specify)

PRESCRIPTION

SPECTACLES: ☑ MALE ☐ FEMALE AVIATION SPECTACLES ☑ N-15 ☐ COATED ☐ CLEAR

OTHER: ☐ REPAIR ☐ PROTECTIVE MASK INSERT (Specify type and position)

INTERPUPILLARY DIS DISTANCE	NEAR	EYE SIZE	BRIDGE SIZE	TEMPLE LENGTH AND STYLE	NUMBER PAIR(S)	CASE
66	63	AIR CREW			2	2

SINGLE VISION

	SPHERE	CYLINDER	AXIS	DECENTRATION IN/OUT	PRISM	BASE
R	PL	DS				
L	PL	DS				

FOR LABORATORY USE ONLY: ☐ STANDARD ☐ NONSTANDARD ☐ FINISHED STOCK ☐ CYLINDER SURFACE ☐ SPHERE SURFACE ☐ SINGLE VISION ☐ BIFOCAL ☐ TRIFOCAL % INT ☐ TINT ☐ OTHER

MULTIVISION

	ADD FOR NEAR	MULTIFOCAL INSTRUCTIONS: SEGMENT HT	MULTIFOCAL INSTRUCTIONS: DECENTRATION NEAR	TOTAL DECENTRATION
R	+1.50	20		
L	+1.50	20		

LENSES ARE CHEMICALLY TREATED AND TESTED INSPECTED

SPECIAL LENSES OR FRAME (Details and/or circumstances necessitating prior approval under current instructions and/or regulations. Only identical duplicate prescriptions and components should be ordered on the same DD Form 771.)

ELIGIBILITY VERIFIED
COMPLETE CABLES TEMPLES

CHAPMAN, JAMES C. MAJ.

TYPED OR PRINTED NAME, GRADE, TITLE AND SIGNATURE OF APPROVING AUTHORITY: MARTINSEN, GARY L. CAPT

TYPED OR PRINTED NAME, GRADE, TITLE AND SIGNATURE OF PRESCRIBING OFFICER: MARTINSEN, MELINDA R. CAPT

DISTRIBUTION OF COPIES: CLINIC Originating Prescription - Removes Copy 3 for insertion in patient's Health Record (DD Form 722). Sends Copies 1 and 2 to designated optical laboratory. LABORATORY - Retains Copy 1 for file. Returns Copy 2 with completed spectacles.

DD FORM 1 SEP 68 771

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(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

EYEWEAR PRESCRIPTION

DATE: 15 July 91

ORDER NUMBER: 3624-91

USAF CLINIC/SGHCO

TO: (Optical Laboratory, including ZIP Code): FAMC

FROM: (Station & Location, including ZIP Code): PETERSON AFB, CO 80914-5300

NAME (Last, first, middle initial) GRADE AND SERVICE NUMBER/SOC: HOPKINS, MARSHALL E7 (b) (6) [redacted] 5A1991

AGE:

UNIT AND ADDRESS: 689-2637 out of town until

☑ ACTIVE DUTY ☐ RETIRED ☐ USA ☐ USN ☑ USAF ☐ USPHS

☐ OTHER (Specify) ☐ USCG ☐ OTHER (Specify) ISPR

PRESCRIPTION

SPECTACLES: ☑ MALE ☐ FEMALE AVIATION SPECTACLES ☐ N-15 ☐ COATED ☑ CLEAR

OTHER: ☐ REPAIR ☐ PROTECTIVE MASK INSERT (Specify type and position)

INTERPUPILLARY DISTANCE	EYE SIZE	BRIDGE SIZE	TEMPLE LENGTH AND STYLE	NUMBER PAIR(S)	CASE
66/63 NEAR		AIRCREW		2	2

SINGLE VISION

	SPHERE	CYLINDER	AXIS	DECENTRATION IN/OUT	PRISM	BASE
R	PL	DS				
L	PL	DS				

FOR LABORATORY USE ONLY: ☐ STANDARD ☐ NONSTANDARD ☐ FINISHED STOCK ☐ CYLINDER SURFACE ☐ SPHERE SURFACE ☐ SINGLE VISION ☐ BIFOCAL ☐ TRIFOCAL % INT ☐ TINT ☐ OTHER

MULTIVISION

	ADD FOR NEAR	MULTIFOCAL INSTRUCTIONS: SEGMENT HT	MULTIFOCAL INSTRUCTIONS: DECENTRATION NEAR	TOTAL DECENTRATION
R	+1.50	20		
L	+1.50	20		

SPECIAL LENSES OR FRAME (Details and/or circumstances necessitating prior approval under current instructions and/or regulations. Only identical duplicate presecriptions and components should be ordered on the same DD Form 771.)

ELIGIBILITY VERIFIED

COMFORT CABLES TEMPLES

TYPED OR PRINTED NAME, GRADE, TITLE AND SIGNATURE OF APPROVING AUTHORITY: CHAPMAN, JAMES C. MAJ.

TYPED OR PRINTED NAME, GRADE, TITLE AND SIGNATURE OF PRESCRIBING OFFICER: MARTINSEN, GARY L. CAPT

DISTRIBUTION OF COPIES: CLINIC Originating Prescription - Removes Copy 3 for insertion in patient's Health Record (DD Form 722). Sends Copies 1 and 2 to designated optical laboratory. LABORATORY - Retains Copy 1 for file. Returns Copy 2 with completed spectacles.

DD FORM 1 SEP 68 771

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HIV ANTIBODY TESTING ACKNOWLEDGEMENT

I acknowledge that I have been informed by verbal briefing and by the contents of this document of the following:

a. My medical examination includes a blood test for the presence of antibodies to the Human Immunodeficiency Virus, also called HIV.

b. HIV is believed to be the cause of the Acquired Immune Deficiency Syndrome, also called AIDS.

c. The HIV antibody test is not a test for AIDS. A positive test does not mean that a person has AIDS. A positive test only means that an individual has had contact with the HIV and has built antibodies to the virus in his or her blood.

d. Positive tests will be repeated and also rechecked by a separate and different laboratory test which will confirm the positive result.

e. A negative test means that the individual has no detectable antibodies to the HIV. It is not a guarantee against the possibility of having a positive test at some later date.

f. Under Department of Defense policy, Air Force Reserve members with a positive HIV test will be subject to assignment to the standby reserve if they cannot be utilized in the selected reserve. Each case will be individually reviewed by the commander before a decision is made to transfer the member to the standby reserve.

g. Members with a positive HIV antibody test with evidence of clinical illness or other in indication of immunologic or neurologic impairment may not be retained in the selected reserve.

h. Results of the test, either positive or negative, will be recorded in my medical record. In the event of a positive test, a reserve member will have the option of requesting that a second sample be taken to confirm the results of the first test.

i. In the event of a positive test, the CBPO will be notified of any duty restrictions and the unit commander will be notified of a positive test result to include any information regarding risk factors of the member concerned.

j. Information obtained from a service member during a medical interview or assessment may not be used as a basis for disciplinary action against an individual. The limitations on the use of information obtained from a member do not apply to the introduction of evidence for impeachment or rebuttal purposes in any proceeding in which the evidence of drug abuse or relevant sexual activity (or lack thereof) has been first introduced by the service member or of disciplinary or other action based on independently derived evidence; or, nonadverse personnel actions such as reassignment, disqualification (temporary or permanent) from a personnel reliability program, denial, suspension, or revocation of a security clearance, suspension of termination of access to classified information, and, removal (temporary or permanent) from flight status or other duties requiring a high degree of stability or alertness such as explosive ordnance disposal or deep-sea diving.

SG FL-22
Sep 1986

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k. If my HIV antibody test is positive, I may, if I wish, apply for separation through my commander under AFR 35-41, Vol III, Chapter 5, para 5-25(f). Officers may apply under AFR 35-41, Vol III, Chapter 4, Section B, para 4-9(f).

l. If my HIV antibody test demonstrates the presence of the HIV antibody in my blood, I will be informed by registered mail with a request for return to the clinic to discuss previous laboratory test results. If there is no response to the first letter, a second letter will be forwarded via registered mail informing me of the test results and requesting that I report to the medical facility to discuss the results of the HIV antibody test.

m. Failure or refusal to comply with the HIV antibody test requirement will render me disqualified for worldwide duty and I will be processed for discharge in accordance with current directives.

I have read and acknowledge the contents of the testing acknowledgement.

Marshall H Hopkins 25 Jun 91
Signature Date

Print Name: Hopkins Marshall H

(b) (6) [redacted]

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RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY - DENTAL

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use blanket PAS - DD Form 2005)

TO:	FROM:	DATE/TIME OF TREATMENT
FSO	Dental	1430 - 19Apr91.

NAME (Last, First, Middle Initial)	GRADE	(b) (6) [redacted]	GANIZATION
Hopkins, Marshall H.			302.

DIAGNOSIS	TREATMENT
Extraction	Extraction

MEDICATION ADMINISTERED	MEDICATION PRESCRIBED
Local anesthesia: ☒ YES ☐ NO *Other:*	Motrin 800mg x 12 tabs.

✓	RECOMMEND NO PARTICIPATION IN FLYING OR SPECIAL OPERATIONAL DUTY FOR 72 HOURS OR _____ DAYS.
	PATIENT TO RETURN TO CLINIC FOR FOLLOW-UP EVALUATION ON _____.
	RECOMMEND RETURN TO FLYING OR SPECIAL OPERATIONAL DUTY.
	FSO NOTIFIED BY PHONE

TYPED OR PRINTED NAME AND GRADE OF DENTAL OFFICER	SIGNATURE	DATE
John M. Leib CAPT USAF (DC)	[signature]	19Apr91

I CERTIFY that I understand the above recommendation.

SIGNATURE OF PATIENT	DATE

AF Form1418, DEC 88 *PREVIOUS EDITIONS ARE OBSOLETE* Copy 1 - Flight Medicine via Member

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MEDICAL CERTIFICATE (AFRES)

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 Use Blanket PAS DD Form 2005)

I am ☐ *am not* ☒ *currently receiving a VA disability.* _____ %

☐ *I certify that my medical condition has undergone a change during the past year.* ***PHYSICIAN'S REPORT REQUIRED*** *and schedule appointment at medical facility.*

☐ *I believe I am physically disqualified for worldwide duty because of changes in my physical condition which may disqualify me for retention as a reservist and for active military service.* ***PHYSICIAN'S REPORT REQUIRED*** *and schedule appointment at medical facility.*

☒ *I certify that to the best of my knowledge I have no medical defect, disease, or disability which would disqualify me for full military duty.*

I certify that the above information is true and correct to the best of my knowledge.

DATE	SIGNATURE
17 October 1990	Marshall H. Hopkins
SSAN (b) (6) [redacted]	TYPED OR PRINTED NAME Marshall H. Hopkins

AF FORM JUL 82 895

☆ U.S.G.P.O.: 1986- 490-962/51451

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AERONAUTICAL ORDER (PA)
AVIATION SERVICE

CHANGE TERMINATION DATE

ENTITLEMENT: HDIP
IS NOT AFFECTED

NAME: HOPKINS MARSHALL H USAFR (NON-EAD) GRADE: MSG
(b) (6)
CREW POSITION: LOADMASTER
ORGANIZATION: 0731 TAS/DOL
LOCATION: PETERSON AFB CO 80914-5000

REQUIRED TO PERFORM FREQUENT AND REGULAR FLIGHTS: YES
REQUIRED TO PERFORM PARACHUTE DUTIES : NO

ASC: 9D

REMARKS: DURING AN AUDIT OF THE DATA BASE AND TELECOM WITH TOM LEAVELL, 302 CCS/DPMUX, ON 30 OCT 90, IT WAS FOUND THAT THE MEMBERS DATE OF SEPARATION CHANGED TO 16 OCT 96.

EFFECTIVE DATE: 04 MAR 83 TERMINATION DATE: 16 OCT 96

AUTHORITY: AFR 60-13 PARA 1-6C AND
AFR 60-1 PARA 2-14A
REQUEST DATE: 31 OCT 90

SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL:
FOR THE COMMANDER

DEPARTMENT OF THE AIR FORCE
3D SSW (AFSPACECOM)
PETERSON AFB CO 80914-5000

Willie J. Harrison
WILLIE J. HARRISON, MSGT, USAF
CHIEF, FLIGHT MANAGEMENT OFFICER

DISTRIBUTION: D PLUS J - A

AERONAUTICAL ORDER NUMBER: 0030

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AERONAUTICAL ORDER (PA)
AIRCRAFT ASSIGNMENT

THE FOLLOWING INDIVIDUAL IS ASSIGNED TO FLY THE FOLLOWING AIRCRAFT/SIMULATOR. ONLY FLYING TIME LOGGED IN ACCORDANCE WITH AFR 60-1 IS CREDITABLE FOR INCENTIV PAY ENTITLEMENT. THIS ORDER SUPERSEDES ALL OTHER AIRCRAFT ASSIGNMENT ORDERS.

NAME: HOPKINS MARSHALL H USAFR (NON-EAD) GRADE: TSG (b) (6)
ORGANIZATION: 0731 TAS/DOL DAFSC: A11470
LOCATION: PETERSON AFB CO 80914-5000

MDS	SEQ	DP	MDS	SEQ	DP	MDS	SEQ	DP
C130B (PRIMARY)	L							

REMARKS: UPON REVIEW OF MEMBERS FLIGHT RECORD FOUND MEMBERS AIRCRAFT ASSIGNMEN ORDER EFFECTIVE 15 JAN 86 MISSING. ADMINISTRATIVE OVERSIGHT.

EFFECTIVE DATE: 15 JAN 86 TERMINATION DATE: N/A

AUTHORITY: AFR 60-1 PARAGRAPH 2-14A REQUEST DATE: 28 MAR 90

SIGNATURE ELEMENT OF ORDERS AUTHENTICATION OFFICIAL:
FOR THE COMMANDER

(IAW AFR 10-7, TABLE 4-2, NOT REQUIRED)

DEPARTMENT OF THE AIR FORCE
3D SSW (AFSPACECOM)
PETERSON AFB CO 80914-5000

WILLIE J. HARRISON, MSGT, USAF
CHIEF, FLIGHT MANAGEMENT OFFICER

DISTRIBUTION: B PLUS J - A

AERONAUTICAL ORDER: 0273

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HTLV-III ANTIBODY TESTING ACKNOWLEDGEMENT

I acknowledge that I have been informed by verbal briefing and by the contents of this document of the following:

a. My medical examination includes a blood test for the presence of antibodies to the Human T-Cell Lymphotropic Virus, Type III, also called HTLV-III.

b. HTLV-III virus is believed to be the cause of the acquired immune deficiency syndrome, also called AIDS.

c. The HTLV-III antibody test is not a test for AIDS. A positive test does not mean that a person has AIDS. A positive test only means that an individual has had contact with the HTLV-III virus and has built antibodies to the virus in his or her blood.

d. Positive tests will be repeated and also rechecked by a separate and different laboratory test which will confirm the positive result.

e. A negative test means that the individual has no detectable antibodies to the HTLV-III virus. It is not a guarantee against the possibility of having a positive test at some later date.

f. Current Air Force policy precludes discharge based solely on the results of a positive test unless there is evidence of deteriorating clinical illness or immunologic deficiency. Discovery of deteriorating clinical illness or immunologic deficiency will render a member subject to discharge from the USAFR.

g. If my HTLV-III antibody test is positive, I understand that I will be restricted from reserve participation until a determination of my fitness to remain in the USAFR can be made by Air Force medical authorities.

h. Members (officers and airmen) may also be subject to administrative discharge under honorable conditions, if during my part of the epidemiological assessment, they have admitted to illegal drug use or to consensual sexual misconduct, or they fail to comply with preventive medicine counselling. This policy will not preclude disciplinary or other administrative action based upon evidence derived independently of the HTLV-III epidemiological assessment process or upon evidence, however derived, of non consensual sexual misconduct.

i. Current Air Force policy precludes deployment to an overseas location of individuals with a positive HTLV-III antibody test even though they may be found to be clinically well and found fit for retention in the Air Force Reserve.

SG FL-22
Sep 1986

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34

j. If my HTLV-III antibody test is positive and I am found to be clinically well and found physically fit for retention in the Air Force Reserve, I may, if I wish, apply for separation through my commander under AFR 35-41, Volume III, Chapter 5, Paragraph 5-25(f).

k. Results of the test, either positive or negative, will be recorded in my medical record. In the event of a positive test, CBPO will be notified of any duty restructions and the unit commander will also be notified of the results. The unit commander will be notified of a positive test result to include any information requiring further administrative action such as admission of illegal drug use, consensual sexual misconduct or failure to comply with preventive medicine counselling.

l. If my HTLV-III antibody test demonstrates the presence of the HTLV-III antibody in my blood, I will be informed by registered mail with a request for return to the clinic to discuss previous laboratory test results. If there is no response to the first letter, a second letter will be forwarded via registered mail informing me of the test results and requesting that I report to the medical facility to discuss the results of the HTLV-III antibody test.

m. Failure or refusal to comply with the HTLV-III test requirement will render me disqualified for worldwide duty and I will be processed for discharge in accordance with AFR 160-43. The statement below indicates my willingness to take the test or my refusal to comply with the test requirement. I've indicated my compliance or refusal by checking the appropriate box and placing my signature below.

☒ I have read and acknowledge the contents of the testing acknowledgement and I agree to undergo HTLV-III antibody testing.

Marshall H. Hopkins 891021
Signature Date

Print Name: Hopkins Marshall Hugh
Last First Middle

(b) (6) [redacted]

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AERONAUTICAL ORDER (PA)
AVIATION SERVICE

CHANGE TERMINATION DATE

ENTITLEMENT: HDIP
IS NOT AFFECTED

NAME: HOPKINS MARSHALL H USAFR (NON-EAD) GRADE: TSG
(b)(6)
CREW POSITION: LOADMASTER
ORGANIZATION: 0731 TAS/DOL
LOCATION: PETERSON AFB CO 80914-5000

REQUIRED TO PERFORM FREQUENT AND REGULAR FLIGHTS: YES
REQUIRED TO PERFORM PARACHUTE DUTIES : NO

ASC: 9D

REMARKS: PER TELECOM WITH 302 TAW/DPMUM, SGT SANTINI, ON 13 JAN 89, MEMBERS DOS CHANGED TO "15 DEC 90".

EFFECTIVE DATE: 04 MAR 83 TERMINATION DATE: 15 DEC 90

AUTHORITY: AFR 60-13 PARA 5-5B(2) & AFR 60-1 PARA 2-14A REQUEST DATE: 13 JAN 89

SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL:
FOR THE COMMANDER

DEPARTMENT OF THE AIR FORCE
1003 SSG (AFSPACECOM)
PETERSON AFB CO 80914-5000

JAMES L. BACCHUS, LTCOL, USAF
CHIEF, OPERATIONS & TRAINING DIVISION

DISTRIBUTION: D + J - A

AERONAUTICAL ORDER NUMBER: 0195

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No Record In File at AFA 25 Jan 89

Maintained at _____ per AQCESS.

CADT
FCAH
FITZ
LAFH
(PAFH)

Clerk's Initials dh

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CORONARY ARTERY RISK EVALUATION

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974—USE BLANKET PAS-DD Form 2005)

INSTRUCTIONS

Items 1-15, Self-explanatory. *(Entries are required initially for Items 7-11. Enter additional entries if changes occur)*
Item 17. Blood Pressure—Record blood pressure measured in sitting position with arm at heart level.
Item 18. Cholesterol Total—Enter laboratory results in mg/dL.
Item 19. Cholesterol *(HDL)*—Enter laboratory results in mg/dL.
Item 20. Cholesterol *(HDL)* Ratio—Enter calculated ratio of total cholesterol/HDL cholesterol = total HDL ratio.
Item 21. Height—Record to nearest centimeter with examinee in stocking feet.
Item 22. Weight—Record to nearest kilogram with examinee in minimal clothing.
Item 23. Triglyceride—Enter laboratory results in mg/dL.
Item 24. LVH.—Enter Y—Yes or N—No from ECG results.
Item 25. Glucose Intolerance—Enter Y—Yes or N—No from laboratory results.
Item 26. Flexed Biceps Circumference *(Cm)*—Record dominant flexed biceps measurement in centimeters for MALES ONLY.
Item 27. Forearm Circumference *(Cm)*—Record dominant forearm measurement in centimeters for FEMALES ONLY.
Item 28. Obese—Enter Y—Yes or N—No depending on physician's determination.
Item 29. Calculate Risk—Enter calculated risk from risk tables.
Items 30-33. Self-explanatory.

(b) (6) redacted	2. FORM TYPE (11) (Leave blank) 1	3. NAME (Last, First, Middle Initial)	4. SEX (M or F) (13)	5. RACE (15-17)	6. DOB (YYMMDD) (19-24)
		Hopkins, Marshall H.	M	CAU	430720

7. DATE OF EVAL (YYMMDD) (26-31)	8. BASE (33-44)	9. ORGANIZATION (46-57)	10. AFSC (Prefix, AFS, Suffix) (59-65)	11. GRADE (67-68)
870808	Peterson AFB	731 TAS	A11470	E-6
890506	Peterson AFB, CO	731 TAS	A11470	E-6

12. SSAN (1-9)	13. FORM TYPE (11) (Leave blank)
529-56-7575	2

Enter Y—Yes or N—No for Items 16, 24, 25, 28, and 30-33

14. DATE OF EVAL (YYMMDD) (13-18)	BASIC RISK FACTORS A. 15. AGE (20-22)	16. SMOKE (Y/N) (23)	17. BLOOD PRESSURE (25-31)	18. CHOLESTEROL TOTAL (33-35)	ADDITIONAL REQUIRED DATA B. 19. CHOLESTEROL (HDL) (37-39)	20. CHOLESTEROL (HDL) RATIO (41-43)	21. HEIGHT (Cm) (45-47)	22. WEIGHT (KG) (49-51)	ADDITIONAL DATA, IF AVAILABLE C. 23. TRIGLYCERIDE (53-55)	24. LVH (Y/N) (57)	25. GLUC INT (Y/N) (58)	26. FLEXED BICEPS CIRC (Cm) (59-60)	27. FOREARM CIRC (Cm) (62-63)	28. OBESE (Y/N) (65)	RISK D. 29. CALCULATE RISK (66-69)	RISK INTERVENTION E. 30. SMOKE (Y/N) (70)	31. B/P (Y/N) (71)	32. CHOL (Y/N) (72)	33. OBESE (Y/N) (73)
870808	44	N	108/56	183	33	5.5	188	82.5	207	N	N	—	—	N	1.0	N	N	N	N
890506	46	N	110/64	190	31	6.1	188	82.5	258	N	N	—	—	N	1.0	N	N	N	N

REMARKS
5 Nov 87 - CARE letter sent
9 Jun 89 - CARE letter sent.

AF FORM OCT 81 1447

(File in Outpatient Record)

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HTLV-III ANTIBODY TESTING ACKNOWLEDGEMENT

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c. The HTLV-III antibody test is not a test for AIDS. A positive test does not mean that a person has AIDS. A positive test only means that an individual has had contact with the HTLV-III virus and has built antibodies to the virus in his or her blood.

d. Positive tests will be repeated and also rechecked by a separate and different laboratory test which will confirm the positive result.

e. A negative test means that the individual has no detectable antibodies to the HTLV-III virus. It is not a guarantee against the possibility of having a positive test at some later date.

f. Current Air Force policy precludes discharge based solely on the results of a positive test unless there is evidence of deteriorating clinical illness or immunologic deficiency. Discovery of deteriorating clinical illness or immunologic deficiency will render a member subject to discharge from the USAFR.

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h. Members (officers and airmen) may also be subject to administrative discharge under honorable conditions, if during my part of the epidemiological assessment, they have admitted to illegal drug use or to consensual sexual misconduct, or they fail to comply with preventive medicine counselling. This policy will not preclude disciplinary or other administrative action based upon evidence derived independently of the HTLV-III epidemiological assessment process or upon evidence, however derived, of non consensual sexual misconduct.

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SG FL-22
Sep 1986

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k. Results of the test, either positive or negative, will be recorded in my medical record. In the event of a positive test, CBPO will be notified of any duty restructions and the unit commander will also be notified of the results. The unit commander will be notified of a positive test result to include any information requiring further administrative action such as admission of illegal drug use, consensual sexual misconduct or failure to comply with preventive medicine counselling.

l. If my HTLV-III antibody test demonstrates the presence of the HTLV-III antibody in my blood, I will be informed by registered mail with a request for return to the clinic to discuss previous laboratory test results. If there is no response to the first letter, a second letter will be forwarded via registered mail informing me of the test results and requesting that I report to the medical facility to discuss the results of the HTLV-III antibody test.

m. Failure or refusal to comply with the HTLV-III test requirement will render me disqualified for worldwide duty and I will be processed for discharge in accordance with AFR 160-43. The statement below indicates my willingness to take the test or my refusal to comply with the test requirement. I've indicated my compliance or refusal by checking the appropriate box and placing my signature below.

☒ I have read and acknowledge the contents of the testing acknowledgement and I agree to undergo HTLV-III antibody testing.

Marshall H Hopkins
Signature

880206
Date

Print Name: Hopkins Marshall H
Last First Middle

(b) (6) [redacted]

Active. Res.

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HEARING CONSERVATION DATA

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

ZIP CODE/APO: 80914

DOD COMPONENT: F (A-ARMY, N-NAVY, F-AIR FORCE, M-MARINE CORPS, 1-OTHER DOD ACTIVITY)

SERVICE COMPONENT: V (R-REGULAR, V-RESERVE, G-NATIONAL GUARD, 1-OTHER)

(b) (6) [redacted]

LAST NAME—FIRST NAME—MIDDLE INITIAL: Hopkins, Marshall

SEX: M (M-MALE, F-FEMALE)

(b) (6) [redacted]

PAY GRADE, UNIF SVCS	GRADE, CIVILIAN	SERVICE DUTY OCCUPATION CODE	MAILING ADDRESS OF ASSIGNMENT
E06		11490	731 TAS/DOLM 80914

LOCATION—PLACE OF WORK	MAJOR COMMAND	DUTY PHONE
0063 FAFC 083A	AFRES	7258

AUDIOMETRY

PURPOSE: 2 (1—90 DAY, 2—ANNUAL, 3—TERMINATION, 4—OTHER)

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day): 87 08 08	10	0	15	25	20	25	10	5	20	20	25	30
REFERENCE AUDIOGRAM DATE (year month day): 74 06 08	10	5	0	10	5	30	10	10	10	15	10	20
THRESHOLD SHIFT (+=Poorer, −=Better)		-5	+15	+15	+15			-5	+10	+5	+15	

1-No / 2-Yes Significant threshold shift (STS) 20dB or greater: 1

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify supervisor ● Followup No.1 after minimum 15 hours noise free

NAME OF EXAMINER (Last, first, MI): Seirenbecher, Leona A.

TRAINING CERT NO.: 83-3[illegible] (b) (6) [redacted]

SERVICE DUTY OCCUPATION CODE: 90600

OFC SYMBOL: SGA

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor): 3

MODEL: MA728

MANUFACTURER: MAICO

SERIAL NO.: 30611

LAST ELECTROACOUSTIC CALIB DATE (year month day): 87 07 01

FOLLOWUP NO. 1 ☐ Minimum 15 hours noise free

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day)												
REFERENCE AUDIOGRAM DATE (year month day)												
THRESHOLD SHIFT (+=Poorer, −=Better)												

☐ 1-No / 2-Yes Significant threshold shift (STS) 20dB or greater

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Notify Supervisor ● Cleared by medical reviewer before Followup No. 2

NAME OF EXAMINER (Last, first, MI) | TRAINING CERT NO. | SSN | SERVICE DUTY OCCUPATION CODE | OFC SYMBOL

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor) | MODEL | MANUFACTURER | SERIAL NO. | LAST ELECTROACOUSTIC CALIB DATE (year month day)

FOLLOWUP NO. 2 ☐ Minimum 40 hours noise free since Followup No. 1

AUDIOMETRIC DATA RE: ANSI S3.6	LEFT 500	1000	2000	3000	4000	6000	RIGHT 500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year month day)												
REFERENCE AUDIOGRAM DATE (year month day)												
THRESHOLD SHIFT (+=Poorer, −=Better)												

Significant threshold shift (STS) 20dB or greater ☐ 1-No 2-Yes

STS NO: ● Counsel ● Return to duty ● Retest in 12 mo. ● Validated by reviewer ● Orig in health record ● Send copy to registry

STS YES: ● Refer to appro directive ● Requires medical disposition ● Validated by reviewer ● Orig in health record ● Send copy to appro registry

NAME OF EXAMINER (Last, first, MI) | TRAINING CERT NO. | SSN | SERVICE DUTY OCCUPATION CODE | OFC SYMBOL

TYPE (1-Manual, 2-Self-recording (auto), 3-Microprocessor) | MODEL | MANUFACTURER | SERIAL NO. | LAST ELECTROACOUSTIC CALIB DATE (year month day)

REVIEWED & VALIDATED BY: Jeanne L Lucas | SERVICE DUTY OCCUPATION CODE: 90270 | AUTOVON: 492-4839 | (b) (6) [redacted] | OFC SYMBOL: SGA

DD FORM 1 SEP 79 2216 REPLACES AF[illegible]RM 1490, MAR 73, WHICH IS OBSOLETE.

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MEDICAL CERTIFICATE (AFRES)

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 Use Blanket PAS DD Form 2005)

I am ☐ *am not* ☒ *currently receiving a VA disability.* _____ %

☐ *I certify that my medical condition has undergone a change during the past year. PHYSICIAN'S REPORT REQUIRED and schedule appointment at medical facility.*

☐ *I believe I am physically disqualified for worldwide duty because of changes in my physical condition which may disqualify me for retention as a reservist and for active military service. PHYSICIAN'S REPORT REQUIRED and schedule appointment at medical facility.*

☒ *I certify that to the best of my knowledge I have no medical defect, disease, or disability which would disqualify me for full military duty.*

– Reenlistment –

I certify that the above information is true and correct to the best of my knowledge.

DATE	SIGNATURE
13 Jan 86	
(b) (6) [redacted]	TYPED OR PRINTED NAME MARSHALL H. HOPKINS

AF FORM JUL 82 895

☆U.S. G.P.O. 1983-380-979/844

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NOTIFICATION OF DENTAL TREATMENT (FLYING PERSONNEL)
(This form is affected by the Privacy Act of 1974. DD Form 2005 applies.)

TYPE OF DENTAL TREATMENT: ☐ COMPLEX ☒ ROUTINE

TO:	FROM:	DATE AND TIME OF DENTAL TREATMENT
USAF CLINIC PETERSON/SGP	USAF CLINIC PETERSON/SGD	15 JAN 86 0900

NAME OF PATIENT	GRADE	(b) (6) [redacted]	ORGANIZATION
Marshall Hopkins	SSgt		731 TAS

DIAGNOSIS AND TREATMENT RECEIVED
pt. ungergoing ~~[illegible]~~ Root Canal Tr tooth #4. To be completed.
17 JAN 1130 hrs.

MEDICATION ADMINISTERED	MEDICATION PRESCRIBED
Lidocaine 2% 1:100,000 epi	Motrin 600mg x10

☒ No participation in duty involving flying for 72 hrs recommended (AFR 162-1).

REMARKS

ACKNOWLEDGEMENT OF PATIENT	SIGNATURE OF DENTAL OFFICER
	[signature] MAJ

USAF CLINIC PETERSON/SGD FORM MAY 84 78

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MEDICAL CERTIFICATE (AFRES)

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 Use Blanket PAS DD Form 2005)

I am ☐ *am not* ☒ *currently receiving a VA disability.* _____ %

☐ *I certify that my medical condition has undergone a change during the past year. PHYSICIAN'S REPORT REQUIRED and schedule appointment at medical facility.*

☐ *I believe I am physically disqualified for worldwide duty because of changes in my physical condition which may disqualify me for retention as a reservist and for active military service. PHYSICIAN'S REPORT REQUIRED and schedule appointment at medical facility.*

☒ *I certify that to the best of my knowledge I have no medical defect, disease, or disability which would disqualify me for full military duty.*

I certify that the above information is true and correct to the best of my knowledge.

DATE	SIGNATURE
881216	Marshall H. Hopkins
SSAN (b) (6)	TYPED OR PRINTED NAME Marshall H. Hopkins

AF FORM JUL 82 895

☆ U.S.G.P.O.: 1986- 490-962/51451

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S6P

AERONAUTICAL ORDER (PA)
AVIATION BADGE

THE FOLLOWING INDIVIDUAL IS AWARDED THE AVIATION BADGE DESIGNATED.

NAME	GRADE	SSAN	AWARD
HOPKINS MARSHALL H	SSG	(b) (6)	AIRMAN AIRCREW MEMBER

ORGANIZATION: 731 TAS/DOL (AFRES)
LOCATION: PETERSON AFB CO 80914-5000

REMARKS: DAFSC: A11450

EFFECTIVE DATE: 23 OCT 76 TERMINATION DATE: N/A

AUTHORITY: AFR 35-13 PARA 7-5B,C(1) AND TABLE 7-1, LINE 3E. REQUEST DATE: 29 JAN 86

SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL:
FOR THE COMMANDER:

Howard M Schwab
HOWARD M. SCHWAB, LT COL, USAF
CHIEF, OPERATIONS & TRAINING DIV.
DISTRIBUTION: D + J - A

DEPARTMENT OF THE AIR FORCE
HQ 1 SPACE SPT GP (AFSPACECOM)
PETERSON AFB CO 80914-5000

AERONAUTICAL ORDER NUMBER: 0292

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56P

AERONAUTICAL ORDER (PA)
AVIATION SERVICE

RESCIND AO 86
CHANGE TERMINATION DATE

ENTITLEMENT: HDIP
IS NOT AFFECTED

NAME: HOPKINS MARSHALL H USAFR (NON-EAD) GRADE: SSG SSAN: (b) (6)
CREW POSITION: LOADMASTER
ORGANIZATION: 0731 TAS/DOL (AFRES)
LOCATION: PETERSON AFB CO 80914-5000

REQUIRED TO PERFORM FREQUENT AND REGULAR FLIGHTS: YES
REQUIRED TO PERFORM PARACHUTE DUTIES : NO

ASC: 9D

REMARKS: AO 86 HQ 1 SPACE SPT GP (SPACE COMMAND) 28 FEB 84, IS RESCINDED.
DOS CHANGED TO 12 JAN 89.

EFFECTIVE DATE: 04 MAR 83 TERMINATION DATE: 12 JAN 89

AUTHORITY: AFR 35-23 PARA 5-5B(2),5-6A(2)NOTE. REQUEST DATE: 29 JAN 86

SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL:
FOR THE COMMANDER

DEPARTMENT OF THE AIR FORCE
HQ 1 SPACE SPT GP (AFSPACECOM)
PETERSON AFB CO 80914-5000

Howard M Schwab
HOWARD M. SCHWAB, LT COL, USAF
CHIEF, OPERATIONS & TRAINING DIV.

DISTRIBUTION: D + J - A AERONAUTICAL ORDER NUMBER: 0291

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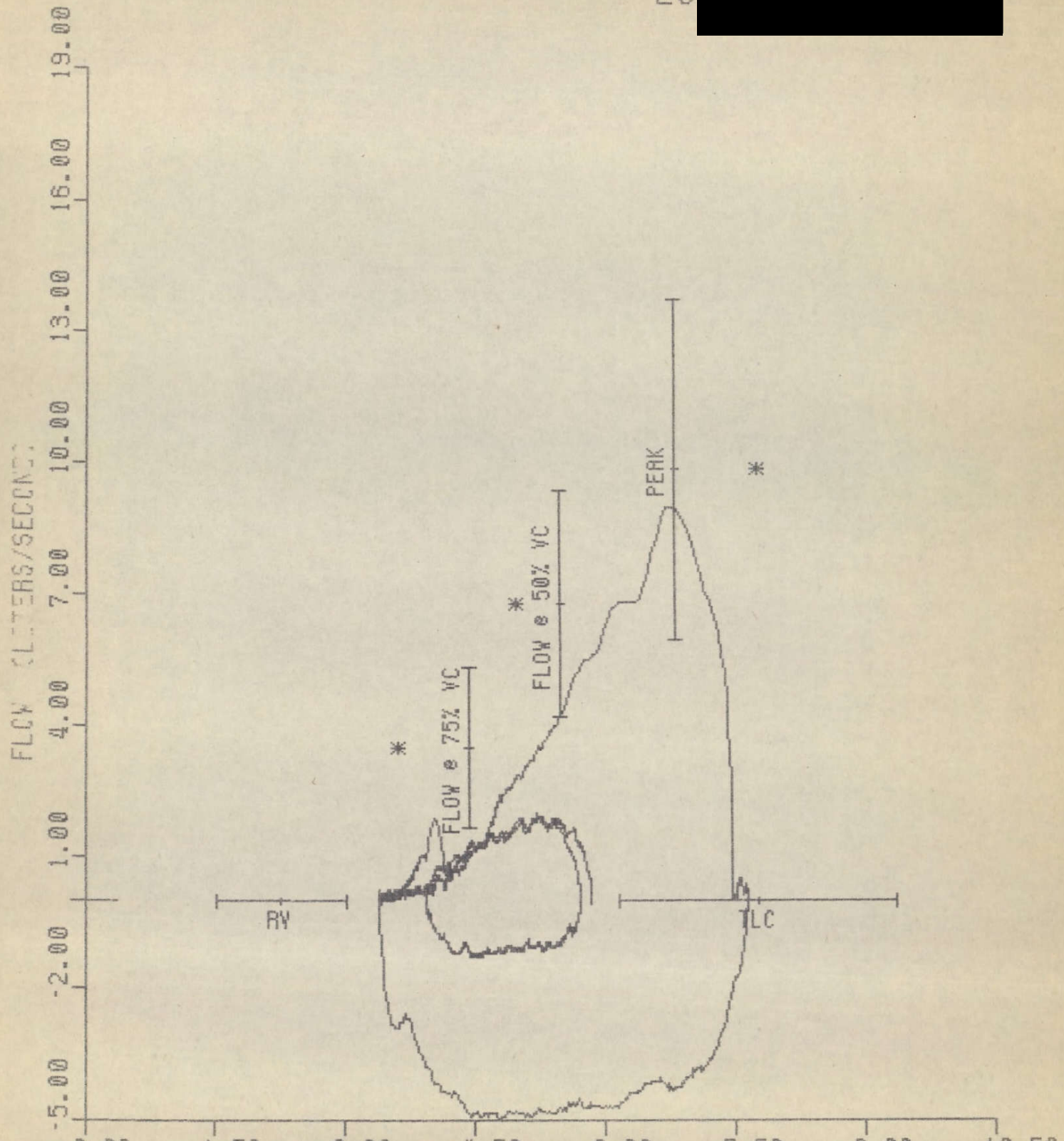
BEST COPY

SPIROMETER DATA HOPKINS, MARSHALL H

11-AUG-94 08:50:05 20 (b) (6) [redacted]



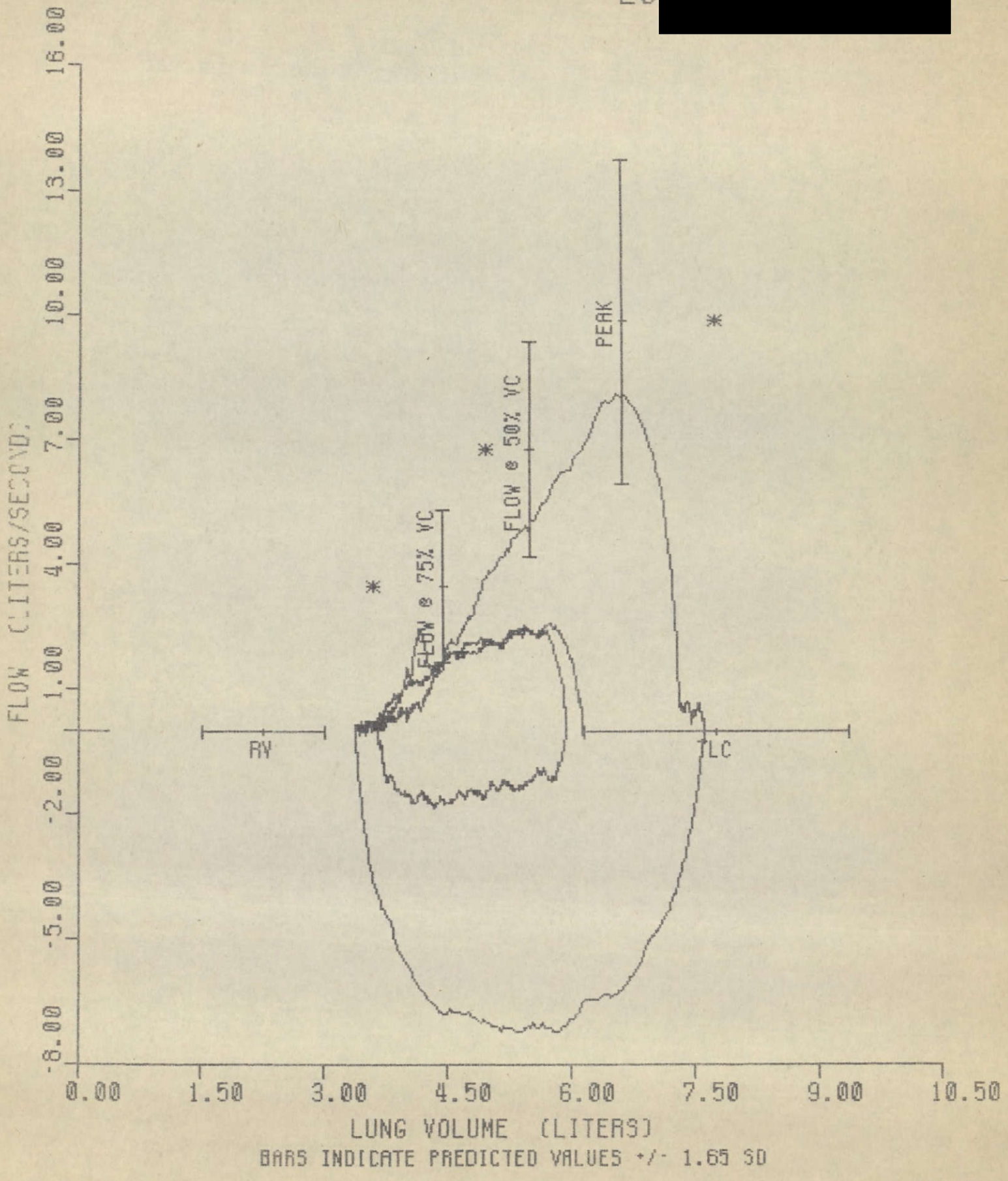
BARS INDICATE PREDICTED VALUES +/- 1.65 SD

BASELINE FLOW VOLUME LOOP #1

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

SPIROMETER DATA HOPKINS, MARSHALL H

11-AUG-94 08:50:53 20 (b) (6) [redacted]



BARS INDICATE PREDICTED VALUES +/- 1.65 SD

BASELINE FLOW VOLUME LOOP #2

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

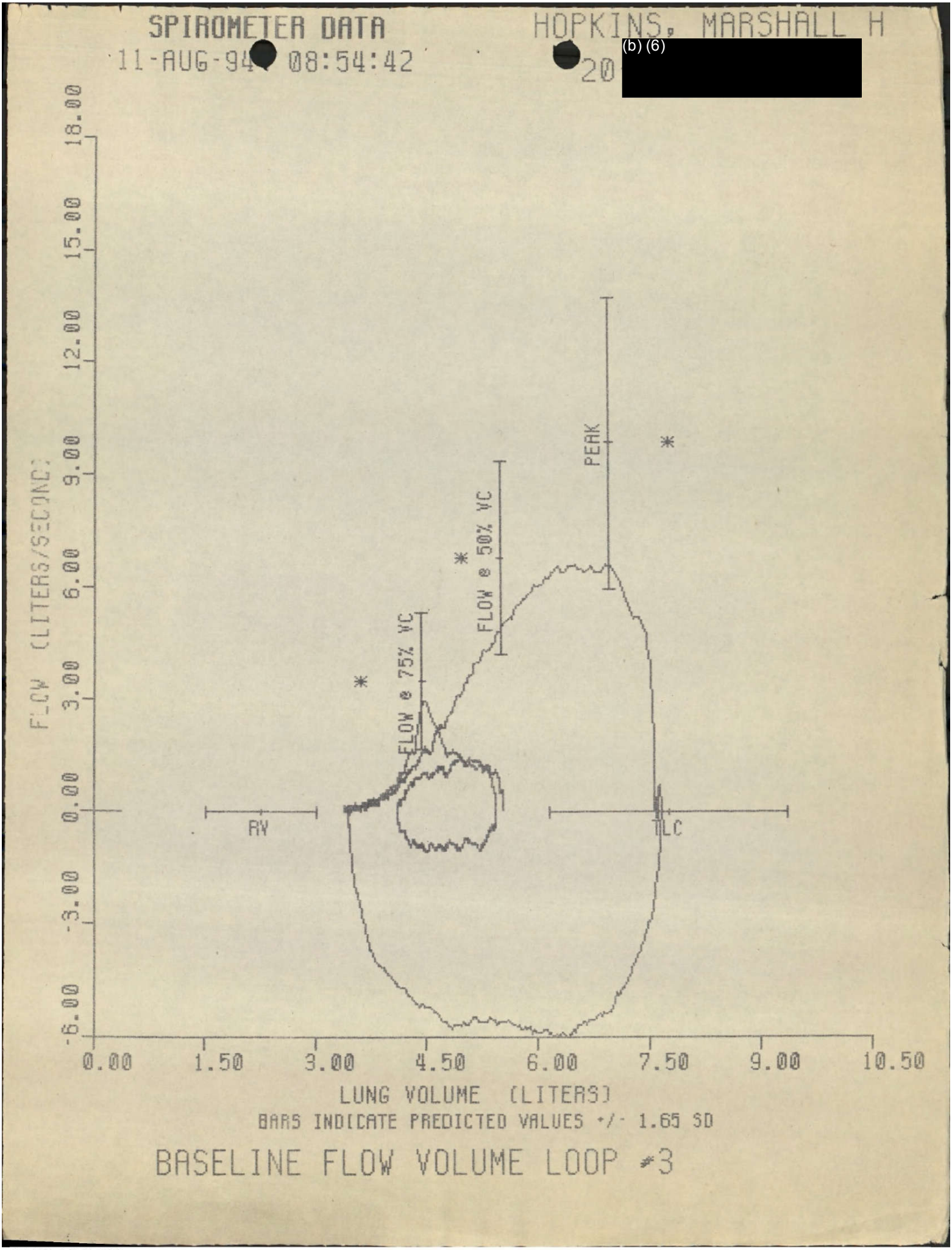
SPIROMETER DATA

11-AUG-94 08:54:42

HOPKINS, MARSHALL H

(b) (6)

20



BASELINE FLOW VOLUME LOOP #3

BEST COPY

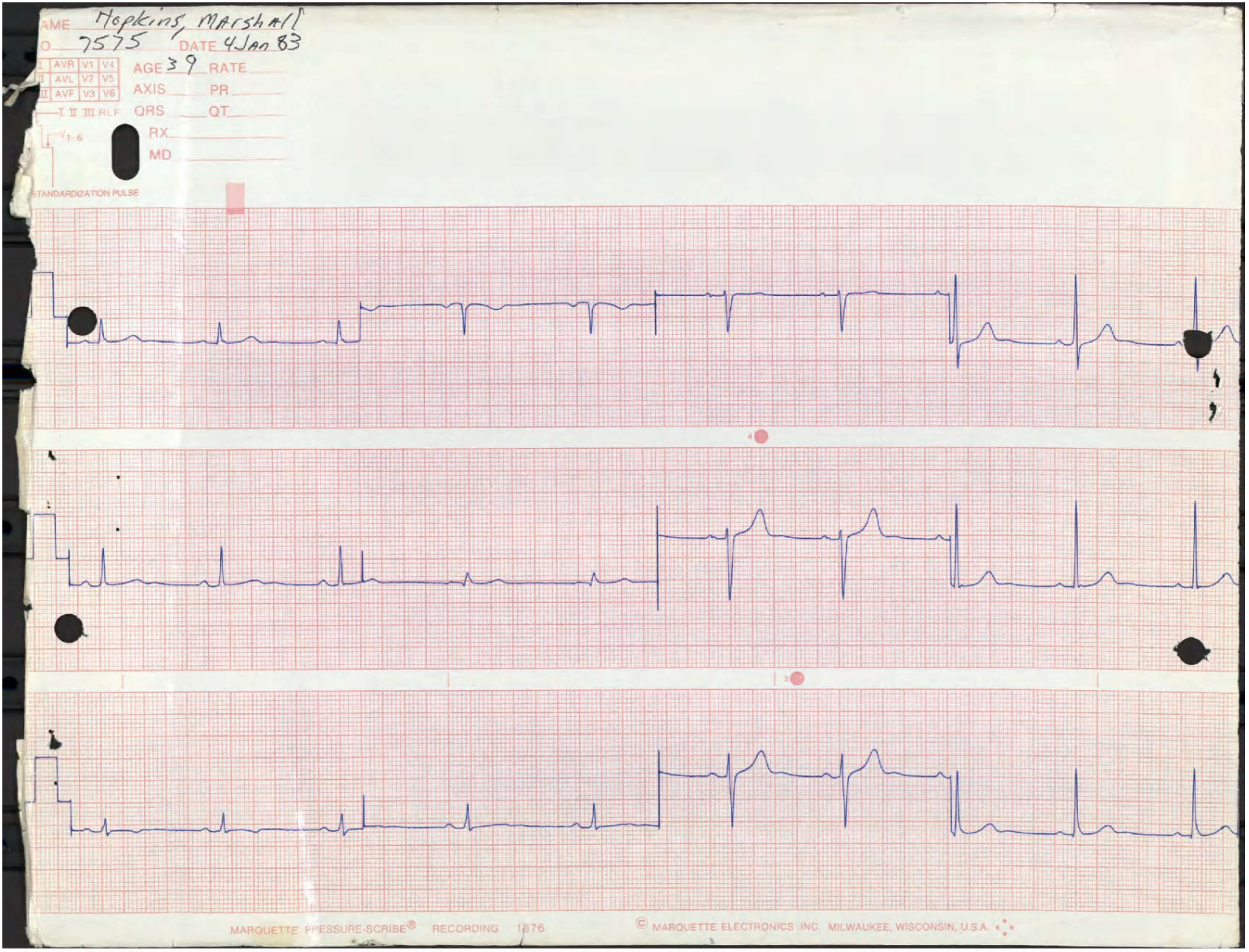
COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

HOPKINS MARSHALL
MALE,CAUCASIAN AGE 39
TALL-NORMAL   PSC 3
CART 78 PC 1 MED 9 IND 09
REPORT 42 ID (b) (6) -20
V2M0 04-JAN-83 12:49
PRINT 4-JAN-83 15:01

DUR PR 175 QRS 85 QT 402
AXES P 61 Q   42 T   11
ALBERT E. STOCK, M.D.

* SINUS BRADYCARDIA, RATE   54
*   WITH SINUS ARRHYTHMIA
* OTHERWISE NORMAL ECG

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION



BEST COPY

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

SECTION D - MEDICAL BOARD PROCEEDIN

ACTION BY MEDICAL BOARD

PERMANENT CHANGE OF PROFILE AS RECORDED UNDER SECTION C, IS RECOMMENDED:

14. TYPED NAME, GRADE & BRANCH OF BOARD MEMBER *(President)*	SIGNATURE
15. TYPED NAME, GRADE & BRANCH OF BOARD MEMBER	SIGNATURE
16. TYPED NAME, GRADE & BRANCH OF BOARD MEMBER	SIGNATURE

ACTION BY APPROVING AUTHORITY

THE FINDINGS AND RECOMMENDATIONS OF THE BOARD ARE APPROVED:

17. TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

REMARKS - CONTINUATION OF ITEM ( )

Assignment Restrictions, or Geographical, or Climatic Area Limitations

CODE:
- A - None
- B - None
- C - No crawling, stooping, running, jumping, prolonged standing or marching.
- D - No strenuous physical activity.
- E - No assignment to units requiring continued consumption of combat rations .
- F - No assignment to isolated areas where definitive medical care is not available. (MAAG - Military Missions, etc.).
- G - No assignment requiring prolonged handling of heavy materials including weapons. No overhead work, no pull-ups or push-ups.
- H - No assignment to unit where sudden loss of consciousness would be dangerous to self or others, such as work on scaffolding, handling amunition, vehicle driving, work near moving machinery.
- J - No assignment involving habitual or frequent exposure to loud noises or firing of weapons. *(Not to include firing for POR qualification.)*
- L - No assignment which requires prolonged or repeated exposure to extreme cold.
- M - No assignment requiring prolonged or repeated exposure to high environmental temperature.
- N - No continuous wearing of combat type boots.
- P - No continuous wearing of woolen clothes.
- U - Limitation not otherwise described; to be considered individually. Briefly define limitation in Item 8.

* U.S. GOVERNMENT PRINTING OFFICE : 1962 O—629072

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HEARING CONSERVATION DATA

LAST NAME-FIRST NAME-MIDDLE INITIAL	(b) (6)	PURPOSE FOR TEST
HOPKINS, MARSHALL H.	[redacted]	1. – 90 DAY 2. – ANNUAL 3. – 15 HR. RE-CHECK 4. – 40 HR. RE-CHECK 5. – OTHER (Specify)

RANK/GRADE	SEX (1-MALE 2-FEMALE)	AGE (Yrs)	(b) (6)	STATUS (1-MILITARY 2-CIVILIAN)
SGT	1	31	[redacted]	1

COMPLETE ADDRESS/ORGANIZATION–ASSIGNMENT	DUTY PHONE	CODE
187 TAS WYANG CHEYENNE MAP, WY 82001	38	2

AFSC/JOB CODE (Job Title)	TIME IN CURRENT JOB
60750	MONTHS 6 YEARS

PRIMARY NOISE EXPOSURE (1-FLIGHT LINE 2-SHOPS 3-OTHER)	DESCRIBE DUTIES IN NOISE	DATE INITIAL ASGN TO NOISE DY
1	LOADMASTER	MONTH FEB YEAR 75

AUDIOMETRIC DATA

AUDIOMETER (1-MANUAL 2-AUTOMATIC)	STANDARD (1-ANSI S3.6 2-OTHER (Specify))	DATE OF AUDIOGRAM DAY	MONTH	YEAR	DAY OF WEEK (1-SUN 2-MON 3-TUE 4-WED 5-THU 6-FRI 7-SAT)	HOUR OF DAY AUDIO GIVEN	ESTIMATE OF HEARING (1-GOOD 2-FAIR 3-POOR)	CLASS OF REFERENCE (Audiogram) (1-A 2-B 3-C)
1	1	20	AUG	75	4	1100	2	2

EAR	LEFT						RIGHT					
FREQUENCY (Hz)	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIO	15	10	15	20	20	25	10	10	20	20	25	30
REFERENCE AUDIO (Corrected to ANSI S3.6)	10	5	0	10	5	30	10	10	10	15	10	20
THRESHOLD SHIFT += POORER –= BETTER	+5	+5	+15	+10	+15	-5	0	0	+10	+5	+15	+10

FINDINGS (Significant T.S.)		DISPOSITION				
X NO	YES	☒ RETURN TO DUTY	☐ FOLLOW-UP REQUIRED	☐ 15 HOUR	☐ 40 HOUR	☐ OTHER

PERSONAL EAR PROTECTION

EAR PLUGS (Insert Devices) (1-INITIAL ISSUE 2-RE-ISSUE 3-NOT ISSUED)	DEVICES WORN BY INDIVIDUALS (1-PLUGS 2-MUFFS 3-PLUGS OR MUFFS 4-PLUGS AND MUFFS 5-OTHER)	GLASSES (Including Safety) (1-YES 2-NO)	PROTECTION CONSIDERED (1-ADEQUATE 2-NOT ADEQUATE)
3	4	2	1

REMARKS

DATE	TYPED NAME OF EXAMINER	AFSC	(b) (6)	OFFICE SYMBOL
20AUG75	John [redacted] Hains	902	[redacted]	SG

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REFERENCE AUDIOGRAM

LAST NAME-FIRST NAME-MIDDLE INITIAL	(b) (6)	GRADE
HOPKINS MARSHALL H.	[redacted]	SSGT

(b) (6)	AGE (Yrs)	SEX (1-MALE 2-FEMALE)	AFSC/JOB CODE	ASSIGNMENT (1-IN TRAINING 2-CURRENTLY ASGND)
[redacted]	30		LOAD MASTER	1

COMPLETE ADDRESS OF ORGANIZATION	DUTY PHONE
153 TAGP WYANG, Box 2268 Cheyenne WY 82001	88

STATUS (1-MILITARY 2-CIVILIAN)	DATE ASGND TO DUTY IN NOISE: MONTH	YEAR	X	NA	PREVIOUS SIGNIFICANT NOISE EXPOSURE
1			X		NONE

AUDIOMETRY

TIME OF TEST: HOUR OF DAY	DAY OF WEEK	DATE: DAY	MONTH	YEAR	TIME AND DATE OF LAST NOISE EXPOSURE	TYPE OF NOISE
1000	SAT	8	JAN	74	N/A	N/A

AUDIOMETER (1-MANUAL 2-AUTOMATIC)	CALIBRATION (1-ANSI S3.6 2-OTHER)	DATE LAST CALIBRATED: DAY	MONTH	YEAR	TEST DONE IN PREFAB BOOTH (1-YES 2-NO 3-NOT KNOWN)	CLASS OF HEARING (1-A 2-B 3-C)
1	1	N	—	A	1	2

HEARING THRESHOLD LEVEL

LEFT EAR 500	1000	2000	3000	4000	6000	RIGHT EAR 500	1000	2000	3000	4000	6000
10	5	0	10	5	30	10	10	10	15	10	20

CHECK APPLICABLE BLOCK

X	ACTUALLY PERFORMED FOR THIS EVALUATION	X	EXTRACTED FROM		AF FORM 1490	X	SF 88		OTHER (Specify in Remarks)

PERSONAL EAR PROTECTION

ISSUED EARPLUGS (1-YES 2-NO 3-PREVIOUSLY ISSUED)	TYPE PLUGS (1-V-51R 2-OTHER)		SIZE: RIGHT	LEFT	(1-XS 2-S 3-M 4-L 5-XL)	NOISE MUFF ISSUED (1-YES 2-NO)	GLASSES WORN (Including Safety) (1-YES 2-NO)		(1-ALWAYS 2-SELDOM 3-NA)	PROTECTION (1-SATISFACTORY 2-UNSATISFACTORY 3-QUESTIONABLE)
2	2		3	3		2	2			1

REMARKS

TYPED NAME OF EXAMINER	AFSC	(b) (6)	OFFICE SYMBOL
JOHN R GOINS	90270	[redacted]	5G

AF FORM MAR 73 1491

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HEARING CONSERVATION DATA

LAST NAME-FIRST NAME-MIDDLE INITIAL	(b) (6)	PURPOSE FOR TEST
HOPKINS, MARSHALL H.		1. – 90 DAY 2. – ANNUAL 3. – 15 HR. RE-CHECK 4. – 40 HR. RE-CHECK 5. – OTHER (Specify)

RANK/GRADE	SEX (1-MALE 2-FEMALE)	AGE (Yrs)	STATUS (1-MILITARY 2-CIVILIAN)
SGT	1	32	1

COMPLETE ADDRESS/ORGANIZATION–ASSIGNMENT	DUTY PHONE	CODE
1ST TAS WING CHEYENNE MAP, WY 82001	38	2

AFSC/JOB CODE (Job Title)	TIME IN CURRENT JOB	
~~11350~~ 60250 / LOAD MASTER	MONTHS 3	YEARS 1

PRIMARY NOISE EXPOSURE (1-FLIGHT LINE 2-SHOPS 3-OTHER)	DESCRIBE DUTIES IN NOISE	DATE INITIAL ASGN TO NOISE DY	
1	AIR CREW	MONTH FEB	YEAR 75

AUDIOMETRIC DATA

AUDIOMETER (1-MANUAL 2-AUTOMATIC)	STANDARD (1-ANSI S3.6 2-OTHER (Specify))	DATE OF AUDIOGRAM DAY	MONTH	YEAR	DAY OF WEEK (1-SUN 2-MON 3-TUE 4-WED 5-THU 6-FRI 7-SAT)	HOUR OF DAY AUDIO GIVEN	ESTIMATE OF HEARING (1-GOOD 2-FAIR 3-POOR)	CLASS OF REFERENCE (Audiogram) (1-A 2-B 3-C)
1	1	29	JUN	76	3	0820	2	2

EAR	LEFT						RIGHT					
FREQUENCY (Hz)	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIO	20	20	20	20	15	45	20	20	30	30	30	45
REFERENCE AUDIO (Corrected to ANSI S3.6)	10	5	0	10	5	30	10	10	10	15	10	20
THRESHOLD SHIFT += POORER –= BETTER	+10	+15	+20	+10	+10	+15	+10	+10	+20	+15	+20	+25

FINDINGS (Significant T.S.)		DISPOSITION				
NO	X YES	X RETURN TO DUTY	☐ FOLLOW-UP REQUIRED	☐ 15 HOUR	☐ 40 HOUR	☐ OTHER

PERSONAL EAR PROTECTION

EAR PLUGS (Insert Devices) (1-INITIAL ISSUE 2-RE-ISSUE 3-NOT ISSUED)	DEVICES WORN BY INDIVIDUALS (1-PLUGS 2-MUFFS 3-PLUGS OR MUFFS 4-PLUGS AND MUFFS 5-OTHER)	GLASSES (Including Safety) (1-YES 2-NO)	PROTECTION CONSIDERED (1-ADEQUATE 2-NOT ADEQUATE)
3	4	2	1

REMARKS

Reference Date: 8 Sun '74

MEMBER IS BEING EVALUATED & MONITORED BY HIS FULL TIME EMPLOYER – CONTINENTAL AIRLINES. RESULTS OF THAT EVALUATION ARE FORTH COMING.

DATE	TYPED NAME OF EXAMINER	AFSC	(b) (6)	OFFICE SYMBOL
29 Jun 76	ESCOBEDO, M[redacted]EL A.	9027[redacted]		SG

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SECTION D - MEDICAL BOARD PROCEEDIN

ACTION BY MEDICAL BOARD

PERMANENT CHANGE OF PROFILE AS RECORDED UNDER SECTION C, IS RECOMMENDED:

14. TYPED NAME, GRADE & BRANCH OF BOARD MEMBER *(President)*	SIGNATURE
15. TYPED NAME, GRADE & BRANCH OF BOARD MEMBER	SIGNATURE
16. TYPED NAME, GRADE & BRANCH OF BOARD MEMBER	SIGNATURE

ACTION BY APPROVING AUTHORITY

THE FINDINGS AND RECOMMENDATIONS OF THE BOARD ARE APPROVED:

17. TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

REMARKS - CONTINUATION OF ITEM ( )

Assignment Restrictions, or Geographical, or Climatic Area Limitations

CODE: A - None

B - None

C - No crawling, stooping, running, jumping, prolonged standing or marching.

D - No strenuous physical activity.

E - No assignment to units requiring continued consumption of combat rations.

F - No assignment to isolated areas where definitive medical care is not available. (MAA
Missions, etc.).

G - No assignment requiring prolonged handling of heavy materials including weapons.
work, no pull-ups or push-ups.

H - No assignment to unit where sudden loss of consciousness would be dangerous to s
such as work on scaffolding, handling amunition, vehicle driving, work near movin

J - No assignment involving habitual or frequent exposure to loud noises or firing o
(Not to include firing for POR qualification.)

L - No assignment which requires prolonged or repeated exposure to extreme col

M - No assignment requiring prolonged or repeated exposure to high environmen

N - No continuous wearing of combat type boots.

P - No continuous wearing of woolen clothes.

U - Limitation not otherwise described; to be considered individually. Briefl

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FOOD HANDLER'S CERTICATE
(AR 40-569)

1. DATE
2 April 1965

2. LAST NAME, FIRST NAME, MI
HOPKINS MARSHALL H.

3. GRADE
A2C

4. SN, ID# OR KK#
(b) (6) [redacted]

5. ORGANIZATION (UNIT OR HOME ADDRESS)
602 AC & W Sqdn APO NY NY 09321

6. MESS FACILITY

7. JOB TITLE
Foodhandler

8. EXAMINING FACILITY
USAH WurzburgAPO NY NY 09801

MEDICAL EXAMINATION
(HISTORY AND PHYSICAL)

9 EVIDENCE OF SKIN INFECTION	10. EVIDENCE OF ENT INFECTION	11. EVIDENCE OF RESPIRATORY INFECTION
[ ] YES [X] NO	[ ] YES [X] NO	[ ] YES [X] NO

12. EVIDENCE OF INTESTINAL INFECTION	13. EVIDENCE OF URINARY TRACT INFECTION	14. REQUIRED IMMUNIZATIONS ARE CURRENT AND COMPLETE (DD FORM 737, PHS FORM 731 OR AE FORM 241
[ ] YES [X] NO	[ ] [X]	[X] YES [ ] NO

SPECIAL DIAGNOSTIC PROCEDURES AND RESULTS

15. CHEST X-RAY (ANNUAL) PLACE, NUMBER, DATE AND RESULTS
USAH Wurzburg APO NY NY 09801 2 April 1965 # 26505 Normal

16. STOOL OR URIN EXAMINATION (IF INDICATED) RESULTS
Urinalysis: Negative Stool Culture: Negative

17. OTHER TESTS
STS Card Slide Floc.:Negative

18. REMARK (EXPLAIN ALL YES ANSWERS FOR ITEMS 9 THROUGH 13 AND IF NO IS INDICATED IN ITEM # 14)

The above name person has been examined for medical clearence as a food handler. There is no evidence of a communicable disease in the transmissable stage, or a condition which may become infectious during the course of employment.

19. TYPE NAME AND GRADE OF PHYSICIAN
JAMES D HANSON MAJOR MC

20. SIGNATURE

AETB (MARNE) FORM 313-R 28 JUL. 61

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FOOTPRINT RECORD

HEALED SCARS OR OTHER ABNORMALITIES	
TYPE	LOCATION

LAST NAME - FIRST NAME - MIDDLE NAME
HOPKINS, MARSHALL A. (b) (6)

ORGANIZATION (Location)
153d. TAG, WyANG, Cheyenne, Wyo. 82001

DATE FOOTPRINTED
7 SEP 74

SIGNATURE OF PERSON TAKING FOOTPRINTS
Steve Glenn.

LEFT

RIGHT

AF FORM NOV 68 137 PREVIOUS EDITIONS OF THIS FORM WILL BE USED UNTIL STOCK IS EXHAUSTED.

GPO 935-264

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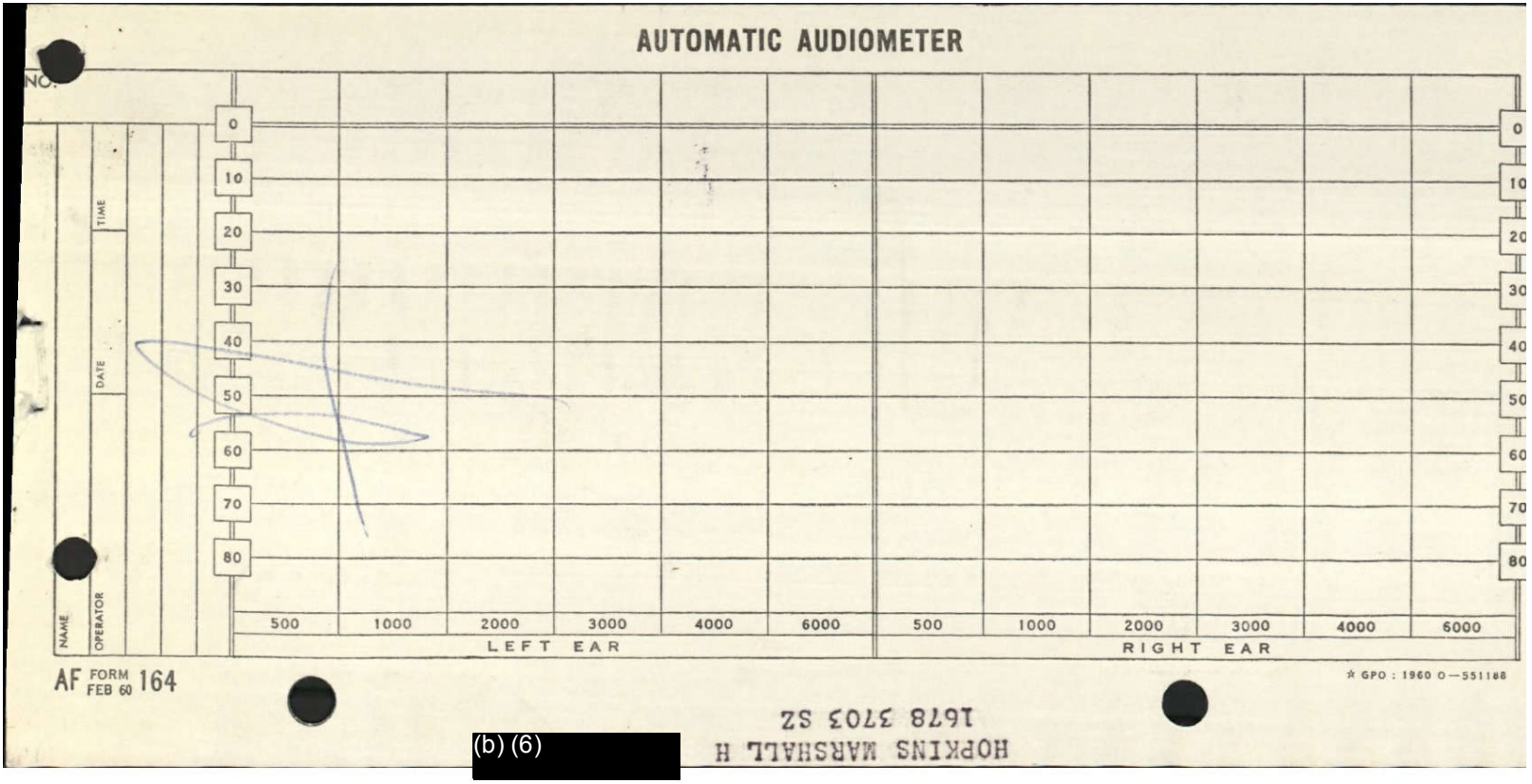

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PRIVACY ACT STATEMENT – HEALTH CARE RECORDS

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

The purpose for requesting personal information is to assist medical personnel in developing records to facilitate and document your health condition in order to provide you health care treatment and to provide a complete account of such care rendered, including diagnosis, treatment, and end result. The Social Security Number (SSN) is necessary to identify the person and records.

3. ROUTINE USES

This information may be used to plan and coordinate health care. It may be used to provide medical treatment; conduct research; teach; compile statistical data; determine suitability of persons for service or assignments; implement preventive health and communicative disease control programs; adjudicate claims and determine benefits; evaluate care rendered; determine professional certification and hospital accreditation; conduct authorized investigations; provide physical qualifications of patients to other Federal, State and local agencies upon request in the pursuit of their official duties; and report medical conditions required by law to Federal, State and local agencies. It may be used for other lawful purposes including law enforcement and litigation.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of active duty military personnel, disclosure of requested information is mandatory. In the case of all other personnel/beneficiaries, disclosure of requested information is voluntary. If the information is not furnished, optimum medical care may not be possible.

I understand that the foregoing one time Privacy Act Statement will apply to all requests for personal information made by medical treatment personnel or for medical treatment purposes. I further understand that a copy of this form which I have signed will be placed in my health care records as evidence of this notification. I have received a copy of this statement which I can retain, and I understand that I can receive additional copies of this statement from any medical treatment facility upon request.

SIGNATURE OF PATIENT *(or authorized sponsor or guardian of patient)*

Marshall H. Hopkins (b) (6) [redacted] 5 Jan 76

DD FORM 1 SEP 75 2005

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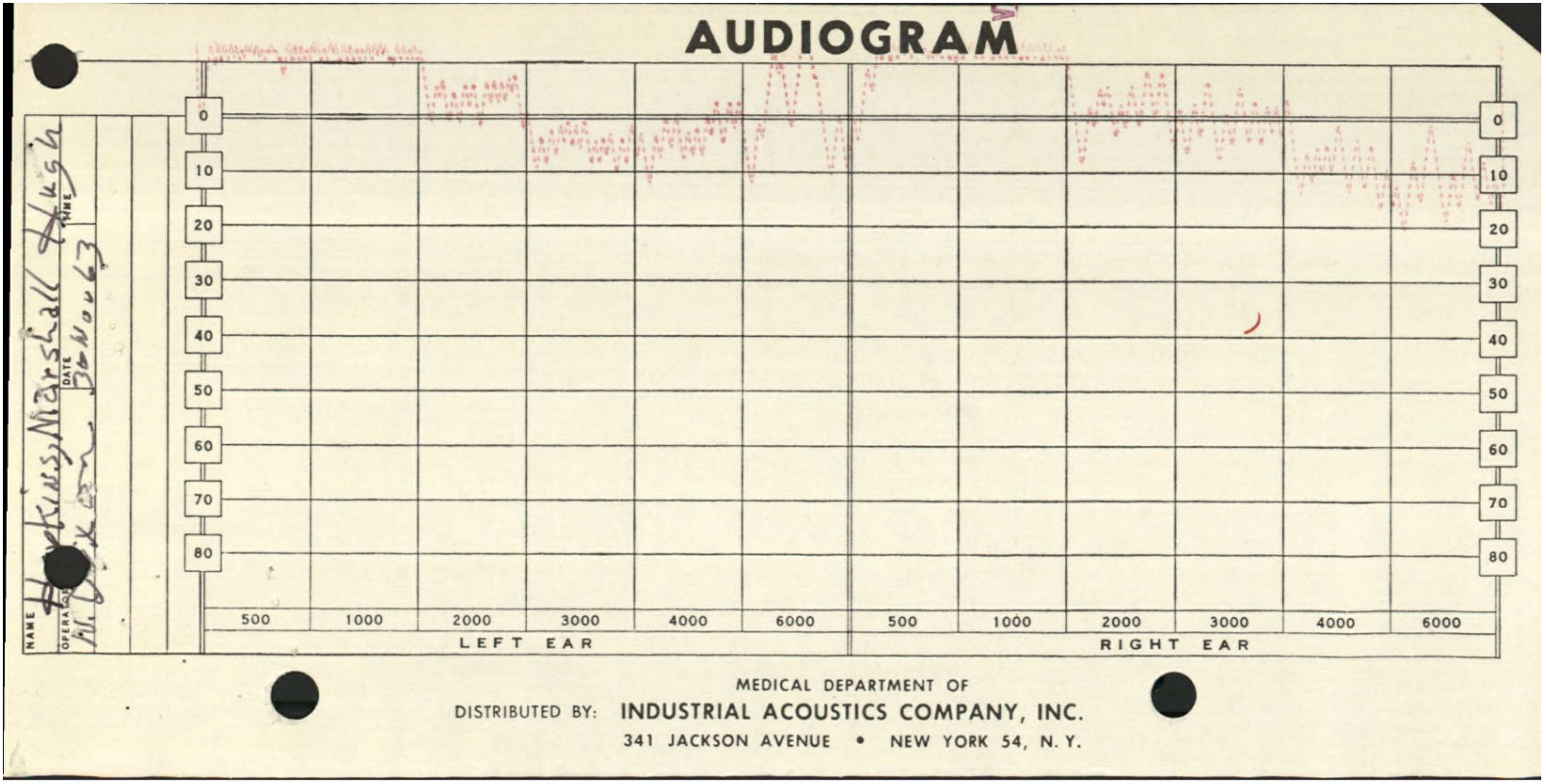

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NSN 7540-00-634-4162 519-216

PATIENT IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)

Hopkins, Marshall H.
E-5 Reserves (AFRES)
DP-4264
(b) (6) [redacted]
FLY
FLY 302 Tac Hosp - BAFB, CO

AGE	SEX	(b) (6)	WARD/CLINIC	REGISTER NO.
43	M	[redacted]	BJ	

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)
Sinus Series

REQUESTED BY [signature] | TELEPHONE NO. 7965

FILM NO.	DATE REQUESTED	PREGNANT
85F 7575	19 Dec 85	☐ YES ☐ NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
Hx of cyst in maxillary sinus, this is F/U X-ray to show resolution (Hopefully)

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
19 Dec 85	20 Dec 85	23 Dec 85

RADIOLOGIC REPORT

SINUS SERIES, 19 Dec 85: Compared with previous study of 9 Sept 85: Retention cyst in the inferior aspect of the right maxillary sinus again demonstrated, unchanged in appearance since the previous study. No other significant abnormalities present.

STEVEN L. TAYLOR, LTC, USAF, MC
STAFF RADIOLOGIST
USAF CLINIC PETERSON AFB CO

[signature]

SIGNATURE | LOCATION OF RADIOLOGIC FACILITY

1 — MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

☆ GPO : 1983 O - 421-531 (4530)

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FPMR 101-11.806-8

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NSN 7540-00-634-4162 519-216

PATIENT IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)	AGE	SEX	WARD/CLINIC	REGISTER NO.
Hopkins, Marshall H. AF [redacted] 731 TAS S/SGT # UP 4264 [redacted]	42	M	BJ	

EXAMINATION REQUESTED (Use SF 519-B for multiple exams): Sinus 1800

REQUESTED BY: Cwh

TELEPHONE NO.: 7965

LOCATION OF MEDICAL RECORDS: 901 Reserves

FILM NO.: F85-7575

DATE REQUESTED: 9 Sept 85

PREGNANT: ☐ YES ☐ NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

. 1 week Hx Bilateral Maxillary Sinus Fullness

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
9 SEPT 85	10 Sep 85	10 Sep 85

RADIOLOGIC REPORT

SINUS SERIES, 9 Sept 85: There is moderate mucosal edema involving the inferior and lateral aspect of the right maxillary sinus. Bony structures appear intact. Remaining paranasal sinuses are clear.

CONCLUSION: Right maxillary sinusitis.

STE VEN R. TAYLOR, LTC, USAF, MC
STAFF RADIOLOGIST
USAF CLINIC PETERSON AFB CO

SIGNATURE

LOCATION OF RADIOLOGIC FACILITY

1 — MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FPMR 101-11.806-8

☆ GPO : 1983 O - 421-531 (4530)

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NSN 7540-00-634-4162 519-216

PATIENT IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)

Hopkins, Marshall H.
731
(b) (6)
SSG

AGE 40 | SEX M | (b) (6) | WARD/CLINIC BJ | REGISTER NO. F85-7575

EXAMINATION (Use DD Form 519-B for multiple exams)
mandible

REQUESTED BY 302 TAC HOSP | TELEPHONE NO.

LOCATION OF MEDICAL RECORDS 302 TAC HOSPITAL Peterson AFB | FILM NO. 7575 | DATE REQUESTED | PREGNANT ☐ YES ☒ NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
Hit (R) body of mandible on helmet during flight, tender over (R) body of mandible

DATE OF EXAMINATION (Month, day, year) 5 May 85 | DATE OF REPORT (Month, day, year) 6 May | DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

NO SIGNIFICANT PATHOLOGY
IDENTIFIED

JOSEPH MIRANDA CAPT USAF MC
USAF CLINIC PETERSON AFB
PETERSON AFB CO 80914

SIGNATURE | LOCATION OF RADIOLOGIC FACILITY

1 — MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

☆ GPO : 1983 O - 421-531 (4530)

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FPMR 101-11.806-8

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~~[redacted]~~ NO

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: Hopkins, Marshall Hugh (b) (6) SGT

253rd TACTICAL CLINIC WYO ANG
CHEYENNE, WY 82001

(Above space for mechanical imprinting, if used)

REGISTER NO.

WARD NO.

AGE: 32 SEX: M

(Check one) ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☒ AMBULATORY

EXAMINATION REQUESTED: PA CHEST

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO. 76-192 DATE OF REQUEST 5 JAN 76 REQUESTED BY DR. SELL

RADIOGRAPHIC REPORT

NEGATIVE

KELLER, Thomas A
Major, USAF, MC
(b) (6) (b) (6) (b) (6)

9 JAN 1976

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519-A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A—32 (Rev.)

RADIOGRAPHIC REPORT
519—207

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PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Hopkins Marshall H

(b) (6) [redacted]

CV ANG

(b) (6) [redacted]

REGISTER NO.

WARD NO. OPC

AGE 30 SEX M

(Check one) ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☒ AMBULATORY

EXAMINATION REQUESTED

PA CHEST

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Enlistment P.E.

FILM NO. 74-496 DATE OF REQUEST 8 Jun 74 REQUESTED BY DR. FRANKS

RADIOGRAPHIC REPORT

CHEST: Negative.

F. C. LYONS, MAJOR, MC
6-12-74 dmg

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

140 TAC HOSP, BUCKLEY ANG BASE, CO 80011

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519-A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A—32 (Rev.)

RADIOGRAPHIC REPORT

519—207

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Standard Form 519
Rev. August 1954
Bureau of the
Budget Circular A-32

* U.S. GOVERNMENT PRINTING OFFICE : 1964 O—718-468

CLINICAL RECORD	RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

HOPKINS, MARSHALL H.
153D TAC CLINIC WYANG

2 MAR 1977

REGISTER NO.	WARD NO.

RADIOGRAPHIC REPORTS
Standard Form 519
519-106

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COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

NSN 7540-00-634-4162 519-216

PATIENT IDENTIFICATION (For typed or written entries give: Name — last, first, middle; Medical Facility)

20 [redacted]
HOPKINS MARSHALL E7
302 ALCF PAFB CO
20 JUL 43 DPS546102

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
48	M		GU	20-75-75

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)
IVP

REQUESTED BY	TELEPHONE NO.
Biggers	

LOCATION OF MEDICAL RECORDS	FILM NO.	DATE REQUESTED	PREGNANT
PAFB		12 Jy	☐ YES ☐ NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
Asymptomatic Microhematuria

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
15 July 91	25 Jul 91	1 Aug 91/kmp

RADIOLOGIC REPORT

This study was performed in the x-ray department. The KUB is unremarkable. There are phleboliths in the true pelvis. Following the injection of contrast material, prompt bilateral nephrograms are seen. The collecting systems are delicate. There is a smooth curvilinear deformity of the infundibulum to the middle pole on the right. No mass affect is seen. The ureters are normal in course and caliber. The bladder is smooth walled, without filling defect and empties completely.

IMPRESSION: Possible mass affect most likely due to cysts on the right kidney, otherwise normal study. Recommend clinical correlation possible right renal ultrasound.

SIGNATURE	LOCATION OF RADIOLOGIC FACILITY
Robert D. Biggers COL MC	

1 – MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

☆ GPO : 1984 O - 421-531 (10505)

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FPMR 101-11.806-8

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

☆U.S. GPO: 1987-181-247/60032

MEDICAL RECORD	RADIOLOGIC CONSULTATION REQUESTS/REPORTS

ATTACH 3D REPORT ALONG HERE ▲ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ▲

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ▲

ATTACH REPORTS WITHIN THIS MARGIN

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

NSN 7540-00-634-4162 519-216

PATIENT IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)	AGE	SEX	(b) (6)	WARD/CLINIC	REGISTER NO.
Hopkins, Marshall H. ADAFB E-7 (b) (6) [redacted] (b [redacted]	48	m	[redacted]	302 TAC Hosp	

EXAMINATION REQUESTED (Use SF 519-B for multiple exams): Chest PA and left lateral

REQUESTED BY	TELEPHONE NO.
R.J. BLACK SCHULTZ,COL,USAFR,MC,FS	7940

LOCATION OF MEDICAL RECORDS	FILM NO.	DATE REQUESTED	PREGNANT
302 TAC Hosp, Peterson	N92-7575	2 May 92	☐ YES ☒ NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
Cough intermittent since dirt LZ work 11/91, 12/91
Lungs are clear to auscultation. non productive
SHORTFLY

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
2 MAY 92	4 May 92	5 May 92

RADIOLOGIC REPORT

PA/LAT CHEST: The heart, aorta, mediastinum, and hilar structures are normal. The lungs are clear. A few healed granulomas are present. The bones are unremarkable.

IMPRESSION: Normal chest x-ray.

CYRUS W. PARTINGTON, M.D., F.A.C.R.
USAF CLINIC
PETERSON AFB, CO

CWP:jaf

Recd. MJS

7575

SIGNATURE: CWP

LOCATION OF RADIOLOGIC FACILITY

1 – MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

☆ GPO : 1984 O - 421-531 (10505)

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FPMR 101-11.806-8

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☆U.S. GPO: 1987-181-247/60032

MEDICAL RECORD	RADIOLOGIC CONSULTATION REQUESTS/REPORTS

ATTACH 3D REPORT ALONG HERE ▲ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ▲

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ▲

ATTACH REPORTS WITHIN THIS MARGIN

519-111
NSN 7540-00-634-4160

RADIOLOGIC CONSULTATION
REQUESTS/REPORTS

STANDARD FORM 519 (REV. 2-84)
PRESCRIBED BY GSA/ICMR
FIRMR (41 CFR) 201-45.505

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REPORT OF CONTACT

VA OFFICE
339

IDENTIFICATION NOS.
(b) (6) [redacted]

DATE OF CONTACT
9-23-96

NAME AND ADDRESS OF VETERAN
Hopkins, Marshall H.

TELEPHONE NO. OF VETERAN
(b) (6) [redacted]

PERSON CONTACTED

TYPE OF CONTACT
Telephone

ADDRESS OF PERSON CONTACTED

TELEPHONE NO. OF PERSON CONTACTED

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN

Initial contact was made on 9-23-96 with this customer. This customer was informed average processing time is approximately 2-3 months for claims to be completed.

~~_____~~ This customer was not available to contact and give the above and below information. The following attempts were made to contact the customer:

Vet is in Utah until 10-1-96.
801-864-6324.
Vet will send in a cert'd copy of his DD214.

The customer was also given the information of how to contact the team directly and given my name as a contact point. The customer was also informed that they need to inform me as a team representative of their address change and new phone number should they move. The customer was also informed that if we need additional information for their claim they will be contacted by phone or letter.

(b) (6) [redacted]

DIVISION OR SECTION

212S

(b) (6) [redacted]

VA Form 119

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

VID ESTABLISHMENT DATA SEQ NO 26105122800693337 09-17-1996
(b) (6) PN 00 BR NAME HOPKINS,MARSHALL,H
SSN INS NO SVC NO STUB NAME

FILE NO (b) (6) PAYEE NO 00 NAME HOPKINS,MARSHALL,H
ASSIGN FILE NO AS CLAIM OR SSN CLAIM FOLDER LOCATION SYS NO FOLDR
SOCIAL SECURITY NO (b) (6) DATE OF DEATH
INSURANCE FILE NO CAUSE OF DEATH
INSURANCE POLICY NO DEATH IN SVC
DATE OF BIRTH (b) (6) POSITIVE INDICATION
SEX POWER OF ATTORNEY BS
SERVICE NO(S) (b) (6) PG IN-THEATER
EOD START
RAD END
BRANCH OF SVC DAYS
CHARACTER OF SVC
SEP REASON CODE
PAY GRADE
NON-PAY DAYS

CONTESTED DATA DELETE RECORD VADS VERIFIED
NEXT SCREEN ann
BUILD FOLDER UNDER ASSIGNED NUMBER SMRC SENDING SERVICE MEDICAL RECORDS

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

LOC FOLDER MANAGEMENT SEQ NO 2610512280069337 09-17-1996
FILE NUMBER (b)(6) PN 00 NAME HOPKINS,MARSHALL,H

FOLDER LOCATION DATA

FLDR TYPE	CURRENT LOCATION	DES	DATE OF TRANSFER	PRIOR LOCATION	IN TRANSIT TO STA	DATE
CLAIM	SYS NFE RESN					
SMR	376 ST L RPC		08-10-96			

CH31 CH32/903 CH34 901 C&P JOBS SMR Y
BK BT

FOLDER DATA: REBUILD NO CLAIM FOLDER EST RSN SYS
x ESTABLISH A claim FOLDER FARC ACCESSION NO
TRANSFER THE FOLDER TO ROUTING SYMBOL TT23
THE FOLDER IS LOCATED AT THIS STATION
THE FOLDER IS UNAVAILABLE FOR TRANSFER:
CHARGED OUT TO FORWARD THE CLAIM TO NO RECORD
NEXT SCREEN ann

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DEPARTMENT OF THE AIR FORCE

AIR FORCE RESERVE

11 May 1995

MEMORANDUM FOR 302 MSS/DPMAE

FROM: 302 ASTS/SGA

SUBJECT: Pending Medical Evaluation Board

1. MSgt Marshall H. Hopkins, (b) (6) received an "LOD, Yes" injury on 4 January 1991. MSgt Hopkins has reached the maximum benefit of medical treatment but because of his ongoing medical condition he must meet a Medical Evaluation Board (MEB). Due to the excessive time MSgt Hopkins has been in a P-4-T status, the 21 MDG has accelerated the MEB process and this letter is needed as soon as possible.

2. HQ AFRES/SG requires that a letter from the 302d Airlift Wing Commander must be included in this MEB package. The following questions must be addressed and this letter must be signed by Brig Gen Hatcher:

a. Is this individual an Air Reserve Technician?

b. Are there any available unit vacancies into which this member may be crossed trained:

2. If any assistance is needed, I can be contacted at extension 6-1130.

PATRICIA M. KENAN, SMSgt, USAFR (ART)
Chief, Medical Administration

cc:
302 AW/CC
302 AW/CCE
302 MSS/DPM

1st Ind, 302 AW/CC

TO: 302 ASTS/SGA

The following information is provided:

Member is a NON-ART; currently we have no available NON-ART MSgt positions for MSgt Hopkins to retrain into.

WALTER T. HATCHER III., Brig Gen, USAFR
Commander

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DEPARTMENT OF THE AIR FORCE

AIR FORCE RESERVE

May 18, 1995

MEMORANDUM FOR 21 MDG MEDICAL EVALUATION BOARD MEMBERS

FROM: 302 AIRLIFT CONTROL FLIGHT COMMANDER

SUBJECT: MSgt Hopkins' Medical Evaluation Board

1. MSgt Marshall H. Hopkins, (b) (6) [redacted], is scheduled to meet an MEB due to an LOD injury received on 4 January 1991. He is currently on P-4 status and is unavailable to perform any duties.

2. MSgt Hopkins duties in this unit are as a loadmaster (MST). This means he is expected to maintain flying status. Even more important, he must be able to maintain world-wide mobility status. If he is not able to maintain flying status or world-wide mobility, he is unable to perform his duties in this unit. If he can fill a mobility position but not a flying one then I do have a mobility position for him. However, I have no positions in my unit that do not require world-wide mobility. I cannot, however, speak to whether the 302 AW have such positions, or whether it would be possible to cross-train him to such positions.

3. I am unable to utilize MSgt Hopkins if he is not returned to mobility status. I do not want MSgt Hopkins returned to mobility status in his current condition, as I would be very uncomfortable deploying him on ALCF missions. Therefore, unless his current medical condition can be cured or he can operate safely without drugs, I do not want him returned to my unit.

4. If you have any questions, please call me at 6-7780.

I. Allen Moore, Jr.

I. ALLEN MOORE, JR., Major, USAFR
Commander

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PERSONAL DATA - PRIVACY ACT OF 1974

PREPARED 95 MAY 12 05:36 REPORT ON INDIVIDUAL PERSON (PA) AS OF 95 MAY 12 PCN SE300-R01 W8 W81CF869

RCD RVW RIP

MSG HOPKINS MARSHALL H (b) (6)
302 AIRLIFT CONTROL FT

(PART I)

**********PERSONAL DATA**********
DOB: 20JUL43 MIL PH: 6102
SEX: MALE BUS PH: NO PHONE
RACE: CAU (b) (6)
RELIGION: CH OF JESUS CHRIST-LATTER DY SAINT
ETHNIC GROUP: NONE
MARITAL STATUS: MARRIED
DEPEN IN HOUSEHOLD: 06 TOTAL DEPEN: 06
MIL STATUS OF SPOUSE:
SPOUSE'S SSAN:
PRIM DEPEN: KAROL A
(b) (6)
, CO 80860-0000

CIV-OCCUPATION: MISC-MGT
AIRLINES: NOT APPLICABLE
POSITION: N/A
TYPE ACFT: NOT APPLICABLE

**********EDUCATION DATA**********
CIVILIAN - HIGHEST: 12-29 SEMESTER HOURS YEAR: 91
SPECIALTY: N/A
2ND HIGHEST: N/A YEAR:
SPECIALTY: N/A

MILITARY - PME COURSE: METHOD: YEAR:
SUPERVISORY DEVLPMNT CRSE CORRESP 8501

AFRES NCO LEADERSHIP DEVLP:
RESC-NGIB-ELIG-STAT:
ELIGIBLE

* * * * * *
PER THE PRIVACY ACT OF 1974, DATA CONTAINED ON THE DD FORM 93 (RECORD OF EMERGENCY DATA) AND LIFE INSURANCE FORMS ARE NOT MAINTAINED IN THE PERSONNEL DATA SYSTEM. THEREFORE, IF THERE HAVE BEEN ANY CHANGES OR YOU WANT TO REVIEW THESE FORMS, PLEASE MAKE AN APPOINTMENT WITH THE MPF CUSTOMER ASSISTA NCE SECTION. FOR IMA'S, PLEASE CONTACT HQ ARPC/MSPAP, TOLL FREE 1-800-525-0102, EXTENSION 343, OR DSN 926-3343.
* * * * * *

FWD TO: TRE W/C: U TEL: FOR:

PAGE 1 REVAR
PCN SE300-R01 W8 KY=U RRLAR

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PERSONAL DATA - PRIVACY ACT OF 1974

PREPARED 95 MAY 12 05:36 REPORT ON INDIVIDUAL PERSON (PA) AS OF 95 MAY 12 PCN SE300-R01 W8 W81CF869

MSG HOPKINS MARSHALL H (b) (6)

(PART II)

**********DECORATIONS AND AWARDS DATA**********

DECORATION	NR	AUTH	DECOR HQ	CLOSE DATE
AF COMM MEDAL	01	00022	4TH AF	30SEP84
AF ACHVMT MDL	01	00012	302TAWRES	01OCT86

ADDL DECOR: 00 FOREIGN DECOR:
DATE DUE NEXT ARFMSM: JAN98 AFRESM: JAN03

CAMPAIGNS AND SVC AWARDS	DEVICES	UNIT CITATIONS	DEVICES
CR-CBT RDY MDL		OU-AFOUA	1
LS-AF LGY SVC AWD	3	-N/A	
AR-ARF MER SVC MDL	3	-N/A	
ND-NTL DEF SVC MDL	1	-N/A	
OL-AF OS SVC LT RBN		-N/A	
TR-AF TRAINING RBN			
AM-ADF RES MDL			
-N/A		FOREIGN AWARDS	DEVICES
-N/A		-N/A	
-N/A		-N/A	
-N/A		-N/A	
-N/A		-N/A	
-N/A		-N/A	
-N/A		-N/A	
-N/A			
-N/A			
-N/A			
-N/A			
-N/A			
-N/A			

**********GRADE DATA**********

CURRENT: MSG DOR: 01SEP90

**********SECURITY DATA**********

SECURITY CLEARANCE: TOP SEC

**********HEALTH DATA**********

BLOOD TYPE: A RH-FACTOR: POS IMMUNIZATION AREA: I

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PERSONAL DATA - PRIVACY ACT OF 1974

PREPARED 95 MAY 12 05:36 REPORT ON INDIVIDUAL PERSON (PA) AS OF 95 MAY 12 PCN SE300-R01 W8 WB1CF869

* RECORDS REVIEW LIST *

MSG HOPKINS MARSHALL H (b) (6)

(PART III)

********** RETIREMENT DATA **********

RETIRE/RETEN DATE: JAN15 LAST AF FORM 526: 95
RETIREMENT POINTS: 04113 SAT SVC: 170608

********** PERFORMANCE DATA **********

LAST-EPR: 9A 27FEB87 SUPVR-GRD: CPT
EPR-DUE: (b) (6)
SUP-BEGAN: 28MAR90 SUPVR-NAME: FRIEDENBACH JOHN

********** AVIATION DATA **********

AVIATION SVC CODE: 9D

********** SERVICE DATA **********

PAYDATE: 02JUL74 ETO: N/A FORCE ADJ RSN:
DOE: 17OCT90 TOE: 6 YEARS ENLIST WAIVER CODE:
ETS: 16OCT96 MSO: NONE
TAFMS: 081005 AFR-HYT-DATE: 19JUL03
TEMSD: 02JUL74 SOE: VOL ENL IN A REG COMP
DIEMS: 02DEC63 DIERF: 10JUN67

********** TESTING DATA **********

AMN APTITUDE TEST ID: ASVAB IX (CONV 80)
ADM: 99 ELECT: 45 SCORE GROUP: 2
GEN: 82 MECH: 90 AFQT PCTL: 67
LANGUAGE ID BEST: N/A LANGUAGE ID 2ND: N/A
READ: NEVER TESTED READ: NEVER TESTED
LSTN: NEVER TESTED LSTN: NEVER TESTED
SPEAK: NEVER TESTED SPEAK: NEVER TESTED

********** CLASSIFICATION DATA **********

PAFSC: X1A271 SEI: 090
2AFSC: SEI:
3AFSC: SEI:
4AFSC: SEI:
CAFSC: X1A271 CAFSC EFF DATE: OCT93
TNG STATUS CODE: COMP TNG/AFSC AWD EFF DATE: 23APR05

CLASSIFICATION INTERVIEW/AUDIT CONDUCTED BY

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PERSONAL DATA - PRIVACY ACT OF 1974

PREPARED 95 MAY 12 05:36 REPORT ON INDIVIDUAL PERSON (PA) AS OF 95 MAY 12 PCN SE300-R01 W8 W81CF869

MSG HOPKINS MARSHALL H (b) (6)

(PART IV)

********** DUTY ASSIGNMENT DATA **********

DT ASSIGN MPF: 15JAN83 DY LOCATION: PETERSON AFB COL
DY EFF DATE: 01OCT93 CMD LVL: WING/BASE
DY POSN NR: 0849141 AUTH GRADE: 37
EDCSA: 31JUL89 OVERAGE CODE: 2
DAFSC: X1A271 OV-EXP DATE: 30SEP95
AFR SECTION ID: AD ART ID:
DY TITLE: ALCF LOADMASTER SUPERVISOR
ATCH PAS:

DEERS:

REMINDER: IF YOU WISH TO CHANGE PERSONAL OR DEPENDENT DATA, BRING BIRTH CERTIFICATE(S), MARRIAGE LICENSE AND/OR OTHER LEGAL DOCUMENTS TO THE MPF. FOR IMAS, CONTACT HQ ARPC/MSPAC, TOLL FREE 1-800-525-0102, EXTENSION 324.

ALL DATES ON THIS RIP ARE IN DAY-MONTH-YEAR FORMAT.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED ON THIS FORM IS CORRECT AND COMPLETE, AS NOTED:

MSG HOPKINS MARSHALL H (b) (6)

RECORD REVIEW/AUDIT PERFORMED BY DATE

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

PC3VT 9.3 Wrap LF CHR PRT ONL 9600/8/N/1/BS1A ALT-F10=MNU ALT-H=HLP

GRBOTH NAME: HOPKINS MARSHALL H (b) (6) GRD 37 FILE DT 06 MAY 95
R/R DT: 0115 RC-STAT: 45 P-PC-STAT: 48 PAS: W81CF869 AD AS OF 950430
GAIN DT: 830115 LOSS DT: 000000 ART/TECH ID: PAY DATE: 740702
TAFMS: 081005 TAFCS: 000000 PTS-TOT-TAFCS: 0116 RET ELIG: N DT 20 CMPL:
CAREER START DT: 000000 OATH DT: 000000

SERVICE HISTORY

		AD	IDT	ECI	MEMB	TOTAL	RETIRE	SAT SVC	HIST STAT	QUAL CNTL
POINTS ACCRUED 950114		3229	0945	00048	255	04477	04113	170608		
490701	691201	1286	0000	0000	037	01323	01323	030608	Z	1
691202	740716	CIVI	LIAN	STA	TUS				N	
740717	750716	0149	0044	0016	015	00224	00209	010000	V	1
750717	760716	0017	0063	0011	015	00106	00077	010000	V	1
760717	770201	0000	0018	0000	008	00026	00026	000000	V	5
770202	830114	CIVI	LIAN	STA	TUS				N	
830115	840114	0114	0059	0000	015	00188	00174	010000	V	1
840115	850114	0113	0104	0000	015	00232	00173	010000	V	4
850115	860114	0159	0071	0021	015	00266	00219	010000	V	5
860115	870114	0121	0103	0000	015	00239	00181	010000	V	4
870115	880114	0116	0079	0000	015	00210	00176	010000	V	4

PC3VT 9.3 Wrap LF CHR PRT ONL 9600/8/N/1/BS1A ALT-F10=MNU ALT-H=HLP

GRBOTH NAME: HOPKINS MARSHALL H (b) (6) GRD 37 FILE DT 06 MAY 95

FROM DT	TO DT	AD	IDT	ECI	MEMB	TOTAL	RETIRE	SAT SVC	HIST STAT	QUAL CNTL
880115	890114	0076	0069	0000	015	00160	00136	010000	V	4
890115	900114	0143	0066	0000	015	00224	00203	010000	V	4
900115	910114	0198	0060	0000	015	00273	00258	010000	V	4
910115	920114	0235	0047	0000	015	00297	00295	010000	V	4
920115	930114	0196	0086	0000	015	00297	00256	010000	V	4
930115	940114	0197	0050	0000	015	00262	00257	010000	V	4
940115	950114	0109	0026	0000	015	00150	00150	010000	V	4

PC3VT 9.3 Wrap LF CHR PRT ONL 9600/8/N/1/BS1A ALT-F10=MNU ALT-H=HLP

GRBOTH NAME: HOPKINS MARSHALL H (b) (6) GRD 37 FILE DT 06 MAY 95

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GRCURT HOPKINS MARSHALL H (b) (6) GRADE 37 FILE DT 06 MAY 95
R/R DT: 0115 RC-STAT: 45 P-RC-STAT: 48 PAS: W81CF869 AD PROC-DT: 950430
ACC-PCARS-DT: 830115 LOST-PTS-DT: 000000 ART/TECH ID: LAST 526(DLC)- 950114

NEXT R/R YEAR: AD-OTH 000 SPEC 000 SCH 000 ANN 00 EAD 000 NONPAID 00
IDT-AFTP 00 OTH 000 ECI 000
****CURRENT R/R YEAR POINTS****
TYPE DUTY (TD) CODES: 1=AD OTH 2=AD SPEC3=AD SCH 4=AD ANN 5=EAD 6=AFTP
7=IDT PAID 8=IDT NONPAY A=AD NONPAY B=CONTINUATION PAY CURR-ECI: 000
TRAINING PERIOD (TP) CODES: 0=BOTH 1=AM 2=PM

FROM DT TO DT PTS TD TP FROM DT TO DT PTS TD TP FROM DT TO DT PTS TD TP

TRANSMIT FOR PAGE 2 PAGE 1
PC3VT 9.3 Wrap LF CHR PRT ONL 9600/8/N/1/BS1A ALT-F10=MNU ALT-H=HLP

GRCURT HOPKINS MARSHALL H (b) (6) GRADE 37 FILE-DT 06 MAY 95
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TRANSMIT FOR PAGE 3 PAGE 2
PC3VT 9.3 Wrap LF CHR PRT ONL 9600/8/N/1/BS1A ALT-F10=MNU ALT-H=HLP

GRCURT HOPKINS MARSHALL H (b) (6) GRADE 37 FILE-DT 06 MAY 95
FROM DT TO DT PTS TD TP FROM DT TO DT PTS TD TP FROM DT TO DT PTS TD TP

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LINE OF DUTY DETERMINATION

AUTHORITY: 5 USC 2108, 3309 - 3315, and 8140; 10 USC 507, 972(5), 1074, 1074a, 1202 - 1221, and 8722; 32 USC 318 and 319; 37 USC 204(j) and 802; 38 USC 310, 331, 610, and 612; and EO 9397.
PRINCIPAL PURPOSE(S): To determine if member's disease or injury was incurred in line of duty or not in line of duty.
ROUTINE USES: Used by the Air Force to determine eligibility for physical disability retirement or separation; lost time required to be made good; and forfeiture of pay for absence from duty owing to disease caused by intemperate use of alcohol or drugs. Used by the Veteran's Administration to determine eligibility for disability compensation or hospital benefits. Used by the Civil Service Commission to determine eligibility for veteran's preference. Used by the Labor Department to determine eligibility for compensation. Information may be reviewed by the base Ground Safety Office. SSN is used only for identification purposes.
DISCLOSURE IS VOLUNTARY: Failure to provide information will result in this form being completed using other sources of information.

TO: *(Immediate Commander)*	THRU:	FROM:
302 ALCF	302 MSSQ/MSMQ	302 MED SQ

1. NAME *(Last, First, Middle Initial)*	(b) (6)	3. GRADE	4. ORGANIZATION
HOPKINS, MARSHALL H.		MSGT	302 ALCF

5. MEMBER'S STATUS

A. ☐ REG AF ☐ AFROTC CADET ☐ AFA CADET
B. ANGUS, AND STRENGTH ACCOUNTABILITY IS ☐ WITH ACTIVE FORCE ☐ WITH ANGUS
C. USAFR, AND STRENGTH ACCOUNTABILITY IS ☐ WITH ACTIVE FORCE ☒ WITH USAFR *(Also complete Item 5d)*
D. USAFR, STRENGTH ACCOUNTABILITY IS WITH USAFR AND ☐ IS ☐ IS NOT ASSIGNED TO AN ACTIVE DUTY UNIT FOR TRAINING.

6. NATURE AND EXTENT OF ☐ DISEASE ☒ INJURY *(Preliminary Diagnosis):*

Symptoms similar in appearance to Fibromyalgia Syndrome (See attached brochure)

7. NAME AND LOCATION OF ☒ MILITARY ☐ CIVILIAN HOSPITAL OR TREATMENT FACILITY FIRST PROVIDING TREATMENT	8. TREATMENT PROVIDED HOUR	DATE
Evans AMC , Ft Carson, CO	1825	4 JAN 94

9. RESULT(S) OF DISEASE OR INJURY

A. ☐ RESULTED IN INABILITY TO PERFORM DUTY FOR MORE THAN 24 HOURS
B. ☐ LIKELY TO RESULT IN PERMANENT DISABILITY *(Partial or total)*

10. MEDICAL OPINION OF MEMBER'S CONDITION WHEN FIRST TREATED

A. ☐ WAS ☐ WAS NOT UNDER THE INFLUENCE OF ALCOHOL *(See AFR 35-67, Explanation of Terms)*
B. ☐ WAS ☐ WAS NOT UNDER THE INFLUENCE OF A DRUG - INCLUDING MARIHUANA. *(See AFR 35-67, Explanation of Terms).* IF MEMBER WAS UNDER THE INFLUENCE OF A DRUG, SPECIFY WHAT KIND _____.
C. ☐ UNABLE TO DETERMINE BECAUSE OF PHYSICAL CONDITION
D. ☐ WAS ☐ WAS NOT MENTALLY RESPONSIBLE. MEMBER ☐ HAS ☐ HAS NOT BEEN PSYCHIATRICALLY EVALUATED. ☐ PSYCHIATRIC EVALUATION PENDING
E. SPECIFY ANY OTHER CONDITION DEEMED RELEVANT _____.

11. TESTS

A. BLOOD ALCOHOL TEST ☐ WAS ☐ WAS NOT MADE. IF MADE, STATE RESULTS _____.
B. ANY OTHER TESTS AND RESULTS *(Specify)* _____.

12. DETAILS OF ACCIDENT OR HISTORY OF DISEASE

MSgt Hopkins had a MVA on 4 Jan 91 while on military status. Since that time he has had chronic and recurring pain and insomnia. On 26 OCT 93, MSgt Hopkins brought in a pamphlet from his private neurologist (Attached) linking these symptoms with a trigger-responce to a previous event such as a automobile accident. There is a gap currently in his medical records where no medical problems related to this condition were recorded from 4 Jan 94 to 25 NOV 91. During the 25 NOV 91 examination, Dr. Todaro questioned the cause and effect relationship between history and presentation. (over)

13. SOURCES OF INFORMATION	B. NAME(S) AND ADDRESS(ES) OF WITNESS(ES)
A. ☐ MEMBER ☐ POLICE ☐ WITNESS(ES) ☒ OTHER *(Specify)* Medical Records	

14. BASED ON THE FOREGOING, THE FOLLOWING FINDING IS RECOMMENDED: A. ☐ IN LINE OF DUTY DO determination made
B. ☐ NOT IN LINE OF DUTY *(Regular AF, USAFR, or ANGUS member incurred injury or disease due to member's own misconduct or while member was absent without authority; Regular AF, USAFR, or ANGUS member incurred injury or disease during travel to or from AD and had materially deviated from authorized travel route; USAFR or ANGUS member incurred injury or disease during travel to or from ADT and had materially deviated from authorized travel route; USAFR or ANGUS member incurred injury during travel to or from IDT and had materially deviated from authorized travel route; or USAFR or ANGUS member incurred disease during travel to or from IDT.)*

DATE	TYPED NAME AND GRADE OF MEDICAL OFFICER	SIGNATURE
4 NOV 93	EDWARD T. KIMBLE, COL USAFR, MC, FS	Edward T. Kimble COL

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REQUEST AND AUTHORIZATION FOR ACTIVE DUTY TRAINING/ACTIVE DUTY TOUR

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974-USE BLANKET PAS-AF FORM 11)

BY ORDER OF THE SECRETARY OF THE AIR FORCE

1. GRADE, NAME (Last, First, MI): HSGT HOPKINS, MARSHALL H
(b) (6)
3. SECURITY CLEARANCE: TOP SECRET
4. DAFSC: A11470

5. UNIT OF ASSIGNMENT: 302 ALCF PETERSON AFB, CO 80914-5000
6. PAS CODE: W80QF869
7. PRIMARY DEPN: KAROL A/WIFE
8. BAS CODE CO4: B

(b) (6) COO
9a. CORPORATE LIMITS OF DUTY STATION ☐
9b. COMMUTING AREA CON ☐ YES(2) ☒ NO(1)
10. AUTHORIZED TO PARTICIPATE IN FLYING ACTIVITIES THIS TOUR ☒ YES ☐ NO

11. Mbr is ordered to AD for 60 *days plus auth tvl time CPM
12. TYPE OF TOUR: MPA

13. AUTH AT TVL DAYS	14. TOTAL AT TVL DAYS	15. AT DAYS OBLIGATED THIS YR	16. AT ROUND TRIPS USED THIS YR (will not commute)
N/A			

17. TNG-CAT-IND CPS: IS
18. TOUR-IND CPT: DESERT SHIELD

19. WILL REPORT TO (Unit and location) COL:
3RD SSW/LGTT
PETERSON AFB,CO 80914-5000

20. REPORTING DATA (Hour) COM (Dy,Mo,Yr) CO2	21. RELEASE DATE (Dy,Mo,Yr)	22. MEAN CODE CO9	23. MAN-DAY ID CRR
0730 28 DEC 90	25 FEB 91	212	1S

24. VARIABLE TOUR STATEMENT. (Applies to AFRES units only.) *If member remains on special/school tour in excess of days shown in block 11, this order need not be amended unless this order exceeds -- days.

25. File travel voucher and STATEMENT OF TOUR OF DUTY within 5 workdays after tour completion. Travel days will not exceed DODPH authorized travel time. Per diem is based on the availability of government quarters and mess; contact the base billeting office SPACE GOVT QUARTERS MUST BE USED WHEN AVAILABLE. Turn in all promotional items such as gifts, bonus tickets, etc, to the AFO.

26. REMARKS (AMU-27OAN) J-130657.360

TR cost N/A. Individual must pay surcharge at government messing facilities. Report to CBPO/DPMU prior to departure. Trvrl is eligible for a govt. contractor issued trvl charge card. Limit the trvl advance pmt to 80% of auth and allowable out of pocket expenses. Per diem is based on availability of govt quarters and mess, contact Base Billeting Office to see if they are available. MPA AUTHORIZATION PER DPB LTR DATED 21 Dec 90.

ESTIMATED COST	27. TRAVEL	F/P	28. PER DIEM	F/P	29. OTHER	30. TOTAL
	25.00	P	1550.00	P	0.00	1585.00

31. PAY AND ALLOWANCE 5713500 321 510 503725 0500

TRAVEL AND PER DIEM 5713400 301 83A2 100601.01 40770 40870 40970 676100 VA mv

CERTIFYING OFFICIAL

32. APPROVING OFFICIAL (TYPED Name, Grade, AUTOVON): JOHN K TOWNSEND MSGT AV 692-6102
33. SIGNATURE: A signed letter requesting the issuance of this order is on file with the orders authenticating official.
34. DATE: 26 DEC 90

35. DEPARTMENT OF THE AIR FORCE (Include designation & location of Headquarters) CO6/01:
HQ 302 CSS (AFRES)
PETERSON AFB CO 80914-5000

36. RESERVE ORDER NO. CPY: D-01851
37. DATE CPZ: 27 DEC 90

TDN FOR THE COMMANDER

38. DISTRIBUTION

39. SIGNATURE ELEMENT OF AUTHENTICATING OFFICIAL
Kandace M. Mueller
KANDACE M. MUELLER, TSgt, USAFR (ART)
Asst Chief, Information Mgt

40. STATEMENT OF TOUR OF DUTY

	LOCATION	HOUR(mil)	DAY	MONTH		LOCATION	HOUR(mil)	DAY	MONTH	MODE OF TVL
a. DEPART					b. ARRIVE					
c. DEPART					d. ARRIVE					

41. THE FOLLOWING STATEMENT APPLIES ONLY TO PERSONNEL WITH MILITARY SPOUSES.
My spouse ☐ (was) ☐ (was not) in Active Duty status during this tour.

42. THE FOLLOWING STATEMENT APPLIES TO ALL PERSONNEL.
I ☐ (did) ☐ (did not) occupy Govt Quarters (Includes Contract Qtrs)

43. I have applied for appropriate leave from Fed Civil Svc employment. ☐ (yes) ☐ (N/A) (0)

44. I certify that I have complied with the above order. I hereby claim any amount due me. The statements on this form are true and complete. Payment or credit has not been received. If this tour was extended under the variable tour provision, it was with my prior knowledge and consent.

45. MEMBERS SIGNATURE
46. DATE

CERTIFICATION

47. Member reported for duty as ordered at hours on and was released from duty at hours on.
48. MEMBER ☐ (Is) ☐ (Is not) entitled to flight pay.
49. CERTIFYING OFFICIALS NAME, GRADE, TITLE, AND AUTOVON
50. SIGNATURE
51. DATE

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CHECKLIST FOR MEDICAL EVALUATION BOARD CASES

NAME: Hopkins, Marshall H.	GRADE: MSgt	SSAN: 529-56-7575	DATE: 12 june 1995			
DOCUMENTS REQUIRED			YES	NO	N/A	SEE REMARKS
1. Request for one time PEB referral authority			X			
2. AF Form 618, Medical Board Report			X			
3. Evaluee's letter of exception			X			
4. AF Form 1185, Statement of Record Data			X			
5. SF 502, Narrative Summary			X			
6. Consultations or special studies			X			
7. SF 88, Report of Medical Examination (if requested)			X			
8. SF 93, Report of Medical History (if requested)			X			
9. AF Form 348, or DD Form 261 with exhibits (LOD)			X			
10. AF Form 1172, Certificate of Medical Officer				X		
11. Next-of-kin information				X		
12. AF Form 618 from prior MEB				X		
13. Current health records			X			
14. Prior health records			X			
15. Unit Personnel Record (AF Forms 10 and 11)				X		
16. Assignment data per AFR 36-20 or AFR 39-11				X		
17. Copy of duty orders for AFRES or ANG members			X			
18. Request for VA bed				X		
19. Other				X		
SPECIAL INTEREST ITEMS:						
1. AF Form 618 properly completed and approved			X			
2. Evaluee briefed and acknowledges understanding and submits LOE if desired			X			
3. Narrative Summary (SF 502) current and descriptive			X			
4. Line-of-Duty requirement satisfied			X			

REMARKS:

PEBLO SIGNATURE: JERRY L. DAVES, GS-9
Chief, Beneficiary Services

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DEPARTMENT OF THE AIR FORCE
21st Space Wing (AFSPC)

12 JUN 1995

MEMORANDUM FOR HQ AFMPC/DPMMMS
550 C St West, Ste 26
Randolph AFB, TX 78150-4728

FROM: 21 MDSS/SGSTB
559 Vincent Street
Peterson AFB, CO 80914-1540

SUBJECT: Request for One-Time Physical Evaluation Board (PEB) Referral Authority

1. In accordance with AFR 168-4, para 13-36, request one-time authority be granted to 21st Medical Group, Peterson AFB, CO, to refer the MEB case of MSgt Marshall Hopkins, (b)(6) to the PEB. It is neither clinically nor administratively necessary to forward this case to a PEB referral hospital. The provisions of AFR 168-4, Chapter 13, have been complied with and the case is attached.

2. The PEB Liaison Officer is Mr. Jerry L. Daves, 21 MDSS/SGSTB, DSN 834-1206.

JERRY L. DAVES, GS-9, DAF
Chief, Beneficiary Services

Attachment:
Case File - MSgt Hopkins

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MEDICAL BOARD REPORT

(This form is subject to the Privacy Act of 1974 - Use Blanket PAS - DD Form 2005)

1. INSTALLATION AT WHICH CONVENED	2. DATE CONVENED
Peterson AFB, CO	18 May 95

3. NAME *(Last, First, Middle Initial)*	4. GRADE	5. SSN	6. COMPONENT
Hopkins, Marshall H.	MSgt	(b) (6)	AF Reserve

7. DEPT OR SERVICE	8. ORGANIZATION	9. SEX	10. DATE OF BIRTH	11. AGE
USAF	302 ALCF	M	(b) (6)	51y

12. SEPARATION/ RETIREMENT DATE	13. HOSPITAL INITIALLY ADMITTED	14. TRANSFERRED FROM
16 Oct 96		

16. MILITARY OCCUPATIONAL SPECIALTIES		17. TOTAL YEARS MILITARY SERVICE		18. DATE ENTERED AD CURRENT TOUR	16 Oct 90
TITLE	CODE	ACTIVE	INACTIVE	19. AERO RATING – Loadmaster	
Aircraft Loadmaster Craftsman	1A271	4y6mo	17y	20. ON FLYING STATUS ON ADMISSION	x YES / NO
				21. DATE RELIEVED FROM FLYING STATUS	June 94

22. BY DIRECTION OF THE APPOINTING AUTHORITY, THE BOARD CONVENED TO CONSIDER THE CASE OF THE ABOVE NAMED MEMBER.

A. UNDER PROVISIONS OF THE FOLLOWING DIRECTIVES:		B. FOR THE PURPOSE OF:	
AFM 168-4 AND	MANUAL FOR COURTS-MARTIAL	X CONTINUED ACTIVE DUTY	EPTS DEFECTS
X OTHER *(Specify)* AFR 168-4, Chpt 13;AFI 48-123;AFI 36-3212		SEPARATION/RETIREMENT	OTHER *(Specify)*

23. DIAGNOSIS AND FINDINGS

AFTER CONSIDERATION OF CLINICAL RECORDS, LABORATORY FINDINGS, AND PHYSICAL EXAMINATION, THE BOARD ESTABLISHES THE FOLLOWING DIAGNOSIS: *(List all diagnoses, in accordance with applicable directives, which contribute or may contribute to make the qualifications of the individual for worldwide duty questionable. Include any competency determinations. (AFM 177-173).* A	APPROXIMATE DATE OF ORIGIN B	INCURRED WHILE ENTITLED TO BASIC PAY YES C	INCURRED WHILE ENTITLED TO BASIC PAY NO D	EXISTED PRIOR TO SERVICE YES E	EXISTED PRIOR TO SERVICE NO F	PERMANENTLY AGGRAVATED BY SERVICE YES G	PERMANENTLY AGGRAVATED BY SERVICE NO H
1. Myofascial pain	1-4-1991	X			X		X
2. Mechanical low back syndrome	1991	X			X		X
3. tic doulourex	1991	X			X		X
4. Decline in cognitive function secondary to depression	1994	X			X		X
5. Depression, mild	1994	X			X		X

24. SANITY DETERMINATION *(To be completed for sanity board cases only.) (Manual for Courts-Martial)*	YES	NO
A. IS THIS A DISEASE OR DEFECT OF THE MIND AS DISTINGUISHED FROM A CHARACTER DEFECT?		
B. DID THE ACCUSED, AT THE TIME OF THE ALLEGED OFFENSE AND AS A RESULT OF MENTAL DISEASE OR DEFECT, LACK SUBSTANTIAL CAPACITY TO APPRECIATE THE CRIMINALITY OF THIS CONDUCT?		
C. DID THE ACCUSED, AT THE TIME OF THE ALLEGED OFFENSE AND AS A RESULT OF MENTAL DISEASE OR DEFECT, LACK SUBSTANTIAL CAPACITY TO CONFORM HIS/HER CONDUCT TO THE REQUIREMENTS OF THE LAW?		
D. DID THE ACCUSED HAVE THE MENTAL CAPACITY TO FORM THE SPECIFIC INTENT OR REQUIRED STATE OF MIND?		

25. ACTION RECOMMENDED BY BOARD *(or directed by higher authority)*

Refer to Informal Physical Evaluation Board.

26. BOARD MEMBERS

TYPED NAME, GRADE, ARM OF SERVICE	SIGNATURE *(Place check after signature of psychiatrist)*	27. MINORITY REPORT ON REVERSE
PRESIDENT Kevin J. O'Toole, Maj, USAF, MC, FS		
MEMBER Daniel S. Doolittle, Capt, USAF, MC, FS		☐ YES ☒ NO
MEMBER Joseph A. Dinkins, Capt, USAF, MC, FS		

28. HOSPITAL COMMANDER OR DESIGNEE

A. DATE REVIEWED	B. BOARD RECOMMENDATION [1]	C. TYPED NAME, GRADE, SERVICE	D. SIGNATURE
31 May 95	X APPROVED / DISAPPROVED	Anthony J. Van Goor, LtCol, USAF, MC, FS Chief of the Medical Staff	

29. I HAVE BEEN INFORMED OF THE FINDINGS AND RECOMMENDATIONS OF THE MEDICAL BOARD.

A. DATE	B. SIGNATURE OF SERVICE MEMBER	C. LETTER OF EXCEPTION ATTACHED
950612	Marshall H. Hopkins	X YES / NO / N/A

[1] If, applicable indicate reason for disapproval on reverse.

COPY 1 - DAVES, GS-9
Chief, Beneficiary Services

AF FORM 618, MAR 79 *(EF-V1)* *(PerFORM PRO)* PREVIOUS EDITION IS OBSOLETE

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June 7, 1995

MEDICAL EVALUATION BOARDS

RE: Marshall H. Hopkins, MSGT USAFR
(b)(6) [redacted]

To Whom It May Concern;

Since 1983 I have worked exclusively for the USAFR. I know that the Reserves say that they can not provide full time employment outside of the ART program but that is not entirely true. There are over a thousand of us from SRA to O6s that make our living as "Professional Reservists," "Trough-fers," or "Bums."

While working in this category, I have managed to support a family of seven, buy and pay off a home, and stay pretty much out of debt without my wife working. We have never had any type of medical insurance, but by pulling extended periods of duty, I could get limited health and dental care for myself and my family.

Now I have lost that benefit. I was briefed that I can receive no health care except as related to the accident. I have lost flight pay, use of the commissary except once a month. My wife now has to work. My pay is never certain. At the present I have not been paid since December. Our savings are just about depleted. Further, I can not get any type of job because of the extreme health complications that have occurred due to the accident.

At the present time I am experiencing the following health problems: headaches which responde to chiropractic treatment; Tic DouLoureux which responds to medication; persistant backpains which that are bearable most of the time and do respond to chiropractic treatment when they become unbearable; and a constant feeling of extreme fatigue or drowsiness.

The real problem right now and for the past couple of months is the burning sensation in the back that comes and goes. The following activities initiate and aggravate this problem:

1. Standing stiff for 10 - 15 minutes;
2. Standing and bending over a table;
3. Looking up for 3-4 minutes;
4. Washing dishes at a kitchen sink;
5. Writing for an extended time;
6. Driving a large truck or piece of heavy equipment;
7. Working with my arms raised overhead; and
8. Walking 2-3 blocks or more.

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This problem continues to be the largest hinderance to me because it limits the things that I do or can accomplish.

I am losing my family, I have lost an occupation that I loved and enjoyed very much. Now I have no idea what I can do for a living. No one seems to be interested in hiring me with these problems.

There is no way the accident could have been avoided and yet I feel that I have taken full impact of the results. The military needs to take responsibility and make life better for myself and my family. This accident has changed my life in some very significant ways.

What I am asking is that I receive medical benefits for the family, commissary benefits and the same status as I would have jad if I would have had a green card.

When I responded to the active duty call, i was a first-class citizen. Now I feel that I am being treated as a second class citizen. My injuries did not occur overseas; however they are just as serious. I feel I am in danger of losing all that I have worked for all these years. As a reservist that responded to a call to active duty, I should not have to feel this way.

My question to you is how can you help me get the benefits that I should be entitled to and assure that those of the military that happen to be in similar circumstances receive better care than I have received.

Sincerely,

Marshall Hopkins, MSGT USAFR

(b) (6)

[redacted]

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05JUNE, 1995

TO: MEDICAL EVALUATION BOARD

SUBJECT: MARSHALL HOPKINS

The impact of this accident on my husband and family has been substantial. Since 1991, I have seen my husband go from a mentally and physically well man to become pain-filled and mentally ill. He is not the man I married nor the father to his children he was prior to the accident.
He has been treated poorly due to lack of early and continued care to address his medical needs. As a result, he has long-term and pernament damage. Worst of all, his mental condition has brought about a deterioration in our marital relationship. I have filed for divorce as I can no longer live with him.
He will not seek help and his medical team say he is doing fine. They don't know nor have they visited with his wife and children. He is depressed, moody, often suscidal and distant. Other times he is warm and loving and appears educated, alert and normal.
I have been on an emotional roller-coaster during this time and I have had to seek help myself. Marshall sees himself as well mentally and feels he can live with the continual pain. He no longer sleeps through the night or does he have any time without pain. Much of his pain could have been avoided by early care and attention to his emotional needs.
When he was put on inactive status, no preparation was given for this transition. In two days he was dismissed from a job he loved and found fufilling for a long number of years. To complicate matters, his military pay has been uncertain and held up for over five months. No one seems to care as efforts to find answers met with little or no response. Most Americans with a family of seven could not survive for 5 months with no income. This has been unnecessary. I have had to go to work full-time and had numerous problems with my older children getting into trouble with the law. If you are looking for a way to deterioate the family, this is a classic example.
I know Marshall can't hold down a job. He needs continual medical care to relelve his pain physically. His mental condition I find unstable and feel he would have problems on a job. He is a person who endures pain but over time the sustained long-term pain and sleep deprivation have affected his mental health.
For a simple accident that normally would be easily taken care of, this has been a nightmare of the worst kind. The destruction of a family unit and deterioration of the breadwinners self-esteem and positive attitude has been the result.
Lack of an early LOD status which should have happened and no one to monitor his progress ought to send a clear message

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that the individaul is important and not just a number. He matters and his life has changed forever.
In short, this is some of my feeling about how this accident has affected my husband of 19 years and the loss of him in my life since this accident.

Sincerely,

Karol A Hopkins

Karol Hopkins

(b) (6) [redacted]

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STATEMENT OF RECORD DATA

AUTHORITY: 10 usc 61 and EO 9397
PRINCIPAL PURPOSE: To process disability retirement/separation cases.
ROUTINE USES: Used for determining retired grade; creditable service, location of prior records, if any and similar actions.
INFORMATION IS VOLUNTARY. Refusal to divulge information may delay or halt further processing of the case and may jeopardize entitlement to disability benefits. SSN is necessary to ensure positive identificaiton.

I. PERSONNEL DATA

1. NAME (Last, First, Middle Initial)	2. CURRENT GRADE	(b) (6)	4. COMPONENT
Hopkins, Marshall H.	MSgt	[redacted]	REG AF
			X USAFR
			ANG

II. GRADE DETERMINATION DATA

HIGHER ACTIVE OR RESERVE GRADES A	DATES HELD FROM B	DATES HELD TO C	BRANCH OF SERVICE AND COMPONENT D	REASON TERMINATED E
None				

III. CASE PROCESSING DATA

YES	NO	
	X	5. LOST TIME DURING CURRENT ENLISTMENT (Airmen only) (Verified with CBPO)
	X	6. QUALIFIES AS A NON-CONUS *(Territorial)* Resident
	X	7. NONDISABILITY SEPARATION OR RETIREMENT ACTION PENDING *(Specify)* *(Verified with CBPO)*
N/A		8. IF FOUND UNFIT FOR FURTHER MILITARY SERVICE. MEMBER DESIRES RETURN TO CONUS FOR RETIREMENT OR DISCHARGE *(Oversea members only)*

9. MAILING ADDRESS AFTER DISCHARGE OR RETIREMENT *(if found unfit).*
310.5 Victor Avenue
Victor, CO 80860

10. CURRENT UNIT OF ASSIGNMENT	11. SERVICING CBPO
302 ALCF Peterson AFB, CO 80914	302 MSS/DPMAE Peterson AFB, CO 80914

REMARKS

In this section include any pertinent information which may be helpful to the disability processing procedure such as:

Leave accrued at the end of month: June (month) & 0 (days accrued).

Leave sold back since 10 February 1976: 45 (days).

I do/~~do not~~ have any additional comments/information for the board to consider.

MH See attached Letters,
(Initials)

IV. AUTHENTICATION DATA

DATE	SIGNATURE, GRADE AND TITLE OF PERSO	SIGNATURE OF MEMBER
95/8/12	JERRY L. DAVES, GS-9 Chief, Beneficiary Services	Marshall H Hopkins

Computer generated AF Form 1185

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MEDICAL EVALUATION BOARD

HISTORY OF PRESENT ILLNESS: This is a 51-year old right handed white male Reserve TSgt whom I have been following since Jan 94. His problems began in 1991. At that time he was struck in a motor vehicle accident when his relatively small car was hit from behind and pushed into the car in front of him. There was no obvious immediate injury; however, about 30 minutes later he noted difficulty with his language and felt somewhat dizzy. He was evaluated at Fort Carson, had a cervical spine x-ray, and was discharged. About two weeks later he developed headaches which were occipital, across the shoulder, and the up back of his neck. He has been treated with chiropractic manipulation with relatively good relief. He also developed low back pain in the lumbar area without radiation, again, responding relatively well to chiropractic type manipulation.

He has also developed pain in his face which has been diagnosed as having tic douloureux. This is behind his right eye and has a burning aspect to it. He has been seeing Dr. Cohen, neurologist in Pueblo, who has him on a combination of Dilantin and Tegretol with good relief.

He has had some difficulty with cognitive problems. His neurologic exam has been consistently normal. We have obtained neuropsychological testing. This was performed in Dec 94 by Dr. Mark Wexler. Dr. Wexler found that Mr. Hopkin's neuropsychological assessment is that his memory is in the superior range with normal attention concentration. His general intellectual function is above average with a verbal IQ of 114 and a performance IQ of 94 and a full scale IQ of 106. Dr. Wexler suggests that his complaints of memory and the neuropsychological findings suggests the possibility of psychiatric rather than neurologic diagnosis and the patient has been followed up by Dr. Ingram, psychiatrist at Fort Carson.

His neurologic exam remains normal.

My diagnosis is:

1. Myofascial pain
2. Mechanical low back syndrome
3. tic douloureux
4. Decline in cognitive function secondary to depression
5. Depression, mild

At this point in time he has been on Dilantin because of the tic douloureux. In the active force I believe that his problems would not warrant medical evaluation board, however, in the Reserve force the use of Dilantin precludes him from military duty. Therefore, I would recommend that he be placed on the temporary duty retired list.

LAURENCE J. ADAMS, LTCOL, USAF, MC-FS
Neurologist (44N3)

☐ HISTORY & PHYSICAL EXAMINATION (SF 504, SF 505, & SF 506)
☐ CONSULTATION SHEET (SF 513)
☐ CHRON RECORD OF MEDICAL CARE - (SF 600)
☐ PROGRESS NOTE (SF 509)
☐ OPERATION REPORT (SF 516)
☐ NARRATIVE SUMMARY (SF 502)
☐ AUTOPSY PROTOCOL (SF 503)

MEDICAL EVALUATION BOARD PAGE 1

NAME HOPKINS, MARSHALL
REGISTER NO. 20 (b) (6) SSN
UNIT 10th Medical Group USAF Academy CO 80840-530(
DATE DICT 6 May 95/np
DATE TYPED 15 May, 1995

275-102 OPTIONAL FORM 275 (12-77)

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DEPARTMENT OF THE AIR FORCE
10TH MEDICAL GROUP
USAF ACADEMY COLORADO

7 Apr 95

MEMORANDUM FOR 302nd Medical Squadron/AFRES
559 Vincent Street, Suite 401
ATTN: SMSgt Patricia Kenan (Chief, Med Admin)
Peterson Air Force Base CO

FROM: HQ USAFA/SGOMU
4102 Pinion Drive
USAF Academy CO 80840

SUBJECT: MSgt Marshall Hopkins

1. I would just like to update you on the neurologic progress of MSgt Marshall Hopkins. As you are aware, Marshall Hopkins is a 51-year old right handed white male who I have been seeing since Jan 94.

2. His problems began in 1991. At that time he was struck in a motor vehicle accident when his relatively small car was hit from behind and pushed into the car in front of him. There was no obvious immediate injury, however, about 30 minutes later, he noted difficulty with language and felt somewhat dizzy. He was evaluated at Fort Carson, and had a cervical spine x-ray and was discharged. About two weeks later, he developed headaches which were occipital, across the shoulder, and up into the back of his head. These have been treated with chiropractic manipulation with relatively good relief. He also developed a low back pain in the lumbar area without radiation, again, responding relatively well to chiropractic type manipulation.

3. He developed pain in his face which was diagnosed as having tic douloureux. This was behind his right eye and had a burning aspect to it. He was seeing Dr Cohn, neurologist in Pueblo, who has him on a combination of Dilantin and Tegretol with good relief of this.

4. He has had some difficulty with cognitive problems. His neurologic exam has been consistently normal and we have obtained neuro-psych testing. This was performed in Dec 94 by Dr Mark Wexler. Dr Wexler found that Mr. Hopkins' neuropsychological assessment is that his memory is in the superior range. Attention and concentration are normal. General intellectual function is somewhat above average with a verbal IQ of 114, a performance IQ of 94 (low average range), and a full scale IQ of 106 which is in the average range. Dr Wexler's suggestion was that his complaints of memory and the neuropsychological findings suggest possibility of psychiatric rather than neurologic diagnosis and the patient has been followed by Dr Ingram, Psychiatrist.

5. My diagnosis is myofascial pain, mechanical low back syndrome, tic douloureux, decline in lapse of judgment probably secondary to depression.

6. At this point in time, he is only on Dilantin and Tegretol. His pain is gone. His neuropsychological testing as objectively measured seems to be relatively normal. There are no overt signs of gross depression.

7. Because of the above, I do not feel that a medical evaluation board is indicated. Because of the tic douloureux and the medications he is on, I believe that an aeromedical summary should be performed and he should be removed from flying. He is worldwide duty qualified with the exception to the fact that he requires medication management.

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8. I hope this answers any questions you may have.

LAURENCE J. ADAMS, LtCol, USAF, MC
Neurologist

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REQUEST AND AUTHORIZATION FOR ACTIVE DUTY TRAINING/ACTIVE DUTY TOUR

BY ORDER OF THE SECRETARY OF THE AIR FORCE

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974-USE BLANKET PAS-AF FORM 11)

1. GRADE, NAME (Last, First, MI) MSGT HOPKINS, MARSHALL H	(b) (6) [redacted]	SECURITY CLEARANCE TOP SECRET	4. DAFSC A11470
5. UNIT OF ASSIGNMENT 302 ALCF PETERSON AFB, CO 80914-5000	6. PAS CODE W80QF869	7. PRIMARY DEPN KAROL A/WIFE	8. BAS CODE CO4 B
CCD (b) (6) [redacted]	9a. CORPORATE LIMITS OF DUTY STATION ☐	9b. COMMUTING AREA CON ☐ YES(2) ☒ NO(1)	10. AUTHORIZED TO PARTICIPATE IN FLYING ACTIVITIES THIS TOUR ☒ YES ☐ NO
CPM 11. Mbr is ordered to AD for 60 *days plus auth tvl time	12. TYPE OF TOUR MPA		
13. AUTH AT TVL DAYS N/A	14. TOTAL AT TVL DAYS	15. AT DAYS OBLIGATED THIS YR	16. AT ROUND TRIPS USED THIS YR (will not commute)
	17. TNG-CAT-IND CPS IS	18. TOUR-IND CPT DESERT SHIELD	
COL 19. WILL REPORT TO (Unit and location) 3RD SSW/LGTT PETERSON AFB,CO 80914-5000	20. REPORTING DATA (Hour) CO4(Dy,Mo,Yr) CO2 0730 28 DEC 90	21. RELEASE DATE (Dy,Mo,Yr) 25 FEB 91	22. MEAN CODE CO9 212
			23. MAN-DAY ID CPR 1S

24. VARIABLE TOUR STATEMENT. (Applies to AFRES units only.) *If member remains on special/school tour in excess of days shown in block 11, this order need not be amended unless this order exceeds -- days.

25. File travel voucher and STATEMENT OF TOUR OF DUTY within 5 workdays after tour completion. Travel days will not exceed DODPM authorized travel time. Per diem is based on the availability of government quarters and mess; contact the base billeting office SINCE GOVT QUARTERS MUST BE USED WHEN AVAILABLE. Turn in all promotional items such as gifts, bonus tickets, etc, to the AFO.

J-130657.360

26. REMARKS (AMJ-27CAN)

TR cost N/A. Individual must pay surcharge at government messing facilities. Report to CBPO/DPNU prior to departure. Trvrl is eligible for a govt. contractor issued trvl charge card. Limit the trvl advance pmt to 80% of auth and allowable out of pocket expenses. Per diem is based on availability of govt quarters and mess, contact Base Billeting Office to see if they are available. MPA AUTHORIZATION PER DPB LTR DATED 21 Dec 90.

ESTIMATED COST	27. TRAVEL	28. PER DIEM	29. OTHER	30. TOTAL
	25.00 F/P	1560.00 F/P	0.00	1585.00

0500

31. PAY AND ALLOWANCE 5713500 321 510 503725

TRAVEL AND PER DIEM 5713400 301 63A2 100601.01 40770 40870 40970 676100 VA

CERTIFYING OFFICIAL

32. APPROVING OFFICIAL (TYPED Name, Grade, AUTOVON) JOHN K TOWNSEND MSGT AV 692-6102	33. SIGNATURE A signed letter requesting the issuance of this order is on file with the orders authenticating official.	34. DATE 26 DEC 90
35. DEPARTMENT OF THE AIR FORCE (Include designation & location of headquarters) CO8/01 HQ 302 CSS (AFRES) PETERSON AFB CO 80914-5000	36. RESERVE ORDER NO. CPM D-01851	37. DATE CPZ 27 DEC 90
	TDN FOR THE COMMANDER	
38. DISTRIBUTION	39. SIGNATURE (ELIGIBLE OF AUTHENTICATING OFFICIAL) Kandace M. Mueller KANDACE M. MUELLER, TSgt, USAFR (ART) Asst Chief, Information Mgt	

STATEMENT OF TOUR OF DUTY

40.	LOCATION	HOUR(mil)	DAY	MONTH		LOCATION	HOUR(mil)	DAY	MONTH	MODE OF TVL
a. DEPART					b. ARRIVE					
c. DEPART					d. ARRIVE					

41. THE FOLLOWING STATEMENT APPLIES ONLY TO PERSONNEL WITH MILITARY SPOUSES.
My spouse ☐ (was) ☐ (was not) in Active Duty status during this tour.

42. THE FOLLOWING STATEMENT APPLIES TO ALL PERSONNEL.
I ☐ (did) ☐ (did not) occupy Govt Quarters (Includes Contract Qtrs)

43. I have applied for appropriate leave from Fed Civil Svc employment. ☐ (yes) ☐ (N/A) (0)

44. I certify that I have complied with the above order. I hereby claim any amount due me. The statements on this form are true and complete. Payment or credit has not been received. If this tour was extended under the variable tour provision, it was with my prior knowledge and consent.

45. MEMBERS SIGNATURE 46. DATE

CERTIFICATION

47. Member reported for duty as ordered. at hours on and was released from duty at hours on

48. MEMBER ☐ (is) ☐ (is not) entitled to flight pay.

49. CERTIFYING OFFICIALS NAME, GRADE, TITLE, AND AUTOVON

50. SIGNATURE 51. DATE

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DATE REGISTERED BY STATE REGISTRAR

STATE OF COLORADO
CERTIFICATE OF LIVE BIRTH 105

4443 Dist. 67

STATE FILE NUMBER (b) (6)redacted

CHILD

1 CHILD - NAME: FIRST MELANIE | MIDDLE LYNN | LAST HOPKINS | 2 SEX Female

3a HOSPITAL - NAME (If not in hospital, give street and number) 625 Hathaway

4b CITY, TOWN OR LOCATION OF BIRTH Colorado Springs

4c COUNTY OF BIRTH El Paso

5a CERTIFIER - I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Signature) Marshall H. Hopkins

5c TITLE (M.D., D.O., OTHER (SPECIFY)) Father

5b DATE SIGNED (Month, Day, Year) September 19, 1983

6a NAME (Type or print) Marshall H. Hopkins (b) (6)redacted

6a REGISTRAR Jane Green, Deputy Registrar by mo

6b DATE RECEIVED BY REGISTRAR (Month, Day, Year) September 19 1983

PARENTS

7a MOTHER - NAME: FIRST Karol | MIDDLE Ann | LAST (MAIDEN) Nordstrom

7b AGE (At time of this birth) 38

7c STATE OF BIRTH (If not in U.S.A., name country) California

8a RESIDENCE - STATE Colorado

8b COUNTY El Paso

8c CITY, TOWN OR LOCATION Colorado Springs (b) (6)redacted

8d INSIDE CITY LIMITS (Yes or No) No

(b) (6)redacted

10a FATHER - NAME: FIRST Marshall | MIDDLE Hugh | LAST Hopkins

10b AGE (At time of this birth) 40

10c STATE OF BIRTH (If not in U.S.A., name country) Kansas

11a I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Informant) Karol A Hopkins

11b RELATION TO CHILD Mother

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE WAS CORRECTLY COPIED FROM THE RECORD OF BIRTH IN MY CUSTODY AS REQUIRED BY LAW.

NOT VALID WITHOUT

LOCAL REGISTRAR'S

SEAL

ISSUED IN COLORADO SPRINGS, EL PASO COUNTY, COLORADO

THIS 19th DAY OF September 1983

Jane Green Deputy Registrar by mo

Local Registrar of Vital Statistics

PENALTY BY LAW: If any Person alters, uses, attempts to use, or furnishes to another for deceptive use any Vital Statistics Certificate.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

OMB Approved No. 2900-0001
Respondent Burden: 1 hour and 30 minutes

Department of Veterans Affairs

VETERAN'S APPLICATION FOR COMPENSATION OR PENSION

IMPORTANT: Read attached General and Specific Instructions before completing this form. Type, print, or write plainly.

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

1A. FIRST, MIDDLE, LAST NAME OF VETERAN: Marshall H Hopkins

(b) (6)

1C. IF YOU SERVED UNDER ANOTHER NAME, GIVE NAME AND PERIOD DURING WHICH YOU SERVED AND SERVICE NUMBER.

(b) (6)

3B. SPOUSE'S SOCIAL SECURITY NO.: N/A

4. DATE OF BIRTH	5. PLACE OF BIRTH	6. SEX	7. RAILROAD RETIREMENT NO.
7/20/43	Larned KS	Male	None

8. HAVE YOU EVER FILED A CLAIM FOR COMPENSATION FROM THE OFFICE OF WORKERS' COMPENSATION PROGRAMS? *(Formerly the U.S. Bureau of Employees Compensation)*
☐ YES ☐ NO

9A. VA FILE NUMBER: C-

9B. HAVE YOU PREVIOUSLY FILED A CLAIM FOR ANY BENEFIT WITH VA?
☐ NONE ☐ VOCATIONAL REHABILITATION ☐ DENTAL OR OUTPATIENT TREATMENT
☐ HOSPITALIZATION OR MEDICAL CARE ☐ VETERANS EDUCATIONAL ASSISTANCE ☐ WAIVER OF NSLI PREMIUMS
☐ DISABILITY COMPENSATION OR PENSION ☐ DEPENDENTS EDUCATIONAL ASSISTANCE ☐ OTHER *(Specify)*

9C. VA OFFICE HAVING YOUR RECORDS *(If known)*

SERVICE INFORMATION

NOTE: Enter complete information for each period of active duty. Attach DD Form 214 or other separation papers for all periods of active duty to expedite processing of your claim. If you do NOT have your DD Form 214 or other separation papers check (✓) here ☐

10A. ENTERED ACTIVE SERVICE DATE	10A. ENTERED ACTIVE SERVICE PLACE	10B. SERVICE NO.	10C. SEPARATED FROM ACTIVE SERVICE DATE	10C. SEPARATED FROM ACTIVE SERVICE PLACE	10D. GRADE, RANK OR RATING, ORGANIZATION OR BRANCH OF SERVICE
Nov 1963		(b) (6)	Jan 1967		MSgt

10E. HAVE YOU EVER BEEN A PRISONER OF WAR? ☐ YES ☐ NO *(If "Yes," complete Items 10F and 10G)*

10F. NAME OF COUNTRY

10G. DATES OF CONFINEMENT

RESERVE AND NATIONAL GUARD SERVICE

NOTE: Enter complete information for each period of Reserve and National Guard service. Attach any separation papers you have.

11A. ENTERED SERVICE DATE	11A. ENTERED SERVICE PLACE	11B. SERVICE NO.	11C. SEPARATED FROM SERVICE DATE	11C. SEPARATED FROM SERVICE PLACE	11D. GRADE, RANK OR RATING, ORGANIZATION OR BRANCH OF SERVICE
1974		(b) (6)	1978		USAFR
1974			1974		Wy Air Nat Guard

12. IF DISABILITY OCCURRED DURING ACTIVE OR INACTIVE DUTY FOR TRAINING, GIVE BRANCH OF SERVICE AND DATE OF OCCURRENCE
USAFR Desert Shield 8 Jan 3-1991

13A. IF YOU ARE NOW A MEMBER OF THE RESERVE FORCES OR NATIONAL GUARD GIVE THE BRANCH OF SERVICE

13B. RESERVE STATUS ☐ ACTIVE ☐ INACTIVE ☐ RESERVE OBLIGATION

13C. RESERVE OR NATIONAL GUARD UNIT ADDRESS

14A. ARE YOU NOW RECEIVING OR WILL YOU RECEIVE RETIREMENT OR RETAINER PAY FROM THE ARMED FORCES? ☒ YES ☐ NO *(If "Yes," complete Item 14B, 14C, and 14D)*

14B. BRANCH OF SERVICE: USAF

14C. MONTHLY AMOUNT: $

14D. RETIRED STATUS ☐ PERMANENT ☐ TEMPORARY DISABILITY RETIRED LIST

15A. HAVE YOU EVER APPLIED FOR OR RECEIVED DISABILITY SEVERANCE PAY FROM THE ARMED FORCES? ☐ YES ☐ NO *(If "Yes," complete Item 15B)*

15B. AMOUNT: $

16A. HAVE YOU RECEIVED LUMP SUM READJUSTMENT OR SEPARATION PAY FROM THE ARMED FORCES? ☐ YES ☐ NO *(If "Yes," complete Item 16B)*

16B. AMOUNT: $

NATURE AND HISTORY OF DISABILITIES

17. NATURE OF SICKNESS, DISEASE OR INJURIES FOR WHICH THIS CLAIM IS MADE AND DATE EACH BEGAN
Depression
TIC Doulooreaux
Much BACK PAIN
Memory Loss

18A. ARE YOU NOW OR HAVE YOU BEEN HOSPITALIZED OR FURNISHED DOMICILIARY CARE WITHIN THE PAST 3 MONTHS? ☐ YES ☒ NO *(If "Yes," complete Items 18B and 18C)*

18B. DATES OF HOSPITALIZATION OR DOMICILIARY CARE

18C. NAME AND ADDRESS OF INSTITUTION

YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 10.

BEST COPY COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

SKIP ITEMS 19, 20 AND 21 IF YOU ARE NOT CLAIMING COMPENSATION FOR A SERVICE-CONNECTED DISABILITY.

IF YOU RECEIVED ANY TREATMENT WHILE IN SERVICE, COMPLETE THE FOLLOWING INFORMATION (ATTACH TO THIS APPLICATION COPIES OF ANY SERVICE MEDICAL RECORDS YOU HAVE)

19A. NATURE OF SICKNESS, DISEASE, OR INJURY	19B. TREATMENT DATES		19C. NAME, NUMBER OR LOCATION OF HOSPITAL, FIRST-AID STATION, DRESSING STATION, OR INFIRMARY	19D. ORGANIZATION/UNIT AT TIME SICKNESS, DISEASE, OR INJURY WAS INCURRED
	BEGINNING DATE	ENDING DATE		

20. LIST CIVILIAN PHYSICIANS AND HOSPITALS WHERE YOU WERE TREATED FOR ANY SICKNESS, INJURY, OR DISEASE FOR WHICH YOU ARE CLAIMING SERVICE CONNECTION BEFORE, DURING, OR SINCE YOUR SERVICE, AND ANY MILITARY HOSPITALS SINCE YOUR LAST DISCHARGE

A. NAME	B. PRESENT ADDRESS	C. DISABILITY	D. DATE

21. LIST PERSONS OTHER THAN PHYSICIANS WHO KNOW ANY FACTS ABOUT SICKNESS, DISEASE, OR INJURY SHOWN IN ITEM 19A, WHICH YOU HAD BEFORE, DURING, OR SINCE YOUR SERVICE.

A. NAME	B. PRESENT ADDRESS	C. DISABILITY	D. DATE

IF YOU CLAIM TO BE TOTALLY DISABLED *(Complete Items 22A through 25E)*

22A. ARE YOU NOW EMPLOYED? ☐ YES ☐ NO	22B. IF YOU WERE SELF-EMPLOYED BEFORE BECOMING TOTALLY DISABLED, WHAT PART OF THE WORK DID YOU DO?
22C. DATE YOU LAST WORKED	22D. IF YOU ARE STILL SELF-EMPLOYED WHAT PART OF THE WORK DO YOU DO NOW?

23A. EDUCATION *(Circle highest year completed)*	23B. NATURE OF AND TIME SPENT IN OTHER EDUCATION AND TRAINING
1 2 3 4 5 6 7 8 (GRADE SCHOOL) 1 2 3 4 (HIGH SCHOOL) 1 2 3 4 (COLLEGE)	

LIST ALL YOUR EMPLOYMENT, INCLUDING SELF-EMPLOYMENT, FOR ONE YEAR BEFORE YOU BECAME TOTALLY DISABLED

24A. NAME AND ADDRESS OF EMPLOYER	24B. KIND OF WORK	24C. MONTHS WORKED	24D. TIME LOST FROM ILLNESS	24E. TOTAL EARNINGS

LIST ALL YOUR EMPLOYMENT, INCLUDING SELF-EMPLOYMENT, SINCE YOU BECAME TOTALLY DISABLED

25A. NAME AND ADDRESS OF EMPLOYER	25B. KIND OF WORK	25C. MONTHS WORKED	25D. TIME LOST FROM ILLNESS	25E. TOTAL EARNINGS

MARITAL AND DEPENDENCY INFORMATION

26A. MARITAL STATUS *(If widowed or divorced, complete Items 26B, 26F and 29A through 29D only)* ☐ MARRIED ☐ WIDOWED ☒ DIVORCED ☐ NEVER MARRIED *(If so, do not complete Items 26B through 30D)*			26B. SPOUSE'S BIRTHDATE
26C. NUMBER OF TIMES YOU HAVE BEEN MARRIED N/A	26D. NUMBER OF TIMES YOUR PRESENT SPOUSE HAS BEEN MARRIED N/A	26E. IS YOUR SPOUSE ALSO A VETERAN? ☐ YES ☐ NO *(If "Yes," complete Items 26F, if known)*	26F. SPOUSE'S VA FILE NO. *(If any)* C-
27A. DO YOU LIVE TOGETHER? ☐ YES ☐ NO *(If "No," complete Items 18B through 18D)*	27B. REASON FOR SEPARATION *(For example, marital problems, job requirements, health, etc.)*	27C. PRESENT ADDRESS OF SPOUSE	
27D. AMOUNT YOU CONTRIBUTE TO YOUR SPOUSE'S SUPPORT MONTHLY $			

28. CHECK (✓) WHETHER YOUR CURRENT MARRIAGE WAS PERFORMED BY:
☐ CLERGYMAN OR AUTHORIZED PUBLIC OFFICIAL ☐ OTHER *(Explain)*

YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 10.

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NOTE: Furnish the following information about each of your marriages. A certified copy of the public or church record of your CURRENT marriage is required.

29A. DATE AND PLACE OF MARRIAGE	29B. TO WHOM MARRIED	29C. TERMINATED (Death, Divorce)	29D. DATE AND PLACE TERMINATED
N/A			

FURNISH THE FOLLOWING INFORMATION ABOUT EACH PREVIOUS MARRIAGE OF YOUR PRESENT SPOUSE

30A. DATE AND PLACE OF MARRIAGE	30B. TO WHOM MARRIED	30C. TERMINATED (Death, Divorce)	30D. DATE AND PLACE TERMINATED
N/A			

IDENTIFICATION OF CHILDREN AND INFORMATION RELATIVE TO CUSTODY

NOTE: Furnish the following information for each of your unmarried children. A certified copy of the public or church record of birth or court record of adoption is required.

31A. NAME OF CHILD (First, middle initial, last)	31B. DATE OF BIRTH (Month, day, year)	31C. SOCIAL SECURITY NUMBER OF CHILD	31D. CHECK EACH APPLICABLE CATEGORY				
			MARRIED PREVIOUSLY	STEPCHILD OR ADOPTED	ILLEGITIMATE	OVER 18 ATTENDING SCHOOL	SERIOUSLY DISABLED

31E. NAME(S) OF ANY CHILD(REN) NOT IN YOUR CUSTODY	31F. NAME AND ADDRESS OF PERSON HAVING CUSTODY	31G. MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT
		$

32A. IS YOUR FATHER DEPENDENT UPON YOU FOR SUPPORT? ☐ YES ☐ NO (If "Yes," complete Item 34B)	32B. NAME AND ADDRESS OF DEPENDENT FATHER	32C. IS YOUR MOTHER DEPENDENT UPON YOU FOR SUPPORT? ☐ YES ☐ NO (If "Yes," complete Item 32D)
32D. NAME AND ADDRESS OF DEPENDENT MOTHER	32E. NAME AND ADDRESS OF NEAREST RELATIVE	32F. RELATIONSHIP OF NEAREST RELATIVE

NET WORTH OF VETERANS AND DEPENDENTS

NOTE: Items 33A through 33D should be completed ONLY if you are applying for nonservice-connected pension.

ITEM NO.	SOURCE	AMOUNTS				
		VETERAN	SPOUSE	NAME OF CHILD(REN)		
33A	STOCKS, BONDS, BANK DEPOSITS	$	$	$	$	$
33B	REAL ESTATE (Do not include residence)					
33C	OTHER PROPERTY					
33D	TOTAL NET WORTH	$	$	$	$	$

INCOME RECEIVED AND EXPECTED FROM ALL SOURCES

NOTE: Items 34A through 39B should be completed ONLY if you are applying for nonservice-connected pension.

34A. HAVE YOU OR YOUR SPOUSE APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE ANY BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION (OTHER THAN SSI) OR RAILROAD RETIREMENT BOARD? ☐ YES ☐ NO (If "Yes," complete Items 34B thru 34F as applicable)	34B. MONTHLY AMOUNT (Include Medicare Deduction)		34C. BEGINNING DATE	34D. DATE YOU EXPECT BENEFITS TO BEGIN
	VETERAN	$		
	SPOUSE	$		
	34E. WILL YOU OR YOUR SPOUSE APPLY FOR EITHER BENEFIT DURING THE NEXT 12 MONTHS? ☐ YES ☐ NO		34F. DATE OF INTENTION TO APPLY	
			VETERAN	SPOUSE

35A. HAVE YOU OR YOUR SPOUSE APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE ANNUITY OR RETIREMENT BENEFITS OR ENDOWNMENT INSURANCE FROM ANY OTHER SOURCE?

☐ YES ☐ NO (If "Yes," complete Items 35B through 35E)

YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 10.

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35B. MONTHLY AMOUNT		35C. BEGINNING DATE	35D. DATE OF INTENTION TO APPLY	35E. SOURCE OF BENEFITS
VETERAN	$			
SPOUSE	$			

VETERAN'S AND DEPENDENTS' MONTHLY INCOME

NOTE: For each source report gross monthly amount, including deductions, for each family member.

ITEM NO.	SOURCE OF MONTHLY INCOME	AMOUNTS *(If none, write "NONE" or "0")*				
		VETERAN	SPOUSE	NAME OF CHILD/REN		
36A	SOCIAL SECURITY	$	$	$	$	$
36B	U.S. CIVIL SERVICE					
36C	U.S. RAILROAD RETIREMENT					
36D	MILITARY RETIREMENT					
36E	BLACK LUNG BENEFIT					
36F	SUPPLEMENTAL SECURITY/PUBLIC ASSIST.					
36G	ALL OTHER MONTHLY INCOME *(Specify Source)*					

VETERAN'S AND DEPENDENTS' OTHER INCOME *(If none, write "NONE" or "0")*

NOTE: Please provide the amount of annual income or one-time nonrecurring income (specify source) for the 12 month period preceding the date the claim is filed with the Department of Veterans Affairs.

37A	TOTAL WAGES					
37B	TOTAL INTEREST AND DIVIDENDS					
37C	ALL OTHER INCOME *(Specify Source)*					

NOTE: Please provide the amount of expected annual income or one-time nonrecurring income (specify source) for the 12 month period following the date the claim is filed with the Department of Veterans Affairs.

38A	TOTAL WAGES					
38B	TOTAL INTEREST AND DIVIDENDS					
38C	ALL OTHER INCOME *(Specify Source)*					

39A. GROSS AMOUNT OF FINAL PAY RECEIVED	40. REMARKS *(Identify your statements by their applicable item number. If additional space is required, attach separate sheet and identify your statements by their item numbers)*
39B. DATE FINAL PAY WAS RECEIVED	

NOTE: Items 41A through 41G should be completed only if you are applying for nonservice-connected pension.

INFORMATION CONCERNING MEDICAL, LEGAL OR OTHER EXPENSES

NOTE: Family medical expenses actually paid by you may be deductible from your income. Show the amount of unreimbursed medical expenses you paid for yourself or relatives you are under an obligation to support. Also, show medical, legal or other expenses you paid because of a disability for which civilian disability benefits have been awarded. When determining your income, we may be able to deduct them from the disability benefits for the year in which the expenses are paid. Do not include any expenses for which you were reimbursed. Show the Medicare deduction in line 1.

41A. AMOUNT PAID BY YOU	41B. DATE PAID	41C. PURPOSE *(Doctor's fees, hospital charges, Attorney fees, etc.)*	41D. PAID TO *(Name of doctor, hospital, pharmacy, Attorney, etc.)*	41E. DISABILITY OR RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID
		Medicare (Part B)	SOCIAL SECURITY ADMINISTRATION	

41F. ARE YOU NOW A PATIENT IN A NURSING HOME?	41G. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME COSTS?
☐ YES ☒ NO *(If "Yes," please complete Item 41G)*	☐ YES ☐ NO *(If "Yes," give the name and address of the nursing home in Item 40, "Remarks")*

NOTE: Filing of this application constitutes a waiver of military retired pay in the amount of any VA compensation to which you may be entitled. See instructions for Items 14A thru 14D inclusive, Retired Pay.

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION - I CERTIFY THAT the foregoing statements are true and complete to the best of my knowledge and belief. I CONSENT THAT any physician, surgeon, dentist, or hospital that has treated or examined me for any purpose, or that I have consulted professionally, may furnish to the Department of Veterans Affairs any information about myself, and I waive any privilege which renders such information confidential. DO YOU WANT TO HAVE MEDICAL AND OTHER INFORMATION ABOUT YOU INCLUDED IN THE "PERSIAN GULF WAR VETERANS HEALTH REGISTRY?" (See "GENERAL INSTRUCTIONS," paragraph K.) ☐ YES ☐ NO

42. SIGNATURE OF CLAIMANT	43. DATE SIGNED
SIGN HERE ▶ [signature]	9 5 96

WITNESSES TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK

NOTE: A signature by mark must be witnessed by two persons to whom the person making the statement is personally known. The witnesses must sign their names in Items 44A and 45A and type or print their names and addresses in Items 44B and 45B.

44A. SIGNATURE OF WITNESS	45A. SIGNATURE OF WITNESS
44B. NAME AND ADDRESS OF WITNESS *(Type or print)*	45B. NAME AND ADDRESS OF WITNESS *(Type or print)*

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

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STATE OF COLORADO

Office of the Local Registrar of Vital Statistics

Victor, Colorado

CERTIFIED COPY OF BIRTH RECORD

NAME OF CHILD: Laura Ann Hopkins	SEX: Female
PLACE OF BIRTH: 310 Victor Avenue, Victor, Colorado 80860	(b) (6)
NAME OF FATHER: Marshall Hugh Hopkins	AGE: 38
MAIDEN NAME OF MOTHER: Karol Ann Nordstrom	AGE: 36
(b) (6)	PLACE OF BIRTH: Kansas
	PLACE OF BIRTH: Colorado
	LOCAL REGISTRATION NUMBER: Disguised
IF AMENDED, DATE:	ITEM AMENDED:
	DOCUMENTS USED:
IF DELAYED REGISTRATION, DOCUMENTS USED:	

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE WAS CORRECTLY COPIED FROM THE RECORD OF BIRTH IN MY CUSTODY AS REQUIRED BY LAW.

WITNESS MY HAND AND SEAL

THIS 15th DAY OF March, A.D. 82

LOCAL REGISTRAR OF VITAL STATISTICS

Victor, COLORADO

NOT VALID IF IT DOES NOT BEAR THE SEAL OF THE LOCAL REGISTRAR OF VITAL STATISTICS

COLORADO DEPARTMENT OF HEALTH
AD RS 15B (REV. 7-78)

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Standard Form 88
(Rev. June 1956)
Bureau of the Budget
Circular A-52 (Rev.)

REPORT OF MEDICAL EXAMINATION

A

1. LAST NAME—FIRST NAME—MIDDLE NAME: Hopkins, Marshall Hugh

2. GRADE AND COMPONENT OR POSITION: A/C

(b) (6) [redacted]

(b) (6) [redacted]

3. PURPOSE OF EXAMINATION: Sep ENLUSAF

30 Nov 63

7. SEX: Male

8. RACE: Cauc

9. TOTAL YEARS GOVERNMENT SERVICE: MILITARY 3 612 CIVILIAN

10. AGENCY: DAF

11. ORGANIZATION UNIT: 602

(b) (6) [redacted]

13. PLACE OF BIRTH: Larned Kansas

14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN: STEP FATA MR KENNETH H FRITZ & CAME AS 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: AFES, Denver, Colorado

16. OTHER INFORMATION

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY (Total) | LAST SIX MONTHS

CLINICAL EVALUATION

(Check each item in appropriate column; enter "NE" if not evaluated.)

NORMAL		ABNORMAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 58, 60 and 67)	X
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	X
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

24. Mild Epotrophia of Lt. eye

39 Ant 1" scar ① Knee
Ant 2" scar ① Wrist

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

○—Restorable teeth
/—Nonrestorable teeth
X—Missing teeth
XXX—Replaced by dentures
(6 X 8)—Fixed bridge, brackets to include abutments

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES: Orally Qualified

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY: 1016

B. ALBUMIN: Negative

C. SUGAR: Negative

D. MICROSCOPIC

46. CHEST X-RAY (Place, date, film number and result): 17 806 NEGATIVE DATE AS ABOVE DENVER AFES

47. SEROLOGY (Specify test used and result): STS NONREACTIVE 806

48. EKG

49. BLOOD TYPE AND RH FACTOR

50. OTHER TESTS

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MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
73	135	Brown	Blue	☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	98.6

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 124	B. RECUMBENT	SYS.	C. STANDING (5 min.)	SYS.	A. SITTING 74	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING
	DIAS. 70		DIAS.		DIAS.					

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. OX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. OX	CORR. TO BY

62. HETEROPHORIA (Specify distance)
ES° EX° R.H. L.H. PRISM DIV. PRISM CONV. CT PD PD

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT LEFT	DVORINE 14/14 NORMAL		CORRECTED
66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER									72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and scores)
RIGHT WV	/15 SV	/15		250	500	1000	2000	3000	4000	6000	8000	
LEFT WV	/15 SV	/15	RIGHT		0	0	0	5	10	15		
			LEFT		0	0	0	5	5	5		

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

AFQT7B 82-II

VTS-CV

TS-CV PASSED

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

24. Mild exotrophia of right eye

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINEE (Check)
A. ☒ IS QUALIFIED FOR enlistment
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

A	B	C	E
1			

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY THOMAS J. CONNOLLY CAPTAIN MC, USAF	SIGNATURE Connolly — NUMBER OF ATTACHED SHEETS

GOVERNMENT PRINTING OFFICE

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Standard Form 89
(Rev. Aug. 1950)
BUREAU OF THE BUDGET
Circular A-32

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

Hopkins

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
Hopkins, Marshall Hugh		

4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
[illegible] Charles A [illegible]	FIL USAF	30 Nov 63

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
[illegible]	[illegible]				

12. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
[redacted]	
EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AFRS Denver Colorado	

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN HIS OWN WORDS. *(Follow by description of past history, if complaint exists)*

good

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER	50	Excellent		
MOTHER	35	good		
SPOUSE		none		
BROTHERS AND SISTERS	17	Excellent		
	15	Excellent		
CHILDREN		none		

19. HAS ANY BLOOD RELATION *(Parent, brother, sister, other)* OR HUSBAND OR WIFE:

YES	NO	(Check each item)	RELATION(S)
	X	HAD TUBERCULOSIS	
	X	HAD SYPHILIS	
	X	HAD DIABETES	
	X	HAD CANCER	
	X	HAD KIDNEY TROUBLE	
	X	HAD HEART TROUBLE	
	X	HAD STOMACH TROUBLE	
	X	HAD RHEUMATISM *(Arthritis)*	
	X	HAD ASTHMA, HAY FEVER, HIVES	
	X	HAD EPILEPSY *(Fits)*	
	X	COMMITTED SUICIDE	
X		BEEN INSANE	Mother

20. HAVE YOU EVER HAD OR HAVE YOU NOW *(Place check at left of each item)*

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
	X	SCARLET FEVER, ERYSIPELAS		X	GOITER		X	TUMOR, GROWTH, CYST, CANCER		X	"TRICK" OR LOCKED KNEE
	X	DIPHTHERIA		X	TUBERCULOSIS		X	RUPTURE		X	FOOT TROUBLE
	X	RHEUMATIC FEVER		X	SOAKING SWEATS *(Night sweats)*		X	APPENDICITIS		X	NEURITIS
	X	SWOLLEN OR PAINFUL JOINTS		X	ASTHMA		X	PILES OR RECTAL DISEASE		X	PARALYSIS *(Ins, infantile)*
X		MUMPS		X	SHORTNESS OF BREATH		X	FREQUENT OR PAINFUL URINATION		X	EPILEPSY OR FITS
	X	WHOOPING COUGH		X	PAIN OR PRESSURE IN CHEST		X	KIDNEY STONE OR BLOOD IN URINE		X	CAR, TRAIN, SEA, OR AIR SICKNESS
	X	FREQUENT OR SEVERE HEADACHE		X	CHRONIC COUGH		X	SUGAR OR ALBUMIN IN URINE		X	FREQUENT TROUBLE SLEEPING
	X	DIZZINESS OR FAINTING SPELLS		X	PALPITATION OR POUNDING HEART		X	BOILS		X	FREQUENT OR TERRIFYING NIGHTMARES
	X	EYE TROUBLE		X	HIGH OR LOW BLOOD PRESSURE		X	VENEREAL DISEASE		X	DEPRESSION OR EXCESSIVE WORRY
	X	EAR, NOSE OR THROAT TROUBLE		X	CRAMPS IN YOUR LEGS		X	RECENT GAIN OR LOSS OF WEIGHT		X	LOSS OF MEMORY OR AMNESIA
	X	RUNNING EARS		X	FREQUENT INDIGESTION		X	ARTHRITIS OR RHEUMATISM		X	BED WETTING
	X	CHRONIC OR FREQUENT COLDS		X	STOMACH, LIVER OR INTESTINAL TROUBLE		X	BONE, JOINT, OR OTHER DEFORMITY		X	NERVOUS TROUBLE OF ANY SORT
	X	SEVERE TOOTH OR GUM TROUBLE		X	GALL BLADDER TROUBLE OR GALL STONES		X	LAMENESS		X	ANY DRUG OR NARCOTIC HABIT
X		SINUSITIS		X	JAUNDICE		X	LOSS OF ARM, LEG, FINGER, OR TOE		X	EXCESSIVE DRINKING HABIT
	X	HAY FEVER		X	ANY REACTION TO SERUM, DRUG OR MEDICINE		X	PAINFUL OR "TRICK" SHOULDER OR ELBOW		X	HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER *(Check each item)*

X	WORN GLASSES	X	ATTEMPTED SUICIDE
X	WORN AN ARTIFICIAL EYE	X	BEEN A SLEEP WALKER
X	WORN HEARING AIDS	X	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
X	STUTTERED OR STAMMERED	X	COUGHED UP BLOOD
X	WORN A BRACE OR BACK SUPPORT	X	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—

	BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION
	HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS
	BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS
	HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD
	HAD IRREGULAR MENSTRUATION	QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY	

B. COMPLETE THE FOLLOWING:

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?	24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?	25. WHAT IS YOUR USUAL OCCUPATION?	26. ARE YOU *(Check one)*
16	MONTHS 6	Rodeo Hand	☒ RIGHT HANDED ☐ LEFT HANDED

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	X	B. INABILITY TO PERFORM CERTAIN MOTIONS
	X	C. INABILITY TO ASSUME CERTAIN POSITIONS
	X	D. OTHER MEDICAL REASONS (*If yes, give reasons*)
	X	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (*If yes, give details*)
X	X	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (*If yes, state reason and give details*)
	X	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (*If yes, state reason and give details*)
	X	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (*If yes, describe and give age at which occurred*)
	X	33. HAVE YOU EVER BEEN A PATIENT (*committed or voluntary*) IN A MENTAL HOSPITAL OR SANATORIUM? (*If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic*)
X	X	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (*If yes, specify when, where, and give details*)
	X	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (*If yes, give complete address of doctor, hospital, clinic, and details*)
	X	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (*If yes, which illnesses*)
	X	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date and reason for rejection*)
	X	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability*)
	X	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (*If yes, specify what kind, granted by whom, and what amount, when, why*)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Hopkins, Marshall Hugh	Marshall H. Hopkins

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (*Physician shall comment on all positive answers in items 20 thru 39*)

UCND - N.S.
Sinusitis Mild

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
THOMAS J. CONNOLLY CAPTAIN, MC, USAF	30 Nov63	Connolly	

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LINE OF DUTY DETERMINATION

AUTHORITY: 5 USC 2108, 3309 - 3315, and 8140; 10 USC 507, 972(5), 1074, 1074a, 1202, 1221, and 8722; 32 USC 318 and 319; 37 USC 204(j) and 802; 38 USC 310, 331, 610, and 612; and EO 9397.
PRINCIPAL PURPOSE(S): To determine if member's disease or injury was incurred in line of duty or not in line of duty.
ROUTINE USES: Used by the Air Force to determine eligibility for physical disability retirement or separation; lost time required to be made good; and forfeiture of pay for absence from duty owing to disease caused by intemperate use of alcohol or drugs. Used by the Veteran's Administration to determine eligibility for disability compensation or hospital benefits. Used by the Civil Service Commission to determine eligibility for veteran's preference. Used by the Labor Department to determine eligibility for compensation. Information may be reviewed by the base Ground Safety Office. SSN is used only for identification purposes.
DISCLOSURE IS VOLUNTARY: Failure to provide information will result in this form being completed using other sources of information.

TO: *(Immediate Commander)*	THRU:	FROM:
302 ALCF	302 MSSQ/MSMQ	302 MED SQ

1. NAME *(Last, First, Middle Initial)*	(b) (6) redacted	3. GRADE	4. ORGANIZATION
HOPKINS, MARSHALL H.		MSGT	302 ALCF

5. MEMBER'S STATUS
- A. ☐ REG AF ☐ AFROTC CADET ☐ AFA CADET
- B. ANGUS, AND STRENGTH ACCOUNTABILITY IS ☐ WITH ACTIVE FORCE ☐ WITH ANGUS
- C. USAFR, AND STRENGTH ACCOUNTABILITY IS ☐ WITH ACTIVE FORCE ☒ WITH USAFR *(Also complete Item 5d)*
- D. USAFR, STRENGTH ACCOUNTABILITY IS WITH USAFR AND ☐ IS ☐ IS NOT ASSIGNED TO AN ACTIVE DUTY UNIT FOR TRAINING.

6. NATURE AND EXTENT OF ☐ DISEASE ☒ INJURY *(Preliminary Diagnosis)*:

Symptoms similar in appearance to Fibromyalgia Syndrome (See attached brochure)

7. NAME AND LOCATION OF ☒ MILITARY ☐ CIVILIAN HOSPITAL OR TREATMENT FACILITY FIRST PROVIDING TREATMENT

Evans AMC , Ft Carson, CO

8. TREATMENT PROVIDED

HOUR	DATE
1825	4 JAN 94

9. RESULT(S) OF DISEASE OR INJURY
- A. ☐ RESULTED IN INABILITY TO PERFORM DUTY FOR MORE THAN 24 HOURS
- B. ☐ LIKELY TO RESULT IN PERMANENT DISABILITY *(Partial or total)*

10. MEDICAL OPINION OF MEMBER'S CONDITION WHEN FIRST TREATED
- A. ☐ WAS ☐ WAS NOT UNDER THE INFLUENCE OF ALCOHOL *(See AFR 35-67, Explanation of Terms)*
- B. ☐ WAS ☐ WAS NOT UNDER THE INFLUENCE OF A DRUG - INCLUDING MARIHUANA. *(See AFR 35-67, Explanation of Terms).*
  IF MEMBER WAS UNDER THE INFLUENCE OF A DRUG, SPECIFY WHAT KIND _____
- C. ☐ UNABLE TO DETERMINE BECAUSE OF PHYSICAL CONDITION
- D. ☐ WAS ☐ WAS NOT MENTALLY RESPONSIBLE. MEMBER ☐ HAS ☐ HAS NOT BEEN PSYCHIATRICALLY EVALUATED.
  ☐ PSYCHIATRIC EVALUATION PENDING
- E. SPECIFY ANY OTHER CONDITION DEEMED RELEVANT _____

11. TESTS
- A. BLOOD ALCOHOL TEST ☐ WAS ☐ WAS NOT MADE. IF MADE, STATE RESULTS _____
- B. ANY OTHER TESTS AND RESULTS *(Specify)* _____

12. DETAILS OF ACCIDENT OR HISTORY OF DISEASE

MSgt Hopkins had a MVA on 4 Jan 91 while on military status. Since that time he has had chronic and recurring pain and insomnia. On 26 OCT 93, MSgt Hopkins brought in a pamphlet from his private neurologist (Attached) linking these symptoms with a trigger responce to a previous event such as a automobile accident. There is a gap currently in his medical records where no medical problems related to this condition were recorded from 4 Jan 94 to 25 NOV 91. During the 25 NOV 91 examination, Dr. Todaro questioned the cause and effect relationship between history and presentation. (over)

13. SOURCES OF INFORMATION
- A. ☐ MEMBER ☐ POLICE ☐ WITNESS(ES)
  ☒ OTHER *(Specify)* Medical Records

B. NAME(S) AND ADDRESS(ES) OF WITNESS(ES)

14. BASED ON THE FOREGOING, THE FOLLOWING FINDING IS RECOMMENDED: A. ☐ IN LINE OF DUTY LOD determination made
B. ☐ NOT IN LINE OF DUTY *(Regular AF, USAFR, or ANGUS member incurred injury or disease due to member's own misconduct or while member was absent without authority; Regular AF, USAFR, or ANGUS member incurred injury or disease during travel to or from AD and had materially deviated from authorized travel route; USAFR or ANGUS member incurred injury or disease during travel to or from IDT ADT and had materially deviated from authorized travel route; USAFR or ANGUS member incurred disease during travel to or from IDT.)*

DATE	TYPED NAME AND GRADE OF MEDICAL OFFICER	SIGNATURE
4 NOV 93	EDWARD T. KIMBLE, COL USAFR, MC, FS	Edward T. Kimble COL

AF Form 348, OCT 85 PREVIOUS EDITION WILL BE USED

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THRU: (SJA)	TO: (Appointing Authority)	FROM: (Immediate Commander)
302 SJA	302 AW/CC	302 OG/CC

15. AT THE TIME OF THIS OCCURRENCE, THE MEMBER WAS:

X	A. PRESENT FOR DUTY	C. ABSENT WITHOUT AUTHORITY FOR MORE THAN 24 HOURS	D. ABSENT WITHOUT AUTHORITY FROM		
	B. ABSENT WITH AUTHORITY			FORMATION	RESTRICTION
		FROM (Hour and date) —		SCHEDULED DUTY	ARREST
		TO (Hour and date)			

E. NEITHER PRESENT FOR DUTY, ABSENT WITH AUTHORITY NOR ABSENT WITHOUT AUTHORITY BUT WAS:

☐ USAFR OR ANGUS, TRAVELING TO OR FROM INACTIVE DUTY TRAINING.

☐ REG AF, USAFR OR ANGUS TRAVELING TO OR FROM DUTY OR TRAINING WHO HAD MATERIALLY DEVIATED FROM AUTHORIZED TRAVEL ROUTE.

16. AS A RESULT OF MY INVESTIGATION, I HAVE DETERMINED THE CIRCUMSTANCES TO BE AS FOLLOWS: *(Who, how, when, where, why)*

On 4 Jan 91, MSgt Hopkins was rearended by Deanne Lucero (Drivers License #061689090) while stopped at a cross-walk. This accident occurred on Fort Carson. MSgt Hopkins was returning to PAFB after teaching a class. He was examined at Evan's Hospital and released to the PAFB clinic.

A complete report is available from the Fort Carson Military Police. The report number is 00057-91.

17. THE PROXIMATE CAUSE OF THE MEMBER'S DISEASE OR INJURY WAS ☐ INTENTIONAL MISCONDUCT ☐ WILLFUL NEGLECT ☐ BOTH OF THESE ☒ NEITHER OF THESE BUT WAS *(Specify)*

The proximate cause of MSgt Hopkin's injury was due to an auto accident where he was not at fault.

18. SOURCES OF INFORMATION	B. STATE NAME(S) AND ADDRESS(ES) OF WITNESS(ES)
A. ☒ MEMBER ☐ OSI ☐ POLICE ☐ OTHER *(Specify)* ☐ WITNESS(ES)	

COMPLETE EITHER ITEM 19 OR ITEM 20

19. ☐ THE RECOMMENDED FINDING IS *"IN LINE OF DUTY"*.

20. ☒ RECOMMEND A FORMAL INVESTIGATION.

DATE	TYPED NAME AND GRADE OF IMMEDIATE COMMANDER	SIGNATURE
17 FEB 94	DENNIS W. THOMPSON, COLONEL	

21. STAFF JUDGE ADVOCATE: ☐ CONCUR ☐ NONCUR

22. ACTION OF THE APPOINTING AUTHORITY

A. ☐ I CONCUR WITH THE RECOMMENDED FINDING OF *"IN LINE OF DUTY"* SHOWN IN ITEM 19. FILE THIS FORM IN MASTER PERSONNEL RECORDS *(AFR 35-67)*

B. ☒ I DO NOT CONCUR WITH THE RECOMMENDATION FOR A FORMAL INVESTIGATION SHOWN IN ITEM 20. A FINAL *"IN LINE OF DUTY"* FINDING IS HEREBY MADE. FILE THIS FORM IN MASTER PERSONNEL RECORDS *(AFR 35-67)*

C. ☐ APPOINT INVESTIGATING OFFICER. *(Appointing authority does not concur with finding recommended in Item 19 or does concur with action recommended in Item 20).*

DATE	TYPED NAME AND GRADE OF APPOINTING AUTHORITY	SIGNATURE
15 Mar 94	WALTER T. HATCHER III, Col	

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STATE OF COLORADO

CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER (b) (6)

CHILD

1. CHILD—NAME FIRST	MIDDLE	LAST	2. SEX
Marshall	Sterling	HOPKINS	M

4a. HOSPITAL—NAME (If not in hospital, give street and number)	4b. CITY, TOWN OR LOCATION OF BIRTH	4c. COUNTY OF BIRTH
FITZSIMONS ARMY MEDICAL CENTER	Aurora	Adams

5a. CERTIFIER — I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Signature) [signature] (M.D., D.O., OTHER (SPECIFY)) (b) (6)

5c. NAME (Type or print)	5d. MAILING ADDRESS (Street or R.F.D. No., City, State, Zip)
GORDON S. PARK, MD, CPT, MC	Fitzsimons Army Medical Center, Denver, CO 80240

6a. REGISTRAR (Signature)	6b. DATE RECEIVED BY REGISTRAR (Month, Day, Year)
Jeanette L. Beck Deputy	MAR 9 1978

PARENTS

7a. MOTHER—NAME FIRST	MIDDLE	LAST (MAIDEN)	7b. AGE (At time of this birth)	7c. STATE OF BIRTH (If not in U.S.A., name country)
Karol	Ann	Nordstrom	32	California

8a. RESIDENCE—STATE	8b. COUNTY	9c. CITY, TOWN OR LOCATION	(b) (6)	8e. INSIDE CITY LIMITS (Yes or No)
Colorado	Summit	Dillon		Yes

(b) (6)

10a. FATHER—NAME FIRST	MIDDLE	LAST	10b. AGE (At time of this birth)	10c. STATE OF BIRTH (If not in U.S.A., name country)
Marshall	Hugh	Hopkins	34	Kansas

I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.

11a. (Signature of Informant)	11b. RELATION TO CHILD
Karol Ann Hopkins	Mother

STATE OF COLORADO, TRI-COUNTY DISTRICT HEALTH DEPARTMENT

I hereby certify that the above is a true, full and correct copy of the certificate, in my custody and now on file in my office.

Witness my hand and official seal in Englewood, in the County of Arapahoe, in said State, this 15th day of March A.D., 1978.

Samuel Johnson M.D.

Samuel Johnson, M.D., Registrar
Adams Arapahoe and Douglas Counties

Jeanette L. Beck

Jeanette L. Beck, Deputy Registrar

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DISABLED AMERICAN VETERANS
DEPARTMENT OF VETERANS AFFAIRS REGIONAL OFFICE

TO: **Department of Veterans Affairs**
Regional Office

DATE: 9/11/96
RE: Hopkins, Marshall
C# (b) (6) [redacted]

Attn: _____

We submit for your consideration, claim for benefits based upon service of the above name veteran, together with supporting evidence as indicated below:

- [x] FORM 21-22 in favor of the Disabled American Veterans
- [ ] FORM 10-10
- [x] FORM 21-526
- [ ] FORM 21-527
- [ ] FORM 686c
- [ ] FORM 21-4138
- [ ] FORM 21-4142
- [ ] FORM 572 (Change of Address)
- [x] Certified Copy of Marriage Certificate of: Marshall + Karol
- [ ] Certified Copy of of Divorce Decree of: _____
- [ ] Certified Copy of Death Certificate of: _____
- [x] Certified Copy of Birth Certificate of: Laura / Marshall / Kenneth / Dan'L. / Melanie
- [ ] Certified Copy of Discharge (DD-214)
- [ ] FORM 21-530
- [ ] FORM 21-534
- [ ] FORM 21-674
- [ ] FORM 21-8678
- [ ] FORM 21-8940
- [ ] FORM 9
- [ ] EVR_____
- [x] FORM 28-1900
- [ ] FORM 20-5655
- [x] PEB results
- [ ] _____
- [ ] _____

Not sure if these are SMR's

REMARKS: _____

_____

_____

National Service Officer 9/11/96

Form S-108
Rev. 1994

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Dr. Lawrence D. Sutton
Chiropractor

Sutton Chiropractic Office
A.B.C.C., P.C.
1315 Royal Gorge Blvd. • Canon City, CO 81212 • (719) 275-2225

June 15, 1994

F.M. Callaway
Attorney at Law
118 North Tejon
Suite 304
Colorado Springs, CO 80903

Re: Client/Patient: Marshall Hopkins
Policy Number: 116352637716

Dear Mr. Callaway:

I am writing you regarding your client and my patient, Mr. Marshall Hopkins concerning his personal injury case. Mr. Hopkins continues to suffer and complain of his injury, signs and symptoms associated with his automobile accident of January 3, 1991.

He has indicated to the insurance company the need for continued care but the insurance company has discontinued his care allegedly due to his reaching maximum medical improvement. He continues to improve with manipulation and therapy with corrective, stabilizing, and palliative relief of his neuromusculoskeletal injuries and multiple compensatory stress points due to recruitment. He continues to improve and has not reached maximum medical improvement. Other health care providers have made numerous evaluations and referred him for continued chiropractic manipulations. Dr. Imran U. Kahn, M.D., neurologist, has administered several novocaine injections and directed him to have continued manipulative therapy with numerous written referrals.

Mr. Hopkins did not suffer from any of the current subjective complaints prior to his automobile accident. He was able to do his normal job related physical activities and requirements of extended travel. He is currently considering retirement due to his inability to perform his military occupational specialty.

Although Mr. Hopkins realizes he needs continued care he has missed appointments and numerous treatments. He requests spinal manipulations only with recent office visits and no adjunctive therapies due to his concern regarding his medical bills. He is concerned that the only therapy that gives him any symptomatic relief is being denied.

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His bills have reached $1,839.41 and although I want to continue his care, the bills are getting exceedingly higher. This has resulted in lapses of care, incomplete therapeutic treatments, and prolonged aggravations. Mr. Hopkins case is not close to being closed and further diagnostic tests should be performed, e.g. functional capacity evaluation, disability rating. He also faces the strong possibility of early premature retirement due to the injuries sustained in his automobile accident.

I am concerned that Mr. Hopkins' condition will regress if he does not continue a regularly scheduled regime of manipulative therapy. However, I cannot continue to treat Mr. Hopkins without receiving payment from his insurance company which is wholly responsible for his medical bills. Mr. Hopkins has informed me that he is suing his insurance company to receive compensation for his injuries and medical bills as he will be held responsible for them if they are not paid. Please keep me advised of the situation with Mr. Hopkins' case as he is considering taking his case before the Colorado Insurance Commissioner due to U.S.A.A.'s nonpayment of bills in a timely manner, not only for his case but also for a separate case involving his wife and son.

If you have any questions regarding this case, please feel free to contact me. Thank you for your cooperation and consideration of this matter.

Sincerely,

Dr. Lawrence D. Sutton

Lawrence D. Sutton, D.C.

LDS/mll

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TRANSACTION HISTORY FOR Marshall H. Hopkins
ACCOUNT NUMBER : 11156A

ACCOUNT NUMBER	DATE OF SERVICE	TREATING DOCTOR	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
for: 09/94						
			PREVIOUS BALANCE			1895.21
11156A	09/07/94	LDS	SPINAL MANIPULATION	19.53		1914.74
11156A	09/07/94	LDS	SPINAL ADDITIONAL AREA	8.37		1923.11
11156A	09/12/94	LDS	SPINAL MANIPULATION	19.53		1942.64
11156A	09/12/94	LDS	SPINAL ADDITIONAL AREA	8.37		1951.01
11156A	09/19/94	LDS	SPINAL MANIPULATION	19.53		1970.54
11156A	09/19/94	LDS	SPINAL ADDITIONAL AREA	8.37		1978.91
11156A	09/26/94	LDS	SPINAL MANIPULATION	19.53		1998.44
11156A	09/26/94	LDS	SPINAL ADDITIONAL AREA	8.37		2006.81
for: 10/94						
			PREVIOUS BALANCE			2006.81
11156A	10/05/94	LDS	SPINAL MANIPULATION	19.53		2026.34
11156A	10/05/94	LDS	SPINAL ADDITIONAL AREA	8.37		2034.71
11156A	10/05/94	LDS	INTERSEGMENTAL TRACT.	5.58		2040.29
for: 11/94						
			PREVIOUS BALANCE			2040.29
11156A	11/04/94	LDS	SPINAL MANIPULATION	19.53		2059.82
11156A	11/04/94	LDS	SPINAL ADDITIONAL AREA	8.37		2068.19
11156A	11/22/94	LDS	SPINAL MANIPULATION	19.53		2087.72
11156A	11/22/94	LDS	SPINAL ADDITIONAL AREA	8.37		2096.09
for: 12/94						
			PREVIOUS BALANCE			2096.09
11156A	12/02/94	LDS	SPINAL MANIPULATION	19.53		2115.62
11156A	12/02/94	LDS	SPINAL ADDITIONAL AREA	8.37		2123.99
11156A	12/02/94	LDS	HYDROCOLLATOR PACKS	5.58		2129.57
11156A	12/02/94	LDS	INTERFERENTIAL THERAPY	27.90		2157.47
11156A	12/12/94	LDS	SPINAL MANIPULATION	19.53		2177.00
11156A	12/12/94	LDS	SPINAL ADDITIONAL AREA	8.37		2185.37
11156A	12/12/94	LDS	HYDROCOLLATOR PACKS	5.58		2190.95
11156A	12/12/94	LDS	INTERFERENTIAL THERAPY	27.90		2218.85
11156A	12/21/94	LDS	SPINAL MANIPULATION	19.53		2238.38
11156A	12/21/94	LDS	SPINAL ADDITIONAL AREA	8.37		2246.75
11156A	12/21/94	LDS	HYDROCOLLATOR PACKS	5.58		2252.33
11156A	12/21/94	LDS	INTERFERENTIAL THERAPY	27.90		2280.23

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TRANSACTION HISTORY FOR Marshall H. Hopkins
ACCOUNT NUMBER : 11156A

ACCOUNT NUMBER	DATE OF SERVICE	TREATING DOCTOR	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
for: 01/95						
			PREVIOUS BALANCE			2280.23
11156A	01/03/95	LDS	SPINAL MANIPULATION	19.53		2299.76
11156A	01/03/95	LDS	SPINAL ADDITIONAL AREA	8.37		2308.13
11156A	01/03/95	LDS	HYDROCOLLATOR PACKS	5.58		2313.71
11156A	01/03/95	LDS	INTERFERENTIAL THERAPY	27.90		2341.61
11156A	01/16/95	LDS	SPINAL MANIPULATION	19.53		2361.14
11156A	01/16/95	LDS	SPINAL ADDITIONAL AREA	8.37		2369.51
11156A	01/16/95	LDS	HYDROCOLLATOR PACKS	5.58		2375.09
11156A	01/16/95	LDS	INTERFERENTIAL THERAPY	27.90		2402.99

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Trips 68X46 Miles

09/26/94 page: 1

TRANSACTION HISTORY FOR Marshall H. Hopkins
ACCOUNT NUMBER : 11156A

ACCOUNT NUMBER	DATE OF SERVICE	TREATING DOCTOR	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
for: 09/92						
	PREVIOUS BALANCE					0.00
11156A	09/22/92	LDS	N/P STRAIGHT EXAM	34.80		34.80
11156A	09/22/92	LDS	SPINAL MANIPULATION	19.53		54.33
11156A	09/22/92	LDS	SPINAL ADDITIONAL AREA	8.37		62.70
11156A	09/22/92	LDS	HYDROCOLLATOR PACKS	5.58		68.28
11156A	09/22/92	LDS	INTERFERENTIAL THERAPY	27.90		96.18
11156A	09/28/92	LDS	SPINAL MANIPULATION	19.53		115.71
11156A	09/28/92	LDS	SPINAL ADDITIONAL AREA	8.37		124.08
11156A	09/28/92	LDS	HYDROCOLLATOR PACKS	5.58		129.66
11156A	09/28/92	LDS	INTERFERENTIAL THERAPY	27.90		157.56
for: 10/92						
	PREVIOUS BALANCE					157.56
11156A	10/07/92	LDS	SPINAL MANIPULATION	19.53		177.09
11156A	10/07/92	LDS	SPINAL ADDITIONAL AREA	8.37		185.46
11156A	10/12/92	LDS	SPINAL MANIPULATION	19.53		204.99
11156A	10/12/92	LDS	SPINAL ADDITIONAL AREA	8.37		213.36
11156A	10/12/92	LDS	HYDROCOLLATOR PACKS	5.58		218.94
11156A	10/12/92	LDS	INTERFERENTIAL THERAPY	27.90		246.84
11156A	10/12/92	LDS	INTERSEGMENTAL TRACT.	5.58		252.42
11156A	10/14/92	LDS	SPINAL MANIPULATION	19.53		271.95
11156A	10/14/92	LDS	SPINAL ADDITIONAL AREA	8.37		280.32
11156A	10/14/92	LDS	HYDROCOLLATOR PACKS	5.58		285.90
11156A	10/14/92	LDS	INTERFERENTIAL THERAPY	27.90		313.80
11156A	10/26/92	LDS	MAIL INSURANCE CHECK		313.80	0.00
11156A	10/26/92	LDS	SPINAL MANIPULATION	19.53		19.53
11156A	10/26/92	LDS	SPINAL ADDITIONAL AREA	8.37		27.90
11156A	10/26/92	LDS	HYDROCOLLATOR PACKS	5.58		33.48
11156A	10/26/92	LDS	INTERFERENTIAL THERAPY	27.90		61.38
for: 11/92						
	PREVIOUS BALANCE					61.38
11156A	11/23/92	LDS	SPINAL MANIPULATION	19.53		80.91
11156A	11/23/92	LDS	SPINAL ADDITIONAL AREA	8.37		89.28
11156A	11/23/92	LDS	HYDROCOLLATOR PACKS	5.58		94.86
11156A	11/23/92	LDS	INTERFERENTIAL THERAPY	27.90		122.76
for: 12/92						
	PREVIOUS BALANCE					122.76
11156A	12/18/92	LDS	MAIL INSURANCE CHECK		122.76	0.00
11156A	12/22/92	LDS	SPINAL MANIPULATION	19.53		19.53

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TRANSACTION HISTORY FOR Marshall H. Hopkins
ACCOUNT NUMBER : 11156A

ACCOUNT NUMBER	DATE OF SERVICE	TREATING DOCTOR	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
for: 12/92						
11156A	12/22/92	LDS	HYDROCOLLATOR PACKS	5.58		33.48
11156A	12/22/92	LDS	ELECTRICAL MUSCLE STIM	27.90		61.38
for: 01/93						
No charges for this month			Balance as of 09/26/94		1978.91	
for: 02/93						
			PREVIOUS BALANCE			61.38
11156A	02/17/93	LDS	MAIL INSURANCE CHECK		61.38	0.00
11156A	02/19/93	LDS	SPINAL MANIPULATION	19.53		19.53
11156A	02/19/93	LDS	SPINAL ADDITIONAL AREA	8.37		27.90
11156A	02/19/93	LDS	HYDROCOLLATOR PACKS	5.58		33.48
11156A	02/19/93	LDS	INTERFERENTIAL THERAPY	27.90		61.38
11156A	02/22/93	LDS	SPINAL MANIPULATION	19.53		80.91
11156A	02/22/93	LDS	SPINAL ADDITIONAL AREA	8.37		89.28
11156A	02/22/93	LDS	HYDROCOLLATOR PACKS	5.58		94.86
11156A	02/22/93	LDS	INTERFERENTIAL THERAPY	27.90		122.76
11156A	02/24/93	LDS	SPINAL MANIPULATION	19.53		142.29
11156A	02/24/93	LDS	SPINAL ADDITIONAL AREA	8.37		150.66
11156A	02/24/93	LDS	HYDROCOLLATOR PACKS	5.58		156.24
11156A	02/24/93	LDS	INTERFERENTIAL THERAPY	27.90		184.14
for: 03/93						
			PREVIOUS BALANCE			184.14
11156A	03/01/93	LDS	SPINAL MANIPULATION	19.53		203.67
11156A	03/01/93	LDS	SPINAL ADDITIONAL AREA	8.37		212.04
11156A	03/01/93	LDS	HYDROCOLLATOR PACKS	5.58		217.62
11156A	03/01/93	LDS	INTERFERENTIAL THERAPY	27.90		245.52
11156A	03/05/93	LDS	SPINAL MANIPULATION	19.53		265.05
11156A	03/05/93	LDS	SPINAL ADDITIONAL AREA	8.37		273.42
11156A	03/05/93	LDS	HYDROCOLLATOR PACKS	5.58		279.00
11156A	03/05/93	LDS	INTERFERENTIAL THERAPY	27.90		306.90
11156A	03/09/93	LDS	LUMBOSACR SUP #TAR2193	21.30		328.20
11156A	03/12/93	LDS	SPINAL MANIPULATION	19.53		347.73
11156A	03/12/93	LDS	SPINAL ADDITIONAL AREA	8.37		356.10
11156A	03/12/93	LDS	HYDROCOLLATOR PACKS	5.58		361.68
11156A	03/12/93	LDS	INTERFERENTIAL THERAPY	27.90		389.58
11156A	03/17/93	LDS	SPINAL MANIPULATION	19.53		409.11
11156A	03/17/93	LDS	SPINAL ADDITIONAL AREA	8.37		417.48
11156A	03/17/93	LDS	HYDROCOLLATOR PACKS	5.58		423.06
11156A	03/17/93	LDS	INTERFERENTIAL THERAPY	27.90		450.96
11156A	03/23/93	LDS	SPINAL MANIPULATION	19.53		470.49
11156A	03/23/93	LDS	SPINAL ADDITIONAL AREA	8.37		478.86

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TRANSACTION HISTORY FOR Marshall H. Hopkins
ACCOUNT NUMBER : 11156A

ACCOUNT NUMBER	DATE OF SERVICE	TREATING DOCTOR	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
for: 03/93						
11156A	03/23/93	LDS	INTERFERENTIAL THERAPY	27.90		512.34
11156A	03/29/93	LDS	SPINAL MANIPULATION	19.53		531.87
11156A	03/29/93	LDS	SPINAL ADDITIONAL AREA	8.37		540.24
11156A	03/29/93	LDS	HYDROCOLLATOR PACKS	5.58		545.82
11156A	03/29/93	LDS	INTERFERENTIAL THERAPY	27.90		573.72
11156A	03/29/93	LDS	ICE PACK	2.40		576.12
for: 04/93						
			PREVIOUS BALANCE			576.12
11156A	04/13/93	LDS	SPINAL MANIPULATION	19.53		595.65
11156A	04/13/93	LDS	SPINAL ADDITIONAL AREA	8.37		604.02
11156A	04/13/93	LDS	HYDROCOLLATOR PACKS	5.58		609.60
11156A	04/13/93	LDS	INTERFERENTIAL THERAPY	27.90		637.50
for: 05/93						
paid in full to this point			nothing paid after this date of service			
No charges for this month			Balance as of 09/26/94		1978.91	
for: 06/93						
			PREVIOUS BALANCE			637.50
11156A	06/02/93	LDS	SPINAL MANIPULATION	19.53		657.03
11156A	06/02/93	LDS	SPINAL ADDITIONAL AREA	8.37		665.40
11156A	06/02/93	LDS	HYDROCOLLATOR PACKS	5.58		670.98
11156A	06/02/93	LDS	INTERFERENTIAL THERAPY	27.90		698.88
11156A	06/29/93	LDS	MAIL INSURANCE CHECK		576.12	122.76
11156A	06/30/93	LDS	MAIL INSURANCE CHECK		61.38	61.38
for: 07/93						
			PREVIOUS BALANCE			61.38
11156A	07/28/93	LDS	SPINAL MANIPULATION	19.53		80.91
11156A	07/28/93	LDS	SPINAL ADDITIONAL AREA	8.37		89.28
11156A	07/28/93	LDS	HYDROCOLLATOR PACKS	5.58		94.86
11156A	07/28/93	LDS	ELECTRICAL MUSCLE STIM	27.90		122.76
for: 08/93						
			PREVIOUS BALANCE			122.76
11156A	08/11/93	LDS	SPINAL MANIPULATION	19.53		142.29
11156A	08/11/93	LDS	SPINAL ADDITIONAL AREA	8.37		150.66
11156A	08/11/93	LDS	HYDROCOLLATOR PACKS	5.58		156.24
11156A	08/11/93	LDS	INTERFERENTIAL THERAPY	27.90		184.14

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TRANSACTION HISTORY FOR Marshall H. Hopkins
ACCOUNT NUMBER : 11156A

ACCOUNT NUMBER	DATE OF SERVICE	TREATING DOCTOR	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
for: 09/93						
			PREVIOUS BALANCE			184.14
11156A	09/03/93	LDS	SPINAL MANIPULATION	19.53		203.67
11156A	09/03/93	LDS	SPINAL ADDITIONAL AREA	8.37		212.04
11156A	09/03/93	LDS	HYDROCOLLATOR PACKS	5.58		217.62
11156A	09/03/93	LDS	INTERFERENTIAL THERAPY	27.90		245.52
11156A	09/20/93	LDS	SPINAL MANIPULATION	19.53		265.05
11156A	09/20/93	LDS	SPINAL ADDITIONAL AREA	8.37		273.42
11156A	09/20/93	LDS	HYDROCOLLATOR PACKS	5.58		279.00
11156A	09/20/93	LDS	INTERFERENTIAL THERAPY	27.90		306.90
11156A	09/27/93	LDS	SPINAL MANIPULATION	19.53		326.43
11156A	09/27/93	LDS	SPINAL ADDITIONAL AREA	8.37		334.80
11156A	09/27/93	LDS	HYDROCOLLATOR PACKS	5.58		340.38
11156A	09/27/93	LDS	INTERFERENTIAL THERAPY	27.90		368.28
for: 10/93						
			PREVIOUS BALANCE			368.28
11156A	10/08/93	LDS	SPINAL MANIPULATION	19.53		387.81
11156A	10/08/93	LDS	SPINAL ADDITIONAL AREA	8.37		396.18
11156A	10/08/93	LDS	HYDROCOLLATOR PACKS	5.58		401.76
11156A	10/08/93	LDS	INTERFERENTIAL THERAPY	27.90		429.66
11156A	10/15/93	LDS	SPINAL MANIPULATION	19.53		449.19
11156A	10/15/93	LDS	SPINAL ADDITIONAL AREA	8.37		457.56
11156A	10/15/93	LDS	HYDROCOLLATOR PACKS	5.58		463.14
11156A	10/15/93	LDS	INTERFERENTIAL THERAPY	27.90		491.04
11156A	10/26/93	LDS	SPINAL MANIPULATION	19.53		510.57
11156A	10/26/93	LDS	SPINAL ADDITIONAL AREA	8.37		518.94
11156A	10/26/93	LDS	HYDROCOLLATOR PACKS	5.58		524.52
11156A	10/26/93	LDS	INTERFERENTIAL THERAPY	27.90		552.42
11156A	10/27/93	LDS	SPINAL MANIPULATION	19.53		571.95
11156A	10/27/93	LDS	SPINAL ADDITIONAL AREA	8.37		580.32
11156A	10/27/93	LDS	HYDROCOLLATOR PACKS	5.58		585.90
11156A	10/27/93	LDS	INTERFERENTIAL THERAPY	27.90		613.80
for: 11/93						
			PREVIOUS BALANCE			613.80
11156A	11/08/93	LDS	SPINAL MANIPULATION	19.53		633.33
11156A	11/08/93	LDS	SPINAL ADDITIONAL AREA	8.37		641.70
11156A	11/08/93	LDS	HYDROCOLLATOR PACKS	5.58		647.28
11156A	11/08/93	LDS	INTERFERENTIAL THERAPY	27.90		675.18
11156A	11/08/93	LDS	INTERSEGMENTAL TRACT.	5.58		680.76
11156A	11/12/93	LDS	SPINAL MANIPULATION	19.53		700.29
11156A	11/12/93	LDS	SPINAL ADDITIONAL AREA	8.37		708.66
11156A	11/12/93	LDS	HYDROCOLLATOR PACKS	5.58		714.24

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TRANSACTION HISTORY FOR Marshall H. Hopkins
ACCOUNT NUMBER : 11156A

ACCOUNT NUMBER	DATE OF SERVICE	TREATING DOCTOR	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
for: 11/93						
11156A	11/12/93	LDS	CERV COLLAR #FST160	11.72		753.86
11156A	11/12/93	LDS	COLD ORTHODICS (REUSE)	53.25		807.11
11156A	11/16/93	LDS	SPINAL MANIPULATION	19.53		826.64
11156A	11/16/93	LDS	SPINAL ADDITIONAL AREA	8.37		835.01
11156A	11/16/93	LDS	HYDROCOLLATOR PACKS	5.58		840.59
11156A	11/16/93	LDS	INTERFERENTIAL THERAPY	27.90		868.49
11156A	11/19/93	LDS	SPINAL MANIPULATION	19.53		888.02
11156A	11/19/93	LDS	SPINAL ADDITIONAL AREA	8.37		896.39
11156A	11/19/93	LDS	HYDROCOLLATOR PACKS	5.58		901.97
11156A	11/19/93	LDS	INTERFERENTIAL THERAPY	27.90		929.87
11156A	11/30/93	LDS	SPINAL MANIPULATION	19.53		949.40
11156A	11/30/93	LDS	SPINAL ADDITIONAL AREA	8.37		957.77
11156A	11/30/93	LDS	HYDROCOLLATOR PACKS	5.58		963.35
11156A	11/30/93	LDS	INTERFERENTIAL THERAPY	27.90		991.25
for: 12/93						
			PREVIOUS BALANCE			991.25
11156A	12/10/93	LDS	SPINAL MANIPULATION	19.53		1010.78
11156A	12/10/93	LDS	SPINAL ADDITIONAL AREA	8.37		1019.15
11156A	12/10/93	LDS	HYDROCOLLATOR PACKS	5.58		1024.73
11156A	12/10/93	LDS	INTERFERENTIAL THERAPY	27.90		1052.63
11156A	12/13/93	LDS	SPINAL MANIPULATION	19.53		1072.16
11156A	12/13/93	LDS	SPINAL ADDITIONAL AREA	8.37		1080.53
11156A	12/13/93	LDS	HYDROCOLLATOR PACKS	5.58		1086.11
11156A	12/13/93	LDS	INTERFERENTIAL THERAPY	27.90		1114.01
11156A	12/17/93	LDS	SPINAL MANIPULATION	19.53		1133.54
11156A	12/17/93	LDS	SPINAL ADDITIONAL AREA	8.37		1141.91
11156A	12/17/93	LDS	HYDROCOLLATOR PACKS	5.58		1147.49
11156A	12/17/93	LDS	INTERFERENTIAL THERAPY	27.90		1175.39
11156A	12/17/93	LDS	ULTRASOUND	11.16		1186.55
11156A	12/21/93	LDS	SPINAL MANIPULATION	19.53		1206.08
11156A	12/21/93	LDS	SPINAL ADDITIONAL AREA	8.37		1214.45
11156A	12/21/93	LDS	HYDROCOLLATOR PACKS	5.58		1220.03
11156A	12/21/93	LDS	INTERFERENTIAL THERAPY	27.90		1247.93
for: 01/94						
			PREVIOUS BALANCE			1247.93
11156A	01/03/94	LDS	SPINAL MANIPULATION	19.53		1267.46
11156A	01/03/94	LDS	SPINAL ADDITIONAL AREA	8.37		1275.83
11156A	01/03/94	LDS	HYDROCOLLATOR PACKS	5.58		1281.41
11156A	01/03/94	LDS	INTERFERENTIAL THERAPY	27.90		1309.31
11156A	01/14/94	LDS	SPINAL MANIPULATION	19.53		1328.84
11156A	01/14/94	LDS	SPINAL ADDITIONAL AREA	8.37		1337.21
11156A	01/14/94	LDS	HYDROCOLLATOR PACKS	5.58		1342.79

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TRANSACTION HISTORY FOR Marshall H. Hopkins
ACCOUNT NUMBER : 11156A

ACCOUNT NUMBER	DATE OF SERVICE	TREATING DOCTOR	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
for: 02/94						
			PREVIOUS BALANCE			1370.69
11156A	02/11/94	LDS	SPINAL MANIPULATION	19.53		1390.22
11156A	02/14/94	LDS	SPINAL MANIPULATION	19.53		1409.75
11156A	02/14/94	LDS	SPINAL ADDITIONAL AREA	8.37		1418.12
11156A	02/11/94	LDS	SPINAL ADDITIONAL AREA	8.37		1426.49
11156A	02/11/94	LDS	HYDROCOLLATOR PACKS	5.58		1432.07
11156A	02/11/94	LDS	INTERFERENTIAL THERAPY	27.90		1459.97
11156A	02/14/94	LDS	HYDROCOLLATOR PACKS	5.58		1465.55
11156A	02/14/94	LDS	INTERFERENTIAL THERAPY	27.90		1493.45
11156A	02/18/94	LDS	SPINAL MANIPULATION	19.53		1512.98
11156A	02/18/94	LDS	SPINAL ADDITIONAL AREA	8.37		1521.35
11156A	02/28/94	LDS	SPINAL MANIPULATION	19.53		1540.88
11156A	02/28/94	LDS	SPINAL ADDITIONAL AREA	8.37		1549.25
for: 03/94						
			PREVIOUS BALANCE			1549.25
11156A	03/08/94	LDS	SPINAL MANIPULATION	19.53		1568.78
11156A	03/08/94	LDS	SPINAL ADDITIONAL AREA	8.37		1577.15
11156A	03/16/94	LDS	SPINAL MANIPULATION	19.53		1596.68
11156A	03/16/94	LDS	SPINAL ADDITIONAL AREA	8.37		1605.05
11156A	03/25/94	LDS	SPINAL MANIPULATION	19.53		1624.58
11156A	03/25/94	LDS	SPINAL ADDITIONAL AREA	8.37		1632.95
11156A	03/30/94	LDS	SPINAL MANIPULATION	19.53		1652.48
11156A	03/30/94	LDS	SPINAL ADDITIONAL AREA	8.37		1660.85
for: 04/94						
			PREVIOUS BALANCE			1660.85
11156A	04/08/94	LDS	SPINAL MANIPULATION	19.53		1680.38
11156A	04/08/94	LDS	SPINAL ADDITIONAL AREA	8.37		1688.75
11156A	04/13/94	LDS	SPINAL MANIPULATION	19.53		1708.28
11156A	04/13/94	LDS	SPINAL ADDITIONAL AREA	8.37		1716.65
for: 05/94						
			PREVIOUS BALANCE			1716.65
11156A	05/06/94	LDS	SPINAL MANIPULATION	19.53		1736.18
11156A	05/06/94	LDS	SPINAL ADDITIONAL AREA	8.37		1744.55
11156A	05/06/94	LDS	HYDROCOLLATOR PACKS	5.58		1750.13
11156A	05/06/94	LDS	INTERFERENTIAL THERAPY	27.90		1778.03

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TRANSACTION HISTORY FOR Marshall H. Hopkins
ACCOUNT NUMBER : 11156A

ACCOUNT NUMBER	DATE OF SERVICE	TREATING DOCTOR	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
for: 06/94						
			PREVIOUS BALANCE			1778.03
11156A	06/03/94	LDS	SPINAL MANIPULATION	19.53		1797.56
11156A	06/03/94	LDS	SPINAL ADDITIONAL AREA	8.37		1805.93
11156A	06/03/94	LDS	HYDROCOLLATOR PACKS	5.58		1811.51
11156A	06/03/94	LDS	INTERFERENTIAL THERAPY	27.90		1839.41
for: 07/94						
			PREVIOUS BALANCE			1839.41
11156A	07/06/94	LDS	SPINAL MANIPULATION	19.53		1858.94
11156A	07/06/94	LDS	SPINAL ADDITIONAL AREA	8.37		1867.31
for: 08/94						
			PREVIOUS BALANCE			1867.31
11156A	08/31/94	LDS	SPINAL MANIPULATION	19.53		1886.84
11156A	08/31/94	LDS	SPINAL ADDITIONAL AREA	8.37		1895.21
for: 09/94						
			PREVIOUS BALANCE			1895.21
11156A	09/07/94	LDS	SPINAL MANIPULATION	19.53		1914.74
11156A	09/07/94	LDS	SPINAL ADDITIONAL AREA	8.37		1923.11
11156A	09/12/94	LDS	SPINAL MANIPULATION	19.53		1942.64
11156A	09/12/94	LDS	SPINAL ADDITIONAL AREA	8.37		1951.01
11156A	09/19/94	LDS	SPINAL MANIPULATION	19.53		1970.54
11156A	09/19/94	LDS	SPINAL ADDITIONAL AREA	8.37		1978.91

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STASSEN CHIROPRACTIC CENTER

March 29, 1995

USAA
Attention: Gwin Hooper
1855 Telstar Dr
Colorado Springs CO 80920

Regarding: Marshall H Hopkins
Accident Date: 01-03-91
Insured's Name: Marshall H Hopkins, (b) (6)
Claim Number: 6-0706

The patient was examined in our office on March 27, 1995, for a determination of his present status. The following is a report of his subjective complaints and our objective findings and current recommendations.

HISTORY

Prior to treatment in this office for injuries sustained in the above automobile accident, Marshall H Hopkins was treated by many doctors including several neurologists, a general practitioner and several chiropractors. He stated the treatments did help but that the pains persisted and that he decided to look elsewhere for more relief. The patient reports no significant history of the above type of injuries. Previous employment has included safety inspector for the government.

COMPLAINTS

Neck pain, headaches, low back pain/4 yrs

EXAMINATION

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The patient is athletic and trim.
The patient's attitude is calm.
The patient's height is 6'3".
The patient's weight is 180 lbs.
The patient walks without assistance.The patient is in obvious pain.
Positive cervical compression test.
Pain on traction of brachial plexus.
No pain when asked to cough.
Normal pinwheel sensitivity on upper extremities
Cervical flexion causes moderate pain.
Cervical extension causes pain.
Cervical lateral flexion causes slight pain.
Cervical rotation causes moderate pain.
Lumbar flexion causes moderate pain.
Lumbar extension causes no pain.
Lumbar lateral flexion causes moderate pain.
Lumbar rotation causes burning pain.
Positive Soto Hall test.
Local tenderness of C4,C5
Muscle spasm noted of entire cervical area.

RADIOLOGICAL FINDINGS

AP View Cervical View: No significant findings.
Lateral Cervical View: Slight loss of disc space posteriorly between C4-C5, and C5-C6.
AP Lumbar View: Slightly dropped sacrum on right. Rotatory subluxation of L4.
Lateral Lumbar View: Flattened lateral lumbar curvature.

DIAGNOSIS

847.0 Cervical whiplash injury
839.01 1st Cervical subluxation
839.05 5th Cervical subluxation
847.1 Thoracic sprain/strain

TREATMENT

All treatment to date has consisted of spinal adjustments and hydro massage therapy.

PROGNOSIS

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Unknown at this time.

ADDITIONAL TREATMENT

Treatment is indicated for an estimated twelve weeks at three times per week.

If there is a sudden change in the patient's condition, we will notify you immediately. If you need additional information, please call our office.

Sincerely,

Patrick C. Stassen,D.C.

cc Rick Callaway

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Name: Marshall Hope Doctor _____ Computer# _____

1995

Date	3-27	3-29	4-3	4-6	4-21	5-2		5-3	5-5	5-11	5-19	5-26
VAS	10										7	
PD-FSL	R	R	R	L	R	L		L	L	L	L	R
LLI-mm												
Left — Right	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R	L R
KNEE	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L
PELVIS												
PUBES												
L5A												
L5												
L4												
L3												
L2												
L1												
T12		LE										
T11												
T10												
T9												
T8												
T7												
T6	HH											
T5												
T4												
T3												
T2												
T1												
RIB (PFR)												
SCAPULA	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L	M M L L
C7												
C6												
C5P												
C5											LE	
C4												
C3												
AXIS												
ATLAS (L)												
ATLAS (P)												
ATLAS (A)												
POST OCC.												
TMJ	S S A A L L	S S A A L L	S S A A L L	S S A A L L	S S A A L L	S S A A L L	S S A A L L	S S A A L L	S S A A L L	S S A A L L	S S A A L L	S S A A L L

Subjective Complaints and Assessment

TMJ
RT T14
NECK
RT
T12 -
T8 PAIN
LH
RADIN

Headaches

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Dr. Patrick C. Stassen
Chiropractor

STASSEN CHIROPRACTIC CENTER

3455 Briargate Blvd., Suite 104
Colorado Springs, Colorado 80920
Phone (719) 260-1010

PATIENT PROGRESS AND ASSESSMENT RECORD

D.O.A. _____

Name Marshall Hopkins

Company _____

DATE			ULTRASOUND
	S:	See report dated 3-29-95 (3)	
3-27	O:		
95	A:		
	P:		

DATE			ULTRASOUND
	S:	Neck ~~[illegible]~~ more relaxed	
3-28	O:	Improved backpain lower	
--	A:	↑	
	P:	will be gone to Texas this week	

DATE			ULTRASOUND
--	S:	Sore Face low back hurting worse.	
4-3	O:	Stomach Hiatal Hernia	
--	A:	worse to a slight degree	
	P:	Needed care needs to be consistent	

DATE			ULTRASOUND
	S:	Face pain & upper neck	
4-6	O:	AXIS & Atlas subluxation Cranial suture fixation	
	A:	Better after tx	
--	P:	= Traction of neck =	

DATE			ULTRASOUND
	S:	Pain in Rt Shoulder	
4-21	O:	AXIS Adjustment & Rest	
	A:	↑	
	P:	Steady	

S: SUBJECTIVE
O: OBJECTIVE
A: ASSESSMENT
P: PROCEDURE

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Dr. Patrick C. Stassen
Chiropractor

STASSEN CHIROPRACTIC CENTER

3455 Briargate Blvd., Suite 104
Colorado Springs, Colorado 80920
Phone (719) 260-1010

PATIENT PROGRESS AND ASSESSMENT RECORD

D.O.A. _____

Name Marshall Hopkins

Company _____

DATE			ULTRASOUND
	S:	Left Headache	
5-2	O:	Adjustment	
	A:	Not better yet	
	P:	Seedule 2 to 3 Times a week as possible	
DATE	S:	Headache Relieved	ULTRASOUND
5-3	O:	Adjustment of Left Atlas was significant	
	A:	↑	
	P:	Seduled soon	
DATE 5-5	S:	Better Left Atlas Left Pelvis (Def)	ULTRASOUND
	O:	is unsure but hopeful Left Sacroiliac	
	A:	↑	
	P:	Seeduled as possible due to his being out of town	
DATE	S:	Burning Rt Shoulder Blade	ULTRASOUND
5-11	O:	Rt Arm Extensors & Flexors	
	A:	Elbow Misaligned	
	P:		
DATE	S:	Burning T1 Area	ULTRASOUND
5-22	O:	Lattas adjustment	
	A:	Better in TIC Dou Lourex	
	P:	(2XW)	

S: SUBJECTIVE
O: OBJECTIVE
A: ASSESSMENT
P: PROCEDURE

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Patient Name: Marshall Hopkins
Date: March 23, 1995
Neurology Clinic:Pueblo
(b) (6) [redacted]

SUBJECTIVE: Patient returns to the clinic regarding his trigeminal neuralgia. He reports that he is taking Dilantin two tablets a day, but the pains are very severe and are nearly killing him. He cannot function. He is retired from the military.

He reports that he has never tried Tegretol for it, never used Baclofen and he does not like taking too many medications. He would rather use Dilantin.

The pains are like sharp electric jolts which go to his face and up into the head. Sometimes the pain is constant in the eye region. He cannot touch his face.

OBJECTIVE: Speech was fluent, patient was alert and oriented. Fundi showed sharp discs. Pupils were reactive and full eye movements were seen. Facial movements were symmetrical. Hearing was ok. Tongue and palate were midline. Neck movements were full.

Strength was 5/5 in all extremities tested with normal muscle tone and bulk. Coordination was normal. Gait was normal. Deep tendon reflexes were two plus and symmetric. Sensation is intact to touch.

Chest and abdominal exam was unremarkable.

Patient is tender to touch over the face and the paraspinal lumbar muscles.

ASSESSMENT: 1)Fibromyalgia
2)Trigeminal neuralgia in the right side

PLANS: Patient has been told to increase the Dilantin to three tablets a day. He can take them all at night and if that does not help him, we will consider using Baclofen or Tegretol. He has been told the side effects.

IMRAN U. KHAN, M.D.

IUK/tad

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Patient Name: Marshall Hopkins
Date: May 30, 1994
Neurology Clinic:Pueblo

SUBJECTIVE: Patient returns to the clinic is having swelling in his knees, back and pain in the back with trigger point injections, help him. He returns to the clinic for trigger point injections.

OBJECTIVE: Speech was fluent, patient was alert and oriented. Fundi showed sharp discs. Pupils were reactive and full eye movements were seen. Facial movements were symmetrical. Hearing was ok. Tongue and palate were midline. Neck movements were full.

Strength was 5/5 in all four extremities with normal muscle tone and bulk. Coordination was normal. Gait was normal. Deep tendon reflexes were two plus and symmetric.

Chest and abdominal exam was unremarkable.

On exam, patient is tender to touch, sensation is intact to touch.

ASSESSMENT: 1)Fibromyalgia

PLANS: Patient was given 2 trigger point injections in the paraspinal lumbar muscles.

IMRAN U. KHAN, M.D.

IUK/tad

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dg

X	INFORMAL	FINDINGS AND RECOMMENDED DISPOSITION OF USAF PHYSICAL EVALUATION BOARD	DATE
	FORMAL		18 Oct 95

1. THE BOARD CONVENED AT Randolph AFB TX 78150-4708 PER ATTACHED ORDERS (*EXHIBIT A*)

2. A QUORUM WAS PRESENT AS INDICATED ON EXHIBIT A | 3. EXHIBITS ATTACHED: A, B, C, D

4. MEMBER'S NAME (Last, First, Middle Initial)	5. GRADE	(b) (6)	7. YEARS OF SERVICE UNDER 10 USC 1208	8. COMPONENT	
					REG AF
HOPKINS, MARSHALL H.	MSGT		11.43	X	USAFR
					ANG

9. FINDINGS CONCERNING INDIVIDUAL DEFECTS OR CONDITIONS

COLUMN A - Include degree of severity.

COLUMN C - Enter "YES" for in line of duty, "M" for intentional misconduct, "N" for willful neglect, "A" for incurred during a period of unauthorized absence, or "NA".

COLUMNS B and D - Enter "YES", "NO", or "NA".

COLUMNS E and F - Self-explanatory.

A. DIAGNOSIS	B. INCURRED WHILE ENTITLED TO BASIC PAY	C. LINE OF DUTY (Applies Only if Item 9B is YES)	D. PROXIMATE RESULT OF PERFORMING MILITARY DUTY (Non-RAD USAFR and ANG only)	E. DISABILITY RATING (Percent)	F. VA DIAGNOSTIC CODE
Major depressive disorder, single episode, mild; pain disorder associated with psychological and general medical problems with definite industrial impairment.	Yes	Yes	NA	30	9405
OTHER DIAGNOSES CONSIDERED BUT NOT RATABLE: Mechanical low back pain; tic douloureau, occasional right facial pain, stable; subjective loss of memory.					

10. ADDITIONAL FINDINGS	YES	NO	NA
A. MEMBER IS UNFIT BECAUSE OF PHYSICAL DISABILITY	X		
B. DISABILITY WAS INCURRED IN LINE OF DUTY IN TIME OF WAR OR NATIONAL EMERGENCY OR AFTER 14 SEPTEMBER 1978	X		
C. DISABILITY WAS THE DIRECT RESULT OF ARMED CONFLICT OR WAS CAUSED BY AN INSTRUMENTALITY OF WAR AND INCURRED IN LINE OF DUTY DURING A PERIOD OF WAR		X	
D. DISABILITY WAS THE DIRECT RESULT OF A COMBAT RELATED INJURY *(Applies only if member entered military service on or after 25 September 1975)*			X

E. DEGREE OF IMPAIRMENT | IS | X | MAY BE PERMANENT

11. COMPENSABLE PERCENTAGE	12. RECOMMENDED DISPOSITION
30	Temporary Retirement
13. SUMMARY STATEMENT ATTACHED [ ] YES [X] NO	14. SIGNATURE OF PEB PRESIDENT OR PEB REPRESENTATIVE Loretta A Behrens LORETTA A. BEHRENS, Lt Col, USAF

15. REMARKS

AF Form 356, DEC 85 PREVIOUS EDITION IS OBSOLETE

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CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

DATE REGISTERED BY STATE REGISTRAR

STATE OF COLORADO
CERTIFICATE OF LIVE BIRTH 105

7586 Dist. 67

STATE FILE NUMBER

CHILD

CHILD-NAME FIRST	MIDDLE	LAST	SEX	(b) (6) [redacted]
1. Dan'l	DeLaws	HOPKINS	2. Male	
HOSPITAL-NAME (If not in hospital, give street and number)	CITY, TOWN OR LOCATION OF [redacted]			
4a. 101 Commercial Street	4b. Ramah		4c. El Paso	

CERTIFIER — I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. 5a. (Signature) Marshall H. Hopkins	Father OTHER (SPECIFY)
DATE SIGNED (Month, Day, Year) 5b. December 29, 1988	
NAME (Type or print) 5c. Marshall H. Hopkins	(b) (6) [redacted]
REGISTRAR 6a. (Signature) Jane Green, Deputy Registrar by [illegible]	DATE RECEIVED BY REGISTRAR (Month, Day, Year) 6b. December 29, 1988

PARENTS

MOTHER-NAME FIRST	MIDDLE	LAST (MAIDEN)	AGE (At time of this birth)	STATE OF BIRTH (If not in U.S.A., name country)
7a. Karol	Ann	Nordstrom	7b. 42	7c. Colorado
RESIDENCE-STATE	COUNTY	CITY, TOWN OR LOCATION	(b) (6) [redacted]	INSIDE CITY LIMITS (Yes or No)
8a. Colorado	8b. El Paso	8c. Ramah		8e. yes
(b) (6) [redacted]				ZIP
FATHER-NAME FIRST	MIDDLE	LAST	AGE (At time of this birth)	STATE OF BIRTH (If not in U.S.A., name country)
10a. Marshall	Hugh	Hopkins	10b. 46	10c. Colorado
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. 11a. (Signature of Informant) Marshall Hugh Hopkins			RELATION TO CHILD 11b. Father	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DEC 29 1988
DATE ISSUED

John B. [illegible], MD
LOCAL REGISTRAR

21-003229

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

VR 100C 8/88

STATE OF COLORADO 1876

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License No. 22149

MARRIAGE CERTIFICATE

STATE OF UTAH,

COUNTY OF UTAH

This Certifies that

MARSHALL HUGH HOPKINS of STRASBURG in the State of COLORADO

and KAROL ANN NORDSTROM of DENVER in the State of COLORADO

were by me joined together in the **Holy Bonds of Matrimony**, for Time and for all Eternity, according to the Ordinance of God and the Laws of the State of Utah, in the Provo Temple at Provo, Utah, in said County, on the SIXTEENTH day of APRIL in the year of Our Lord One Thousand Nine Hundred and SEVENTY-SEVEN.

In the presence of

John Kent Sales Witness

Sterling H Nordstrom Witness

Merrill A. Christiansen
An Elder of the Church of Jesus Christ of Latter-day Saints

License issued by the Clerk of SALT LAKE County, April 15, 19 77

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OMB Approved No. 2900-0321
Respondent Burden: 10 minutes

Department of Veterans Affairs

APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

1. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN: HOPKINS MARSHALL Hugh

2. VA FILE NUMBER *(Include prefix)*: (b) (6)

3. NAME OF SERVICE ORGANIZATION RECOGNIZED BY DEPARTMENT OF VETERANS AFFAIRS *(See list on reverse side before selecting organization)*

DISABLED AMERICAN VETERANS

5. INSURANCE NUMBER(S) *(Include letter prefix)*

6A. SERVICE NUMBER(S)

6B. BRANCH OF SERVICE: USAF (R)

INSTRUCTIONS – TYPE OR PRINT ALL ENTRIES

7. NAME OF CLAIMANT *(If other than veteran)*

8. RELATIONSHIP *(If other than veteran)*

(b) (6)

10. DATE OF THIS APPOINTMENT: 12/7/95

NOTE: Complete Items 11A and 11B only if claim filed for disability insurance benefits.

11A. TYPE OF DISABILITY INSURANCE BENEFITS FILED FOR

☐ NSLI ☐ USGLI ☐ NSLI AND USGLI

11B. LOCATION OF INSURANCE RECORDS

☐ PHILADELPHIA ☐ ST. PAUL

I hereby appoint the above-named service organization as my representative to present my claim for benefits from the Department of Veterans Affairs based on the service of the above-named veteran. I ratify all that the above-named representative shall lawfully do or cause to be done based on this appointment.

The accredited representative *(Check one)* ☒ is authorized, ☐ is not authorized to disclose information necessary in the development of my claim to the local organization named below.

THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

12. NAME AND ADDRESS OF CHAPTER, POST OR UNIT

CCF

ANY DAV CHAPTER OF COUNTY SERVICE OFFICER WHERE I RESIDE

VA USE ONLY	VA FORM 21-22-1 SENT TO	DATE SENT	ACKNOWLEDGED *(Date)*	REVOKED *(Reason and date)*
	☐ R&E FILE ☐ DEA FILE ☐ INSURANCE FILE ☐ LG FILE		9.16.96A	

AUTHORIZATION FOR ACCESS TO RECORDS OR INFORMATION PROTECTED BY 38 U.S.C. 7332

Unless specifically prohibited by me by checking the box below, I hereby authorize access to information or records relating to the diagnosis, treatment, or other therapy for the condition(s) of drug abuse, alcohol abuse, infection with the Human Immunodeficiency Virus (HIV), or Sickle Cell Anemia, that may be contained or maintained in VA claimant records pertaining to me, to the representative named on this appointment form. Redisclosure of the aforementioned information or records by my representative other than to VA, the service organization involved, or the Court of Veterans Appeals, is not authorized without my further written consent. This authorization will remain in effect until specifically revoked by me by filing a written revocation or by appointing a successor power of attorney.

☐ I DO NOT authorize the above-named representative to have access to information in my records relating to drug abuse, alcohol abuse, infection with the Human Immunodeficiency Virus (HIV), or Sickle Cell Anemia.

It is understood that no fee or compensation of whatsoever nature will be charged me for service rendered pursuant to this power of attorney and that this power of attorney may be canceled by me, or by the service organization named, on written notice to the Department of Veterans Affairs.

13. SIGNATURE OF CLAIMANT

Marshall D. Hopkins

PRIVACY ACT INFORMATION: The information on this form is requested under Section 5902 of Title 38 U.S.C. which provides for the recognization of representatives of certain organizations in the preparation, presentation and prosecution of claims under laws administered by the Department of Veterans Affairs; such representatives, upon appointment of claimant, may act for him or her and become entitled to information under provisions of 38 U.S.C. 5701(b). The information will be used to identify your records. Responses may be disclosed outside the Department of Veterans Affairs only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA system of records, 58VA21/22/28, Compensation, Pension, Education and Rehabilitation Records-VA, published in the Federal Register. Disclosure of requested information is voluntary; however, failure to furnish the information would impose administrative difficulties which may result in a delay in identifying your records and/or in a delay in the appointment of the named organization as your representative.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0321), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

NOTE: As long as this appointment is in effect the organization named herein will be recognized as the sole agent for presentation of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

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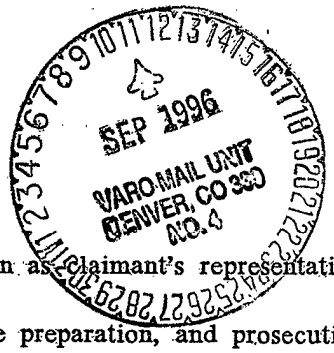
RECOGNIZED SERVICE ORGANIZATIONS



Membership in an organization is not a prerequisite to appointment of the organization as claimant's representative.

The following is a listing of National Organizations recognized by the Secretary in the preparation, and prosecution of claims under laws administered by the Department of Veterans Affairs.

American Legion
American Red Cross
American Veterans Committee
AMVETS
American Ex-Prisoners of War, Inc.
American Defenders of Battan and Corregidor, Inc.
American GI Forum, National Veterans Outreach Program
Army and Navy Union, USA
Army and Air Force Mutual Aid Association
Blinded Veterans Association
Catholic War Veterans of the U.S.A.
Disabled American Veterans
Fleet Reserve Association
Gold Star Wives of America, Inc.
Jewish War Veterans of the United States
Legion of Valor of the United States of America, Inc.
Marine Corps League
Military Order of the Purple Heart
National Amputation Foundation, Inc
Non Commissioned Officers Association
Navy Mutual Aid Association
Paralyzed Veterans of America, Inc.
Polish Legion of American Veterans, U.S.A.
Regular Veterans Association
Swords to Plowshares
The Retired Enlisted Association
United Spanish War Veterans of the United States
Veterans of Foreign Wars of the United States
Veterans of World War I of the U.S.A., Inc.
Vietnam Era Veterans Association
Vietnam Veterans of America

Although agency titles vary, the following States and possessions maintain veterans service agencies which are recognized to present claims.

Alabama
American Samoa
Arizona
Arkansas
California
Colorado
Connecticut
District of Columbia
Florida
Georgia
Guam
Hawaii
Idaho
Illinois
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Northern Mariana Islands
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Vermont
Virginia
Virgin Islands
Washington
West Virginia
Wisconsin

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STATE OF COLORADO

Office of the Local Registrar of Vital Statistics

Victor, Colorado

CERTIFIED COPY OF BIRTH RECORD

1. NAME OF CHILD: KENNETH JASON HOPKINS	2. SEX: Male
(b) (6)	(b) (6)
3a. NAME OF FATHER: Marshall Hugh Hopkins	3b. AGE: 36 — 3c. PLACE OF BIRTH: Kansas
4a. MAIDEN NAME OF MOTHER: Karol Ann Nordstrom	4b. AGE: 34 — 4c. PLACE OF BIRTH: California
5. DATE RECORD FILED: December 1, 1979	6. LOCAL REGISTRATION NUMBER: District 234
IF AMENDED, DATE _____, ITEM AMENDED _____, DOCUMENTS USED: _____	
IF DELAYED REGISTRATION, DOCUMENTS USED: _____	

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE WAS CORRECTLY COPIED FROM THE RECORD OF BIRTH IN MY CUSTODY AS REQUIRED BY LAW.

NOT VALID IF IT DOES NOT BEAR THE SEAL OF THE LOCAL REGISTRAR OF VITAL STATISTICS.

WITNESS MY HAND AND SEAL

THIS 4th DAY OF April, 19 80

Ethel M Pedine

LOCAL REGISTRAR OF VITAL STATISTICS

Victor, COLORADO

COLORADO DEPARTMENT OF HEALTH
AD RS 15B (REV. 1-78)

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