

Department of Veterans Affairs Health
Summary
Creation Date: July 8, 2021, 23:24:14

Department of Veterans Affairs

Patient: EVAN DISNEY
DOB: April 17, 1978, 00:00:00
Gender: Male

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Patient & Contact Information	Healthcare Providers	Insurance Providers
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	Problems	Results	Social History	Vital Signs			

Consultation Notes	History and Physical	Discharge Summaries	Radiology Studies	Pathology Studies	Procedure Notes
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Patient & Contact Information

Patient Information	
Address	Primary Home: 181 E ALEXANDER AVE SAN BERNARDINO, CA 92404-3625 Tel: (714)476-7536
Marital status	Divorced
Religious Affiliation	UNKNOWN/NO PREFERENCE
Race	White, White

MEDICAL CONFIDENTIAL

Ethnicity	Not Hispanic or Latino
Language(s)	
Preferred Language	

Contact Information	
Next of kin	NONE Primary Home: Tel: (714)476-7514
Emergency contact	NONE Primary Home:

Healthcare Providers

Name	Provider Type	Address	Telephone Number	Facility
WALKER, JEANETTE	Primary Care Provider	Work Place: 3687 VETERANS DRIVE FORT HARRISON, MT 59636-9703		FORT HARRISON MEDICAL CENTER
NGUYEN, VI	Primary Care Provider	Work Place: 5901 EAST 7TH ST LONG BEACH, CA 90822-5201		LONG BEACH VAMC

Insurance Providers: All on record at VA

No Data Provided for This Section

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Advance Directives: All on record at VA

Section Date Range: From patient's date of birth to the date document was created.

This section includes a list of a patient's completed, amended, or rescinded VA Advance Directives, but an actual copy is not included. Advance Directives from the new VA electronic health record are not included.

Date	Advance Directives	Provider	Source
Aug 06, 2019	ADVANCE DIRECTIVE DISCUSSION	AMIRKHAN,MOJGAN	ANAHEIM,CA CBOC

Allergies and Adverse Reactions (ADRs): All on record at VA

Section Date Range: From patient's date of birth to the date document was created.

This section includes Allergies and Adverse Reactions (ADRs) on record with VA for the patient. The data comes from all VA treatment facilities. It does not list Allergies/ADRs that were removed or entered in error. Some allergies/ADRs may be reported in the Immunization section. Allergies and Adverse Reactions (ADRs) from the new VA electronic health record are not included.

Allergen	Event Date	Event Type	Reaction(s)	Severity	Source
PENICILLIN	Mar 25, 2021	Propensity to adverse reactions to drug (finding)	<ul style="list-style-type: none"> Eruption 		FORT HARRISON MEDICAL CENTER
PENICILLIN	Nov 19, 2019	Propensity to adverse reactions to drug (finding)			LONG BEACH VAMC

Encounters: Outpatient Encounters with Notes

This section contains a list of completed VA Outpatient Encounters for the patient and a list of Encounter Notes for the patient. The data comes from all VA treatment facilities. Consult Notes, History & Physical Notes, and Discharge Summaries are provided separately, in subsequent sections.

Outpatient Encounters with Notes

This section includes a list of VA Outpatient Encounters from the last 18 months and includes a maximum of the 10 most recent encounters. Follow-up visits related to the VA Encounter are not included. The data comes from all VA treatment facilities. Outpatient Encounters and Encounter Notes from the new VA electronic health record are not included.

Encounter

Date/Time	Encounter Type	Encounter Description	Reason	Provider	Source
Jul 08, 2021 03:02 PM		TELEPHONE TRIAGE			LONG BEACH VAMC
Encounter Notes The included Outpatient Encounter Notes are available thirty-six (36) hours after completion and include a maximum of the 5 most recent notes associated with the Outpatient Encounter. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion.					

Encounter

Date/Time	Encounter Type	Encounter Description	Reason	Provider	Source
Jul 08, 2021 02:58 PM		TELEPHONE TRIAGE			LONG BEACH VAMC
Encounter Notes The included Outpatient Encounter Notes are available thirty-six (36) hours after completion and include a maximum of the 5 most recent notes associated with the Outpatient Encounter. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion.					

Encounter

Date/Time	Encounter Type	Encounter Description	Reason	Provider	Source
Jun 24,	HC PRO PHONE	TELEPHONE	ICD-10-CM Z76.0 Encounter for issue of repeat prescription with Provider	GONZAGA,MARIVIC	ANAHEIM,CA

2021 11:00 AM	CALL 5-10 MIN	MH	Comments: Issue of Repeat Prescription	CBOC
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Encounter Notes

The included Outpatient Encounter Notes are available thirty-six (36) hours after completion and include a maximum of the 5 most recent notes associated with the Outpatient Encounter. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion.

Date/Time	Encounter Note	Provider
Jun 24, 2021 10:00 AM	<p>ACCOUNTING OF DISCLOSURES NOTE: LOCAL TITLE: STATE PRESCRIPTION DRUG MONITORING PROGRAM/TMP STANDARD TITLE: ACCOUNTING OF DISCLOSURES NOTE DATE OF NOTE: JUN 24, 2021@10:00 ENTRY DATE: JUN 24, 2021@10:00:46 AUTHOR: GACULA,ANNA LISA G EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>Purpose: VA and the State Prescription Drug Monitoring Program (SPDMP) are exchanging information so that the VA provider can manage your health care. The State may use this information to monitor controlled substance prescriptions and for law enforcement purposes. STATE: California - CURES The following personal health information (PHI) was utilized to query the SPDMP: Veteran's name: DISNEY, EVAN ALAN Veteran's DOB: APR 17, 1978 SPDMP accessed on this date: Jun 24, 2021 PDMP - NEGATIVE = NO record of controlled substances (such as opioids, benzodiazepines, stimulants, sedative hypnotics, etc.) from outside provider.</p> <p>Date Filled Date Sold Last Name First Name MI DOB Gender Address Compact Drug Name Form Drug Strength Qty Days Supply Species Code Rx# Refill# Refills Authorized Payment Method Prescriber Name Presc. DEA# Pharmacy Name Pharmacy#</p> <p>2021-05-20 DISNEY EVAN 04-17-1978 M 910 26TH AVE MISSOULA, MT 59804 N AMPHETAMINE SALT COMBO TAB 10 MG 150 30 01 10993541 0 0 Military/VA GACULA, ANNA LISA G (NP) MG4244606 AV5850234B</p> <p>2021-04-08 DISNEY EVAN 04-17-1978 M 910 26TH</p>	GACULA, ANNA LISA G

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AVE MISSOULA, MT 59804 N AMPHETAMINE SALT COMBO TAB 10 MG
 150 30 01 10942406 0 0 Military/VA GACULA,
 ANNA LISA G (NP) MG4244606 AV5850234B

2021-03-09 DISNEY EVAN 04-17-1978 M 910 26TH
 AVE MISSOULA, MT 59804 N AMPHETAMINE SALT COMBO TAB 10 MG
 150 30 01 10912009 0 0 Military/VA GACULA,
 ANNA LISA G (NP) MG4244606 AV5850234B

2021-02-10 DISNEY EVAN 04-17-1978 M 910 26TH
 AVE MISSOULA, MT 59804 N AMPHETAMINE SALT COMBO TAB 10 MG
 150 30 01 10884257 0 0 Military/VA GACULA,
 ANNA LISA G (NP) MG4244606 AV5850234B

2021-01-05 DISNEY EVAN 04-17-1978 M 910 26TH
 AVE MISSOULA, MT 59804 N AMPHETAMINE SALT COMBO TAB 10 MG
 150 30 01 10843830 0 0 Military/VA GACULA,
 ANNA LISA G (NP) MG4244606 AV5850234B

/es/ ANNA LISA G. GACULA
 PMHNP-BC, MHCG
 Signed: 06/24/2021 10:03

Jun 24, 2021 09:48 AM

CASE MANAGER NOTE:
 LOCAL TITLE: CASE MGR MED REFILL/ NURSING/BPT
 STANDARD TITLE: CASE MANAGER NOTE
 DATE OF NOTE: JUN 24, 2021 @09:48 ENTRY DATE: JUN 24, 2021 @09:48:25
 AUTHOR: GONZAGA,MARIVIC EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

MEDICATION REFILL NOTE

MH PROVIDER: NP Gacula
 Last seen on:4/16/21
 Next appointment is scheduled for: 7/19/21

PROBLEM/ASSESSMENT:
 Requesting a medication refill of:
 MEDICATION:Adderall

GONZAGA,MARIVIC

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Patient requests medication

for window pickup

by mail

Allergies: PENICILLIN,

Adverse Reactions: _____ ,

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications Status

=====

- 1) ACETAMINOPHEN 500MG TAB TAKE TWO TABLETS BY MOUTH ACTIVE EVERY TWELVE HOURS AS NEEDED FOR PAIN
- 2) ATORVASTATIN CALCIUM 40MG TAB TAKE ONE-HALF TABLET BY ACTIVE (S) MOUTH DAILY
- 3) CHOLECALCIF 125MCG (D3-5,000UNIT) CAP TAKE ONE ACTIVE CAPSULE BY MOUTH DAILY
- 4) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH EVERY ACTIVE MORNING AS NEEDED AND TAKE ONE CAPSULE NOON AS NEEDED AND TAKE TWO CAPSULES AT BEDTIME AS NEEDED TO HELP WITH SLEEP/PAIN/ANXIETY *NOTE DOSE CHANGE*
- 5) LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN DAILY TO ACTIVE PAINFUL AREA. LEAVE ON FOR UP TO 12 HOURS. NO MORE THAN 1 PATCH SHOULD BE USED IN A 24 HOUR PERIOD.
- 6) LOPERAMIDE HCL 2MG CAP TAKE ONE CAPSULE BY MOUTH FOUR ACTIVE TIMES A DAY FOR DIARRHEA CAN TAKE UP TO 8 PILLS (16MG) A DAY
- 7) METHOCARBAMOL 500MG TAB TAKE ONE TABLET BY MOUTH ACTIVE EVERY 8 HOURS AS NEEDED FOR MUSCLE RELAXANT * MAY CAUSE DROWSINESS *

Inactive Outpatient Medications Status

=====

- 1) AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB*C TAKE TWO EXPIRED TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**

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2) OMEPRAZOLE 20MG EC CAP TAKE ONE CAPSULE BY MOUTH EXPIRED TWICE A DAY BEFORE MEALS (TAKE 1 HOUR BEFORE A MEAL TO CONTROL STOMACH ACID)

9 Total Medications

*** END ***** CONFIDENTIAL AD HOC SUMMARY pg. 1 *****

MEDICATION RECONCILIATION:

Patient, caregiver and/or significant other contributed to medication reconciliation by verbal review and/or review of "Patient Medication Calendar" or other medication list, if any.

INTERVENTIONS:

- Sent to Pharmacy
- Consulted Pharmacist
- Request sent to MH Provider
- Education provided

Comments:

RNCC will remain available to assist with the care of this patient.

/es/ MARIVIC GONZAGA

RN

Signed: 06/24/2021 09:52

Receipt Acknowledged By:

06/24/2021 09:57 /es/ ANNA LISA G. GACULA
PMHNP-BC, MHCG

Encounter

Date/Time	Encounter Type	Encounter Description	Reason	Provider	Source
May 18, 2021 11:39 AM	MTMS BY PHARM NP 15 MIN	TELEPHONE/ANCILLARY	ICD-10-CM Z79.899 Other long term (current) drug therapy with Provider Comments: Long Term (Current) Drug Therapy	JURENKA,DAVID	FORT HARRISON MEDICAL CENTER

Encounter Notes

The included Outpatient Encounter Notes are available thirty-six (36) hours after completion and include a maximum of the 5 most recent notes associated with the

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Outpatient Encounter. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion.

Date/Time	Encounter Note	Provider
May 18, 2021 11:40 AM	<p>PHARMACY NOTE: LOCAL TITLE: PHARMACY NOTE STANDARD TITLE: PHARMACY NOTE DATE OF NOTE: MAY 18, 2021@11:40 ENTRY DATE: MAY 18, 2021@11:40:07 AUTHOR: JURENKA,DAVID EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>Pharmacy received notification from VA Long Beach Pharmacy that this patient has transferred care to VA Long Beach. The following meds have been discontinued as requested:</p> <p>21245648 LIDOCAINE 5% PATCH DISNEY,EVAN ALAN Rx to be Discontinued</p> <p>21245650 METHOCARBAMOL 750MG TAB DISNEY,EVAN ALAN Rx to be Discontinued</p> <p>21245651 NAPROXEN 250MG TAB DISNEY,EVAN ALAN Rx to be Discontinued</p> <p>/es/ DAVID JURENKA Outpatient Pharmacy Supervisor Signed: 05/18/2021 11:42</p>	JURENKA,DAVID

Encounter

Date/Time	Encounter Type	Encounter Description	Reason	Provider	Source
May 12, 2021 09:00 AM		COMMUNITY CARE CONSULT			FORT HARRISON MEDICAL CENTER

Encounter Notes

The included Outpatient Encounter Notes are available thirty-six (36) hours after completion and include a maximum of the 5 most recent notes associated with the

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Outpatient Encounter. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion.

Date/Time	Encounter Note	Provider
May 12, 2021 09:00 AM	<p>NONVA CONSULT: LOCAL TITLE: COMMUNITY CARE-CONSULT RESULT NOTE STANDARD TITLE: NONVA CONSULT DATE OF NOTE: MAY 12, 2021@09:00 ENTRY DATE: MAY 20, 2021@12:53:54 AUTHOR: HEINRICH,ANNETTE R EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>The following Non VA Care consult has been completed. See scanned document for report.</p> <p>Radiology General,</p> <p>/es/ ANNETTE R HEINRICH HIMS CONSULT SCANNING SPECIALIST Signed: 05/20/2021 12:54</p>	HEINRICH,ANNETTE R

Encounter

Date/Time	Encounter Type	Encounter Description	Reason	Provider	Source
May 05, 2021 11:30 AM	HC PRO PHONE CALL 5-10 MIN	TELEPHONE MH	ICD-10-CM Z76.0 Encounter for issue of repeat prescription with Provider Comments: Issue of Repeat Prescription	GONZAGA,MARIVIC	ANAHEIM,CA CBOC

Encounter Notes

The included Outpatient Encounter Notes are available thirty-six (36) hours after completion and include a maximum of the 5 most recent notes associated with the Outpatient Encounter. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion.

Date/Time	Encounter Note	Provider
May 05, 2021 02:42 PM	<p>TELEPHONE ENCOUNTER NOTE: LOCAL TITLE: TLC TELEPHONE LIAISON STANDARD TITLE: TELEPHONE ENCOUNTER NOTE</p>	GONZAGA,MARIVIC

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DATE OF NOTE: MAY 05, 2021@14:42 ENTRY DATE: MAY 05, 2021@14:42:48
AUTHOR: GONZAGA,MARIVIC EXP COSIGNER:
URGENCY: STATUS: COMPLETED

MEDICATION REFILL NOTE

MH PROVIDER: NP Gacula
Last seen on:4/16/21
Next appointment is scheduled for: 7/19/21

PROBLEM/ASSESSMENT:
Requesting a medication refill of:
MEDICATION:Adderall

Patient requests medication
 for window pickup
 by mail

Allergies: PENICILLIN,
Adverse Reactions: _____ ,

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications Status

=====

- 1) ACETAMINOPHEN 500MG TAB TAKE TWO TABLETS BY MOUTH ACTIVE EVERY TWELVE HOURS AS NEEDED FOR PAIN
- 2) AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB*C TAKE TWO ACTIVE TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**
- 3) ATORVASTATIN CALCIUM 40MG TAB TAKE ONE-HALF TABLET BY ACTIVE MOUTH DAILY
- 4) CHOLECALCIF 125MCG (D3-5,000UNIT) CAP TAKE ONE ACTIVE CAPSULE BY MOUTH DAILY
- 5) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH EVERY ACTIVE MORNING AS NEEDED AND TAKE ONE CAPSULE NOON AS

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NEEDED AND TAKE TWO CAPSULES AT BEDTIME AS NEEDED TO HELP WITH SLEEP/PAIN/ANXIETY *NOTE DOSE CHANGE*

6) LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN DAILY TO ACTIVE PAINFUL AREA. LEAVE ON FOR UP TO 12 HOURS. NO MORE THAN 1 PATCH SHOULD BE USED IN A 24 HOUR PERIOD.

7) LOPERAMIDE HCL 2MG CAP TAKE ONE CAPSULE BY MOUTH FOUR ACTIVE (S) TIMES A DAY FOR DIARRHEA CAN TAKE UP TO 8 PILLS (16MG) A DAY

8) METHOCARBAMOL 500MG TAB TAKE ONE TABLET BY MOUTH ACTIVE EVERY 8 HOURS AS NEEDED FOR MUSCLE RELAXANT * MAY CAUSE DROWSINESS *

9) OMEPRAZOLE 20MG EC CAP TAKE ONE CAPSULE BY MOUTH ACTIVE TWICE A DAY BEFORE MEALS (TAKE 1 HOUR BEFORE A MEAL TO CONTROL STOMACH ACID)

Inactive Outpatient Medications Status

=====

1) AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB*C TAKE TWO EXPIRED TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**

10 Total Medications

*** END ***** CONFIDENTIAL AD HOC SUMMARY pg. 1 *****

MEDICATION RECONCILIATION:

Patient, caregiver and/or significant other contributed to medication reconciliation by verbal review and/or review of "Patient Medication Calendar" or other medication list, if any.

INTERVENTIONS:

- Sent to Pharmacy
- Consulted Pharmacist
- Request sent to MH Provider
- Education provided

Comments:

RNCC will remain available to assist with the care of this patient.

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/es/ MARIVIC GONZAGA
 RN
 Signed: 05/05/2021 14:46

Encounter

Date/Time	Encounter Type	Encounter Description	Reason	Provider	Source
Apr 16, 2021 01:00 PM		TELEPHONE MH			LONG BEACH VAMC

Encounter Notes

The included Outpatient Encounter Notes are available thirty-six (36) hours after completion and include a maximum of the 5 most recent notes associated with the Outpatient Encounter. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion.

Date/Time	Encounter Note	Provider
Apr 16, 2021 01:34 PM	<p>MENTAL HEALTH NOTE: LOCAL TITLE: MH PREVENTIVE CARE SCREEN/ MENTAL HEALTH STANDARD TITLE: MENTAL HEALTH NOTE DATE OF NOTE: APR 16, 2021@13:34 ENTRY DATE: APR 16, 2021@13:34:36 AUTHOR: GONZAGA,MARIVIC EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>Depression Screening: Perform PHQ-2 A PHQ-2 screen was performed. The score was 1 which is a negative screen for depression.</p> <p>Over the past two weeks, how often have you been bothered by the following problems?</p> <p>1. Little interest or pleasure in doing things Several days</p>	GONZAGA,MARIVIC

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2. Feeling down, depressed, or hopeless
Not at all

Influenza Immunization:
Virtual/Telehealth Visit - Patient educated on the need for receiving influenza immunization either at VA or outside facility.

/es/ MARIVIC GONZAGA
RN
Signed: 04/16/2021 13:35

Encounter

Date/Time	Encounter Type	Encounter Description	Reason	Provider	Source
Apr 16, 2021 01:00 PM	ALCOHOL AND/OR DRUG SERVICES	TELEPHONE MH	ICD-10-CM F90.9 Attention-deficit hyperactivity disorder, unspecified type with Provider Comments: Attention deficit hyperactivity disorder, combined type (SCT 31177006)	GACULA,ANNA LISA G	ANAHEIM,CA CBOC

Encounter Notes

The included Outpatient Encounter Notes are available thirty-six (36) hours after completion and include a maximum of the 5 most recent notes associated with the Outpatient Encounter. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion.

Date/Time	Encounter Note	Provider
Apr 16, 2021 12:05 PM	<p>PSYCHIATRY NOTE: LOCAL TITLE: PSYCHIATRY/ MENTAL HEALTH STANDARD TITLE: PSYCHIATRY NOTE DATE OF NOTE: APR 16, 2021@12:05 ENTRY DATE: APR 16, 2021@12:05:47 AUTHOR: GACULA,ANNA LISA G EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>Involvement of family or significant other in treatment today [X] no [] yes Language of preference-English</p> <p>VET PREFERS TELEPHONE VISIT OVER VVC in lieu of FACE TO FACE BEC of COVID-19 TIME SPENT: 17 mins for med mngt and brief supportive therapy</p>	GACULA,ANNA LISA G

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ALLERGIES AND ADVERSE DRUG REACTIONS: PCN

[No] Thoughts of Harming Self
[No] Thoughts of Harming Others
[No] Gravely Disabled

REASON FOR VISIT: f/u visit; initial visit with this provider on 11/19/19

Interval Hx:

- 01/22/21: Vet reports feeling hopeless, with anhedonia, amotivation, poor sleep. Adderall helps with concentration issues but not with depression sx's. He admits having sertraline and depakote in the past but got more agitated (possible serotonin syndrome with Adderall). Discussed therapy in detail, and this time he's willing to try
- 07/17/20: visiting his father in Montana as he's having surgery; stable on Adderall and gabapentin
- 04/06/20: increased Adderall to 20mg AM/NOON and 10mg PM; increase gabapentin to 600mg HS for sleep
- 02/14/20: dextroamphet caused GI upset; prior auth approved, started on Adderall 20mg BID on 2/18/20
- 02/03/20: Vet's record from University of Montana verified that he's dxed with ADHD. Vet states that Adderall worked for him. Requested prior auth but started trial of dextroamphetamine.
- 11/19/19: initial visit: requested for stimulant for c/o ADHD sx's; started on bupropion SR

PAST PSYCH MEDS: sertraline, depakote, Adderall

CURRENT PSYCH MEDS: Adderall 20mgAM/NOON, 10mgPM; gabapentin 300mg AM/noon and 600mg HS; CURES CHECKED, taking as prescribed

Medication S/E:

Yes No

CURRENT SYMPTOMS:

Vet reports they will have a barbecue tomorrow because it's the first time he's home (in Montana) to celebrate his bday in 6 yrs. Still takes care of his parents. States that fiance and the children are with him in Montana. Reports to challenges with his children: 13 yr old son is on 1 yr probation for breaking a

window and was caught; her daughter almost 15 yrs old, is already doing adult things. "Life is still crazy for everyone right now."

States he needs to stay busy, "all I think is about sex or cry" if he does not keep self busy. States he still struggles with "following through and procrastination."

Appetite: "eating 3 meals/day" always has a fruit and yogurt in AM; tends to forget lunch.

Energy: "decreasing, treading water"

Concentration: "unproductive;" takes Adderall "I know when I skip a dose"

Sleep: "a little better" because he works out at night, then sits in the sauna, "then I come home and try to go to bed" average 5 hrs

SUICIDALITY: denies any suicidal thoughts, intent, or plan

SPIRITUALITY: "I have faith, had gone to every type of church"

SUBSTANCE USE/ABUSE:

ETOH: 1-3 drinks/month

Tobacco: denies

Caffeine: black coffee 2-3 cups/day

Marijuana: denies, last use was around May 2020

Illicit drugs: denies

LEISURE ACTIVITIES/HOBBIES: busy with his family - taking care of his parents; work out 3-5x/wk: does a lot of walking, working on his abs and back

PSYCHOSOCIAL: born and raised in Montana. Only child of his parents. Parents are together.

Lives with gf of 4 yrs; married and divorced x 2; Vet has 2 of his own kids staying with him, and step kids. They have 4 kids together at home now with current fiancé. Bio kids stay with Vet's parents in Montana. 21 yr old stepson stays in Montana too, and 11 yr old stepdaughter also stays with Vet's parents.

Has no communication with his kids from first marriage and the two youngest one from the second marriage is currently with him now.

MILITARY HISTORY: 1996-1997, USNavy. No deployment, no combat. Highest rank: E3.

States that he had MVA while Active Duty. States that this started everything.
HONORABLE

Service Connection/Rated Disabilities:

- SC Percent: 100%
- Rated Disabilities: TINNITUS (10%-SC)
- MIGRAINE HEADACHES (0%-SC)
- PARALYSIS OF SCIATIC NERVE (20%-SC)
- DEGENERATIVE ARTHRITIS OF THE SPINE (20%-SC)
- DEFORMITY OF THE PENIS (0%-SC)
- MAJOR DEPRESSIVE DISORDER (100%-SC)
- TRAUMATIC ARTHRITIS (0%-SC)
- IRRITABLE COLON (30%-SC)

=====

MEDICATION RECONCILIATION

Outpatient medications the patient is now taking were reconciled by review with the patient using verbal review.

The following medications are to be STARTED: continue same meds
Active Outpatient Medications (excluding Supplies):

Issue Date
Status Last Fill
Active Outpatient Medications Refills Expiration

- =====
- 1) ACETAMINOPHEN 500MG TAB Qty: 100 for 25 ACTIVE Issu:11-24-20
days Sig: TAKE TWO TABLETS BY MOUTH Refills: 0 Last:01-09-21
EVERY TWELVE HOURS AS NEEDED FOR PAIN Expr:11-25-21
 - 2) AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB*C ACTIVE Issu:04-05-21
Qty: 150 for 30 days Sig: TAKE TWO Refills: 0 Last:04-09-21
TABLETS BY MOUTH EVERY MORNING AND Expr:05-05-21
TAKE TWO TABLETS EVERY NOONTIME AND
TAKE ONE TABLET EVERY EVENING AS
NEEDED AS DIRECTED FOR ATTENTION
OK/AUTH AXC 02/2020
 - 3) ATORVASTATIN CALCIUM 40MG TAB Qty: 45 ACTIVE Issu:01-22-21
for 90 days Sig: TAKE ONE-HALF TABLET Refills: 2 Last:04-12-21
BY MOUTH DAILY Expr:01-23-22

- 4) CHOLECALCIF 125MCG (D3-5,000UNIT) CAP ACTIVE (S) Issu:08-27-20
 Qty: 100 for 90 days Sig: TAKE ONE Refills: 0 Last:05-18-21
 CAPSULE BY MOUTH DAILY Expr:08-28-21
- 5) GABAPENTIN 300MG CAP Qty: 120 for 30 ACTIVE Issu:11-24-20
 days Sig: TAKE ONE CAPSULE BY MOUTH Refills: 0 Last:03-02-21
 EVERY MORNING AS NEEDED AND TAKE ONE Expr:11-25-21
 CAPSULE NOON AS NEEDED AND TAKE TWO
 CAPSULES AT BEDTIME AS NEEDED TO HELP
 WITH SLEEP/PAIN/ANXIETY *NOTE DOSE
 CHANGE*
- 6) LIDOCAINE 5% PATCH Qty: 30 for 30 days ACTIVE Issu:01-22-21
 Sig: APPLY 1 PATCH TO SKIN DAILY TO Refills: 2 Last:03-02-21
 PAINFUL AREA. LEAVE ON FOR UP TO 12 Expr:01-23-22
 HOURS. NO MORE THAN 1 PATCH SHOULD BE
 USED IN A 24 HOUR PERIOD.
- 7) LOPERAMIDE HCL 2MG CAP Qty: 360 for 90 ACTIVE (S) Issu:08-27-20
 days Sig: TAKE ONE CAPSULE BY MOUTH Refills: 0 Last:06-01-21
 FOUR TIMES A DAY FOR DIARRHEA CAN TAKE Expr:08-28-21
 UP TO 8 PILLS (16MG) A DAY
- 8) METHOCARBAMOL 500MG TAB Qty: 90 for 30 ACTIVE Issu:01-22-21
 days Sig: TAKE ONE TABLET BY MOUTH Refills: 0 Last:03-02-21
 EVERY 8 HOURS AS NEEDED FOR MUSCLE Expr:01-23-22
 RELAXANT * MAY CAUSE DROWSINESS *
- 9) OMEPRAZOLE 20MG EC CAP Qty: 180 for 90 ACTIVE Issu:05-29-20
 days Sig: TAKE ONE CAPSULE BY MOUTH Refills: 0 Last:02-14-21
 TWICE A DAY BEFORE MEALS (TAKE 1 HOUR Expr:05-30-21
 BEFORE A MEAL TO CONTROL STOMACH ACID)

Issue Date
 Status Last Fill
 Pending Outpatient Medications Refills Expiration

-
- 1) GABAPENTIN 300MG CAP Qty: 120 Sig: PENDING
 TAKE ONE CAPSULE BY MOUTH EVERY Refills: 0
 MORNING AS NEEDED AND TAKE ONE CAPSULE
 NOON AS NEEDED AND TAKE TWO CAPSULES
 AT BEDTIME AS NEEDED TO HELP WITH
 SLEEP/PAIN/ANXIETY *NOTE DOSE CHANGE*

MEDICAL CONFIDENTIAL

10 Total Medications

MENTAL STATUS EXAMINATION:

Appearance: unable to assess, tel visit

Behavior: cooperative, pleasant,

Speech: a little hypervocal

Motor Activity: unable to assess, tel visit

Mood: "super emotional,has a hard time getting a positive disposition some days"

Affect: a little stressed-sounding on the phone

Thought Process: linear, goal-directed

Thought Content: denies AH/VH/SI/HI

Cognition/Sensorium: alert, oriented x4

Insight: intact

Judgment: intact

ASSESSMENT: 42 yr old White male Vet, 100% SC for MDD, tel visit today, h/o ADHD, hyperlipidemia, GERD, CLBP. Vet reports that he is in Montana, with his fiancée and their children - all 4 kids. Apparently the kids all stay with Vet's parents even though Vet and fiancée at times comes to California. Vet reports that he still has problems with follow-through, procrastination, feeling emotional at times, restless energy. Discussed doing combination of Adderall SR and IR but wants to maintain same dosing and formulation for now. Takes gabapentin PRN as prescribed. Stays busy taking care of his parents, his children, and doing exercise.

DSM-5 DX: ADHD; MDD, Recurrent, Moderate (SC)

TX GOAL(S): improve sleep, improve concentration and focus, decrease depression symptoms

TREATMENT PLAN:

- 1) Continue Adderall 20 AM/20mg noon and 10mg PM; gabapentin 300mg AM/noon/600mg HS. Discussed Benefit, side effects, and risks of meds and agreed with plan.
- 2) Intake appointment on 5/5/21 for community therapy.
- 3) Tel visit in 3 months. Aware to call if need sooner appointment.

- Brief supportive therapy and empathic listening provided today
- Educated patient about the importance of exercising regularly and following healthy diet
- Patient understands that he can call the clinic and speak with this provider or RNCC Gonzaga for any psychiatrically related issues such as refill requests,

medication side effects, or to report worsening psychiatric symptoms. Provided Vet with ANAHEIM CBOC contact information.

- Reviewed safety/Er protocol and patient understands and agrees to call 911, call 24 hour Nurse Advice Line, call Veterans Crisis Hotline or go to his nearest local ER and/or MHTC should he experiences acute suicidal or homicidal ideation or if having medical or psychiatric emergency
- Encourage contact with clinic/NP PRN

Pt has chance to ask questions, all answered to his satisfaction. Pt voiced understanding of the above plan and agree to follow it.

Components of this note may have been copied and pasted from previous notes, with revisions and updates for clinical salience.

/es/ ANNA LISA G. GACULA
 PMHNP-BC, MHCG
 Signed: 04/16/2021 13:24

Encounter

Date/Time	Encounter Type	Encounter Description	Reason	Provider	Source
Apr 15, 2021 01:00 PM		TELEPHONE MH			LONG BEACH VAMC

Encounter Notes

The included Outpatient Encounter Notes are available thirty-six (36) hours after completion and include a maximum of the 5 most recent notes associated with the Outpatient Encounter. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion.

Date/Time	Encounter Note	Provider
Apr 15, 2021 11:10 AM	ADMINISTRATIVE NOTE: LOCAL TITLE: HEALTH ADMINISTRATION SERVICE NOTE/ ADMIN STANDARD TITLE: ADMINISTRATIVE NOTE DATE OF NOTE: APR 15, 2021@11:10 ENTRY DATE: APR 15, 2021@11:10:18 AUTHOR: GONZAGA,MARIVIC EXP COSIGNER: URGENCY: STATUS: COMPLETED	GONZAGA,MARIVIC

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PRE-APPOINTMENT NOTE

Future Appointments:

04/16/2021 13:00 ANA MH NP PHONE - X

07/16/2021 08:50 ANA LAB FASTING

07/23/2021 10:00 ANA VVC PACT 4 PROV

TELEPHONE CALL REMINDER OF APPOINTMENT ON:

APPOINTMENT METHOD: Tal Appt.

UNABLE TO REACH PATIENT TO CONFIRM APPOINTMENT AND LEFT MESSAGE WITH THE FOLLOWING:

-on answering machine or voicemail:

-Appointment Date/Time

-Check-in 15 mins before appointment.

Attempted to reach pt to complete reminders and to request if pt would like to change F2F appt to VVC or Phone appt for upcoming appt with Mental Health Provider, left MH Team phone number on pts VM.

RNCC remains a resource for pt care.

/es/ MARIVIC GONZAGA

RN

Signed: 04/15/2021 11:11

Encounter

Date/Time	Encounter Type	Encounter Description	Reason	Provider	Source
Apr 07, 2021 09:28 AM		COMMUNITY CARE CONSULT			FORT HARRISON MEDICAL CENTER

Encounter Notes

The included Outpatient Encounter Notes are available thirty-six (36) hours after completion and include a maximum of the 5 most recent notes associated with the

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Outpatient Encounter. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion.

Date/Time	Encounter Note	Provider
<ul style="list-style-type: none"> Apr 07, 2021 09:28 AM 	<p>LETTERS: LOCAL TITLE: COMMUNITY CARE-PATIENT LETTER STANDARD TITLE: LETTERS DATE OF NOTE: APR 07, 2021@09:28:26 ENTRY DATE: APR 07, 2021@09:28:26 AUTHOR: DICKSON,PAULA D EXP COSIGNER: URGENCY: STATUS: COMPLETED SUBJECT:</p> <p>Apr 07, 2021</p> <p>EVAN DISNEY 910 26TH AVE MISSOULA, MT 59804-3135</p> <p>Dear Evan Disney,</p> <p>Your provider, Jeanette A Walker, has ordered health care services Radiology MRI that are not available at VA. You have been approved for referral to a local community care provider at VA expense for medically necessary health care services. Our VA Community Care Team has made attempts to contact you by phone regarding scheduling. We have been unable to reach you.</p> <p>If you have questions regarding the referral or would like to schedule the authorized community care services, please contact your VA Community Care Team at 1-406-447-7400. If we do not hear from you within 14 calendar days from the date of this letter, the authorization for these services will be discontinued and returned to your VA provider.</p> <p>Thank you for the opportunity to serve you.</p> <p>VA Montana Health Care System 3687 Veterans Drive</p>	<p>DICKSON,PAULA D</p>

MEDICAL CONFIDENTIAL

Fort Harrison, MT 59636
PDD

Functional Status: Functional Independence Measurement (FIM) Scores

No Data Provided for This Section

Medications: VA Dispensed and Non-VA Documented (Obtained Outside VA)

Section Date Range: 1) prescriptions processed by a VA pharmacy in the last 15 months, and 2) all medications recorded in the VA medical record as "non-VA medications". Pharmacy terms refer to VA pharmacy's work on prescriptions. VA patients are advised to take their medications as instructed by their health care team. The data comes from all VA treatment facilities. Medication information from the new VA electronic health record is not included.

Glossary of Pharmacy Terms: **Active** = A prescription that can be filled at the local VA pharmacy. **Active: On Hold** = An active prescription that will not be filled until pharmacy resolves the issue. **Active: Susp** = An active prescription that is not scheduled to be filled yet. **Clinic Order** = A medication received during a visit to a VA clinic or emergency department (**currently not available**). **Discontinued** = A prescription stopped by a VA provider. It is no longer available to be filled. **Expired** = A prescription which is too old to fill. This does not refer to the expiration date of the medication in the container. **Non-VA** = A medication that came from someplace other than a VA pharmacy. This may be a prescription from either the VA or other providers that was filled outside the VA. Or, it may be an over the counter (OTC), herbal, dietary supplement or sample medication. **Pending** = This prescription order has been sent to the Pharmacy for review and is not ready yet. **Transferred** = A prescription moved to VA's new electronic health record. This prescription may also be described as "Discontinued" on medication lists from your healthcare team. Take your medications as prescribed by your healthcare team.

Medication Name and Strength	Pharmacy Term	Instructions	Medication Issue/Start Time	Quantity Ordered	Prescription Expires	Prescription Number	Last Dispense Date	Ordering Provider
ACETAMINOPHEN 500MG TAB	Active	TAKE TWO TABLETS BY MOUTH Q12HR	Nov 24, 2020	100	Nov 25, 2021	10801432	Jan 09, 2021	NGUYEN,VI H

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		AS NEEDED FOR PAIN						
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Active	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**	Jun 24, 2021	150	Jul 24, 2021	11031356	Jun 24, 2021	GACULA,ANNA LISA G
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Discontinued	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**	Mar 08, 2021	150	Apr 07, 2021	10912009	Mar 10, 2021	GACULA,ANNA LISA G
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Discontinued	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS	Feb 09, 2021	150	Mar 11, 2021	10884257	Feb 10, 2021	GACULA,ANNA LISA G

MEDICAL CONFIDENTIAL

		DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**						
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Discontinued	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**	Nov 06, 2020	150	Dec 06, 2020	10780714	Nov 06, 2020	GACULA,ANNA LISA G
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Discontinued	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**	Sep 08, 2020	150	Oct 08, 2020	10716382	Sep 11, 2020	GACULA,ANNA LISA G
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Discontinued	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**	Jul 09, 2020	150	Aug 08, 2020	10655517	Jul 11, 2020	GACULA,ANNA LISA G

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		EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**						
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Discontinued	TAKE TWO TABLETS BY MOUTH TWICE A DAY AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**	Apr 06, 2020	120	May 06, 2020	10559630	Apr 19, 2020	GACULA,ANNA LISA G
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Expired	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**	May 20, 2021	150	Jun 19, 2021	10993541	May 20, 2021	GACULA,ANNA LISA G
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Expired	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR	Apr 05, 2021	150	May 05, 2021	10942406	Apr 09, 2021	GACULA,ANNA LISA G

		ATTENTION **OK/AUTH AXC 02/2020**						
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Expired	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**	Jan 05, 2021	150	Feb 04, 2021	10843830	Jan 05, 2021	GACULA,ANNA LISA G
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Expired	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**	Dec 04, 2020	150	Jan 03, 2021	10812531	Dec 04, 2020	GACULA,ANNA LISA G
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Expired	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**	Oct 06, 2020	150	Nov 05, 2020	10745076	Oct 10, 2020	GACULA,ANNA LISA G

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		NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**						
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Expired	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**	Aug 07, 2020	150	Sep 06, 2020	10686584	Aug 11, 2020	GACULA,ANNA LISA G
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Expired	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**	Jun 08, 2020	150	Jul 08, 2020	10622836	Jun 11, 2020	GACULA,ANNA LISA G
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Expired	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**	May 08, 2020	150	Jun 07, 2020	10594245	May 12, 2020	GACULA,ANNA LISA G

MEDICAL CONFIDENTIAL

		TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020** PLEASE REFILL WHEN VET CALLS FOR IT (LAST REFILL MAILED 3/13/20)						
AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB	Expired	TAKE TWO TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020** PLEASE REFILL WHEN VET CALLS FOR IT (LAST REFILL MAILED 3/13/20)	Apr 06, 2020	150	May 06, 2020	10559798	Apr 12, 2020	GACULA,ANNA LISA G
AMPHETAMINE/DEXTROAMPHETAMINE 20MG TAB	Non-VA	TAKE ONE TABLET BY MOUTH EVERY DAY	Mar 25, 2021			Non-VA		Documented by: WALKER,JEANETTE A
ATORVASTATIN CA 40MG TAB	Active: Susp	TAKE ONE-HALF TABLET BY MOUTH DAILY	Jan 22, 2021	45	Jan 23, 2022	10863493	Oct 09, 2021	NGUYEN,VI H

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ATORVASTATIN CA 40MG TAB	Discontinued	TAKE ONE-HALF TABLET BY MOUTH DAILY FOR CHOLESTEROL *STOP SIMVASTATIN*	May 29, 2020	45	May 30, 2021	10614427	May 30, 2020	NGUYEN,VI H
ATORVASTATIN CA 40MG TAB	Discontinued	TAKE ONE-HALF TABLET BY MOUTH DAILY FOR CHOLESTEROL *STOP SIMVASTATIN*	Aug 27, 2020	45	Aug 28, 2021	10614427A	Nov 15, 2020	NGUYEN,VI H
CHOLECALCIFEROL 125MCG (5,000UNIT) CAP,ORAL	Active	TAKE ONE CAPSULE BY MOUTH DAILY	Aug 27, 2020	100	Aug 28, 2021	10583423A	May 18, 2021	NGUYEN,VI H
CHOLECALCIFEROL 125MCG (5,000UNIT) CAP,ORAL	Discontinued	TAKE ONE CAPSULE BY MOUTH DAILY	Apr 29, 2020	100	Aug 06, 2020	10583423	Jun 12, 2020	AMIRKHAN,MOJGAN
CLINDAMYCIN HCL 150MG CAP	Discontinued	TAKE 2 CAPSULES BY MOUTH FOUR TIMES A DAY FOR 10 DAYS UNTIL GONE FOR INFECTION	Jun 23, 2020	80	Jul 23, 2020	10640484	Jun 23, 2020	CARLISLE-BROOKS,YVET
CYCLOBENZAPRINE HCL 10MG TAB	Discontinued	TAKE ONE TABLET BY MOUTH EVERY 12 HOURS AS NEEDED FOR MUSCLE RELAXANT * MAY CAUSE DROWSINESS *	May 29, 2020	60	May 30, 2021	10614428	Jul 18, 2020	NGUYEN,VI H
CYCLOBENZAPRINE HCL 10MG TAB	Discontinued	TAKE ONE TABLET BY MOUTH EVERY 12 HOURS AS NEEDED FOR MUSCLE	Aug 27, 2020	60	Aug 28, 2021	10614428A	Oct 30, 2020	NGUYEN,VI H

		RELAXANT * MAY CAUSE DROWSINESS *						
CYCLOBENZAPRINE HCL 10MG TAB	Discontinued	TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED FOR MUSCLE RELAXANT * MAY CAUSE DROWSINESS *	May 07, 2020	30	May 08, 2021	10592010	May 07, 2020	NGUYEN,VI H
GABAPENTIN 300MG CAP	Active: Susp	TAKE 1 CAPSULE BY MOUTH EVERY MORNING AS NEEDED FOR 0 AND TAKE 1 CAPSULE BY MOUTH NOON AS NEEDED AND TAKE 2 CAPSULES BY MOUTH AT BEDTIME AS NEEDED TO HELP WITH SLEEP/PAIN/ANXIETY *NOTE DOSE CHANGE*	Apr 16, 2021	120	Apr 17, 2022	10801433A	Jul 08, 2021	GACULA,ANNA LISA G
GABAPENTIN 300MG CAP	Discontinued	TAKE 1 CAPSULE BY MOUTH EVERY MORNING AS NEEDED FOR 0 AND TAKE 1 CAPSULE BY MOUTH NOON AS NEEDED AND TAKE 2 CAPSULES BY MOUTH AT BEDTIME AS NEEDED TO HELP WITH	Nov 24, 2020	120	Nov 25, 2021	10801433	Mar 02, 2021	NGUYEN,VI H

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		SLEEP/PAIN/ANXIETY *NOTE DOSE CHANGE*						
GABAPENTIN 300MG CAP	Discontinued	TAKE TWO CAPSULES BY MOUTH AT BEDTIME TO HELP WITH SLEEP/PAIN/ANXIETY *NOTE DOSE CHANGE*	Apr 06, 2020	120	Apr 07, 2021	10559410	Aug 01, 2020	GACULA,ANNA LISA G
GABAPENTIN 300MG CAP	Discontinued	TAKE TWO CAPSULES BY MOUTH AT BEDTIME TO HELP WITH SLEEP/PAIN/ANXIETY *NOTE DOSE CHANGE*	Aug 27, 2020	120	Aug 28, 2021	10559410A	Nov 12, 2020	NGUYEN,VI H
HYDROCODONE 5MG/ACETAMINOPHEN 325MG TAB	Discontinued	TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR MODERATE TO SEVERE PAIN. MAY CAUSE DROWSINESS.	Jun 23, 2020	9	Jul 23, 2020	10640485	Jun 23, 2020	CARLISLE-BROOKS,YVET
IBUPROFEN 600MG TAB	Discontinued	TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED FOR PAIN * TAKE WITH FOOD OR MILK *	May 07, 2020	60	May 08, 2021	10592013	Jun 26, 2020	NGUYEN,VI H
IBUPROFEN 600MG TAB	Discontinued	TAKE ONE TABLET BY MOUTH AT BEDTIME AS	Aug 27, 2020	60	Aug 28, 2021	10592013A	Oct 30, 2020	NGUYEN,VI H

		NEEDED FOR PAIN * TAKE WITH FOOD OR MILK *						
LIDOCAINE 5% PATCH	Active: Susp	APPLY 1 PATCH TO SKIN DAILY TO PAINFUL AREA. LEAVE ON FOR UP TO 12 HOURS. NO MORE THAN 1 PATCH SHOULD BE USED IN A 24 HOUR PERIOD.	Jan 22, 2021	30	Jan 23, 2022	10592030B	Jul 08, 2021	NGUYEN,VI H
LIDOCAINE 5% PATCH	Discontinued	APPLY 1 PATCH TO SKIN DAILY TO PAINFUL AREA. LEAVE ON FOR UP TO 12 HOURS. NO MORE THAN 1 PATCH SHOULD BE USED IN A 24 HOUR PERIOD.	Aug 27, 2020	30	Aug 28, 2021	10592030A	Jan 09, 2021	NGUYEN,VI H
LIDOCAINE 5% PATCH	Discontinued	APPLY 1 PATCH TO SKIN DAILY TO PAINFUL AREA. LEAVE ON FOR UP TO 12 HOURS. NO MORE THAN 1 PATCH SHOULD BE USED IN A 24 HOUR PERIOD.	May 07, 2020	30	May 08, 2021	10592030	Jul 17, 2020	NGUYEN,VI H
LIDOCAINE 5% PATCH	Discontinued	APPLY 1 PATCH TO THE SKIN EVERY 24 HOURS FOR PAIN RELIEF - APPLY	Mar 25, 2021	30	Mar 26, 2022	21245648	May 09, 2021	WALKER,JEANETTE A

		ONLY ONCE FOR UP TO 12 HOURS IN A 24 HOUR PERIOD						
LOPERAMIDE HCL 2MG CAP	Active	TAKE ONE CAPSULE BY MOUTH FOUR TIMES A DAY FOR DIARRHEA CAN TAKE UP TO 8 PILLS (16MG) A DAY	Aug 27, 2020	360	Aug 28, 2021	10644092A	Jun 01, 2021	NGUYEN,VI H
LOPERAMIDE HCL 2MG CAP	Discontinued	TAKE ONE CAPSULE BY MOUTH FOUR TIMES A DAY FOR DIARRHEA CAN TAKE UP TO 8 PILLS (16MG) A DAY	Jun 26, 2020	360	Jun 27, 2021	10644092	Jun 26, 2020	CHOI,ALYSSA Y
METHOCARBAMOL 500MG TAB	Active: Susp	TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR MUSCLE RELAXANT * MAY CAUSE DROWSINESS *	Jul 08, 2021	90	Aug 07, 2021	10801434B	Jul 08, 2021	KAMPITAN,NILDA F
METHOCARBAMOL 500MG TAB	Discontinued	TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR MUSCLE RELAXANT * MAY CAUSE DROWSINESS *	Jan 22, 2021	90	Jan 23, 2022	10801434A	Mar 02, 2021	NGUYEN,VI H
METHOCARBAMOL 500MG TAB	Discontinued	TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR MUSCLE	Nov 24, 2020	90	Dec 24, 2020	10801434	Nov 24, 2020	NGUYEN,VI H

		RELAXANT * MAY CAUSE DROWSINESS *						
METHOCARBAMOL 750MG TAB	Discontinued	TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED AS A MUSCLE RELAXANT	Mar 25, 2021	30	Apr 24, 2021	21245650	Mar 25, 2021	WALKER,JEANETTE A
NAPROXEN 250MG TAB	Discontinued	TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN AND INFLAMMATION *TAKE WITH FOOD*	Mar 25, 2021	90	Apr 24, 2021	21245651	Mar 25, 2021	WALKER,JEANETTE A
OMEPRAZOLE 20MG CAP,EC	Expired	TAKE 1 CAPSULE BY MOUTH TWICE A DAY BEFORE MEALS (TAKE 1 HOUR BEFORE A MEAL TO CONTROL STOMACH ACID)	May 29, 2020	180	May 30, 2021	10614430	Feb 14, 2021	NGUYEN,VI H
SUCRALFATE 500MG/5ML SUSP,ORAL	Discontinued	TAKE 5 ML BY MOUTH FOUR TIMES A DAY 1 HOUR BEFORE MEAL AND AND AT BEDTIME FOR STOMACH * WHILE YOU'RE OFF PPI X 7 DAYS IN ANTICIPATION OF EGD/PH STUDY	Jun 26, 2020	420	Jul 26, 2020	10644098	Jun 26, 2020	CHOI,ALYSSA Y

Immunizations: All on record at VA

No Data Provided for This Section

Procedures: Surgical Procedures with Notes

No Data Provided for This Section

Plan of Treatment: Future Appointments and Active/Pending Orders

The Plan of Treatment section contains future care activities for the patient from all VA treatment facilities. This section includes future appointments (within the next 6 months) and future orders (within +/- 45 days) which are active, pending or scheduled. Plan of Treatment information from the new VA electronic health record is not included.

Future Appointments

This section includes up to a maximum of 20 appointments scheduled over the next 6 months. Some types of appointments may not be included. Contact the VA health care team if there are questions.

Appointment Date/Time	Appointment Type	Appointment Facility Name
Jul 16, 2021 08:50 AM	AMBULATORY - MEDICINE	ANAHEIM,CA CBOC
Jul 19, 2021 01:00 PM	AMBULATORY - PSYCHIATRY	ANAHEIM,CA CBOC
Jul 20, 2021 10:00 AM	AMBULATORY - MEDICINE	ANAHEIM,CA CBOC

Active, Pending, and Scheduled Orders

This section includes a listing of several types of active, pending, and scheduled orders, including clinic medication orders, diagnostic test orders, procedure orders, and consult orders; where the start date of the order is 45 days before or after the date this document was created.

Test Date/Time	Test Type	Test Details	Facility Name
Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	LIPID PROFILE (FASTING)	ANAHEIM,CA CBOC

Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	HEMOGLOBIN A1C	ANAHEIM,CA CBOC
Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	URINALYSIS-MICROSCOPIC	ANAHEIM,CA CBOC
Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	FERRITIN	ANAHEIM,CA CBOC
Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	OP-CBC (INCL DIFF)	ANAHEIM,CA CBOC
Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	TSH	ANAHEIM,CA CBOC
Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	FREE T-4	ANAHEIM,CA CBOC
Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	SIMPLIFIED METABOLIC PANEL	ANAHEIM,CA CBOC
Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	ALT	ANAHEIM,CA CBOC
Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	AST	ANAHEIM,CA CBOC
Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	CALCIUM	ANAHEIM,CA CBOC
Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	VITAMIN D 25 OH	ANAHEIM,CA CBOC
Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	URIC ACID	ANAHEIM,CA CBOC
Jul 22, 2021 12:00 AM	Laboratory - Chemistry Order	MAGNESIUM	ANAHEIM,CA CBOC

Problems (Conditions): All on record at VA

Section Date Range: From patient's date of birth to the date document was created.

This section includes a list of all active and inactive Problems/Conditions known to VA for the patient. New problems/conditions are available thirty-six (36) hours after entry. The data comes from all VA treatment facilities. Problems (Conditions) from the new VA electronic health record are not included.

Problem	Status	Problem Code	Date of Onset	Date of Resolution	Comment(s)	Provider	Source
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Abdominal pain	Active	21522001				AMIRKHAN,MOJGAN	LONG BEACH VAMC
Attention deficit hyperactivity disorder	Active	406506008				WALKER,JEANETTE A	FORT HARRISON MEDICAL CENTER
Attention deficit hyperactivity disorder, combined type	Active	31177006				GACULA,ANNA LISA G	LONG BEACH VAMC
Cervicalgia	Active	81680005				AMIRKHAN,MOJGAN	LONG BEACH VAMC
Erectile dysfunction	Active	860914002				NGUYEN,VI H	LONG BEACH VAMC
Erectile Dysfunction (SCT 860914002)	Active	860914002				WALKER,JEANETTE A	FORT HARRISON MEDICAL CENTER
Gastroesophageal reflux disease	Active	235595009				AMIRKHAN,MOJGAN	LONG BEACH VAMC
GERD - Gastro-Esophageal Reflux Disease (SCT 235595009)	Active	235595009				WALKER,JEANETTE A	FORT HARRISON MEDICAL CENTER
Hyperlipidemia	Active	55822004				AMIRKHAN,MOJGAN	LONG BEACH VAMC
Hyperlipidemia (SCT	Active	55822004				WALKER,JEANETTE	FORT

55822004)						A	HARRISON MEDICAL CENTER
Imaging finding	Active	365853002			<ul style="list-style-type: none"> May 19, 2021 Entered By: WALKER,JEANETTE A Comment: 5/12/21 MRI Lumbar: Mild foraminal narrowing L2-L4, mass effect on L2, L L4-5 protrusion, mass effect L5 left, multilevel DJD 	WALKER,JEANETTE A	FORT HARRISON MEDICAL CENTER
Irritable bowel syndrome	Active	10743008				WALKER,JEANETTE A	FORT HARRISON MEDICAL CENTER
Low back pain	Active	279039007				AMIRKHAN,MOJGAN	LONG BEACH VAMC
Low Back Pain (SCT 279039007)	Active	279039007				WALKER,JEANETTE A	FORT HARRISON MEDICAL CENTER
Neck Pain (SCT 81680005)	Active	81680005				WALKER,JEANETTE A	FORT HARRISON MEDICAL CENTER
Pain in finger of left hand	Active	316741000119105				AMIRKHAN,MOJGAN	LONG BEACH VAMC
Vitamin D deficiency	Active	34713006				AMIRKHAN,MOJGAN	LONG BEACH VAMC
Vitamin D deficiency	Active	34713006				WALKER,JEANETTE A	FORT HARRISON

Results: Chemistry and Hematology

This section contains the Chemistry and Hematology Lab Results on record with VA for the patient. The data comes from all VA treatment facilities. Radiology Reports and Pathology Reports are provided separately, in subsequent sections.

Lab Results

The included Chemistry/Hematology Results are from the last 24 months, are available thirty-six (36) hours after verification, and include a maximum of the 10 most recent sets of tests. Your reports may be available prior to your VA Provider having an opportunity to review them. Note: COVID-19 results are available immediately after receipt by VA. For some tests, results slightly outside the reference range are not unusual. In addition, not all results are significant. If you have any concerns about your results, contact your health care team. The data comes from all VA treatment facilities. Chemistry and Hematology results from the new VA electronic health record are not included.

Date/Time	Source	Result Type	Result - Unit	Interpretation	Reference Range	Comment
Jan 13, 2021 10:24 AM	ANAHEIM,CA CBOC	AST				Specimen Type: SERUM No comment entered. Ordering Provider: NGUYEN,VI H Report Released Date/Time: Aug 27, 2020 04:37 PM Reporting Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201 Performing Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201
		AST	26 IntUnit/L		0-40	
Jan 13, 2021 10:24 AM	ANAHEIM,CA CBOC	ALT				Specimen Type: SERUM No comment entered. Ordering Provider: NGUYEN,VI H Report Released Date/Time: Aug 27, 2020 04:37 PM

						Reporting Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201 Performing Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201
		ALT	67 IntUnit/L	H	0-40	
Jan 13, 2021 10:24 AM	ANAHEIM,CA CBOC	GLUCOSE				Specimen Type: SERUMNo comment entered. Ordering Provider: NGUYEN,VI H Report Released Date/Time: Aug 27, 2020 04:37 PM Reporting Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201 Performing Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201
		GLUCOSE	94 mg/dL		60-100	
Jan 13, 2021 10:24 AM	ANAHEIM,CA CBOC	LIPID PROFILE (FASTING)				Specimen Type: SERUMNo comment entered. Ordering Provider: NGUYEN,VI H Report Released Date/Time: Aug 27, 2020 04:37 PM Reporting Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201 Performing Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201
		CHOLESTEROL	188 mg/dL		<200	
		TRIGLYCERIDES	68 mg/dL		<150	
		HDL CHOLESTEROL	49 mg/dL		>40	
		LDL-CHOL CALCULATION	126 mg/dL	H	<100	
Jan 13, 2021 10:24 AM	ANAHEIM,CA CBOC	MICROALBUMINURIA PANEL (ORDER.)				Specimen Type: URINENo comment entered. Ordering Provider: NGUYEN,VI H Report Released Date/Time: Aug 27, 2020 04:37 PM

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						Reporting Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201 Performing Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201
		CREATININE(DOES NOT INCLUDE EGFR)	151.32 mg/dl			
		ALBUMIN URINE (OUTPUT)	0.3 mg/dL		0-1.8	
		ALBUMIN/CREAT RATIO (OUTPUT)	2.0 mg/G		<30	
Jan 13, 2021 10:24 AM	ANAHEIM,CA CBOC	FERRITIN				Specimen Type: SERUM No comment entered. Ordering Provider: NGUYEN,VI H Report Released Date/Time: Aug 27, 2020 04:37 PM Reporting Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201 Performing Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201
		FERRITIN	58.0 ng/ml		22-322	
Jun 23, 2020 05:35 PM	LONG BEACH VAMC	URINALYSIS-MICROSCOPIC				Specimen Type: URINE Comment: Microscopic done only when chemstrip indicates further testing Ordering Provider: CARLISLE-BROOKS,YVETTE Report Released Date/Time: Jun 23, 2020 05:17 PM Reporting Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201 Performing Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201
		URINE COLOR	Yellow		Yellow-Straw	
		SPECIFIC GRAVITY(URINE)	1.010		1.002-1.040	
		UROBILINOGEN	0.2-1.0		0.2-1.0	

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			mg/dL		
		URINE BILIRUBIN	NEG mg/dL		Neg
		URINE KETONES	NEG mg/dL		Neg-Trace
		URINE GLUCOSE	NEG mg/dL		Neg
		URINE PROTEIN	NEG mg/dL		Neg
		URINE PH	7.0		5.0-8.0
		URINE BLOOD	NEG		Neg
		URINE NITRITE	NEG		Neg
		APPEARANCE (URINE)	CLEAR		Clear
		LEUKOCYTE ESTERASE	NEG		Neg
Jun 23, 2020 05:25 PM	LONG BEACH VAMC	OP-CBC (INCL DIFF)			Specimen Type: BLOOD Comment: Differential performed by automated analysis. No RBC variances detected by automated analysis. Ordering Provider: CARLISLE-BROOKS,YVETTE Report Released Date/Time: Jun 23, 2020 05:17 PM Reporting Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201 Performing Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201
		MPV	10.7 fL		9.2-12.5
		RDW-SD	42.3 fL		36.8-49.6
		NEUTROPHIL #	7.01		1.70-7.60

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			K/mcL			
		LYMPHOCYTE #	1.45 K/mcL		1.00-3.60	
		MONOCYTE #	0.71 K/mcL		0.2-1.0	
		EOSINOPHIL #	<0.03 K/mcL		0.02-0.56	
		BASOPHIL #	0.04 K/mcL		0.00-0.13	
		IMMATURE GRANULOCYTE #	0.03 K/mcL		0.00-0.06	
		IMMATURE GRANULOCYTE %	0.3 %		0.0-0.7	
		NUCLEATED RBC #	<0.01 K/mcL		0.000-0.012	
		NUCLEATED RBC %	0.0 /100WBC		0.0-0.2	
		BASOPHIL %	0.4 %		0.2-1.6	
		MONOCYTE %	7.7 %		4.0-12.0	
		LYMPHOCYTE %	15.7 %	L	16.0-45.0	
		NEUTROPHIL %	75.7 %	H	46.5-74.0	
		PLATELET	231 K/cumm		150-400	
		MCHC	33.6 g/dL		31.0-36.0	
		MCH	30.3 pg		27.9-32.5	

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		MCV	90.3 fL		82.0-98.0	
		HEMATOCRIT	36.3 %	L	39-50	
		HEMOGLOBIN	12.2 g/dL	L	13.5-17	
		RBC	4.02 MIL/cmm	L	4.33-5.63	
		WBC	9.26 10x3cumm		4.0-11.0	
		EOSINOPHIL %	0.2 %		0-6.4	
		RDW-CV	12.8 %		11.7-15.2	
Jun 23, 2020 05:25 PM	LONG BEACH VAMC	BASIC METABOLIC PANEL			Specimen Type: SERUM No comment entered. Ordering Provider: CARLISLE-BROOKS,YVETTE Report Released Date/Time: Jun 23, 2020 05:17 PM Reporting Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201 Performing Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201	
		CREATININE(DOES NOT INCLUDE EGFR)	1.04 mg/dL		0.7-1.4	
		UREA NITROGEN	13 mg/dl		5-25	
		SODIUM	136 mEq/L		135-145	
		CHLORIDE	103 mEq/L		95-105	
		CO2	25 mEq/L		24-32	
		CALCIUM	9.1 mg/dl		8.5-10.5	
		GLUCOSE	106 mg/dL	H	60-100	

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		POTASSIUM	3.9 mEq/L		3.5-5	
		ANION GAP	8 mmol/L		7-16	
		EGFR	78.3 mL/min		>60	
Jun 23, 2020 05:25 PM	LONG BEACH VAMC	LACTIC ACID				Specimen Type: PLASMA No comment entered. Ordering Provider: CARLISLE-BROOKS,YVETTE Report Released Date/Time: Jun 23, 2020 05:17 PM Reporting Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201 Performing Lab: LONG BEACH VAMC 5901 EAST 7TH ST LONG BEACH CA 90822-5201
		LACTIC ACID	0.8 mEq/L		.5-2.2	

Social History: All on record at VA

Section Date Range: From patient's date of birth to the date the document was created.

This section includes all smoking or tobacco-related health factors on record at VA for the patient. The data comes from all VA treatment facilities. Social History information from the new VA electronic health record is not included.

Current Smoking Status

This section includes the MOST CURRENT smoking, or tobacco-related health factor, on record at VA for the patient.

Date/Time	Current Smoking Status	Comment	Facility
Jan 22, 2021 01:00 PM	VA-TOBACCO NEVER USED		LONG BEACH VAMC

Tobacco Use History

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This section includes a history of the smoking, or tobacco-related health factors, on record at VA for the patient.

Date/Time	Smoking Status/Tobacco Use	Comment	Facility
Jun 05, 2019 09:39 AM	VA-TOBACCO NEVER USED		ANAHEIM,CA CBOC

Vital Signs

The included list of inpatient and outpatient Vital Signs is from the last 12 months and includes a maximum of the 5 most recent sets of vital sign values. If more than one set of vitals was taken on the same date, only the most recent set is populated for that date. The data comes from all VA treatment facilities. Vital Sign information from the new VA electronic health record is not included.

Date/Time	Temperature	Pulse	Blood Pressure	Respiratory Rate	SP02	Pain	Height	Weight	Body Mass Index	Source
Mar 25, 2021 10:27 AM	97.8 F	105 /min	158/102 mm[Hg]	18 /min	98 %		72.047 in	217.2 lb	29	DAVID J. THATCHER VA CLINIC
Aug 04, 2020 03:10 PM	98 F	89 /min	131/78 mm[Hg]	18 /min	99 %	0				LONG BEACH VAMC

Consult Notes

Consult Notes

The included Consult Notes are from the last 18 months, are available thirty-six (36) hours after completion, and include a maximum of the 5 most recent notes. The data comes from all VA treatment facilities. Note that Compensation & Pension Notes are available 30 days after completion. Consult Notes (including Compensation and Pension exam notes) from the new VA electronic health record are not included.

Date/Time	Consult Note with Text	Provider	Source
May 12, 2021 09:00	LOCAL TITLE: COMMUNITY CARE-CONSULT RESULT NOTE	HEINRICH,ANNETTE	FORT HARRISON MEDICAL

<p>AM</p>	<p>STANDARD TITLE: NONVA CONSULT DATE OF NOTE: MAY 12, 2021@09:00 ENTRY DATE: MAY 20, 2021 @12:53:54 AUTHOR: HEINRICH,ANNETTE R EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>The following Non VA Care consult has been completed. See scanned document for report.</p> <p>Radiology General,</p> <p>/es/ ANNETTE R HEINRICH HIMS CONSULT SCANNING SPECIALIST Signed: 05/20/2021 12:54</p>	<p>R</p>	<p>CENTER</p>
<p>Aug 05, 2020 10:26 AM</p>	<p>LOCAL TITLE: GI/GASTROENTEROLOGY/ CONSULT STANDARD TITLE: GASTROENTEROLOGY CONSULT DATE OF NOTE: AUG 05, 2020@10:26 ENTRY DATE: AUG 05, 2020@10:26:17 AUTHOR: LEE,ROBERT H EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>procedure completed.</p> <p>/es/ ROBERT H LEE Gastroenterology Attending Signed: 08/05/2020 10:26</p>	<p>LEE,ROBERT H</p>	<p>LONG BEACH VAMC</p>
<p>Jul 17, 2020 10:41 AM</p>	<p>LOCAL TITLE: UROLOGY/CONSULT STANDARD TITLE: UROLOGY CONSULT DATE OF NOTE: JUL 17, 2020@10:41 ENTRY DATE: JUL 17, 2020@10:41:22 AUTHOR: JORDAN,MARK LOUIS EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>See note of 7.14.20 In the setting of the COVID 19 pandemic and the declaration of a national emergency,this visit was performed via telephone to reduce exposure to the patient and staff as well as to preserve PPE. The patient gave verbal consent for this televisit.</p> <p>I am signing this note on behalf of Dr. Gelman. I did not participate in the clinical encounter</p>	<p>JORDAN,MARK LOUIS</p>	<p>LONG BEACH VAMC</p>

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	<p>/es/ MARK LOUIS JORDAN Chief of Urology Signed: 07/17/2020 10:43</p>		
<p>Jun 26, 2020 08:03 AM</p>	<p>LOCAL TITLE: GI/GASTROENT INITIAL/ CONSULT/ BPT STANDARD TITLE: GASTROENTEROLOGY NOTE DATE OF NOTE: JUN 26, 2020@08:03 ENTRY DATE: JUN 26, 2020@08:03:17 AUTHOR: CHOI,ALYSSA Y EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>*** GI/GASTROENT INITIAL/ CONSULT/ BPT Has ADDENDA ***</p> <p>VVC GI VISIT NOTE</p> <p>E911: Emergency Call Relay Center: (267) 908 6605 Veterans Crisis Line: (800) 273 8255 Press 1 National Telehealth Technology Help Desk: (866) 651 3180</p> <p>Patient verbally consents to using telehealth via VA Video Connect for this visit.</p> <p>Patient current location: Home</p> <p>Patient current phone number: (714)476-7536</p> <p>Local emergency contact: None</p> <p>Other attendees: None</p> <p>----- Reason for visit: Heartburn, diarrhea, fecal incontinence</p> <p>Demographics: DISNEY, EVAN ALAN is a 42 MALE with a history of GERD, IBS, diverticulosis, ADHD, hyperlipidemia and chronic lower back pain presenting with heartburn, diarrhea, fecal incontinence.</p> <p>Heartburn: He has had daily heartburn since 2004o wakes up with a burning taste in the throat. Omeprazole 20mg PO daily (takes it first thing in the morning,</p>	<p>CHOI,ALYSSA Y</p>	<p>LONG BEACH VAMC</p>

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often does not eat breakfast afterwards) is not alleviating her symptoms. His PCP doubled his Omeprazole to 40mg PO daily, with 30% symptom relief. Is taking too many Tums. Gluten triggers his symptoms. Takes Tums 2-3 times a day and even 10-12 if he eats bread. He endorses epigastric pain, but denies n/v. Denies fevers, chills, dysphagia, odynophagia. Has been losing about 10 lbs a month from intentionally avoiding wheat bread and corn syrup, cereals. Drinks water, tea, coffee most of the times. Takes ibuprofen 600mg PO twice a day for chronic lower back pain. He had an EGD around 2006 when he had insurance. He was told that he needs to do something about his heartburn due to "scarring."

Diarrhea: He has chronic inconsistent bowel movements. Has a bowel movement 3 times a week. Sometimes he can have 3-4 bowel movements a day that causes rectal pain. Changing diet or lifestyle makes no difference. Stools can range from normal soft brown to completely loose. One is normal, the others are like "ribbon poop" and pellets in the water are very rare, maybe once out of 10 BMs. Spends a lot of time in the bathroom due to diarrhea. Denies hematochezia or melena. Sometimes had severe abdominal cramps and usually improves with defecation. Has never had a colonoscopy before.

Fecal incontinence: Has fecal incontinence and has to carry a change of shorts in his car. Does get incontinence at night as well. Also has incontinence when he coughs or turns over and grunts due to back pain.

Social History:

Used to work as a residential manager, now does magic
No hx of smoking tobacco, MJ, ETOH use

Family History:

Breast cancer on maternal lineage
No GI malignancies
Father had "overproduction of stomach acid" so he had his stomach removed

Medications: Active Outpatient Medications (including Supplies):

Active Outpatient Medications Status

- =====
- 1) AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB*C TAKE TWO ACTIVE TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC
02/2020**
 - 2) ATORVASTATIN CALCIUM 40MG TAB TAKE ONE-HALF TABLET BY ACTIVE MOUTH DAILY FOR CHOLESTEROL *STOP SIMVASTATIN*
 - 3) CHOLECALCIF 125MCG (D3-5,000UNIT) CAP TAKE ONE ACTIVE CAPSULE BY MOUTH DAILY
 - 4) CLINDAMYCIN HCL 150MG CAP TAKE TWO CAPSULES BY MOUTH ACTIVE FOUR TIMES A DAY FOR 10 DAYS UNTIL GONE FOR INFECTION
 - 5) CYCLOBENZAPRINE HCL 10MG TAB TAKE ONE TABLET BY MOUTH ACTIVE EVERY 12 HOURS AS NEEDED FOR MUSCLE RELAXANT * MAY CAUSE DROWSINESS *
 - 6) GABAPENTIN 300MG CAP TAKE TWO CAPSULES BY MOUTH AT ACTIVE BEDTIME TO HELP WITH SLEEP/PAIN/ANXIETY *NOTE DOSE CHANGE*
 - 7) HYDROCODONE 5/ACETAMINOPHEN 325MG TAB*C* TAKE 1 ACTIVE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR MODERATE TO SEVERE PAIN. MAY CAUSE DROWSINESS.
 - 8) IBUPROFEN 600MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE BEDTIME AS NEEDED FOR PAIN * TAKE WITH FOOD OR MILK
*
 - 9) LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN DAILY TO ACTIVE PAINFUL AREA. LEAVE ON FOR UP TO 12 HOURS. NO MORE THAN 1 PATCH SHOULD BE USED IN A 24 HOUR PERIOD.
 - 10) MEDICATION ORGANIZER 7 DAY USE MEDICATION ORGANIZER ACTIVE AS DIRECTED
 - 11) OMEPRAZOLE 20MG EC CAP TAKE ONE CAPSULE BY MOUTH ACTIVE TWICE A DAY BEFORE MEALS (TAKE 1 HOUR BEFORE A MEAL TO CONTROL STOMACH ACID)
 - 12) TABLET CUTTER USE TABLET CUTTER AS DIRECTED (TO ACTIVE SPLIT TABLET)

Assessment:

42 MALE with a history of GERD, IBS, diverticulosis, ADHD, hyperlipidemia and

chronic lower back pain presenting with heartburn, diarrhea, fecal incontinence.

Heartburn: He has had daily heartburn since 2004 wakes up with a burning taste in the throat. Omeprazole 20mg PO daily (takes it first thing in the morning, often does not eat breakfast afterwards) is not alleviating her symptoms. His PCP doubled his Omeprazole to 40mg PO daily, with 30% symptom relief. Is taking too many tums. Gluten triggers his symptoms. Takes Tums 2-3 times a day and even 10-12 if he eats bread. He endorses epigastric pain, but denies n/v. Denies fevers, chills, dysphagia, odynophagia. Has been losing about 10 lbs a month from intentionally avoiding wheat bread and corn syrup, cereals. Drinks water, tea, coffee most of the times. Takes ibuprofen 600mg PO twice a day for chronic lower back pain. He had an EGD around 2006 when he had insurance. He was told that he needs to do something about his heartburn due to "scarring."

Diarrhea: He has chronic inconsistent bowel movements. Has a bowel movement 3 times a week. Sometimes he can have 3-4 bowel movements a day that causes rectal pain. Changing diet or lifestyle makes no difference. Stools can range from normal soft brown to completely loose. One is normal, the others are like "ribbon poop" and pellets in the water are very rare, maybe once out of 10 BMs. Spends a lot of time in the bathroom due to diarrhea. Denies hematochezia or melena. Sometimes had severe abdominal cramps and usually improves with defecation. Has never had a colonoscopy before.

Fecal incontinence: Has fecal incontinence and has to carry a change of shorts in his car. Does get incontinence at night as well. Also has incontinence when he coughs or turns over and grunts due to back pain.

#Heartburn: high concern for GERD, with only 30% relief with PPI. Must r/o hypersensitive esophagus or functional heartburn. Perform EGD, if no esophagitis grades C-D or Barrett's esophagus which confirms GERD, then proceed with BRAVO.

#Chronic diarrhea: >3 months, change in bowel frequency and loose consistency, associated abdominal cramping alleviated with defecation- meets ROME IV criteria for IBS-D. However, cannot r/o microscopic colitis, SIBO, bile acid diarrhea. Will treat with imodium and obtain stool studies, r/o celiac disease, hyperthyroidism. If persistent, consider trial of bile acid binders, colonoscopy with random biopsies, SIBO breath test.

#Fecal incontinence: Both with coughing and spontaneous without notice,

suggesting external and internal anal sphincter dysfunction, respectively. Has associated with loose stools, try first with anti-diarrheal and see if that improves/resolves incontinence. If not, will obtain ARM.

#Anemia: Hb 12.2, no overt GIB symptoms. Will obtain iron studies and obtain gastric and duodenal biopsies.

#Family history of hemochromatosis: paternal grandfather and uncles, will check ferritin and iron sat.

Plan:

- EGD with BRAVO off PPI and tums x 7 days
- Take duodenal and h pylori biopsies
- Carafate in the meantime
- Check stool cdiff, o&p, culture, TSH, TTG-IgA, total IgA
- Check ferritin, iron saturation, B12, folate
- Imodium prn
- If no improvement of fecal incontinence despite resolution of diarrhea, then discuss anorectal manometry next visit
- Avoid NSAIDs

Follow up in: RTC after EGD ~3 months

The above case was discussed with the attending Gastroenterologist, who agrees with the above assessment and plan.

Alyssa Choi, M.D.
Gastroenterology Fellow PGY-5
(P) 714-506-3309

/es/ ALYSSA Y CHOI
Gastroenterology Fellow
Signed: 06/26/2020 16:50

Receipt Acknowledged By:
06/26/2020 16:52 /es/ ROBERT H LEE
Gastroenterology Attending

	<p>06/26/2020 ADDENDUM STATUS: COMPLETED</p> <p>I have personally supervised the fellow in all aspects of this pts care. I agree with the fellow's H&P, assessment and plan.</p> <p>Please see fellow's note for further details.</p> <p>/es/ ROBERT H LEE Gastroenterology Attending Signed: 06/26/2020 16:52</p>		
<p>Jun 03, 2020 11:51 AM</p>	<p>LOCAL TITLE: PT/PHYSICAL THERAPY/ CONSULT STANDARD TITLE: PHYSICAL MEDICINE REHAB CONSULT DATE OF NOTE: JUN 03, 2020@11:51 ENTRY DATE: JUN 03, 2020@11:51:40 AUTHOR: REGAN,SHARLEEN T EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>PT eval complete.</p> <p>/es/ SHARLEEN T REGAN Physical Therapist, DPT Signed: 06/03/2020 11:52</p>	<p>REGAN,SHARLEEN T</p>	<p>LONG BEACH VAMC</p>

This section includes a list of additional Consult Note Titles from the last 18 months. The data comes from all VA treatment facilities. Consult Note Titles from the new VA electronic health record are not included.

Date/Time	Consult Note Title	Provider	Source
May 14, 2020 02:21 PM	ORTHOTICS PROSTHETICS CONSULT	DUARTE,CARLOS R	LONG BEACH VAMC
Feb 18, 2020 09:10 AM	PHARMACY CONSULT	CHUNG,ALAN	LONG BEACH VAMC

History and Physical Notes

No Data Provided for This Section

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Discharge Summaries

No Data Provided for This Section

Radiology Reports

Radiology Reports

The included Radiology Reports are from the last 24 months, are available thirty-six (36) hours after completion, and include a maximum of the 5 most recent reports. Your provider may not have had a chance to read your VA radiology reports. If you have any concerns about your results, contact your health care team. The data comes from all VA treatment facilities. Radiology Reports from the new VA electronic health record are not included.

Date/Time	Radiology Report	Provider	Source
<p>Jun 23, 2020 05:33 PM</p>	<p>ULTRASOUND SCROTUM AND CONTENTS: DISNEY, EVAN ALAN 517-13-7948 DOB-APR 17, 1978 M Exm Date: JUN 23, 2020@17:33 Req Phys: CARLISLE-BROOKS, YVETTE Pat Loc: LB ER PM (Req'g Loc) Img Loc: LB ULTRASOUND Service: Unknown</p> <p>(Case 600-062320-2217 COMPLETE)ULTRASOUND SCROTUM AND CONTENTS (US Detailed) CPT:76870 Reason for Study: L testicle pain</p> <p>Clinical History: From ED</p> <p>Report Status: Verified Date Reported: JUN 23, 2020 Date Verified: JUN 23, 2020 Verifier E-Sig:</p> <p>Report:</p>	<p>RADIOLOGY, OUTSIDE SERVICE</p>	<p>LONG BEACH VAMC</p>

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History: Left testicular pain.

Comparison: None available.

Technique: Multiplanar high-resolution sonographic images of the scrotum/contents obtained. Color flow/Doppler utilized as needed.

Findings:

The left testicle measures 4.1 x 2.3 x 3.9 cm. The right testicle measures 4.6 x 2.2 x 3.4 cm. The left epididymal head measures 1 x 1.1 x 1.1 cm. The right epididymal head measures 1 x 0.8 x 1.2 cm.

Normal testicular/epididymal color flow bilaterally.

There is a relatively small, left eccentric hydrocele; any minor apparent right scrotal fluid may be physiologic. Any apparent low level echoes within the left-sided scrotal fluid may reflect minor complexity or artifact.

There is a left-sided epididymal head cyst/spermatocele which measures up to 5 mm.

Impression:

1. Relatively mild left hydrocele. 2. 5 mm left epididymal head cyst/spermatocele. 3. Negative for testicular torsion nor significant epididymoorchitis.

See above for additional details.

READING PHYSICIAN: Simon Abramson, M.D. -1609106137

6/23/2020 18:37 PDT

VHA National Teleradiology Program

877-780-5559 (For Medical Practitioner Use Only)

	<p>795 Willow Road, Bldg 334, Suite C210 Menlo Park, CA 94025</p> <p>Attention Patients / Veterans: If you have questions or concerns about these test results, please contact your ordering provider or primary care team.</p> <p>Primary Diagnostic Code: SIGNIFICANT ABNORMALITY, ATTN NEEDED</p> <p>Primary Interpreting Staff: RADIOLOGY,OUTSIDE SERVICE, Staff Physician /</p>		
<p>Jun 23, 2020 05:20 PM</p>	<p>CHEST TWO VIEWS PA&LAT : DISNEY,EVAN ALAN 517-13-7948 DOB-APR 17, 1978 M Exm Date: JUN 23, 2020@17:20 Req Phys: CARLISLE-BROOKS,YVETTE Pat Loc: LB ER PM (Req'g Loc) Img Loc: LB DMM: GENERAL RADIOLOGY Service: Unknown</p> <p>(Case 600-062320-2192 COMPLETE)CHEST TWO VIEWS PA&LAT (RAD Detailed) CPT:71046 Reason for Study: SEE BELOW</p> <p>Clinical History: From ED Reason for Study: chest pain</p> <p>Report Status: Verified Date Reported: JUN 24, 2020 Date Verified: JUN 24, 2020 Verifier E-Sig:</p> <p>Report: CHEST TWO VIEWS PA AND LAT</p> <p>Exam Date: 6/23/2020 5:52 PM</p> <p>Comparison: None available at time of dictation.</p>	<p>KHAN,MAZHAR U</p>	<p>LONG BEACH VAMC</p>

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Technique: Frontal and lateral radiographs of the chest.

Impression:

There is no radiograph finding of consolidation/pleural effusion/pneumothorax. The cardiomediastinal silhouette is within normal limits. The pulmonary vascularity is within normal limits. No suspicious radiograph abnormality is identified in the visualized peripheral soft tissues and osseous structures; mild degenerative changes in axial and appendicular skeleton.

Mazhar Khan, MD on 6/24/2020 9:29 AM

Primary Diagnostic Code:

Primary Interpreting Staff:

MAZHAR U KHAN, Staff Physician - Radiology
 Verified by transcriptionist for MAZHAR U KHAN /MUK

Jun 23, 2020 05:20 PM

ELBOW,COMPLETE,MINIMUM 3 VIEWS:
 DISNEY,EVAN ALAN 517-13-7948 DOB-APR 17, 1978 M
 Exm Date: JUN 23, 2020@17:20
 Req Phys: CARLISLE-BROOKS,YVETTE Pat Loc: LB ER PM (Req'g Loc)
 Img Loc: LB DMM: GENERAL RADIOLOGY
 Service: Unknown

(Case 600-062320-2193 COMPLETE)ELBOW,COMPLETE,MINIMUM 3 VIEWS (RAD Detailed)
 CPT:73080
 Reason for Study: left elbow injury

Clinical History:

Report Status: Verified Date Reported: JUN 24, 2020
 Date Verified: JUN 24, 2020
 Verifier E-Sig:

CHANG,ANDREW LEE

LONG BEACH VAMC

MEDICAL CONFIDENTIAL

Report:

ELBOW, COMPLETE, MINIMUM 3 VIEWS

Date: 6/23/2020 5:52 PM

Demographics: 42 years year old Male.

History provided by referring provider: left elbow injury Reason
for Study: left elbow injury

Comparison: None available at time of dictation

Technique: Frontal, radial head, and lateral views of the Left
elbow were obtained.

Findings:

There is no x-ray evidence of acute displaced fracture or
dislocation. There is no significant degenerative change.

There is no significant joint effusion.

Soft tissue swelling about the elbow.

Impression:

No x-ray evidence of acute displaced fracture. Soft tissue
swelling about the elbow.

Note: Elbow fractures may not be visible on x-ray. If the pain or
clinical concern persists, short interval followup x-ray is
suggested.

Andrew Lee Chang, MD on 6/24/2020 12:33 PM

MEDICAL CONFIDENTIAL

	<p>Primary Diagnostic Code:</p> <p>Primary Interpreting Staff: ANDREW LEE CHANG, Staff Physician Verified by transcriptionist for ANDREW LEE CHANG</p> <p>Primary Interpreting Resident: NATALIE PAI CHEN, FELLOW /NPC</p>		
<p>Oct 11, 2019 04:42 PM</p>	<p>MRI L-SPINE W/O: DISNEY, EVAN ALAN 517-13-7948 DOB-APR 17, 1978 M Exm Date: OCT 11, 2019@16:42 Req Phys: AMIRKHAN, MOJGAN Pat Loc: ANA PACT 3 PROVIDER AM (Req'g Img Loc: LB MRI Service: Unknown</p> <p>(Case 600-101119-6407 COMPLETE)MRI L-SPINE W/O (MRI Detailed) CPT:72148 Reason for Study: SEE BELOW</p> <p>Clinical History: No Cardiac pacemaker, pacer wires, implanted cardio-verter/ICD.</p> <p>PATIENT WEIGHT: 220.2 lb [100.1 kg] (08/06/2019 08:08)</p> <p>REASON FOR EXAM & PERTINENT PATIENT HISTORY: low back pain</p> <p>PROVIDER Ext:Pager# The patient has the following relative contraindication(s) to MRI: NO REPORTED RELATIVE CONTRAINDICATIONS.</p> <p>The patient has the following other condition(s) affecting MRI: NO OTHER CONDITION(S) AFFECTING MRI's.</p> <p>SCL1 - Lab Cum Selected 1 Collection DT Spec eGFR CREA</p>	<p>BENDAVID, ELI J</p>	<p>LONG BEACH VAMC</p>

MEDICAL CONFIDENTIAL

07/30/2019 11:05 SERUM 73.0 1.11

Report Status: Verified Date Reported: OCT 12, 2019

Date Verified: OCT 12, 2019

Verifier E-Sig:

Report:

Procedures: MRI L-SPINE W/O

REASON FOR EXAM & PERTINENT PATIENT HISTORY: low back pain.

Comparison: None.

TECHNIQUE: High field 1.5 Tesla MRI system was utilized to obtain multiplanar/multi sequential images of the lumbar spine, without IV contrast.

FINDINGS: Osseous structures are anatomically aligned, with no evidence of fracture, dislocation, or subluxation. Normal bone marrow signal intensity is noted. The intervertebral disc space heights are well-maintained. Partial L3/4 and L4/5 intervertebral disc desiccation is identified.

There is no evidence of abnormal mass or signal involving the visualized portions of the cauda equina nerve roots. No abnormal paraspinal masses are noted.

T12/L1-L2/3: No significant disc protrusion, central canal narrowing, or neural foraminal narrowing is noted.

L3/4: Very mild disc bulge is noted, minimally effacing the anterior thecal sac. No significant central canal or neural foraminal narrowing is noted.

L4/5: Disc bulge is noted, with a posterior disc annular fissure, effacing the anterior thecal sac. No significant central canal or neural foraminal narrowing is noted.

L5/S1: No significant disc protrusion, central canal narrowing,

or neural foraminal narrowing is noted.

Impression:

1.L3/4 and L4/5 degenerative disc disease, as described. No significant stenoses.

Eli J Bendavid, MD on 10/12/2019 10:33 AM

Primary Diagnostic Code:

Primary Interpreting Staff:

ELI J BENDAVID, Fee basis radiologist

Verified by transcriptionist for ELI J BENDAVID

/EJB

Pathology Reports

Pathology Reports

The included Pathology Reports are from the last 24 months, are available thirty-six (36) hours after completion, and include a maximum of the 5 most recent reports. Your provider may not have had a chance to read your VA pathology reports. If you have any concerns about your reports, contact your health care team. The data comes from all VA treatment facilities. Pathology Reports from the new VA electronic health record are not included.

Date/Time	Pathology Report	Provider	Source
Aug 06, 2020 03:54 PM	LR SURGICAL PATHOLOGY REPORT: LOCAL TITLE: LR SURGICAL PATHOLOGY REPORT STANDARD TITLE: CLINICAL LABORATORY IMMUNOLOGY NOTE DATE OF NOTE: AUG 06, 2020@15:54:34 ENTRY DATE: AUG 06, 2020@15:54:34 AUTHOR: LAMBRECHT,NILS W EXP COSIGNER: URGENCY: STATUS: COMPLETED	LAMBRECHT,NILS W	LONG BEACH VAMC

MEDICAL CONFIDENTIAL

\$APHDR

MEDICAL RECORD | SURGICAL PATHOLOGY

PATHOLOGY REPORT Accession No. SPLB 20 2746

\$TEXT

Submitted by: Date obtained: Aug 04, 2020

Specimen (Received Aug 05, 2020 10:29):

A: DUODENAL BIOPSY

B: GASTRIC ANTRUM ANGULARIS BIOPSY

BRIEF CLINICAL HISTORY:

Abdominal pain, chronic diarrhea, GERD.

PREOPERATIVE DIAGNOSIS:

Diarrhea, GERD.

OPERATIVE FINDINGS:

Mild duodenitis, random biopsies taken to rule out celiac. Normal stomach, random biopsies taken to rule out H. pylori, esophagitis grade A.

POSTOPERATIVE DIAGNOSIS:

Diarrhea, GERD.

Surgeon/physician: JAMES Y HAN MD
=====

PATHOLOGY REPORT Accession No. SPLB 20 2746

MEDICAL CONFIDENTIAL

Gross description

A. The specimen is received in formalin labeled with "DISNEY, EVAN 517-13-7948 and duodenal biopsy." The specimen consists of four tan-brown tissue fragments measuring in range from 0.1 to 0.6 cm in dimension. The fragments were wrapped in tissue paper and entirely submitted in cassette SP 20-2746-A.

B. The specimen is received in formalin labeled with "DISNEY, EVAN 517-13-7948 and gastric antrum angularis biopsy." The specimen consists of two tan-brown tissue fragments measuring as follows, the first measuring 0.4 x 0.3 x 0.2 cm and the second measuring 0.2 x 0.2 x 0.1 cm. The fragments were wrapped in tissue paper and entirely submitted in cassette SP 20-2746-B.

Diagnosis

A: DUODENUM, BIOPSY:

- Benign duodenal mucosa without significant histopathologic change.

B: STOMACH, ANTRUM/ANGULARIS, BIOPSIES:

- Antral-type gastric mucosa with mild chronic inflammation.

- No Helicobacter pylori organisms are identified (H. pylori immunostain).

- No intestinal metaplasia, dysplasia, or carcinoma seen.

/es/ NILS W LAMBRECHT

Pathologist

Signed Aug 06, 2020@15:54

Performing Laboratory:

Surgical Pathology Report Performed By:

VA LONG BEACH HEALTHCARE SYSTEM [CLIA# 05D0988227]

5901 EAST 7TH ST LONG BEACH, CA 90822-5201

\$FTR

 (End of report)

NILS W LAMBRECHT MD nwl| Date Aug 06, 2020

 DISNEY, EVAN ALAN STANDARD FORM 515

ID:517-13-7948 SEX:M DOB:04/17/1978 AGE: 42 LOC:LABOPT

PCP: Vi H Nguyen

/es/ NILS W LAMBRECHT

Pathologist

Signed: 08/06/2020 15:54

Clinical Procedure Notes

Clinical Procedure Notes

The included Clinical Procedure Notes are from the last 18 months, are available thirty-six (36) hours after completion, and include a maximum of the 10 most recent notes. The data comes from all VA treatment facilities. Clinical Procedure Notes from the new VA electronic health record are not included.

Date/Time	Clinical Procedure Note with Text	Provider	Source
Sep 23, 2020 10:39 AM	GASTROENTEROLOGY PROCEDURE NOTE: LOCAL TITLE: GASTROENT F/U/ GASTRO/ BPT STANDARD TITLE: GASTROENTEROLOGY PROCEDURE NOTE DATE OF NOTE: SEP 23, 2020@10:39 ENTRY DATE: SEP 23, 2020@10:39:49 AUTHOR: CHOI,ALYSSA Y EXP COSIGNER: URGENCY: STATUS: COMPLETED *** GASTROENT F/U/ GASTRO/ BPT Has ADDENDA *** VVC GI VISIT NOTE E911: Emergency Call Relay Center: (267) 908 6605 Veterans Crisis Line: (800) 273 8255 Press 1	CHOI,ALYSSA Y	LONG BEACH VAMC

MEDICAL CONFIDENTIAL

National Telehealth Technology Help Desk: (866) 651 3180

Patient current location: Home

Patient current phone number: (714)476-7536

Local emergency contact: None

Other attendees: None

Reason for visit: Heartburn, diarrhea, fecal incontinence

Demographics:

DISNEY, EVAN ALAN is a 42 MALE with a history of GERD, IBS, diverticulosis, ADHD, hyperlipidemia and chronic lower back pain presenting with heartburn, diarrhea, fecal incontinence.

Heartburn: He has had daily heartburn since 2004 wakes up with a burning taste in the throat. Omeprazole 20mg PO daily (takes it first thing in the morning, often does not eat breakfast afterwards) is not alleviating his symptoms. His PCP doubled his Omeprazole to 40mg PO daily, with 30% symptom relief. Is taking too many tums. Gluten triggers his symptoms. Takes Tums 2-3 times a day and even 10-12 if he eats bread. He endorses epigastric pain, but denies n/v. Denies fevers, chills, dysphagia, odynophagia. Has been losing about 10 lbs a month from intentionally avoiding wheat bread and corn syrup, cereals. Drinks water, tea, coffee most of the times. Takes ibuprofen 600mg PO twice a day for chronic lower back pain. He had an EGD around 2006 when he had insurance. He was told that he needs to do something about his heartburn due to "scarring."

Diarrhea: He has chronic inconsistent bowel movements. Has a bowel movement 3 times a week. Sometimes he can have 3-4 bowel movements a day that causes rectal pain. Changing diet or lifestyle makes no difference. Stools can range from normal soft brown to completely loose. One is normal, the others are like "ribbon poop" and pellets in the water are very rare, maybe once out of 10 BMs. Spends a lot of time in the bathroom due to diarrhea. Denies hematochezia or melena. Sometimes had severe abdominal cramps and usually improves with defecation. Has never had a colonoscopy before.

Fecal incontinence: Has fecal incontinence and has to carry a change of shorts in his car. Does get incontinence at night as well. Also has incontinence when he coughs or turns over and grunts due to back pain.

Interval History:

Underwent EGD with 48 hour wireless pH study off PPI on 8/4/2020 showed no hiatal hernia, grade A esophagitis, h pylori and duodenal biopsies negative, EAT 15.6%, SAP 100% for heartburn and 95% for regurgitation, no correlation with chest pain- consistent with pathologic GERD.

Only takes Omeprazole as needed, as he has been under a lot of personal stressors taking care of his elderly parents in Montana.

12 Point Review of Systems was reviewed, and normal. Otherwise, stated as per the HPI above.

Past Medical History:

- 1) Cervicalgia
- 2) Low back pain
- 3) Hyperlipidemia
- 4) Vitamin D deficiency
- 5) Pain in finger of left hand
- 6) Gastroesophageal reflux disease
- 7) Abdominal pain
- 8) Attention deficit hyperactivity disorder, combined type

Medications: Active Outpatient Medications (including Supplies):

Active Outpatient Medications Status

- =====
- 1) AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB*C TAKE TWO ACTIVE TABLETS BY MOUTH EVERY MORNING AND TAKE TWO TABLETS EVERY NOONTIME AND TAKE ONE TABLET EVERY EVENING AS NEEDED AS DIRECTED FOR ATTENTION **OK/AUTH AXC 02/2020**
 - 2) ATORVASTATIN CALCIUM 40MG TAB TAKE ONE-HALF TABLET BY ACTIVE

MEDICAL CONFIDENTIAL

MOUTH DAILY FOR CHOLESTEROL *STOP SIMVASTATIN*

3) CHOLECALCIF 125MCG (D3-5,000UNIT) CAP TAKE ONE ACTIVE CAPSULE BY MOUTH DAILY

4) CYCLOBENZAPRINE HCL 10MG TAB TAKE ONE TABLET BY MOUTH ACTIVE EVERY 12 HOURS AS NEEDED FOR MUSCLE RELAXANT * MAY CAUSE DROWSINESS *

5) GABAPENTIN 300MG CAP TAKE TWO CAPSULES BY MOUTH AT ACTIVE BEDTIME TO HELP WITH SLEEP/PAIN/ANXIETY *NOTE DOSE CHANGE*

6) IBUPROFEN 600MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE BEDTIME AS NEEDED FOR PAIN * TAKE WITH FOOD OR MILK *

7) LIDOCAINE 5% PATCH APPLY 1 PATCH TO SKIN DAILY TO ACTIVE PAINFUL AREA. LEAVE ON FOR UP TO 12 HOURS. NO MORE THAN 1 PATCH SHOULD BE USED IN A 24 HOUR PERIOD.

8) LOPERAMIDE HCL 2MG CAP TAKE ONE CAPSULE BY MOUTH FOUR ACTIVE TIMES A DAY FOR DIARRHEA CAN TAKE UP TO 8 PILLS (16MG) A DAY

9) OMEPRAZOLE 20MG EC CAP TAKE ONE CAPSULE BY MOUTH ACTIVE TWICE A DAY BEFORE MEALS (TAKE 1 HOUR BEFORE A MEAL TO CONTROL STOMACH ACID)

Labs/Imaging studies:

NA: 136 mEq/L (06/23/20 17:25) SERUM

K+: 3.9 mEq/L (06/23/20 17:25) SERUM

CO2: 25 mEq/L (06/23/20 17:25) SERUM

CL: 103 mEq/L (06/23/20 17:25) SERUM

BUN: 13 mg/dl (06/23/20 17:25) SERUM

CREA: 1.04 mg/dL (06/23/20 17:25) SERUM

GLU: 106 mg/dL H (06/23/20 17:25) SERUM

CA: 9.1 mg/dl (06/23/20 17:25) SERUM

No data available for MAGNESIUM

No data available for PO4

No data available for ALBUMIN (LX)

PROTEIN,TOTAL - NONE FOUND

AST: 32 IntUnit/L (05/21/20 08:45) SERUM
ALT: 43 IntUnit/L H (05/21/20 08:45) SERUM
No data available for ALK PHOSPHATASE

No data available for BILIRUBIN TOTAL

INR - NONE FOUND

EGD 8/4/2020

ESOPHAGUS: The diaphragmatic impression, end of the gastric folds and z-line were located 41 cm from incisors. A Bravo esophageal pH monitor was deployed successfully. Esophagitis was found in the distal esophagus. Esophagitis was LA Class A: One or more mucosal breaks < 5 mm in maximal length.

STOMACH: The mucosa of the stomach appeared normal. Cold forcep biopsies were taken at the antrum and angularis to evaluate for h. pylori. Tissue samples were placed in jar B.

DUODENUM: Mild duodenal inflammation was found in the duodenal bulb. Multiple random biopsies was performed using cold forceps in the duodenal bulb and 2nd part duodenum. Tissue samples were placed in jar A. Sample obtained for evaluation of celiac disease.

ADVERSE EVENTS: There were no complications.

IMPRESSIONS: 1. The diaphragmatic impression, end of the gastric folds and z-line 41 cm from incisors
2. Esophagitis in the distal esophagus
3. The mucosa of the stomach appeared normal
4. Duodenal inflammation was found in the duodenal bulb; a biopsy was performed in the 1st part of the duodenum, duodenal bulb, and 2nd part duodenum

RECOMMENDATIONS: 1. Follow up 48 Hour esophageal pH monitor results
2. Hold Acid blocking medications for 48 hours
3. Resume PPI in 2 days
4. Complete symptom diary as instructed
5. Await biopsy results
6. Patient is on chronic stimulants for ADHD. Sedative medications had minimal effect on him. Recommend consideration of either demerol or MAC for future

endoscopies.

REPEAT EXAM:

48 hour wireless pH study

GI Motility Lab pH Testing Results

Type of pH Test: 48 hr bravo

Study Performed: _off___ PPI

Indication: GERD

Interpretation:

This study was performed while the patient was off of the PPI. Esophageal acid exposure was markedly abnormal with 15.6% exposure. The patient did not keep track of being in the upright or supine position. During the study, the patient exhibited a strong correlation between heartburn and regurgitation and acid reflux with SAPs of 100% and 95%. There was no significant correlation between chest pain and acid with SAP of 85.4%.

Recommendation:

Overall, this study demonstrates that the patient has an abnormal amount of acid reflux. Consequently, continued use of PPI therapy can be justified.

Furthermore, there is a strong correlation between symptoms and acid reflux.

The results of the study also indicate that there is at least a moderate probability of response to an anti-reflux procedure. Recommend follow up in GI clinic

A: DUODENUM, BIOPSY:

- Benign duodenal mucosa without significant histopathologic change.

B: STOMACH, ANTRUM/ANGULARIS, BIOPSIES:

- Antral-type gastric mucosa with mild chronic inflammation.
- No Helicobacter pylori organisms are identified (H. pylori immunostain).
- No intestinal metaplasia, dysplasia, or carcinoma seen.

Assessment:

42 MALE with a history of GERD, IBS, diverticulosis, ADHD, hyperlipidemia and chronic lower back pain presenting with heartburn, diarrhea, fecal incontinence.

Heartburn: He has had daily heartburn since 2004 wakes up with a burning taste in the throat. Omeprazole 20mg PO daily (takes it first thing in the morning, often does not eat breakfast afterwards) is not alleviating her symptoms. His PCP doubled his Omeprazole to 40mg PO daily, with 30% symptom relief. Is taking too many tums. Gluten triggers his symptoms. Takes Tums 2-3 times a day and even 10-12 if he eats bread. He endorses epigastric pain, but denies n/v. Denies fevers, chills, dysphagia, odynophagia. Has been losing about 10 lbs a month from intentionally avoiding wheat bread and corn syrup, cereals. Drinks water, tea, coffee most of the times. Takes ibuprofen 600mg PO twice a day for chronic lower back pain. He had an EGD around 2006 when he had insurance. He was told that he needs to do something about his heartburn due to "scarring."

Diarrhea: He has chronic inconsistent bowel movements. Has a bowel movement 3 times a week. Sometimes he can have 3-4 bowel movements a day that causes rectal pain. Changing diet or lifestyle makes no difference. Stools can range from normal soft brown to completely loose. ONE is normal, the others are like "ribbon poop" and pellets in the water are very rare, maybe once out of 10 BMs. Spends a lot of time in the bathroom due to diarrhea. Denies hematochezia or melena. Sometimes had severe abdominal cramps and usually improves with defecation. Has never had a colonoscopy before.

Fecal incontinence: Has fecal incontinence and has to carry a change of shorts in his car. Does get incontinence at night as well. Also has incontinence when he coughs or turns over and grunts due to back pain.

#Heartburn: high concern for GERD, with only 30% relief with PPI. Must r/o

hypersensitive esophagus or functional heartburn. Perform EGD, if no esophagitis grades C-D or Barrett's esophagus which confirms GERD, then proceed with BRAVO.

#Chronic diarrhea: >3 months, change in bowel frequency and loose consistency, associated abdominal cramping alleviated with defecation- meets ROME IV criteria for IBS-D. However, cannot r/o microscopic colitis, SIBO, bile acid diarrhea. Will treat with imodium and obtain stool studies, r/o celiac disease, hyperthyroidism. If persistent, consider trial of bile acid binders, colonoscopy with random biopsies, SIBO breath test.

#Fecal incontinence: Both with coughing and spontaneous without notice, suggesting external and internal anal sphincter dysfunction, respectively. Has associated with loose stools, try first with anti-diarrheal and see if that improves/resolves incontinence. If not, will obtain ARM.

#Anemia: Hb 12.2, no overt GIB symptoms. Will obtain iron studies and obtain gastric and duodenal biopsies.

#Family history of hemochromatosis: paternal grandfather and uncles, will check ferritin and iron sat.

Plan:

- Omeprazole 20mg PO BID, 30-60 minutes before food - Yogurt with fruit, or milk
- Discussed option of anti-reflux surgery (Lap nissen fundoplication) if no symptom improvement despite medication optimization. Patient amenable to the possibility.
- Check stool cdiff, o&p, culture, TSH, TTG-IgA, total IgA when he returns to town
- Check ferritin, iron saturation, B12, folate
- Imodium prn
- If no improvement of fecal incontinence despite resolution of diarrhea, then discuss anorectal manometry next visit
- Avoid NSAIDs

RTC 4 months

The above case was discussed with the attending Gastroenterologist, who agrees with the above assessment and plan.

Alyssa Choi, M.D.
 Gastroenterology Fellow PGY-6
 (P) 714-506-3309

Due to COVID-19 pandemic and a federally declared state of public health emergency, this telemedicine visit was conducted by: VA Video Connect

Patient has consented to proceeding with telemedicine today. Total time spent was 30+ minutes

/es/ ALYSSA Y CHOI
 Gastroenterology Fellow
 Signed: 09/23/2020 15:30

Receipt Acknowledged By:
 09/23/2020 16:31 /es/ ROBERT H LEE
 Gastroenterology Attending

09/23/2020 ADDENDUM STATUS: COMPLETED
 I have personally supervised the fellow in all aspects of this patient's care. I agree with the fellow's H&P, assessment and plan.

Please see fellow's note for further details.

/es/ ROBERT H LEE
 Gastroenterology Attending
 Signed: 09/23/2020 16:32

Aug 07, 2020 05:06 PM

GASTROENTEROLOGY PROCEDURE NOTE:
 LOCAL TITLE: GI RESULTS/ GASTRO/ TMP
 STANDARD TITLE: GASTROENTEROLOGY PROCEDURE NOTE
 DATE OF NOTE: AUG 07, 2020@17:06 ENTRY DATE: AUG 07, 2020@17:06:54
 AUTHOR: HAN,JAMES Y EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Department of Veteran's Affairs
 VA Long Beach Healthcare System
 5901 East 7th Street
 Long Beach, California 90822
 Phone: (562) 826-8000

HAN,JAMES Y

LONG BEACH VAMC

MEDICAL CONFIDENTIAL

EVAN ALAN DISNEY
181 E ALEXANDER AVE
SAN BERNARDINO, CALIFORNIA 92404

Aug 7,2020

Dear EVAN ALAN DISNEY:

Thank you for completing your endoscopy on 8/7/20 at the Long Beach VA Medical Center.

You had a normal endoscopy and your biopsies were normal.

I recommend you follow up as scheduled in GI clinic in 9/23/20.

Please call (562) 826-5855 if you have any questions about this letter.

Sincerely,

James Han, MD, GI Fellow
Division of Gastroenterology
VAMC Long Beach

Aug 04, 2020 06:55 PM

PROCEDURE REPORT:
LOCAL TITLE: CP EGD
STANDARD TITLE: PROCEDURE REPORT

LONG BEACH VAMC

MEDICAL CONFIDENTIAL

DATE OF NOTE: AUG 04, 2020@18:55:26 ENTRY DATE: AUG 04, 2020@18:55:26
AUTHOR: CLINICAL,DEVICE PRO EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PROCEDURE SUMMARY CODE: Machine Resulted
DATE/TIME PERFORMED: AUG 04, 2020@03:07:2

**** DOCUMENT IN VISTA IMAGING ****
SEE FULL REPORT IN VISTA IMAGING

SIGNATURE NOT REQUIRED
SEE SIGNATURE IN VISTA IMAGING

**** (PENTAX (EGD)) AUTO-INSTRUMENT DIAGNOSIS ****

Procedure: EGD UPPER ENDOSCOPY

PENTAX INSTRUMENT
5901 E 7th st Long Beach CA, 90822

EGD PROCEDURE REPORT EXAM DATE: 08/04/2020

PATIENT NAME: Disney, Evan A MR#: 517137948
BIRTHDATE: 04/17/1978 VISIT ID#: 3200804143843
ATTENDING: Mark S Salem, Staff Physician STATUS: outpatient
FELLOW: James Han, MD

INDICATIONS: The patient is a 42 yr old male here for an EGD due to diagnostic procedure, heartburn, epigastric abdominal pain, and chronic diarrhea.

PATIENT HISTORY: 42M with h/o of severe GERD, abdominal pain, and chronic diarrhea, being evaluated with EGD with biopsies and BRAVO

PROCEDURE PERFORMED: EGD, diagnostic

EGD w/ Bravo capsule placement

EGD w/ biopsy

MEDICATIONS: Midazolam (Versed) 4 mg IV, Fentanyl 100 mcg IV, and Benadryl 50 mg IV

TOPICAL ANESTHETIC: none

CONSENT: The risks, benefits, and alternatives of the procedure were explained to the patient, risks not limited to: sedation, allergic reaction, infection, perforation and/or bleeding. All questions were answered and the patient understands this and elects to proceed with this endoscopic procedure.

DESCRIPTION OF PROCEDURE: During pre-op preparation all mechanical & medical equipment was checked for proper function. Hand hygiene and appropriate measures for infection prevention was taken, informed consent was verified, confirmed and timeout was successfully executed by the treatment team. Sedation was administered and the GIF-HQ190 2065324 endoscope was introduced through the mouth and advanced to the second portion of the duodenum. Retroflexion was performed in the stomach and revealed Hill grade IV flap valve. The gastroscope was then slowly withdrawn and removed.

ESOPHAGUS: The diaphragmatic impression, end of the gastric folds and z-line were located 41 cm from incisors. A Bravo esophageal pH monitor was deployed successfully. Esophagitis was found in the distal esophagus. Esophagitis was LA Class A: One or more mucosal breaks < 5 mm in maximal length.

STOMACH: The mucosa of the stomach appeared normal. Cold forcep biopsies were taken at the antrum and angularis to evaluate for h. pylori. Tissue samples were placed in jar B.

DUODENUM: Mild duodenal inflammation was found in the duodenal bulb. Multiple random biopsies was performed using cold forceps in the duodenal bulb and 2nd part duodenum. Tissue samples were placed in jar A. Sample obtained for evaluation of celiac disease.

ADVERSE EVENTS: There were no complications.

IMPRESSIONS:

1. The diaphragmatic impression, end of the gastric folds and z-line 41 cm from incisors
2. Esophagitis in the distal esophagus
3. The mucosa of the stomach appeared normal
4. Duodenal inflammation was found in the duodenal bulb; a biopsy was performed in the 1st part of the duodenum, duodenal bulb, and 2nd part duodenum

RECOMMENDATIONS:

1. Follow up 48 Hour esophageal pH monitor results
2. Hold Acid blocking medications for 48 hours

3. Resume PPI in 2 days
4. Complete symptom diary as instructed
5. Await biopsy results
6. Patient is on chronic stimulants for ADHD. Sedative medications had minimal effect on him. Recommend consideration of either demerol or MAC for future endoscopies.

REPEAT EXAM:

Mark S Salem, Staff Physician

eSigned: Mark S Salem, Staff Physician 08/04/2020 6:55 PM

CPT CODES: 1. 43239 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple

2. 91035 Esophagus, gastroesophageal reflux test; with mucosal attached telemetry ph electrode placement, recording, analysis and interpretation

3. 43235 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

PATIENT NAME: Disney, Evan A

MR#: 517137948

Administrative Closure: 08/04/2020

by: DEVICE PROXY SERVICE CLINICAL

Clinical, Device Proxy Service

<p>Aug 04, 2020 02:46 PM</p>	<p>SURGERY PROCEDURE NOTE: LOCAL TITLE: OUT OF OR TIME OUT/SURGERY/TMP STANDARD TITLE: SURGERY PROCEDURE NOTE DATE OF NOTE: AUG 04, 2020@14:46 ENTRY DATE: AUG 04, 2020@14:46:06 AUTHOR: EBREO,ALDRIN EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>OUT of OR TIME OUT Yes Patient Identity: Two (2) identifiers: Patient name and SSN, birthday, or other VA-approved identifier</p> <p>Yes Consent Form: Confirm patient, procedure, side/site, reason</p> <p>Yes Procedure: Procedure name and description</p> <p>Yes Side/Site: Confirm laterality, surgical site marked (visible after draping) and/or special purpose wristband verified</p> <p>Yes Imaging (as applicable): Two (2) members confirm imaging studies are available and properly labeled and presented.</p> <p>Yes Allergies: Confirm allergies</p> <p>Yes Specialty or Unit Specific Element: Include specific directions regarding other checklist elements such as implants, patient position, cultures, special equipment, etc.</p> <p>TIME OUT done at: 1444</p> <p>Team Members present: Providers: Dr James Han / Dr Rangel Garcia Anesthesia: Moderate sedation Nurse(s): Aldrin Ebreo RN Tech(s): Richard Walker Other: N/A</p> <p>Is this a Central Venous Catheter Placement?</p>	<p>EBREO,ALDRIN</p>	<p>LONG BEACH VAMC</p>

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	<p>No</p> <p>Comments:N/A</p> <p>/es/ ALDRIN EBREO REGISTERED NURSE Signed: 08/04/2020 14:50</p>		
<p>Feb 03, 2020 01:17 PM</p>	<p>MENTAL HEALTH DIAGNOSTIC STUDY NOTE: LOCAL TITLE: MENTAL HEALTH DIAGNOSTIC STUDY NOTE STANDARD TITLE: MENTAL HEALTH DIAGNOSTIC STUDY NOTE DATE OF NOTE: FEB 03, 2020@13:17:15 ENTRY DATE: FEB 03, 2020@13:16:46 AUTHOR: GONZAGA,MARIVIC EXP COSIGNER: URGENCY: STATUS: COMPLETED</p> <p>Patient Health Questionnaire - 9 (PHQ-9)</p> <p>Date Given: 02/03/2020 Clinician: Gonzaga,Marivic Location: Ana Mh Psychia Np 1 Am</p> <p>Veteran: Disney, Evan Alan SSN: xxx-xx-7948 DOB: Apr 17,1978 (41) Gender: Male</p> <p>PHQ-9 Depression Scale Score: 12</p> <p>The total score may range from 0 to 27. Total Score Depression Severity ----- 1-4 Minimal depression 5-9 Mild depression 10-14 Moderate depression 15-19 Moderately severe depression 20-27 Severe depression</p> <p>Questions and Answers</p>	<p>GONZAGA,MARIVIC</p>	<p>ANAHEIM,CA CBOC</p>

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

1. Little interest or pleasure in doing things

More than half the days

2. Feeling down, depressed, or hopeless

More than half the days

3. Trouble falling or staying asleep, or sleeping too much

Nearly every day

4. Feeling tired or having little energy

Several days

5. Poor appetite or overeating

Several days

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down

Several days

7. Trouble concentrating on things, such as reading the newspaper or watching television

More than half the days

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual

Not at all

9. Thoughts that you would be better off dead or of hurting yourself in some way

Not at all

10. If you checked off any problems, how DIFFICULT have these problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all

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

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Generalized Anxiety Disorder, 7 items

Date Given: 02/03/2020

Clinician: Gonzaga,Marivic

Location: Ana Mh Psychia Np 1 Am

Veteran: Disney, Evan Alan

SSN: xxx-xx-7948

DOB: Apr 17,1978 (41)

Gender: Male

GAD-7 score: 19

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

Questions and Answers

1. Feeling nervous, anxious or on edge
More than half the days
2. Not being able to stop or control worrying
Nearly every day
3. Worrying too much about different things
Nearly every day
4. Trouble relaxing
Nearly every day
5. Being so restless that it is hard to sit still
Nearly every day
6. Becoming easily annoyed or irritable
Nearly every day
7. Feeling afraid as if something awful might happen
More than half the days

Information contained in this note is based on a self-report assessment and is not sufficient to use alone for diagnostic purposes. Assessment results should

be verified for accuracy and used in conjunction with other diagnostic activities and procedures.

/es/ MARIVIC GONZAGA

RN

Signed: 02/03/2020 13:17

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