My HealtheVet

Personal Information Report



Produced by the VA Blue Button (v12) 06 Dec 2011 @ 0736

This summary is a copy of information from your My HealtheVet Personal Health Record. Your summary contains information that you entered and may also include a copy of some of the information in your VA medical record as it becomes available in My HealtheVet. Please let your health care team know if you have questions about your health information. For some Veterans, information from the Department of Defense (DoD) is available. You will see this in VA Blue Button as DoD Military Service Information.

Name: MHVVETERAN, ONE A Date of Birth: 01 Mar 1948

Demographics

Source:	Self-Entered
First Name:	ONE
Middle Initial:	Α
Last Name:	MHVVETERAN
Suffix:	
Alias:	MHVVET
Relationship to	Patient, Veteran, Employee
VA:	
Current	Truck Driver
Occupation	
Home Phone	000-010-0101
Number:	
Work Phone	000-020-0202
Number:	
Pager Number:	000-030-0303
Cell Phone	000-040-0404
Number:	
FAX Number:	000-050-0505

Date of	01 Mar 1948
Birth:	
Gender:	Male
Blood	AB+
Type:	
Organ	Yes
Donor:	
Marital	Married
Status:	

Mailing or Destination Address:

123 Anywhere Road
Apartment 123
Anywhere, DC
United States
00001

Email Address: mhvveteran@emailaddress.com

Preferred Method of Contact: Email



Emergency Contacts

Contact First Name:	Two	Mailing Address:
Contact Last Name:	MHVVeteran	123 Anywhere Road
Relationship:		Apartment 123
Home Phone Number:	000-010-0101	Anywhere, DC
Work Phone Number:	000-060-0606 Ext 123	United States 00001
Cell Phone Number:	000-070-0707	00001
Email:	twomhvveteran@domain.com	

Contact First Name:	Three	Mailing Address:
Contact Last Name:	MHVVeteran	123 Anywhere Road
Relationship:		Apartment 123
Home Phone Number:	000-010-0101	Anywhere, DC
Work Phone Number:	000-080-0808 Ext 123	United States 00001
Cell Phone Number:	000-090-0909	00001
Email:	threemhvveteran@domain.com	



Healthcare Providers

Source:	Self-Entered
Provider Name:	John Doe
Type of Provider:	Primary
Other Clinician Information:	
Phone Number:	000-000-0000 Ext: 1234
Email:	provider@institution.org
Comments:	Dr. Doe can be reached on the weekend if needed by leaving a message with the clinic.

Provider Name:	Jane Smith
Type of Provider:	Specialist
Other Clinician Information:	Seen as needed
Phone Number:	000-000-0001 Ext: 1234
Email:	specialist@institution.org
Comments:	Dr. Smith should be notified of any changes in my medical condition.
	Requires a referral from my health insurance company.



Treatment Facilities

Source:	Self-Entered

Facility Name:	Anywhere VA Medical Center	
Facility Type:	VA	Mailing Address:
VA Home Facility:	Yes	123 VA Drive
Phone Number:	000-000-0001 Ext:1234	Suite 4
FAX Number:	000-000-0002	Anywhere, DC
Comments:	Contact clinic when calling to make my appointments.	United States 00001

Facility Name:	Health Care Inc.	
Facility Type:	Non-VA	Mailing Address:
VA Home Facility:	No	123 Anywhere Road
Phone Number:	000-000-0002 Ext:5678	B-Wing
FAX Number:	000-000-0003	Anywhere, DC
Comments:	Reminder to bring My HealtheVet printouts for all visits	United States 00001



Health Insurance

	Source:	Self-Entered
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Health Insurance Company:	My Health Insurance Company		
ID Number:	0001234	Group Number:	0000000
Primary Insurance Provider:	Yes	Start Date:	01 Jan 2000
Insured:	One Mhvveteran	Stop Date:	
Pre-Approval Phone Number:	000-000-0003		
Health Insurance Company Phone Number:	000-000-0004		
Comments:	Need to get pre-authorization for sp	ecial services.	
			00

Health Insurance Company:	My Other Health Insurance Company	у	
ID Number:	000567891010	Group Number:	ABC123456789
Primary Insurance Provider:	No	Start Date:	01 Jan 2009
Insured:	One Mhvveteran	Stop Date:	
Pre-Approval Phone Number:	000-000-0005		
Health Insurance Company Phone Number:	000-000-0005		
Comments:	Coverage only for vision and dental.		



VA Wellness Reminders

Source:	VA
Last Updated:	06 Dec 2011 @ 0735
Sorted By:	Name (Ascending)

Learn more about these Wellness Reminders by visiting My HealtheVet. Please contact your health care team with any questions about your VA Wellness Reminders.

Wellness Reminder	Due Date	Last Completed	Location
Influenza Vaccine	DUE NOW	UNKNOWN	DAYT29
Colon Cancer Screening	DUE NOW	UNKNOWN	DAYT29
FYI-More Personal Wellness Info	DUE NOW	UNKNOWN	DAYT29



VA Appointments

Source:	VA	
Last Updated:	06 Dec 2011 @ 0735	
Sorted By:	Date (Descending)	
VA Past Appointments are limited to two years from the date of your download request.		

Past Appointments

Date/Time:	13 Oct 2011 @ 1600
Location:	DAYT29 TEST LAB
Status:	NOT APPLICABLE
Clinic:	C&P XXXXXX
Phone Number:	3929
Type:	Compensation and Pension Appointment

Date/Time:	07 Sep 2011 @ 1100
Location:	DAYT29 TEST LAB
Status:	NOT APPLICABLE
Clinic:	TELEPHONE CALLS/GERIATRICS
Phone Number:	XXXX

	2
Date/Time:	27 Jul 2011 @ 1400
Location:	DAYT29 TEST LAB
Status:	NOT APPLICABLE
Clinic:	DIABETIC-XXXXXX
Phone Number:	800-123-1234
Note:	This Appointment has preappointment activity scheduled: Lab: 27 Jul 2011 @ 1000

Date/Time:	15 Jun 2011 @ 1300
Location:	DAYT29 TEST LAB
Status:	NOT APPLICABLE
Clinic:	DIABETIC-XXXXXX
Phone Number:	800-123-1234
Note:	This Appointment has preappointment activity scheduled:
	Lab: 15 Jun 2011 @ 0800
	EKG: 15 Jun 2011 @ 1030
	X-Ray: 15 Jun 2011 @ 0900

Date/Time:	03 May 2011 @ 1100		
Location:	DAYT29 TEST LAB		
Status:	NOT APPLICABLE		
Clinic:	TELEPHONE CALLS/GERIATRICS		

VA Medication History

Source:	VA
Last Updated:	11 Apr 2011 @ 1737
Sorted By:	Last Filled On (Descending)

VA Medication History includes up to two years of medication history unless you select a different date range in your download request.

Medication	: AMLODIPINE BESY	AMLODIPINE BESYLATE 10MG TAB		
Instructions	TAKE ONE TABLET BY MOUTH TAKE ONE-HALF TABLET FOR 1 DAYAVOID GRAPEFRUIT JUICE			
Status	: Active	Active		
Refills Remaining	: 3	3		
Last Filled Or	: 20 Aug 2010	20 Aug 2010		
Initially Ordered Or	13 Aug 2010			
Quantity	Days Supply Pharmacy Prescription Number			
45	90 DAYTON 2718953			

Medicatio	IBUPROFEN 600MG TAB			
Instruction	TAKE ONE TABLET	TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY WITH FOOD AS		
	NEEDED	NEEDED		
Statu	S: Active	Active		
Refills Remainin	j: 3	3		
Last Filled O	n: 20 Aug 2010	20 Aug 2010		
Initially Ordered O	n: 01 Jul 2010	01 Jul 2010		
Quantity	Days Supply	Days Supply Pharmacy Prescription Number		
240	60 DAYTON 2718960			

Medication	n: INSULIN,GLARGINI	INSULIN,GLARGINE,HUMAN 100 UNT/ML INJ			
Instruction	25 UNITS UNDER T	INJECT 10 ML VIAL UNDER THE SKIN AS DIRECTED FOR 28 DAYS INJECT 25 UNITS UNDER THE SKIN AT BEDTIME DO NOT MIX WITH OTHER INSULINS/DISCARD OPEN VIALS AFTER 28 DAYS			
Statu	S: Active	Active			
Refills Remainin	g: 3	3			
Last Filled Or	n: 20 Aug 2010	20 Aug 2010			
Initially Ordered Or	n: 01 Jul 2010	01 Jul 2010			
Quantity	Days Supply	Pharmacy	Prescription Number		
30	30 DAYTON 2718956				

Medication:	TERAZOSIN HCL 2MG CAP
Instructions:	TAKE THREE CAPSULES BY MOUTH AT BEDTIME.
Status:	Active
Refills Remaining:	2
Last Filled On:	20 Aug 2010

Medications & Supplements

Source:	Self-Entered

Category:	RX Medication		
Drug Name:	Aspirin EC		
Prescription Number:	010101B	Start Date:	15 Jun 2005
Strength:	81mg	Stop Date:	
Dose:	1 tab	•	
Frequency:	daily		
Pharmacy Name:	My Local Drugstore		
Pharmacy Phone:	000-010-0000		
Reason for Taking:	Daily regimen for heart health		
Comments:			

Category:	ОТС		
Drug Name:	Cough Medicine		
Prescription Number:		Start Date:	01 Feb 2010
Strength:	1000mg	Stop Date:	21 Feb 2010
Dose:	2 TBS		
Frequency:	morning and night		
Pharmacy Name:	My Local Drugstore		
Pharmacy Phone:	000-010-0000		
Reason for Taking:	Cough was keeping me up at night		
Comments:	Cleared up after a few weeks		

Category:	Herbal		
Drug Name:	Ginkgo biloba		
Prescription Number:		Start Date:	08 Mar 2008
Strength:		Stop Date:	
Dose:	2 capsules		
Frequency:	once a day		
Pharmacy Name:	My Local Drugstore		
Pharmacy Phone:	000-010-0000		
Reason for Taking:	Wife suggested to improve concentration		
Comments:	Take in the morning with breakfast		

Category:	Supplement		
Drug Name:	Multi-vitamin		
Prescription Number:		Start Date:	18 Mar 2010
Strength:	100% RDA	Stop Date:	
Dose:	1 tablet daily		
Frequency:	morning		

VA Allergies

Source:	VA
Last Updated:	06 Dec 2011 @ 0735
Sorted By:	Date (Descending)
Please contact your health care	team with any questions about your VA Allergy information.

Allergy Name:	TRIMETHOPRIM	Date Entered:	09 Mar 2011
Allergy Type:	DRUG	Location:	DAYT29
Reaction:	·		
VA Drug Class:	ANTI-INFECTIVES,OTHER		
Observed/Historical:	HISTORICAL		
Comments:	The reaction to this allergy was MILD (NO SQUELAE)		

Allergy Name:	TRAMADOL	Date Entered:	09 Mar 2011
Allergy Type:	DRUG	Location:	DAYT29
Reaction:	URINARY RETENTION		
VA Drug Class:	NON-OPIOID ANALGESICS		
Observed/Historical:	HISTORICAL		
Comments:	gradually worsening difficulty emptying bladder might try tramadol again cautiously because pt. reported pain releif		

Allergy Name:	BACTRIM	Date Entered:	09 Mar 2011
Allergy Type:	DRUG	Location:	DAYT29
Reaction:			
VA Drug Class:	SULFONAMIDE/RELATED ANTIMICROBIALS		
Observed/Historical:	HISTORICAL		
Comments:	Causes Swelling of the Extremeties		

Allergy Name:	TERAZOSIN	Date Entered:	09 Mar 2011
Allergy Type:	DRUG	Location:	DAYT29
Reaction:	DIZZINESS		
VA Drug Class:	ALPHA BLOCKERS/RELATED		
Observed/Historical:	HISTORICAL		
Comments:	Lightheadedness on 10mg qhs Terazoin resolved upon stopping Terazoin.		

Allergy Name:	METHOCARBAMOL	Date Entered:	09 Mar 2011
Allergy Type:	DRUG	Location:	DAYT29
Reaction:	CONFUSION, DROWSINESS		
VA Drug Class:	SKELETAL MUSCLE RELAXANTS		
Observed/Historical:	OBSERVED		
Comments:	Drowsiness and hallucinations while on methocarbamol plus carbamazepine and other sedatives		

Allergies/Adverse Reactions

Source: Self-Entered

Allergy Name:	Peanuts	Date:	01 Aug 1980
Severity:	Moderate	Diagnosed:	Yes
Reaction:	Hives		

Comments: Avoid peanuts and peanut based foods. Foods cooked with peanut oil also cause the reaction

Allergy Name:	Pollen	Date:	18 Mar 2010
Severity:	Mild	Diagnosed:	Yes
Reaction:	Watery eyes, itchy nose		
Comments:	Took an over the counter antihistamine		



Medical Events

Source:	Self-Entered			
Medical Events:	Colonoscopy	Start Date:	18 Mar 2000	
Response:	Colonoscopy when well	Stop Date:	18 Mar 2000	
Comments:	Polyps were removed. Doctor said these were benign			
	* L O			
Medical Events:	Broken right arm	Start Date:	04 Jan 2010	
Response:	Placed in cast from my hand to my	Stop Date:	17 Feb 2010	
	elbow			
Comments:	Went to community hospital emergency room since I was on vacation.			
	Followed up			
	with my VA doctor when I returned home.			



Immunizations

Source:	Self-Entered			
Immunization:	Measles + Rubella (German	Date Received:	01 Mar 1950	
	Measles)			
Other:	none	Method:	Injection	
Reactions:	Pain			
Comments:	Received as a child			
			. 0	
Immunization:	Flu	Date Received:	01 Sep 2009	
Other:	H1N1	Method:	Inhalant	
Reactions:				
Comments:	Had no reaction			
Immunization:	Tetanus	Date Received:	18 Jul 2010	
Other:	none	Method:	Injection	
Reactions:	Pain			
Comments:	stepped on a rusty nail			



VA Laboratory Results

Source:	VA
Last Updated:	06 Dec 2011 @ 0735
Sorted By:	Date Specimen Collected (Descending)

VA Laboratory Results includes up to two years of history unless you select a different date range in your download request. Test results slightly outside the reference range are not unusual. Your provider has reviewed your test results and will contact you for any important issues. If you have further questions, please do not hesitate to contact your primary care provider.

						. 0
Lab Test:	Prothrombir	n Time+PTT				
Lab Type:	Chemistry/F	lematology			rdering XX ovider:	XXXX
Specimen:	Plasma				ordering DA	YTON, OH MC
Date/Time Collected: 2	27 Jun 2011					
Test Name	Result	Units		rence nge	Status	Performing Location
COAGULATION SURFACE INDUCED.FACTOR SUBSTITUTION~IMMEDIATELY AFTER ADDITION OF NORMAL PLASMA	13.2 Low	SECONDS	(59.0-1	04.0)	Final	DAYTON, OH VAMC
Interpretation:	Normal ra Normal ra Therapeut	ormal range = 2 nge prior to 7/ nge prior to 2/ cic range prior t cic range prior t	5/02 was 26/98 wa to 7/5/02	25.3 - 40 s 26.1 - 4 was 67.	0.4 sec. 43.0 sec. 0 - 118.0 sec	
COAGULATION TISSUE FACTOR INDUCED	9.9 Low	SECONDS	(23.0-3	3.0)	Final	DAYTON, OH VAMC
Interpretation:	Normal ra	ormal range = 1 nge prior to 7/ d be used for th	5/02 was	10.7 - 14	4.1 seconds.	
COAGULATION TISSUE FACTOR INDUCED.INR	.7		(2-3)		Final	DAYTON, OH VAMC
Interpretation:	FOR ADDITED	TIONAL INFORI ON INFO"	MATION -	CHECK I	NR UNDER "	TEST
Comments: For Test: COAGULATION (PT & PTT) ANTICOAGULANT: PT						
	Performing Location Name/Address:					
DAYTON, OH VAMC 4100 W. TH	DAYTON, OH VAMC 4100 W. THIRD STREET , DAYTON, OH 45428					

Lab Test:	Hemogram V		
Lab Type:	Chemistry/Hematology	Ordering	XXXXXX

					Provider:		
Spec	imen:	men: Whole blood			Ordering Location:	DAYTON, OH VAMC	
Date/Time Colle	ected:	22 Mai	2011 @ 1000				
Test Name	Re	sult	Units	Reference Range	e Status	Performing Location	
ERYTHROCYTE DISTRIBUTION WIDTH	40 Hi	gh	%	(11.5-14.5)	Final	DAYTON, OH VAMC	
ERYTHROCYTE MEAN CORPUSCULAR HEMOGLOBIN	20 Lc)W	pg	(27-31)	Final	DAYTON, OH VAMC	
ERYTHROCYTE MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	30 Lc)W	gm/dl	(33-37)	Final	DAYTON, OH VAMC	
ERYTHROCYTES	4.44	Low	m/cmm	(4.7-6.1)	Final	DAYTON, OH VAMC	
HEMATOCRIT	47.1		%	(42-52)	Final	DAYTON, OH VAMC	
HEMOGLOBIN	15.5		g/dl	(14-18)	Final	DAYTON, OH VAMC	
LEUKOCYTES	20 Hi	gh	t/cmm	(4.8-10.8)	Final	DAYTON, OH VAMC	
LYMPHOCYTES/100 LEUKOCYTES	14.9	Low	%	(20.5-51.1)	Final	DAYTON, OH VAMC	
MEAN CORPUSCULAR VOLUME	100.2	2 High	fl	(80-94)	Final	DAYTON, OH VAMC	
PLATELET MEAN VOLUME	60 Hi	gh	fl	(7.4-10.4)	Final	DAYTON, OH VAMC	
PLATELETS	50 Lc)W	t/cmm	(130-400)	Final	DAYTON, OH VAMC	
Comments: This is a comment entered for this lab panel.							
Performing Location Name/Address:							
DAYTON, OH VAMC 4100 W. THIRD STREET , DAYTON, OH 45428							

Lab T	est: C	Carbon Dioxide Content				
Lab Type:		Chemistry/Hematol	ogy	Ordering Provider:	XXXXXX	
Specimen:		Serum		Ordering Location:	DAYTON, OH VAMC	
Date/Time Collec	ted: 0	1 Dec 2010				
Test Name	Result	It Units Reference Range		Status	Performing Location	
CARBON DIOXIDE		mEq/L	(23-33)	Pending	DAYTON, OH VAMC	

Source: Self-Entered

Comments: Will ask doctor at next visit

Labs & Tests

Test Name:	Blood Test	Date:	06 Jun 2010
Location Performed:	Community Center	Provider:	Red Cross Blood
			Drive
Results:	Was not able to donate blood because iron was low		

Test Name:	Colonoscopy	Date:	01 Jul 2010
Location Performed:	VAMC	Provider:	Provider One
Results:	No new polyps		
Comments:	Keep high fiber diet		



Vitals & Readings

Course	Solf Entared				
Source:	Self-Entered				
Measurement Type:	Blood pressure	Date:	02 Aug 2010		
Systolic:	-	•			
Diastolic:					
Comments:	BP taken lying down				
	, 5		*		
Measurement Type:	Blood pressure	Date:	02 Aug 2010		
Systolic:	132	Time:	1730		
Diastolic:	76				
Comments:	BP taken standing. BP continues at a medications as directed	goal. Doctor say	s to continue BP		
Measurement Type:			02 Jun 2010		
Heart Rate:		Time:			
Comments:	Started taking Beta-Blockers after vi	sit with physiciar	1		
Measurement Type:			02 Apr 2010		
Body Weight:		246 Time: 1720			
Measure:					
Comments:	Talk to provider about weight manag	gement program	at next visit		
			⊆ (0) m		
Measurement Type:			02 May 2010		
Body Weight:		Time:	1720		
Measure:					
Comments:	Lost a few pounds and feel better. V	Valking daily			
		Б.	= 0.0		
Measurement Type:			02 Jun 2010		
Body Weight:		Time:	1720		
Measure:					
Comments:	still walking when I have time off fro	m work			
Measurement Type:	Rody temperature	Date:	02 Mar 2010		
Body Temperature:		Time:			
· '	Fahrenheit	TITIC.	1/20		
Method:					
	I wasn't feeling well but temperature	e is normal			
Comments.	i wasii t leelilig weli but telilperatui	e is normal			
Measurement Type:	Pain	Date:	01 Jan 2010		
Pain Level:		Time:			
comments.	Lower back pain - took 1 Ibuprofen with food for pain				

Family Health History

Relationship:	Self	
First Name:	ONE	
Last Name:	MHVVETERAN	
Living or Deceased	Living	
Health Issues:	Back Pain	
	Insomnia	
	>1 beer/wine a day	
	Hearing Loss	
	Pneumonia	
	Smoking >1 pack/day	
	Allergies	
	Chicken Pox	
	Current Smoker	
	Diabetics Type 2	
	Overweight	
	High Blood Pressure	
	Depression	
	High Blood Cholesterol	
	Stomach/Bowel Other	
	Smoking >20 Years	
Other Health Issues:	trouble sleeping	
Comments:	I sometimes have trouble sleeping when stress is high at work	

Relationship:	Mother
First Name:	Four
Last Name:	MHVVeteranMother
Living or Deceased	Deceased
Health Issues:	Cancer Other Diabetics Type 2 Overweight Joint Pain Stroke
Other Health Issues:	
Comments:	Mother died of cancer at age 40

Military Health History

Source: Self-Entered

Event Title:	Overseas Deployment	
Event Date:	7 Apr 2002	1/2
Service Branch:	Army	× , ,
Rank:	Captain	* 0
Exposures:	Yes	7 =
Location of Service:	Overseas	4 =
Onboard Ship:	No	C A C
Military Occupational Specialty:	Infantry	7
Assignment:	1st Recon	No. of
Exposures:	Iraq: Exposed to burning chemicals	196
Military Service Description:	Unit was in charge of security	1.0

END MY HEALTHEVET PERSONAL HEALTH INFORMATION

Blue Button
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My Data