SECTION I – DIAGNOSTIC SUMMARY

1. DIAGNOSTIC SUMMARY

This section should be completed based on the current examination and clinical findings.

Does the Veteran have a diagnosis of PTSD that conforms to DSM-5 criteria based on today's evaluation?
[X] Yes [] No

ICD Code: F43.10

If no diagnosis of PTSD, check all that apply:
[] Veteran's symptoms do not meet the diagnostic criteria for PTSD under DSM-5 criteria
[] Veteran does not have a mental disorder that conforms with DSM-5 criteria
[] Veteran has another mental disorder diagnosis. Continue to complete this Questionnaire and/or the Eating Disorders Questionnaire.

2. CURRENT DIAGNOSES

2A. Mental Disorder Diagnosis #1:

PTSD

ICD Code: F43.10

Comments, if any:

Mental Disorder Diagnosis #2:

ICD Code: _____

Comments, if any:

Mental Disorder Diagnosis #3:

ICD Code: _____

Comments, if any:

Mental Disorder Diagnosis #4:

ICD Code: _____

Comments, if any:

If additional diagnoses, describe using above format:

2B. Medical diagnoses relevant to the understanding or management of the Mental Health Disorder *(to include TBI)*:

None

ICD code: _____

Comments, if any:

3. DIFFERENTIATION OF SYMPTOMS

3A. Does the Veteran have more than one mental disorder diagnosed?
[] Yes [X] No

(If "Yes," complete Item 3B)

3B. Is it possible to differentiate what symptom(s) is/are attributable to each diagnosis?
[] Yes [] No [X] Not applicable

(If "No," provide reason):

(If "Yes", list which symptoms are attributable to each diagnosis and discuss whether there is any clinical association between these diagnoses):

3C. Does the Veteran have a diagnosed traumatic brain injury *(TBI)*?
[] Yes [] No [X] Not shown in records reviewed

(If "Yes," complete Item 3D)

(Comments, if any):

3D. Is it possible to differentiate what symptom(s) is/are attributable to each diagnosis?
[] Yes [] No [X] Not applicable

(If "No," provide reason):

(If "Yes," list which symptoms are attributable to TBI and which symptoms are attributable to a non-TBI mental health diagnosis):

4. OCCUPATIONAL AND SOCIAL IMPAIRMENT

4A. Which of the following best summarizes the Veteran's level of occupational and social impairment with regards to all mental diagnoses? *(Check only one)*

[] No mental disorder diagnosis
[] A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication
[] Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or symptoms controlled by medication
[X] Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks, although generally functioning satisfactorily, with normal routine behavior, self-care and conversation
[] Occupational and social impairment with reduced reliability and productivity
[] Occupational and social impairment with deficiencies in most areas, such as work, school, family relations, judgment, thinking and/or mood
[] Total occupational and social impairment

4B. For the indicated level of occupational and social impairment, is it possible to differentiate which impairment is caused by each mental disorder?
[] Yes [] No [X] Not applicable

(If "No," provide reason):

(If "Yes," list which occupational and social impairment is attributable to each diagnosis):

4C. If a diagnosis of TBI exists, is it possible to differentiate which occupational and social impairment indicated above is caused by the TBI?
[] Yes [] No [X] Not applicable

(If "No," provide reason):

(If "Yes," list which impairment is attributable to TBI and which is attributable to any non-TBI mental health diagnosis):

SECTION II – CLINICAL FINDINGS

1. EVIDENCE REVIEW

In order to provide an accurate medical opinion, the Veteran's claims folder must be reviewed.

Evidence reviewed (check all that apply):

[] Not Requested
[] VA claims file (hard copy paper C-file)
[X] VA e-folder
[] CPRS
[] No records were reviewed

3. STRESSORS

The stressful event can be due to combat, personal trauma, other life threatening situations (non-combat related stressors).

NOTE: For VA purposes, "fear of hostile military or terrorist activity" means that a veteran experienced, witnessed, or was confronted with an event or circumstance that involved actual or threatened death or serious injury, or a threat to the physical integrity of the Veteran or others, such as from an actual or potential improvised explosive device; vehicle-imbedded explosive device; incoming artillery, rocket, or mortar fire; grenade; small arms fire, including suspected sniper fire; or attack upon friendly military aircraft.

Describe one or more specific stressor event(s) the Veteran considers traumatic (may be pre-military, military, or post-military):

3A. Stressor #1:

[redacted] in Germany "a girl in my unit asked me to kill her other lover's wife." He went to CID and wore a wire and was the prosecution's witness. "She accused me of rape...they were going to put her down the hall from me and I was scared." He was moved to another company and the woman harassed him. He told the company commander. "She asked me to kill someone multiple times." He was moved to Brigade headquarters. The woman and her other lover were discharged on other than honorable conditions but not convicted of crimes. As he was leaving the military he heard through a third party that the woman had asked someone else to kill the Veteran.

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?
[X] Yes [] No

Is the stressor related to the Veteran's fear of hostile military or terrorist activity?
[] Yes [X] No

If "No", explain:
Not related to combat.

Is the stressor related to in-service personal assault, e.g. military sexual trauma?
[] Yes [X] No

If "Yes", please describe the markers that may substantiate the stressor:

3B. Stressor #2:

[redacted] he returned from an exercise and chain of command wanted to give him an article 15 for failure to follow an order. He stated this was traumatic because "they wanted to discipline me for something that did not happen. I provided evidence and they destroyed it. When I wanted a court marital the 1stSgt told me if he couldn't get me on this charge he would get me on something else." When he got the letter of reprimand he was transferred and did not hear from the 1st Sgt. In his future units, "they harassed me, made my life hell."

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?
[] Yes [X] No

Is the stressor related to the Veteran's fear of hostile military or terrorist activity?
[] Yes [X] No

If "No", explain:
Not a Criterion A event - due to reprimand from 1st Sgt.

Is the stressor related to in-service personal assault, e.g. military sexual trauma?
[] Yes [X] No

If "Yes", please describe the markers that may substantiate the stressor:

3C. Stressor #3:

Does this stressor meet Criterion A (i.e., is it adequate to support the diagnosis of PTSD)?

[] Yes [] No

Is the stressor related to the Veteran's fear of hostile military or terrorist activity?
[] Yes [] No

If "No", explain:

Is the stressor related to in-service personal assault, e.g. military sexual trauma?
[] Yes [] No

If "Yes", please describe the markers that may substantiate the stressor:

3D. Additional stressors: If additional stressors, describe (list using the above sequential format):

4. PTSD DIAGNOSTIC CRITERIA

NOTE: Please check criteria used for establishing the current PTSD diagnosis. Do **NOT** mark symptoms below that are clearly not attributable to the criteria A stressor/PTSD. Instead, overlapping symptoms clearly attributable to other things should be noted under #7 - Other symptoms. The diagnostic criteria for PTSD, referred to as Criteria A-H, are from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5).

Criterion A: Exposure to actual or threatened a) death, b) serious injury, c) sexual violation, in one or more of the following ways:
[X] Directly experiencing the traumatic event(s)
[] Witnessing, in person, the traumatic event(s) as they occurred to others
[] Learning that the traumatic event(s) occurred to a close family member or close friend; cases of actual or threatened death must have been violent or accidental; or, experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse); this does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related
[] No criterion in this section met.

Criterion B: Presence of (one or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
[] Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
[] Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
[X] Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
[] Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
[] Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
[] No criterion in this section met.

Criterion C: Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidence of one or both of the following:
[X] Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
[] Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
[] No criterion in this section met.

Criterion D: Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
[] Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
[] Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
[] Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead to the individual to blame himself/herself or others.
[] Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

[X] Markedly diminished interest or participation in significant activities.
[X] Feelings of detachment or estrangement from others.
[] Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings.)
[] No criterion in this section met.

Criterion E: Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
[] Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
[] Reckless or self-destructive behavior.
[X] Hypervigilance
[] Exaggerated startle response.
[] Problems with concentration.
[X] Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).
[] No criterion in this section met.

Criterion F:
[X] Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.
[] No criterion in this section met.

Criterion G:
[X] The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
[] No criterion in this section met.

Criterion H:
[X] The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.
[] No criterion in this section met.

Criterion I: Which stressor(s) contributed to the Veterans PTSD diagnosis?
[X] Stressor #1
[] Stressor #2
[] Stressor #3
[] Other, please indicate stressor number (i.e. stressor #5, #6, etc.) as indicated above:

[] No criterion in this section met.

5. SYMPTOMS

For VA rating purposes, check all symptoms that apply to the Veteran's diagnoses:
[X] Depressed mood
[X] Anxiety
[X] Suspiciousness
[] Panic attacks that occur weekly or less often
[] Panic attacks more than once a week
[] Near-continuous panic or depression affecting the ability to function independently, appropriately and effectively
[X] Chronic sleep impairment
[X] Mild memory loss, such as forgetting names, directions or recent events
[] Impairment of short- and long-term memory, for example, retention of only highly learned material, while forgetting to complete tasks
[] Memory loss for names of close relatives, own occupation, or own name
[] Flattened affect
[] Circumstantial, circumlocutory or stereotyped speech
[] Speech intermittently illogical, obscure, or irrelevant
[] Difficulty in understanding complex commands
[] Impaired judgment
[] Impaired abstract thinking
[] Gross impairment in thought processes or communication
[X] Disturbances of motivation and mood

[X] Difficulty in establishing and maintaining effective work and social relationships
[X] Difficulty in adapting to stressful circumstances, including work or a work like setting
[] Inability to establish and maintain effective relationships
[X] Suicidal ideation
[] Obsessional rituals which interfere with routine activities
[] Impaired impulse control, such as unprovoked irritability with periods of violence
[] Spatial disorientation
[] Persistent delusions or hallucinations
[] Grossly inappropriate behavior
[] Persistent danger of hurting self or others
[] Neglect of personal appearance and hygiene
[] Intermittent inability to perform activities of daily living, including maintenance of minimal personal hygiene
[] Disorientation to time or place

6. BEHAVIORAL OBSERVATIONS

MENTAL STATUS
The purpose, limits of confidentiality, and the role of this examiner was discussed at the onset of the assessment and Veteran provided verbal consent to proceed with the appointment.
The Veteran appeared stated age.
Adequately groomed and casually dressed.
No abnormalities of gait or coordination.
Veteran's attitude toward the examiner was cooperative. Eye contact was variable, frequently looking toward ceiling.
Alert and oriented x4 and could recall three presidents' names.
Speech was normal rate and volume.
No evidence of delusions or obsessions.
Appears to be a good historian.
Thought Processes were linear.
Judgment and Insight appear fair.
Intellectual ability appears average.
Mood was euthymic and affect was appropriate.
Verbose and tangential. Long response latency.
Appears to be searching for the right answer. When asked about symptoms he was vague. Preceded responses with "probably."

7. OTHER SYMPTOMS

Does the Veteran have any other symptoms attributable to PTSD (and other mental disorders) that are not listed above?
[X] Yes [] No

(If "Yes," describe):

He has issues with authority. He said at his current job his managers have threatened him. His current experience of fear is related to his work situation.
Wife added that she has known him since 1989 and "he was a very normal person before he went into the service and had the incident. He would hang out, had a group of friends, and after it's different." She said he is not a social person. She said that at time she is dissociative for up to a few minutes. She said he is tangential at times.

8. COMPETENCY

Is the Veteran capable of managing his or her financial affairs?
[X] Yes [] No

(If "No," explain):

9. REMARKS (including any testing results), IF ANY:

Additional comments regarding suicidal ideation, if any:
Passive with no intent or plan. I do not believe this Veteran/Service Member should be considered a current imminent or increased risk. The veteran has the crisis line.

Is there a need for the Veteran to follow up with his/her primary care provider regarding any life threatening findings in this