[redacted] VA MEDICAL CENTER
** FINAL **
Processing time: 36
For TRAUMATIC BRAIN INJURY (TBI) Exam

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Name: [redacted]

SSN: [redacted]
C-Number: [redacted]
DOB: [redacted]

Address: [redacted]

City,State,Zip+4: [redacted]

Res Phone: [redacted]

Entered active service: JAN 30,2001 Last rating exam date:
Released active service: JUN 21,2007

Priority of exam: Original SC

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Examining provider: [redacted]
Examined on: JAN 25,2011

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Examination results:

LOCAL TITLE: C&P EXAM
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: JAN 25, 2011@10:32 ENTRY DATE: JAN 25, 2011@16:14:14
AUTHOR: [redacted],JOHN A EXP
COSIGNER:
URGENCY: STATUS:
COMPLETED

PATIENT NAME: [redacted]
PATIENT SSN: [redacted]
DATE OF EXAMINATION: JANUARY 25, 2011
TYPE OF EXAMINATION: C&P report
DICTATED BY: JOHN [redacted], M.D

DATE OF BIRTH: [redacted]

This is a currently 31-year-old gentleman who served in the United States Army from 2001 to 2007. He was in Iraq working as a combat engineer in 2004-2005 time frame. He reports being around several explosions, but on one occasion about midway through his tour of duty in Iraq he was exposed to an explosion of an IED, which apparently killed three of his friends and according to the veteran's accounts a concussion knocked him off a loader that he was driving at the time. He had no penetrating wounds and was dazed for a minute or so he thought. He was assisted to a sitting position by a fellow soldier, but basically continued on with his duties,

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me: [redacted] SSN: [redacted] C-number: [redacted]
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em Results Continued

ter was checked out by medics at the forward operating base. He was not sced on any restricted duty and received only his combat citation badge ong with other troops at that time. He had several other times when he s exposed to various explosions that were nearby, but nothing that fected him directly. At no time was he reported unconscious.

les reviewed today include his electronic file and all of the notes sociated with this as well as his C-file, which was available for aluation, which did not document any specific injury from any head auma.

on return to the States after his tour in Iraq he was sent to Fort rson, [redacted] for general debriefing and checkout at that time, but parently was not treated for retained for any specific treatment rposes.

cording to the traumatic brain injury worksheet #1240 this gentleman s asked questions in reference to a number of issues. In particular at e request of the [redacted] [redacted] office questions regarding his headaches re reviewed. He reports headaches occurring about two times per day, ich are not set off by anything particular, although he says that ight lights seem to bother him to some extent. He has headaches that cur in the frontal area of his head. They are intense enough that it uses his eyes to water. He sometimes takes asprin for the treatment of is. He is currently receiving trazodone for sleeping. There is an ication according to his accounts that the headaches are about the me to maybe a little worse than they have been in the past.

reference to issues of dizziness, this young man reports some ghtheadedness on rising in the morning, but this may not be due to head auma, it may be due to the fact that he does not eat or drink equately except for the fact that he imbibes alcohol on a regular sis. He is known in the records here from the Veterans Administration be treated for alcohol abuse.

reports significant sleep disturbances with nightmares on a nightly sis. He has trouble getting to sleep and trouble staying asleep by his counts.

the current time he reports that he has significant malaise and it pears from his examination today that he is significantly depressed, t is not continuing with treatments at the [redacted] Barracks Facility he was instructed to do initially through Psychology.

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Exam Results Continued

Regarding memory, he reports difficulty with poor recall and does not apparently deal with his own affairs very well. He is living in The Veteran's Home, does not have any job at this time, apparently was fired from his last job as a barber. He did have a high school education and did have training in criminal justice, but is not currently pursuing that line of work. He apparently tried to go to a fire academy for training, but flunked out because he was unable to concentrate on his work at the fire academy.

He reports occasional diarrhea. He says that this started after he was started on citalopram, which is a drug for depression. He has low libido for sexual drive. He reports no other pain problems except for low back pain for which he has been seen and evaluated.

He reports tinnitus, which comes and goes in his ears. He reports this tinnitus has been present since the explosion in Iraq where the IED blew him off of the loader. He has never had any seizures. He reports sensitivity to bright light and loud noises, which seem to just bother him.

At the current time, again, he is not employed. There are no ratings given for him at the current time through the Veterans Administration. He is living at The Veteran's Home and according to his accounts any management of funds is done by a friend and from his mother and family in [redacted]

IMPRESSION:
1) Severe depression.
2) Possible posttraumatic stress disorder by history and examination.
3) No evidence of significant residuals of traumatic brain injury.
4) Alcohol abuse by history.

DISCUSSION: All of the findings that were made today including the headache situations seem to be the direct result of this patient's psychological malfunctions, which include significant depression, anxiety disorder, and probable posttraumatic stress disorder based on his history. There are no findings that relate to a specific residual from a traumatic brain injury as the result of an explosion sustained in Iraq. At the very most on the CANTU for concussion he would be at the maximum a stage 2, which would suggest that he should have been able to recover and return to duty without difficulty, which apparently he did according to his history. Therefore, there is no evidence that he has residual traumatic brain injury from any concussion sustained as a result of the blast exposure while he was in Iraq in 2004-2005. Again, most of these

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Exam Results Continued

findings as listed above from the 1240 worksheet seem to be more related to his psychological malfunctions, which include his posttraumatic stress disorder, anxiety, depressive disorder.

These findings are made to a reasonable degree of medical certainty based on the patient's history, physical examination, as well as his records and findings.

At this time this patient is questionable as to his mental capability to be able to handle any benefits based on his psychological malfunctions.

Date/Time of Dictation: 01/25/2011/1032
Date/Time of Transcription: 01/25/2011/1542
[redacted]

/es/ JOHN A [redacted]
M.D.
Signed: 02/08/2011 09:10

Receipt Acknowledged By:
* AWAITING SIGNATURE * [redacted]
A

This exam has been reviewed and approved by the examining provider.

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