LOCAL TITLE: COMPENSATION ASSESSMENT COPY
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: OCT 09, 2015@16:00 ENTRY DATE: OCT 16, 2015@11:46:48
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URGENCY: STATUS: COMPLETED

COMPENSATION AND PENSION EXAMINATION REPORT (FREE TEXT)
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Mental health - Separation Health Assessment
Disability Benefits Questionnaire
* Internal VA or DoD Use Only*

Name of patient/Servicemember: Jubar Donte Ramsey
SSN: 220-27-1013

Was a DD Form 2807-1, Report of Medical History, completed by the Servicemember and available for review at the time of this examination?
[x] Yes[ ] No[ ] N/A

Any changes to his/her health status since DD 2807-1 completed?
[ ] Yes[x] No[ ] N/A

(Proposed) Date of separation from active service: No response provided.

1. Medical record review

Was the Veteran's VA claims file reviewed?
[x] Yes[ ] No

2. Medical history (Review of Systems)
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1. Psychiatric:
[x] Yes[ ] No

#1. Claimed Condition: mood change/bad mood, unaccounted for loss of time, trouble sleeping, interrupted sleep pattern.
Onset: during Military service
History: See DBQ
Prognosis: good

#2. Claimed Condition:
Onset:
History:
Prognosis:

(Please follow format if more claims are being addressed)

PTSD SCREEN PC-PTSD

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?
   [ ] Yes[x] No

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
   [ ] Yes[x] No

3. Were constantly on guard, watchful, or easily startled?
   [ ] Yes[x] No

4. Felt numb or detached from others, activities, or your surroundings?
   [] Yes[x] No

Depression screen: PHQ2

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

Little interest or pleasure in doing things.
   [x] 0 = Not at all[ ] 1 = Several days[ ] 2 = More than half the days[ ] 3 = Nearly every day

Feeling down, depressed, or hopeless.
   [x] 0 = Not at all[ ] 1 = Several days[ ] 2 = More than half he days[ ] 3 = Nearly every day

Total Point Score: 0

Brief Suicide Risk Assessment

- (Perform if score positive on Depression or PTSD screens)

Are you feeling hopeless about the present or future?
   [ ] Yes[x] No

Have you had thoughts about taking your life - if yes - when did you have these thoughts and do you have a plan to take your life?
   [ ] Yes[x] No

Have you ever had a suicide attempt?
   [ ] Yes[x] No

3. Physical Exam
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1. Psychiatric (Specify any personality deviation)
[ ] Normal[x] Abnormal[ ] Not examined

5. Diagnosis:

#1. Claimed condition: mood change/bad mood, unaccounted for loss of time,
trouble sleeping, interrupted sleep pattern.
Diagnosis/Rationale: No diagnosis, does not meet criteria.

#2. Claimed condition:
Diagnosis/Rationale:

(for additional Claim/diagnosis, please follow above format)

6. Remarks, if any:

All additional DBQs found to be necessary completed as appropriate at time of signing this DBQ?
[x] Yes[ ] No

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Mental Disorders
(other than PTSD and Eating Disorders)
Disability Benefits Questionnaire

Name of patient/Veteran: Jubar Donte RAMSEY 220-27-1013

SECTION I:
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1. Diagnosis
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a. Does the Veteran now have or has he/she ever been diagnosed with a mental disorder(s)?
[ ] Yes[X] No

b. Medical diagnoses relevant to the understanding or management of the Mental Health Disorder (to include TBI): None.

2. Differentiation of symptoms
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a. Does the Veteran have more than one mental disorder diagnosed?

[ ] Yes[X] No

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

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

[X] No mental disorder diagnosis

b. For the indicated level of occupational and social impairment, is it possible to differentiate what portion of the occupational and social impairment indicated above is caused by each mental disorder?
[ ] Yes[ ] No[X] No other mental disorder has been diagnosed

c. If a diagnosis of TBI exists, is it possible to differentiate what portion of the occupational and social impairment indicated above is caused by the TBI?
[ ] Yes[ ] No[X] No diagnosis of TBI

SECTION II:
Clinical Findings:

1. Evidence review
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a. Medical record review:

Was the Veteran's VA e-folder (VBMS or Virtual VA) reviewed?
[X] Yes[ ] No

Was the Veteran's VA claims file (hard copy paper C-file) reviewed?
[X] Yes[ ] No
If yes, list any records that were reviewed but were not included in the Veteran's VA claims file:
CPRS

b. Was pertinent information from collateral sources reviewed?
No answer provided

2. History
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a. Relevant Social/Marital/Family history (pre-military, military, and post-military):

Married with no children.

b. Relevant Occupational and Educational history (pre-military, military, and post-military):

Was in the Marine Corps for nearly 4 years. He was not deployed to the war zone.

c. Relevant Mental Health history, to include prescribed medications and family mental health (pre-military, military, and post-military):
Was in the Marine Corps for nearly 4 years. He was not deployed to the war zone.

c. Relevant Mental Health history, to include prescribed medications and family mental health (pre-military, military, and post-military):
No prior Military mental health history. No Military mental health history. His family are concerned about his irritability, sometimes bad mood, and argumentativeness with increased drinking. He takes no mediations, and does not endorse any symtpoms of anxiety or depression. He feels that his family do not understand what it is like to be a Marine. He also reports difficulty sleeping and when awakening, he feels disoriented. He was evaluated by medical in the marines and no acute pathology was found.

d. Relevant Legal and Behavioral history (pre-military, military, and post-military):
None.

e. Relevant Substance abuse history (pre-military, military, and post-military):
No alcohol or drug use.

f. Other, if any:
No response provided.

3. Symptoms

No answer provided

Behavioral observations:
Pleasant and calm.

4. Other symptoms

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

5. Competency

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

6. Remarks (including any testing results), if any:

No remarks provided.

/es/ RONALD J. KOSHES

PSYCHIATRIST
Signed: 10/16/2015 11:46