

12. In the last 4 weeks, how much have you been bothered by any of the following problems?
- | | Not bothered | Bothered a little | Bothered a lot |
|--|-------------------------------------|-------------------------------------|--------------------------|
| a. Worrying about your health..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your weight or how you look..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Little or no sexual desire or pleasure during sex..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Difficulties with husband/wife, partner/lover or boyfriend/girlfriend..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The stress of taking care of children, parents, or other family members..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Stress at work outside of the home or at school..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Financial problems or worries..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. Having no one to turn to when you have a problem..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Something bad that happened <u>recently</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Thinking or dreaming about something terrible that happened to you in the <u>past</u> - like your house being destroyed, a severe accident, being hit or assaulted, or being forced to commit a sexual act..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. In the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act?

NO YES

14. What is the most stressful thing in your life right now? Legal Issues

15. Are you taking any medicine for anxiety, depression or stress?

NO YES

16. FOR WOMEN ONLY: Questions about menstruation, pregnancy and childbirth.

a. Which best describes your menstrual periods?

- | | | | | |
|---|--|---|--|--|
| Periods are unchanged
<input type="checkbox"/> | No periods because pregnant or recently gave birth
<input type="checkbox"/> | Periods have become irregular or changed in frequency, duration or amount
<input type="checkbox"/> | No periods for at least a year
<input type="checkbox"/> | Having periods because taking hormone replacement (estrogen) therapy or oral contraceptive
<input type="checkbox"/> |
|---|--|---|--|--|

- b. During the week before your period starts, do you have a serious problem with your mood - like depression, anxiety, irritability, anger or mood swings?.....
- NO (or does not apply) YES
- c. If YES: Do these problems go away by the end of your period?
- d. Have you given birth within the last 6 months?
- e. Have you had a miscarriage within the last 6 months?
- f. Are you having difficulty getting pregnant?

The Family Health Team offers a variety of treatment programs and approaches. It offers a clear view of treatment opportunities. Now, think you will not return to continue in this clinic, we would appreciate your completing the following by a number (maximum 50). Please write the number beside the goal that apply to your situation. Please review your list and decide which three goals you most wish to discuss/change at this time. You may enter the numbers in the spaces provided below.

"In coming to this clinic, I would like to concentrate on:"

- | | |
|--|--|
| 1. reducing my fear of _____ | 27. improving my sleep |
| 2. having more pleasurable activities | 28. talking out a pending decision |
| 3. improving communication with my spouse/
children/friends/co-workers/others | 29. adjusting better to a recent change of incident
_____ |
| 4. expressing myself more assertively | 30. discuss hardship discharge/humanitarian reassignment |
| 5. learning how to relax | 31. learning problem solving/decision making techniques |
| 6. better managing my health _____ | 32. discussing my desire for a discharge/cross training |
| 7. better tolerating my mistakes | 33. reducing family difficulties |
| 8. better tolerating others mistakes | 34. reducing job difficulties |
| 9. feeling less guilty | 35. better managing my temper |
| 10. feeling less depressed | 36. taking initiative more often |
| 11. better accepting loss/death of _____ | 37. receiving medication help |
| 12. increasing my conversation skills | 38. decreasing procrastination |
| 13. learning how I come across to others | 39. better managing time |
| 14. not taking disappointments so hard | 40. decreasing trying to be perfect |
| 15. doubting myself less | 41. not reacting so emotionally |
| 16. thinking more positively | 42. allowing myself to express feelings more |
| 17. improving my sexual relationship | 43. feeling more self-confident |
| 18. controlling my eating or weight | 44. discussing my thoughts of harming myself |
| 19. controlling my alcohol use | 45. discussing my thoughts of harming others |
| 20. changing my habit of _____ | 46. adjusting better to a past incident |
| 21. controlling my use of drugs | 47. become more optimistic |
| 22. better managing my pain | 48. improving my self-awareness |
| 23. learning how to improve friendships | 49. adopting a more healthy attitude about _____ |
| 24. reducing uncomfortable thoughts of _____ | 50. worrying less about _____ |
| 25. learning more effective parenting skills | 51. other: _____ |
| 26. reducing my sensitivity to possible criticism | |

Now please review your list and decide which three goals you most wish to discuss/change at this time.

First _____

Second _____

Third _____

Outcome Questionnaire (OQ[®]-45.2)

Instructions: Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and mark the box under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth. Please do not make any marks in the shaded areas.

Name: T. J. Gorham Age: 16 yrs
 Sex: M F
 ID#: 625 20 8882

Session # 1 Date 6/15/11

Item	Never	Rarely	Sometimes	Frequently	Almost Always	DO NOT MARK BELOW		
						SD	IR	SR
1. I get along well with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
2. I tire quickly.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. I feel no interest in things.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. I feel stressed at work/school.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. I blame myself for things.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6. I feel irritated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7. I feel unhappy in my marriage/significant relationship.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8. I have thoughts of ending my life.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9. I feel weak.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10. I feel fearful.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11. After heavy drinking, I need a drink the next morning to get going. (If you do not drink, mark "never")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12. I find my work/school satisfying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
13. I am a happy person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
14. I work/study too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15. I feel worthless.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16. I am concerned about family troubles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17. I have an upset stomach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18. I feel lonely.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19. I have frequent arguments.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20. I feel loved and wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
21. I enjoy my spare time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
22. I have difficulty concentrating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23. I feel hopeless about the future.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24. I like myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
25. Disturbing thoughts come into my mind that I cannot get rid of.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26. I feel annoyed by people who criticize my drinking (or drug use). (If not applicable, mark "never")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27. I have an upset stomach.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28. I am not working/studying as well as I used to.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29. My heart pounds too much.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30. I have trouble getting along with friends and close acquaintances.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31. I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
32. I have trouble at work/school because of drinking or drug use. (If not applicable, mark "never")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
33. I feel that something bad is going to happen.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
34. I have sore muscles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35. I feel afraid of open spaces, of driving, or being on buses, subways, and so forth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
36. I feel nervous.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
37. I feel my love relationships are full and complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
38. I feel that I am not doing well at work/school.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
39. I have too many disagreements at work/school.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
40. I feel something is wrong with my mind.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
41. I have trouble falling asleep or staying asleep.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
42. I feel blue.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
43. I am satisfied with my relationship with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
44. I feel angry enough at work/school to do something I might regret.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
45. I have headaches.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Developed by Michael J. Lambert, PhD, and Gary H. Burdette, PhD
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JONATHAN P. GORHAM, PsyD, CAPT, USAF, BSC
 Mental Health Flight Commander

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 FAX: 301-990-4236

4 + 0 + 8
Total = 12

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Patient: BURKE, PATRICK THOMAS Date: 21 Jun 2011 0915 CDT Appt Type: ROUT
 Treatment Facility: 7TH MEDICAL GROUP Clinic: MENTAL HEALTH CLINIC Provider: WILLIAMS,GREGORY J
 Patient Status: Outpatient

Reason for Appointment: Sanity Board
 Appointment Comments:
 eae

SO Note Written by WILLIAMS,GREGORY J @ 23 Jun 2011 1732 CDT

History of present illness

The Patient is a 26 year old male.
 Patient seen for 120min, deployment related. See Dr Gorham's note for more details.

A/P Written by WILLIAMS,GREGORY J @ 23 Jun 2011 1733 CDT

I. No psychiatric diagnosis or condition on axis I

Procedure(s): -Psychiatric Evaluation Comprehensive Examination x 1

Disposition Written by WILLIAMS,GREGORY J @ 23 Jun 2011 1734 CDT

Released w/o Limitations

Signed By WILLIAMS, GREGORY J (Psychiatrist, 7 MDG) @ 23 Jun 2011 1734

Name/SSN: BURKE, PATRICK THOMAS/625208883

FMP/SSN: 20/625208883
 DOB: 08 May 1985
 PCat: F11 USAF ACTIVE DUTY
 MC Status: TRICARE PRIME (ACTIVE DUTY)
 Insurance: No

Sex: M
 Tel H: 325-232-7075
 Tel W: 325-696-7494
 CS:
 Status: Fly

Sponsor/SSN: BURKE, PATRICK THOMAS/625208883
 Rank: FIRST LIEUTENANT
 Unit: DW1CFC9V
 Outpt Rec. Rm: FLIGHT RECORDS
 PCM: STANDLEY,JON E
 Tel. PCM: 325-696-5490;325-696-1827

Patient: BURKE, PATRICK THOMAS
 Treatment Facility: 7TH MEDICAL GROUP
 Patient Status: Outpatient

Date: 21 Jun 2011 0930 CDT
 Clinic: MENTAL HEALTH CLINIC

App: Type: ROUT
 Provider: GORHAM, JONATHAN P

Reason for Appointment: Sanity Board
 Appointment Comments:
 eae

SO Note Written by GORHAM, JONATHAN P @ 22 Jun 2011 0936 CDT

History of present illness

The Patient is a 26 year old male.

He reported: Encounter Background Information: S: Deployment related- no. Pt seen for 120 min psychological evaluation by this provider and staff psychiatrist for requested sanity board. Pt presented as fully cogent, was cognizant of all ramifications of the interview after reviewing the informed consent for the second time, and participated fully. Pt presented only with c/o well-managed stress related to current legal proceedings. Pt and providers discussed relevant topic areas until providers had all necessary information to make informed decision regarding the board.

Objective

Patient was alert and oriented X4. Patient was well groomed with good hygiene. Pt was cooperative in interpersonal interactions, maintaining good eye contact. Mood was "a little nervous." Affect was full-range, non-labile, appropriate, and mood congruent. Speech rate, tone, prosody and volume were WNL. At the present time, impulse control, judgment, reality testing, attention, and memory appear to be good. Insight appears good. Intelligence was deemed to be above average. Thought processes were logical, linear, and goal oriented. Thought content was devoid of delusions and hallucinations.

Neurovegetative Symptoms:

" Sleep: good
 " Interest: good
 " Guilt: no
 " Energy: good
 " Concentration: good
 " Appetite: good
 " Psychomotor agitation/retardation: none
 " Suicidal/homicidal thoughts/behaviors/Assessment for Level of Risk to Harm Self or Others: Pt credibly denied suicidal or homicidal ideation, intent or plan.

A/P Written by GORHAM, JONATHAN P @ 22 Jun 2011 1028 CDT

1. Visit: to issue a certificate of fitness

2. NO PSYCHIATRIC DIAGNOSIS OR CONDITION ON AXIS I: 1. Provider will produce Sanity Board Evaluation Long and Short results and provide to relevant parties within one week.

Procedure(s): -Psychiatric Evaluation Comprehensive Examination x 1

Disposition Written by GORHAM, JONATHAN P @ 22 Jun 2011 1028 CDT

Released w/o Limitations

Follow up: as needed.

Signed By GORHAM, JONATHAN P (Capt, Licensed Clinical Psychologist, 7th Medical Group, Dyess AFB) @ 22 Jun 2011 1029

Name/SSN: BURKE, PATRICK THOMAS/625208883

Sex: M
 FMP/SSN: 20/625208883
 DOB: 08 May 1985
 PCat: F11 USAF ACTIVE DUTY
 MC Status: TRICARE PRIME (ACTIVE DUTY)
 Insurance: No

Tel H: 216-816-7319
 Tel W: 325-696-2828
 CS:
 Status: Fly

Sponsor/SSN: BURKE, PATRICK THOMAS/625208883
 Rank: FIRST LIEUTENANT
 Unit: FFC9V (0009 BOMB SQ)
 Outpt Rec. Rm: FLIGHT RECORDS
 PCM: STANDLEY, JON E
 Tel. PCM: 325-696-5490; 325-696-1827

Patient: BURKE, PATRICK THOMAS
Treatment Facility: 7TH MEDICAL GROUP
Patient Status: Outpatient

Date: 15 Jun 2011 1430 CDT
Clinic: MENTAL HEALTH CLINIC

Appt Type: OPAC
Provider: GORHAM, JONATHAN P

Reason for Appointment: Shipley/MMPI/MCMI Testing

SO Note Written by ESCALANTE, ELISA A @ 15 Jun 2011 1431 CDT

History of present illness

The Patient is a 26 year old male.
THIS APPOINTMENT IS NOT DEPLOYMENT-RELATED.~
S: PT SEEN TO COMPLETE PSYCHOLOGICAL TESTING FOR:~
CLINICAL REFERRAL: Shipley/MCMI/Shipley~
THIS TESTING WAS ORDERED BY Capt Gorham ON 14 June 2011.~PT WAS INSTRUCTED ON THE PROPER PROCEDURES FOR EACH TEST.~
PT WAS INFORMED THAT FEEDBACK ON TESTS IS AVAILABLE FROM A CREDENTIALLED PROVIDER. PT ACKNOWLEDGED UNDERSTANDING.~
PT DID NOT DESIRE FEEDBACK.~
O: PT WAS COOPERATIVE THROUGHOUT TESTING SESSION.~
PT'S MENTAL STATUS APPEARED TO BE WNL.

SO Note Written by GORHAM, JONATHAN P @ 16 Jun 2011 1341 CDT

History of present illness

The Patient is a 26 year old male.
He reported: Encounter Background Information: Provider Interpretation:
Shipley 2:
Voc SS: 113, Abs SS: 122, Composite A SS: 122. WNL.
MMPI 2:
Weish Code: 36294/178:05# L+K-!F#
F-K(raw): -??
Evaluee presented self in an unrealistically favorable light making the remainder of the protocol invalid. This is not an uncommon presentation on this test given evaluee's situation.
MCMI-III:
Personality Code: 7 ** 4 * - + 5 3 " 1 2A 2B 6A 6B 8A 8B ' ' // - ** - * //, Valid protocol. Evaluee presents as an essentially well-functioning individual undergoing psychosocial stressors and desiring to appear conventional, composed and sociable.

A/P Last updated by GORHAM, JONATHAN P @ 16 Jun 2011 1456 CDT

1. visit for: issue medical certificate fitness

Procedure(s):
-Psychologic Testing And Report Administered By Computer x 2
-Psychologic Testing And Report Administered By Technician x 1
-Psychiatric Evaluation Review of Records and Reports x 1

Disposition Last updated by GORHAM, JONATHAN P @ 16 Jun 2011 1457 CDT

Released w/o Limitations

Follow up: as needed .

Signed By GORHAM, JONATHAN P (Capt, Licensed Clinical Psychologist, 7th Medical Group, Dyess AFB) @ 16 Jun 2011 1457

CHANGE HISTORY

The following Disposition Note Was Overwritten by GORHAM, JONATHAN P @ 16 Jun 2011 1457 CDT:

Disposition section was last updated by GORHAM, JONATHAN P @ 16 Jun 2011 1457 CDT - see above. Previous Version of Disposition section was entered/updated by ESCALANTE, ELISA A @ 15 Jun 2011 1434 CDT.

Released w/o Limitations

The following A/P Note Was Overwritten by GORHAM, JONATHAN P @ 16 Jun 2011 1456 CDT:

A/P section was last updated by GORHAM, JONATHAN P @ 16 Jun 2011 1456 CDT - see above. Previous Version of A/P section was entered/updated by ESCALANTE, ELISA A @ 15 Jun 2011 1434 CDT.

1. visit for: issue medical certificate fitness

Procedure(s):
-Psychologic Testing And Report Administered By Computer x 1
-Psychologic Testing And Report Administered By Technician x 1
-Psychiatric Evaluation Review of Records and Reports x 1

Name/SSN: BURKE, PATRICK THOMAS/625208883

Sex:	M	Sponsor/SSN:	BURKE, PATRICK THOMAS/625208883
FMP/SSN:	20/625208883	Tel H:	216-816-7319
DOB:	08 May 1985	Tel W:	325-696-2828
PCat:	F11 USAF ACTIVE DUTY	CS:	
MC Status:	TRICARE PRIME (ACTIVE DUTY)	Status:	Fly
Insurance:	No		
		Rank:	FIRST LIEUTENANT
		Unit:	FFC9V (0009 BOMB SQ)
		Outpt Rec. Rm:	FLIGHT RECORDS
		PCM:	STANDLEY, JON E
		Tel. PCM:	325-696-5490; 325-696-1827

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

15 Jun 2011 1431

Facility: 7th Medical Group Clinic: MENTAL HEALTH CLINIC Provider: GORHAM, JONATHAN P

26

Name/SSN: BURKE, PATRICK THOMAS/625208883

FMP/SSN: 20/625208883
 DOB: 08 May 1985
 PCat: F11 USAF ACTIVE DUTY
 MC Status: TRICARE PRIME (ACTIVE DUTY)
 Insurance: No

Sex: M
 Tel H: 216-816-7319
 Tel W: 325-696-2828
 CS:
 Status: Fly

Sponsor/SSN: BURKE, PATRICK THOMAS/625208883
 Rank: FIRST LIEUTENANT
 Unit: FFC9V (0009 BOMB SQ)
 Outpt Rec. Rm: FLIGHT RECORDS
 PCM: STANDLEY, JON E
 Tel. PCM: 325-696-5490; 325-696-1827

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STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: 14 June 2011
 SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
 Mental Health Clinic
 7th Medical Operations Squadron/SGOW
 DYESS AFB, TX 79607-1397
 A separate chart is maintained in this clinic

PSYCHOLOGICAL TESTING REQUEST
 Please schedule this patient for psychological testing. The following tests are requested:

MMPI-2 16PF BDI II WAIS IV WMS III
 MCMI-III Shipley II BAI WRAT Other

Requested by: *[Signature]* Date Scheduled: 15 June 2011 1300
 JONATHAN P. GORHAM, Capt, USAF, BSC Technician: *[Signature]*
 Psychology Provider, 42P
 Psychological Testing Administration ELISA A. ESCALANTE, SrA, USAF
 Mental Health Service Technician

DATE: 15 June 2011
 S: Patient was seen to complete his/her psychological testing
 O: Patient was instructed on the proper procedures for completing the requested tests. Patient was advised of his/her opportunity to schedule an appointment to review the testing results with a psychologist, unless prohibited by military circumstances. Patient ~~did~~ DID NOT voice understanding of procedures and feedback.

All requested tests ~~WERE~~ WERE NOT administered as ordered.

Explanation:
 A: DSM IV Diagnosis: Axis I - 799.90 Diagnosis deferred
 Axis II - 799.90 Diagnosis deferred
 Axis III - Non-contributory/other:

P: Score tests for Psychologist's interpretation
[Signature] ELISA A. ESCALANTE, SrA, USAF
 Mental Health Service Technician
 JONATHAN P. GORHAM, PsyD, Capt, USAF, BSC
 Mental Health Flight Commander

PATIENT'S IDENTIFICATION (Use this space for Mechanical imprint)		RECORDS MAINTAINED AT: Dyess AFB, TX 79607	
THIS FORM IS SUBJECT TO THE PRIVACY ACT - USE DD 2005			PATIENT'S NAME (Last, First, Middle Initial): Burke, Patrick
7 MDOS/SGOW OVERPRINT		RELATIONSHIP TO SPONSOR: <i>[Signature]</i>	STATUS: AD
		SPONSOR'S NAME: <i>[Signature]</i>	RANK/GRADE: 1st Lt/E-2
		DEPARTMENT/SERVICE: USAF	ORGANIZATION: 9 BS
		SSN/IDENTIFICATION NO: 501625-20-8883	DATE OF BIRTH: 8 May 85

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