Standard Form 600
General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8
October 1975
Exception Approved by NARS
1 Aug 79

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
USAHC FT. MONROE, VA DATE 09 MAY 1983 TIME 0745 EMERGENCY YES/NO	37 y/o W ♂ here for up-slip pt was grounded by Dr Griffin for viral syndrome
B/P = 142/100	Ⓒ Drixoral i bid NKA
Wt - 172	
Tc 97.3	
	PFC B[illegible] A. [illegible] 9/1340
	#1 URI S: weak - no temp - said to have productive cough all day long - resolved Thurs. → GREEN color - Fri ↓ now clear and just in morning - Nose clear. - Throat better
	O: - cannot [illegible] clear Ⓛ Base completely c̄ cough TMs, Throat, OK CXR lungs clear
	A: resolving URI
	P. — D/C Drixoral
	#2 HBP:
	S: blood pressure not prob. c̄ rechecks Sl. [illegible]
	O: BP recheck By me 160/105
	A: BP - labile
	P: RTC 4[15] for recheck today
	[signature]

PATIENT'S IDENTIFICATION (*Use this Space for Mechanical Imprint*)

[redacted]
SLONIKER, MICHAEL E.
1945 3 AD USA
MAJ
USACHC FT. MONROE

PATIENT'S NAME (*Last, First, Middle initial*)

GREGORY A. DOYLE
CPT MC

YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART./SERVICE
		[redacted]	

SPONSOR'S NAME | RANK/GRADE

GREGORY A. DOYLE
CPT MC [redacted]

SSAN OR IDENTIFICATION NO. | ORGANIZ[redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-106-01

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050983

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
USAHC FT. MONROE, VA. DATE 13 MAY 1983 TIME 0830 EMERGENCY ~~YES~~/NO	S: here after 5 dy B/P ✓ for evaluation.
	9 my 83 P.M 142/80 — 10 my 83 AM (1) 138/88 (2) 138/80 — P.M. (1) 130/84 (2) 134/88 — NKA
	11 my 83 A.M. (1) 142/88 (2) 146/94 — P.M. (1) 142/90 (2) 146/90
	12 my 83 A.M. (1) 142/92 (2) 142/92
	PFC B[illegible]
	O: pt. has had borderline hypertension for over one year
	A: Hx and clinically significant ↑ BP
	P: - will start on BP meds - HCTZ 25mg qd #30
	[signature] GREGORY A. DOYLE CPT, MC [redacted]

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
USAHC FT. MONROE VA 06 JUN 1983 DATE TIME 0900 1983 EMERGENCY YES NO	37 y/o W ♂ here for follow-up on labs workup.
	Drixoral ī bid NKA
B/P: 138/94	
wt: 172	
T: 97[4]	PFC [illegible]
	S: pt. being evaluated for HBP
	D/C Drixoral 2° to vasoconstrictor and because pt. not grounded
	O: evaluate for HBP -
	BP on 9 May noted to be 160/105 repeat very similar - Labile nature of BP
	A: noted - if ~~enuff~~ enough monitoring is done pt. does over 2-3 wk period develope Diastolic pressures ≈ 90 however striking elevation and persistance of problem make BP meds advisable and waiver necessary
	P: HCTZ 20mg TQD - wonder
	D/C Drixoral!

GREGORY A. DOYLE CPT, MC [redacted]

PATIENT'S IDENTIFICATION [redacted]	PATIENT'S NAME (*Last, First, Middle initial*)		SEX
SLONIKER, MICHAEL 1945 M AD USA MAJ USACHC FT. MONROE VA.	YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS [redacted] DEPART./SERVICE
	SPONSOR'S NAME		RANK/GRADE
	SSAN OR IDENTIFICATION NO.	ORGANIZATION	

CHRONOLOGICAL RECORD OF MEDICAL CARE
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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

USAHC
FT. MONROE, VA.
DATE 30 JAN 1984
TIME 1545
EMERGENCY YES NO

S. 38 y/o ♂ c/o laceration
(L) hand index finger.
NKA HCTZ

SPS MARK A. BUTLER

S Bleeding Laceration of L index
O Laceration of 2nd Phalanx L index, no evidence of tendon and nerve injury
A Laceration L index
P Suture of Laceration under Local anesthesia
Dressing and Splinting
Dressing change q 2 d
Suture removal in 1 wk
Tetanus Booster

T-Td, 5cc
S.C. (L) deltoid
PFC Thomas Moffett
9 IB 18

J. David
JOSEPH DAVID, M.D.
[redacted]

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle initial) Sloniker Michael B | SEX M
YEAR OF BIRTH | RELATIONSHIP TO SPONSOR | COMPONENT/STATUS | DEPART/SERVICE
SPONSOR'S NAME | RANK/GRADE
SSAN OR IDENTIFICATION NO. [redacted] | ORGANIZATION

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-106-01

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NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
JUN 29 1989	PODIATRY CLINIC U.S. DEWITT ARMY HOSPITAL FORT BELVOIR VA. 22060
	(S) 4½ wks s/p neurectomy + 2ND digit sublexation
	(O) ↓ edema mild hammertoe 2ND junctional ⊂ mild purchase
	(A) mild residual hammertoe 2ND
	(P) can't cut buddy tape soft shoe RTC 3-4 wks
	Ds Ranieri DPM.

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: ▶		
PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
Health Clinic, WRAMC ... D.C. 203...	
USA Health Clinic, WRAMC MAY 2 . 1987 Pentagon Washington, D.C. 20310-5820	US ARMY HEALTH CLINIC, PENTAGON SCREENING ACTIVITY TIME SCREENED: 1320 ORAL TEMP: 97.8 P: 60 R: 16 BP: 120/90 REASON FOR VISIT: Hives on hands & feet DURATION SYMPTOMS: X 2 week KNOWN ALLERGIES: NKA CURRENT MEDS: HCTZ SCREENER SIGNATURE: Michael Elliott Sgt 91B
	S- Pt in to clinic c skin rashes ① Long h/o pruritic rash under watch band - lasts x 2-3 d p removal of band. Wrung hands 2d ago & "spread" to palms & soles. ② 5-7 d h/o pruritic C shaped rash on inner Ⓛ thigh - Rx'd c HC Cream & resolving ③ 10 d h/o hard lesion on Ⓡ buttocks where he puts wallet. Slowly resolving c HC Cream. PMHx: HTN - Rx'd as above. 2 ASA qam x 4 yrs.
	O - NAD B/E's - vesicular rash on palms hands & dorsum + soles/feet c few areas of confluence. Ⓛ Thigh - irregular reddened area lower thigh - inner aspect c advancing border. Ⓡ Buttock - large, hyperpigmented ○ area on buttocks c hardened edge
	A - I have no idea what these rashes are or if they are related. Palmar & foot lesions appear to be Dyshidrosis. Buttocks & thigh are questionable but should R/O Pressure Urticaria
	P - To Dermatology/Allergy [signature] Lelia ... Gaines, MD LTC, MC No meds

U.S. Government Printing Office: 1985—491-003/43152 STAN[redacted]BACK (REV. 5-84)

NSN 7540-00-634-4176 600-108

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
USA Fie[illegible] AUG 17 [illegible] Penfo[illegible] PT Note	S - 43 y/o WM c (R) heel pain Dx 1980 c Positive X-ray for Bilat heel spurs, Rx'd c US in past c some relief. O - Tender ant Calcaneous (R), N/M int A - As above P - Rx US x 5 c Rei - Home heat. Goal: ↓ pain MKing Cpt SP
PT Note 31 Aug 88	Sxs returned c Rxs, will con't Rxs x 3 c Rei, Discussed ↓ing Running & choices of alternatives - Trial Donut.
Physical Therapy Section US Army Health Clinic, The Pentagon Washington, DC 20310-5813	MKing Cpt SP.
8 Sept 88	Sx's improved, Stretching helping, will D/C Rxs Rei x 1wk.
	MKing Cpt SP.

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

A

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
SLONIKER, MICHAEL E		M
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
	AD	LTC
SPONSOR'S NAME [redacted]		ORGANIZATION
		OSD, SO/LIC
DEPART./SERVICE	[redacted]	DATE OF BIRTH
USA		27AUG45

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
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...34-4176 | 600-108

...H RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
Health Clinic, WRAMC NOV 0 3 1988 Pentagon Washington, D.C. 20310-5820	US ARMY HEALTH CLINIC, PENTAGON SCREENING ACTIVITY TIME SCREENED: ORAL TEMP: P: R: BP: REASON FOR VISIT: DURATION SYMPTOMS: KNOWN ALLERGIES: CURRENT MEDS: SCREENER SIGNATURE:
	S) Chronic (L) heel pain followed by Dr Gajarth (?) told to RTC for cortison injection. Pt stated that area is not responding to conservative treatment of ultrasound heel pads and ultrasound. Has d/c running
	O) AAO x3 in NAD (L) heel: tender to palpation over (L) heel plantar surface (?) palpable mass (-) overlying skin (?)
	A) Plantar fasciitis (L) heel
	P) 1) Area injected c 1cc of 50/50 mix of 1% lidocaine / Kenalog 10mg/cc 2) RTC if not better 14d → refer to podiatry (?) RODNEY D. HOLLIFIELD, M.D. CPT, MC, USA

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)	RECORDS MAINTAINED AT:
[redacted] SLONIKER, MICHAEL E 27 AUG 45 M AD USA LTC 08-P PHONE 694 7901	PATIENT'S NAME (Last, First, Middle initial): [redacted] — SEX RELATIONSHIP TO SPONSOR — STATUS — RANK/GRADE SPONSOR'S NAME — ORGANIZATION DEPART./SERVICE — SSN/IDENTIFICATION NO. — DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
JUL 31 1989	PODIATRY CLINIC U.S. DEWITT ARMY HOSPITAL FORT BELVOIR, VA. 22060
	(S) 3 mths s/p neuroctomy + 2ND HTPS relocation. Pt c pain running 2 miles
	(O) ↓ edema. (-) pain minimal toe purchase
	(A) Doubt ~~total~~ ~~callous~~ toe purchase
	(P) ↑ mileage Rec shoes RTC prn
	Jy Ranieri DPM

NSN 7540-00-634-4176 600-108

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
JUN 09 1989	**PODIATRY CLINIC** U.S. DEWITT ARMY HOSPITAL FORT BELVOIR, VA. 22060
	(S) 4½ wks s/p neurectomy + 2ND digit sublixation
	(O) ↓ edema mild hammertoe 2ND digit(s) & mild pes cavus
	(A) mild residual hammertoe 2ND
	(P) can't cut adductor tape soft shoe RTC 3-4 wks
	Dr Ranieri DPM.

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: ▶		
PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE	OTSG APPROVED *(Date)*
DISCHARGE NOTE	NA

DATE ADMITTED	DATE DISCHARGED
9 May 89	9 May 89
SERVICE/WARD Podiatry 4M	**PHYSICIAN (Printed Name; Signature and Title)** Ramos

DIAGNOSES	CONDITION (Check) Resolved	Stable	Active
1. Neuroma 2ND interspace (R)	✓		
2. subluxed 2ND MTPJ		✓	
3.			
4.			
5.			
6.			
7.			

HOSPITAL COURSE (Include Operations and Special Procedures)

see hospital + operative course

(Continue on reverse)

PREPARED BY *(Signature & Title)*	DEPARTMENT/SERVICE/CLINIC	DATE
D Ramos, DPM	Podiatry	9 May 89

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

PREADM 20 [redacted]
SLONIKER, MICHAEL E LTC
USA AD
DOB 27AUG43 /ADM 09MAY89

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 1 MAY 78 4700

Edition of 1 [illegible] 83 is obsolete.

MEDDAC (M) Form 600 (OP), 1 Nov 88

DISCHARGE MEDICATIONS

DRUG	DOSAGE FORM	FREQUENCY
T #3	#12	1 tab po q4-6h p

LAB TEST	RESULT	DATE	OTHER LAB TESTS	RESULT	DATE
Hematocrit WBC	WNL	8 May 89			
Sodium Potassium	↓	↓			
Chloride Bicarbonate					
BUN Creatinine					
Glucose					
PT/PTT					

RADIOLOGY		EKG		
Date	Chest X-Ray nl	Date	Nl	Abnl

FOLLOW-UP CARE

PATIENT LIMITATIONS

1. Diet: Regular weight (R) pt
2. Activity:
3. Profile:
4. Special Instructions: instruction sheet

FOLLOW-UP CARE: CLINIC: Podiatry DATE & TIME: 9 May 89

I understand the above instructions

SIGNATURE OF NURSE	SIGNATURE OF PATIENT/ SIGNIFICANT OTHER
[signature] RN 9/12	[signature]

695-3418

664-3003

MEDICAL RECORD	CONSULTATION SHEET

REQUEST

TO: Pod

FROM: (Requesting physician or activity) Pentagon

DATE OF REQUEST 14 April 89

REASON FOR REQUEST (Complaints and findings)

Chronic subluxed 2nd mt neuroma symptoms
Please eval for surg.

PROVISIONAL DIAGNOSIS

Neuroma? Chronic subluxed 2nd mt.

DOCTOR'S SIGNATURE [signature] | APPROVED | PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL | ☒ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

(S) 43 y/o WM c̄ painful neuroma 2nd met
head area. Pt c̄ Hx of neuroma and also
c/o overlapping 2nd digits - Pt now c̄ chronic
subluxing + dislocating 2nd digit (R). 2
previous injections c̄ steroid c̄ minimal relief.
Pt requests surgical correction
(O) adducted hammertoe 2nd digit (R)
Pain 2nd interspace
Dislocated + subluxing 2nd MTPJ c̄ tight
extension tendon (R).
(A) Neuroma 2nd interspace, subluxed 2nd MTPJ.
(P) Neurectomy 2nd IS (R)
PIPJ arthroplasty (Continued on reverse side) + C 2nd MTPJ
possible K-wire fixation
Dr Ramieri DPM.

MAY 1989

SIGNATURE AND TITLE | DATE APR 1989

VTC 1 wk for pre-op

IDENTIFICATION NO. | ORGANIZATION | REGISTER NO. | WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

20 [redacted]
SLONIKER, MICHAEL E
27 AUG 45 M AD USA
LTC OS-P
PHONE 694 7901

CONSULTATION SHEET
STANDARD FORM 513 (Rev 9-77)
Prescribed by GSA/ICMR
FPMR 101-11.806-8
513-107

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

28 FEB 1989

DERMATOLOGY SERVICE
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, D.C. 20307-5001

Dr. Solis
1500 Appt / 1500 Appt

Plug ✓
6 plugs c excellent growth
NTC Appr (4 hrs) for full transplant.

[redacted] SOLIS MD CPT MC USA
DERMATOLOGY WRAMC

USA Health Clinic, WRAMC

APR 14 1989

Pentagon Washington, D.C.
20310-5820

S- Continues to have some discomfort more like neuroma symptoms
O- Chronic sub lund. grd w/ better alignment than previously
A Chronic grd w/ sub luxation neuroma ?
P- Rec. surg. corrections
RTC prn. Consult to clinic

O Adkinson

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

[redacted]
SLONIKER, MICHAEL E
27 AUG 45 M AD USA
LTC 08-P
PHONE 694 7901

RECORDS MAINTAINED AT:

PATIENT'S NAME (Last, First, Middle initial) | SEX

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION

DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE (CONTINUATION)

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

n Clinic, WRAMC

CT31 1986

gon Washington, D.C.
20310-5820

US ARMY HEALTH CLINIC, PENTAGON

SCREENING ACTIVITY TIME SCREENED: 1342

ORAL TEMP: 97.5 P: 64 R: 18 BP: 130/98

REASON FOR VISIT: Top of L foot hurts ± L legdis

DURATION SYMPTOMS: X ± history PT treats self

KNOWN ALLERGIES: Ø CURRENT MEDS: HCTZ

SCREENER SIGNATURE: Sp4 Hall

S?Pt c/o pain top left foot and ant shin left. after maxing PT test for first time. Hx of heel spurs bilat.

O; Pain to ant tibia left c palpation.

Neg swelling diatlly anke or foot. Nml pulses distally and pooximilay.

X-ray reveals No shin splints or bony deformity left ankle or foot.

A: soft tisue trauma.

PLAN Motirn 600mg ipo qid Disp #30. NR.

Stop running for few days. swim or bicyclie.

RTC PRN.

CHARLES L. COSTER, DO
CPT, MC, FS, [redacted]

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle initial)			SEX
Sloneker Michael E.			M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
		Retired	05
SPONSOR'S NAME			RANK/GRADE
			LTCol
SSAN OR IDENTIFICATION NO.		ORGANIZATION	
[redacted]			

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CHRONOLOGICAL RECORD OF MEDICAL CARE
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USAHC
FT. MONROE, VA.
DATE 30 JAN 1984
TIME 1545
EMERGENCY YES NO

S. 38 y/o ♂ c/o laceration
(L) hand index finger.
NKA HCTZ

SPS MARK A. BUTLER

S Bleeding laceration of L index
O Laceration of 2nd Phalanx L index, no evidence of tendon and nerve injury
A Laceration L index
P Suture of laceration under local anesthesia
Dressing and Splinting
Dressing change q 2 d
Suture removal in 1 wk
Tetanus Booster

T-Tx, See SC (L) deltoid PFC Thomas Moffett 9/18/8

J. David
JOSEPH DAVID, M.D.
[redacted]

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME *(Last, First, Middle initial)* Sloaker Michael E | SEX M
YEAR OF BIRTH | RELATIONSHIP TO SPONSOR | COMPONENT/STATUS | DEPART/SERVICE
SPONSOR'S NAME | RANK/GRADE
SSAN OR IDENTIFICATION NO. [redacted] | ORGANIZATION

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HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
USAHC FT. MONROE VA. DATE 06 JUN 1983 TIME 0900 1983 EMERGENCY YES/NO	37 y/o W ♂ here for follow-up on HBP workup.
	① Drixoral ī bid NKA
B/P: 138/94	
wt: 172	
T= 97[4]	OFC By G. Adrian
	S: pt. being evaluated for HBP
	D/C Drixoral 2° to vasoconstrictor
	and because pt. not grounded
	O: evaluate for HBP -
	BP on 9 May noted to be 160/105 repeat
	very similar - labile nature of BP
	A: noted - if enough monitoring is
	done pt. does over 2-3wk period
	develope diastolic pressures ≈ 90 however
	striking elevation and persistence of
	problem make BP meds advisable
	and waiver necessary
	Rx HCTZ 20mg i QD - wonder
	D/C Drixoral.

GREGORY A. DOYLE
CPT MC

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) [redacted]
Imprint)
MICHAEL
1945 M AD USA
MAJ
USACHC FT. MONROE VA.

PATIENT'S NAME *(Last, First, Middle initial)*				SEX
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS		DEPART./SERVICE
SPONSOR'S NAME			[redacted]	RANK/GRADE
SSAN OR IDENTIFICATION NO.		ORGANIZATION		

CHRONOLOGICAL RECORD OF MEDICAL CARE
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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
USAHC FT. MONROE, VA. DATE 09 MAY 1983 TIME 0745 EMERGENCY YES/NO	37 y/o w ♂ here for up-slip pt was grounded by Dr Griffin for viral syndrome
B/P = 142/100	ⓟ Drixoral i bid NKA
Wt - 172	
T: 97.3	
	PFC B[illegible] A. C[illegible] 91B10
	#1 URI S: weak - no temp - said to have productive cough all day long - resolved Thurs. → GREEN color - [illegible] now [illegible] and just in morning - Nose clear - Throat better
	O: cannot not clear ⓛ base completely c̄ cough TMs, Throat, OK CXR lungs clear
	A: resolving URI
	P: - D/C. Drixoral
	#2 HBP:
	S. blood pressure not prob. c̄ recheck s/ [illegible]
	O: BP recheck by me 160/105
	A: BP - labile
	P: [illegible] c̄ 4/5 for recheck today
	[signature]

[illegible] [redacted]
[illegible]
[illegible] AS [illegible]
[illegible] FT. [illegible]

PATIENT'S NAME (*Last, First, Middle initial*)			SEX
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS [redacted]	DEPART/SERVICE
SPONSOR'S NAME			RANK/GRADE [redacted]
SSN OR IDENTIFICATION NO.		ORGANIZATION [redacted]	

GREGORY A. DOYLE
CPT MC

GREGORY A. DOYLE
CPT MC

Info Removed by VNCA

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CHRONOLOGICAL RECORD OF MEDICAL CARE
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1 Aug 79

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
SEP 2 2 1980	AVIATION HEALTH CLINIC, TMC #5 FT SILL, OK 73503 35 yo AD male of AVIATOR C request to see Flight Surgeon about a pinched nerve @ shoulder and a problem C flight physical. Rhomboid muscle spasm RX DNB.
DEC 17 1980	AVIATION HEALTH CLINIC, TMC #5 FT SILL, OK 73503 Needs consults to Pod. Done.
FEB 12 1981 1030 A	PODIATRY CLINIC RAH FT. SILL, OKLA. 73503 RFV 3° (L) RFV 4° (R) S- Pt stats his foot pain is less but still Complain of heel pain O A heel spur P- post appliance RTC when post D Anderson

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle initial)			SEX
SLONIKER MICHAEL			M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
27 AUG 45			Army
SPONSOR'S NAME			RANK/GRADE
			04
SSAN OR IDENTIFICATION NO.		ORGANIZATION	
[redacted]		C Btry	5th F Bn

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-106-01

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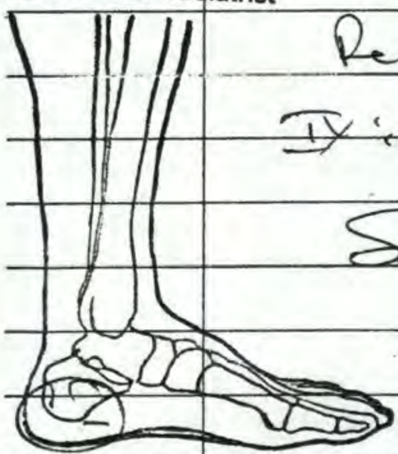
Standard Form 600
General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8
October 1975

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
CHARLES M. TIRONE, DPM [redacted]	
CPT, MSC, Podiatrist	(R) plr Comus ō HS.
	Rep (L).
	Tx: (1) Cange Sole to Port.
	(2) Spenco ē 1/4" heel lift (B),
	Sorp. pad + + HS acc.
	(3) Rx: Butazolodin 100 mg
	ī tid ē meals.
	(4) Sandon Bid.
	Tirone
	Flight Surgeon's Office
4 MAR 1980	Katterbach Health Clinic APO NY 09177 SM is having Pain (L) side
	of head, pain extends to middle of back.
	noticed pain in (L) base of skull ō running 10 mi
	this AM. RAN ē another person - usually doesn't talk ē this
	person, but today carried on conversation ē Him most of the way.
	FEllow Runner was to HIS (L).
O:	palpable muscle swelling and spasm just inferior to (L)
	mastoid.
	c spine: ROTATION to (L) to ~60°, ē pain.
	to (R) to ~75° s̄ pain.

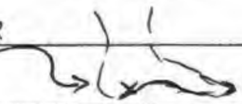


PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

Slonikee, Michael
[redacted] 04
Info Removed by VNCA A 501 CAB

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART./SERVICE
SPONSOR'S NAME			RANK/GRADE
SSAN OR IDENTIFICATION NO.		ORGANIZATION	

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-106-01

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	Xray — no infiltrate seen No rib fx seen
	HEENT - clear. Afebrile.
	Imp - Pleuritic pain vs Musc-sk strain 2° to N/V sporadic.
	Plan — ASA ii TABS Q4h
	- Heat TID locally -
	- Grounded - RTC for go Thle [signature]
23 AUG 1979	Flight Surgeon's Office Katterbach Health Clinic APO NY 09177 The Maj is Starting a Short
	Flt phys.
	currently running 10-12 miles/day.
	Problem: mild elev. of diastolic BP. — Hx of this x 5 yrs
	Imp/Plan — FFD
	RTC for 3 d BPV
	Passes class II short phys c except Steven H. Leifheit
	of BP- CPT MC/FS [redacted]
25 JAN 1980	Flight Surgeon's Office Katterbach Health Clinic APO NY 09177 Pt is having trouble with
	foot when he is running. Pt would
	like to see Pod. in Nurn.
	Pain in medial aspect (R) heel x 6 wks now.
	Presently RUNNING 70+ mi/wk. Recalls no injury.
	O. Pain c Pt pressure (R) Heel. Slight fibrosis palp. 
	Imp: Sub Periosteal Bruise?
	r. Podiatry [signature]

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9 APR 1976	GU CLINIC FTCKY
	APPT W IN 1320 OUT 20,000.00 HCG 10,000
	each hip.
(1)	[illegible signature]
	Plan: (1) HCG Tues afternoon
	(2) Script for Percodan
	[illegible signature]
1st week	
13 April 76	HCG 20000 units IM
2nd shot	local pain
	& headache
	[illegible] [illegible] SX [illegible signature]
(3) 16 APR 1976	GU CLINIC FTCKY PT C/O Edema water
	APPT 1610 IN 1612 OUT retaining
20 APR 1976	GU CLINIC FTCKY
	APPT 1600 IN 1600 OUT
(4)	shot 2nd wk HCG 20000 units IM
	[illegible signature]
	GU [illegible]
23 APR 1976	APPT 1600 1625 HCG 20000 units IM
	Given Per Mr. Brown R.N.
(5)	
	[illegible signature]
27 APR 1976 (6)	GU CLINIC FTCKY HCG 20,000 units [illegible]
	APPT 1600 IN 1605 OUT Given [illegible] [illegible signature]

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

29 JAN 1975

T 98.6 C/O sharp pains in Epigastrium area & cough - non productive complains of severe chest congestion Rx Dimetapp
Tylenol
Pepsi Stylets
[illegible]

19 FEB 1975 GU CLINIC : SEE CONSULT
USAH FT. CAMPBELL KY.

2 APR 1975 GU CLINIC -
USAH FT. CAMPBELL KY. For Adv Surg in AM
Vasovasectomy 3 Appts
Plan Consultant Clinic
4 weeks

25 APR 1975 GU CLINIC
USAH FT. CAMPBELL KY.
part of

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
SLONIKER, MICHAEL			M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
45	self	AD	ARMY
SPONSOR'S NAME			RANK/GRADE
			CPT
SSAN OR IDENTIFICATION NO.		ORGANIZATION	
[redacted]		HHC 4/77 FA	

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 600
September 1971
General Services Administration and
Interagency Comm. on Medical Records
FPMR 101-11.809-3
600-104-01

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

16 Sept 74 Pt. c/o pain in (R) shoulder x 10 days. Has limited motion in neck. Pain localized at (R) trapezius muscle. Please Evalu. Sgt Lara 91C.

Pains in (R) Trapezius area for 1st 2 hrs a day x 10 days - now present for 3 hrs - analgesic balm helped until today - pain in (R) trapezius & turning head to (R) less so turning head to (L).

Palpable spasm of top of trapezius - Dng muscle spasm

Plan Parafon Forte

Mangham

T 98.4

23 APR 1974 C/O Recurrent Sore throat since last spring. Requests TC. TC taken. Throat looks normal

Throat & Cold Pack

RTC PRN

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
Sloniker, Michael E.			M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
45	-	AD	Army
SPONSOR'S NAME			RANK/GRADE
—			CPT
SSA [redacted]		ORGANIZATION	
		HHC 4/77	

CHRONOLOGICAL RECORD OF MEDICAL CARE

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September 1971
General Services Administration and
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FPMR 101-11.809-3
600-104-01

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NSN 7540-00-634-4176 600-108

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

JUN 09 1989

PODIATRY CLINIC
U.S. DEWITT ARMY HOSPITAL
FORT BELVOIR VA. 22060

(S) 4½ wks s/p neurectomy + 2ND digit sublixation
(O) ↓ edema
mild hammertoe 2ND
functional & mild purchase
(A) mild residual hammertoe 2ND
(P) can't Q dressings
soft shoe
RTC 3-4 wks

Dr Ranieri DPM.

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: ▶

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

34-4176 600-108

H RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
Health Clinic, WRAMC NOV 0 3 1988 Pentagon Washington, D.C. 20310-5820	US ARMY HEALTH CLINIC, PENTAGON SCREENING ACTIVITY TIME SCREENED: ORAL TEMP: P: R: BP: REASON FOR VISIT: DURATION SYMPTOMS: KNOWN ALLERGIES: CURRENT MEDS: SCREENER SIGNATURE:
	S) Chronic (L) heel pain followed by Dr Gajarth [illegible] for cortisone injection. Pt stated that area is not responding to conservative treatment of ultrasound heel pads and ultrasound. Has d/c running
	O) A+O x3 in NAD
	(L) heel: tender to palpation over (L) heel plantar surface (+) palpable mass (-) overlying skin [illegible]
	A) Plantar fasciitis (L) heel
	P) (1) Area injected c 1cc of 50/50 mix of 1% Xylocaine / Kenalog 10mg/cc
	(2) RTC if not better 14d → [illegible]

RODNEY D. HOLLIFIELD, M.D.
CPT, MC, USA
[redacted]

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

[redacted]
SLONIKER, MICHAEL E
27 AUG 45 M AD USA
LTC 08-P
PHONE 694 7901

RECORDS MAINTAINED AT:		
PATIENT'S NAME (Last, First, Middle initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

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CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

NSN 7540-00-634-4176 600-108

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

USA Health Clinic, WRAMC
AUG 17 [illegible]
Pentagon Wa[illegible] D.C

PT Note

S - 43 y/o WM c (R) heel pain
Dx 1980 c Positive X-ray for
Bilat heel spurs, Rx'd c US in
past c some relief.
O - Tender ant Calcaneous (R), N/M int
A - As above
P - Rx US x 5 c Rei - Home heat.
Goal: ↓ pain

MK Cpt SP

PT Note
31 Aug 88

Sxs returned c Rxs, will con't Rxs
x 3 c Rei, Discussed Dx, Running
& choices of alternatives - Trial Donut.

MK Cpt SP.

Physical Therapy Section
US Army Health Clinic, The Pentagon
Washington, DC 20310-5813

8 Sept 88

Sx's improved, Stretching helping,
will D/C Rx's Rei & link.

MK Cpt SP.

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
SLONIKER, MICHAEL E		M
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
	AD	LTC
SPONSOR'S NAME		ORGANIZATION
		OSD, SO/LIC
DEPART./SERVICE	SSN/[illegible]TIFICATION NO.	DATE OF BIRTH
USA	[redacted]	27AUG45

Info Removed by VNCA

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

-00-634-4176 600-108

ALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
1987	
Washington, D.C. 10-5320	CLINIC, PENTAGON TIME SCREENED: 1329
	TEMP: 97.4 P: 64 R: 13 BP: 146/98
	FOR VISIT: pinched nerve
	SYMPTOMS:
	ALLERGIES: Ø CURRENT MEDS: HCTZ
	SCREENER SIGNATURE: Sp4 Joseph [illegible] 91A
	(S) Pain RT shoulder, arm, hand radiating ... [illegible]
	[illegible]
	[illegible]
	(O) [illegible] RT arm and shoulder
	[illegible] strength
	(A) Radicular Pain: [illegible] C5-6 (RT)
	(P) Heat; US. then [illegible] Today
	[signature]
	CHARLES T. COSTER, DO CPT, MC, FS, [redacted]
14 Sep 84	PENTAGON [illegible]
	Clear [illegible] - [illegible] 4 [illegible]
	Need [illegible]
	[signature] GARY A GOFORTH MD MAJ MC/FS 416-80-5460

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

[redacted]
SLONIKER, MICHAEL E
27 AUG 45 M AD USA
LTC 08-P
PHONE 694 7901

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
RELATIONSHIP TO SPONSOR	STATUS		RANK/GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.		DATE OF BIRTH

Info Removed by VNCA

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Health Clinic, WRAMC
MAR 81
Washington, D.C.
20310-5820

USA Health Clinic, WRAMC
MAY 26 1981
Pentagon Washington, D.C.
20310-5820

US ARMY HEALTH CLINIC, PENTAGON
SCREENING ACTIVITY TIME SCREENED: 1320

ORAL TEMP: 97.8 P: 60 R: 16 BP: 120/90

REASON FOR VISIT: Hives on hands & feet

DURATION SYMPTOMS: X 2 week

KNOWN ALLERGIES: N/A CURRENT MEDS: HCTZ

SCREENER SIGNATURE: Michael Elliott Sgt 91B

S- Pt in to clinic c skin rashes ① Lang h/o pruritic rash under watch band - lasts x2-3D p removal of band. Wrung hands 3D & "spread" to palms & soles. ② 5-7 D h/o pruritic C shaped rash on inner ① thigh - Rx'd c HC Cream & resolving ③ 10 D h/o hard lesion on ® buttocks where he puts wallet. Slowly resolving c HC Cream.
PMHx: HTN - Rx'd as above. 2 ASA qam x 4 yrs.
O- NAD DE's - vesicular rash on palms hands & dorsum + soles/feet c few areas of confluence.
① Thigh - irregular reddened area lower thigh - inner aspect c advancing border
® Buttock - large, hyperpigmented ① area on buttocks c hardened edge
A- I have no idea what these rashes are or if they are related. Palmar & foot lesions appear to be Dyshidrosis. Buttocks & thigh are questionable but should R/O Pressure Urticaria
P- To Dermatology/Allergy
No meds

Lelia T. Gaines, MD
LTC, MC

-00-634-4176 600-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
1987	
Washington, D.C. 10-5320	CLINIC, PENTAGON TIME SCREENED: 1329
	TEMP: 91.4 P: 64 R: 13 BP: 146/98
	FOR VISIT: pinched nerve
	SYMPTOMS:
	ALLERGIES: Ø CURRENT MEDS: HCTZ
	SCREENER SIGNATURE: Sp4 Joseph D[illegible] 91A
	(S) Pain Rt. shoulder, arm, hand radiation.
	[illegible] numbness tip thumb.
	Trauma c snow shoveling.
	(O) full [illegible] Rt arm and shoulder
	[illegible] loss tone & strength
	(A) Radicular Pain: [illegible] C5-6 (Rt)
	(P) heat; US. then [illegible]. Today
	[signature]
	CHARLES T. COSTER, DO CPT, MC, FS, [redacted]
18 Sep 84	PENTAGON [illegible]
	Class II [illegible] - [illegible] 4186 [illegible]
	Need [illegible] [illegible] [signature]

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

[redacted]
SLONIKER, MICHAEL E
27 AUG 45 M AD USA
LTC 08-P
PHONE 694 7901

RECORDS MAINTAINED AT: GARY A GOFORTH MD MAJ MC/FS 416-80-5460

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

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