

# VETERANS TODAY

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## HOW YOU CAN HELP YOUR HEALTHCARE PROVIDER TO HELP YOU

At a VA Healthcare facility, you will have a limited amount of time to meet with your doctor, nurse practitioner, clinician, or healthcare provider. A complete health assessment/physical would take over an hour to complete. A comprehensive health assessment would address:

- Allergies, if any. Allergies can be to foods, medications, insects, animals, smoke (second-hand smoke for non-smokers) or products in the environment, and can be life-long or more recently acquired.
- Past medical history
- Family health history
- Personal and social history
- Past surgeries/ hospitalizations, or illnesses
- Review of your major body systems (circulatory/vascular, respiratory, neurological (nerves and brain), urinary, digestive, genital, skin, musculoskeletal (muscles and bones), psychiatric)
- Emotional health and well-being
- Current symptoms if any
- Concerns about health
- Changes in lifestyle such as divorce, job loss, retirement, or death in the family
- Current use of medications, herbals, supplements, alcohol, tobacco, and recreation drugs or history of use.
- Allergies to medications, food, other items.

As a veteran, at your VA healthcare facility, you will most likely not receive a complete physical/health assessment during your appointment. You will be coming to the doctor with specific issues, concerns, signs, and symptoms. Your appointment may last 10 minutes, not the hour plus that is necessary to explore health issues. Being organized, with clearly defined reasons for the appointment are essential for you to get the assistance you need.

Information that you prepare is specific for your personal health and for your particular doctor's visit.

If you have trouble hearing, announce this at the beginning of the visit. If you do not understand a word or term that the healthcare provider uses, **IMMEDIATELY ASK WHAT THAT WORD MEANS.**

*Notes will help to keep the appointment moving in the right direction, which is helpful for you!*

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- Write down how you are feeling or what your concerns are regarding your health and what has brought you to this appointment.
- Include any questions you have. To make a list of what you want to know will help you to get your answers during the brief visit. You will be able to remain focused on your reason for being at the appointment and will have a greater chance of getting the help you seek.
- Take a moment to write down information that the healthcare provider may give you.

## **Bring a list of your medications and dosages with you to your appointment**

- Include any side effects you may be having from the medications.
- Are they helping?
- Are they making you feel worse?
- List any herbs, vitamins, supplements you are taking. Some herbs have the same effects as medications. You may be getting an overdose or the herbs and medications may be acting against each other.

If your military service was during a conflict or war, announce this at the beginning of the exam.

1. If you were in the **Gulf War**, please inform your health care provider and arrange for a full review of possible illness related to ***Gulf War Illness***.
2. If you were in **Vietnam**, were you exposed to ***Agent Orange***, or have the potential to have been exposed? There are several diseases that are likely caused by Agent Orange exposure:

One is ***chronic lymphocytic leukemia*** (CLL) and is a type of cancer of the bone marrow and blood. This leukemia most commonly affects older adults.

### **Symptoms:**

- Enlarged but painless lymph nodes (lumps under the arms, under the chin, on the neck, in the groin, behind knees, in any area of the body).
- Chronic fatigue
- Fever
- Sweating at night
- Weight loss

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## **Risk factors:**

- Age over 50
- Gender (more men than women)
- Race (more whites)
- Family history of blood and bone marrow cancers
- Exposure to chemicals such as certain herbicides and insecticides, which includes Agent Orange used during the Vietnam War

Other symptoms that can be related to exposure to dioxin in Agent Orange are:

- Lactose intolerance
- Irritable bowel syndrome (IBS)
- Generalized muscle aches and pains
- Joint pains and deterioration of joint function
- Loss of hair on legs, even up to mid-thigh
- Hard time fighting off infections including the flu (influenza)
- Deterioration of teeth
- Sleep apnea

Another illness seen in those exposed to the *dioxin* in agricultural and chemical agents such as Agent Orange, is multiple myelomas (skin cancer which has the potential to spread to other parts of the body, **Please read the article, on this web site, located under health that relates to myelomas**)

Another illness closely linked to any combat exposure is *Post Traumatic Stress Disorder* (PTSD) associated with illnesses.

Symptoms are:

- Avoidance of reminders of past
- Feeling numb to what is going on around you
- Easy to anger
- Difficulty falling and staying asleep
- Nightmares/reliving past unpleasant experiences
- Difficulty in maintaining relationships
- Difficulty in dealing with co-workers
- Inability to maintain a job
- Feeling hopeless
- Difficulty to concentrate

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There is an increase in incidents of prostate cancer among those exposed to **Agent Orange**. Symptoms may include:

- Pain on urination.
- Inability to fully empty the bladder.
- Need to urinate frequently, but only small amounts of urine.
- Difficulty in getting the stream of urination started.
- Dribbling of urine,
- Getting up to use the bathroom during the night.

If you were involved in the **Gulf War** do you have symptoms such as:

- A combination of memory and concentration problems
- Headaches that do not go away
- Feeling tired for no reason
- Widespread pain
- Chronic digestive difficulties
- Respiratory symptoms
- Skin rashes

These symptoms could be caused by exposure to the many insecticides and bug repellants used during this war. Did you take *pyridostigmine bromide* pills to neutralize the effects of nerve gas attacks or were you exposed *to neurotoxic insecticides*?

For your appointment, be sure that there are no pre-appointment restrictions such as diet restriction.

Write down key personal information, which includes any major stresses and life changes. Mention past medical and/or surgical history. Family medical history is important, as many illnesses and diseases can be hereditary. Even if you are not specifically asked for this information, offer it to the healthcare provider.

List of all medications, vitamins, supplements, herbals you are taking. Include dosages and how long you have been taking the medication, whether it helps, does not help, and any side effects that you might be experiencing.

Take along a family member or friend so that you have emotional backup as well as someone who can remember something you forgot or missed.

If you have had tests or treatments are suggested your questions should then be:

- What do my test results mean?
- Do I need treatment immediately?

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- What are my treatment options?
- Should I have additional tests?
- What are the side effects I may have during treatment?
- Is one treatment better than others for my specific condition?
- How will this treatment affect my daily life?
- Is there printed material that I can take with me.
- What web sites do you recommend?

YOU HAVE MADE THIS APPOINTMENT TO GET HELP. THE APPOINTMENT IS ABOUT YOU AND MAKING YOU FEEL BETTER, NOT ABOUT THE TIME OF THE HEALTHCARE PROVIDER.

MAKE ANOTHER APPOINTMENT IF YOU HAVE NOT REACHED A COMPLETE UNDERSTANDING OF WHAT IS GOING ON WITH YOUR HEALTH.

YOU ARE ALLOWED TO ASK QUESTIONS AND ARE ENTITLED TO COMPLETE ANSWERS.

Attached is a form that you may print and fill out before your appointment.

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## Signs and Symptoms Health Form

### **Take this form with you to your next healthcare appointment**

**This form is designed to be of help at your medical appointment, but in no way contains all the symptoms you may have. You may add your symptoms to the list.**

**Please contact your regular healthcare provider.**

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VETERANS TODAY*

**Alert the healthcare provider to any allergies you may have.** ALLERGIC REACTIONS CAN BE LIFE-THREATENING WITH SWELLING OF TONGUE, LIPS, FACE, LEGS, ARMS, FEET, HANDS, AND AIRWAY. SYMPTOMS OF AN ALLERGIC REACTION ARE COUGHING, SHORTNESS OF BREATH, FAST BEATING HEART. SEEK MEDICAL ATTENTION IMMEDIATELY!

*Allergies can develop to medications, foods bee stings, insect, chemicals, plants, and basically anything in the environment. You can develop allergies, as you get older. The sooner swelling appears after exposure the more severe the reaction.*

**Circle the symptoms you are having.**

### **HEAD, EYES, EARS, NOSE, THROAT**

- Persistent headaches
- Memory losses
- Confusion
- Dizziness
- Trouble with hearing
- Trouble with seeing
- Loss of sense of smell
- Loss of sense of taste
- Difficulty swallowing
- Ear pain
- Ringing in ears
- Trauma to eye
- Eye pain
- Sudden eye pain
- Sudden loss of vision
- Seeing flashing lights with loss of vision
- Temporary loss of sight

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## Signs and Symptoms Health Form

- Blurred vision
- Hoarseness
- Sore throat
- Trauma to head
- Exposed to loud blast/concussion
- Loss of consciousness
- Tingling or numbness around mouth
- Inability to fall asleep or stay asleep
- Being tired upon awakening
- Sleepy during the day
- Missing time/ can be minutes, hours, day or days
- Snoring

### CHEST/LUNGS

- Shortness of breath/ while resting/ while performing usual daily activities/ while exercising
- Pain or discomfort when taking breath
- Chest tightness
- Chest pain/ when did it start?/ What were you doing when it started?/ Does it come and go or stay? Sharp, crushing, dull, aching, moving out from chest, stays in one place?
- Does it feel like you have a lump in your throat?
- Is feeling worse when lying down or reclining?
- Tingling and or numbness in arms, hands, legs, feet
- Cold feeling in arms, hands, legs, feet
- Coughing- occasional/frequent, seemingly constant/ only during night/only during day
- Cough produces mucous/color and consistency of mucous
- Persistent hiccupping
- Do you smoke? How much? Be honest!
- Lightheadedness or dizziness
- Injury to chest
- Feelings of anxiousness or that something is not right
- Gray or bluish color to skin, especially around mouth
- Fingers and toes have gray, pale, or bluish color
- History of asthma
- Breathing very fast/ Hyperventilation
- Recently choked when eating, drinking, or swallowing medications
- Fever

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### ABDOMEN

#### *Pain in Abdomen or anywhere in body. Define as:*

- Dull
- Stabbing
- Constant
- Comes and goes
- Burning
- Squeezing
- Define level of pain. On a scale from 1 to 10 with a minimal pain being a 1 and 10 being the worst pain you have ever had
- How long did it last?
- Did the pain come on suddenly
- Is there a specific area of pain? Have you had it before?
- Did the pain start in the abdomen and then move to your back?
  - When was your last bowel movement?
  - Nausea and/or vomiting
  - Increase in size of abdomen
  - Do foods or antacids relieve pain?
  - Are there triggers for the pain?
  - Does body position affect the pain?
  - Symptoms of gas, diarrhea, constipation
  - Vomiting comes before or after the pain
  - Color of vomit
  - Color and consistency of stool/bowel movement
  - Involuntary weight loss or gain
  - Rectal pain, bleeding, itching

### KIDNEYS/BLADDER

#### *Frequency of urination*

- How much urine each time?
- Is there an extra urgency to urinate?
- Burning, itching, or discharge
- Burning on urination
- Stream of urine is not strong/ stops and restarts
- Drinking a lot of water
- Dribbling of urine
- Leaking of urine when exerting self
- Getting up more than once during the night to urinate

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- Not able to urinate
- Blood in urine
- Very cloudy looking urine
- Pain in the back, above the waistline

### BONES/MUSCLES

- Injuries to bones or muscles
- Hot, swollen joints
- Feelings of malaise/fatigue
- Location of pain and type of pain (see above)
- Limping
- Joint stiffness or locking
- Loss of muscle strength
- Possibility of being bit by a tick (*Lyme Disease*). Often an area of redness in the form of a circle will develop where bitten.
- Muscle pain

### SKIN

- A change in mole (see article on myelomas in health section of this web site)
- Rashes:
  - Where did rash begin?
  - Changed?/Spread?
  - Does it itch or burn?
  - Triggers for rash
  - Have you been traveling?
  - Has your living situation changed?
  - Do you have pets?
- Have you recently had a change in medication? Some can cause rashes or allergies.
- Increased fever?
- Family history of skin problems
- Lumps or bumps that are new
- Bruising without injury

### MENTAL STATUS

- Hard to get out of bed
- Decrease interest in daily life

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- Either over-eating or no appetite
- Sleeping too much, or unable to sleep
- Always tired
- No energy
- Mood changes
- Behavior changes
- Worried that you are not the same person
- Difficult to perform the tasks of daily living
- Anxiousness or nervousness
- Hyper-energetic
- Prior mental illness/family history of mental illness
- Has there been a life-altering change in your personal/family/social status?
- Domestic violence
- Normal grief
- Stress
- Alternating periods of being extremely energetic and then very lethargic
- Loss of time from minutes to days

**Provide a full list of your medications and what your dosage is.**

- How long have you been taking each specific medication?
- Are you having what may be side effects to the medications?
- Describe these side effects.
- Do you think the medications are helping?

**List all herbals, vitamins, and supplements you are taking.**

**Be honest about the amount of tobacco and alcohol you consume.**

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## **Signs and Symptoms Health Form**

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