

If you're ever in crisis and need to talk with someone right away, call the Veterans Crisis Line at **988**. Then select 1.

VA Blue Button® report

This report contains information from your VA medical records.

Note: This report doesn't include information you entered yourself. To find information you entered yourself, download a self-entered health information report.

Name: ANTONIO PAUL PINTO

Date of birth: August 17, 1969

Last updated at 8:38 a.m. on May 20, 2025

Records in this report

Date range: July 17, 2022 to July 19, 2022

- Care summaries and notes
 - My HealtheVet account summary
-

Care summaries and notes

This report only includes care summaries and notes from 2013 and later.

For after-visit summaries, (summaries of your appointments with VA providers), go to your appointment records.

Showing 1 records from newest to oldest

C&P PTSD, INITIAL EVALUATION

Details

Date entered: July 18, 2022

Location: CONNECTICUT HCS

Written by: JOHN ALDEN ANDERSON

Signed by: JOHN ALDEN ANDERSON

Date signed: August 23, 2022

Note

LOCAL TITLE: C&P PTSD, INITIAL EVALUATION
STANDARD TITLE: PSYCHIATRY C & P EXAMINATION CONSULT
DATE OF NOTE: JUL 18, 2022@10:00 ENTRY DATE: AUG 23,
2022@10:52:30
AUTHOR: ANDERSON, JOHN ALDEN EXP COSIGNER:
URGENCY: STATUS:
COMPLETED

Initial Post Traumatic Stress Disorder (PTSD)
Disability Benefits Questionnaire
* Internal VA or DoD Use Only *

Name of patient/Veteran: ANTONIO PAUL PINTO

Is this questionnaire being completed in conjunction with a VA 21-2507,
C&P

Examination Request?

☒ Yes ☐ No

How was the examination completed? (check all that apply)

☐ In-person examination

☒ Examination via approved video telehealth

☐ Other, please specify in comments box:

Comments:

This visit was conducted via VVC. Patient verbal consent obtained.

Videoconference site was locked during appointment and location/emergency contact confirmed.

SECTION I:

1. Diagnostic Summary

Does the Veteran have a diagnosis of PTSD that conforms to DSM-5 criteria

based on today's evaluation?

☒ Yes ☐ No

ICD code: F23.3

2. Current Diagnoses

a. Mental Disorder Diagnosis #1: Psychotic Disorder Not Otherwise Specified

ICD code: F23.3

Comments, if any:

No nexus for this disorder was found in the reviewed STRs.

This

disorder is less likely than not proximal to or caused by the veterans military service.

b. Medical diagnoses relevant to the understanding or management of the mental health disorder (to include TBI): None related to the veterans psychiatric disorder.

3. Differentiation of symptoms

3A. Does the Veteran have more than one mental disorder diagnosed?

☐ Yes ☒ No

3C. Does the Veteran have a diagnosed traumatic brain injury (TBI)?

☐ Yes ☐ No ☒ Not shown in records reviewed

4. Occupational and social impairment

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)

☒ Occupational and social impairment with reduced reliability and productivity

4B. For the indicated occupational and social impairment, is it possible to differentiate which impairment is caused by each mental disorder?

☐ Yes ☐ No ☒ Not Applicable (N/A)

4C. If a diagnosis of TBI exists, is it possible to differentiate which occupational and social impairment indicated above is caused by the TBI?

☐ Yes ☐ No ☒ Not Applicable (N/A)

SECTION II:

Clinical Findings:

1. Evidence Review

Evidence reviewed (check all that apply):

☒ VA e-folder☒ VA electronic health record

2. History

a. Relevant social/marital/family history (pre-military, military, and post-military):

This veteran reports growing up in Waterbury, CT in an intact family who had immigrated from Portugal. We faced the challenges of being poor immigrants. He denies a history of abuse or neglect. He reports having a few good friends in school and doing average in his schoolwork. He denies problems getting along with others or having behavioral problems in school. He reports a great adaptation to military life and culture. The veteran lived in Texas for an undisclosed time and is now living in his fathers basement after a business failure. A sister 3 years younger married with kids lives nearby and he reports that they are both helping take care of his father. He reports no romantic relationships lasting more than 2 months and hasnt dated in years. He says that living in his fathers basement is very uncomfortable for him and me. He seldom leaves the home and reports no other contact than his sister and father.

b. Relevant occupational and educational history (pre-military, military, and post-military):

The veteran graduated from high school and entered the Army National Guard from 1987 to 1993 serving as an E4. He served in the Army Reserves from 1993 to 1996. He earned a college degree enrolled in ROTC and served as an O1 from 1996 to 2001, followed by serving at the same rank in the Army Reserves from 2001 to 2002. He reports serving as an intelligence officer, however, his seemingly delusional

report of

being constantly surveilled from that time to the present, it was difficult to determine what the veteran actually did during his National Guard and Reserves service. I think I was part of CIA

brain

experiments. I dont remember some things and then I find records

of

orders I dont remember getting. In 2018 he took a job as a data analyst for CIGNA in Texas, where he reports having worked in a freelance status from 2019 until 2022. He is currently working in

phone

sales at COSTCO.

c. Relevant mental health history, to include prescribed medications and

family mental health (pre-military, military, and post-military):

There are no reports of early life mental health problems or treatment.

The veteran reports going to a private therapist after a relationship

breakup in 2000 but quit after 2 visits. I didnt like where it was

going. The veteran reported a number of events in the months preceding his move back to CT from Texas. On two occasions he

was

having drinks with two different neighbors and woke up in the ER where

doctors wanted to institutionalize me. He speculated that the two neighbors were plants from the government to be sure he didnt

leak any

sensitive classified information. He became very suspicious when he

received a message from the VA confirming his comp and pen appointments

only a day after he had copied his letters to the VA from one computer

to the other. I am probably experiencing collateral damage from being

in the defense intelligence agency. The veteran reported that many

strange things are occurring which dont add up. People are nervous around me and even though they are keeping tabs on me, I just have to roll with it. He endorsed daily depressed mood and anxiety but denied every symptom of PTSD. When asked about his claim of being in a car accident he stated, That doesnt have anything to do with anything. I dont know why they would put that in there.

d. Relevant legal and behavioral history (pre-military, military, and post-military):

The veteran denies a history of legal or behavioral problems.

e. Relevant substance abuse history (pre-military, military, and post-military):

Alcohol Consumption: 2 glasses of wine daily

Other Substance Consumption: None

MJ Use: None

f. Other, if any:

No response provided.

3. Stressors

No response provided.

4. PTSD Diagnostic Criteria

Note: Please check criteria used for establishing the current PTSD diagnosis.

Do NOT mark symptoms below that are clearly not attributable to the Criterion

A stressor/PTSD. Instead, overlapping symptoms clearly attributable to other

things should be noted under #7 - Other symptoms. The diagnostic criteria

for PTSD, referred to as Criterion A-H, are from the Diagnostic and

Statistical Manual of Mental Disorders, 5th edition (DSM-5).

Criterion A: Exposure to actual or threatened a) death, b) serious injury,
c) sexual violence, in one or more of the following ways:

[X] No criterion in this section met.

Criterion B: Presence of (one or more) of the following intrusion symptoms
associated with the traumatic event(s), beginning after the
traumatic event(s) occurred:

[X] No criterion in this section met.

Criterion C: Persistent avoidance of stimuli associated with the
traumatic event(s), beginning after the traumatic events(s)
occurred,
as evidenced by one or both of the following:

[X] No criterion in this section met.

Criterion D: Negative alterations in cognitions and mood associated
with the traumatic event(s), beginning or worsening after the
traumatic event(s) occurred, as evidenced by two (or
more) of the following:

[X] No criterion in this section met.

Criterion E: Marked alterations in arousal and reactivity associated
with the traumatic event(s), beginning or worsening after the
traumatic event(s) occurred, as evidenced by two (or

more) of

the following:

☒ No criterion in this section met.

Criterion F:

☒ No criterion in this section met.

Criterion G:

☒ No criterion in this section met.

Criterion H:

☒ No criterion in this section met.

Criterion I: Which stressor(s) contributed to the Veteran's PTSD diagnosis?:

☒ No criterion in this section met.

5. Symptoms

For VA rating purposes, check all symptoms that actively apply to the Veteran's diagnoses:

- ☒ Circumstantial, circumlocutory or stereotyped speech
- ☒ Speech intermittently illogical, obscure, or irrelevant
- ☒ Impaired judgment
- ☒ Persistent delusions or hallucinations
- ☒ Grossly inappropriate behavior

6. Behavioral Observations

- The veteran was seen in a VVC session for which he was on time.
 - Rapport: well-related
 - General appearance: appropriately dressed and groomed
 - Behavior: cooperative
 - Orientation: 3X

- Memory: grossly intact
- Insight: poor
- Judgment: poor
- Speech: talked just above a whisper in a conspiratorial manner
- Thought process: delusional
- Mood: Euthymic
- Affect: Inappropriate Intimacy
- SI: denies current active SI, denies plan and intent; not deemed to

be

of

imminent risk to self or others at the current time. Deemed to be at low

chronic

risk.

- HI: Denies: not deemed to be of imminent risk to others at this time.

Deemed to be at low chronic risk.

7. Other symptoms

Does the Veteran have any other symptoms attributable to PTSD (and other mental disorders) that are not listed above?

☐ Yes ☒ No

8. Competency

Is the Veteran capable of managing his or her financial affairs?

☒ Yes ☐ No

9. Remarks, (including any testing results) if any

This veteran meets the criteria for a DSM-V diagnosis of Psychotic Disorder Not Otherwise Specified. A thorough of all records available in

VBMS resulted in no nexus for this disorder during any period of the veterans military service. The veterans Psychotic Disorder Not Otherwise Specified is less likely than not proximal to or caused by his military service.

/es/ john alden ANDERSON
PSYCHOLOGIST
Signed: 08/23/2022 10:52

My HealtheVet account summary

Source: VA

Authentication status: Authenticated

Authentication date: March 21, 2022

Authentication facility name: AUSTIN MHV

Authentication facility ID: 137

VA treatment facilities

VA CONNECTICUT HEALTH CARE SYS

Type: Treatment

Dallas TX VAMC

Type: Treatment

Tampa FL VAMC

Type: Treatment

C.W. Bill Young VAMC

Type: Treatment