Referral brief and record index

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2026-10-21

Author: Case coordinator (fictional)

Training referral

Jordan Demo, age 41 at referral, is a fictional former Army logistics specialist with service from 2005 through 2013. For this exercise only, the referral states that PTSD is already service connected and requests preparation for a review examination following a May 18, 2023 evaluation. This is an invented referral, not a VA-issued request. No disability percentage is supplied or requested.

Questions for record preparation

Organize the interval treatment history, reported changes, observed behavior, work and social functioning, and material gaps. Keep historical diagnoses attributed to their authors. A current diagnosis, medical opinion, functional assessment, and any required examination findings remain for the qualified examiner; VA adjudication is outside this packet.

Supplied index

Pages 2-3: prior evaluation. Pages 4-5: outpatient notes. Pages 6-7: psychotherapy. Page 8: medication follow-up. Page 9: measurement summary. Pages 10-11: veteran and partner statements. Page 12: employer memorandum. Page 13: primary care. Page 14: missing-record addendum. All records, authors and organizations are fictional.

SYNTHETIC DATA ONLY - Not a VA document, examination, or clinical advice.

Prior evaluation: history

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2023-05-18

Author: Dr. Avery Example, psychologist (fictional) - page 1 of 2

Historical assessment

The examiner documented a PTSD diagnosis at this 2023 evaluation. Jordan described a training vehicle accident during service in 2009. No service or incident records are reproduced here. This historical narrative does not establish the findings of a future examination.

Symptoms reported in 2023

Jordan reported nightmares about three nights per week, sleeping four to five hours on many nights, avoiding crowded stores, and losing concentration during busy dispatch periods. Jordan said reminders of the accident could interrupt work tasks. The interview addressed the preceding month.

Treatment history

Jordan reported attending community counseling in 2021 and 2022 but could not recall the exact visit dates. Those counseling records were unavailable to the examiner. Absence of these records does not establish absence of treatment.

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Prior evaluation: functioning

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2023-05-18

Author: Dr. Avery Example, psychologist (fictional) - page 2 of 2

Work and social account

Jordan reported working 40 hours weekly as a warehouse dispatch coordinator. At that time, Jordan described frequent interruptions, telephone contact with customers, and difficulty returning to tasks after a busy period. Jordan reported declining some social invitations but continuing to meet a sibling individually.

Observed behavior

The examiner described cooperative behavior, coherent speech, and visible tension when the accident was discussed. Jordan arrived on time and participated throughout the interview. These observations refer to this encounter.

Limits of supplied excerpt

No employer records, completed response sheets, or VA rating decision accompany this two-page fictional narrative. No rating percentage or finding about present-day capacity is supplied. The current referral requires an updated assessment rather than adoption of the 2023 findings as current.

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Outpatient mental health follow-up

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2024-06-12

Author: Dr. Morgan Example, psychologist (fictional)

Interval history

Jordan reported nightmares approximately two to three nights weekly during the preceding month, variable concentration at work, and continuing to avoid weekend shopping crowds. Jordan reported attending individual therapy intermittently since the prior evaluation.

Function and encounter observations

Jordan reported continuing the dispatch role without a formal schedule change. The clinician observed organized speech and an anxious affect. Jordan described needing extra time to finish paperwork after a night of poor sleep.

Plan and evidence limits

The clinician documented continued outpatient follow-up. The intervening therapy records and an attendance log were not attached. The reported treatment frequency and workplace difficulty were not independently verified in this note.

SYNTHETIC DATA ONLY - Not a VA document, examination, or clinical advice.

Outpatient mental health follow-up

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2025-11-04

Author: Dr. Morgan Example, psychologist (fictional)

Reported change

Jordan reported nightmares about one to two nights weekly over the preceding month, compared with more frequent nightmares previously. Jordan still described interrupted sleep and difficulty concentrating during busy shifts. Jordan said, "Some nights are better, but I still lose my place when everything happens at once."

Other concerns

Jordan described occasional low mood on days with increased back pain and fatigue. The clinician did not establish a separate depressive disorder or allocate these symptoms to a particular cause in this note.

Plan

Individual psychotherapy was continued. Jordan was considering requesting a quieter shift. There was no new work-capacity determination, employer verification, or statement that PTSD had resolved.

SYNTHETIC DATA ONLY - Not a VA document, examination, or clinical advice.

Psychotherapy progress note

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2026-03-09

Author: Dr. Morgan Example, psychologist (fictional)

Current session report

Jordan reported nightmares approximately once weekly over the preceding four weeks, with sleep ranging from five to seven hours. Concentration remained variable. Jordan reported tolerating a short weekday grocery trip but continuing to avoid crowded weekend shopping.

Treatment and observation

The session addressed coping strategies and planning manageable activities. Jordan was calm and cooperative during this session and reported continuing to work. The clinician documented partial improvement in the reported nightmare frequency, with ongoing symptoms and follow-up planned.

Historical text retained in note

COPIED FROM MAY 18, 2023 EVALUATION FOR BACKGROUND: "Jordan reported nightmares about three nights per week, sleeping four to five hours on many nights, avoiding crowded stores, and losing concentration during busy dispatch periods." This retained paragraph describes 2023; it is not a second independent account or the current March 2026 symptom frequency.

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Psychotherapy follow-up note

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2026-08-17

Author: Dr. Morgan Example, psychologist (fictional)

Interval report

Jordan reported nightmares on one or two nights per week during the preceding month and variable sleep. Jordan said a quieter work shift had helped with interruptions but concentration problems continued when several requests arrived together. Jordan reported no complete remission of symptoms.

Social function and observation

Jordan reported meeting a sibling for coffee twice in the preceding month and declining a large family gathering because of anticipated crowding. During this appointment Jordan was calm, attentive to the interview, and coherent. The note describes both these observations and the reported difficulties outside the session.

Plan

Continue psychotherapy and reassess reported functioning over time. The clinician did not offer a current VA disability rating, a financial-competency opinion, or a causal allocation of all work difficulties to PTSD.

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Medication management follow-up

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2026-09-02

Author: Dr. Rowan Example, prescriber (fictional)

Medication record and adherence report

The medication list documented sertraline 100 mg daily, unchanged from the preceding visit. Jordan reported taking it on most days and missing approximately one dose per week during the preceding month. The medication list establishes the documented regimen; it does not independently verify each dose taken.

Response and tolerability

Jordan reported fewer nightmares compared with 2023 and occasional morning nausea. The clinician did not establish that medication caused either change. Psychotherapy and the shift change also occurred during the interval; this note does not isolate their effects.

Plan and scope

The documented plan was follow-up with no medication change at this encounter. This invented medication history is for source-attribution testing, not prescribing guidance.

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Measurement summary

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2026-09-15

Author: Dr. Morgan Example, psychologist (fictional)

Scores recorded in the chart

The clinician recorded PCL-5 total scores of 48 dated November 4, 2025 and 34 dated August 17, 2026. These are two historical scores transcribed in this September 15 summary. The note does not document a new PCL-5 administration on September 15.

Missing source detail

The completed item-level response sheets, administration instructions, and symptom reference periods were not included in the supplied packet. Both totals are fictional. No test items are reproduced.

Interpretation limits

The clinician did not use these totals alone to determine a diagnosis, remission, reliability of the accounts, or a VA disability percentage. The summary does not document performance-validity or symptom-validity testing; it does not establish whether such testing occurred elsewhere.

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Veteran statement

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2026-10-05

Author: Jordan Demo (fictional)

First-person account

I still work 40 hours a week. Since February 2026 I have been on an earlier shift with fewer customer calls. It is easier to finish tasks when the warehouse is quiet. If three people ask for something at once, I lose track and have to check my list again.

Daily activities and symptoms

Over the past month I have usually slept five to seven hours, but some nights were broken up. Nightmares are less frequent than in 2023. I do a short grocery trip early in the week and pay our household bills. My partner handles the big weekend shopping trip. I meet my sibling at a quiet coffee shop, but I skipped a large family event in August.

Source limits

This is the fictional veteran's statement, not an examiner observation. No independent measurement of task performance, hours, symptom frequency, or financial capacity is attached.

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Partner statement

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2026-10-08

Author: Casey Demo, partner (fictional)

Observation window

During July through September 2026, Casey observed Jordan turning down crowded outings and described doing most weekend shopping. Casey recalled some nights of restless sleep but did not keep a nightly log or assign a weekly nightmare count.

Activities observed

Casey reported that Jordan continued paying household bills and meeting a sibling at quiet places. Casey described occasional irritability after poor sleep and said the quieter work shift seemed less stressful to Jordan. Casey did not observe Jordan at work.

Attribution

These are collateral observations within a stated period. They do not establish a diagnosis, medical cause, credibility determination, or financial-competency opinion. Avoiding crowded outings and attending a quiet coffee shop concern different settings.

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Employer accommodation memorandum

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2026-10-12

Author: Taylor Example, supervisor at Example Logistics (fictional)

Documented arrangement

The employer memorandum states that Jordan has remained in a 40-hour-per-week dispatch role. Effective February 2, 2026, the schedule changed to an earlier, quieter shift with fewer direct customer calls. Written task lists and a single point of contact for priority changes were added.

Work observations

The supervisor reported that Jordan generally completed assigned tasks under this arrangement but sometimes needed a reminder after interruptions. The memorandum does not include productivity measurements, an attendance log, or performance records from before the change.

Scope

This is an employer account of schedule and task arrangements. It does not establish that Jordan has no limitations, cannot work, or has limitations attributable solely to PTSD. No medical restrictions or clinical diagnosis are supplied by this author.

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Primary care progress note

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2026-10-14

Author: Dr. Rowan Example, primary care (fictional)

Reported concerns

Jordan described intermittent chronic low-back pain and said some nights were interrupted by discomfort as well as nightmares. Jordan reported low mood on some painful days and fatigue after poor sleep. This note does not diagnose a separate mood disorder or assign each symptom to a single condition.

Function and observations

Jordan reported continuing employment and short walks on better days. Speech was coherent and behavior cooperative at this visit. These observations do not summarize function across all settings or resolve the relative contributions of pain, sleep, and psychiatric symptoms.

Plan and limits

The clinician documented ongoing follow-up. Outside pain-management records were requested but were not in this packet. No TBI diagnosis, nexus opinion, or VA impairment-level selection is documented in this note.

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Referral addendum: unavailable records

Subject: Jordan Demo (entirely fictional)

Document / encounter date: 2026-10-21

Author: Case coordinator (fictional)

Inventory at packet closure

Not supplied: the 2021-2022 community counseling records; complete intervening therapy notes; the original PCL-5 response sheets and administration details; employer attendance and productivity records; outside pain-management records; and any VA rating decision. The referral describes an established service connection, but the decision itself is not reproduced.

Questions left for review

Clarify current symptoms and function at the examination; the timing and durability of reported changes; what happens under the current work arrangements; treatment participation; and the extent to which overlapping symptoms can be differentiated. These are preparation questions, not completed examination findings.

Fixture boundary

This packet ends with supplied historical material and collateral statements. It contains no current completed DBQ, new clinical interview, nexus determination, disability percentage, formal financial-competency opinion, or validated AI extraction. All names, records, quotations, dates and scores were invented for demonstration.