

DEPARTMENT OF THE ARMY

Walter Reed Army Medical Center 6900 Georgia Ave, N.W. Washington, D.C. 20307-5001

13 December 2007

MEMORANDUM FOR RECORD

SUBJECT: Mental Health Evaluation of PV2 Ryan Lecompte

- 1. The above named Service member transferred to Inpatient Psychiatry at Walter Reed Army Medical Center on 4 December 2007. The purpose of his transfer was to obtain diagnostic claritity and assist with his treatment.
- 3. A report of this patient's mental status and diagnostic findings are as follows:

Diagnostic Findings

Axis I: Major Depressive Disorder – Single Episode – Severe – with Catatonic Features
Post Traumatic Stress Disorder

Rule Out Cognitive Disorder Not Otherwise Specified

Axis II: Deferred

Axis III: History of Closed Head Injury

Fitness for Duty/Impressions

- a. This service member does not have the capacity to make life, financial, contractual or medical decisions.
- b. This service member does not meet retention requirements of AR 40-501, Chapter 3.

Current Potential for:

Self-harm: Indirectly high by inattention to self care

Harm to Others: Low

AWOL: Low

4. Precautions

- a. Soldier should not have access to weapons/ammo on or off post and command is encouraged to conduct a health and welfare inspection to insure the soldier is not in possession of these items.
- b. Soldier should not consume alcoholic beverages and command is advised to issue an order forbidding any use on or off post of alcohol.
- c. No live fire or airborne operations for 30 days.

5. Administration Recommendations

a. PV2 Lecompte has been evaluated by two independent board certified psychiatrist, MAJ(P) Grammer and MAJ Lange. He was observed on the inpatient psychiatry ward and has been on line-of sight through most of his stay. Outpatient medical records were reviewed, and collateral data was obtained through the patient's prior providers and his family. A full medical workup was completed. Based on these items, it is felt that PV2

SUBJECT: PV2 Ryan Lecompte

Lecompte suffers from severe catatonic depression, and likely has for more than the past six months. There is no doubt about the validity of his symptoms and no evidence on the ward of embellishment or malingering.

b. PV2 Lecompte's condition is of such severity as to keep him from attending to basic hygiene and nurtritional intake. He requires complete care for all his activities and cannot perform the most basic of duty requirements. He should continue to receive care in an intensive inpatient psychiatric environment or with total home care in place until improvement is obtained.

c. The patient does not have the capacity to make life, financial, medical, or contractual decisions. He is not medically fit to undergo administrative actions and should be

referred to the Physical Disability Evaluation System.

 d. PV2 Lecompte's current condition does not appear to be substance induced or indicative of an alcohol use disorder.

6. Point of contact is the undersigned

Geoffrey Grammer, MD

MAJ(P), MC, USA

Psychiatry/Internal Medicine Chief of Inpatient Psychaitry

Walter Reed Army Medical Center