

Electronically Filed
Dec 10 2021 11:54 a.m.
Elizabeth A. Brown
Clerk of Supreme Court

IN THE SUPREME COURT OF THE STATE OF NEVADA

JEFFREY REED,)	Supreme Court Case No: 82575
)	District Court Case No.: 05D338668
Appellant,)	
v.)	
)	
ALECIA DRAPER (IND./CONSERV.),))	
)	
Respondent.)	
)	
)	
)	

**APPELLANT'S APPENDIX
VOLUME XIV OF XVII**

**ROBERTS STOFFEL FAMILY LAW
GROUP**

By: /s/ Amanda M. Roberts, Esq.
Amanda M. Roberts, Esq.
State of Nevada Bar No. 9294
4411 South Pecos Road
Las Vegas, Nevada 89121
PH: (702) 474-7007
FAX: (702) 474-7477
EMAIL: efile@lvfamilylaw.com
Attorneys for Appellant

DESCRIPTION OF DOCUMENT	DATE FILED	VOL.	PAGE(S)
Admitted Trial Exhibit-Exhibit "1"- IEP	8/6/2020	VII	ROA1109 - ROA1174
Admitted Trial Exhibit-Exhibit "2"- IEP	8/6/2020	VII	ROA1175- ROA1264
Admitted Trial Exhibit-Exhibit "5"- UC Irvine Health Records	8/6/2020	VIII	ROA1265 - ROA1440
Admitted Trial Exhibit-Exhibit "6"- Center for Discovery Records	8/6/2020	VIII	ROA1441- ROA1492
Admitted Trial Exhibit-Exhibit "9"- Social Security Application	8/6/2020	IX	ROA1493 - ROA1528
Admitted Trial Exhibit-Exhibit "11"- Del Amo Hospital Records	8/6/2020	IX	ROA1529 - ROA1554
Admitted Trial Exhibit-Exhibit "13"- Dr. Love Initial Report	8/6/2020	IX	ROA1555- ROA1579
Admitted Trial Exhibit-Exhibit "14"- Dr. Love Report	8/6/2020	IX	ROA1580 - ROA1598
Admitted Trial Exhibit-Exhibit "15" through "17"- Dr. Love Records	8/6/2020	IX	ROA1599 - ROA1710
Admitted Trial Exhibit-Exhibit "18"- Dr. Love Records		X	ROA1711- ROA1759
Admitted Trial Exhibit-Exhibit "19"-Dr. Love Records (Part 1)	8/6/2020	X	ROA1760 - ROA1919

Admitted Trial Exhibit- Exhibit "19"-Dr. Love Records (Part 2)		XI	ROA1920 - ROA1986
Admitted Trial Exhibit- Exhibit "21"- Letter of Conservatorship	8/6/2020	XI	ROA1987 -ROA 1990
Admitted Trial Exhibit "25" and "26"- UBH Records	8/6/2020	XI	ROA1991 - ROA2050
Admitted Trial Exhibit- Exhibit "27" and "28"- Medical Records	8/6/2020	XI	ROA2051- ROA2103
Admitted Trial Exhibit- Exhibit "33"- Wellshire Hospital Medical Records	8/6/2020	XII	ROA2104 - ROA2175
Admitted Trial Exhibit- Exhibit "35"- Pasadena Villa Medical Records	8/6/2020	XII	ROA2176 - ROA2338
Admitted Trial Exhibit- Exhibit "36"- Pasadena Villa Medical Records	8/6/2020	XIII	ROA2339 - ROA2491
Admitted Trial Exhibit- Exhibit "37"- LeConte Medical Center Medical Records	8/6/2020	XIII	ROA2492 - ROA2544
Admitted Trial Exhibit- Exhibit "38"- LeConte Medical Center Medical Records	8/6/2020	XIV	ROA2545 - ROA2597
Admitted Trial Exhibit- Exhibit "39"- Pasadena Villa Discharge Summary	8/6/2020	XIV	ROA2597 - ROA2602
Admitted Trial Exhibit- Exhibit "40"- LeConte Medical Center Records	8/6/2020	XIV	ROA2603 - ROA2631

Admitted Trial Exhibit- Exhibit "42"- Data Compilation	11/19/2020	XVI	ROA2913 - ROA2925
Admitted Trial Exhibit- Exhibit "58"- Emily's Cell Phone Expenses	8/6/2020	XIV	ROA2632 - ROA2644
Admitted Trial Exhibit- Exhibit "85"- Emily's Financial Disclosure Form	8/6/2020	XIV	ROA2645- ROA2660
Admitted Trial Exhibit- Exhibit "86"- Supplemental Disclosure List	8/7/2020	XV	ROA2776 - ROA2784
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Amended Order Setting Evidentiary Hearing	1/10/2020	IV	ROA0639- ROA0640
Answer In Proper Person	6/29/2005	I	ROA0006
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Certificate of Service	6/30/2017	I	ROA0075- ROA0076
Certificate of Transcripts	12/2/2021	XVII	ROA3068
Complaint for Divorce	6/14/2005	I	ROA0001 - ROA0005
Decision and Order	5/22/2018	III	ROA0501- ROA0516
Decree of Divorce	8/5/2005	I	ROA0007 - ROA0027
Defendant's Closing Brief	1/21/2021	XVII	ROA2994 - ROA3004
Defendant's Financial Disclosure Form	6/30/2017	I	ROA0077- ROA0087
Defendant's Financial Disclosure Form	8/3/2020	V	ROA0799- ROA0815
Defendant's Pre-Trial Memorandum	8/3/2020	V	ROA0770- ROA0792

Discovery Commissioner's Report and Recommendations	4/3/2020	IV	ROA0673-ROA0676
Ex Parte Application for an Order Shortening Time	7/31/2020	V	ROA0763-ROA0769
Ex Parte Application for an Order Shortening Time or an Order to Extend Time	2/2/2018	III	ROA0447-ROA0472
Ex Parte Application of an Order Granting Stay Pending Ruling on Writ	8/3/2020	V	ROA0793-ROA0798
Exhibits in Support of Defendant's Motion for Summary Judgment Regarding Child Support for an Adult Child.	1/2/2018	III	ROA0414-ROA0428
Exhibits in Support of Defendant's Reply and Motion to Reset child Support Based upon Emancipation of Child and for Attorney Fees and Costs; and in Opposition to Plaintiff's Countermotion for Child Support for Disabled Child Et Al.	8/24/2017	III	ROA0331-ROA0380
Financial Disclosure Form-Emily	4/9/2019	IV	ROA0571-ROA0580
Financial Disclosure Form-Emily	8/4/2020	V	ROA0831-ROA0845
Findings of Fact, Conclusions of Law, and Order	1/28/2021	XVII	ROA3016 -ROA 3036
Minute Order	3/31/2020	IV	ROA0654

Minute Order	4/24/2020	IV	ROA0691- ROA0692
Motion for Summary Judgement Regarding Child Support for an Adult Child; Affidavit of Defendant	1/2/2018	III	ROA0429- ROA0446
Motion to Reset Child Support Based upon Emancipation of a Child and for Attorney Fees and Costs	6/29/2017	I	ROA0062- ROA0074
Notice of Appeal	2/26/2021	XVII	ROA3060 - ROA3062
Notice of Entry of Decision and Order	5/22/2018	III	ROA0517- ROA0534
Notice of Entry of Decree of Divorce	8/10/2005	I	ROA0028- ROA0050
Notice of Entry of Order	3/25/2015	I	ROA0060- ROA0061
Notice of Entry of Order (August 28, 2017 Hearing)	12/15/2017	III	ROA0404- ROA0413
Notice of Entry of Order (Discovery Commissioner's Report)	4/28/2020	IV	ROA0700- ROA0708
Notice of Entry of Order (Ex Parte Order Granting)	2/6/2018	III	ROA0475- ROA0478
Notice of Entry of Order for Findings of Fact, Conclusions of Law, and Order	1/28/2021	XVII	ROA3037 - ROA3059
Notice of Entry of Order from the April 9, 2019 Hearing	4/30/2019	IV	ROA0588- ROA0592
Notice of Entry of Stipulation and Order	5/2/2019	IV	ROA0596- ROA0601

Notice of Filing of the Petition for Writ of Mandamus or, in the Alternative, Writ of Prohibition	8/4/2020	V	ROA0816-ROA0817
Notice of Joinder	1/22/2019	III	ROA0535
Notice of Motion and Motion to Extend Discovery, Extend Time for Rebuttal Expert Upon Receipt of Relevant Records to Continue Trial, and Related Relief. Affidavit of Amanda M. Roberts, Esq.	7/31/2020	V	ROA0741-ROA0762
Notice of Motion and Motion to Extend Discovery; Extend Time for Rebuttal Expert Upon Receipt of Relevant Records; and Related Relief. Affidavit of Amanda M. Roberts (Discovery Commissioner)	4/2/2020	IV	ROA0655-ROA0672
Objection to Plaintiff's Closing Brief and Request to Strike	1/21/2021	XVII	ROA3011 - ROA3013
Opposition to Statement of Position for Defendant on the Request for Child Support for an Adult-Emily Reed	11/8/2019	IV	ROA0633-ROA0636
Order After Hearing (August 28, 2017 Hearing)	12/15/2017	III	ROA0396-ROA0403

Order from the April 9, 2019 Hearing	4/30/2019	IV	ROA0585-ROA0587
Order Granting Ex Parte Application to Reset the Hearing set on February 14, 2018 at 2:00 p.m.	2/6/2018	III	ROA0473-ROA0474
Order on Discovery Commissioner's Report and Recommendations	4/27/2020	IV	ROA0693-ROA0699
Order Setting Evidentiary Hearing	1/14/2015	I	ROA0051-ROA0053
Order Setting Evidentiary Hearing	1/9/2020	IV	ROA0637-ROA0638
Order Setting Pretrial Conference	7/15/2020	IV	ROA0713-ROA0715
Plaintiff's Closing Brief	1/21/2021	XVII	ROA3005 - ROA3010
Plaintiff's Financial Disclosure Form	7/21/2017	I	ROA0088-ROA0095
Plaintiff's Financial Disclosure Form- Alecia	4/9/2019	IV	ROA0551-ROA0570
Plaintiff's First Amended Motion (as Conservator for Emily Reed) for Child Support for a Disabled Child Beyond the Age of Majority	4/10/2019	IV	ROA0581-ROA0584
Plaintiff's Motion (as Conservator for Emily Reed) for Child Support a Disabled Child Beyond the Age of Majority	1/22/2019	IV	ROA0536-ROA0549

Plaintiff's Notice of Withdrawal of Request to Continue Child Support for Emily after High School Graduation due to Child's Disability	3/9/2015	I	ROA0054-ROA0055
Plaintiff's Opposition to Defendant's Ex Parte Application for an Order Granting Stay Pending Ruling on Writ	8/4/2020	V	ROA0818-ROA0830
Plaintiff's Opposition to Defendant's Motion for Summary Judgment	2/8/2018	III	ROA0479-ROA0491
Plaintiff's Opposition to Defendant's Motion to Extend Discovery, Extend time for Rebuttal Expert and Related Relief	4/17/2020	IV	ROA0677-ROA0690
Plaintiff's Opposition to Defendant's Motion to Reset Child Support Based upon Emancipation of a Child Et Al and Countermotion for Child Support for Disabled Child Et Al	7/21/2017	II	ROA0096-ROA0330
Plaintiff's Response to Defendant's Objection to Plaintiff's Closing Brief and Request to Strike	1/21/2021	XVII	ROA3014 - ROA3015
Reply in Support of Motion for Summary Judgment Regarding Child Support for an Adult Child	4/9/2018	III	ROA0492-ROA0500

Reply in Support of Motion to Reset Child Support based upon Emancipation of Child and for Attorney Fees and Costs; and Opposition to Plaintiff's Countermotion for Child Support for Disabled Child Et Al.	8/24/2017	III	ROA0381-ROA0395
Second Amended Order Setting Evidentiary Hearing	5/12/2020	IV	ROA0709-ROA0712
Stipulation and Order	3/18/2015	I	ROA0056-ROA0059
Stipulation and Order	5/2/2019	IV	ROA0593-ROA0595
Transcript from August 6, 2020 (Part 1)		V	ROA0846-ROA0960
Transcript from August 6, 2020 (Part 2)		VI	ROA0961-ROA1108
Transcript from August 7, 2020		XV	ROA2661 - ROA2775
Transcript from February 21, 2020		IV	ROA0641-ROA0653
Transcript from January 12, 2021		XVI	ROA2926 - ROA2993
Transcript from July 23, 2019		IV	ROA0602-ROA0632
Transcript from July 23, 2020		IV	ROA0716-ROA0740
Transcript from November 19, 2020		XVI	ROA2785 - ROA2912

EXHIBIT 38

EXHIBIT 38

EXHIBIT 38



LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient: **REED, EMILY**
MRN: LCMC0000592122
FIN: 1927410070
DOB/Age/Sex: 11/16/1996 22 years Female
Location: LCMC ED; 08; A
Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Document Type: ED Clinical Summary
Service Date/Time: 10/3/2019 15:03 EDT
Result Status: Modified
Document Subject: ED Clinical Summary
Sign Information: FARRAGUT, MEAGAN SIMMONS RN (10/3/2019 15:03 EDT);
PODGORSKI, ERIN (10/2/2019 21:55 EDT)

ED Clinical Summary

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862
(865)446-7000

PERSON INFORMATION

Name: REED, EMILY
Sex: Female
Marital Status: Unknown
MRN: LCMC0000592122
Visit Reason: Mental illness; EVAL
Address:
20762 CRESTVIEW LN HUNTINGTON BH CA 92646
Diagnosis:
1: Dissociative identity disorder; 2: At risk for elopement; 3: Disassociation disorder
Medications Administered:
Age: 22 Years
Language: English
Phone:
Acct#: 1927410070
Acuity: 2 - Emergent
DOB: 11/16/96
PCP: NONE, NONE MD
Med Service: Emergency Medicine
Arrival: 10/01/19 13:59:00
LOS: 002 01:04

Medication	Dose	Route
hydrOXYzine	25 mg	Oral
gabapentin	300 mg	Oral
prazosin	2 mg	Oral
prazosin	2 mg	Oral
lamotrigine	200 mg	Oral
lamotrigine	200 mg	Oral
desvenlafaxine	50 mg	Oral
desvenlafaxine	50 mg	Oral

Radiology Orders:
Laboratory Orders:

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Emergency Documentation

Automated Diff Blood, Stat, Collected, 10/01/19 14:28:00 EDT, Once, Nurse collect, 293215395.000000
Basic Metabolic Panel Blood, Stat, 10/01/19 14:09:00 EDT, Once, Nurse collect
CBC w/ Automated Differential Blood, Stat, 10/01/19 14:09:00 EDT, Once, Nurse collect
Drugs of Abuse Screen, Urine toxicology Urine, Stat Collect, 10/01/19 14:09:00 EDT, Once, Nurse Collect (Non-Blood)
ETOH Level Blood, Stat, 10/01/19 14:09:00 EDT, Once, Nurse collect
HCG Qualitative Urine Urine, Stat Collect, 10/01/19 14:09:00 EDT, Once, Nurse Collect (Non-Blood)

Lab and Rad:

Laboratory or Other Results This Visit (last charted value for your 10/01/2019 visit)

Hematology

10/01/2019 2:28 PM

WBC: 8.3 10x3/uL -- Normal range between (4.0 and 11.0)
RBC: 5.07 10x6/uL -- Normal range between (3.90 and 4.98)
MCV: 92.4 fL -- Normal range between (81.0 and 93.0)
MCHC: 34.4 g/dL -- Normal range between (33.0 and 37.0)
Hct: 46.8 % -- Normal range between (35.0 and 45.0)
MCH: 31.8 pg -- Normal range between (28.0 and 35.0)
Hgb: 16.1 g/dL -- Normal range between (12.0 and 15.5)
MPV: 7.7 fL -- Normal range between (6.0 and 11.1)
Platelets: 298 10x3/uL -- Normal range between (140 and 400)
RDW: 13.0 % -- Normal range between (10.9 and 14.7)
Absolute Neuts: 6.3 10x3/uL -- Normal range between (1.5 and 8.0)
Basophil % Auto: 0.3 % -- Normal range between (0.0 and 2.0)
Monocyte % Auto: 7.4 % -- Normal range between (3.0 and 14.0)
Lymphocyte % Auto: 15.6 % -- Normal range between (15.0 and 45.0)
Absolute Monos: 0.6 10x3/uL -- Normal range between (0.3 and 1.1)
Absolute Eos: 0.1 10x3/uL -- Normal range between (0.0 and 0.6)
Eosinophil % Auto: 0.6 % -- Normal range between (0.0 and 5.0)
Absolute Basos: 0.0 10x3/uL -- Normal range between (0.0 and 0.2)
Neutrophil % Auto: 76.1 % -- Normal range between (40.0 and 78.0)
Absolute Lymphs: 1.3 10x3/uL -- Normal range between (1.0 and 4.0)

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Admit: 10/1/2019
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Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Chemistry

10/01/2019 2:28 PM

Creatinine Lvl: 0.7 mg/dL -- Normal range between (0.5 and 0.9)
BUN: 12 mg/dL -- Normal range between (6 and 20)
Glucose Lvl: 103 mg/dL -- Normal range between (70 and 99)
Calcium Lvl: 9.5 mg/dL -- Normal range between (8.5 and 10.5)
CO2: 24 mmol/L -- Normal range between (21 and 29)
eGFR Non-AA: >60 mL/min/1.73 m2
eGFR AA: >60 mL/min/1.73 m2
Chloride Lvl: 103 mEq/L -- Normal range between (97 and 108)
Anion Gap: 13.0 -- Normal range between (3.0 and 11.0)
hCG Ur: Negative
Sodium Lvl: 140 mEq/L -- Normal range between (136 and 145)
Potassium Lvl: 4.4 mEq/L -- Normal range between (3.4 and 5.1)

Toxicology

10/01/2019 2:28 PM

Ethanol Level: <0.01 %
Barbiturate Scrn Ur: Negative
Benzodiazepine Scrn Ur: Negative
Cocaine Scrn Ur: Negative
Methadone Scrn Ur: Negative
Oxycodone Scrn Ur: Negative
Opiate Scrn Ur: Negative
Cannabinoid Scrn Ur: Negative
Ethanol: <10.1 mg/dL -- Normal range between (0.0 and 10.1)
Phencyclidine Scrn Ur: Positive
Amphetamine Scrn Ur: Negative

Medications:

PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
MESSICK, ELIZABETH ANNE RN	ED Nurse	10/01/19 14:00:49	10/01/19 19:01:01
HOLT, LARRY	ED Ancillary	10/01/19 14:14:35	10/01/19 18:33:44

LeConte Medical Center
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Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

COFFEY, DAVID ALEXANDER MD	ED Provider	10/01/19 14:20:03	10/02/19 06:27:08
THORNTON, KAELEY RACHELLE RN	ED Nurse	10/01/19 15:03:02	10/01/19 23:29:25
OLIVER, ZEKE PIERCE MD	ED Provider	10/01/19 16:36:17	
MCLEMORE, SARAH ELIZABETH RN	ED Nurse	10/01/19 19:01:02	10/03/19 07:17:07
LANGFORD, JOSEPH SCOTT MD	ED Provider	10/02/19 06:27:09	
PUCKETT, CAITLIN RN	ED Nurse	10/02/19 07:07:09	10/02/19 18:56:41
MAYNARD, RICKI RN	ED Nurse	10/02/19 19:01:18	10/02/19 19:02:13
MCCLUNG, CODY RN	ED Nurse	10/02/19 19:08:38	10/03/19 07:17:15
FARRAGUT, MEAGAN SIMMONS RN	ED Nurse	10/03/19 07:17:16	
RAND, JOSEPH LEE	ED Ancillary	10/03/19 09:13:18	10/03/19 11:44:04
IVEY, AMBER E RN	ED Nurse	10/03/19 09:55:48	
HURST, RANDY JAMES	ED Ancillary	10/03/19 11:44:05	

Attending Physician:
COFFEY, DAVID ALEXANDER MD

Admit Doc
COFFEY, DAVID ALEXANDER MD

Consulting Doc

VITALS INFORMATION

Vital Sign	Triage	Latest
Temp Oral	36.8 Deg C	36.5 Deg C
Temp Temporal		
Temp Intravascular		
Temp Axillary		
Temp Rectal		
O2 Sat	98 %	98 %
Respiratory Rate	17 br/min	16 br/min
Peripheral Pulse Rate	130 bpm	68 bpm
Apical Heart Rate		
Blood Pressure	124 mmHg / 83 mmHg	105 mmHg / 78 mmHg

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Emergency Documentation

Allergies

Haldol (unknown)

Immunizations

No Immunizations Documented This Visit

DISCHARGE INFORMATION

Discharge Disposition:
Discharge Location:
Discharge Date and Time:
ED Checkout Date and Time: 10/03/19 15:03:10

DEPART REASON INCOMPLETE INFORMATION

Problems

Active

Disassociation disorder
Dissociative identity disorder

Smoking Status

Unable to assess due to cognitive impairment

PATIENT EDUCATION INFORMATION

Instructions:
Dissociative Identity Disorder; Dissociative Identity Disorder
Follow up:

With: Follow up with specialist
Address:
When:
Comments: Return to Pasadena Villa

LeConte Medical Center
742 Middle Creek Road
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Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Document Type: ED Note Nursing
Service Date/Time: 10/2/2019 23:49 EDT
Result Status: Auth (Verified)
Document Subject: MCCLUNG, CODY RN (10/2/2019 23:52 EDT)
Sign Information:

I have spoken to Lisa at Pasadena Villa and informed them that this patient has been discharged. Pasadena Villa relayed that they have discharged the patient from their facility and will not accept her back tonight. MD aware and has spoken with patient's mother.

Electronically Signed on 10/02/19 11:52 PM

MCCLUNG, CODY RN

Document Type: ED Note Nursing
Service Date/Time: 10/2/2019 17:53 EDT
Result Status: Auth (Verified)
Document Subject: MCU
Sign Information: COURTNEY, CATHERINE BETH RN (10/2/2019 17:55 EDT)

Spoke to Lucinda at MCU and she stated "We wanted her to be placed back at Pasadena. Spoke to Dr. Oliver about that and they were supposed to follow up this morning with Pasadena."

Electronically Signed on 10/02/19 05:55 PM

COURTNEY, CATHERINE BETH RN

Document Type: ED Note Nursing
Service Date/Time: 10/2/2019 11:27 EDT
Result Status: Auth (Verified)
Document Subject: PUCKETT, CAITLIN RN (10/2/2019 11:28 EDT)
Sign Information:

alicia, mother, called wanting update on patient status. informed that we were awaiting re-eval by mcu and that hopefully we could get her back to Pasadena. mom gave phone number which was added to pt record.

Electronically Signed on 10/02/19 11:28 AM

PUCKETT, CAITLIN RN

LeConte Medical Center
742 Middle Creek Road
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Patient Name: **REED, EMILY**
MRN: LCMC0000592122
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DOB/Age/Sex: 11/16/1996 22 years Female
Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Document Type: ED Note Nursing
Service Date/Time: 10/2/2019 09:17 EDT
Result Status: Auth (Verified)
Document Subject: PUCKETT,CAITLIN RN (10/2/2019 09:17 EDT)
Sign Information:

pt still sleeping. will give am meds when she wakes
Electronically Signed on 10/02/19 09:17 AM

PUCKETT, CAITLIN RN

Document Type: ED Note Nursing
Service Date/Time: 10/2/2019 08:09 EDT
Result Status: Auth (Verified)
Document Subject: PUCKETT,CAITLIN RN (10/2/2019 08:10 EDT)
Sign Information:

discussed pristiq dose with pharmacy. they stated that it is not in formulary and that it would have to be acquired from
knoxville as patient did not bring any with her from pasadena
Electronically Signed on 10/02/19 08:10 AM

PUCKETT, CAITLIN RN

Document Type: ED Note Nursing
Service Date/Time: 10/2/2019 01:54 EDT
Result Status: Auth (Verified)
Document Subject: Follow up with mobile crisis
Sign Information: MCLEMORE,SARAH ELIZABETH RN (10/2/2019 01:55 EDT)

Spoke with Michelle from mobile crisis. Mobile crisis is to speak with Physician at Pacedina in am.
Electronically Signed on 10/02/19 01:55 AM

MCLEMORE, SARAH ELIZABETH RN

Document Type: ED Note Nursing
Service Date/Time: 10/1/2019 22:05 EDT
Result Status: Auth (Verified)
Document Subject: Mobile Crisis Consult
Sign Information: MCLEMORE,SARAH ELIZABETH RN (10/1/2019 22:05 EDT)

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Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Spoke with Michelle from Mobile Crisis, pt was able to speak with mobile crisis on phone.

Electronically Signed on 10/01/19 10:05 PM

MCLEMORE, SARAH ELIZABETH RN

Document Type: ED Note Nursing
Service Date/Time: 10/1/2019 21:51 EDT
Result Status: Auth (Verified)
Document Subject: note
Sign Information: PETIT, JORDAN RN (10/1/2019 21:53 EDT)

Attempted to gather story and assess suicide risk from patient @ 2140 hrs. Entered pt's room, pt sitting on floor with legs crossed, occasionally eating fruit from her food tray. Makes eye contact, but does not verbally respond to questions. Follows basic commands, ambulates with steady gait. Respirations even and unlabored with good phonation. @ 2150 Sara RN came to room and took patient to phone. Pt still nonverbal with Sara as well. Pt in no apparent distress. Sitter at door.

Electronically Signed on 10/01/19 09:53 PM

PETIT, JORDAN RN

Document Type: ED Note Nursing
Service Date/Time: 10/1/2019 19:34 EDT
Result Status: Auth (Verified)
Document Subject: Med Rec
Sign Information: MCLEMORE, SARAH ELIZABETH RN (10/1/2019 19:34 EDT)

Dr. Oliver notified of medication reconciliation completion, asked to order psychiatric meds for tonight.

Electronically Signed on 10/01/19 07:34 PM

MCLEMORE, SARAH ELIZABETH RN

Document Type: ED Note Nursing
Service Date/Time: 10/1/2019 18:00 EDT
Result Status: Auth (Verified)
Document Subject: important information reported by mom
Sign Information: THORNTON, KAELEY RACHELLE RN (10/1/2019 18:44 EDT)

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122
FIN: 1927410070
DOB/Age/Sex: 11/16/1996 22 years Female
Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Mother states patients "has 50 personalities. Severe PTSD from sexual/mental/trauma for over 10 years due to kidnapping/being held hostage. Perpetrator is now in prison. Some personalities are non-verbal but will respond through written communication. Patient can worsen at nighttime due to when the traumas occurred"

Electronically Signed on 10/01/19 06:44 PM

THORNTON, KAELEY RACHELLE RN

Document Type: ED Note Nursing
Service Date/Time: 10/1/2019 16:42 EDT
Result Status: Auth (Verified)
Document Subject: MCU called
Sign Information: THORNTON, KAELEY RACHELLE RN (10/1/2019 16:47 EDT)

patient presented to MCU, chart faxed

Electronically Signed on 10/01/19 04:47 PM

THORNTON, KAELEY RACHELLE RN

Document Type: ED Note Physician
Service Date/Time: 10/3/2019 06:24 EDT
Result Status: Auth (Verified)
Document Subject: ED Supervision/Handoff Note
Sign Information: LANGFORD, JOSEPH SCOTT MD (10/3/2019 14:52 EDT);
WHITE, JAMES (10/3/2019 12:15 EDT)

ED SUPERVISION/HANDOFF NOTE:

HISTORY OF PRESENT ILLNESS:

Exam started 10/01/19 14:21:19 Source of this history is provided by the nursing staff per report from Pasadena Villa. Complete history not available. Unable to obtain complete history due patient is not speaking. Nurses notes reviewed up to this point. 22 Years old
Female patient presents to the Emergency Department complaining of psychiatric evaluation onset prior to arrival. Per nursing staff, patient was sent here from Pasadena Villa because she was trying to run off site and was hiding under cars. Pasadena Villa states they are unable to get her to communicate with them. Per nursing staff, the patient has history of Dissociative Identity Disorder. Severity of symptoms are moderate. Symptoms are constant.

Nurses notes reviewed up to this point. PFSH reviewed. [1]

ROS:

Except as noted, unable to obtain a reliable review of systems due to the patient's current condition and acuity. [2]

VITALS & MEASUREMENTS:

T: 36.6 °C (Oral) HR: 95 (Peripheral) RR: 18 BP: 100/60 SpO2: 98%
WT: 52.10 kg
Cons: patient is awake, alert, but is nonverbal

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**

MRN: LCMC0000592122

FIN: 1927410070

DOB/Age/Sex: 11/16/1996 22 years Female

Admit: 10/1/2019

Disch: 10/3/2019

Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Eyes: PERRL. No scleral icterus or periorbital edema

Neck: Trachea midline, neck supple, no masses appreciated

Cardiovascular: RRR, normal S1 and S2. No gallops, murmurs, rubs.

Resp: Clear to auscultation bilaterally. No rales, rhonchi or wheezes noted. No respiratory distress.

Abd/GI: Soft, non-tender, with normal bowel sounds. No guarding or rebound tenderness

Skin: warm, no rashes

Neuro: CN II-XII grossly intact. No focal neurological deficits.

Psych: Tearful, blunt affect [3]

PERTINENT LABS/IMAGING:

CBC and Differential

LATEST RESULTS

WBC	10/01/19 14:28	8.3
RBC	10/01/19 14:28	5.07 High
Hgb	10/01/19 14:28	16.1 High
Hct	10/01/19 14:28	46.8 High
MCV	10/01/19 14:28	92.4
MCH	10/01/19 14:28	31.8
MCHC	10/01/19 14:28	34.4
RDW	10/01/19 14:28	13.0
Platelets	10/01/19 14:28	298
MPV	10/01/19 14:28	7.7
Neutrophil % Auto	10/01/19 14:28	76.1
Lymphocyte % Auto	10/01/19 14:28	15.6
Monocyte % Auto	10/01/19 14:28	7.4
Eosinophil % Auto	10/01/19 14:28	0.6
Basophil % Auto	10/01/19 14:28	0.3
Absolute Neuts	10/01/19 14:28	6.3
Absolute Lymphs	10/01/19 14:28	1.3
Absolute Monos	10/01/19 14:28	0.6
Absolute Eos	10/01/19 14:28	0.1
Absolute Basos	10/01/19 14:28	0.0

Routine Chemistry

LATEST RESULTS

Sodium Lvl	10/01/19 14:28	140
Potassium Lvl	10/01/19 14:28	4.4
Chloride Lvl	10/01/19 14:28	103
CO2	10/01/19 14:28	24
Glucose Lvl	10/01/19 14:28	103 High
BUN	10/01/19 14:28	12
Creatinine Lvl	10/01/19 14:28	0.7
Calcium Lvl	10/01/19 14:28	9.5
Anion Gap	10/01/19 14:28	13.0 High
eGFR AA	10/01/19 14:28	>60
eGFR Non-AA	10/01/19 14:28	>60

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**

MRN: LCMC0000592122

FIN: 1927410070

DOB/Age/Sex: 11/16/1996 22 years

Female

Admit: 10/1/2019

Disch: 10/3/2019

Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Pregnancy Testing

LATEST RESULTS

hCG Ur 10/01/19 14:28 Negative

Drugs of Abuse

LATEST RESULTS

Amphetamine Scrn Ur	10/01/19 14:28	Negative
Barbiturate Scrn Ur	10/01/19 14:28	Negative
Benzodiazepine Scrn Ur	10/01/19 14:28	Negative
Cannabinoid Scrn Ur	10/01/19 14:28	Negative
Cocaine Scrn Ur	10/01/19 14:28	Negative
Methadone Scrn Ur	10/01/19 14:28	Negative
Opiate Scrn Ur	10/01/19 14:28	Negative
Oxycodone Scrn Ur	10/01/19 14:28	Negative
Phencyclidine Scrn Ur	10/01/19 14:28	Positive Abnormal
Ethanol	10/01/19 14:28	<10.1
Ethanol Level	10/01/19 14:28	<0.01

Progress Notes

10/03/19 12:06:11 Nursing staff has spoken with Pasadena Villa concerning the patient's case. Given that she has had no issues during her stay and denies SI, HI, and AV hallucinations, Pasadena villa has agreed to take the patient back.

ASSESSMENT AND PLAN/MDM

1. Dissociative identity disorder (F44.81)
2. At risk for elopement (Z91.89)
3. Disassociation disorder (F44.9)

Disposition

Decision for disposition is discharge.

Condition

Condition at disposition is stable for discharge.

Prescription Given

No qualifying data available

Medications Administered in the ED

Medication	Dose	Route
hydrOXYzine	25 mg	Oral
gabapentin	300 mg	Oral
prazosin	2 mg	Oral
prazosin	2 mg	Oral
lamotrigine	200 mg	Oral
lamotrigine	200 mg	Oral
desvenlafaxine	50 mg	Oral
desvenlafaxine	50 mg	Oral

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Radiology

Labs and radiology have been reviewed by Dr. Scott Langford MD.

James White, scribe, scribing for and in the presence of Dr. Scott Langford MD.

I personally performed the services described in the documentation, reviewed the documentation recorded by the scribe in my presence and it accurately and completely records my words and actions.

[1] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT

[2] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT

[3] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT

Electronically Signed on 10/03/19 12:15 PM

WHITE, JAMES

Electronically Signed on 10/03/19 02:52 PM

LANGFORD, JOSEPH SCOTT MD

Document Type:	ED Note Physician
Service Date/Time:	10/2/2019 16:24 EDT
Result Status:	Auth (Verified)
Document Subject:	ED Supervision/Handoff Note
Sign Information:	OLIVER,ZEKE PIERCE MD (10/4/2019 03:32 EDT); PODGORSKI,ERIN (10/3/2019 01:56 EDT); PODGORSKI, ERIN (10/2/2019 21:54 EDT)

ED SUPERVISION/HANDOFF NOTE:

HISTORY OF PRESENT ILLNESS:

Exam started 10/01/19 14:21:19 Source of this history is provided by the nursing staff per report from Pasadena Villa. Complete history not available. Unable to obtain complete history due patient is not speaking. Nurses notes reviewed up to this point. 22 Years old Female patient presents to the Emergency Department complaining of psychiatric evaluation onset prior to arrival. Per nursing staff, patient was sent here from Pasadena Villa because she was trying to run off site and was hiding under cars. Pasadena Villa states they are unable to get her to communicate with them. Per nursing staff, the patient has history of Dissociative Identity Disorder. Severity of symptoms are moderate. Symptoms are constant.

Nurses notes reviewed up to this point. PFSH reviewed. [1]

ROS:

Except as noted, unable to obtain a reliable review of systems due to the patient's current condition and acuity. [2]

VITALS & MEASUREMENTS:

T: 36.6 °C (Oral) **HR:** 95(Peripheral) **RR:** 18 **BP:** 100/60 **SpO2:** 98%

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

WT: 52.10 kg

Cons: patient is awake, alert, but is nonverbal

Eyes: PERRL. No scleral icterus or periorbital edema

Neck: Trachea midline, neck supple, no masses appreciated

Cardiovascular: RRR, normal S1 and S2. No gallops, murmurs, rubs.

Resp: Clear to auscultation bilaterally. No rales, rhonchi or wheezes noted. No respiratory distress.

Abd/GI: Soft, non-tender, with normal bowel sounds. No guarding or rebound tenderness

Skin: warm, no rashes

Neuro: CN II-XII grossly intact. No focal neurological deficits.

Psych: Tearful, blunt affect [3]

PERTINENT LABS/IMAGING:

CBC and Differential	LATEST RESULTS
WBC	10/01/19 14:28 8.3
RBC	10/01/19 14:28 5.07 High
Hgb	10/01/19 14:28 16.1 High
Hct	10/01/19 14:28 46.8 High
MCV	10/01/19 14:28 92.4
MCH	10/01/19 14:28 31.8
MCHC	10/01/19 14:28 34.4
RDW	10/01/19 14:28 13.0
Platelets	10/01/19 14:28 298
MPV	10/01/19 14:28 7.7
Neutrophil % Auto	10/01/19 14:28 76.1
Lymphocyte % Auto	10/01/19 14:28 15.6
Monocyte % Auto	10/01/19 14:28 7.4
Eosinophil % Auto	10/01/19 14:28 0.6
Basophil % Auto	10/01/19 14:28 0.3
Absolute Neuts	10/01/19 14:28 6.3
Absolute Lymphs	10/01/19 14:28 1.3
Absolute Monos	10/01/19 14:28 0.6
Absolute Eos	10/01/19 14:28 0.1
Absolute Basos	10/01/19 14:28 0.0

Routine Chemistry	LATEST RESULTS
Sodium Lvl	10/01/19 14:28 140
Potassium Lvl	10/01/19 14:28 4.4
Chloride Lvl	10/01/19 14:28 103
CO2	10/01/19 14:28 24
Glucose Lvl	10/01/19 14:28 103 High
BUN	10/01/19 14:28 12
Creatinine Lvl	10/01/19 14:28 0.7
Calcium Lvl	10/01/19 14:28 9.5
Anion Gap	10/01/19 14:28 13.0 High
eGFR AA	10/01/19 14:28 >60
eGFR Non-AA	10/01/19 14:28 >60

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**

MRN: LCMC0000592122

FIN: 1927410070

DOB/Age/Sex: 11/16/1996 22 years

Female

Admit: 10/1/2019

Disch: 10/3/2019

Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Pregnancy Testing

LATEST RESULTS

hCG Ur 10/01/19 14:28 Negative

Drugs of Abuse

LATEST RESULTS

Amphetamine Scrn Ur	10/01/19 14:28	Negative
Barbiturate Scrn Ur	10/01/19 14:28	Negative
Benzodiazepine Scrn Ur	10/01/19 14:28	Negative
Cannabinoid Scrn Ur	10/01/19 14:28	Negative
Cocaine Scrn Ur	10/01/19 14:28	Negative
Methadone Scrn Ur	10/01/19 14:28	Negative
Opiate Scrn Ur	10/01/19 14:28	Negative
Oxycodone Scrn Ur	10/01/19 14:28	Negative
Phencyclidine Scrn Ur	10/01/19 14:28	Positive Abnormal
Ethanol	10/01/19 14:28	<10.1
Ethanol Level	10/01/19 14:28	<0.01

Progress Notes

10/02/19 16:24:45 Care assumed from Dr. Joseph Langford MD. Dr. Zeke Oliver, MD reviewed the previous documentation and agrees with the documentation

10/02/19 21:52:08 Discussed with Emily from MCU after evaluation of pt and discussion of mother. Emily from MCU recommends pt be discharged back to Pasadena Villa. On reevaluation of pt, pt is calm, appropriate, and denies SI, HI, or hallucinations. Pt has presented no agitated behavior or attempted elopement. Will rescind commitment.

Discussed with the patient: results, diagnosis, treatment plan, and need for follow up with psychiatry. Return to the Emergency Department warnings were given. All questions and concerns were addressed. The plan is agreed with and understood. Patient is stable and ready for discharge.

10/02/19 23:23:36 Nurse states that Pasadena Villa has discharged the pt due to the flight risk. Nurse states that Pasadena Villa will have to reconvene in the morning to determine if the pt can be accepted again. Will contact mother.

10/02/19 23:28:49 Discussed with mother current situation. Mother states that Pasadena Villa has not contacted her regarding the pt's discharge. Mother is of the understanding that Pasadena Villa will likely take the pt back.

10/02/19 23:39:46 Informed MCU of the current situation. MCU agrees with plan to contact Pasadena Villa in the morning.

10/03/19 01:56:01 Patient care transferred to the oncoming physician Dr. Elizabeth Hull MD

ASSESSMENT AND PLAN/MDM

1. Dissociative identity disorder (F44.81)
2. At risk for elopement (Z91.89)

Disposition

Disposition decision is discharge.

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122
FIN: 1927410070
DOB/Age/Sex: 11/16/1996 22 years Female
Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Condition

Disposition condition is stable for discharge.

Prescription Given

RX GIVEN: No qualifying data available

Medication Administered

Medication	Dose	Route
hydrOXYzine	25 mg	Oral
gabapentin	300 mg	Oral
prazosin	2 mg	Oral
lamotrigine	200 mg	Oral
desvenlafaxine	50 mg	Oral

Update Note

Labs reviewed by Dr. Zeke Oliver, MD

Scribe Attestation

Erin Podgorski, scribe, scribing for and in the presence of Dr. Zeke Oliver, MD

Provider Attestation

I personally performed the services described in the documentation, reviewed the documentation recorded by the scribe in my presence and it accurately and completely records my words and actions.

[1] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT

[2] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT

[3] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT

Electronically Signed on 10/02/19 09:54 PM

PODGORSKI, ERIN

Electronically Signed on 10/03/19 01:56 AM

PODGORSKI, ERIN

Electronically Signed on 10/04/19 03:32 AM

OLIVER, ZEKE PIERCE MD

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Document Type: ED Note Physician
Service Date/Time: 10/2/2019 06:27 EDT
Result Status: Auth (Verified)
Document Subject: ED Supervision/Handoff Note
Sign Information: LANGFORD,JOSEPH SCOTT MD (10/3/2019 14:51 EDT);
WHITE,JAMES (10/2/2019 15:59 EDT)

ED SUPERVISION/HANDOFF NOTE:

HISTORY OF PRESENT ILLNESS:

Exam started 10/01/19 14:21:19 Source of this history is provided by the nursing staff per report from Pasadena Villa. Complete history not available. Unable to obtain complete history due patient is not speaking. Nurses notes reviewed up to this point. 22 Years old Female patient presents to the Emergency Department complaining of psychiatric evaluation onset prior to arrival. Per nursing staff, patient was sent here from Pasadena Villa because she was trying to run off site and was hiding under cars. Pasadena Villa states they are unable to get her to communicate with them. Per nursing staff, the patient has history of Dissociative Identity Disorder. Severity of symptoms are moderate. Symptoms are constant.

Nurses notes reviewed up to this point. PFSH reviewed. [1]

ROS:

Except as noted, unable to obtain a reliable review of systems due to the patient's current condition and acuity. [2]

VITALS & MEASUREMENTS:

T: 36.6 °C (Oral) HR: 95(Peripheral) RR: 18 BP: 100/60 SpO2: 98%
WT: 52.10 kg
Cons: patient is awake, alert, but is nonverbal
Eyes: PERRL. No scleral icterus or periorbital edema
Neck: Trachea midline, neck supple, no masses appreciated
Cardiovascular: RRR, normal S1 and S2. No gallops, murmurs, rubs.
Resp: Clear to auscultation bilaterally. No rales, rhonchi or wheezes noted. No respiratory distress.
Abd/GI: Soft, non-tender, with normal bowel sounds. No guarding or rebound tenderness
Skin: warm, no rashes
Neuro: CN II-XII grossly intact. No focal neurological deficits.
Psych: Tearful, blunt affect [3]

PERTINENT LABS/IMAGING:

CBC and Differential	LATEST RESULTS	
WBC	10/01/19 14:28	8.3
RBC	10/01/19 14:28	5.07 High
Hgb	10/01/19 14:28	16.1 High
Hct	10/01/19 14:28	46.8 High
MCV	10/01/19 14:28	92.4
MCH	10/01/19 14:28	31.8
MCHC	10/01/19 14:28	34.4
RDW	10/01/19 14:28	13.0
Platelets	10/01/19 14:28	298
MPV	10/01/19 14:28	7.7
Neutrophil % Auto	10/01/19 14:28	76.1
Lymphocyte % Auto	10/01/19 14:28	15.6
Monocyte % Auto	10/01/19 14:28	7.4

LeConte Medical Center
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Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Eosinophil % Auto	10/01/19 14:28	0.6
Basophil % Auto	10/01/19 14:28	0.3
Absolute Neuts	10/01/19 14:28	6.3
Absolute Lymphs	10/01/19 14:28	1.3
Absolute Monos	10/01/19 14:28	0.6
Absolute Eos	10/01/19 14:28	0.1
Absolute Basos	10/01/19 14:28	0.0

Routine Chemistry

LATEST RESULTS

Sodium Lvl	10/01/19 14:28	140
Potassium Lvl	10/01/19 14:28	4.4
Chloride Lvl	10/01/19 14:28	103
CO2	10/01/19 14:28	24
Glucose Lvl	10/01/19 14:28	103 High
BUN	10/01/19 14:28	12
Creatinine Lvl	10/01/19 14:28	0.7
Calcium Lvl	10/01/19 14:28	9.5
Anion Gap	10/01/19 14:28	13.0 High
eGFR AA	10/01/19 14:28	>60
eGFR Non-AA	10/01/19 14:28	>60

Pregnancy Testing

LATEST RESULTS

hCG Ur	10/01/19 14:28	Negative
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Drugs of Abuse

LATEST RESULTS

Amphetamine Scrn Ur	10/01/19 14:28	Negative
Barbiturate Scrn Ur	10/01/19 14:28	Negative
Benzodiazepine Scrn Ur	10/01/19 14:28	Negative
Cannabinoid Scrn Ur	10/01/19 14:28	Negative
Cocaine Scrn Ur	10/01/19 14:28	Negative
Methadone Scrn Ur	10/01/19 14:28	Negative
Opiate Scrn Ur	10/01/19 14:28	Negative
Oxycodone Scrn Ur	10/01/19 14:28	Negative
Phencyclidine Scrn Ur	10/01/19 14:28	Positive Abnormal
Ethanol	10/01/19 14:28	<10.1
Ethanol Level	10/01/19 14:28	<0.01

Progress Notes

10/02/19 15:59:06 Patient's care transferred to Dr. Oliver.

LeConte Medical Center
742 Middle Creek Road
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Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

ASSESSMENT AND PLAN/MDM

James White, scribe, scribing for and in the presence of Dr. Scott Langford MD.

I personally performed the services described in the documentation, reviewed the documentation recorded by the scribe in my presence and it accurately and completely records my words and actions.

[1] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT
[2] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT
[3] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT

Electronically Signed on 10/02/19 03:59 PM

WHITE, JAMES

Electronically Signed on 10/03/19 02:51 PM

LANGFORD, JOSEPH SCOTT MD

Document Type:	ED Note Physician
Service Date/Time:	10/1/2019 16:40 EDT
Result Status:	Auth (Verified)
Document Subject:	ED Supervision/Handoff Note
Sign Information:	OLIVER, ZEKE PIERCE MD (10/2/2019 23:04 EDT); SHOUP, AMANDA (10/2/2019 02:05 EDT)

ED SUPERVISION/HANDOFF NOTE:

HISTORY OF PRESENT ILLNESS:

Exam started 10/01/19 14:21:19 Source of this history is provided by the nursing staff per report from Pasadena Villa. Complete history not available. Unable to obtain complete history due patient is not speaking. Nurses notes reviewed up to this point. 22 Years old Female patient presents to the Emergency Department complaining of psychiatric evaluation onset prior to arrival. Per nursing staff, patient was sent here from Pasadena Villa because she was trying to run off site and was hiding under cars. Pasadena Villa states they are unable to get her to communicate with them. Per nursing staff, the patient has history of Dissociative Identity Disorder. Severity of symptoms are moderate. Symptoms are constant.

Nurses notes reviewed up to this point. PFSH reviewed. [1]

ROS:

Except as noted, unable to obtain a reliable review of systems due to the patient's current condition and acuity. [2]

VITALS & MEASUREMENTS:

T: 36.8 °C (Oral) HR: 130(Peripheral) RR: 17 BP: 124/83 SpO2: 98%
WT: 52.10 kg
Cons: patient is awake, alert, but is nonverbal
Eyes: PERRL. No scleral icterus or periorbital edema
Neck: Trachea midline, neck supple, no masses appreciated
Cardiovascular: RRR, normal S1 and S2. No gallops, murmurs, rubs.

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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Resp: Clear to auscultation bilaterally. No rales, rhonchi or wheezes noted. No respiratory distress.
Abd/GI: Soft, non-tender, with normal bowel sounds. No guarding or rebound tenderness
Skin: warm, no rashes
Neuro: CN II-XII grossly intact. No focal neurological deficits.
Psych: Tearful, blunt affect [3]

PERTINENT LABS/IMAGING:

CBC and Differential	LATEST RESULTS
WBC	10/01/19 14:28 8.3
RBC	10/01/19 14:28 5.07 High
Hgb	10/01/19 14:28 16.1 High
Hct	10/01/19 14:28 46.8 High
MCV	10/01/19 14:28 92.4
MCH	10/01/19 14:28 31.8
MCHC	10/01/19 14:28 34.4
RDW	10/01/19 14:28 13.0
Platelets	10/01/19 14:28 298
MPV	10/01/19 14:28 7.7
Neutrophil % Auto	10/01/19 14:28 76.1
Lymphocyte % Auto	10/01/19 14:28 15.6
Monocyte % Auto	10/01/19 14:28 7.4
Eosinophil % Auto	10/01/19 14:28 0.6
Basophil % Auto	10/01/19 14:28 0.3
Absolute Neuts	10/01/19 14:28 6.3
Absolute Lymphs	10/01/19 14:28 1.3
Absolute Monos	10/01/19 14:28 0.6
Absolute Eos	10/01/19 14:28 0.1
Absolute Basos	10/01/19 14:28 0.0

Routine Chemistry	LATEST RESULTS
Sodium Lvl	10/01/19 14:28 140
Potassium Lvl	10/01/19 14:28 4.4
Chloride Lvl	10/01/19 14:28 103
CO2	10/01/19 14:28 24
Glucose Lvl	10/01/19 14:28 103 High
BUN	10/01/19 14:28 12
Creatinine Lvl	10/01/19 14:28 0.7
Calcium Lvl	10/01/19 14:28 9.5
Anion Gap	10/01/19 14:28 13.0 High
eGFR AA	10/01/19 14:28 >60
eGFR Non-AA	10/01/19 14:28 >60

Pregnancy Testing	LATEST RESULTS
hCG Ur	10/01/19 14:28 Negative

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**

MRN: LCMC0000592122

FIN: 1927410070

DOB/Age/Sex: 11/16/1996 22 years

Female

Admit: 10/1/2019

Disch: 10/3/2019

Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Drugs of Abuse	LATEST RESULTS
Amphetamine Scrn Ur	10/01/19 14:28 Negative
Barbiturate Scrn Ur	10/01/19 14:28 Negative
Benzodiazepine Scrn Ur	10/01/19 14:28 Negative
Cannabinoid Scrn Ur	10/01/19 14:28 Negative
Cocaine Scrn Ur	10/01/19 14:28 Negative
Methadone Scrn Ur	10/01/19 14:28 Negative
Opiate Scrn Ur	10/01/19 14:28 Negative
Oxycodone Scrn Ur	10/01/19 14:28 Negative
Phencyclidine Scrn Ur	10/01/19 14:28 Positive Abnormal
Ethanol	10/01/19 14:28 <10.1
Ethanol Level	10/01/19 14:28 <0.01

Progress Notes

10/01/19 16:40:57

Care assumed from Dr. David Alex Coffey MD, to Dr. Zeke Oliver MD. Dr. Zeke Oliver MD, has reviewed the previous documentation and agrees with the documentation.

10/01/19 19:25:28

On recheck the patient is resting comfortably, calm. Engages well in discussion. Denies any SI/HI or hallucinations. Reports that some of her personalities lead to her being withdrawn and non communicative. Reports she has "gotten lost" at times at Pasadena Villa, but reports she "wasn't doing it on purpose". Reports she has generally liked Pasadena Villa and would like to return there.

10/01/19 19:33:15

Spoke with pt's therapist Jay Meeks, 706-255-2848, at Pasadena Villa. He reports that over the last month she has generally been doing well until roughly the last 7-10 days. During this recent time frame she has been having more frequent and more severe episodes of her depersonalization/dissociation where she becomes non verbal and runs away. She has run away multiple times including episodes of running off into the woods, running into the nearby road, and running and hiding under vehicles. After the episodes are over she typically has no recollection of them and is tearful/upset by them. Due to the increasing frequency/severity of these episodes, particularly the elopements and elopement risk, he and the providers at Pasadena Villa are concerned for the pt's safety and requiring a higher level of care.

10/01/19 23:32:30

Spoke with Michelle from mobile crisis. She has spoken to the pt and pt's family. Michelle does not have any current concerns for the pt's safety and recs likely d/c back to Pasadena Villa, and wants to speak further with Pasadena Villa in the morning when they are available. Will monitor pt overnight.

10/02/19 02:04:12

Patient care transferred to the oncoming physician Dr. Elizabeth Hull MD from Dr. Zeke Oliver MD

ASSESSMENT AND PLAN/MDM

Scribe attestation

Amanda Shoup, scribe, scribing for and in the presence of Dr. Zeke Oliver MD

Provider Attestation

I personally performed the services described in the documentation, reviewed the documentation recorded by the scribe in my presence and it accurately and completely records my words and actions.

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122
FIN: 1927410070
DOB/Age/Sex: 11/16/1996 22 years Female
Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

[1] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT
[2] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT
[3] ED Note; DUPONT, LACEY 10/01/2019 14:25 EDT

Electronically Signed on 10/02/19 02:05 AM

SHOUP, AMANDA

Electronically Signed on 10/02/19 11:04 PM

OLIVER, ZEKE PIERCE MD

Document Type: ED Note Physician
Service Date/Time: 10/1/2019 14:25 EDT
Result Status: Auth (Verified)
Document Subject: ED Note
Sign Information: COFFEY, DAVID ALEXANDER MD (10/3/2019 10:52 EDT);
DUPONT, LACEY (10/1/2019 16:36 EDT)

Chief Complaint

Sent by Pasadena Villa for danger to self and elopement risk. Patient refuses to speak or answer any questions.

History of Present Illness

Exam started 10/01/19 14:21:19 Source of this history is provided by the nursing staff per report from Pasadena Villa. Complete history not available. Unable to obtain complete history due patient is not speaking. Nurses notes reviewed up to this point. 22 Years old Female patient presents to the Emergency Department complaining of psychiatric evaluation onset prior to arrival. Per nursing staff, patient was sent here from Pasadena Villa because she was trying to run off site and was hiding under cars. Pasadena Villa states they are unable to get her to communicate with them. Per nursing staff, the patient has history of Dissociative Identity Disorder. Severity of symptoms are moderate. Symptoms are constant.

Nurses notes reviewed up to this point. PFSH reviewed.

Review of Systems

Except as noted, unable to obtain a reliable review of systems due to the patient's current condition and acuity.

Physical Exam

Vitals & Measurements

T: 36.8 °C (Oral) HR: 130 (Peripheral) RR: 17 BP: 124/83 SpO2: 98%
WT: 52.10 kg

Cons: patient is awake, alert, but is nonverbal

Problem List/Past Medical History

Ongoing

Dissociative identity disorder

Historical

No qualifying data

Procedure/Surgical History

Unable to obtain surgical history.

Medications

Inpatient

No active inpatient medications

Home

No active home medications

Allergies

Haldol (unknown)

Social History

Alcohol

Unable to assess due to cognitive impairment, 10/01/2019

Tobacco

Tobacco use: Unable to assess due to cognitive impairment., 10/01/2019

LeConte Medical Center
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Patient Name: **REED, EMILY**
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FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Eyes: PERRL. No scleral icterus or periorbital edema
Neck: Trachea midline, neck supple, no masses appreciated
Cardiovascular: RRR, normal S1 and S2. No gallops, murmurs, rubs.
Resp: Clear to auscultation bilaterally. No rales, rhonchi or wheezes noted. No respiratory distress.
Abd/GI: Soft, non-tender, with normal bowel sounds. No guarding or rebound tenderness
Skin: warm, no rashes
Neuro: CN II-XII grossly intact. No focal neurological deficits.
Psych: Tearful, blunt affect

Procedure

No procedure performed.

EKG and/or Imaging Interpretation

No imaging obtained.

Progress Notes

10/01/19 15:34:29: Discussed with Pasadena Villa further on why she was sent here. The staff there reports in the last week she has been journaling about suicidal ideations, has become increasingly tearful and is fleeing from the facility.

10/01/19 16:35:33: Patient care transferred to the oncoming physician Dr. Zeke Oliver, M.D pending psychiatric placement.

Medical Decision Making

Pending psychiatric evaluation

Attestation

Scribe Attestation

Lacey Dupont, scribe, scribing for and in the presence of Dr. David Coffey, MD.

Provider Attestation

I personally performed the services described in the documentation, reviewed the documentation recorded by the scribe in my presence and it accurately and completely records my words and actions.

Family History

Unable to obtain family history

Lab Results

CBC and Differential	LATEST RESULTS
WBC	10/01/19 8.3 14:28
RBC	10/01/19 5.07 High 14:28
Hgb	10/01/19 16.1 High 14:28
Hct	10/01/19 46.8 High 14:28
MCV	10/01/19 92.4 14:28
MCH	10/01/19 31.8 14:28
MCHC	10/01/19 34.4 14:28
RDW	10/01/19 13.0 14:28
Platelets	10/01/19 298 14:28
MPV	10/01/19 7.7 14:28
Neutrophil % Auto	10/01/19 76.1 14:28
Lymphocyte % Auto	10/01/19 15.6 14:28
Monocyte % Auto	10/01/19 7.4 14:28
Eosinophil % Auto	10/01/19 0.6 14:28
Basophil % Auto	10/01/19 0.3 14:28
Absolute Neuts	10/01/19 6.3 14:28
Absolute Lymphs	10/01/19 1.3 14:28
Absolute Monos	10/01/19 0.6 14:28
Absolute Eos	10/01/19 0.1 14:28
Absolute Basos	10/01/19 0.0 14:28

LeConte Medical Center
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Patient Name: **REED, EMILY**

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DOB/Age/Sex: 11/16/1996 22 years

Female

Admit: 10/1/2019

Disch: 10/3/2019

Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

**Routine
Chemistry**

LATEST RESULTS

Sodium Lvl	10/01/19 140 14:28
Potassium Lvl	10/01/19 4.4 14:28
Chloride Lvl	10/01/19 103 14:28
CO2	10/01/19 24 14:28
Glucose Lvl	10/01/19 103 High 14:28
BUN	10/01/19 12 14:28
Creatinine Lvl	10/01/19 0.7 14:28
Calcium Lvl	10/01/19 9.5 14:28
Anion Gap	10/01/19 13.0 High 14:28
eGFR AA	10/01/19 >60 14:28
eGFR Non-AA	10/01/19 >60 14:28

**Pregnancy
Testing**

LATEST RESULTS

hCG Ur	10/01/19 Negative 14:28
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Electronically Signed on 10/01/19 04:36 PM

DUPONT, LACEY

Electronically Signed on 10/03/19 10:52 AM

COFFEY, DAVID ALEXANDER MD

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122
FIN: 1927410070
DOB/Age/Sex: 11/16/1996 22 years Female
Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Document Type:	ED Notes
Service Date/Time:	10/1/2019 22:11 EDT
Result Status:	Auth (Verified)
Document Subject:	ED Phone Call for Consults
Sign Information:	ROGERS,VIRGINIA D (10/1/2019 22:11 EDT)

ED Phone Call for Consults Entered On: 10/01/19 22:11 EDT
Performed On: 10/01/19 22:11 EDT by ROGERS, VIRGINIA D

Phone Call for Consults

Phone Call Attempt One : 10/1/2019 22:11 EDT
Reason for Consult : MICHELLE MOBILE CRISIS CALLED

ROGERS, VIRGINIA D - 10/01/19 22:11 EDT

Document Type:	ED Patient Summary
Service Date/Time:	10/3/2019 15:03 EDT
Result Status:	Modified
Document Subject:	ED Patient Summary
Sign Information:	FARRAGUT,MEAGAN SIMMONS RN (10/3/2019 15:03 EDT); PODGORSKI,ERIN (10/2/2019 21:55 EDT)

ED Patient Summary

Name: REED, EMILY
FIN: 1927410070

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862
Main ED
(865) 446-8800
Discharge Instructions (Patient)

Name: REED, EMILY Current Date: 10/03/19 15:03:11

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

DOB: 11/16/96 **MRN:** LCMC0000592122 **FIN:** 1927410070

Diagnosis: 1:Dissociative identity disorder; 2:At risk for elopement; 3:Disassociation disorder
1:Dissociative identity disorder; 2:At risk for elopement; 3:Disassociation disorder

Visit Date: 10/01/19 13:59:00

Address: 20762 CRESTVIEW LN HUNTINGTON BH CA 92646

Phone:

Primary Care Provider:

Name: NONE, NONE MD

Phone:

Emergency Department Providers:

Primary Physician:

LANGFORD, JOSEPH SCOTT

LeConte Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following instructions include patient education materials and information regarding your injury/illness.

REED, EMILY has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions:

With:

Address:

When:

Follow up with specialist

Comments:

Return to Pasadena Villa

Patient Education Materials:

Dissociative Identity Disorder; Dissociative Identity Disorder

Dissociative Identity Disorder

Dissociative identity disorder is a long-term (*chronic*) mental illness. This disorder used to be called multiple personality disorder. This disorder may start in childhood as an involuntary escape from reality. It can be a

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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

defensive coping response to a very stressful or abusive situation. It may become a pattern that lasts into the adult years. It can cause problems with:

- Memory.
- Behavior.
- A person's sense of self.

People with this disorder seem to have many distinct personalities. These personalities repeatedly take control of the person's behavior and awareness.

What are the causes?

This disorder may be caused by:

- Childhood trauma. This includes emotional, sexual, or physical abuse.
- Natural disasters.
- Combat.

What are the signs or symptoms?

Symptoms of this disorder include:

- Memory gaps.
- Flashbacks.
- The sudden return of traumatic memories.
- Feeling disconnected from one's body or thoughts, or having "out of body" experiences.
- Seeing or hearing things that are not real (*hallucinations*).
- Writing with different handwriting and different times.
- Depression.
- Anxiety or panic attacks.
- Mood swings.
- Trouble sleeping (*insomnia*).
- Sleepwalking.
- Severe headaches or pain in other parts of the body.

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Patient Name: **REED, EMILY**
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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

- Abnormal sexual behavior. This includes sexual addiction and avoiding sex.
- Suicidal thoughts or behaviors.

People with this disorder may also:

- Find themselves in strange places and not know how they got there.
- Be greeted by people who are not familiar to them and who claim to know them.
- Have clothing and jewelry that they do not remember buying and are not consistent with their tastes.

How is this diagnosed?

This condition is diagnosed based on symptoms and personal history. A health care provider may first do tests to rule out a physical health problem, such as:

- A brain injury.
- A brain tumor.
- A seizure disorder.

After physical causes are ruled out, a health care provider who specializes in physical and psychological causes of mental conditions (*psychiatrist*) will do a psychiatric evaluation. This may include interviews and written journals. This condition is diagnosed if:

- There are at least two distinct identities that cause changes in behavior, memory, and thinking. Symptoms may be self-reported or witnessed by others. They must not be part of the person's normal cultural or religious practices or behavior.
- There are repeated gaps in memory about daily events, personal information, or traumatic events from the past.
- Symptoms cause a lot of distress and interfere with the person's job, relationships, or daily activities.

How is this treated?

This condition is usually treated by mental health professionals, such as psychologists, psychiatrists, and clinical social workers. More than one type of treatment may be needed. Treatment may include:

- Psychotherapy. This therapy may involve:
 - Addressing traumatic life events.
 - Identifying personalities.

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MRN: LCMC0000592122 Admit: 10/1/2019
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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

- Combining personalities into one.
- Cognitive behavioral therapy. This helps the person to recognize and change unhealthy feelings, thoughts, and behaviors. It involves finding new, more positive thoughts and actions to replace unhealthy ones.
- Dialectical behavioral therapy. Through this type of treatment, a person learns to understand his or her feelings and control them. This may be one-on-one treatment or part of group therapy.
- Family therapy. This treatment includes family members.
- Support groups.
- Medicines.
- Eye movement desensitization and reprocessing (EMDR). This is a form of psychotherapy. It is often helpful for those who have been abused.
- Hypnosis. This can help people:
 - Remember memories they have repressed.
 - Control harmful behaviors.
 - Combine their personalities.

Follow these instructions at home:

People with this condition should:

- Take over-the-counter and prescription medicines only as told by their health care provider.
- Talk to their health care provider about the possible side effects of their medicines. The medicines used to treat this condition can affect different people in different ways.
- Keep all follow-up visits as told by their health care provider. This is important.

Where to find more information

- National Alliance on Mental Illness: www.nami.org
- International Society for the Study of Trauma and Dissociation: www.isst-d.org

Contact a health care provider if:

- Symptoms get worse.
- New symptoms develop, such as:

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Disch: 10/3/2019

DOB/Age/Sex: 11/16/1996 22 years

Female

Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

- Unexplained memory loss.
- Significant changes in behavior that are related to stress.
- A sense that one's identity or world is fuzzy or unreal.

Get help right away if:

- Serious thoughts occur about self-harm or about hurting others.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 09/26/2009 Document Revised: 05/25/2017 Document Reviewed: 10/10/2016
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Dissociative Identity Disorder

Dissociative identity disorder is a long-term (*chronic*) mental illness. This disorder used to be called multiple personality disorder. This disorder may start in childhood as an involuntary escape from reality. It can be a defensive coping response to a very stressful or abusive situation. It may become a pattern that lasts into the adult years. It can cause problems with:

- Memory.
- Behavior.
- A person's sense of self.

People with this disorder seem to have many distinct personalities. These personalities repeatedly take control of the person's behavior and awareness.

What are the causes?

This disorder may be caused by:

- Childhood trauma. This includes emotional, sexual, or physical abuse.
- Natural disasters.
- Combat.

What are the signs or symptoms?

Symptoms of this disorder include:

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Sevierville, TN 37862-5019

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Disch: 10/3/2019

DOB/Age/Sex: 11/16/1996 22 years Female

Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

- Memory gaps.
- Flashbacks.
- The sudden return of traumatic memories.
- Feeling disconnected from one's body or thoughts, or having "out of body" experiences.
- Seeing or hearing things that are not real (*hallucinations*).
- Writing with different handwriting and different times.
- Depression.
- Anxiety or panic attacks.
- Mood swings.
- Trouble sleeping (*insomnia*).
- Sleepwalking.
- Severe headaches or pain in other parts of the body.
- Abnormal sexual behavior. This includes sexual addiction and avoiding sex.
- Suicidal thoughts or behaviors.

People with this disorder may also:

- Find themselves in strange places and not know how they got there.
- Be greeted by people who are not familiar to them and who claim to know them.
- Have clothing and jewelry that they do not remember buying and are not consistent with their tastes.

How is this diagnosed?

This condition is diagnosed based on symptoms and personal history. A health care provider may first do tests to rule out a physical health problem, such as:

- A brain injury.
- A brain tumor.
- A seizure disorder.

After physical causes are ruled out, a health care provider who specializes in physical and psychological causes of mental conditions (*psychiatrist*) will do a psychiatric evaluation. This may include interviews and written journals. This condition is diagnosed if:

LeConte Medical Center
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Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**

MRN: LCMC0000592122

Admit: 10/1/2019

FIN: 1927410070

Disch: 10/3/2019

DOB/Age/Sex: 11/16/1996 22 years Female

Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

- There are at least two distinct identities that cause changes in behavior, memory, and thinking. Symptoms may be self-reported or witnessed by others. They must not be part of the person's normal cultural or religious practices or behavior.
- There are repeated gaps in memory about daily events, personal information, or traumatic events from the past.
- Symptoms cause a lot of distress and interfere with the person's job, relationships, or daily activities.

How is this treated?

This condition is usually treated by mental health professionals, such as psychologists, psychiatrists, and clinical social workers. More than one type of treatment may be needed. Treatment may include:

- Psychotherapy. This therapy may involve:
 - Addressing traumatic life events.
 - Identifying personalities.
 - Combining personalities into one.
- Cognitive behavioral therapy. This helps the person to recognize and change unhealthy feelings, thoughts, and behaviors. It involves finding new, more positive thoughts and actions to replace unhealthy ones.
- Dialectical behavioral therapy. Through this type of treatment, a person learns to understand his or her feelings and control them. This may be one-on-one treatment or part of group therapy.
- Family therapy. This treatment includes family members.
- Support groups.
- Medicines.
- Eye movement desensitization and reprocessing (EMDR). This is a form of psychotherapy. It is often helpful for those who have been abused.
- Hypnosis. This can help people:
 - Remember memories they have repressed.
 - Control harmful behaviors.
 - Combine their personalities.

Follow these instructions at home:

People with this condition should:

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Sevierville, TN 37862-5019

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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

- Take over-the-counter and prescription medicines only as told by their health care provider.
- Talk to their health care provider about the possible side effects of their medicines. The medicines used to treat this condition can affect different people in different ways.
- Keep all follow-up visits as told by their health care provider. This is important.

Where to find more information

- National Alliance on Mental Illness: www.nami.org
- International Society for the Study of Trauma and Dissociation: www.isst-d.org

Contact a health care provider if:

- Symptoms get worse.
- New symptoms develop, such as:
 - Unexplained memory loss.
 - Significant changes in behavior that are related to stress.
 - A sense that one's identity or world is fuzzy or unreal.

Get help right away if:

- Serious thoughts occur about self-harm or about hurting others.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 09/26/2009 Document Revised: 05/25/2017 Document Reviewed: 10/10/2016
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Allergies: Haldol

Medication Information:

LeConte Medical Center ED Physicians provided you with a complete list of medications post discharge. If you have been instructed to stop taking a medication, please ensure you also follow up with this information to your Primary Care Physician. Unless otherwise noted, please continue to take medications

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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

as prescribed prior to your Emergency Room visit. Any specific questions regarding your chronic medications and dosages should be discussed with your physician(s) and pharmacist.

Medications That Were Changed - Changes Shown Below

Other Medications

Current **calcium carbonate (Tums)** 2 tabs Chewed every 4 hours as needed heartburn.

Last Dose: _____ Next Dose: _____

Current **gabapentin (gabapentin 300 mg oral capsule)** 1 Capsules Oral (given by mouth) every morning as needed anxiety.

Last Dose: _____ Next Dose: _____

Medications That Have Not Changed

Other Medications

acetaminophen (Tylenol 325 mg oral capsule) 2 Capsules Oral (given by mouth) every 6 hours as needed as needed for fever.

Last Dose: _____ Next Dose: _____

bismuth subsalicylate (Pepto-Bismol) 30 Milliliters Oral (given by mouth) 3 times a day as needed nausea.

Last Dose: _____ Next Dose: _____

desvenlafaxine (Pristiq 25 mg oral tablet, extended release) 1 tab Oral (given by mouth) every day, do not crush or chew., Do not crush

Last Dose: _____ Next Dose: _____

desvenlafaxine (Pristiq 50 mg oral tablet, extended release) 1 tab Oral (given by mouth) every day., Do not crush

Last Dose: _____ Next Dose: _____

diphenhydramine (Benadryl 25 mg oral capsule) 1 Capsules Oral (given by mouth) every 6 hours as needed as needed for allergy symptoms.

Last Dose: _____ Next Dose: _____

hydrocortisone topical (hydrocortisone 0.5% topical cream) Topical (on the skin) 4 times a day as needed allergy symptoms.

Last Dose: _____ Next Dose: _____

hydrOXYzine (Vistaril 25 mg oral capsule) 1 Capsules Oral (given by mouth) 3 times a day as needed as needed for anxiety.

LeConte Medical Center
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Patient Name: REED, EMILY

MRN: LCMC0000592122

FIN: 1927410070

DOB/Age/Sex: 11/16/1996 22 years

Female

Admit: 10/1/2019

Disch: 10/3/2019

Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Last Dose: _____ Next Dose: _____

lamoTRigine (LaMICtal 200 mg oral tablet) 1 tab Oral (given by mouth) every day.

Last Dose: _____ Next Dose: _____

loperamide (Imodium A-D) 2 Milligrams Oral (given by mouth) every 4 hours as needed diarrhea.

Last Dose: _____ Next Dose: _____

naproxen (Midol Extended Relief) 440 Milligrams Oral (given by mouth) every 6 hours as needed cramping.

Last Dose: _____ Next Dose: _____

prazosin (prazosin 2 mg oral capsule) 1 Capsules Oral (given by mouth) every day at bedtime.

Last Dose: _____ Next Dose: _____

template non-formulary (medication) (cough drops) 1 lozenge Oral (given by mouth) every 2 hours.

Last Dose: _____ Next Dose: _____

Please share your new medication list with your primary care provider and carry a list of updated medications with you at all times in case of emergency.

Major Tests:

The following tests were performed during your ED visit.

Laboratory or Other Results This Visit (last charted value for your 10/01/2019 visit)

Hematology

10/01/2019 2:28 PM

WBC: 8.3 10x3/uL -- Normal range between (4.0 and 11.0)

RBC: 5.07 10x6/uL -- Normal range between (3.90 and 4.98)

MCV: 92.4 fL -- Normal range between (81.0 and 93.0)

MCHC: 34.4 g/dL -- Normal range between (33.0 and 37.0)

Hct: 46.8 % -- Normal range between (35.0 and 45.0)

MCH: 31.8 pg -- Normal range between (28.0 and 35.0)

Hgb: 16.1 g/dL -- Normal range between (12.0 and 15.5)

MPV: 7.7 fL -- Normal range between (6.0 and 11.1)

Platelets: 298 10x3/uL -- Normal range between (140 and 400)

RDW: 13.0 % -- Normal range between (10.9 and 14.7)

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Absolute Neuts: 6.3 10x3/uL -- Normal range between (1.5 and 8.0)
Basophil % Auto: 0.3 % -- Normal range between (0.0 and 2.0)
Monocyte % Auto: 7.4 % -- Normal range between (3.0 and 14.0)
Lymphocyte % Auto: 15.6 % -- Normal range between (15.0 and 45.0)
Absolute Monos: 0.6 10x3/uL -- Normal range between (0.3 and 1.1)
Absolute Eos: 0.1 10x3/uL -- Normal range between (0.0 and 0.6)
Eosinophil % Auto: 0.6 % -- Normal range between (0.0 and 5.0)
Absolute Basos: 0.0 10x3/uL -- Normal range between (0.0 and 0.2)
Neutrophil % Auto: 76.1 % -- Normal range between (40.0 and 78.0)
Absolute Lymphs: 1.3 10x3/uL -- Normal range between (1.0 and 4.0)

Chemistry

10/01/2019 2:28 PM

Creatinine Lvl: 0.7 mg/dL -- Normal range between (0.5 and 0.9)
BUN: 12 mg/dL -- Normal range between (6 and 20)
Glucose Lvl: 103 mg/dL -- Normal range between (70 and 99)
Calcium Lvl: 9.5 mg/dL -- Normal range between (8.5 and 10.5)
CO2: 24 mmol/L -- Normal range between (21 and 29)
eGFR Non-AA: >60 mL/min/1.73 m2
eGFR AA: >60 mL/min/1.73 m2
Chloride Lvl: 103 mEq/L -- Normal range between (97 and 108)
Anion Gap: 13.0 -- Normal range between (3.0 and 11.0)
hCG Ur: Negative
Sodium Lvl: 140 mEq/L -- Normal range between (136 and 145)
Potassium Lvl: 4.4 mEq/L -- Normal range between (3.4 and 5.1)

Toxicology

10/01/2019 2:28 PM

Ethanol Level: <0.01 %
Barbiturate Scrn Ur: Negative
Benzodiazepine Scrn Ur: Negative
Cocaine Scrn Ur: Negative
Methadone Scrn Ur: Negative
Oxycodone Scrn Ur: Negative
Opiate Scrn Ur: Negative
Cannabinoid Scrn Ur: Negative
Ethanol: <10.1 mg/dL -- Normal range between (0.0 and 10.1)

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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Phencyclidine Scrn Ur: Positive
Amphetamine Scrn Ur: Negative

SEDATION OR ANESTHESIA

For patients who have received sedation or anesthesia, it is typical to experience sleepiness.

For the first 24 hours:

Do have a responsible person with you.

Do not drive a car. If you are alone, **do not** take public transportation.

Do not drink alcohol.

Do not take medicine that has not been prescribed by your health care provider.

Do not sign important papers or make important decisions.

Name: REED, EMILY

FIN: 1927410070

I, REED, EMILY, has been given the following list of patient education materials, prescriptions, and follow up instructions and has verbalized understanding:

Dissociative Identity Disorder; Dissociative Identity Disorder

With:

Address:

When:

Follow up with specialist

Comments:

Return to Pasadena Villa

Patient (or Guardian) Signature 10/03/19 15:03:11

Provider Signature 10/03/19 15:03:11

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

Name: REED, EMILY
FIN: 1927410070

"You may have received diagnostic testing at this facility for which final results are not yet available. Please follow up on MyCovenantHealth patient portal to obtain your diagnostic results, which will be available once the results are finalized. Contact your primary care physician with any questions regarding diagnostic test results. If you do not have a primary care physician, please contact this facility's emergency department and ask to speak with an emergency department nurse."

MyCovenantHealth Patient Portal is a secure way to access your electronic health records throughout the Covenant Health system. With MyCovenantHealth, you can:

- View lab results and other relevant health documents
- Manage upcoming appointments
- Send secure messages to your provider
- View your medications

How Do I Sign Up for the MyCovenantHealth Patient Portal?

If you've provided your email address to us, you will receive an email invitation to join the MyCovenantHealth patient portal. The email will come from CovenantHealth <noreply@iqhealth.com>. Follow the instructions in the email to access your patient record.

If you have not provided us with your email address, you may self-enroll in the patient portal by going to <https://mycovenanthealth.iqhealth.com/self-enroll> and providing the following required information:

- Name
- Birthdate
- Medical Record Number (MRN). Please do not enter any letters or leading zeroes. For example, if your Medical Record Number is listed as "MREC- 000000123" or "MRN: ABCD000000123," then only enter "123."
- Last four digits of your Social Security number

Then, follow the instructions provided to complete the self-enrollment process. If you have any questions about registering for the MyCovenantHealth patient portal, please contact us at (865) 374-5260.

Once enrolled, to access the patient portal visit <https://mycovenanthealth.iqhealth.com>.

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

For more information about accessing the MyCovenantHealth patient portal, visit CovenantHealth.com/MyCovenantHealth.

How Do I Get the MyCovenantHealth App?

Once you've enrolled in the MyCovenantHealth patient portal, you can download the MyCovenantHealth app from the Apple App Store or Google Play Store.

How do I Connect My Health Information with other Health Management Apps?

Covenant Health also offers the ability to securely connect your MyCovenantHealth patient portal information with some of the health management apps you may use. Please visit www.CovenantHealth.com/health-apps to learn more about this opportunity.

Name: REED, EMILY

FIN: 1927410070

NATIONAL HOTLINES

National Suicide Prevention Lifeline

1-800-273-TALK (8255) [24/7 hotline]

1-888-628-9454 (Spanish)

1-800-799-4889 (TTY)

National Alliance on Mental Illness

1-800-950-6264

National Center on Elder Abuse

877-664-6140

National Child Abuse Hotline

1-800-422-4453

National Domestic Violence Hotline

1-800-799-7233 or 1-800-787-3224 (TTY)

National Sexual Assault Hotline

1-800-656-4673 [24/7 hotline]

National Human Trafficking Resource Center

1 (888) 373-7888

LeConte Medical Center
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Admit: 10/1/2019
Disch: 10/3/2019
Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

TENNESSEE HOTLINES

Suicide & Crisis Hotlines

Listed by City, County, or Service Area

Knox, Blount, Loudon, Sevier, Monroe Counties

Mobile Crisis Unit
24 hours / 7 days
(865) 539-2409

Name: REED, EMILY
FIN: 1927410070

Anderson, Roane, Campbell, Scott, Morgan County

Ridgeview Mobile Crisis
24 hours / 7 days
1-800-870-5481
(865) 481-6175

ATHENS

Contact

McMinn / Meigs Counties

24 hours / 7 days
Helpline
(423) 745-9111

Claiborne County

Cherokee Health Systems Mobile Crisis
24 hours / 7 days
1-800-826-6881

Cumberland County

Volunteer Behavioral Health
1-800-704-2651

Hamblen County

Mobile Crisis
24 hours / 7 days
(423)-586-5031

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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Youth Villages

Children < 18 years
1-866-791-9224

Name: REED, EMILY
FIN: 1927410070

I, REED, EMILY, has been given the following list of patient education materials, prescriptions, and follow up instructions and has verbalized understanding:
Dissociative Identity Disorder; Dissociative Identity Disorder

With: **Address:** **When:**
Follow up with specialist
Comments:
Return to Pasadena Villa

Patient (or Guardian) Signature 10/03/19 15:03:11

Provider Signature 10/03/19 15:03:11

Document Type: ED Triage Note
Service Date/Time: 10/1/2019 14:00 EDT
Result Status: Auth (Verified)
Document Subject: ED Triage Part 2 - Adult_v2
Sign Information: MESSICK, ELIZABETH ANNE RN (10/1/2019 14:00 EDT)

ED Triage Part 2 - Adult_v2 Entered On: 10/01/19 14:08 EDT
Performed On: 10/01/19 14:00 EDT by MESSICK, ELIZABETH ANNE RN

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Emergency Documentation

aED Triage Part 2 - Adultv2

Domestic Concerns : Unable to obtain
Document KINDER Falls Risk : Unable to obtain
Behavioral Health Concern : Unable to obtain
High Risk Non-Suicidal : Impaired thought processes, not appropriate for age, or the inability to make appropriate decisions that leads to self-harm or harm to others
ED Clinical Trial : Unable to obtain
ED Language Preference : Unable to obtain
ED Communication Education Barriers : Unable to obtain

MESSICK, ELIZABETH ANNE RN - 10/01/19 14:00 EDT

Document Type: ED Triage Note
Service Date/Time: 10/1/2019 14:00 EDT
Result Status: Auth (Verified)
Document Subject: ED Triage Part 1 - Adult_v2
Sign Information: MESSICK,ELIZABETH ANNE RN (10/1/2019 14:00 EDT)

ED Triage Part 1 - Adult_v2 Entered On: 10/01/19 14:07 EDT
Performed On: 10/01/19 14:00 EDT by MESSICK, ELIZABETH ANNE RN

ED Triage Part 1 - Adultv2

Chief Complaint : Sent by pasadena villa for danger to self and elopement risk. Patient refuses to speak or answer any questions.
Lynx Mode of Arrival : Police
ED Allergies/Med Hx Section : Document assessment
RFV Disclaimer : **Note: the 'Reason For Visit' Diagnosis Type is the Chief Complaint. This is not a Clinical Diagnosis. The Discharge Diagnosis is the Clinical Diagnosis for this visit.
Temperature Oral : 36.8 Deg C(Converted to: 98.2 Deg F)
Systolic Blood Pressure : 124 mmHg
Diastolic Blood Pressure : 83 mmHg
Peripheral Pulse Rate : 130 bpm (HI)
Respiratory Rate : 17 br/min
SpO2 : 98 %
Oxygen Therapy : Room air
Pain : No pain observed or expressed
ED Triage Sepsis Screening : None
Weight Method Type : Measured

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DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Emergency Documentation

Height Method Type : Estimated
Weight Dosing : 52.10 kg(Converted to: 114 lb 14 oz)
Height Inches : 64 in(Converted to: 163 cm)
ED Infectious Risk Screening : ED Launch Screening

MESSICK, ELIZABETH ANNE RN - 10/01/19 14:00 EDT

DCP GENERIC CODE

Tracking Acuity : 2 - Emergent
Tracking Group : LCMC ED Tracking Group

MESSICK, ELIZABETH ANNE RN - 10/01/19 14:00 EDT
(As Of: 10/1/2019 2:07:35 PM EDT)

Diagnoses(Active)

Mental illness

Date: 10/1/2019 ; Diagnosis Type: Reason For Visit ;
Confirmation: Complaint of ; Clinical Dx: Mental illness ;
Classification: Nursing ; Clinical Service: Emergency
medicine ; Code: PNED ; Probability: 0 ; Diagnosis Code:
91097F17-F03A-41F9-9471-2423E720D5E5

ED Triage Allergies

(As Of: 10/1/2019 2:07:35 PM EDT)

Allergies (Active)

Haldol

Estimated Onset Date: Unspecified ; Reactions: unknown ;
Created By: MESSICK, ELIZABETH ANNE RN; Reaction
Status: Active ; Category: Drug ; Substance: Haldol ; Type:
Allergy ; Updated By: MESSICK, ELIZABETH ANNE RN;
Reviewed Date: 10/01/19 14:03 EDT

ED IP Screening

Travel Outside US the Last 6 Months : Unable to obtain
Candida Auris Screening : Unable to obtain
Is there a risk of exposure to an infectious disease or history of infectious disease? : Unable to obtain
Hx of TB exposure, infection, or cough : No, Unable to obtain
ED Mask Patient Alert : Unable to obtain
C Diff Loose Stool Screening : Unable to obtain
ED Immunocompromised : Unable to obtain
ED Hazardous Exposure Screening : Unable to obtain

MESSICK, ELIZABETH ANNE RN - 10/01/19 14:00 EDT

LeConte Medical Center
742 Middle Creek Road
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Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY, DAVID ALEXANDER MD

Hematology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

CBC and Differential

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Automated Diff	DRONEN, STEVEN CHRISTOPHER MD	06-19-274-0372	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Neutrophil % Auto	76.1 ^{**}	%	[40.0-78.0]	10/1/2019 14:44 EDT
Lymphocyte % Auto	15.6 ^{**}	%	[15.0-45.0]	10/1/2019 14:44 EDT
Monocyte % Auto	7.4 ^{**}	%	[3.0-14.0]	10/1/2019 14:44 EDT
Eosinophil % Auto	0.6 ^{**}	%	[0.0-5.0]	10/1/2019 14:44 EDT
Basophil % Auto	0.3 ^{**}	%	[0.0-2.0]	10/1/2019 14:44 EDT
Absolute Neuts	6.3 ^{**}	10x3/uL	[1.5-8.0]	10/1/2019 14:44 EDT
Absolute Lymphs	1.3 ^{**}	10x3/uL	[1.0-4.0]	10/1/2019 14:44 EDT
Absolute Monos	0.6 ^{**}	10x3/uL	[0.3-1.1]	10/1/2019 14:44 EDT
Absolute Eos	0.1 ^{**}	10x3/uL	[0.0-0.6]	10/1/2019 14:44 EDT
Absolute Basos	0.0 ^{**}	10x3/uL	[0.0-0.2]	10/1/2019 14:44 EDT

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
CBC w/ Automated Differential	DRONEN, STEVEN CHRISTOPHER MD	06-19-274-0372	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
WBC	8.3 ^{**}	10x3/uL	[4.0-11.0]	10/1/2019 14:44 EDT
RBC	5.07 ^{H**}	10x6/uL	[3.90-4.98]	10/1/2019 14:44 EDT
Hgb	16.1 ^{H**}	g/dL	[12.0-15.5]	10/1/2019 14:44 EDT
Hct	46.8 ^{H**}	%	[35.0-45.0]	10/1/2019 14:44 EDT
MCV	92.4 ^{**}	fL	[81.0-93.0]	10/1/2019 14:44 EDT
MCH	31.8 ^{**}	pg	[28.0-35.0]	10/1/2019 14:44 EDT
MCHC	34.4 ^{**}	g/dL	[33.0-37.0]	10/1/2019 14:44 EDT
RDW	13.0 ^{**}	%	[10.9-14.7]	10/1/2019 14:44 EDT
Platelets	298 ^{**}	10x3/uL	[140-400]	10/1/2019 14:44 EDT
MPV	7.7 ^{**}	fL	[6.0-11.1]	10/1/2019 14:44 EDT

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Chemistry

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Routine Chemistry

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Basic Metabolic Panel	DRONEN,STEVEN CHRISTOPHER MD	06-19-274-0372	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Sodium Lvl	140 ^{**}	mEq/L	[136-145]	10/1/2019 15:18 EDT
Potassium Lvl	4.4 ^{**}	mEq/L	[3.4-5.1]	10/1/2019 15:18 EDT
Chloride Lvl	103 ^{**}	mEq/L	[97-108]	10/1/2019 15:18 EDT
CO2	24 ^{**}	mmol/L	[21-29]	10/1/2019 15:18 EDT
Glucose Lvl	103 ^{H**}	mg/dL	[70-99]	10/1/2019 15:18 EDT
BUN	12 ^{**}	mg/dL	[6-20]	10/1/2019 15:18 EDT
Creatinine Lvl	0.7 ^{**}	mg/dL	[0.5-0.9]	10/1/2019 15:18 EDT
Calcium Lvl	9.5 ^{**}	mg/dL	[8.5-10.5]	10/1/2019 15:18 EDT
Anion Gap	13.0 ^{H**}		[3.0-11.0]	10/1/2019 15:18 EDT
eGFR AA	>60 ^{i**}	mL/min/1.73 m2		10/1/2019 15:18 EDT
eGFR Non-AA	>60 ^{**}	mL/min/1.73 m2		10/1/2019 15:18 EDT

Interpretive Data

i1: eGFR AA
eGFR Reference Range:
Avg GFR > 60
Chronic Renal Disease < 60
Renal Failure < 15
Not valid on patients < 18yrs

Pregnancy Testing

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
HCG Qualitative Urine	DRONEN,STEVEN CHRISTOPHER MD	06-19-274-0373	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
hCG Ur	Negative ^{**}		[Negative]	10/1/2019 14:46 EDT

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/1/2019
FIN: 1927410070 Disch: 10/3/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting: COFFEY,DAVID ALEXANDER MD

Toxicology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Drugs of Abuse

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Alcohol Level (ETOH Level)	DRONEN,STEVEN CHRISTOPHER MD	06-19-274-0372	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Ethanol	<10.1 **	mg/dL	[0.0-10.1]	10/1/2019 15:25 EDT
Ethanol Level	<0.01 **	%		10/1/2019 15:25 EDT

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Drugs of Abuse Screen, Urine toxicology	DRONEN,STEVEN CHRISTOPHER MD	06-19-274-0373	10/1/2019 14:28 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Amphetamine Scrn Ur	Negative i2 **		[Negative]	10/1/2019 15:25 EDT
Barbiturate Scrn Ur	Negative **		[Negative]	10/1/2019 15:25 EDT
Benzodiazepine Scrn Ur	Negative **		[Negative]	10/1/2019 15:25 EDT
Cannabinoid Scrn Ur	Negative **		[Negative]	10/1/2019 15:25 EDT
Cocaine Scrn Ur	Negative **		[Negative]	10/1/2019 15:25 EDT
Methadone Scrn Ur	Negative **		[Negative]	10/1/2019 15:25 EDT
Opiate Scrn Ur	Negative **		[Negative]	10/1/2019 15:25 EDT
Oxycodone Scrn Ur	Negative **		[Negative]	10/1/2019 15:25 EDT
Phencyclidine Scrn Ur	Positive @ **		[Negative]	10/1/2019 15:25 EDT

Interpretive Data

i2: Amphetamine Scrn Ur
The determination of a positive result is based on the established detection limits listed below:

Amphetamines	500 ng/mL
Cocaine Metabolite	300 ng/mL
Barbiturates	200 ng/mL
Cannabinoid (THC)	50 ng/mL
Opiates	300 ng/mL
Benzodiazepines	100 ng/mL
Oxycodone	100 ng/mL
Methadone	300 ng/mL

This is a screening test only and may have false positive or false negative results. Confirmatory testing may be performed, if clinically indicated and ordered while the specimen is available. Clinical correlation is required for interpretation of all results.

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**

MRN: LCMC0000592122

FIN: 1927410070

DOB/Age/Sex: 11/16/1996 22 years Female

Admit: 10/1/2019

Disch: 10/3/2019

Admitting: COFFEY,DAVID ALEXANDER MD

Toxicology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-



LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:
Location: LCMC LAB

Hematology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

CBC and Differential

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time	
Automated Diff	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT	
Procedure	Result	Units	Reference Range	Verified Date/Time
Neutrophil % Auto	71.4 **	%	[40.0-78.0]	10/7/2019 10:53 EDT
Lymphocyte % Auto	21.6 **	%	[15.0-45.0]	10/7/2019 10:53 EDT
Monocyte % Auto	5.9 **	%	[3.0-14.0]	10/7/2019 10:53 EDT
Eosinophil % Auto	0.6 **	%	[0.0-5.0]	10/7/2019 10:53 EDT
Basophil % Auto	0.5 **	%	[0.0-2.0]	10/7/2019 10:53 EDT
Absolute Neuts	5.2 **	10x3/uL	[1.5-8.0]	10/7/2019 10:53 EDT
Absolute Lymphs	1.6 **	10x3/uL	[1.0-4.0]	10/7/2019 10:53 EDT
Absolute Monos	0.4 **	10x3/uL	[0.3-1.1]	10/7/2019 10:53 EDT
Absolute Eos	0.0 **	10x3/uL	[0.0-0.6]	10/7/2019 10:53 EDT
Absolute Basos	0.0 **	10x3/uL	[0.0-0.2]	10/7/2019 10:53 EDT

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time	
CBC w/ Automated Differential	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT	
Procedure	Result	Units	Reference Range	Verified Date/Time
WBC	7.3 ^{**}	10x3/uL	[4.0-11.0]	10/7/2019 10:53 EDT
RBC	4.76 ^{**}	10x6/uL	[3.90-4.98]	10/7/2019 10:53 EDT
Hgb	15.3 ^{**}	g/dL	[12.0-15.5]	10/7/2019 10:53 EDT
Hct	43.9 ^{**}	%	[35.0-45.0]	10/7/2019 10:53 EDT
MCV	92.3 ^{**}	fL	[81.0-93.0]	10/7/2019 10:53 EDT
MCH	32.1 ^{**}	pg	[28.0-35.0]	10/7/2019 10:53 EDT
MCHC	34.8 ^{**}	g/dL	[33.0-37.0]	10/7/2019 10:53 EDT
RDW	13.0 ^{**}	%	[10.9-14.7]	10/7/2019 10:53 EDT
Platelets	301 ^{**}	10x3/uL	[140-400]	10/7/2019 10:53 EDT
MPV	7.8 ^{**}	fL	[6.0-11.1]	10/7/2019 10:53 EDT

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Chemistry

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Routine Chemistry

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Comprehensive Metabolic Panel	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Sodium Lvl	139 ^{**}	mEq/L	[136-145]	10/7/2019 10:51 EDT
Potassium Lvl	4.2 ^{**}	mEq/L	[3.4-5.1]	10/7/2019 10:51 EDT
Chloride Lvl	101 ^{**}	mEq/L	[97-108]	10/7/2019 10:51 EDT
CO2	25 ^{**}	mmol/L	[21-29]	10/7/2019 10:51 EDT
Glucose Lvl	82 ^{**}	mg/dL	[70-99]	10/7/2019 10:51 EDT
BUN	12 ^{**}	mg/dL	[6-20]	10/7/2019 10:51 EDT
Creatinine Lvl	0.6 ^{**}	mg/dL	[0.5-0.9]	10/7/2019 10:51 EDT
Calcium Lvl	9.5 ^{**}	mg/dL	[8.5-10.5]	10/7/2019 10:51 EDT
Protein Total	7.6 ^{**}	g/dL	[6.6-8.7]	10/7/2019 10:51 EDT
Albumin Lvl	4.6 ^{**}	g/dL	[3.5-5.2]	10/7/2019 10:51 EDT
Bilirubin Total	1.0 ^{**}	mg/dL	[0.2-1.2]	10/7/2019 10:51 EDT
AST	18 ^{**}	unit/L	[5-32]	10/7/2019 10:51 EDT
ALT	14 ^{**}	unit/L	[5-41]	10/7/2019 10:51 EDT
Alkaline Phos	70 ^{**}	unit/L	[35-105]	10/7/2019 10:51 EDT
Anion Gap	13.0 ^{H**}		[3.0-11.0]	10/7/2019 10:51 EDT
eGFR AA	>60 ^{i**}	mL/min/1.73 m2		10/7/2019 10:51 EDT
eGFR Non-AA	>60 ^{**}	mL/min/1.73 m2		10/7/2019 10:51 EDT

Interpretive Data

i1: eGFR AA
eGFR Reference Range:
Avg GFR > 60
Chronic Renal Disease < 60
Renal Failure < 15
Not valid on patients < 18yrs

Lipids and CV Risk

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Lipid Panel (Chol, Trig, HDL, LDL)	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Cholesterol Total	160 ^{**}	mg/dL	[0-200]	10/7/2019 10:51 EDT
HDL Cholesterol	49 ^{i2**}	mg/dL		10/7/2019 10:51 EDT

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Chemistry

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Lipids and CV Risk

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Lipid Panel (Chol, Trig, HDL, LDL)	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Triglycerides	41 **	mg/dL	[9-150]	10/7/2019 10:51 EDT
LDL Calculated	102 **	mg/dL	[10-100]	10/7/2019 10:51 EDT
Cholesterol/HDL Ratio	3 **			10/7/2019 10:51 EDT

Interpretive Data

i2: HDL Cholesterol
HDL Cholesterol Note:

LEVEL	RISK
Females -	
> 55	Low
35 - 54	Moderate
< 35	High
Males -	
> 65	Low
45 - 65	Moderate
< 45	High

Pregnancy Testing

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
HCG, Beta Quant, Serum	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Beta-HCG Quant	<0.1 **	mIU/mL	[0.0-5.0]	10/7/2019 11:32 EDT

Result Comments

f1: Beta-HCG Quant
result rechecked

Interpretive Data

i3: Beta-HCG Quant
bHCG REFERENCE RANGE
<5.0 Negative
5.0-15.0 Indeterminate; recommend recollect in 3 days
>15.0 Positive

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Chemistry

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Interpretive Data

i3: **Beta-HCG Quant**

Weeks post LMP:

3-4 wks 15-750
4-5 wks 18-7,138
5-6 wks 217-31,795
6-7 wks 158-163,563
7-12 wks 3,697 -210,612
12-16 wks 27,832-56,451
16-18 wks 9,040-58,176
2nd Trimester 1,400-53,000
3rd Trimester 940-60,000

This assay is not FDA cleared as a tumor marker.

This test may exhibit interference when sample is collected from a person who is consuming a supplement with a high dose of biotin (also termed as vitamin B7 or B8, vitamin H, or coenzyme R). It is recommended to ask all patients who may be indicated for this test about biotin supplementation. Patients should be cautioned to stop biotin consumption at least 72 hours prior to the collection of a sample.

Thyroid

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time	
Thyroid Stimulating Hormone	SEE-FACESHEET,PHYSICIAN	06-19-280-0267	10/7/2019 10:09 EDT	
Procedure	Result	Units	Reference Range	Verified Date/Time
TSH	0.82 ⁱ⁴ *1	mIU/mL	[0.27-4.20]	10/7/2019 11:09 EDT

Interpretive Data

i4: **TSH**

This test may exhibit interference when sample is collected from a person who is consuming a supplement with a high dose of biotin (also termed as vitamin B7 or B8, vitamin H, or coenzyme R). It is recommended to ask all patients who may be indicated for this test about biotin supplementation. Patients should be cautioned to stop biotin consumption at least 72 hours prior to the collection of a sample.

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Toxicology

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Drugs of Abuse

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time
Drugs of Abuse Screen, Urine toxicology	SEE-FACESHEET,PHYSICIAN	06-19-280-0268	10/7/2019 10:09 EDT

Procedure	Result	Units	Reference Range	Verified Date/Time
Amphetamine Scrn Ur	Negative ⁱ⁵ *1		[Negative]	10/7/2019 10:43 EDT
Barbiturate Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Benzodiazepine Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Cannabinoid Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Cocaine Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Methadone Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Opiate Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Oxycodone Scrn Ur	Negative *1		[Negative]	10/7/2019 10:43 EDT
Phencyclidine Scrn Ur	Positive @ *1		[Negative]	10/7/2019 10:43 EDT

Interpretive Data

i5: Amphetamine Scrn Ur
The determination of a positive result is based on the established detection limits listed below:

Amphetamines	500 ng/mL
Cocaine Metabolite	300 ng/mL
Barbiturates	200 ng/mL
Cannabinoid (THC)	50 ng/mL
Opiates	300 ng/mL
Benzodiazepines	100 ng/mL
Oxycodone	100 ng/mL
Methadone	300 ng/mL

This is a screening test only and may have false positive or false negative results. Confirmatory testing may be performed, if clinically indicated and ordered while the specimen is available. Clinical correlation is required for interpretation of all results.

Performing Locations

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LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

LeConte Medical Center
742 Middle Creek Road
Sevierville, TN 37862-5019

Patient Name: **REED, EMILY**
MRN: LCMC0000592122 Admit: 10/7/2019
FIN: 1928001957 Disch: 10/7/2019
DOB/Age/Sex: 11/16/1996 22 years Female Admitting:

Urinalysis

Legend: c=Corrected, (A)=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

UA Macroscopic

Orderable Name	Ordering Provider	Accession Number	Collected Date/Time	
Urinalysis Dipstick Only	SEE-FACESHEET,PHYSICIAN	06-19-280-0268	10/7/2019 10:09 EDT	
Procedure	Result	Units	Reference Range	Verified Date/Time
UA Color	Yellow *1		[Yellow]	10/7/2019 10:34 EDT
UA Appear	Clear *1		[Clear]	10/7/2019 10:34 EDT
UA Spec Grav	1.015 *1		[1.030]	10/7/2019 10:34 EDT
UA pH	8 *1		[5.0-8.0]	10/7/2019 10:34 EDT
UA Protein	NEG *1		[NEG]	10/7/2019 10:34 EDT
UA Glucose	Negative *1		[Negative]	10/7/2019 10:34 EDT
UA Ketones	Negative *1		[Negative]	10/7/2019 10:34 EDT
UA Bili	Negative *1		[Negative]	10/7/2019 10:34 EDT
UA Blood	1+ @ *1		[Negative]	10/7/2019 10:34 EDT
UA Nitrite	Negative *1		[Negative]	10/7/2019 10:34 EDT
UA Urobilinogen	NEG *1			10/7/2019 10:34 EDT
UA Leuk Est	Negative *1		[Negative]	10/7/2019 10:34 EDT

Performing Locations

*1: This test was performed at:
LCMC Laboratory, LeConte Medical Center, 742 Middle Creek Rd., Sevierville, TN, 37862-

EXHIBIT 39

EXHIBIT 39

EXHIBIT 39

Pasadena Villa Network of Services

Discharge Summary

Demographics

Resident Name: Emily Reed (Case 2)

Provider: Timothy Meeks, MSSW

MR#: 60763

Date of Birth: 11/16/1996

Age: 22

Date: 11/10/2019

Time: 2:56 PM

Date of Original MTP: 10/02/2017

Admit Date: 10/03/2019

Date of Discharge: 11/11/2019

Services Provided

One on one therapy, group therapy, animal assisted therapy, rec therapy, medication management

Type of Discharge

- ☒ Planned
- ☐ Unplanned
- ☐ Administrative
- ☐ AMA

Reason for Admission

Discharge Diagnosis

Code System	Code	Description
DSM5	F60.7	F60.7 Dependent personality disorder
DSM5	F33.9	F33.9 Major depressive disorder, Recurrent episode, Unspecified
DSM5	F44.89	F44.89 Other specified dissociative disorder
DSM5	F43.10	F43.10 Posttraumatic stress disorder

Explanation of Changes to Diagnosis

Client meets criteria for dependent personality disorder. MTP has been updated to reflect diagnosis.

Master Problem List

Date	#	Problem	EST Completed	Date Resolved
10/29/2019	1	Major Depressive Disorder		
10/29/2019	2	Other Specified Dissociative Disorder		
10/29/2019	3	Posttraumatic Stress Disorder		
10/29/2019	4	Dependent Personality Disorder		

Summary of Progress

Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)
1	Major Depressive Disorder	Emily will report a significant improvement in mood and sense of well-being.; Client has learned emotional regulation and self soothing skills to deal with negative mood states.
Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)
2	Other Specified Dissociative Disorder	Client has learned grounding skills and distress tolerance skills to help sooth through dissociative states.
Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)

		assessment)
3	Posttraumatic Stress Disorder	Emily will achieve a significant reduction in anxiety symptom's associated with PTSD, (i.e., distress no longer causes clinical impairment).;
Client has learned grounding skills, distress tolerance, and emotional regulation skills to help soothe through symptoms. Client has also begun understanding and challenging negative cognitions related to trauma.		
Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)
4	Dependent Personality Disorder	
Client has demonstrated understanding that dependency is pattern relating to past trauma and has begun to work through independent decision making.		

Strengths and Weaknesses

Strengths	
Needs	
Abilities	
Preferences	

Medication

Psychotropic Medications		Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
	Rx	Active	PS		Lamictal ER Start Date: 10/03/2019 Med Notes: #21 sent with resident at discharge	Mood	200mg (tablet)	daily
		Active	PS		PRAZOSIN HYDROCHLORIDE Start Date: 10/03/2019 Med Notes: #35 sent with resident at discharge	Nightmares	2mg (capsule)	at bedtime
		Active	PS		PRISTIQ ER Start Date: 10/18/2019 Med Notes: #21 (100mg), #30 (50mg), and #20 (25mg) tabs sent with resident at discharge	Mood stability/anxiety	100mg (tablet, extended release)	daily
Other Medications		Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
	OTC	Active			Midol Start Date: 10/03/2019 Med Notes: #19 sent with resident at discharge	Cramps	2 tabs (tablet)	every 6 hrs - as needed
	Rx	Active			HYDROXYZINE PAMOATE Start Date: 10/03/2019 Med Notes: #63 sent with resident at discharge	Anxiety	25mg (capsule)	three times daily - as needed
		Active			GABAPENTIN Start Date: 10/04/2019 Med Notes: #66 sent with resident at discharge	Anxiety	300mg (capsule)	twice daily at 8am and 5pm

Disposition of Medication	Remaining supply of medication sent with resident at time of discharge.
Explanation of Changes	N/A

Discharge Planning

Anticipated Discharge Date	10/24/2019
Living Arrangements	
Education	
Therapy (Specify individual, family or group treatment)	
Discharge Transition Obstacles	

Condition on Discharge

Client is both optimistic about discharge and anxious about what the future holds. There is no indication of SI, HI, or impulses to self harm.

Reason for Discharge

- ☐ Completed treatment
- ☒ Exhaustion of personal finances
- ☐ Against Medical Advice
- ☐ Against Treatment Advice
- ☐ Administrative Discharge
- ☐ Transferred for further treatment
- ☐ Dropped out of treatment
- ☐ Exhaustion of insurance finances
- ☐ Failed treatment for other reasons
- ☐ Legal issues
- ☐ Transferred for further treatment/Medical
- ☐ Transferred for further treatment/Psychiatric
- ☐ Other

Family/Guardian Participation in Treatment

Mother and grandmother have been involved in treatment.

Critical Events & Interaction

The client was sent to LeConte Medical Center and upon return, demonstrated a greater control over alter presentations and other trauma responses. The observation of alter presentations and trauma responses fell noticeably after hospitalization.

Prognosis

Moderate assuming the client continues treatment for the trauma and for dependent personality disorder.

Recommendations

Client has a follow-up appointment with Dr. Love-Far, her long term psychiatrist, on 11/18/19 at 10:00am. Dr. Love is located at 3150 Bristol St., Suite 400 Costa Mesa, CA 92626, 949 266-3700.

Medical Follow-up

Please follow up with Psychiatrist for medication management. Take your medications exactly as prescribed. Please contact nursing staff if you have any questions or concerns.

Contact Signatures

--Digitally Signed: 11/11/2019 09:37 am: Emily Reed (Case 2)

Treatment Team Signatures

--Digitally Signed: 11/11/2019 09:37 am Head Nurse Rachel Stewart, RN

EXHIBIT 40

EXHIBIT 40

EXHIBIT 4 0



A Subsidiary of
UNIVERSAL HEALTH SERVICES, INC.
February 7, 2020

Alecia Draper
20762 Crestview Lane
Huntington Beach, CA 92646

RE: Emily Reed
DOB: 11/16/1996

Hello,

This file is pertaining to medical records request for the patient listed above.
The file will contain the following documents:

- Invoice
- Face Sheet
- Discharge Summary
- Initial Psychiatric Evaluation (Admission Report)
- History & Physical
- Labs
- Medication Reconciliation
- Aftercare Plan

For your convenience, the invoice is sent out via mail along with a pre-paid envelope for payment (check/money order). If paying cash, please submit payment in person to the Medical Records Department.

If there are any questions or concerns, please give me a call at (310) 530-1151 x412.

Thank you,

A handwritten signature in black ink, appearing to read 'Mollina Reth'. The signature is fluid and cursive, with a large loop at the end.

Mollina Reth
Medical Records Clerk
Mollina.reth@uhsinc.com
Tele: (310) 530-1151 x412
Fax: (310) 626-9330

23700 Camino del Sol • Torrance • California 90505 • (310) 530-1151 • (800) 533-5266



A Subsidiary of
UNIVERSAL HEALTH SERVICES, INC.

INVOICE FOR PROCESSING/COPYING MEDICAL RECORDS

Date: February 7, 2020

Patient Name: EMILY REED

Medical Record Number: 06-02-76

___\$4.00___ Clerical fee: \$4.00 per ¼ hour for location/processing records

___15___ Minutes to process requested information

___\$6.00___ Photocopying charges @ .25¢ per page for _24_ pages

___\$10.00___ **TOTAL AMOUNT DUE UPON RECEIPT**

MAKE CHECK PAYABLE TO: DEL AMO HOSPITAL

PLEASE SUBMIT PAYMENT TO: Medical Records Department
Del Amo Hospital
23700 Camino del Sol
Torrance, California 90505

Thank-you in advance,

Mollina Reth

Medical Records Clerk

Mollina.reth@uhsinc.com

Tele: (310) 530-1151 x412

Fax: (310) 626-9330

23700 Camino del Sol • Torrance • California 90505 • (310) 530-1151 • (800) 533-5266



**AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION
(Substance Abuse/Psychiatric Records)**

Failure to provide all information may invalidate this authorization.

REC'D JAN 28 2020

Patient Information	Patient Name: <u>REED, EMILY C</u> MRN: _____	
	Date of Birth: <u>000060276 11/16/1996 023</u> Phone: _____	
Release To	Address: <u>A#1057817-0010 I IPL DEL</u>	
	City: <u>12/31/2019 22:31</u> State: _____ Zip: _____	
	City: <u>M. WONG MD</u> State: _____ Zip: _____	
Release To	AUTHORIZES: <u>Del Amo Hospital 23700 Camino Del Sol, Torrance, Ca 90505</u>	Purpose For the following: <input checked="" type="checkbox"/> Continuing Care <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Personal Use <input type="checkbox"/> Other: _____
	Person / Organization: <u>mother (Alecia Draper)</u> Address: <u>20762 Crestview Lane</u> City / State / Zip: <u>Huntington Beach CA. 92646</u> Phone: <u>(714) 916-1524</u> Fax: _____ Relationship: <u>mother</u>	

I REFUSE to have my information disclosed. _____
(Signature of Patient) Date

Information to Release	Treatment Dates: <u>12/31/2019 - 1/27/2020</u>	State / Federal Laws require specific authorization to release the following types of information: (please initial) ____ HIV test results ____ Psychotherapy Notes
	<input checked="" type="checkbox"/> Discharge Summary <input checked="" type="checkbox"/> Admission Report <input checked="" type="checkbox"/> History & Physical <input checked="" type="checkbox"/> Psychological Testing <input checked="" type="checkbox"/> Labs/EKGs <input type="checkbox"/> Other (Please Specify) _____ Information to be released via: <input type="checkbox"/> Pick-up <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <u>aleciadraper@gmail.com</u>	
Expiration	This authorization will automatically expire in 30 days from the date of execution unless a different end date or event is specified: _____ (Date/Event)	

Notice of Rights and Conditions	<ol style="list-style-type: none"> 1. Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with California WIC 5328 and Federal Regulations, CFR, Part 42, concerning the privacy of information. 2. If I refuse to sign this authorization my refusal will not affect my ability to obtain treatment. 3. If I revoke this authorization, the revocation will not have any effect on any actions taken in reliance on this authorization prior to receiving the revocation. 4. I have a right to receive a copy of this authorization. 5. Information disclosed pursuant to this authorization could be re-disclosed by the recipient and may no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law. 6. <u>If the child is 12 years of age or older</u>, Title XXII (California State Law [45C.F.R. 164/502(G); Cal Civil Code 56.105] requires BOTH the child/adolescents' signature as well as the legal guardians' signature. 7. I have had an opportunity to review and understand the content of this authorization form: By signing this authorization, I am confirming it is accurate and consent to the release of my Protected Health Information (PHI). 								
Signature	<table border="0"> <tr> <td data-bbox="277 947 1003 1136"> <p>X <u>Emily Reed</u></p> <p>Signature of Patient/Personal Representative (If signed by other than the client, state relationship and authority to do so):</p> </td> <td data-bbox="1003 947 1421 1136"> <p><u>1/27/20</u></p> <p>Date</p> </td> </tr> <tr> <td data-bbox="277 1136 1003 1241"> <p>Parent / Guardian / Power Of Attorney - Relation to Patient</p> </td> <td data-bbox="1003 1136 1421 1241"> <p>Date</p> </td> </tr> <tr> <td data-bbox="277 1241 1003 1388"> <p>Risk Manager Signature</p> <p><u>[Signature]</u></p> </td> <td data-bbox="1003 1241 1421 1388"> <p>Date</p> <p><u>2/5/20</u></p> </td> </tr> <tr> <td data-bbox="277 1388 1003 1598"> <p>Attending Psychiatrist Signature</p> <p>The attending psychiatrist in charge of this patient hereby approves/disapproves the release of information to the party specified above. If disclosure is disapproved, give reasons below. Also note any restrictions on the authorization form.</p> </td> <td data-bbox="1003 1388 1421 1598"> <p>Date</p> </td> </tr> </table>	<p>X <u>Emily Reed</u></p> <p>Signature of Patient/Personal Representative (If signed by other than the client, state relationship and authority to do so):</p>	<p><u>1/27/20</u></p> <p>Date</p>	<p>Parent / Guardian / Power Of Attorney - Relation to Patient</p>	<p>Date</p>	<p>Risk Manager Signature</p> <p><u>[Signature]</u></p>	<p>Date</p> <p><u>2/5/20</u></p>	<p>Attending Psychiatrist Signature</p> <p>The attending psychiatrist in charge of this patient hereby approves/disapproves the release of information to the party specified above. If disclosure is disapproved, give reasons below. Also note any restrictions on the authorization form.</p>	<p>Date</p>
<p>X <u>Emily Reed</u></p> <p>Signature of Patient/Personal Representative (If signed by other than the client, state relationship and authority to do so):</p>	<p><u>1/27/20</u></p> <p>Date</p>								
<p>Parent / Guardian / Power Of Attorney - Relation to Patient</p>	<p>Date</p>								
<p>Risk Manager Signature</p> <p><u>[Signature]</u></p>	<p>Date</p> <p><u>2/5/20</u></p>								
<p>Attending Psychiatrist Signature</p> <p>The attending psychiatrist in charge of this patient hereby approves/disapproves the release of information to the party specified above. If disclosure is disapproved, give reasons below. Also note any restrictions on the authorization form.</p>	<p>Date</p>								
Revocation	<p><u>COMPLETE ONLY TO VOID THIS CONSENT</u></p> <p>SIGNATURE OF PATIENT/LEGAL REP: _____</p> <p>If signed by other than the patient, state relationship and authority to do so</p>								

DEL AMO HOSPITAL INC
23700 CAMINO DEL SOL

048

PATIENT DEMOGRAPHIC PROFILE

Date Printed: 012820

TORRANCE, CA 90505
(310) 530-1151

Patient Name..... **REED, EMILY C**
Address..... 20762 CRESTVIEW LN

City, State, Zip..... HUNTINGTON BEACH, CA 92646
Phone..... 714 916-1524 Cell:
Social Security No..... 604-94-3768 Other.
Birth Date..... 11/16/1996
Age..... 023Y
Sex..... F
Race..... W White
Ethnicity..... CAUCASIAN Amer
Language..... English
Marital Status..... SINGLE
Referral Source 1..... HOAG HOSPITAL
Referral Source 2.....

Financial Class: 4024
Fin. Class Name: BLUE SHIELD MHSA
Doctor Name..... WONG MATTHEW
NPP.....
Auth #..... 0G3WDB000

Account No/Type.....1057817-0010 INV -INVOLUNTARY
Medical Record No... 000060276
County.....
Admit Date/Time..... 12/31/19 22:31
Disch Date/Time..... 1/27/20 20:13
Adm.Dx..... Dissociative identity disorder F4481
F332
Prev. Admit Date..... 00/00/0000
Service..... IPL Nursing Station:
Occupation.....
Employer.....
Address.....
Phone.....

Other Contact:
Name..... DRAPER ALECIA
Address..... 20762 CRESTVIEW LN
City, State, Zip..... HUNTINGTON BEACH, CA 9264
Phone..... 714-916-1524
Relationship..... MOTHER
Cell..... Other.

*** Insurance Information ***

Primary Insurance Holder/Guarantor

Name..... REED EMILY CHRISTINE
Address..... 20762 CRESTVIEW LN
City, State, Zip.... HUNTINGTON, CA 92646
Phone..... 714-916-1524
Relationship..... SELF
D.O.B. 11/16/1996
Occupation.....
Employer.....
Address.....
City, State, Zip..
Cell.....
Other.....

Spouse/Parent

Name..... DRAPER ALECIA
Relationship..... MOTHER

Address..... 20762 CRESTVIEW LN
City, State, Zip.. HUNTINGTON BEACH, CA
Phone..... 714-916-1524
Occupation.....
Employer.....

Cell.....
Other.....

*** Insurance Carrier 1 Information ***

Carrier..... BLUE SHIELD MHSA
Group Name... Grp#.. W0093925
Policy..... XEA908826036
Policy Holder.. REED EMILY CHRISTINE
Address..... PO BOX 710400

City/St/Zip.... SAN DIEGO, CA 92171
Ins Phone..... (877)263-8827
Policy Hld DOB. 11/16/1996

*** Insurance Carrier 2 Information ***

Carrier..... MEDI-CAL
Group Name... Grp#..
Policy..... 92694533F
Policy Holder.. REED EMILY CHRISTINE
Address..... PO BOX 13029

City/St/Zip.... SACRAMENTO, CA 95813
Ins Phone.....
Policy Hld DOB. 11/16/1996

*** Insurance Carrier 3 Information ***

Carrier.....
Policy.....
Policy Holder..

*** Insurance Carrier 4 Information ***

Carrier.....
Policy.....
Policy Holder..

Preferred Name:
Notes:

1450 5081

ROA2608

Del Amo Hospital
23700 Camino Del Sol
Torrance, CA. 90505
Telephone: (310) 530-1151

DISCHARGE SUMMARY

PATIENT NAME: REED, EMILY CHRISTINE
DATE OF ADMISSION: 12/31/2019
DATE OF DISCHARGE: 01/27/2020

ADMITTING DIAGNOSES:

Psychiatric: Major depression, severe, recurrent, without psychotic features.
Posttraumatic stress disorder (PTSD).
Dissociative identify disorder.

Medical: None.

Psychosocial and Contextual Factors: Severe.

CHIEF COMPLAINT/REASON FOR ADMISSION: Reason for admission: Patient came in here. She tried to put a plastic bag over her head and tied a belt around her neck. Apparently, she was molested between the ages of 12 and 16 by a family friend and developed PTSD and dissociative identity disorder as a result of that. She has had multiple hospitalizations now.

CLINICAL COURSE/PSYCHIATRIC/PHYSICAL: She was started on Pristiq 100 mg q.a.m. for further depression control, Abilify 2.5 mg q.a.m. for further depression control, trazodone 50 mg nightly p.r.n. insomnia, prazosin 2 mg nightly for PTSD, Lamictal 200 mg q.a.m. for mood lability control, gabapentin 300 mg t.i.d. for anxiety control on 01/01/2020. On 01/03/2020, Abilify discontinued. Gabapentin increased to 600 mg b.i.d. On 01/04/2020, Remeron started at 7.5 mg nightly that was increased to 15 mg nightly on 01/09/2020. Prazosin increased to 4 mg nightly on 01/11/2020. Lamictal increased to 225 q.a.m. on 01/13/2020. Remeron increased to 22.5 mg nightly for depression on 01/14/2020. On 01/15/2020, Seroquel started at 25 mg nightly for mood lability and psychosis control. Remeron increased to 30 mg nightly for depression control on 01/18/2020. On 01/20/2020, Seroquel increased to 100 mg nightly. Lamictal increased to 250 mg q.a.m. On 01/22/2020, Seroquel increased to 200 mg nightly. Seroquel increased to 300 mg nightly on 01/24/2020. On discharge, she denied any suicidal or homicidal ideations, auditory, visual, tactile or olfactory hallucinations. Reported mood is good. Denies side effects.

REPORT OF PHYSICAL EXAM/LAB DATA/CONSULTS: Head normal. Neck normal. Pulmonary normal. Musculoskeletal normal. Neurologic normal. Laboratories from 01/24/2020: CBC normal. CMP normal. Urinalysis cloudy. From 01/02/2020, urine drug screen negative. Urinalysis normal. Pregnancy negative. From 01/01/2020, CMP normal. TSH normal. RPR nonreactive. CBC

DISCHARGE SUMMARY

DEL AMO HOSPITAL

Page 1 of 3

Patient Name:	REED, EMILY CHRISTINE
Patient Number:	10578170010
Medical Record No.:	060276
Attending Physician:	MATTHEW WONG, MD

normal.

HOW GOALS IN TREATMENT PLAN HAVE BEEN MET: Patient denies suicidal or homicidal ideations.

TREATMENT RECEIVED IN HOSPITAL: Medication management.

SUMMARY OF PATIENT'S CONDITION AT DISCHARGE (Including baseline psychiatric, physical, and social functioning): Physically stable. She was able to ambulate on her own. Socially, she is able to voice her needs, wants, concerns in an appropriate manner. Psychiatric: Denies suicidal or homicidal ideations. No hallucinations.

PROGNOSIS: Guarded.

DISPOSITION OF PATIENT: Home and outpatient psychiatric followup.

AFTERCARE INSTRUCTIONS: Call or go to the emergency room should she feel unsafe, and get rid of any sharp objects in the home.

FOLLOW-UP TREATMENT AND SPECIFIC APPOINTMENTS ARRANGED: Yet to be determined by social work at the time of this dictation.

PHYSICAL ACTIVITY: As tolerated.

MEDICATIONS AT DISCHARGE: Pristiq 100 mg q.a.m. , Gabapentin 600 mg b.i.d. , Remeron 30 mg qhs, Prazosin 4 mg qhs, Lamictal 250 mg q.a.m., Seroquel 300 mg qhs.

DISCHARGE MEDICATIONS INSTRUCTIONS: Take 1 pill of Pristiq in the morning, take 1 pill of Gabapentin twice a day, take 1 pill of Remeron at bedtime, take 2 pills of Prazosin at bedtime, take 2 pills of Lamictal 100 mg in the and take 2 pills of Lamictal 25 mg in the morning, take 1 pill of Seroquel at bedtime.

DIET: Regular.

FOLLOWUP CARE: Will be determined by mother actually. The mother says that she wants her home and that would take care of her there.

ALLERGIES: Haldol, midazolam.

FINAL DIAGNOSES:

Psychiatric: Major depression, severe, recurrent, with psychotic features.
Posttraumatic stress disorder (PTSD).

DISCHARGE SUMMARY

DEL AMO HOSPITAL

Page 2 of 3

Patient Name:	REED, EMILY CHRISTINE
Patient Number:	10578170010
Medical Record No.:	060276
Attending Physician:	MATTHEW WONG, MD

Dissociative identify disorder.
Medical: None.
Psychosocial and Contextual Factors: Mild.

Electronically Signed on 01/29/2020 10:33:50 AM (GMT 8:0)

Matthew Wong, MD

MW/rs/cb

DD: 01/27/2020 08:30:43 AM
DT: 01/29/2020 09:47:00 AM
Job #: T687601

DISCHARGE SUMMARY	Patient Name:	REED, EMILY CHRISTINE
DEL AMO HOSPITAL	Patient Number:	10578170010
Page 3 of 3	Medical Record No.:	060276
	Attending Physician:	MATTHEW WONG, MD

ROA2611

Del Amo Hospital
23700 Camino Del Sol
Torrance, CA. 90505
Telephone: (310) 530-1151

INITIAL PSYCHIATRIC EVALUATION

PATIENT NAME: REED, EMILY
DATE OF ADMISSION: 12/31/2019
UNIT: DS

IDENTIFICATION OF PATIENT: This is a 23-year-old white female who is admitted on a 5150 for danger to self.

REASON FOR ADMISSION/CHIEF COMPLAINT/PRESENT ILLNESS (PATIENT OR GUARDIAN'S OWN WORDS):

Chief Complaint: "I don't know".

History of Present Illness: According to hold, the patient attempted to kill herself and was found in her room with a plastic bag over her head and belt tied around her neck. In speaking with the patient today, the patient remains despondent and withdrawn. She seems to be very confused even. She suffers from PTSD. She was molested between the ages of 12 and 17 by a family friend who was taking care of her father in Las Vegas. As a result, she developed this PTSD as well as dissociative identity disorder. I spoke with her mother, as the patient is not a very good historian, and she is very withdrawn right now. The patient historically has tried to run away from treatment facilities and the home in order to try to harm herself. Right now, she remains somewhat withdrawn and involuted. No symptoms of bipolar disorder or any eating disorder or any psychotic symptoms; however she is so withdrawn, that she actually may even appeared to be somewhat internally preoccupied, but historically she has never been noted to be psychotic per se other than when she dissociates.

PAST PSYCHIATRIC/SUBSTANCE ABUSE HISTORY: She has had multiple suicide attempts in the past, including running away, overdosing, trying to hang herself, and running into traffic. She has had multiple remissions. In fact, she was last admitted to a hospital in Tennessee for 10 weeks only to be transferred to a residential thereafter, and she has actually been here before as well.

SOCIAL HISTORY/DEVELOPMENTAL HISTORY: She has never been married. No children. She lives with mother right now, and this is where this symptoms occurred. She hit all milestones in terms of walking, talking, crawling, and toilet training.

FAMILY HISTORY: She denies any psychiatric or drug abuse issues in the family.

PAST MEDICAL HISTORY: None. No history of head traumas, seizures, CNS injuries, or illnesses.

**INITIAL PSYCHIATRIC
EVALUATION
DEL AMO HOSPITAL**
Page 1 of 3

Patient Name: **REED, EMILY**
Patient Number: **10578170010**
Medical Record No.: **060276**
Attending Physician: **MATTHEW WONG, MD**

CURRENT MEDICATIONS/ALLERGIES: She is on Pristiq 100 mg a day, gabapentin 300 mg three times a day, Lamictal XR 200 mg a day, prazosin 2 mg at bedtime, and Vistaril 25 mg as needed. Allergies: **Haldol and midazolam**

HISTORY OF MEDICATIONS: She tried Haldol, Seroquel, and Prozac before. The mother has actually said that one residential she would like us to look at either into UBH Health Systems in Decatur, Texas or Denton Texas, or Sheppard Pratt in Maryland.

MENTAL STATUS EXAMINATION:

APPEARANCE AND BEHAVIOR: The patient is dressed casually. She is in no apparent distress.

Behavior: She has some psychomotor retardation with poor eye contact. No psychomotor agitation.

ORIENTATION (Mode of Evaluation): Cognition is to person, place, time, and situation to a certain extent. She knows her name, Emily. She knows the date, 01/01/2020. She knows this a hospital. She is not exactly sure why she is here though. I think she seems to be in a sort of dazed state right now.

MOOD: Depressed.

AFFECT: Restricted.

MOTOR ACTIVITY: Slow.

THOUGHT CONTENT: No thought insertion, blocking, or withdrawal. Right now, she is still quite despondent with thoughts to hang herself.

LONG/SHORT TERM MEMORY (mode of evaluation): Long-Term Memory: She knows her birthday, 11/16/1996. Short-Term Memory: She remembers my name after our interview.

ESTIMATE OF INTELLIGENCE (mode of evaluation): Average. She knows Trump is the president.

CAPACITY FOR SELF HARM and/or HARM TO OTHERS: Capacity for self-harm: High.

INSIGHT (Mode of Evaluation): Partial. She knows why she is here.

JUDGMENT (Mode of Evaluation): Partial: She knows not to put her hands on a hot stove.

IMPULSE CONTROL: Poor.

CAPACITY FOR ACTIVITIES OF DAILY LIVING: Fair.

EVIDENCE OF FAILURE OR INABILITY TO BENEFIT FROM A LESS INTENSIVE PROGRAM: The patient is actively suicidal.

PATIENT STRENGTHS AND ASSETS: She is physically healthy. She has average intelligence.

Weaknesses: Poor coping skills.

ADMITTING DIAGNOSES:

Psychiatric: *MOD, PTSD, BPD*

Medical: *nm*

Psychosocial and Contextual Factors: *seen*

INITIAL TREATMENT PLAN/TREATMENT MODALITIES (i.e., Milieu Tx, AT Tx, Group Tx):

The patient is admitted to Del Amo Hospital. We will start her on her outpatient medications. I am also going to add on Abilify 2.5 mg every morning for further depression control. I spoke with mother, who

**INITIAL PSYCHIATRIC
EVALUATION**

DEL AMO HOSPITAL

Page 2 of 3

Patient Name:

REED, EMILY

Patient Number:

10578170010

Medical Record No.:

060276

Attending Physician:

MATTHEW WONG, MD

said she is the conservator; however, the conservatorship papers we have here are dated back from November 2018 so I believe it would have expired by now. The mother has not gone back to court to seek conservatorship; however, the patient is willing to take medications so as it stands right now, the mother says she is the conservator, and I have read the conservatorship papers that suggest that she is the LPS conservator for the patient; however, it does not say that it was going to expire so it is questionable at this point in time whether or not the mother is the conservator or not. Nonetheless, the patient is amenable to taking her medications. The patient is advised of the risks, benefits, and alternatives of taking medications, including cause of death, weight gain, sexual side effects, increased suicidal ideations, difficulty having children, having children with mental and physical tardive dyskinesia, diabetes mellitus, hyperprolactinemia, gynecomastia, neuroleptic malignant syndrome, and galactorrhea. She assents to medications. Now the mother needs to know that the patient is essentially "hell-bent on killing herself." It is a very sad case. The patient is just very unsafe. The patient will be seen by the internist who will do a history and physical.

PROBLEM AREAS: Mood disorder and suicide ideations.

STAFF RESPONSIBLE: As stated above.

ESTIMATED LENGTH OF STAY: 10 to 14 days as we try to get her into some sort of residential.

PLANNED DISPOSITION ON DISCHARGE: Home and outpatient psychiatric followup.

GOALS (Include Target in Attitude and Behavior): No longer suicidal

PROJECTED OUTCOME THIS HOSPITALIZATION: The patient is no longer suicidal.

EDUCATION: The patient will be educated regarding her diagnosis, and this will continue during this hospitalization.

I certify that inpatient psychiatric hospitalization is medically necessary for treatment which could reasonably be expected to improve the patient's current condition.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY MATTHEW WONG, MD
1/3/2020 10:04 PM (PST)

MW/kpa/mac

DD: 01/01/2020 08:24:03

DT: 01/01/2020 22:26:51

Job #: 14270003405

**INITIAL PSYCHIATRIC
EVALUATION
DEL AMO HOSPITAL**
Page 3 of 3

Patient Name:	REED, EMILY
Patient Number:	10578170010
Medical Record No.:	060276
Attending Physician:	MATTHEW WONG, MD

ROA2614

Name: EMILY Reed Date: 1/1/20

Age: 23 Sex: Male ☐ Female ☒ Transgender (Male → Female) ☐
(Female → Male) ☐

Race: White

Chief Complaint: Per Psych ☒
 Drug OD ☐ Alcohol/Drug Withdrawal ☐ Alcohol/Drug Detox ☐
 Other: _____

Past Psychiatric History: Per Psychiatrist ☒

Past Medical Problems: None ☒

A Fib <input type="checkbox"/>	Degenerative Disc Disease <input type="checkbox"/>	Hyperlipidemia <input type="checkbox"/>	Tachycardia <input checked="" type="checkbox"/>
AIDS <input type="checkbox"/>	Dementia <input type="checkbox"/>	Hypotension <input type="checkbox"/>	TIA <input type="checkbox"/>
Anemia <input type="checkbox"/>	DJD <input type="checkbox"/>	Hypothyroidism <input type="checkbox"/>	Vision Impaired <input type="checkbox"/>
Arrhythmias <input type="checkbox"/>	DM I <input type="checkbox"/>	Lumbago <input type="checkbox"/>	<u>Self-Inflicted:</u>
Arthritis <input type="checkbox"/>	DM II/Renal <input type="checkbox"/>	Migraines <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Cuts/Lacerations
Asthma <input type="checkbox"/>	DM II <input type="checkbox"/>	Nephrolithiasis <input type="checkbox"/>	<input type="checkbox"/> Burns
BPH <input type="checkbox"/>	DM II/Renal <input type="checkbox"/>	Opiate (Dependency/Withdrawal) <input type="checkbox"/>	<input type="checkbox"/> Wounds
Bradycardia <input type="checkbox"/>	DM II Insulin Dependent <input type="checkbox"/>	Overactive Bladder <input type="checkbox"/>	
CAD <input type="checkbox"/>	Deep Venous Thrombosis <input type="checkbox"/>	Parkinson's <input type="checkbox"/>	
Cancer <input type="checkbox"/>	Endocarditis <input type="checkbox"/>	Renal Insufficiency <input type="checkbox"/>	
Cephalgia <input checked="" type="checkbox"/>	Endometriosis <input type="checkbox"/>	Rheumatoid Arthritis <input type="checkbox"/>	
CHF <input type="checkbox"/>	ETOH (Dependency/Withdrawal) <input type="checkbox"/>	Seizure <input type="checkbox"/>	
Chronic Pain <input type="checkbox"/>	Fibromyalgia <input type="checkbox"/>	Sickle Cell Anemia <input type="checkbox"/>	
Cirrhosis <input type="checkbox"/>	Gastroesophageal Reflux Disease <input type="checkbox"/>	SLE <input type="checkbox"/>	
Chronic Kidney Disease <input type="checkbox"/>	Hepatitis (A,B,C) <input type="checkbox"/>	Somatic Complaints <input checked="" type="checkbox"/>	
COPD <input type="checkbox"/>	HIV <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>	
CVA <input type="checkbox"/>	HTN <input type="checkbox"/>	Syphilis <input type="checkbox"/>	

SP ASPIRATION attempt C plastic bag + Belt

Past Surgical History: None ☒

Appendectomy <input type="checkbox"/>	Hysterectomy <input type="checkbox"/>	Tonsillectomy <input type="checkbox"/>	CABG <input type="checkbox"/>
Spinal <input type="checkbox"/>	Lap Band <input type="checkbox"/>	Gastric Bypass <input type="checkbox"/>	Splenectomy <input type="checkbox"/>
Cholecystectomy <input type="checkbox"/>	Ortho/Joint <input type="checkbox"/>	Hip Replacement <input type="checkbox"/>	Other: _____



History and Physical Examination

NUR-100 H&PE Exam 12.15.2016

PATIENT IDENTIFICATION STICKER

REED, EMILY C
 000060276 11/16/1996 C21
 A#1057817-0010 I IPL DEL
 12/31/2019 22:31
 M.WONG MD

1 of 7

ROA2615

Family History:

Unremarkable ☒ CVA ☐ DM ☐ CAD ☐ Asthma ☐ Alcoholism ☐ or Chemical Dependency ☐
Cancer ☐ Hyperlipidemia ☐ HTN ☐ Psych Disorder ☐ Other: _____

Social History:

	Amount	Frequency
Tobacco Products Denies <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Dependent <input type="checkbox"/>	Cigarette <input type="checkbox"/> Nicotine <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> Other <input type="checkbox"/>	Day <input type="checkbox"/> Week <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/>

Substance-Related and Addictive Disorders: ☒ Denies

Alcohol Use Disorder ☐ OR Alcohol Withdrawal ☐ OR Occasional Use ☐
Without perceptual disturbances (visual or tactile hallucinations) ☐
With perceptual disturbances (visual or tactile hallucinations) ☐
Cannabis Use Disorder ☐ OR Cannabis Withdrawal ☐ OR Occasional Use ☐
Opioid Use Disorder ☐ OR Opioid Withdrawal ☐
Sedative, Hypnotic, or Anxiolytic Use Disorder ☐ OR Withdrawal ☐
Stimulant Use Disorder ☐ OR Stimulant Withdrawal ☐
Amphetamine-type substance ☐ Cocaine ☐
Other or unspecified stimulant ☐ _____

☐ Mild
☐ Moderate
☐ Severe

☐ Unspecified Other
Substance-Related D/O

Allergies:

NKA: ☒ Medications: See Medication Reconciliation ☒ Unable to Obtain ☐ Denies ☐

ROS-Review of System

General:	Denies	Occasional	Frequent
Weight Loss or Wt Gain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Night Sweats	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever or Chills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEENT:	Denies	Occasional	Frequent
Cephalgia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ear Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinorrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**History and Physical Examination****PATIENT IDENTIFICATION STICKER**

REED, EMILY C
000060276 11/16/1996 023
A#1057817-0010 I IPL DEL
12/31/2019 22:31
M. WONG MD

Skin:	Denies	Present	
Rash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Scars	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Tattoos	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pruritis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lacerations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abrasions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Birthmark	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Pulmonary:	Denies	Occasional	Frequent	
Cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wheezing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hemoptysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Cardiac:	Denies	Occasional	Frequent	
Palpitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopnea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chest Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DOE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GI:	Denies	Occasional	Frequent	
N&V	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abdominal Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diarrhea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hematochezia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dyspepsia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Constipation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Melena	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GU:	Denies	Occasional	Frequent	
Menstrual Irregularities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dysuria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urgency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flank Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Musculoskeletal:	Denies	Occasional	Frequent	
Myalgia/Arthralgia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Back Pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Hematology:	Denies	Occasional	Frequent	
Abnormal Bleeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easy Bruising	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



History and Physical Examination

NUR-100 H&PE Exam 12.15.2016

PATIENT IDENTIFICATION STICKER

REED, EMILY C
 000060276 11/16/1996 023
 A#1057817-0010 I IPL DEL
 12/31/2019 22:31
 M. WONG MD

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ROA2617

Endocrinology:	Denies	Occasional	Frequent
Heat or Cold Tolerance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyuria/polydipsia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Neurology:	Denies	Occasional	Frequent
Syncope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focal Weakness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paresthesia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Exam

General:

Well Developed/Well Nourished Agree ☒ Disagree ☐
 Appeared Stated Age Agree ☒ Disagree ☐
 Distress Absent ☒ Present ☐

Vital Signs: BP 105/58 Pulse 103 RR 20 Temp 97.6 BMI 20

HEENT:

Head NC/AT ☒ Abnormal ☐
 Conjunctiva Clear ☒ Abnormal ☐
 Sclera Nonicteric ☒ Abnormal ☐
 Fundi Normal ☒ Abnormal ☐
 External Ear Normal ☒ Abnormal ☐
 Pharynx Clear ☒ Abnormal ☐
 Oral Normal ☒ Abnormal ☐

Neck:

Palpation Normal ☒ Abnormal ☐
 Tone Supple ☒ Abnormal ☐
 Thyroid Normal ☒ Abnormal ☐

Chest Wall:

Palpation Nontender ☒ Abnormal ☐
 Deformities Absent ☒ Present ☐

Lungs:

Auscultation Clear ☒ Abnormal ☐

Heart:

S1/S2 Normal ☒ Abnormal ☐
 S3/S4/Murmur Absent ☒ Present ☐
 PMI Normal ☒ Abnormal ☐
 Rate Normal ☒ Abnormal ☐
 Rhythm Regular ☒ Abnormal ☐



History and Physical Examination

REED, EMILY C
 000060276 11/16/1996 023
 A#1057817-0010 I IPL DEL
 12/31/2019 22:31
 M. WONG MD

Abdomen:

HSM	Absent <input checked="" type="checkbox"/>	Present <input type="checkbox"/>	_____
Auscultation	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Palpation	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Guarding/Rebound	Absent <input checked="" type="checkbox"/>	Present <input type="checkbox"/>	_____
Discomfort	Absent <input checked="" type="checkbox"/>	Present <input type="checkbox"/>	_____

Flank:

Palpation	Nontender <input checked="" type="checkbox"/>	Tender <input type="checkbox"/>	_____
-----------	---	---------------------------------	-------

Skin: Refuses full exam ☒

Turgor	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Rash	Absent <input checked="" type="checkbox"/>	Present <input type="checkbox"/>	_____
Suspicious Lesions	None Visible <input checked="" type="checkbox"/>	Present <input type="checkbox"/>	_____
Scars	None Visible <input checked="" type="checkbox"/>	Present <input type="checkbox"/>	_____
Abrasions	None Visible <input checked="" type="checkbox"/>	Present <input type="checkbox"/>	_____
Birthmark	None Visible <input checked="" type="checkbox"/>	Present <input type="checkbox"/>	_____

old, healed

See Nursing Diagram: ☒**Musculoskeletal:**

Upper Extremities	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Lower Extremities	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____
Spine	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	_____

Genitals: ☐ Normal ☐ Abnormal ☐ Offered but Refused ☐ Not Indicated ☐ Pt. is Current ☒ Not Performed due to exacerbation of Psychosocial issues

Rectal: ☐ Normal ☐ Abnormal ☐ Offered but Refused ☐ Not Indicated ☐ Pt. is Current ☒ Not Performed due to exacerbation of Psychosocial issues

Pelvic: ☐ Normal ☐ Abnormal ☐ Offered but Refused ☐ Not Indicated ☐ Pt. is Current ☒ Not Performed due to exacerbation of Psychosocial issues

Breast: ☐ Normal ☐ Abnormal ☐ Offered but Refused ☐ Not Indicated ☐ Pt. is Current ☒ Not Performed due to exacerbation of Psychosocial issues

**History and Physical Examination**

NUR-100 H&PE Exam 12.15.2016

PATIENT IDENTIFICATION STICKER

REED, EMILY C
000060276 11/16/1996 023
A#1057817-0010 I IPL DEL
12/31/2019 22:31
M. WONG MD

5 of 7

ROA2619

Lymph:Normal ☒

Abnormal _____

Peripheral Vascular:Normal ☒

Abnormal _____

Extremities:

Clubbing/Cyanosis

Absent ☒

Present _____

Edema

Absent ☒

Present _____

CRANIAL NERVES: <i>Note normal findings – if abnormal, indicate finding</i>	
II – Optic <input checked="" type="checkbox"/>	Distinguishes number of fingers in central field. Distinguishes movements in peripheral field. Other: _____
III Ocular-Motor <input checked="" type="checkbox"/> IV Trochlear <input checked="" type="checkbox"/> VI Abducens <input checked="" type="checkbox"/>	Gazes symmetrically up, down, sideways. No diplopia. No disconjugate gaze. Other: _____
V Trigeminal <input checked="" type="checkbox"/>	Distinguishes 1 from 2 point touch symmetrically on forehead, cheek, and chin. Chews symmetrically. Opens mouth symmetrically. Other: _____
VII Facial <input checked="" type="checkbox"/>	Upper: Frowns symmetrically. Lower: Smiles symmetrically. Other: _____
VIII Auditory <input checked="" type="checkbox"/>	Hears fingers rubbing or snapping equally in both ears. Hears whispered voice. Other: _____
IX Glosso-Pharyngeal <input checked="" type="checkbox"/> X Vagus <input checked="" type="checkbox"/>	Has gag reflex. Says "ah" and uvula elevates symmetrically. . Other: _____
XI Accessory <input checked="" type="checkbox"/>	Shrugs shoulders symmetrically. Other: _____
XII Hypoglossal <input checked="" type="checkbox"/>	Can stick tongue out straight without tremors or fasciculation. Other: _____
Motor Functions And Other Functions <input checked="" type="checkbox"/>	Muscle strength is 5/5. No abnormal movements or tremors No limb weakness, atrophy Gait and station are normal Deep tendon reflexes are 2+ and symmetric Finger-to-nose is normal. Other: _____
Sensory <input checked="" type="checkbox"/>	Sensory examination to light touch is normal. Other: <i>A.D. Aff.</i>
Laboratory Data	<input checked="" type="checkbox"/> Laboratory Data Reviewed and Unremarkable <input checked="" type="checkbox"/> Laboratory Data Not Yet Available Pertinent Laboratory Data: <i>ALC</i>

**History and Physical Examination**

NUR-100 H&PE Exam 12.15.2016

PATIENT IDENTIFICATION STICKER

REED, EMILY C
000060276 11/16/1996 023
A#1057817-0010 I IPL DEL
12/31/2019 22:31
M. WONG MD

6 of 7

ROA2620

Impressions:		Psychosocial Problems per Psychiatry and :	
A Fib <input type="checkbox"/>	Degenerative Disc Disease <input type="checkbox"/>	Hyperlipidemia <input checked="" type="checkbox"/>	Tachycardia <input checked="" type="checkbox"/>
AIDS <input type="checkbox"/>	Dementia <input type="checkbox"/>	Hypotension <input checked="" type="checkbox"/>	TIA <input type="checkbox"/>
Anemia <input type="checkbox"/>	DJD <input type="checkbox"/>	Hypothyroidism <input type="checkbox"/>	Vision Impaired <input type="checkbox"/>
Arrhythmias <input type="checkbox"/>	DM I <input type="checkbox"/>	Lumbago <input type="checkbox"/>	Self-Inflicted: <input type="checkbox"/>
Arthritis <input type="checkbox"/>	DM I/Renal <input type="checkbox"/>	Migraines <input checked="" type="checkbox"/>	<input type="checkbox"/> Cuts/Lacerations
Asthma <input type="checkbox"/>	DM II <input type="checkbox"/>	Nephrolithiasis <input type="checkbox"/>	<input type="checkbox"/> Burns (old)
BPH <input type="checkbox"/>	DM II/Renal <input type="checkbox"/>	Opiate (Dependency/Withdrawal) <input type="checkbox"/>	<input type="checkbox"/> Wounds
Bradycardia <input type="checkbox"/>	DM II Insulin Dependant <input type="checkbox"/>	Overactive Bladder <input type="checkbox"/>	
CAD <input type="checkbox"/>	Deep Venous Thrombosis <input type="checkbox"/>	Parkinson's <input type="checkbox"/>	
Cancer <input type="checkbox"/>	Endocarditis <input type="checkbox"/>	Renal Insufficiency <input type="checkbox"/>	
Cephalgia <input type="checkbox"/>	Endometriosis <input type="checkbox"/>	Rheumatoid Arthritis <input type="checkbox"/>	
CHF <input type="checkbox"/>	ETOH (Dependency/Withdrawal) <input type="checkbox"/>	Seizure <input type="checkbox"/>	
Chronic Pain <input type="checkbox"/>	Fibromyalgia <input type="checkbox"/>	Sickle Cell Anemia <input type="checkbox"/>	
Cirrhosis <input type="checkbox"/>	Gastroesophageal Reflux Disease <input type="checkbox"/>	SLE <input type="checkbox"/>	
Chronic Kidney Disease <input type="checkbox"/>	Hepatitis (A,B,C) <input type="checkbox"/>	Somatic Complaints <input checked="" type="checkbox"/>	
COPD <input type="checkbox"/>	HIV <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>	
CVA <input type="checkbox"/>	HTN <input type="checkbox"/>	Syphilis <input type="checkbox"/>	

HYPOTENSION *HYPERGLYCEMIA*

SIR ASPHYXIATION attempt

Plan:	
Follow-up with Primary Care Physician & Psychiatrist after Discharge <input checked="" type="checkbox"/>	Detox Protocol; See Attached <input type="checkbox"/>
See Admit Orders <input checked="" type="checkbox"/>	Monitor Vitals <input checked="" type="checkbox"/>
Monitor Blood Sugar <input type="checkbox"/>	Pain Management <input type="checkbox"/>
Restriction on Activities:	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Seizure Precautions <input type="checkbox"/>
	Fall Precautions <input type="checkbox"/>
	Activity as Tolerated <input checked="" type="checkbox"/>

Further evaluation and therapy will be instituted as indicated ☒

Other:
<i>pt edr; A med; Tx Symp</i>
<i>BAO 5081</i>
<i>Michael B. C. 1/1/20 1400</i>
Examining Physician Name: (Print)
Examining Physician (Signature)
Date/Time

Barry Allswang, MD ☐

Winston Chung, MD ☐

Rene Perez-Silva, MD ☐

Gerald Cohen, MD ☐



History and Physical Examination

PATIENT IDENTIFICATION STICKER

REED, EMILY C
000060276 11/16/1996 023
A#1057817-0010 I IPL DEL
12/31/2019 22:31
M. WONG MD

1/27
PS-V-B-144



Patient Report

Specimen ID: 023-097-8047-0
Control ID: XSK04285095

Acct #: 04285095

Phone: (310) 784-2245

Rte: 00

REED, EMILY C.

Del Amo Hospital - Del Sol
23700 Camino Del Sol
Torrance CA 90505



Patient Details

DOB: 11/16/1996
Age(y/m/d): 023/02/07
Gender: F SSN:
Patient ID: 000062076-060274

Specimen Details

Date collected: 01/23/2020 0830 Local
Date received: 01/24/2020
Date entered: 01/23/2020
Date reported: 01/31/2020 0905 ET

Physician Details

Ordering: M WONG
Referring:
ID:
NPI:

General Comments & Additional Information

Total Volume: Not Provided

Fasting: No

Ordered Items

UA with Culture Reflex

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
UA with Culture Reflex					
Urinalysis Gross Exam					01
Specific Gravity	1.017			1.005 - 1.030	01
pH	8.5	High		5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Trace			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.2 - 1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					
Microscopic follows if indicated.					01
Urinalysis Reflex					
This specimen will not reflex to a Urine Culture.					01

01 SO LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA
92128-4108

Dir: Jenny Galloway, MD

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

Date Issued: 01/31/20 0907 ET

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Noted @ 1100 AM on 1/31/2020

ROA2622



Patient Report

Specimen ID: 024-097-0026-0
Control ID: XTM04285095

Acct #: 04285095

Phone: (310) 784-2245

Rte: 00

REED, EMILY

Del Amo Hospital - Del Sol
23700 Camino Del Sol
TORRANCE CA 90505



Patient Details

DOB: 11/16/1996
Age(y/m/d): 023/02/08
Gender: F SSN:
Patient ID: 60276

Specimen Details

Date collected: 01/24/2020 0830 Local
Date received: 01/25/2020
Date entered: 01/24/2020
Date reported: 01/25/2020 0505 ET

Physician Details

Ordering: WONG
Referring:
ID:
NPI:

General Comments & Additional Information

Total Volume: Not Provided

Fasting: Yes

Ordered Items

CBC With Differential/Platelet; Comp. Metabolic Panel (14); Vitamin D, 25-Hydroxy; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	4.8		x10E3/uL	3.4 - 10.8	01
RBC	4.57		x10E6/uL	3.77 - 5.28	01
Hemoglobin	13.7		g/dL	11.1 - 15.9	01
Hematocrit	41.5		%	34.0 - 46.6	01
MCV	91		fL	79 - 97	01
MCH	30.0		pg	26.6 - 33.0	01
MCHC	33.0		g/dL	31.5 - 35.7	01
RDW	13.4		%	11.7 - 15.4	01
Platelets	262		x10E3/uL	150 - 450	01
Neutrophils	43		%	Not Estab.	01
Lymphs	43		%	Not Estab.	01
Monocytes	12		%	Not Estab.	01
Eos	2		%	Not Estab.	01
Basos	0		%	Not Estab.	01
Neutrophils (Absolute)	2.0		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	2.1		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.6		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Comp. Metabolic Panel (14)					
Glucose	74		mg/dL	65 - 99	01
BUN	13		mg/dL	6 - 20	01
Creatinine	0.75		mg/dL	0.57 - 1.00	01
eGFR If NonAfricn Am	113		mL/min/1.73	>59	
eGFR If Africn Am	130		mL/min/1.73	>59	
BUN/Creatinine Ratio	17			9 - 23	
Sodium	141		mmol/L	134 - 144	01

Date Issued: 01/25/20 0507 ET

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Added 01/25/20 at 0326am

ROA2623



Patient Report

Patient: REED, EMILY
DOB: 11/16/1996

Patient ID: 60276

Control ID: XTM04285095

Specimen ID: 024-097-0026-0
Date collected: 01/24/2020 0830 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Potassium	4.4		mmol/L	3.5 - 5.2	01
Chloride	104		mmol/L	96 - 106	01
Carbon Dioxide, Total	24		mmol/L	20 - 29	01
Calcium	9.2		mg/dL	8.7 - 10.2	01
Protein, Total	6.6		g/dL	6.0 - 8.5	01
Albumin	4.1		g/dL	3.9 - 5.0	01
Please note reference interval change					
Globulin, Total	2.5		g/dL	1.5 - 4.5	
A/G Ratio	1.6			1.2 - 2.2	
Bilirubin, Total	0.7		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase	75		IU/L	39 - 117	01
AST (SGOT)	19		IU/L	0 - 40	01
ALT (SGPT)	11		IU/L	0 - 32	01
Vitamin D, 25-Hydroxy	23.0	Low	ng/mL	30.0 - 100.0	01

Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).

1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.

01	SO	LabCorp San Diego 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-4108	Dir: Jenny Galloway, MD
----	----	---	-------------------------

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

Handwritten: MP
1/25/20

Handwritten: 2, 1, 2/20

Date Issued: 01/25/20 0507 ET

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Handwritten: WELCH 01/25/20 at 0526 W

ROA2624

**Patient Report**

Specimen ID: 011-097-1161-0
Control ID: XJN04285095

Acct #: 04285095

Phone: (310) 784-2245

Rte: 00

REED, EMILY C.

Del Amo Hospital - Del Sol
23700 Camino Del Sol
TORRANCE CA 90505

**Patient Details**

DOB: 11/16/1996
Age(y/m/d): 023/01/25
Gender: F SSN:
Patient ID: 000060276

Specimen Details

Date collected: 01/10/2020 1120 Local
Date received: 01/12/2020
Date entered: 01/12/2020
Date reported: 01/12/2020 1405 ET

Physician Details

Ordering: M WONG
Referring:
ID:
NPI:

General Comments & Additional Information

Total Volume: Not Provided

Fasting: No

Ordered Items

Urinalysis, Routine

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Urinalysis, Routine					
Urinalysis Gross Exam					01
Specific Gravity	>=1.030	Abnormal		1.005 - 1.030	01
pH	5.5			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Cloudy	Abnormal		Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Trace	Abnormal		Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.2 - 1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					
Microscopic follows if indicated.					01

01 SO LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA
92128-4108

Dir: Jenny Galloway, MD

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

Date Issued: 01/12/20 1407 ET

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ROA2625



Patient Report

Specimen ID: 003-097-8061-0
Control ID: XFA04285095

Acct #: 04285095

Phone: (310) 784-2245

Rte: 00

REED, EMILY C.

Del Amo Hospital - Del Sol
23700 Camino Del Sol
TORRANCE CA 90505



Patient Details

DOB: 11/16/1996
Age(y/m/d): 023/01/17
Gender: F SSN:
Patient ID: 000060276

Specimen Details

Date collected: 01/02/2020 0900 Local
Date received: 01/04/2020
Date entered: 01/03/2020
Date reported: 01/06/2020 0905 ET

Physician Details

Ordering: M WONG
Referring:
ID:
NPI:

General Comments & Additional Information

Clinical Info: CCU:0352382321 H-00416817

Clinical Info: LM

Ordered Items

733688 10 Drug-Ser; Urinalysis, Routine; Pregnancy Test, Urine

PS 1-7-20

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
733688 10 Drug-Ser					
Amphetamines, Urine	Negative		ng/mL	Cutoff=1000	01
Amphetamine test includes Amphetamine and Methamphetamine.					
					02
Barbiturates	Negative		ng/mL	Cutoff=200	01
Benzodiazepines	Negative		ng/mL	Cutoff=200	01
Drug Screen Comment:					
This analysis is performed by immunoassay. Positive findings are unconfirmed analytical test results; if results do not support expected clinical finding, confirmation by an alternate methodology is recommended. Patient metabolic variables, specific drug chemistry, and specimen characteristics can affect test outcome.					
Technical consultation is available at otstoxline@labcorp.com, or call toll free 888-883-5017.					
Cannabinoid	Negative		ng/mL	Cutoff=50	01
Cocaine (Metab.)	Negative		ng/mL	Cutoff=300	01
Methaqualone	Negative		ng/mL	Cutoff=300	01
Opiate	Negative		ng/mL	Cutoff=2000	01
Opiate test includes Codeine, Morphine, Hydromorphone, Hydrocodone.					
Phencyclidine	Negative		ng/mL	Cutoff=25	01
Methadone Screen, Urine	Negative		ng/mL	Cutoff=300	01
Propoxyphene, Urine	Negative		ng/mL	Cutoff=300	01
Urinalysis, Routine					
Urinalysis Gross Exam					03
Specific Gravity	1.023			1.005 - 1.030	03
pH	5.5			5.0 - 7.5	03
Urine-Color	Yellow			Yellow	03
Appearance	Clear			Clear	03
WBC Esterase	Negative			Negative	03
Protein	Negative			Negative/Trace	03
Glucose	Negative			Negative	03

Date Issued: 01/06/20 0905 ET

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Mbarcia, m

ROA2626

**Patient Report**

Patient: REED, EMILY C.
DOB: 11/16/1996

Patient ID: 000060276

Control ID: XFA04285095

Specimen ID: 003-097-8061-0
Date collected: 01/02/2020 0900 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Ketones	Negative			Negative	03
Occult Blood	2+	Abnormal		Negative	03
Bilirubin	Negative			Negative	03
Urobilinogen, Semi-Qn	0.2		mg/dL	0.2 - 1.0	03
Nitrite, Urine	Negative			Negative	03
Microscopic Examination	See below:				03
WBC	0-5		/hpf	0 - 5	03
RBC	11-30	Abnormal	/hpf	0 - 2	03
Epithelial Cells (non renal)	0-10		/hpf	0 - 10	03
Mucus Threads	Present			Not Estab.	03
Bacteria	Few			None seen/Few	03
Pregnancy Test, Urine	Negative			Negative	03

01	UI	LabCorp OTS RTP 1904 TW Alexander Drive, RTP, NC 27709-0153	Dir: Ntei Abudu, PhD
02	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: Sanjai Nagendra, MD
03	SO	LabCorp San Diego 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-4108	Dir: Jenny Galloway, MD

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 800-833-3984

TS
1-7-20

21/276

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noted 1-6-2020 also
M. [signature]

ROA2627



Patient Report

Specimen ID: 001-097-0550-0
Control ID: XFB04285095

Acct #: 04285095

Phone: (310) 784-2245

Rte: 00

REED, EMILY C.

Del Amo Hospital - Del Sol
23700 Camino Del Sol
TORRANCE CA 90505



Patient Details

DOB: 11/16/1996
Age(y/m/d): 023/01/16
Gender: F SSN:
Patient ID: 60276

Specimen Details

Date collected: 01/01/2020 0850 Local
Date received: 01/02/2020
Date entered: 01/02/2020
Date reported: 01/03/2020 1105 ET

Physician Details

Ordering: M WONG
Referring:
ID:
NPI:

General Comments & Additional Information

Total Volume: Not Provided

Fasting: No

Ordered Items

CMP14+LP+CBC/D/Plt+TSH; Venipuncture

PS 1-3-20

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP14+LP+CBC/D/Plt+TSH					
Glucose	86		mg/dL	65 - 99	01
BUN	9		mg/dL	6 - 20	01
Creatinine	0.73		mg/dL	0.57 - 1.00	01
eGFR If NonAfricn Am	116		mL/min/1.73	>59	
eGFR If Africn Am	134		mL/min/1.73	>59	
BUN/Creatinine Ratio	12			9 - 23	
Sodium	140		mmol/L	134 - 144	01
Potassium	4.3		mmol/L	3.5 - 5.2	01
Chloride	104		mmol/L	96 - 106	01
Carbon Dioxide, Total	24		mmol/L	20 - 29	01
Calcium	9.7		mg/dL	8.7 - 10.2	01
Protein, Total	6.7		g/dL	6.0 - 8.5	01
Albumin	4.3		g/dL	3.5 - 5.5	01
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	1.8			1.2 - 2.2	
Bilirubin, Total	1.2		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase	74		IU/L	39 - 117	01
AST (SGOT)	13		IU/L	0 - 40	01
ALT (SGPT)	11		IU/L	0 - 32	01
Cholesterol, Total	167		mg/dL	100 - 199	01
Triglycerides	41		mg/dL	0 - 149	01
HDL Cholesterol	52		mg/dL	>39	01
VLDL Cholesterol Cal	8		mg/dL	5 - 40	
LDL Cholesterol Calc	107	High	mg/dL	0 - 99	
TSH	1.610		uIU/mL	0.450 - 4.500	01
RPR	Non Reactive			Non Reactive	01
CBC, Platelet Ct, and Diff					01
WBC	4.6		x10E3/uL	3.4 - 10.8	01

Date Issued: 01/03/20 1106 ET

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ROA2628



Patient Report

Patient: REED, EMILY C.
DOB: 11/16/1996

Patient ID: 60276

Control ID: XFB04285095

Specimen ID: 001-097-0550-0
Date collected: 01/01/2020 0850 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
RBC	4.77		x10E6/uL	3.77 - 5.28	01
Hemoglobin	14.6		g/dL	11.1 - 15.9	01
Hematocrit	43.6		%	34.0 - 46.6	01
MCV	91		fL	79 - 97	01
MCH	30.6		pg	26.6 - 33.0	01
MCHC	33.5		g/dL	31.5 - 35.7	01
RDW	12.8		%	12.3 - 15.4	01
Effective January 6, 2020, the RDW pediatric reference interval will be removed and the adult reference interval will be changing to:					
				Female 11.7 - 15.4	
				Male 11.6 - 15.4	
Platelets	314		x10E3/uL	150 - 450	01
Neutrophils	46		%	Not Estab.	01
Lymphs	41		%	Not Estab.	01
Monocytes	10		%	Not Estab.	01
Eos	2		%	Not Estab.	01
Basos	1		%	Not Estab.	01
Neutrophils (Absolute)	2.1		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.9		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01

01 SO LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA
92128-4108

Dir: Jenny Galloway, MD

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

B
1-3-20

2/14/20

Date Issued: 01/03/20 1106 ET

FINAL REPORT

Page 2 of 2

This document contains private and confidential health information protected by state and federal law.
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All Rights Reserved - Enterprise Report Version: 1.00Noted yppmular was 1/30
©1045

ROA2629

Del Amo Hospital Medication Reconciliation

ADMISSION MEDICATIONS:						
Information Source: <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Family/Friend: <u>Mother</u> <input checked="" type="checkbox"/> Other: <u>Chief</u> <input type="checkbox"/> Unable to obtain - Reason: _____			ALLERGIES: <u>Haldol, Midazolam.</u> Females Only: Pregnant: <input type="checkbox"/> Yes / <input type="checkbox"/> No Lactating: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
List ALL Patient's Current Medications (prescriptions, over the counter meds, PRNs, vitamins, supplements, birth control, eye/ear drops, etc)	Dosage	Route	Schedule / Frequency	Reason / Indication	Last Taken (date)	
Pristiq GR	100mg	p.o.	qdaily	Antidepressant		
Neurontin	300mg	p.o.	bid	Seizure		
Hydroxyzine (Atarax)	25mg	p.o.	prn	Anxiety		
Lamictal XR	200mg	p.o.	qdaily	Mood stabilizer		
prazosin	2mg	p.o.	qdaily	Nightmares		
Contacted Psychiatrist and/or Internist (print names): <u>Dr Wong / P. Silva</u> To Review/Reconcile Medications on: (Date / Time) <u>12/31/19 @ 2300</u> By Nurse (print/sign name and title): <u>A. Curran RN</u>						
MEDICATIONS TO TAKE AFTER DISCHARGE:						
Name of Medication	Dosage	How to Take	How Often to Take	When to Take	Reason / Indication	
Seroquel	300 mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime Take on: _____	Psychosis	
Lamictal	250mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime Take on: _____	Mood stabilizer	
Prazosin	4 mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime Take on: _____	Nightmares	
Remeron	30 mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime Take on: _____	Depression	
Gabapentin	600 mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime Take on: _____	Anxiety	
Pristiq	100 mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime Take on: _____	Depression	
		<input type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime Take on: _____		
Any medications taken during this hospitalization that caused an allergic reaction? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (explain below) Med(s)/Reaction(s): _____						
I have been provided a copy of the above instructions and given the opportunity to ask questions. My signature below indicates my understanding. Date: <u>X Emily Reed</u>						
Patient or Guardian Signature: <u>X 1/27/20</u>						
Discharging RN Signature: <u>A. Curran</u>						



NUR-030 - Rev 12/16

REED, EMILY C
 000060276 11/16/1996 023
 A#1057817-0010 I IPL DEL ion Label
 12/31/2019 22:31
 M. WONG MD

ROA2630

Del Amo Hospital Discharge Plan
23700 Camino Del Sol, Torrance, CA 90505, 310-530-1151

PSYCHIATRIST SECTION	
Nature of problem/illness:	depression / dissociation / suicidal
Expected course of recovery:	good
PSYCHIATRIST PRINTED NAME:	Signature: [Signature]

INTERNIST SECTION	
During your hospitalization, the following physical problems were identified/treated, including follow up recommendations below. In addition, other issues may have been identified that were discussed with you during your stay. Please go to your primary medical doctor or county health facility 3-5 days after discharge for follow-up, routine health maintenance, and age appropriate screening. Your doctor should request a copy of your medical records/labs.	
LAB copy to PT BY DISCH RN	
Prescription for FDA-approved med. for:	<input type="checkbox"/> Alcohol/drug disorder provided <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> See referral below <input type="checkbox"/> Tobacco cessation provided <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> See referral below
INTERNIST PRINTED NAME:	Signature: [Signature]

SOCIAL WORK SECTION	
Psychiatrist / Clinic	Name: Dr. Love-Farnell #808.336.2900 Date/Time of Appt: Per clinic, Mon & Wed
Address/Phone#:	3150 Bristol St. Ste. 400 Costa Mesa, CA 92626 Pt to call @ d/c
Other	Name: Elise Collier & Roger Boehm Date/Time of Appt: to schedule appts. directly
Address/Phone#:	401 Dove St. #140 Newport Beach, CA 92660 #902.335.4552
Continuing care:	<input type="checkbox"/> PHP <input type="checkbox"/> IOP <input type="checkbox"/> RTC <input type="checkbox"/> Other:
Referral for addictions treatment:	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Patient refused <input type="checkbox"/> Appt date/time: <input type="checkbox"/> Referral made to:
Referral for tobacco cessation counseling:	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Patient refused <input type="checkbox"/> Appt date/time: <input type="checkbox"/> Referral made to:
Other community referrals:	Suicide Prevention: 877.727.4747 NAMI: 800.450.6264
SOCIAL WORKER PRINTED NAME:	Signature: [Signature]

NURSING SECTION	
Pre-discharge RN assessment:	1) Is pt currently having/verbalizing thoughts to harm or kill self? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2) Is pt currently demonstrating any self-harm behaviors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to either question, notify psychiatrist and document specifics in progress notes. MD notified: Date/Time of notification:
Type of discharge:	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> AMA <input type="checkbox"/> Other:
Discharged to:	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Board & Care <input type="checkbox"/> Group Home <input type="checkbox"/> SNF <input type="checkbox"/> Other:
Accompanied by:	Alecia Draper Relationship: Mother
Transportation:	<input type="checkbox"/> Personal car <input checked="" type="checkbox"/> Family/friend <input type="checkbox"/> Taxi <input type="checkbox"/> Hospital Van <input type="checkbox"/> Other:
Destination name, address & phone #	Name: private Phone #: 714.916.1524 Address: 20762 Creative Courtview Ln. Huntington Beach, CA 92646
For homeless discharges:	Clothing: <input type="checkbox"/> Has own clothing <input type="checkbox"/> Weather appropriate clothes provided <input type="checkbox"/> Refused Meal: <input type="checkbox"/> Meal provided <input type="checkbox"/> Refused to accept offered meal
Patient and/or legal guardian verbalizes understanding of: <input checked="" type="checkbox"/> Referrals / placement / discharge plan <input checked="" type="checkbox"/> Educational handouts about suicide provided <input checked="" type="checkbox"/> Crisis safety plan and when/how to seek further care <input checked="" type="checkbox"/> Current medication regimen (or <input type="checkbox"/> N/A - Pt is not prescribed medications)	
Discharge plan and crisis safety plan reviewed with: <input checked="" type="checkbox"/> Family/friend/support person OR <input type="checkbox"/> No ROI given	
I understand if I experience any recurrence of the symptoms that led to my hospitalization, I am to notify my current therapist/doctor immediately. I also understand the information provided above.	
PT/LEGAL GUARDIAN SIGNATURE:	DATE: 1/27/20
NURSE SIGNATURE:	DATE: 1/27/20



NUR-043 - Rev 1/19

REED, EMILY C
000060276 11/16/1996 023
A#1057817-0010 I IPL DEL
12/31/2019 22:31
M. WONG MD

ROA2631

EXHIBIT 58

EXHIBIT 58

EXHIBIT 58



PO BOX 489
NEWARK, NJ 07101-0489

Billing period
Account number
Invoice number

Nov 13, 2018 - Dec 12, 2018
00001
9152745631

KEYLINE
|||||

ALECIA A KREMIDAS

See last page for payment information and how
to split your bill.

Questions? Visit vzw.com/contactus

Hi Alecia, here's your bill for this month.



Alecia Draper	1646	page 2	\$15.00
Moonwood Coffee Company	6102	page 3	\$45.00
Emily Reed	7489	page 3	\$45.00
Adam Reed	3216	page 4	\$67.91
Anthony Reed	0135	page 4	\$99.66
Surcharges			\$7.40
Taxes and government fees			\$4.68



\$284.65

Due January 4
Autopay January 1



PO BOX 489
NEWARK, NJ 07101-0489

Billing period
Account number
Invoice number

Dec 13, 2018 - Jan 12, 2019
[REDACTED] 00001
9161007595

KEYLINE

|||||

ALECIA A KREMIDAS



See last page for payment information and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Alecia, here's your bill for this month.



Alecia Draper [REDACTED] 646	page 2	\$15.00
Moonwood Coffee Company [REDACTED] 6102	page 3	\$45.00
Emily Reed [REDACTED] 7489	page 3	\$45.00
Adam Reed [REDACTED] 8216	page 4	\$67.91
Anthony Reed [REDACTED] 0135	page 4	\$99.66
Surcharges		\$7.48
Taxes and government fees		\$4.68



\$284.73

Due February 4
Autopay February 1



PO BOX 489
NEWARK, NJ 07101-0489

Billing period
Account number
Invoice number

Jan 13, 2019 - Feb 12, 2019

9169240063

KEYLINE



ALECIA A KREMIDAS

See last page for payment information and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Alecia, here's your bill for this month.



Alecia Draper	646	page 2	\$15.00
Moonwood Coffee Company	6102	page 2	\$45.00
Emily Reed	7489	page 3	\$45.00
Adam Reed	8216	page 3	\$67.91
Anthony Reed	0135	page 4	\$99.66
Surcharges			\$7.48
Taxes and government fees			\$4.68



\$284.73

Due March 4
Autopay March 1



PO BOX 489
NEWARK, NJ 07101-0489

Billing period
Account number
Invoice number

Feb 13, 2019 - Mar 12, 2019
[REDACTED]
9177477367



ALECIA A KREMIDAS
[REDACTED]

000379534
P103

See last page for payment information and how
to split your bill.
Questions? Visit vzw.com/contactus

Hi Alecia, here's your bill for this month.



Alecia Draper [REDACTED] 1646	page 2	\$15.00
Moonwood Coffee Company [REDACTED] 6102	page 2	\$45.00
Emily Reed [REDACTED] 7489	page 3	\$45.00
Adam Reed [REDACTED] 8216	page 3	\$67.91
Anthony Reed [REDACTED] 0135	page 4	\$99.66
Surcharges		\$7.44
Taxes and government fees		\$4.80



\$284.81

Due April 4
Autopay April 1



PO BOX 489
NEWARK, NJ 07101-0489

Billing period
Account number
Invoice number

Mar 13, 2019 - Apr 12, 2019
00001
9185730813



ALECIA A KREMIDAS

000149819
P104

See last page for payment information and how
to split your bill.

Questions? Visit vzw.com/contactus

Hi Alecia, here's your bill for this month.



Alecia Draper	646	page 2	\$15.00
Moonwood Coffee Company	6102	page 2	\$45.00
Emily Reed	7489	page 3	\$45.00
Adam Reed	8216	page 3	\$67.91
Anthony Reed	0135	page 4	\$99.66



Surcharges	\$7.32
Taxes and government fees	\$4.80

\$284.69

Due May 4
Autopay May 1

ROA2637



PO BOX 489
NEWARK, NJ 07101-0489

Billing period
Account number
Invoice number

Apr 13, 2019 - May 12, 2019
[REDACTED] 00001
9193959612

KEYLINE



ALECIA A KREMIDAS
[REDACTED]

See last page for payment information and how to split your bill.

Questions? Visit vzw.com/contactus

Hi Alecia, here's your bill for this month.



Alecia Draper	[REDACTED] 646	page 2	\$15.00
Moonwood Coffee Company	[REDACTED] 6102	page 3	\$45.00
Emily Reed	[REDACTED] 7489	page 3	\$45.00
Adam Reed	[REDACTED] 8216	page 4	\$67.91
Anthony Reed	[REDACTED] 0135	page 4	\$99.66



Surcharges	\$7.32
Taxes and government fees	\$4.80

\$284.69

Due June 4
Autopay June 1



LEGRAND MARKETING
ATTN: JANET DRAPER

Page: 19 of 23
Bill Cycle Date: 12/03/18 - 01/02/19
Account: [REDACTED]
Foundation Account: [REDACTED] 6654
Invoice: 828363319X01102019

Visit us online at: www.att.com/business



-1524

ALECIA DRAPER

att.com/global

Monthly Charges - Jan 3 thru Feb 2

1. Access for iPhone 4G LTE w/ Visual Voicemail	15.00
2. Mexico Roaming Bonus	0.00
3. MX Int Calls to US/MX, ILD to ROW	0.00
Total Monthly Charges	15.00

Other Charges and Credits

Voice Usage Summary

Shared Minutes	Unlimited
Minutes	
Minutes Used	2,029

Data Usage Summary

Shared Messaging	Unlimited
Used	302

Promo for Mobile Share Value 40GB with Rollover Data
Individual GB Used 0.99

1 Gigabyte (GB) = 1024MB, 1 Megabyte (MB) = 1024KB

Surcharges and Other Fees

4. Administrative Fee	1.99
5. Federal Universal Service Charge	1.28
6. Property Tax Allotment	0.31
7. Regulatory Cost Recovery Charge	1.25
8. State Public Utility Surcharge	0.03
Total Surcharges and Other Fees	4.86

Government Fees and Taxes

9. CA Advanced Services Fund (CASF)	0.07
10. CHCF A	0.03
11. City Utility Users Tax	1.02
12. Relay Service Device Fund	0.06
13. State 911 Tax	0.22
14. Teleconnect Fund	0.09
15. Universal Lifeline	0.57
Total Government Fees and Taxes	2.06

Total Other Charges & Credits 6.92

Total for [REDACTED] 1524 21.92



-0099

VALERIE DUARTE

Mexico Roaming Bonus - Includes 1 gigabyte of data in Mexico; data overage is \$20 each additional 1GB. Unlimited text sent from Mexico and unlimited talk from Mexico to the U.S. and Mexico. Talk from Mexico to other international destinations will be billed at standard international long distance rates. Pay-per-use rates apply for all services in all other international countries. For more details, visit att.com/global.

Monthly Charges - Jan 3 thru Feb 2

1. Access for iPhone 4G LTE w/ Visual Voicemail	15.00
2. Mexico Roaming Bonus	0.00
3. MX Int Calls to US/MX, ILD to ROW	0.00
Total Monthly Charges	15.00

Other Charges and Credits

Voice Usage Summary

Shared Minutes	Unlimited
Minutes	
Minutes Used	127

Data Usage Summary

Shared Messaging	Unlimited
Used	217

Promo for Mobile Share Value 40GB with Rollover Data
Individual GB Used 0.06

1 Gigabyte (GB) = 1024MB, 1 Megabyte (MB) = 1024KB

Wireless Equipment Charges

Installment Plan ID: 280000023588645 - Est. on 11/08/17

IPHONE 6S PLUS 32GB ROSE GOLD

Amount Financed: \$549.99

Date	Description	
4. 12/08	Installment 14 of 24	22.92

Balance Remaining after Current Installment: \$229.11

* To pay off your installment plan early, please visit att.com/payoffNEXT for details.

Surcharges and Other Fees

5. Administrative Fee	1.99
6. Federal Universal Service Charge	1.28
7. Property Tax Allotment	0.31
8. Regulatory Cost Recovery Charge	1.25



LEGRAND MARKETING
ATTN: JANET DRAPER

Page: 19 of 23
Bill Cycle Date: 01/03/19 - 02/02/19
Account: [REDACTED]
Foundation Account: [REDACTED]
Invoice: 828363319X02102019

Visit us online at: www.att.com/business

1524
JANET DRAPER

Mexico Roaming Bonus - Includes 1 gigabyte of data in Mexico; data overage is \$20 each additional 1GB. Unlimited text sent from Mexico and unlimited talk from Mexico to the U.S. and Mexico. Talk from Mexico to other international destinations will be billed at standard international long distance rates. Pay-per-use rates apply for all services in all other international countries. For more details, visit att.com/global.

Monthly Charges - Feb 3 thru Mar 2

1. Access for iPhone 4G LTE w/ Visual Voicemail	15.00
2. Mexico Roaming Bonus	0.00
3. MX Int'l Calls to US/MX, ILD to ROW	0.00
Total Monthly Charges	15.00

Other Charges and Credits

Voice Usage Summary

Shared Minutes	Unlimited
Minutes	
Minutes Used	3,193

Data Usage Summary

Shared Messaging	Unlimited
Used	505

Promo for Mobile Share Value 40GB with Rollover Data
Individual GB Used 0.13

1 Gigabyte (GB) = 1024MB, 1 Megabyte (MB) = 1024KB

Mobile Share Value 40GB promo w/Rollover Data

Individual GB Used 0.94

1 Gigabyte (GB) = 1024MB, 1 Megabyte (MB) = 1024KB

Surcharges and Other Fees

4. Administrative Fee	1.99
5. Federal Universal Service Charge	1.28
6. Property Tax Allotment	0.31
7. Regulatory Cost Recovery Charge	1.25
8. State Public Utility Surcharge	0.03
Total Surcharges and Other Fees	4.86

Government Fees and Taxes

9. CA Advanced Services Fund (CASF)	0.07
10. CHCF A	0.03
11. City Utility Users Tax	1.02
12. Relay Service Device Fund	0.06
13. State 911 Tax	0.09

Other Charges and Credits - Continued

14. Teleconnect Fund	0.09
15. Universal Lifeline	0.57
Total Government Fees and Taxes	1.93

Total Other Charges & Credits 6.79

Total for 1524 21.79

0099
VALERIE DUARTE

Mexico Roaming Bonus - Includes 1 gigabyte of data in Mexico; data overage is \$20 each additional 1GB. Unlimited text sent from Mexico and unlimited talk from Mexico to the U.S. and Mexico. Talk from Mexico to other international destinations will be billed at standard international long distance rates. Pay-per-use rates apply for all services in all other international countries. For more details, visit att.com/global.

Monthly Charges - Feb 3 thru Mar 2

1. Access for iPhone 4G LTE w/ Visual Voicemail	15.00
2. Mexico Roaming Bonus	0.00
3. MX Int'l Calls to US/MX, ILD to ROW	0.00
Total Monthly Charges	15.00

Other Charges and Credits

Voice Usage Summary

Shared Minutes	Unlimited
Minutes	
Minutes Used	146

Data Usage Summary

Shared Messaging	Unlimited
Used	289

Promo for Mobile Share Value 40GB with Rollover Data

Individual GB Used 0.03

1 Gigabyte (GB) = 1024MB, 1 Megabyte (MB) = 1024KB

Mobile Share Value 40GB promo w/Rollover Data

Individual GB Used 0.30

1 Gigabyte (GB) = 1024MB, 1 Megabyte (MB) = 1024KB

Wireless Equipment Charges

Installment Plan ID: 280000023588645 - Est. on 11/08/17
IPHONE 6S PLUS 32GB ROSE GOLD



LEGRAND MARKETING
ATTN: JANET DRAPER

Page: 20 of 24
Bill Cycle Date: 02/03/19
Account: [REDACTED]
Foundation Account:
Invoice: 828363319X03102

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[REDACTED] 5437
MARIA

Other Charges and Credits - Continued

Data Usage Summary

Shared Messaging Unlimited
Used 5

Mobile Share Value 40GB promo w/Rollover Data
Individual GB Used 0.36
1 Gigabyte (GB) = 1024MB, 1 Megabyte (MB) = 1024KB

Wireless Equipment Charges

Installment Plan ID: 280000013878942 - Est. on 01/31/17

IPHONE 6S PLUS 32GB SPACE GRAY
Amount Financed: \$649.99

Date	Description	
5. 03/01	Installment 26 of 30	21.67

Balance Remaining after Current Installment: \$86.57

* To pay off your installment plan early, please visit
att.com/payoffNEXT for details.

Surcharges and Other Fees

6. Administrative Fee	1.99
7. Federal Universal Service Charge	1.28
8. Property Tax Allotment	0.31
9. Regulatory Cost Recovery Charge	1.25
10. State Public Utility Surcharge	0.03
Total Surcharges and Other Fees	4.86

Government Fees and Taxes

11. CA Advanced Services Fund (CASF)	0.07
12. CHCF A	0.03
13. Relay Service Device Fund	0.06
14. State 911 Tax	0.09
15. Teleconnect Fund	0.09
16. Universal Lifeline	0.57
Total Government Fees and Taxes	0.91

Total Other Charges & Credits 27.44

Total for [REDACTED] 5437 62.39

[REDACTED] 1524
ALECIA DRAPER

Mexico Roaming Bonus - Includes 1 gigabyte of data in

Mexico; data coverage is \$20 each additional 1GB. Unlimited text sent from Mexico and unlimited talk from Mexico to the U.S. and Mexico. Talk from Mexico to other international destinations will be billed at standard international long distance rates. Pay-per-use rates apply for all services in all other international countries. For more details, visit att.com/global.

Monthly Charges - Mar 3 thru Apr 2

1. Access for iPhone 4G LTE w/ Visual Voicemail	15.00
2. Mexico Roaming Bonus	0.00
3. MX Int Calls to US/MX, ILD to ROW	0.00
Total Monthly Charges	15.00

Other Charges and Credits

Voice Usage Summary

Shared Minutes	Unlimited
Minutes	
Minutes Used	2,953

Data Usage Summary

Shared Messaging	Unlimited
Used	758

Mobile Share Value 40GB promo w/Rollover Data
Individual GB Used 1.97
1 Gigabyte (GB) = 1024MB, 1 Megabyte (MB) = 1024KB

Surcharges and Other Fees

4. Administrative Fee	1.99
5. Federal Universal Service Charge	1.28
6. Property Tax Allotment	0.31
7. Regulatory Cost Recovery Charge	1.25
8. State Public Utility Surcharge	0.03
Total Surcharges and Other Fees	4.86

Government Fees and Taxes

9. CA Advanced Services Fund (CASF)	0.07
10. CHCF A	0.03
11. City Utility Users Tax	1.02
12. Relay Service Device Fund	0.06
13. State 911 Tax	0.09
14. Teleconnect Fund	0.09
15. Universal Lifeline	0.57
Total Government Fees and Taxes	1.93

Total Other Charges & Credits 6.79

Total for [REDACTED] 1524 21.79

4361.004.030125.10.12.0000000 NNNNNNNN 001765.086177



ROA2641



Page: 16 of 24
Issue Date: Apr 02, 2019
Account Number: [REDACTED]
Foundation Account: [REDACTED]
Invoice: 828363319X0410201

[REDACTED] 437 continued

Surcharges & fees

6. Administrative Fee	\$1.99
7. Federal Universal Service Charge	\$1.20
8. Property Tax Allotment	\$0.31
9. Regulatory Cost Recovery Charge	\$1.25
10. State Public Utility Surcharge	\$0.03

Government taxes & fees

11. CA Advanced Services Fund (CASF)	\$0.07
12. CHCFA	\$0.03
13. Relay Service Device Fund	\$0.06
14. State 911 Tax	\$0.09
15. Teleconnect Fund	\$0.09
16. Universal Lifeline	\$0.58

Total for [REDACTED] 5437 \$62.32

Phone, [REDACTED] 1524
ALECIA DRAPER

Monthly charges

Apr 03 - May 02

1. Access for iPhone 4G LTE w/ Visual Voicemail	\$15.00
2. Mexico Roaming Bonus	\$0.00
3. MX Int'l Calls to US/MX, ILD to ROW	\$0.00

Surcharges & fees

4. Administrative Fee	\$1.99
5. Federal Universal Service Charge	\$1.20
6. Property Tax Allotment	\$0.31
7. Regulatory Cost Recovery Charge	\$1.25
8. State Public Utility Surcharge	\$0.03

Government taxes & fees

9. CA Advanced Services Fund (CASF)	\$0.07
10. CHCFA	\$0.03
11. City Utility Users Tax	\$1.02
12. Relay Service Device Fund	\$0.06
13. State 911 Tax	\$0.09
14. Teleconnect Fund	\$0.09
15. Universal Lifeline	\$0.58

Total for [REDACTED] 524 \$21.72

Data

Mobile Share Value 40GB promo w/Rollover Data (40.00 GB) 0.57

IPHONE 6S PLUS 32GB 280000013878942 SPACE GRAY

Established on Jan 31, 2017
Amount financed \$649.99
Installment 27 of 30 \$21.67
(Mar 31, 2019)
Balance remaining after current installment \$64.90

To pay off your installment plan early, please
wireless.att.com/business for details

Usage summary

Talk Used
Shared Minutes (unlimited) 2,345

Text Used
Shared Messaging (unlimited) 596

Data Used
Mobile Share Value 40GB promo w/Rollover Data (40.00 GB) 1.84

Wireless continues...

14 003987 9425 003 09 0000000 NNNNNNNNN 027695 027695

ROA2642



Page: 16 of 24
Issue Date: May 02, 2019
Account Number: [REDACTED]
Foundation Account: [REDACTED]
Invoice: 828363319X05102019

[REDACTED] 5437 continued

Surcharges & fees

6. Administrative Fee	\$1.99
7. Federal Universal Service Charge	\$1.20
8. Property Tax Allotment	\$0.31
9. Regulatory Cost Recovery Charge	\$1.25
10. State Public Utility Surcharge	\$0.03

Government taxes & fees

11. CA Advanced Services Fund (CASF)	\$0.07
12. CHCF A	\$0.03
13. Relay Service Device Fund	\$0.06
14. State 911 Tax	\$0.09
15. Teleconnect Fund	\$0.09
16. Universal Lifeline	\$0.58

Total for [REDACTED] 5437 \$62.32

Phone, [REDACTED] 524
ALECIA DRAPER

Monthly charges

May 03 - Jun 02

1. Access for iPhone 4G LTE w/ Visual Voicemail	\$15.00
2. Mexico Roaming Bonus	\$0.00
3. MX Int'l Calls to US/MX, ILD to ROW	\$0.00

Surcharges & fees

4. Administrative Fee	\$1.99
5. Federal Universal Service Charge	\$1.20
6. Property Tax Allotment	\$0.31
7. Regulatory Cost Recovery Charge	\$1.25
8. State Public Utility Surcharge	\$0.03

Government taxes & fees

9. CA Advanced Services Fund (CASF)	\$0.07
10. CHCF A	\$0.03
11. City Utility Users Tax	\$1.02
12. Relay Service Device Fund	\$0.06
13. State 911 Tax	\$0.09
14. Teleconnect Fund	\$0.09
15. Universal Lifeline	\$0.58

Total for [REDACTED] 524 \$21.72

Data	Used
Mobile Share Value 40GB promo w/Rollover Data (40.00 GB)	0.42

IPHONE 6S PLUS 32GB 280000013878942 SPACE GRAY

Established on	Jan 31, 2017
Amount financed	\$649.99
Installment 28 of 30 (May 01, 2019)	\$21.67
Balance remaining after current installment	\$43.23

To pay off your installment plan early, please
wireless.att.com/business for details

Usage summary

Talk	Used
Shared Minutes (unlimited)	2,721

Text	Used
Shared Messaging (unlimited)	627

Data	Used
Mobile Share Value 40GB promo w/Rollover Data (40.00 GB)	2.63

Wireless continues...



AT&T

Page: 15 of 23
 Issue Date: Jun 02, 2019
 Account Number: [REDACTED]
 Foundation Account: [REDACTED]
 Invoice: 828363319X06102019

...714.876.5437 continued

13. Relay Service Device Fund	\$0.06
14. State 911 Tax	\$0.09
15. Teleconnect Fund	\$0.09
16. Universal Lifeline	\$0.58
Total for [REDACTED] 5437	\$62.32

**IPHONE 6S PLUS 32GB 280000013878942
 SPACE GRAY**

Established on	Jan 31, 2017
Amount financed	\$649.99
Installment 29 of 30 (May 31, 2019)	\$21.67
Balance remaining after current installment	\$21.56

To pay off your installment plan early, please
wireless.att.com/business for details

Phone, [REDACTED] 1524
 ALECIA DRAPER

Monthly charges	Jun 03 - Jul 02	
1. Access for iPhone 4G LTE w/ Visual Voicemail		\$15.00
2. Mexico Roaming Bonus		\$0.00
3. MX Int'l Calls to US/MX, ILD to ROW		\$0.00

Surcharges & fees	
4. Administrative Fee	\$1.99
5. Federal Universal Service Charge	\$1.20
6. Property Tax Allotment	\$0.31
7. Regulatory Cost Recovery Charge	\$1.25
8. State Public Utility Surcharge	\$0.03

Government taxes & fees	
9. CA Advanced Services Fund (CASF)	\$0.07
10. CHCF A	\$0.03
11. City Utility Users Tax	\$1.02
12. Relay Service Device Fund	\$0.06
13. State 911 Tax	\$0.09
14. Teleconnect Fund	\$0.09
15. Universal Lifeline	\$0.58

Total for [REDACTED] 1524	\$21.72
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Usage summary

Talk	<i>Used</i>
Shared Minutes (unlimited)	2,662

Text	<i>Used</i>
Shared Messaging (unlimited)	849

Data	<i>Used</i>
Mobile Share Value 40GB promo w/Rollover Data (40.00 GB)	1.42

Wireless continues...

ROA2644

EXHIBIT 85

EXHIBIT 85

EXHIBIT 85

FDF

Name: Elizabeth Brennan / Brennan Law Firm
Address: 1980 Festival Plaza Drive, Suite 300
Las Vegas, Nevada 89135
Phone: (702) 834-8888
Email: elizabeth@brennanlawfirm.com

Attorney for Alecia Ann Draper Individually and as conservator for Emily Reed
Nevada State Bar No. 7286

Electronically Filed
8/4/2020 10:22 AM
Steven D. Grierson
CLERK OF THE COURT

Steven D. Grierson

Eighth Judicial District Court

Clark County, Nevada

<u>Alecia Ann Draper Individually and as</u> <u>conservator for Emily Reed</u> Plaintiff,	Case No. <u>05D338668</u>
vs. <u>Jeff Allen Reed</u> Defendant.	Dept. <u>H</u>

GENERAL FINANCIAL DISCLOSURE FORM - Emily Reed

A. Personal Information:

1. What is your full name? (first, middle, last) Emily Christine Reed
2. How old are you? 23
3. What is your date of birth? 11/16/1996
4. What is your highest level of education? High school 12

B. Employment Information:

1. Are you currently employed/ self-employed? (☒ check one)

☒ No

☐ Yes

If yes, complete the table below. Attached an additional page if needed.

Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (shift times)

2. Are you disabled? (☒ check one)

☐ No

☒ Yes

If yes, what is your level of disability? 100%

What agency certified you disabled? Clark County School District, West Orange, Selma

What is the nature of your disability? (SUD), (PTSD), MDD w/psychotic features, Social Anxiety Disorder, UCI & more

- C. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: NA Date of Hire: _____ Date of Termination: _____
Reason for Leaving: _____

Monthly Personal Income Schedule

A. Year-to-date Income.

As of the pay period ending _____ my gross year to date pay is _____.

B. Determine your Gross Monthly Income.

Hourly Wage

	×		=	\$0.00	×	52	=	\$0.00	÷	12	=	\$0.00
Hourly Wage		Number of hours worked per week		Weekly Income		Weeks		Annual Income		Months		Gross Monthly Income

Annual Salary

	÷	12	=	\$0.00
Annual Income		Months		Gross Monthly Income

C. Other Sources of Income.

Source of Income	Frequency	Amount	12 Month Average
Annuity or Trust Income			
Bonuses			
Car, Housing, or Other allowance:			
Commissions or Tips:			
Net Rental Income:			
Overtime Pay			
Pension/Retirement:			
Social Security Income (SSI):	Monthly	\$686.24	\$686.24
Social Security Disability (SSD):			
Spousal Support			
Child Support			
Workman's Compensation			
Other: CalFresh EBT	monthly	\$194.00	\$194.00
Total Average Other Income Received			\$880.24

Total Average Gross Monthly Income (add totals from B and C above)	\$880.24
--	----------

* COVID 1 time payment of \$1,200.00

D. Monthly Deductions

	Type of Deduction	Amount
1.	Court Ordered Child Support (automatically deducted from paycheck)	
2.	Federal Health Savings Plan	
3.	Federal Income Tax	
4.	Health Insurance Amount for you: _____ For Opposing Party: _____ For your Child(ren): _____	0.00
5.	Life, Disability, or Other Insurance Premiums	
6.	Medicare	
7.	Retirement, Pension, IRA, or 401(k)	
8.	Savings	
9.	Social Security	
10.	Union Dues	
11.	Other: (Type of Deduction)	
Total Monthly Deductions (Lines 1-11)		0.00

Business/Self-Employment Income & Expense Schedule**A. Business Income:**

What is your average gross (pre-tax) monthly income/revenue from self-employment or businesses?
\$ _____

B. Business Expenses: Attach an additional page if needed.

Type of Business Expense	Frequency	Amount	12 Month Average
Advertising			
Car and truck used for business			
Commissions, wages or fees			
Business Entertainment/Travel			
Insurance			
Legal and professional			
Mortgage or Rent			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and licenses (include est. tax payments)			
Utilities			
Other:			
Total Average Business Expenses			0.00

Personal Expense Schedule (Monthly)

A. Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount I Pay	For Me ☐	Other Party ☐	For Both ☐
Alimony/Spousal Support				
Auto Insurance				
Car Loan/Lease Payment				
Cell Phone	\$48.00			
Child Support (not deducted from pay)				
Clothing, Shoes, Etc...	\$19.99			
Credit Card Payments (minimum due)				
Dry Cleaning				
Electric				
Food (groceries & restaurants)	\$228.56			
Fuel				
Gas (for home)				
Health Insurance (not deducted from pay)	\$376.75			
HOA				
Home Insurance (if not included in mortgage)				
Home Phone				
Internet/Cable				
Lawn Care				
Membership Fees				
Mortgage/Rent/Lease/Utilities/Transportation	\$600.00			
Pest Control				
Pets "Monarch" Service Dog	\$111.18			
Pool Service				
Property Taxes (if not included in mortgage)				
Security	\$34.99			
Sewer				
Student Loans				
Unreimbursed Medical Expense	\$2,728.94			
Water				
Other: Personal Hygiene	\$26.72			
Total Monthly Expenses	0.00			

See Attached

4,175.13

2020 Expenses For

Alecia Draper and Emily Reed

Page 4 of 8

Household Information

- A. Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. Attached a separate sheet if needed.

	Child's Name	Child's DOB	Whom is this child living with?	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1 st					
2 nd					
3 rd					
4 th					

- B. Fill in the table below with the amount of money you spend each month on the following expenses for each child.

Type of Expense	1 st Child	2 nd Child	3 rd Child	4 th Child
Cellular Phone				
Child Care				
Clothing				
Education				
Entertainment				
Extracurricular & Sports				
Health Insurance (if not deducted from pay)				
Summer Camp/Programs				
Transportation Costs for Visitation				
Unreimbursed Medical Expenses				
Vehicle				
Other:				
Total Monthly Expenses	0.00	0.00	0.00	0.00

- C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

Name	Age	Person's Relationship to You (i.e. sister, friend, cousin, etc...)	Monthly Contribution
Gregory Draper	62	Step-Father	\$5,000.00
Alecia Draper	48	Mother	\$1,500.00
Anthony Reed	21	Brother	\$400.00
Adam Reed	19	Brother	\$80.00

Personal Asset and Debt Chart

A. Complete this chart by listing all of your assets, the value of each, the amount owed on each, and whose name the asset or debt is under. If more than 15 assets, attach a separate sheet.

Line	Description of Asset and Debt Thereon	Gross Value	Total Amount Owed	Net Value	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.		\$ -	\$ -	= \$ 0.00	
2.		\$ -	\$ -	= \$ 0.00	
3.		\$ -	\$ -	= \$ 0.00	
4.		\$ -	\$ -	= \$ 0.00	
5.		\$ -	\$ -	= \$ 0.00	
6.		\$ -	\$ -	= \$ 0.00	
7.		\$ -	\$ -	= \$ 0.00	
8.		\$ -	\$ -	= \$ 0.00	
9.		\$ -	\$ -	= \$ 0.00	
10.		\$ -	\$ -	= \$ 0.00	
11.		\$ -	\$ -	= \$ 0.00	
12.		\$ -	\$ -	= \$ 0.00	
13.		\$ -	\$ -	= \$ 0.00	
14.		\$ -	\$ -	= \$ 0.00	
15.		\$ -	\$ -	= \$ 0.00	
Total Value of Assets (add lines 1-15)		\$0.00	\$0.00	= \$0.00	

B. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line #	Description of Credit Card or Other Unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.	Emily c Reed - Capital One	\$ 281.23	Alecia A. Draper Emily Reed (has a card)
2.	Medical Bill - Transworld Systems	\$ 1,034.00	Emily Reed
3.	med. bill Ridge View RV Behavioral, LLC	\$ 368.34	Emily Reed
4.	med. bill Wellstar Health System, Inc	\$ 1,038.22	Emily Reed, Christine
5.		\$	
6.		\$	
Total Unsecured Debt (add lines 1-6)		\$2,721.79	

CERTIFICATION

Attorney Information: Complete the following sentences:

1. I (have/have not) have thru Alecia Draper retained an attorney for this case.
2. As of the date of today, the attorney has been paid a total of \$ 20,000⁰⁰ on my behalf.
3. I have a credit with my attorney in the amount of \$ 0.
4. I currently owe my attorney a total of \$ Unknown.
5. I owe my prior attorney a total of \$ 0.

IMPORTANT: Read the following paragraphs carefully and initial each one.

AD X ^(in care of Emily Reed) I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

 I have attached a copy of my 3 most recent pay stubs to this form.

 I have attached a copy of my most recent YTD income statement/P&L statement to this form, if self-employed.

AD X ^(in care of Emily Reed) I have not attached a copy of my pay stubs to this form because I am currently unemployed.

/s/ Alecia Draper
Signature (in care of Emily Reed)

8/3/2020
Date

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CERTIFICATE OF SERVICE

I certify that I am an employee of Brennan Law Firm and that on this 4th day of August, 2020 service of the foregoing:

FINANCIAL DISCLOSURE FORM (Emily Reed)

mandatory electronic service through the Eighth Judicial District Court’s electronic filing system and/or by depositing a true and correct copy in the U.S. Mail, first class postage prepaid, and addressed to the following at their last known address:

Amanda M. Roberts, Esq.
Attorney for Jeffery Allen Reed

/s/ Elizabeth Brennan
An Employee of BRENNAN LAW FIRM

**EMILY REED'S MEDICAL AND COST OF LIVING
EXPENSES FOR JANUARY - JUNE 2020**

6 Months 2020	
NOTE: SEE BACKUP DETAIL FOR SPECIFICS	
MEDICAL * DR. FARRELL (PSYCHIATRIST WHO ADMINISTERS HER MEDS AND DOES THERAPY.	\$11,200.00
Roger Boehm, PHD, CPSY THERAPY	\$2,270.00
Elise Collier, LMFP	\$8,275.00
OTHER MEDICAL	\$2,892.86
COST OF LIVING	\$4,874.71
**SERVICE DOG EXP	\$5,159.69
CONSERVATORSHIP	\$1,000.00
* & **TOTAL EXPENSES FOR 6 MO	\$35,672.26
TOTAL MONTHLY EXP FOR 6 MO	\$5,945.38
MONTHLY SSI	\$686.24
Monthly Food Stamps	\$194.00
MONTHLY DIFFERENCE FROM SSI INCOME AND FOOD STAMPS MONTHLY EXPENSES	\$5,065.14
*NOTE: Includes \$10,000 FOR Dr Love- Farrell expert testimony	
**NOTE: Because Emily was hospitalized for approximately 3 months Monarch her service dog needed to be retrained. \$3930	

Note: 2020 Therapy + Medical/Dental Columns
 Note: 2020 Utilities/Housing/Transportation, Titanium Alarm, Tithe, Personal/Hygiene, Recreation, Cell Phone, Clothing, Misc/Gifts Columns
 Note: 2020 Therapy Dog Column & Daniel Ross OCK-9 Services
 Note: 2020 Conservatorship Column

\$21,742.26 Amount Minus Dr. Love-Farrell & Dog Training
 \$3,623.71 Monthly Average
 \$2,743.47 Monthly Average minus SSI & Food Stamps
 \$1,371.74 What Alecia and Jeff would owe

Note: Unreimbursed Medical = All Doctors, All medical/Dental and Therapy

WHICH BANK ACCOUNT	Date for Expense	Explanation: Yellow Highlighted area Alecia Paid; otherwise Emily paid out of her SSI Bank Account	Utilities/Housing/Transportation	Service & Therapy/Dog Exp	Emily Read's Therapy	Annen Clinic Therapy Dr. Jennifer Loren Farrell	Therapy Center for Counseling & Training Roger Boehm, PhD, LMFT (Therapy for Emily)	David Ross OCK's Services (PTSD/DD Training for Emily Monarch)	Emily's Conservatorship	Therium Alarm Services	Title	Personal/Hygiene	Medical/Dental	Recrea	Cell Phone	Clothing	Misc/Gifts	TOTAL EXPENSES INCLUDING FOOD/HSG
	January 2020	Alecia Pays see columns																\$424.75
Wells Fargo	1/2/20	Roger Boehm, PhD, CPSY																\$0.00
Wells Fargo	1/10/20	24 Hour Fitness																\$50.00
Wells Fargo	1/21/20	Roger Boehm, PhD, CPSY																\$41.99
Emily's Capital One Card #0036	1/27/20																	\$60.00
Emily's Capital One Card #0036	1/2/20	Annen Clinic -Dr. Love				\$200.00												\$200.00
Emily's Capital One Card #0036	1/29/20	Petsmart		\$76.93														\$76.93
Emily's Capital One Card #0036	1/30/20	Annen Clinic -Dr. Love				\$200.00												\$200.00
AmEx	1/27/20	Pay Pal Daniel Ross OCK-9 Services (Therapy Monarch)						\$3,000.00										\$3,000.00
AmEx	1/6/20	Lewis Crouse, Attorney for Conservatorship							\$1,000.00									\$1,000.00
AmEx	1/7/20	Elise Collier, Pure Light Counseling																\$150.00
AmEx	1/23/20	Elise Collier, Pure Light Counseling							\$175.00									\$175.00
AmEx	1/27/20	PayPal Daniel Ross															\$1.00	\$1.00
AmEx	1/1/20	Hog Hosp Dolphin Garage															\$10.00	\$10.00
AmEx	1/2/20	Newport Sea Base (Emily Rowing Class)																\$65.00
		ALECIA'S TOTAL JANUARY 2020 EXPENSES PAID	\$0.00	\$76.93	\$0.00	\$400.00	\$110.00	\$325.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$376.75	\$106.99	\$48.00	\$0.00	\$11.00	\$5,454.67
Emily's Personal US Bank	1/6/20	Previous Med Bill																\$25.00
Emily's Personal US Bank	1/6/20	To Mom for Food/Housing	\$600.00															\$600.00
		EMILY'S TOTAL JANUARY 2020 EXPENSES PAID	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$625.00
		TOTAL JAN 2020 EXP PAID BY ALECIA & EMILY	\$600.00	\$76.93	\$0.00	\$400.00	\$110.00	\$325.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$401.75	\$106.99	\$48.00	\$0.00	\$11.00	\$6,079.67

WHICH BANK ACCOUNT	Date for Expense	Explanation: Yellow Highlighted area Alecia Paid; otherwise Emily paid out of her SSI Bank Account	Utilities/Housing/Transportation	Service & Therapy/Dog Exp	Emily Reed's Therapy	Amen Clinic Therapy, Dr. Jennifer Farrell	Therapy Center for Christian Counseling & Training Roger Boehm, PHD, LMFP (Therapy for Emily)	Daniel Ross OCK'S Services (PTSD/DD Training for Emily & Monarch)	Titanium Alarm Services	Tithe	Personal/Hygiene	Medical/Dental	Recrea	Cell Phone	Clothing	Misc/Gifts	TOTAL EXPENSES INCLUDING FOOD/HSG
US Bank	February 2020	Alecia Pays see columns															\$424.75
AmEx	2/11/2020	Titanium Alarm (Emily tried to run away at night)							\$34.99			\$376.75	Mo. Med Insurance	\$48.00			\$34.99
AmEx	2/10/2020	Elise Collier, LMFP															\$225.00
AmEx	2/12/2020	PayPal Daniel Ross training services Monarch						\$930.00									\$930.00
AmEx	2/12/2020	Elise Collier, LMFP															\$150.00
AmEx	2/19/2020	Elise Collier, LMFP															\$150.00
AmEx	2/25/2020	Elise Collier, LMFP															\$225.00
AmEx	2/26/20	Elise Collier, LMFP															\$150.00
Emily's Capital One Card #0036	2/12/20	Petsmart		\$15.00													\$15.00
Emily's Capital One Card #0036	2/12/20	Petsmart		\$66.52													\$66.52
Emily's Capital One Card #0036	2/20/20	Amen Clinic - Dr. Love				\$200.00											\$200.00
Emily's Capital One Card #0036	2/21/20	Amen Clinic - Dr. Love (Expert Report & Test for Trial				\$10,000.00											\$10,000.00
Emily's Capital One Card #0036	2/27/20	Huntington Beach BECCA (Dental)										\$62.30					\$62.30
Emily's Capital One Card #0036	2/27/20	Coldstone (Ice Cream)	\$6.98														\$6.98
Wells Fargo	2/23/20	Roger Boehm, PHD, CPSY				\$60.00											\$60.00
Wells Fargo	2/26/20	Roger Boehm, PHD, CPSY				\$60.00											\$60.00
Wells Fargo	2/10/20	Roger Boehm, PHD, CPSY				\$60.00											\$60.00
Wells Fargo	2/24/20	Roger Boehm, PHD, CPSY				\$60.00											\$60.00
Wells Fargo	2/27/20	Roger Boehm, PHD, CPSY				\$60.00											\$60.00
ALECIA'S TOTAL FEB 2020 EXPENSES PAID			\$6.98	\$81.52	\$0.00	\$10,200.00	\$300.00	\$930.00	\$34.99	\$0.00	\$0.00	\$439.05	\$0.00	\$48.00	\$0.00	\$0.00	\$12,940.54
Emily's Personal US Bank	2/6/20	Target (Ice Cream	\$5.88													\$19.99	\$25.87
Emily's Personal US Bank	2/6/20	Part Med Bill										\$25.00					\$25.00
Emily's Personal US Bank	2/10/20	To Mom Food/Hsg	\$600.00														\$600.00
Emily's Personal US Bank	2/10/20	Walgreens (Medication)										\$4.95				\$18.99	\$23.94
Emily's Personal US Bank	2/12/20	Target (Bathroom Cups)									\$5.16						\$5.16
Emily's Personal US Bank	2/13/20	Bill Leconte #51928001957		\$57.62								\$14.34				\$14.00	\$71.96
Emily's Personal US Bank	2/13/20	Quest Bill										\$52.75				\$4.75	\$66.75
Emily's Personal US Bank	2/13/20	Bill Paid partial Ridgview #2019260										\$10.00					\$14.75
Emily's Personal US Bank	2/28/20	Chocolate	\$8.90														\$8.90
EMILY'S TOTAL FEBRUARY 2020 EXPENSES PAID			\$614.78	\$57.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.16	\$107.04	\$0.00	\$0.00	\$0.00	\$57.73	\$842.93
TOTAL FEB 2020 EXP PAID BY ALECIA & EMILY			\$621.76	\$139.14	\$0.00	\$10,200.00	\$300.00	\$930.00	\$34.99	\$0.00	\$5.16	\$546.09	\$0.00	\$48.00	\$0.00	\$57.73	\$13,782.87

2020 EXPENSES FOR EMILY REED PAID BY ALECIA DRAPER AND EMILY'S SSI

WHICH BANK ACCOUNT	Date for Expense	Explanation: Yellow Highlighted area Alecia Paid; otherwise Emily paid out of her SSI Bank Account	Utilities/Housing/Transportation	Service & Therapy/Dog Exp	Emily Reed's Therapy	Amen Clinic Therapy Dr. Jennifer Love-Fennel	Therapy Center for Children Consulting & Training Roger Boehm PhD, CPSP	Elise Collier, LMFP (Therapy for Emily)	Daniel Rose OCS-S Services (PTSD/DD Training for Emily & Monarch)	Emily's Conservatorship	Therium Alarm Services	Title	Personal/Hygiene	Medical/Dental	Recess	Cell Phone	Clothing	Misc/Gifts	TOTAL EXPENSES INCLUDING FOOD/HSG
US BANK	March 2020	Alecia Pays see columns																	\$424.75
AmEx	3/1/2020	Titanium Alarm (Emily tried to run away at night)									\$34.99					\$48.00			\$34.99
AmEx	3/2/20	Elise Collier, LMFP						\$225.00											\$225.00
AmEx	3/4/20	Elise Collier, LMFP						\$300.00											\$300.00
AmEx	3/9/20	Elise Collier, LMFP						\$225.00											\$225.00
AmEx	3/11/20	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	3/16/20	Elise Collier, LMFP						\$300.00											\$300.00
AmEx	3/18/20	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	3/23/20	Elise Collier, LMFP						\$300.00											\$300.00
AmEx	3/23/20	Elise Collier, LMFP						\$300.00											\$300.00
AmEx	3/23/20	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	3/24/20	Elise Collier, LMFP						\$150.00											\$150.00
Wells Fargo	3/2/20	Roger Boehm, PhD, CPSP					\$60.00												\$60.00
Wells Fargo	3/4/20	Roger Boehm, PhD, CPSP					\$60.00												\$60.00
Wells Fargo	3/9/20	Roger Boehm, PhD, CPSP					\$40.00												\$40.00
Wells Fargo	3/16/20	Roger Boehm, PhD, CPSP					\$60.00												\$60.00
Wells Fargo	3/18/20	Roger Boehm, PhD, CPSP					\$60.00												\$60.00
Wells Fargo	3/23/20	Roger Boehm, PhD, CPSP					\$75.00												\$75.00
Wells Fargo	3/25/20	Roger Boehm, PhD, CPSP					\$60.00												\$60.00
Wells Fargo	3/26/20	Roger Boehm, PhD, CPSP					\$60.00												\$60.00
Emily's Capital One	3/4/20	Bubbles Dog Grooming		\$99.60															\$99.60
Emily's Capital One	3/6/20	Chewy's.com		\$63.53															\$63.53
Emily's Capital One	3/6/20	Von's Grocery	\$13.77																\$13.77
Emily's Capital One	3/17/20	Corona del mar Animal Clinic (shots)		\$415.60															\$415.60
Emily's Capital One	3/11/20	Old Navy															\$51.95		\$51.95
Emily's Capital One	3/17/20	Amen Clinic - Dr. Love			\$200.00														\$200.00
Emily's Capital One	3/22/20	Chewy's.com		\$103.20															\$103.20
Emily's Capital One	3/25/20	Chewy's.com		\$53.85															\$53.85
ALECIA'S TOTAL MARCH 2020 EXPENSES PAID			\$13.77	\$735.78	\$0.00	\$200.00	\$475.00	\$1,950.00	\$0.00	\$0.00	\$34.99	\$0.00	\$0.00	\$376.75	\$0.00	\$48.00	\$51.95	\$0.00	\$3,886.24
Emily's Personal US Bank	3/2/20	Walmart																\$8.90	\$8.90
Emily's Personal US Bank	3/4/20	To Mom	\$600.00																\$600.00
Emily's Personal US Bank	3/4/20	Albersons (raab)											\$4.12						\$4.12
Emily's Personal US Bank	3/5/20	Good will jeans & Book											\$5.75	\$1.99					\$7.74
Emily's Personal US Bank	3/6/20	Baskin Robins	\$3.87																\$3.87
Emily's Personal US Bank	3/7/20	Forever 21															\$5.15		\$5.15
Emily's Personal US Bank	3/10/20	Bill Paid partial Ridgewood #2019260												\$10.00					\$10.00
Emily's Personal US Bank	3/10/20	Bill Paid #50287607 (Collection Agency)												\$40.37					\$40.37
Emily's Personal US Bank	3/12/20	Berlington (Pezzi)	\$2.99																\$2.99
Emily's Personal US Bank	3/16/20	Vons (Snack)																	\$2.99
Emily's Personal US Bank	3/20/20	Rite Aid (Body wash)																	\$15.96
EMILY'S TOTAL MARCH 2020 EXPENSES PAID			\$606.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.96	\$60.37	\$0.00	\$0.00	\$40.90	\$33.86	\$702.09
TOTAL MARCH 2020 EXPENSES PAID BY ALECIA & EMILY			\$620.63	\$735.78	\$0.00	\$200.00	\$475.00	\$1,950.00	\$0.00	\$0.00	\$34.99	\$0.00	\$20.08	\$427.12	\$0.00	\$48.00	\$62.85	\$43.86	\$4,188.33

Yellow Highlighted areas monies were paid by Alecia Draper, otherwise monies came out of E Reed's SSI

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2020 EXPENSES FOR EMILY REED PAID BY ALECIA DRAPER AND EMILY'S SSI

WHICH BANK ACCOUNT	Date for Expense	Explanation: Yellow Highlighted area Alecia Paid; otherwise Emily paid out of her SSI Bank Account	Utilities/Housing/Transportation	Service & Therapy/ Dog Exp	Emily Reed's Therapy	Amen Clinic Therapy Dr. Jennifer Love-Firell	Therapy Center for Children & Consulting & Training Roger Boehm PhD, LMFP CPSY	Elise Collier, LMFP (Therapy for Emily)	Daniel Ross OCE's Services (PTSD/DD Training for Emily & Monarch)	Emily's Conservatorship	Therapy Abm Services	Tithe	Personal/Hygiene	Medical/Dental	Recrea	Cell Phone	Clothing	Misc/Gifts	TOTAL EXPENSES INCLUDING FOOD/SSSIS
US BANK	April 2020	Alecia Pays see columns																	\$24.75
AmEx	4/1/2020	Titanium Alarm (Emily tried to run away at night)																	\$34.99
AmEx	4/1/2020	Elise Collier, LMFP						\$300.00											\$300.00
AmEx	4/6/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/7/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/8/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/13/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/14/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/15/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/20/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/21/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/22/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/27/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/28/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/29/2020	Elise Collier, LMFP						\$150.00											\$150.00
Wells Fargo	4/1/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Wells Fargo	4/6/2020	Roger Boehm, PH.D, CPSY					\$55.00												\$55.00
Wells Fargo	4/13/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Wells Fargo	4/15/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Wells Fargo	4/20/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Wells Fargo	4/27/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Wells Fargo	4/29/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Emily's Capital One Card #0036	4/8/2020	Amen Clinic - Dr. Love				\$200.00													\$200.00
Emily's Capital One Card #0036	4/1/2020	Amazon - Donation of movies for sex trafficking										\$16.36							\$16.36
Emily's Capital One Card #0036	4/30/2020	ALKA Living Water	\$4.80																\$4.80
Emily's Capital One Card #0036																			\$0.00
ALECIA'S TOTAL APRIL 2020EXPENSES PAID			\$4.80	\$0.00	\$0.00	\$200.00	\$415.00	\$2,100.00	\$0.00	\$0.00	\$34.99	\$16.36	\$0.00	\$376.75	\$0.00	\$48.00	\$0.00	\$0.00	\$3,195.90
Emily's Personal US Bank	4/1/20	Juiceit up	\$9.57																\$9.57
Emily's Personal US Bank	4/6/20	To mom	\$600.00																\$600.00
Emily's Personal US Bank	4/7/20	Amazon (Pen Case)																\$6.24	\$6.24
Emily's Personal US Bank	4/7/20	Bill Paid partial Ridgeview #2019260												\$10.00				\$8.15	\$18.15
Emily's Personal US Bank	4/9/20	Amazon (Webcam cover)																\$14.04	\$14.04
Emily's Personal US Bank	4/10/20	CVS Pharmacy																\$5.69	\$5.69
Emily's Personal US Bank	4/13/20	99 Cents Store																\$5.38	\$5.38
Emily's Personal US Bank	4/17/20	Sprouts																\$27.70	\$27.70
Emily's Personal US Bank	4/21/20	MW Store (Puzzle Flops)																\$6.45	\$6.45
Emily's Personal US Bank	4/24/20	Amazon (Puzzle Glue)																\$39.00	\$39.00
Emily's Personal US Bank	4/27/20	To Mom for Monarch																\$0.00	\$0.00
EMILY'S TOTAL APRIL 2020EXPENSES PAID			\$609.57	\$39.00	\$0.00	\$200.00	\$415.00	\$2,100.00	\$0.00	\$0.00	\$34.99	\$16.36	\$0.00	\$386.75	\$0.00	\$48.00	\$27.70	\$34.12	\$3,978.12
TOTAL APRIL 2020EXP PAID BY ALECIA & EMILY			\$664.37	\$39.00	\$0.00	\$200.00	\$415.00	\$2,100.00	\$0.00	\$0.00	\$34.99	\$16.36	\$0.00	\$386.75	\$0.00	\$48.00	\$27.70	\$34.12	\$3,978.12

Yellow Highlighted areas monies were paid by Alecia Draper, otherwise monies came out of E Reed's SSI

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2020 EXPENSES FOR EMILY REED PAID BY ALECIA DRAPER AND EMILY'S SSI

WHICH BANK ACCOUNT	Date for Expense	Explanation: Yellow Highlighted area Alecia Paid; otherwise Emily paid out of her SSI Bank Account	Utilities/Housing/Transportation	Service & Therapy/Dog Exp	Emily Reed's Therapy	Arian Clinic Therapy, Dr. Jennifer Lowe-Fennel	Therapy Center for Christian Training, Roger Boehm, PHD, LMFP (Therapy for Emily)	Daniel Ross OCS-S Sexness (PTSD/DD Training for Emily & Monarch)	Emily's Conservatorship	Therium Alarm Services	Tithe	Personal/Hygiene	Medical/Dental	Recrea	Cell Phone	Clothing	Mileage/Trile	TOTAL EXPENSES INCLUDING FOOD/HKRG
US BANK	May 2020	Alecia Pays sea columns																\$424.75
AmEx	5/1/2020	Titanium Alarm (Emily tried to run away at night)								\$34.99					\$48.00			\$34.99
AmEx	5/4/2020	Elise Collier, LMFP					\$150.00											\$150.00
AmEx	5/6/2020	Elise Collier, LMFP					\$150.00											\$150.00
AmEx	5/13/2020	Elise Collier, LMFP					\$150.00											\$150.00
AmEx	5/12/2020	Elise Collier, LMFP					\$150.00											\$150.00
AmEx	5/13/2020	Elise Collier, LMFP					\$150.00											\$150.00
AmEx	5/19/2020	Elise Collier, LMFP					\$150.00											\$150.00
AmEx	5/19/2020	Elise Collier, LMFP					\$150.00											\$150.00
AmEx	5/20/2020	Elise Collier, LMFP					\$150.00											\$150.00
AmEx	5/26/2020	Elise Collier, LMFP					\$150.00											\$150.00
AmEx	5/27/2020	Elise Collier, LMFP					\$150.00											\$150.00
Wells Fargo	5/4/2020	Roger Boehm, PHD, CPSY				\$60.00												\$60.00
Wells Fargo	5/6/2020	Roger Boehm, PHD, CPSY				\$60.00												\$60.00
Wells Fargo	5/11/2020	Roger Boehm, PHD, CPSY				\$60.00												\$60.00
Wells Fargo	5/13/2020	Roger Boehm, PHD, CPSY				\$60.00												\$60.00
Wells Fargo	5/18/2020	Roger Boehm, PHD, CPSY				\$60.00												\$60.00
Wells Fargo	5/20/2020	Roger Boehm, PHD, CPSY				\$60.00												\$60.00
Wells Fargo	5/27/2020	Roger Boehm, PHD, CPSY				\$60.00												\$60.00
US Bank Check #727	5/28/2020	Del Amo - needed Med. Records			\$25.25													\$25.25
Emily's Capital One	5/4/2020	Pay Team Health											\$60.07					\$60.07
Card #0036	5/12/2020	Bubbles Dog Grooming		\$98.00														\$98.00
Emily's Capital One	5/27/2020	Pay Pal - masks for dolls (therapy)	\$0.00	\$98.00	\$33.64	\$0.00	\$420.00	\$0.00	\$0.00	\$34.99	\$0.00	\$0.00	\$436.82	\$0.00	\$48.00	\$0.00	\$0.00	\$2,571.45
Card #0036	5/6/2020	Bill Paid partial Ridgeway #2019260																\$10.00
Emily's Personal US Bank	5/6/2020	ebay (gift for mom)															\$20.45	\$20.45
Emily's Personal US Bank	5/7/2020	Amazon (book)															\$2.14	\$2.14
Emily's Personal US Bank	5/7/2020	Amazon (water bottle for Emily)										\$5.27						\$5.27
Emily's Personal US Bank	5/11/2020	Amazon (Water Bowl Monarch - dog)		\$14.00														\$14.00
Emily's Personal US Bank	5/11/2020	Amazon (Pens)															\$10.23	\$10.23
Emily's Personal US Bank	5/12/2020	To Mom	\$545.00															\$545.00
Emily's Personal US Bank	5/19/2020	Amazon (gift to Anthony)																\$20.45
Emily's Personal US Bank	5/20/2020	Target Shampoo										\$15.00						\$15.00
Emily's Personal US Bank	5/20/2020	Body Juice	\$23.78															\$23.78
Emily's Personal US Bank	5/26/2020	Dollar Tree (party Décor)															\$19.40	\$19.40
Emily's Personal US Bank	5/28/2020	Wish (Face Mask)										\$2.25						\$2.25
Emily's Personal US Bank	5/29/2020	Past medical Bill		\$14.99									\$25.00					\$25.00
Emily's Personal US Bank	5/29/2020	Online (D Tag Monarch)																\$14.99
EMILY'S TOTAL MAY 2020 EXPENSES PAID BY ALECIA & EMILY			\$568.78	\$126.99	\$33.64	\$0.00	\$420.00	\$0.00	\$0.00	\$34.99	\$0.00	\$20.52	\$471.82	\$0.00	\$48.00	\$0.00	\$72.67	\$3,297.41
TOTAL MAY 2020 EXP PAID BY ALECIA & EMILY			\$568.78	\$126.99	\$33.64	\$0.00	\$420.00	\$0.00	\$0.00	\$34.99	\$0.00	\$20.52	\$471.82	\$0.00	\$48.00	\$0.00	\$72.67	\$3,297.41

Yellow Highlighted areas monies were paid by Alecia Draper, otherwise monies came out of E Reed's SSI

2020 EXPENSES FOR EMILY REED PAID BY ALECIA DRAPER AND EMILY'S SSI

WHICH BANK ACCOUNT	Date for Expense	Explanation: Yellow Highlighted area Alectia Paid; otherwise Emily paid out of her SSI Bank Account	Utilities/Housing/Transportation	Service & Therapy/Dog Exp	Emily Reed's Therapy	Amen Clinic Therapy, Dr. Jennifer Love-Fernald	Therapy Center for Christian Counseling & Training Robert Boehm, PhD, CPSY	Elise Collier, LMFP (Therapy for Emily)	Daniel Ross OCK's Services (PTSD/DIP Training for Emily & Monarch)	Emily's Conservatorship	Thankum Alarm Services	Tithe	Personal/Hygiene	Medical/Dental	Recrea	Cell Phone	Clothing	Misc/Gifts	TOTAL EXPENSES INCLUDING FOOD/HIRING
US BANK	June 2020	Alectia Pays see columns																	\$424.75
AmEx	6/1/2020	Titanium Alarm (Emily tried to run away at night)																	\$34.99
AmEx	6/1/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	6/2/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	6/8/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	6/10/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	6/10/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	6/15/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	6/16/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	6/17/2020	Elise Collier, LMFP						\$150.00											\$150.00
Wells Fargo	6/19/2020	Roger Boehm, PH.D, CPSY					\$120.00												\$120.00
Wells Fargo	6/19/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Wells Fargo	6/19/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Wells Fargo	6/19/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Wells Fargo	6/19/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Wells Fargo	6/19/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Wells Fargo	6/22/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Wells Fargo	6/22/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Wells Fargo	6/22/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Wells Fargo	6/22/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Emily's Capital One	6/22/2020	Roger Boehm, PH.D, CPSY					\$60.00												\$60.00
Card #0036	6/22/2020	Amen Clinic - Dr. Love				\$200.00													\$200.00
Card #0036	6/21/2020	J. B's Perry's Pizza	\$55.98																\$55.98
Card #0036	6/23/2020	McFarlin Apothecary (Med in TN)									\$129.16								\$129.16
Card #0036	6/24/2020	Stator Brothers	\$54.11																\$54.11
ALECIA'S TOTAL JUNE 2020 EXPENSES PAID			\$110.09	\$0.00	\$0.00	\$200.00	\$550.00	\$1,500.00	\$0.00	\$0.00	\$34.99	\$0.00	\$0.00	\$505.91	\$0.00	\$48.00	\$0.00	\$0.00	\$2,948.99
Emily's Personal US Bank	6/1/20	To Alectia, Rent, Dr. Love-Farrell from Stimulus Monies	\$600.00																\$600.00
Emily's Personal US Bank	6/1/20	Chevy(Food, brush, wipes)		\$103.46															\$103.46
Emily's Personal US Bank	6/1/20	Amazon (Paint Pens)		\$22.62															\$22.62
Emily's Personal US Bank	6/1/20	CVS (Food)	\$34.55		\$18.83														\$34.55
Emily's Personal US Bank	6/1/20	Amazon (Paint)																	\$18.83
Emily's Personal US Bank	6/8/20	Past Medical Bill												\$10.00					\$10.00
Emily's Personal US Bank	6/29/20	Bill Paid partial Ridgeway #2019260												\$25.00					\$25.00
Emily's Personal US Bank	6/12/20	Ebay (Book Good night Moon)		\$3.75															\$3.75
Emily's Personal US Bank	6/12/20	Ebay (Book Hungry Caterpillar)		\$4.58															\$4.58
Emily's Personal US Bank	6/12/20	Ebay (Tissue Cover)											\$5.33						\$5.33
Emily's Personal US Bank	6/12/20	Ebay (Dog toothpaste)	\$8.39																\$8.39
Emily's Personal US Bank	6/12/2021	Ebay (face Mask)											\$6.39						\$6.39
Emily's Personal US Bank	6/17/20	Saddleback Church										\$120.00							\$120.00
Emily's Personal US Bank	6/17/20	Dollar Tree																	\$6.31
Emily's Personal US Bank	6/18/20	USPS (ship mail)																	\$2.70
Emily's Personal US Bank	6/19/20	Goodwill (Book, Toy, Bag)																	\$4.97
Emily's Personal US Bank	6/25/20	Target (shirt, Cream, floss)											\$15.00				\$19.99		\$34.99
Emily's Personal US Bank	6/29/20	To mom for Medical												\$35.00					\$35.00
EMILY'S TOTAL JUNE 2020 EXPENSES PAID			\$634.55	\$111.95	\$49.78	\$0.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$120.00	\$26.72	\$70.99	\$0.00	\$0.00	\$20.99	\$13.98	\$1,046.87
TOTAL JUNE 2020 EXP PAID BY ALECIA & EMILY			\$744.64	\$111.95	\$49.78	\$200.00	\$550.00	\$1,500.00	\$0.00	\$0.00	\$34.99	\$120.00	\$26.72	\$70.99	\$0.00	\$48.00	\$19.99	\$13.98	\$3,995.86
TOTALS JANUARY THRU JUNE 2020			\$3,770.18	\$1,229.69	\$63.42	\$11,200.00	\$2,270.00	\$8,275.00	\$3,930.00	\$1,000.00	\$174.95	\$136.36	\$77.86	\$2,809.44	\$113.44	\$288.00	\$110.54	\$203.38	\$35,672.26

Yellow Highlighted areas monies were paid by Alectia Draper, otherwise monies came out of E Reed's SSI

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