IN THE SUPREME COURT OF THE STATE OF NEVADA

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

APPELLANT'S APPENDIX
VOLUME XI 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
Affidavit of Service	3/13/2019	IV	ROA0550
Amended Order Setting Evidentiary Hearing	1/10/2020	IV	ROA0639- ROA0640
Answer In Proper Person	6/29/2005	I	ROA0006
Case Appeal Statement	2/26/2021	XVII	ROA3063 - ROA3067
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

F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

Assessment:
Is somewhat brighter in affect today; still shy but is participating in appointments more.

Plan/Recommendations:
Continue lamictal, cont therapy, and MD will try to touch base with Elise to discuss pt's therapy, and perhaps a "younger" version of DBT could be helpful for pt. F/U in one month.

--Digitally Signed: 08/23/2016 04:30 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 19	**Participants in appointment:** Patient

Interval History:
Pt brought in her emotional support dog. She hasn't been feeling well and thinks she needs to change her dose of medication. "I've been having dizzy spells where I literally fall on the floor. I'm disoriented." She says it started a few weeks ago, and hasn't had this previously on this same dose. She hasn't been eating and drinking well (as discussed at last visit)--"I think it could be that too." Court has been postponed until March. "I was kind of glad." She describes having 3-4 episodes this month of suddenly feeling dizzy then falling to the floor or having to lay down, and they she stays down most of the day, afraid to get up. She is unable to quantify how much fluid she is taking in--she says she cut out most protein and "I'm not drinking nearly enough."

Current treatments:
weekly therapy with Elise Collier and they started a DBT workbook together; neurofeedback has been recommended but hasn't been done

Current Meds/Supplements:
omega-3
lamictal 150mg bid
vitamin D 5,000 IU/day

Medication/Supplement Side Effects:
none

Medical Issues/Lab Results:
as above; is also c/o headaches--"I think it might be from lack of water."

Mental Status Examination:

Appearance: Casual	**Speech**: Normal rate, Volume, Prosody
Mood: "I think stable, I don't know, its been ok"	**Affect**: brighter than in past visits; interactive, communicative
Behavior: Normoactive	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content
Thought Process: Linear	**Insight/Judgment:** Fair

Diagnoses:

F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

Assessment:
Pt says she often cries when looking at food--she feels overwhelmed. "I'm not sure why." Dizzy spells are likely due to lack of food/protein and fluids, as she has been stable on lamictal for quite some time.

Plan/Recommendations:
Pt needs to take in up to 55 oz of fluids daily (she weighs close to 115 lbs). Recommend and pt agrees to meet with the nutritionist for help with diet. MD will call her therapist to discuss these issues. NO DRIVING IF DIZZY. Cont lamictal as above. Prior to this dose she was quite labile. Dr. Darmal will cover any emergencies during MD's leave. Otherwise, pt will f/u in 6 weeks.

--Digitally Signed: 09/22/2016 04:02 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 19	**Participants in appointment:** Patient

Interval History:
Pt presents with emotional support animal. She hasn't had any "dizzy" episodes and saw her PCP, who did labs, and pt reports they were "normal." She's been doing well, but the past few days pt has been anxious. She did a road trip through CA for a week, returning Sat night, and her anxiety started Sunday. During her trip she had a normal sleeping pattern, but admits before the trip she was reversed and "its kind of going back to that." Discussed sleep hygeine.

Current treatments:
Weekly therapy and has done some DBT with Elise Collier; she does an individual session Monday, a psychodrama group on Tuesdays, and she skypes with her on Wednesdays.

Current Meds/Supplements:
omega-3
lamictal 150mg bid
vitamin D 5,000 IU/day

Medication/Supplement Side Effects:
says she is getting a lot of migraines, and she takes excedrin right away; she says they have been ongoing "quite a while," but struggles to quantify or qualify, other to say that "lately" they seem worse.

Medical Issues/Lab Results:
see above; pt will have labs sent over from PCP

Mental Status Examination:

Appearance: Neat and Casual	**Speech**: Slowed , normal volume and prosody
Mood: "ok, a little anxious"	**Affect**: Constricted and Mood Congruent , shy/reserved
Behavior: Normoactive	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content
Thought Process: Linear	**Insight/Judgment:** Fair

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

Assessment:

Has improved with better fluid and protein intake. HA could be related to lamotrigine--pt will practice sleep hygeine and we will reassess whether we should try brand Lamictal next visit. The medication has been very stabilizing for her.

Plan/Recommendations:

Sleep hygeine, cont nutrition and fluids. Pt will have labs faxed over from her PCP. Cont therapy. Pt would like to try a 2 mo f/u. She can return sooner prn.

--Digitally Signed: 11/15/2016 10:28 am Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 20	**Participants in appointment:** Patient and grandma

Interval History:

MD asked pt to come in for early f/u after receiving message from pt's therapist: "pt. had been complaining of migraines and dizzy spells. she was hospitalized due to her migraines. wasn't taking meds as prescribed. took 5 pills yesterday. is not suicidal. Diet and nutrition are optimal." MD called Elise for details and left vm for her (still awaiting call back).

Pt states, "I don't know what to say; I'm kind of shut down." She slowly describes the day above; at some point she took #5 lamictal tabs ("I don't know when or why") and later felt dizzy, started screaming and "flaling around, foaming at the mouth," so she was brought to the ER. Mom says she found a bag of 2.5 mo of lamictal. Pt says she isn't sure how she's been taking it; "I've been missing doses, then trying to make up for it....." The ER visit was Sunday and she has had a HA since. She denies SI. She told her grandma, "Dr. Farrell asks me if I take my meds, but not whether I take them REGULARLY." Discussed how this is implied in the question, and pt and grandma laughed about it. Pt says she has been back on the 150mg bid since Sunday.

Pt says she had a "breakthrough" in therapy this week. She brightened up discussing it.

Grandma is concerned pt isn't eating enough protein; discussed she has been referred to nutrition but hasn't gone.

Current treatments:

Therapy and some DBT with Elise Collier; she does an individual session Monday, a psychodrama group on Tuesdays, and she skypes with her on Wednesdays.

Current Meds/Supplements:

omega-3
lamictal 150mg bid
vitamin D 5,000 IU/day

Medication/Supplement Side Effects:

none when taken as directed

Medical Issues/Lab Results:

see above

Mental Status Examination:

Appearance: Neat and Casual	**Speech**: Slowed , hesitant at times
Mood: "I don't know"	**Affect**: Constricted

Behavior: Normoactive	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No evidence of psychotic thought content and No Homicidal Ideations/Intentions/Plans
Thought Process: Linear	**Insight/Judgment:** Fair

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

Assessment:
Avoidant behavior; hiding her inconsistencies in medication compliance. However, pt agrees lamictal has really helped; her grandmother agrees, as well as her therapist.

Plan/Recommendations:
Again recommend pt have labs sent over from PCP. Since she restarted the lamictal we will cont the current dose. Spent much time educating pt and her grandma on the risks of inconsistent dosing with lamictal and discussed strategies for remembering, as well as for dealing with internal resistance. Med check in 4 weeks. Cont therapy.

--Digitally Signed: 12/16/2016 01:05 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 20	**Participants in appointment:** Patient and grandmother

Interval History:
Pt says she has only missed two doses of lamictal this month. Brought in a mood and symptom journal; at first didn't want to share but after her grandmother brought it up she did. She has had just a few episodes of SI (none currently) and says her therapist thinks she is improving. Pt has been with grandma prior to March 6 trial so is doing skype therapy with Elise. She just went on a cruise with her family and had "good bonding time." Her mom reportedly wonders if pt should lower lamictal to 100mg bid due to dizziness, nausea and headaches. Pt admits she takes it right before bed and when she gets up, with no regularity (in dosing or in her sleep), and says her doses are close together.

Current treatments:
Therapy and some DBT with Elise Collier; she does an individual session Monday, a psychodrama group on Tuesdays, and she skypes with her on Wednesdays.

Current Meds/Supplements:
omega-3
lamictal 150mg bid
vitamin D 5,000 IU/day

Medication/Supplement Side Effects:
Some nausea, dizziness and headaches recorded in pt's journal, not daily or frequently

Medical Issues/Lab Results:
nothing new

Mental Status Examination:

Appearance: Casual and Neat	**Speech**: soft, hesitant
Mood: "ok today"	**Affect**: shy, as if embarrassed
Behavior: Normoactive	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No evidence of psychotic thought content and No Homicidal Ideations/Intentions/Plans
Thought Process: Linear	**Insight/Judgment:** Fair

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

Assessment:
Seems stable and is participating more in her therapy per report.

Plan/Recommendations:
Sleep schedule (10pm to 8am e.g., with 9-10 a relaxation hour), no naps, no caffeine 10 hrs before bedtime. Consistent dosing of lamictal around 12 hours apart, and neurovite plus 1 bid with meals. Instructions written out for pt. F/U one month (via VSEE or phone if still with grandma).

--Digitally Signed: 01/23/2017 12:37 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 20	**Participants in appointment:** Patient

Interval History:
Pt arrived 10 min late for her apt. Her court date was postponed again to July. Things with Elise are going well. She got a full time job (internship) at her step-dad's workplace--"its really supportive"--and she can bring her support dog with her. Sleep is ok. She thinks she's eating enough, but states "my mom would have a different opinion." She's still working on taking her medication 12 hours apart.

Current treatments:
Therapy and some DBT with Elise Collier; she does an individual session once weekly now.

Current Meds/Supplements:
omega-3 (stopped), neurovite 1 bid "kind of"
lamictal 150mg bid
vitamin D 5,000 IU/day

Medication/Supplement Side Effects:
occasional dizziness, unsure if med-related; no nausea or other side effects reported

Medical Issues/Lab Results:
nothing new reported

Mental Status Examination:

Appearance: Neat	**Speech**: Normal rate, Volume, Prosody
Mood: Euthymic	**Affect**: WNL and Mood Congruent , smiling
Behavior: Normoactive	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content
Thought Process: Linear	**Insight/Judgment:** Fair

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

Assessment:
Looks much brighter today than at past visits--seems less anxious, more present, more connected to the conversation.

Plan/Recommendations:

Add core-omega to smoothie, work on consistency with vitamin and lamictal. Cont lamictal as above. Cont therapy. F/U in 2 months, sooner prn.

--Digitally Signed: 03/24/2017 11:06 am Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 20	**Participants in appointment:** Patient and mom

Interval History:

Presents with mom, totally different than last visit. She can't say how she is doing, other than to say, "I'm stuck." She began crying. Mom says pt has been saying she wants to disappear and go away, which she's been saying since high school. "We always find ourself back here." Mom says she's been shutting down after work. She started 8-5, then 10-4, then stopped going. "I enjoyed the challenge, the people, but I feel I stress too much about being late. When I come home I just want to go back to work." After therapy Tuesday she dropped her phone at home, took supplies for the dog, and drove off to Utah; she ended up in NV and found her dad. Elise and mom spoke and discussed residential tx. She recommended The Meadows, Refuge (FL) and Milestones (TN). Mom is staying home from work until pt can go. She needs FMLA paperwork filled out.

Current treatments:

Therapy and some DBT with Elise Collier; she does an individual session once weekly.

Current Meds/Supplements:

omega-3 (stopped), neurovite 1 bid "kind of"
lamictal 150mg bid
vitamin D 5,000 IU/day

Medication/Supplement Side Effects:

none

Medical Issues/Lab Results:

nothing new

Mental Status Examination:

Appearance: Neat and Casual	**Speech**: Slowed and Monotonous soft, delayed
Mood: "I don't know!"	**Affect**: Blunted , tearful
Behavior: Apathetic	**Thought Content**: No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content ; no direct SI or intent or plans, but tells her mom she "wants to go away"
Thought Process: Blocking	**Insight/Judgment:** Limited

Diagnoses:

F43.12 - Post-traumatic stress disorder, chronic

F44.89 - Other dissociative and conversion disorders

Assessment:
Seems regressed today. Residential tx is a good option for safety and intensive treatment over the long term.

Plan/Recommendations:
Mom will look into the above programs; will give her FMLA until pt is in a program. Discussed hospitalization, but they don't feel it would be helpful or necessary. F/U in two weeks, sooner prn, and start abilify 2.5mg x 5-7 days, then 5mg qd.

--Digitally Signed: 04/14/2017 12:47 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

GELSON'S
THE Super MARKET

CERTIFICATION OF ATTENDING HEALTH CARE PROVIDER

Complete Section I and have ill familly member complete Section II. Attach all copies of this form to Form AG-0064, Family Care and Medical Leave Application. Human Resources will forward this form to provider. This form is not necessary when leave is requested to care for a newborn or newly adopted child who is not ill.

PLEASE USE INK **PLEASE PRINT CLEARLY**

SECTION I EMPLOYEE INFORMATION (Must be completed by Employee)

Employee Name Alecia A. Draper Business Phone/Ext (818) 300-1017 Location/Store # _____

Department # _____ Employee # 31660 Union Local # _____ Date of Employment 01 (mm) 27 (dd) 2016 (yyyy)

Name of Attending Health Care Provider Jennifer Love Farrell, MD

Address of Attending Health Care Provider 3150 Bristol Street (street) Suite 400 Costa Mesa (city) 92626 (zip)

SECTION II FAMILY MEMBER INFORMATION (Must be completed by ill family member - If a minor, parent should complete)

Family Member Name Emily C. Reed

Your relationship to Employee: ☐ Grandparent ☐ Grandchild ☐ Sibling ☐ Parent/In-Law ☐ Spouse ☒ Child ☐ Loco Parentis (indicate relationship) _____

Address of family member 20762 Crestview Lane (street) Huntington Beach (city) 92646 (zip)

I hereby grant permission for the information required under the following Sections concerning my medical condition to be given to the employer of my relative who is requesting a Family Care & Medical Leave.

Signature of family member _____ Date _____

SECTION III HEALTH CARE PROVIDER INFORMATION (Must be completed by health care provider)

Name Jennifer Farrell Title MD Date 4/14/17

Address 3150 Bristol St ste400 (street) Costa Mesa (city) 92627 (zip)

Please check one of the following: (required) **I am certified to practice medicine or surgery as:**

☒ a doctor of medicine or osteopathy ☐ podiatrist ☐ dentist ☐ clinical psychologist ☐ optometrist
☐ nurse practitioner ☐ nurse midwife ☐ chiropractor ☐ Christian Science practitioner

SECTION IV INFORMATION CONCERNING PATIENT CONDITION OR STATUS (Must be completed by health care provider)

Date on which current serious health condition commenced: before March 2016 (mm/dd/yyyy) Estimated end date of treatment or supervision: 06/12/2017 (mm/dd/yyyy)

Estimated length of time employee is unable to work or needs to care for family member: (treatment will be ongoing)

From: 04 (mm) 12 (dd) 2017 (yyyy) To: 06 (mm) 12 (dd) 2017 (yyyy)

Note: If extension of this period results in an additional leave request form the employee, you will be asked to submit an update of the information provided on this form.

Can medical treatment be deferred without adverse medical consequence: ☒ No ☐ Yes If yes, how long? _____

CHECK ONE:

☒ **I certify that this patient requires the care of a family member during such period of treatment or supervision.**
or if patient is our employee:
☐ **I certify that the patient is unable to perform the essential functions of his or her position.**

Signature of Health Care Provider _____ MD Date 4/14/17

Health Care Provider should retain the pink (bottom) copy.
Please mail this form promptly to: Human Resources, Gelson's Markets, PO Box 512256, Los Angeles, CA 90051-0256

FORM AG-0063 (10/14) ORIGINAL - Human Resources CANARY - Employee Copy PINK - Health Care Provider Copy

Employment Development Department
State of California

Claim for Paid Family Leave (PFL) Care Benefits

Enter your receipt number here.
R1000000052060116

PART C – INSTRUCTIONS FOR PFL CARE CLAIMS

The care recipient (the person for whom you are providing care) must do the following: Complete and sign "Part C – Statement of Care Recipient." Read and sign the "Care Recipient's Authorization for Disclosure of Personal-Health information" on page 2. If the care recipient is physically or mentally unable to sign, call PFL at (1-877-238-4373) for instructions.

Both pages may be mailed or sent electronically in SDI Online as attachments. If submitting by mail, send to the following address: Paid Family Leave, P.O. Box 997017, Sacramento, CA 95799-7017. If submitting electronically, in SDI Online under Main Menu on your Home page click on: "File a New Claim," then click "Submit Electronic Paid Family Leave Care Attachments."

If the care recipient's physician/practitioner has completed "Part D – Physician/Practitioner's Certification" ONLINE (electronically), Stop Here! Do not go to the next step.

Have the care recipient's physician/practitioner complete and sign "Part D – Physician/Practitioner's Certification" and mail it to the following address: Paid Family Leave, P.O. Box 997017, Sacramento, CA 95799-7017. If the care recipient is under the care of an accredited religious practitioner, call Paid Family Leave at 1-877-238-4373 for the proper form DE 2502F.

PART C – STATEMENT OF CARE RECIPIENT (MAY BE COMPLETED BY CLAIMANT IF CARE RECIPIENT IS MENTALLY OR PHYSICALLY UNABLE TO DO SO. MUST BE SIGNED BY CARE RECIPIENT OR CARE RECIPIENT'S AUTHORIZED REPRESENTATIVE.)

C1. CARE PROVIDER SSN	C2. RECIPIENT'S DATE OF BIRTH (MM DD YYYY)	C3. RECIPIENT'S TELEPHONE NUMBER	C4. RECIPIENT'S GENDER
188 50 5247	11 16 1996	714 465-7489	MALE ☐ FEMALE ☒

C5. LEGAL NAME OF CARE RECIPIENT (FIRST, MIDDLE INITIAL, LAST)
Emily, Christine, Reed

C6. CARE RECIPIENT'S RESIDENCE ADDRESS
20762 Crestview Lane

CITY	STATE/PROV.	ZIP OR POSTAL CODE	COUNTRY (IF NOT U.S.A.)
Huntington Beach	CA	92646	

C7. CONFIRMATION OF MEDICAL DISCLOSURE AUTHORIZATION. I have read and signed the Care Recipient's Authorization for Disclosure of Personal-Health Information on page 2 of this claim. I understand that by signing it I have agreed to all its provisions and terms. I further understand that copies of my signature below are as valid as the original.

Care Recipient's Signature (DO NOT PRINT)	Date Signed (MM|DD|YYYY)
Emily Reed	04|26|2017

C8. Authorized Representative signing on behalf of care recipient must complete the following: I, _____, represent the care or bonding recipient in this matter as authorized by ☐ parental right ☐ power of attorney (attach copy) ☐ court order (attach copy) (For spouse or domestic partner, contact EDD).

Authorized Representative's Signature (DO NOT PRINT)	Date Signed (MM|DD|YYYY)

Medical certifications must be completed by a licensed physician or practitioner authorized to certify to a patient's disability/serious health condition pursuant to California Unemployment Insurance Code Section 2708.

Enter your receipt number here.
R1000000520601116

PART D – PHYSICIAN/PRACTITIONER'S CERTIFICATION

D1. PFL CLAIMANT'S (CARE PROVIDER'S) SOCIAL SECURITY NUMBER	D2. PFL CLAIMANT'S NAME (FIRST, MIDDLE INITIAL, LAST)
188 50 5247	Alecia Draper

D3. PATIENT'S DATE OF BIRTH (M M D D Y Y Y Y)	D4. DOES YOUR PATIENT REQUIRE CARE BY THE CARE PROVIDER? YES	NO (SKIP TO D15)
11 16 1996	☒	☐

D5. PATIENT'S NAME (FIRST, MIDDLE INITIAL, LAST)
Emily Reed

D6. DIAGNOSIS OR, IF NOT YET DETERMINED, A DETAILED STATEMENT OF SYMPTOMS
PTSD, other Dissociative and Conversion Disorders

D7. PRIMARY ICD CODE	D8. SECONDARY ICD CODES	D9. DATE PATIENT'S CONDITION COMMENCED (M M D D Y Y Y Y)
F43.12	F44.89	03 24 2016 (with me)

D10. FIRST DATE CARE NEEDED (M M D D Y Y Y Y)	D11. DATE YOU ESTIMATE PATIENT WILL NO LONGER REQUIRE CARE BY THE CARE PROVIDER (M M D D Y Y Y Y) / PERMANENT CARE REQUIRED	D12. DATE YOU EXPECT RECOVERY (M M D D Y Y Y Y) / NEVER
03 24 2016	07 20 2017 (89) / ☐	unclear (98) / ☑

D13. APPROXIMATELY HOW MANY TOTAL HOURS PER DAY WILL PATIENT REQUIRE CARE BY A CARE PROVIDER?

HOURS	COMMENTS
20-24	

D14. WOULD DISCLOSURE OF THE MEDICAL INFORMATION ON THIS CERTIFICATE BE MEDICALLY OR PSYCHOLOGICALLY DETRIMENTAL TO YOUR PATIENT? YES	NO	D15. PHYSICIAN/PRACTITIONER'S LICENSE NUMBER	D16. STATE OR COUNTRY (IF NOT U.S.A.) IN WHICH PHYSICIAN/PRACTITIONER IS LICENSED TO PRACTICE
☐	☒	A104521	CA

D17. PHYSICIAN/PRACTITIONER'S NAME (FIRST, MIDDLE INITIAL, LAST)
Jennifer L Farrell

D18. PHYSICIAN/PRACTITIONER'S ADDRESS (POST OFFICE BOX IS NOT ACCEPTABLE AS THE SOLE ADDRESS)
3150 Bristol St Ste 400

CITY	STATE/PROV.	ZIP OR POSTAL CODE	COUNTRY (IF NOT U.S.A.)
Costa Mesa	CA	92626	

D19. TYPE OF PHYSICIAN/PRACTITIONER	D20. SPECIALTY (IF ANY)
MD	Psychiatry

D21. Physician/Practitioner's Certification:
I certify under penalty of perjury that this patient has a serious health condition and requires a care provider. I have performed a physical examination and/or treated the patient. I am authorized to certify a patient disability or serious health condition pursuant to California Unemployment Insurance Code Section 2708.

Original Signature of physician/practitioner – RUBBER STAMP IS NOT ACCEPTABLE	PHYSICIAN/PRACTITIONER'S TELEPHONE NO.	Date Signed (MM/DD/YYYY)
[signature], MD	949-266-3700	04/25/2017

Under sections 2148 and 2122 of the California Unemployment Insurance Code, it is a violation for any individual who, with intent to defraud, falsely certifies the medical condition of any person in order to obtain disability insurance benefits, whether for the maker or for any other person, and is punishable by imprisonment and/or a fine not exceeding $20,000. Sections 1143 and 3305 require additional administrative penalties.

Enter your receipt number here.
R1[illegible]52-0[illegible]6

CARE RECIPIENT'S AUTHORIZATION FOR DISCLOSURE OF PERSONAL-HEALTH INFORMATION

I authorize my physician or practitioner, as identified on Part D of this claim, to disclose my current personal-health information to my care provider, as identified on Part A of this claim, and to the California Employment Development Department (EDD).

I understand that such information includes a diagnosis and prognosis of my current condition, the date it commenced, and an estimation of the amount of care that I require from my care provider as a result of my current condition. I further understand that disclosure of my personal-health information may include my AIDS/HIV status, drug or alcohol addiction, or any other physical or mental condition.

I understand that EDD may disclose this information as authorized by the California Unemployment Insurance Code and that such re-disclosed information may no longer be protected. I agree that photocopies of the authorization form in conjunction with my signature on Page 1 in Item C7 of Part C shall be as valid as the original.

I understand that unless I inform EDD in writing at P.O. Box 997017, Sacramento, CA 95799-7017, that I wish to revoke this authorization, it will be valid for 10 years from the date EDD receives it or the effective date of this claim, whichever is later. I understand that I have the right to receive a copy of an authorization form from EDD if I request one in writing.

I make this authorization to support my care provider's claim for Paid Family Leave benefits. I understand that I may not revoke my authorization to avoid prosecution or to prevent EDD's recovery of monies to which it is legally entitled.

WE CANNOT PROCESS THIS CLAIM UNLESS YOU SIGN BOTH THIS PAGE AND PAGE 1 IN ITEM C7 OF PART C.

EMILY REED
Care recipient's name (Print your name)

April 26, 2017
Date signed

Emily Reed
Care recipient's signature (Sign your name)

Medical certifications must be completed by a licensed physician or practitioner authorized to certify to a patient's disability/serious health condition pursuant to California Unemployment Insurance Code Section 2708.

Enter your receipt number here.
R1

PART D – PHYSICIAN/PRACTITIONER'S CERTIFICATION

D1. PFL CLAIMANT'S (CARE PROVIDER'S) SOCIAL SECURITY NUMBER

D2. PFL CLAIMANT'S NAME (FIRST, MIDDLE INITIAL, LAST)
Alecia Draper

D3. PATIENT'S DATE OF BIRTH M M D D Y Y Y Y
11 16 1996

D4. DOES YOUR PATIENT REQUIRE CARE BY THE CARE PROVIDER? YES ☒ NO (SKIP TO D15) ☐

D5. PATIENT'S NAME (FIRST, MIDDLE INITIAL, LAST)
Emily Reed

D6. DIAGNOSIS OR, IF NOT YET DETERMINED, A DETAILED STATEMENT OF SYMPTOMS
PTSD, other Dissociative and Conversion DTSorders

D7. PRIMARY ICD CODE
F 4 3 . 1 2

D8. SECONDARY ICD CODES
F 4 4 . 8 9

(with me)

D9. DATE PATIENT'S CONDITION COMMENCED M M D D Y Y Y Y
03 24 2016

D10. FIRST DATE CARE NEEDED M M D D Y Y Y Y
03 24 2016

D11. DATE YOU ESTIMATE PATIENT WILL NO LONGER REQUIRE CARE BY THE CARE PROVIDER M M D D Y Y Y Y — PERMANENT CARE REQUIRED ☐
07 2017

D12. DATE YOU EXPECT RECOVERY M M D D Y Y Y Y — NEVER ☐
unclear

D13. APPROXIMATELY HOW MANY TOTAL HOURS PER DAY WILL PATIENT REQUIRE CARE BY A CARE PROVIDER?
HOURS: 20-24 COMMENTS:

D14. WOULD DISCLOSURE OF THE MEDICAL INFORMATION ON THIS CERTIFICATE BE MEDICALLY OR PSYCHOLOGICALLY DETRIMENTAL TO YOUR PATIENT? YES ☐ NO ☒

D15. PHYSICIAN/PRACTITIONER'S LICENSE NUMBER
A104521

D16. STATE OR COUNTRY (IF NOT U.S.A.) IN WHICH PHYSICIAN/PRACTITIONER IS LICENSED TO PRACTICE
CA

D17. PHYSICIAN/PRACTITIONER'S NAME (FIRST, MIDDLE INITIAL, LAST)
Jennifer L Farrell

D18. PHYSICIAN/PRACTITIONER'S ADDRESS (POST OFFICE BOX IS NOT ACCEPTABLE AS THE SOLE ADDRESS)
3150 Bristol St Ste 400

CITY	STATE/PROV.	ZIP OR POSTAL CODE	COUNTRY (IF NOT U.S.A.)
Costa Mesa	CA	92626	

D19. TYPE OF PHYSICIAN/PRACTITIONER
MD

D20. SPECIALTY (IF ANY)
Psychiatry

D21. Physician/Practitioner's Certification:
I certify under penalty of perjury that this patient has a serious health condition and requires a care provider. I have performed a physical examination and/or treated the patient. I am authorized to certify a patient disability or serious health condition pursuant to California Unemployment Insurance Code Section 2708.

Original Signature of physician/practitioner – RUBBER STAMP IS NOT ACCEPTABLE	PHYSICIAN/PRACTITIONER'S TELEPHONE NO.	Date Signed (MM/DD/YYYY)
[signature], MD	949-266-3700	04/25/2017

Under sections 2148 and 2122 of the California Unemployment Insurance Code, it is a violation for any individual who, with intent to defraud, falsely certifies the medical condition of any person in order to obtain disability insurance benefits, whether for the maker or for any other person, and is punishable by imprisonment and/or a fine not exceeding $20,000. Sections 1143 and 3305 require additional administrative penalties.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 20	**Participants in appointment:** Patient and mom

Interval History:
"The medication definitely doesn't work. I get extremely anxious and get a headache." She stopped three days ago. They found a year long program in LA, but they don't allow any medication, so she wants to get off lamictal. Mom wonders whether pt should be in the hospital; discussed day hospital if she isn't suicidal (inpatient if she is) for the meantime while we decide what to do.

Current treatments:
Therapy and some DBT with Elise Collier; individual session once weekly.

Current Meds/Supplements:
omega-3 (stopped), neurovite 1 bid "kind of"
lamictal 150mg bid
vitamin D 5,000 IU/day
abilify 5mg--stopped

Medication/Supplement Side Effects:
see above for abilify

Medical Issues/Lab Results:
nothing new

Mental Status Examination:

Appearance: Neat and Casual	**Speech**: Slowed
Mood: Anxious and Depressed	**Affect**: constricted but appears more engaged today than last visit
Behavior: Normoactive	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content
Thought Process: Linear but broken	**Insight/Judgment:** Fair

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

Assessment:
Needs a higher LOC.

Plan/Recommendations:
Will look into Meninger Clinic, Laguna day hospital, Dream Center in LA, and will decrease lamictal to 75/150 (although coming off medication is NOT recommended, but they feel this is the only way to get into a long-term program). F/U in two weeks after family trip. Call sooner prn. Will have pt speak with our outreach coordinator to see if we know of any programs.

--Digitally Signed: 04/27/2017 12:48 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Pure Light Counseling Elise Collier MS-LMFT #78451
901 Dove street Suite 140 Newport Beach, CA 92660

5/5/17

I have been the treating clinician for Emily Reed since April 2015. Emily presents with complex PTSD, chronic, severe and severe Dissociative identity Disorder, NOS. Emily's symptoms include, intense urges to self harm, dissociation, suicidality, impulsivity, depression, severe anxiety with panic, anhedonia, nightmares, and disturbing internal stimuli (i.e. fragmented parts screaming in her head). When Emily has just been exposed to a internal or external threat a disturbance in the client's mental state causes clinically significant distress or impairment in the individual's social interactions, capacity to work or other important areas of functioning. When active, this condition substantially limits several of Emily's major life activities such as: concentrating, thinking, interacting with others, sleeping, eating, and caring for self.

As a client Emily vacillates from engaged and motivated to self defeating and withdrawal. Emily has engaged in the following treatment modalities: DBT treatment (mindfulness, thought stopping, emotional regulation training), EMDR (positive resourcing , desensitizing disturbing memories) , Breathing and Safe place exercises, and Recognizing negative thought patterns and challenging them. In addition Emily has done some integration DID work with attempting to integrate her parts. Due to the intensity of Emily's internal distress the work has been moving 3 steps forward and 2 steps back. Emily's strengths are following directions, compassion, determination, and hard work. While this diagnosis is difficult to quantify or predict a treatment outcome, I believe that comprehensive treatment in a safe environment will give Emily an opportunity to live a well-adjusted life.

Elise Collier MS-LMFT
elise@purelightcounseling.com
562-335-9552

To whom it may concern: May 9, 2017

Re: Ms. Emily Reed
DOB: 11/16/1996

This letter is written at the request of Ms. Reed and her family, with signed consent to release this information for the purpose of determining benefits and level of treatment required. Ms. Reed has been my patient since March 2016. She was referred by her therapist after a "breakdown" in her therapist's office requiring EMS transport to the hospital. At the time of our initial visit, Ms. Reed and her family described a two year history of frequent "breakdowns" and psychiatric hospitalizations (five between 2014-2015), with "pseudoseizures," episodes of dissociation, and "catatonic" episodes. In addition to these hospitalizations she also completed a residential treatment program in 2015. She had been tried on fifteen different medications by the time she came to see me.

She has been diagnosed with and is being treated for Post Traumatic Stress Disorder (F43.12) and Other Dissociative and Conversion Disorders (F44.89). She has had 14 visits with me, and she has weekly or twice weekly sessions with her therapist, and has engaged in various forms of therapy. Emily has demonstrated difficulty in communication and interactions with others, frequently shutting down and being unable to participate in appointments. Her ability to interact and communicate with others is significantly limited. She has demonstrated difficulty with consistency with medications, becoming ill on several occasions due to forgetting doses and then taking large doses "to make up for it." She tried working, but soon became overwhelmed and had to stop because she was "shutting down" at night after work. After a therapy session in April, she came home, picked up supplies for her dog, left her cell phone, and "drove off to Utah," ending up in Nevada instead. Her mother has been afraid to leave her alone because of her comments of wanting to "disappear and go away," and has taken leave from work (with my support) to stay with Ms. Reed until an appropriate residential treatment program can be found.

It is my professional opinion that Ms. Reed does indeed need a high level of care in a safe, consistent, therapeutic environment, to be able to process her trauma and to start working through her dissociation and conversion symptoms. While prognosis is always difficult to make, I anticipate progress will be quite slow, as evidenced by the severity of her symptoms and limited ability to employ coping strategies without dissociating and shutting down. It is safe to say even with residential treatment it could take her several years to start feeling integrated comfortably into society.

Should you have further questions regarding this matter, please feel free to contact my office.

Sincerely,

Jennifer Love Farrell, MD
Diplomate, American Board of Psychiatry and Neurology
Diplomate, American Board of Addiction Medicine
Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine

Amen Clinics Southern California
3150 Bristol St. Suite 400
Costa Mesa, CA 92626
P (888) 564-2700
F (949) 266-3750

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 20	**Participants in appointment:** Patient and mom

Interval History:
Pt and mom decided not to lower the lamictal dose. "I don't think its the right time to be experimenting with it, especially with court coming up." She has continued on 150mg bid. Mom has been calling programs. Pt can't get into the one they want b/c pt's therapist gave her a dx of DID and they don't accept that. They are working on getting her insured through her dad's company. Mom thinks the lamictal has overall been helpful.

Current treatments:
Therapy and some DBT with Elise Collier; individual session once weekly. Mom is staying with pt 24/7

Current Meds/Supplements:
omega-3 (stopped), neurovite 1 bid "kind of"
lamictal 150mg bid
vitamin D 5,000 IU/day

Medication/Supplement Side Effects:
none

Medical Issues/Lab Results:
nothing new

Mental Status Examination:

Appearance: Neat and Casual	**Speech**: Normal rate, Volume, Prosody with lots of pauses
Mood: "its ok"	**Affect**: Mood Congruent
Behavior: Normoactive	**Thought Content**: No evidence of psychotic thought content and No Homicidal Ideations/Intentions/Plans ;suicidal thoughts "still there, but I know its not an option."
Thought Process: difficult to assess, hardly talking	**Insight/Judgment:** Fair

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

Assessment:
Doing better off abilify. Ongoing SI but says she doesn't know how often it comes. None today.

Plan/Recommendations:

MD will touch base with pt's therapist to discuss her dx and the letter she wrote for pt's care. Cont med as above and f/u in two weeks, sooner prn, and increase therapy to twice weekly until we can get pt into a residential program.

--Digitally Signed: 05/12/2017 03:13 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 20	**Participants in appointment:** Patient

Interval History:
Meninger is $1700/day, Refuge was the same. Mom is leaning towards taking a loan for Sabina Recovery in AZ. Isn't feeling suicidal and "feels safe," but mom is still with her constantly.

Current treatments:
Therapy and some DBT with Elise Collier; individual session twice weekly. Mom is staying with pt 24/7. Will have a restorative yoga instructor come to their home. Will start a class at Mariposa Center in Orange for women with sexual abuse (has an intake)--2 hours once weekly. NAMI has a peer to peer class she may try but it starts in July. Mom found an equestrian therapist and pt has had one session so far. She's starting to volunteer giving horse lessons to kids with disabilities.

Current Meds/Supplements:
omega-3 (stopped), neurovite 1 bid "kind of"
lamictal 150mg bid
vitamin D 5,000 IU/day

Medication/Supplement Side Effects:
none

Medical Issues/Lab Results:
nothing new

Mental Status Examination:

Appearance: Neat and Casual	**Speech**: Normal rate, Volume, Prosody (mostly silent)
Mood: Depressed and Anxious	**Affect**: constricted
Behavior: Normoactive	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content
Thought Process: Linear	**Insight/Judgment:** Fair

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

Assessment:
Is participating in a lot of therapy.

Plan/Recommendations:
Cont meds as above. Recommend 2nd opinion consultation with Dr. Curt Rouanoin in re: to dx of DID and therapy review. Will call pt's therapist to discuss.

--Digitally Signed: 05/26/2017 02:27 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 20	**Participants in appointment:** Patient

Interval History:
MD spoke with Dr. Rouanzoin, who agrees pt's diagnosis is as below, and not an actual DID from what he has seen so far.

Discussed upcoming court and expectations. Had her first anxiety class yesterday; "It was weird; there was only two of us." Is settling into the tx plan below.

Current treatments:
Therapy and some DBT with Elise Collier; individual session twice weekly. Mom is staying with pt 24/7. Will have a restorative yoga instructor come to their home. Started a class at Mariposa Center in Orange for women with sexual abuse (has an intake)--2 hours once weekly. NAMI has a peer to peer class she may try but it starts in July. Mom found an equestrian therapist and pt has had one session so far. She's starting to volunteer giving horse lessons to kids with disabilities. Met with Dr. Rouanzoin for a second opinion and will do some EMDR with him to prepare for court (2-3 times/week).

Current Meds/Supplements:
omega-3 (stopped), neurovite 1 bid "kind of"
lamictal 150mg bid
vitamin D 5,000 IU/day

Medication/Supplement Side Effects:
none

Medical Issues/Lab Results:
nothing new reported

Mental Status Examination:

Appearance: Neat and Casual	**Speech**: Normal rate, Volume, Prosody
Mood: Anxious	**Affect**: WNL and Constricted
Behavior: Normoactive	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No evidence of psychotic thought content and No Homicidal Ideations/Intentions/Plans
Thought Process: Linear	**Insight/Judgment:** Fair

Diagnoses:

F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

Assessment:
Seems more lighthearted today; still reserved and shy, but is smiling.

Plan/Recommendations:
Treatment as above. F/U in one month, sooner prn. MD will continue to be in contact with Dr. Rouanzoin during pt's therapy there.

--Digitally Signed: 06/09/2017 12:35 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 20	**Participants in appointment:** Patient

Interval History:
See updated tx plan below. Pt presents smiling, with Monarch. Thinks "maybe" her quality of life is improving, but can't say how. Asked about therapy with Curt; she says she likes him but can't remember what they talk about in session. She is working with her mom, baking for the business and sending emails, and enjoys it. She is able to discuss a few recipes, but one of the cookies she makes she blanks when asked how it's made. When asked about SI she stares away for a minute, then says, "I suddenly feel uncomfortable." She doesn't have SI now. She gets it at times, but is unable to say how frequently. She typically falls asleep when she has it. When asked whether she would call Curt or MD, she says she looks at her phone but can't call. We discussed her past experience and how she was forced into secrecy, so the fear is staying with her, and although she "rationally" thinks its a good idea, her emotions keep her from doing it. We discussed how EMDR will be good at addressing the gap she feels between her rational mind and her emotional feelings.

She is scheduled for court July 17, but thinks it will again be postponed. She has a meeting on the 12th with her attorney.

Current treatments:
Therapy and some DBT with Elise Collier is on hold for now Mom is staying with pt 24/7. Tried Restorative Yoga but didn't find it beneficial. Started a class at Mariposa Center in Orange for women with sexual abuse; went to a women's group and didn't like it, but likes the anxiety group and goes weekly. NAMI has a peer to peer class is now only once yearly and is no longer available. She's starting to volunteer giving horse lessons to kids with disabilities. Met with Dr. Curt Rouanzoin for a second opinion and is doing some EMDR with him to prepare for court (two hour session once weekly).

Current Meds/Supplements:
omega-3 (stopped), neurovite 1 bid--not taking
lamictal 150mg bid
vitamin D 5,000 IU/day--not taking

Medication/Supplement Side Effects:
none reported

Medical Issues/Lab Results:
nothing new

Mental Status Examination:

Appearance: Neat , smiling	**Speech**: Slowed
Mood: "I woke up feeling good today"	**Affect**: Mood Congruent

Behavior: Normoactive	**Thought Content:** No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content ; no current SI
Thought Process: Linear with some ongoing dissociation	**Insight/Judgment:** Fair

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

Assessment:
Ongoing dissociation related to trauma. However, appears improved today.

Plan/Recommendations:
Cont with treatment plan as above. F/U in one month. MD will connect with Dr. Rouanzoin to discuss coordination of care.

--Digitally Signed: 07/07/2017 12:36 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

To whom it may concern: July 13, 2017

Re: Ms. Emily Reed

DOB: November 16, 1996

I have been asked to write this letter on behalf of Ms. Reed to provide expert opinion on whether Ms. Reed could reasonably be considered disabled prior to the age of 18. I have reviewed an annotated version of Nevada Revised Statute 125B.110 provided by her attorney. Ms. Reed (Emily) has been under my care since March 2016. I have reviewed her medical records dating back to 2014, including emergency room visits, psychiatric hospitalizations, and residential treatment records in preparation of this opinion.

Emily was first brought to the emergency room in March 2014, at age 17. She was suicidal, hadn't slept well the week prior, was crying uncontrollably, refusing to eat, stating she wanted to starve to death. She was brought to the emergency department after an episode at school in which she was crying in class, laying on the floor in the fetal position. Of note from these records, her parents divorced in 2006 and behavior changes started in 2007, around the time her brother was reportedly abused. An IEP (Individual Education Program) was put in place when Emily was in the fifth grade, and a psychologist was included in her IEP at age 15. It was also noted developmentally she had failed multiple hearing tests, but her hearing was eventually found to be normal and tests indicated possible malingering. She was admitted to the UCI psychiatric hospital adolescent unit for three weeks, March 18-April 7, 2014. Review of the three weeks of hospital medical records reveals one episode of auditory hallucinations, and regressed, self-injurious behavior, including her request to sleep in her closet. She disclosed sexual abuse by her father's roommate of 11 years' duration wherein she was forced to watch pornography and engage in oral sex. The doctor notes "prolonged abuse, decline in social and academic function, complex family dynamics," and she was placed on five psychotropic medications to try to help stabilize her. Her diagnoses given after that lengthy hospital stay for evaluation and treatment were: Major Depressive Disorder, Chronic Post Traumatic Stress

Amen Clinics Southern California
3150 Bristol St. Suite 400
Costa Mesa, CA 92626
P (888) 564-2700
F (949) 266-3750

Disorder, and Social Anxiety Disorder. She was not stable enough to discharge home, and so was sent to a residential treatment program, Center For Discovery.

Emily had a lengthy (35 day) stay at Center for Discovery (CFD) between April 7-May 12, 2014, and was discharged not by physician recommendation, but because insurance denied further residential treatment. The psychiatrist recommended the partial hospital program, but due to "scheduling conflicts," Emily was transitioned to an intensive outpatient program. Notes from CFD indicate "depression off and on for several years," much worse secondary to the abuse. She experienced "multiple panic attacks a day" while in the program.

In March 2015, when Emily was 18 but still in the 12th grade, she was admitted to Del Amo hospital on a 5150 (California statue of involuntary hospitalization) for suicidal ideation after she tried to strangle herself with the sleeves of a sweater. She was reportedly there for one month, but a discharge summary from Del Amo has not been made available for review.

In April 2015 Emily was again hospitalized. She was agitated, rolling around on the asphalt in the fetal position for 35 minutes and screaming, according to her school psychologist. Leading to this episode her records indicate she had been doing some trauma therapy, was dissociating, had auditory hallucinations, and an upcoming court case involving the perpetrator of her abuse. She was diagnosed with Major Depressive Disorder with Psychotic Features, and Post Traumatic Stress Disorder.

Emily came to see me after a dissociative episode at her therapist's office wherein she was crying, shaking, in the fetal position on her therapist's floor, and EMS had to be called to transport her to the hospital. She was in such a state that EMS made a report to the CA DMV and her license was taken away, and she had to undergo extensive clearance from a neurologist and psychiatrist in order for her to regain the ability to drive. To this day she continues to experience dissociative episodes, high anxiety, depression, suicidal ideation,

and an inability to participate in gainful employment. In order to attempt to support her into a healthy life, she is undergoing intensive therapies, included but not limited to equine therapy, intensive psychotherapy, trauma therapy, group therapy, and she has an emotional support dog. Her behavior became so erratic and potentially dangerous that I had to put her mother on FMLA leave in order to stay with Emily 24/7. Unfortunately her court case still has not been heard, and she repeatedly must prepare to testify, just to have the trial continued over and over again.

The legal question at hand is whether Emily was disabled prior to age 18. Although I was not her psychiatrist at the time, the medical record clearly uses the qualifier "chronic" for her diagnosis of Post Traumatic Stress Disorder (PTSD) when she was 17 years old. In psychiatry, trauma diagnoses are placed into one of two categories: Acute Stress Disorder, or PTSD. Any trauma with symptoms lasting under one month is designated Acute Stress Disorder. With symptoms lasting over one month, a diagnosis of PTSD is given, qualified by "acute" (symptoms last one to three months), "chronic" (symptoms last three months or more), or "with delayed onset" (symptoms first appear at least six months after the event). It is clear Emily was diagnosed with Chronic PTSD at age 17, and the behaviors outlined in her chart are consistent with longstanding symptoms of abuse prior to it being discovered during this hospitalization. Notably, as far back as 2007, Emily was hiding possessions (wallets, keys, shoes of multiple family members). This is around the time her brother was reportedly abused (there was reportedly a deposition wherein a family friend "admitted he tied Emily's brother's hands in a long sleeved shirt behind his back and duct taped his hands and locked him in a room.") It is not uncommon for children to start hiding things when they are being forced to keep secrets. The record also indicates Emily started having nightmares in 2009, which is a frequent symptom of PTSD. Physicians in her medical records have also frequently referenced "years of depression," even pre-dating her first hospitalization at age 17.

It is clear Emily met diagnostic criteria for Chronic PTSD when she was 17 years old, and had suffered years of depression and abuse prior to this, as well as nightmares and behavioral issues (from hiding things to possibly malingering hearing issues) dating back to as early as 2007.

Amen Clinics Southern California
3150 Bristol St. Suite 400
Costa Mesa, CA 92626
P (888) 564-2700
F (949) 266-3750

Inspiring Hope
Transforming Lives

It is also my professional opinion Emily is not able to support herself. We tried to have her work part time at one point, and she was unable to tolerate it, even though she was with family and had her emotional support dog with her. I am unsure whether she is receiving disability assistance, but certainly think she would qualify.

In short, Emily is unable to engage in any substantial gainful activity by reason of her significant and chronic mental impairment, which has lasted for many years and is expected to last for a period of over 12 months.

Please do not hesitate to contact me should you require further information in this matter.

Sincerely,

JFarrell, MD

Jennifer Love Farrell, MD

Diplomate, American Board of Psychiatry and Neurology

Diplomate, American Board of Addiction Medicine

Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine

Amen Clinics Southern California
3150 Bristol St. Suite 400
Costa Mesa, CA 92626
P (888) 564-2700
F (949) 266-3750

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 20	**Participants in appointment:** Patient and mom

Interval History:
Mom has court in Vegas on 8/28 re: the disability case/ongoing support. Mom feels pt has been having "very low lows," and says Dr. Rouanzoin agrees. They found pt a peer with a similar cause of PTSD. She doesn't want to eat, doesn't want to take medication, crying 3-4 times/day. She had a "rough" therapy session two weeks ago and Dr. R called mom to tell her she is decompensating, and mom has been sleeping with her since. He is working on her dissociations. One day mom found her with a bottle of bleach; she didn't say she was going to drink it. They called Dr. Rouanzoin and discussed whether she should go to the hospital. This past week she has only missed one dose of lamictal. Mom asks about abilify (previously tried) or another antidepressant. Mood has been better since Friday when she met the other woman, but otherwise hasn't wanted to do anything.

Discussed when hospitalization needs to be done. A friend did the IOP at St. Joe's in the past, and this could be considered as well.

Pt's court date has been moved to March 2018.

Current treatments:
NAMI anxiety group, volunteering giving horse lessons to kids with disabilities, therapy/EMDR with Curt Rouanzoin

Current Meds/Supplements:
lamictal 150mg bid

Medication/Supplement Side Effects:
none

Medical Issues/Lab Results:
nothing new

Mental Status Examination:

Appearance: Neat and Casual	**Speech**: mostly silent; when speaking is soft
Mood: "I feel disconnected so I'm not sure"	**Affect**: Mood Congruent
Behavior: decreased eye contract	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content
Thought Process: Linear	**Insight/Judgment:** Fair

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

Assessment:
Some decompensation after a difficult therapy session.

Plan/Recommendations:
Start Pristiq 50mg and pt will go to St. Joe's to visit the day program--IOP/day hosp is recommended. She will sign consent for ROI in case a referral is needed. F/U in 3 weeks, cont therapy with Dr. Rouanzoin.

--Digitally Signed: 08/04/2017 10:43 am Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 20	**Participants in appointment:** Patient and grandmother

Interval History:
"I love Pristiq!" Had HA the first week; now feels "more motivated, brighter." She is eating more and feels motivated to eat. Mom is still sleeping with her. She is reportedly restless during sleep and one night scratched herself. She doesn't remember any nightmares. Some nights she wakes "every hour," but she isn't sure how often. Overall she sleeps well other than the restlessness. She is hesitant to add another medication.

Current treatments:
NAMI anxiety group, volunteering giving horse lessons to kids with disabilities, therapy/EMDR with Curt Rouanzoin

Current Meds/Supplements:
lamictal 150mg bid
Pristiq 50mg

Medication/Supplement Side Effects:
had hot flashes and mild HA the first week of pristiq, but these have since resolved.

Medical Issues/Lab Results:
nothing new

Mental Status Examination:

Appearance: Neat	**Speech**: Normal rate, Volume, Prosody
Mood: Euthymic	**Affect**: WNL and Bright
Behavior: Normoactive	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No evidence of psychotic thought content and No Homicidal Ideations/Intentions/Plans
Thought Process: Linear	**Insight/Judgment:** Fair

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders
F33.2 - Major depressive disorder, recurrent severe without psychotic features

Assessment:
This is the brightest and relaxed and the most "present" I have ever seen Emily.

Plan/Recommendations:
Cont meds and therapy as above. F/U in one month. Requested mom send an update after court next week.

--Digitally Signed: 08/25/2017 11:07 am Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 20	**Participants in appointment:** Patient

Interval History:

Pt arrived 10 min late for her appointment. Mood has been ok; spent a few days with her dad which would typically be hard for her, but she felt ok. "It was awkward, but nice at the same time." She thinks she is dissociating less, but really struggles to answer the question. Mom says pt still requires ongoing self-direction and is "frozen," answering most questions "I don't know," and is unable to articulate a thought on her own of what she wants to do. Mom has to push her to take a shower; however, she is now eating consistently and taking meds regularly without prompting (but mom has to confirm regularly). She started a class online, but is struggling. The class is about exercise; she watches videos and answers questions, and there's a test at the end. After the first week she was overwhelmed and couldn't keep up with it. She's anxious--taking 50 pages of notes for one video--and is struggling having to look up terms she doesn't understand.

Pt responded well to Pristiq, but "leveled out" after her last report and the result has decreased. Pt is helping mom with the cookie business, but won't go on sites with her; she only helps from home. Mom says "She has a different demeanor with her dad; she never asks for help. She's a different Emily. She comes across as independent. I hear her on the phone--she doesn't want to upset him or make him feel bad." Asked pt if she's different with dad. After a long pause, she said, "its a possibility."

Pt says therapy is fine, but mom says pt struggles to open up to Curt. "I think its hard to open up to myself, so of course its hard with him." "Its easier to talk to Elise, but I say more to Curt."

Current treatments:

NAMI anxiety group, volunteering giving horse lessons to kids with disabilities, therapy/EMDR with Curt Rouanzoin

Current Meds/Supplements:

lamictal 150mg bid
Pristiq 50mg

Medication/Supplement Side Effects:

none

Medical Issues/Lab Results:

nothing new

Mental Status Examination:

Appearance: Neat and Casual	**Speech**: Slowed ; non-spontaneous
Mood: Depressed	**Affect**: brighter than in the past but still constricted

Behavior: Normoactive	**Thought Content**: No Homicidal Ideations/Intentions/Plans, No Suicidal Ideations/Intentions/Plans and No evidence of psychotic thought content
Thought Process: seems linear but pt struggles to convey thoughts	**Insight/Judgment:** Limited

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders
F33.2 - Major depressive disorder, recurrent severe without psychotic features

Assessment:
Not as depressed; dissociation continues, along with ambivalence, low motivation, and needing constant redirection. It is a big step for her to take meds and eat meals without being told to do so.

Plan/Recommendations:
Cont intensive therapy with Dr. Rouanzoin and meds as above. F/U in one month.

--Digitally Signed: 09/22/2017 11:53 am Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 21	**Participants in appointment:** Patient, grandparents

Interval History:
Had been doing an IOP and requested inpt, then went to her grandparents. She had a breakdown after a group at the IOP; she was on a 1:1 for SI. Her meds were changed but she resumed the ones below b/c she was so much better on them. Prior to the hospitalization she wasn't taking meds regularly, was stressed, had a dissociative episode.

Her grandmother put her back on pristiq and stopped the other two meds from the hospital; they say lamictal had been given there. She has improved a lot back on the prior meds. Apparently the hospital didn't have pristiq on the formulary.

Current treatments:
NAMI anxiety group, volunteering giving horse lessons to kids with disabilities, therapy/EMDR with Curt Rouanzoin

d/c'd from hosp 1 mo ago, on meds below

Current Meds/Supplements:
lamictal 150mg bid
Pristiq 50mg

Medication/Supplement Side Effects:
none, but pt did show MD two wart-like lesions, one one her chest and one on her abdomen; she has had them for a few weeks, no others, no progression

Medical Issues/Lab Results:
needs to consult with derm re: these lesions

Mental Status Examination:

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders
F33.2 - Major depressive disorder, recurrent severe without psychotic features

Assessment:
Destabilization last month with dissociation, SI, hospitalization.

Plan/Recommendations:

Resume therapy. Attorney has suggested conservatorship, which makes sense given pt's inability to take care of her finances, work, bathe regularly or take care of herself. She still requires 24/7 supervision or becomes quite depressed and will decompensate. She will stay with grandparents in AZ and return in one month. Pt to see a dermatologist for an opion re: these skin lesions and will sign consent so derm can call MD. MD will discuss Shepard Pratt with Dr. Rouanzoin too.

--Digitally Signed: 11/20/2017 03:24 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 21	**Participants in appointment:** Patient

Interval History:

"I don't know; everything feels like a dream." She ended up staying here. She feels Thanksgiving was "successful," adding, "maybe I wasn't present a lot of the time." Pt's mom went out of town so her grandmother is staying with her here. Pt isn't sure where they are with Shepard Pratt. She saw her PCP for skin lesions and was dx with fungus and given cream.

She is feeling detached from her thoughts and mood. She thinks her mood isn't too bad. Around others she feels more detached, but less so when she is alone. "I've been feeling kind of mean lately." She notes feeling angry at her dog now, even though the dog hasn't done anything. The impulse of wanting to harm the dog is one of the reasons pt went to the hospital. She feels she couldn't harm herself b/c of her family, but sometimes thinks if she took her family with her then they wouldn't be left to miss her. Discussed this and safety issues; session ran over by 20 minutes. She denies HI/intent or plan, but feels she can't stop the thoughts from coming. She says these thoughts were worse before the hospitalization and are better now, and says she has never talked about them before. She is embarrassed by them and doesn't want MD to tell anyone, but we had a long discussion re: the importance of support and her family being aware of the pain she is experiencing.

Current treatments:

stopped NAMI anxiety group and volunteering giving horse lessons to kids with disabilities after her hospitalization; therapy/EMDR with Curt Rouanzoin has continued

d/c'd from hosp 2 mo ago

Current Meds/Supplements:

lamictal 150mg bid
Pristiq 50mg

Medication/Supplement Side Effects:

none

Medical Issues/Lab Results:

nothing new reported

Mental Status Examination:

Appearance: Neat	**Speech**: Monotonous
Mood: "Less depressed I think"	**Affect**: tearful at times; good eye contact; present

Behavior: Apathetic	**Thought Content**: No evidence of psychotic thought content ; some thoughts of self harm but doesn't think about acting on it, but it leads to thoughts of being able to harm herself if her immediate family weren't around to mourn her, but she denies outright HI/intention/plan
Thought Process: Linear	**Insight/Judgment**: Fair

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders
F33.2 - Major depressive disorder, recurrent severe without psychotic features

Assessment:
Higher level of care might be needed on a longer-term basis, as pt seems to continue to dissociate, feel detached, and at times seems plagued by intrusive negative thoughts. Currently she doesn't meet 5150 criteria and there is no threat requiring a Tarasoff notification, but discussed with pt it is better if her mom knows she is having these dark thoughts so they can support her over the holidays. She is resistant to MD sharing this, but understands why it is important. She says she is "safe" for self and others "right now."

Plan/Recommendations:
MD will discuss pt's dissociation with Dr. Rouanzoin and will call pt's mom to discuss today's apt (vm left and asked for call back). Pt agrees to f/u next week, right after Xmas.

--Digitally Signed: 12/21/2017 06:23 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 21	**Participants in appointment:** Patient

Interval History:
Got vm from pt's mom; she says she is "walking on eggshells with how she [Emily] is doing." "She's liable to have a breakdown. She's agitated, doesn't want to take her meds, but is because I'm forcing her." Mom is working on getting insurance to cover long-term hospitalization in Maryland (Sheperds Pratt?). Mom is unable to come to the apt today.

"I'm anxious." Is nervous about being here, but was having a better day earlier. The past few days until today have been hard. She felt really sad at Xmas. She hesitates to share her thoughts. She denies SI and HI, but had these thoughts, or rather "noticed them" over the weekend. She declines to elaborate but says she isn't having them today. Discussed doing DBT together to work on these skills.

Current treatments:
therapy/EMDR with Curt Rouanzoin

Current Meds/Supplements:
lamictal 150mg bid
Pristiq 50mg

Medication/Supplement Side Effects:
none reported

Medical Issues/Lab Results:
nothing new reported

Mental Status Examination:

Appearance: Neat and Casual	**Speech**: Normal rate, Volume, Prosody
Mood: Anxious	**Affect**: Mood Congruent
Behavior: Agitated, Apathetic and Tense	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content
Thought Process: Linear	**Insight/Judgment:** Fair

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

F33.2 - Major depressive disorder, recurrent severe without psychotic features

Assessment:
Anxious in session. Is willing to do some DBT until her mom finds a longer term plan for her.

Plan/Recommendations:
Taught pt some DBT grounding techniques and gave a DBT handout on crisis survival strategies (Wise Mind ACCEPTS, self-soothing with the 5 senses, and IMPROVE). F/U in one week.

--Digitally Signed: 12/27/2017 04:15 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 21	**Participants in appointment:** Patient; mom joined at the beginning

Interval History:
Mom found an atty for conservatorship.

Discussed the DBT handouts given last week. She likes the visual senses and imagery, but she tends to focus on negative images, so she prefers to work on "one thing in the moment."

Current treatments:
therapy/EMDR with Curt Rouanzoin

Current Meds/Supplements:
lamictal 150mg bid
Pristiq 50mg

Medication/Supplement Side Effects:
none

Medical Issues/Lab Results:
nothing new

Mental Status Examination:

Appearance: Casual and Neat	**Speech**: sparse, delayed, slowed, normal volume
Mood: "fine"	**Affect**: distant, constricted
Behavior: Apathetic	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content
Thought Process: Linear	**Insight/Judgment:** Limited

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders
F33.2 - Major depressive disorder, recurrent severe without psychotic features

Assessment:
Quiet, not really participating in session.

Plan/Recommendations:

Discussed the "crisis survival strategies" and pt's goals, and gave the handouts on Reducing Vulnerability to Negative Emotions and Paying Attention to Positives. Discussed using vision and mindfulness to try to reduce dissociation. Recommend f/u in 1-2 weeks, but pt prefers to wait three weeks.

--Digitally Signed: 01/03/2018 04:25 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

FAXED 1/10/18 mr

Date: 1/10/18

To: Shawnice Coleman

Fax #: 410-938-5072

RE: E.R.

From: Amen Clinics

Number of Pages
(including cover sheet): 2

Memo:

Amen Clinics Southern California | 3150 Bristol St., Ste. 400 | Costa Mesa, CA 92626 | P 949-266-3700 | F 949-266-3750

www.amenclinics.com | Atlanta | Chicago | New York | Northern California | Northwest | Washington, D.C.

Re: Emily Reed

January 10, 2018

To Whom It May Concern:

Emily Reed is currently taking the following medications:

Lamictal 150mg bid

Pristiq 50mg qd

Please contact me with any further questions or concerns.

MT

Melina Thaxton, Patient Care Coordinator

Amen Clinics, Orange County

949-266-3793

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 21	**Participants in appointment:** Patient and grandmother for first few minutes

Interval History:
Pt needs form faxed to attorney. She saw Dr. Rouanzoin before coming today and seems in brighter spirits. Asked about the dark thoughts she has been reporting at recent visits. After a long pause she admits she has been having mild PI of being watched. She told Dr. R, and they're going to "run an experiment" this week. "If I find its in my head, is there medication? I want to test it out first, though. It could be coincidence." She denies HI, but has an active fantasy life involving "destruction and negative outcomes." Discussed whether her fantasies fill a purpose and she says no, so discussed thought-stopping techniques. She notes medication is helpful but she doesn't want to take it, so mom dispenses. "I don't know why."

Current treatments:
therapy/EMDR with Curt Rouanzoin

Current Meds/Supplements:
lamictal 150mg bid
Pristiq 50mg

Medication/Supplement Side Effects:
none

Medical Issues/Lab Results:
nothing new

Mental Status Examination:

Appearance: Neat and Casual	**Speech**: Normal rate, Volume, Prosody
Mood: "therapy was pretty helpful today" "just a little agitated"	**Affect**: more bright than past few visits
Behavior: Normoactive	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No evidence of psychotic thought content and No Homicidal Ideations/Intentions/Plans
Thought Process: Linear	**Insight/Judgment:** Limited

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

F33.2 - Major depressive disorder, recurrent severe without psychotic features

Assessment:
Talking more today; still requiring near constant supervision.

Plan/Recommendations:
Cont tx plan--therapy, medications, and working toward long-term residential care. F/U in 3-4 weeks.

--Digitally Signed: 01/24/2018 11:52 am Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

FAXED 1/25/18

Date: 01/25/2018

To: Natalie Schneider

Fax #: 877-492-6452

RE: E.R.

From: Amen Clinic, Dr. Jennifer Farrell

Number of Pages
(including cover sheet): 5

Memo:

Amen Clinics Southern California | 3150 Bristol St., Ste. 400 | Costa Mesa, CA 92626 | P 949-266-3700 | F 949-266-3750

www.amenclinics.com | Atlanta | Chicago | New York | Northern California | Northwest | Washington, D.C.

LAW & MEDIATION OFFICES OF
ELIZABETH YANG
Attorneys and Counselors at Law
199 W. Garvey Ave., Suite 201, Monterey Park, CA 91754 • (877)4-YANGLAW
Elizabeth@YangLawOffices.com • www.YangLawOffices.com

January 23, 2018

Attn: Dr. Jennifer Love Farrell, MD
3150 Bristol St., Suite 400
Costa Mesa, CA 92626

Facsimile: (949) 266-3750

Re: Emily Christine Reed

Dear Dr. Farrell,

I represent Ms. Alecia Draper, mother to your patient, Emily Christine Reed. Ms. Draper will be seeking limited conservatorship of her daughter, Emily Christine Reed. We do not have a hearing date yet, but anticipate obtaining one within the next week. As part of the Petition for Limited Conservatorship, we will need the GC-335 Capacity Declaration completed in full by you.

Attached hereto is the Capacity Declaration. Please complete pages 1-3 and fax the form back to our office at: 877-492-6452. Please do not hesitate to call me with any questions: 877-492-6452. This number is both our office and facsimile number.

Respectfully,

Attorneys

Natalie Schneider
Law & Mediation Offices of Elizabeth Yang

GC-335

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
Elizabeth Yang (SBN 249713); Natalie Schneider (SBN 303805) 199 W. Garvey Ave., Suite 201, Monterey Park, CA 91754 TELEPHONE NO.: 877-492-6452 FAX NO. (Optional): 877-492-6452 E-MAIL ADDRESS (Optional): elizabeth@yanglawoffices.com; natalie@yanglawoffic ATTORNEY FOR (Name): Alecia Draper	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange STREET ADDRESS: 700 W. Civic Center Dr. MAILING ADDRESS: 700 W. Civic Center Dr. CITY AND ZIP CODE: Santa Ana, CA 92701 BRANCH NAME: Central Justice Center	
CONSERVATORSHIP OF THE ☑ PERSON ☑ ESTATE OF (Name): Emily Christine Reed ☐ CONSERVATEE ☑ PROPOSED CONSERVATEE	
CAPACITY DECLARATION—CONSERVATORSHIP	CASE NUMBER

TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER

The purpose of this form is to enable the court to determine whether the (proposed) conservatee *(check all that apply)*:

A. ☑ is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for *(date)*: TBD. *(Complete item 5, sign, and file page 1 of this form.)*

B. ☑ has the capacity to give informed consent to medical treatment. *(Complete items 6 through 8, sign page 3, and file pages 1 through 3 of this form.)*

C. ☐ has dementia and, if so, (1) whether he or she needs to be placed in a secured-perimeter residential care facility for the elderly, and (2) whether he or she needs or would benefit from dementia medications. *(Complete items 6 and 8 of this form and form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and form GC-335A.)*

(If more than one item is checked above, sign the last applicable page of this form or form GC-335A if item C is checked. File page 1 through the last applicable page of this form; also file form GC-335A if item C is checked.)

COMPLETE ITEMS 1–4 OF THIS FORM IN ALL CASES.

GENERAL INFORMATION

1. *(Name)*: Jennifer Love Farrell, MD
2. *(Office address and telephone number)*: 3150 Bristol St. Ste 400 Costa Mesa 92627 949-266-3700
3. I am
   a. ☑ a California licensed ☑ physician ☐ psychologist acting within the scope of my licensure ☑ with at least two years' experience in diagnosing dementia.
   b. ☐ an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the (proposed) conservatee. The (proposed) conservatee is under my treatment. *(Religious practitioner may make the determination under item 5 ONLY.)*
4. (Proposed) conservatee *(name)*: Emily Christine Reed
   a. I last saw the (proposed) conservatee on *(date)*: Jan 24, 2018
   b. The (proposed) conservatee ☑ is ☐ is NOT a patient under my continuing treatment.

ABILITY TO ATTEND COURT HEARING

5. A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. *(Complete a or b.)*
   a. ☑ The proposed conservatee is able to attend the court hearing.
   b. ☐ Because of medical inability, the proposed conservatee is NOT able to attend the court hearing *(check all items below that apply)*
      (1) ☐ on the date set *(see date in box in item A above)*.
      (2) ☐ for the foreseeable future.
      (3) ☐ until *(date)*:
      (4) **Supporting facts** *(State facts in the space below or check this box* ☐ *and state the facts in Attachment 5)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

Jennifer L. Farrell, MD ▶ Jennifer L. Farrell, MD

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF THE ☑ PERSON ☑ ESTATE OF (Name): Emily Christine Reed ☐ CONSERVATEE ☑ PROPOSED CONSERVATEE	CASE NUMBER:

6. EVALUATION OF (PROPOSED) CONSERVATEE'S MENTAL FUNCTIONS

Note to practitioner: This form is *not* a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) conservatee's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for Items 6A–6C): Check the appropriate designation as follows: a = no apparent impairment; b = moderate impairment; c = major impairment; d = so impaired as to be incapable of being assessed; e = I have no opinion.)

A. Alertness and attention

(1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)
a ☐ b ☑ c ☐ d ☐ e ☐

If she dissociates, impairment level could change. In my office she vascillates between "a" and "b".

(2) Orientation (types of orientation impaired)
a ☑ b ☐ c ☐ d ☐ e ☐ Person
a ☑ b ☐ c ☐ d ☐ e ☐ Time (day, date, month, season, year)
a ☑ b ☐ c ☐ d ☐ e ☐ Place (address, town, state)
a ☐ b ☑ c ☐ d ☐ e ☐ Situation ("Why am I here?")

(3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle)
a ☐ b ☑ c ☐ d ☐ e ☐

B. Information processing. Ability to:

(1) Remember (ability to remember a question before answering; to recall names, relatives, past presidents, and events of the past 24 hours)
i. Short-term memory a ☑ b ☑ c ☐ d ☐ e ☐
ii Long-term memory a ☐ b ☐ c ☐ d ☐ e ☑
iii Immediate recall a ☑ b ☑ c ☐ d ☐ e ☐

vascillates depending on stress level and whether she has dissociated.

(2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)
a ☑ b ☐ c ☐ d ☐ e ☐

(3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)
a ☑ b ☐ c ☐ d ☐ e ☐

(4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)
a ☑ b ☐ c ☐ d ☐ e ☐

(5) Reason using abstract concepts. (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)
a ☐ b ☑ c ☐ d ☐ e ☐

(6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)
a ☐ b ☑ c ☐ d ☐ e ☐

(7) Reason logically.
a ☑ b ☐ c ☐ d ☐ e ☐

C. Thought disorders

(1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking)
a ☑ b ☐ c ☐ d ☐ e ☐

(2) Hallucinations (auditory, visual, olfactory)
a ☑ b ☐ c ☐ d ☐ e ☐

(3) Delusions (demonstrably false belief maintained without or against reason or evidence)
a ☑ b ☐ c ☐ d ☐ e ☐

(4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior).
a ☐ b ☑ c ☑ d ☐ e ☐

(Continued on next page)

CONSERVATORSHIP OF THE ☑ PERSON ☑ ESTATE OF (Name): Emily Christine Reed ☐ CONSERVATEE ☑ PROPOSED CONSERVATEE	CASE NUMBER:

6. *(continued)*

D. **Ability to modulate mood and affect.** The (proposed) conservatee ☑ has ☐ does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. *(If so, complete remainder of item 6D.)* ☐ I have no opinion.

(Instructions for item 6D: Check the degree of impairment of each inappropriate mood state (if any) as follows: a = mildly inappropriate; b = moderately inappropriate; c = severely inappropriate.)

Anger	a ☐ b ☐ c ☐	Euphoria	a ☑ b ☐ c ☐	Helplessness	a ☐ b ☐ c ☑
Anxiety	a ☐ b ☐ c ☑	Depression	a ☐ b ☐ c ☑	Apathy	a ☐ b ☑ c ☐
Fear	a ☐ b ☐ c ☑	Hopelessness	a ☑ b ☐ c ☐	Indifference	a ☐ b ☑ c ☐
Panic	a ☐ b ☑ c ☐	Despair	a ☑ b ☐ c ☐		

E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6A–6D

(1) ☐ do NOT vary substantially in frequency, severity, or duration.
(2) ☑ do vary substantially in frequency, severity, or duration *(explain; continue on Attachment 6E if necessary):*

Ms Reed may dissociate during times of intense distress. In the past she has also suffered "emotional episodes" involving significant mood lability and necessitating a 9-1-1 call. However, outside of these episodes (which are rare), she presents appropriately.

F. ☐ *(Optional)* Other information regarding my evaluation of the (proposed) conservatee's mental function (e.g., diagnosis, symptomatology, and other impressions) is ☑ stated below ☐ stated in Attachment 6F.

I have worked with Ms. Reed for years. She has improved with our treatment and is able to give informed consent to treatment. She doesn't have dementia or a cognitive disorder.

ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the (proposed) conservatee

a. ☑ has the capacity to give informed consent to any form of medical treatment. This opinion is limited to medical consent capacity.

b. ☐ lacks the capacity to give informed consent to any form of medical treatment because he or she is ***either*** (1) unable to respond knowingly and intelligently regarding medical treatment ***or*** (2) unable to participate in a treatment decision by means of a rational thought process, ***or both***. The deficits in the mental functions described in item 6 above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of medical decisions. This opinion is limited to medical consent capacity.

(Declarant must initial here if item 7b applies: _____.)

8. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

Jennifer Love Farrell
(TYPE OR PRINT NAME)

[signature], MD
(SIGNATURE OF DECLARANT)

Amen CLINICS

FAXED 1/29/18 mt

Date: 1/29/18

To: Natalie Schneider

Fax #: 877-492-6452

RE: E.R.

From: Amen Clinic, Dr. Farrell

Number of Pages
(including cover sheet): 4

Memo: Please see revised forms attached.

Amen Clinics Southern California | 3150 Bristol St., Ste. 400 | Costa Mesa, CA 92626 | P 949-266-3700 | F 949-266-3750

www.amenclinics.com | Atlanta | Chicago | New York | Northern California | Northwest | Washington, D.C.

GC-335

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
Elizabeth Yang (SBN 249713); Natalie Schneider (SBN 303805) 199 W. Garvey Ave., Suite 201, Monterey Park, CA 91754 TELEPHONE NO.: 877-492-6452 FAX NO. (Optional): 877-492-6452 E-MAIL ADDRESS (Optional): elizabeth@yanglawoffices.com; natalie@yanglawoffic ATTORNEY FOR (Name): Alecia Draper	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange STREET ADDRESS: 700 W. Civic Center Dr. MAILING ADDRESS: 700 W. Civic Center Dr. CITY AND ZIP CODE: Santa Ana, CA 92701 BRANCH NAME: Central Justice Center	
CONSERVATORSHIP OF THE ☑ PERSON ☑ ESTATE OF (Name): Emily Christine Reed ☐ CONSERVATEE ☑ PROPOSED CONSERVATEE	
CAPACITY DECLARATION—CONSERVATORSHIP	CASE NUMBER

TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER

The purpose of this form is to enable the court to determine whether the (proposed) conservatee *(check all that apply)*:

A. ☑ is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for *(date)*: TBD. *(Complete item 5, sign, and file page 1 of this form.)*

B. ☑ has the capacity to give informed consent to medical treatment. *(Complete items 6 through 8, sign page 3, and file pages 1 through 3 of this form.)*

C. ☐ has dementia and, if so, (1) whether he or she needs to be placed in a secured-perimeter residential care facility for the elderly, and (2) whether he or she needs or would benefit from dementia medications. *(Complete items 6 and 8 of this form and form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and form GC-335A.)*

(If more than one item is checked above, sign the last applicable page of this form or form GC-335A if item C is checked. File page 1 through the last applicable page of this form; also file form GC-335A if item C is checked.)

COMPLETE ITEMS 1–4 OF THIS FORM IN ALL CASES.

GENERAL INFORMATION

1. *(Name)*: Jennifer Love Farrell, MD
2. *(Office address and telephone number)*: 3150 Bristol St. Ste 400 Costa Mesa 92627 949-266-3700
3. I am
   a. ☑ a California licensed ☑ physician ☐ psychologist acting within the scope of my licensure ☑ with at least two years' experience in diagnosing dementia.
   b. ☐ an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the (proposed) conservatee. The (proposed) conservatee is under my treatment. *(Religious practitioner may make the determination under item 5 ONLY.)*
4. (Proposed) conservatee *(name)*: Emily Christine Reed
   a. I last saw the (proposed) conservatee on *(date)*: Jan 24, 2018
   b. The (proposed) conservatee ☑ is ☐ is NOT a patient under my continuing treatment.

ABILITY TO ATTEND COURT HEARING

5. A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. *(Complete a or b.)*
   a. ☑ The proposed conservatee is able to attend the court hearing.
   b. ☐ Because of medical inability, the proposed conservatee is NOT able to attend the court hearing *(check all items below that apply)*
      (1) ☐ on the date set *(see date in box in item A above)*.
      (2) ☐ for the foreseeable future.
      (3) ☐ until *(date)*:
      (4) **Supporting facts** *(State facts in the space below or check this box ☐ and state the facts in Attachment 5)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

Jennifer Love Farrell, MD ▶ Jennifer Love Farrell, MD

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF THE ☑ PERSON ☑ ESTATE OF (Name): Emily Christine Reed ☐ CONSERVATEE ☑ PROPOSED CONSERVATEE	CASE NUMBER:

6. EVALUATION OF (PROPOSED) CONSERVATEE'S MENTAL FUNCTIONS

Note to practitioner: This form is *not* a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) conservatee's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for items 6A–6C): *Check the appropriate designation as follows: a = no apparent impairment; b = moderate impairment; c = major impairment; d = so impaired as to be incapable of being assessed; e = I have no opinion.)*

A. Alertness and attention

(1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)
a ☐ b ☐ c ☑ d ☑ e ☐ Has episodes when she lays on the floor, crying, screaming and is unable to engage with anyone around her.

(2) Orientation (types of orientation impaired)
a ☐ b ☐ c ☑ d ☑ e ☐ Person
a ☐ b ☐ c ☑ d ☑ e ☐ Time (day, date, month, season, year)
a ☐ b ☐ c ☑ d ☑ e ☐ Place (address, town, state)
a ☐ b ☐ c ☑ d ☑ e ☐ Situation ("Why am I here?") When she dissociates she isn't "present". Can't give her name etc.

(3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle)
a ☐ b ☐ c ☑ d ☑ e ☐

B. Information processing. Ability to:

(1) Remember (ability to remember a question before answering; to recall names, relatives, past presidents, and events of the past 24 hours)
i. Short-term memory a ☐ b ☐ c ☑ d ☐ e ☐
ii Long-term memory a ☐ b ☐ c ☐ d ☐ e ☑
iii Immediate recall a ☐ b ☐ c ☑ d ☐ e ☐

(2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)
a ☐ b ☐ c ☑ d ☐ e ☐

(3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)
a ☑ b ☑ c ☐ d ☐ e ☐ but if dissociated won't recognize anyone

(4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)
a ☐ b ☐ c ☑ d ☐ e ☐

(5) Reason using abstract concepts. (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)
a ☐ b ☐ c ☑ d ☐ e ☐

(6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)
a ☐ b ☐ c ☑ d ☑ e ☐

(7) Reason logically.
a ☐ b ☐ c ☐ d ☑ e ☐ "freezes" and can't participate

C. Thought disorders

(1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking)
a ☐ b ☑ c ☐ d ☐ e ☐

(2) Hallucinations (auditory, visual, olfactory)
a ☑ b ☐ c ☐ d ☐ e ☐

(3) Delusions (demonstrably false belief maintained without or against reason or evidence)
a ☑ b ☐ c ☐ d ☐ e ☐

(4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior).
a ☐ b ☐ c ☑ d ☑ e ☐

(Continued on next page)

CONSERVATORSHIP OF THE ☑ PERSON ☑ ESTATE OF (Name): Emily Christine Reed ☐ CONSERVATEE ☑ PROPOSED CONSERVATEE	CASE NUMBER:

6. *(continued)*

D. **Ability to modulate mood and affect.** The (proposed) conservatee ☑ has ☐ does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. *(If so, complete remainder of item 6D.)* ☐ I have no opinion.

(Instructions for item 6D: Check the degree of impairment of each inappropriate mood state (if any) as follows: a = mildly inappropriate; b = moderately inappropriate; c = severely inappropriate.)

Anger	a ☐	b ☐	c ☐	Euphoria	a ☑	b ☐	c ☐	Helplessness	a ☐	b ☐	c ☑
Anxiety	a ☐	b ☐	c ☑	Depression	a ☐	b ☐	c ☑	Apathy	a ☐	b ☐	c ☑
Fear	a ☐	b ☐	c ☑	Hopelessness	a ☐	b ☑	c ☐	Indifference	a ☐	b ☐	c ☑
Panic	a ☐	b ☑	c ☐	Despair	a ☐	b ☑	c ☐				

E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6A–6D

(1) ☐ do NOT vary substantially in frequency, severity, or duration.
(2) ☑ do vary substantially in frequency, severity, or duration *(explain; continue on Attachment 6E if necessary):*

Ms Reed tends to dissociate during times of intense distress. She suffers "emotional episodes" involving significant mood lability, at times necessitating a 9-H call.

F. ☐ *(Optional)* Other information regarding my evaluation of the (proposed) conservatee's mental function (e.g., diagnosis, symptomatology, and other impressions) is ☑ stated below ☐ stated in Attachment 6F.

I have treated MS. Reed for years. Despite intensive treatment she requires placement in a long-term residential program—either her mom or her grandmother have to direct her to eat, dispense her medication. She is not able to be self-sufficient.

ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the (proposed) conservatee

a. ☐ has the capacity to give informed consent to any form of medical treatment. This opinion is limited to medical consent capacity.

b. ☑ lacks the capacity to give informed consent to any form of medical treatment because he or she is ***either*** (1) unable to respond knowingly and intelligently regarding medical treatment ***or*** (2) unable to participate in a treatment decision by means of a rational thought process, ***or both.*** The deficits in the mental functions described in item 6 above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of medical decisions. This opinion is limited to medical consent capacity.

(Declarant must initial here if item 7b applies: JS ***)***

8. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

Jennifer Love Farrell, MD — (TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 21	**Participants in appointment:** Patient and mom

Interval History:
Pt went to a treatment center in TX for 24 days; they called mom and said she was eating crayons, acting out--mom could be in contact with the therapist. Pt says it was eye-opening and she connected a lot of dots. "It was helpful but I kind of wish I didn't go; once I acknowledge I can't deny it." Pt doesn't know why she was transferred from there to Del Amo hospital. She was at the end of her program (21 days) but she wasn't stable to go. She was having seizures, alters coming out, and one of her alters (she has 10 she has identified) has a heart rate of 130 so she had to go to the ER. Once she drank the blue chemicals from an ice pack. She was quite suicidal. She was admitted to the Del Amo trauma center, but she didn't do well in group therapy--she was re-traumatized and made suicide attempts in the hospital. She was on prazosin, lamictal, pristiq, geodon, ativan, sonata. They were encouraging communication with the alters. She was in the hospital 2/28-3/26. After discharge pt just resumed her former doses of meds, stopping the extra doses.

She will start video therapy with someone who specializes in DID but he is in Georgia at the Christian Counseling Training Center. They saw Dr. Rouanzoin this week but don't think they can afford to continue with him.

Isn't sleeping well; sometimes has nightmares "but not as often." (She says they were worse prior to court.)

Current treatments:
released from hospital 3 weeks ago

Current Meds/Supplements:
In hospital:
prazosin 3mg bid
lamictal 150mg
pristiq 150mg
geodon 40mg bid
ativan prn
sonata prn

Currently:
lamictal 150mg bid
Pristiq 50mg

Medication/Supplement Side Effects:
none now (off hospital meds--felt restless and fidgety)

Medical Issues/Lab Results:
labs at hospital but records not yet received

Mental Status Examination:

Appearance: Casual and Neat	**Speech**: Normal rate, Volume, Prosody
Mood: "I don't know"	**Affect**: Constricted but friendly (at times zones out during session)
Behavior: Normoactive	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content
Thought Process: Linear	**Insight/Judgment:** Fair

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders
F33.2 - Major depressive disorder, recurrent severe without psychotic features

Assessment:
Significant instability but mom reports improvement the past few weeks since discharge from the hospital. Pt only minimally participates in session; she is mostly quiet. She is unable to offer timeline of events due to emotional severity and the amount of medication required to stabilize her. Her mother has to provide the majority of information during session.

Plan/Recommendations:
Guided meditations for sleep and can try vistaril for prn insomnia. Cont lamictal 150mg bid and pristiq 50mg qd. Offered f/u in 3 weeks but due to finances they will return in 6 weeks.

--Digitally Signed: 04/20/2018 05:56 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 21	**Participants in appointment:** Patient

Interval History:
Pt likes her therapist in GA. She loves hydroxyzine and takes 25mg every night. "It really helps my quality of sleep." She participates well in session until asked how she feels; she paused for awhile theyn said, "a little disconnected." She saw her dad last weekend and they skype once weekly. Sometimes it triggers her into her alters. Conservator court case is July 24. The court case re: financial support from pt's father is pending. Pt made a chart of her alters, likes, dislikes, personality, etc. She spends most of her time as Hidi, who is 7 and doesn't like dogs or take medications, and Emma, who is 25 and likes order. See scanned into chart.

Current treatments:
video counseling with a DID specialist in Georgia

Current Meds/Supplements:
lamictal 150mg bid
Pristiq 50mg
hydroxyzine 25-50mg qhs prn insomnia

Medication/Supplement Side Effects:
none

Medical Issues/Lab Results:
mom has medical records from TX on a CD ROM

Mental Status Examination:

Appearance: Casual and Neat	**Speech**: Slowed
Mood: "I'm a little disconnected"	**Affect**: Mood Congruent
Behavior: Apathetic	**Thought Content**: No Suicidal Ideations/Intentions/Plans, No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content
Thought Process: seems linear but pt minimally participating	**Insight/Judgment:** Limited

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

F33.2 - Major depressive disorder, recurrent severe without psychotic features

Assessment:
Ongoing instability but denies SI.

Plan/Recommendations:
Will have pt sign consent for her DID therapist so we can discuss how to mutually support pt and her mom during dissociative episodes. Cont meds as above and f/u in one month, sooner prn. Will Rx lamictal ODT 100mg for use if "Hidi" won't take hs medication (often the pattern).

--Digitally Signed: 06/04/2018 02:39 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed	**Encounter/Appointment Duration**: In Person 30 minutes
DOB: 11/16/1996 **Age**: 21	**Participants in appointment:** Patient

Interval History:
Is going on vacation with mom to Washington; she isn't sure where they're going. Something changed with vistaril--she is struggling to fall asleep, staying up to 3-4am and sleeping until 11-noon. "I've been really bad with the medication. I'm taking it at different times and haven't been consistent with it." She is now struggling with low energy too. Her past few therapy sessions have been "overwhelming." Has had some SI in the past few weeks; none today. "I wanted to talk to my therapist about it but I didn't know how to bring it up."

Current treatments:
video counseling with a DID specialist in Georgia

Current Meds/Supplements:
lamictal 150mg bid
* has lamictal 100mg ODT in case alter "Hidi" won't take her night dose
Pristiq 50mg
hydroxyzine 25-50mg qhs prn insomnia (only taking 25mg)

Medication/Supplement Side Effects:
none

Medical Issues/Lab Results:
none reported

Mental Status Examination:

Appearance: Neat and Casual	**Speech**: Slowed
Mood: "tired"	**Affect**: Constricted
Behavior: Normoactive	**Thought Content**: No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content ; no current SI but has had some over the past few weeks
Thought Process: Linear	**Insight/Judgment:** Limited

Diagnoses:
F43.12 - Post-traumatic stress disorder, chronic
F44.89 - Other dissociative and conversion disorders

F33.2 - Major depressive disorder, recurrent severe without psychotic features

Assessment:
Has destabilized a bit--hasn't been regular with medications and sleep.

Plan/Recommendations:
Reviewed with pt how she can bring up SI with her therapist when she's having it. Pt will take meds at 9am and 9pm, and can take 2 hydroxyzine until her sleeping pattern is restored. Cont therapy and f/u in one month, sooner prn.

--Digitally Signed: 07/02/2018 02:33 pm Psychiatrist / Addiction Medicine Specialist Jennifer Love-Farrell, M.D.

ELECTRONICALLY SERVED
8/1/2020 9:28 AM

EXHIBIT 21

EXHIBIT 21

EXHIBIT 21

GC-350

ATTORNEY OR PARTY WITHOUT ATTORNEY (name, address, and State Bar number):
After recording return to:
Elizabeth Yang (SBN 249713); Natalie Schneider (SBN 3038
Law & Mediation Offices of Elizabeth Yang
199 W. Garvey Ave., Ste. 201
Monterey Park, CA 91754
TEL NO.: 877-492-6452 FAX NO. (optional): 877-492-6452
E-MAIL ADDRESS (optional): elizabeth@yanglawoffices.com
ATTORNEY FOR (name): Alecia Draper

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange
STREET ADDRESS: 700 W. Civic Center Dr.
MAILING ADDRESS: 700 W. Civic Center Dr.
CITY AND ZIP CODE: Santa Ana, CA 92701
BRANCH NAME: Central Justice Center

CONSERVATORSHIP OF (name):
Emily Christine Reed
CONSERVATEE

FOR RECORDER'S USE ONLY

CASE NUMBER:
30-2018-00970067-PR-LP-CJC

LETTERS OF CONSERVATORSHIP

[X] Person [X] Estate [ ] Limited Conservatorship

FOR COURT USE ONLY
FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
CENTRAL JUSTICE CENTER
OCT 02 2018
DAVID H YAMASAKI, Clerk of the Court
BY: _____, DEPUTY
VIVIANA OLIVARES

1. [X] (Name): Alecia Draper
   [X] conservator [ ] limited conservator of the [X] person [X] estate is the appointed
   of (name): Emily Christine Reed
2. [ ] (For conservatorship that was on December 31, 1980, a guardianship of an adult or of the person of a married minor) (Name):
   was appointed the guardian of the [ ] person [ ] estate by order dated
   (specify): and is now the conservator of the [ ] person
   [ ] estate of (name):
3. [X] Other powers have been granted or conditions imposed as follows:
   a. [X] Exclusive authority to give consent for and to require the conservatee to receive medical treatment that the conservator in good faith based on medical advice determines to be necessary even if the conservatee objects, subject to the limitations stated in Probate Code section 2356.
      (1) [ ] This treatment shall be performed by an accredited practitioner of the religion whose tenets and practices call for reliance on prayer alone for healing of which the conservatee was an adherent prior to the establishment of the conservatorship.
      (2) [ ] (If court order limits duration) This medical authority terminates on (date):
   b. [ ] Authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
   c. [ ] Authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).
   d. [ ] Powers to be exercised independently under Probate Code section 2590 are specified in Attachment 3d (specify powers, restrictions, conditions, and limitations).
   e. [ ] Conditions relating to the care and custody of property under Probate Code section 2402 are specified in Attachment 3e.
   f. [ ] Conditions relating to the care, treatment, education, and welfare of the conservatee under Probate Code section 2358 are specified in Attachment 3f.
   g. [ ] (For limited conservatorship only) Powers of the limited conservator of the person under Probate Code section 2351.5 are specified in Attachment 3g.
   h. [ ] (For limited conservatorship only) Powers of the limited conservator of the estate under Probate Code section 1830(b) are specified in Attachment 3h.
   i. [X] Other powers granted or conditions imposed are specified in Attachment 3i.

(SEAL)

4. [ ] The conservator is not authorized to take possession of money or any other property without a specific court order.
5. Number of pages attached: 1

WITNESS, clerk of the court, with seal of the court affixed.
Date: OCT 02 2018
Clerk, by VIVIANA OLIVARES, Deputy DAVID H. YAMASAKI

This form may be recorded as notice of the establishment of a conservatorship of the estate as provided in Probate Code § 1875.

Form Adopted for Mandatory Use
Judicial Council of California
GC-350 [Rev. July 1, 2015]

LETTERS OF CONSERVATORSHIP
(Probate—Guardianships and Conservatorships)

Probate Code, §§ 1834, 2890–2893;
Code of Civil Procedure, § 2015.5
www.courts.ca.gov

CONSERVATORSHIP OF *(name)*: Emily Christine Reed — CONSERVATEE	GC-350
	CASE NUMBER: 30-2018-00970067-PR-LP-CJC

NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS
(Probate Code sections 2890–2893)

When these *Letters of Conservatorship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the conservator of the estate (1) to take possession or control of an asset of the conservatee named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the conservatorship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The conservator should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is *www.courts.ca.gov/forms/*. Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter or may be filled out online and printed out ready for signature and filing.

An *institution* under California Probate Code section 2890(c) is an insurance company, agent, or broker; an investment company; an investment bank; a securities broker-dealer; an investment advisor; a financial planner; a financial advisor; or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A *financial institution* under California Probate Code section 2892(b) is a bank, a trust, a savings and loan association, a savings bank, an industrial bank, or a credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box* (form GC-051) for an account or a safe-deposit box held by the financial institution. A single form may be filed for all affected accounts or safe-deposit boxes held by the financial institution.

LETTERS OF CONSERVATORSHIP

AFFIRMATION

I solemnly affirm that I will perform according to law the duties of [X] conservator [ ] limited conservator.

Executed on *(date)*: 3/9/2018 , at *(place)*: Huntington Beach, CA

Alecia Draper
(TYPE OR PRINT NAME)

▶ Alecia Draper
(SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document, including any attachments, is a correct copy of the original on file in my office, and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

(SEAL)

Date:

Clerk, by _____, Deputy

SHORT TITLE:	MC-025
Conservatorship of Emily Christine Reed	CASE NUMBER: 30-2018-00970067-PR-LP-CJC

ATTACHMENT *(Number):* 3i

(This Attachment may be used with any Judicial Council form.)

Powers and Duties of Guardian or Conservator of the Person under Probate Code Section 2355:

- To give or withhold consent to medical treatment on behalf of the Conservatee, exclusive medical powers with notification to the Public Defender, before withholding life-sustaining medical treatment

- Conservator cannot authorize the administration of psychotropic medications or convulsive treatment or commit the conservatee to a locked mental facility against her will.

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Form Approved for Optional Use
Judicial Council of California
MC-025 [Rev. July 1, 2009]

ATTACHMENT
to Judicial Council Form

www.courtinfo.ca.gov

ELECTRONICALLY SERVED
8/1/2020 9:36 AM

EXHIBIT 25

EXHIBIT 25

EXHIBIT 25

MRO
1000 Madison Avenue
Suite 100
Norristown, PA 19403
Ph: (610) 994-7500 Opt. 1
Fx: (610) 962-8421

MRO

Invoice

Date: 5/7/2019

Invoice Number: 27496055

Your requested medical records are attached.

Tracking #: UBHDFDG67J2DA

Patient Name: EMILY REED

Medical Facility: University Behavioral Health Denton

Requester: Emily Reed

Your reference number:

To pay by credit card, go to www.roilog.com and enter the tracking number and the invoice number as the request number.

Search and Retrieval Fee:	$0.00
Number of Pages:	46
Tier 1:	$4.60
Tier 2:	$0.00
Tier 3:	$0.00
Media pages/materials:	0
Media fee:	$0.00
Certification fee:	$0.00
Adjustments:	$0.00
Postage:	$2.35
Sales Tax:	$0.36
Total:	$7.31
Paid at Facility:	$0.00
Paid to MRO:	$0.00
Total Amount Due:	**$7.31**

Due upon receipt. Please return this invoice along with a check payable to:

MRO
P.O. Box 6410
Southeastern, PA 19398-6410

Tax ID (EIN) 01-0661910

INVOICE FOR COPIES OF MEDICAL RECORDS

MRO processes requests for copies of medical records on behalf of your healthcare provider. Federal and state laws permit healthcare providers and companies like MRO to charge patients a "reasonable, cost-based fee" for copies of their medical records. (See 45 C.F.R. § 164.524(c)(4)). Releasing medical records is a time and labor intensive process. This fee covers the costs associated with pulling, scanning, reproducing your records, and either printing them out or putting them on a CD for you to access. Pursuant to these laws, MRO has invoiced you for the copies of the medical records that you requested.

By paying this invoice, you are representing that you have reviewed and approved the charges and have agreed to pay them. Any dispute relating to this invoice must be presented before paying this invoice. Any dispute not so presented is waived. All disputes must be resolved by arbitration under the Federal Arbitration Act through one or more neutral arbitrators before the American Arbitration Association. Class arbitrations are not permitted. Disputes must be brought only in the claimant's individual capacity and not as a representative of a member or class. An arbitrator may not consolidate more than one person's claims nor preside over any form of class proceeding.

Late Payment of Invoice Balance

If MRO does not receive payment for the balance on your invoice for your records within 30 days**we may choose to pursue collections processing.**

KA
4-23-19

UBH

HIM Department Telephone #: 940-320-8047
HIM Department Fax #: 940-320-8030

I authorize the University Behavioral Health of Denton (UBH) to *release/obtain* (circle one) medical information concerning:

Patient Name Emily Reed ✓ Date of Birth [redacted]

Address [redacted] Dates of Service 2018

City [redacted] Telephone Number [redacted]

This information is to be *released to/obtained from* (circle one):

Name Alecia Draper

Address [redacted]

City/State [redacted] CA

Please check and initial the boxes below for the type of Treatment Information you are Authorizing UBH Denton to release to the requesting parties:

Please release the following information, indicated by an "X":

X History & Physical	X Consultation	X Assessment	
X Lab Results	X Radiology Results	X Treatment Plan	
X Billing Records	X Psychotherapy Notes	☐ Other	
X Discharge Summary	X Medications	☐ Other	

	INITIAL
HIV	
Medical X	AD
Psychiatric X	AD
Substance Abuse	

This information is necessary for the following purposes:

___Follow-up Care ____ Patient is requesting disclosure X Disability Benefits X Attorney or Legal

___Other Please Explain_____

Please release my information via: X Mail

The patient or the patient's representative must read the following statements:

I, the undersigned, understand that I may revoke this consent at any time in writing, except to the extent that action has been taken in reliance on it and that in any event this consent shall expire in six (6) months from when it is signed unless otherwise specified (Otherwise specified date_____). I understand that the provision of my health care and the payment for my health care will not be affected if I do not sign this form. Upon expiration, the University Behavioral Health Denton (UBH) can no longer use or disclose my information for the above purposes without a new authorization.

I understand that the above information may include records/reports from other health care providers involved in my care or treatment. I have read this authorization and understand what information will be used or disclosed, who may use and disclose the information and the recipient(s) of that information.

I understand any of the above requested information may include results of sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS) Human Immunodeficiency Virus (HIV) tests if any were performed. Further, I understand any of the above requested information may include results of alcohol/drug (substance) abuse and/or diagnosis and treatment of psychological disorders.

TO THE PARTY RECEIVING THIS INFORMATION: This information is being disclosed to you from records where confidentiality may be protected by federal and/or state laws. If so, regulations 42 CFR, Part 2, prohibit further disclosure without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation.

Alecia Draper 4/18/19 Mother & Conservator for Emily Reed Person & Estate

SIGNATURE of Patient or Authorized Party Date RELATIONSHIP to Patient

WITNESS REASON Patient is Not Signing

CC0908 Rev: 8/1/2018	Patient Label

MRO
1000 Madison Avenue, Suite 100
Norristown, PA 19403

MRO

Phone: (610) 994-7500 Opt. 1
Fax: (610) 962-8421

Request ID: 27496055
Tracking #: UBHDFDG67J2DA

Emily Reed
Personal - TEXAS
[redacted]

Track your request at www.roilog.com.
Enter your Tracking # and Request ID.

Date: 4/24/2019
Phone: [redacted]
Fax:

Notice of an Issue Regarding Your Medical Record Information Request

MRO works with your healthcare provider to process requests for copies of medical records on their behalf. As their business partner, it is our pleasure to serve you! Please note that there is an issue with your request (see detail at bottom of Notice) and we ask that you provide us with some additional information so that we can resolve the issue and fulfill your request. Please submit the additional information described in this Notice directly to MRO by mail, fax, or email (listed below). Once the issue is resolved, your request will be processed as quickly as possible.

MRO is processing your request in accordance with HIPAA regulations. Please notify the patient that the provision of treatment, payment, enrollment, or eligibility for benefits will not be conditioned on the elements of the authorization provided or your request for copies of the patient's records, unless permitted under 45 CFR 164.508(c)(2)(ii)(A)-(B).

Mailing Address:	Email Address:	Fax Number:
MRO 1000 Madison Avenue, Suite 100 Norristown, PA 19403	Requestinformation@mrocorp.com	(610) 962-8421

Should you have any questions, please feel free to contact MRO directly regarding this request by dialing (610) 994-7500 Opt. 1 or by submitting an email to Requestinformation@mrocorp.com. To help us better assist you, please be sure to include your Request ID in the subject line of your email.

Thank you,
MRO

Patient Name: **EMILY REED**

Your Request Date: 4/18/2019
Your Reference Number:
Date Received at Facility: 4/23/2019

Your request is being processed by MRO on behalf of the following facility:

Facility: **University Behavioral Health Denton**
2021 W. University Drive
Denton, TX 76201

ISSUE LIST

ISSUE LIST
Proof of Representation- Living Additional documentation is needed to verify that the named personal representative has the authority to disclose and/or receive the patient s records. Such documentation may include patient's birth certificate, health care power of attorney, guardianship papers, and/or court documentation. Please mail or fax the documentation to the address or fax number listed above.

GC-350

ATTORNEY OR PARTY WITHOUT ATTORNEY (name, address, and State Bar number):
After recording return to:
Elizabeth Yang (SBN 249713); Natalie Schneider (SBN 3038
Law & Mediation Offices of Elizabeth Yang
199 W. Garvey Ave., Ste. 201
Monterey Park, CA 91754
TEL NO.: 877-492-6452 FAX NO. (optional): 877-492-6452
E-MAIL ADDRESS (optional): elizabeth@yanglawoffices.com
ATTORNEY FOR (name): Alecia Draper

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange
STREET ADDRESS: 700 W. Civic Center Dr.
MAILING ADDRESS: 700 W. Civic Center Dr
CITY AND ZIP CODE: Santa Ana, CA 92701
BRANCH NAME: Central Justice Center

FOR RECORDER'S USE ONLY

CONSERVATORSHIP OF (name):
Emily Christine Reed
CONSERVATEE

CASE NUMBER:
30-2018-00970067-PR-LP-CJC

LETTERS OF CONSERVATORSHIP

[X] Person [X] Estate [ ] Limited Conservatorship

FOR COURT USE ONLY

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
CENTRAL JUSTICE CENTER

OCT 02 2018

DAVID H. YAMASAKI, Clerk of the Court
BY: _____ DEPUTY
VIVIANA OLIVARES

1. [X] (Name): Alecia Draper is the appointed
[X] conservator [ ] limited conservator of the [X] person [X] estate
of (name): Emily Christine Reed
2. [ ] (For conservatorship that was on December 31, 1980, a guardianship of an adult or of the person of a married minor) (Name):
was appointed the guardian of the [ ] person [ ] estate by order dated
(specify): and is now the conservator of the [ ] person
[ ] estate of (name):
3. [X] Other powers have been granted or conditions imposed as follows:
   a. [X] Exclusive authority to give consent for and to require the conservatee to receive medical treatment that the conservator in good faith based on medical advice determines to be necessary even if the conservatee objects, subject to the limitations stated in Probate Code section 2356.
      (1) [ ] This treatment shall be performed by an accredited practitioner of the religion whose tenets and practices call for reliance on prayer alone for healing of which the conservatee was an adherent prior to the establishment of the conservatorship.
      (2) [ ] (If court order limits duration) This medical authority terminates on (date):
   b. [ ] Authority to place the conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
   c. [ ] Authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).
   d. [ ] Powers to be exercised independently under Probate Code section 2590 are specified in Attachment 3d (specify powers, restrictions, conditions, and limitations).
   e. [ ] Conditions relating to the care and custody of property under Probate Code section 2402 are specified in Attachment 3e.
   f. [ ] Conditions relating to the care, treatment, education, and welfare of the conservatee under Probate Code section 2358 are specified in Attachment 3f.
   g. [ ] (For limited conservatorship only) Powers of the limited conservator of the person under Probate Code section 2351.5 are specified in Attachment 3g.
   h. [ ] (For limited conservatorship only) Powers of the limited conservator of the estate under Probate Code section 1830(b) are specified in Attachment 3h.
   i. [X] Other powers granted or conditions imposed are specified in Attachment 3i.

(SEAL)

4. [ ] The conservator is **not** authorized to take possession of money or any other property without a specific court order.
5. Number of pages attached: 1

WITNESS, clerk of the court, with seal of the court affixed.
Date: OCT 02 2018
Clerk, by VIVIANA OLIVARES, Deputy DAVID H. YAMASAKI

This form may be recorded as notice of the establishment of a conservatorship of the estate as provided in Probate Code § 1875.

Form Adopted for Mandatory Use
Judicial Council of California
GC-350 [Rev. July 1, 2015]

LETTERS OF CONSERVATORSHIP
(Probate—Guardianships and Conservatorships)

Probate Code, §§ 1834, 2650–2653
Code of Civil Procedure, § 2015.5
www.courts.ca.gov

CONSERVATORSHIP OF *(name)*: Emily Christine Reed — CONSERVATEE	CASE NUMBER: 30-2018-00970067-PR-LP-CJC

NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS
(Probate Code sections 2890–2893)

When these *Letters of Conservatorship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the conservator of the estate (1) to take possession or control of an asset of the conservatee named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the conservatorship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The conservator should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public Web site free of charge. The Internet address (URL) is *www.courts.ca.gov/forms/*. Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter or may be filled out online and printed out ready for signature and filing.

An *institution* under California Probate Code section 2890(c) is an insurance company, agent, or broker; an investment company; an investment bank; a securities broker-dealer; an investment advisor; a financial planner; a financial advisor; or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-060) for an asset of the conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A *financial institution* under California Probate Code section 2892(b) is a bank, a trust, a savings and loan association, a savings bank, an industrial bank, or a credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box* (form GC-051) for an account or a safe-deposit box held by the financial institution. A single form may be filed for all affected accounts or safe-deposit boxes held by the financial institution.

LETTERS OF CONSERVATORSHIP

AFFIRMATION

I solemnly affirm that I will perform according to law the duties of [X] conservator [ ] limited conservator.

Executed on *(date)*: 3/9/2018 , at *(place)*: Huntington Beach, CA

Alecia Draper
(TYPE OR PRINT NAME)

▶ Alecia Draper
(SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document, including any attachments, is a correct copy of the original on file in my office, and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

(SEAL)

Date:

Clerk, by _____, Deputy

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form | Save this form | Clear this form

SHORT TITLE:	CASE NUMBER:
Conservatorship of Emily Christine Reed	30-2018-00970067-PR-LP-CJC

ATTACHMENT *(Number)*: 3i

(This Attachment may be used with any Judicial Council form.)

Powers and Duties of Guardian or Conservator of the Person under Probate Code Section 2355:

- To give or withhold consent to medical treatment on behalf of the Conservatee, exclusive medical powers with notification to the Public Defender, before withholding life-sustaining medical treatment

- Conservator cannot authorize the administration of psychotropic medications or convulsive treatment or commit the conservatee to a locked mental facility against her will.

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Authorization for Disclosure of Health Information

I Hereby authorize University Behavioral Health Denton to release medical information from the records of:
(Name of Facility)

Patient Name: Emily Reed D.O.B.: [redacted] SS#: [redacted] 3768

Patient Street Address: [redacted]

City: [redacted] State: [redacted]

Date(s) of Treatment Requested: Feb. 1, 2018 thru March 31, 2018

Information to be disclosed (check all applicable items to be released):

- ☑ Discharge Summary
- ☑ Discharge Instructions
- ☑ History and Physical
- ☑ Consultations
- ☑ Operative Report
- ☐ Other (please specify):
- ☑ ER Record
- ☑ X-Rays Reports
- ☑ Lab Reports
- ☑ EKG/ECG Tests
- ☑ Therapy Notes
- ☑ Progress Notes
- ☑ Medication Records
- ☑ Doctor's Orders
- ☑ Nurse's Notes
- ☑ Treatment Plans
- ☐ Commitment Papers
- ☐ HIV testing

Purpose Or Need For The Disclosure Is:

☐ Continued Medical Care ☐ Insurance ☑ Legal ☐ Patient's Own Use ☐ Other Full & complete certified Records - certified by the Keeper of Records

The Information May Be Disclosed To:

Recipient's Name: Alecia Draper

Street Address: 20762 Crestview Lane

City: Huntington Beach State: CA Zip Code: 92646

Phone #: 714-916-1524 Fax #: N/A

My refusal to sign this form will not adversely affect my ability to receive health care services, reimbursement for services, enrollment in a health plan or my eligibility for health benefits. However, information will not be released to the above-indicated recipient without my signature.

I acknowledge that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal Law.

I have the right to revoke this authorization by written notice to the Healthcare Provider listed above. I understand that actions taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

This authorization expires on: _____ **or upon the following event:** _____
(Date)

(If no date or event is specified, this authorization will expire in six months from the date of signature).

I understand that the information in my medical record may include information relating to treatment of drug or alcohol abuse, mental health, genetic information, sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), AIDS related complex (ARC) and/or human immunodeficiency virus (HIV).

Fees: I understand and agree that there may be costs associated with this request in compliance with State copying laws.

Alecia Draper
(Signature of Patient or Personal Representative*)

5/6/2019
(Date of Signature)

***If signed by a personal representative, a description of the representative's authority to act is as follows:**

☐ Parent ☐ Legal Guardian ☐ Health Care Power of Attorney
☐ Administrator ☐ Executor of Estate ☐ Next of Kin ☐ Beneficiary

Rev 9/16 MRO

UBH
UNIVERSITY BEHAVIORAL HEALTH
Denton

DISCHARGE SUMMARY

Patient: REED, EMILY
Medical Record #: [redacted]
Date of Birth: [redacted]
Examination Date: 02/28/2018
Admission Date: 02/03/2018
Discharge Date: 02/28/2018

DISCHARGE TYPE: Patient was routinely discharged home with a followup to outpatient assessment for treatment at another hospital.

CHIEF COMPLAINT: Reason for admission: Patient arrived from California accompanied by her mother. Patient was quiet and answered questions for the assessment, but mother stated patient has a processing disorder categorized as a learning disability where she needs slow speech and minimal words said to her in order for her to answer questions. Patient's mother said patient has attempted suicide multiple times this year, but does not remember due to her having 8 personalities. Patient's mother said patient has made homicidal threats and does not trust herself to stay safe. Patient denied current suicidal or homicidal thoughts at the moment. Patient was abused from age 8 to 17 by a family member.

DISCHARGE DIAGNOSES:
Psychiatric: Major depressive disorder, recurrent, severe.
Posttraumatic stress disorder, chronic.
Dissociative identity disorder.
Posttraumatic stress disorder, acute.
Personality diagnosis: Deferred.
Medical: Nausea.
Seizures.
Psychosocial and Contextual Factors: Trauma history.

DISCHARGE MEDICATIONS:
1. Pristiq 100 mg by mouth every morning.
2. Lunesta 3 mg by mouth at bedtime.
3. Lamictal 150 mg by mouth 2 times a day.
4. Ativan 0.5 mg by mouth twice a day as needed.

HOSPITAL COURSE: Emily was admitted to the inpatient psychiatric facility, was informed regarding all the therapeutic milieu activities available including group therapy, individual therapy, community meetings, and activity therapy. Patient was seen by the medical attending and routine lab work was performed, which yielded unremarkable results. Patient was evaluated by the attending psychiatrist. Her diagnosis, prognosis, and treatment options were explained as well as potential for side effects to medication and the risks versus benefits of treatment. Patient was highly encouraged to participate in treatment and many therapeutic groups were offered for the patient to attend. Upon admittance to the unit, patient was oriented to the unit and the

various groups that could assist her in her recovery process. Treatment team met on the patient, discharge planning was initiated as well as setting patient's treatment goals. Patient was monitored for safety and was placed on unit restrictions for such. Patient was encouraged to participate in group therapy; however, the patient would sometimes present as selectively mute. Patient was guarded with moments of a child-like behavior. Patient would assume different personalities and was out of contact with reality. Patient would present in a child-like behavior at times; however, communication was encouraged and patient would be cooperative. Patient presents as very quiet and with an appropriate affect. Patient verbalized that her self-doubting gets in the way of her forgiving herself and not being able to process her trauma. Supportive listening was provided to the patient and she was encouraged to do as much as she could. Patient was seen in an individual session where patient shared that she has a lot of noise in her head. When asked to elaborate, the patient was unable to identify. The patient states she does not hear voices, but would not elaborate. Patient reported during a therapy session that she did not remember meeting with the attending physician as well as some of the groups; this has been very distressing to the patient as she feels that she expected to be much further along in her treatment. The patient goes between beating herself up with negative self-talk and not feeling worthy. Patient feels a burden to her family who are working hard to support her and get her help. Patient was encouraged to look at the progress she made and to work on identifying parts and to keep herself grounded. Patient reported a high risk of suicide if she found the means and a strong desire to bolt from the facility. Patient was monitored for SI and she was encouraged to work on processing her underlying trauma. Patient expressed feelings of intense pain and abandonment. Patient feels loneliness and disgust as a result of her trauma; however, she would like to see confidence in herself moving forward. The patient was seen in another individual session where she reported multiple previous attempts; however, she states that deep down, she does not want to die. Patient states she is eager to work, yet becomes overwhelmed and disassociates when asked how she is feeling in response to a suicide ideation assessment. Patient continued to work on grounding skills and relaxation techniques to remain present. Patient wants to find something positive to focus on to give her life meaning and purpose. The patient continued in her treatment. She has been receiving individual sessions to address symptoms of anger related to her trauma. The patient is carefully guarding secrets that seem to have to do with the perpetrator as well as about her brother who was also involved in the abuse. The patient continued her treatment and was to be transitioned to outpatient care to follow up with treatment closer to her home. The patient was attentive while in group and participated in a sporadic manner. Patient was present with no alters. Patient worked on distorted cognitive thoughts that resulted from her trauma and she was encouraged to feel her feelings and stay safe. The patient will be transitioning back home to California where she will follow up with outpatient services.

MENTAL STATUS EXAM UPON DISCHARGE: Patient was alert and oriented, calm and cooperative. Her affect was brighter. Her short and long-term memory was intact.

Patient: REED, EMILY
Medical Record #: [redacted]
Date of Birth:
Examination Date: 02/28/2018

Admission Date: 02/03/2018
Discharge Date: 02/28/2018

DISCHARGE INSTRUCTIONS: Patient was instructed to follow up with primary care physician, psychiatrist, and therapist. She is to go the nearest ER or call 911 if mood worsens or suicidal thoughts arise. Patient is to take any medication only as prescribed. She appeared to understand and agreed to these instructions.

PROGNOSIS: Patient's prognosis would appear to be guarded as the patient still has work to do for recovery. The patient will follow up with aftercare when she arrives home.

CONDITION OF PATIENT AT THE TIME OF DISCHARGE: Patient appears stable for transition to further outpatient care when she arrives home.

AFTERCARE PLAN: Compliance with continued treatment at a lower level care was recommended. The patient will follow up with therapy services at Del Amo Treatment in California. Patient has an appointment on February 28, 2018, for an admission assessment. Patient is discharged at this time with activity as tolerated. She is to follow a dietary plan of her choosing as she has no dietary restrictions at this time.

Electronically Signed on 03-13-2018 at 11:38 AM (GMT -5).
S. Richard Roskos, MD

SR/bm/ak/dd
DD: 03/09/2018 12:45
DT: 03/10/2018 05:56
Job #: D525355

UBH

PSYCHIATRIC EVALUATION

Date and Time Seen : Date: 02/4/18 Time: ☐ Male ☑ Female Age: 21

Chief Complaint: (in patients own words) "Seeking treatment for PTSD and anxiety"

History of Present Illness: (include precipitating events, signs, symptoms, presence/absence, suicidal/homicidal ideation, and other factors to justify the diagnosis)

Staying w/ Twin [illegible] CA recommended to come here.
Dx w/ PTSD for last 4 yrs. H/o sexual/mental abuse
by ex boyfriend/female friend. ↑ anxiety and depression.
Lots of anxiety, can't focus, get very [illegible], ↑HR, nervous
↑ nightmares & flashbacks. Mood varies - ↑ depression,
↓ sleep, feeling hopeless, appetite varies, memories.

Substance Use History: (Tobacco, ETOH, Drugs)

No drugs / ETOH - Never

Past Psychiatric History: (Include duration and frequency of any recent outpatient treatment; note past treatment history and any history of suicide attempts)

1st time in 03/2014 - depression [illegible]
hospitalized 6-7 times
Don't remember address attempted suicide; states
[illegible] [illegible] of her life

Psychosocial History (Educational level, employment, support system, family relationships):

Single. No kids. Lives with family in CA.
Not working. H.S graduate. H/o SA [illegible] 8-2-17

Abuse: ☐ None If yes, please respond below:

☐Emotional	☑ Childhood	☐ Adulthood	☐ Current
☐Sexual	☑ Childhood	☐ Adulthood	☐ Current
☐Physical	☑ Childhood	☐Adulthood	☐ Current
☐ Neglect	☐ Childhood	☐ Adulthood	☐ Current

Significant Family Medical / Psychiatric History:

unknown

CC0201
Revised 06/14/2017 **Pg 1**

REED, EMILY [redacted]
[redacted] F I ITL
02/03/2018 021

UBH

PSYCHIATRIC EVALUATION

Medical Health Problems (Recent and Chronic):

Nad

Surgical History: ☐ No pertinent surgical history contributing to current psychiatric presentation.

☐ Pertinent to admission:

Current Medications:

Lamictal / Sertraline 200mg
Doxycycline

Allergies:

DEVELOPMENTAL HISTORY (CHILD & ADOLESCENT)	EDUCATIONAL NEEDS (CHILD & ADOLESCENT)
NB	NA
☐ Normal pregnancy/delivery	☐ Attention Deficit problems
☐ Premature birth	☐ Failing in school
☐ Milestones at normal sequence	☒ Learning disability (processing)
☐ Developmentally delayed (describe):	☐ Age appropriate grade level
	☐ Special Education Placement
	☐ Modified Educational Plan

REED, EMILY [redacted] F I ITL
02/03/2018 021

UBH

PSYCHIATRIC EVALUATION

MENTAL STATUS EXAMINATION

APPEARANCE

- ☑ Appropriate (Neat/Clean)
- ☐ Disheveled (Dirty/Odorous)
- ☐ Eye Contact (Good / Poor)
- ☐ Stature (Med / Obese / Thin)
- ☐ Stated Age (Older / Younger)
- ☐ Height (Short / Med / Tall)
- ☐ Other:

ATTITUDE

- ☑ Cooperative (Active / Passive)
- ☐ Uncooperative / Guarded
- ☐ Rapport (Aloof / Odd / Friendly)
- ☐ Hostile / Irritable / Agitated
- ☐ Style (Unremarkable / Dramatic/ Worried / Self-deprecatory)
- ☐ Other

MOTOR ACTIVITY

- ☑ Normal Activity Level
- ☐ Hypoactive / Hyperactive
- ☐ Pacing / Agitated / Restless
- ☐ Involuntary Movements
- ☐ Posturing / Rituals
- ☐ Repetitious Activities

Neuromuscular Integration:
Gross Motor Skills Intact (Yes / No)
Fine Motor Skills Intact (Yes / No)

ORIENTATION

- ☑ Time: [illegible]
- ☑ Place: [illegible]
- ☑ Person: [illegible]
- ☑ Situation (i.e. in hospital): [illegible]
- ☐ Other:

SENSORIUM

- ☑ Clear
- ☐ Cloudy

SPEECH / LANGUAGE

- ☑ Rate (Normal / Rapid / Slow Pressurized)
- ☑ Rhythm (Normal / Abnormal)
- ☑ Amplitude (Normal / Soft / Loud)
- ☑ Articulation (Normal / Abnormal)
- ☑ Style (Normal / Monotone / Precise / Concrete / Echolalic)
- ☐ Vocabulary (Average / Below / Above)

MOOD

- ☑ Depressed
- ☐ Euphoric / Grandiose
- ☐ Angry / Aggressive / Irritable
- ☐ Shame / Embarrassment
- ☐ Anxious / Panic Attacks

AFFECT

- ☐ Appropriate / Congruent
- ☐ Inappropriate / Incongruent
- ☐ Flat
- ☑ Blunt
- ☐ Labile
- ☐ Other:

THOUGHT CONTENT

- ☐ Appropriate
- ☐ Association (Unusual)
- ☑ Suicidal / Homicidal Ideation
- ☐ Obsessions / Phobias
- ☑ Low Self-Esteem
- ☐ Preseverations
- ☐ Attention Span (Good / Poor)
- ☑ Hopelessness / Helplessness
- ☐ Guilt / Self-hatred
- ☐ Other:

SENSE / PERCEPTIONS

- ☐ No Abnormalities Noted
- ☐ Delusions
- ☑ Hallucinations: Voices
- ☐ Illusions:
- ☑ Depersonalization
- ☐ Distortion of body Image
- ☐ Ideas of Reference
- ☐ Other:

THOUGHT PROCESSES

- ☑ No Abnormalities
- ☐ Flight of Ideas
- ☐ Goal Directed
- ☐ Tangential
- ☐ Blocking
- ☐ Loose Association
- ☐ Other_____

COGNITION / MEMORY

- ☐ Recent Memory Based on:
  - ☐ last meal eaten
  - ☐ events in last 24 hours
- ☐ Remote Memory:
  - ☐ Personal info, DOB, Address, Place of Birth, Name of High School attended
  - ☐ Non Personal Info, Past Presidents, etc.
- ☐ Immediate Memory / Digit Span
  - ☐Forward ☐Reverse
- ☐ Recall - # of objects after 5 minutes
- ☐ Calculations / Serial 7s Counting / Addition
- ☐ # of commands (3/3)
- ☐ Unable to Assess (Give Reason)_____

INTELLECT

- ☑ Average / Above Average
- ☐ Below Average / Undetermined
- ☐ Vocabulary / Age Appropriate
  - ☐ Yes ☐ No
- ☐ General Fund of Information
  - ☐Average
  - ☐Days of Week / Months
- ☐ Complexity of Concepts
  - ☐ Yes ☐ No

How tested:

- ☐Through Observation
- ☐Other:_____

INSIGHT / JUDGMENT

How tested / assessed:

- ☑ ***Proverbs*** [illegible]
- ☐ ***Scenario***_____
- ☐ ***Other:***_____
- ☐ ***Unable to Assess due to:***_____

INSIGHT:

- ☐ Good
- ☐ Fair
- ☑ Poor

JUDGEMENT

- ☐ Intact
- ☑ Impaired

ABSTRACT THINKING

- ☐ Intact
- ☑ Impaired

[redacted] EMILY [redacted] F I ITL
[redacted] 02/03/2018 021

UBH

PSYCHIATRIC EVALUATION

ASSETS AND STRENGTHS	INITIAL TREATMENT PLAN
Identify at least 2 of the following Assets and Strengths: ☑ Support of Family / Friends / Guardians ☐ Independent Living Skills / Vocational Skills ☐ Age Appropriate Development ☐ Motivated for Treatment ☐ Insight into Present Illness ☐ Intelligence (Average / Above Average) ☐ Employment / School Attendance ☐ Good Physical Health ☐ Able to Benefit from Therapeutic Milieu ☑ Cooperative During Examination ☑ Appropriate Social Skills ☐ Hobbies / Special Interests ☐ Other: _____ **ADLs** ☑ Able to perform ADLs ☐ Unable to perform ADLs. Explain: _____ **LIABILITIES AND SPECIAL NEEDS** ☑ Poor Coping Skills ☐ Incapable of Independent Living ☐ Unstable Family Environment ☑ Poor Social Skills ☐ Inability to Read and Write / Basic Job Skills ☐ Medication Non-compliance ☐ Other: _____	PROBLEMS TO BE ADDRESSED: ☑ Depressive symptomatology ☐ Psychotic symptomatology ☐ Manic symptomatology ☐ Alcohol/Substance Dependence ☐ Aggressive Behavior ☑ Dangerousness to ☑ Self ☐ Others ☑ Initiate pharmacologic approach ☐ Involve in all aspects of unit program including individual, group, OT skills and TA groups ☐ Family therapy to stabilize home environment, interrupt crisis ☐ Psychiatric rounds to clarify diagnosis, manage medication ☐ Begin discharge planning for placement in _____ **ELOS** _____

Justification for Hospitalization (check all that apply):	
☐ **Failure of treatment at a lower level of care** ☐ Hallucinations, delusions, agitation, anxiety, depression resulting in significant loss of functioning ☑ Dangerous to self, others or property with need for controlled environment ☐ Emotional or behavioral conditions and complications requiring 24 hour medical and nursing care ☐ Need for special drug therapy, or other therapeutic program requiring continuous hospitalization ☐ Failure of social or occupational functioning ☐ Inability to meet basic life and health needs ☐ Legally mandated admission	☐ Patient's occupation presents danger to public safety if they continue to use drugs or alcohol ☐ Biomedical conditions and complications requiring 24 hour medical and nursing care ☐ Recovery environment includes detrimental family structure, logical impediments to outpatient treatment ☐ High relapse potential due to inability to control substance use ☐ Needs treatment for acute intoxication or withdrawal ☐ Other:

UBH

PSYCHIATRIC EVALUATION

Discharge Planning

Anticipated level of care post discharge:	Anticipated Problems Which Might Delay d/c:
☐ PHP ☐ IOP ☐ RTC ☐ MD/Therapist	

DIAGNOSIS:

Psychiatric or Substance Use Diagnoses:

~~MDD~~ CMDD S/P with SIT

② PTSD Severe

Personality Disorder and Intellectual Diagnoses:

Deferred

Medical Diagnoses:

None.

Psychosocial and Environmental Factors:

- ☑ Problems with primary support group
- ☐ Problems related to social environment
- ☐ Educational problems
- ☐ Occupational problems
- ☐ Housing problems
- ☐ Economic problems
- ☐ Problems with access to health care services
- ☐ Problems related to interaction with legal system / crime
- ☐ Other:
- ☐ Problems with domestic violence
- ☐ Problems with sexual abuse / trauma
- ☐ Problems with physical abuse

I assess that there is reasonable expectation that the patient will make timely and significant practical improvement in the presenting acute symptoms as a result of the psychiatric inpatient hospitalization.

SIGNATURE/CREDENTIALS: [signature] **Date:** 02/04/18 **Time:** 1:40pm

PRINTED NAME: Kalra

REED, EMILY
[redacted]
02/03/2018 021

UBH
UNIVERSITY BEHAVIORAL HEALTH
Denton

Medical History and Physical

Chief Complaints:
"I need help with my anxiety, depression, + PTSD"

History of present illness: pt is seen today for facility rules to be seen by Intern [illegible].
pt is a 21yo female admitted for exacted treatment for severe childhood depression, PTSD + anxiety. Pt reported she had a pending court case from a lawyer in March of this year. Pt reported lawyer decided to take a plea deal instead of going to trail.

Past History: NO medical problems

Surgical history: ☐ tonsillectomy ☐ appendectomy ☐ cholecystectomy ☐ hysterectomy ☐ CABG

Other: Ø past surgeries

Medications: ☐ None lamotrigine 100 BID, Desvenlafaxine 50m daily

Allergies: ☐ NKDA Haldol

Social history: ☐ Tobacco use ☐ Illicit drugs ☐ Alcohol use

Marital status: ☑ single ☐ married ☐ divorced ☐ separated History of STD: Ø

Living situation: ☐ alone ☐ homeless ☑ family ☐ other:

Family history: ☑ Non-contributory ☑ Reviewed Nurses' Notes

Comments:

Review of Systems:

General: ☑ No complaints ☐ Fever ☐ Weakness/fatigue ☐ Excessive somnolence ☐ Insomnia ☐ Irritable ☐ Heat intolerance ☐ Cold intolerance Comments:

Weight changes: ☑ Stable ☐ Weight loss ☐ Weight gain

Comments:

Skin: ☑ No complaints ☐ Rash ☐ Tattoos ☐ Pruritus ☐ Lesions

Comments:

HEENT: ☑ No complaints ☐ Headaches ☐ Vision blurring ☐ Sore throat ☐ Hearing loss ☐ Tinnitus ☐ Sneezing ☐ Congestion

Comments:

Neck: ☑ No complaints ☐ Pain ☐ Mass

Comments:

Cardiac: ☑ No complaints ☐ Chest pain ☐ Palpitations ☐ Pedal edema ☐ Orthopnea ☐ Syncope ☐ Dyspnea on exertion

Comments:

Respiratory: ☑ No complaints ☐ Cough ☐ Wheezing ☐ Hemoptysis ☐ Shortness of breath

Comments:

REED, EMILY
[redacted]
02/03/2018 021

GI: ☐ No complaints ☐ Abdominal pain ☑ Nausea/vomiting ☐ Diarrhea ☐ Constipation ☐ Melena ☐ Hematochezia

Comments: _____

GU: ☑ No complaints ☐ Dysuria ☐ Frequency ☐ Urgency ☐ Hematuria ☐ Penile discharge ☐ Incontinence

Comments: _____

Gynecology: ☑ No complaints ☐ Vaginal discharge ☐ Abnormal vaginal bleeding ☐ Vaginal lesions

Comments: _____

Neurosensory: ☑ No complaints ☐ Seizures ☐ Neuropathy ☐ Radiculopathy ☐ Weakness

Comments: _____

Musculoskeletal: ☑ No complaints ☐ Arthralgia ☐ Myalgia ☐ Joint swelling ☐ Muscle atrophy

Comments: _____

Physical Exam:

Vitals: BP: 113/66 Pulse: 125 Resp. rate: 18 Temp: 97.9 Weight: 115 Height: 5'5"

96/RA

General: ☑ Alert ☑ No acute distress ☑ Cooperative ☐ Uncooperative ☐ Confused ☐ Anxious ☐ Lethargic ☐ Obtunded

☐ Abnormal findings: _____

Skin: ☑ Normal: Skin is warm and dry. No rashes or lesions noted.

☐ Abnormal findings: _____

HEENT: ☑ Normal: Normocephalic, atraumatic. EOM intact. Anicteric sclera.. Nares clear. Oropharynx is clear. No erythema or exudates noted. No acute dental problems noted. Oral mucosa is moist.

☐ Abnormal findings: _____

Neck: ☑ Normal: Supple. No lymphadenopathy, thyromegaly, or masses.

☐ Abnormal findings: _____

Heart: ☑ Normal: Regular rate and rhythm. No murmur, gallop, or rub noted. No S3 or S4 heard.

☐ Abnormal findings: _____

Lungs/Chest: ☑ Normal: Clear to auscultation bilaterally. No wheezing or crackles heard. No deformity or tenderness noted.

☐ Abnormal findings: _____

Abdomen: ☑ Normal: Soft, normoactive bowel sounds, nondistended, nontender. No guarding or rebound. No organomegaly.

☐ Abnormal findings: _____

Extremities: ☑ Normal: No clubbing, cyanosis, or edema. Pulses are present and equal bilaterally.

☐ Abnormal findings: _____

Back: ☑ Normal: No scoliosis, kyphosis, or abnormal lordosis. No CVA tenderness.

☐ Abnormal findings: _____

Genital/Rectal: ☑ Not indicated due to absence of symptoms per patient

☐ Patient refused.

☐ Examination conducted:

☐ Normal Comments: _____

☐ Abnormal findings: _____

☐ Pt will have PCP follow-up

REED, EMILY [redacted]

Neurological Examination: see notes, indicate testing method, and explain any abnormal findings.

CRANIAL NERVES

I-Olfactory	Assessment not indicated
II – Optic ☑ normal ☐ abnormal	Distinguishes number of fingers in central field. Distinguishes movements in peripheral field. Other:
III Ocular-Motor IV Trochlear VI Abducens ☑ normal ☐ abnormal	Gazes symmetrically up, down, sideways. No diplopia. No disconjugate gaze. Other: _____
V Trigeminal ☑ normal ☐ abnormal	Distinguishes 1 from 2 point touch symmetrically on forehead, cheek and chin. Chews symmetrically. Opens mouth symmetrically. Clenched teeth – force of contraction and bulk. Other: _____
VII Facial ☑ normal ☐ abnormal	Upper: Frowns symmetrically. Lower: Smiles symmetrically. Both eyelids close on touching of cornea. Other: _____
VIII Auditory ☑ normal ☐ abnormal	Hears fingers rubbing or snapping equally in both ears. Hears watch ticking. Hears whispered voice. Other: _____
IX Glosso-Pharyngeal X Vagus ☑ normal ☐ abnormal	Has gag reflex. Says "ah" and uvula elevates symmetrically. Can make guttural sounds. Other: _____
XI Accessory ☑ normal ☐ abnormal	Shrugs shoulders symmetrically. Other: _____
XII Hypoglossal ☑ normal ☐ abnormal	Can stick tongue out straight without tremors or fasciculation. Other: _____

MOTOR FUNCTIONS

☑ normal ☐ abnormal	Gait and station are normal. Other: _____
☑ normal ☐ abnormal	Romberg test is negative. Other: _____
☑ normal ☐ abnormal	Muscle tone is normal. No abnormal movements. Other: _____
☑ normal ☐ abnormal	There is no limb weakness, atrophy or fasciculation seen. Other: _____

SENSORY:

☑ normal ☐ abnormal	Sensory examination to pinprick and vibration is normal. Other: _____

CXR: NA

EKG: NA

Summary and Impression:

Pt very cooperative. Pt c/o nausea w/o vomiting today after taking meds w/o food. Pt WNL follow labs
204.6 → pt is seen & evaluated & H&P performed today

Potential problems needing further assessment:

1. SI
2. MDD
3. PTSD
4. Anxiety
5. Nausea
6. DID

Plan of Care:

1. follow psyche
2. as above
3. as above
4. as above
5. [illegible]
6. follow psyche

Patient is ☑ Cleared ☐ Not Cleared to conduct physical activities while a patient at UBH of Denton.

If not cleared for physical activity, rationale: ____________________

Please provide alternative to physical activity when participation is restricted:

____

____

Patient is ☑ Cleared ☐ Not Cleared to conduct **high impact** physical activities while a patient at UBH of Denton.

If not cleared for high impact physical activity, rationale: ____________________

[signature]
Physician Signature

2/4/18 0815
Date/Time

Hilary Yaynise MD
Printed Physician Name

REED, EMILY
[redacted]
02/03/2018 021

RDW - CV	12.3	11.5 - 15.0 %
RDW - SD	40.7	37.0 - 51.0 fL
MPV	9.8	9.2 - 12.6 fL
nRBC, percent	0.0	%
nRBC, absolute	0.00	0.00 - 0.00 k/uL

COMPREHENSIVE METABOLIC PANEL
Collection Time: 02/15/18 8:55 PM

Result	Value	Ref Range
Glucose	90	65 - 100 mg/dL
BUN	7	7 - 18 mg/dL
Creatinine	0.71	0.55 - 1.11 mg/dL
Race	White	
eGFR	>60	>=60 mL/min/1.73 m2
BUN/Creat Ratio	9.9 (L)	10.0 - 20.0
Sodium	140	135 - 145 mmol/L
Potassium	4.1	3.5 - 5.0 mmol/L
Chloride	110	98 - 110 mmol/L
CO2	21	21 - 29 mmol/L
AGap	9	4 - 12
Total Protein	6.6	6.0 - 8.3 g/dL
Albumin	3.7	3.3 - 5.0 g/dL
Globulins	2.9	2.3 - 3.5 g/dL
A/G Ratio	1.3	1.1 - 1.8 g/dL
Calcium	9.0	8.4 - 10.2 mg/dL
Alk Phos	60	42 - 98 U/L
Bilirubin, Total	1.3 (H)	0.2 - 1.2 mg/dL
AST (SGOT)	28	<=30 U/L
ALT (SGPT)	20	1 - 34 U/L
Osmolality calc	288	278 - 301 mOsm/Kg

PREGNANCY TEST, SERUM
Collection Time: 02/15/18 8:55 PM

Result	Value	Ref Range
Pregnancy Test, serum	Negative	Negative

CREATINE KINASE
Collection Time: 02/15/18 8:55 PM

Result	Value	Ref Range
CK	128	20 - 168 U/L

AUTOMATED DIFFERENTIAL
Collection Time: 02/15/18 8:55 PM

Result	Value	Ref Range
Neut %	64.2	%
Imm Grans %	0.2	%
Lymph %	25.0	%
Mono %	9.8	%
Eos %	0.3	%
Baso %	0.5	%
Neut abs	4.01	1.50 - 7.00 k/uL
Imm Grans abs	0.01	k/uL
Lymph abs	1.56	0.85 - 3.20 k/uL
Mono abs	0.61	0.20 - 0.80 k/uL
Eos abs	0.02	0.00 - 0.50 k/uL
Baso abs	0.03	0.00 - 0.10 k/uL
Differential Type	Auto	

URINE DRUG SCREEN
Collection Time: 02/15/18 11:29 PM

Result	Value	Ref Range
Amphetamines, urine	Negative	Negative
Barbiturates, urine	Negative	Negative
Benzodiazepines, urine	Positive (*)	Negative
Cocaine Metabolites, urine	Negative	Negative
Opiates, urine	Negative	Negative

Phencyclidine, urine	Negative	Negative
Cannabinoids, urine	Negative	Negative
Note, Urine Drug Screen	See Note	

URINALYSIS COMPLETE

Collection Time: 02/15/18 11:29 PM

Result	Value	Ref Range
Collect Method	CLEAN CATCH	
Reflex Ur Culture requested	No	
Color	Amber	
Clarity	Cloudy	Clear
Specific Gravity	1.025	1.003 - 1.035
pH	6.0	5.0 - 7.0
Protein QL	30 (*)	Negative mg/dL
Glucose QL	Negative	Negative mg/dL
Ketones	Trace	Negative mg/dL
Bilirubin	Negative	Negative mg/dL
Blood	Negative	Negative
Nitrite	Negative	Negative
Urobilinogen	4.0 (*)	0.1 - 1.0 mg/dL
Leukocyte Esterase	Negative	Negative
RBC	11 (H)	0 - 3 /HPF
WBC	2	0 - 5 /HPF
Bacteria	Many (*)	Not Detected
Squamous Epithelial Cells	1	<=10 /HPF
Mucus	Many (*)	
Hyaline Casts	3 (H)	<=0 /LPF
Amorphous Crystals	Rare (*)	
Comment	See note	
Ascorbic Acid, urine	40 (*)	Negative

Lab Results

Procedure	Component	Value	Ref Range	Date/Time
GLUCOSE, BEDSIDE [761534163]				Collected: 02/15/18 2053
Specimen: Blood				Updated: 02/15/18 2055
	Glucose, Bedside	92	65 - 100 mg/dL	

Radiology:

Imaging Results

CT Head, WO IV Contrast (CT HEAD WO CON) (Final result) Result time 02/15/18 21:49:23

Final result

Impression:

IMPRESSION:

1. Normal head CT

Electronically Signed by: David Kilgore, M.D. on 2/15/2018 9:49 PM

##########

Narrative:

EXAM: CT OF THE BRAIN WITHOUT CONTRAST REED, EMILY [redacted]

02/03/2018 021

LabCorp **Patient Report**

Specimen ID: 036-298-0071-0
Control ID: B0071186642

REED, EMILY
[redacted]

Acct #: 42115070 Phone: (940) 320-8100 Rte: 00
UBH Denton
Psych Hospital
2026 W. University Drive
Denton TX 76201

Patient Details
DOB: [redacted]
Age(y/m/d): 021/02/20
Gender: F SSN:
Patient ID:

Specimen Details
Date collected: 02/05/2018 0828 Local
Date received: 02/05/2018
Date entered: 02/05/2018
Date reported: 02/06/2018 0830 ET

Physician Details
Ordering: S ROSKOS
Referring:
ID:
NPI: 1932117124

General Comments & Additional Information
Alternate Control Number: B0071186642
Total Volume: Not Provided
Alternate Patient ID: Not Provided
Fasting: Yes

Ordered Items
CBC With Differential/Platelet; CMP12+8AC; Lipid Panel; Hepatic Function Panel (6); Hemoglobin A1c; TSH; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	5.4		x10E3/uL	3.4 - 10.8	01
RBC	4.85		x10E6/uL	3.77 - 5.28	01
Hemoglobin	14.9		g/dL	11.1 - 15.9	01
Hematocrit	43.3		%	34.0 - 46.6	01
MCV	89		fL	79 - 97	01
MCH	30.7		pg	26.6 - 33.0	01
MCHC	34.4		g/dL	31.5 - 35.7	01
RDW	12.9		%	12.3 - 15.4	01
Platelets	336		x10E3/uL	150 - 379	01
Neutrophils	38		%	Not Estab.	01
Lymphs	49		%	Not Estab.	01
Monocytes	12		%	Not Estab.	01
Eos	1		%	Not Estab.	01
Basos	0		%	Not Estab.	01
Neutrophils (Absolute)	2.0		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	2.6		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
CMP12+8AC					
Glucose, Serum	78		mg/dL	65 - 99	01
Uric Acid, Serum	2.8		mg/dL	2.5 - 7.1	01
Please Note:					01
	Therapeutic target for gout patients: <6.0				
BUN	6		mg/dL	6 - 20	01
Creatinine, Serum	0.68		mg/dL	0.57 - 1.00	01

REED, EMILY [redacted] gs 00
02/03/2018 021

LabCorp

Patient Report

Patient: REED, EMILY
DOB [redacted] Patient ID: Control ID: B0071186642
Specimen ID: 036-298-0071-0
Date collected: 02/05/2018 0828 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
eGFR If NonAfricn Am	125		mL/min/1.73	>59	
eGFR If Africn Am	145		mL/min/1.73	>59	
BUN/Creatinine Ratio	9			9 - 23	
Sodium, Serum	139		mmol/L	134 - 144	01
Potassium, Serum	4.0		mmol/L	3.5 - 5.2	01
Chloride, Serum	99		mmol/L	96 - 106	01
Osmolality (Calc)	284		mOsmol/kg	275 - 295	
Calcium, Serum	9.8		mg/dL	8.7 - 10.2	01
Phosphorus, Serum	4.4		mg/dL	2.5 - 4.5	01
Protein, Total, Serum	7.3		g/dL	6.0 - 8.5	01
Albumin, Serum	4.9		g/dL	3.5 - 5.5	01
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	2.0			1.2 - 2.2	
Bilirubin, Total	1.2		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	75		IU/L	39 - 117	01
LDH	150		IU/L	119 - 226	01
AST (SGOT)	23		IU/L	0 - 40	01
ALT (SGPT)	21		IU/L	0 - 32	01
GGT	11		IU/L	0 - 60	01
Iron, Serum	110		ug/dL	27 - 159	01
Cholesterol, Total	169		mg/dL	100 - 199	01
Triglycerides	45		mg/dL	0 - 149	01
Lipid Panel					
HDL Cholesterol	64		mg/dL	>39	01
VLDL Cholesterol Cal	9		mg/dL	5 - 40	
LDL Cholesterol Calc	96		mg/dL	0 - 99	
Hepatic Function Panel (6)					
Bilirubin, Direct	0.29		mg/dL	0.00 - 0.40	01
Hemoglobin A1c					
Hemoglobin A1c	4.5	Low	%	4.8 - 5.6	01
Please Note:					01
Pre-diabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0					
TSH	1.720		uIU/mL	0.450 - 4.500	01

01 DA LabCorp Dallas
7777 Forest Lane Suite C350, Dallas, TX 75230-2544
Dir: CN Etufugh, MD

For Inquiries, the physician may contact Branch: 972-566-7500 Lab: 972-598-6000

REED, EMILY [redacted]
02/03/2018 021

2

UBH
UNIVERSITY BEHAVIORAL HEALTH
Denton

URINE SCREENING TEST RESULTS

Pregnancy Screening	Drug Screening	K2 Screening
Date: 2/4/18 Time: 0249	Date: 2/4/18 Time: 0245	Date: _____ Time: _____
Test Lot # WH02011 17	Test Lot #: DOA5 00317	Test Lot #: _____
Test Expiration date: 2019-01	Test Expiration date: 2019-04	Test Expiration Date: _____
Control line present: (Yes) No	Control line Present: (Yes) No	Control line Present: Yes No
RESULTS	**RESULTS**	**RESULTS**
✓ Negative	_____ Negative	_____ Negative
_____ Positive	✓ Positive	_____ Positive
	Identify substance(s) showing positive: PCP	
MHT/Nurse Completing Test:	MHT/Nurse Completing Test:	MHT/Nurse completing test:
(Signature)	(Signature)	(Signature)

Notified Nurse _____ Date: 2/4/18 Time: 0315
(Nurse signature)

All positive results MUST be reported to the physician. This is a screening test only.

Reviewed by Physician: _____ **(Physician signature) Date:** _____

REED, EMILY
[redacted]
02/03/2018 021

CC0523 01/2017

UBH
UNIVERSITY BEHAVIORAL HEALTH Denton

Discharge Summary/Discharge Risk Assessment

Reason for Admission :

☑ Risk to Self ☐ Risk to Others ☐ Substance Abuse ☐ Significant Decline to Overall Functioning

☐ Other : _____

Problems Identified in Treatment :

Depression with suicide ideation
self harming behavior
out of touch with reality
PTSD- Anxiety

Progress Toward Goals During Treatment :

Patient reported decreased level of depression current level @ at 2 verses a 9 @ intake. Pt kept contracted throughout her stay to engage in suicide behavior. The pt has made no suicidal attempts in the last 24-36 hours. Pt kept reports no suicide ideation, no homicidal ideation, no desire to self harm and no intent to hurt herself or others after discharge. Pt's current risk remains high- reporting on 8 on 2-27-18.

Risk of Suicide / Self Harm:

Current Risk To Self: ☑ Patient Denies ☐ Patient Reports ☐ Others Report, Who: _____

☐ Plan: no plan

☐ Access to Means: no weapons in the home

☐ If access to lethal means, How is it being handled? locked/no access/removed

no access to lethal means, the home is secured, mom to manage meds

☐ If yes, who was contacted to secure safety: _____

Date/Time: _____

☆ ☑ Prior Attempts (Detail): pillow case over face, pants around neck, jacket around neck in hosp.

☐ History of family/friends completing/attempting suicide: no

☑ History of self-mutilation: scratchings

Check one box for each Risk Factor. Clustering on the right side of the table could add to overall risk of suicide.

STATISTICAL RISK FACTORS

Gender	☑ Female		☐ Male	
Age	☐ 1 – 14 Years	☑ 15 – 24 Years	☐ 25 – 64 Years	☐ Over 65 Years
Marital Status	☐ Married / Partner	☑ Single	☐ Divorced or Separated	☐ Widowed
Ethnicity	☐ Non-White	☐ Native American	☑ White	
Illness or Functional Impairment	☐ None	☐ Acute Illness or Mild Impairment	☑ Chronic Illness or Moderate Impairment	☐ Chronic Illness or Severe Impairment

Check one box for each Risk Factor. The highest category with at least two checks indicates the patient's acute risk for suicide.

☆ Pt. has been hospitalized previously for @ least 5 failed suicide attempts

REED, EMILY
[redacted]
02/03/2018 021

ACUTE RISK FACTORS

RISK FACTOR	LOW RISK	MILD RISK	MODERATE RISK	HIGH RISK
Intent / Plan to Die	☑ No Intent	☐ Minimal Intent	☐ Moderate Intent	☐ Clear Intent
Lethality of Attempt or Plan	☑ None / Ideation Only (no current thoughts)	☐ Gesture	☐ Non-Lethal Plan	☐ Potentially Lethal Attempt
Prior Attempts	☐ None, Over 2 Years Ago	☐ 1-2 Years Ago	☐ 6-12 Months Ago	☑ <6 Months Ago or Multiple Episodes
Hopelessness	☑ Hopeful	☐ Some Hope	☑ Ambivalent	☐ Hopeless
Substance Use	☑ None	☐ Recreational	☐ Abuse	☐ Dependent
Current Stressor Severity	☐ None	☐ Mild	☑ Moderate	☐ Severe
Loss / Trauma in Last 6 months	☑ None	☐ Moderate	☐ Serious	☐ Multiple

Check one box for each Risk Factor. Clustering on the left side of the table could lessen overall risk.

PROTECTIVE FACTORS for Risk to Self

Treatment Desire	☐ Motivated For Tx	☑ Mild Ambivalence	☐ Strong Ambivalence	☐ Doesn't Want Tx
Reasons For Living morarch-dog reading victim impact statement	☐ Religion; Family; Career; Life Goals; Clearly Identifies Reasons For Living	☐ Family / Relational Problems; Dissatisfaction With Life; Trouble Identifying Reasons for Living	☐ Family / Friends Would Be Better Off w/o Me; Discouraged With Life; Minimal Reasons To Live	☐ Family / Friends No Longer Have Meaning; Lack of Commitment to Live; Can Identify No Reasons for Living

Risk of Danger to Others

Current Risk To Others: ☑ Patient Denies ☐ Patient Reports ☐ Others Report, Who: _____

- ☐ Plan / Intended Victim: no
- ☐ Access to Means: no
- ☐ Prior Episodes (Detail): no
- ☐ Possession/Access to gun: no
  - ☐ If access to gun. How is it being handled? locked/no access/removed: _____
  - ☐ If yes, who was contacted to secure safety: Secured home with Aleisha Draper, mother
    Date/Time: Feb 6, @ 3:30pm.
- ☐ If active risk to others; Law enforcement contacted on _____ (date&time),
  County Notified_____

Check one box for each Risk Factor. The highest category with at least two checks indicates the patient's acute risk for violence.

ACUTE RISK FACTORS

RISK FACTOR	LOW RISK	MILD RISK	MODERATE RISK	HIGH RISK
Intent / Plan to Harm Others	☑ No Intent	☐ Minimal Intent	☐ Moderate Intent	☐ Clear Intent
Lethality of Plan	☑ None / Ideation Only	☐ Gesture	☐ Non-Lethal Plan	☐ Potentially Lethal Plan
History of Violence To	☑ None, Over 2	☐ 1-2 Years Ago	☐ 6-12 Months Ago	☐ <6 Months Ago or

Others	Years Ago			Multiple Episodes
History of Destruction To Property	None Over 2 Years Ago	1-2 Years Ago	6-12 Months Ago	6 Months Ago or Multiple Episodes
Substance Use	None	Recreational	Abuse	Dependent
Current Stressor Severity	None	Mild	Moderate	Severe
Command Hallucinations &/o Delusions	None	Mild	Moderate	Severe

Check one box for each Risk Factor. Clustering on the left side of the table could lessen overall risk.

PROTECTIVE FACTORS for Risk to Others

Treatment Desire	Motivated For Tx	Mild Ambivalence	Strong Ambivalence	Doesn't Want Tx

Overall Assessment of Risk

Check the patient's overall risk level and initiate appropriate interventions/precautions.

Medically Compromised:	☑ Low Risk	☐ Mild Risk	☐ Moderate Risk	☐ High Risk
Reason:				
Suicide / Self-Harm:	☐ Low Risk	☑ Mild Risk	☑ Moderate Risk	☐ High Risk
Homicide / Assaultive:	☐ Low Risk	☐ Mild Risk	☐ Moderate Risk	☐ High Risk
Sexual Victimization:	☐ Low Risk	☑ Mild Risk	☐ Moderate Risk	☐ High Risk
Sexual Perpetrator:	☑ Low Risk	☐ Mild Risk	☐ Moderate Risk	☐ High Risk
Fall Risk:	☑ Low Risk	☐ Mild Risk	☐ Moderate Risk	☐ High Risk
☐ **History of Falls:** ____	☐ **Most Recent Fall:** ____			
Elopement Risk:	☐ Low Risk	☐ Mild Risk	☑ Moderate Risk	☐ High Risk
Detox:	☑ Low Risk	☐ Mild Risk	☐ Moderate Risk	☐ High Risk

Therapeutic Discharge Summary:

Ongoing Therapeutic Needs (include level of care and modalities recommended) :

Evaluation/assessment for continued care @ DeLamo

Pt. has not processed her feelings/emotions related to trauma. Pt. dissociated prior to individual sessions + groups - pt. fearful of processing.

☐ Yes ☐ No ☑ NA **Brief Alcohol Intervention Completed** ↳ no substance - pt. denies use.

Signature:

Printed Name	Signature	Date
Donna Earley, MA student intern	Donna Earley MA student intern	2-27-18
Leah Cook LPC	Leah Cook LPC	2-27-18
Printed Name	Signature	Date
Printed Name	Signature	Date

REED, EMILY
[redacted]
02/03/2018 021

REED, EMILY
[redacted]
02/03/2018 021

UBH
University Behavioral Health
Denton
2026 W. University Drive
940-320-8100
Denton, TX 76201

Patient Label

Doctor's Phone Number

FOR Emily Reed DOB [redacted] DATE 2/26/18

ADDRESS

℞ Pristiq 100g #30 ī daily
Lunesta 3g #30 ~~thirty~~ ī daily qhs
Lamictal 150g #60 ī bid
Ativan 0.5g #30 ~~thirty~~ ī bid prn

DEA NO. AR1178448

REFILL ________ M.D. ________ M.D.

PRODUCT SELECTION PERMITTED DISPENSE AS WRITTEN

☐ M. Alvi ☐ F. Rizvi ☐ G. Watts ☐ C. Ross
☐ B. Beckman ☐ M. Gautam ☒ S. Roskos

FilsRx.com 800-307-7717 RxPads.com

RX_2_TX_H

Order # 2248232-1

SCRIPT 39806

VERIFICATION BOX: HOLD BETWEEN THUMB AND FOREFINGER OR BREATHE ON IT. COLOR WILL DISAPPEAR, THEN REAPPEAR

... MICROPRINT LINES – IMPRINT ERASURE PROTECTION ... COIN REACTIVE INK

UBH
UNIVERSITY BEHAVIORAL HEALTH

Nursing Admission Assessment

DATE: 2/3/18 TIME: 2313

ADMISSION/ORIENTATION

INFORMANT: ☒ PATIENT ☐ FRIEND ☐ Guardian ☐ FAMILYMEMBERS/SIGNIFICANT OTHER: _____

☐ UNABLE TO OBTAIN (REASON): _____

STATUS: ☒ Voluntary ☐ Involuntary GENDER: ☒ Female ☐ Male

TRANSPORT: ☐ Ambulance ☒ Private Vehicle ☐ Police ☐ Other: flew from California

Temp	Pulse	Resp	B/P	Weight	Height	BMI	BMI%
97.5	121	18	108/65	115lb	5'3"	20.37	—

To calculate BMI for ages 19 and below go to: https://nccd.cdc.gov/dnpabmi/calculator.aspx
To calculate BMI for ages 20 and up go to: https://www.cdc.gov/healthyweight/assessing/bmi/adult_BMI/english_bmi_calculator/bmi_calculator.html

Allergies (drug, food, latex)	Reaction
Haldol	don't know

GENERAL APPEARANCE

Grooming: ☐ Neatly Groomed ☒ Casual ☐ Disheveled ☐ Age Appropriate
Hygiene: ☒ Clean ☐ Unkempt ☐ Offensive Odor ☐ Soiled Clothing

MEDICATIONS

SEE MEDICATION RECONCILIATION FORM
Disposition of Meds: ____ ☐ Sent Home ☒ Other: orders given

SECLUSION/RESTRAINT RISK

Do you have a pre-existing medical condition that would place you at greater risk for seclusion/restraint?
☒ No ☐ Yes If yes, Explain:
Do you have any disabilities/limitations that would place you at greater risk during seclusion/restraint?
☒ No ☐ Yes If yes, Explain:

Substance Abuse

History of substance abuse? ☐ Yes ☒ No
What? _____
Last used? _____
How long? _____

Any potential for withdrawal? ☐ Yes ☐ No
Any suicide attempts when using? ☐ Yes ☐ No
Previous treatment for substance abuse? ☐ Yes ☐ No
Any medical complications? _____

PREVIOUS HOSPITALIZATIONS AND SURGERIES

DATE	DESCRIPTION
last time October	several times

CC0505
01/2018

Patient Label

REED, EMILY [redacted]

02/03/2018 021

Body Mass Index (BMI) Chart for Adults

Obese (>30) | Overweight (25-30) | Normal (18.5-25) | Underweight (<18.5)

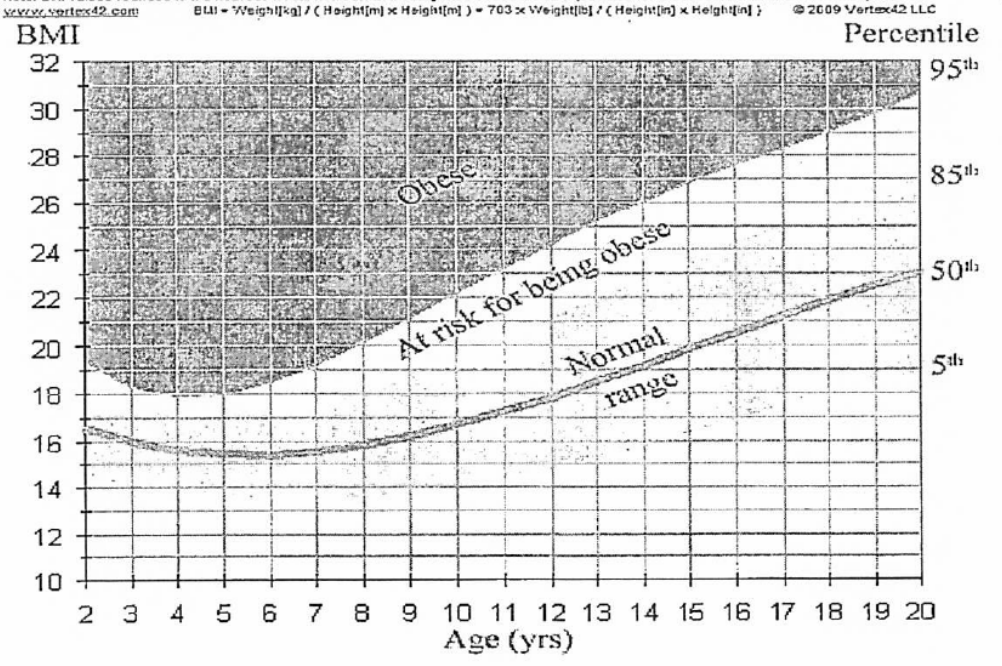
HEIGHT in feet/inches and centimeters

WEIGHT		4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"
lbs	(kg)	142cm		147	150	152	155	157	160	163	165	168	170	173	175	178	180	183	185	188	191	193	196
260	(117.9)	58	56	54	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	32	31
255	(115.7)	57	55	53	51	50	48	47	45	44	42	41	40	39	38	37	36	35	34	33	32	31	30
250	(113.4)	56	54	52	50	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	30
245	(111.1)	55	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	31	31	30	29
240	(108.9)	54	52	50	48	47	45	44	43	41	40	39	38	36	35	34	33	33	32	31	30	29	28
235	(106.6)	53	51	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	29	29	28
230	(104.3)	52	50	48	46	45	43	42	41	39	38	37	36	35	34	33	32	31	30	30	29	28	27
225	(102.1)	50	49	47	45	44	43	41	40	39	37	36	35	34	33	32	31	31	30	29	28	27	27
220	(99.8)	49	48	46	44	43	42	40	39	38	37	36	34	33	32	32	31	30	29	28	27	27	26
215	(97.5)	48	47	45	43	42	41	39	38	37	36	35	34	33	32	31	30	29	28	28	27	26	25
210	(95.3)	47	45	44	42	41	40	38	37	36	35	34	33	32	31	30	29	28	28	27	26	26	25
205	(93.0)	46	44	43	41	40	39	37	36	35	34	33	32	31	30	29	29	28	27	26	26	25	24
200	(90.7)	45	43	42	40	39	38	37	35	34	33	32	31	30	30	29	28	27	26	26	25	24	24
195	(88.5)	44	42	41	39	38	37	36	35	33	32	31	31	30	29	28	27	26	26	25	24	24	23
190	(86.2)	43	41	40	38	37	36	35	34	33	32	31	30	29	28	27	26	26	25	24	24	23	23
185	(83.9)	41	40	39	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	22
180	(81.6)	40	39	38	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21
175	(79.4)	39	38	37	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21
170	(77.1)	38	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20
165	(74.8)	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	20
160	(72.6)	36	35	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	19	19
155	(70.3)	35	34	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19	19	18
150	(68.0)	34	32	31	30	29	28	27	27	26	25	24	23	23	22	22	21	20	20	19	19	18	18
145	(65.8)	33	31	30	29	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18	17
140	(63.5)	31	30	29	28	27	26	26	25	24	23	23	22	21	21	20	20	19	18	18	17	17	17
135	(61.2)	30	29	28	27	26	26	25	24	23	22	22	21	21	20	19	19	18	18	17	17	16	16
130	(59.0)	29	28	27	26	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16	16	15
125	(56.7)	28	27	26	25	24	24	23	22	21	21	20	20	19	18	18	17	17	16	16	16	15	15
120	(54.4)	27	26	25	24	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14
115	(52.2)	26	25	24	23	22	22	21	20	20	19	19	18	17	17	16	16	16	15	15	14	14	14
110	(49.9)	25	24	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14	14	13	13
105	(47.6)	24	23	22	21	21	20	19	19	18	17	17	16	15	16	15	15	14	14	13	13	13	12
100	(45.4)	22	22	21	20	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	12	12	12
95	(43.1)	21	21	20	19	19	18	17	17	16	16	15	15	14	14	14	13	13	13	12	12	12	11
90	(40.8)	20	19	19	18	18	17	16	16	15	15	15	14	14	13	13	13	12	12	12	11	11	11
85	(38.6)	19	18	18	17	17	16	16	15	15	14	14	13	13	13	12	12	12	11	11	11	10	10
80	(36.3)	18	17	17	16	16	15	15	14	14	13	13	13	12	12	11	11	11	11	10	10	10	9

Note: BMI values rounded to the nearest whole number. BMI categories based on CDC (Centers for Disease Control and Prevention) criteria.

www.vertex42.com BMI = Weight[kg] / (Height[m] x Height[m]) = 703 x Weight[lb] / (Height[in] x Height[in])

20



CC0505
01/2018

Pati
REED [redacted]

02/03/2018 [redacted] F I ITL
021

HEALTH HISTORY –CHRONIC CONDITIONS

☑ None

	Asthma		Headache		Ulcer
	Anemia		Heart Disease		UTI
	Cancer		Hepatitis		Pacemaker
	Chemotherapy		Hypertension		Defibrillator
	COPD/Emphysema		Psychiatric Treatment		HIV
	Stroke		Renal Disease		Dialysis
	Diabetes		Seizures		
	Epilepsy		TB		

Have you had a pneumonia vaccine? ☐ Yes - If yes, when?_____ ☒ No

Have you had a flu vaccine? ☑ Yes - If yes, when? December 2017 ☐ No **(If No, Go to Flu Vaccine Consent form)**

VISION/HEARING

Vision Impaired? ☐ Yes ☑ No

Hearing Impaired? ☐ Yes ☑ No

Other communication devices:

☐ **NEUROLOGICAL** ☐ Paralysis ☐ Weakness ☐ Hx stroke (CVA) or TIA ☐ Seizure Disorder ☐ Loss of Consciousness ☐ Dizziness ☐ Migraine Headache ☐ Disoriented

☑ ***Denies/No Difficulty***

COMMENTS: _____

EENT ☐ Sight Impaired ☐ Visual Aids ☐ Hearing Impaired ☐ Hearing Aids ☐ Cataracts ☐ Ear Infections ☐ Ringing in Ears ☐ Nosebleeds ☐ Sore Throat ☐ Strep Throat ☐ Chronic Sinus Problem

☑ ***Denies/No Difficulty***

MUSCULOSKELETAL (if indicated, check color/temperature/size/sensation/pulses/etc)

☐ Tremor ☐ Hx of Back Injury ☐ Fractures ☐ Arthritis ☐ Fibromyalgia

☑ ***Denies/ No Difficulty***

COMMENTS: _____

SKIN

☐ Intact ☐ Pale ☐ Jaundiced ☐ Mottled ☐ Cyanotic ☐ Flushed

☐ Laceration ☐ Bruising ☐ Rash ☐ Decubitis – **Describe All On Skin Assessment**

☐ Cutting/Self-Inflicted Wounds – **Describe On Skin Assessment**

☐ Symptoms of Head Lice

☑ ***Denies/No Difficulty***

COMMENTS: _____

ENDOCRINE ☐ Liver disease ☐ Hormone Replacement ☐ Thyroid Medication ☐ IDDM ☐ NIDDM

☑ ***Denies/No Difficulty***

COMMENTS: _____

GASTROINTESTINAL
☐ Pain/Distress ☐ Bleeding ☐ Nausea/Vomiting ☐ Laxatives ☐ Constipation
☐ Diarrhea ☐ Bowel Elimination Pattern:_____
☑ ***Denies/No Difficulty***
COMMENTS: _____

RESPIRATORY ☐ Emphysema ☐ Cough ☐ Chronic Cough ☐Asthma ☐ Bronchitis
☐Positive PPD ☐ Pneumonia ☐ Lung Disease ☐ Shortness of Breath
☐ History of Tuberculosis ☐ Exposure to person with TB ☐ Current Smoker ☐History of Smoking
☑ ***Denies/ No Difficulty***
COMMENTS: _____

Tobacco Cessation

Is patient interested in Tobacco Cessation Medication?

☐ *Yes** ☐ *No, Patient refused FDA approved tobacco cessation medication*
☒ *N/A, Patient does not use tobacco products*

If yes, ask Admitting physician for a prescription for one of the following tobacco cessation medications:

*Nicotine Replacement Gum 1 piece, 2 mg, PO q 1 hour PRN Nicotine Cravings NTE16mg/24 Hours.
Must turn in Gum when requesting new piece
**Nicotine Replacement Patch, 21 mg, 1 patch transdermally q 24 Hours PRN Nicotine Cravings
Not to Smoke Cigarettes or use Nicotine Replacement Gum while on the Nicotine Replacement Patch
****Patch must be dated, timed, and initialed when applied and removed and disposed of at end of 24 Hours by the nurse**

CARDIOVASCULAR ☐ Edema ☐ Unexplained Weight Gain ☐ Low BP ☐ Chest Pains
☐ Hypertension ☐ Hx of Heart Attack ☐ Stroke ☐ Heart Disease ☐ Pacemaker
☐ Defibrillator ☐ Congestive Heart Failure
☒ ***Denies/No Difficulty***
COMMENTS: _____

wouldn't answer so i'm corner stoked crying

SUICIDE RISK

Suicidal thoughts recently?	☐ Yes	☐ No		
Suicidal thoughts now?	☐ Yes	☐ No		
Current Suicide Plan?	☐ Yes	☐ No	What: _____	
Previous attempts? #_____	☐ Yes	☐ No	When:_____ How: _____	Lethality: ☐ High ☐ Low
Age of first attempt? _____			When:_____ How: _____	Lethality: ☐ High ☐ Low

Describe any physical damage from most severe attempt: _____
Did patient warn anyone prior to last attempt: ☐ Yes ☐ No Who: _____

RISK FACTORS

Risk Factors:
☐ Hopelessness ☐ Substance abuse ☐ Access to fire arms
☐ Separated – Divorced – Widowed last 3 years ☐ Major recent loss
☐ History of impulsive behaviors ☐ History of suicide in family/close friend
☐ Negative view of prior psychiatric help ☐ History of severe sexual/physical abuse

Protective Factors:
What do you feel you have to live for now? _____
What do you have to change in order to feel that you want to live? _____

CC0505
01/2018

Pat REED, EMI[redacted]
021 1 ITL

NUTRITION SCREEN ☐ No difficulty ☑ Special Diet (D) ☐ Loss of Appetite (D)

Number of Meals per Day:	% of Meals Consumed:

Unintentional Weight Loss or Gain > 10 lbs. in 1 month prior to admission (D):

GAIN _____ **LOSS** _____ **NUMBER OF POUNDS** _____

EXPLAIN _____

☐ Low Body Weight (D) ☐ Active Anorexia (D) ☐ Vomiting: self-induced or other (D)

☐ Difficulty Chewing (D) ☐ Difficulty Swallowing (D)

Diagnosed with Diabetes Mellitus in past year or uncontrolled blood sugars within the past 30 days:
_____Yes (D) ✓ No

Have you been Diagnosed with Hypoglycemia? ✓ No _____Yes (D)

Are you allergic to any types of food or have any type of food intolerances?
NO

Have you had a Gastric Bypass or other weight loss surgery? ✓ No _____Yes (D)

Religious/Cultural/Dietary Preferences: SPECIFY Vegitarian

Any "Yes" answers to questions with (D) after them Requires Dietary Consult

would've answered

SEXUAL HISTORY				
Sexual Orientation: (If sexually active)	Heterosexual	Bi-Sexual	Homosexual	
Sexual History:	Age of 1st sexual experience? _____ How many partners? _____ Do you use protection? Yes No If yes, What type? _____ How often? Frequently Seldom Never Have you ever had a STD? Yes No If Yes, were you treated?			
Females Only	# Pregnancies? _____ Miscarriages_____ Abortions			

SUPPORT SERVICES NEEDS IDENTIFIED FROM ASSESSMENT		
Support Services Needed (Dietary, Sign Language, Interpreter)	**Date/Time Called**	**Name of Person Calling Support Service**

CC0505
01/2018

REED, EMILY
[redacted]
02/03/2018 021

Nursing Admission Assessment

Wilson-Sims Falls Risk Assessment ©Oaklawn Hospital		
	Score	
Age:	0	0 = 18-59
		1 = 60-70
		2 = 71>
Mental Status:	0	0 = Oriented and Cooperative
		1 = Oriented and Uncooperative
		2 = Confused, Memory Loss, Forgets Limitations, Intoxicated
Physical Status:	0	0 = Healthy
		1 = Generalized Muscle Weakness
		2 = Dizzy, Vertigo, Syncope, Orthostatic Hypotension
		3 = Cachexia and Wasting
Elimination:	0	0 = Independent and Continent
		1 = Catheter, Ostomy
		2 = Elimination with Assistance, Diarrhea or Incontinence
		3 = Independent and Incontinent, Urgency, or Frequency
Impairments:	0	0 = None
		1 = Uncorrected Visual, Hearing, Language, Speech
		2 = Limb Amputation
		3 = Neurological Paralysis, Paresthesia
Gait or Balance:	0	0 = Able to Walk/Stand Unassisted of Fully Ambulatory
		1 = Physically Unable to Walk/Stand (but may attempt)
		2 = Walks with Cane
		3 = Unsteady Walking, Standing, Walker, Crutches, Furniture
History of Falls in Past 6 Months:	0	0 = No History
		1 = Near Falls or Fear of Falling
		2 = Has Fallen 1-2 Times
		3 = Multiple Falls, More than 2 Times
Medications		
Mood Stabilizer Medications:		0 = Not Taking Prior to Admission
		1 = Taking Prior to Admission
		2 = Newly Ordered
Benzodiazepines:		0 = Not Taking Prior to Admission
		1 = Taking Prior to Admission
		2 = Newly Ordered
Narcotics:		0 = Not Taking Prior to Admission
		1 = Taking Prior to Admission
		2 = Newly Ordered
Sedatives/Hypnotics:		0 = Not Taking Prior to Admission
		1 = Taking Prior to Admission
		2 = Newly Ordered
Atypical Anti-Psychotics		0 = Not Taking Prior to Admission
		1 = Taking Prior to Admission
		2 = Newly Ordered
Detox Protocol		
7 Points if on Detox Protocol		0 = Not on Detox Protocol
		7 = On Detox Protocol
Falls Risk Total Score:		
Fall Risk Level:		Score 0-6 = Low Risk
		Score 7 or Above = High Risk
Fall Risk? (RN clinical judgment)	NO	Yes
		No
Fall Risk Comments:		

CC0505
01/2018

REED, EMILY
[redacted]
02/03/2018 021

CHECK THE APPROPRIATE FALL PRECAUTIONS / INTERVENTIONS TO BE TAKEN.

- ☐ Check blood pressure for orthostatic hypotension
- ☐ Assist patient with ambulation
- ☐ Consult with physician for a functional assessment
- ☐ Continue to assess for any contributing factors when a patient displays a change in status, e.g., after UTI, blood sugar variation, etc.
- ☐ Provide patient education on fall risks
- ☐ Place on Falls Precautions (call physician for order)
- ☐ Equipment/Other Needs Identified to be Implemented
  - ☐ Walker
  - ☐ Cane
  - ☐ Wheelchair
  - ☐ Patient Room to be Close to Nurse's Station
  - ☐ Place Fall sign on patient's door
  - ☐ Use gait belt when patient is ambulating
  - ☐ Skid Proof Footwear

COMMENTS: _____

PAIN ASSESSMENT

Are you presently experiencing any pain? ☐ Yes ☑ No **Chronic:** ☐ Yes ☐ No **Acute:** ☐ Yes ☐ No

Location: _____ Duration: _____ Cause: _____

Characteristics: ☐ Sharp ☐ Dull ☐ Stabbing ☐ Throbbing ☐ Burning ☐ Shooting ☐ Other: _____

What time of the day is your pain most noticeable? ☐ Morning ☐ Afternoon ☐ Evening

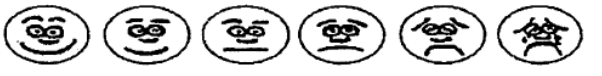
Rate pain on one of the following scales:

0-10 Numerical Scale

0 1 2 3 4 5 6 7 8 9 10

No Pain — Worst Pain

Wong and Baker Descriptive Scale



0 1 2 3 4 5 6 7 8 9 10

No Pain — Worst Pain

When you experience chronic pain:

How do you show pain?_____ What helps alleviate your pain?_____

What aggravates your pain?_____ Is your pain satisfactorily controlled now? _____

How has your pain impacted your daily life? _____

What accompanying symptoms do you experience? (nausea, vomiting, guarding) _____

UBH UNIVERSITY BEHAVIORAL HEALTH

Nursing Admission Assessment

EXPECTATIONS OF TREATMENT

Patient's expectations of treatment: _____

Family's expectations of treatment: _____

Do you want to directly participate in your treatment planning process? ☑ Yes ☐ No

Do you want someone else involved in your treatment planning process? ☑ Yes ☐ No

Who? mother

How do you want individual to participate? _____

NURSING DIAGNOSES (Identify & Prioritize) and START TREATMENT PLAN

☐ ADHD ☑ Anxiety ☐ Asthma ☐ COPD ☐ Cognitive Impairment ☐ Constipation

☐ Diarrhea ☐ DVT ☑ Depressive Symptoms ☐ Diabetes Uncontrolled ☐ Headaches

☐ Fall Potential ☐ Impaired Skin Integrity ☐ Infection ☐ Cardiovascular Alteration

☐ Hearing Impaired ☐ Language Barrier ☐ Medication Noncompliance ☐ OCD

☐ Pain ☐ Psychotic Symptoms: Delusional Thoughts ☑ Psychotic Symptoms: Hallucinations

☐ Risk for Self –Mutilation ☐ Seizure Disorder ☐ Potential for Withdrawal ☐ Severe Mania

☑ Suicide Thoughts/Plan/Attempt ☐ Violence Risk ☐ Other: _____

PSYCHIATRIC PROBLEMS / NEEDS (in order of priority)	MEDICAL PROBLEMS / NEEDS (in order of priority)
SI	none.
hallucinations	
depression	
anxiety	

NURSING SUMMARY / ADMISSION NOTE

Patient sat in a corner and cried, she wouldn't answer any questions about SI, or sexual history. Patient is very attached to her watch and had a panic attack when it was taken away. Patient has been abused by a family friend for the last 10 years there is a Court hearing pending now. Patient has had multiple attempts at suicide in hospitals.

RN Completing Assessment Robin Wendt, RN Date/Time 2/3/18 2313

CC0505
01/2018

REED [redacted]

02/03/2018 021 I ITL

UBH [redacted]

Nursing Admission Assessment

EXPLAIN TO PATIENT YOU WILL NOW BE PERFORMING A SKIN ASSESSMENT

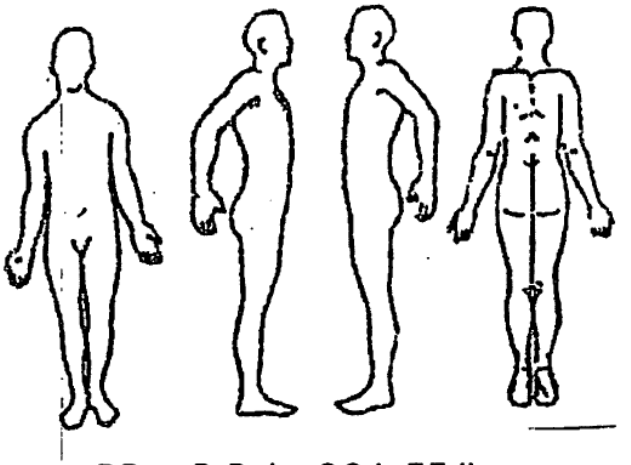
- **PLACE PATIENT IN A HOSPITAL GOWN.**
- **REMOVE BELTS AND SHOELACES AND OTHER STRINGS**
- **Search for contraband**

Kelsey Wandt, RN / Adrian AH LPC

STAFF MEMBERS PRESENT

BODY IDENTIFICATION MARKS

Skin Abnormalities: ☐ NONE



B-Burn Br-Bruise C-Cut T-Tattoo

☑ Hair and Scalp checked for lice
- ☑ Absence of symptoms
- ☐ Symptoms present
- ☐ Not applicable

Skin Color: WNL
- ☐ Pale ☐ Jaundiced ☐ Cyanotic
- ☐ Other: _____

Any breaks in skin integrity or bruises are documented in detail (size, color, s/s infection, etc.):

Bruises on (L) wrist
has belly button ring we couldn't remove

PATIENT HAND HYGIENE EDUCATION:

☐YES ☐NO A member of the nursing staff demonstrated and provided education information on Hand Hygiene to the patient (PLEASE GIVE THE EDUCATIONAL SHEET TO THE PATIENT).

Patient Orientated to (check all that apply):

☐ Room ☐ Unit ☐ Program ☐ Visiting Hours ☐ Phone ☐ Staff ☐ Smoking Policy

☐ Patient Rights Explained ☐ Patient Rights Given ☐ Patient understands how to file a grievance

The following items have been verified and are in patient's room and room is clean/free of contraband:

☐ Pillow ☐ Privacy Curtain ☐ Shower Curtain ☐ Linen on patient bed

Patient signature confirming education/orientation received | Date Received | Staff Signature Providing Education

NOTE: If patient fails to understand and/or has altered mental status re-orient/re-educate within 24 hrs

CC0505 01/2018	REED, EMILY [redacted] 02/03/2018 021

UBH

REED, EMILY
MR000031004 31148990018
DOB [redacted] F I ITL
02/03/2018 021

Master Treatment Plan Update/Clinical Staffing Worksheet

NURSING UPDATE:

Number of psychotropic Stat Medications given since admission/last update: _____
Number of non-psychotropic PRN or Stat Medications given since admission/last update: _____
Number of restraints since admission/last update: ____

Medication compliance: ☐ Yes ☐ No (specify): _____
Any abnormal lab results? ☐ No ☐ Yes F/U: _____
Medical concerns: ☐ No ☐ Yes F/U: _____

Current precautions: ☐ Sexual Acting Out ☐ Sexual Aggression ☐ Sexual Victim ☑ Suicide
☐ Assault ☐ Fall ☐ Homicide ☑ Self-harm ☑ Seizure ☐ Elopement
☐ Medically Compromised ☐ Detox ☐ Other: _____

Level:
☐ Green ☐ Yellow ☐ Red ☐ Modified ☐ NA

Current observations:
☐ Routine (q15 min) ☐ 1:1 ☐ Other: (specify): _____

SOCIAL SERVICES UPDATE:

Indicate Reason(s) for continued Hospitalization:
☑ Suicide Ideation w/ Plan (Y) N
☑ Homicidal Ideation w/ plan (Y) N (Specified Target) family
☑ Severe impairment of level of Functioning
☐ Active psychosis with command(s) to harm self or others
☐ Medication Stabilization (current adverse reaction(s) to medications)

Describe patient progress toward goals:
Pt. vascillates between wanting to live and die.
Pt. recognized "killing my family is not the answer".
Any significant incidents/behavioral Changes: Pt. continues to engage in self harming behavior. Pt continues to dissociate in response to
Is Patient in Specialized Programming or Tracks: ☐ Yes ☐ No If yes, identify: exploration of feelings

Patient participates in 3 or more groups a day: ☐ Yes ☐ No

If No, What alternative have been offered: _____

PSYCHIATRIST UPDATE:

Substantiated Diagnosis: _____

Diagnosis Revised: Y N if yes; _____

Medication changes: ☐ No ☐ Yes (specify):

Changes to current diagnosis: ☐ No ☐ Yes (specify):

Changes to precautions/observation level: ☐ No ☐ Yes (specify) _____

DISCHARGE PLANNING UPDATE:

Barriers to discharge planning: continued risk of self harm, suicide and risk of harm to family. Patient unstable

Recommended level of care post discharge: Shelter Residential (PHP/IOP) (MD/TH)

12 Step Program Family Therapy PCP (Psychiatrist) Other: _____

Targeted discharge date: 2-27-18

NARRATIVE SPECIFIC TO PATIENT PROGRESS or CONTINUE NEEDS:

The pt admitted "I am fearful of killing myself and having to become an independent person. Every decision, thought and action has been controlled by [redacted] most of my life." The pt feels caught in a triangle: wanting to get well, wanting to die, and battling running from the pain. The pt sat through a DBT session without dissociating. This is progress. Pt also reported feeling inspired by the last session, because "I sat with my feelings and did not dissociate."

Patient Label

UBH

Problem 1: Depression

Goal Status: Patient depression continues to be up and down. Pt continues to report escalating levels of depression ranging from a 7 on 2-16 to 9 on 2-23 to 0 on 2-24 and 2-25

Revisions/Updates: ☐Yes ☐No (see ITP for details) ☑Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving

Medical Problem A:

Goal Status:

Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving

Problem 2: Danger to self

Goal Status: Pt. continues to engage in self-harming behavior and attempt to strangle self

Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving

Medical Problem B:

Goal Status:

Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving

Problem 3: PTSD

Goal Status: Patient reporting escalating levels of anxiety ranging from 0 to 8 on 2-23-18

Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving

Medical Problem C:

Goal Status:

Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving

Problem 4: Out of contact with Reality

Goal Status: Pt. dissociation continues before individual therapy. The last 2 IT's pt. did not dissociate, however dissociation continues throughout the day.

Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving

Medical Problem D:

Goal Status:

Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving

Problem 5:

Goal Status:

Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving

Medical Problem E:

Goal Status:

Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving

705 Rev. 4.19.16

Interdisciplinary/Team: Master Tr REED, EMILY
[redacted]
02/03/2018 021

[redacted]	Chronic/Stable Problems: ☐No changes; patient remains asymptomatic
	☐Symptom changes, describe: _____ ITP Initiated: ☐ Yes ☐ No

Treatment Team Member	Printed Name	Signature	Date	Time
Psychiatrist	[illegible]	[illegible]	2/26/18	1530
Nurse	[illegible]	[illegible]	2/26/18	1530
Social Worker/Program Therapist	[illegible]	[illegible]	2/26/18	1530 p.m.
Other:	Brenda Hartgrove, MT-BC	[illegible] MT-BC	2/27/18	1530
Other:				
Other:				
Other:				

Patient Participation: ☐ Contributed to goals/plan ☒ Aware of plan content ☐ Unable to participate due to clinical reasons
☐ Refused to participate ☐ Refused to sign ☐ Unable to sign

This treatment plan update has been presented and reviewed with me in language that I understand. I had the opportunity to ask questions.

Emily Reed — 2-26-18 — _____ — _____

Patient Signature *Date* *Parent /Guardian Signature* *Date*

REED, EMILY
[redacted]
02/03/2018 021

Patient Label

UBH

REED, EMILY [redacted]

Master Treatment Plan Update/Clinical Staffing Worksheet

02/03/2018 021

NURSING UPDATE

Number of psychotropic Stat Medications given since admission/last update:_____

Number of non-psychotropic PRN or Stat Medications given since admission/last update:_____

Number of restraints since admission/last update:____

Medication compliance: ☑ Yes ☐ No (specify):_____

Any abnormal lab results? ☐ No ☐ Yes F/U:_____

Medical concerns: ☐ No ☐ Yes F/U:_____

Current precautions: ☐ Sexual Acting Out ☐ Sexual Aggression ☐ Sexual Victim ☑ Suicide ☐ Assault ☐ Fall ☐ Homicide ☑ Self-harm ☐ Seizure ☐ Elopement ☐ Medically Compromised ☐ Detox ☐ Other:_____

Level:
☐ Green ☐ Yellow ☐ Red ☐ Modified ☐ NA

Current observations:
☐ Routine (q15 min) ☐ 1:1 ☐ Other: (specify):_____

SOCIAL SERVICES UPDATE

Indicate Reason(s) for continued Hospitalization:
☑ Suicide Ideation w/ Plan (Y) N
☑ Homicidal Ideation w/ plan (Y) N (Specified Target) Family
☑ Severe impairment of level of Functioning
☐ Active psychosis with command(s) to harm self or others
☐ Medication Stabilization (current adverse reaction(s) to medications)

Describe patient progress toward goals:
Pt. remains having thoughts of suicide and has had at least 3 non-lethal attempts. Patient on 1:1 for pregnancy

Any significant Incidents/behavioral Changes: left the hospital w/in last 24 hrs

Pt. continues to dissociate when in therapy and begin to vent or feeling

Is Patient in Specialized Programming or Tracks: ☐ Yes ☐ No Yes, identify:_____

Patient participates in 3 or more groups a day: ☑ Yes ☐ No

If No, What alternative have been offered:_____

PSYCHIATRIST UPDATE

Substantiated Diagnosis:_____

Diagnosis Revised: Y N if yes;_____

Medication changes: ☐ No ☐ Yes (specify):

Changes to current diagnosis: ☐ No ☐ Yes (specify):

Changes to precautions/observation level: ☐ No ☐ Yes (specify)_____

DISCHARGE PLANNING UPDATE

Barriers to discharge planning: Suicide ideation and concern (significant) for self harm - harm to family

Recommended level of care post discharge: Shelter Residential PHP/IOP MD/TH

12 Step Program Family Therapy PCP Psychiatrist Other:_____

Targeted discharge date: 2-23-18

NARRATIVE SPECIFIC TO PATIENT PROGRESS or CONTINUE NEEDS

Pt appears resistant to therapy, evidenced by frequent dissociation in therapy and groups. 6 year old often comes out or the 4 year old alter who does not speak. In every session, as we begin to talk about feeling Pt. self. reports fear of getting well due to feeling of Helplessness because her family, namely mother assumes all responsibility. She at times feels unable to handle or will know what to do, evidenced by mother's comment "Emily refuses and says she is unable to make her Pt. goals." Pt. on two separate occasions decompensated

Patient Label
Emily

Problem 1:	**Medical Problem A:**
Status: Depression Pt has reported upto a 9 on Depression scale 2-19-18 Recently	Goal Status
Revisions/Updates: ☑Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving	Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving
Problem 2: Danger to self	**Medical Problem B:**
Goal Status: on 2-19-18 Pt. reported desire to end life pt brought in a knife from from another hospital and to hide in her jacket.	Goal Status
Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving	Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving
Problem 3: PTSD	**Medical Problem C:**
Status: Pt is reporting elevated anxiety - 2-19-18@8 and states she is trying to enact coping skills. She is frequently dissociate when anxious or scared	Goal Status
Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving	Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving
Problem 4: out of contact with reality.	**Medical Problem D:**
Goal Status: Pt. 's dissociation continues and is an obstacle to therapy, a typed attempt to work again.	Goal Status
Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving	Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving
Problem 5:	**Medical Problem E:**
Goal Status	Goal Status
Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving	Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving

	Chronic/Stable Problems: ☐No changes; patient remains asymptomatic
	☐Symptom changes, describe: _____ ITP Initiated: ☐ Yes ☐ No

Treatment Team Member	Printed Name	Signature	Date	Time
Psychiatrist	[illegible]	[illegible]	2-19-18	2:15
Nurse	[illegible]	[illegible]	2/19/18	1410
Social Worker/Program Therapist	[illegible] 2-19-18	[illegible]	2/19/18	2:02
Other:	Deena Montgomery, MFAC	[illegible]	2/22/18	1530
Other:				
Other:				
Other:				

Patient Participation: ☐ Contributed to goals/plan ☑ Aware of plan content ☐ Unable to participate due to clinical reasons
☐ Refused to participate ☐ Refused to sign ☐ Unable to sign

This treatment plan update has been presented and reviewed with me in language that I understand. I had the opportunity to ask questions.

Emily Reed 2-19-18

Patient Signature *Date* *Parent /Guardian Signature* *Date*

Interdisciplinary/Team: Mast[redacted]eet

REED, EMILY
02/03/2018 021

Master Treatment Plan Update/Clinical Staffing Worksheet

NURSING UPDATE

mber of psychotropic Stat Medications given since admission/last update:_____
Number of non-psychotropic PRN or Stat Medications given since admission/last update:_____
Number of restraints since admission/last update:_____

Medication compliance: ☐ Yes ☐ No (specify):_____
Any abnormal lab results? ☐ No ☐ Yes F/U:_____
Medical concerns: ☐ No ☐ Yes F/U:_____

Current precautions: ☐ Sexual Acting Out ☐Sexual Aggression ☐ Sexual Victim ☐ Suicide
☐ Assault ☐ Fall ☐ Homicide ☐ Self-harm ☐ Seizure ☐ Elopement
☐Medically Compromised ☐Detox ☐Other:_____
Level:
☐ Green ☐ Yellow ☐ Red ☐ Modified ☐ NA
Current observations:
☐ Routine (q15 min) ☐ 1:1 ☐ Other: (specify):_____

SOCIAL SERVICES UPDATE

Indicate Reason(s) for continued Hospitalization:
☑ Suicide Ideation w/ Plan Y (N)
☐ Homicidal Ideation w/ plan Y N (Specified Target)_____
☑ Severe impairment of level of Functioning
☐ Active psychosis with command(s) to harm self or others
☐ Medication Stabilization (current adverse reaction(s) to medications)

Describe patient progress toward goals:
Pt is processing trauma and internal system often dissociated, & learning coping skills.
Any significant Incidents/behavioral Changes: Pt has dissociated daily and has trouble staying present
Is Patient in Specialized Programming or Tracks: ☑ Yes ☐ No If yes, identify:
Trauma
Patient participates in 3 or more groups a day: ☑ Yes ☐ No
If No, What alternative have been offered:_____

PSYCHIATRIST UPDATE

Substantiated Diagnosis:_____
Diagnosis Revised: Y N if yes;_____
Medication changes: ☐ No ☐ Yes (specify):
Changes to current diagnosis: ☐ No ☐ Yes (specify):
Changes to precautions/observation level: ☐ No ☐ Yes (specify)_____

DISCHARGE PLANNING UPDATE

Barriers to discharge planning: Pt has reported suicidal ideations
Recommended level of care post discharge: Shelter Residential PHP/IOP (MD/TH)
12 Step Program Family Therapy PCP Psychiatrist Other:_____
Targeted discharge date: 2-21-18

NARRATIVE SPECIFIC TO PATIENT PROGRESS or CONTINUE NEEDS

Pt has been dissociating very often and unable to remember events. Pt is learning coping skills to stay grounded.

Interdisciplinary/Team: Master Treatment), FAMILY
[redacted]
02/03/2018 021

Problem 1:	Depression	Medical Problem A:	
Goal Status	Pt has reported up to a 9 on the Depression scale. Pt is working through underlying feelings.	Goal Status	
Revisions/Updates: ☐Yes ☑No (see ITP for details) ☑Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving		Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving	
Problem 2:	Danger to Self	Medical Problem B:	
Goal Status	Pt has not reported a plan for suicide but has reported ideation	Goal Status	
Revisions/Updates: ☐Yes ☑No (see ITP for details) ☑Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving		Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving	
Problem 3:	PTSD	Medical Problem C:	
Goal Status	Pt is reporting anxiety and learning coping skills. will continue to assess	Goal Status	
Revisions/Updates: ☐Yes ☑No (see ITP for details) ☑Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving		Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving	
Problem 4:	out of contact with reality	Medical Problem D:	
Goal Status	Pt is dissociating often and having memory problems causing confusion.	Goal Status	
Revisions/Updates: ☐Yes ☑No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving		Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving	
Problem 5:		Medical Problem E:	
Goal Status		Goal Status	
Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving		Revisions/Updates: ☐Yes ☐No (see ITP for details) ☐Progress as Expected ☐No Progress/Continue ☐Revise Goal ☐Problem Solving	

	Chronic/Stable Problems: ☐No changes; patient remains asymptomatic
	☐Symptom changes, describe: _____ ITP Initiated: ☐ Yes ☐ No

Treatment Team Member	Printed Name	Signature	Date	Time
Psychiatrist	Roskos		2/13/18	1120
Nurse	Angelo Villa		2/13/18	
Social Worker/Program Therapist	Holbeinskin, LMSW		2/13/18	740
Other:	Brad Hartgrows, MFT		2/12/18	1120
Other:				
Other:				
Other:				

Patient Participation: ☐ Contributed to goals/plan ☐ Aware of plan content ☐ Unable to participate due to clinical reasons
☐ Refused to participate ☐ Refused to sign ☐ Unable to sign

This treatment plan update has been presented and reviewed with me in language that I understand. I had the opportunity to ask questions.

Emily Reed — *Patient Signature*
2-12-18 — *Date*
_____ — *Parent /Guardian Signature*
_____ — *Date*

Interdisciplinary Team: Master Treat REED, EMILY [redacted]
02/03/2018 021

UBH
UNIVERSITY BEHAVIORAL HEALTH
Denton

Master Treatment Plan - Interdisciplinary

Date of Plan:	Program/Unit:	Legal Status: (check one)	Projected Length of Stay: ~~7-10 days~~ OE = per Dr. Parker 2 weeks
2-5-18	Trauma	☑ Voluntary ☐ Involuntary	Anticipated Discharge Date: 2-19-18

Date Identified	Psychiatric Diagnosis	Date Identified	Medical Diagnosis	Date Identified	Psychosocial and Environmental Problems
2-5-18	MDD, rec, S/R with SI			2-5-18	Problems w/ primary support group
2-5-18	PTSD - Severe			2-5-18	Problems related to social environment
2-5-18	DID				

Master Problem List

Psychiatric Problems

Date Identified	#	Psychiatric Problems	Date Achieved	Date Discontinued
2-5-18	1	Depression		
2-5-18	2	risk of self harm - Dself		
2-5-18	3	PTSD		
2-5-18	4	out of touch w/reality		
	5			

Medical Problems *(include fall precaution patients)*

Date Identified	A B	Medical Problems	Date Achieved	Date Discontinued
	A			
	B			
	C			
	D			
	E			

Chronic/Stable Medical Problems (Includes monitoring for status change & medication teaching; any exacerbation of symptoms needs new pathway completed)

Date Identified	abc...	Problem	Date of New ITP	Date Identified	def...	Problem	Date of New ITP
	a				d		
	b				e		
	c				f		

Deferred Problems

Date Identified	Problem	Rationale for Deferring Problem
		☐ Asymptomatic w no current treatment ☐ Other:
		☐ Asymptomatic w no current treatment ☐

REED, EMILY

[redacted]

02/03/2018 021

UBH
University Behavioral Health Partners

Master Treatment Plan - Interdisciplinary

Patient Strengths		Patient Limitations	
☐ Ability to Verbalize Feelings	☐ Capable of Independent Living	☐ Poor Insight	☐ Health Problems
☐ Average or Above Intelligence	☐ Work Skills	☐ Cognitive Impairment	☐ Access to Medications
☐ Supportive Family/Friends	☐ Religious Affiliation	☑ Poor Social Skills	☑ Poor Coping Skills
☐ Physical Health	☐ Communication Skills	☑ Lack of Healthy Supports	☐ Treatment Non-Compliance
☐ Insight regarding Illness	☐ Financial Means	☐ Medication Non compliance	☐ Transportation Issues
☐ Motivation for Treatment/Growth	☑ Special hobby/interests	☐ Language Barrier	☐ Other: _____
☐ Other: Cooperative during Examination	☐ Other: Able to perform acts of Daily living	☐ Other: _____	☐ Other: _____

Discharge Criteria	
☑ No suicidal or homicidal ideation.	☐ Verbal commitment for aftercare, appointment arranged with psychiatrist and/or therapist.
☑ Reduction of target symptoms (specify): depression, PTSD	☐ Other: _____
☑ Improvement in mood, thinking, and/or behavior.	☐ Other: _____
☐ Reduction of auditory/visual hallucinations.	

Initial Discharge Disposition / Community Resources		
☑ Return to home	☑ Individual Therapy	☐ Church
☐ Residential treatment	☐ Family/ Couples Therapy	☐ Recommended Drug Testing
☐ Alternative living arrangement (group home, foster home, etc)	☐ Mental Health Center	☐ AA/NA
☐ Shelter	☑ Medication Management	☐ Grief Therapy
☐ Detention/DYS/Judicial	☐ Follow up w/ current provider:	☐ Court
☐ Other: _____	_____	☐ Other: _____

Interdisciplinary Treatment Team

Tx Team Member	Printed Name	Signature	Date	Time
Psychiatrist	[illegible]	[signature]	2/5/17	[illegible]
Nurse	[illegible]	[signature]	2/5/17	12n
Social Worker/Therapist	[illegible]	[signature]	2/5/17	1150
Recreation Therapist	Brenda Hargraves, MTRL	[signature] MTRL	2/9/18	1600
Dietitian:				
Other:				

Patient Participation: ☐ Contributed to goals/plan ☐ Aware of plan content ☐ Unable to participate due to clinical reasons
☐ Refused to participate ☑ Refused to sign ☐ Unable to sign

This treatment plan has been presented and reviewed with me in language that I understand. I had the opportunity to ask questions. ☐ Reviewed electronically with guardian

X _____ / _____ _____ / _____

Patient Signature *Date* *Parent/Guardian Signature* *Date*

REED, EMILY
[redacted]

UBH
UNIVERSITY BEHAVIORAL HEALTH
Denton

GENERAL PROBLEM SET (For Problems needing multiple goals

Problem #: 1	Problem: Depression recurrent/severe with Suicide Ideation
	Evidenced By: Emily's past history of multiple suicide attempts over the last year. Emily self report of not trusting herself to

Long Term Goal: Emily will develop grounding and coping techniques to calm herself. Pt. will process thoughts, feelings, & emotions of past abuse and find healthy ways of expressing her feelings.

Date	Short-Term Goal	Specific Intervention	Modality	Freq/ Duration	Discipline Responsible (name/cred)	Target Date	Date Achieved
2/5/2018	Emily will process through feelings underlying suicidal ideation and self-harm.	Guide and support Emily in working through feelings underlying suicidality, related to past abuse and trauma.	Individual Therapy	3x/1hr/per wk	Therapist D. Earle, MA Student Intern	2/9/2018	
2/5/2018	Emily will demonstrate utilization of coping skills as an alternative to suicidal ideation and self-harm, as well as depression.	Activity therapy groups utilizing art to express feelings underlying suicidality.	Activity Therapy	7x/ 1Hr/Per Wk	Activity Brenda Hartgraves, MT-BC	2/9/2018	
2/5/2018	Emily will demonstrate a reduction or absence of suicidal and self harm thoughts and behaviors.	Track progress of reporting of decrease of suicidality on a scale of 1 to 10 to a report of less that 4, for 3 consecutive days.	Milieu Observation	Q-Daily	RN Angelo Villano, RN	2/9/2018	
2/5/2018	Emily will rate her depression as 4 or lower on a scale of 1-10 for 3 consecutive days prior to discharge.	Monitor level of depression by verbally speaking with Psychiatrist about current depression and medication management		Q-Daily	Psychiatrist Dr. Roskos, M.D	2/9/2018	

REED, EMILY
[redacted]
02/03/2018 021

UBH
UNIVERSITY BEHAVIORAL HEALTH
Denton

GENERAL PROBLEM SET (For Problems needing multiple goals

Problem #: 2	Problem: PTSD
	Evidenced By: Pt having difficulty coping with history of long-term sexual abuse

Long Term Goal: Emily will develop coping skills to manage anxiety related to abuse and will identify triggers that lead to elevated levels of anxiety and PTSD symptoms.

Date	Short-Term Goal	Specific Intervention	Modality	Freq/ Duration	Discipline Responsible (name/cred)	Target Date	Date Achieved
2/5/2018	Emily will recognize triggers that cause anxiety and will develop at least 3 new grounding skills to keep present in stressful situations.	Therapeutically work through the feelings of PTSD and develop at least 3 new strategies for coping with triggers to lessen suicide ideation	Individual Therapy	7x/ 1Hr/Per Wk	Therapist Donna Earle, MA student Intern	2/9/2018	
2/5/2018	Emily will demonstrate interest in social activities by initiating/joining social activities without staff intervention.	Emily will participate in recreational activities and social activities, including recreational therapy to reduce anxiety and increase coping.	Activity Therapy	7x/ 1Hr/Per Wk	Activity Brenda Hartgraves MT-BC	2/9/2018	
2/5/2018	Emily will complete verbal assignment identifying triggers of anxiety and present to staff person	Emily will determine triggers that occur in the Milieu and report to staff before dissociating begins.	Milieu Observation	Q-Daily	RN Angelo Villano, RN	2/9/2018	
2/5/2018	Reduce anxiety and suicidal thoughts to 50% of the number of reported episodes upon admission.	Track progress of self reporting in decrease of anxiety levels.		Q-Daily	Psychiatrist Dr. Roskos, M.D	2/9/2018	

REED, EMILY
[redacted]
02/03/2018 021

UBH
UNIVERSITY BEHAVIORAL HEALTH
Denton

GENERAL PROBLEM SET (For Problems needing multiple goals

Problem #: 03	Problem: Out of Contact with Reality
	Evidenced By: Emily reporting "I feel like I am in a dream, "I feel confused a lot", "The cafeteria was empty but full, meaning

Practice coping and grounding skills to stay in the present.

Date	Short-Term Goal	Specific Intervention	Modality	Freq/ Duration	Discipline Responsible (name/cred)	Target Date	Date Achieved
2/5/2018	Emily will develop grounding skills that will allow him to stay present during stressful situations.	Individual therapy will consist of determining what are the precipitating triggers and how Emily can use 2 new grounding skills to stay present.	Individual therapy	3x/1hr/per wk	Therapist Donna Earle, MA Student Intern	02/09/18	
2/5/2018	Emily will have opportunities in group activities to practice use of grounding skills when in the company of others.	Emily will learn creative techniques that can help stay present, such as drawing, listening to music, and bead work.	Activity therapy	7x/ 1Hr/Per Wk	Activity Brenda Hartgraves MT-BC	02/09/18	
2/5/2018	Emily will notify the nursing staff when triggered and will ask for help to stay present, if needed.	Nursing staff will monitor Emily's ability to stay present at least 1 time every shift.	Milieu Observation	Q-Daily	RN Angelo Villano, RN	02/09/18	
2/5/2018	Emily will increase ability to stay present during stressful situations 3 out of 5 times, prior to discharge.	Dr. will monitor Emily's ability to stay present, and will adjust medications.		Q-Daily	Psychiatrist Dr. Roskos, M.D	02/09/18	

REED, EMILY
[redacted]
02/03/2013 021

UBH
University Behavioral Health Denton

Nursing Initial Treatment Plan

Must be initiated within the first 8 hours of admission and completed within 24 hours of admission.

Date of Plan:	Program/Unit:	Reason for Hospitalization:
2/3/18	3 Trauma	Suicidal thoughts c plan (won't disclose)

Date Identified	#	Psychiatric Problems	Date Identified	–	Medical Problems (Include fall risk)
1/24	1	↑ depression c SI / HI		A	none
2/4	2	↑ dissociative events		B	
3/24	3	↑ anxiety panic attacks mood swings		C	
	4			D	
	5			E	
	6			F	
	7			G	

Problem Identified	Long Term Goal	Short Term Goal	Interventions	Frequency/Duration	Discipline Responsible (Name/Cred)	Target Date
1	Emily will deny SI/HI by D/C	Emily will rate depression, SI & HI on scale 1-10 q shift.	Assess Emily's SI/HI & depression. Assist c identifying her triggers & learning 3 coping skills	Q shift & PRN	S.Shuttlew	2/21/18
2	Emily will have decrease amount of disassociative events eUBH.	Emily will remain cooperative during disassociative events.	Staff will monitor & document on any disassociative event observed.	Q shift & PRN	S.Shuttlew	2/21/18
3	Emily will not have any anxiety attacks eUBH.	Emily will use her coping skills to ease anxiety	Staff will encourage emily to use coping skills during high anxiety times of the day.	Q shift & PRN	S.Shuttlew	2/21/18

Treatment Plan Tab

CC506 0614/2017

REED, EMILY [redacted]
02/03/2018 021

UBH Denton

Nursing Initial Treatment Plan

Must be initiated within the first 8 hours of admission and completed within 24 hours of admission.

☐ Contributed to Goals ☐Aware of Plan Content ☐Unable to participate due to clinical reasons ☐ refused to participate ☐Refused to Sign ☐Unable to sign

This treatment plan has been presented and reviewed with me in language that I understand. I had the opportunity to ask questions.

2/4/18 0400

Nurse Signature Date Time

Patient Signature Date Time

Parent/Guardian Signature Date Time

Treatment Plan Tab

REED, EMILY [redacted]

02/03/2018 021

CC506 0614/2017

ELECTRONICALLY SERVED
8/1/2020 9:36 AM

EXHIBIT 26

EXHIBIT 26

EXHIBIT 26

UBH
UNIVERSITY BEHAVIORAL HEALTH
Denton

BILLING DEPARTMENT
2026 W. University Drive
Denton, TX 76201

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.
CHECK CARD USING FOR PAYMENT
☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS
CARD NUMBER | CVV CODE = 3-DIGIT CODE BACK OF CARD
SIGNATURE | EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
04/17/18	.00	[redacted]

Due By: 05/02/2018
SHOW AMOUNT PAID HERE $

PAGE: 1 of 1

604833(PC1)

RETURN SERVICE REQUESTED 41005

003282
0101

For Account Information, Please Call: (940) 320-8029
Patient Name: Reed, Emily

Admit / Discharge Date(s): 02/03/18 - 02/28/18
For Hospital Use Only: F/C - 2001 INPATIENT

REED, EMILY
[redacted]

11161996

MAKE CHECKS PAYABLE TO/REMIT TO:
UBH DENTON 657
2012 W UNIVERSITY DR
DENTON, TX 76201-0617

888 252-4146 option(1)

41005*T6H0O4YU9000001

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

(610) 944-7500

Transaction Date	Description		Amount
03/13/18	BALANCE FORWARD	C2	17500.00

YOUR INSURANCE COMPANY HAS BEEN BILLED. WE MAY NEED YOU TO CALL THEM TO EXPEDITE PAYMENT IF NOT PAID SHORTLY.

Please feel free to pay on-line through our website www.ubhdenton.com

Statement Date	Account Number	Patient Name	Admit Date	Discharge Date
04/17/18	[redacted]	Reed, Emily	02/03/18	02/28/18

Total Balance: 17500.00 Estimated Amount Due from Insurance: 17500.00

PLEASE PAY $.00

Due By: 05/02/2018

41005*T6H0O4YU9000001

000001249-A

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . . .

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY STATE ZIP

TELEPHONE
( )

MARITAL STATUS
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

EMPLOYER'S NAME TELEPHONE
( )

EMPLOYER'S ADDRESS CITY STATE ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME EFFECTIVE DATE

PRIMARY INSURANCE COMPANY'S ADDRESS PHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER

YOUR SECONDARY INSURANCE COMPANY'S NAME EFFECTIVE DATE

SECONDARY INSURANCE COMPANY'S ADDRESS PHONE

CITY STATE ZIP

POLICYHOLDER'S ID NUMBER GROUP PLAN NUMBER

940 320 8122

Name

0000012493-R

UBH
UNIVERSITY BEHAVIORAL HEALTH
Denton

BILLING DEPARTMENT
2026 W. University Drive
Denton, TX 76201

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.
CHECK CARD USING FOR PAYMENT
☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS
CARD NUMBER | CVV CODE = 3-DIGIT CODE BACK OF CARD
SIGNATURE | EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
05/22/18	.00	[redacted]

SHOW AMOUNT PAID HERE $

Due By: 06/06/2018

PAGE: 1 of 1

604833(PC1)

003965
0101

RETURN SERVICE REQUESTED 41005

For Account Information, Please Call: (940) 320-8029
Patient Name: Reed, Emily

Admit / Discharge Date(s): 02/03/18 - 02/28/18
For Hospital Use Only: F/C - 2001 INPATIENT

REED, EMILY
[redacted]

MAKE CHECKS PAYABLE TO/REMIT TO:
UBH DENTON 657
2012 W UNIVERSITY DR
DENTON, TX 76201-0617

41005*T870KSRDS000003

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Transaction Date	Description		Amount
04/17/18	BALANCE FORWARD	C3	17500.00

YOU MAY BECOME RESPONSIBLE FOR THE CHARGES ON THIS ACCOUNT IF YOUR INSURANCE COMPANY DOES NOT PAY WITHIN 10 DAYS OF THIS LETTER

Please feel free to pay on-line through our website www.ubhdenton.com

Statement Date	Account Number	Patient Name	Admit Date	Discharge Date
05/22/18	[redacted]	Reed, Emily	02/03/18	02/28/18

Total Balance: 17500.00 Estimated Amount Due from Insurance: 17500.00

PLEASE PAY $.00

Due By: 06/06/2018

41005*T870KSRDS000003

000004830-A

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . . .

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)

ADDRESS

CITY | STATE | ZIP

TELEPHONE
( )

MARITAL STATUS
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

EMPLOYER'S NAME | TELEPHONE
( )

EMPLOYER'S ADDRESS | CITY | STATE | ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME | EFFECTIVE DATE

PRIMARY INSURANCE COMPANY'S ADDRESS | PHONE

CITY | STATE | ZIP

POLICYHOLDER'S ID NUMBER | GROUP PLAN NUMBER

YOUR SECONDARY INSURANCE COMPANY'S NAME | EFFECTIVE DATE

SECONDARY INSURANCE COMPANY'S ADDRESS | PHONE

CITY | STATE | ZIP

POLICYHOLDER'S ID NUMBER | GROUP PLAN NUMBER

0000483G-B

ELECTRONICALLY SERVED
8/1/2020 9:36 AM

EXHIBIT 27

EXHIBIT 27

EXHIBIT 27

Del Amo
Behavioral Health System
of Southern California

A Subsidiary of
UNIVERSAL HEALTH SERVICES, INC.

June 27, 2019

EMILY REED
ALECIA DRAPER
[redacted]

RE: **EMILY REED**
DOB: [redacted]

Hello,

Enclosed in this mail are requested document for the patient listed above. Inside will include the following:

- Invoice
- Face-sheet
- Discharge Summary
- Admission Report
- History & Physical
- Labs
- Medication Reconciliation
- Aftercare Plan

If you have any questions or concerns, please contact me at the number below.

Thank you,

Mollina Reth
Medical Records Clerk
Mollina.reth@uhsinc.com
Tele: (310) 530-1151 x412
Fax: (310) 626-6129

Del Amo
Behavioral Health System
of Southern California

A Subsidiary of
UNIVERSAL HEALTH SERVICES, INC.

INVOICE FOR PROCESSING/COPYING MEDICAL RECORDS

Date: June 27, 2019

Patient Name: EMILY REED

Medical Record Number: [redacted]

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

____15_____ Minutes to process requested information

___$11.25___ Photocopying charges @ .25¢ per page for _**45**_ pages

___$15.25___**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) 626-6129

Authorization for Request or Use/Disclosure of Protected Health Information (PHI) (Substance Abuse/Psychiatric Records)

Del Amo Hospital

This authorization to receive or release medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1980.Section 56ct.scq of the California Civil Code, and 42-C Federal Regulations.

Patient Name/Previous Name: Emily Reed D.O.B: [redacted]

AUTHORIZES: Del Amo Hospital 23700 Camino Del Sol, Torrance, Ca 90505

DISCLOSURE OF PHI TO: ☐Psychiatrist ☐Mental Health Provider ☐Insurance Co.

☐Primary Care Physician ☒Self/Patient ☒Attorney ☐Other _____

Emily Reed & Alecia Draper [redacted]
Name of Healthcare Provider/Plan/Patient/Other Phone #

RECEIVED
JUN 18 2019

[redacted]
Street Address Fax #

[redacted]
City, State, Zip Code

Mail to Me

Mother / Self Emily Reed
Relationship to Patient

INFORMATION TO BE RELEASED: (check applicable categories)

☒Discharge Summary	☒Admission Report	☒History & Physical
☒Psychological Testing	☒Labs/X-rays/EKG, etc.	☒Medication
☒Dates of Hospitalization	☒Letter	☒Other All records
☒Aftercare Packet		

PURPOSE OF DISCLOSURE: (check applicable categories)

☒Continuation of Care	☐Insurance/Billing	☒Legal/Attorney
☒SSI/Disability	☐IEP (Education)	☒Other Personal File

I understand that PHI used or disclosed as a result of my signing this Authorization may not be further used or disclosed by the recipient unless such use or disclosure is specifically required or permitted by law.

Expiration Date: This authorization is valid until the following date ____/____/____
Month Day Year

Your rights with respect to this authorization:

Right to Receive a Copy of this Authorization – I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form.

Right to Revoke this Authorization – I understand that I have the right to revoke this Authorization at any time by telling DAH in writing. I may use the Revocation of Authorization at the bottom of this form, mail or deliver the revocation to:

Del Amo Hospital 23700 Camino Del Sol, Torrance, Ca 90505
Attention: Health Information Department

I also understand that a revocation will not affect the ability of DAH or any health care provider to use or disclose the health information for reasons related to the prior reliance on this authorization.

Conditions. I understand that I may refuse to sign this authorization without affecting my ability to obtain treatment. However, DAH may condition the provision of research-related treatment on obtaining an authorization to use or disclose PHI created for that research-related treatment. (In other words, if this authorization is related to research that includes treatment, you will not receive that treatment unless this authorization form is signed.)

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

[signature] [illegible] — 6/17/19
Signature of Patient/Personal Representative — Date
(If signed by other than the client, state relationship and authority to do so):

(Relationship)

Alicia Draper — 6/17/19
Signature of Parent/Legal Guardian/Conservator — Date

If the child is 12 years of age or older, Title XXI (California State Law [45C.F.R. 164/502(G); Cal Civil Code 56.105©]) requires that the child/adolescent signature as well as the legal guardian signature is required

Witness/Staff assisting patient — Date

[signature] — 6/23/19
Attending Psychiatrist Signature — Date

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.

Risk Manager Signature — Date

REVOCATION OF AUTHORIZATION

SIGNATURE OF PATIENT/LEGAL REP:_____

If signed by other than the patient, state relationship and authority to do so:_____

DATE:____/____/____
Month Day Year

DEL AMO HOS L INC 048 ATIENT DEM GRAPHIC PRO LE Date Printed: 030815
23700 CAMINO DEL SOL

TORRANCE, CA 90505
(310) 530-1151

Patient Name..... **REED, EMILY**
Address..... [redacted]
City, State, Zip.....
Phone.....
Social Security No.....
Birth Date.....
Age..... 018Y
Sex..... F
Race..... W White
Ethnicity..... CAUCASIAN Amer
Language..... English
Marital Status..... SINGLE
Referral Source 1..... LOS ALAMITOS
Referral Source 2.....

Financial Class: 4002
Fin. Class Name: ..... MANAGED HEALTH NETWORK MH

Doctor Name..... GESSESSE HIRUY
NPP.....
Auth #.....

Account No/Type..... [redacted] INV -INVOLUNTARY
Medical Record No... [redacted]
County..... Resid:
Admit Date/Time..... 3/07/15 39
Disch Date/Time..... 3/30/15 home
Adm.Dx.....

Prev. Admit Date..... 00/00/0000
Service..... IPL Nursing Station: ITU
Occupation.....
Employer.....
Address.....
Phone.....

Other Contact:
Name.....
Address.....
City, State, Zip.....
Phone.....
Relationship.....
Cell. Other

* * * Insurance Information * * *

Primary Insurance Holder/Guarantor

Name..... REED EMILY
Address..... [redacted]
City, State, Zip....
Phone.....
Relationship..... SELF
D.O.B. [redacted]
Occupation.....
Employer.....
Address.....
City, State, Zip..
Cell.....
Other.....

Spouse/Parent

Name.....
Relationship.....
Address.....
City, State, Zip..
Phone.....
Occupation.....
Employer.....

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

* * * Insurance Carrier 1 Information * * *

Carrier..... MANAGED HEALTH NETWORK MHN
Group Name... Grp#..
Policy..... [redacted]
Policy Holder.. REED EMILY
Address..... PO BOX 14621

City/St/Zip.... LEXINGTON, KY 40512
Ins Phone.....
Policy Hld DOB. [redacted]

* * * Insurance Carrier 2 Information * * *

Carrier.....
Group Name... Grp#..
Policy.....
Policy Holder..
Address.....

City/St/Zip....
Ins Phone.....
Policy Hld DOB. 00/00/0000

* * * Insurance Carrier 3 Information * * *

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

* * * Insurance Carrier 4 Information * * *

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

Notes: 3/7/15 5081

DAH1010 4/15

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

DISCHARGE SUMMARY

PATIENT NAME: REED, EMILY CHRISTINE

DATE OF ADMISSION: 03/07/2015

DATE OF DISCHARGE: 03/30/2015

Patient is an 18-year-old single, Caucasian female, admitted on involuntary basis following a suicide attempt in response to auditory hallucinations occurring in the presence of profound and continued sexual abuse with significant levels of posttraumatic stress symptomatology.

ADMITTING DIAGNOSES:
Psychiatric: Major depression, recurrent type, with psychotic symptomatology.
Possible schizoaffective disorder.
Posttraumatic stress disorder.
Dissociative disorder, not otherwise specified.
Medical: Not applicable.
Psychosocial and Contextual Factors: Not applicable.

DISCHARGE DIAGNOSES:
Psychiatric: Major depression, recurrent type, with psychotic symptomatology.
Possible schizoaffective disorder.
Posttraumatic stress disorder.
Dissociative disorder, not otherwise specified.
Medical: Not applicable.
Psychosocial and Contextual Factors: Not applicable.

Please see the admission summary for full details of the patient's psychiatric history, history of present illness as well as of the pertinent data.

Patient was admitted to the locked closed unit and placed on appropriate precautions. Patient had full history and physical exam as well as full metabolic studies. These were generally within normal limits. At the time of discharge, patient is showing notable levels of improvement though with significant

levels of residual dysthymia, but without the profound hopelessness and despair that hallmarked the admission status. There was marked decrease in levels of auditory hallucinations and impulse control was fairly intact. There is no active homicide or suicidal ideation, contemplation or plan.

MEDICATIONS: At the time of discharge:

1. Prozac 60 mg p.o. q.a.m.
2. Abilify 2.5 mg b.i.d. and 20 mg at bedtime.
3. Prazosin discontinued secondary to postural symptomatology.
4. Ativan 0.5 mg p.r.n.
5. Restoril 15 mg p.o. nightly p.r.n. sleep.

Followup will be with Dr. Shah and Barbara McIntire.

DISPOSITION: Home and self-care.

DISABILITY: 100%

PROGNOSIS: Fair depending upon the patient continued compliance with treatment recommendations.

Peter Hirsch, MD

Date

PBH/pm/ar
DD: 04/06/2016 11:05
DT: 04/06/2016 12:27
Job #: [redacted]

1TH

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

ADMISSION REPORT

PATIENT NAME: REED, EMILY

DATE OF ADMISSION: 03/07/2015

IDENTIFICATION OF PATIENT: Patient is an 18-year-old, Caucasian female, brought in on a 5150 hold for danger to self.

REASON FOR ADMISSION/CHIEF COMPLAINT/PRESENT ILLNESS: According to the hold, patient attempted to strangle herself with a sweater. Patient was evaluated by a school psychologist and was unable to contract for safety. Patient has a significant history of sexual abuse and multiple psychiatric hospitalizations. The patient on face-to-face evaluation made no effort to answer questions. Patient appears to be preoccupied with internal stimuli. Patient was easily agitated throughout the interview. Patient often would turn her head around and tend to ignore the interviewer. Patient, at this time, is unpredictable, impulsive, and unable to contract for safety.

PAST PSYCHIATRIC/SUBSTANCE ABUSE HISTORY: According to the documentation, this patient has had previous psychiatric hospitalization, however, none at Del Amo Hospital. Patient is currently on no psych medication. Denies any drug, alcohol or tobacco abuse.

SOCIAL HISTORY/DEVELOPMENTAL HISTORY: Patient is currently living with family. She is in the 12th grade. Patient has a history of sexual abuse; however, patient would not elaborate at this time. Patient again was noncontributory to providing any information. __d__ history, all information was obtained from the documentations.

FAMILY PSYCH HISTORY: No family psych history.

PAST MEDICAL HISTORY/MEDICATIONS/ALLERGIES: Medical history: None. **Allergies: None.**

MENTAL STATUS EXAMINATION:
APPEARANCE AND BEHAVIOR: Patient appears her stated age. Well nourished. Guarded. Selectively mute.

MOOD: Irritable.
AFFECT: Restricted.
MOTOR ACTIVITY: Psychomotor retardation.
THOUGHT PROCESS: Unable to assess due to patient's lack of cooperation. Patient appears to be responding to internal stimuli.
THOUGHT CONTENT: No visual hallucinations. No paranoid delusion. Has suicidal thoughts. No homicidal ideation.
LONG/SHORT TERM MEMORY (mode of evaluation): Unable to assess due to patient's lack of cooperation throughout the interview.
ESTIMATE OF INTELLIGENCE (mode of evaluation): Unable to assess due to patient's lack of cooperation throughout the interview.
CAPACITY FOR SELF HARM and/or HARM TO OTHERS: Suicide risk is high.
INSIGHT: Impaired.
JUDGMENT: Impaired.
IMPULSE CONTROL: Impaired.
CAPACITY FOR ACTIVITIES OF DAILY LIVING: Fair.

PATIENT STRENGTHS AND ASSETS: Healthy, supportive family.

ADMITTING DIAGNOSES:

Psychiatric:	Major depressive disorder with psychotic features.
	Post-traumatic stress disorder (PTSD).
Medical:	None.
Stressors:	Severe.

INITIAL TREATMENT PLAN/TREATMENT MODALITIES (i.e., Milieu Tx, AT Tx, Group Tx)**:** The patient will be started on individual, group and adjunctive therapy on a regular basis. We will start patient on Abilify 5 mg p.o. daily and Prozac 10 mg p.o. q.a.m. to help with the auditory hallucinations and depression, respectively. The patient was informed of the risks and benefits of medication. At this time, unable to obtain collateral information from family, as the patient is unwilling to provide consent.
PROBLEM AREAS: Poor coping skills, danger to self, and auditory hallucinations.

STAFF RESPONSIBLE: Ensure the patient complies with medication and therapy.

ESTIMATED LENGTH OF STAY: 3 to 5 days.

PLANNED DISPOSITION ON DISCHARGE: Home.

GOALS/PROJECTED OUTCOME THIS HOSPITALIZATION: Improve coping skills, reduce suicide risk.

EDUCATION: The patient will be educated regarding medication and diagnosis.

I certify that inpatient psychiatric hospitalization is medically necessary for treatment which could reasonably be expected to improve the patient's current condition. Based upon the available information, I expect that this patient requires medically necessary care beyond two midnights.

3/8/15

Hiruy Gessesse, MD Date

HG/mw
DD: 03/07/2015 07:20
DT: 03/07/2015 07:26
Job #: [redacted]

Name: ________________ Date: 3/7/15

Age: ________ Sex: Male☐ Female☑ Race: ________________

Chief Complaint: Per Psych☑
Drug OD☐ Alcohol/Drug Withdrawal☐ Alcohol/Drug Detox☐

Other: ________________

Past Psychiatric History: Per Psych☐

Past Medical Problems: None☐

A Fib☐	Degenerative Disc Disease☐	Hyperlipidemia☐	Tachycardia☐
AIDS☐	Dementia☐	Hypotension☐	TIA☐
Anemia☐	DJD☐	Hypothyroidism☐	Vision Impaired☐
Arrhythmias☐	DM I ☐	Lumbago☐	Self-Inflicted:
Arthritis☐	DM I/Renal ☐	Migraines☐	☐Cuts/Laceration
Asthma☐	DM II ☐	Nephrolithiasis☐	☐Burns
BPH☐	DM II/Renal ☐	Opiate(Dependency/Withdraw)☐	☐Wounds
Bradycardia☐	DM II Insulin Dependant ☐	Overactive Bladder☐	
CAD☐	Deep Venous Thrombosis☐	Parkinson's☐	
Cancer☐	Endocarditis☐	Renal Insufficiency☐	
Cephalgia☐	Endometriosis☐	Rheum Arthritis☐	
CHF☐	ETOH(Dependency/Withdraw)☐	Seizure☐	
Chronic Pain☐	Fibromyalgia☐	Sickle Cell☐	
Cirrhosis☐	Gastro Esophageal Reflux Disease☐	SLE☐	
Chronic Kidney Disease☐	Hepatitis (A,B,C) ☐	Somatic Complaints☐	
COPD☐	HIV☐	Substance Abuse☐	
CVA☐	HTN☐	Syphilis☐	

s/p strangulation attempt c̄ strings

Past Surgical History: None☑

Appendectomy☐	Hysterectomy☐	Tonsillectomy☐	CABG☐
Spine☐	Lap Band☐	Gastric Bypass☐	Splenectomy☐
Cholecystectomy☐	Ortho/Joint☐	Hip Replacement☐	Other:

Del Amo Behavioral Health System of Southern California

History and Physical Examination

REED, EMILY
[redacted] I IPL ITU
03/07/2015 00:39
DR. H.GESSESSE

Family History:
Unremarkable☐ CVA☐ DM☐ CAD☐ Alcoholism☐
Cancer☐ Hyperlipidemia☐ HTN☐ Psych Disorder☐ Other:

Social History:

Tobacco	Denies☐	Positive☐
Illicit Drugs	Denies☐	Positive☐
Heavy Alcohol	Denies☐	Positive☐

Allergies:
NKA:☐ **Medications:** See Attached☐ Unable to Obtain☐ Denies☐

ROS-Review of System

General:	Denies	Seldom	Chronic
Wt Loss or Wt Gain	☐	☐	☐
Night Sweats	☐	☐	☐
Fever or Chills	☐	☐	☐
Fatigue	☐	☐	☐

HEENT:	Denies	Seldom	Chronic
Cephalgia	☐	☐	☐
Ear Pain	☐	☐	☐
Hearing Loss	☐	☐	☐
Rhinnohea	☐	☐	☐
Sore Throat	☐	☐	☐
Vision Changes	☐	☐	☐

Skin:	Denies	Seldom	Chronic
Rash	☐	☐	☐
New Lesions	☐	☐	☐
Scars	☐	☐	☐
Tattoos	☐	☐	☐
Pruritis	☐	☐	☐
Lacerations	☐	☐	☐
Abrasions	☐	☐	☐

	Denies	Seldom	Chronic	
Pulmonary:				
Cough	☑	☐	☐	
Wheezing	☑	☐	☐	
Hemoptysis	☑	☐	☐	

	Denies	Seldom	Chronic	
Cardiac:				
Palpitation	☐	☑	☐	
Orthopnea	☑	☐	☐	
Chest Pain	☑	☐	☐	
DOE	☑	☐	☐	

	Denies	Seldom	Chronic	
GI:				
N&V	☑	☐	☐	
Abdominal Pain	☑	☐	☐	
Diarrhea	☑	☐	☐	
Hematochezia	☑	☐	☐	
Dyspepsia	☑	☐	☐	
Constipation	☐	☑	☐	
Melena	☑	☐	☐	

	Denies	Seldom	Chronic	
GU:				
Menstrual Irregularities	☑	☐	☐	
Dysuria	☑	☐	☐	
Urgency	☑	☐	☐	
Flank Pain	☑	☐	☐	
Frequency	☑	☐	☐	
STD	☑	☐	☐	

LMP: 2/20/15

	Denies	Seldom	Chronic	
Musculosketal:				
Myalgia/Arthralgia	☐	☐	☐	
Back Pain	☑	☐	☐	

	Denies	Seldom	Chronic	
Hematology:				
Abnormal Bleeding	☑	☐	☐	
Easy Bruising	☑	☐	☐	

	Denies	Seldom	Chronic	
Endocrinology:				
Heat or Cold Tolerance	☑	☐	☐	
Polyuria/dipsia	☑	☐	☐	

	Denies	Seldom	Chronic	
Neurology:				
Syncope	☑	☐	☐	
Focal Weakness	☑	☐	☐	
Seizure	☑	☐	☐	
Paresthesia	☑	☐	☐	

Physical Exam

General:

WD/WN	Agree☐	Disagree☑	TDN
Appeared Stated Age	Agree☑	Disagree☐	
Distress	Absent☑	Present☐	

Vital Signs: BP 97/62 Pulse 120 RR 16 Temp 97.5 BMI ____

See Graphics/Intake: ☑

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 ____

Abdomen:

HSM	Absent ✓	Present ____
Auscultation	Normal ✓	Abnormal ____
Palpation	Normal ✓	Abnormal ____
Guarding/Rebound	Absent ✓	Present ____
Discomfort	Absent ✓	Present ____

Flank:

Palpation	Nontender ✓	Tender ____

Skin: Refuses full exam ✓

Turgor	Normal____	Abnormal____
Rash	Absent____	Present____
Suspicious Lesions	None Visible____	Present____
Scars	None Visible____	Present____
Abrasions	None Visible____	Present____

See Nursing Diagram: ☐ ✓ (B) Bruise under right eye

Musculoskeletal:

Upper Extremities	Normal ✓	Abnormal____
Lower Extremities	Normal ✓	Abnormal____
Spine	Normal ✓	Abnormal____

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

Lymph: Normal ✓ Abnormal____

Peripheral Vascular: Normal ✓ Abnormal____

Extremities:

Clubbing/Cyanosis	Absent ✓	Present____
Edema	Absent ✓	Present____

Neurology:

Motor	Intact ✓	Abnormal____	
Sensory	Intact ✓	Abnormal____	
Reflex (bicep/patella)	Intact ✓	Abnormal____	
Gait	Normal ✓	Abnormal____	
Smell	Intact ✓	Abnormal____	
Visual (field/acuity)	Intact ✓	Abnormal____	
Pupils	PERRLA ✓	Abnormal____	
EOM	Intact ✓	Abnormal____	
Facial Sensation	Intact ✓	Abnormal____	
Smile	Symmetrical ✓	Abnormal____	
Raising of Eyelids	Intact ✓	Abnormal____	
Hearing	Intact ✓	Abnormal____	
Uvula	Midline ✓	Abnormal____	
Gag Reflex	Intact ✓	Abnormal____	
Shoulder Shrug	Normal ✓	Abnormal____	
Tongue Movement	Normal ✓	Abnormal____	
Finger to Nose	Normal ✓	Abnormal____	

LABS: Pending ✓ Unremarkable____ Pertinent Abnormalities ____

Impressions: Psychosocial Problems per Psychiatry and : Ketamine @ ER

Underweight

Acne Vulgaris

S/p Hanging attempt

A Fib☐	Degenerative Disc Disease☐	Hyperlipidemia☐	Tachycardia☑
AIDS☐	Dementia☐	Hypotension☑	TIA☐
Anemia☐	DJD☐	Hypothyroidism☐	Vision Impaired☐
Arrhythmis☐	DM I ☐	Lumbago☐	Self-Inflicted:
Arthritis☐	DM I/Renal ☐	Migraines☐	☐Cuts/Laceration
Asthma☐	DM II ☐	Nephrolithiasis☐	☐Burns
BPH☐	DM II/Renal ☐	Opiate(Dependency/Withdraw)☐	☐Wounds
Bradycardia☐	DM II Insulin Dependant ☐	Overactive Bladder☐	
CAD☐	Deep Venous Thrombosis☐	Parkinson's☐	
Cancer☐	Endocarditis☐	Renal Insufficiency☐	
Cephalgia☐	Endometriosis☐	Rheum Arthritis☐	
CHF☐	ETOH(Dependency/Withdraw)☐	Seizure☐	
Chronic Pain☐	Fibromyalgia☐	Sickle Cell☐	
Cirrhosis☐	Gastro Esophageal Reflux Disease☐	SLE☐	
Chronic Kidney Disease☐	Hepatitis (A,B,C) ☐	Somatic Complaints☑	
COPD☐	HIV☐	Substance Abuse☐	
CVA☐	HTN☐	Syphilis☐	

(B) Knee wounds

MSK pain

Del Amo Behavioral Health System of Southern California

History and Physical Examination

REED, EMILY [redacted] I IPL ITU
03/07/2015 00:39
DR. H.GESSESSE

DAH1010 4/15

Plan:

Follow-up with Primary Care Physician & Psychiatrist after Discharge☑ Detox Protocol; See Attached☐

See Admit Orders☑ Monitor Vitals☐

Monitor Blood Sugar☐ Pain Management☐

Further evaluation and therapy will be instituted as indicated ☑

Other:

PT eval
D prob
TO

Restriction on Activities: ☑No ☐Yes Seizure Precautions☐ Fall Precautions☐

Activity as Tolerated☐

BARRY SOL — *Examining Physician Name: (Print)*

Examining Physician (Signature)

3/7/15 1030 — *Date/Time*

Barry Allswang, MD☐ Winston Chung, MD☐ Rene Perez-Silva, MD☐ Gerald Cohen, MD☐

TGC

This

LabCorp
Laboratory Corporation of America

Patient Report

Specimen ID: 066-097-0522-0
Control ID: L5E04285185

Acct #: [redacted] **Phone:** (310) 784-2272 **Rte:** 00

REED, EMILY

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

Patient Details
DOB: [redacted]
Age(y/m/d): 018/03/19
Gender: F **SSN:**
Patient ID: [redacted]

Specimen Details
Date collected: 03/07/2015 0830 Local
Date entered: 03/08/2015
Date reported: 03/10/2015 0919 ET

Physician Details
Ordering: H GESSESSE
Referring:
ID:
NPI:

General Comments & Additional Information
Clinical Info: SRC: URINE
Clinical Info: CCU:0294824121 H-00466252
Clinical Info: LM

Ordered Items
733688 10 Drug-Scr; Urinalysis, Routine

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
733688 10 Drug-Scr					
Amphetamines, Urine	Negative		ng/mL	Cutoff=1000	01
Amphetamine test includes Amphetamine and Methamphetamine.					
Barbiturates	Negative		ng/mL	Cutoff=200	01
Benzodiazepines	Positive		ng/mL	Cutoff=200	01
Cannabinoid	Negative		ng/mL	Cutoff=50	01
Cocaine (Metab.)	Negative		ng/mL	Cutoff=300	01
Methaqualone Screen, Urine	Negative		ng/mL	Cutoff=300	01
Opiate	Negative		ng/mL	Cutoff=2000	01
Opiate test includes Codeine, Morphine, Hydromorphone, Hydrocodone.					02
Phencyclidine	Negative		ng/mL	Cutoff=25	01
Methadone	Negative		ng/mL	Cutoff=300	01
Propoxyphene, Urine	Negative		ng/mL	Cutoff=300	01
Drug Screen Comment: This assay provides a preliminary unconfirmed analytical test result that may be suitable for the clinical management of patients in certain situations. For workplace drug testing programs, preliminary positive findings should always be confirmed by an alternative method. Some over-the-counter medications, as well as adulterants, may cause inaccurate results. Screen Only testing does not meet the College of American Pathologists Forensic Urine Drug Testing Program requirements as a forensic urine drug test for workplace testing. All clients must ensure that their testing program conforms to applicable state and federal laws and employment agreements.					03
Urinalysis, Routine					
Urinalysis Gross Exam					03
Specific Gravity	1.027			1.005 - 1.030	03
pH	6.0			5.0 - 7.5	03
Urine-Color	Yellow			Yellow	03
Appearance	Clear			Clear	03
WBC Esterase	Negative			Negative	03

9/
3/4/15

Date Issued: 03/10/15 0919 ET

FINAL REPORT

Noted 3/10/15 @ 1200 C.Henson RN

DAH1010 4/15

LabCorp
Laboratory Corporation of America

Patient Report

Patient: REED, EMILY
DOB: [redacted]

Control ID: L5E04285185

Specimen ID: 066-097-0522-0
Date collected: 03/07/2015 0830 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Protein	Trace			Negative/Trace	03
Glucose	Negative			Negative	03
Ketones	**1+**	**Abnormal**		Negative	03
Occult Blood	Negative			Negative	03
Bilirubin	Negative			Negative	03
Urobilinogen, Semi-Qn	1.0		mg/dL	0.0 - 1.9	03
Nitrite, Urine	Negative			Negative	03
Microscopic Examination					
Microscopic follows if indicated.					03

01	UI	LabCorp OTS RTP 1904 T W Alexander Drive, RTP, NC 27709-0153	Michael Fox, MD
02	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	William F Hancock, MD
03	SO	LabCorp San Diego 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-4108	Jenny Galloway, MD

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

DAH1010 4/15

LabCorp
Laboratory Corporation of America

Patient Report

Specimen ID: 067-097-0178-0
Control ID: L5D04285185

Acct #: [redacted] **Phone:** (310) 784-2272 **Rte:** 00

REED, EMILY

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

Patient Details
DOB: [redacted]
Age(y/m/d): 018/03/20
Gender: F SSN:
Patient ID: [redacted]

Specimen Details
Date collected: 03/08/2015 0720 Local
Date entered: 03/09/2015
Date reported: 03/10/2015 0706 ET

Physician Details
Ordering: H GESSESSE
Referring:
ID:
NPI:

Ordered Items
CMP14+CBC/D/Plt+RPR+TSH; hCG,Beta Subunit,Qual,Serum; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP14+CBC/D/Plt+RPR+TSH					
Chemistries					01
Glucose, Serum	76		mg/dL	65 - 99	01
BUN	11		mg/dL	6 - 20	01
Creatinine, Serum	0.79		mg/dL	0.57 - 1.00	01
eGFR If NonAfricn Am	110		mL/min/1.73	>59	
eGFR If Africn Am	126		mL/min/1.73	>59	
BUN/Creatinine Ratio	14			8 - 20	
Sodium, Serum	142		mmol/L	134 - 144	01
Potassium, Serum	3.9		mmol/L	3.5 - 5.2	01
Chloride, Serum	102		mmol/L	97 - 108	01
Carbon Dioxide, Total	**16**	**Low**	mmol/L	18 - 29	01
Calcium, Serum	9.7		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.9		g/dL	6.0 - 8.5	01
Albumin, Serum	4.6		g/dL	3.5 - 5.5	01
Globulin, Total	2.3		g/dL	1.5 - 4.5	
A/G Ratio	2.0			1.1 - 2.5	
Bilirubin, Total	**2.4**	**High**	mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	87		IU/L	43 - 101	01
AST (SGOT)	20		IU/L	0 - 40	01
ALT (SGPT)	13		IU/L	0 - 32	01
					01
Thyroid					01
TSH	1.590		uIU/mL	0.450 - 4.500	01
					01
Serology/Immunology					01
RPR	Non Reactive			Non Reactive	01
					01
CBC, Platelet Ct, and Diff					01
WBC	4.7		x10E3/uL	3.4 - 10.8	01
RBC	4.83		x10E6/uL	3.77 - 5.28	01
Hemoglobin	15.0		g/dL	11.1 - 15.9	01
Hematocrit	43.2		%	34.0 - 46.6	01
MCV	89		fL	79 - 97	01
MCH	31.1		pg	26.6 - 33.0	01
MCHC	34.7		g/dL	31.5 - 35.7	01

9/3/14y

Date Issued: 03/10/15 0706 ET

FINAL REPORT

noted Rodgers 0623 3-10-15

DAH1010 4/15

LabCorp
Laboratory Corporation of America

Patient Report

Patient: REED, EMILY
DOB: [redacted]

Control ID: L5D04285185

Specimen ID: 067-097-0178-0
Date collected: 03/08/2015 0720 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
RDW	13.6		%	12.3 - 15.4	01
Platelets	249		x10E3/uL	150 - 379	01
Neutrophils	47		%		01
Lymphs	42		%		01
Monocytes	9		%		01
Eos	1		%		01
Basos	1		%		01
Neutrophils (Absolute)	2.2		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	2.0		x10E3/uL	0.7 - 3.1	01
Monocytes(Absolute)	0.4		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		%		01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
hCG,Beta Subunit,Qual,Serum					
	Negative		mIU/mL	Negative <6	01

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

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

9C 3/11/15

DAH1010 4/15

noted cRodgers RN 0623 3-10-15

LabCorp
Laboratory Corporation of America

Patient Report

Specimen ID: 071-D29-0406-0
Control ID: CXE04285045

Acct #: [redacted] Phone: (310) 784-2247 Rte: 00

REED, EMILY

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

Patient Details
DOB: [redacted]
Age(y/m/d): 018/03/24
Gender: F SSN:
Patient ID:

Specimen Details
Date collected: 03/12/2015 0000 Local
Date entered: 03/12/2015
Date reported: 03/12/2015 1418 ET

Physician Details
Ordering: P HIRSCH
Referring:
ID:
NPI: 1275568008

General Comments & Additional Information
Faxed 1100 03/12/2015 cb.

Ordered Items
Comp. Metabolic Panel (14); Hepatic Function Panel (7); STAT; Venipuncture; Ambig Abbrev HFP7 Default; Ambig Abbrev CMP14 Default

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Comp. Metabolic Panel (14)					
Glucose, Serum	74		mg/dL	65 - 99	01
BUN	11		mg/dL	6 - 20	01
Creatinine, Serum	0.64		mg/dL	0.57 - 1.00	01
eGFR If NonAfricn Am	131		mL/min/1.73	>59	
eGFR If Africn Am	151		mL/min/1.73	>59	
BUN/Creatinine Ratio	17			8 - 20	
Sodium, Serum	139		mmol/L	134 - 144	01
Potassium, Serum	4.2		mmol/L	3.5 - 5.2	01
Chloride, Serum	104		mmol/L	97 - 108	01
Carbon Dioxide, Total	27		mmol/L	18 - 29	01
Calcium, Serum	9.0		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.4		g/dL	6.0 - 8.5	01
Albumin, Serum	3.3		g/dL	3.5 - 5.5	01
Globulin, Total	3.1		g/dL	1.5 - 4.5	
A/G Ratio	2.0			1.1 - 2.5	
Bilirubin, Total	1.0		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	78		IU/L	43 - 101	01
AST (SGOT)	17		IU/L	0 - 40	01
ALT (SGPT)	12		IU/L	0 - 32	01
Hepatic Function Panel (7)					
Bilirubin, Direct	0.25		mg/dL	0.00 - 0.40	01
Ambig Abbrev HFP7 Default					01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Hepatic Function Panel (7), Test Code #322755 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Date Issued: 03/12/15 1418 ET

FINAL REPORT

3/13/15

RUTTER TRANSCRIPTION
3/13/15 @ 6:17

DAH1010 4/15

LabCorp
Laboratory Corporation of America

Patient Report

Patient: REED, EMILY
DOB: [redacted]

Control ID: CXE04285045

Specimen ID: 071-D29-0406-0
Date collected: 03/12/2015 0000 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Ambig Abbrev CMP14 Default					01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

01	TC	LabCorp Torrance 23441 Madison Street Suite 310 Bld8, Torrance, CA 90505-4735	Hong Li, MD

For inquiries, the physician may contact **Branch: 800-859-6046 Lab: 800-959-7087**

3/13/15

DAH1010 4/15

LabCorp
Laboratory Corporation of America

LabCorp Torrance
23441 Madison Street Suite 310 Bld8
Torrance, CA 90505-4735
Phone: 800-959-7087

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
071-D29-0406-0		CXE04285045	[redacted]	[redacted]	00

Patient Last Name: REED
Patient First Name: EMILY
Patient Middle Name:
Patient SS#:
Patient Phone:
Total Volume:
Age (Y/M/D): 18/03/24
Date of Birth: [redacted]
Sex: F
Fasting:
Patient Address:

Account Address:
Del Amo Hospital - SDU
23700 Camino Del Sol
TORRANCE CA 90505

Additional Information:
UPIN: [illegible]1949

Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID
03/12/15 00:00	03/12/15		HIRSCH , P	1275568008	

Tests Ordered
Comp. Metabolic Panel (14); Hepatic Function Panel (7); STAT; Venipuncture; Ambig Abbrev HFP7 Default; Ambig Abbrev CMP14 Default

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Comp. Metabolic Panel (14)					
Glucose, Serum	74		mg/dL	65 - 99	01
BUN	11		mg/dL	6 - 20	01
Creatinine, Serum	0.64		mg/dL	0.57 - 1.00	01
eGFR If NonAfricn Am	131		mL/min/1.73	>59	
eGFR If Africn Am	151		mL/min/1.73	>59	
BUN/Creatinine Ratio	17			8 - 20	
Sodium, Serum	139		mmol/L	134 - 144	01
Potassium, Serum	4.2		mmol/L	3.5 - 5.2	01
Chloride, Serum	104		mmol/L	97 - 108	01
Carbon Dioxide, Total	27		mmol/L	18 - 29	01
Calcium, Serum	9.3		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.4		g/dL	6.0 - 8.5	01
Albumin, Serum	4.3		g/dL	3.5 - 5.5	01
Globulin, Total	2.1		g/dL	1.5 - 4.5	
A/G Ratio	2.0			1.1 - 2.5	
Bilirubin, Total	1.0		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	78		IU/L	43 - 101	01
AST (SGOT)	17		IU/L	0 - 40	01
ALT (SGPT)	12		IU/L	0 - 32	01
Hepatic Function Panel (7)					
Bilirubin, Direct	0.25		mg/dL	0.00 - 0.40	01
Ambig Abbrev HFP7 Default					01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Hepatic Function Panel (7), Test Code #322755 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

REED, EMILY | [redacted] | Seq # 0090

03/12/15 14:00 ET DUPLICATE FINAL REPORT

DAH1010 4/15

LabCorp
Laboratory Corporation of America

LabCorp Torrance
23441 Madison Street Suite 310 Bld8
Torrance, CA 90505-4735
Phone: 800-959-7087

Patient Name					Specimen Number		
REED, EMILY					071-D29-0406-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
[redacted]		CXE04285045	03/12/15 00:00		F	18/03/24	[redacted]

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Ambig Abbrev CMP14 Default					01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

01 TC LabCorp Torrance Dir: Hong Li, MD
23441 Madison Street Suite 310 Bld8, Torrance, CA 90505-4735
For inquiries, the physician may contact **Branch: 800-859-6046** **Lab: 800-959-7087**

3/12/15

DAH1010 4/15

Del Amo Hospital Medication Reconciliation

ADMISSION MEDICATIONS:

Information Source:
☒ Patient ☐ Family/Friend: ______
☐ Other: ______
☐ Unable to obtain - Reason: ______

ALLERGIES: NKA
Females Only:
Pregnant: ☐ Yes / ☒ No   Lactating: ☐ Yes / ☒ 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)
None					

Medications Reviewed / Reconciled on: (Date / Time) 3/7/15 @ 0205
By Nurse (print name): S. Cobb
With Psychiatrist and/or Internist (print names): Valdez / Cohen

DISCHARGE MEDICATIONS:

Name of Medication	Dosage	How to Take	How Often to Take	When to Take	Reason / Indication
ABILIFY	5mg 1/2 TAB	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☒ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☒ 9:00 / 1:00PM	DEPRESSION
ABILIFY	15mg 1 TAB	☒ By mouth ☐ On skin ☐	☒ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☒ 5:00PM	DEPRESSION
PROZAC	40mg 1 TAB	☒ By mouth ☐ On skin ☐	☒ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☒ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☐	DEPRESSION
		☐ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☐	
		☐ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☐	
		☐ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☐	
		☐ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☐	

I have been provided a copy of the above instructions and given the opportunity to ask questions. My signature below indicates my understanding. Date: 3/30/15

Patient or Guardian Signature: X Emily Reed

Discharging RN Signature: Maguilo RN

Del Amo Behavioral Health System of Southern California

REED, EMILY
[redacted] I IPL ITU
03/07/2015 00:39
DR. H.GESSESSE

DAH1010 4/15

DEL AMO HOSPITAL • 23700 CAMINO DEL SOL • TORRANCE, CALIFORNIA • (310) 530-1151

Patient Name Emily Reed **Unit** _____

Medication / Prescription **Date:** 3/30/15

	Dosage	Frequency	Route	Comments
1.				
2.				
3.				
4.				
5.				

CA License # _____ **Physician Signature:** _____

Name(print): _____ **DEA#:** _____ **PHONE:** _____

Prescriptions given to patient? ☒ Yes ☐ No (explain why not): _____

☐ Patient does not require medications at discharge

Special Instructions: _____

Patient/Legal Guardian demonstrates understanding or knowledge of:

Referrals or Placement ☒ Yes ☐ No

Medications and how to administrator ☒ Yes ☐ No ☐ (If no, family or caretaker is knowledgeable) ☐ N/A

Importance of getting medication filled prior to next schedule dose ☒ Yes ☐ No ☐ N/A

When and how to seek further treatment ☒ Yes ☐ No ☐ N/A

Importance of communicating with physician if experiencing side effects ☒ Yes ☐ No ☐ N/A

Nature of Problem/Illness:

Expected Course of Recovery:

Attending Psychiatrist: (print name) HIKSCH **Signature:** **Phone:** 310-784-2248

During your hospitalization, the following physical problems were identified/treated: (include medical instructions/special diet)

Attending Internist: (print name) COHEN **Phone:** SAME

Follow up Appointments:

	Name	Address	Phone #	Date/Time of appt.
Psychiatrist/Clinic:	DR NAVANA SHAH	6152 BEACH BLVD #200	714-841-6772	3/31 1130
Therapist/Counselor:	BARBARA MCINTIRE	9282 HAZELBROOK DR	714-962-7335	3/31 5:00pm
Other				

Continuing Care ☐ PHP ☐ IOP ☐ RTC ☐ Other:

Other Treatment Recommendations such as support groups, home health, teaching handouts, etc. List recommendations here:

Attending social work therapist: J. WALKER MSW **Phone:** 310-784-2212

Type of Discharge ☒ Routine ☐ AMA ☐ Other: _____

Patient Discharged to:

☒ Home ☐ Board and Care ☐ Group Home ☐ SNF ☐ Acute Hospital ☐ Residential ☐ Sober Living ☐ Other

Name _____ Address [redacted] Phone # [redacted]

Discharge Date 3/30/14 Time 1200

Accompanied by: ALICIA DRAPER Relationship MOM

Transportation: ☐ Personal car ☒ Parent/Relative ☐ Taxi ☐ Hospital van: ☐ Other: _____

I understand if I experience ANY re-occurrence of the symptoms that lead to my hospitalization, I am to call my current treating therapist or doctor immediately to notify them of my symptoms.

I HAVE READ, I UNDERSTAND, AND I HAVE RECEIVED A COPY OF THESE INSTRUCTIONS.		PATIENT VERBALIZED ACCURATE UNDERSTANDING OF THESE INSTRUCTIONS	
X Emily Reed	3/30/15	X [signature] RN	3/30/15
PATIENT/LEGAL GUARDIAN SIGNATURE	DATE	NURSE'S SIGNATURE	DATE

Del Amo Behavioral Health System of Southern California

DISCHARGE/AFTERCARE PLAN

ADDRESSOGRAPH

REED, EMILY [redacted]

03/07/2015 00:39 I IPL ITU

DR. P POSSESSE

DAH1010 4/15

DAH 1056 08/05

DEL AMO HOSP. , INC 048 PATIENT DEMOGRAPHIC PROF. E Date Printed: 032718
23700 CAMINO DEL SOL

TORRANCE, CA 90505
(310) 530-1151

Patient Name..... **REED, EMILY C**
Address..... [redacted]

City, State, Zip.....
Phone.....
Social Security No.....
Birth Date.....
Age..... 021Y
Sex..... F
Race..... W White
Ethnicity..... CAUCASIAN Amer
Language..... English
Marital Status..... SINGLE
Referral Source 1..... FORMER
Referral Source 2.....

Financial Class: 4024
Fin. Class Name: ..... BLUE SHIELD MHSA

Doctor Name..... HIRSCH PETER
NPP.....
Auth #..... 2018021206001164

Account No/Type.... [redacted] VOL -VOLUNTARY
Medical Record No.. [redacted]
County.....
Admit Date/Time..... 2/28/18 21:15 Resid:
Disch Date/Time..... 3/26/18 11:15 Military: N
Adm.Dx..... Home

Prev. Admit Date..... 00/00/0000
Service..... ITL Nursing Station:
Occupation.....
Employer.....
Address.....
Phone.....

Other Contact:
Name..... DRAPER ALECIA
Address..... [redacted]
City, State, Zip.....
Phone.....
Relationship..... MOTHER
Cell. Other.

Insurance Information

Primary Insurance Holder/Guarantor

Name..... REED EMILY CHRISTINE
Address..... [redacted]
City, State, Zip....
Phone.....
Relationship..... SELF
D.O.B. [redacted]
Occupation.....
Employer.....
Address.....
City, State, Zip..
Cell.....
Other.....

Spouse/Parent

Name..... DRAPER ALECIA
Relationship..... MOTHER
Address..... [redacted]
City, State, Zip..
Phone.....
Occupation.....
Employer.....

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

*** Insurance Carrier 1 Information ***

Carrier..... BLUE SHIELD MHSA
Group Name... Grp#: [redacted]
Policy..... [redacted]
Policy Holder.. REED EMILY CHRISTINE
Address..... PO BOX 710400

City/St/Zip.... SAN DIEGO, CA 92171
Ins Phone..... (877)263-9952
Policy Hld DOB. [redacted]

*** Insurance Carrier 2 Information ***

Carrier..... MEDI-CAL
Group Name... [redacted] Grp#..
Policy..... [redacted]
Policy Holder.. REED EMILY CHRISTINE
Address..... PO BOX 13029

City/St/Zip.... SACRAMENTO, CA 95813
Ins Phone.....
Policy Hld DOB. [redacted]

*** Insurance Carrier 3 Information ***

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

*** Insurance Carrier 4 Information ***

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

Notes: Hep B/1/18 1300 3/24/18 PPD
3065

DAH1010 4/15

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

DISCHARGE SUMMARY

PATIENT NAME: REED, EMILY CHRISTINE

DATE OF ADMISSION: 02/28/2018

DATE OF DISCHARGE: 03/26/2018

The patient is a 21-year-old single Caucasian female admitted on a voluntary though emergent basis for treatment of profound loss of psychosocial functioning hallmarked by severe levels of depression with active suicidal and self-harming behavior requiring the patient's transfer to inpatient psychiatric care from her residential treatment program.

Please see the admission summary for full details of the patient's psychiatric history, history of present illness, as well as other pertinent data.

ADMISSION DIAGNOSES:

Psychiatric: Schizoaffective disorder, depressed type, with psychosis.
Possible major depression, recurrent type, severe, with psychosis.
Posttraumatic stress disorder.
Dissociative identity disorder.
Borderline personality disorder.

Medical: Pseudoseizures including negative seizure neurological (neuro) workup including CT scan of the head.

Psychosocial and Contextual Factors: Not applicable.

DISCHARGE DIAGNOSES:

Psychiatric: Schizoaffective disorder, depressed type, with psychosis.
Possible major depression, recurrent type, severe, with psychosis.
Posttraumatic stress disorder.
Dissociative identity disorder.
Borderline personality disorder.

Medical: Pseudoseizures including negative seizure neurological (neuro) workup including CT scan of the head.

Psychosocial and Contextual Factors: Not applicable.

The patient was admitted to the locked closed unit and placed on appropriate precautions. Patient had full history and physical exam as well as full metabolic studies. These were generally within normal limits.

Patient was seen in all milieu therapeutic activities including small group psychotherapy, psychodrama, cognitive therapy, as well as safety and relapse prevention. The patient was also seen in individual therapy. The patient was also seen in daily psychiatric consultation and case management by Peter Hirsch, MD.

This was an extremely turbulent treatment course for this patient punctuated by significant and recurring struggles with continued high levels of susceptibility to real and/or perceived triggers within the psychosocial environment which precipitated significant levels of dissociation with confusion and disorientation. Psychotherapeutic intervention including attempts to bring about greater and more rapid utilization of cognitive ground techniques to decrease susceptibility to the triggering phenomenon as well as significant work towards greater levels of cooperation, safety, and impulse control within the dissociative disorder. This was, of course, complicated by the underlying borderline personality disorder which left the patient tremendously susceptible to being easily overwhelmed and flooded by dysphoric affect. Cognitive techniques were applied in this area was well. Ultimately, the patient achieved a level of improvement where it was felt that the patient could safely and adequately be discharged with the plan at this time to be discharged to the care of her mother and outpatient treatment.

MEDICATIONS ON DISCHARGE: The patient is given a prescription for a 15-day supply of the following medications:

1. Pristiq 150 mg per day.
2. Sonata 10 mg nightly.
3. Lamictal 150 mg b.i.d.
4. Ativan 0.5 mg p.r.n.
5. Geodon 40 mg b.i.d.
6. Prazosin at 1 mg in the morning and 2 mg at night.

The patient tolerated these medications without difficulty, without evidence or report of postural or orthostatic symptomatology.

DISABILITY: 100%.

PROGNOSIS: Fair dependent upon the patient's compliance with treatment recommendations.

There are no dietary or activity restrictions on discharge.

DISPOSITION: As discussed above.

MENTAL STATUS EXAMINATION AT TIME OF DISCHARGE: Shows the patient to be oriented in all spheres. Speech is mildly reduced in volume and rate. ADLs are adequate. Eye contact is fair. There are slight levels of hesitation with trace levels of guarding. Speech is slightly softened though normal in rate, rhythm, and construction. Responses are slightly slowed though without delay. There are no auditory or visual hallucinations. Affect is mildly restricted though generally appropriate and congruent to the thought content. Mood is mildly dysthymic with mild to moderate levels of anticipatory and free-floating apprehension though globally improved from the profound levels of hopelessness and despair that had hallmarked the admission status. The patient is denying any homicidal or suicidal ideation, contemplation, or plan. Impulse control is adequate. The patient is able to recall 2 objects at 3 minutes. Insight and judgment are fair.

Based upon my direct contact with the patient, I certify in my best clinical judgment that discharge is appropriate at this time.

Peter Hirsch, MD

3/27/18
Date/Time

PBH/af
DD: 03/26/2018 08:55
DT: 03/26/2018 09:06
Job #: [redacted]

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

INITIAL PSYCHIATRIC EVALUATION

PATIENT NAME: REED, EMILY CHRISTINE

UNIT: NTC

DATE OF ADMISSION: 02/28/2018

IDENTIFICATION OF PATIENT: Patient is a 21-year-old, single Caucasian female admitted on a voluntary though emergent basis following discharge and transfer from a residential treatment program secondary to profound levels of depression with significant levels of dissociation with suicidal behavior. Patient is admitted to the inpatient service in order to ensure her safety and welfare.

Patient was previously hospitalized at this facility in March of 2015 and discharged with a diagnosis of major depression, recurrent type, with psychotic symptomatology; possible schizoaffective disorder; posttraumatic stress disorder; and dissociative disorder, NOS. The patient at that time was discharged on a medication regimen of Prozac 60 mg per day, Abilify 2.5 mg b.i.d. and 20 mg at bedtime, Ativan 0.5 mg on a p.r.n. basis and Restoril 15 mg at bedtime p.r.n. sleep. Patient was unable to tolerate prazosin secondary to significant postural symptomatology.

CURRENT MEDICATION:
1. Pristiq 100 mg every day.
2. Lunesta 3 mg at bedtime.
3. Lamictal 150 mg b.i.d.
4. Ativan 0.5 on a p.r.n. basis.

Developmentally, the patient reports a significant history of sexual and physical abuse throughout childhood and adolescence.

Patient reportedly had a recent CT scan of the head, which was negative. Patient also now carries the diagnosis of pseudoseizures, with a negative neurologic workup.

Patient has a significant history of multiple suicide attempts, including by overdose, running into traffic, drinking bleach, et cetera.

Patient most recently was at University Behavioral Health Center in Denton.

MENTAL STATUS EXAMINATION: Shows the patient to be significantly psychomotorally slowed with tremendous levels of guarding and hypervigilance. Eye contact is extremely poor. Speech is at times barely audible and with significant levels of delay. Patient frequently engages in what appears to be dissociative symptoms. It is questionable as to whether the patient is responding to internal stimuli, as in auditory hallucinations, although it is certainly possible that the patient is experiencing ongoing internal dissociation. Mood is profoundly depressed. Affect is severely restricted and flattened. Patient is unable or unwilling to answer questions regarding the presence of suicidal ideation. Patient knows she is in a hospital but cannot or will not give the date. Patient is unable to answer questions regarding whether it is illegal to yell "fire" in a public place. Patient cannot or will not spell "world" backwards. Insight and judgment are impaired. Impulse control is minimal.

ADMISSION DIAGNOSES:

Psychiatric: Major depression, recurrent type, severe, versus schizoaffective disorder, depressed type.
Posttraumatic stress disorder.
Dissociative identity disorder.
History of pseudoseizures.

Medical:

Psychosocial and Contextual Factors:

GOALS FOR HOSPITALIZATION: For alleviation of suicidal risk; decrease in symptoms of depression and anxiety; decrease in posttraumatic stress symptomatology; with improved levels of internal communication, safety and organization within the dissociative system.

MODALITIES OF INTERVENTION: For the patient to be hospitalized on a locked, closed unit and placed on appropriate precautions. Patient will have full history and physical exam as well as full metabolic studies. These will be done not only to establish the patient's medical baseline but also to rule out the possibility of underlying metabolic etiologies as contributory to the patient's current psychological state. Toxicologic screens will also be done.

ESTIMATED LENGTH OF STAY: Ten to 14 days, with then consideration for residential treatment and/or partial hospitalization.

ASSETS AND STRENGTHS: The patient's prior level of functioning and motivation for treatment.

PROBLEM AREAS: As delineated above.

STAFF RESPONSIBLE: Peter Hirsch, MD, and the multidisciplinary treatment team.

I certify that inpatient psychiatric hospitalization is medically necessary for treatment which could reasonably be expected to improve the patient's current condition. Based upon the available information, I expect that this patient requires medically necessary care beyond two midnights.

Peter Hirsch, MD

3/2/18
Date/Time

PBH/jr
DD: 03/01/2018 12:47
DT: 03/01/2018 13:33
Job #: [redacted]

14(6)

Name: Emily Reed Date: 3-1-18

Age: 21 Sex: Male ☐ Female ☑ Transgender (Male → Female) ☐ (Female → Male) ☐

Race: Caucasian

Chief Complaint: Per Psych ☑

Drug OD ☐ Alcohol/Drug Withdrawal ☐ Alcohol/Drug Detox ☐

Other:

Past Psychiatric History: Per Psychiatrist ☑

Past Medical Problems: None ☐

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

Past Surgical History: None ☑

Appendectomy ☐	Hysterectomy ☐	Tonsillectomy ☐	CABG ☐
Spinal ☐	Lap Band ☐	Gastric Bypass ☐	Splenectomy ☐
Cholecystectomy ☐	Ortho/Joint ☐	Hip Replacement ☐	Other:

Del Amo Behavioral Health System of Southern California

History and Physical Examination

PATIENT IDENTIFICATION STICKER

REED, EMILY C
[redacted] I ITL NTC
02/28/2018 21:15
P.HIRSCH MD

Family History:

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

Social History:

Tobacco Products Positive ☐ Denies ☑ Dependent ☐

	Amount	Frequency
Cigarette ☐		Day ☐ Week ☐
Nicotine ☐		Day ☐ Week ☐
Chewing Tobacco ☐		Day ☐ Week ☐
Other ☐		Day ☐ Week ☐

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: Haldol

NKA: ☑ **Medications:** See Medication Reconciliation ☑ Unable to Obtain ☐ Denies ☐

ROS-Review of System

General:	Denies	Occasional	Frequent
Weight Loss or Wt Gain	☑	☐	☐
Night Sweats	☑	☐	☐
Fever or Chills	☑	☐	☐
Fatigue	☑	☐	☐

HEENT:	Denies	Occasional	Frequent
Cephalgia	☑	☐	☐
Ear Pain	☑	☐	☐
Hearing Loss	☑	☐	☐
Rhinorrhea	☑	☐	☐
Sore Throat	☑	☐	☐

Skin:	Denies	Present	
Rash	☒	☐	
Scars	☐	☒	
Tattoos	☒	☐	
Pruritis	☒	☐	
Lacerations	☒	☐	
Abrasions	☐	☒	
Birthmark	☒	☐	

Pulmonary:	Denies	Occasional	Frequent	
Cough	☒	☐	☐	
Wheezing	☒	☐	☐	
Hemoptysis	☒	☐	☐	

Cardiac:	Denies	Occasional	Frequent	
Palpitation	☒	☐	☐	
Orthopnea	☒	☐	☐	
Chest Pain	☒	☐	☐	
DOE	☒	☐	☐	

GI:	Denies	Occasional	Frequent	
N&V	☒	☐	☐	
Abdominal Pain	☒	☐	☐	
Diarrhea	☒	☐	☐	
Hematochezia	☒	☐	☐	
Dyspepsia	☒	☐	☐	
Constipation	☒	☐	☐	
Melena	☒	☐	☐	

GU:	Denies	Occasional	Frequent	
Menstrual Irregularities	☒	☐	☐	
Dysuria	☒	☐	☐	
Urgency	☒	☐	☐	
Flank Pain	☒	☐	☐	
Frequency	☒	☐	☐	
STD	☒	☐	☐	

Musculosketal:	Denies	Occasional	Frequent	
Myalgia/Arthralgia	☒	☐	☐	
Back Pain	☒	☐	☐	

Hematology:	Denies	Occasional	Frequent	
Abnormal Bleeding	☒	☐	☐	
Easy Bruising	☒	☐	☐	

Endocrinology:	Denies	Occasional	Frequent
Heat or Cold Tolerance	☑	☐	☐
Polyuria/polydipsia	☑	☐	☐

Neurology:	Denies	Occasional	Frequent
Syncope	☑	☐	☐
Focal Weakness	☑	☐	☐
Seizure	☑	☐	☐
Paresthesia	☑	☐	☐

Physical Exam

General:

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

Vital Signs: BP 118/75 Pulse 102 RR 18 Temp 97.6 BMI 20 115/53

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

Del Amo Behavioral Health System of Southern California

History and Physical Examination

DAH1010 4/15
NUR-100 H&PExam 12.15.2016

PATIENT IDENTIFICATION STICKER

REED, EMILY C [redacted]
[redacted] I ITL NTC
02/28/2018 21:15
[illegible] MD

Abdomen:

HSM	Absent ✓	Present ____
Auscultation	Normal ✓	Abnormal ____
Palpation	Normal ✓	Abnormal ____
Guarding/Rebound	Absent ✓	Present ____
Discomfort	Absent ✓	Present ____

Flank:

Palpation	Nontender ✓	Tender ____

Skin: Refuses full exam ____

Turgor	Normal ____	Abnormal ____
Rash	Absent ____	Present ____
Suspicious Lesions	None Visible ____	Present ____
Scars	None Visible ____	Present ____
Abrasions	None Visible ____	Present ____
Birthmark	None Visible ____	Present ____

See Nursing Diagram: ☐ ____

Musculoskeletal:

Upper Extremities	Normal ____	Abnormal ✓
Lower Extremities	Normal ✓	Abnormal ____
Spine	Normal ✓	Abnormal ____

Abrasion R wrist

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

Lymph:	Normal ✓	Abnormal____	
Peripheral Vascular:	Normal ✓	Abnormal____	
Extremities:			
Clubbing/Cyanosis	Absent ✓	Present____	
Edema	Absent ✓	Present____	

CRANIAL NERVES: *Note normal findings – if abnormal, indicate finding*	
II – Optic ☑	Distinguishes number of fingers in central field. Distinguishes movements in peripheral field. Other:
III Ocular-Motor ☑ IV Trochlear VI Abducens	Gazes symmetrically up, down, sideways. No diplopia. No disconjugate gaze. Other:
V Trigeminal ☑	Distinguishes 1 from 2 point touch symmetrically on forehead, check, and chin. Chews symmetrically. Opens mouth symmetrically. Other:
VII Facial ☑	Upper: Frowns symmetrically. Lower: Smiles symmetrically. Other:
VIII Auditory ☑	Hears fingers rubbing or snapping equally in both ears. Hears whispered voice. Other:
IX Glosso-Pharyngeal X Vagus ☑	Has gag reflex. Says "ah" and uvula elevates symmetrically. . Other:
XI Accessory ☑	Shrugs shoulders symmetrically. Other:
XII Hypoglossal ☑	Can stick tongue out straight without tremors or fasciculation. Other:
Motor Functions And Other Functions ☑	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 ☑	Sensory examination to light touch is normal. Other:
Laboratory Data	☐ Laboratory Data Reviewed and Unremarkable ☐ Laboratory Data Not Yet Available Pertinent Laboratory Data:

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

Abrasion ® W wrist

Plan:

Follow-up with Primary Care Physician & Psychiatrist after Discharge☑ | Detox Protocol; See Attached☐

See Admit Orders☑ | Monitor Vitals☑ | Pain Management☐

Monitor Blood Sugar☐

Restriction on Activities:

☑No ☐Yes | Seizure Precautions☐ | Fall Precautions☐

Activity as Tolerated☐

Further evaluation and therapy will be instituted as indicated☑

Other:

3/1/18 1300

Examining Physician Name: (Print) | *Examining Physician (Signature)* | *Date/Time*

Barry Allswang, MD☐ Winston Chung, MD☐ Rene Perez-Silva, MD☐ Gerald Cohen, MD☐

LabCorp

Patient Report

Specimen ID: 085-097-1387-0
Control ID: LPM04285065

Acct #: [redacted]

Phone: (310) 784-2247 Rte: 00

REED, EMILY

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

Patient Details
DOB: [redacted]
Age(y/m/d): 021/04/09
Gender: F SSN:
Patient ID:

Specimen Details
Date collected: 03/25/2018 0000 Local
Date received: 03/27/2018
Date entered: 03/27/2018
Date reported: 03/27/2018 0806 ET

Physician Details
Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information
Total Volume: Not Provided

Fasting: No

Ordered Items
Pregnancy Test, Urine

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Pregnancy Test, Urine	Negative			Negative	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: 03/27/18 0807 ET

FINAL REPORT

noted JSchroeder RN 032718 0620

DAH1010 4/15

LabCorp

Patient Report

Specimen ID: 062-097-0990-0
Control ID: L4B04285065

Acct #: [redacted]

Phone: (310) 784-2247 Rte: 00

REED, EMILY C.

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

Patient Details
DOB: [redacted]
Age(y/m/d): 021/03/15
Gender: F SSN:
Patient ID: [redacted]

Specimen Details
Date collected: 03/03/2018 1000 Local
Date received: 03/04/2018
Date entered: 03/04/2018
Date reported: 03/06/2018 0906 ET

Physician Details
Ordering: P HIRSCH
Referring:
ID:
NPI: 1275568008

General Comments & Additional Information
Total Volume: Not Provided

Fasting: No

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

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP14+LP+CBC/D/Plt+TSH					
Glucose, Serum	97		mg/dL	65 - 99	01
BUN	8		mg/dL	6 - 20	01
Creatinine, Serum	0.67		mg/dL	0.57 - 1.00	01
eGFR If NonAfricn Am	126		mL/min/1.73	>59	
eGFR If Africn Am	145		mL/min/1.73	>59	
BUN/Creatinine Ratio	12			9 - 23	
Sodium, Serum	139		mmol/L	134 - 144	01
Potassium, Serum	3.9		mmol/L	3.5 - 5.2	01
Chloride, Serum	99		mmol/L	96 - 106	01
Carbon Dioxide, Total	26		mmol/L	18 - 29	01
Calcium, Serum	9.6		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.7		g/dL	6.0 - 8.5	01
Albumin, Serum	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	0.7		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	66		IU/L	39 - 117	01
AST (SGOT)	25		IU/L	0 - 40	01
ALT (SGPT)	22		IU/L	0 - 32	01
Cholesterol, Total	162		mg/dL	100 - 199	01
Triglycerides	74		mg/dL	0 - 149	01
HDL Cholesterol	50		mg/dL	>39	01
VLDL Cholesterol Cal	15		mg/dL	5 - 40	
LDL Cholesterol Calc	97		mg/dL	0 - 99	
TSH	1.170		uIU/mL	0.450 - 4.500	01
RPR	Non Reactive			Non Reactive	01
					01
CBC, Platelet Ct, and Diff					01
WBC	5.2		x10E3/uL	3.4 - 10.8	01

Date issued: 03/06/18 0913 ET

FINAL REPORT

DAH1010 4/15

LabCorp

Patient Report

Patient: REED, EMILY C.
DOB: [redacted] Patient ID: [redacted] Control ID: L4B04285065

Specimen ID: 062-097-0990-0
Date collected: 03/03/2018 1000 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
RBC	4.64		x10E6/uL	3.77 - 5.28	01
Hemoglobin	14.3		g/dL	11.1 - 15.9	01
Hematocrit	44.0		%	34.0 - 46.6	01
MCV	95		fL	79 - 97	01
MCH	30.8		pg	26.6 - 33.0	01
MCHC	32.5		g/dL	31.5 - 35.7	01
RDW	13.6		%	12.3 - 15.4	01
Platelets	271		x10E3/uL	150 - 379	01
Neutrophils	63		%	Not Estab.	01
Lymphs	30		%	Not Estab.	01
Monocytes	6		%	Not Estab.	01
Eos	1		%	Not Estab.	01
Basos	0		%	Not Estab.	01
Neutrophils (Absolute)	3.3		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.6		x10E3/uL	0.7 - 3.1	01
Monocytes(Absolute)	0.3		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.0		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

DAH1010 4/15

Diagno Laboratorir

RADIOLOGY REPORT

THIS REPORT IS BASED SOLELY UPON THE RADIOGRAPHIC EXAMINATION.
CORRELATION WITH THE CLINICAL EXAMINATION IS ESSENTIAL.

Facility: DEL AMO HOSPITAL-ITU - 43432
23700 CAMINO DEL SOL
TORRANCE, CA 90505-5017

DOS: 03/24/2018
Case: 26561182

Patient: REED, EMILY
Number:

DOB: [redacted] **Age:** 21
Room: 68-B (NTC)

Examination:

XRAY CHEST 1 VIEW

Results: The lungs are clear without evidence of focal pneumonia, pneumothorax, adenopathy or effusion. The cardiomediastinal contours and bony structures are within normal limits. No evidence of acute or chronic rib fractures. No midline shift of structures.

Conclusion: No signs of active tuberculosis.No acute cardiopulmonary findings

Electronically signed by WALTER UYESUGI, D.O. 3/24/2018 1:48:44 PM PDT.

Radiologist:

Date: 03/24/2018 **Time:** 01:48pm PT

WALTER UYESUGI,DO/LE
RADIOLOGIST
Physician: MOHSEN BADRI, DO
DEL AMO HOSPITAL - ITU
23700 CAMINO DEL SOL
TORRANCE, CA 90505-5017

Diagnostic Laboratories
2820 N Ontario Street
Burbank, CA 91504
818.549.1880

DAH1010 4/15 noted 1700 3/24/18

Del Amo Hospital Medication Reconciliation

ADMISSION MEDICATIONS:

Information Source:
☒ Patient ☐ Family/Friend: _____
☐ Other: _____
☐ Unable to obtain - Reason: _____

ALLERGIES: Haldol
Females Only:
Pregnant: ☐ Yes / ☒ No Lactating: ☐ Yes / ☒ 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)
prista		PO		depression	
lamictal		PO		& mood	
anvan		PO		anxiety	

Contacted Psychiatrist and/or Internist (print names): Dr. Hirsch
To Review/Reconcile Medications on: (Date / Time) 2/28/18 @ 2305
By Nurse (print/sign name and title): Z. marquez RN / Z. marquez RN

MEDICATIONS TO TAKE AFTER DISCHARGE:

Name of Medication	Dosage	How to Take	How Often to Take	When to Take	Reason / Indication
PRAZOSIN	1mg 1TAB	☒ By mouth ☐ On skin ☐	☒ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☒ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☐ Take on:	NIGHTMARES
PRAZOSIN	1mg 2TABS	☒ By mouth ☐ On skin ☐	☒ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☒ Bedtime ☐ Take on:	NIGHTMARES
LAMICTAL	150 MG 1 TAB	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☒ 2x per day ☐ 4x per day ☐	☒ Morning ☐ Evening ☐ Lunchtime ☒ Bedtime ☐ Take on:	MOOD STABILIZER
PRISTIQ	100mg + 50mg	☒ By mouth ☐ On skin	☒ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☒ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☐ Take on:	DEPRESSION
GEODON	40mg 1TAB	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☒ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☒ Bedtime ☐ Take on:	MOOD STABILIZER
ATIVAN	0.5mg 1TAB	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☒ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☒ Take on: AS NEEDED	ANXIETY
SONATA	10MG 1 TAB	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☒ Bedtime ☒ Take on: AS NEEDED	INSOMNIA

Any medications taken during this hospitalization that caused an allergic reaction? ☒ No ☐ 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: 3/20/18
Patient or Guardian Signature: Emily Reed
Discharging RN Signature: [signature] RN

Del Amo Behavioral Health System of Southern California

DAH1010 4/15 Rev 12/16

REED, EMILY C [redacted] ITL NTC
02/28/2018 21:15
P.HIRSCH MD

PATIENT HEALTH SCREENING: TUBERCULOSIS

Patient Name: Emily R. Unit: NTC

Ask patient the following questions:

1. Do you have a documented history of positive PPD skin test at any time? ☐ Yes ☒ No Date: ___/___/___
2. Have you ever received treatment for TB? ☐ Yes ☒ No Date: ___/___/___
3. Have you had a chest x-ray for TB status at any time in the past? ☒ Yes ☐ No Date: 3/24/18
4. Do you have any signs or symptoms of the following?
   a. Cough (unresponsive after 2 weeks of antibiotics) ☐ Yes ☒ No Date: ___/___/___
   b. Fever lasting longer than 2 weeks ☐ Yes ☒ No Date: ___/___/___
   c. Night Sweats ☐ Yes ☒ No Date: ___/___/___
   d. Unintentional weight loss (>10 pounds) ☐ Yes ☒ No Date: ___/___/___
5. Are you a recent PPD Skin Test converter (within 2 years)? ☐ Yes ☒ No Date: ___/___/___
6. Have you ever received a BCG (Bacille Calmette-Guerin) vaccine? ☐ Yes ☒ No Date: ___/___/___
7. Do you have close contact to a person(s) who has active TB (outside of hospital)? ☐ Yes ☒ No
8. Do you have a medical condition that increases the risk of TB? ☐ Yes ☒ No
   (Persons with altered immune response because of immune deficiencies, HIV Infection, Leukemia, Lymphoma, generalized malignancy, or immunosuppressive therapy with corticosteroids, alkylating drugs, antimetabolites, radiation or chronic debilitating disease.)

☒ Referred for PPD (Mantoux) Skin Test

Date Given: 3/24/18 Time Given: ____:____ Test Administered by: N. Hemmlin

Site (circle one): R (L) Forearm Material: Tuberculin Purified Protein Derivative Amount: 0.1 ml LOT#: C5411AA Exp. Date: 8/9/20

PATIENT MUST HAVE TB RESULTS READ BETWEEN THE FOLLOWING DATES (48-72 HOURS AFTER PPD ADMINISTRATION)

3/26/18 at 1750 AM/PM and 3/27/18 at 1750 AM/PM

(FAILURE TO DO SO WILL RENDER THE TEST INVALID AND THE TEST WILL HAVE TO BE COMPLETED AGAIN)

Date Read: ___/___/___ Time: ____:____ Read By: _____ (within 2-3 days)

Reaction: _____Negative- Induration Measurement: _____mm (If no induration, write 0mm)

_____Positive- Induration Measurement: _____mm →

Complete all of the following (if positive result):

- ☐ Internist notified for further treatment
- ☐ Infection Control notified (ext # 318)
- ☐ House Supervisor notified

Classification of Tuberculin Skin Test Reaction		
An induration of **5 or more millimeters** is considered positive in: – HIV-infected persons – A recent contact of a person with TB disease – Persons with fibrotic changes on chest radiograph consistent with prior TB – Patients with organ transplants – Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF-alpha antagonists)	An induration of **10 or more millimeters** is considered positive in: – Recent immigrants (< 5 years) from high-prevalence countries – Injection drug users – Residents and employees of high risk congregate settings – Mycobacteriology laboratory personnel – Persons with clinical conditions that place them at high risk – Children < 4 years of age – Infants, children, and adolescents exposed to adults in high-risk categories	An induration of **15 or more millimeters** is considered positive in any person, including: persons with no known risk factors for TB. However, targeted skin testing programs should only be conducted among high-risk groups.

Del Amo Behavioral Health System of Southern California

PATIENT IDENTIFICATION STICKER

REED, EMILY C [redacted]
[redacted] ITL NTC
02/28/2018 21:15
P.HIRSCH MD

NUR-125 Revised 05.18.16
DAH1010 4/15

DAH1010 4/15

Del Amo Behavioral Health System of Southern California

NEURO CHECKLIST

DATE: 3/6/18

TIME	LOC	AFFECT	GLASGOW COMA SCORE	LEFT PUPIL SIZE AND REACTION	RIGHT PUPIL SIZE AND REACTION	SPEECH SLURRED (+/-)	FOLLOWS COMMANDS (+/-)	FORMS W = WORDS S = SENTENCES N = NONE	FACIAL WEAKNESS (+/-)	POWER SCALE UPPER EXT. L / R	POWER SCALE LOWER EXT. L / R	SIGNATURE
2100	1	D	4	B	B	—	+	S	—	4 4	5 5	Patricia Ochoa, RN
0100	3	N	15	B	B	—	+	S	—	5 5	5 5	Patricia Ochoa, RN
0500	3	N	15	B	B	—	+	S	—	5 5	5 5	Patricia Ochoa, RN
0900	3	N	15	B	B	—	+	S	—	5 5	5 5	DHamilton
~~1300~~												
~~1920~~												
~~2100~~												

AFFECT:
N = Normal
D = Depressed
A = Agitated
C = Confused
H = Hallucinations
L = Labile

Pupil Size Chart

1 2 3 4 5 6 7 8 mm

Pupil Reaction
B = Brisk
N = Nonresponsive
S = Sluggish
C = Cataract

LEVEL OF CONSCIOUSNESS
1 – Alert, oriented; answers questions readily
2 – Awake, but agitated, confused
3 – Drowsy, sleeps when undisturbed; can answer or understand
4 - Drowsy, confused, disoriented
5 – Responds to verbal/painful stimuli with purpose
6 – Responds to verbal/painful stimuli without purpose
7 – Responds to painful stimuli with purposeful movement
8 – Responds to painful stimuli without purposeful movement
9 – Completely unresponsive

Directions: For Yes/No questions, fill in (+) = Yes, (-) = No.
For free text, use appropriate scale.

GLASGOW COMA SCALE

EYES	Spontaneous – open with blinking at baseline	4
	To verbal stimuli, command, speech	3
	To pain only (not applied to face)	2
	No response	1
VERBAL	Oriented	5
	Confused conversation; able to answer questions	4
	Inappropriate words	3
	Incomprehensible speech	2
	No response	1
MOTOR	Obeys command for movement	6
	Purposeful movement to painful stimulus	5
	Withdraws in response to pain	4
	Flexion in response to pain (decorticate posture)	3
	Extension in response to pain (decerebrate posture)	2
	No response	1

POWER SCALE
0 No contraction
1 Visible/palpable muscle contraction; no movement
2 Movement with gravity eliminated
3 Movement against gravity only
4 Movement against gravity with some resistance
5 Movement against gravity with full resistance

Patient Identification Sticker

REED, EMILY C [redacted]
02/28/2018 21:15 ILL NTC
P.HIRSCH MD

NUR-094

DEL AMO HOSPITAL • 23700 CAMINO DEL SOL • TORRANCE, CALIFORNIA • (310) 530-1151

Patient Name _____ **Unit** _____

Medication / Prescription **Date:**

	Dosage	Frequency	Route	Comments
1.				
2.				
3.				
4.				
5.				

CA License # _____ **Physician Signature:** _____

Name(print): _____ **DEA#:** _____ **PHONE:** _____

Prescriptions given to patient? ☒ Yes ☐ No (explain why not): _____

☐ Patient does not require medications at discharge

Special Instructions: _____

Patient/Legal Guardian demonstrates understanding or knowledge of:

Referrals or Placement ☒ Yes ☐ No

Medications and how to administrator ☒ Yes ☐ No ☐ (if no, family or caretaker is knowledgeable) ☐ N/A

Importance of getting medication filled prior to next schedule dose ☒ Yes ☐ No ☐ N/A

When and how to seek further treatment ☒ Yes ☐ No ☐ N/A

Importance of communicating with physician if experiencing side effects ☒ Yes ☐ No ☐ N/A

Nature of Problem/Illness:

Expected Course of Recovery: 30-784-

Attending Psychiatrist: (print name) DR. HIRSCH **Signature:** **Phone:** 2248

During your hospitalization, the following physical problems were identified/treated: (include medical instructions/special diet)

Attending Internist: (print name) DR. PEREL-SILVA **Phone:** SAME

Follow up Appointments:

	Name	Address	Phone #	Date/Time of appt.
Psychiatrist/Clinic:	Resilience Tx Ctr - 800.693.9100 - Fri. Mar 30th, 11			
Therapist/Counselor:	1238 Benedict Canyon Dr			
Other:	Beverly Hills, CA 90210			

Continuing Care ☐ PHP ☐ IOP ☐ RTC ☐ Other:

Other Treatment Recommendations such as support groups, home health, teaching handouts, etc. List recommendations here:

Suicide Prevention 877.727.4747

Attending social work therapist: Heather Davidson, LCSW **Phone:** 310-530-1151 x 337

Type of Discharge ☒ Routine ☐ AMA ☐ Other: _____

Patient Discharged to:

☐ Home ☐ Board and Care ☐ Group Home ☐ SNF ☐ Acute Hospital ☐ Residential ☐ Sober Living ☐ Other

Name Emily Reed Address [redacted] Phone # _____

Discharge Date 3/26/18 Time 1115

Accompanied by: _____ Relationship _____

Transportation: ☐ Personal car ☐ Parent/Relative ☐ Taxi ☐ Hospital van: ☐ Other: _____

I understand if I experience ANY re-occurrence of the symptoms that lead to my hospitalization, I am to call my current treating therapist or doctor immediately to notify them of my symptoms.

I HAVE READ, I UNDERSTAND, AND I HAVE RECEIVED A COPY OF THESE INSTRUCTIONS.		PATIENT VERBALIZED ACCURATE UNDERSTANDING OF THESE INSTRUCTIONS	
X Emily Reed	3-26-18	X Daniels RN	3/26/18
PATIENT/LEGAL GUARDIAN SIGNATURE	DATE	NURSE'S SIGNATURE	DATE

Del Amo Behavioral Health System of Southern California

DISCHARGE/AFTERCARE PLAN

ADDRESSOGRAPH

REED, EMILY C [redacted]

A# [redacted] I ITL NTC

02/28/2018 21:15

P.HIRSCH MD

DAH1010 4/15

DAH 1056 08/05

Del Amo Hospital Medication Reconciliation

ADMISSION MEDICATIONS:

Information Source:
☒ Patient ☐ Family/Friend: _____
☐ Other: _____
☐ Unable to obtain - Reason: _____

ALLERGIES: Haldol
Females Only:
Pregnant: ☐ Yes / ☒ No Lactating: ☐ Yes / ☒ 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)
prestiq		PO		depression & mood	
lamictal		PO			
ativan		PO		anxiety	

Contacted Psychiatrist and/or Internist (print names): Dr. Hirsch
To Review/Reconcile Medications on: (Date / Time) 2/28/18 @ 2125
By Nurse (print/sign name and title): Z. Maraviez RN / Z. Maraviez RN

MEDICATIONS TO TAKE AFTER DISCHARGE:

Name of Medication	Dosage	How to Take	How Often to Take	When to Take	Reason / Indication
PRAZOSIN	1mg 1TAB	☒ By mouth ☐ On skin ☐	☒ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☒ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☐ Take on:	NIGHTMARES
PRAZOSIN	1mg 2TABS	☒ By mouth ☐ On skin ☐	☒ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☒ Bedtime ☐ Take on:	NIGHTMARES
LAMICTAL	150mg 1TAB	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☒ 2x per day ☐ 4x per day ☐	☒ Morning ☐ Evening ☐ Lunchtime ☒ Bedtime ☐ Take on:	MOOD STABILIZER
PRISTIQ	100mg + 50mg	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☒ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☐ Take on:	DEPRESSION
GEODON	40mg 1TAB	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☒ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☒ Bedtime ☐ Take on:	MOOD STABILIZER
ATIVAN	0.5mg 1TAB	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☒ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☐ Take on: AS NEEDED	ANXIETY
SONATA	10mg 1TAB	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☐ Take on: AS NEEDED	INSOMNIA

Any medications taken during this hospitalization that caused an allergic reaction? ☒ No ☐ 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: 3/2/18

PATIENT COPY

Patient or Guardian Signature: Emily

Discharging RN Signature: [signature] RN

Del Amo Behavioral Health System of Southern California

NUR-030 - Rev 12/16

REED, EMILY C [redacted]
02/28/2018 21:15
P.HIRSCH MD

ELECTRONICALLY SERVED
8/1/2020 9:36 AM

EXHIBIT 28

EXHIBIT 28

EXHIBIT 28

Del Amo Hospital Medication Reconciliation

ADMISSION MEDICATIONS:

Information Source:
☒ Patient ☐ Family/Friend: _____
☐ Other: _____
☐ Unable to obtain - Reason: _____

ALLERGIES: Haldol
Females Only:
Pregnant: ☐ Yes / ☒ No Lactating: ☐ Yes / ☒ 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)
prista		PO		depression	
lamictal		PO		& mood	
ativan		PO		anxiety	

Contacted Psychiatrist and/or Internist (print names): Dr. Hirsch
To Review/Reconcile Medications on: (Date / Time) 2/28/18 @ 2125
By Nurse (print/sign name and title): Z. maravez RN / S. Malaquez RN

MEDICATIONS TO TAKE AFTER DISCHARGE:

Name of Medication	Dosage	How to Take	How Often to Take	When to Take	Reason / Indication
PRAZOSIN	1mg 1TAB	☒ By mouth ☐ On skin ☐	☒ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☒ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☐ Take on:	NIGHTMARES
PRAZOSIN	1mg 2TABS	☒ By mouth ☐ On skin ☐	☒ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☒ Lunchtime ☒ Bedtime ☐ Take on:	NIGHTMARES
LAMICTAL	150mg 1TAB	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☒ 2x per day ☐ 4x per day ☐	☒ Morning ☐ Evening ☐ Lunchtime ☒ Bedtime ☐ Take on:	MOOD STABILIZER
PRISTIQ	100mg + 50mg	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☒ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☐ Take on:	DEPRESSION
GEODON	40mg 1TAB	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☒ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☒ Bedtime ☐ Take on:	MOOD STABILIZER
ATIVAN	0.5mg 1TAB	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☒ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☐ Bedtime ☒ Take on: AS NEEDED	ANXIETY
SONATA	10mg 1TAB	☒ By mouth ☐ On skin ☐	☐ 1x per day ☐ 3x per day ☐ 2x per day ☐ 4x per day ☐	☐ Morning ☐ Evening ☐ Lunchtime ☒ Bedtime ☒ Take on: AS NEEDED	INSOMNIA

Any medications taken during this hospitalization that caused an allergic reaction? ☒ No ☐ 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: 3/20/18

Patient or Guardian Signature: emily

Discharging RN Signature: Orgundo RN

PATIENT COPY

REED, EMILY C [redacted]
02/28/2018 21:15
P.HIRSCH MD

Del Amo Behavioral Health System of Southern California

NUR-030 - Rev 12/16

ROA2103