

IN THE SUPREME COURT FOR THE STATE OF NEVADA

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Elizabeth A. Brown
Clerk of Supreme Court

Jeffrey Reed, Petitioner, vs. Alecia Reed nka Draper and Alicia Draper, as Conservator for Emily Reed, Respondent.	Supreme Court #: 82575 (Appeal) District Court Case #: 05D338668
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BRENNAN LAW FIRM

/s/ Elizabeth Brennan

ELIZABETH BRENNAN

Nevada Bar No. 7286

7340 Eastgate Road, Suite 170

Henderson, Nevada 89011

Phone: (702) 419-2133

Attorney for Respondent Emily Reed

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Respectfully Submitted on this 10th day of January, 2022.

BRENNAN LAW FIRM

/s/ Elizabeth Brennan

ELIZABETH BRENNAN

Nevada Bar No. 7286

7340 Eastgate Road, Suite 170

Henderson, Nevada 89011

Phone: (702) 419-2133

Attorney for Respondent Emily Reed

CERTIFICATE OF SERVICE

The foregoing **Respondent's Appendix** in the above-captioned case was served this date by mailing a true and correct copy thereof, via first class, postage prepaid and addressed as follows **and** by electronic service through the Court's electronic filing system:

Amanda M. Roberts, Esq.
Roberts Stoffel Family Law Group
Attorney for Appellant
4411 S. Pecos Road
Las Vegas, Nevada 89121

Clerk, Nevada Supreme Court
201 S. Carson Street, Suite 201
Carson City, Nevada 89701

Dated this 10th day of January, 2022.

/s/ Elizabeth Brennan
an employee of Brennan Law Firm

single procedure was used to determine Emily's eligibility for special education and/or determine appropriate educational programming.

Definition of assessment terms:

- **Standard Scores and Scaled Scores** are referenced to a child's age.
 - **Standard Scores** have a mean of 100 and a standard deviation of 15. Average range would include scores from 85 to 115, using these end points as extremes. A score of 2 or more standard deviations, or roughly 30 points or more below 100 would indicate a significant delay. (Note: certain tests, for example the Gillian Autism Rating Scale, report Standard Scores that have a different statistical basis.)
 - **Scaled scores** have a mean of 10 and a standard deviation of about 3. Average would be indicated by scores of about 8 to 12. Scores 6 or more points below 10 represent significant delay.
- The **Age Equivalent** score is the age of a child who would attain the same number of items correct as this child on a specific measure.
- A **Percentile** represents the percentage of children of the same age in the norm sample who scored below this student on this test.
- A **Confidence Interval** (e.g. 90-110) represents the range of scores between which this Student's true score falls, with a 90 or 95 percentage of certainty.
- **T Scores**- A *T-Score* is a standard score with a mean of 50 and a standard deviation of 10.

Components of this assessment include:

- Review of student records, including discipline, attendance, grade reports and particularly April 5, 2011 Multidisciplinary Assessment Report
- Student interview
- Parent interview
- Therapist interview
- Classroom observation
- Teacher input
- Review of Health and Developmental History
- Behavior Assessment System for Children, Second Edition (BASC-2)
- Sentence Completion
- Child Depression Inventory (CDI)
- Beck Youth Inventories (attempted, see test observations)
- Adolescent Psychopathology Scale- short form (APS-SF)
- CRAFFT Screening Questionnaire
- Guess Why Game
- Draw a Person: Screening Procedure for Special Education (DAP:SPED)
- Revised Children's Manifest Anxiety Scales- 2nd edition (RCMAS-2)
- Parenting Relationship Questionnaire
- Parenting Stress Index- short form (PSI-4)
- Developmental/Educational Questionnaire (SAED-2)
- National Stressful Events Survey PTSD Short Scale (NSESSS)
- Suicide Ideation Questionnaire (attempted, see test observations)
- Kinetic Drawing System for Family and School

- Consultation with District and Compass Center Staff

BACKGROUND INFORMATION

Family History

Emily lives with her biological mother and two younger brothers in Huntington Beach, California. Emily's biological father lives in Las Vegas. Emily's mother recently remarried, but her husband lives in a separate home. Emily's mother states that up until Emily was hospitalized in March 2014, the children visited their father regularly every other weekend and seven weeks during the summer. Emily currently does not have regular contact with her father. She describes him as an absentee father. Emily and her family are adjusting to the issues related to her severe traumatic history.

Educational History, including history of special education placement and services

Please refer to Emily's May 2014 assessment report for a more extensive history until that time. Emily completed the 11th grade. She was an instructional assistant for student with disabilities during summer school, where she was very successful with students and was able to practice her sign language skills with the teacher. However, she had few conversations and often guarded interactions with peers or adults.

Previous Assessment Results, including any Independent Educational Evaluations

There have been no additional assessments since Emily's May, 2014 evaluation.

Current Educational Performance

Emily is a twelfth grade female student at Huntington Beach High School. She has been at HBHS since the ninth grade. Emily is currently enrolled in one special education class (Physical Science) and five general education classes (Consumer Math, American Sign Language, English, Economics, and Cross Country). Emily is earning all A's in her classes. It should be noted that prior to March 2014, Emily was meeting the four year college A-G requirements. Currently, Emily's academic needs are compromised in the general education setting due to severe internalizing behaviors. Emily requires accommodations such as extra time on assignments, tests and quizzes not to exceed double assigned time, may take tests in special education classroom if desired, may have preferential seating if desired, variable credits, use of FM device in class, and may leave classroom if needed to visit school psychologist or case manager to assist with emotional needs.

Total/Last Semester GPA:	3.76/3.33
Credits toward graduation:	191 out of 220
Current Attendance:	94.8% as of 10/21/2014
Current Days of Suspension:	0

History of Mental Health and related interventions

Emily received mental health treatment from UCI Medical Center from March 18-April 7, 2014. She was diagnosed with chronic post-traumatic stress disorder, major depressive disorder, and social anxiety

disorder. Emily was discharged from UCI Medical Center on April 7 and was sent to Center for Discovery in Long Beach. Emily received intensive inpatient treatment from Center for Discovery until she was discharged on May 12, 2014. Emily has seen multiple therapists over the past three months. Emily began seeing a therapist, obtained by her mother, who addresses her trauma experiences as well as ongoing family relationships in about June, 2014 and she has continued to see her weekly.

EDUCATIONALLY RELEVANT HEALTH AND MEDICAL INFORMATION

As noted previously, Emily has a history of seeming unhearing or inattentive, and she in fact failed a hearing screening. However, further assessment, utilizing a sedated auditory brain stem response, found her hearing to be within normal limits. At approximately the same time, her performance on an auditory processing test was wholly inconsistent. Her scores often were no different than statistical likelihood of guessing and she frequently missed earlier, easier items when she later correctly answered more difficult items. While it might have appeared at times that Emily had a hearing and/or auditory processing deficit, such performances could also be associated with anxiety or disassociation.

OBSERVATIONS/INTERVIEWS (Including Career/Vocational Abilities & Interests)

Test Behavior

Emily was introduced to the ERMHS School Psychologist when she was sent a "call slip" to come to the health office. The assessor introduced herself and explained the purpose of the meeting. She also attempted to engage in small talk and conversation to establish rapport. Although she was cooperative in going into the office and sitting with the assessor, Emily did not engage in any of this initial conversation. In fact, she was very guarded and did not speak to the assessor for about 45 minutes. When presented with a self-rating instrument, she simply stared at the document for about 10 minutes. Consequently the Beck's Inventory was removed. Since Emily completed the APS-SF at a later date, which measures similar aspects of personality and emotional functioning, the Beck's was not re-introduced.

Throughout the testing during the remaining time on that day and a second day, Emily attempted to convey a cooperative attitude. She would immediately perform any drawing task, but her approach to rating scales was slow. She generally read all the items before initiating any responses or endorsements and she would answer the items out of order, returning several times to earlier items until all the questions were completed. She approached the SIQ in a similar manner, first responding to items 24 and 25, then #3. She would not respond to any more items for more than 10 minutes, instead re-reading the items, and when asked if she could complete the task, she shook her head "no".

Emily was generally silent when asked direct questions, but did answer questions in the Guess Why Game which asks her to guess about the feelings of an imaginary peer. Even then, she frequently asked to have a question repeated and her responses generally began after a long pause, as long as 5 minutes.

When told the tasks were completed, Emily appeared more relaxed and did finally engage in some inconsequential conversation with the examiner. She then was able to answer some questions about her counseling outside of school and very briefly about her relationships with her immediate family members.

School Observation

On 9/11/14, Emily was observed by the school psychology intern during the lunch period at the American Sign Language (ASL) Club meeting for 15 minutes; Emily was 15 minutes late, but did not miss the start of the meeting. The meeting consisted of learning and rehearsing signs for "The Star Spangled Banner", to be performed during the next school assembly. Emily participated in this activity 100% of the time and sat alone at the far end of the classroom during this activity; she did not interact with other club members, but did respond when faculty advisors engaged her. During the meeting, the faculty advisor utilized her FM device while Emily listened to instructions through her earpieces. Later the faculty advisor asked Emily if she could understand the instructions and Emily signed "Sort of." The faculty advisor then reminded Emily that if she was having difficulty understanding anything, Emily could ask questions. During the meeting, Emily appeared calm and attentive to the task.

Student Interview

Emily was interviewed to determine her likes and dislikes as well as her short-term and long-term goals. Emily enjoys cooking, organizing, running, and traveling. Emily indicated that she is frustrated and irritated because she is "used to having a structured plan for [her] life, but at this time, [she] does not have any plans." Emily reported that she is unable to think or plan for the future because she is uncertain about her future. Emily stated she is afraid or anxious about growing up. Emily became quiet, very guarded, and upset when asked about her long-term goals. She did not want to talk about it. Emily was given a questionnaire so that she could write her responses. She stared at the questionnaire for 20 minutes and then tore it up in little pieces.

Sentence Completion was used to elicit Emily's thoughts and feelings in a nonthreatening manner. Emily provided the following responses.

- 1) My dad is unavailable.
- 2) When I can't do what I want to, I try even harder.
- 3) When I grow up, I want a big family.
- 4) My teachers are important people in my life.
- 5) I know it's silly, but I'm afraid of failure.
- 6) My mother is very supportive.
- 7) I would do anything to forget my past.
- 8) I dream about a world without pain.
- 9) When I get mad I scream from the inside.
- 10) Love means many different ideas.
- 11) When my parents tell me to do something, I try my best to get it done.
- 12) The kids I like best are all.

It is noted that Emily only completed sentences that she was comfortable answering. She left half of the sentences blank.

Parent Interview and Input

Mrs. Draper completed the SAED-2 Developmental/Educational Questionnaire and also participated in an unstructured interview. Information from these sources that are noted elsewhere in the report (i.e., family background) are not repeated in this section of this document. Mrs. Draper indicates that she had been worried about Emily for years. She was concerned that she was too quiet and seemed as though she was "not there" and was unable to have or express her own thoughts and feelings. It has always taken her a long time to understand and she has difficulty expressing her emotions.

It was not until Emily's recent disclosure that she had been sexually molested since age 8, that others began to take mother's concerns seriously. Emily was hospitalized this year for suicidal ideations and PTSD symptoms. She spent approximately 30 days at UCI Medical Center, followed by an additional 30 days at Center for Discovery. While at the hospital, Emily tried to minimize herself and withdraw physically, such as by sitting in the closet or bathtub. She was tried on several medications during these two months, which Mrs. Draper indicated made her dopy, and she is not presently taking any medication.

Criminal punishment is still in process of being pursued by authorities in Nevada, where the abuse took place. As such, there is ongoing adjustment issues for Emily, her siblings, and her mother, associated with the trauma.

Mrs. Draper indicated that Emily has never been in trouble at home and has never broken any rules. The family goes to church together weekly and regularly shops, watches movies, or cooks together.

Emily began psychological counseling with Roxanna Grimes this summer. Mrs. Draper was pleased to find a therapist who is spiritually based and also specializes in treating traumatized girls. In some ways, Emily's improved since the therapy, but has simultaneously continued or even had increased symptoms. For example, while she does not have the same "melt downs" at home that are reported to occur at school, Emily can be hyper focused on school work and organizing. While doing homework she often has headaches and vomits.

Emily continues to want a relationship, of some sort, with her father. She also expresses a desire to have him provide answers. He has come to California only a couple of times in the last year. Emily writes to him but he does not reply.

Mrs. Draper's concerns for Emily are mostly regarding the future. For example, will Emily isolate herself and withdraw further after high school or will she be able to go to college, work, engage in basic activities that she does not presently do independently, such as shopping. What types of supports will be available to her.

Teachers' Input

Five of Emily's teachers were interviewed to help identify Emily's strengths and needs, as well as gather information regarding her current program, and circumstances that may contribute to difficulties at school. The teachers interviewed were Mrs. Seeker-Sibiglia (English), Ms. Shackleford (Cross Country Teacher), Ms. Shireman (Science), Ms. Brady (Consumer Math), and Ms. Malone (American Sign Language). In the classroom, Emily is generally quiet and shy. Emily usually has a hard time presenting in front of the class and working in groups. Some of her teachers notice that she is somewhat withdrawn.

Most of her teachers are concern with her peer relations. Emily keeps to herself; she does not reach out to make friends. Emily does not engage in conversation in class. She prefers not to talk or communicate. Emily works hard and often goes beyond on her assignments and takes pride in her work. She is very motivated to do well. According to Ms. Shireman, Emily is an excellent student. She appears happy and engaged every day. Emily's Cross Country, American Sign Language, and English teachers state that they check in with Emily everyday regarding how she is doing. Ms. Malone reports that Emily does well when she provides Emily with a copy of the power point notes or put then on Canvas. If Emily is uncomfortable signing in front of the class, Emily would have an opportunity to sign in front of Ms. Malone. Emily at times does not response to questions verbally. She would prefer to sign or respond with nonverbal gestures. There are times, she would stare at her teachers and give them a confused look requiring the teachers to ask close ended questions to figure things out. Generally, Emily is a pleasure in class. She comes to class organized and prepared to learn.

School Psychologists' Input

Emily is a shy, quiet, and reserve student. Emily experiences severe anxiety, and flashbacks at school. At times, these problems exacerbate into physical symptoms such as stomachaches, headaches, nausea, and vomiting. Emily recently becomes aware that she dissociates with reality. She has ~~demonstrated this behavior at least three times during the school day. Despite these severe problems,~~ Emily tries hard to be positive. She has gone off on a limb to be more social by continuing with her participation in cross country and attending her first school dance. Emily does not exhibit her internalizing behaviors in the classroom. She often asks her teachers for a break when feeling overly anxious and comes to the school psychologist for emotional support and assistance. Emily struggles with identifying her emotions. She frequently does not have the insight or understand her emotions and triggers. Her common respond is "I don't know" or she would shrug her shoulders. This school year so far, she has left class to come to the school psychologist for help with self calming and emotional control or regulation on average of 2-3 times per week ranging from 50 minutes to 2.5 hours. Often Emily tries hard to return to class. She rarely request to go home. Emily focuses on school and cross country to avoid dealing with her emotional problems. She indicates in a counseling session that "[she] does not like to express her emotions or deal with [her] emotions because it's exhausting." Emily responds well to breathing exercises, mindfulness activities, writing in a journal, tearing paper, taking a walk, and drawing.

Private Psychologist's Input

Roxanna Grimes, Emily's private counselor, provided the following information on Emily's progress with therapy:

"In reviewing the recent meetings with Emily, I asked her to give 5 areas she feels she has progressed in. She was quite insightful and in agreement with my review of her progress.

1. She has gained ground in being in touch with and identifying her feelings
2. She has gained personal understanding of the importance of being committed to her healing process
3. Through focus and ability to redirect focus, she is able to more easily control negative emotions before they overtake her
4. She has noticed less need to go to School counselor's office in a given school day
5. Emily displays through self-expression and physical display, an increased confidence in who she is and the hope of finding her niche in the world. "

SOCIAL-EMOTIONAL FUNCTIONING/MALADAPTIVE BEHAVIORS

Behavior Assessment System for Children, Second Edition (BASC -2)

The Behavioral Assessment System for Children, Second Edition (BASC-2) was completed by Emily, Emily's mother, and Ms. Brady (Mathematics teacher). Ms. Brady, Emily's Mathematics teacher has known Emily for two years. The BASC-2 is an integrated system designed to facilitate the differential diagnosis and classification of a variety of emotional and behavioral disorders of children and to aid in the design of treatment plans. Scores in the clinically significant range suggest a high level of maladjustment suggesting the need for an intervention. Scores in the at-risk range may identify a significant problem that may not be severe enough to require formal treatment or may identify the potential of developing a problem that needs careful monitoring. Average indicates that the student is performing about the same as her peers and could be considered an area of relative strength. Ranges not listed are due to differences in questions asked on each form of the BASC-2 or questions not being answered. In addition, several indexes are provided to help examine the validity of the results provided on the BASC-2. These include an F Index to detect "faking bad" or abnormally high symptom reporting, an L Index consisting of items to detect the tendency to "fake good" or provide overly positive information about the student, and a V Index made up of nonsensical items that serve as a basic check of the validity of the responses provided. These indices were all found to be acceptable for the self and teacher rating scales. The parent Consistency Index was found to be within the "Caution" range. Below are the items that Mrs. Kremidas endorsed triggering the Consistency Index.

CONSISTENCY INDEX

Item Response

- 5. Pays attention. Sometimes
- 65. Listens to directions. Often
- 12. Worries about making mistakes. Almost always
- 143. Says, 'I'm afraid I will make a mistake.' Sometimes
- 17. Joins clubs or social groups. Sometimes
- 120. Attends after-school activities. Almost always
- 18. Adjusts well to changes in plans. Sometimes
- 31. Adjusts well to changes in routine. Never
- 35. Has a short attention span. Almost always
- 136. Is easily distracted. Never
- 62. Is effective when presenting information to a group. Never
- 97. Is a 'self-starter.' Almost always
- 82. Is easily upset. Sometimes
- 100. Loses temper too easily. Never
- 129. Is afraid of getting sick. Almost always
- 145. Expresses fear of getting sick. Sometimes

Caution is warranted when interpreting the BASC-2 parent rating scale results.

Multidisciplinary Psycho-Educational Assessment Report (continued): Emily Reed

T Scores of 50 to 59 = normal range; T Scores of 60 to 69 = borderline significance; T Scores of 70+ = clinical significance. In the Adaptive Skills domain, T Scores of 40 to 50 = normal range; T Scores of 30 to 39 = at-risk range; T Scores of 29 and below = clinically significant

Scale Measures	Teacher (Brady)	Parent (Mother)	Self-Report Measures	Student
Behavioral Symptoms Index (BSI) (Hyperactivity, Aggression, Anxiety, Depression, Atypicality, Attention Problems)	50	66*	Emotional Symptoms Index (ESI)	61*
Externalizing Problems Composite	42	37	School Problems Composite	34
Hyperactivity	42	38	Attitude To School	40
Aggression	43	38	Attitude To Teachers	43
Conduct Problems	43	40	Sensation Seeking	30
Internalizing Problems Composite	67*	76**	Internalizing Problems	57
Anxiety	72**	80**	Atypicality	45
Depression	62*	67*	Locus of Control	44
Somatization	60*	68*	Social Stress	56
School Problems Composite	48		Somatization	76**
(Teacher Scale Only)			Sense of Inadequacy	56
Learning Problems (Teacher Scale Only)	56		Anxiety	67*
Attention Problems	40	64*	Depression	45
Atypicality	44	76**	Inattention/Hyperactivity	52
Withdrawal	69*	91**	Attention Problems	61*
Adaptive Skills Composite	54	41	Hyperactivity	42
Adaptability	52	36*	Personal Adjustment Composite	36*
Social Skills	63	67	Relations with Parents	46
Leadership	46	42	Interpersonal Relations	42
Study Skills (Teacher Scale only)	58		Self-Esteem	37*

Activities of Daily Living (Parent Scale)		53	Self-Reliance	35*
Functional Communication	47	13**		

* Indicates areas of borderline concern (at-risk)

** Indicates areas of clinically significant concern

Ms. Brady, Emily's Mathematics teacher, endorsed items suggesting she has very elevated concerns regarding Emily's anxiety. She has borderline concerns regarding the areas of depression, somatization, and withdrawal. Ms. Brady indicated that Emily frequently displays behaviors stemming from worry, nervousness, and/or fear. Emily is at times withdrawn, pessimistic, and/or sad. Emily displays several health-related concerns. Additionally, Emily is seemingly alone, has difficulty making friends, and/or is sometimes unwilling to join group activities in the classroom environment.

Based on results from the parent rating scale, the Internalizing Problems composite-scale T score is 76, with a 90 percent confidence-interval range of 71-81 and a percentile rank of 98. EMILY's T score on this composite-scale falls in the Clinically Significant classification range. Mrs. Kremidas' ratings indicate that she has clinically significant concerns with the areas of anxiety, atypicality, withdrawal, and functional communication. She has borderline concerns with depression, somatization, attention problems, and adaptability.

Emily's ratings suggest that Emily has clinically significant concerns with somatization. She endorsed items indicating that she has borderline concerns with anxiety, attention problems, self-esteem, and self-reliance.

According to the BASC-2 results, Emily exhibits elevated to very elevated levels of anxiety, withdrawal, and somatization behaviors at school and home settings.

Children's Depression Inventory

Emily Reed completed the Children Depression Inventory (CDI) on 9/23/2014. CDI is a self-rated depressive symptom inventory for school-aged children and adolescents ages 7-17 years. T-Score of 65 or greater are considered to be clinically significant and T-Score of 45-55 are considered within the average range.

Negative Mood: reflects feeling sad, feeling like crying, worrying about "bad things", being bothered or upset by things, and being unable to make up one's mind.

Interpersonal Problems: reflects problems and difficulties in interaction with people, including trouble getting along with people, social avoidance, and social isolation.

Ineffectiveness: reflects negative evaluation of one's ability and school performance.

Anhedonia: reflects "endogenous depression", including impaired ability to experience pleasure, loss of energy, problems with sleep and appetite, and a sense of isolation.

Negative Self-esteem: reflects low self-esteem, self-dislike, feelings of being unloved, and a tendency to have thoughts of suicide.

Total Score: overall depressive symptomatology across the five areas.

Children's Depression Inventory		
Scales	T-Scores	Classification
Negative Mood	64	Borderline Concern
Interpersonal Problems	54	Average
Ineffectiveness	52	Average
Anhedonia	63	Borderline Concern
Negative Self Esteem	52	Average
Total CDI Score		

Emily endorsed the following statements:

Negative Mood	Interpersonal Problems	Ineffectiveness	Anhedonia	Negative Self Esteem
I am sad many times.	I am bad once in a while.	I do many things wrong.	I have fun in some things.	Things will work out for me O.K.
I worry that bad things will happen to me.	I usually do what I am told.	My schoolwork is alright.	I have fun at school only once in a while.	I do not like myself.
Many bad thing are my fault.	I get along with people.	I can be as good as other kids if I want to.	I have plenty of friends.	I am sure that somebody loves me.
I feel like crying once in a while.	I do not like being with people many times.	Doing school work is not a big problem.	I have trouble sleeping many night.	I think about killing myself but I would not do it.
Things bother me many times.			I am tired many days.	I look O.K.
It is hard to make up my mind about things.			Many days I do not feel like eating.	
			I worry about aches and pains many times.	
			I feel alone many times.	

Draw-A-Person: Screening Procedure for Special Education (DAP:SPED)

The DAP:SPED is a screening procedure in which a student is directed to draw a picture of a woman, man, and self. Pictures are evaluated for the inclusion of elements which may indicate a likelihood of emotional disturbance and whether further assessment of emotional functioning is warranted in a category of either not indicated, indicated, or strongly indicated. Scores are reported as a T-Score and scores less than 55 do not indicate any further assessment warranted, whereas scores between 55-65 indicate further assessment is warranted, and scores above 65 indicate further assessment is strongly indicated

T Score: 59 Further assessment is indicated

Emily's drawings were short and small, which is typically included in drawings by children or adolescent who feel inadequate. They are also anchored to the top left of the page which is often associated with children who are introspective and self-concerned or self-conscious.

The Beck Youth Inventories- Second Edition for Children and Adolescents (BDY-II)

The BDY-II is made up of five self-report inventories can be used separately or in combination to assess symptoms of depression, anxiety, anger, disruptive behavior and self-concept. Each inventory contains 20 statements about thoughts, feelings and behaviors associated with emotional and social impairment in youth. The rater endorses how frequently the statement has been true for them. Scores on all inventories have a mean of 50 with a standard deviation of 10. Scores of 40 or lower on the self-concept scale and 70 or greater on the remaining scales are considered significant and are marked (*).

Although initially presented to her, Emily did not initiate any responses on the Beck's. It was not subsequently reintroduced.

Kinetic Family Drawing

Emily was asked to draw a picture of her family, in which all members of the family are "doing something." She was then interviewed about her drawing, including the thoughts and activities of the persons, both before and after the picture takes place. Emily's responses to the interview questions were provided through gesture or written response. The persons are arranged in separate activities, reflecting a lack of engagement or interaction. She did depict each person in a preferred activity, such that she demonstrates an awareness and caring for their interests. Mom is baking (her occupation) which is an activity outside the home. Her brothers are depicted in recreational activities as Adam is playing a video game and Anthony is surfing. Emily is pictured along an alphabetized chart because she is "organizing." She likes to organize and feel structure and order.

Emily also drew an empty circle labeled "Dad." She expressed a desire for interaction or communication with him and feels that she is trying to maintain some relationship with her father but he is absent. It was also noted that she did not draw her step-father or any other members of his family.

Guess Why Game

The "Guess Why" game provides statements about a girl named Mary and asks Emily to guess why it happened. Although she is responding in regards to an imaginary character, her responses can be inferred

as reflecting her insights, feelings, and desires or expectations, as she must rely on her own experiences and understanding to form responses, yet it does allow her to be less personal than if asked direct questions about herself.

Mary doesn't play with other girls. Why? *She chooses not to.*

Mary's teacher asked her to see her after school. Why? *To talk about her grades.*

When Mary's father came home last night, what happened? *Am I able to skip?*

Mary woke up in the middle of the night. Why? *She had a bad dream.*

Mary had a dream one night. What was it about? *Does it have to be complicated* [It is your choice how to answer]. *Starfish*

Mary brought home her report card yesterday. What happened? *The grades were correct.*

Mary's mother put on her coat and left the house. Why? *To go to the store.*

Mary came home crying the other day. Why? *Her friend hurt her.*

~~Mary felt mad at her mother one day. Why? *Because she didn't buy her something she wanted.*~~

Mary went to her room. Why? *To get peace and quiet.*

Mary's feelings are hurt at times. Why? *She's sensitive.*

Mary's mother was very upset about something. Why? *It caused her pain.*

~~Mary did not come home for supper. Why? *She was staying at a friend's house.*~~

Yesterday something went wrong. What was it? *She fell off her bike.*

There is something that Mary doesn't like about her father. What is it? *Lack of communication.*

Mary thinks her mother and father don't like her. Why? *They don't give her attention.*

Mary did not want to go to school today. Why? *She didn't want to be with people.*

Mary especially likes one thing about her teacher. Why? *How supportive they are.*

Sometimes she gets angry in school. Why? *There's too much to do.*

Sometimes Mary doesn't do what her mother tells her to do. Why? *She believes she is wrong.* What happens? *She gets grounded.*

Mary wishes she were grown up. Why? *To become independent.*

Sometimes Mary fights with her brother. Why? *She wants him to listen.* What happens? *They make up.*

Mary doesn't like a certain person in school. Why? *She made up a rumor.*

Sometimes Mary gets nervous and upset in school. Why? *She won't complete the assignment in time.*

One day Mary and her mother had a big argument. Why? *They couldn't agree.*

One day, Mary left the house. Why? *To get some fresh air.*

Mary dislikes something about her teacher. Why? *She's an important person in her life.*

Sometimes Mary feels very sad. Why? *She didn't get a very good grade.*

Mary usually likes to be by herself. Why? *She can be herself.*

Mary once wanted to run away from home. Why? *It seemed like the only choice.*

Mary doesn't like to be called on in class. Why? *Too much pressure.*

How old do you think Mary is? *14.*

If Mary could do anything she wanted, what would she do that she can't do now? *Travel the world.*

What does Mary wish for most of all? *Everyone's happiness.*

What is Mary's favorite color? *Orange.*

It should be noted that Emily took a great deal of time before responding, as though weighing each option and response before able to say it aloud. Even the simple question of her favorite color was answered after a 30 second delay.

Many of Emily's responses reflect typical thinking and every day activities, such as that Mary didn't come home for dinner because she was staying at a friend's house. In addition, the conflict and lack of attention from her father is evident as well as themes of feeling self-imposed pressure to perform well, especially in school, which leads to her feeling overwhelmed.

CRAFFT Screening

The CRAFFT is a behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents. It consists of a series of 6 questions developed to screen for high-risk alcohol and other drug use disorders simultaneously. It is a short, effective screening tool meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted.

Emily denied or answered negatively to each of the following during the past 12 months: (1) drank alcohol (more than a few sips), (2) smoked marijuana or hash, and (3) used anything to get high. She also indicated that she has never ridden in a car driven by someone who was "high" or had been using alcohol or drugs. Based on her responses, further evaluation is not warranted and substance misuse is not considered an area of concern for Emily.

Adolescent Psychopathology Scale – Short Form (APS-SF)

The APS-SF is a student self-report on 115 items that examines domains of psychopathology and psychosocial problems. The Student is asked to identify the frequency of their own behaviors and feelings specifically during the past 6 months, in general, in the past 3 months, in the past month, and in the past 2 weeks. Scores are reported as T Scores with an average of 50 and T scores of 65-69 are considered to fall in the mild clinical symptom range, scores of 70 to 79 are in the moderate clinical symptom range, and scores of 80 or above are in the severe clinical symptom range. The test includes validity scales of defensiveness and inconsistency.

<u>Validity Scales</u>	<u>T Score</u>
Defensiveness	49
Inconsistency	45

<u>Clinical Scales</u>	<u>T Score</u>	<u>Range</u>
Conduct Disorder	43	within normal limits
Oppositional Defiant Disorder	39	within normal limits
Substance Abuse Disorder	44	within normal limits
Anger/Violence Proneness	47	within normal limits
Academic Problems	52	within normal limits
Generalized Anxiety Disorder	57	within normal limits
Posttraumatic Stress Disorder	59	within normal limits
Major Depression	57	within normal limits

Multidisciplinary Psycho-Educational Assessment Report (continued): Emily Reed

Eating Disturbance	42	within normal limits
Suicide	52	within normal limits
Self-Concept	58	within normal limits
Interpersonal Problems	51	within normal limits

Emily endorsed ratings in the normal range on all aspects of this measure. Since this is inconsistent with the panic attacks/melt downs, crying, and dissociative behaviors she demonstrates at school, it could be suspected that she intentionally misrepresented her feelings to hide or present herself to make a better impression. However, since her endorsements on the defensiveness scale fell well within the average range, it is more likely that Emily lacks sufficient insight into her mood and feelings, rather than any intentional intent to mislead others.

Revised Children's Manifest Anxiety Scale-2

The RCMAS-2 is a self-rating that assesses the level and nature of anxiety and measures scores on three anxiety-related measures of physiological anxiety, worry, and social anxiety, and these three scales make up the total score, by asking the student to endorse items as either "yes", describing the respondent or "no" not describing the respondent. In addition, a measure of defensiveness and inconsistency assist in determining whether the student's reported information is likely valid. Scores are reported as T-Scores with a mean of 50 and standard deviation of 10. T scores below 40 indicate the respondent is usually anxiety-free and scores

above 60 suggest the respondent has at least some difficulties with anxiety. Scores of 65 or greater are significant and are indicated (*).

<u>Scale</u>	<u>T Score</u>
Defensiveness	60
Total Anxiety	57
Physical Anxiety	57
Worry	56
Social Anxiety	55

While not significantly elevated, Emily's endorsement on the Defensiveness scale is higher than her other scores and one standard deviation above the mean, and so at least somewhat elevated. This reflects difficulty admitting to everyday imperfections that are commonly experienced. As such, her endorsements on other scales may be an underestimate of her true feelings. Again, this may be a reflection of poor insight or an inability to allow herself to acknowledge the feelings she experiences.

Parenting Relationship Questionnaire (PRQ)

The PRQ is a rating scale designed to capture the parent's feelings about the parent-child relationship. It includes a measure of several traditional dimensions that are relevant to the development of strong and healthy parent-child relationships. The rating also includes scores on two scales that measure a tendency to be overly negative (F scale) or overly positive (D scale) to assist in considering the validity of the responses. Subscale scores are reported as T-Scores with an average of 50 and standard deviation of 10. Ranges are classified as lower extreme, significantly below average, average, significantly above average, and upper extreme. T scores on most scales of 30 or below, which fall in the lower extreme, are marked

with an asterisk (*) and denotes significant relationship problems, except on the relationship frustration scale in which a score at or above 70, which falls in the upper extreme, is considered significant and marked with an asterisk (*).

F scale: acceptable
D scale: acceptable

<u>Scale</u>	<u>T-Score</u>	<u>Range</u>
Attachment	42	average
Communication	41	average
Discipline Practices	35	below average
Involvement	55	average
Parenting Confidence	60	average
Satisfaction with School	62	average
Relational Frustration	38	average

Mrs. Draper completed the PRQ and her responses were in the acceptable range on the validity scales indicating it unlikely that she attempted to present herself in an overly positive or negative impression, though she did endorse two items on the defensive scale. As such, this is considered a valid estimate of her perception of her relationship in parenting Emily.

Mrs. Draper reports less than average skills in disciplining Emily, and this likely relates to the fact Emily never has any behavioral problems or breaks any rules in the home. She otherwise endorsed average amounts of satisfaction in all other parenting areas, compared to other mothers of children in Emily's age group. She indicates no significant areas of concern in parenting.

Parenting Satisfaction Scale (PSS)

The PSS is a parent self-rating designed to assess parent-child relationships. It is a 45-item standardized questionnaire that assesses parenting satisfaction in three domains, satisfaction with spouse/ex-spouse parenting performance, satisfaction with the child-parent relationship, and satisfaction with parenting performance, as well as an overall parenting satisfaction. Scores are reported as standard scores with a mean of 50 and T score of 10 so that scores below 35 and greater than 65 are considered significant and marked (*).

<u>Satisfaction with....</u>	<u>Standard Score</u>
Spouse/Ex-Spouse	33*
Parent-Child Relationship	62
Parenting Performance	70*
Overall Parenting Satisfaction	49

It is evident that Mrs. Draper considered her ex-husband, rather than her present spouse in completing this questionnaire. He was responsible for the children when he repeatedly left them in the care of a man who molested Emily and likely exposed her and her siblings to pornography, physically abused her youngest brother, and allowed all three children to be witnesses to some or all of these acts. It is understandable that

Mrs. Draper would be dissatisfied with his parenting performance and cannot rely on his assistance at this time.

Otherwise, Mrs. Draper is pleased with her parenting in forming a relationship with Emily and especially in her performance on parenting tasks. She has no significant concerns or worries in parenting her children.

SUMMARY

Emily is a very shy and socially anxious young lady who also engages in a lot of perfectionistic behaviors as an avoidance coping mechanism. She also exhibits symptoms consistent with the DSM5 criteria for Post-Traumatic Stress Disorder, following years of ongoing sexual abuse: recurrent, involuntary distressing memories of the traumatic event(s), recurrent distressing dreams, and dissociative reactions, persistently avoids stimuli associated with the event(s) by avoiding the distressing thoughts, or feelings about the event, has an inability to remember aspects of the events, persistent inability to experience positive emotions, problems with concentration, and sleep disturbance.

DETERMINATION OF ELIGIBILITY: EMOTIONAL DISTURBANCE (ED)

CCR 3030(i)

Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- Inappropriate types of behavior or feelings under normal circumstances;
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.

Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section.

Emily has an emotional condition, Post-Traumatic Stress Disorder, which has occurred for years, and especially exacerbated in the school setting in the past 6 or so months. She experiences panic attacks during which she is unable to participate in class and unable or at least significantly limited in her ability to express her basic needs and emotions. She has psychosomatic symptoms, such as headaches and vomiting, at times when completing homework and is socially anxious such that she is generally quiet in class and even in one-to-one conversations with familiar people engages less than typical of her age group and with long delays and difficulty concentrating on even simple questions and making easy decisions. As such, her condition is manifested as inappropriate types of behavior or feelings under normal circumstances and a tendency to develop physical symptoms or fears associated with personal or school problems. These have occurred over a long period of time and to a marked degree. Emily meets the criteria for eligibility as a student with an emotional disturbance.

CONSIDERATION OF EDUCATIONALLY RELATED MENTAL HEALTH SERVICES:

Educationally related mental health services are those related services to assist a child with a disability to benefit from special education such as individual counseling, group counseling, counseling and guidance, social work services, and parent counseling and training.

Parent counseling and training means assisting parents in understanding the special needs of their child; providing parents with information about child development; and, helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP.

The IEP team shall make the final determination of whether educationally related mental health services are necessary in order for Emily to access the instructional curriculum and make progress in her special education program. In determining related services, the IEP team may consider that:


Emily's panic and withdrawals in the school setting occur several times per week and interrupt her participation in both academic and social activities;

Emily has received counseling and guidance with some success; and,


Emily's mother endorsed no significant stressors in supporting Emily.

ADDITIONAL RECOMMENDATIONS:

- Emily and Mrs. Draper may wish to contact the National Alliance on Mental Illness for resources to support both Emily and other family members, including Mrs. Draper as her parent. This is a particularly good source for resources after high school. Contact information for the local chapter can be found at nami.org/
- Emily might benefit from activities that encourage calm and relaxing experiences. Since she prefers to be organized and structured, a repeated yoga routine, such as through a video, or other guided mindful activities, such as the Stop, Think, Breathe app available for ipad and smart phones. Similar activities are also available through Youtube.


Tiffany Do,
School Psychologist

10/22/14


Robyn Moses, LEP #2108, LPCC #555
Director, Mental Health Services
School Psychologist

10/22/14

Emily Reed
Log / Notes
April 1, 2016 11:56am



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 and mom Alecia

Interval History:

Pt and mom met with Dr. Gaddis and felt it went well. He reportedly recommended 40 neurofeedback sessions. Emily told her mom yesterday she'd rather see Elise twice weekly for now; Emily doesn't recall this conversation with mom. She is sitting quietly in session, smiling but barely speaking when asked direct questions. She says she would like to start lamictal as we discussed, and was able to give informed consent.

Current treatments:

therapy with Elise Collier

Current Meds/Supplements:

omega-3

Medication/Supplement Side Effects:

none

Medical Issues/Lab Results:

see labs scanned in; no vit D or thyroid panel or FLP so will give pt a lab slip today

Has apt with PCP next week re: the DMV driving issue (license revoked after her last episode)

Mental Status Examination:

Appearance: Neat	Speech: soft, barely verbal
Mood: "I don't know"	Affect: friendly, guarded and somewhat withdrawn or inaccessible
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: difficult to assess given pt's limited interactions with MD

Diagnoses:

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

RESP'T APP 0978

Assessment:

Significant obstacles to overcome; pt has dissociated since childhood and doesn't seem capable of independent living currently.

Plan/Recommendations:

Will start lamictal slow titration by 25mg. Mom lives in AZ and would like to bring pt to stay with her for a few weeks. Discussed MD cannot treat out of state, but they state this isn't a move, just so mom can be with her. They understand if there is a medical issue and pt can't see MD they need to go to urgent care of the ER, and call MD to report. MD will touch base with pt's therapist to discuss ongoing therapy vs neurofeedback. Med check in 4 weeks.

--Digitally Signed: 04/01/2016 12:39 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

RESP'T APP 0979

ER 001934

Emily Reed, 4/1/16 11:56am

Page 2 of 2



file

Report Status: Final

REED, EMILY C

Patient Information	Specimen Information	Client Information
REED, EMILY C DOB: 11/16/1996 AGE: 19 Gender: F Phone: 714.916.1524 Patient ID: 964664 Health ID: 8573011677955970	Specimen: EN554149R Requisition: 0000663 Collected: 04/06/2016 Received: 04/07/2016 / 01:34 PDT Reported: 04/07/2016 / 16:06 PDT	Client #: 92660401 MAIL000 FARRELL, JENNIFER L AMEN CLINICS-NEWPORT BEACH 3150 BRISTOL ST STE 400 COSTA MESA, CA 92626-3054

COMMENTS: FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL				
CHOLESTEROL, TOTAL	146		125-170 mg/dL	EN
HDL CHOLESTEROL	51		36-76 mg/dL	EN
TRIGLYCERIDES		37 L	40-136 mg/dL	EN
LDL-CHOLESTEROL	88		<110 mg/dL (calc)	EN

Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.

CHOL/HDL C RATIO	2.9	< OR = 5.0 (calc)	EN
NON HDL CHOLESTEROL	95	<120 mg/dL (calc)	EN
HEMOGLOBIN A1c	4.8	<5.7 % of total Hgb	EN

According to ADA guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes-2013. Diabetes Care. 2013;36:s11-s66

For the purpose of screening for the presence of diabetes

<5.7%	Consistent with the absence of diabetes
5.7-6.4%	Consistent with increased risk for diabetes (prediabetes)
>or=6.5%	Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists for use of hemoglobin A1c for diagnosis of diabetes for children.

TSH	1.51	mIU/L	EN
		Reference Range	
		1-19 Years 0.50-4.30	
		Pregnancy Ranges	
		First trimester 0.26-2.66	
		Second trimester 0.55-2.73	
		Third trimester 0.43-2.91	
T4, FREE	1.0	0.8-1.8 ng/dL	EN
T3, FREE	3.1	2.3-4.2 pg/mL	EN
FERRITIN	23	6-67 ng/mL	EN



Patient Information	Specimen Information	Client Information
REED, EMILY C DOB: 11/16/1996 AGE: 19 Gender: F Patient ID: 964664 Health ID: 8573011677955970	Specimen: EN554149R Collected: 04/06/2016 Received: 04/07/2016 / 01:34 PDT Reported: 04/07/2016 / 16:06 PDT	Client #: 92660401 FARRELL, JENNIFER L

Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	23 L	30-100 ng/mL	EN
Vitamin D Status 25-OH Vitamin D: Deficiency: <20 ng/mL Insufficiency: 20 - 29 ng/mL Optimal: > or = 30 ng/mL For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs). For more information on this test, go to: http://education.questdiagnostics.com/faq/FAQ163 (This link is being provided for informational/educational purposes only.)			
Physician Comments:			

PERFORMING SITE:

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: ENRIQUE TERRAZAS,MD, CLIA: 05D0642827

Emily Reed

Log / Notes

April 12, 2016 9:57am



Amen Clinics

Jennifer Love-Farrell, M.D.

MD received vm from pt's therapist Elise. She reports pt started lamictal; she says pt told her later that pt was suicidal the day she saw this MD and the few days prior and withheld that information, and with lamictal she feels "away from the edge of the cliff" with her SI. "She continues to experience trouble accessing her thoughts, and doing daily tasks like making phone calls and doing what needs to be done on an adult level." Pt is being monitored by her grandmother in AZ and Elise is skyping with pt.

MD doesn't have consent for pt's grandmother to call and to discuss safety issues while pt is staying with her. MD called Emily and reached her. "I think lamictal is working really well, actually. I feel more clear." Asked pt about depression; "its not too bad." Discussed a plan for if her mood worsens, anxiety worsens, or if she becomes suicidal. During office hours she can call me via Alex's direct line; after hours through the main line, and she can tell her grandmother or call 9-1-1 to go to the hospital. She denies any side effects from lamictal and says things are going better.

MD returned Elise's call and left vm outlining the emergency plan and thanking her for her vm.

Time spent: 15 minutes.

--Digitally Signed: 04/12/2016 10:07 am Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

RESP'T APP 0982

Emily Reed

Log / Notes

April 29, 2016 11:01am



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:

Felt initially better with lamictal, but now doesn't feel much different.

Current treatments:

therapy with Elise Collier; neurofeedback has been recommended

Current Meds/Supplements:

omega-3

lamictal 50mg

Medication/Supplement Side Effects:

none reported

Medical Issues/Lab Results:

vit D low at 23; pt's PCP has asked she see a neurologist re: the DMV revoking her license; she can't get in until Sept

Mental Status Examination:

Appearance: Neat	Speech: soft, mostly quiet
Mood: Anxious	Affect: shy, quiet, but friendly
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:

Stable, but quite anxious and dissociative at times.

Plan/Recommendations:

Start vit D supplementation, 5,000 IU/day, recheck level in 12 weeks. Cont lamictal titration: 100mg x 2 weeks, then

RESP'T APP 0983

ER 001938

Emily Reed, 4/29/16 11:01am

Page 1 of 2

150mg. Neurofeedback is recommended. F/U in 4 weeks, cont therapy with Elise, f/u sooner prn.

--Digitally Signed: 04/29/2016 11:29 am Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

RESP'T APP 0984

Emily Reed

Log / Notes

May 27, 2016 3:47pm



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 and parents

Interval History:

Pt has been home with her parents this past month. Asked pt about the past month; she shut down (looked down into her lap and remained silent) and parents had to answer most questions.

"I feel like I'm on a roller coaster; some days I feel really happy, and some days I feel really down." She struggles to describe how frequently she is happy or down. "I feel like I can't control my emotions but I can manage them better. Before I couldn't even manage them." She still has episodes of crying, but she isn't "shutting down" like she was. Dad says she hasn't had any further "meltdowns." She is feeling sad many days of the week.

The family brought up the issue of the DMV paperwork; they do not want to wait until Sept when Emily has an apt with a neurologist to fill it out. They want this MD to do it; discussed how the episode happened before I ever met Emily, and all I can do is report on the record at hand. Discussed with Emily how DMV will want to know how she is doing with her tx plan, but since she doesn't talk much in our sessions I can't really evaluate how she is doing, and have to rely on what her parents (or grandmother) say. Dad says pt was quite talkative in the lobby and in the car ride over, but she is very silent today, twiddling her thumbs in her lap and avoiding eye contact with MD and parents.

Current treatments:

weekly therapy with Elise Collier; neurofeedback has been recommended

Current Meds/Supplements:

omega-3

lamictal 150mg

vitamin D 5,000 IU/day

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: "sad many days"	Affect: withdrawn, distant, shy

RESP'T APP 0985

ER 001940

Emily Reed, 5/27/16 3:47pm

Page 1 of 2

Behavior: twiddling thumbs, avoidant eye contact	Thought Content: No Suicidal Ideations/Intentions/Plans, No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content
Thought Process: seems linear but really difficult to assess given her limited participation in session	Insight/Judgment: unable to assess

Diagnoses:

F43.12 - Post-traumatic stress disorder, chronic

F44.89 - Other dissociative and conversion disorders

Assessment:

It seems there has been some improvement from the start of treatment per parent report; dad says there have been no "meltdowns" and Emily seems to be "shutting down" less. However, it is unclear the extent to which she is actually participating in therapy in any meaningful way. She hasn't taken the recommendation of neurofeedback or increased therapy; mom says increased therapy won't be any good if pt doesn't participate. She definitely seems to need a much higher level of care, but isn't willing. Assessment is confusing, as dad reports she is talkative outside of the office but here she has been quiet and withdrawn at every visit, rarely speaking to MD.

Plan/Recommendations:

MD will call pt's therapist to touch base. Pt is referred to Dr. Kraus for NF since she didn't think Dr. Gaddis had enough experience in cases like hers. Increase lamictal to 200mg; in two weeks she will call for a 5 min chat--if she is improving in terms of anxiety and mood stability, will hold the dose or switch to 100mg bid; if she needs further titration it will be done at that time. She will f/u in person for an apt in 4 weeks.

--Digitally Signed: 05/27/2016 06:14 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

RESP'T APP 0986

ER 001941

Emily Reed, 5/27/16 3:47pm

Page 2 of 2

Emily Reed

Log / Notes

June 1, 2016 1:30pm



Amen Clinics

Jennifer Love-Farrell, M.D.

Got vm from pt's therapist Elise Collier; she says pt's mom was frustrated at Emily's silence during the session. "In my experience it takes a while to draw her out, but she's been engaged in sessions...expressing where she's at." She has "little to no motivation to live; she doesn't want to do anything, wants to stay indoors; she has no motivation to change." Elise says she has been pushing for Emily to do NF or brainstate with Rick, and Emily doesn't want to do 2 sessions/week. "She's just not motivated." "This is a very difficult case." "She's still having trouble accessing thoughts and feelings. And she didn't even want to refill her lamictal. She wants to stay inside and wants it all to go away. She's not suicidal, but wishes she could disappear."

At this point it seems pt is really struggling, and isn't willing to participate in a higher level of care. Tx options include ongoing medication with neurofeedback, day hospital at Mission, residential treatment at Malibu Vista or the Meadows, TMS.

Spoke with Elise, who says pt is still wanting to go back to her perpetrator and her parents don't want to pay for further residential treatment. "She's been brainwashed not to trust her mom." Elise likes The Meadows and Onsite in TN. She says she'd like to see me without her parents; this can be tried again, but last time pt's grandmother had to be brought into session b/c pt wasn't able to speak with MD.

Elise says pt has to face the perpetrator at trial this September. Discussed the difficulties of treating this case when she herself isn't able to really participate in therapy and wishes to isolate. She probably needs at least six months of residential work to establish trust and rapport for meaningful therapy.

Time spent: 20 min

--Digitally Signed: 06/01/2016 01:53 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

RESP'T APP 0987

ER 001942

Emily Reed, 6/1/16 1:30pm

Page 1 of 1



To whom it may concern at the DMV:

June 2, 2016

Re: Emily Christine Reed
DOB: November 16, 1996

Ms. Reed has asked me to fill out her driver medical evaluation paperwork and submit information from her medical treatment with me to the DMV. In addition to my own records, I have spoken with her therapist Elise Collier and have reviewed the medical record from her Emergency Department visit on February 24, 2016, which seems to be the cause of her license being suspended. I first met Ms. Reed a month later, on March 25, 2016, as per the paperwork I have provided.

According to the record review, on February 24 Ms. Reed was in a session with her therapist and experienced an episode of extreme agitation, requiring the therapist to call 9-1-1. Per hospital records, she arrived "extremely agitated, screaming, in restraints, and unable to follow commands secondary to emotional distress." She was given medication, apparently improved, and was discharged from the Emergency Department with a diagnosis of anxiety. It is not entirely clear why her license was suspended for this episode.

According to the history provided to me by Ms. Reed, her mother and grandmother:

"Approximately two years ago Emily revealed that she had been experiencing....abuse from a caregiver since the age of eight. Since that time her mother reports Emily has been experiencing emotional "breakdowns" which have led to numerous hospitalizations. She says that while Emily is able to function normally in her daily life, she "goes through the motions" and cannot discuss emotions or feelings....Her mother reports Emily will have periods of time wherein she is present and then "catatonic". She also reports Emily experiences frequent "pseudo seizures" in which Emily falls to the floor, cannot move or speak, feels dizzy and nauseous, and afterwards feels extremely fatigued. While experiencing these episodes Emily will say that her head feels "pressurized". Her mother says Emily also has difficulty answering questions, is overwhelmed and "freezes" because she cannot determine if her answer is "true or untrue"....Emily's mother and grandmother say that in general she is usually pleasant and happy when she is not experiencing her symptoms. She has trained a service dog and volunteers in her church community...." They also reported, "Over the last two years Emily has been taken to inpatient hospitalization numerous times for episodes of disassociation and seizure like activity."

To my knowledge, since being under my care, Ms. Reed has not had any such episodes. She has been taking medication and is in therapy to address her complex psychological issues. More intensive therapy has been recommended on several occasions, but has not yet been implemented. To my knowledge, there is no indication that her psychiatric issues would interfere with driving, and she and her family report no history of incidents while driving. I have



referred them to neurology on several occasions to address these "spells" reported above. While they do seem to be psychologically driven and in line with a conversion disorder, I have recommended a neurologist evaluate her. As far as her current symptoms are concerned, per my office note of May 27: Elise states, "I feel like I can't control my emotions but I can manage them better. Before I couldn't even manage them." She still has episodes of crying, but she isn't "shutting down" like she was. Dad says she hasn't had any further "meltdowns."

Should you require further information not contained in the DMV paperwork or in this supplemental letter, 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, Inc., Costa Mesa



DRIVER MEDICAL EVALUATION

(Medical information is CONFIDENTIAL under Section 1808.5 CVC)

PHYSICIAN RETURN FORM TO:
DEPARTMENT OF MOTOR VEHICLES
LICENSING OPERATIONS DIVISION
Driver Safety Branch
780 The City Drive, Suite 420
Orange, CA 92668-4941

Telephone: (714) 703-2511 FAX: (714) 703-2526

INSTRUCTIONS TO THE DRIVER: Please take this form to the medical professional most familiar with your health history and current medical condition. Before giving this form to your medical professional, complete and sign the Sections 1-3. **PLEASE PRINT LEGIBLY.**

INSTRUCTIONS TO THE MEDICAL PROFESSIONAL: Please complete Sections 5-13 on pages 2 through 5. The Department of Motor Vehicles' records indicate your patient may have a condition that could affect the safe operation of a motor vehicle. In this case, the department is concerned about the following condition:

PHYSICAL AND MENTAL CONDITION

RETURN BY:

1. DRIVER INFORMATION

NAME (LAST, FIRST, MIDDLE) Reed, Emily Christine		DRIVER LICENSE NO. F4451143	BIRTH DATE 11/16/96	FIELD FILE 296
STREET ADDRESS 20762 Crestview Lane		CITY Huntington Beach	ZIP 92646	PATIENT'S DAYTIME OR HOME PHONE NO. (714) 465-7489

DRIVER MUST COMPLETE HEALTH HISTORY BELOW: (Please explain any "YES" answers)

YES	NO		YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Head, neck, spinal injury, disorders or illnesses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney disease, stones, blood in urine, or dialysis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seizure, convulsions, or epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Muscular disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dizziness, fainting, or frequent headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any permanent impairment
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eye problem (except corrective lenses)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nervous or psychiatric disorder
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cardiovascular (heart or blood vessel) disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regular or frequent alcohol use
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart attack, stroke, or paralysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Problems with the use of alcohol or drugs
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lung disease (include tuberculosis, asthma or emphysema)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other disorders or diseases
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nervous stomach, ulcer, or digestive problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any major illness, injury, or operations in last 5 years
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes or high blood sugar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Currently taking medications

EXPLANATION: (Include onset date, diagnosis, medication, medical professional's name and address and any current condition or limitation. Attach additional sheet, if needed.)

See letters attached. PTSD, Generalized Anxiety disorder
March 18, 2014 Current medication: Lamotrigine 100 mg for mood
Elise Collier (Therapist) Joanne Fierro (FNP)

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I further certify that all information concerning my health is true and correct.

DATE 5-6-16 DRIVER'S SIGNATURE Emily Reed

2. DRIVER'S ADVISORY STATEMENT

Medical information is required under the authority of Divisions 6 and 7 of the California Vehicle Code. Failure to provide the information is cause for refusal to issue a license or to withdraw the driving privilege.

All records of the Department of Motor Vehicles, relating to the physical or mental condition of any person, are confidential and not open to public inspection (California Vehicle Code Section 1808.5). Information used in determining driving qualifications is available to you and/or your representative with your signed authorization.

The department has sole responsibility for any decision regarding your driving qualifications and licensure. The department will also consider non-medical factors in reaching a decision.

3. MEDICAL INFORMATION AUTHORIZATION (Valid for three years)

MEDICAL PROFESSIONAL, HOSPITAL, OR MEDICAL FACILITY (NAME AND ADDRESS)
Elise Collier, Jennifer Love Farrell

DATE _____ MEDICAL RECORD/PATIENT FILE NUMBER _____

I hereby authorize my medical professional or hospital to answer any questions from the Department of Motor Vehicles, or its employees, relating to my physical or mental condition, and/or drug and/or alcohol use, and to release any related information or records to the Department of Motor Vehicles or its employees. Any expense involved is to be charged to me and not to the Department of Motor Vehicles.

I hereby authorize the Department of Motor Vehicles to receive any information relating to my physical or mental condition, and/or drug and/or alcohol use or abuse, and to use the same in determining whether I have the ability to operate a motor vehicle safely.

NOTE: You may wish to make a copy of the completed Driver Medical Evaluation for your records.

SIGNED X Emily Reed DATE 5-6-16

RESP'T APP 0990

RESP'T APP 0991

ER 001946

SECTIONS 5-13 TO BE COMPLETED BY PHYSICIAN, PHYSICIAN'S ASSISTANT OR ADVANCED PRACTICE REGISTERED NURSE

4. MEDICAL EVALUATION INSTRUCTIONS

INSTRUCTIONS TO THE MEDICAL PROFESSIONAL: The Department of Motor Vehicles' records indicate your patient may have a condition that could affect the safe operation of a motor vehicle. (See Instructions to the Medical Professional, page 1 for the specific medical condition(s) that is a concern to the department.) With your assistance, the department hopes to resolve the matter with a minimum of inconvenience to all concerned.

The Health History and Medical Information Authorization sections on page 1 must be completed and signed by the patient before you complete this Driver Medical Evaluation form.

Your experience and knowledge of the patient's condition, results of medical examinations and treatment plans, will be of great value in assisting the department to determine a proper licensing decision. PLEASE ANSWER ALL QUESTIONS on this form. If questions do not apply, indicate "N/A". You may furnish a narrative report if you prefer, but please include all information pertinent to your patient. The department has sole responsibility for any decision regarding the patient's driving qualifications and licensure. The department will also consider non-medical factors in reaching a decision.

5. VISION (N/A)

VISUAL ACUITY (without bioptic telescope)	BOTH EYES	RIGHT EYE	LEFT EYE
Without Lenses	20/20	20/20	20/20
With Present Lenses	20/	20/	20/
Any eye injury or disease? (list)	(this was not assessed by me)		Is further eye examination suggested? <input type="checkbox"/> Yes <input type="checkbox"/> No

6. TREATMENT BY OTHER MEDICAL PROFESSIONAL(S)

Is this patient being treated for any condition by another medical professional?

☐ Yes ☒ No (Not to my knowledge)

If yes, please indicate name of treating medical professional(s).

Condition being treated:

→ F43.12 Post Traumatic Stress Disorder, chronic; F44.89 other dissociative/conversion disorders

7. TREATMENT UNDER YOUR SUPERVISION

DIAGNOSIS (IF THE DIAGNOSIS IS A DISORDER CHARACTERIZED BY, DEMENTIA, LAPSES OF CONSCIOUSNESS, OR DIABETES, COMPLETE PAGE 3, 4, or 5.)

DO YOU NEED TO SEE YOUR PATIENT AT REGULAR INTERVALS? IF YES, HOW OFTEN?

☒ Yes ☐ No At least monthly

PROGNOSIS

Guarded

IS THE CONDITION

☐ Improving ☒ Stable ☐ Worsening or deteriorating ☐ Subject to change (IF MULTIPLE CONDITIONS, PLEASE DESCRIBE STATUS AND PROGNOSIS IN COMMENTS BELOW.)

MANIFESTATIONS (SYMPTOMS)

PLEASE SEE ATTACHED

(PRESENT)

(PAST)

MAY CONDITION IMPAIR VISION?

☐ Yes ☒ No

HOW LONG HAS THIS PERSON BEEN YOUR PATIENT?

Since March 25, 2015

DATE OF LAST EXAMINATION

May 27, 2015

IS YOUR PATIENT UNDER A CONTROLLED MEDICAL PROGRAM?

☐ Yes ☒ No

HOW LONG HAS CONTROL BEEN MAINTAINED?

N/A

IS THE PATIENT ADHERING TO THE MEDICAL REGIMEN? IF NO, PLEASE EXPLAIN:

☒ Yes ☐ No medical - yes, therapy no

IS THE PATIENT KNOWLEDGEABLE ABOUT THE MEDICAL CONDITION?

☒ Yes ☐ No

LIST THE MEDICATIONS PRESCRIBED. PLEASE INCLUDE DOSAGE AND FREQUENCY OF USE

lamotrigine 200mg daily (current dose - it is being titrated)

WHEN WAS THE LAST MEDICATION CHANGE MADE?

May 27, 2015

WOULD THE SIDE EFFECTS FROM THE PRESCRIBED MEDICATIONS INTERFERE WITH THE SAFE OPERATION OF A MOTOR VEHICLE?

☐ Yes ☒ No If yes, please describe: Not typically

DOES YOUR PATIENT'S MEDICAL CONDITION AFFECT SAFE DRIVING?

☐ Yes ☒ No If yes, please describe: Not typically

DO YOU CURRENTLY ADVISE AGAINST DRIVING?

☐ Yes ☒ No

WOULD YOU RECOMMEND A DRIVING TEST BE GIVEN BY DMV?

☒ Yes ☐ No

MEDICAL PROFESSIONAL'S COMMENTS:

RESP'T APP 0992

ATK

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Handwritten notes on the right side.

Handwritten notes on the right side.

Handwritten notes in the middle section.

Handwritten notes on the left side.

Handwritten notes on the right side.

Handwritten notes in the lower middle section.

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RESP'T APP 0993

ER 001948

8. LEVELS OF FUNCTIONAL IMPAIRMENTS

N/A - not evaluated by psychiatry

Functional impairments that may affect safe driving ability. Please check where applicable.

	MILD	MODERATE	SEVERE
Visual neglect.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Left side <input type="checkbox"/> Right side			
Loss of upper extremity motor control.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Left side <input type="checkbox"/> Right side			
Loss of lower extremity motor control.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Left side <input type="checkbox"/> Right side			

WOULD ADAPTIVE DEVICES AID YOUR PATIENT IN COMPENSATING FOR HIS/HER DISABILITY?

☐ Yes ☐ No ☐ Uncertain

IF YES, PLEASE DESCRIBE

9. DEMENTIA OR COGNITIVE IMPAIRMENTS

N/A

- ☐ Alzheimer's Disease
- ☐ Other Dementia (Please describe the type of dementia below, e.g., multi-infarct, metabolic, post-traumatic.)

HISTORY OF DISEASE, RESULTS OF TESTING, ETC.

Using the definitions given below, please rate the severity of the following forms of cognitive impairments in this patient.

Mild: Judgment is relatively intact but work or social activities are significantly impaired. Ability to safely operate a motor vehicle may or may not be impaired.

Moderate: Independent living is hazardous and some degree of supervision is necessary. The individual is unable to cope with the environment and driving would be dangerous.

Severe: Activities of daily living are so impaired that continual supervision is required. This person is incapable of driving a motor vehicle.

	NONE	MILD	MODERATE	SEVERE	UNCERTAIN
Memory Loss.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression, secondary to dementia...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diminished Judgment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impaired Attention.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impaired Language Skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impaired Visual Spatial Skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive Behavior.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Deficits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Awareness of Disability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL DEGREE OF IMPAIRMENT

☐ ☐ ☐

RESP'T APP 0994

has been referred to a neurologist for evaluation

File Name: Reed, Emily Christine - File Number: F4451143

10. LAPSE OF CONSCIOUSNESS DISORDER

N/A (not evaluated by physician)

PLEASE IDENTIFY THE LAPSE OF CONSCIOUSNESS DISORDER BEING REPORTED (Type of seizure, nocturnal, isolated, syncope, blackouts, etc.)

DATE(S) OF EPISODE(S) IN THE PAST THREE YEARS

DATE OF ONSET, IF KNOWN

DATE AND TIME OF LAST EPISODE

Please indicate the impairments identified below that are presently shown by your patient.

Sporadic loss of conscious awareness.....
Loss of consciousness
Impaired motor function

YES	NO	UNCERTAIN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EFFECTS AFTER EPISODE

Confusion.....
Diminished concentration.....
Diminished judgment.....
Memory loss.....

YES	NO	UNCERTAIN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If medication is taken to control seizures, are the serum levels recorded?
Are the serum levels medically acceptable?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

COMMENT:

11. DIABETES

N/A to my knowledge

PLEASE INDICATE THE TYPE OF DIABETES THIS PATIENT HAS

☐ Type 1 ☐ Type 2 ☐ Gestational

DATE OF DIAGNOSIS

WHAT METHOD OF TREATMENT IS REQUIRED?

☐ Controlled diet ☐ Oral diabetes medication ☐ Insulin injections ☐ Insulin pump ☐ Other:

HAS THIS PATIENT RECEIVED DIABETES EDUCATION FROM A HEALTH CARE PROFESSIONAL(S)?

☐ Yes ☐ No

DOES THIS PATIENT COMPLY WITH THE PRESCRIBED TREATMENT PLAN?

☐ Yes ☐ No

IF NO, PLEASE EXPLAIN

IS THE DIABETES MANAGED AT THIS TIME?

☐ Yes ☐ No

IF YES, HOW LONG HAS DIABETES BEEN MANAGED OR MAINTAINED?

IF NO, PLEASE EXPLAIN

WHAT ARE THIS PATIENT'S FASTING BLOOD GLUCOSE LEVELS?

AFTER HOW MANY HOURS OF FASTING?

WITHIN THE LAST THREE YEARS, HAS THIS PATIENT EXPERIENCED

☐ Hypoglycemic episodes? ☐ Hyperglycemic episodes?

REASON FOR EPISODES (e.g., non-compliance w/ regimen, change in condition, insulin unavailable, illness, etc.)

Please indicate the complications manifested by the hypoglycemic or hyperglycemic episodes and rate the severity of each.

	NONE	MILD	MODERATE	SEVERE	UNCERTAIN
Abdominal pain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive deficits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion or disorientation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incoordination.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypoglycemic unawareness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of stamina.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of consciousness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stupor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual changes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketoacidosis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slowed reactions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weakness or fatigue.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESP'T APP 0995

DOES THIS PATIENT MANAGE HYPOGLYCEMIC OR HYPERGLYCEMIC EPISODES?

☐ Yes ☐ No If no, please explain:

HAS THIS PATIENT'S DIABETES CAUSED ANY OF THE FOLLOWING CHRONIC COMPLICATIONS?

☐ Visual changes ☐ Kidney disease ☐ Nervous system disease ☐ Vascular disease

PLEASE DESCRIBE THE EXTENT OF THE COMPLICATIONS

HAS THIS PATIENT BEEN HOSPITALIZED WITHIN THE LAST THREE YEARS DUE TO DIABETES COMPLICATIONS?

☐ Yes ☐ No If yes, please give dates:

WHAT COMPLICATIONS NECESSITATED HOSPITALIZATION?

HAS AMPUTATION BEEN NECESSARY?

☐ Yes ☐ No

IF YES, PLEASE EXPLAIN

12. ADDITIONAL COMMENTS BY MEDICAL PROFESSIONAL CONCERNING ANY CONDITION AFFECTING SAFE DRIVING**13. MEDICAL PROFESSIONAL'S SIGNATURE**

SIGNATURE

Jennifer L. Farrell, MD
psychiatry board certified

NAME (PRINTED)

Jennifer L. Farrell, MD

MEDICAL LICENSE NUMBER

A104521

DATE

6/2/16

TELEPHONE NUMBER

(949) 266-3793

or 266-3700

RESP'T APP 0996

Pure Light Counseling Elise Collier LMFT # 78451

901 Dove Street Suite 145 Newport Beach, Ca 92660

5-5-2016

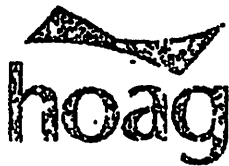
I am the treating health care professional for Emily Reed. I am familiar with her history and with the functional limitations imposed by her disability. Emily Reed does not show a medical history of seizure disorder, nor has she been diagnosed with seizure disorder in my care. Due to a reoccurring, severe mental illness, Emily has mental impairment that substantially limits one or more major life activities such as sleeping, self-soothing, concentrating, communicating and socializing. There are no reports indicating that her ability to operate a motor vehicle has been impaired by the above conditions.

Sincerely,

Elise Collier MS-LMFT

RESP'T APP 0997

ER 001952



Hoag Hospital Newport Beach
1 Hoag Drive
Newport Beach, CA 92663
949 764-8372

Patient: EMILY REED
Date of Birth: 11/16/1996
Med Rec #: 2274718
Account #: 19664777
Today's Date: 2/24/2016
Provider: Darrin Fryer, MD

PT
JF

**** Patient or Rep Initials: ER I verify that the "Patient Name" printed above is correct ****

General Emergency Department Discharge Instructions

The exam and treatment you received in the Emergency Department were for an urgent problem and are not intended as complete care. It is important that you follow up with a doctor, nurse practitioner, or physician's assistant for ongoing care. If your symptoms become worse or you do not improve as expected and you are unable to reach your usual health care provider, you should return to the Emergency Department. We are available 24 hours a day.

You were treated in the Emergency Department by:

Primary Provider: Darrin Fryer, MD

Assistant: PT

The Following Instructions Were Selected for You Today: Generalized Anxiety Disorder (GAD)

You were given a shot of geodon, today, in the Emergency Department.

Generalized Anxiety Disorder (GAD)

You were seen for Generalized Anxiety Disorder (GAD).

Generalized Anxiety Disorder happens when someone worries too much about daily life without having a clear reason why. The anxiety can be caused by normal, everyday things even when there is little or no cause for worry. The person can be very anxious about just getting through the day.

GAD often starts when people are teens or young adults. Sometimes this problem is hard to diagnose because people with GAD may not have specific complaints when they see the doctor. This can make it hard to figure out exactly what is going on and to make the right diagnosis.

Vague complaints can include:

- Problems focusing.
- Feeling tired.
- Having trouble sleeping or feeling restless.
- Being startled easily (jumpy).
- Feeling worried all the time.

Often people worry so much that they can't have a normal relationship, do their daily activities or do well at work. They often worry all day long. This often happens when people are under a lot of stress. Generalized Anxiety is different from Panic Attacks. Usually, panic attacks start suddenly and then go away fairly quickly. In between panic attacks, the person can feel normal.

RESP'T APP 0998

Today's Date: 2/24/2016

Patient: EMILY REED
Date of Birth: 11/16/1996
Med Rec #: 2274718
Account #: 19664777

Most of the time, a psychiatrist or primary care doctor can treat Generalized Anxiety Disorder. The doctor you saw today feels this is the best plan for you.

Sometimes having anxiety can lead to serious problems. Some people feel very depressed or like hurting themselves. We don't believe your condition is dangerous right now. However, you need to be careful. Sometimes a problem that seems small can get serious later.

Some things that can be tried are:

- Anxiety support groups.
- Antidepressant medications.
- Individual therapy.

YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCUR:

- You feel like hurting yourself or someone else.
- You notice your heart is racing and can't explain why.
- If you develop chest pain.
- You are abusing alcohol or any other drugs.
- You have trouble with your follow-up or have any other concerns.

The number for the Suicide Prevention Hotline is 1-800-SUICIDE (1-800-784-2433) or 1-800-273-TALK (8255).

If you can't follow up with your doctor, or if at any time you feel you need to be rechecked or seen again, come back here or go to the nearest emergency department.

Follow Up Information:

Follow up with Granese, Richard , at 14351 Redhill Ave #C, Tustin, CA 92780, Phone: (714) 838-5564 in 1-2 days.

What To Do:

- Take this sheet with you when you go to your follow-up visit.
- If you have any problem arranging the follow-up visit, contact the Emergency Department immediately.
- Take all medications as directed

2/24/2016 6:00 PM

Page 2 of 3

DISCHARGE INSTRUCTIONS


RESP'T APP 0999

Today's Date: 2/24/2016

Patient: EMILY REED
Date of Birth: 11/16/1996
Med Rec #: 2274718
Account #: 19664777

*If side effects develop, such as a rash, difficulty breathing, or a severe upset stomach,
stop the medication and call your doctor or the Emergency Department.*

I, EMILY REED, understand the instructions and will arrange for follow-up care.



PATIENT SIGNATURE

REPRESENTATIVE SIGNATURE



STAFF SIGNATURE

2/24/2016 6:00 PM

Page 3 of 3

DISCHARGE INSTRUCTIONS

RESP'T APP 1000

Hoag Memorial Hospital Presbyterian

Medication Administration Record - Discharge

Allergies: Specific Drug Haldol - Anaphylaxis
Specific Drug Versed - Unknown

Medications administered/duc on: 2/24/2016

Restraints (Violent) for Ages 18 and olderSoft

Indication(s): Danger to self; Danger to others: 4 Point

Restraint time limit 4 hours. Restraint to be discontinued if patient no longer demonstrates risk for danger to self and/or others and patient responding to alternatives

Order Start: 2/24/16 18:00

Order Stop:

Requested by: FRYER, DARRIN M (MD)

Reminder Renew Order Restraints (Violent) for Ages 18 and older

Additional Comments: PT DISCHARGED

Not Performed 2/24/16 18:00 Performed by: Grandon, Tara C (RN)

Not Given: Condition Not Appropriate

Special Instructions: Restraint time limit 4 hours. Restraint to be discontinued if patient no longer demonstrates risk for danger to self and/or others and patient responding to alternatives

Restraints (Violent) for Ages 18 and olderSoft

Indication(s): Danger to self; Danger to others: 4 Point

Restraint time limit 4 hours. Restraint to be discontinued if patient no longer demonstrates risk for danger to self and/or others and patient responding to alternatives

Order Start: 2/24/16 14:00

Order Stop: 2/24/16 16:54

Requested by: FRYER, DARRIN M (MD)

Performed

2/24/16 14:00

Performed by:

Grandon, Tara C (RN)

RESTRAINT SECTION:

Alternatives Considered: None (Emergency)

Family Notified: Unable to contact - No family

Name: n/a

Family Relation: N/A

Restraint Type-Violent: Soft

Restraint Site: 4 Point

ASSESSMENT AND INTERVENTION:

CSM Intact: Yes

Skin Intact: Yes

Release as Necessary: Done

Range of Motion Performed: Done

Repositioned as Necessary: Done

LOC/Mental Status/Behavior Observed: Agitated; Angry; Combative; Confused/Delirious; Unpredictable; Unreliable

Response/Tolerance: Pulling/tugging at restraints

Nutrition/Hydration: NPO

Hygiene/Toileting: Offered and refused

Special Instructions: Restraint time limit 4 hours. Restraint to be discontinued if patient no longer demonstrates risk for danger to self and/or others and patient responding to alternatives

Modifications:

Field	From	To	Date/Time	By
Restraint Type		Soft	2/24/16 14:23	Grandon, Tara C (RN)

Restraints Discontinue ReasonRestraints (Violent) for Ages 18 and older

Order Start: 2/24/16 16:54

Order Stop: 2/24/16 22:57

Requested by: FRYER, DARRIN M (MD)

Performed

2/24/16 16:00

Performed by:

Grandon, Tara C (RN)

Attending Physician: FRYER, DARRIN M

Admit Dt: 02/24/2016

MRN: 227-47-18

Visit ID: 196-64777

REED, EMILY CHRISTINE

Page 1 of 2

Printed: 02/25/2016 18:50

DOB: 11/16/1996

HH ED Discharged Pt



CHART COPY - CONFIDENTIAL

CMAXX: 2274718-19664777-4003-20160224183200

RESP'T APP 1001

*CONFIDENTIAL: CHART COPY OF REED, EMILY CHRISTINE, 2274718 19664777, ce52004

Hoag Memorial Hospital Presbyterian

Medication Administration Record - Discharge

Allergies: See allergy info on first page

Medications administered/due on: 2/24/2016

ziprasidone inj[Geodon]

Give 10 mg IM once

Education: Drug Administration; Reason for Medication; First Dose

Order Start: 2/24/16 14:13

Order Stop: 2/24/16 14:20

Requested by: FRYER, DARRIN M (MD)

Performed

2/24/16 14:20

Performed by:

Grundon, Tara C (RN)

Body Site: Gluteal Right - Upper Out

Dose: 10 mg

Medications administered/due on: 2/25/2016

Restraints (Violent) for Ages 18 and olderSoft

Indication(s): Danger to self; Danger to others: 4 Point

Restraint time limit 4 hours. Restraint to be discontinued if patient no longer demonstrates risk for danger to self and/or others and patient responding to alternatives

Order Start: 2/24/16 14:00

Order Stop: 2/24/16 16:54

Requested by: FRYER, DARRIN M (MD)

Canceled

2/25/16 00:00

Special Instructions: Restraint time limit 4 hours. Restraint to be discontinued if patient no longer demonstrates risk for danger to self and/or others and patient responding to alternatives

Attending Physician: FRYER, DARRIN M

Admit Dt: 02/24/2016

MRN: 227-47-18

Visit ID: 196-64777

REED, EMILY CHRISTINE

Page 2 of 2

Printed: 02/25/2016 18:50

DOB: 11/16/1996

HH ED Discharged Pt



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CMAXX: 2274718~19664777~4003~20160224183200

RESP'T APP 1002

*CONFIDENTIAL: CHART COPY OF REED, EMILY CHRISTINE, 2274718 19664777, ce52004

HOAG MEMORIAL HOSPITAL PRESBYTERIAN
ONE HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100
ARELL SHAPIRO, MD, LABORATORY DIRECTOR

NAME: REED, EMILY CHRISTINE AGE: 19Y SEX: F LOC: HHED ADMIT DATE: 02/24/2016 Page: 1

----- CHEMISTRY PANELS -----

DAY: 1
DATE: 02/24/16
TIME: 1520
FOOTNOTE: #1

	NORMALS	UNITS	
SODIUM	135-145	mmol/L	144
POTASSIUM	3.5-5.0	mmol/L	3.5
CHLORIDE	100-110	mmol/L	107
CARBON DIOXIDE	24-32	mmol/L	23*
GLUCOSE	65-99	mg/dL	94
CREATININE	0.4-1.5	mg/dL	0.7
UREA NITROGEN	7-22	mg/dL	9
CALCIUM TOTAL	8.4-10.2	mg/dL	9.0
PROTEIN TOTAL	6.3-8.2	g/dL	7.1
ALBUMIN	3.9-5.0	g/dL	4.2
A/G RATIO	1.2-2.0	Ratio	1.5
SGOT/AST	8-39	U/L	34
SGPT/ALT	9-52	U/L	27
ALK PHOS	38-126	U/L	71
BILI TOTAL	0.2-1.3	mg/dL	1.3
BILI CONJ	0-0.3	mg/dL	BND
eGFR Calc	>60	mL/min/1.73m2	>60

eGFR Note:

#1 BILI CONJ = Not resulted - bilirubin total less than 1.4 mg/dL
eGFR Note: = The estimated GFR is calculated by the MDRD equation.
The result is normalized to average adult surface area (SA) of 1.73m2, and should be multiplied by [SA/1.73] for patients at extremes of body size.
For African Americans, multiply the calculated GFR by 1.21.
The eGFR has not been validated in other non-Caucasian races, pregnant women, or less than 18 years of age.
An eGFR <60 suggests chronic kidney disease.
An eGFR <15 indicates renal failure.

CONTINUED

LABORATORY REPORT EMERGENCY ROOM
OUTPATIENT MEDICAL RECORDS - FINAL

PRINT DATE: 02/26/2016 05:18

NAME: REED, EMILY CHRISTINE MR#: 2274718
ACCT: 19664777 DISCH DATE: 02/24/2016
DR : FRYER, DARRIN M

One Hoag Dr POB6100-ED
GROUP PO BOX 2615, 2615 E
Newport Beach, CA 92658-6100

RESP'T APP 1003

HOAG MEMORIAL HOSPITAL PRESBYTERIAN
ONE HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100
ARELL SHAPIRO, MD, LABORATORY DIRECTOR

NAME: REED, EMILY CHRISTINE AGE: 19Y SEX: F LOC: HHED

Page: 2
ADMIT DATE: 02/24/2016

----- GENERAL CHEMISTRY -----

DATE: 02/24/16
TIME: NORMALS UNITS 1520
FOOTNOTE: #1

B-HCG QUAL mIU/mL NUND
ALCOHOL mg/dL <10

#1 B-HCG QUAL = None detected
ALCOHOL = Alcohol Interpretation:

No influence 0-50 mg/dL
Possible influence 50-80 mg/dL
Under the influence 80-250 mg/dL
Markedly intoxicated 250-400 mg/dL
Comatose over 400 mg/dL

----- DRUG SCREEN -----

DATE: 02/24/16
TIME: NORMALS 1705
FOOTNOTE: #1

PHENCYCLIDINE, UR Negative
BENZODIAZEPINE, UR Positive
COCAINE, UR Negative
AMPHETAMINE, UR Negative
TETRAHYDROCANNABINOL, UR Negative
OPIATE, UR Negative
BARBITURATE, UR Negative
SPECIFIC GRAVITY 1.005-1.030 1.020

#1 PHENCYCLIDINE, UR = Cut-off conc 25 ng/mL.
BENZODIAZEPINE, UR = Cut-off conc 300 ng/mL.
Fenoprofen-family compounds produce positive results
in the urine screening test for benzodiazepines.
COCAINE, UR, OPIATE, UR = Cut-off conc 300 ng/mL.
<< FOOTNOTE CONTINUED ON NEXT PAGE >>

CONTINUED

LABORATORY REPORT EMERGENCY ROOM
OUTPATIENT MEDICAL RECORDS - FINAL

PRINT DATE: 02/26/2016 05:18

NAME: REED, EMILY CHRISTINE MR#: 2274718
ACCT: 19664777 DISCH DATE: 02/24/2016
DR : FRYER, DARRIN M

One Hoag Dr POB6100-ED
GROUP PO BOX 2615, 2615 E
Newport Beach, CA 92658-6100

RESP'T APP 1004

HOAG MEMORIAL HOSPITAL PRESBYTERIAN
ONE HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100
ARELL SHAPIRO, MD, LABORATORY DIRECTOR

NAME: REED, EMILY CHRISTINE AGE: 19Y SEX: F LOC: HHED

Page: 3
ADMIT DATE: 02/24/2016

<< CONTINUED FROM PREVIOUS PAGE >>
AMPHETAMINE, UR = Cut-off conc 1000 ng/mL.
TETRAHYDROCANNABINOL, UR = Cut-off conc 50 ng/mL.
BARBITURATE, UR = Cut-off conc 300 ng/mL.

NOTE: All screening results for drugs in this panel are unconfirmed. Urine Drug Screen results are to be used only for medical (i.e. treatment) purposes. Unconfirmed screening results must not be used for non-medical purposes (i.e. employment testing, legal testing).

----- HEMOGRAM -----

DAY:	1		
DATE:	02/24/16		
TIME:	NORMALS	UNITS	1520
WBC	4.8-10.8	K/uL	8.3
RBC	4.20-5.40	Mil/uL	4.44
HGB	12.0-16.0	g/dL	13.7
HCT	37.0-47.0	%	39.1
MCV	80-100	fL	88.1
MCH	27-31	pg	30.9
MCHC	32-37	g/dL	35.0
RDW	11.5-14.5	%	12.8
RDW-SD	36.4-46.3	fL	41.1
PLAT	150-400	K/uL	192
MPV	9.0-13.0	fL	10.4

END OF REPORT

LABORATORY REPORT EMERGENCY ROOM
OUTPATIENT MEDICAL RECORDS - FINAL

NAME: REED, EMILY CHRISTINE MR#: 2274718
ACCT: 19664777 DISCH DATE: 02/24/2016
DR : FRYER, DARRIN M

PRINT DATE: 02/26/2016 05:18

One Hoag Dr POB6100-ED
GROUP PO BOX 2615, 2615 E
Newport Beach, CA 92658-6100

RESP'T APP 1005

Hoag Memorial Hospital Presbyterian

ED Disposition Note

Date of Service: 02/24/2016 18:31

Authored : 02/24/2016 18:31

•:

Chief Complaint:: PSYCHOSIS

Last Vital Signs:

- Systolic 94 mm Hg
- Diastolic ↓ 54 mm Hg
- Heart Rate 81 bpm
- Respiratory Rate 16 /min
- Temperature (F) 97.8 degrees F
- Temperature (C) 36.5 degrees C
- SpO2 100 %

Acuity:

Acuity Level Based on Care: 2

Acuity Level Based on Care: Yes

Patient Disposition Note:

- hh ED DISPO Discharge
- ACI given with verbal understanding: Yes
- Family involved in discharge plan: Mother
- All orders reviewed: Yes
- IV: N/A
- Narrative discharge note related to chief complaint: VSS, ASSESSMENT UNCHANGED EXCEPT AS PREVIOUSLY NOTED. ACI'S REVIEWED.
- Patient left via: Ambulatory with steady gait
- Patient Discharge to Home
- Does patient have an Advance Directive? Unable to determine
- Time left ED 02/24/2016 18:31

Electronic Signatures:

Grandon, Tara C (RN) (Signed 02/24/2016 18:31)

Authored: Disposition

Last Updated: 02/24/2016 18:31 by Grandon, Tara C (RN)

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ED Disposition Note

Admit Date: 02/24/2016

MRN: 227-47-18 VisitID: 196-64777

Page 1 of 1

Printed: 02/25/2016 19:09

HH ED POD C

DOB: 11/16/1996 Age: 19y Gender: F

REED, EMILY CHRISTINE



CMAXX: 2274718~19664777~1319~201602241832

RESP'T APP 1006

*CONFIDENTIAL: CHART COPY OF REED, EMILY CHRISTINE, 2274718 19664777, ce52004

ED Disposition Note - Page 1/1

Job 10352 (04/29/2016 13:53:11) Page 9 Doc# 4

ER 001961

Hoag Memorial Hospital Presbyterian

ED Triage Note

Date of Service: 02/24/2016 14:00

Authored : 02/24/2016 14:00

Triage:

Door Date/time: 02/24/2016 13:57

Date/Time of Triage: 02/24/2016 14:00

Chief Complaint:: PSYCHOSIS

Additional/Pertinent Information: PT AT THERAPY SESSION AND BECAME AGITATED. PT HAS PTSD AND DISSOCIATIVE PERSONALITY DISORDER. PT GIVEN 5MG IM VERSED BY MEDICS. PT PRESENT TO ED EXTREMELY AGITATED, SCREAMING, IN RESTRAINTS, UNCOOPERATIVE, NOT ABLE TO FOLLOW COMMANDS SECONDARY TO EMOTIONAL DISTRESS. CODE R CALLED.

Category: Psych Social, .

Triage Level: 2

Respiratory Rate: ↑ 30 /min

Heart Rate: ↑ 160 bpm

SpO2: 98 %

Oxygen Device: room air

Height (ft): 5 feet

Height (remainder in inches): 4 inch(es)

Height (cm): 162.5 cm

Type: Stated

Code Called:: CODE R

Language Preferred: English

Language Assistance: no

Allergies:

- Haldol: Active, Specific Drug, Anaphylaxis
- Versed: Active, Specific Drug, Unknown

Is patient a fall risk and armband applied?: Yes

Is the patient a suicide risk?: No

Travel History Screening:

1. Has the Patient traveled outside of the United States to any other countries in the last 30 days? No.

5. Has the patient been exposed to a person diagnosed with or suspected to have Ebola or MERS CoV? No.

6. Does the patient display or report having any of the following: fever, respiratory symptoms, severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage? No.

Arrived By: ACLS (ambulance)

Treatment Prior to Arrival: Medications

Electronic Signatures:

Grandon, Tara C (RN) (Signed 02/24/2016 14:11)

Authored: Triage

Last Updated: 02/24/2016 14:11 by Grandon, Tara C (RN)

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ED Triage Note

Admit Date: 02/24/2016

MRN: 227-47-18 VisitID: 196-64777

Page 1 of 1

Printed: 02/25/2016 19:07

HH ED POD C

DOB: 11/16/1996 Age: 19y Gender: F

REED, EMILY CHRISTINE



CMAA: 2274718-19664777-1312-201602241832

RESP'T APP 1007

*CONFIDENTIAL: CHART COPY OF REED, EMILY CHRISTINE, 2274718 19664777, ce52004

Hoag Memorial Hospital Presbyterian

Date/Time	Parameter	Label	Charted Value	Corrected	Comments	Entered By	Entered When	Location
.ED Focused Assessment								
02/24/2016 14:00	FALL RISK	Fall Risk Assessment	Risk Factors;; Inability to understand or follow directions; CNS depressants (eg narcotic, sedative, Hypnotic); Agitation; Patient is a fall risk.; Yellow armband applied; supervision/assi stance for all toileting and mobility tasks; bed in low/locked position; side rails up X 2; non-slip foot wear for ambulating; frequent rounds; sitter at bedside			Tara Grandon	14:17 02/24/2016	HH ED POD C
	SUICIDE RISK	Suicide Assessment	Patient at risk for suicide and risk status communicated to physician.; Risk Factors;; Admitted for acute emotional, behavioral, psychotic crisis			Tara Grandon	14:17 02/24/2016	HH ED POD C

Attending Physician: FRYER, DARRIN M

MRUN: 227-47-18

Visit Id: 196-64777

REED, EMILY CHRISTINE



Admit Dt: 02/24/2016 13:57

Discharge Dt: 02/24/2016 18:32

DOB: 11/16/1996

Printed: 02/25/2016 19:20

CMAXX: 2274718-19864777-1314-201602241832

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Page 1 of 8

RESP'T APP 1008

ER 001963

*CONFIDENTIAL: CHART COPY OF REED, EMILY CHRISTINE, 2274718 19864777, ce52004
Job 10352 (04/29/2016 13:03:11) - Page 11 Doc# 6
ED Focused Assessment - Page 1/8

Hoag Memorial Hospital Presbyterian

Date/Time	Parameter	Label	Charted Value	Corrected	Comments	Entered By	Entered When	Location
.ED Focused Assessment								
02/24/2016 14:00	ABUSE RISK	Abuse Assessment: (WNL Definition: There is no evidence of physical abuse, Patient denies they are a victim of physical abuse, living in an unsafe environment, anyone is misusing their money, food, housing, or denying them access to medical care.)	WNL: There is no evidence of physical abuse, Patient denies they are a victim of physical abuse, living in an unsafe environment, anyone is misusing their money, food, housing, or denying them access to medical care.			Tara Grandon	14:17 02/24/2016	HH ED POD C
	Comfort/Safety	Comfort Safety	SEIZURE PADS for safety			Tara Grandon	14:17 02/24/2016	HH ED POD C
	Code Called		CODE R			Tara Grandon	14:11 02/24/2016	HH ED POD C
	Nurse	Note	Dr. fryer called to bedside for code R. VS stable, sitter at bedside.			Tara Grandon	14:17 02/24/2016	HH ED POD C

Attending Physician: FRYER, DARRIN M

MRUN: 227-47-18

Visit Id: 196-64777

REED, EMILY CHRISTINE



Admit Dt: 02/24/2016 13:57

Discharge Dt: 02/24/2016 18:32

DOB: 11/16/1996

Printed: 02/25/2016 19:20

CMAXX: 2274718-19864777-1314-201602241832

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Page 2 of 8

RESP'T APP 1009

ER 001964

Hoag Memorial Hospital Presbyterian								
Date/Time	Parameter	Label	Charted Value	Corrected	Comments	Entered By	Entered When	Location
.ED Focused Assessment								
02/24/2016 14:00	Airway, Breathing, Circulation	WNL (Definition: No obstruction of airway, regular unlabored breathing. Color is consistent with ethnicity. Skin is warm and dry.)	No obstruction of airway, regular unlabored breathing, color consistent with ethnicity, skin is warm, dry and intact; Airway: Open; Respirations: Rapid; Pulse: Rapid; CAPILLARY Refill < or = 3 sec (adult); Skin color pink; Skin Temperature: normal; Skin Moisture: Normal			Tara Grandon	14:17 02/24/2016	HH ED POD C
	Primary Orientation/LOC	Neuro	WNL except; Alert; Irritable; Insonsoleable; anxious			Tara Grandon	14:17 02/24/2016	HH ED POD C

Attending Physician: FRYER, DARRIN M MRUN: 227-47-18 Visit Id: 196-64777 REED, EMILY CHRISTINE
 Admit Dt: 02/24/2016 13:57 Discharge Dt: 02/24/2016 18:32 DOB: 11/16/1996 Printed: 02/25/2016 19:20
 CMAXC: 2274718~18864777~1314~201602241832 **CHART COPY - CONFIDENTIAL** Page 3 of 8

RESP'T APP 1010

ER 001965

*CONFIDENTIAL: CHART COPY OF REED, EMILY CHRISTINE, 2274718 18864777, ce52004
 ED Focused Assessment - Page 3/8 Job 10352 (04/29/2016 13:03:11) - Page 13 Doc# 6

Hoag Memorial Hospital Presbyterian

Date/Time	Parameter	Label	Charted Value	Corrected	Comments	Entered By	Entered When	Location
.ED Focused Assessment								
02/24/2016 14:00	Additional Pertinent Information		PT AT THERAPY SESSION AND BECAME AGITATED. PT HAS PTSD AND DISSOCIATIVE PERSONALITY DISORDER. PT GIVEN SMG IM VERSED BY MEDICS. PT PRESENT TO ED EXTREMELY AGITATED, SCREAMING, IN RESTRAINTS, UNCOOPERATIVE, NOT ABLE TO FOLLOW COMMANDS SECONDARY TO EMOTIONAL DISTRESS. CODE R CALLED.			Tara Grandon	14:11 02/24/2016	HH ED POD C

Attending Physician: FRYER, DARRIN M

MRUN: 227-47-18

Visit Id: 196-64777

REED, EMILY CHRISTINE



Admit Dt: 02/24/2016 13:57

Discharge Dt: 02/24/2016 18:32

DOB: 11/16/1996

Printed: 02/25/2016 19:20

CMAXX: 2274718-19664777-1314-201602241832

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Page 4 of 8

RESP'T APP 1011

ER 001966

Hoag Memorial Hospital Presbyterian								
Date/Time	Parameter	Label	Charted Value	Corrected	Comments	Entered By	Entered When	Location
.ED Focused Assessment								
02/24/2016 14:00	Cardiovascular	Cardio	WNL (Definition: no chest pain, palpitations or dysrhythmias, skin signs within normal limits. capillary refill < 3 secs./adult); (capillary refill < or = 2 secs/peds)			Tara Grandon	14:17 02/24/2016	HH ED POD C
	LOC/Orientation/HA/Seizure	Neuro	WNL except; Alert; Irritable; Insoluble; anxious			Tara Grandon	14:17 02/24/2016	HH ED POD C
	Glasgow Scale	Eye Opening	(E4) spontaneous			Tara Grandon	14:17 02/24/2016	HH ED POD C
	Glasgow Scale * (if patient intubated/unconscious/pre verbal, carefully evaluate motor response as most important component of scale);*	Motor Response	(M5) localizes pain			Tara Grandon	14:17 02/24/2016	HH ED POD C
	Glasgow Scale	Verbal Response	(V2) incomprehensible speech			Tara Grandon	14:17 02/24/2016	HH ED POD C
		Score	11			Tara Grandon	14:17 02/24/2016	HH ED POD C
	Respiratory	Resp	WNL except; Rate			Tara Grandon	14:17 02/24/2016	HH ED POD C
		Assessment	All fields; clear; Even; Rapid			Tara Grandon	14:17 02/24/2016	HH ED POD C

Attending Physician: FRYER, DARRIN M

MRUN: 227-47-18

Visit Id: 196-64777

REED, EMILY CHRISTINE



Admit Dt: 02/24/2016 13:57

Discharge Dt: 02/24/2016 18:32

DOB: 11/16/1996

Printed: 02/25/2016 19:20

CMAXX: 2274718~19664777~1314~201602241832

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RESP'T APP 1012

ER 001967

*CONFIDENTIAL: CHART COPY OF REED, EMILY CHRISTINE, 2274718 19664777, ce52004
ED Focused Assessment - Page 5/8
Job 10352 (04/29/2016 13:03:11) - Page 15 Doc# 6

Hoag Memorial Hospital Presbyterian

Date/Time	Parameter	Label	Charted Value	Corrected	Comments	Entered By	Entered When	Location
.ED Focused Assessment								
02/24/2016 14:00	GI	GI	no complaint of abdominal pain, nausea, vomiting, diarrhea, or constipation.			Tara Grandon	14:17 02/24/2016	HH ED POD C
	Genitourinary	GU	no abnormalities in voiding/ability to empty bladder, color, or characteristics of urine			Tara Grandon	14:17 02/24/2016	HH ED POD C
	Musculoskeletal	Musculoskeletal	No complaints of musculoskeletal pain, no deformities or edema noted, full ROM, positive CSM			Tara Grandon	14:17 02/24/2016	HH ED POD C
	Skin Assessment	Skin	No abnormalities in integrity. Color is consistent with ethnicity. Skin is warm and dry.			Tara Grandon	14:17 02/24/2016	HH ED POD C

Attending Physician: FRYER, DARRIN M

MRUN: 227-47-18

Visit Id: 196-64777

REED, EMILY CHRISTINE



Admit Dt: 02/24/2016 13:57

Discharge Dt: 02/24/2016 18:32

DOB: 11/16/1996

Printed: 02/25/2016 19:20

CMAXX: 2274718~19664777~1314~201602241832

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Page 6 of 8

*CONFIDENTIAL: CHART COPY OF REED, EMILY CHRISTINE, 2274718 19664777, c852004
ED Focused Assessment - Page 6/8
Job 10352 (04/29/2016 13:03:11) - Page 16 Doc# 6

RESP'T APP 1013

ER 001968

Hoag Memorial Hospital Presbyterian								
Date/Time	Parameter	Label	Charted Value	Corrected	Comments	Entered By	Entered When	Location
.ED Focused Assessment								
02/24/2016 14:00	Psych/Social Assessment	Assessment	Patient is; agitated; anxious; restless; tearful; upset; combative; Patient has; auditory hallucinations; paranoia			Tara Grandon	14:17 02/24/2016	HH ED POD C
	Psych/Social Interventions	Interventions	Security/Sitter at bedside for continuous observation			Tara Grandon	14:24 02/24/2016	HH ED POD C
02/24/2016 14:48	Nurse	Note	Pt remains agitated, unable to draw blood or perform EKG at this time. Sitter remains at bedside, will continue to monitor.			Tara Grandon	14:49 02/24/2016	HH ED POD C

Attending Physician: FRYER, DARRIN M

MRUN: 227-47-18

Visit Id: 196-64777

REED, EMILY CHRISTINE



Admit Dt: 02/24/2016 13:57

Discharge Dt: 02/24/2016 18:32

DOB: 11/16/1996

Printed: 02/25/2016 19:20

CMAXX: 2274718-19684777-1314-201602241832

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RESP'T APP 1014

ER 001969

*CONFIDENTIAL: CHART COPY OF REED, EMILY CHRISTINE, 2274718 19684777, ces52004
ED Focused Assessment - Page 7/8
Job 10352 (04/29/2016 13:03:11) - Page 17 Doc# 6

Hoag Memorial Hospital Presbyterian

Date/Time	Parameter	Label	Charted Value	Corrected	Comments	Entered By	Entered When	Location
.ED Focused Assessment								
02/24/2016 15:20	Nurse	Note	Pt calm and cooperative at this time. Remains unreliable and sitter at bedside. Pt blood drawn, refused EKG, fresh water brought to bedside, restraints removed for trial period. VS stable, will continue to monitor. Pt encouraged to provide urine sample.			Tara Grandon	15:25 02/24/2016	HH ED POD C
02/24/2016 15:27	Nurse	Note	Pt refused EKG, Md and Rn aware			Brittany Leary	15:27 02/24/2016	HH ED POD C
02/24/2016 16:30	Nurse	Note	Pt's mom at bedside, requesting to speak with Dr. Fryer. Pt is calm and cooperative, restraints remain off. Pt requesting to discharge home. Dr. Fryer aware.			Tara Grandon	16:52 02/24/2016	HH ED POD C

Attending Physician: FRYER, DARRIN M

MRUN: 227-47-18

Visit Id: 196-64777

REED, EMILY CHRISTINE



Admit Dt: 02/24/2016 13:57

Discharge Dt: 02/24/2016 18:32

DOB: 11/16/1996

Printed: 02/25/2016 19:20

CMAXX: 2274718~19664777~1314~201602241832

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RESP'T APP 1015

ER 001970

Hoag Memorial Hospital Presbyterian

ED H&P: Neurologic/AMS

Date of Service: 02/24/2016 14:09

Authored : 02/24/2016 14:09

Last Modified : 02/24/2016 18:30

ARRIVAL:

31.

ED Arrival: 02/24/2016 13:57.

Treatment prior to Arrival:

- Mode of arrival: BLS.

Information Source:

- History provided by patient; paramedic. History and exam limited by altered mental status; patient is agitated and combative and cannot provide a reliable history.

CHIEF COMPLAINT/HPI:

- altered mental status.

HISTORY OF PRESENT ILLNESS:

- HPI: This is a 19 year old female who is brought into the Emergency Department by ambulance for increased agitation and combativeness. Per paramedics, patient has history of dissociative disorder and has been in remission for the last year. Today, patient went to see her psychologist when she had a sudden onset of her agitation and combativeness. A full history, review of systems, and physical exam cannot be obtained currently due to the patient's emotional and mental status.
- Onset: today
- Timing: still present
- Character of deficit(s): **POSITIVE FOR:** combative, agitated
- Associated Symptoms/Review of Systems: **POSITIVE FOR:** altered mental status

REVIEW OF SYSTEMS:

∴ See History of Present Illness.. Unavailable due to patient condition. Limited due to

PAST MEDICAL HISTORY:

- PMH: dissociative disorder

Travel History Screening:

1. Has the Patient traveled outside of the United States to any other countries in the last 30 days? No.
5. Has the patient been exposed to a person diagnosed with or suspected to have Ebola or MERS CoV? No.
6. Does the patient display or report having any of the following: fever, respiratory symptoms, severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage? No.

ALLERGIES:

Allergies:

- Haldol: Anaphylaxis
- Versed: Unknown

INITIAL VITAL SIGNS:

- Nursing Assessment reviewed. Vital signs reviewed.

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ED H&P: Neurologic/AMS

Admit Date: 02/24/2016

MRN: 227-47-18 VisitID: 196-64777

Page 1 of 3

Printed: 02/25/2016 19:26

HH ED POD C

DOB: 11/16/1996 Age: 19y Gender: F

REED, EMILY CHRISTINE



CMAXX: 2274718~19664777~1345~201602241832

RESP'T APP 1016

Hoag Memorial Hospital Presbyterian

ED H&P: Neurologic/AMS

Date of Service: 02/24/2016 14:09

Authored : 02/24/2016 14:09

Last Modified : 02/24/2016 18:30

- Pulse: 160 bpm.
- Resp: 30 /min.
- SpO2: 98 % on room air.

PHYSICAL EXAM:

General: Awake, alert and oriented x 4, mild distress. Extremely agitated.

HEENT: Normocephalic, atraumatic, PERRL, normal oropharynx.

Neck: Supple, non tender.

Cardiovascular: Regular rate and rhythm.

Respiratory: No respiratory distress, clear to auscultation bilaterally.

Abdomen: Soft, non-distended. No guarding, rebound, or tenderness. Normal bowel sounds.

Extremities: No deformities, cyanosis, or edema.

Skin: Warm and dry, normal color. No rash.

Neurologic: Nonfocal, no gross motor deficit.

Psychiatric: Agitated mood and affect.

LAB RESULTS:

15:20 - CBC: WBC 8.3, HGB 13.7, HCT 39.1, PLT 192

15:20 - Chem: NA 144, K 3.5, Cl 107, CO2 23, BUN 9, Cr 0.7, Glu 94, Ca 9.0, AST 34, ALT 27, ALKP 71, TBIL 1.3

15:20 - Misc: HCG None detected, ETOH <10

Alcohol Interpretation:

No influence	0-50 mg/dL
Possible influence	50-80 mg/dL
Under the influence	80-250 mg/dL
Markedly intoxicated	250-400 mg/dL
Comatose	over 400 mg/dL

TREATMENT/PROCEDURE:

- ziprasidone inj: 10 mg IM once.

RE-EVALUATION:

- Re-Evaluated 17:39. improved; re-examined. 17:00: Pulse Ox 100% on room air; HR 94; BP 98/59

Patient's emotional and mental status seems to have returned to baseline as confirmed by mother, who is at bedside. Mother is requesting the patient be discharged home.

CONSULTS:

- E. Collier consulted. Agrees with evaluation and plan. Is comfortable with patient being discharged home without further psychiatric evaluation in the Emergency Department if mother can monitor and watch over patient at home.

PLAN/MEDICAL DECISION MAKING:

Discussion:

Mom is not with the patient in the emergency department. Patient is now calm and pleasant. Patient denies suicidal ideation. Mom and patient would like to go home at this time. They do not want to be admitted to the hospital. Mom is going to stay with the patient. Mom feels that she knows what is best for this patient is actively seeking help for her. Her counselor feels like she should be on medications and mom is working on that at this point in time. They're also working on finding a psychiatrist for her at this time. Patient has dissociative disorder and PTSD in which she can become agitated and confused. This is currently cleared up at this time..

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ED H&P: Neurologic/AMS

Admit Date: 02/24/2016

MRN: 227-47-18 VisitID: 196-64777

Page 2 of 3

Printed: 02/25/2016 19:26

HH ED POD C

DOB: 11/16/1996 Age: 19y Gender: F

REED, EMILY CHRISTINE



CMAXX: 2274718~19664777~1345~201602241832

RESP'T APP 1017

*CONFIDENTIAL: CHART COPY OF REED, EMILY CHRISTINE, 2274718 19664777, ce52004

Hoag Memorial Hospital Presbyterian

ED H&P: Neurologic/AMS

Date of Service: 02/24/2016 14:09

Authored : 02/24/2016 14:09

Last Modified : 02/24/2016 18:30

Medical Decision Making:

PSYCHIATRIC: I provided evaluation, treatment and re-evaluation of the patient to diagnose or prevent a potential acute manic episode and acute psychosis. In order to minimize or prevent a clinically significant acute metabolic failure and neurologic deterioration.

CLINICAL IMPRESSION:

- Primary Dx: Agitation
- Secondary Dx: Anxiety, dissociative disorder with PTSD

Counseled:

Counseled patient and family regarding diagnosis, lab results and need for follow-up.

• General Considerations: .

Counseling (Discharge): Discussed the historical points, exam findings, and any diagnostic results supporting the presumptive diagnosis. Patient is clinically stable, in no apparent danger of imminent deterioration, and deemed safe for outpatient management. Strict return precautions discussed. Advised to return immediately to the ED if symptoms worsen or persist, or if any concerns arise. All questions answered. Need for appropriate follow up discussed and understood.

DISPOSITION:

- Disposition Time: 02/24/2016 18:01.
- Disposition: Discharge.
- Condition improved.
- Rx given. none.
- After care instructions given. generalized anxiety disorder.
- patient given referral to a psychiatrist, Dr. Granese, for follow up.
- Patient discharged to: Home .

Attestation:

Tang, Phien , acting as scribe for FRYER, DARRIN M.

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me.

Electronic Signatures:

FRYER, DARRIN M (MD) (Signed 02/24/2016 18:30)

Entered: LAB RESULTS, PLAN/MEDICAL DECISION MAKING, CLINICAL IMPRESSION, ATTESTATION

Authored: ARRIVAL, CHIEF COMPLAINT/HPI, REVIEW OF SYSTEMS, PAST MEDICAL HISTORY, SOCIAL AND FAMILY HISTORY, ALLERGIES, INITIAL VITAL SIGNS, PHYSICAL EXAM, LAB RESULTS, TREATMENT AND RE-EVALUATION, PLAN/MEDICAL DECISION MAKING, CLINICAL IMPRESSION, DISPOSITION, ATTESTATION

Last Updated: 02/24/2016 18:30 by FRYER, DARRIN M (MD)

CHART COPY - CONFIDENTIAL

ED H&P: Neurologic/AMS

Admit Date: 02/24/2016

MRN: 227-47-18 VisitID: 196-64777

Page 3 of 3

Printed: 02/25/2016 19:26

HH ED POD C

DOB: 11/16/1996 Age: 19y Gender: F

REED, EMILY CHRISTINE



CMAXX: 2274718~19664777~1345~201602241832

RESP'T APP 1018

*CONFIDENTIAL: CHART COPY OF REED, EMILY CHRISTINE, 2274718 19664777, ce52004

Emily Reed

Log / Notes

June 24, 2016 2:14pm



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:

The past two weeks have been hard; her anxiety is better, but mood is low, "kind of more shut down, not having motivation." She's had conflict with mom, feels really tired. She has had some SI and so sleeps more, so she can feel better when waking. "I push through it." She has sudden onset "impulsive thoughts" of suicide; "almost like I've had enough." She describes them as bouts of frustration that lead to the thoughts, but not actually any thoughts of plans. She doesn't know what to do with her feelings so jumps to those thoughts. Discussed DBT.

Current treatments:

weekly therapy with Elise Collier; neurofeedback has been recommended

Current Meds/Supplements:

omega-3
lamictal 200mg
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 , somewhat avoidant eye contact	Speech: soft and shy
Mood: Depressed	Affect: Constricted
Behavior: Normoactive	Thought Content: No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content some thoughts of suicide with stress/frustration, no rumination, plans, intention
Thought Process: Linear	Insight/Judgment: Fair

Diagnoses:

F43.12 - Post-traumatic stress disorder, chronic

F44.89 - Other dissociative and conversion disorders

RESP'T APP 1019

ER 001974

Emily Reed, 6/24/16 2:14pm

Page 1 of 2

Assessment:

Improving in terms of anxiety, but clearly needs more support, and according to the vm from her therapist, pt's mom doesn't want to pay for any other services. Per the vm, pt is "not wanting to die but impulsive and overwhelmed," and is going to AZ to stay with grandma due to tensions with mom in the home.

Plan/Recommendations:

Discussed DBT could be really helpful to address chronic intrusive SI, emotional regulation and coping strategies. Referred to DBT Center of OC and will call pt's therapist to discuss further. Increase lamictal to 100/150 x 2 weeks, then 150bid and f/u in 4 weeks. She will call with any SE or problems.

--Digitally Signed: 06/24/2016 02:41 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

RESP'T APP 1020

Emily Reed
Log / Notes
July 22, 2016 4:37pm



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 feels she is doing ok. She's been in AZ. Today she had her DMV interview and felt confident, and will have a behind the wheel test in August. Increased lamictal without difficulty; "this month I've felt more peaceful all around." She and Elise started a DBT workbook; she finds it repetitive but thinks its a good thing so she can practice the skills. She is bright and interactive today in a way she has never before been in any of our sessions. She feels the lamictal is really helping. She would like to try a vegetarian diet; discussed maybe consulting with the nutritionist to make sure she gets ample protein.

Current treatments:

weekly therapy with Elise Collier and they started a DBT workbook together; neurofeedback has been recommended

Current Meds/Supplements:

omega-3
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
Mood: Euthymic	Affect: Bright and WNL
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: Good

Diagnoses:

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

RESP'T APP 1021

Assessment:

Big improvement over past visits.

Plan/Recommendations:

Cont lamictal 150mg bid, f/u in one month, and cont therapy with Elise.

--Digitally Signed: 07/22/2016 04:58 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

RESP'T APP 1022

Emily Reed

Log / Notes

August 23, 2016 4:06pm



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:

Lamictal helps pt regulate emotions; "I don't shut off completely." Has been anxious b/c she has court next month. She got her license back from the DMV. She told them she won't drive to therapy anymore, but her license isn't provisional. She says for the past few weeks she's had days she hasn't wanted to eat or drink; she thinks its due to stress. Discussed forcing even small snacks on tough days, like pb on bread, with fruit.

Is getting frustrated with DBT homework. "Sometimes I just don't get it."

Doesn't have any friends or activities she enjoys. She has a goldendoodle she takes to the park and beach.

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:

"not that I know of"

Medical Issues/Lab Results:

nothing new

Mental Status Examination:

Appearance: Casual	Speech: Slowed , soft
Mood: Anxious	Affect: Mood Congruent and Constricted
Behavior: Normoactive , fidgeting with parking card	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:

RESP'T APP 1023

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.

RESP'T APP 1024

Emily Reed

Log / Notes

September 22, 2016 3:31pm



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:

RESP'T APP 1025

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.

RESP'T APP 1026

Emily Reed

Log / Notes

November 15, 2016 9:56am



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 hygiene.

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:

RESP'T APP 1027

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

Plan/Recommendations:

Sleep hygiene, 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.

RESP'T APP 1028

Emily Reed

Log / Notes

December 16, 2016 11:26am



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 "flailing 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

RESP'T APP 1029

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.

RESP'T APP 1030

Emily Reed

Log / Notes

January 23, 2017 12:01pm



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

RESP'T APP 1031

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.

RESP'T APP 1032

Emily Reed

Log / Notes

March 24, 2017 10:31am



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.

RESPT APP 1033

ER 001988

Emily Reed, 3/24/17 10:31am

Page 1 of 2

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.

RESP'T APP 1034

Emily Reed

Log / Notes

April 14, 2017 12:03pm



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

RESP'T APP 1035

ER 001990

Emily Reed, 4/14/17 12:03pm

Page 1 of 2

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.

RESP'T APP 1036

CERTIFICATION OF ATTENDING HEALTH CARE PROVIDER

Complete Section I and have ill family 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 <u>Alecia A. Draper</u>	Business Phone/Ext <u>(818) 300-1017</u>	Location/Store # _____
Department # _____	Employee # <u>31660</u>	Union Local # _____
Date of Employment <u>01 27 2016</u>		mm dd yyyy
Name of Attending Health Care Provider <u>Jennifer Love Farrell, MD</u>		
Address of Attending Health Care Provider <u>3150 Bristol Street Suite 400 Costa Mesa</u>		92626
street city zip		
SECTION II FAMILY MEMBER INFORMATION (Must be completed by ill family member - If a minor, parent should complete)		
Family Member Name <u>Emily C. Reed</u>		
<input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling Your relationship to Employee: <input type="checkbox"/> Parent/In-law <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input type="checkbox"/> Loco Parentis (indicate relationship) _____		
Address of family member <u>20762 Crestview Lane Huntington Beach</u>		
street city		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 <u>Jennifer Farrell</u>	Title <u>MD</u>	Date <u>4/14/17</u>
Address <u>3150 Bristol St Ste 400 Costa Mesa</u>		92627
street city		zip
Please check one of the following: (required) I am certified to practice medicine or surgery as: <input checked="" type="checkbox"/> a doctor of medicine or osteopathy <input type="checkbox"/> podiatrist <input type="checkbox"/> dentist <input type="checkbox"/> clinical psychologist <input type="checkbox"/> optometrist <input type="checkbox"/> nurse practitioner <input type="checkbox"/> nurse midwife <input type="checkbox"/> chiropractor <input type="checkbox"/> 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: <u>before March 2016</u> mm dd yyyy Estimated end date of treatment or supervision: <u>06/12/2017</u> mm dd yyyy		
Estimated length of time employee is unable to work or needs to care for family member: From: <u>04 12 2017</u> To: <u>06 12 2017</u> mm dd yyyy mm dd yyyy		
Note: If extension of this period results in an additional leave request from 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, how long? _____		
CHECK ONE:		
<input checked="" type="checkbox"/> 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:		
<input type="checkbox"/> I certify that the patient is unable to perform the essential functions of his or her position.		
Signature of Health Care Provider <u>Jennifer MD</u>		Date <u>4/14/17</u>
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.		

RESPIT APP 1037

**Claim for Paid Family Leave
(PFL) Care Benefits**

Enter your receipt number here.

R1 000000 52 D60116

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 M M D D Y Y Y Y	C3. RECIPIENT'S TELEPHONE NUMBER	C4. RECIPIENT'S GENDER MALE FEMALE
188 505247	11 16 1996	714 465-7489	<input type="checkbox"/> <input checked="" type="checkbox"/>
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 <input type="checkbox"/> parental right <input type="checkbox"/> power of attorney (attach copy) <input type="checkbox"/> court order (attach copy) (For spouse or domestic partner, contact EDD).			
Authorized Representative's Signature (DO NOT PRINT)		Date Signed (MM/DD/YYYY)	

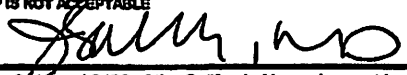
RESP'T APP 1038

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.

R100000052060116

PART D - PHYSICIAN/PRACTITIONER'S CERTIFICATION

D1. PFL CLAIMANT'S (CARE PROVIDER'S) SOCIAL SECURITY NUMBER 188 50 5247		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 <input checked="" type="checkbox"/> NO (SKIP TO D15) <input type="checkbox"/>		
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 F43.12		D8. SECONDARY ICD CODES F44.89		(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 <input type="checkbox"/>		D12. DATE YOU EXPECT RECOVERY M M D D Y Y Y Y NEVER <input checked="" type="checkbox"/>		
D13. APPROXIMATELY HOW MANY TOTAL HOURS PER DAY WILL PATIENT REQUIRE CARE BY A CARE PROVIDER? HOURS COMMENTS 10-24				
D14. WOULD DISCLOSURE OF THE MEDICAL INFORMATION ON THIS CERTIFICATE BE MEDICALLY OR PSYCHOLOGICALLY DETRIMENTAL TO YOUR PATIENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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. 949-266-3700		Date Signed (MM/DD/YYYY) 04/25/2017

Under sections 2146 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.

R100000052060116

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)

RESP'T APP 1040

Enter your receipt number here.

R1

PART B - 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

MMDDYY

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 Disorders

D7. PRIMARY ICD CODE

F43.12

D8. SECONDARY ICD CODES

F44.89

D9. DATE PATIENT'S CONDITION COMMENCED

MMDDYY

03 24 2016

D10. FIRST DATE CARE NEEDED

MMDDYY

03 24 2016

D11. DATE YOU ESTIMATE PATIENT WILL NO LONGER REQUIRE CARE BY THE CARE PROVIDER

MMDDYY PERMANENT CARE REQUIRED

07 2017 ☐

D12. DATE YOU EXPECT RECOVERY

MMDDYY NEVER

unclear ☐

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

HOURS COMMENTS

10-24

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

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

Costa Mesa

STATE/PROV.

CA

ZIP OR POSTAL CODE

92626

COUNTRY (IF NOT U.S.A.)

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

Jennifer L Farrell, MD

PHYSICIAN/PRACTITIONER'S TELEPHONE NO.

949-266-3700

Date Signed (MM/DD/YYYY)

04/25/2017

Under sections 2146 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.

RESP'T APP 1041

Emily Reed

Log / Notes

April 27, 2017 10:58am



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

RESP'T APP 1042

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.

RESP'T APP 1043

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

RESP'T APP 1044

ER 001999



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

RESP'T APP 1045

ER 002000

Emily Reed

Log / Notes

May 12, 2017 2:36pm



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.

RESP'T APP 1046

ER 002001

Emily Reed, 5/12/17 2:36pm

Page 1 of 2

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.

RESP'T APP 1047

Emily Reed

Log / Notes

May 26, 2017 1:31pm



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

RESP'T APP 1048

ER 002003

Emily Reed, 5/26/17 1:31pm

Page 1 of 2

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.

RESP'T APP 1049

Emily Reed

Log / Notes

June 9, 2017 11:59am



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:

RESP'T APP 1050

ER 002005

Emily Reed, 6/9/17 11:59am

Page 1 of 2

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.

RESP'T APP 1051

Emily Reed
Log / Notes
July 7, 2017 11:56am



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 it's 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

RESP'T APP 1052

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.

RESP'T APP 1053

ER 002008

Emily Reed, 7/7/17 11:56am

Page 2 of 2



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



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 statute 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.



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,

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

Emily Reed

Log / Notes

August 4, 2017 10:07am



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

RESP'T APP 1058

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.

RESP'T APP 1059

Emily Reed

Log / Notes

August 25, 2017 10:24am



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

RESP'T APP 1060

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.

RESP'T APP 1061

Emily Reed

Log / Notes

September 22, 2017 10:30am



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

RESP'T APP 1062

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.

RESP'T APP 1063

Emily Reed

Log / Notes

November 20, 2017 2:31pm



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 on 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:

RESP'T APP 1064

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 opinion 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.

RESP'T APP 1065

Emily Reed

Log / Notes

December 21, 2017 1:34pm



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

RESP'T APP 1066

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.

RESP'T APP 1067

ER 002022

Emily Reed, 12/21/17 1:34pm

Page 2 of 2

Emily Reed

Log / Notes

December 27, 2017 3:34pm



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

RESP'T APP 1068

ER 002023

Emily Reed, 12/27/17 3:34pm

Page 1 of 2

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.

RESP'T APP 1069

Emily Reed

Log / Notes

January 3, 2018 3:40pm



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.

RESP'T APP 1070

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.

RESP'T APP 1071



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:

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address below via the US Postal Service. Thank you.

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.



Melina Thaxton, Patient Care Coordinator

Amen Clinics, Orange County

949-266-3793

RESP'T APP 1073

ER 002028

Emily Reed

Log / Notes

January 24, 2018 11:25am



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

RESP'T APP 1074

ER 002029

Emily Reed, 1/24/18 11:25am

Page 1 of 2

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.

RESP'T APP 1075



FAXED
01/25/18

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:

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address below via the US Postal Service. Thank you.



**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

RESP'T APP 1077

ER 002032

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 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	FOR COURT USE ONLY
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 <input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name): Emily Christine Reed <input type="checkbox"/> CONSERVATEE <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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): <u>TBD</u> . (Complete item 5, sign, and file page 1 of this form.) B. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 400 949-266-3700
Costa Mesa 92627
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

(TYPE OR PRINT NAME)

[Signature]

(SIGNATURE OF DECLARANT)

RESP'T APP 1078

ER 002033

CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name): Emily Christine Reed	CASE NUMBER:
<input type="checkbox"/> CONSERVATEE <input checked="" type="checkbox"/> PROPOSED CONSERVATEE	

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 ☐

(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 ☐

(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)

RESP'T APP 1079

ER 002034

CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name):	CASE NUMBER:
<u>Emily Christine Reed</u>	
<input type="checkbox"/> CONSERVATEE <input checked="" type="checkbox"/> PROPOSED CONSERVATEE	

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 <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Euphoria	a <input checked="" type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Helplessness	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input checked="" type="checkbox"/>
Anxiety	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input checked="" type="checkbox"/>	Depression	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input checked="" type="checkbox"/>	Apathy	a <input type="checkbox"/>	b <input checked="" type="checkbox"/>	c <input type="checkbox"/>
Fear	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input checked="" type="checkbox"/>	Hopelessness	a <input checked="" type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Indifference	a <input type="checkbox"/>	b <input checked="" type="checkbox"/>	c <input type="checkbox"/>
Panic	a <input type="checkbox"/>	b <input checked="" type="checkbox"/>	c <input type="checkbox"/>	Despair	a <input checked="" type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>				

- 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)

J. Love Farrell, MD

(SIGNATURE OF DECLARANT)



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.

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address below via the US Postal Service. Thank you.

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 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@yanglawoffice ATTORNEY FOR (Name): Alecia Draper</p>	<p>FOR COURT USE ONLY</p>
<p>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</p>	
<p>CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name): Emily Christine Reed <input type="checkbox"/> CONSERVATEE <input checked="" type="checkbox"/> PROPOSED CONSERVATEE</p>	
<p>CAPACITY DECLARATION—CONSERVATORSHIP</p>	<p>CASE NUMBER</p>
<p style="text-align: center;">TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER</p> <p>The purpose of this form is to enable the court to determine whether the (proposed) conservatee (check all that apply):</p> <p>A. <input checked="" type="checkbox"/> 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): <u>TBD</u>. (Complete item 5, sign, and file page 1 of this form.)</p> <p>B. <input checked="" type="checkbox"/> 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.)</p> <p>C. <input type="checkbox"/> 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.)</p> <p>(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.)</p> <p>COMPLETE ITEMS 1-4 OF THIS FORM IN ALL CASES.</p>	

GENERAL INFORMATION

1. (Name): Jennifer Love Farrell, MD
2. (Office address and telephone number): 3150 Bristol St. Ste 400 949-266-3700
Costa Mesa 92627
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

(TYPE OR PRINT NAME)

JL Farrell, MD

(SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name): Emily Christine Reed	CASE NUMBER:
<input type="checkbox"/> CONSERVATEE <input checked="" type="checkbox"/> PROPOSED CONSERVATEE	

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 ☐

- (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?")

Has episodes when she lays on the floor, crying, screaming and is unable to engage with anyone around her. 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 <input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name):	CASE NUMBER:
Emily Christine Reed	
<input type="checkbox"/> CONSERVATEE <input checked="" type="checkbox"/> PROPOSED CONSERVATEE	

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 <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Euphoria	a <input checked="" type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Helplessness	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input checked="" type="checkbox"/>
Anxiety	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input checked="" type="checkbox"/>	Depression	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input checked="" type="checkbox"/>	Apathy	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input checked="" type="checkbox"/>
Fear	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input checked="" type="checkbox"/>	Hopelessness	a <input type="checkbox"/>	b <input checked="" type="checkbox"/>	c <input type="checkbox"/>	Indifference	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input checked="" type="checkbox"/>
Panic	a <input type="checkbox"/>	b <input checked="" type="checkbox"/>	c <input type="checkbox"/>	Despair	a <input type="checkbox"/>	b <input checked="" type="checkbox"/>	c <input type="checkbox"/>				

- 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 9-11 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 JL Farrell, MD
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

Emily Reed

Log / Notes

April 20, 2018 5:03pm



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

RESP'T APP 1085

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 pristi q 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.

RESP'T APP 1086

Emily Reed

Log / Notes

June 4, 2018 2:02pm



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 then 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

RESP'T APP 1087

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.

RESP'T APP 1088

Emily Reed
Log / Notes
July 2, 2018 2:03pm



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

RESP'T APP 1089

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.

RESP'T APP 1090

EXHIBIT 21

EXHIBIT 21

EXHIBIT 21
RESP'T APP 1091

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 91754TEL 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

FOR RECORDER'S USE ONLY

CASE NUMBER:

30-2018-00970067-PR-LP-CJC

LETTERS OF CONSERVATORSHIP

CONSERVATEE

☒ Person ☒ Estate ☐ Limited Conservatorship

1. ☒ (Name): Alecia Draper
☒ conservator ☐ limited conservator of the ☒ person ☒ 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. ☒ Other powers have been granted or conditions imposed as follows:

- a. ☒ 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. ☒ Other powers granted or conditions imposed are specified in Attachment 3i.

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

DAVID H. YAMASAKI
Deputy

of the estate as provided in Probate Code § 1875.

LETTERS OF CONSERVATORSHIP
(Probate—Guardianships and Conservatorships)Probate Code, §§ 1834,
2680-2690;
Civil Procedure, § 2015.6
www.courts.ca.govThis 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, 2016)

Page 1 of 2

RESP'T APP 1092

ER 000004

CONSERVATORSHIP OF (name):
Emily Christine Reed

GC-350

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-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 ☒ 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

GC-350 [Rev. July 1, 2015]

LETTERS OF CONSERVATORSHIP
(Probate—Guardianships and Conservatorships)

RESP'T APP 1093

Page 2 of 2

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

Print this form

Save this form

ER 000005

SHORT TITLE:

Conservatorship of Emily Christine Reed

CASE NUMBER:

30-2018-00970067-PR-LP-CJC

MC-025

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.)

RESPT APP 1094 1 of 1

EXHIBIT 25

EXHIBIT 25

RESP'T APP 1095

EXHIBIT 25



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



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

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

Total Amount Due: \$7.31

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 your 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.

ER 001079



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

KA
4/23/19

I authorize the University Behavioral Health of Denton (UBH) to release (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 (circle one) from (circle one):

Name Alecia Draper

Address [REDACTED]

City/State [REDACTED]

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":

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> History & Physical | <input checked="" type="checkbox"/> Consultation | <input checked="" type="checkbox"/> Assessment |
| <input checked="" type="checkbox"/> Lab Results | <input checked="" type="checkbox"/> Radiology Results | <input checked="" type="checkbox"/> Treatment Plan |
| <input checked="" type="checkbox"/> Billing Records | <input checked="" type="checkbox"/> Psychotherapy Notes | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Discharge Summary | <input checked="" type="checkbox"/> Medications | <input type="checkbox"/> Other _____ |

INITIAL

HIV _____

Medical ☒

Psychiatric ☒

Substance Abuse _____

AD
AD

This information is necessary for the following purposes:

- ☐ Follow-up Care ☐ Patient is requesting disclosure ☒ Disability Benefits ☒ Attorney or Legal
☐ Other Please Explain _____

Please release my information via: ☒ 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.

RESP'T APP 1097

SIGNATURE of Patient or Authorized Party

Alecia Draper

Date

4/18/19

RELATIONSHIP to Patient

Mother & Conservator for
Emily Reed Person
& Estate

WITNESS

REASON Patient is Not Signing

Patient Label

CC0908
Rev: 8/1/2018

ER 001080

MRO
1000 Madison Avenue, Suite 100
Norristown, PA 19403



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

Request ID: 27496055
Tracking #: UBHDFDG67J2DA

Emily Reed
Personal - TEXAS

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

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

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:

MRO
1000 Madison Avenue, Suite 100
Norristown, PA 19403

Email Address:

Requestinformation@mrocorp.com

Fax Number:

(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

RESP'T APP 1098

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.

RESP'T APP 1099

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

CASE NUMBER:

30-2018-00970067-PR-LP-CJC

CONSERVATEE

LETTERS OF CONSERVATORSHIP

☒ Person ☒ Estate ☐ Limited Conservatorship

1. ☒ (Name): Alecia Draper is the appointed
☒ conservator ☐ limited conservator of the ☒ person ☒ estate
of (name): Emily Christine Reed
2. ☐ (For conservatorship that was on December 31, 1990, 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. ☒ Other powers have been granted or conditions imposed as follows:
 - a. ☒ 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 3c (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. ☒ Other powers granted or conditions imposed are specified in Attachment 3i.

FOR COURT USE ONLY

FILEDSUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
CENTRAL JUSTICE CENTER

OCT 02 2018

DAVID H. YAMASAKI, Clerk of the Court

BY:  DEPUTY

VIVIANA OLIVARES

(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

Page 1 of 2

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
CJ-350 (Rev. July 1, 2015)LETTERS OF CONSERVATORSHIP
(Probate—Guardianships and Conservatorships)Probate Code, §§ 1834
2650-2662
Code of Civil Procedure, § 2015.6
www.courts.ca.gov

ER 001083

CONSERVATORSHIP OF (name):

Emily Christine Reed

CASE NUMBER:

30-2018-00970067-PR-LP-CJC

CONSERVATEE

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 ☒ conservator ☐ limited conservator.

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

Alecia Draper

(TYPE OR PRINT NAME)



(SIGNATURE OF APPLICANT)

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.

RESP'T APP 1101

(SEAL)

Date:

Clerk, by _____

Deputy

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

RESP'T APP 1102

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

Page 1 of 1

(Add pages as required)

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):

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> Discharge Summary | <input checked="" type="checkbox"/> ER Record | <input checked="" type="checkbox"/> Progress Notes | <input checked="" type="checkbox"/> Treatment Plans |
| <input checked="" type="checkbox"/> Discharge Instructions | <input checked="" type="checkbox"/> XRay Reports | <input checked="" type="checkbox"/> Medication Records | <input type="checkbox"/> Commitment Papers |
| <input checked="" type="checkbox"/> History and Physical | <input checked="" type="checkbox"/> Lab Reports | <input checked="" type="checkbox"/> Doctor's Orders | <input type="checkbox"/> HIV testing |
| <input checked="" type="checkbox"/> Consultations | <input checked="" type="checkbox"/> EKG/ECG Tests | <input checked="" type="checkbox"/> Nurse's Notes | |
| <input checked="" type="checkbox"/> Operative Report | <input checked="" type="checkbox"/> Therapy Notes | | |
| <input type="checkbox"/> Other (please specify): _____ | | | |

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).

RESP'T APP 1103

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



DISCHARGE SUMMARY

Patient: REED, EMILY

Medical Record #: [REDACTED]

Admission Date: 02/03/2018

Date of Birth: [REDACTED]

Discharge Date: 02/28/2018

Examination 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

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

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.

RESPT APP 1105

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.

DISCHARGE SUMMARY

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

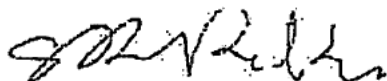
Admission Date: 02/03/2018
Discharge Date: 02/28/2018

DISCHARGE 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

RESP'T APP 1106

DISCHARGE SUMMARY

Job #: D525355

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PSYCHIATRIC EVALUATION

Date and Time Seen :

Date: 02/14/18 Time:

☐ Male

☒ Female

Age: 21

Chief Complaint: (in patients own words)

Severe/Heart-onset 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)

States her twin sister CA recommended to her
Died with PTSD from last year. Her/Parent/Parental abuse
in her own home/female friend. Occasional Depression
Dying and the current forces. Set very forceful. TIL, November
PNT/Proton/Proton Flashbacks. Mood varies. Occasional Depression
Sharp, sharp, sharp. Appropriate. Menstruation.

Substance Use History: (Tobacco, ETOH, Drugs)

NO (2nd) ETOH. None.

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. Severe depression. Occasional forceful
hospitalized 6-7 times
Don't remember. Suicidal attempts. Suicidal. Severe
Severe. Severe. Severe. Severe.

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

Singly. No kids. Lives with family in CA.
Not working. H.S. Graduate. H/2 SA 02/08-2-17

Abuse: ☐ None If yes, please respond below:

☐ Emotional ☒ Childhood ☐ Adulthood ☐ Current

☐ Sexual ☒ Childhood ☐ Adulthood ☐ Current

☐ Physical ☒ Childhood ☐ Adulthood ☐ Current

☐ Neglect ☐ Childhood ☐ Adulthood ☐ Current

RESP'T APP 1107

Significant Family Medical / Psychiatric History:

unknown

CC0201

Revised 06/14/2017

Pg 1

REED, EMILY

REED, EMILY

02/03/2018 021 ER 001090



PSYCHIATRIC EVALUATION

Medical Health Problems (Recent and Chronic):

None

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

☐ Pertinent to admission:

Current Medications:

*Levamisole / Sertraline
Doxycycline / Sertraline*

Allergies:

DEVELOPMENTAL HISTORY (CHILD & ADOLESCENT)

- ☐ Normal pregnancy/delivery
- ☐ Premature birth
- ☐ Milestones at normal sequence
- ☐ Developmentally delayed (describe):

NA

EDUCATIONAL NEEDS (CHILD & ADOLESCENT)

- ☐ Attention Deficit problems
- ☐ Failing in school
- ☒ Learning disability (*processing*)
- ☐ Age appropriate grade level
- ☐ Special Education Placement
- ☐ Modified Educational Plan

NA

RESP'T APP 1108

CC0201

Revised 06/14/2017

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REED, EMILY

02/03/2018 021

F I ITL

ER 001091



PSYCHIATRIC EVALUATION

MENTAL STATUS EXAMINATION			
APPEARANCE	ATTITUDE	MOTOR ACTIVITY	ORIENTATION
<input checked="" type="checkbox"/> Appropriate (Neat/Clean) <input type="checkbox"/> Disheveled (Dirty/Odorous) <input type="checkbox"/> Eye Contact (Good / Poor) <input type="checkbox"/> Stature (Med / Obese / Thin) <input type="checkbox"/> Stated Age (Older / Younger) <input type="checkbox"/> Height (Short / Med / Tall) <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Cooperative (Active / Passive) <input type="checkbox"/> Uncooperative / Guarded <input type="checkbox"/> Rapport (Aloof / Odd / Friendly) <input type="checkbox"/> Hostile / Irritable / Agitated <input type="checkbox"/> Style (Unremarkable / Dramatic/ Worried / Self-deprecatory) <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Normal Activity Level <input type="checkbox"/> Hypoactive / Hyperactive <input type="checkbox"/> Pacing / Agitated / Restless <input type="checkbox"/> Involuntary Movements <input type="checkbox"/> Posturing / Rituals <input type="checkbox"/> Repetitious Activities Neuromuscular Integration: Gross Motor Skills Intact (Yes/No) Fine Motor Skills Intact (Yes/No)	<input checked="" type="checkbox"/> Time: <u>11:00</u> <input checked="" type="checkbox"/> Place: <u>Home</u> <input checked="" type="checkbox"/> Person: <u>Family</u> <input checked="" type="checkbox"/> Situation (i.e. in hospital) <input type="checkbox"/> Other: SENSORIUM <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy
SPEECH / LANGUAGE	MOOD	AFFECT	THOUGHT CONTENT
<input checked="" type="checkbox"/> Rate (Normal / Rapid / Slow Pressurized) <input checked="" type="checkbox"/> Rhythm (Normal / Abnormal) <input checked="" type="checkbox"/> Amplitude (Normal / Soft / Loud) <input checked="" type="checkbox"/> Articulation (Normal / Abnormal) <input checked="" type="checkbox"/> Style (Normal / Monotone / Precise / Concrete / Echolalic) <input type="checkbox"/> Vocabulary (Average / Below / Above)	<input checked="" type="checkbox"/> Depressed <input type="checkbox"/> Euphoric / Grandiose <input type="checkbox"/> Angry / Aggressive / Irritable <input type="checkbox"/> Shame / Embarrassment <input type="checkbox"/> Anxious / Panic Attacks	<input type="checkbox"/> Appropriate / Congruent <input type="checkbox"/> Inappropriate / Incongruent <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Blunt <input type="checkbox"/> Labile <input type="checkbox"/> Other:	<input type="checkbox"/> Appropriate <input type="checkbox"/> Association (Unusual) <input checked="" type="checkbox"/> Suicidal / Homicidal Ideation <input type="checkbox"/> Obsessions / Phobias <input checked="" type="checkbox"/> Low Self-Esteem <input type="checkbox"/> Preseverations <input type="checkbox"/> Attention Span (Good / Poor) <input checked="" type="checkbox"/> Hopelessness / Helplessness <input type="checkbox"/> Guilt / Self-hatred <input type="checkbox"/> Other:
SENSE / PERCEPTIONS	COGNITION / MEMORY	INTELLECT	INSIGHT / JUDGMENT
<input type="checkbox"/> No Abnormalities Noted <input type="checkbox"/> Delusions <input checked="" type="checkbox"/> Hallucinations: <u>Voices in head</u> <input type="checkbox"/> Illusions: <input checked="" type="checkbox"/> Depersonalization <input type="checkbox"/> Distortion of body Image <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Recent Memory Based on: <input type="checkbox"/> last meal eaten <input type="checkbox"/> events in last 24 hours <input checked="" type="checkbox"/> Remote Memory: <input type="checkbox"/> Personal info, DOB, Address, Place of Birth, Name of High School attended <input type="checkbox"/> Non Personal Info, Past Presidents, etc. <input type="checkbox"/> Immediate Memory / Digit Span <input type="checkbox"/> Forward <input type="checkbox"/> Reverse <input type="checkbox"/> Recall - # of objects after 5 minutes <input type="checkbox"/> Calculations / Serial 7s Counting / Addition <input type="checkbox"/> # of commands (3/3) <input type="checkbox"/> Unable to Assess (Give Reason)	<input checked="" type="checkbox"/> Average / Above Average <input type="checkbox"/> Below Average / Undetermined <input type="checkbox"/> Vocabulary / Age Appropriate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> General Fund of Information <input type="checkbox"/> Average <input type="checkbox"/> Days of Week / Months <input type="checkbox"/> Complexity of Concepts <input type="checkbox"/> Yes How tested: <input type="checkbox"/> Through Observation <input type="checkbox"/> Other:	How tested / assessed: <input checked="" type="checkbox"/> Proverbs <u>grows a garden</u> <input type="checkbox"/> Scenario <input type="checkbox"/> Other: <input type="checkbox"/> Unable to Assess due to: INSIGHT: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor JUDGEMENT <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Impaired ABSTRACT THINKING <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Impaired
THOUGHT PROCESSES			
<input checked="" type="checkbox"/> No Abnormalities <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Goal Directed <input type="checkbox"/> Tangential <input type="checkbox"/> Blocking <input type="checkbox"/> Loose Association <input type="checkbox"/> Other:			

C0201
Revised 06/14/2017

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ER 001092



PSYCHIATRIC EVALUATION

ASSETS AND STRENGTHS	INITIAL TREATMENT PLAN
<p>Identify at least 2 of the following Assets and Strengths:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Support of Family / Friends / Guardians<input type="checkbox"/> Independent Living Skills / Vocational Skills<input type="checkbox"/> Age Appropriate Development<input type="checkbox"/> Motivated for Treatment<input type="checkbox"/> Insight into Present Illness<input type="checkbox"/> Intelligence (Average / Above Average)<input type="checkbox"/> Employment / School Attendance<input type="checkbox"/> Good Physical Health<input type="checkbox"/> Able to Benefit from Therapeutic Milieu<input checked="" type="checkbox"/> Cooperative During Examination<input type="checkbox"/> Appropriate Social Skills<input type="checkbox"/> Hobbies / Special Interests<input type="checkbox"/> Other: _____ <p>ADLs</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Able to perform ADLs<input type="checkbox"/> Unable to perform ADLs. Explain: _____ <p>LIABILITIES AND SPECIAL NEEDS</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Poor Coping Skills<input type="checkbox"/> Incapable of Independent Living<input type="checkbox"/> Unstable Family Environment<input checked="" type="checkbox"/> Poor Social Skills<input type="checkbox"/> Inability to Read and Write / Basic Job Skills<input type="checkbox"/> Medication Non-compliance<input type="checkbox"/> Other: _____	<p>PROBLEMS TO BE ADDRESSED:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Depressive symptomatology<input type="checkbox"/> Psychotic symptomatology<input type="checkbox"/> Manic symptomatology<input type="checkbox"/> Alcohol/Substance Dependence<input type="checkbox"/> Aggressive Behavior<input checked="" type="checkbox"/> Dangerousness to <input checked="" type="checkbox"/> Self <input type="checkbox"/> Others <ul style="list-style-type: none"><input checked="" type="checkbox"/> Initiate pharmacologic approach<input type="checkbox"/> Involve in all aspects of unit program including individual, group, OT skills and TA groups<input type="checkbox"/> Family therapy to stabilize home environment, interrupt crisis<input type="checkbox"/> Psychiatric rounds to clarify diagnosis, manage medication<input type="checkbox"/> Begin discharge planning for placement in _____ <p>ELOS _____</p>

Justification for Hospitalization (check all that apply):	
<ul style="list-style-type: none"><input type="checkbox"/> Failure of treatment at a lower level of care<input type="checkbox"/> Hallucinations, delusions, agitation, anxiety, depression resulting in significant loss of functioning<input checked="" type="checkbox"/> Dangerous to self, others or property with need for controlled environment<input type="checkbox"/> Emotional or behavioral conditions and complications requiring 24 hour medical and nursing care<input type="checkbox"/> Need for special drug therapy, or other therapeutic program requiring continuous hospitalization<input type="checkbox"/> Failure of social or occupational functioning<input type="checkbox"/> Inability to meet basic life and health needs<input type="checkbox"/> Legally mandated admission	<ul style="list-style-type: none"><input type="checkbox"/> Patient's occupation presents danger to public safety if they continue to use drugs or alcohol<input type="checkbox"/> Biomedical conditions and complications requiring 24 hour medical and nursing care<input type="checkbox"/> Recovery environment includes detrimental family structure, logical impediments to outpatient treatment<input type="checkbox"/> High relapse potential due to inability to control substance use<input type="checkbox"/> Needs treatment for acute intoxication or withdrawal<input type="checkbox"/> Other: _____ <p style="text-align: right;">RESP'T APP 1110</p>

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ER 001093



PSYCHIATRIC EVALUATION

Discharge Planning

Anticipated level of care post discharge:

- ☐ PHP ☐ IOP ☐ RTC
☐ MD/Therapist

Anticipated Problems Which Might Delay d/c:

DIAGNOSIS:

Psychiatric or Substance Use Diagnoses:

~~ADD~~
① MDD S/R with ST
② PTSD Acute

Personality Disorder and Intellectual Diagnoses:

Depression

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:

Date: 02/04/18 Time: 1:40 PM

PRINTED NAME:

Kalra

CC0201

Revised 0614/2017

Pg 5

REED, EMILY

02/03/2018 021

ER 001094



Medical History and Physical

Chief Complaints:

"I need help with my anxiety, depression, & PTSD"

History of present illness:

pt is a 21yo female admitted for extended treatment for severe childhood depression, PTSD & anxiety. Pt reported she had a pending court case from a boxer in March of this year. Pt reported boxer decided to take a plea deal instead of going to trial. Pt is seen every 4 weeks for medication to be seen by inpatient.

Past History:

NO medical problems

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

Other:

past surgery

Medications: ☐ None

lamotrigine 150 BID, Desvenlafaxine 100m daily

Allergies: ☐ NKDA

Hidol

Social history: ☐ Tobacco use

☒ Illicit drugs

☒ Alcohol use

Marital status: ☒ single ☐ married ☐ divorced ☐ separated

History of STD: ☒

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:

RESP'T APP 1112

REED, EMILY

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: 5'10"

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: _____

RESP'T APP 1113

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

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

CRANIAL NERVES

I-Olfactory	Assessment not indicated
II - Optic <input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal	Distinguishes number of fingers in central field. Distinguishes movements in peripheral field. Other: _____
III Ocular-Motor IV Trochlear VI Abducens <input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal	Gazes symmetrically up, down, sideways. No diplopia. No disconjugate gaze. Other: _____
V Trigeminal <input checked="" type="checkbox"/> normal <input type="checkbox"/> 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 <input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal	Upper: Frowns symmetrically. Lower: Smiles symmetrically. Both eyelids close on touching of cornea. Other: _____
VIII Auditory <input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal	Hears fingers rubbing or snapping equally in both ears. Hears watch ticking. Hears whispered voice. Other: _____
IX Glosso-Pharyngeal X Vagus <input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal	Has gag reflex. Says "ah" and uvula elevates symmetrically. Can make guttural sounds. Other: _____
XI Accessory <input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal	Shrugs shoulders symmetrically. Other: _____
XII Hypoglossal <input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal	Can stick tongue out straight without tremors or fasciculation. Other: _____

MOTOR FUNCTIONS

<input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal	Gait and station are normal. Other: _____
<input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal	Romberg test is negative. Other: _____
<input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal	Muscle tone is normal. No abnormal movements. Other: _____
<input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal	There is no limb weakness, atrophy or fasciculation seen. Other: _____
RESP'T APP 1114	

SENSORY:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal	Sensory examination to pinprick and vibration is normal. Other: _____
---	--

REED, EMILY

CXR: NA

EKG: NA

Summary and Impression:

PT very cooperative. PT Yonauna w/o urinary tract infection needs w/o food. PT WNR follow (LH)
204.6 → PT is seen elevated & hosp posted 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. Strain Yonauna w/ bladder
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

Inter Yonauna MD
Printed Physician Name

9/11/18 05:15
RESPIT APP 1115
Date/Time

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

RESP APP 1116

REED, EMILY

02/03/2018 021

ER 001099

Phencyclidine, urine
Cannabinoids, urine
Note, Urine Drug Screen
URINALYSIS COMPLETE

Negative
Negative
See Note

Negative
Negative

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

Result:

Collect Method
Reflex Ur Culture requested

Value
CLEAN CATCH
No

Ref Range

Color
Clarity
Specific Gravity

Amber
Cloudy
1.025

Clear
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]				
Specimen: Blood				
	Glucose, Bedside	92	65 - 100 mg/dL	Collected: 02/15/18 2053 Updated: 02/15/18 2055

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

#####

RESP'T APP 1117

Narrative:

EXAM: CT OF THE BRAIN WITHOUT CONTRAST

REED, EMILY

02/03/2018 021

ER 001100

TO:

TN:UBH Denton



Patient Report

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

Acct #: 42115070

Phone: (940) 320-8100

Rte: 00

UBH Denton

Psych Hospital

2026 W. University Drive

Denton TX 76201



REED, EMILY

Patient Details

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

Specimen Details

Data collected: 02/05/2018 0828 Local
Data received: 02/05/2018
Data entered: 02/05/2018
Data 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 (8); 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	70 - 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

RESP'T APP 1118

Date Issued: 02/06/18 0830 ET

FINAL REPORT

Page 1 of 2

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If you have received this document in error, please call 972-566-7500

REED, EMILY

gs
00

02/03/2018

ER 001101

TO: TN:UBH Denton



Patient Report

Patient: REED, EMILY
DOB: [REDACTED]

Patient ID: [REDACTED]

Control ID: B0071186642

Specimen ID: 036-298-0071-0
Data collected: 02/05/2018 0828 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
eGFR If NonAfrican Am	125		mL/min/1.73		>59	
eGFR If African 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 Calc	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 Alc						
Hemoglobin Alc	4.5	Low	%	4.8 - 5.6		01
Please Note:						
Pre-diabetes: 5.7 - 6.4						
Diabetes: >6.4						
Glycemic control for adults with diabetes: <7.0						

TSE

1.720

RESP'T APP 1119 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

Date Issued: 02/06/2018

VAL REPORT

Page 2 of 2

This document on REED, EMILY
if you have received [REDACTED]

and federal law.

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02/03/2018 021

ER 001102



URINE SCREENING TEST RESULTS

Pregnancy Screening	Drug Screening	K2 Screening
Date: <u>2/4/18</u> Time: <u>0249</u>	Date: <u>2/4/18</u> Time: <u>0245</u>	Date: _____ Time: _____
Test Lot # <u>WH020117</u>	Test Lot #: <u>20140500317</u>	Test Lot #: _____
Test Expiration date: <u>2019-01</u>	Test Expiration date: <u>2019-04</u>	Test Expiration Date: _____
Control line present: <u>Yes</u> No	Control line Present: <u>Yes</u> No	Control line Present: Yes No
RESULTS	RESULTS	RESULTS
<u>✓</u> Negative	_____ Negative	_____ Negative
_____ Positive	<u>✓</u> Positive	_____ Positive
	Identify substance(s) showing positive: <u>PCP</u>	
	_____ _____ _____ _____ _____	
MHT/Nurse Completing Test:	MHT/Nurse Completing Test:	MHT/Nurse completing test:
<u>[Signature]</u> (Signature)	<u>[Signature]</u> (Signature)	_____ (Signature)
Notified Nurse <u>[Signature]</u> (Nurse signature)	Date: <u>2/4/18</u> Time: <u>0315</u>	
All positive results MUST be reported to the physician. This is a screening test only.		
Reviewed by Physician: _____	(Physician signature) Date: _____	

REED, EMILY

02/03/2018 021

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 2 at 2 weeks
a 9 @ intake. Shept- continued throughout her stay to engage in
suicide behavior. Shept has made no suicide attempts in the last 24 hours.
Shept 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 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): pillowcase over face, pants around neck, jacket around neck in hosp.

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

☒ History of self-mutilation: scratching

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	<input checked="" type="checkbox"/> Female		<input type="checkbox"/> Male	
Age	<input type="checkbox"/> 1 – 14 Years	<input checked="" type="checkbox"/> 15 – 24 Years	<input type="checkbox"/> 25 – 64 Years	<input type="checkbox"/> Over 65 Years
Marital Status	<input type="checkbox"/> Married / Partner	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced or Separated	<input type="checkbox"/> Widowed
Ethnicity	<input type="checkbox"/> Non-White	<input type="checkbox"/> Native American	<input checked="" type="checkbox"/> White	
Illness or Functional Impairment	<input type="checkbox"/> None	<input type="checkbox"/> Acute Illness or Mild Impairment	<input checked="" type="checkbox"/> Chronic Illness or Moderate Impairment	<input type="checkbox"/> 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

ACUTE RISK FACTORS

RISK FACTOR	LOW RISK	MILD RISK	MODERATE RISK	HIGH RISK
Intent / Plan to Die	<input checked="" type="checkbox"/> No Intent	<input type="checkbox"/> Minimal Intent	<input type="checkbox"/> Moderate Intent	<input type="checkbox"/> Clear Intent
Lethality of Attempt or Plan	<input checked="" type="checkbox"/> None / Ideation Only	<input type="checkbox"/> Gesture	<input type="checkbox"/> Non-Lethal Plan	<input type="checkbox"/> Potentially Lethal Attempt
Prior Attempts	<input type="checkbox"/> None / Over 2 Years Ago	<input type="checkbox"/> 1-2 Years Ago	<input type="checkbox"/> 6-12 Months Ago	<input checked="" type="checkbox"/> <6 Months Ago or Multiple Episodes
Hopelessness	<input type="checkbox"/> Hopeful	<input type="checkbox"/> Some Hope	<input checked="" type="checkbox"/> Ambivalent	<input type="checkbox"/> Hopeless
Substance Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Recreational	<input type="checkbox"/> Abuse	<input type="checkbox"/> Dependent
Current Stressor Severity	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Loss / Trauma in Last 6 months	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious	<input type="checkbox"/> 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	<input type="checkbox"/> Motivated For Tx	<input checked="" type="checkbox"/> Mild Ambivalence	<input type="checkbox"/> Strong Ambivalence	<input type="checkbox"/> Doesn't Want Tx
Reasons For Living <i>monarch-dog reading victim impact statement</i>	<input type="checkbox"/> Religion; Family; Career; Life Goals; Clearly Identifies Reasons For Living	<input type="checkbox"/> Family / Relational Problems; Dissatisfaction With Life; Trouble Identifying Reasons for Living	<input type="checkbox"/> Family / Friends Would Be Better Off w/o Me; Discouraged With Life; Minimal Reasons To Live	<input type="checkbox"/> 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 Dwyer, 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

RESP'T APP 1122

RISK FACTOR	LOW RISK	MILD RISK	MODERATE RISK	HIGH RISK
Intent / Plan to Harm Others	<input checked="" type="checkbox"/> No Intent	<input type="checkbox"/> Minimal Intent	<input type="checkbox"/> Moderate Intent	<input type="checkbox"/> Clear Intent
Lethality of Plan	<input checked="" type="checkbox"/> None / Ideation Only	<input type="checkbox"/> Gesture	<input type="checkbox"/> Non-Lethal Plan	<input type="checkbox"/> Potentially Lethal Plan
History of Violence To	<input checked="" type="checkbox"/> None / Over 2 Years Ago	<input type="checkbox"/> 1-2 Years Ago	<input type="checkbox"/> 6-12 Months Ago	<input type="checkbox"/> <6 Months Ago or

Others	Years Ago			Multiple Episodes
History of Destruction To Property	<input checked="" type="checkbox"/> None Over 2 Years Ago	<input type="checkbox"/> 1-2 Years Ago	<input type="checkbox"/> 6-12 Months Ago	<input checked="" type="checkbox"/> 6 Months Ago or Multiple Episodes
Substance Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Recreational	<input type="checkbox"/> Abuse	<input type="checkbox"/> Dependent
Current Stressor Severity	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Command Hallucinations a/o Delusions	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> 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	<input type="checkbox"/> Motivated For Tx	<input checked="" type="checkbox"/> Mild Ambivalence	<input type="checkbox"/> Strong Ambivalence	<input type="checkbox"/> Doesn't Want Tx
------------------	---	--	---	--

Overall Assessment of Risk

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

Medically Compromised:	<input checked="" type="checkbox"/> Low Risk	<input type="checkbox"/> Mild Risk	<input type="checkbox"/> Moderate Risk	<input type="checkbox"/> High Risk
Suicide / Self-Harm:	<input type="checkbox"/> Low Risk	<input checked="" type="checkbox"/> Mild Risk	<input checked="" type="checkbox"/> Moderate Risk	<input type="checkbox"/> High Risk
Homicide / Assaultive:	<input checked="" type="checkbox"/> Low Risk	<input type="checkbox"/> Mild Risk	<input type="checkbox"/> Moderate Risk	<input type="checkbox"/> High Risk
Sexual Victimization:	<input checked="" type="checkbox"/> Low Risk	<input checked="" type="checkbox"/> Mild Risk	<input type="checkbox"/> Moderate Risk	<input type="checkbox"/> High Risk
Sexual Perpetrator:	<input checked="" type="checkbox"/> Low Risk	<input type="checkbox"/> Mild Risk	<input type="checkbox"/> Moderate Risk	<input type="checkbox"/> High Risk
Fall Risk: <i>severe</i>	<input checked="" type="checkbox"/> Low Risk	<input type="checkbox"/> Mild Risk	<input type="checkbox"/> Moderate Risk	<input type="checkbox"/> High Risk
<input type="checkbox"/> History of Falls:		<input type="checkbox"/> Most Recent Fall:		
Elopement Risk:	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Mild Risk	<input checked="" type="checkbox"/> Moderate Risk	<input type="checkbox"/> High Risk
Detox:	<input checked="" type="checkbox"/> Low Risk	<input type="checkbox"/> Mild Risk	<input type="checkbox"/> Moderate Risk	<input type="checkbox"/> High Risk

Therapeutic Discharge Summary:

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

Evaluation/assessment for continued care @ Del Amo

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 use - pt. denies use.

Signature:

Donna Earle, MA student intern
 Printed Name
Leah Cook
 Signature

Printed Name

Printed Name

Donna Earle MA student intern 2-27-18
 Signature
Leah Cook
 Signature

Signature

Signature

RESP'T APP 1/23
 Date

Date

Date

REED, EMILY

02/03/2018 021

Patient Label

FOR Emily Reed DOB [REDACTED] DATE 3/26/18

ADDRESS [REDACTED]

DEA # AR178448

REFILL 50

PRODUCT SELECTION PERMITTED

☐ M. Alvi ☐ F. Rizvi ☐ G. Watts ☐ C. Ross

☐ B. Beckman ☐ M. Gautam ☒ S. Roskos

DISPENSE AS WRITTEN

VERIFICATION BOARD TO BE PLACED BETWEEN THUMB AND FOREFINGER OR BREATHE ON IT; COLOR WILL DISAPPEAR, THEN REAPPEAR

SCRIPT 39806

ER 001107

RESP'T A P 1124



Nursing Admission Assessment

DATE: 2/3/18 TIME: 233

ADMISSION/ORIENTATION							
INFORMANT: <input checked="" type="checkbox"/> PATIENT <input type="checkbox"/> FRIEND <input type="checkbox"/> Guardian <input type="checkbox"/> FAMILY MEMBERS/SIGNIFICANT OTHER: _____							
<input type="checkbox"/> UNABLE TO OBTAIN (REASON): _____							
STATUS: <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary				GENDER: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male			
TRANSPORT: <input type="checkbox"/> Ambulance <input checked="" type="checkbox"/> Private Vehicle <input type="checkbox"/> Police <input type="checkbox"/> Other: <u>New from California</u>							
Temp	Pulse	Resp	B/P	Weight	Height	BMI	BMI%
<u>97.5</u>	<u>121</u>	<u>18</u>	<u>108/65</u>	<u>115 lb</u>	<u>5'3"</u>	<u>20.37</u>	<u>-</u>
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			
<u>1. Hddol</u>				<u>don't know</u>			
GENERAL APPEARANCE							
Grooming: <input type="checkbox"/> Neatly Groomed <input checked="" type="checkbox"/> Casual <input type="checkbox"/> Disheveled <input type="checkbox"/> Age Appropriate							
Hygiene: <input checked="" type="checkbox"/> Clean <input type="checkbox"/> Unkempt <input type="checkbox"/> Offensive Odor <input type="checkbox"/> Soiled Clothing							
MEDICATIONS							
SEE MEDICATION RECONCILIATION FORM							
Disposition of Meds: <input type="checkbox"/> Sent Home <input checked="" type="checkbox"/> Other: <u>orders given</u>							
SECLUSION/RESTRAINT RISK							
Do you have a pre-existing medical condition that would place you at greater risk for seclusion/restraint?							
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Explain:							
Do you have any disabilities/limitations that would place you at greater risk during seclusion/restraint?							
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Explain:							
Substance Abuse							
History of substance abuse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
What? _____							
Last used? _____							
How long? _____							
Any potential for withdrawal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Any suicide attempts when using? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Previous treatment for substance abuse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Any medical complications? _____							
PREVIOUS HOSPITALIZATIONS AND SURGERIES							
DATE	DESCRIPTION						
<u>last time October</u>	<u>Several times</u>						
<u>RESP'T APP 1125</u>							

CC0505
01/2018

Patient Label

REED, EMILY

Nursing Admission Assessment

Body Mass Index (BMI) Chart for Adults

Obese (>30)

Overweight (25-30)

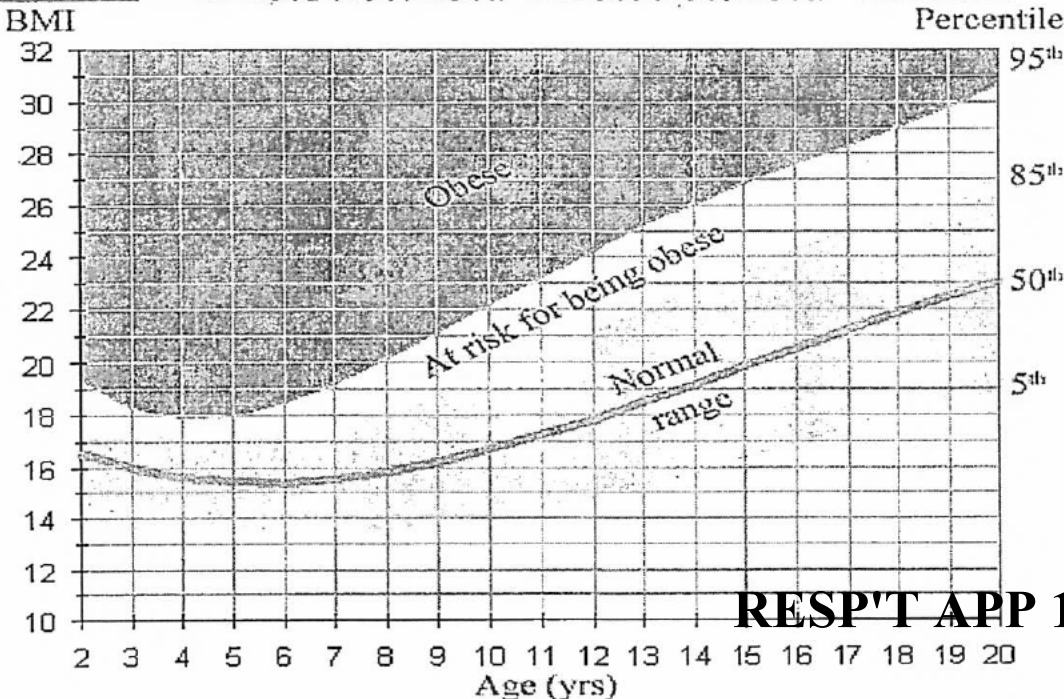
Normal (18.5-25)

Underweight (<18.5)

HEIGHT in feet/inches and centimeters

WEIGHT	4'6"	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	157	160	163	165	168	170	173	175	178	180	183	185	188	191	193	195
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	29
245 (111.1)	55	53	51	49	48	46	45	43	42	41	40	39	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	28	27
230 (104.3)	52	50	48	46	45	43	42	41	39	38	37	36	35	34	33	32	31	30	29	28	27	26
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	23
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	22	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	15	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	15	15	14	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	15	15	14	14	14	13	13	13	12	12	12	11	11
90 (40.8)	20	19	19	18	18	17	16	16	15	15	14	14	13	13	13	12	12	12	11	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	10	10	10	9	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]) © 2009 Vertex42 LLC



RESP'T APP 1126

CC0505
01/2018

Pati

REED

02/03/2018

021

ER 001109

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: _____

RESP'T APP 1127

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

☒ Denies/No Difficulty

Nursing Admission Assessment

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: _____

would answer
in corner
shocked
crying

SUICIDE RISK

Suicidal thoughts recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suicidal thoughts now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Suicide Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What: _____
Previous attempts? # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____ How: _____ Lethality: <input type="checkbox"/> High <input type="checkbox"/> Low
Age of first attempt? _____		When: _____ How: _____ Lethality: <input type="checkbox"/> High <input type="checkbox"/> Low
Describe any physical damage from most severe attempt: _____		
Did patient warn anyone prior to last attempt? <input type="checkbox"/> Yes <input type="checkbox"/> No Who: _____		

RISK FACTORS

- Risk Factors:
- | | | |
|--|--|--|
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Access to fire arms |
| <input type="checkbox"/> Separated – Divorced – Widowed last 3 years | <input type="checkbox"/> Major recent loss | |
| <input type="checkbox"/> History of impulsive behaviors | <input type="checkbox"/> History of suicide in family/close friend | |
| <input type="checkbox"/> Negative view of prior psychiatric help | <input type="checkbox"/> 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? _____

RESP'T APP 1128

Nursing Admission Assessment

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 Vegetarian

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

would answer?

SEXUAL HISTORY

Sexual Orientation: (If sexually active)	Heterosexual	Bi-Sexual	Homosexual
Sexual History:	Age of 1 st 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

RESP'T APP 1129

Nursing Admission Assessment

Wilson-Sims Falls Risk Assessment ©Oaklawn Hospital		
	Score	
Age:	0	0 = 18-59 1 = 60-70 2 = 71+
Mental Status:	1	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 or 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:		

RESP'T APP 1130

Nursing Admission Assessment

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

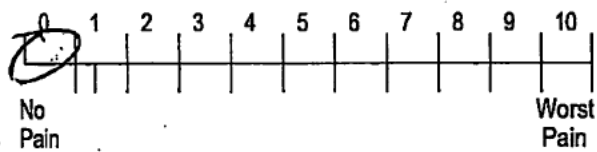
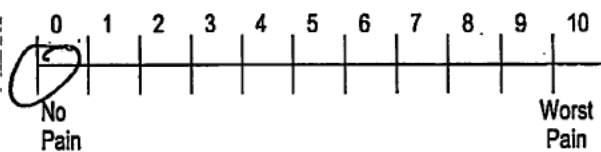
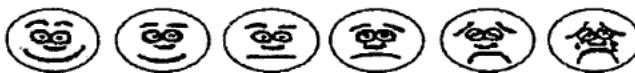
Location: _____ Duration: _____ Cause: _____

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

Wong and Baker Descriptive Scale



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) _____

RESPIR APP 1131

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 attempted suicide in hospitals.	
RN Completing Assessment <u>Robin Wendt, RN</u>	Date/Time <u>2/3/18 2313</u>

Nursing Admission Assessment

EXPLAIN TO PATIENT YOU WILL NOW BE PERFORMING A SKIN ASSESSMENT

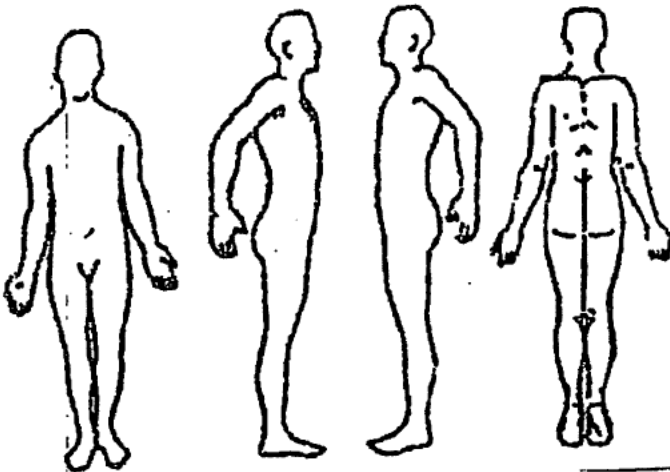
- PLACE PATIENT IN A HOSPITAL GOWN.
- REMOVE BELTS AND SHOELACES AND OTHER STRINGS
- Search for contraband

STAFF MEMBERS PRESENT

Robert [unclear] / Ash [unclear] Az UPC

BODY IDENTIFICATION MARKS

Skin Abnormalities: ☐ NONE



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

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

- ☒ 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 (2) wrist
has belly button ring
we couldn't remove*

Patient signature confirming education/orientation received _____ Date Received _____

RESP'T APP 1133
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

02/03/2018 021

Master Treatment Plan Update/Clinical Staffing Worksheet

NURSING UPDATE	SOCIAL SERVICES UPDATE
<p>Number of psychotropic Stat Medications given since admission/last update: _____</p> <p>Number of non-psychotropic PRN or Stat Medications given since admission/last update: _____</p> <p>Number of restraints since admission/last update: _____</p> <p>Medication compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No (specify): _____</p> <p>Any abnormal lab results? <input type="checkbox"/> No <input type="checkbox"/> Yes F/U: _____</p> <p>Medical concerns: <input type="checkbox"/> No <input type="checkbox"/> Yes F/U: _____</p> <p>Current precautions: <input type="checkbox"/> Sexual Acting Out <input type="checkbox"/> Sexual Aggression <input type="checkbox"/> Sexual Victim <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Assault <input type="checkbox"/> Fall <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Self-harm <input checked="" type="checkbox"/> Seizure <input type="checkbox"/> Elopement Medically Compromised <input type="checkbox"/> Detox <input type="checkbox"/> Other: _____</p> <p>Level: _____</p> <p><input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> Modified <input type="checkbox"/> NA</p> <p>Current observations: _____</p> <p><input checked="" type="checkbox"/> Routine (q15 min) <input type="checkbox"/> 1:1 <input type="checkbox"/> Other: (specify): _____</p>	<p>Indicate Reason(s) for continued Hospitalization:</p> <p><input checked="" type="checkbox"/> Suicide Ideation w/ Plan <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Homicidal Ideation w/ plan <input checked="" type="checkbox"/> N (Specified Target) <u>family</u> <input checked="" type="checkbox"/> Severe impairment of level of Functioning <input type="checkbox"/> Active psychosis with command(s) to harm self or others <input type="checkbox"/> Medication Stabilization (current adverse reaction(s) to medications)</p> <p>Describe patient progress toward goals: <u>pt. vacillates between wanting to live and die</u> <u>pt. reported "killing my family is a selfish endeavor"</u> Any significant incidents/behavioral Changes: <u>pt. continues to engage in self-harming behavior. pt continues to dissociate in response to separation of feeling</u></p> <p>Is Patient in Specialized Programming or Tracks: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify: _____</p> <p>Patient participates in 3 or more groups a day: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, What alternative have been offered: _____</p>
PSYCHIATRIST UPDATE	DISCHARGE PLANNING UPDATE
<p>Substantiated Diagnosis: _____</p> <p>Diagnosis Revised: Y N if yes; _____</p> <p>Medication changes: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____</p> <p>Changes to current diagnosis: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____</p> <p>Changes to precautions/observation level: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____</p>	<p>Barriers to discharge planning: <u>continued risk of self-harm, suicide and risk of harm to family. Patient very labile</u></p> <p>Recommended level of care post discharge: Shelter Residential <u>PHP/OP</u> <u>MD/TH</u></p> <p>12 Step Program Family Therapy PCP <u>Psychiatrist</u> Other: _____</p> <p>Targeted discharge date: <u>2-27-18</u></p>

NARRATIVE SPECIFIC TO PATIENT PROGRESS or CONTINUE NEEDS

The pt admitted "I am fearful of getting well and having to become responsible for my own life. I am very insecure, thought, and action has been controlled by me most of my life." The pt feels caught in a triangle: wanting to get well, wanting to die, and feeling, running from the pain. The pt is not through with issues without dissociating. This is progress. Pt also reported feeling inspired by last session, because "I sat with my feelings and did not dissociate."

<p>Problem 1: <u>Depression</u></p> <p>Goal Status: <u>Patient depression continues to be up and down</u> <u>It continues to report escalating</u> <u>levels of depression ranging from 2 on 2-16 to 9 on 2-23</u></p> <p>Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving</p>	<p>Medical Problem A:</p> <p>Goal Status</p> <p>Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving</p>
<p>Problem 2: <u>Danger to self</u></p> <p>Goal Status: <u>He continues to engage in self-harming behavior</u> <u>and attempt to strangle self</u></p> <p>Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving</p>	<p>Medical Problem B:</p> <p>Goal Status</p> <p>Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving</p>
<p>Problem 3: <u>PTSD</u></p> <p>Goal Status: <u>Patient reporting escalating levels of anxiety</u> <u>ranging from 0 to 8 on 2-23-18</u></p> <p>Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving</p>	<p>Medical Problem C:</p> <p>Goal Status</p> <p>Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving</p>
<p>Problem 4: <u>Out of contact with Reality</u></p> <p>Goal Status: <u>He dissociation continues before individual therapy</u> <u>The last 2 IT's pt. did not dissociate, however dissociation</u> <u>continues throughout the day.</u></p> <p>Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving</p>	<p>Medical Problem D:</p> <p>Goal Status</p> <p>Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving</p>
<p>Problem 5:</p> <p>Goal Status</p> <p>Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving</p>	<p>Medical Problem E:</p> <p>Goal Status</p> <p>Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving</p>

RESP'T APP 1135

	Chronic/Stable Problems: <input type="checkbox"/> No changes; patient remains asymptomatic
	<input type="checkbox"/> Symptom changes, describe: _____ ITP Initiated: <input type="checkbox"/> Yes <input type="checkbox"/> No

Treatment Team Member	Printed Name	Signature	Date	Time
Psychiatrist	Roskos	<i>[Signature]</i>	2/26/18	1:30
Nurse	<i>[Signature]</i>	<i>[Signature]</i>	2/26/18	11:30 AM
Social Worker/Program Therapist	<i>[Signature]</i>	<i>[Signature]</i>	2/26/18	2:00 PM
Other:	Brenda Hartman, MPA	<i>[Signature]</i>	2/27/18	15:30
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

RESPECTED, EMILY 1136

02/03/2018 021

Master Treatment Plan Update/Clinical Staffing Worksheet

02/03/2018 021

NURSING UPDATE	SOCIAL SERVICES UPDATE
<p>Number of psychotropic Stat Medications given since admission/last update: _____</p> <p>Number of non-psychotropic PRN or Stat Medications given since admission/last update: _____</p> <p>Number of restraints since admission/last update: _____</p> <p>Medication compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No (specify): _____</p> <p>Any abnormal lab results? <input type="checkbox"/> No <input type="checkbox"/> Yes F/U: _____</p> <p>Medical concerns: <input type="checkbox"/> No <input type="checkbox"/> Yes F/U: _____</p> <p>Current precautions: <input type="checkbox"/> Sexual Acting Out <input type="checkbox"/> Sexual Aggression <input type="checkbox"/> Sexual Victim <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Assault <input type="checkbox"/> Fall <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Self-harm <input type="checkbox"/> Seizure <input type="checkbox"/> Elopement <input type="checkbox"/> Medically Compromised <input type="checkbox"/> Detox <input type="checkbox"/> Other: _____</p> <p>Level: <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> Modified <input type="checkbox"/> NA</p> <p>Current observations: <input type="checkbox"/> Routine (q15 min) <input type="checkbox"/> 1:1 <input type="checkbox"/> Other (specify): _____</p>	<p>Indicate Reason(s) for continued Hospitalization: <input checked="" type="checkbox"/> Suicide Ideation w/ Plan <input type="checkbox"/> N <input checked="" type="checkbox"/> Homicidal Ideation w/ plan <input type="checkbox"/> N (Specified Target) <u>Family</u> <input checked="" type="checkbox"/> Severe impairment of level of Functioning <input type="checkbox"/> Active psychosis with command(s) to harm self or others <input type="checkbox"/> Medication Stabilization (current adverse reaction(s) to medications)</p> <p>Describe patient progress toward goals: <u>Pt. continue having thoughts of suicide and has had at least 2 more self-harm attempts. Patient on 14 for preventing</u> <u>Any significant incidents/behavioral changes: <u>clerk from hospital w/ intent to harm</u></u> <u>Pt. continue to dissociate when in therapy and begin to work on</u> Is Patient in Specialized Programming or Tracks: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Yes, identify: <u>family</u></u></p> <p>Patient participates in 3 or more groups a day: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, What alternative have been offered: _____</p>
PSYCHIATRIST UPDATE	DISCHARGE PLANNING UPDATE
<p>Substantiated Diagnosis: _____</p> <p>Diagnosis Revised: Y N if yes; _____</p> <p>Medication changes: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____</p> <p>Changes to current diagnosis: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____</p> <p>Changes to precautions/observation level: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____</p>	<p>Barriers to discharge planning: <u>Suicide ideation and concern (significant) for self harm & harm to family</u></p> <p>Recommended level of care post discharge: Shelter Residential <u>PHPIOP</u> <u>MD/TH</u></p> <p>12 Step Program Family Therapy PCP <u>Psychiatrist</u> Other: _____</p> <p>Targeted discharge date: <u>2-23-18</u></p>

NARRATIVE SPECIFIC TO PATIENT PROGRESS or CONTINUE NEEDS

He pt appears resistant to therapy evidenced by frequent disruption in therapy and 37ps.
even you old other comes out on the d you old other who does not speak in every session,
as we begin to talk about feelings Pt. self. reports fear of getting well due to feeling of helplessness
because her family, namely mother assume all responsibility. She at fears being unable to handle
a won know what to do, evidenced by mother's comment "Emily refuses and
say she is unable to make her P. apt." Pt. on two separate occasions decompensated

Patient Label
EMR 001120

Problem 1: Status: <i>Depression</i> <i>Pt. has reported up to a 9 on Depression scale 2-19-18</i> Revisions/Updates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving	Medical Problem A: Goal Status: Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving
Problem 2: <i>Danger to self</i> Goal Status: <i>on 2-19-18 Pt. reported desire to end life pt brought in a cloth from from another hospital and hid in her jacket.</i> Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving	Medical Problem B: Goal Status: Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving
Problem 3: <i>PTSD</i> Status: <i>Pt. is reporting elevated anxiety - 2-19-18 @ 8 and states she is trying to make coping skills. she's frequently dissociate when a nurse or scared</i> Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving	Medical Problem C: Goal Status: Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving
Problem 4: <i>out of contact with reality</i> Goal Status: <i>Pt.'s dissociation continues and is an obstacle to therapy, a sup old state appears as work begins</i> Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving	Medical Problem D: Goal Status: Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving
Problem 5: Goal Status: Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving	Medical Problem E: Goal Status: RESP'T APP 1138 Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving

	Chronic/Stable Problems: <input type="checkbox"/> No changes; patient remains asymptomatic
	<input type="checkbox"/> Symptom changes, describe: _____ ITP Initiated: <input type="checkbox"/> Yes <input type="checkbox"/> No

Treatment Team Member	Printed Name	Signature	Date	Time
Psychiatrist	Roslan	[Signature]	2-19-18	2:15
Nurse	[Signature]	[Signature]	2/19/18	15:00
Social Worker/Program Therapist	Dr. [Signature] M.F. [Signature] 2-19-18	[Signature]	2/19/18	2:02 p
Other:	Dr. [Signature] HORTON, M.F. [Signature]	[Signature]	2/22/18	15:30
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.

Gmily [Signature] 2-19-18 _____ _____
 Patient Signature Date Parent /Guardian Signature Date

RESP'T APP 1139

Master Treatment Plan Update/Clinical Staffing Worksheet

NURSING UPDATE	SOCIAL SERVICES UPDATE
<p>Number of psychotropic Stat Medications given since admission/last update: _____</p> <p>Number of non-psychotropic PRN or Stat Medications given since admission/last update: _____</p> <p>Number of restraints since admission/last update: _____</p> <p>Medication compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No (specify): _____</p> <p>Any abnormal lab results? <input type="checkbox"/> No <input type="checkbox"/> Yes F/U: _____</p> <p>Medical concerns: <input type="checkbox"/> No <input type="checkbox"/> Yes F/U: _____</p> <p>Current precautions: <input type="checkbox"/> Sexual Acting Out <input type="checkbox"/> Sexual Aggression <input type="checkbox"/> Sexual Victim <input type="checkbox"/> Suicide <input type="checkbox"/> Assault <input type="checkbox"/> Fall <input type="checkbox"/> Homicide <input type="checkbox"/> Self-harm <input type="checkbox"/> Seizure <input type="checkbox"/> Elopement <input type="checkbox"/> Medically Compromised <input type="checkbox"/> Detox <input type="checkbox"/> Other: _____</p> <p>Level: _____</p> <p><input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> Modified <input type="checkbox"/> NA</p> <p>Current observations: _____</p> <p><input type="checkbox"/> Routine (q15 min) <input type="checkbox"/> 1:1 <input type="checkbox"/> Other (specify): _____</p>	<p>Indicate Reason(s) for continued Hospitalization:</p> <p><input checked="" type="checkbox"/> Suicide Ideation w/ Plan Y <input checked="" type="checkbox"/> N</p> <p><input type="checkbox"/> Homicidal Ideation w/ plan Y N (Specified Target) _____</p> <p><input checked="" type="checkbox"/> Severe impairment of level of Functioning</p> <p><input type="checkbox"/> Active psychosis with command(s) to harm self or others</p> <p><input type="checkbox"/> Medication Stabilization (current adverse reaction(s) to medications)</p> <p>Describe patient progress toward goals: <i>It is processing trauma and internal system often dissociated, and learning coping skills.</i></p> <p>Any significant incidents/behavioral Changes: <i>It has dissociated daily and has trouble staying present</i></p> <p>Is Patient in Specialized Programming or Tracks: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify: <i>Trauma</i></p> <p>Patient participates in 3 or more groups a day: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, What alternative have been offered: _____</p>
PSYCHIATRIST UPDATE	DISCHARGE PLANNING UPDATE
<p>Substantiated Diagnosis: _____</p> <p>Diagnosis Revised: Y N if yes: _____</p> <p>Medication changes: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____</p> <p>Changes to current diagnosis: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____</p> <p>Changes to precautions/observation level: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____</p>	<p>Barriers to discharge planning: <i>It has reported suicidal ideations</i></p> <p>Recommended level of care post discharge: Shelter Residential PHP/IOP <input checked="" type="checkbox"/> MD/TH</p> <p>12 Step Program Family Therapy PCP Psychiatrist Other: _____</p> <p>Targeted discharge date: <i>2-21-18</i></p>
NARRATIVE SPECIFIC TO PATIENT PROGRESS or CONTINUE NEEDS	
<p><i>It has been dissociating very often and unable to remember events. It is learning coping skills to stay grounded.</i></p> <p style="text-align: center;">RES T APP 1140</p>	

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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (see ITP for details) <input checked="" type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving		Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (see ITP for details) <input checked="" type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving		Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (see ITP for details) <input checked="" type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving		Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving	
Problem 4:	out of contact with reality	Medical Problem D:	
Goal Status	Pt is dissociating often and having memory problems causing conflict.	Goal Status	
Revisions/Updates: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving		Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving	
Problem 5:		Medical Problem E:	
Goal Status		Goal Status	RESP'T APP 1141
Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving		Revisions/Updates: <input type="checkbox"/> Yes <input type="checkbox"/> No (see ITP for details) <input type="checkbox"/> Progress as Expected <input type="checkbox"/> No Progress/Continue <input type="checkbox"/> Revise Goal <input type="checkbox"/> Problem Solving	

	Chronic/Stable Problems: <input type="checkbox"/> No changes; patient remains asymptomatic
	<input type="checkbox"/> Symptom changes, describe: _____ ITP Initiated: <input type="checkbox"/> Yes <input type="checkbox"/> No

Treatment Team Member	Printed Name	Signature	Date	Time
Psychiatrist	Roskos	<i>[Signature]</i>	2/23/18	1120
Nurse	Angela V...	<i>[Signature]</i>	2/23/18	
Social Worker/Program Therapist	Hildebrand, LMSW	<i>[Signature]</i>	2/23/18	740
Other:	Debra Hartgroves, MEd	<i>[Signature]</i>	2/16/18	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 2-12-18
 Patient Signature Date Parent /Guardian Signature Date

RESP'T APP 1142

Master Treatment Plan - Interdisciplinary

Date of Plan: 2-5-18		Program/Unit: Trauma		Legal Status: (check one) <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary		Projected Length of Stay: 7-10 days - 06 = per Dr. Paskow 2 weeks	
						Anticipated Discharge Date: 2-19-18	
Date Identified	Psychiatric Diagnosis	Date Identified	Medical Diagnosis	Date Identified	Psychosocial and Environmental Problems		
2-5-18	MOD 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	BID						

Master Problem List

Psychiatric Problems					Medical Problems (include fall precaution patients)				
Date Identified	#	Psychiatric Problems	Date Achieved	Date Discontinued	Date Identified	A B	Medical Problems	Date Achieved	Date Discontinued
2-5-18	1	Depression				A			
2-5-18	2	risk of self harm - Oa self				B			
2-5-18	3	PTSD				C			
2-5-18	4	out of touch w/ reality				D			
	5					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		

RESP'T APP 1143

Deferred Problems

Date Identified	Problem	Rationale for Deferring Problem
		<input type="checkbox"/> Asymptomatic w no current treatment <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Asymptomatic w no current treatment <input type="checkbox"/> _____

REED, EMILY

Master Treatment Plan - Interdisciplinary

Patient Strengths		Patient Limitations	
<input type="checkbox"/> Ability to Verbalize Feelings	<input type="checkbox"/> Capable of Independent Living	<input type="checkbox"/> Poor Insight	<input type="checkbox"/> Health Problems
<input type="checkbox"/> Average or Above Intelligence	<input type="checkbox"/> Work Skills	<input type="checkbox"/> Cognitive Impairment	<input type="checkbox"/> Access to Medications
<input type="checkbox"/> Supportive Family/Friends	<input type="checkbox"/> Religious Affiliation	<input checked="" type="checkbox"/> Poor Social Skills	<input checked="" type="checkbox"/> Poor Coping Skills
<input type="checkbox"/> Physical Health	<input type="checkbox"/> Communication Skills	<input checked="" type="checkbox"/> Lack of Healthy Supports	<input type="checkbox"/> Treatment Non-Compliance
<input type="checkbox"/> Insight regarding Illness	<input type="checkbox"/> Financial Means	<input type="checkbox"/> Medication Non compliance	<input type="checkbox"/> Transportation Issues
<input type="checkbox"/> Motivation for Treatment/Growth	<input checked="" type="checkbox"/> Special hobby/interests	<input type="checkbox"/> Language Barrier	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: <u>Cooperative during Examination</u>	<input type="checkbox"/> Other: <u>Able to perform acts of Daily living</u>	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Discharge Criteria

<input checked="" type="checkbox"/> No suicidal or homicidal ideation.	<input type="checkbox"/> Verbal commitment for aftercare, appointment arranged with psychiatrist and/or therapist.
<input checked="" type="checkbox"/> Reduction of target symptoms (specify): <u>depression PTSD</u>	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Improvement in mood, thinking, and/or behavior.	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Reduction of auditory/visual hallucinations.	

Initial Discharge Disposition / Community Resources

<input checked="" type="checkbox"/> Return to home	<input checked="" type="checkbox"/> Individual Therapy	<input type="checkbox"/> Church
<input type="checkbox"/> Residential treatment	<input type="checkbox"/> Family/ Couples Therapy	<input type="checkbox"/> Recommended Drug Testing
<input type="checkbox"/> Alternative living arrangement (group home, foster home, etc)	<input type="checkbox"/> Mental Health Center	<input type="checkbox"/> AA/NA
<input type="checkbox"/> Shelter	<input checked="" type="checkbox"/> Medication Management	<input type="checkbox"/> Grief Therapy
<input type="checkbox"/> Detention/DYS/Judicial	<input type="checkbox"/> Follow up w/ current provider:	<input type="checkbox"/> Court
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____

Interdisciplinary Treatment Team

Tx Team Member	Printed Name	Signature	Date	Time
Psychiatrist	<u>Resko</u>	<u>[Signature]</u>	<u>2/5/17</u>	<u>12</u>
Nurse	<u>Amelia Williams</u>	<u>[Signature]</u>	<u>2/5/17</u>	<u>1200</u>
Social Worker/Therapist	<u>Holly Wilson</u>	<u>[Signature]</u>	<u>2/5/17</u>	<u>1150</u>
Recreation Therapist	<u>Brenda Hartgraves, MEd</u>	<u>[Signature]</u>	<u>2/9/18</u>	<u>1600</u>
Dietitian:				
Other:				

RESP'T APP 1144

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 X Date Parent/Guardian Signature Date

REED, EMILY

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/pe r 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 Hartgrave 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 than 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	

RESPT APP 1145

REED, EMILY



02/03/2018 021

ER 001128

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	2/9/2018	
					Donna Earle, MA student Intern		
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	2/9/2018	
					Brenda Hartgrave MT- BC		
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	2/9/2018	
					Angelo Villano, RN		
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	2/9/2018	
					Dr. Roskos, M.D		

RESP'T APP 1146

RESP'T APP 1146

REED, EMILY

02/03/2018 021
ER 001129

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/pe r 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 Hartgrave, 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	

RESP'T APP 1147

REED, EMILY

02/03/2018 021
ER 001130



Nursing Initial Treatment Plan

Must be initiated within the first 8 hours of admission and completed within 24 hours of admission.

Page 1 of 2

Date of Plan: 2/3/18		Program/Unit: 3 Trauma	Reason for Hospitalization: Suicidal thoughts & plan (won't disclose)	
Date Identified	#	Psychiatric Problems	Date Identified	Medical Problems (Include fall risk)
1/2/4	1	Depression & SI/HI		A none
2/2/4	2	Disassociative events		B
3/2/4	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 in identifying her triggers & learning coping skills	Q shift & PRN	S. Shuttlesworth	2/21/18
2	Emily will have decrease amount of disassociative events e UBH.	Emily will remain cooperative during disassociative events.	Staff will monitor & document on any disassociative event observed.	Q shift & PRN	S. Shuttlesworth	2/21/18
3	Emily will not have any anxiety attacks e UBH.	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. Shuttlesworth	2/21/18

RESPONSE APP 1148

REED, EMILY

02/20/2018 10:31

Treatment Plan Tab




Nursing Initial Treatment Plan

Must be initiated within the first 8 hours of admission and completed within 24 hours of admission.

Page 2 of 2

☐ 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

RESP'T APP 1149
Patient Signature Date Time

Parent/Guardian Signature Date Time

REED, EMILY

02/03/2018 021

ER 001132

EXHIBIT 26

EXHIBIT 26

EXHIBIT 26
RESP'T APP 1150



BILLING DEPARTMENT
2026 W. University Drive
Denton, TX 76201



003282
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

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER

SIGNATURE

EXP. DATE

STATEMENT DATE: 04/17/18

PAY THIS AMOUNT: .00

ACCT. #

SHOW AMOUNT PAID HERE \$

Due By: 05/02/2018

PAGE: 1 of 1

MAKE CHECKS PAYABLE TO/REMIT TO:

UBH DENTON 657
2012 W UNIVERSITY DR
DENTON, TX 76201-0617

888 252-4146 phone(1)

41005*T6H004YU9000001

☐ 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
03/13/18	BALANCE FORWARD	17500.00

UBH DENTON

UNIVERSITY BEHAVIORAL HEALTH

Denton

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		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*T6H004YU9000001



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 <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> 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

RESP'T APP 1152



BILLING DEPARTMENT
2026 W. University Drive
Denton, TX 76201



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

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

Due By: 06/06/2018

SHOW AMOUNT PAID HERE \$

PAGE: 1 of 1

604833(PG1)

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

UBIH

UNIVERSITY BEHAVIORAL HEALTH

Denton

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		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



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 <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> 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

RESP'T APP 1154

ER 001136

000004330-B

EXHIBIT 27

EXHIBIT 27

EXHIBIT 27
RESP'T APP 1155



A Subsidiary of
UNIVERSAL HEALTH SERVICES, INC.

June 27, 2019

EMILY REED
ALECIA DRAPER

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

RESP'T APP 1156



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

RESP'T APP 1157

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

15 10 24 18

**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 56c 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 #

[REDACTED]
Street Address

Fax #

[REDACTED]
City, State, Zip Code

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

RESP'T APP 1158

Month Day Year

ER 001140

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.

Amel Red
Signature of Patient/Personal Representative
(If signed by other than the client, state relationship and authority to do so):

6/17/19
Date

Alicia Draper
Signature of Parent/Legal Guardian/Conservator

(Relationship)

6/17/19
Date

If the child is 12 years of age or older, Title XXII (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]
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

RESP'T APP 1159

ER 001141

TORRANCE, CA 90505
(310) 530-1151

Patient Name..... **REED, EMILY**
Address..... [REDACTED]
City, State, Zip..... [REDACTED]
Phone..... [REDACTED]
Social Security No..... [REDACTED]
Birth Date..... [REDACTED]
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.....
Admit Date/Time..... 3/07/15 39
Disch Date/Time.....
Adm.Dx..... 3/30/15 home
Prev. Admit Date..... 00/00/0000
Service..... IPL Nursing Station: IFU
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..... [REDACTED]
Phone..... [REDACTED]
Relationship..... SELF
D.O.B. [REDACTED]
Occupation.....
Employer.....
Address.....
City, State, Zip.....
Cell.....
Other.....

Spouse/Parent

Name.....
Address.....
City, State, Zip.....
Phone.....
Occupation.....
Employer.....
Cell.....
Other.....

*** Insurance Carrier 1 Information ***

Carrier..... MANAGED HEALTH NETWORK MHN
Group Name..... [REDACTED] Grp#.....
Policy.....
Policy Holder.. REED EMILY
Address..... PO BOX 1462F
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:

RESP'T APP 1160

ER 001142

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

DISCHARGE SUMMARY

DEL AMO HOSPITAL

Patient Name: **REED, EMILY CHRISTINE**

Patient Number: [REDACTED]

Medical Record No.: [REDACTED]

Attending Physician

RESPT APP 1161

ER 001143

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]

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DISCHARGE SUMMARY

DEL AMO HOSPITAL

Patient Name: **REED, EMILY CHRISTINE**

Patient Number: [REDACTED]

Medical Record No.: [REDACTED]

Attending Physician

RESP'T APP 1162

ER 001144

174

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.

ADMISSION REPORT
DEL AMO HOSPITAL

Page 1 of 3

Patient Name: **REED, EMILY**

Patient Number: [REDACTED]

Medical Record No.: [REDACTED]

Attending Physician

RESP'T APP 1163
HIRUY GESSSESSE, MD

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.

ADMISSION REPORT

DEL AMO HOSPITAL

Page 2 of 3

Patient Name: REED, EMILY

Patient Number: [REDACTED]

Medical Record No.: [REDACTED]

Attending Physician

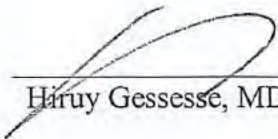
RESP'T APP 1164
HARRY GESSLESSE, MD

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.


Hiruy Gessesse, MD

3/8/15
Date

HG/mw

DD: 03/07/2015 07:20

DT: 03/07/2015 07:26

Job #: [REDACTED]

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ADMISSION REPORT

DEL AMO HOSPITAL

Page 3 of 3

Patient Name: **REED, EMILY**

Patient Number: [REDACTED]

Medical Record No.: [REDACTED]

Attending Physician: **RESP'T APP 1165**
HIRUY GESSSESSE, MD

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

s/p strabismic nystagmus c stry's

Past Surgical History: None ☒

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



History and Physical Examination

RESPT APP 1166

I IPL ITU

03/07/2015 00:3 ER 001148

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:**

Wt Loss or Wt Gain ☒
Night Sweats ☒
Fever or Chills ☒
Fatigue ☒

Denies

Seldom

Chronic

HEENT:

Cephalgia ☒
Ear Pain ☒
Hearing Loss ☒
Rhinnohea ☒
Sore Throat ☒
Vision Changes ☒

Denies

Seldom

Chronic

Skin:

Rash ☒
New Lesions ☒
Scars ☒
Tattoos ☒
Pruritis ☒
Lacerations ☒
Abrasions ☒

Denies

Seldom

Chronic

Pulmonary:	Denies	Seldom	Chronic
Cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheezing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemoptysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Imp: 2/20/15

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

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

Endocrinology:	Denies	Seldom	Chronic
Heat or Cold Tolerance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyuria/dipsia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



History and Physical Examination

REPORT APP 1168

03/07/2015 00:37
DR. H. GESSESSE
ER 001150

Physical Exam

General:

WD/WN Agree ☐ Disagree ☒ **Thin**
Appeared Stated Age Agree ☐ Disagree ☐
Distress Absent ☐ Present ☐

Vital Signs: BP **97/62** Pulse **120** RR **18** Temp **97.5** BMI _____
See Graphics/Intake: ☐

HEENT:

Head	NC/AT <input checked="" type="checkbox"/>	Abnormal _____
Conjunctiva	Clear <input checked="" type="checkbox"/>	Abnormal _____
Sclera	Nonicteric <input checked="" type="checkbox"/>	Abnormal _____
Fundi	Normal <input checked="" type="checkbox"/>	Abnormal _____
External Ear	Normal <input checked="" type="checkbox"/>	Abnormal _____
Pharynx	Clear <input checked="" type="checkbox"/>	Abnormal _____
Oral	Normal <input checked="" type="checkbox"/>	Abnormal _____

Neck:

Palpation	Normal <input checked="" type="checkbox"/>	Abnormal _____
Tone	Supple <input checked="" type="checkbox"/>	Abnormal _____
Thyroid	Normal <input checked="" type="checkbox"/>	Abnormal _____

Chest Wall

Palpation	Nontender <input checked="" type="checkbox"/>	Abnormal _____
Deformities	Absent <input checked="" type="checkbox"/>	Present _____

Lungs:

Auscultation	Clear <input checked="" type="checkbox"/>	Abnormal _____
--------------	---	----------------

Heart:

S1/S2	Normal <input checked="" type="checkbox"/>	Abnormal _____
S3/S4/Murmur	Absent <input checked="" type="checkbox"/>	Present _____
PMI	Normal <input checked="" type="checkbox"/>	Abnormal _____
Rate	Normal <input checked="" type="checkbox"/>	Abnormal _____
Rhythm	Regular <input checked="" type="checkbox"/>	Abnormal _____

Abdomen:

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

Flank:

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



History and Physical Examination

RESPT APP 1169

RESPT APP 1169
A# 1022855000
03/07/2015 00:35
DR H.GESSESSE
ER 001151

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: Blue water, 1/2 qt & Phos

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

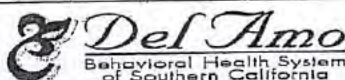
Breast: ☐ Normal ☐ Abnormal ☐ Offered but Refused ☐ Not Indicated ☐ Pt. is Current ☒ Not Performed due to exacerbation of Psychosocial issues

Lymph: Normal ✓ Abnormal

Peripheral Vascular: Normal ✓ Abnormal

Extremities:

Clubbing/Cyanosis	Absent ✓	Present
Edema	Absent ✓	Present



History and Physical Examination

DAH1010 4/15

RESPT APP 1170

03/07/2015 00:35
DR. H. GESSESSE

ER 001152

Neurology:

Motor	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Sensory	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Reflex (bicep/patella)	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Gait	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Smell	Intact <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Visual (field/acuity)	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Pupils	PERRLA <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
EOM	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Facial Sensation	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Smile	Symmetrical <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Raising of Eyelids	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Hearing	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Uvula	Midline <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Gag Reflex	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Shoulder Shrug	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Tongue Movement	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Finger to Nose	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>

LABS: Pending ☒ Unremarkable ☐ Pertinent Abnormalities ☐**Impressions:** Psychosocial Problems per Psychiatry and:

Underweight
Acute Vulvitis

Levonormin @ ER

5/8 Hitzig attempt

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

③ knee wound
msk pi



History and Physical Examination

RESPT APP 1171

03/07/2015 00:39
DR. H. GESSESSE
ER 001153

Follow-up with Primary Care Physician & Psychiatrist after Discharge ☒

Monitor Vitals ☐

Pain Management ☒

Detox Protocol; See Attached ☐

Further evaluation and therapy will be instituted as indicated ☒

Other:

Restriction on Activities: ☒ No ☐ Yes

Seizure Precautions

Fall Precautions ☐

Activity as Tolerated ☐

Examining Physician Name: (Print)

Examining Physician (Signature)

Date/Time

Barry Allswang, MD 

Winston Chung, MD ☐Rene Perez-Silva, MD

Gerald Cohen, MD ☐

Pt edm
 D mark
 ID syop

on on Activities: ☒ No ☐ Yes Seizure Precautions ☐ Fall Precautions ☐
 Activity as Tolerated ☐

Physician Name: (Print) Wong, SBB Examining Physician (Signature) [Signature] Date/Time 3/7/15 10:30

swang, MD ☐ Winston Chung, MD ☐ Rene Perez-Silva, MD ☐ Gerald Cohen, MD ☐

Tgn T

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History and Physical Examination

DAH1010 4/15

RECEIVED
RECEIVED
03/07/2015 00:39
DR. H.GESSESSE
I IPL ITU
ER 001154



Specimen ID: 066-097-0522-0
Control ID: L5E04285185

Patient Report

Acct #: Phone: (310) 784-2272 Rte: 00

REED, EMILY

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



Patient Details

DOB:
Age(y/m/d): 018/03/19
Gender: F SSN:
Patient ID:

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.						
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:						03

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.

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

Date Issued: 03/10/15 0919 ET

FINAL REPORT

Page 1 of 2

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RESPT APP 1173

ER 001155



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

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3/10/15

Date Issued: 03/10/15 0919 ET

FINAL REPORT

Page 2 of 2

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RESPT APP 1174

ER 001156



Specimen ID: 067-097-0178-0
Control ID: L5D04285185

Patient Report

Acct #: [REDACTED] Phone: (310) 784-2272 Rte: 00

REED, EMILY

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



Patient Details

DOB: 11/16/1990
Age(y/m/d): 018/03/20
Gender: F SSN: [REDACTED]
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	85 - 99	01
BUN	11		mg/dL	6 - 20	01
Creatinine, Serum	0.79		mg/dL	0.57 - 1.00	01
eGFR If NonAfrican Am	110		mL/min/1.73	>59	
eGFR If African 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	1			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
Thyroid					01
TSH	1.590		uIU/mL	0.450 - 4.500	01
Serology/Immunology					01
RPR	Non Reactive			Non Reactive	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

Date Issued: 03/10/15 0706 ET

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RESPT APP 1175

noted (Rodgers) 0623 3 ER 001157



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 Jenny Galloway, MD
13112 Evening Creek Dr So Ste 200, San Diego, CA
92128-4108

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

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9C 3/11/15

Date Issued: 03/10/15 0706 ET

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DAH1010 4/15

noted 4Rodgers Rn 0623 ER 001158 15

**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 NonAfrican Am	131		mL/min/1.73	>59		
eGFR If African 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		mg/dL	8.7 - 10.2		01
Protein, Total, Serum	8		g/dL	6.0 - 8.5		01
Albumin, Serum	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 handwritten 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

Page 1 of 2

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RESPT APP M77
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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

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3/13/15

Date Issued: 03/12/15 1418 ET

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ER 001160

03/12/2015 2:00:36 PM
TO: STAT

FROM: LAP CORP LCLS F6
Del Amo

TO: 3106269314
pital - SDU

Page 1 of 2

LabCorp
Laboratory Corporation of America

LabCorp Torrance
23441 Madison Street Suite 310 Bldg
Torrance, CA 90505-4735

Phone: 800-959-7087

Specimen Number 071-D29-0406-0		Patient ID		Control Number CXE04285045	Account Number [REDACTED]	Account Phone Number [REDACTED]	Route 00
Patient Last Name REED				Account Address Del Amo Hospital - SDU			
Patient First Name EMILY		Patient Middle Name		23700 Camino Del Sol TORRANCE CA 90505			
Patient SS#		Patient Phone					
Age (Y/M/D) 18/03/24		Date of Birth [REDACTED]	Sex F	Fasting			
Patient Address				Additional Information UPIN: 491949			
Date and Time Collected 03/12/15 00:00	Date Entered 03/12/15	Date and Time Reported		Physician Name HIRSCH, P	NPI 1275568008	Physician ID	

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 NonAfrican Am	131		mL/min/1.73	>59	
eGFR If African 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,	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
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Ambig Abbrev HFP7 Default

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.

[Handwritten signature]
3/13/15

REED, EMILY		Seq # 0090
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03/12/15 14:00 ET

DUPLICATE FINAL REPORT

RESP'T APP 1179 1 of 2

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ER 001161

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
04285045		CXE04285045	03/12/15 00:00		F	18/03/24	
TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB	

Ambig Abbrev CMP14 Default

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

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(Handwritten signature)
3/13/15

REED, EMILY			Seq # 0000
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03/12/15 14:00 ET

DUPLICATE FINAL REPORT **RESP'T APP 1180** 2 of 2

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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	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input checked="" type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime <input checked="" type="checkbox"/> 9:00/1:00PM	DEPRESSION
ABILIFY	15mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input checked="" type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime <input checked="" type="checkbox"/> 5:00PM	DEPRESSION
PROZAC	40mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input checked="" type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime	DEPRESSION
		<input type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime	

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: Emily Reed

Discharging RN Signature: Magnolia RN



RESPT APP 1181

03/07/2015 09:00:16
DR. H. GESSESSE

Patient Name Emily Reed Unit _____ Date: 3/20/15

Medication / Prescription

	Dosage	Frequency	Route	Comments
1.	<u>Aspirin</u>	<u>81 mg</u>	<u>PO</u>	<u>daily</u>
2.	<u>Metoprolol</u>	<u>50 mg</u>	<u>PO</u>	<u>daily</u>
3.	<u>Hydrocodone</u>	<u>5 mg</u>	<u>PO</u>	<u>as needed</u>
4.				
5.				

CA License # A54111 Physician Signature: _____
Name(print): Robert Wong DEA#: 160572 PHONE: 310-784-2249

Prescriptions given to patient? ☒ Yes ☐ No (explain why not): _____
☐ Patient does not require medications at discharge

Special Instructions: _____

Patient/Legal Guardian demonstrates understanding of knowledge of:

Referrals or Placement ☒ Yes ☐ No
Medications and how to administer ☒ 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) H. R. K. H. Signature: _____ Phone: 310-784-2249
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: <u>DR. NAYANA SHAH</u>	<u>6152 BEACH BLVD #200</u>	<u>714-841-6772</u>	<u>3/31 11:30</u>
Therapist/Counselor: <u>BARBARA MCINTIRE</u>	<u>9282 HAZELBROOK DR</u>	<u>714-962-7335</u>	<u>3/31 5:00pm</u>
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 _____ Phone # _____
Discharge Date 3/30/15 Time 12:00
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.
X Emily Reed 3/30/15
PATIENT/LEGAL GUARDIAN SIGNATURE DATE
X Quaglin KN 3/30/15
NURSE'S SIGNATURE DATE



DISCHARGE/AFTERCARE PLAN

RESPT APP 1182

03/07/2015
DR. H. BESSESSE

DEL AMO HOSP. INC 048
23700 CAMINO DEL SOL

1 PATIENT DEMOGRAPHIC PROFILE

Date Printed: 032718

TORRANCE, CA 90505
(310) 530-1151

Patient Name..... REED, EMILY C
Address.....
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.... VOL -VOLUNTARY
Medical Record No....
County.....
Admit Date/Time..... 2/28/18 21:15
Disch Date/Time..... 3/26/18 11:15
Adm.Dx.....
Prev. Admit Date..... 00/00/0000
Service..... ITL
Occupation.....
Employer.....
Address.....
Phone.....
Resid: *Home*
Military: N
Nursing Station:

Other Contact:
Name..... DRAPER ALECIA
Address.....
City, State, Zip.....
Phone.....
Relationship..... MOTHER
Cell.....
Other.....

*** Insurance Information ***

Primary Insurance Holder/Guarantor

Name..... REED EMILY CHRISTINE
Address.....
City, State, Zip.....
Phone.....
Relationship..... SELF
D.O.B.....
Occupation.....
Employer.....
Address.....
City, State, Zip.....
Cell.....
Other.....

Spouse/Parent

Name..... DRAPER ALECIA
Relationship..... MOTHER
Address.....
City, State, Zip.....
Phone.....
Occupation.....
Employer.....
Cell.....
Other.....

*** Insurance Carrier 1 Information ***

Carrier..... BLUE SHIELD MHSA
Group Name..... Grp#.....
Policy.....
Policy Holder.. REED EMILY CHRISTINE
Address..... PO BOX 710400
City/St/Zip.... SAN DIEGO, CA 92171
Ins Phone..... (877)263-9952
Policy Hld DOB.

*** Insurance Carrier 2 Information ***

Carrier..... MEDI-CAL
Group Name..... Grp#..
Policy.....
Policy Holder.. REED EMILY CHRISTINE
Address..... PO BOX 13029
City/St/Zip.... SACRAMENTO, CA 95813
Ins Phone.....
Policy Hld DOB.

*** Insurance Carrier 3 Information ***

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

*** Insurance Carrier 4 Information ***

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

Hcp 3/1/18 1300
Notes: 3065

3/24/18 PPD

RESP'T APP 1183

ER 001165

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.

DISCHARGE SUMMARY

DEL AMO HOSPITAL

Page 1 of 3

Patient Name: REED, EMILY CHRISTINE

Patient Number:

Medical Record No.:

Attending Physician

PETER BIRSCH, MD

APP 1184

ER 001166

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 as 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.

DISCHARGE SUMMARY

DEL AMO HOSPITAL

Page 2 of 3

Patient Name:

REED, EMILY CHRISTINE

Patient Number:

Medical Record No.:

Attending Physician

PETER HIRSCH, MD

REST APP 1185

ER 001167

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 #:

This information has been disclosed to you from records whose confidentiality is protected by state law, section 5328 (Medical Records) and/or Federal Law, 42 CFR Part 2, and is to be used for the purposes for which it was disclosed. Any further disclosure of this information without the specific written consent of the person to whom it pertains is prohibited by law. A general authorization for the release of medical or other information is not sufficient for this purpose.

DISCHARGE SUMMARY

DEL AMO HOSPITAL

Page 3 of 3

Patient Name:

REED, EMILY CHRISTINE

Patient Number:

Medical Record No.:

Attending Physician

PETER HIRSCH, MD

APP 1186

ER 001168

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.

**INITIAL PSYCHIATRIC
EVALUATION**

DEL AMO HOSPITAL

Page 1 of 3

Patient Name: **REED, EMILY CHRISTINE**

Patient Number:

Medical Record No.:

Attending Physician

RESP'T APP 1187
PETER HIRSCH, MD

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.

**INITIAL PSYCHIATRIC
EVALUATION**

DEL AMO HOSPITAL

Page 2 of 3

Patient Name: **REED, EMILY CHRISTINE**

Patient Number:

Medical Record No.:

Attending Physician

RESP'T APP 1188
PETER HIRSCH, MD

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

Date/Time

PBH/jr

DD: 03/01/2018 12:47

DT: 03/01/2018 13:33

Job #:

This information has been disclosed to you from records whose confidentiality is protected by state and federal law (42CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

INITIAL PSYCHIATRIC
EVALUATION

DEL AMO HOSPITAL

Page 3 of 3

Patient Name:

REED, EMILY CHRISTINE

Patient Number:

Medical Record No.:

Attending Physician

RESP'T APP 1189

ER 001171

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

Past Surgical History: None ☒

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



History and Physical Examination

PATIENT IDENTIFICATION STICKER

RESPTA 1100

02/28/2018 21:15 I ITL NTC
P. HIRSCH MD ER 001172

Family History:

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

Social History:

Tobacco Products
Positive ☐

Denies ☒
Dependent ☐

Cigarette ☐
Nicotine ☐
Chewing Tobacco ☐
Other ☐

Amount

Frequency

Day ☐ Week ☐
Day ☐ Week ☐
Day ☐ Week ☐
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:**

Weight Loss or Wt Gain ☒
Night Sweats ☒
Fever or Chills ☒
Fatigue ☒

Denies

Occasional

Frequent

☐
☐
☐
☐

☐
☐
☐
☐

HEENT:

Cephalgia ☒
Ear Pain ☒
Hearing Loss ☒
Rhinorrhea ☒
Sore Throat ☒

Denies

Occasional

Frequent

☐
☐
☐
☐
☐

☐
☐
☐
☐
☐



History and Physical Examination

REED, EMILY C

02/28/2018 21:15 TTL NTC
P. HIRSCH MD

ER 001173

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

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

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

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

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

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

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



History and Physical Examination

REED, EMILY C

R [REDACTED] 1192 NTC

02/28/2018 21:15

P.HIRSCH MD

ER 001174

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

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

Physical Exam

General:

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

Vital Signs: BP 118/75 Pulse 102 RR 18 Temp 98.0 BMI 20 115/5'3"

HEENT:

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

Neck:

Palpation Normal ✓ Abnormal
 Tone Supple ✓ Abnormal
 Thyroid Normal ✓ Abnormal

Chest Wall:

Palpation Nontender ✓ Abnormal
 Deformities Absent ✓ Present

Lungs:

Auscultation Clear ✓ Abnormal

Heart:

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



History and Physical Examination

PATIENT IDENTIFICATION STICKER

RESP'T APP 1193

REED, EMILY C

R 001175

02/28/2018 21:15
 WDSCH MD

Abdomen:

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

Flank:

Palpation Nontender ☒ Tender ☐

Skin: Refuses full exam ☒

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

See Nursing Diagram: ☒

Musculoskeletal:

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

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

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

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

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

**History and Physical Examination**

REED, EMILY C

ER

02/28/2018 21:15
P. HIRSCH MD

ER 001176

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



History and Physical Examination

REED, EMILY C. [REDACTED]
02/28/2018 21:15 ITL NTC
P. HIRSCH MD
ER 001177

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

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

Further evaluation and therapy will be instituted as indicated ☒

Other:

Examining Physician Name: (Print)

Examining Physician (Signature)

Date/Time

Barry Allswang, MD ☐

Winston Chung, MD ☐

Rene Perez-Silva, MD ☐

Gerald Cohen, MD ☐



History and Physical Examination

DAH1010 4/15

NIR-100 H&PE Exam 12.15.2016

REED, EMILY C

R [REDACTED] ITL NTC
02/28/2018 21:15
P. HIRSCH MD

ER 001178

**Patient Report**

Specimen ID: 085-097-1387-0
Control ID: LPM04285065

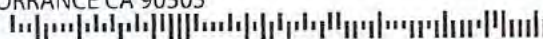
Acct #: [REDACTED]

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

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Date Issued: 03/27/18 0807 ET

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RESP'T APP 1197

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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: [REDACTED]
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	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 Calc	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
CBC, Platelet Ct, and Diff						
WBC	5.2		x10E3/uL	3.4 - 10.8		01

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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

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Diagno Laboratorir

RADIOLOGY REPORT

THIS REPORT IS BASED SOLELY UPON THE RADIOGRAPHIC EXAMINATION.
CORRELATION WITH THE CLINICAL EXAMINATION IS ESSENTIAL.

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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

Diagnostic Laboratories
2820 N Ontario Street
Burbank, CA 91504
818.549.1880

WALTER UYESUGI, DO/LE
RADIOLOGIST

Physician: MOHSEN BADRI, DO
DEL AMO HOSPITAL - ITU
23700 CAMINO DEL SOL
TORRANCE, CA 90505-5017

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