

THE STATE OF SOUTH CAROLINA  
In The Supreme Court

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**RECEIVED**

OCT - 9 2014

APPEAL FROM CHEROKEE COUNTY  
Court of Common Pleas

**S.C. Supreme Court**

J. Michael Baxley, Circuit Court Judge

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Case No. 2012-212107

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JONATHAN KYLE BINNEY, SK 6009..... Petitioner/Respondent,

v.

STATE OF SOUTH CAROLINA..... Respondent/Petitioner.

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SUPPLEMENTAL APPENDIX  
VOLUME II OF V

---

**EMILY C. PAAVOLA**

Death Penalty Resource & Defense Center  
900 Elmwood Avenue, Suite 101  
Columbia, South Carolina 29201  
(803) 765-1044

**JOHN H. BLUME**

Cornell Law School  
Myron Taylor Hall  
Ithaca, NY 14853  
(607) 255-1030

Counsel for Petitioner

**WILLIAM EDGAR SALTER, III**

Office of the Attorney General  
P.O. Box 11549  
Columbia, SC 29211  
(803) 734-6305

Counsel for Respondent

MEDICAL RECORD

PROGRESS NOTES

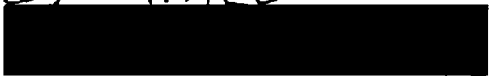
DATE		
	Neurology Note (MRC)	
10-5-00	43yo. (2) 11 USF Fydenon (1975-1987) radar operator.	
T-997F	Severe migraines. (per day) MTD.	
P-108	peractin not effective	OK (w/che 5mg/1 bu/3rd re-examine needs pm.
BP 138/81	She did not take Calectol	
R-20	Peractin	D/C Calectol/peractin
WT 136.5#		DK Peractin
PAIC 5/10	Dx Migraine Headaches	
	KTC (with - Cudmm)	

(Continue on reverse side)

PATIENTS IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO. D Hep WARD NO.

DOVE, GAYLE A.



PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)  
Prescribed by GSA/ICMR,  
FIRM#41CFR1201-46.505

509-111



MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders.  
Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed UNLESS checked) <input type="checkbox"/>	<input checked="" type="checkbox"/>	NURS SIGNAT
9-12-60		Heator		
		1) Mammogram for routine screening		
		2) RT-6 XMS		
				Saul E. Adams

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. DATE

Dove, G [blacked out]

[blacked out]

NOTE DATED: 01/25/2000 11:17 PSYCHIATRY SERVICE PROGRESS NOTE

VISIT: 01/25/2000 11:00 WOMEN'S MHPC GOLD PSYCHIA-GPT

S This is a 42yo DWF vet (USAF 75-87) who was separated from AF after being raped by a supervisor who subsequently committed suicide. She receives 70% disability for PTSD. She has been seen at this facility for individual treatment, SAART, two MH hospitalizations and is being seen in this clinic for individual therapy and medication management. She is experiencing much anxiety in anticipation of move to SC to help her son with his family.

O Alert neatly dressed woman with anxious mood and appropriate affect. She is mildly despondent but is not suicidal and has no psychotic sx. She still has recurring nightmares and intrusive thoughts of the rape

A PTSD

P Cont Olanzapine 5mg hs

Renew Prozac 20mg sig: 3 qd #90 RF3

Renew Buspar 20mg sig: 4 qd #120 RF3

Ativan 1.0mg sig: 1 up to bid prn anxiety or sleep #60 RFO

To seek FU and AA in SC

Signed by: /es/ WADE A CROWDER  
PSYCHIATRIST 01/25/2000 11:32

NOTE DATED: 01/19/2000 11:15 PSYCHOLOGY-MENTAL HEALTH  
VISIT: 01/19/2000 09:30 WOMEN'S MHPC GOLD WALK-IN  
WOMEN'S MHPC CLINIC/ INDIVIDUAL THERAPY (50")/ PROB# 2, 3/ GAF=60

S: Pt presents for scheduled appt. She and her father will be moving to South Carolina next month to be near her son and grandchildren; she has a deal pending on a house. Pt reports significant stressors within her new found family, and the move is partially in response to these stressors.

O: Alert. Casually dressed. No cosmetics. Mood is somewhat anxious with restricted affect. Speech is coherent, relevant, and average in rate/tone. Psychomotor bx is WNL. Concentration is somewhat impaired as evidenced by thought blocking. There is no evidence of psychosis. Judgment and insight seem fair. Pt is not suicidal/homicidal. She denies use of EtOH, and reports med compliance.

A: Discussed family stressors and what they mean for the pt. Identified pt's strengths and weaknesses in coping skills. Advised pt to make contact with a VA or community mental health agency in SC prior to her arrival in order to begin establishing a support system. Confronted pt on her tendency to think with her heart, and encouraged her to seek support from her father. Also advised pt to protect some of her time for just herself, as it is possible that her new family ties may take advantage of her kindness.

P: This is the last session with pt, as she is moving to SC. Pt will follow-up with Dr. Crowder next week for medications. Pt was advised to arrange mental health follow-up and AA meetings in her new town. Informed pt to contact this clinic, if needed.

Signed by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 01/19/2000 11:57

Biloxi, MS (CONS)  
Pt Loc: OUTPATIENT

Printed:01/19/2000 11:57  
Vice SF 509

NOTE DATED: 12/09/1999 12:09 PSYCHOLOGY-MENTAL HEALTH  
VISIT: 12/09/1999 10:30 WOMEN'S MHPC GOLD SAPORITI-GPT  
WOMEN'S MHPC CLINIC/ INDIVIDUAL THERAPY/ PROB# 2,3/ GAF=65

S: Pt presents for scheduled appt. She had not been seen for 1:1 therapy since starting Day Tx. She reports that she left Day Tx because of differing opinions with the staff and because she felt she was no longer benefitting from the program. She reports that since our last session she has been reunited with her son that she gave up for adoption when she was 16yo. Apparently, her son began searching for her in the 80s. Her 25yo son is married with 2 babies and lives in SC. She has visited with him and plans to spend Christmas and New Year's with him and his family. Pt reports that she feels this is the first time in her life that she has experienced happiness. Her father is supportive.

O: Alert. Neatly dressed and groomed. Wearing cosmetics, which is new for her. Mood is euthymic with reactive affect. Other mental status indicators are grossly WNL.

A: Discussed what it means for her to have her son in her life. Processed feelings of relief and fear of rejection. Pt has a tendency to over-selfdisclose when developing a relationship. Identified topics that may be better left unsaid at this time.

P: RTC x 3-4 weeks.

Signed by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 12/09/1999 12:27

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DOVE, GAYLE A  
[REDACTED]

Biloxi, MS (CONS)  
Pt Loc: OUTPATIENT

Printed:12/09/1999 12:27  
Vice SF 509  
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NOVEMBER PROGRESS NOTES

DATE  
11-23-89

#3

PATIENT PROPOSED OUT OF THE DAY TREATMENT. JUST SEEMS CRITICAL OF THE PROGRAM.

IS DOING GOOD WORK. ENJOYS IT IS ALL MAKE UP WITH A LOT OF MAKEUP STILL ATEND - 6 CD

MORS: BUSPIRONE 10-5 - TMS TID  
GABAPENTIN 300-5 - TID

OLAMPIC 5-5 -  
PROPR 40-5 A.M.  
PATIENT OBTAINING IS NOT WORKING.  
MOOD IS OK.

STILL HAS PHOBIA. GIVING CROWDS PLAN: 1 FLOWERS TO 60-5 HS  
AND VISTATIC 25-5 QD PM

DX: PTSD  
MAJOR DEPRESSIVE DISORDER

Maurice D. Gelder, M.D.  
AS3285170-867

RETURN 6 WEEKS  
BY H/O

GAF 51  
*C. J. [Signature]*

DOVE, GAYLE





<b>MEDICAL RECORD</b>	<b>PROGRESS NOTES</b>
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DATE		
	<div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> <p style="text-align: center; margin: 0;"><b>OPHTHALMOLOGY</b></p> <p style="margin: 0;">DILATE MYDIL 1 NE02</p> <p style="margin: 0;">OU/OD OS X1 X2 X3</p> <p style="margin: 0;">12/99 1:30 11:30</p> <p style="margin: 0;">DATE TIME</p> </div>	<p>NO OLD EYE</p> <p>NOTE</p>
	<p>Follow day</p> <p>VA <math>\frac{20}{20}</math> <math>\frac{20}{20}</math></p> <p>DFD</p> <p>Ref 0.55 0.48</p> <p>Vwn</p> <p>MU</p> <p>P lth 3 hle 20</p> <p>q lth in line or</p>	<p>Flashes 9/99 - see 22 surge</p> <p>q mc flsh, p flsh &amp; curb</p> <p>SLE</p> <p>K 21</p> <p>AC Deg</p> <p>TA 11 11:40</p> <p>A) lth 3 hle 00 - q flsh per</p> <p>P) RD prnt</p> <p>Pr 4-6 mo / prn</p> <p style="text-align: right;">MB</p>

(Continue on reverse side)

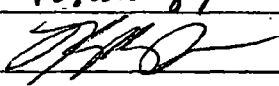
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)



REGISTER NO.	WARD NO.
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**PROGRESS NOTES**  
 STANDARD FORM 509 (Rev. 11-77)  
 Prescribed by USA/ICMR  
 FIRM(41CFR)201-45.505  
 509-111



MEDICAL RECORD	PROGRESS NOTES
DATE	PC Purple Psychology
02-04-98	<p>MS. DAVE WAS DIRECTED TO BEGIN TO ASSOCIATE HER TEMPERATURE BIOFEEDBACK TRAINING WITH HER HAND TO A CUE SEVERAL TIMES PER DAY. SHE PLANS TO USE HER BATHROOM BREAKS AS AN OPPORTUNITY TO PRACTICE HER TRAINING. SHE WAS ALSO ENCOURAGED TO MONITOR HER HAND TEMPERATURE AND USE THIS AS A CUE TO IDENTIFY HER STRESS RELATED/INDUCING COGNITIONS. DURING NEXT SESSION, VET WILL BE GIVEN INSTRUCTION ABOUT HOW TO CHALLENGE/REFRAME HER STRESS INDUCING THINKING. FINALLY, MS DAVE WAS DIRECTED TO PRACTICE KEEPING HER BITE LOOSE DURING THE DAY AND TO PRACTICE <sup>RELAXING</sup> RELAXING HER JAW MUSCLES AT BEDTIME.</p> <p>GAF = 50</p> <p>Lawrence J. Karcher, MD Psychology Resident</p> 

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle; grade, rank, rate; hospital or medical facility)

5 62

REGISTER NO.      WARD NO.

DAVE, GAYLE A  


**PROGRESS NOTES**  
 STANDARD FORM 509 (Rev. 11-77)  
 Prescribed by GSA/ICMR  
 FIRM(R41CFR)201-46.505  
 509-111



MEDICAL RECORD

Progress Note

02/02/98 13:59 PSYCHOLOGY

Location: WOMEN'S MHPC GOLD DEROMA GPT

Problem: #2 Depression Diagnosis: PTSD GAF: 60

Pt discussed issues in family history involving neglect. Therapist highlighted how this lack of affection/attention predisposed her for feelings of inadequacy and helplessness, as well as passivity, which perpetuated multiple incidents of abuse. Trauma involving a 16 y/o neighborhood boy, an elderly male, her guardian, and early pregnancy were discussed with respect to the lack of support that she felt in her family. Pt's anger toward mother was expressed and therapist educated pt about schizoaffective disorder, discussing how this diagnosis might have left her without a role model for connectedness with others. Pt's difficulties with intimacies in adulthood were discussed, especially with respect to pt's avoidance of physical intimacy. Therapist supported pt in grieving. Relationship between recent health problems and work in trauma recovery was noted by therapist. No assignment given that group assignment given.

Signed by: /es/ VIRGINIA M. DEROMA  
STAFF PSYCHOLOGIST 2/02/98

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 02/02/98 14:09

57. Pt Loc: OUTPATIENT

Vice SF 509

0513

MEDICAL RECORD

PROGRESS NOTES

DATE  
1/29/98

Womens Mental Health Primary Care Clinic/  
 Psychology Note / Hold Sean / Problem #11  
 Group members discussed effects of  
 arousal related to group participation,  
 including nightmares. Strategies for  
 coping with nightmares or sleep disturbances  
 were outlined. Each group member  
 then identified what she had to  
 give up or risk losing in order to  
 clarify the significance of disclosure.  
 The homework assignment was reviewed  
 and involved each pt. reviewing  
 their account of trauma. Group  
 members provided support by sharing  
 their reactions to disclosure. Each  
 member's level of trust before and  
 after disclosure was assessed in  
 order to identify level of support  
 needed. Pt reported high level of trust  
 before and after disclosure of sexual  
 assault and impact to career.  
 Pt was maximally stressed ("10") on 1-10 scale,  
 with 10 representing maximum stress rating

Dis: PTSD GAF: 60 (right side) DeLam, ms, Staff Psychologist

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle;  
 grade, rank, rate, hospital or medical facility)

Julie B. Smith, M.A. Psychologist

REGISTER NO. 7

WARD NO. 60

Devt. Gayle  
 [Redacted]

PROGRESS NOTES  
 STANDARD FORM 509 (Rev. 11-77)  
 Prescribed by USA/CMR.  
 FIRM(41CFR)201-45.505  
 509-111

MEDICAL RECORD

PROGRESS NOTES

1-27-98  
GYN Clinic, BP 115/71 (1987) P 76 R 20 Uterus Dependent  
1-27-98

0950 40 y/o G1 P1 - 1987 in USAF pt.  
had TAH, BSO, Appendectomy 2° to  
Pelvic Adhesions from PID?? - Pt. did  
well until '94, Ad in '95 underwent  
Exp. lsg. for pelvic adhesions - then  
told had "Endometriosis" & placed on  
Depo Provera x 7 yrs and now takes  
Provera pro. q.d. (also pt. had further  
surgery for removal of sutures in old  
incision in '95) - MMG's x 2 -> NEG.  
Dr. Kenyon rec. pt. consider ERT -  
I agree - discussed w pt. HRT concepts  
& current status -

Rec: Provera 0.625mg q.d.  
MMG q 2 yrs

P. J. Bouris, MD

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank, rate; hospital or medical facility)

REGISTER NO. WARD NO.

17 19 8

PROGRESS NOTES  
STANDARD FORM 508 (Rev. 11-77)  
Prescribed by GSA/ICMR,  
FPMR(41CFR)201-45.505  
508-111

DOVE, GAYLE A



PREVENTIVE HEALTH

Name: GAYLE A. DOVE SSN: [REDACTED] DATE: 27 JAN 98

The Biloxi VAMC wants you to join the Journey to Good Health. Please take a few minutes to complete these questionnaire to help your Primary Care Team better assist you. Check Yes or No to the following questions. Your answers are voluntary.

Sex:  Male  Female Your age: 40 Highest grade completed in school: AA  
 Primary Occupation (past or present): \_\_\_\_\_ Do you live alone?  Yes  No  
 How is your health?  Excellent  Very Good  Good  Fair  Poor Are you homeless?  Yes  No  
 Marital Status:  Never Married  Married  Widowed  Divorced  Separated

1. Did you have a tetanus/diphtheria shot within the past 10 years?  Yes  No  
 If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_  
 2. Did you have a flu shot last year? When? DEC 97 Where? VAMC  Yes  No  
 3. Was your blood cholesterol checked within the past 5 years?  Yes  No  
 If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

For females only:  
 4. Have you ever had a Pap Smear? Where? VAMC When? FEB 97  Yes  No  
 5. Have you had a mammogram within the past 2 years?  Yes  No  
 If yes, when? APR 96 Where? OCEAN SPRINGS HOSPITAL  
 6. Do you do breast self-exams every month?  Yes  No

For males 50 or more years old:  
 7. Are you interested in knowing about a test for prostate cancer?  Yes  No

For 50 or more years old only:  
 8. Within the past year have you had a test for blood in your stool?  Yes  No  
 If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_  
 9. Have you had a sigmoidoscopy in the past 5 years?  Yes  No  
 If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

10. Do you occasionally drink alcohol?  Yes  No  
 If yes, have you ever tried to Cut down on your drinking?  Yes  No  
 11. Are you Annoyed when people ask you about your drinking?  Yes  No  
 12. Do you ever feel Guilty about your drinking?  Yes  No  
 13. Do you ever take a morning Eye-opener to steady your nerves or get rid of a hangover?  Yes  No  
 14. On a regular basis, do you, drink three or more drinks a day?  Yes  No

15. Do you smoke tobacco?  Yes  No  
 If yes, how many packs a day?  1/2  1  2  3  more than 3  
 16. Do you chew tobacco?  Yes  No  
 17. In the past, have you used tobacco products? When did you quit? \_\_\_\_\_  Yes  No  
 18. Do you live with people who smoke?  Yes  No

19. Do you use an inhaler to help you breathe better?  Yes  No  
 20. Do you exercise 5 days a week for a total of 30 minutes each day?  Yes  No  
 21. Do you wear seat belts when driving or riding in a car?  Yes  No  
 22. Do you eat at least 5 servings of vegetables and fruits daily?  Yes  No  
 23. Do you eat at least 6 servings of grain products (bread, rice, etc.) daily?  Yes  No  
 24. Do you have an Advance Directive (such as a living will)?  Yes  No  
 25. Would you like to talk to someone about Advance Directive?  Yes  No  
 26. Have you ever had an unwanted and/or traumatic sexual experience?  Yes  No  
 27. Would you like to talk to a Counselor?  Yes  No

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

[REDACTED]

MEDICAL RECORD

[REDACTED]

MEDICAL RECORD		PROGRESS NOTES
DATE	PC Purple Psychology	
01-27-98	<p>MS. DOVE WENT TO THE ER FOR MIGRAINE TX AGAIN. THIS IS THE SECOND TIME IN THE PAST 3 WEEKS. VET SPOKE OF HER APPREHENSION ABOUT RECOUNTING HER RAPE TO HER SEXUAL TRAUMA GROUP. SHE HAS ATTEMPTED TO COMPARTMENTALIZE THIS OUT OF HER LIFE WITH QUESTIONABLE SUCCESS. VET HAS DONE SOME READING IN ASSERTIVENESS TRAINING. SHE CLAIMED HER MIGRAINES HAVE PROHIBITED HER FROM DOING MORE. DISCUSSED HER UPCOMING C&amp;P EVALUATION W/ DR. VOGEL. SHE DID NOT ANTICIPATE ANY PROBLEMS HERE. SHE SPOKE OF THE MISTREATMENT THAT SHE RECEIVED FROM THE AIR FORCE AFTER HER ATTACK. SHE FELT UNJUSTLY "FORCED" TO LEAVE THE SERVICE. THIS UNDERMINED HER PLAN TO WORK ANOTHER EIGHT YEARS TO EARN HER RETIREMENT. FINALLY, WE DISCUSSED OUR PLANS RE: TX. I TOLD HER I WOULD CONSULT W/ HER PRIMARY THERAPIST, DR. DCRONA ABOUT HOW BEST TO PROCEED. GAF=55</p> <p style="text-align: right;">Lawrence J. Gardner MA Psychology Resident</p>	
	(Continue on reverse side)	

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital, or medical facility)

REGISTER NO.

WARD NO.

5 62

**PROGRESS NOTES**  
STANDARD FORM 509 (Rev. 11-77)  
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FIRM(R41GFR)201-46.506  
509-111



01/22/98 15:13 GROUP THERAPY  
Location: WOMEN'S MHPC GOLD GROUP-GPT  
SEXUAL TRAUMA GROUP THERAPY: PROBLEM -- (11) INTERPERSONAL BEHAVIOR  
PROBLEM

VET SEEN FOR THIRD GROUP THERAPY SESSION. HW WAS DISCUSSED WITH MEMBERS SHARING THE COPING MECHANISMS THEY USED TO SURVIVE THE ABUSE. COMMONLY MENTIONED COPING TECHNIQUES (SUCH AS DISSOCIATION, ADDICTIONS, DENIAL, RELAXATION, AND FOCUSING ON LONG-TERM GOALS) WERE IDENTIFIED AND THEIR USEFULNESS FOR SHORT- AND LONG-TERM EFFECTS WERE DISCUSSED. GROUP MEMBERS IDENTIFIED TIME-LIMITED ISOLATION TECHNIQUES, RELAXATION, AND, FOCUSING ON LONG-TERM GOALS AS USEFUL TECHNIQUES FOR HELPING THEM TO DEAL WITH THE ANXIETY ASSOCIATED WITH TALKING AND WRITING ABOUT THE ABUSE EXPERIENCES. HW: IN JOURNAL, WRITE ABOUT THE ABUSE EXPERIENCE(S) A LITTLE EACH DAY, PROVIDING AN ANXIETY RATING (ON SCALE OF 1 TO 10) BEFORE AND AFTER WRITING. GAYLE IDENTIFIED HER MAIN COPING TECHNIQUE IN THE PAST AS DRINKING, BUT SINCE SHE HAS QUIT DRINKING HAS USED OTHER TECHNIQUES, SUCH AS RELAXATION. DX: PTSD GAF: 60

Signed by: /es/ JULIE V BATTLE  
PSYCHOLOGY RESIDENT 01/22/98 15:21

Cosigned by: /es/ VIRGINIA M. DEROMA  
STAFF PSYCHOLOGIST 01/23/98 10:07

DOB:08/15/57 Pt Loc: OUTPATIENT

Printed:01/23/98 10:09  
Vice SF 509

DATE

01-20-98 PC Purple Psychology

1230 MS DOVE INTENDS TO CONSULT W/ VET REP

TO SEE ABOUT GETTING DENTAL EVAL FOR MOUTHPIECE.

SHE CONTINUES TO HAVE MIGRAINE HEADACHES

UPON AWAKENING IN AM. VET HAS BEEN VENTURING OUT

MORE (AA CONVENTION THAN PAST WEEKEND). SHE

SPOKE OF THE ROLE OF ALCOHOL IN HER LIFE AND HOW

SHE USED IT TO AVOID DEALING W/ PAIN & LOSS.

(IE. DEALING W/ INABILITY TO BEAR CHILDREN). VET HAS

IDENTIFIED W/ READINGS ON ASSERTION & RECOGNIZES HERSELF

IN CASE EXAMPLES. GAF=60

RTC in 1 WEEK

Lawrence Gardner MA  
Psychology Resident

1-26 98 Women's Mental Health PC Clinic

PT cancelled scheduled appt due to migraine

Virginia D. Miller, MS; Staff Psychologist

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank, rate, hospital or medical facility)

REGISTER NO.      WARD NO.

5 62

**PROGRESS NOTES**  
STANDARD FORM 508 (Rev. 11-77)  
Prescribed by GSA/DCMR,  
FPMR(41CFR)201-45.505  
508-111

DOVE, GAYLE A





MEDICAL RECORD

PROGRESS NOTES

DATE  
1/19/98

Women's Mental Health Primary Care Clinic/  
 Psychology Note / Hold Team / Depression  
 Management Group: Problem #2 Depression  
 Group members discussed strategies for  
 combatting holiday depression. Group  
 specifically discussed the role of  
 conflict with depression onset and  
 the tendency for people to react  
 passively to conflict, rather than  
 actively resolving it. The benefits  
 of modeling self and other to share,  
 risks take, responsibility were discussed.  
 Termination of group with plans to  
 continue a second support group  
 reviewed. Pt was supportive of other  
 group members. Virginia K. Decker MD,  
 Staff Psychologist

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle;  
grade, rank, rate, hospital or medical facility.)

REGISTER NO.

WARD NO.

Dorr, Gayle



PROGRESS NOTES  
 STANDARD FORM 509 (Rev. 11-77)  
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 509-111

MEDICAL RECORD	PROGRESS NOTES
DATE	
01-15-98	PC PURPLE Psychology
1230	<p>MS. DOVE STATED THAT SHE WOULD CONSIDER GETTING HERSELF FITTED FOR A DENTAL MOUTH PIECE TO SEE WHETHER IT WOULD HELP DECREASE HER MIGRAINE HEADACHES. SHE HAS BEGUN READING "WHEN I SAY NO I FEEL GUILTY" TO LEARN BETTER WAYS TO ASSERT HERSELF. VET SPEAKS OF HER SEXUAL ASSAULT &amp; HER EXPECTATIONS CONCERNING THE SEXUAL TRAUMA GROUP SHE IS PARTICIPATING IN AT THE WOMAN'S CENTER. FINALLY, VET PRESENTED DEVELOPMENTAL HR and raised possibility that she may have been developmentally stuck at the age at which she began abusing alcohol. GAF = 60</p> <p><i>Lawrence J. Landrum MA Psychology Resident</i></p>

(Continue on reverse side)

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REGISTER NO.

WARD NO.

DOVE, GAYLE

PROGRESS NOTES  
STANDARD FORM 509 (Rev. 11-77)  
Prescribed by GA/DIR,  
FIRMR(41CFR)201-45.505  
509-111



MEDICAL RECORD

Progress No.

01/15/98 16:09 GROUP THERAPY  
Location: WOMEN'S MHPC GOLD GROUP-GPT  
SEXUAL TRAUMA GROUP THERAPY: PROBLEM -- (11) INTERPERSONAL BEHAVIOR  
PROBLEM

VET SEEN FOR SECOND GROUP THERAPY SESSION. ASSESSMENT INSTRUMENTS WERE COMPLETED. ONE NEW GROUP MEMBER WAS PRESENT. GROUP REVIEWED ORIENTATION ISSUES AND DISCUSSED ISSUES OF BALANCE IN THE GROUP. THE NEW MEMBER INTRODUCED HERSELF AND SHARED PART OF HER ABUSE HISTORY. HW WAS DISCUSSED, WITH MEMBERS EXPRESSING SIMILAR LOSSES (I.E., INDEPENDENCE, SELF-WORTH, TRUST IN OTHERS, ETC.) HW: IN JOURNAL; WRITE ABOUT HOW THE ABUSE EXPERIENCE WAS SURVIVED -- WHAT METHODS WERE USED TO SURVIVE AT THE TIME OF ABUSE AND NOW. GALE PARTICIPATED IN THE GROUP, EXPRESSING SEVERAL LOSSES, INCLUDING LOSING RELATIONSHIPS WITH OTHERS AND SELF-ESTEEM. DX: PTSD GAF: 60

Signed by: /es/ JULIE V BATTLE  
PSYCHOLOGY RESIDENT 01/15/98 16:23

Cosigned by: /es/ VIRGINIA M. DEROMA  
STAFF PSYCHOLOGIST 01/16/98 10:06

DOVE GAYLE A

DOB:08/15/57 Pt Loc: OUTPATIENT

Biloxi, MS (CONS)

Printed:01/16/98 10:06

Vice SF 509

Permission

MEDICAL RECORD      PROGRESS NOTES

1-17-98 T97.0 BP 101/62 P 86 R 16 Age 40

NKDA Hx migraines; has been treated w/ Tylenol #3 by psychiatrist in Gulfport VA but was unable to get it filled. Sent here for further treatment. Wallert RN

PE NDD  
COMI  
DTR's  
Lump  
Cox 12/8

T #3  
11/3/88  
12/3  
11/8  
On Progestins 140d  
Letrozole 5 yrs due to  
suspect endometrial

Was 4rs Flu by Neuro  
40% w/ Hx migraines since early  
20's q month. Now 2-3 x weekly  
over past yr. Also tension HA too  
10/96 MRI Brain w/ contrast @  
Cul, diffuse gastritis EGP 10/96 C-  
G, P, gave up for adoption <sup>simult</sup> <sup>? 20 acids</sup> <sup>scope</sup>  
TAH + @ oophorectomy - lap w/ pelvic  
adhesions 28% ON ERT.

On Prem 10  
Newrup  
Amphet  
Resperidone  
Valproate acid  
50mg po bid  
Plan 130mg  
D & Calcium

PTSD raped by her boss in the  
military & boss killed himself.  
USAF 75-87 - honorable dc  
No alcohol abuse Sober x 3 yrs

Speak Dr Diaz about when to start Estrogen  
Polypharmacy - rec. stop TRAZ. wear off  
Prolonged PTSD  
Migraines Controlled /  
Tension HTA continue on reverse side Try Probanin

5/7/98 @ 8:00  
LMS 5

PATIENTS IDENTIFICATION (For typed or written entries give Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.      WARD NO.

5/14/98 @ 10:40

Keep 2/27/98 reppr w/ Dr. Nollin  
Wear off Nortriptyline  
Bone densitometry for baseline  
Valproate

PROGRESS NOTES  
STANDARD FORM 268 Rev. 11-77  
Prescribed by USA/ICMR  
FPMR (41 CFR) 201-2.5  
508-111

DOVE, GAYLE A  
08/15/57

RTC 4 mon  
Lab LFT/TSH/CBC/Chem7

### **PROGRESS NOTES**

DATE

MEDICAL RECORD	PROGRESS NOTES
<p>DATE: <u>1-14-98</u></p>	<p>PATIENT HEALTH EDUCATION AMBULATORY CARE CLINIC</p> <p>INSTRUCTIONS ON: <u>RTC X4 months in factory</u></p> <p>LEARNING BARRIERS: <u>(NONE)</u> PHYSICAL, VISUAL, AUDIOPH. <u>lib prior</u> MENTAL STATUS, LEARNING ABILITY.</p> <p>OTHER: _____</p> <p>COMMENTS: <u>Consult Radiology for Bone Density</u></p> <p>VERBALIZED UNDERSTANDING</p> <p>STAFF SIGNATURE: <u>[Signature]</u></p> <p><u>1/14/98</u> patient counseled on medication <u>Linda Clump</u></p>
(Continue on reverse side)	

<p>PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank, rate, hospital or medical facility)</p> <p><u>Dove, Gayle</u></p>	<p>REGISTER NO.</p>	<p>WARD NO.</p>
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**PROGRESS NOTES**  
 STANDARD FORM 509 (Rev. 11-77)  
 Prescribed by GSA/ICMR  
 FPMR(41CFR)201-45.505  
 509-111



MEDICAL RECORD	PROGRESS NOTES
DATE	
1-13-98	PT STATES SHE HAS BEEN DEPRESSION STABLE PSYCH STILL HAS INSOMNIA, PAMELAN NOT WORKING HEADACHES HAVE NOT & STILL FEEL DEPRESSED SHE HAS NIGHT MARE, DREAMS, SUDOR, TACHYCARDIA OR IMPULSION. PT WAS CASUALTY DRUGS GROUP FLAT AFFECT, SLOWLY FROM PSYCHOTROPIC STABILIZER MEDS: PAMIDOL 100mg qd PAMIDOL 20mg qd Disipidone 1mg BID (GIVEN BECAUSE OF STAT TRAZODOL 200mg qd TYLENOL III I BID STILL COMPLAINS TALK OF HEADACHES BISOLYL I TAB qd RETURN III MONTHS GAF 60

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank, rate; hospital or medical facility)

REGISTER NO.

WARD NO.

DOVE, GAY [REDACTED]

[REDACTED]

**PROGRESS NOTES**

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/ICMR

FPMR(41CFR)201-46.606

509-111



WF

MEDICAL RECORD

PROGRESS NOTES

DATE  
1-13-98

2pt 144 T 98.6 BP 120/71 P 100 R 16 Age 40

NKDA

c/o migraine headache; has rx written by psychiatrist in Suffolk VA. Refer to pharmacist. WallantRx

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name--last, first, middle; grade; rank; rate; hospital or medical facility)

Dove, Doyle



REGISTER NO.

WARD NO.

PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/ONR.

FPMR(41CFR)201-46.505

509-111





EMERGENCY ROOM NURSING ASSESSMENT

Date: 11/13/98

Mode Of Entry: Ambulatory:

From: Home

Time in: 1645

Wheelchair:

Foster Home:

Allergies: None - No Unapproved

Ambulance:

Nursing Home:

Other:

Chief Complaint: MIGRAINE

Accompanied by family: Yes No  Who

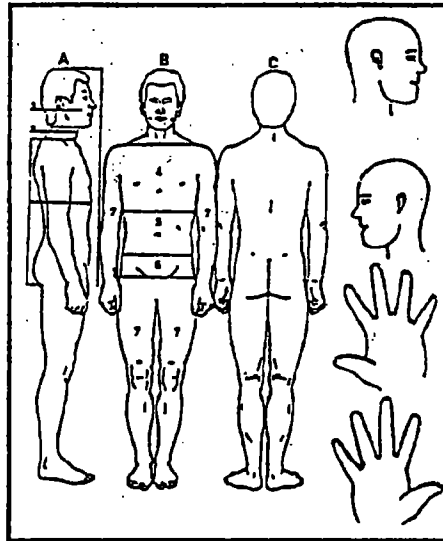
Mental status: Alert  Awake, but Confused:  Lethargic  Unresponsive

Behavior: Cooperative  Uncooperative  Combative  Other

Physical Assessment: Height (in inches) 66 Weight (lbs) 160 kg

VITAL SIGNS

Time	B/P	P	R	T
1645	180/92	83	19	99.5



SKIN: Hot   
 Warm:   
 Cool:   
 Dry:   
 Diaphoretic:   
 Pink:   
 Cyanotic:   
 Rash:   
 Lesions:   
 Decubiti:   
 Lacerations:   
 Hematoma:   
 Flushed other:   
 Pupils: L  R   
 Size: 3mm   
 React:   
 Fixed:   
 Dilated:   
 Constricted:

CARDIOVASCULAR

Pulses: Lt  Rt   
 Radial:    
 Do Pedis:    
 P. Tibal:    
 HEART  
 Apical:   
 Rhythm:   
 Regular:   
 Irregular:

MUSCOSKELETAL

Extremities:   
 Moves X4:   
 Hemiplegia:   
 Paraplegia:   
 Amputee:   
 Contractures other:

CHEST PAIN

Location:   
 Duration:   
 Frequency:   
 Intensity:   
 Chest Pain Scale 0-10  
 0(no pain) to 10(worse pain)

RESPIRATORY

Chest: Lt  Rt   
 Lungs:   
 Clear:   
 Wheezing:   
 rhonchi:   
 rales:   
 other:

GASTROINTESTINAL

Abdomen:   
 Soft:   
 rigid:   
 Distended:   
 Non-tender:   
 tender:   
 Bowel sounds other:   
 Last BM:   
 Diarrhea:   
 other:

GENITOURINARY

No Problem:   
 Burning:   
 Frequency:   
 Hematuria:   
 Incontinence other:

List size as:            
 List reaction as: B-risk S-sluggish N-none

ENTER IN SPACE BELOW - PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. (Continue on Reverse)

DOVE, GAYLE



MEDICAL RECORD



E.R. Treatments:

IV: (Flow sheet started)
NG tube: (Size: Time:)
EKG:
ABG:
Lab tests:
Aerosol Tx:
Wound Care:
Sutures
Gastric lavage:
Finger stick glucose: @ =
Pulse oximeter:
X-Ray

Medications Administered/Response to Medication:

Tet. Tox (0.5 mil IM):
Procardia (10mg SL):
NTG.(mg.SL):

Toradol, 10mg IM, @ 1715
Morphine, 10mg IM, @ 1719

EKG RHYTHM STRIP

None

1145

Disposition of Patient: Time: Mode: Ambulatory Wheelchair: Stretcher:

Accompanied by: Self P.O.V. : Taxi : Station Car:
Ambulance Security/Police

To: Home Admit Ward: Report called @

to

Disposition of personal belongings: To Family: N/A

Other:

(Specific Name) (Specific Name)

To appropriate hospital area for safekeeping

(list all items and to where)

with military code 1111 - states found improvement
from previous. Mark of 7 no appendix scale

Signature

MEDICAL CERTIFICATE

1. DATE 1/13/98	2. TIME 1645 AM	3. AGE 40	4. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	5. ON ARRIVAL PATIENT WAS <input type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> WHEELCHAIR	6. PHONE NUMBER ( )	7. HOMELESS <input type="checkbox"/> YES <input type="checkbox"/> NO
8A. ALLERGIES NONE	8B. WEIGHT 140	8C. TEMPERATURE 99.3 po	8D. PULSE 93	8E. RESPIRATION 19	8F. B/P 125/76	8G. DUE TO INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES

9. CURRENT MEDICATIONS  
~~SEE~~ Current Rx profile

10. TRIAGE  
do severe headaches (migraine) - woke up this am. Was seen in A&E not able to get Tylenol #3 - advised to see primary care MD (Dr. Pennesser) (Armed for state) & referred to ER

12. HISTORY AND PHYSICAL  
Hx as above. Five Pains Problem off for the first few years. P.E. clear & oriented. Head + EENT. EUM - full, PERLA, Fundi sdnl. Hears - NSR. Lungs - clear. Heart - no murmurs

13. DIAGNOSTIC IMPRESSIONS  
Migraine headache

14. PLAN  
Tylenol 60 mg q 1-2 hrs. Max  
Phenytoin 25 mg  
Phenytoin in Tylenol #3 (#20) & a  
tab 1 tab q 4 hrs. PRN.

15A. ATTENDING OF RECORD  
EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT Home	2. AFTER CARE SHEET GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	3. FOLLOWUP - ACTIVITY - LIMITATIONS
4. CONDITION <input type="checkbox"/> IMPROVED <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE 1/13/98 @ 1745	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN [Signature]
7. PATIENT INSTRUCTIONS Migraine patients need Return to the Clinic for follow up as needed.		

DAVE, GAYLE  
[Redacted]

CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS  
8. PATIENT'S SIGNATURE  
x Dave A. Dove

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TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

**CONTINUATION FROM FRONT / PROGRESS NOTE**


STUDIES REQUESTED	RESULTS

<b>MEDICAL RECORD</b>	<b>PROGRESS NOTES</b>
-----------------------	-----------------------

DATE: 1-13-98 TELEPHONE PROGRESS NOTE

TIME: 1400 Caller: Veteran Family/Significant Other \_\_\_\_\_

Initiated By: Patient ✓ Staff \_\_\_\_\_

PURPOSE: Chief Complaint: Req. Tyl #3 for migraine as written by Dr. at MHC

Medication, if pertinent: as above

Allergies, if pertinent: N/A

ACTION: If scheduled with Primary Care Provider: N/A

If consultation with provider: yes, Dr Pennison

Call Referred to: N/A

Education: Advised to bring in Rx write by MHC & see Dr Pennison

CLASSIFICATION: Emergent ✓ Urgent Non-Urgent

DISPOSITION: Caller advised: a. seek medical attention immediately  
 b. appointment < 24 hours  
 c. appointment > 24 hours  
 d.  Call back if no improvement

Unscheduled patient visit prevented: Yes  No  Multiple calls: see education

COMPLETION TIME: 1445 Signature: Theresa Stm R.N.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle)



REGISTER NO. \_\_\_\_\_ WARD NO. \_\_\_\_\_

**PROGRESS NOTES**

STANDARD FORM 508 (Rev. 11-77)  
 Prescribed by GSA/ICMR,  
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 509-111

CPT CODES  
 \_\_\_\_\_ 99371 BRIEF  
 \_\_\_\_\_ 99372 INTER  
 \_\_\_\_\_ 99373 COMPLEX

PROVIDER: Pennison





01/12/98 14:00 PSYCHOLOGY  
Location: WOMEN'S MHPC GOLD DEROMA-GPT  
Problem: # 2 Depression  
GAF: 70

Diagnosis: Dysthymia; PTSD

Pt agreed to and signed contract for a block of 11 sessions. Goals identified included saying no without feeling guilty and reducing money loaning behavior. Therapist prompted vet to examine area in which she exhibited assertive behavior. Pt reported strong sense of assertion with respect to not loaning her car. Therapist discussed aspects of money as a trading commodity and how the money in her possession might be considered to be a future trading commodity for a different car. Pt agreed to view as such to increase ease of boundary setting. Therapist addressed aspects of deservingness as they related to car purchase and pt related feelings of entitlement to boundary setting with her car due to early pattern of earning her own car. Therapist supported pt in developing deserving attitude toward possessions other than car. HW: Pt agreed to practice setting boundaries with ownership of money by saying no to father when he asked for money for bingo.

Signed by: /es/ VIRGINIA M. DEROMA  
STAFF PSYCHOLOGIST 01/12/98 14:11

DATE

01-06-98 PC PURPLE Psychology

1100

MS. DOVE RETURNED to AA which was no small accomplishment for her. SHE IS MAKING A GOOD EFFORT TO CONTINUE w/ her sobriety. THE VET SEEMS TO HAVE A HANDLE ON WORKING w/ her TENSION HEADACHES w/ her biofeedback TRAINING. MIGRAINE HEADACHES CONTINUE to BE A PROBLEM FOR HER. SHE REPORTS HAVING 5-6 PMS PAST WEEK. MS. DOVE ADMITTED to NOT FOLLOWING DIETARY RESTRICTIONS OVER THE HOLIDAYS. (IE. EATING CHOCOLATE). MS. DOVE CITED AS A CURRENT STRESSOR AN ONGOING CONFLICT w/ her MOTHER. SHE CONTINUES to be RATHER ISOLATED AND LACKS INTELLECTUAL/ EMOTIONAL/ SOCIAL INVOLVEMENT in the COMMUNITY w/ THE EXCEPTION OF VOLUNTEER AA CRISIS LINE WORK. MS. DOVE HAS STARTED TO READ "WHEN I SAY NO I FEEL GUILTY." SHE WILL DISCUSS how this RELATES to her DURING OUR NEXT SESSION. FINALLY, DR. COLE will be CONSULTED RE: MIGRAINE HEADACHES. GAF = 55

Lawrence J. Lachin, MA  
Psychology Resident

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank, rate, hospital or medical facility)

DOVE, GAYLE A

REGISTER NO.

WARD NO.

PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/ICMR

FPMR(41CFR)201-45.505

509-111



**CHRONIC/ PREVENTIVE DISEASE COUNSELING/ EDUCATION**

DISEASE/ CONDITION	RISK	PT. EDUCATION	SIGNATURE	DATE
<b>Alcohol / Substance abuse</b> <i>φ</i> Perform CAGE test C- Need to Cut down YES NO A- Annoyed when criticized about alcohol/ substance abuse YES NO G- Felt Guilty about use YES NO E- Used as an Eye opener YES NO	Malnutrition Withdrawal (DT's) Liver Disease( hepatitis, cirrhosis, pancreatitis) Esophageal varices Gastric Ulcers Cancer (Liver, Head, Neck) Accidents Dementia	If 2 of 4 CAGE questions yes- refer to Psych for Alcohol Severity Index Referral made YES NO Advise about risk Alcoholics Anonymous	<i>C. Jennell</i>	<i>7/13/94</i>
<b>Tobacco</b> <i>Yes</i>  <i>7 to 10 per day</i>	Cancer (Oral, Lungs) Respiratory Diseases Cardiovascular Disease	If patient desires to stop smoking- refer to Psychology for Smoking Cessation classes. Pt. desires to stop YES NO Referral made YES NO	<i>Completed                      such in                      PSC 2 clinic</i> <i>A. Jennell</i>	<i>7/13/94</i>
<b>Obesity</b> BMI > 27 Height <i>5'6"</i> Weight <i>138.5</i> <i>22.6</i>	Atherosclerosis HTN Diabetes Mellitus	Increase physical activity Balanced diet- Dietary Consult made YES NO Monitor weight	<i>A. Jennell</i>	<i>7/13/94</i>
<b>Hypertension</b> For Pts. not already diagnosed with hypertensive, B/P check every 2 yrs <i>004/67</i>	Renal Disease Cardiovascular Disease Stroke	Take meds as prescribed and report side effects Weight control Increase physical activity Nutrition- Dietary Consult made YES NO Stop Smoking	<i>N/A</i>	
<b>Cardiovascular Disease</b> If Pt. is not on Beta Blockers and Aspirin- documented why they are not _____ _____ _____	Heart Attack Stroke HTN	Stop smoking Nutrition- Dietary Consult made YES NO Check Cholesterol Increase physical activity Is pt. on a "statin" med YES NO	<i>N/A</i>	
<b>Cholesterol Screening</b> at least every 5 yrs: more often if indicated  <i>last checked 10/94 = 196</i>	Cardiovascular Disease	Desire 200 or less: if not Increase physical activity Nutrition- Dietary Consult made YES NO Medication to lower level YES <input checked="" type="radio"/> NO	<i>C. Jennell</i>	<i>7/13/94</i>

IMPRINT: PATIENT DATA CARD (Name, Address and Social Security Number)

*Dore, Gayle A.*



**MEDICAL RECORD**

SUPPLEMENT TO PROGRESS NOTE FOR  
SPECIALIZED DISCIPLINES - VERTICAL



*GC 1/2/98*

DISEASE/ CONDITION	RISK	PT. EDUCATION	SIGNATURE	DATE
<b>COPD</b>	Respiratory Distress/ Arrest	Instruct on metered dose inhaler with return demonstration YES NO Stop smoking Avoid irritants/ allergens	NIA	
<b>Diabetes</b>	Cardiovascular Disease Renal Disease Blindness Loss of Limbs	Monitor blood sugars <u>Annually</u> Visually inspect feet YES NO Check pedal pulses YES NO Sensation YES NO Eye Exam DATE: 6/17/97 Hemoglobin A1c Q 6 months	NIA	
<b>Colorectal Cancer Screening</b>	Colon cancer Blood loss	>49 yrs. fecal occult blood annually or sigmoidoscopy within 10 yrs	(Age 40) C. Jensen	7/13/91
<b>Cervical Cancer Screening PAP smear Pt. &lt; 65 yrs. as appropriate</b>	Cervical cancer detection	Every 3 yrs.	SIP (see attachment 198) C. Jensen	7/13/92
<b>Breast Cancer Screening Mammogram Pt. 50-69 yrs: others as appropriate</b>	Breast cancer detection	Every 2 yrs.		
<b>Prostate Cancer Screening PSA</b>	Prostate Cancer	Education regarding risk & benefit of screening for prostate cancer. Manual exam. YES NO	NIA	
<b>Pneumonia Pt. &gt; 64 yrs Any age and one of the following: Anatomic asplenia (excluding sickle cell) Chronic cardiac or pulmonary disease Diabetes mellitus Institutionalized pt. &gt; 49 yrs.</b>	Pneumonia	Give Pneumovac once in a lifetime. High risk & immunocompromised may have repeated.	(Age 40) OJ	7/13/94
<b>Tetanus</b>	Lock jaw	Booster every 10 years.		
<b>Influenza</b> Pt. > 64 and has one of the follow Resident of a chronic care facility: Chronic Cardiopulmonary disorders Metabolic disorder Hemoglobinopathies Renal dysfunction Immunosuppression	Flu	Decrease chance of flu. Fever possible. Pain at injection site.	(Age 40) OJ GG	7/12/91 1/2/98
<b>Accident Avoidance</b>	Injury/Death	Wear seatbelt in car. Wear helmet on motorcycles & on bicycles	C. Jensen	7/13/94

DATE

12/23/97 PC Purple Psychology

Ms. Dove has continued suffering from migraine headaches. Her attempts to relax herself and reduce tension at the first signal of a headache has not been successful this week. We looked at stressors in her life and decided that vet could benefit from training in meditation. She tends to be a "selfless" type who had difficulty setting limits w/ others especially regarding lending money. Ms Dove agreed to do some reading on meditation. The vet expressed concern about the length of my reading because of having been w/ other vendors in past. We agreed to accomplish some work on meditation and tension reduction during the remainder of my rotation. GAT = 60

Lawrence G. Beckler MA  
Psychology Resident

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle; grade, rank, rate; hospital or medical facility)

REGISTER NO.

WARD NO.

5 62

PROGRESS NOTES

STANDARD FORM 508 (Rev. 11-77)

Prescribed by GSA/DMR

FPMR(41CFR)201-45.505

508-111

DOVE, GAYLE A

PROGRESS NOTES

DATE

MEDICAL RECORD	PROGRESS NOTES
DATE 12/16/97	PC Purple Psychology
	<p>MS. Dove requested an update of the Dental consult that was ordered for her. (i.e. mouthpiece to address teeth clenching). She reported having problems w/ headaches upon awakening for past week along with sleep problems. She has been ruminating about unpaid debts from two "friends" and the breakup from a man from AA <sup>the</sup> last year. MS. Dove has been avoiding her AA meetings because of this man. We discussed the need for her to nourish/support herself by finding other AA meetings to attend. We also discussed the potential ways she could utilize her group to in the Women's Clinic to elicit feedback about how she interacts interpersonally and she raised the question that she may sabotage her potential friendships. GAF = 50</p> <p>RTC in 1 week</p> <p>Lawrence G. Gardner, M.D. Psychology Resident</p>
	5 62 (Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank, rate; hospital or medical facility.)

**GAYLE A**

REGISTER NO.      WARD NO.

**PROGRESS NOTES**  
STANDARD FORM 509 (Rev. 11-77)  
Prescribed by GSA/ICMR.  
FPMR(41CFR)201.45.505  
509-111

**PROGRESS NOTES**

DATE

MEDICAL RECORD	PROGRESS NOTES
DATE 02 DEC 97	PC Purple Psychology
1100	<p>M. Dove has continued to successfully practice her relaxation training. She reports that she does less well with it when she is dealing w/ stressful situations (ie. AA convention last weekend, people standing behind her). Biofeedback training was given on the <sup>ring</sup> finger &amp; middle finger of her left hand. She was able to keep above the threshold of 90° throughout the <sup>session</sup> and she was able to do even better w/ the middle finger of her <sup>right</sup> hand. M. Dove continued to generate warm images that work for her.</p> <p>RTC - 2 weeks    GAF = 50</p> <p style="text-align: right;">Lawrence Gardner MA Psychology Resident</p>
(Continue on reverse side)	

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-- last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

5 62

**PROGRESS NOTES**

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/ICMB.

FPMR(41CFR)201-45.505

509-111

DOVE, GAYLE A



12/01/97 14:16 PSYCHOLOGY

Location: WOMEN'S MHPC GOLD DEROMA-GPT

Problem #2 Depression: Pt reported that she felt unhappy over the weekend of the AA convention. She outlined disappointments related to a friend and hotel roommate breaking an agreed upon rule of not allowing other people to enter the room or stay with them. Therapist discussed pt's tendency to hold feelings in and allow other people to put their own needs first. Choices that she makes for anger over guilt were discussed with respect to how this interacted with her treatment goal of affiliating more with others (i.e., anger distances her from others, whereas guilt might encourage affiliation). Pt was supported in challenging thoughts associated with guilt and pt identified a number of self statements that she might make that could help her to be assertive (e.g., "I'm not a bad person if I take up for myself"). Pt's tendency to be attracted to people that have high energy, but also crowded schedules was noted and the impact to friendships was discussed (e.g., pt feels ignored and not prioritized). The way that this friend selection interacted with her depression was also discussed with respect to her utilizing other people's energy to relieve her own depression. Benefits of selecting friends that were unlike and more like her were discussed, particularly with respect to her being responsible for moving away from passivity and toward initiating.

Homework: Record what she expects of self with two different types of friends in order to decrease helplessness with friendships.

Signed by: /es/ VIRGINIA M. DEROMA  
STAFF PSYCHOLOGIST 12/01/97 14:49

DOVE, GAYLE A

Biloxi, MS (CONS)  
Loc: OUTPATIENTPrinted: 12/02/97 09:39  
Vice SF 509

MEDICAL RECORD	PROGRESS NOTES
DATE	
11/20/97	PC PURPLE ♀
	MS. DOVE WAS TREATED FOR HEADACHES w/ BIOFEEDBACK by DR. JONES & RESIDENT LARDIERI. WE REVIEWED HER TEMPERATURE LOG. VET WAS SURPRISED TO SEE RELATIONSHIP BETWEEN TENSION ↑ and FINGER TEMP ↓. VET WAS TREATED w/ 3 TRIALS of BIOFEEDBACK. PT. TEMP RANGE MID 80'S to 92°. MS. DOVE SUCCESSFULLY RAISED TEMPERATURE WITH SELF GENERATED VISUAL IMAGES (IE. RUBBING HANDS IN FRONT OF FIREPLACE; ELECTRICAL BLANKET, ETC.) VET REPORTED THAT BEING AROUND GROUPS OF PEOPLE ↑ TENSION. SHE IS PLEASED w/ MEDICATION. SHE WAS INSTRUCTED TO CONTINUE KEEPING A LOG; ② PRACTICE SELF MONITORING AT TIMES DURING THE DAY; ③ USE "CUES" TO GENERATE WARM FEELING, TENSION ↓.
	RTC : 12/2 @ 10:00 FOR FURTHER TX
	Lawrence Lardieri MD Resident

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility.)

REGISTER NO.

WARD NO.

Dove, Gayle

**PROGRESS NOTES**

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/ICMR

FIRMR(41CFR)201-45.505

509-111 ~



MEDICAL RECORD	PROGRESS NOTES
DATE	
11-18-97	<p>40 yo FEMALE DIVORCED, LIVES WITH FATHER, FOLLOWED HERE FOR 3 YEARS, FOR CHRONIC DEPRESSION &amp; PTSD, MEDS FOR PARANOID &amp; ANXIETY ATTACK + CHRONIC MIGRAINE IS ON DISABILITY</p> <p>HOBBS, READING</p> <p>NOT SOLICITING, CAN'T STAND BEING AROUND PEOPLE SEES DR. TRAMA, IS IN DEPRESSION SUPPORT GROUP ON TUESDAY</p> <p>PAMPHOL 100mg HS 1 TAB (TAB &amp; SNOT)</p> <p>MIGRAINE SUBSIDING IMPROVED</p> <p>PROZAC 20mg AM</p> <p>RISPERIDONE 1mg BID</p> <p>TRAZADONE 200mg HS</p> <p>TYLENOL III WITH CODEINE AVAILABLE 1 PER DAY</p> <p>LORAZEPAM 1mg 1 TAB BID</p> <p>TYLENOL III 1 BID</p> <p>PT SEEMS CALM &amp; COMPOSED, STABLE, PLAN CONTINUE SAME MEDS, NO SUICIDAL IMPULSES OR PLANS, OCCASIONAL THOUGHTS BUT A RISK AT THIS TIME</p> <p>RETURN IN 2 MONTHS</p>

(Continue on reverse side)

PARENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade, rank, rate, hospital or medical facility)

REGISTER NO.                      WARD NO.                     

DYSTHYMIC DISORDER  
PTSD  
DOVE, GAYLE

**PROGRESS NOTES**  
STANDARD FORM 509 (Rev. 11-77)  
Prescribed by USA/ICMR,  
FIRM(R41CFR)201-45.508

508-111



MEDICAL RECORD	PROGRESS NOTES
----------------	----------------

DATE 10/28/97  
 NKH Visit 9/15/97 T983 P81 R 18 BP 104/67  
 0940 Age 40 wt 138.5 Ht 5'6" con to have  
 headaches. Elsewhere pos  
 neuro; - Pt with ch. headache  
 10/02 also experiencing are better  
 & down to 1/10. No tension  
 type headache - all the time.  
 She is on paracetamol 75 mg qds.  
 She tried relaxation tech &  
 no feel well.  
 ch. headache → Migraine & tension  
 all pts about 1/10.  
 R paracetamol to 100 mg qds.  
 amide PRN.  
 Follow up 3-4 weeks  
 V. Nalluri  
 V.K. NALLURI, MD  
 AS3285170-396

(2)  
 2/27/98  
 11:00  
 2

10/29/97 PC Purple 4 - Pt referred for HA Eval by Dr. Nalluri. Will document  
 this consultation here in the progress note. She is a forty-year-old  
 white female chronic HA, Tx by Schultz DeBony for PTSD  
 + Dysthymic Disorder. HA's began in early 20's. Most frequent  
 HA is bilateral HA sharp pains in front of head that is a general dull ache  
 that is like. Due to location I think it's ~~not~~ over

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)	9	REGISTER NO.	WARD NO.
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**PROGRESS NOTES**  
 STANDARD FORM 509 (Rev. 11-77)  
 Prescribed by OSA/ICMR  
 FIRM(41CFR)201-45.505  
 509-111

PROGRESS NOTES

10/29/97

4 eval cont. She has a mild underbite and a + click on the right side. Molars do not touch so she doesn't have the normal nocturnal bruxism wear pattern. She reports that the HAs are worse upon awakening. 2nd HA - "Migraines" sees - "great like" scotomas moving across visual field. N 10-15 minutes ~~per~~ before throbbing pain begins on R side of head and is associated with photophobia, nausea, and vomiting. She has a hx of Raynaud's like symptoms & frost bite. Smokes N 1 ppd of More Mental cigarettes. Minimum caffeine use. Has a chronic constipation pattern which is exacerbated by stress. Has the dermal arch reported by Shuster et al on one finger.

DX: 1) Tension HA

2) Migraine HA & Aura.

Rec: 1) Refer to Dental for eval of Night Guard

2) Will tx for 4-6 session & Autogenic Temperature training for HA. Given thermometer to monitor daily temperature

→ 3) Admit to PC Purple Medical team & Schedule to next available physician.

BRD, PhD

MEDICAL RECORD

PROGRESS NOTES

DATE  
10-28-97

*flu shot today*

*[Signature]*  
S. K. MENON, MD  
AS3285170-317

PATIENT INSTRUCTED TO WAIT 30 MINUTES AFTER  
INJECTION AND REPORT ANY ADVERSE REACTION  
TO THE NURSE, PATIENT VERBALIZES UNDERSTANDING

*[Signature]*  
P.N.  
SIGNATURE

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle;  
grade; rank; rate; hospital or medical facility)

*Dove, Gayle*

REGISTER NO.

WARD NO.

**PROGRESS NOTES**  
STANDARD FORM 509 (Rev. 11-77)  
Prescribed by GSA/ICMR,  
FIRMR(41CFR)201-46.505  
509-111



CLINICAL RECORD OF IMMUNIZATION AND SKIN TESTS

PATIENT: DOVE, GAYLE A

AGE: 40

TEST TYPE/STRENGTH

DATE

GIVEN BY / PAT LOCATION / WARD

INFLUENZA TRIVALENT A&B 0.5CC

10/28/97

TALLANT, ANN. ELI OUTPATIENT

SITE: DELTOID RIGHT

MFR: WYETH LABS INC

LOT: 4978198

ALLERGIC TO EGGS: NO

NO

COUMADIN: NO

TEMPERATURE: 97.7

COMMENTS: INSTRUCTED TO WAIT IN AREA X 30 MIN & REPORT ADVERSE RXN

DATE PRINTED: OCT 28, 1997

VA FORM 10-7978g

PATIENT: DOVE, GAYLE A

MEDICAL RECORD

PROGRESS NOTES

DATE  
0/24/97

Womens Mental Health Primary Care Clinic /  
 Psychology note / Hold Team / Depression Group  
 Group members reviewed reactions from  
 previous group related to family hx.  
 Members expressed reasons that group  
 contact and therapy were important  
 to them (e.g., represented a willingness  
 to improve). Procrastination as it  
 related to depression was discussed.  
 Specifically, procrastination of self-care  
 was identified as a risk factor for  
 low self-esteem and depression.  
 Consequences of procrastination that  
 perpetuate self-defeating patterns and,  
 alternatively, promote acceptance of  
 consequences were reviewed. Pts were  
 prompted to motivate selves to set  
 and complete goals by asking "How  
 will life be easier?" rather than "what  
 punishment will I avoid?" Pt reviewed  
 recent success in confronting conflict  
 (which she procrastinated) and positive  
 feelings afterward. Assignment - Contact  
 friend about triangulation.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

DOVE, Gayle



REGISTER NO. 8111 WARD NO. Psychology

PROGRESS NOTES  
STANDARD FORM 509 (Rev. 11-77)  
Prescribed by USA/ICMR.  
FIRM(41CFR)201-45 505  
509-111

MEDICAL RECORD

PROGRESS NOTES

DATE  
11/21/97

Women's Mental Health Primary Care Clinic  
 Psychology Note / Gold Team / Depression  
 Support Group. Group members  
 discussed anhedonia as a symptom  
 of depression and how the  
 ability to seek pleasure can  
 be enhanced through interactions  
 with others. Interactions with others  
 and its function in providing  
 affiliation, a sense of protection,  
 and the opportunity for exposure  
 to pleasurable events was noted.  
 Feeling needed, appreciated, and  
 valued were also identified as  
 happiness enhancers. Therapist  
 prompted pts to identify ways  
 in which group members might  
 develop meaning and quality of  
 life through pleasure seeking.  
 Pt identified traveling as a  
 pleasurable event that pt could  
 deliver to self. Myra N. Williams,  
 Staff Psychologist.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

DOUG, Gayle  
[Redacted]

REGISTER NO.      WARD NO.

**PROGRESS NOTES**  
STANDARD FORM 509 (Rev. 11-77)  
Prescribed by GSA/ICMR,  
FIRM(R41CFR)201-45.505  
509-111

MEDICAL RECORD	PROGRESS NOTES
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DATE 10/17/97	<p>Women's Mental Health Primary Care Clinic / Psychology Able / Hold Jean / Depression Support Group: Group members responded to poem about effect of negativity on depression that one member brought to group. Pts then generated ideas about how her struggle with depression improved her as a person. Group members then identified family hx variables that might have contributed to or buffered one from depression. Reducing stigmatization related to depression medication management was discussed. Pt discussed her lessons in needing to reach out with respect to social support. Her history of emotional abuse / denigration by mother and its impact on self-esteem were also reviewed. Group supported pt in validating the impact of not feeling important in her family. <i>Wagner S. Diller, M.S., Staff Psychologist.</i></p>
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(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

DOVE, Gayle

REGISTER NO.	WARD NO.
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**PROGRESS NOTES**  
 STANDARD FORM 509 (Rev. 11-77)  
 Prescribed by GSA/COMR.  
 FIRM(41CFR)201-45.505  
 509-111

PROGRESS NOTES

DATE	
10/21/97	Q's clinic
1520	chn. depression, PTSD, rec. alc. 7 3 yrs.
	D: Is "coping." On disability.
	Father lives w her, 7 3 1/2 yrs.
	Mood: "so-so." Has had recent chest
	cold. Ran out of prozac 7 resp.
	(at least 4 refills from phar.) MS:
	normal.
	A: stable depression
	bz + narcotic use - u remote CD
	P: RTC 1 mo.
	Disc'd problematic aspects of
	narcotics + ativan, and
	advised tapering effort. R/Kinell.

MEDICAL RECORD

Progress Note

10/16/97 16:02 PSYCHOLOGY

Location: WOMEN'S MHPC GOLD DEROMA-GPT

INDIVIDUAL THERAPY: PROBLEM #2 DEPRESSION

PT DISCUSSED PROGRESS WITH SOCIALIZING INDEPENDENTLY WHEN ON A CRUISE/RECENT VACATION. HER ABILITY TO FEND OFF ADVANCES FROM AN EX-SIGNIFICANT OTHER WAS ALSO NOTED TO BE RELATED TO HIGH SELF-ESTEEM (I.E., SHE DID NOT WANT TO SETTLE FOR ANYONE IN A RELATIONSHIP IN ORDER TO AVOID LONELINESS). RECENT STRAIN IN HER RELATIONSHIP WITH A FRIEND TO WHOM SHE LOANED MONEY WAS DISCUSSED WITH RESPECT TO UNEXPRESSED ANGER ABOUT NOT BEING PAID BACK. ROLE PLAYS WERE CONDUCTED IN ORDER TO PROMOTE PRACTICE FOR PT OF STRATEGIES FOR INITIATING A MORE OPEN DIALOGUE REGARDING HER FEELINGS ABOUT BEING TAKEN FOR GRANTED. PT AGREED TO DISCUSS WITH FRIEND, JOURNAL INCIDENT, AND NOTE IMPACT OF DISCUSSION WITH RESPECT TO REDUCING ANGER/MISTRUST TOWARDS OTHERS.

Signed by: /es/ VIRGINIA M. DEROMA  
STAFF PSYCHOLOGIST 10/16/97 16:10

MEDICAL RECORD	PROGRESS NOTES
DATE 10/10/97	<p>Women's Mental Health Primary Care Clinic / Psychology Note / Hold Team / Depression Support Program</p> <p>Problem #2 Depression. Group members discussed behavioral negativities and patterns of acting out negatively through behavioral excesses. Categories of behavioral negativism were reviewed, including procrastination, the Pattern Repeater, and failure to Maximize Up. Group focused on elements of depression that contribute to procrastination patterns. Suggestions were made for ↓ procrastination, including using "I want to" instead of "I need to" phrases and structuring events to a likelihood of completion of goal. Pattern Repeating behavior involving excessive inactivity (staying in chair or in bed) was also identified with by group members. Pt identified excessive television viewing as a repeated pattern that may ↓ socialization and justify long periods of inactivity (to self).</p> <p>Nigel D. Miller, MD, Staff Psychologist.</p>

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Dove, Gayle

REGISTER NO.

WARD NO.

**PROGRESS NOTES**

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/ICMR.

FIRM (41CFR) 201-45.505

509-111

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: Dental Clinic FROM: PC People DATE OF REQUEST: 10/29/97

REASON FOR REQUEST (Complaints and findings):  
40 y/o white female c HA upon awakening a.m. Has underbites, and can hyper extend the jaw. Has ⊕ click on ⊕ TMJ. Please screen for night guard to tx possible nocturnal Bruxism. Pt. is 90% SC.

PROVISIONAL DIAGNOSIS:  
Nocturnal Bruxism 2 Secondary Nocturnal HA.

DOCTOR'S SIGNATURE: [Signature] APPROVED: [ ] PLACE OF CONSULTATION:  ROUTINE  TODAY  
 BEDSIDE  ON CALL  72 HOURS  EMERGENCY

CONSULTATION REPORT

40 y/o w/p as above. Will eval. z needs but not elig for tx.  
Thanks for consult.

EVHLLH1101UNLY!  
Elig. sub, Pl. 10-29-97

(Continued on reverse side)

SIGNATURE AND TITLE: [Signature] R.F. WILLIAMS, D.D.S. DATE: 10/30/97  
AS 3285170-W10

IDENTIFICATION NO. ORGANIZATION REGISTER NO. WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)  
[Redacted]

CONSULTATION SHEET  
STANDARD FORM 513 (Rev. 9-77)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 201-45.505  
513-108

PROGRESS NOTES

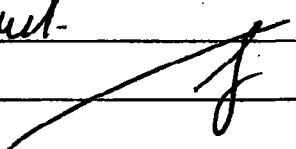
DATE

9/16/97

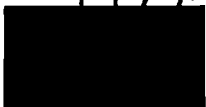
RTC

Return for the Day well in good, sleep long -  
had 1 migraine past couple weeks - Saw Dr. Nathan  
yesterday. I told her I was going - but also see  
Dr. DeLuna. No pain attacks. Tol. pain / Tyadone  
well. Take intake for migraine but see needs.  
#3 for severe pain which I have been  
prescribing (does not abuse). I told her I thought  
Dr. DeLuna would be covering his clinic - &  
that I would make appt for him.  
See and attend meet.

RTC (MO)



Dave, Jayke



MEDICAL RECORD		PROGRESS NOTES	
DATE			

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle;  
grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

**PROGRESS NOTES**

STANDARD FORM 509 (Rev. 11-77)  
Prescribed by GSA/ICMR.  
FIRMR(41CFR)201-45 505  
509-111

MEDICAL RECORD

PROGRESS NOTES

DATE 9/15/77 Age 40 T98<sup>8</sup> P 67 B/P 95/55

NKA 714 Nurse Dr. Nathan B. J. McClellan

1040 NEMO:- Pt with Migraine  
Mid 50s headaches come to clinic  
follow up. She is getting  
headaches daily & tooth aches.  
She has "numbness", no vision.  
She needs shots in front of eyes.  
The headaches last for an hr or  
all day long. She was treated  
on Indoval but made her  
dizzy & not getting it. She tried  
relaxation tech & didn't help.  
She tried more of prochlorperazine  
(Stanol, Indoval, ) not calmed down  
or ch. headaches - Migraine →

Try Pamelor 25 mg it was a reprieve  
Put on Puzos 75 mg qd but well tolerated

47 Yr old  
no comorb

10-11-77  
a

Dr. Jones (Psychiatry) consult  
Follow up 6-8 weeks  
V. McClellan

(Continue on reverse side)

PATIENT'S IDENTIFICATION: (For typed or written entries) Name - last, first, middle  
grade, rank, rate, hospital or medical facility

REGISTER NO.

WARD NO.

DOVE, GAYLE A

PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/IDR

FIRMR(41CFR)201-45.505

508-111



MEDICAL RECORD

Progress Note

07/17/97 11:03 PSYCHOLOGY

Location: WOMEN'S MHPC GOLD DEROMA-GPT

INDIVIDUAL THERAPY: PT PRESENTED TO SESSION IN DEPRESSED MOOD WITH PROMINANT SYMPTOMS OF FATIGUE. SHE EXPRESSED SADNESS ABOUT NOT BEING ABLE TO BE SEEN WEEKLY. THERAPIST ENCOURAGED HER TO DISCUSS FEELINGS OF REFECTION THAT MIGHT BE EXPERIENCED AS A RESULT OF THIS. STRATEGIES FOR MAKING THE MOST OF TIME IN BETWEEN SESSIONS WERE DISCUSSED, INCLUDING CONSISTENTLY COMPLETING ASSIGNMENTS, JOURNALING, AND PRACTICING SKILLS REHEARSED IN SESSION. PT'S SUCCESS IN SETTING LIMITS WITH FATHER REGARDING MONEY WAS NOTED AND PATIENT WAS ENCOURAGED TO GIVE CREDIT TO HERSELF FOR POSITIVE BEHAVIORS THAT INVOLVE ATTENDING TO HER OWN NEEDS AND PRIORITIZING THESE. A COGNITIVE BEHAVIORAL STRATEGY FOR CHALLENGING DISTORTED BELIEFS WAS INTRODUCED AND PRACTICED IN SESSION WITH THE THOUGHT "I AM GOING TO BE ALONE." PT SUCCESSFULLY CHALLENGED THIS BELIEF IN SESSION AND AGREED TO PRACTICE AT HOME.

Signed by: /es/ VIRGINIA M. DEROMA  
STAFF PSYCHOLOGIST 07/17/97 11:12

DOVE GAYLE A

Biloxi MS (CONS)

Printed: 07/17/97 11:12

MEDICAL RECORD	PROGRESS NOTES
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DATE 7-2-97	Neuro Clinic
----------------	--------------

NKDA	Ht 135 T 98.7 BP 99/62 P 54 R 16 Age 39
------	---

	F/U. appt. c Dr. Nalluri for headaches.
--	---

Ballastyn

Note: - pt c headaches since  
 11/5 ad to clinic for follow up.  
 she gets migraine a/wk. She  
 mention type headache better  
 2 wks twice a wk. She was started  
 on Percocet but the migraine  
 headaches are coming  
 a ch. headache - migraine & tension,  
 very on Invernal 20 mg Bed.  
 discussed low BP & future  
 if any problem

appt followed up 6 wks

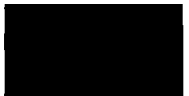
9/15 @ 10:00

V. Nalluri

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank, rate; hospital or medical facility)

Dove, Gayle



REGISTER NO.	WARD NO.
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**PROGRESS NOTES**  
 STANDARD FORM 609 (Rev. 11-77)  
 Prescribed by GSA/DMR,  
 FPMR(41CFR)201-45.505

PROGRESS NOTES

DATE

2/22/87

Women's Clinic

Notes for the fish pool - gained somewhat -

Spent day tanning outfit - 7/21/81

HA mtg's - Cannon Occ. No pain

Some motion - Tired during day but

No pain Also started in persanta +

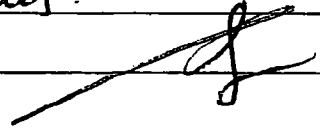
control by 2 Nallini which in combination

is other than may be sedating HA is better

have - discussed in pt

The Card Personal Med.

RTC ZMO



MEDICAL RECORD	PROGRESS NOTES
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DATE		
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">           DILATE MYD 1.1 NE02.5            OU OD OS X1 X2 X3            DATE 6-17-97 TIME 12:25         </div>	
	fw	hypoglycemia; d/clo
		ODM DBP
UA on 5/05	20/20 20/20 <sup>-1</sup>	
	SLE KW A/Dq	T <sub>1</sub> 13 A 12
		F(90) - pt dx + dx Dof 0.4 - 0.45 V <sub>low</sub> Mcl
	f all	
	He per 10 mo	
	Am	

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Dave. Bayle  
[REDACTED]

REGISTER NO.	WARD NO.
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**PROGRESS NOTES**  
 STANDARD FORM 509 (Rev. 11-77)  
 Prescribed by GSA/DMR,  
 FIRM(41CFR)201-45.505  
 509-111



**DEPARTMENT OF  
VETERANS AFFAIRS**

**Williams Jennings Bryan Dorn VA Medical Cent  
6439 Garners Ferry Road  
Mail Stop: 544/136D  
Columbia, SC 29209-1639**

**DATE: 11/29/2006  
In Reply Refer To: 544/136D**

**BLUME WEYBLE AND NORRIS, LLC  
1247 SUMTER STREET, SECOND FLOOR  
P O BOX 11744  
COLUMBIA, SOUTH CAROLINA 29211**


**RE: ROI Request for GAYLE DOVE**

**Dear BLUME WEYBLE AND NORRIS, LLC:**

**The information listed below concerns your recent request to release information**

**A copy of the information you requested is enclosed. Since this information is  
privileged, its confidentiality should be maintained.**

**Sincerely,**

  
**Ava J. Ellis  
Chief, Health Administration Service**

**Prepared by: MARTHA A BROWN - Release of Information**

# Problem List

Printed On Nov 29, 2006

Bronchitis, not specified as acute or chronic (490.)

Onset:  
Status: ACTIVE  
SC Cond: NO  
Exposure: None

Provider: KOON, DAVID E SR  
Clinic: ZZURGENT CARE PM

Recorded: 3/1/01, by KOON, DAVID E SR  
Entered: 3/1/01, by KOON, DAVID E SR  
Updated: 3/1/01

Personality Disorder NEC (ICD-9-CM 301.89) (301.89)

Onset:  
Status: ACTIVE  
SC Cond: UNKNOWN  
Exposure: None

Provider: EARLE, JULIUS R JR  
Clinic: G-TELEPHONE PARKER (MHC)

Recorded: , by EARLE, JULIUS R JR  
Entered: 12/29/00, by EARLE, JULIUS R JR  
Updated: 12/29/00

Alcohol abuse, episodic drinking behavior (ICD-9-CM 305.02) (305.02)

Onset:  
Status: ACTIVE  
SC Cond: UNKNOWN  
Exposure: None

Provider: EARLE, JULIUS R JR  
Clinic: G-TELEPHONE PARKER (MHC)

Recorded: , by EARLE, JULIUS R JR  
Entered: 12/29/00, by EARLE, JULIUS R JR  
Updated: 12/29/00

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

# Problem List

Printed On Nov 29, 2006

Relational Problem related to a Mental Disorder or General Medical Condition (IC (V61

Onset:  
Status: ACTIVE  
SC Cond: UNKNOWN  
Exposure: None

Provider: EARLE, JULIUS R JR  
Clinic: G-TELEPHONE PARKER (MHC)

Recorded: , by EARLE, JULIUS R JR  
Entered: 12/29/00, by EARLE, JULIUS R JR  
Updated: 12/29/00

Dysthymic Disorder (DSM-IV 300.4) (300.4)

Onset:  
Status: ACTIVE/CHRONIC  
SC Cond: YES  
Exposure: None

Provider: EARLE, JULIUS R JR  
Clinic: ZZG-BYRD (MHC)

Recorded: 10/12/00, by EARLE, JULIUS R JR  
Entered: 10/12/00, by EARLE, JULIUS R JR  
Updated: 12/11/00

Posttraumatic Stress Disorder (DSM-IV 309.81) (309.81)

Onset:  
Status: ACTIVE/CHRONIC  
SC Cond: YES  
Exposure: None

Provider: EARLE, JULIUS R JR  
Clinic: ZZG-BYRD (MHC)

Recorded: 10/12/00, by EARLE, JULIUS R JR

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

# Problem List

Printed On Nov 29, 2006

Entered: 10/12/00, by EARLE, JULIUS R JR  
Updated: 12/11/00

## Treatment Compliance Problem (V62.6)

Onset:  
Status: ACTIVE/CHRONIC  
SC Cond: NO  
Exposure: None

Provider: BIGGERSTAFF, DEBORAH KAY  
Clinic: ZZG-KHAN

Recorded: 8/4/00, by EARLE, JULIUS R JR  
Entered: 8/4/00, by EARLE, JULIUS R JR  
Updated: 8/4/00

## MIGRAINE UNSPEC W/O INTRACT. (346.90)

Onset:  
Status: ACTIVE/CHRONIC  
SC Cond: YES  
Exposure: None

Provider: MEGA, JEROME FRANCIS JR  
Clinic: ZZG-UNSCH EDWARDS PM

Recorded: , by MEGA, JEROME FRANCIS JR  
Entered: 12/17/99, by LAWTON, JOHN A  
Updated: 10/12/00

----- Audit History -----  
10/12/00: PROBLEM verified by EARLE, JULIUS R JR  
10/12/00: SERVICE CONNECTED changed by EARLE, JULIUS R JR from UNKNOWN to YES  
10/12/00: PRIORITY changed by EARLE, JULIUS R JR from UNSPECIFIED to CHRONIC

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
■■■■■■■■■■

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

# Medication

Printed On Nov 29, 2006

SUMATRIPTAN SUCCINATE 50MG TAB  
TAKE ONE TABLET AT ONSET OF MIGRAINE. MAY REPEAT ONE TIME IN 2 HOURS.  
DO NOT EXCEED DOSAGE (#9 FOR 30 DAYS)

Status: EXPIRED  
Start date: MAR 02, 2001  
Stop date: MAR 03, 2002  
Refills remaining: 0  
Days supply: 30  
Quantity: 9

Comments:

PROMETHAZINE HCL 25MG TAB  
TAKE ONE TABLET AS NEEDED FOR FOR NAUSEA AND VOMITING WITH HEADACHE

Status: EXPIRED  
Start date: MAR 02, 2001  
Stop date: MAR 03, 2002  
Refills remaining: 0  
Days supply: 30  
Quantity: 16

Comments:

DEXTROMETHORPHAN HBR 15MG/5ML SYRUP  
TAKE TWO TEASPOONFUL BY MOUTH EVERY SIX HOURS FOR COUGH

Status: EXPIRED  
Start date: NOV 09, 2000  
Stop date: NOV 10, 2001  
Refills remaining: 0  
Days supply: 30  
Quantity: 118

Comments:

PROMETHAZINE HCL 25MG TAB  
TAKE ONE TABLET AS NEEDED FOR FOR NAUSEA AND VOMITING WITH HEADACHE

Status: DISCONTINUE  
Start date: NOV 09, 2000  
Stop date: NOV 10, 2001  
Refills remaining: 1  
Days supply: 30

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

# Medication

Printed On Nov 29, 2006

Quantity: 16

Comments:

LANSOPRAZOLE 15MG EC CAP  
TAKE ONE 30 MINUTES BEFORE BREAKFAST

Status: EXPIRED  
Start date: NOV 09, 2000  
Stop date: NOV 10, 2001  
Refills remaining: 0  
Days supply: 30  
Quantity: 30

Comments:

ALBUTEROL 90/IPRATROP 18MCG 200D PO INHL  
2 PUFFS THREE TIMES A DAY

Status: EXPIRED  
Start date: OCT 26, 2000  
Stop date: OCT 27, 2001  
Refills remaining: 0  
Days supply: 30  
Quantity: 1

Comments:

2 PUFFS THREE TIMES A DAY

MIRTAZAPINE 30MG TAB  
TAKE ONE AT BEDTIME FOR PTSD, DEPRESSION AND FOR SLEEP

Status: EXPIRED  
Start date: OCT 12, 2000  
Stop date: OCT 13, 2001  
Refills remaining: 0  
Days supply: 30  
Quantity: 30

Comments:

FLUOKETINE HCL 20MG CAP  
TAKE 2-3 EVERY MORNING FOR PTSD AND DEPRESSION

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
■■■■■

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

# Medication

Printed On Nov 29, 2006

Status: EXPIRED  
Start date: OCT 12, 2000  
Stop date: OCT 13, 2001  
Refills remaining: 1  
Days supply: 30  
Quantity: 90

Comments:

SUMATRIPTAN SUCC 6MG/0.5ML STATDOSE RFL  
INJECT 1 SYRINGE AS NEEDED FOR HEADACHES NOT TO EXCEED 2 SHOTS IN 24  
HOURS

Status: DISCONTINUE  
Start date: OCT 05, 2000  
Stop date: OCT 06, 2001  
Refills remaining: 3  
Days supply: 30  
Quantity: 3

Comments:

RANITIDINE HCL 150MG TAB  
TAKE ONE TABLET TWICE A DAY FOR REFLUX

Status: EXPIRED  
Start date: OCT 05, 2000  
Stop date: OCT 06, 2001  
Refills remaining: 2  
Days supply: 90  
Quantity: 180

Comments:

TRAZODONE HCL 100MG TAB  
TAKE 1 & 1/2 TABLETS AT BEDTIME

Status: DISCONTINUED  
Start date: OCT 05, 2000  
Stop date: OCT 06, 2001  
Refills remaining: 6  
Days supply: 30  
Quantity: 45

Comments:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

# Medication

Printed On Nov 29, 2006

FLUOXETINE HCL 20MG CAP  
TAKE 2 CAPSULES EVERY DAY

Status: DISCONTINUED (EDIT)  
Start date: OCT 05, 2000  
Stop date: OCT 06, 2001  
Refills remaining: 6  
Days supply: 30  
Quantity: 60

Comments:

SUMATRIPTAN SUCCINATE 50MG TAB  
TAKE ONE TABLET AT ONSET OF MIGRAINE. MAY REPEAT ONE TIME IN 2 HOURS.  
DO NOT EXCEED DOSAGE (#9 FOR 30 DAYS)

Status: DISCONTINUE  
Start date: OCT 05, 2000  
Stop date: OCT 06, 2001  
Refills remaining: 3  
Days supply: 30  
Quantity: 9

Comments:

PROMETHAZINE HCL 25MG TAB  
TAKE ONE TABLET BY MOUTH EVERY FOUR HOURS AS NEEDED FOR NAUSEA

Status: DISCONTINUE  
Start date: OCT 05, 2000  
Stop date: OCT 06, 2001  
Refills remaining: 5  
Days supply: 30  
Quantity: 12

Comments:  
TAKE ONE TABLET BY MOUTH EVERY FOUR HOURS AS NEEDED FOR NAUSEA

ESTRADIOL 1MG TAB PO QD  
TAKE 1 TABLET(S) BY MOUTH EVERY DAY

Status: EXPIRED  
Start date: SEP 12, 2000

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Medication

Printed On Nov 29, 2006

Stop date: SEP 13, 2001  
Refills remaining: 0  
Days supply: 90  
Quantity: 90

Comments:

CYPROHEPTADINE HCL 4MG TAB  
TAKE 1 THREE TIMES A DAY

Status: DISCONTINUE  
Start date: AUG 29, 2000  
Stop date: AUG 30, 2001  
Refills remaining: 0  
Days supply: 30  
Quantity: 90

Comments:

CAFFEINE 100/ERGOTAMINE 1MG TAB  
TAKE 1 AS NEEDED FOR HEADACHE. MAY REPEAT 1 HOUR LATER NOT TO EXCEED 7  
TABLETS PER WEEK

Status: DISCONTINUE  
Start date: AUG 29, 2000  
Stop date: AUG 30, 2001  
Refills remaining: 0  
Days supply: 30  
Quantity: 20

Comments:

APAP 325/PHENYLTOLOXAMINE 30MG TAB  
ONE BY MOUTH EVERY SIX HOURS AS NEEDED

Status: DISCONTINUE  
Start date: AUG 29, 2000  
Stop date: AUG 30, 2001  
Refills remaining: 3  
Days supply: 4  
Quantity: 16

Comments:

RANITIDINE HCL 150MG TAB  
TAKE ONE TABLET TWICE A DAY FOR REFLUX

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Medication

Printed On Nov 29, 2006

Status: DISCONTINUE  
Start date: AUG 29, 2000  
Stop date: AUG.30, 2001  
Refills remaining: 1  
Days supply: 90  
Quantity: 180

Comments:

PROMETHAZINE HCL 25MG TAB  
TAKE ONE TABLET BY MOUTH EVERY FOUR HOURS AS NEEDED FOR NAUSEA

Status: DISCONTINUE  
Start date: AUG 29, 2000  
Stop date: AUG 30, 2001  
Refills remaining: 1  
Days supply: 30  
Quantity: 12

Comments:

TAKE ONE TABLET BY MOUTH EVERY FOUR HOURS AS NEEDED FOR NAUSEA

FLUOXETINE HCL 20MG CAP  
TAKE 2 CAPSULES EVERY DAY

Status: DISCONTINUE  
Start date: AUG 29, 2000  
Stop date: AUG 30, 2001  
Refills remaining: 1  
Days supply: 30  
Quantity: 60

Comments:

TRAZODONE HCL 100MG TAB  
TAKE 1 & 1/2 TABLETS AT BEDTIME

Status: DISCONTINUE  
Start date: AUG 29, 2000  
Stop date: AUG 30, 2001  
Refills remaining: 1  
Days supply: 30  
Quantity: 45

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE

VISTA Electronic Medical Documentation

# Medication

Printed On Nov 29, 2006

Comments:

PROMETHAZINE HCL 25MG TAB  
TAKE ONE TABLET BY MOUTH EVERY FOUR HOURS AS NEEDED FOR NAUSEA

Status: DISCONTINUE  
Start date: MAY 12, 2000  
Stop date: MAY 13, 2001  
Refills remaining: 3  
Days supply: 30  
Quantity: 12

Comments:

TAKE ONE TABLET BY MOUTH EVERY FOUR HOURS AS NEEDED FOR NAUSEA

OXYCODONE CR 10MG TAB (OXYCONTIN)  
TAKE ONE TABLET BY MOUTH EVERY TWELVE HOURS

Status: EXPIRED  
Start date: MAR 01, 2001  
Stop date: MAR 31, 2001  
Refills remaining: 0  
Days supply: 30  
Quantity: 60

Comments:

TABLET CUTTER  
USE TO SPLIT TABLETS AS DIRECTED

Status: EXPIRED  
Start date: DEC 11, 2000  
Stop date: MAR 11, 2001  
Refills remaining: 0  
Days supply: 90  
Quantity: 1

Comments:

LEVOFLOXACIN 500MG TAB  
TAKE ONE TABLET EVERY DAY FOR BRONCHITIS

Status: EXPIRED  
Start date: MAR 01, 2001

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

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# Medication

Printed On Nov 29, 2006

Stop date: MAR 08, 2001  
Refills remaining: 0  
Days supply: 7  
Quantity: 7

Comments:

OXYCODONE CR 10MG TAB (OXYCONTIN)  
TAKE ONE TABLET BY MOUTH EVERY TWELVE HOURS AS NEEDED FOR PAIN

Status: EXPIRED  
Start date: JAN 25, 2001  
Stop date: FEB 24, 2001  
Refills remaining: 0  
Days supply: 30  
Quantity: 60

Comments:

OXYCODONE CR 10MG TAB (OXYCONTIN)  
TAKE ONE TABLET BY MOUTH EVERY TWELVE HOURS FOR PAIN

Status: DISCONTINUE  
Start date: DEC 28, 2000  
Stop date: JAN 27, 2001  
Refills remaining: 0  
Days supply: 30  
Quantity: 60

Comments:

PROMETHAZINE HCL 25MG TAB  
TAKE ONE TABLET BY MOUTH EVERY FOUR HOURS AS NEEDED FOR NAUSEA

Status: DISCONTINUED  
Start date: JAN 26, 2000  
Stop date: JAN 26, 2001  
Refills remaining: 3  
Days supply: 30  
Quantity: 12

Comments:

TAKE ONE TABLET BY MOUTH EVERY FOUR HOURS AS NEEDED FOR NAUSEA

PROMETHAZINE HCL 25MG TAB

TAKE ONE EVERY SIX HOURS AS NEEDED FOR NAUSEA

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

# Medication

Printed On Nov 29, 2006

Status: DISCONTINUE  
Start date: DEC 17, 1999  
Stop date: DEC 17, 2000  
Refills remaining: 1  
Days supply: 30  
Quantity: 40

Comments:

OXYCODONE CR 10MG TAB (OXYCONTIN)  
TAKE ONE TABLET EVERY TWELVE HOURS AS NEEDED FOR PAIN

Status: EXPIRED  
Start date: NOV 09, 2000  
Stop date: DEC 09, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 60

Comments:

OXYCODONE 5MG TAB  
TAKE 1-2 TABLETS EVERY SIX HOURS FOR HEADACHE

Status: EXPIRED  
Start date: OCT 05, 2000  
Stop date: NOV 04, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 60

Comments:

SUMATRIPTAN SUCC 6MG/0.5ML STATDOSE RFL  
INJECT 1 SYRINGE AS NEEDED FOR HEADACHES NOT TO EXCEED 2 SHOTS IN 24  
HOURS

Status: DISCONTINUE  
Start date: AUG 29, 2000  
Stop date: SEP 28, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 3

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

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# Medication

Printed On Nov 29, 2006

Comments:

SUMATRIPTAN SUCC 6MG/0.5ML STATDOSE SYST  
INJECT 1 SYRINGE AS NEEDED FOR HEADACHES NOT TO EXCEED 2 SHOTS IN 24  
HOURS

Status: EXPIRED  
Start date: AUG 29, 2000  
Stop date: SEP 28, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 1

Comments:

OXYCODONE 5MG/APAP 325MG TAB  
TAKE 1 EVERY SIX HOURS FOR HEACHACHES NOT TO EXCEED 10 TABLETS PER WEEK  
(40/MONTH)

Status: EXPIRED  
Start date: AUG 29, 2000  
Stop date: SEP 28, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 40

Comments:

MIRACLE MOUTHWASH (OZ)  
TAKE ONE TEASPOONFUL SWISH AND SWALLOW AFTER MEALS AND AT BEDTIME FOUR  
TIMES A DAY (SHAKE WELL)

Status: EXPIRED  
Start date: AUG 23, 2000  
Stop date: SEP 22, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 16

Comments:

CLOTRIMAZOLE 10MG TROCHE PO Q4H  
DISSOLVE 1 TROCHE(S) BY MOUTH EVERY 4 HOURS

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Medication

Printed On Nov 29, 2006

Status: EXPIRED  
Start date: AUG 23, 2000  
Stop date: SEP 07, 2000  
Refills remaining: 0  
Days supply: 15  
Quantity: 70

Comments:

SUMATRIPTAN SUCCINATE 50MG TAB  
TAKE ONE TABLET AT ONSET OF MIGRAINE. MAY REPEAT ONE TIME IN 2 HOURS.  
DO NOT EXCEED DOSAGE (#9 FOR 30 DAYS)

Status: DISCONTINUE  
Start date: AUG 03, 2000  
Stop date: SEP 02, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 9

Comments:

TRAZODONE HCL 100MG TAB  
TAKE ONE TABLET AT BEDTIME FOR SLEEP

Status: DISCONTINUE  
Start date: AUG 03, 2000  
Stop date: SEP 02, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 30

Comments:

TRAMADOL HCL 50MG TAB  
TAKE ONE TABLET EVERY 4-6 HOURS AS NEEDED (#60 FOR 30 DAYS)

Status: DISCONTINUE  
Start date: AUG 03, 2000  
Stop date: SEP 02, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 60

Comments:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Medication

Printed On Nov 29, 2006

RANITIDINE HCL 150MG TAB  
TAKE ONE TABLET TWICE A DAY FOR REFLUX

Status: DISCONTINUE  
Start date: AUG 03, 2000  
Stop date: SEP 02, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 60

Comments:

FLUOXETINE HCL 20MG CAP  
TAKE ONE CAPSULE EVERY DAY

Status: DISCONTINUE  
Start date: AUG 03, 2000  
Stop date: SEP 02, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 30

Comments:

BUTORPHANOL TARTRATE 1MG 14D NASAL SPRAY  
USE ONE SPRAY IN NOSTRIL AS DIRECTED FOR MIGRAINE HEADACHES

Status: DISCONTINUE  
Start date: AUG 03, 2000  
Stop date: SEP 02, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 1

Comments:

ALBUTEROL 90/IPRATROP 18MCG 200D PO INHL  
2 PUFFS THREE TIMES A DAY

Status: DISCONTINUE  
Start date: AUG 03, 2000  
Stop date: SEP 02, 2000  
Refills remaining: 0

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Medication

Printed On Nov 29, 2006

Days supply: 30  
Quantity: 1

Comments:

APAP 325/PHENYLTOLOXAMINE 30MG TAB  
ONE BY MOUTH EVERY SIX HOURS AS NEEDED

Status: DISCONTINUE  
Start date: AUG 17, 2000  
Stop date: AUG 22, 2000  
Refills remaining: 0  
Days supply: 4  
Quantity: 16

Comments:

IBUPROFEN 800MG TAB  
TAKE ONE TABLET BY MOUTH EVERY 4-6 HOURS AS NEEDED

Status: EXPIRED  
Start date: AUG 17, 2000  
Stop date: AUG 22, 2000  
Refills remaining: 0  
Days supply: 5  
Quantity: 30

Comments:

OXYCODONE 5MG/APAP 325MG TAB  
TAKE ONE EVERY 8-12 HOURS AS NEEDED FOR HEADACHE (30 DAY SUPPLY)

Status: EXPIRED  
Start date: MAY 12, 2000  
Stop date: JUN 11, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 60

Comments:

OXYCODONE 5MG/APAP 325MG TAB  
1-2 EVERY FOUR HOURS AS NEEDED FOR PAIN (20 FOR 30 DAYS)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

# Medication

Printed On Nov 29, 2006

Status: EXPIRED  
Start date: MAR 29, 2000  
Stop date: APR 28, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 20

Comments:

PROCHLORPERAZINE MALEATE 10MG TAB  
TAKE ONE TABLET BY MOUTH EVERY EIGHT HOURS AS NEEDED FOR NAUSEA AND  
MIGRAINES

Status: EXPIRED  
Start date: MAR 17, 2000  
Stop date: APR 16, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 10

Comments:

SUMATRIPTAN SUCCINATE 50MG TAB  
TAKE ONE-HALF TABLET AS DIRECTED AND MAY REPEAT IN AN HOUR IF NOT  
RELEIVED

Status: EXPIRED  
Start date: JAN 26, 2000  
Stop date: FEB 25, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 6

Comments:

APAP 325/BUTALBITAL 50/CAFF 40MG TAB  
TAKE ONE BY MOUTH EVERY SIX HOURS FOR PAIN

Status: EXPIRED  
Start date: JAN 26, 2000  
Stop date: FEB 25, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 60

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

# Medication

Printed On Nov 29, 2006

Comments:

OXYCODONE 5MG/APAP 325MG TAB  
TAKE ONE TABLET EVERY DAY TO TWICE A DAY AS NEEDED FOR MIGRAINE NOT  
RELEIVED BY IMITREX

Status: EXPIRED  
Start date: DEC 16, 1999  
Stop date: JAN 15, 2000  
Refills remaining: 0  
Days supply: 30  
Quantity: 60

Comments:

PROMETHAZINE HCL 25MG TAB  
TAKE ONE TABLET BY MOUTH EVERY FOUR HOURS AS NEEDED FOR NAUSEA

Status: DISCONTINUE  
Start date: NOV 12, 1999  
Stop date: DEC 12, 1999  
Refills remaining: 0  
Days supply: 30  
Quantity: 12

Comments:

OXYCODONE 5MG/APAP 325MG TAB  
TAKE ONE FOUR TIMES A DAY AS NEEDED FOR HEADACHE (3 DAY SUPPLY)

Status: EXPIRED  
Start date: NOV 12, 1999  
Stop date: NOV 15, 1999  
Refills remaining: 0  
Days supply: 3  
Quantity: 12

Comments:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Lab Result

Printed On Nov 29, 2006

---- URINALYSIS PROFILE ----

URINE	10/12		Reference
	2000		
	09:33	Units	Ranges

---

COLOR	YELLOW		
APPEARANCE	CLEAR		
SP.GRAV	1.028		1.002-1.03
UROBILI	1.0	mg/dl	Normal (<1.0)
UR BLD	NEGATIVE		Neg.
UR BILINEGATIVE			Neg.
UR KET	NEGATIVE		Neg.
UR GLU	NEG		Neg.
UR PRO	NEGATIVE		Neg.
PH	6.50		5-8
UR NIT	NEGATIVE		Neg.
LEU EST	NEGATIVE		Neg.
ASCORB.			NEG-2+
WBC/HPF		/HPF	0-2
RBC/HPF		/HPF	0-2
*EPITH*			
SQ.EPTH		/LPF	NoneObs-Occ
RE.EPTH		/LPF	NoneObs
TR.EPTH		/LPF	NoneObs
*CASTS*			NoneObs
WBC/CAS		/LPF	
RBC/CAS		/LPF	
HYALINE		/LPF	
GRANULA		/LPF	
WAXY/CA		/LPF	
FATTY/C		/LPF	
*CRYST*			NoneObs
AM URAT			
AM PHOS			
TRI PHO			
CA++ OX			
URIC AC			
CYSTINE			
LEUCINE			
TYROSIN			
CH CRY			
*BACT*			NoneObs
*MUCUS*			NoneObs
*YEAST*			NoneObs
*TRICH*			NoneObs
WBC/uL		/uL	0-25
RBC/uL		/uL	0-25

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
 225 RIVER FOREST DRIVE  
 BOILING SPRINGS, SOUTH CAROLINA 29316  
 [REDACTED]

VISTA Electronic Medical Documentation

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# Lab Result

Printed On Nov 29, 2006

EC/uL /uL 0-15  
 CAST/uL /uL 0-1  
 BACT/uL /uL 0-2500

Comments: a

a. TEST PERFORMED AT DORN VAMC-PATH/LAB MED SVC, COLUMBIA,S.C. 29209  
 \*\*\* For test SP.GRAV Normals: 1.002-1.030 \*\*\*

----- GENERAL CHEMISTRY PROFILE -----

SERUM	10/12		Reference
	2000		
	09:33	Units	Ranges
T. BILI	0.4	mg/dl	.3-1.2
ASAT	27	U/L	12-45
ALAT		U/L	7-40
AST/ALT			
ALK PHO	82	IU/L	37-107
T.P.		GM/DL	6.1-8
ALBUMIN		GM/DL	3.5-5.3
GLOB			
LDH		U/L	94-190
NA+	140	mmol/L	135-145
K+	4.3	mmol/L	3.5-5.3
CL-	102	mmol/l	98-110
CO2-	30.1	mmol/l	23-33
AN GAP			
GLUCOSE	72	mg/dl	70-99
BUN	8	mg/dl	5-25
CREAT	0.7	mg/dl	.5-1.4
CA++		MG/DL	8.7-10.7
OSMO		mOsm/kg	
C. BILI		mg/dl	
GGTP		IU/L	8-69
AMMON			
ETOH		mg/dl	
URIC AC		mg/dl	2.5-9.2
PO4		mg/dl	2.6-4.9
MG		mg/dl	1.6-2.4
AMY		U/L	34-122
IRON		ug/dl	40-150
TIBC		ug/dl	280-400
GLU-SSI		mg/dl	70-110
ALT	16	IU/L	0-55
URIC AC		mg/dl	2.5-8
PO4		mg/dl	2.5-4.6
Comments:	a		

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
 225 RIVER FOREST DRIVE

VISTA Electronic Medical Documentation

# Lab Result

Printed On Nov 29, 2006

a. \*\*\* For test ALK PHO Units: U/L \*\*\*  
 \*\*\* For test GLUCOSE Normals: 70-110 \*\*\*  
**Evaluation for GLUCOSE:**  
**Diagnostic Criteria for Fasting Glucose and Oral Glucose Tolerance Test**

Classification	FG	OGTT
Diabetes	>/= 126 mg/dL	>/= 200 mg/dL
Pre-diabetes	Impaired fasting glucose (IFG) >/=100 to <126 mg/dL	Impaired glucose tolerance (IGT) >/= 140 to <200 mg/dL
Normal	<100 mg/dL	< 140 mg/dL

Reference: The CADRE Handbook of Diabetes Management pg 14-15.  
 \*\*\* For test CREAT Normals: 0.5-1.4 \*\*\*  
 \*\*\* For test ALT Units: U/L \*\*\*

----- LIPID -----

SERUM	CHOLES	TRIGLYC	HDL	LDL-CHO
Ref range	0-200 mg/dL	-200 mg/dL	40 mg/dl	0-130 mg/dl

a 10/12/2000 09:33      178      246 H      61      68

a. Evaluation for CHOLES:

RECOMMENDED REFERENCE RANGES - DESIRABLE <200 mg/dl  
 BORDERLINE HIGH 200-239 mg/dl  
 HIGH >240 mg/dl

Evaluation for TRIGLYC:

Please note range prior to 1-14-98 was 40-194 mg/dl.

\*\*\* For test HDL Normals: 35- \*\*\*

Evaluation for HDLD:

>40 mg/dl is desirable.

Previous reference Low= <35 mg/dl (up to 7-23-2001)

MLO July 2001, page 22. NCEP ATP III recommendation >40 mg/dl.

<40 is classified as a major risk factor for CHD, while >60 is protective against CHD.

Evaluation for LDL-CHO:

RECOMMENDED REFERENCE RANGES - DESIRABLE <130 mg/dl  
 BORDERLINE HIGH 130 - 159 mg/dl  
 HIGH >160 mg/dl

----- CBC PROFILE -----

BLOOD	10/12 2000 09:33	Reference Units	Ranges
-------	------------------------	--------------------	--------

WBC      5.3      K/cmm      4.8-10.8

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
 225 RIVER FOREST DRIVE  
 BOILING SPRINGS, SOUTH CAROLINA 29316  
 [REDACTED]

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

# Lab Result

Printed On Nov 29, 2006

RBC	3.64	L	Mil/cmm	4.2-5.4
HGB	12.6		g/dL	12-16
HCT	37.3		%	37-47
MCV	102.5	H	fL	81-99
MCH	34.6	H	pg	27-31
MCHC	33.8		g/dl	32-36
RDW	14.2			11.5-14.5
PLT	260		K/cmm	140-400
MPV	7.6		fL	7.4-10.4
LYMPH %			%	20.5-51.1
MONO %			%	1.7-9.3
GRAN %			%	42.2-75.2
LYMPH			K/cmm	1.2-3.4
MONO			K/cmm	.11-.59
GRAN			K/cmm	1.4-6.5
EOS #	0.2		K/cmm	< 0.7
BASO #	0.0		K/cmm	< 0.2
LYMPH %			%	14-43.5
MONO %			%	2.5-15.7
LYMPH #			#	.7-3.5
MONO #			#	.1-1.3
GRAN #			#	.6-9
EOS %			%	0-6
BASO %			%	0-2
GRAN %	56.1		%	44-64.8
LYMPH %	34.6		%	21.9-42.2
MONO %	5.3		%	4.5-11.8
EOS %	3.6		%	.6-7.5
BASO %	0.4		%	0-2
GRAN #	2.9		#	2.1-6.8
LYMPH #	1.8		#	1.3-3.4
MONO #	0.3		#	.3-1

Comments: a  
 a. \*\*\* For test GRAN % Normals: 44.0-64.8 \*\*\*  
 \*\*\* For test EOS % Normals: 0.6-7.5 \*\*\*  
 \*\*\* For test BASO % Normals: 0.0-2.0 \*\*\*  
 Evaluation for BASO %:  
 previous range 0.1-2.9, changed 4-12-00//fr  
 \*\*\* For test MONO # Normals: 0.3-1.0 \*\*\*

----- THYROID FUNCTION TESTS -----

SERUM	T-3 UP	T-4	FTI	TSH-EIA	T-3 RIA
Ref range	30-40	4.5-12	1.5-4.8	.45-6.2	100-190
	% uptake	MCG/DL	RATIO	mIU/ml	ng/dl

-----  
 a 10/12/2000 09:33      31.10      9.0      2.8

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE  
 225 RIVER FOREST DRIVE

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# Lab Result

Printed On Nov 29, 2006

=====

SERUM	TSH-OLD	TOT T3	TSH	TSH	TSH-DXI
Ref range	.4-4.3	80-200	.46-4.98	.47-5	.34-5.6
	uU/ml	ng/dl	uIU/ml	MCU/ML	uIU/mL

-----

a 10/12/2000 09:33 1.03  
a. \*\*\* For test T-4 Units: ug/dl \*\*\*  
\*\*\* For test TSH Units: uIU/ml and Normals: 0.47-5.00 \*\*\*

----- CYTOPATHOLOGY -----

Date Spec taken: Sep 12, 2000 Pathologist: ZIAD A AL-ASSAAD MD  
Date Spec rec'd: Sep 13, 2000 10:13 Tech: STEVEN R MOSELEY  
Date completed: Sep 14, 2000 Accession #: CY 00 972  
Submitted by: SARAH F HEATON Practitioner: SARAH H STAFFORD NP

-----

Specimen:

VAG CUFF PAP SMEAR

Brief Clinical History:

LMP- Hysto- 1987; G1 P1 A0.

Preoperative Diagnosis:

Routine pap smear.

Operative Findings:

Vaginal tissues- pink & moist.

Postoperative Diagnosis:

R/o carcinoma.

Description:

1 premade smear

DIAGNOSIS: (Date Spec taken: Sep 12, 2000)

VAGINAL CUFF PAP SMEAR: SATISFACTORY SMEAR WITH SQUAMOUS CELLS PRESENT.

NO MALIGNANT CELLS SEEN.

=====

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Immunization

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Immunization type: TD-ADULT  
Date given: OCT 26, 2000 @ 08:4  
Reaction described:

Immunization type: FLU WHOLE  
Date given: OCT 26, 2000 @ 08:4  
Reaction described:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Consult Request

Printed On Nov 29, 2006

Current Pat. Status: Outpatient  
Primary Eligibility: SERVICE CONNECTED 50% to 100%

### Order Information

To Service: PULMONARY  
From Service: ZZG-KHAN  
Requesting Provider: KHAN, MOHAMMAD A  
Service is to be rendered on an OUTPATIENT basis  
Place: Consultant's choice  
Urgency: Routine  
Orderable Item: PULMONARY  
Consult: Consult Request  
Provisional Diagnosis: Hx of Sleep Apnea  
Reason For Request:

According to patient her husband has to wake her up when she has attacks of apnea or no breathing at nite Patient wants sleep study Please evaluate patient for sleep apnea

### Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE  
Last Action: COMPLETE/UPDATE

### Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
ENTERED IN CPRS	08/30/00 15:16	KHAN, MOHAMMAD A	KHAN, MOHAMMAD A
PRINTED TO PUL16	08/30/00 15:16		KHAN, MOHAMMAD A
COMPLETE/UPDATE	05/08/02 14:34	SHULER, CHARMON R	CLEMENTS, PHYLLIS

Note# 1537305

Note: TIME ZONE is local if not indicated

TITLE: PULMONARY CONSULT  
DATE OF NOTE: FEB 09, 2001@20:00      ENTRY DATE: MAR 20, 2001@08:17:43  
AUTHOR: SHULER, CHARMON R      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

DOVE,  
GAYLE      6094      02-09-01

### OVERNIGHT POLYSOMNOGRAM

CLINICAL INFORMATION:      This is a 43 YO female who has witnessed apnea during sleep.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316

VISTA Electronic Medical Documentation

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# Consult Request

Printed On Nov 29, 2006

Sleep latency was 65 minutes, REM latency 112 minutes, total sleep time 374 minutes, REM latency 124 minutes. Minimum oxygen saturation recorded was 91%. Sleep efficiency was 89%. All sleep stages were observed. During the overall recording period, there was one mixed apnea and 53 hypopneas. The RDI was 9. There was no significant REM dependency detected. During the initial recording period w/o CPAP, which included 260 minutes of which 88% was asleep, the patient has 41 hypopneas for an apnea/hypopnea index of 11. On CPAP of 5 the apnea/hypopnea index was 5.

**IMPRESSION:** This study indicates mild to minimal obstructive sleep hypopnea, improved but not eliminated with application of CPAP.

**RECOMMENDATIONS:** I would recommend a therapeutic trial of CPAP at 6 cm. of water pressure, assuming that the patient has daytime hypersomnolence sufficient enough to warrant such therapy. If the patient does not have significant hypersomnolence, then conservative measures such as avoiding supine sleep and making sure that she has good nasal airway patency would be recommended along with weight loss if clinically indicated.

DRE:kcb  
M. D.

Donald R. Elton,

/es/ CHARMON R SHULER  
CRT, CPFT, RCP  
Signed: 03/20/2001 08:18

=====  
===== END =====

Current Pat. Status: Outpatient  
Primary Eligibility: SERVICE CONNECTED 50% to 100%

**Order Information**

To Service: NEUROLOGY  
From Service: ZZG-KHAN  
Requesting Provider: KHAN, MOHAMMAD A  
Service is to be rendered on an OUTPATIENT basis  
Place: Consultant's choice  
Urgency: Routine  
Orderable Item: NEUROLOGY  
Consult: Consult Request  
Reason For Request:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Consult Request

Printed On Nov 29, 2006

Headaches - persistent and recurrent nature failed conventional therapies:

- What therapies have been tried?
- What is the nature and duration of symptoms?
- What diagnostic tests have been ordered/completed?

Order CT of head if not done in work-up. This is a 42 year old veteran who has SC hx of Migraine Headaches Patient was worked up at Biloxi VA She has been tried on immetrex tabs and shots, stadol, pain pills, neurontin, beta-bolockers, DHA shots Recently she was admitted to a local hospital and was under the care of a neurologist and had MRI for her migraines Now wants VA to follow up Please evaluate

Inter-facility Information  
This is not an inter-facility consult request.

Status: CANCELLED  
Last Action: CANCELLED

Facility Activity	Date/Time/Zone	Responsible Person	Entered By
ENTERED IN CPRS	08/03/00 16:35	KHAN, MOHAMMAD A	KHAN, MOHAMMAD A
PRINTED TO VALINNI16	08/03/00 16:35		KHAN, MOHAMMAD A
CANCELLED	05/08/02 14:33	CLEMENTS, PHYLLIS	CLEMENTS, PHYLLIS

Duplicate.

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult  
===== END =====

Current Pat. Status: Outpatient  
Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information  
To Service: WOMEN'S CLINIC  
From Service: ZZG-KHAN  
Requesting Provider: KHAN, MOHAMMAD A  
Service is to be rendered on an OUTPATIENT basis  
Place: Consultant's choice  
Urgency: Routine  
Orderable Item: WOMEN'S CLINIC  
Consult: Consult Request  
Provisional Diagnosis: SC for Uterus and Ovaries removal  
Reason For Request:  
This is a 42 year old veteran who needs a gynecological exam She had

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316

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# Consult Request

Printed On Nov 29, 2006

total hystrectomy and removal of ovaries at age 28 years G1P1Ab0 Please evaluate

## Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE  
Last Action: COMPLETE/UPDATE

Facility Activity	Date/Time/Zone	Responsible Person	Entered By
ENTERED IN CPRS	08/03/00 16:35	KHAN, MOHAMMAD A	KHAN, MOHAMMAD A
PRINTED TO WOMENS2\$PRT-ENCOU	08/03/00 16:35		KHAN, MOHAMMAD A
COMPLETE/UPDATE Note# 1149812	05/08/02 14:32	STAFFORD, SARAH H	CLEMENTS, PHYLLIS

Note: TIME ZONE is local if not indicated

TITLE: WOMEN'S CLINIC CONSULT

DATE OF NOTE: SEP 12, 2000@14:33:41 ENTRY DATE: SEP 12, 2000@14:33:41  
AUTHOR: STAFFORD, SARAH H EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

SEP 12, 2000

GAYLE A DOVE is a 43 year old WHITE, NOT OF HISPANIC ORIGIN female seen in clinic tod for: annual pap smear and screening exams. Hx of pelvic adhesions which has resulted in chronic pelvic pain. Pain is described in rt lower pelvic quadrant, sharp, may be as a stabbing pain occurring any time of day or night. Pain is of short duration, not longer than 2 hrs, and is intermittent. Not related to food or activity. Allows pain to subside gradually due to hx of GI ulcers and cannot take NSAIDS/. NKDA, smokes app 10-12 cigarettes dailyx 30 years. Rare use of ETOH.

Allergies: Allergies Unknown

## Current Outpatient Medications:

Computer is the source for the following medication list:

RANITIDINE HCL 150MG TAB Sig: T1 TAB BID F REFLUX  
TRAZODONE HCL 100MG TAB Sig: T 1 & 1/2 TAB HS  
FLUOXETINE HCL 20MG CAP Sig: T 2 CAP QD  
PROMETHAZINE HCL 25MG TAB Sig: T1 TABLET PO Q4H PRN F NAUSEA

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316

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# Consult Request

Printed On Nov 29, 2006

CAFFEINE 100/ERGOTAMINE 1MG TAB Sig: T 1 P F HEADACHE. MAY REPEAT 1 HOUR LATER NOT  
CYPROHEPTADINE HCL 4MG TAB Sig: T 1 TID  
APAP 325/PHENYLTOLOXAMINE 30MG TAB Sig: ONE PO Q6H P  
OXYCODONE 5MG/APAP 325MG Sig: T 1 Q6H F HEACHACHES NOT TO EXCEED 10 TABLETS PER  
SUMATRIPTAN 6MG/0.5ML INJ KIT Sig: INJECT 1 SYRINGE P F HEADACHES NOT TO EXCEED 2 S  
SUMATRIPTAN SUCC 6MG/0.5ML STATDOSE RFL Sig: INJECT 1 SYRINGE P F HEADACHES NOT TO  
MIRACLE MOUTHWASH (OZ) Sig: T1 TSP SWISH AND SWALLOW AFTER MEALS AND AT BEDTIME QI

Vitals: Weight: 135 lb [61.4 kg] (09/12/2000 13:42)  
Height: 66 in [167.6 cm] (08/30/2000 14:56)  
BP: 107/79 (09/12/2000 13:42)  
Temperature: 98.7 F [37.1 C] (09/12/2000 13:42)  
Respiration: 16 (08/30/2000 14:56)  
Pain: 4 (09/12/2000 13:42)  
BMI: Patient BMI is 22.

Computerized Problem List is the source for the following:

1. Treatment Compliance Problem \* 08/04/00 BIGGERSTAFF, DEB
2. MIGRAINE UNSPEC W/O INTRACT. 12/17/99 MEGA, JEROME FRA

S: Monthly self-breast exams?  Yes  No  
Do you need education in self breast exams?  Yes  No  
Mother, sister, daughter have breast cancer?  Yes  No  
Last mammogram date:1998 or 99lt: neg  
History of breast problems?  Yes  No  
If so, what?  
Age when menses began:13  
Date of last normal menstrual period:Hyst  
Menstrual cycles  Regular  Irregular  
# of days of menstrual periods:  
Menopause?  Yes  No  
If yes, age at onset?  
Do you take hormones?  Yes  No  
If so, what?Estrace  
# of Pregnancies: 1  
# of live births: 1  
# of abortions/miscarriages:  
Birth control method:  
Last PAP Smear:1996 Result:neg  
  
Have you ever had:  
 Abnormal PAP Smear  Biopsy of Cervix  
 Cryosurgery (freezing) of cervix  Cautery (heat) to cervix  
 Colposcopy  LEEP  
 Tubal Ligation  Hysterectomy  
 Cesarean Section  Ovaries Removed  
 Ovarian Cysts  Uterine Fibroids

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Consult Request

Printed On Nov 29, 2006

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Pelvic Infection | <input type="checkbox"/> Endometriosis                                |
| <input type="checkbox"/> Yeast infection (vaginal)   | <input type="checkbox"/> Cancer of the uterus, ovaries, and/or breast |
| <input type="checkbox"/> Trichomonas                 |   |
| <input type="checkbox"/> Herpes                      |   |
| <input type="checkbox"/> Chlamydia                   |   |
| <input type="checkbox"/> Gonorrhea                   |   |
| <input type="checkbox"/> Syphilis                    |   |
| <input type="checkbox"/> Genital Warts               |   |

Other:

O: Physical exam reveals:

Thyroid: Palpable, WNL  
Cardiac: WNL, PMI not displaced, no gallops, murmurs or rubs  
Lungs: Clear to auscultation  
Breasts: No masses, nipple discharge or retraction. No axillary nodes  
Genitalia: No lesions  
Cystocele:  Yes  No  
Rectocele:  Yes  No  
Bus: No tenderness, redness, or discharge  
Vagina: Pink, moist rugae  
Cervix: Surgically absent  
Uterus: " "  
Ovaries: " "  
Rectal: Tone good. Normal color stool in vault.  
Hemorrhoids:  Yes  No

Other:

Assessment: S/P hyst and bso. Hx of pelvic adhesions

Plan:  Cervical  Vaginal Cuff PAP  
 Mammogram ordered for routine screening  
 Xrays ordered  
 Labs ordered  
 Cultures done for:  
 Wet prep of vaginal secretions  
 Consultation(s) done  
 Medications ordered Estrace 1 mg  
 Treatments recommended  
 Patient education provided Menopausal Mgt  
 Other  
 RTC 6 months

/es/ SARAH F HEATON, RN, CS  
NURSE PRACTITIONER  
Signed: 09/12/2000 14:42  
=====

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

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# Consult Request

Printed On Nov 29, 2006

----- END -----

Current Pat. Status: Outpatient  
Primary Eligibility: SERVICE CONNECTED 50% to 100%

### Order Information

To Service: G-PSYCHIATRY  
From Service: ZZG-KHAN  
Requesting Provider: KHAN, MOHAMMAD A  
Service is to be rendered on an OUTPATIENT basis  
Place: Consultant's choice  
Urgency: Routine  
Orderable Item: G-PSYCHIATRY  
Consult: Consult Request  
Provisional Diagnosis: SC PTSD  
Reason For Request:  
This is a 42 year old female veteran who has a hx of PTSD She needs management of her problem Please expedite for an early interview

### Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE  
Last Action: COMPLETE/UPDATE

### Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
ENTERED IN CPRS	08/03/00 16:35	KHAN, MOHAMMAD A	KHAN, MOHAMMAD A
PRINTED TO GAPP16	08/03/00 16:35		KHAN, MOHAMMAD A
INCOMPLETE RPT Note# 1206236	10/12/00 08:13	EARLE, JULIUS R JR	EARLE, JULIUS R JR
COMPLETE/UPDATE Note# 1206236	10/16/00 10:51	EARLE, JULIUS R JR	EARLE, JULIUS R JR

Note: TIME ZONE is local if not indicated

TITLE: G-PSYCHIATRY CONSULT-DR EARLE  
DATE OF NOTE: OCT 12, 2000@08:12 ENTRY DATE: OCT 12, 2000@08:13:22  
AUTHOR: EARLE, JULIUS R JR EXP COSIGNER:  
URGENCY: STATUS: COMPLETED  
SUBJECT: Psychiatric Consultation

OCT 12, 2000

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316

VISTA Electronic Medical Documentation

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# Consult Request

Printed On Nov 29, 2006

DOVE, GAYLE A, (515-64-6094), a 43 y.o. WHITE, NOT OF HISPANIC ORIGIN /FEMALE veteran, referred to Psychiatry for further assessment and/or treatment of... "Provisional Diagnosis: SC PTSD  
Reason For Request: This is a 42 year old female veteran who has a hx of PTSD She needs management of her problem Please expedite for an early interview"

VITAL SIGNS: TEMP: 99.7 F [37.6 C] (10/05/2000 13:59)  
PULSE:108 (10/05/2000 13:59)  
RESPIRATION: 20 (10/05/2000 13:59)  
BLOOD PRESSURE: 138/81 (10/05/2000 13:59)

HISTORY OF PRESENT ILLNESS: Vet gives hx of seeing Psychiatrist and Psychologist for the last 6 years in Biloxi MS. She moved to S'burg area in March this year and has not been seeing any mental health providers during this time. She has been on Prozac and Trazodone for years. Gives hx of giving child up for adoption when she was 16 yr old and OCT 1999 her son (~27 yo) made contact with her. This being her only child she followed through with meeting him and learned she has 2 grandchildren. Then in DEC 1999 he was charged with molesting his 3 month old daughter. She bought a house in S'burg area so he would have somewhere to live. She then went back to MS in April and married her boyfriend of - 9 months. While she was gone her father agreed to move down from MI to stay in the house and help with her son. Her son skipped bail, then was later charged with shooting and killing a lady in the Spartanburg SC area. Her father called and said he was moving back to MI and she needed to come take care of the house or sell it! Now her son has instructed his wife to not allow the vet visitation with their children, the vet's grandchildren! "My nerves have been SHOT!"

Vet describes increased irritability, depression, anxiety as well as increased migraine headaches. She admits she "takes it out" on her husband. She is sleeping 4-5 hours/night by her description. She fractured a rib ~ 6 weeks ago and it is still hurting her. She is scheduled for gallbladder surgery on MON, 16 OCT 00.

She states she takes Prozac and recently increased it on her own from 40 mgm to 60 mgm/day. She also takes 150 mgm Trazodone each evening. She has been on Prozac for ~ 5 years and Trazodone "a long time!" She had quit taking the Trazodone but started back on it ~ 1 month ago.

Gives hx of having taken the following meds at sometime in the past: Zoloft, Ativan, Klonopin, Buspar.

Does not recall ever taking Serzone, Remeron, Effexor, or Paxil.

She states she is planning to move back to MS "sometime in the coming months!"

#### PAST MEDICAL/SURGICAL HISTORY:

Hx of Wrist surgery X 4 for ganglion cyst  
Hx of Total Hysterectomy (SC)  
Hx of "Pelvic Adhesion Disease"

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE

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# Consult Request

Printed On Nov 29, 2006

Hx of Cyst removal from axilla and neck  
Hx of "ulcers"  
Hx of Migraine headaches (SC)  
Hx of PTSD (SC)

Hx of Psychiatric Hospitalization twice in 1999 in Biloxi MS VAMC  
Hx of Psychiatric Hospitalization @ Spartanburg Regional Med Ctr in APR 00

KNOWN ALLERGIES/DRUG SENSITIVITIES: none known

Computerized Problem List is the source for the following:

1. Treatment Compliance Problem \* 08/04/00  
BIGGERSTAFF, DEB
2. MIGRAINE UNSPEC W/O INTRACT. 12/17/99 MEGA, JEROME  
FRA

#### ACTIVE MEDICATIONS:

Computer is the source for the following medication list:

ESTRADIOL 1MG TAB Sig: TAKE 1 TABLET(S) BY MOUTH EVERY DAY  
RANITIDINE HCL 150MG TAB Sig: T1 TAB BID F REFLUX  
CAFFEINE 100/ERGOTAMINE 1MG TAB Sig: T 1 P F HEADACHE. MAY REPEAT 1 HOUR  
LATER NOT TO EXCEED 7 TABLETS PER WEEK  
CYPROHEPTADINE HCL 4MG TAB Sig: T 1 TID  
FLUOXETINE HCL 20MG CAP Sig: T 2 CAP QD  
TRAZODONE HCL 100MG TAB Sig: T 1 & 1/2 TAB HS  
PROMETHAZINE HCL 25MG TAB Sig: T1 TABLET PO Q4H PRN F NAUSEA  
OXYCODONE 5 MG (ROXICODONE) Sig: T 1-2 TAB Q6H F HEADACHE  
SUMATRIPTAN SUCCINATE 50MG TAB Sig: T1 TAB AT ONSET OF MIGRAINE. MAY  
REPEAT ONE TIME IN 2 HOURS. DO NOT EXCEED DOSAGE (#9 F 30 DAYS)  
SUMATRIPTAN SUCC 6MG/0.5ML STATDOSE RFL Sig: INJECT 1 SYRINGE P F  
HEADACHES NOT TO EXCEED 2 SHOTS IN 24 HOURS

#### LAB FINDINGS:

No LITHIUM results in last 2Y  
No DEPAKOTE results in last 2Y

FAMILY/SOCIAL HISTORY: 2 brothers, one in KS and one in FL; 1/2 brother  
who she has not seen since he was 5 yo and he's in his 30's now.

CURRENT OCCUPATION/LAST WORKED: disabled

CURRENT MARITAL STATUS: married in APRIL 00 for 4th time. Current husband,  
Don Murray, is also a disabled veteran. Divorced x 3.

CHILDREN: only child given up for adoption when vet 16 yo as described  
above.

PSYCHIATRIC HISTORY IN FAMILY: none reported

MILITARY SERVICE HISTORY: US AF 1975-87 as radar operator. Reports being  
"raped" by supervisor who suicided when she reported it!

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Consult Request

Printed On Nov 29, 2006

**PERSONAL HABITS:**

ALCOHOL/DRUG USE/ABUSE: "social" drinker, 3x/week  
SMOKING HISTORY: 1+ ppd.

**MENTAL STATUS EXAMINATION:**

APPEARANCE: Neat casual appearance, well groomed  
SPEECH: Normal rate and rhythm  
THOUGHTS: goal-directed, sequential, concrete  
PERCEPTIONS: No active hallucinations or delusions  
COGNITIVE FUNCTION: Grossly normal, fund of knowledge appropriate to education and personal experiences  
MOOD: irritable, depressed  
AFFECT: anxious, mild depression. Denies active suicidal/homicidal thinking.  
INSIGHT: superficial, limited  
JUDGEMENT: fair, impulsive with minimal provocation

**DIAGNOSTIC IMPRESSION (DSM IV):**

AXIS I: PTSD, Chronic (SC)  
Dysthymic Disorder, secondary type  
AXIS II: none  
AXIS III: Allergic to: none known  
AXIS IV: PSYCHOSOCIAL STRESSORS:  
AXIS V: GAF, CURRENT: 49 GAF, HIGHEST IN PAST YEAR: ??

PLAN: Agreed to medication trial after discussing common side-effects, risks and benefits, and target symptoms. Remeron 30 mgm, 1 po QHS.  
Referral to Ruth Beddingfield, MSW re: possible Group Therapy.  
RTC to me in 1-2 months.

/es/ Julius Earle, Jr, MD  
GOPC Psychiatry  
Signed: 10/16/2000 10:51

=====  
===== END =====

Current Pat. Status: Outpatient  
Primary Eligibility: SERVICE CONNECTED 50% to 100%

**Order Information**

To Service: NEUROLOGY  
From Service: ZZG-EDWARDS  
Requesting Provider: KHAN, MOHAMMAD A  
Service is to be rendered on an OUTPATIENT basis  
Place: Consultant's choice  
Urgency: Routine  
Orderable Item: NEUROLOGY

**PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)**

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

**VISTA Electronic Medical Documentation**

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# Consult Request

Printed On Nov 29, 2006

Consult: Consult Request

Reason For Request:

Headaches - persistent and recurrent nature failed conventional therapies:

What therapies have been tried? Imitrex injections

What is the nature and duration of symptoms? Chronic Migraine

Headache

What diagnostic tests have been ordered/completed? Dx at Biloxi Ms VA

Order CT of head if not done in work-up. This patient is new here and has been dx to have migraine at Biloxi VA Do not have records Needs to be seen and evaluated

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE

Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
ENTERED IN CPERS	05/12/00 17:22	KHAN, MOHAMMAD A	KHAN, MOHAMMAD A
PRINTED TO VALINNI16	05/12/00 17:22		KHAN, MOHAMMAD A
COMPLETE/UPDATE	05/08/02 14:33	VALLINI, A DANIEL	CLEMENTS, PHYLLIS

Note# 1129010

Note: TIME ZONE is local if not indicated

TITLE: NEUROLOGY CONSULT

DATE OF NOTE: AUG 29, 2000@11:58

ENTRY DATE: AUG 31, 2000@12:04:05

AUTHOR: VALLINI, A DANIEL

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

The patient is a 43-year-old female who suffers from severe migraine headaches. The patient lives in Biloxi, Florida and is temporarily living in Spartanburg. She has been treated by a neurologist for the past five years in Biloxi.

Headaches come with a frequency of two times per week and each time lasts from a few hours to two days. The patient is taking estrogen daily as a replacement and she smokes one pack a day; these are two factors for her headaches however, she is not willing to stop the hormone or to stop the smoking. The patient describes her headache as a combination of tension, stress and migraine headache. Her headaches are worsened by fluorescent

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316

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# Consult Request

Printed On Nov 29, 2006

light, chocolate, sunlight and heat.

The headaches are preceded by a warning sign of a black dot flashing in her visual field, 90% of the time allocated in the right side of the head, and there are shooting, stabbing and throbbing pains.

The patient admits she is severely stressed out. When she was 16 years old she delivered a child and she gave that child for adoption. Recently this child has contacted them and she visited this man who was living with his wife and has two children. Very shortly after this visit her son was jailed because of molesting sexually his three-month old daughter. Our patient bought the house for this son when he was released from jail. Shortly after release from jail her son killed another person.

The patient has moved back here to South Carolina trying to sell the house she had bought for her son to have money to be able to manage the legal problems of her son. She reports he is in psychotherapy for post-traumatic stress disorder and depression.

She changes her glasses often. She suffers from sinus headaches and also temporomandibular joint pains.

She has tried numerous medications for her headaches and none of them produce great benefit. She has tried gabapentin, Stadol, Inderal, valproic acid, verapamil, amitriptyline and Midrin without benefit. Maxzide does not help the headaches either.

She complained that only the narcotics are effective for her headaches. She cannot take nonsteroidal anti-inflammatory drugs. Percocet so far has been the best medicine for her headache.

The patient has never tried Periactin, Sansert, Cafergot, Ergomar or Ergostat.

Today the patient has what she claims is a severe headache and she is crying during this examination. However, when she is distracted by something else she can look much more animated.

I did not do an examination since the light bothers the eye. The patient has had numerous MRIs and other tests that were completely normal.

IMPRESSION: Migraine and psychogenic headache.

We agree that she will be taking the following medications. The new medicines will be:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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- 1) Cafegot that she will take prn.
- 2) Periactin 4 mg 3 times a day every day to prevent headaches.

She will continue on her old medications including:

- 1) Trazodone 150 mg at hour of sleep.
- 2) Promethazine prn for nausea.
- 3) Imitrex injectable prn.
- 4) Prozac 40 mg daily.
- 5) Percogesic two tablets prn.

The patient will return October 5 in the afternoon to the Medication Refill Clinic.

We discussed her situation to some extent and I do not think we will be able to effectively treat her headaches as long as she is smoking, using hormones and having the life stressors she is having now. I believe the patient understands this. Her husband will have control of the Percocet to avoid overdose. We will do a brief neurologic examination next time.

#MT#000829-SC22800#SCP0831B.128

/es/ A DANIEL VALLINI  
MD

Signed: 09/01/2000 08:21

=====  
===== END =====

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
■■■■■■■■■■

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# Progress Note

Printed On Nov 29, 2006

TITLE: NEUROLOGY (MEDICATION REFILL CLINIC)  
DATE OF NOTE: MAR 04, 2001@17:28:31 ENTRY DATE: MAR 04, 2001@17:28:31  
AUTHOR: STILL, CHARLES N EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

GAYLE A DOVE was seen today in the Medication Refill Clinic.

Vital Signs:

BP: 140/77 (03/01/2001 13:20)  
T: 99.2 F [37.3 C] (03/01/2001 13:20)  
P: 77 (03/01/2001 13:20)  
R: 20 (03/01/2001 13:20)  
Pain: 4 (03/01/2001 13:20)

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL 90/IPRATROP 18MCG 200D PO INHL 2 PUFFS THREE TIMES A DAY	ACTIVE (S)
2) DEXTROMETHORPHAN HBR 15MG/5ML SYRUP TAKE TWO TEASPOONFUL BY MOUTH EVERY SIX HOURS FOR COUGH	ACTIVE
3) ESTRADIOL 1MG TAB TAKE 1 TABLET(S) BY MOUTH EVERY DAY	ACTIVE (S)
4) FLUOXETINE HCL 20MG CAP TAKE 2-3 EVERY MORNING FOR PTSD AND DEPRESSION	ACTIVE
5) LANSOPRAZOLE 15MG SA CAP TAKE ONE 30 MINUTES BEFORE BREAKFAST	ACTIVE
6) LEVOFLOXACIN 500MG TAB TAKE ONE TABLET EVERY DAY FOR BRONCHITIS	ACTIVE
7) MIRTAZAPINE 30MG TAB TAKE ONE AT BEDTIME FOR PTSD, DEPRESSION AND FOR SLEEP	ACTIVE
8) OXYCODONE CR 10MG TAB (OXYCONTIN) TAKE ONE TABLET BY MOUTH EVERY TWELVE HOURS	ACTIVE
9) PROMETHAZINE HCL 25MG TAB TAKE ONE TABLET AS NEEDED FOR FOR NAUSEA AND VOMITING WITH HEADACHE	ACTIVE (S)
10) RANITIDINE HCL 150MG TAB TAKE ONE TABLET TWICE A DAY FOR REFLUX	ACTIVE
11) SUMATRIPTAN SUCCINATE 50MG TAB TAKE ONE TABLET AT ONSET OF MIGRAINE. MAY REPEAT ONE TIME IN 2 HOURS. DO NOT EXCEED DOSAGE (#9 FOR 30 DAYS)	ACTIVE (S)
12) TABLET CUTTER USE TO SPLIT TABLETS AS DIRECTED	ACTIVE

Patient has answered NKA

Computerized Problem List is the source for the following:

1. Bronchitis, not specified as acute or chronic 03/01/01 KOON, DAVID E
2. Relational Problem related to a Mental Disorder 12/29/00 EARLE, JULIUS R

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316

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or General Medical Condition (IC  
3. Alcohol abuse, episodic drinking behavior 12/29/00 EARLE, JULIUS R  
(ICD-9-CM 305.02)  
4. Personality Disorder NEC (ICD-9-CM 301.89) 12/29/00 EARLE, JULIUS R  
5. Posttraumatic Stress Disorder \* (DSM-IV 309.81) 12/11/00 EARLE, JULIUS R  
6. Dysthymic Disorder (DSM-IV 300.4) 12/11/00 EARLE, JULIUS R  
7. Treatment Compliance Problem \* 08/04/00 BIGGERSTAFF, DEB  
8. MIGRAINE UNSPEC W/O INTRACT. 10/12/00 MEGA, JEROME FRA

## Summary:

MS DOVE SAID "MY LAST BAD H/A WAS ON 2/26/01-I HAD 10/10 PAIN/N&V." SHE SAID "I'M MARRIED NOW-MORE STRESS-BUT IT'S WORKING OUT BETTER THAN AT FIRST." SHE SAID SHE NOW SMOKED ONLY 5 CIGARETTES/DAY. OXYCONTIN10MG HAS HELPED MOST. SHE STOPPED TAKING CAFERGOT/CYPROHEPTADINE/SUMATRIPTAN.

DX: MIGRAINE/HEADACHES.

## PLAN:

1. RENEW OXYCONTIN10MGQ12H#60/30D/PRN/HA.
2. D/C CAFERGOT.
3. D/C CYCLOBENAZEPRINE.
4. D/C SUMATRIPTAN.
5. RETURN MED REFILL CLINIC 1 MONTH.

/es/ CHARLES N STILL

MD

Signed: 03/04/2001 17:36

TITLE: URGENT CARE PHYSICIAN (KOON) NOTE TL  
DATE OF NOTE: MAR 01, 2001@14:34 ENTRY DATE: MAR 01, 2001@14:34:36  
AUTHOR: KOON, DAVID E SR EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

MAR 01, 2001

S/O: GAYLE A DOVE is a 43 year old WHITE, NOT OF HISPANIC ORIGIN FEMALE who presents to the clinic with...SMOKER..C COUGH...BROWN PHLEGM NO UNUSUAL CP OR SOB...HX ASTHMA...TAKING CLARITIN...

Past medical history includes:

Computerized Problem List is the source for the following:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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Relational Problem related to a Mental Disorder or General Medical Condition (IC

Alcohol abuse, episodic drinking behavior (ICD-9-CM 305.02)

Personality Disorder NEC (ICD-9-CM 301.89)

Posttraumatic Stress Disorder \* (DSM-IV 309.81)

Dysthymic Disorder (DSM-IV 300.4)

Treatment Compliance Problem \*

MIGRAINE UNSPEC W/O INTRACT.

Active outpatient medications include:

Computer is the source for the following medication list:

ESTRADIOL 1MG TAB Sig: TAKE 1 TABLET(S) BY MOUTH EVERY DAY

ALBUTEROL 90/IPRATROP 18MCG 200D PO INHL Sig: 2 PUFFS THREE TIMES A DAY

MIRTAZAPINE 30MG TAB Sig: TAKE ONE AT BEDTIME FOR PTSD, DEPRESSION AND FOR SLEEP

LANSOPRAZOLE 15MG SA CAP Sig: TAKE ONE 30 MINUTES BEFORE BREAKFAST

PROMETHAZINE HCL 25MG TAB Sig: TAKE ONE TABLET AS NEEDED FOR FOR NAUSEA AND VOMITING WITH HEADACHE

FLUOXETINE HCL 20MG CAP Sig: TAKE 2-3 EVERY MORNING FOR PTSD AND DEPRESSION

SUMATRIPTAN SUCCINATE 50MG TAB Sig: TAKE ONE TABLET AT ONSET OF MIGRAINE. MAY REPEAT ONE TIME IN 2 HOURS. DO NOT EXCEED DOSAGE (#9 FOR 30 DAYS)

RANITIDINE HCL 150MG TAB Sig: TAKE ONE TABLET TWICE A DAY FOR REFLUX

SUMATRIPTAN SUCC 6MG/0.5ML STATDOSE RFL Sig: INJECT 1 SYRINGE AS NEEDED FOR HEADACHES NOT TO EXCEED 2 SHOTS IN 24 HOURS

DEXTROMETHORPHAN HBR 15MG/5ML SYRUP Sig: TAKE TWO TEASPOONFUL BY MOUTH EVERY SIX HOURS FOR COUGH

TABLET CUTTER Sig: USE TO SPLIT TABLETS AS DIRECTED

CAFFEINE 100/ERGOTAMINE 1MG TAB Sig: TAKE 1 AS NEEDED FOR HEADACHE. MAY REPEAT 1 HOUR LATER NOT TO EXCEED 7 TABLETS PER WEEK

CYPROHEPTADINE HCL 4MG TAB Sig: TAKE 1 THREE TIMES A DAY

Symptom directed Assessment:ALERT ORIENTED NAD

EENT NEG

NECK SUPPLE \$ PATH

HEART NSR \$ M

LUNGS BILAT SCATT RALES..

Plan: Schedule PCC appointment withinOK... with diagnostic tests as ordered.

LEVAQUIN..LIQ...REST...STOP CIGS!!!

/es/ DAVID E. KOON, M.D.

STAFF PHYSICIAN

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE

225 RIVER FOREST DRIVE

BOILING SPRINGS, SOUTH CAROLINA 29316

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# Progress Note

Printed On Nov 29, 2006

Signed: 03/01/2001 14:40

TITLE: PULMONARY CONSULT  
DATE OF NOTE: FEB 09, 2001@20:00      ENTRY DATE: MAR 20, 2001@08:17:43  
AUTHOR: SHULER, CHARMON R      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

DOVE,  
GAYLEA      6094      02-09-01

## OVERNIGHT POLYSOMNOGRAM

CLINICAL INFORMATION:      This is a 43 YO female who has witnessed apnea during sleep.

Sleep latency was 65 minutes, REM latency 112 minutes, total sleep time 374 minutes, REM latency 124 minutes. Minimum oxygen saturation recorded was 91%. Sleep efficiency was 89%. All sleep stages were observed. During the overall recording period, there was one mixed apnea and 53 hypopneas. The RDI was 9. There was no significant REM dependency detected. During the initial recording period w/o CPAP, which included 260 minutes of which 88% was asleep, the patient has 41 hypopneas for an apnea/hypopnea index of 11. On CPAP of 5 the apnea/hypopnea index was 5.

IMPRESSION:      This study indicates mild to minimal obstructive sleep hypopnea, improved but not eliminated with application of CPAP.

RECOMMENDATIONS:      I would recommend a therapeutic trial of CPAP at 6 cm. of water pressure, assuming that the patient has daytime hypersomnolence sufficient enough to warrant such therapy. If the patient does not have significant hypersomnolence, then conservative measures such as avoiding supine sleep and making sure that she has good nasal airway patency would be recommended along with weight loss if clinically indicated.

DRE:kcb  
M. D.

Donald R. Elton,

/es/ CHARMON R SHULER  
CRT, CPFT, RCP  
Signed: 03/20/2001 08:18

TITLE: NEUROLOGY (MEDICATION REFILL CLINIC)

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Progress Note

Printed On Nov 29, 2006

DATE OF NOTE: JAN 25, 2001@14:35 ENTRY DATE: JAN 25, 2001@14:35:51  
AUTHOR: SWINTON, AYANNA Y EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

GAYLE A DOVE was seen today in the Medication Refill Clinic.

**Vital Signs:**

BP: 131/72 (01/25/2001 10:28)  
T: 100 F [37.8 C] (12/28/2000 12:28)  
P: 83 (01/25/2001 10:28)  
R: 20 (01/25/2001 10:28)  
Pain: 5 (01/25/2001 10:28)

**Active Outpatient Medications (including Supplies):**

Active Outpatient Medications	Status
1) ALBUTEROL 90/IPRATROP 18MCG 200D PO INHL 2 PUFFS THREE TIMES A DAY	ACTIVE (S)
2) CAFFEINE 100/ERGOTAMINE 1MG TAB TAKE 1 AS NEEDED FOR HEADACHE. MAY REPEAT 1 HOUR LATER NOT TO EXCEED 7 TABLETS PER WEEK	ACTIVE
3) CYPROHEPTADINE HCL 4MG TAB TAKE 1 THREE TIMES A DAY	ACTIVE
4) DEXTROMETHORPHAN HBR 15MG/5ML SYRUP TAKE TWO TEASPOONFUL BY MOUTH EVERY SIX HOURS FOR COUGH	ACTIVE
5) ESTRADIOL 1MG TAB TAKE 1 TABLET(S) BY MOUTH EVERY DAY	ACTIVE (S)
6) FLUOXETINE HCL 20MG CAP TAKE 2-3 EVERY MORNING FOR PTSD AND DEPRESSION	ACTIVE
7) LANSOPRAZOLE 15MG SA CAP TAKE ONE 30 MINUTES BEFORE BREAKFAST	ACTIVE
8) MIRTAZAPINE 30MG TAB TAKE ONE AT BEDTIME FOR PTSD, DEPRESSION AND FOR SLEEP	ACTIVE
9) OXYCODONE CR 10MG TAB (OXYCONTIN) TAKE ONE TABLET BY MOUTH EVERY TWELVE HOURS FOR PAIN	ACTIVE
10) PROMETHAZINE HCL 25MG TAB TAKE ONE TABLET AS NEEDED FOR NAUSEA AND VOMITING WITH HEADACHE	ACTIVE
11) RANITIDINE HCL 150MG TAB TAKE ONE TABLET TWICE A DAY FOR REFLUX	ACTIVE
12) SPLITTER/TAB USE TO SPLIT TABLETS AS DIRECTED	ACTIVE
13) SUMATRIPTAN SUCC 6MG/0.5ML STATDOSE RFL INJECT 1 SYRINGE AS NEEDED FOR HEADACHES NOT TO EXCEED 2 SHOTS IN 24 HOURS	ACTIVE
14) SUMATRIPTAN SUCCINATE 50MG TAB TAKE ONE TABLET AT ONSET OF MIGRAINE. MAY REPEAT ONE TIME IN 2 HOURS. DO NOT EXCEED DOSAGE (#9 FOR 30 DAYS)	ACTIVE

Patient has answered NKA

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

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# Progress Note

Printed On Nov 29, 2006

Computerized Problem List is the source for the following:

1. Relational Problem related to a Mental Disorder 12/29/00  
EARLE, JULIUS R  
or General Medical Condition (IC
2. Alcohol abuse, episodic drinking behavior 12/29/00  
EARLE, JULIUS R  
(ICD-9-CM 305.02)
3. Personality Disorder NEC (ICD-9-CM 301.89) 12/29/00  
EARLE, JULIUS R
4. Posttraumatic Stress Disorder \* (DSM-IV 309.81) 12/11/00  
EARLE, JULIUS R
5. Dysthymic Disorder (DSM-IV 300.4) 12/11/00  
EARLE, JULIUS R
6. Treatment Compliance Problem \* 08/04/00  
BIGGERSTAFF, DEB
7. MIGRAINE UNSPEC W/O INTRACT. 10/12/00  
MEGA, JEROME FRA

Summary: Seen and discussed with Dr Vallini.

The patient presents to clinic for follow-up appointment. She states that her headache pain is controlled with current medication, Oxycodone 10mg po BID. She reports taking about 5 tablets a week. However, she reports that acute headache is not controlled with the Sumatriptan. Pt states that she has an increase in number of headaches, but believes this is secondary to increased stressors in her life, i.e. son in jail for murder, separation from husband. Pt requested Stadol as a medication for acute headache. Discussed with pt this option and informed her that Stadol is non-formulary and is a narcotic and she is already on a narcotic. Pt agreed that her headaches are pretty well controlled with current medication and is willing to continue with current medication plan. Without any other concerns or complaints at time of visit.

Plan:

- 1) Refill Oxycodone 10mg q12hr
- 2) Follow-up in 1 month in medication refill clinic.

/es/ AYANNA Y SWINTON

MD

Signed: 01/25/2001 14:43

TITLE: MH(GOPC) F/U NOTE (EARLE) TL  
DATE OF NOTE: DEC 29, 2000@08:21 ENTRY DATE: DEC 29, 2000@08:21:12  
AUTHOR: EARLE, JULIUS R JR EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

PSYCHIATRY FOLLOW UP NOTE:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Progress Note

Printed On Nov 29, 2006

DEC 29, 2000

DOVE, GAYLE A, (515-64-6094), a 43 y.o. WHITE, NOT OF HISPANIC ORIGIN /FEMALE veteran, CALLED today for follow-up.

VITAL SIGNS:   TEMP: 100 F [37.8 C] (12/28/2000 12:28)  
                  PULSE: 82 (12/28/2000 12:28)  
                  RESPIRATION: 20 (12/28/2000 12:28)  
                  BLOOD PRESSURE: 139/73 (12/28/2000 12:28)

Computerized Problem List is the source for the following:

1. Posttraumatic Stress Disorder \* (DSM-IV 309.81)   12/11/00  
EARLE, JULIUS R
2. Dysthymic Disorder (DSM-IV 300.4)           12/11/00  
EARLE, JULIUS R
3. Treatment Compliance Problem \*           08/04/00  
BIGGERSTAFF, DEB
4. MIGRAINE UNSPEC W/O INTRACT.           10/12/00  
MEGA, JEROME FRA

CURRENT MEDICATIONS:

Computer is the source for the following medication list:

ESTRADIOL 1MG TAB   Sig: TAKE 1 TABLET(S) BY MOUTH EVERY DAY  
LANSOPRAZOLE 15MG SA CAP   Sig: TAKE ONE 30 MINUTES BEFORE BREAKFAST  
PROMETHAZINE HCL 25MG TAB   Sig: T1 TAB PRN F N/V W/ HEADACHE  
OXYCODONE CR 10MG TAB (OXYCONTIN)   Sig: T1 TABLET PO Q12H FOR PAIN  
FLUOXETINE HCL 20MG CAP   Sig: T 2-3 QAM F PTSD AND DEPRESSION  
ALBUTEROL 90/IPRATROP 18MCG 200D PO INHL   Sig: 2 PUFFS TID  
SPLITTER/TAB   Sig: USE TO SPLIT TABLETS AS DIRECTED  
MIRTAZAPINE 30MG TAB   Sig: T1 HS F PTSD, DEPRESSION AND FSL  
DEXTROMETHORPHAN HBR 15MG/5ML SYRUP   Sig: T2 TSP PO Q6H FC  
RANITIDINE HCL 150MG TAB   Sig: T1 TAB BID F REFLUX  
SUMATRIPTAN SUCCINATE 50MG TAB   Sig: T1 TAB AT ONSET OF MIGRAINE. MAY  
REPEAT ONE TIME IN 2 HOURS. DO NOT EXCEED DOSAGE (#9 F 30 DAYS)  
SUMATRIPTAN SUCC 6MG/0.5ML STATDOSE RFL   Sig: INJECT 1 SYRINGE P F  
HEADACHES NOT TO EXCEED 2 SHOTS IN 24 HOURS  
CAFFEINE 100/ERGOTAMINE 1MG TAB   Sig: T 1 P F HEADACHE. MAY REPEAT 1 HOUR  
LATER NOT TO EXCEED 7 TABLETS PER WEEK  
CYPROHEPTADINE HCL 4MG TAB   Sig: T 1 TID

ALLERGIES: Patient has answered NKA

(S): / (O):

DOVE, GAYLE A reports feeling like she has nothing to live for now. She and husband having marital stress, "looks like we're going to get a divorce!"

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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Doesn't know what to do or what she wants. Torn emotionally about what to do. She and husband went to Biloxi MS, they had a big fight (apparently about her drinking), she left him there and he had to buy a bus ticket to come home. They are still fighting over the details about who did what and who is to blame. He says she's drinking "at least a quart every 2 days!" He says she pulled knife on him last night because he poured out her vodka! He feels she "really needs some help!" She is very ambivalent about what she's willing to do. At one point they were both on the phone but she got angry at what he was saying, called him a "fucking liar and a SOB" and she hung up. He stayed on the phone, told me about their recent trip to Biloxi/Gulf Port MS area, her drinking, trying to get him into a fight with one of her ex-husbands "who ran me down in the ditch like a dog!" etc. He's trying to pack the house to move back to where he (and she) have support systems (Biloxi area) "but she won't help any!" He understands the process of commitment for treatment, should he decide to pursue that route. She did not come back to the telephone.

(A): (DSM IV)

AXIS I: Relational Problem related to mental disorder  
Probable ETOH abuse, episodic pattern  
PTSD, Chronic (SC)  
Dysthymic Disorder, secondary type

AXIS II: probable Cluster B Personality Disorder

AXIS III: Allergic to: none known

AXIS IV: PSYCHOSOCIAL STRESSORS: marriage to brain-disordered vet, both marital partners with PTSD and other psychiatric disorders including alcohol abuse, recent location of son given up for adoption as infant, arrest/jailing of that son on murder and sexual molestation of child charges, etc, etc.

AXIS V: GAF, CURRENT: 48 GAF, HIGHEST IN PAST YEAR: ??

(P): Offered hospitalization to vet, she declined ambivalently at this time, expressing concern about husband and his lack of transportation if she is in hospital (she drives, he does not). Explained/reminded husband of involuntary hospitalization route if she continues threatening him, others, or herself. Support his pouring out any ETOH in the house.

/es/ Julius Earle, Jr, MD  
GOPC Psychiatry  
Signed: 12/29/2000 08:40

TITLE: NEUROLOGY (MEDICATION REFILL CLINIC)

DATE OF NOTE: DEC 28, 2000@13:00

ENTRY DATE: DEC 29, 2000@12:03:05

AUTHOR: VALLINI, A DANIEL

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Progress Note

Printed On Nov 29, 2006

S: This is a follow-up of headaches. We increased the oxycontin to 10 mg bid last month. She is satisfied with this medication.

P:

- 1) We will refill oxycontin 10 mg, #60 tablets.
- 2) Return to Med Refill in one month.

#MT#001228-SC33921#SCP1228A.166

/es/ A DANIEL VALLINI

MD

Signed: 01/02/2001 10:25

TITLE: MH(GOPC) F/U NOTE (EARLE) TL  
DATE OF NOTE: DEC 11, 2000@11:31      ENTRY DATE: DEC 11, 2000@11:31:29  
AUTHOR: EARLE,JULIUS R JR      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

PSYCHIATRY FOLLOW UP NOTE:

DEC 11, 2000

DOVE,GAYLE A, (515-64-6094), a 43 y.o. WHITE, NOT OF HISPANIC ORIGIN  
/FEMALE veteran, is seen today for follow-up.

VITAL SIGNS:      TEMP: 100.1 F [37.8 C] (11/09/2000 14:07)  
                    PULSE:129 (11/09/2000 14:07)  
                    RESPIRATION: 20 (11/09/2000 14:07)  
                    BLOOD PRESSURE: 140/70 (11/09/2000 14:07)

Computerized Problem List is the source for the following:

- |  |          |
|--|----------|
| 1. Posttraumatic Stress Disorder * (DSM-IV 309.81) | 12/11/00 |
| EARLE,JULIUS R                                     |          |
| 2. Dysthymic Disorder (DSM-IV 300.4)               | 12/11/00 |
| EARLE,JULIUS R                                     |          |
| 3. Treatment Compliance Problem *                  | 08/04/00 |
| BIGGERSTAFF,DEB                                    |          |
| 4. MIGRAINE UNSPEC W/O INTRACT.                    | 10/12/00 |
| MEGA,JEROME FRA                                    |          |

CURRENT MEDICATIONS:

Computer is the source for the following medication list:

ESTRADIOL 1MG TAB      Sig: TAKE 1 TABLET(S) BY MOUTH EVERY DAY

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

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# Progress Note

Printed On Nov 29, 2006

LANSOPRAZOLE 15MG SA CAP Sig: TAKE ONE 30 MINUTES BEFORE BREAKFAST  
PROMETHAZINE HCL 25MG TAB Sig: T1 TAB PRN F N/V W/ HEADACHE  
FLUOXETINE HCL 20MG CAP Sig: T 2-3 QAM F PTSD AND DEPRESSION  
ALBUTEROL 90/IPRATROP 18MCG 200D PO INHL Sig: 2 PUFFS TID  
MIRTAZAPINE 30MG TAB Sig: T1 HS F PTSD, DEPRESSION AND FSL  
DEXTROMETHORPHAN HBR 15MG/5ML SYRUP Sig: T2 TSP PO Q6H FC  
RANITIDINE HCL 150MG TAB Sig: T1 TAB BID F REFLUX  
SUMATRIPTAN SUCCINATE 50MG TAB Sig: T1 TAB AT ONSET OF MIGRAINE. MAY  
REPEAT ONE TIME IN 2 HOURS. DO NOT EXCEED DOSAGE (#9 F 30 DAYS)  
SUMATRIPTAN SUCC 6MG/0.5ML STATDOSE RFL Sig: INJECT 1 SYRINGE P F  
HEADACHES NOT TO EXCEED 2 SHOTS IN 24 HOURS  
CAFFEINE 100/ERGOTAMINE 1MG TAB Sig: T 1 P F HEADACHE. MAY REPEAT 1 HOUR  
LATER NOT TO EXCEED 7 TABLETS PER WEEK  
CYPROHEPTADINE HCL 4MG TAB Sig: T 1 TID

ALLERGIES: Allergies Unknown

(S):

DOVE, GAYLE A reports feeling worse/same since last visit.  
Sleep is disturbed with nightmares frequently.  
Mood reported as depressed and irritable. Thinks she may be more irritable since starting on Mirtazapine but also thinks it could be due to psychosocial stressors such as her marriage. Husband has hx of brain injury and often responds idiosyncratically. One day he's threatening to leave and divorce and the next day he's trying to get her to go to bed with him and doesn't understand her reluctance. This is coupled with her own issues around sex due to her PTSD.  
Son remains in jail with charges of child molestation (of 3 month old) and murder (adult woman). Son's wife recently has allowed vet to visit with her grandchildren and that's been helpful.  
Side-effects reported: ?Irritability with Mirtazapine.

(O): (Mental Status Examination)

Alert, attentive, cooperative veteran who is casually dressed and groomed. Her affect is tense, anxious, dysphoric. Mood reported as above. Speech is unremarkable. Thoughts are goal-directed and sequential. No active hallucinations or delusions are reported. DENIES ACTIVE SUICIDAL OR HOMICIDAL THINKING. Insight and judgement are fair.

(A): (DSM IV)

AXIS I: PTSD, Chronic (SC)  
Dysthymic Disorder, secondary type  
AXIS II: none  
AXIS III: Allergic to: none known  
AXIS IV: PSYCHOSOCIAL STRESSORS:  
AXIS V: GAF, CURRENT: 48 GAF, HIGHEST IN PAST YEAR: ??

(P): Continue medications as above with the following changes:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316

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Try reducing the Mirtazapine to 15 mgm (1/2 tab 30 mgm) po QHS.  
Continue supportive therapies through GOPC and/or local vet center.  
Call in 2 weeks to report how reduced Mirtazapine working.  
RTC 2 months.

/es/ Julius Earle, Jr, MD  
GOPC Psychiatry  
Signed: 12/11/2000 12:07

TITLE: NURSE PRACTITIONER  
DATE OF NOTE: NOV 15, 2000@07:11      ENTRY DATE: NOV 15, 2000@07:11:09  
AUTHOR: STAFFORD, SARAH H      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

Pt notified via mail of recent mammogram report.

/es/ SARAH F HEATON, RN, CS  
NURSE PRACTITIONER  
Signed: 11/15/2000 07:11

TITLE: NEUROLOGY (MEDICATION REFILL CLINIC)  
DATE OF NOTE: NOV 09, 2000@14:00      ENTRY DATE: NOV 13, 2000@11:20:22  
AUTHOR: VALLINI, A DANIEL      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

This is a follow-up of her headaches. The last visit she received a prescription for OxyContin 5 mg bid for her headache and she is taking that medicine. She thinks she needs a larger dose.

Also the patient has requested medicine for her cough and an increase on her Phenergan for the nausea associated to headaches, and a change from ranitidine to lansoprazole for her gastroesophageal reflux disease.

**DISPOSITION:**

- 1) Increase OxyContin to 10 mg bid #60 tablets for the next month.
- 2) Lansoprazole 50 mg every morning.
- 3) Cough syrup 2 teaspoons prn for cough.
- 4) Phenergan 25 mg tablets #16 tablets per month with five refills.
- 5) Return to Medication Refill Clinic in one month.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
515646094

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# Progress Note

Printed On Nov 29, 2006

#MT#001109-SC29227#SCP1110B.128

/es/ A DANIEL VALLINI  
MD  
Signed: 11/15/2000 08:09

TITLE: EDUCATION RADIOLOGY/IMAGING PATIENT EDUCATION  
DATE OF NOTE: NOV 03, 2000@13:30:57 ENTRY DATE: NOV 03, 2000@13:30:58  
AUTHOR: MATHIS, MEREDITH R EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

Imaging Procedure: MAMMOGRAM

Patient was educated about the scheduled imaging procedure prior to the study. The reason for the study, the duration and the possible effects were discussed with the patient. Patient verbalized understanding of the education as presented.

/es/ MEREDITH R MATHIS  
Signed: 11/03/2000 13:31

TITLE: PC PHYSICIAN  
DATE OF NOTE: OCT 26, 2000@10:25 ENTRY DATE: OCT 26, 2000@10:25:26  
AUTHOR: KHAN, MOHAMMAD A EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

S. Here today for f/u says doing fine Needs inhaler refilled  
O. Ambu  
A. Hx of Migraine Headache PTSD.  
P. Patient is being seen by psychiatry and neurologist I discussed with patient at length about the results of her last blood work RTC 6 mo

/es/ MOHAMMAD A KHAN  
MD  
Signed: 10/26/2000 10:27

TITLE: MEDICINE OUTPATIENT NOTE  
DATE OF NOTE: OCT 26, 2000@09:50:08 ENTRY DATE: OCT 26, 2000@09:50:08  
AUTHOR: PALASTRO, PATRICIA J EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

PATIENT RECEIVED TD TODAY PER STANDING ORDER DATED 10-25-00, .5CC IM L DELTOID, PATIENT STATES SHE IS NOT ALLERGIC TO TETNUS-DIPHTHERIA TOXOID,

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Progress Note

Printed On Nov 29, 2006

PATIENT TO RTG. TO NSG. IN 30 MINUTES FOR REACTION CHECK.

/es/ PATRICIA J PALASTRO  
lpn  
Signed: 10/26/2000 09:51

TITLE: PCC CBOC NURSING NOTE TL  
DATE OF NOTE: OCT 26, 2000@09:48:17 ENTRY DATE: OCT 26, 2000@09:48:17  
AUTHOR: PALASTRO,PATRICIA J EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

Vital Signs: Temperature : 98.5 F [36.9 C] (10/26/2000 09:22)  
Pulse: 75 (10/26/2000 09:22)  
Respirations: 24 (10/26/2000 09:22)  
Blood Pressure: 133/83 (10/26/2000 09:22)  
Weight: 141.6 lb [64.4 kg] (10/26/2000 09:22)  
Height: 66 in [167.6 cm] (10/26/2000 09:22)  
Pain Scale: 0 (10/26/2000 09:22)

PATIENT RECEIVED FLU VACCINE TODAY PER STANDING ORDER DATED 10-25-00,  
PATIENT STATES SHE IS NOT ALLERGIC TO EGGS, .25CC IM R DELTOID, B64470HA  
MEDEVA, PATIENT TO RETURN TO NURSE IN 30 MIN. FOR REACTION CHECK.

/es/ PATRICIA J PALASTRO  
lpn  
Signed: 10/26/2000 09:49

TITLE: PC CBOC-G CDI PART 1 TL  
DATE OF NOTE: OCT 26, 2000@09:26:30 ENTRY DATE: OCT 26, 2000@09:26:30  
AUTHOR: PALASTRO,PATRICIA J EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

GAYLE A DOVE is a 43 year old WHITE, NOT OF HISPANIC ORIGIN  
FEMALE seen in clinic today. The following information was  
obtained:

The date of Last Immunizations:

[X] -Tetanus: 10-26-00  
[X] -Pneumococcal: <65 YRS.  
[X] -Flu: 10-26-00

Patient wears seatbelts:

[X] -Always  
[] -Sometimes  
[] -Never

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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Printed On Nov 29, 2006

## Tobacco use:

- Patient does not smoke.
- Patient smokes:
- Counseling provided regarding tobacco use and need to quit.
- Referred to smoking cessation class.
- Referral declined.

## Substance Abuse:

- Patient has never used alcohol/illicit drugs. (ILLICIT DRUGS)
- Patient has used alcohol in past:
- Patient uses alcohol and/or substances: (ALCOHOL)

## CAGE:

- Negative.
- Positive.
- Referral done to SATP.
- Referral declined.

DOVE, GAYLE A was assessed for learning needs. The assessment revealed that he/she:

- has no learning barriers.
- has no difficulty understanding English.
- has hearing deficit.
- has sight impairment. BIFOCALS, R EYE LAVIS
- has difficulty understanding written material.
- has no motivation to learn
- has no special needs related to culture/religious preferences or living/financial situation.
- other (specify):

The patient's education needs will be met by the following methods, based on the learning preferences of the patient:

- written material provided.
- written material and verbal review provided.
- verbal review provided.
- verbal review with written material provided to significant other.
- video tape with review of material covered.
- demonstration of procedure with correct return of demonstration by patient.
- Other (Specify):

## Patient has:

### OBESITY:

- Yes
- No

### HYPERTENSION:

- Yes
- No

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Progress Note

Printed On Nov 29, 2006

Patient has BMI of:

Patient BMI is 23.

Weight Control counseling and need to increase physical activity discussed. Patient verbalizes understanding of information provided.

COPD:

Yes

No

Inhaler prescribed:

Yes

No

Instructions provided on proper administration of inhaler and correct technique demonstrated by patient.

The patient was provided the following educational material and verbalizes understanding of information:

Nutrition and exercise/physical activity

Advanced Directives

Prostate cancer screening education

Patient Rights/Responsibilities

Medications

Diagnosis and plan of care

If applicable:

Modified Diet

Equipment TENS UNIT

Social/Community Resources

Other: (Specify) -

DIABETES:

Yes

No

If yes:

Foot Assessment completed (OP 181-16)

Was a brief screen for depression or mood disorder, using standard instrument was administered?

Yes

No, patient was treated for depression or MDD during the past year.

Depression screen results:

Negative

Positive

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE

225 RIVER FOREST DRIVE

BOILING SPRINGS, SOUTH CAROLINA 29316

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# Progress Note

Printed On Nov 29, 2006

- [] Referred to MHC completed.
- [] Referral to MHC declined.

/es/ PATRICIA J PALASTRO  
lpn  
Signed: 10/26/2000 09:32

TITLE: PCC CBOC NURSING NOTE TL  
DATE OF NOTE: OCT 26, 2000@09:23:12 ENTRY DATE: OCT 26, 2000@09:23:13  
AUTHOR: PALASTRO, PATRICIA J EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

Vital Signs: Temperature : 98.5 F [36.9 C] (10/26/2000 09:22)  
Pulse: 75 (10/26/2000 09:22)  
Respirations: 24 (10/26/2000 09:22)  
Blood Pressure: 133/83 (10/26/2000 09:22)  
Weight: 141.6 lb [64.4 kg] (10/26/2000 09:22)  
Height: 66 in [167.6 cm] (10/26/2000 09:22)  
Pain Scale: 0 (10/26/2000 09:22)

S PATIENT HERE FOR RTC; 02 SAT RA 98%, PATIENT STATES HE HAS CHRONIC NASAL AND CHEST CONGESTION, PATIENT USE AN ORAL INHALER; PATIENT REQUESTING REVIEW OF PRESCRIPTIONS; PATIENT HAS PENDING LABS FROM 5-12-00 AND 3-17-00, MD/NURSE PRAC. TO ADVISE PATIENT IF SHE SHOULD PROCEED WITH THESE LABS TODAY; PATIENT WILL DISCUSS CURRENT MEDS AND HEALTH STATUS WITH MD/NURSE PRAC.

O PLEASE SEE ABOVE

A PLEASE SEE ABOVE; PATIENT ALERT, VERBAL, AMBULATORY

P PATIENT REFERRED TO MD/NURSE PRAC.; CDI/PI UPDATED IN COMPUTER, FLU VACCINE GIVEN TODAY

/es/ PATRICIA J PALASTRO  
lpn  
Signed: 10/26/2000 09:26

TITLE: G-PSYCHIATRY CONSULT-DR EARLE  
DATE OF NOTE: OCT 12, 2000@08:12 ENTRY DATE: OCT 12, 2000@08:13:22  
AUTHOR: EARLE, JULIUS R JR EXP COSIGNER:  
URGENCY: STATUS: COMPLETED  
SUBJECT: Psychiatric Consultation

OCT 12, 2000

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
■■■■■■■■■■

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# Progress Note

Printed On Nov 29, 2006

DOVE, GAYLE A, (515-64-6094), a 43 y.o. WHITE, NOT OF HISPANIC ORIGIN /FEMALE veteran, referred to Psychiatry for further assessment and/or treatment of... "Provisional Diagnosis: SC PTSD  
Reason For Request: This is a 42 year old female veteran who has a hx of PTSD She needs management of her problem Please expedite for an early interview"

VITAL SIGNS: TEMP: 99.7 F [37.6 C] (10/05/2000 13:59)  
PULSE: 108 (10/05/2000 13:59)  
RESPIRATION: 20 (10/05/2000 13:59)  
BLOOD PRESSURE: 138/81 (10/05/2000 13:59)

HISTORY OF PRESENT ILLNESS: Vet gives hx of seeing Psychiatrist and Psychologist for the last 6 years in Biloxi MS. She moved to S'burg area in March this year and has not been seeing any mental health providers during this time. She has been on Prozac and Trazodone for years. Gives hx of giving child up for adoption when she was 16 yr old and OCT 1999 her son (~27 yo) made contact with her. This being her only child she followed through with meeting him and learned she has 2 grandchildren. Then in DEC 1999 he was charged with molesting his 3 month old daughter. She bought a house in S'burg area so he would have somewhere to live. She then went back to MS in April and married her boyfriend of ~ 9 months. While she was gone her father agreed to move down from MI to stay in the house and help with her son. Her son skipped bail, then was later charged with shooting and killing a lady in the Spartanburg SC area. Her father called and said he was moving back to MI and she needed to come take care of the house or sell it! Now her son has instructed his wife to not allow the vet visitation with their children, the vet's grandchildren! "My nerves have been SHOT!"

Vet describes increased irritability, depression, anxiety as well as increased migraine headaches. She admits she "takes it out" on her husband. She is sleeping 4-5 hours/night by her description. She fractured a rib ~ 6 weeks ago and it is still hurting her. She is scheduled for gallbladder surgery on MON, 16 OCT 00.

She states she takes Prozac and recently increased it on her own from 40 mgm to 60 mgm/day. She also takes 150 mgm Trazodone each evening. She has been on Prozac for ~ 5 years and Trazodone "a long time!" She had quit taking the Trazodone but started back on it ~ 1 month ago.

Gives hx of having taken the following meds at sometime in the past: Zoloft, Ativan, Klonopin, Buspar.

Does not recall ever taking Serzone, Remeron, Effexor, or Paxil.

She states she is planning to move back to MS "sometime in the coming months!"

#### PAST MEDICAL/SURGICAL HISTORY:

Hx of Wrist surgery X 4 for ganglion cyst

Hx of Total Hysterectomy (SC)

Hx of "Pelvic Adhesion Disease"

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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[REDACTED]

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# Progress Note

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Hx of Cyst removal from axilla and neck  
Hx of "ulcers"  
Hx of Migraine headaches (SC)  
Hx of PTSD (SC)

Hx of Psychiatric Hospitalization twice in 1999 in Biloxi MS VAMC  
Hx of Psychiatric Hospitalization @ Spartanburg Regional Med Ctr in APR 00

KNOWN ALLERGIES/DRUG SENSITIVITIES: none known

Computerized Problem List is the source for the following:

1. Treatment Compliance Problem \* 08/04/00  
BIGGERSTAFF, DEB
2. MIGRAINE UNSPEC W/O INTRACT. 12/17/99 MEGA, JEROME  
FRA

#### ACTIVE MEDICATIONS:

Computer is the source for the following medication list:

ESTRADIOL 1MG TAB Sig: TAKE 1 TABLET(S) BY MOUTH EVERY DAY  
RANITIDINE HCL 150MG TAB Sig: T1 TAB BID F REFLUX  
CAFFEINE 100/ERGOTAMINE 1MG TAB Sig: T 1 P F HEADACHE. MAY REPEAT 1 HOUR  
LATER NOT TO EXCEED 7 TABLETS PER WEEK  
CYPROHEPTADINE HCL 4MG TAB Sig: T 1 TID  
FLUOXETINE HCL 20MG CAP Sig: T 2 CAP QD  
TRAZODONE HCL 100MG TAB Sig: T 1 & 1/2 TAB HS  
PROMETHAZINE HCL 25MG TAB Sig: T1 TABLET PO Q4H PRN F NAUSEA  
OXYCODONE 5 MG (ROXICODONE) Sig: T 1-2 TAB Q6H F HEADACHE  
SUMATRIPTAN SUCCINATE 50MG TAB Sig: T1 TAB AT ONSET OF MIGRAINE. MAY  
REPEAT ONE TIME IN 2 HOURS. DO NOT EXCEED DOSAGE (#9 F 30 DAYS)  
SUMATRIPTAN SUCC 6MG/0.5ML STATDOSE RFL Sig: INJECT 1 SYRINGE P F  
HEADACHES NOT TO EXCEED 2 SHOTS IN 24 HOURS

#### LAB FINDINGS:

No LITHIUM results in last 2Y  
No DEPAKOTE results in last 2Y

FAMILY/SOCIAL HISTORY: 2 brothers, one in KS and one in FL; 1/2 brother  
who she has not seen since he was 5 yo and he's in his 30's now.  
CURRENT OCCUPATION/LAST WORKED: disabled  
CURRENT MARITAL STATUS: married in APRIL 00 for 4th time. Current husband,  
Don Murray, is also a disabled veteran. Divorced x 3.  
CHILDREN: only child given up for adoption when vet 16 yo as described  
above.  
PSYCHIATRIC HISTORY IN FAMILY: none reported

MILITARY SERVICE HISTORY: US AF 1975-87 as radar operator. Reports being  
"raped" by supervisor who suicided when she reported it!

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
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[REDACTED]

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## PERSONAL HABITS:

ALCOHOL/DRUG USE/ABUSE: "social" drinker, 3x/week  
SMOKING HISTORY: 1+ ppd.

## MENTAL STATUS EXAMINATION:

APPEARANCE: Neat casual appearance, well groomed  
SPEECH: Normal rate and rhythm  
THOUGHTS: goal-directed, sequential, concrete  
PERCEPTIONS: No active hallucinations or delusions  
COGNITIVE FUNCTION: Grossly normal, fund of knowledge appropriate to education and personal experiences  
MOOD: irritable, depressed  
AFFECT: anxious, mild depression. Denies active suicidal/homicidal thinking.  
INSIGHT: superficial, limited  
JUDGEMENT: fair, impulsive with minimal provocation

## DIAGNOSTIC IMPRESSION (DSM IV):

AXIS I: PTSD, Chronic (SC)  
Dysthymic Disorder, secondary type  
AXIS II: none  
AXIS III: Allergic to: none known  
AXIS IV: PSYCHOSOCIAL STRESSORS:  
AXIS V: GAF, CURRENT: 49 GAF, HIGHEST IN PAST YEAR: ??

PLAN: Agreed to medication trial after discussing common side-effects, risks and benefits, and target symptoms. Remeron 30 mgm, 1 po QHS. Referral to Ruth Beddingfield, MSW re: possible Group Therapy. RTC to me in 1-2 months.

/es/ Julius Earle, Jr, MD  
GOPC Psychiatry  
Signed: 10/16/2000 10:51

## TITLE: NEUROLOGY NOTE

DATE OF NOTE: OCT 05, 2000@19:12:05 ENTRY DATE: OCT 05, 2000@19:12:05  
AUTHOR: STILL, CHARLES N EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

ms dove came to mrc for percocet#60/30d/prn/headaches (migraine). she is a 43yo left-handed usaf veteran who served as a radar operator, 1975-1987. please refer to dr. vallini's consultation note for details of her medical history. she said she did not continue cafergot or periactin as neither had helped. she said she had a severe h/a on 10/4/00, with nausea and vomiting. she continues to smoke a pack of cigarettes/day.

vs: t=99.7f p=108 bp=138/81 r=20 wt=137# pain=5/10.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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dx: migraine headaches.

plan:

- 1) d/c percocet/periactin/cafergot.
- 2) add plain oxycodone5mg#60/30d/prn/headaches.
- 3) renew other meds prn.
- 4) return mrc 1 month.

/es/ CHARLES N STILL

MD

Signed: 10/05/2000 19:21

TITLE: NURSE PRACTITIONER  
DATE OF NOTE: SEP 19, 2000@09:03      ENTRY DATE: SEP 19, 2000@09:03:13  
AUTHOR: STAFFORD,SARAH H      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

Pt notified via mail of recent pap smear report.

/es/ SARAH F HEATON,RN,CS

NURSE PRACTITIONER

Signed: 09/19/2000 09:03

TITLE: WOMEN'S CLINIC CONSULT  
DATE OF NOTE: SEP 12, 2000@14:33:41      ENTRY DATE: SEP 12, 2000@14:33:41  
AUTHOR: STAFFORD,SARAH H      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

SEP 12, 2000

GAYLE A DOVE is a 43 year old WHITE, NOT OF HISPANIC ORIGIN female seen in clinic tod for: annual pap smear and screening exams. Hx of pelvic adhesions which has resulted in chronic pelvic pain. Pain is described in rt lower pelvic quadrant, sharp, may be as a stabbing pain occurring any time of day or night. Pain is of short duration, not longer than 2 hrs, and is intermittent. Not related to food or activity. Allows pain to subside gradually due to hx of GI ulcers and cannot take NSAIDS/. NKDA, smokes app 10-12 cigarettes dailyx 30 years. Rare use of ETOH.

Allergies: Allergies Unknown

Current Outpatient Medications:

Computer is the source for the following medication list:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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RANITIDINE HCL 150MG TAB Sig: T1 TAB BID F REFLUX  
TRAZODONE HCL 100MG TAB Sig: T 1 & 1/2 TAB HS  
FLUOXETINE HCL 20MG CAP Sig: T 2 CAP QD  
PROMETHAZINE HCL 25MG TAB Sig: T1 TABLET PO Q4H PRN F NAUSEA  
CAFFEINE 100/ERGOTAMINE 1MG TAB Sig: T 1 P F HEADACHE. MAY REPEAT 1 HOUR LATER NOT  
CYPROHEPTADINE HCL 4MG TAB Sig: T 1 TID  
APAP 325/PHENYLTOLOXAMINE 30MG TAB Sig: ONE PO Q6H P  
OXYCODONE 5MG/APAP 325MG Sig: T 1 Q6H F HEACHACHES NOT TO EXCEED 10 TABLETS PER  
SUMATRIPTAN 6MG/0.5ML INJ KIT Sig: INJECT 1 SYRINGE P F HEADACHES NOT TO EXCEED 2 S  
SUMATRIPTAN SUCC 6MG/0.5ML STATDOSE RFL Sig: INJECT 1 SYRINGE P F HEADACHES NOT TO  
MIRACLE MOUTHWASH (OZ) Sig: T1 TSP SWISH AND SWALLOW AFTER MEALS AND AT BEDTIME QI

Vitals: Weight: 135 lb [61.4 kg] (09/12/2000 13:42)  
Height: 66 in [167.6 cm] (08/30/2000 14:56)  
BP: 107/79 (09/12/2000 13:42)  
Temperature: 98.7 F [37.1 C] (09/12/2000 13:42)  
Respiration: 16 (08/30/2000 14:56)  
Pain: 4 (09/12/2000 13:42)  
BMI: Patient BMI is 22.

Computerized Problem List is the source for the following:

1. Treatment Compliance Problem \* 08/04/00 BIGGERSTAFF, DEB
2. MIGRAINE UNSPEC W/O INTRACT. 12/17/99 MEGA, JEROME FRA

S: Monthly self-breast exams?  Yes  No  
Do you need education in self breast exams?  Yes  No  
Mother, sister, daughter have breast cancer?  Yes  No  
Last mammogram date: 1998 or 99lt: neg  
History of breast problems?  Yes  No  
If so, what?  
Age when menses began: 13  
Date of last normal menstrual period: Hyst  
Menstrual cycles  Regular  Irregular  
# of days of menstrual periods:  
Menopause?  Yes  No  
If yes, age at onset?  
Do you take hormones?  Yes  No  
If so, what? Estrace  
# of Pregnancies: 1  
# of live births: 1  
# of abortions/miscarriages:  
Birth control method:  
Last PAP Smear: 1996 Result: neg

Have you ever had:

- Abnormal PAP Smear  Biopsy of Cervix  
 Cryosurgery (freezing) of cervix  Cautery (heat) to cervix

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316

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# Progress Note

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- |  |  |
|--|--|
| <input type="checkbox"/> Colposcopy                  | <input type="checkbox"/> LEEP  |
| <input type="checkbox"/> Tubal Ligation              | <input checked="" type="checkbox"/> Hysterectomy                         |
| <input type="checkbox"/> Cesarean Section            | <input checked="" type="checkbox"/> Ovaries Removed                      |
| <input type="checkbox"/> Ovarian Cysts               | <input type="checkbox"/> Uterine Fibroids                                |
| <input checked="" type="checkbox"/> Pelvic Infection | <input type="checkbox"/> Endometriosis                                   |
| <input type="checkbox"/> Yeast infection (vaginal)   | <input type="checkbox"/> Cancer of the uterus,<br>ovaries, and/or breast |
| <input type="checkbox"/> Trichomonas                 |  |
| <input type="checkbox"/> Herpes                      |  |
| <input type="checkbox"/> Chlamydia                   |  |
| <input type="checkbox"/> Gonorrhea                   |  |
| <input type="checkbox"/> Syphilis                    |  |
| <input type="checkbox"/> Genital Warts               |  |

Other:

O: Physical exam reveals:

Thyroid: Palpable, WNL  
Cardiac: WNL, PMI not displaced, no gallops, murmurs or rubs  
Lungs: Clear to auscultation  
Breasts: No masses, nipple discharge or retraction. No axillary nodes  
Genitalia: No lesions  
Cystocele:  Yes  No  
Rectocele:  Yes  No  
Bus: No tenderness, redness, or discharge  
Vagina: Pink, moist ruggae  
Cervix: Surgically absent  
Uterus: " "  
Ovaries: " "  
Rectal: Tone good. Normal color stool in vault.  
Hemorrhoids:  Yes  No

Other:

Assessment: S/P hyst and bso. Hx of pelvic adhesions

Plan:  Cervical  Vaginal Cuff PAP  
 Mammogram ordered for routine screening  
 Xrays ordered  
 Labs ordered  
 Cultures done for:  
 Wet prep of vaginal secretions  
 Consultation(s) done  
 Medications ordered Estrace 1 mg  
 Treatments recommended  
 Patient education provided Menopausal Mgt  
 Other  
 RTC 6 months

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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# Progress Note

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/es/ SARAH F HEATON, RN, CS  
NURSE PRACTITIONER  
Signed: 09/12/2000 14:42

TITLE: CDI/PI PART II  
DATE OF NOTE: SEP 12, 2000@14:29:46 ENTRY DATE: SEP 12, 2000@14:29:46  
AUTHOR: STAFFORD, SARAH H EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

DIABETES:

- Yes
- No

Did findings of diabetic foot screen indicate the patient had an "at risk foot"?

- No
- Yes
- Referral to foot clinic completed.
- Referral declined.

Labs:

No CREATININE results in last 1Y

- Serum creatinine as noted above and/or ordered.

No A1C results in last 1Y

- A1C Hemaglobin as noted above and/or ordered.

No LIPID PROFILE results in last 2Y

- Lipid profile with LDL-C as noted above and/or ordered.

No MICROALBUMIN results in last 1Y

- Microalbuminuria as noted above and/or ordered.

- Fundoscopic Exam completed and/or ordered
- Eye care is provided in the private sector.

COPD:

- Yes
- No

No PFT on File within 2Y.

- Pulmonary Function Test completed/ordered (within 24months).
- Pulmonary Function Test declined by patient.

ISCHEMIC HEART DISEASE:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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- Yes  
 No  
If yes:  
Patient prescribed:  
 Aspirin  
 Aspirin contraindicated  
 Betablockers  
 Betablockers contraindicated  
 Cholesterol HMG-CoA recorded and/or ordered.  
 Ejection Fraction completed and/or ordered.  
 Ejection Fraction testing declined by patient.  
 ACE Inhibitor ordered or contraindication documented.

#### ALL PATIENTS ANNUAL SCREENING:

Was a brief screen for depression or mood disorder, using standard instrument was administered?

- Yes  
 No, patient was treated for depression or MDD during the past year.

#### Depression screen results:

- Negative  
 Positive  
 Referred to MHC completed.  
 Referral to MHC declined.

#### Screening:

##### Colorectal exam:

- Patient declines exam.

##### Hemoccult:

- Negative  
 Positive  
 Hemoccult cards sent w/ patient to return to lab.  
 Hemoccult cards offered to patient but patient declined.

#### If applicable:

##### Cervical Cancer:

- PAP smear completed and/or ordered.

##### Breast Cancer:

- Mammogram completed and/or ordered.

/es/ SARAH F HEATON, RN, CS

NURSE PRACTITIONER

Signed: 09/12/2000 14:30

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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# Progress Note

Printed On Nov 29, 2006

TITLE: PC PHYSICIAN  
DATE OF NOTE: AUG 30, 2000@15:15      ENTRY DATE: AUG 30, 2000@15:16:25  
AUTHOR: KHAN, MOHAMMAD A      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

S. Patient here for referral to sleep clinic  
O. Ambu  
A. Sleep Apnea  
P. Refer to pulmonary

/es/ MOHAMMAD A KHAN  
MD  
Signed: 08/30/2000 15:16

TITLE: PCC CBOC NURSING NOTE TL  
DATE OF NOTE: AUG 30, 2000@14:57      ENTRY DATE: AUG 30, 2000@15:03:31  
AUTHOR: WERNER, WANDA S      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

Vital Signs:    Temperature :    98.7 F [37.1 C] (08/30/2000 14:56)  
                  Pulse:            76 (08/30/2000 14:56)  
                  Respirations:    16 (08/30/2000 14:56)  
                  Blood Pressure: 150/84 (08/30/2000 14:56)  
                  Weight:          136.4 lb [62.0 kg] (08/30/2000 14:56)  
                  Height:         66 in [167.6 cm] (08/30/2000 14:56)  
                  Pain Scale:     7 (08/30/2000 14:56)

Alert and oriented veteran in for scheduled appt, requesting exam for "sleep apnea"; States husband has to shake her during sleep to get her to breathe though at other times he has told her she snores very loudly; Veteran is ambulating with a stiff gait due to fractured 11 th rib and bruises on right forearm, and thigh, as well as left hip and side; Client states she fell 8-27-00 and was treated at Spartanburg Regional; Refer to MD/NP;

/es/ WANDA S WERNER  
RN, staff nurse  
Signed: 08/30/2000 15:03

TITLE: NEUROLOGY CONSULT  
DATE OF NOTE: AUG 29, 2000@11:58      ENTRY DATE: AUG 31, 2000@12:04:05  
AUTHOR: VALLINI, A DANIEL      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

The patient is a 43-year-old female who suffers from severe migraine headaches. The patient lives in Biloxi, Florida and is

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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temporarily living in Spartanburg. She has been treated by a neurologist for the past five years in Biloxi.

Headaches come with a frequency of two times per week and each time lasts from a few hours to two days. The patient is taking estrogen daily as a replacement and she smokes one pack a day; these are two factors for her headaches however, she is not willing to stop the hormone or to stop the smoking. The patient describes her headache as a combination of tension, stress and migraine headache. Her headaches are worsened by fluorescent light, chocolate, sunlight and heat.

The headaches are preceded by a warning sign of a black dot flashing in her visual field, 90% of the time allocated in the right side of the head, and there are shooting, stabbing and throbbing pains.

The patient admits she is severely stressed out. When she was 16 years old she delivered a child and she gave that child for adoption. Recently this child has contacted them and she visited this man who was living with his wife and has two children. Very shortly after this visit her son was jailed because of molesting sexually his three-month old daughter. Our patient bought the house for this son when he was released from jail. Shortly after release from jail her son killed another person.

The patient has moved back here to South Carolina trying to sell the house she had bought for her son to have money to be able to manage the legal problems of her son. She reports he is in psychotherapy for post-traumatic stress disorder and depression.

She changes her glasses often. She suffers from sinus headaches and also temporomandibular joint pains.

She has tried numerous medications for her headaches and none of them produce great benefit. She has tried gabapentin, Stadol, Inderal, valproic acid, verapamil, amitriptyline and Midrin without benefit. Maxzide does not help the headaches either.

She complained that only the narcotics are effective for her headaches. She cannot take nonsteroidal anti-inflammatory drugs. Percocet so far has been the best medicine for her headache.

The patient has never tried Periacin, Sansert, Cafergot, Ergomar or Ergostat.

Today the patient has what she claims is a severe headache and she is crying during this examination. However, when she is

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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■■■■■

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distracted by something else she can look much more animated.

I did not do an examination since the light bothers the eye. The patient has had numerous MRIs and other tests that were completely normal.

IMPRESSION: Migraine and psychogenic headache.

We agree that she will be taking the following medications. The new medicines will be:

- 1) Cafergot that she will take prn.
- 2) Periactin 4 mg 3 times a day every day to prevent headaches.

She will continue on her old medications including:

- 1) Trazodone 150 mg at hour of sleep.
- 2) Promethazine prn for nausea.
- 3) Imitrex injectable prn.
- 4) Prozac 40 mg daily.
- 5) Percogesic two tablets prn.

The patient will return October 5 in the afternoon to the Medication Refill Clinic.

We discussed her situation to some extent and I do not think we will be able to effectively treat her headaches as long as she is smoking, using hormones and having the life stressors she is having now. I believe the patient understands this. Her husband will have control of the Percocet to avoid overdose. We will do a brief neurologic examination next time.

#MT#000829-SC22800#SCP0831B.128

/es/ A DANIEL VALLINI  
MD

Signed: 09/01/2000 08:21

TITLE: DENTAL NOTE  
DATE OF NOTE: AUG 29, 2000@13:54:07 ENTRY DATE: AUG 29, 2000@13:54:07  
AUTHOR: STUART, JOHN C EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

EVALUATE ORAL LESIONS FROM LAST WEEK. PT. APPEARS TO BE DOING BETTER ON MOUTH WASH THAN TROCHES. CONTINUE WITH BOTH MEDS. TONGUE AND PALATE BOTH LOOK MUCH BETTER TODAY.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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# Progress Note

Printed On Nov 29, 2006

/es/ JOHN C STUART  
D.M.D.  
Signed: 08/29/2000 13:55

TITLE: TELEPHONIC CONTACT  
DATE OF NOTE: AUG 25, 2000@12:23      ENTRY DATE: AUG 25, 2000@12:26:17  
AUTHOR: STRONGE, LAURA J      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

PT CALLED REQUESTING TO BE EVALUATED FOR SLEEP APNEA, AND HER HUSBAND ALSO WHO IS A PT HERE. TOLD HER SHE WOULD NEED TO BE REFERRED TO PULMONARY IN COLUMBIA BY HER PRIMARY DOCTOR. SHE HAS APPT IN OCT, BUT WILL CALL SCHEDULING TO SEE IF AN EARLIER APPT AVAILABLE AND TO MAKE ONE FOR HER HUSBAND

/es/ LAURA J STRONGE  
RN  
Signed: 08/25/2000 12:26

TITLE: DENTAL NOTE  
DATE OF NOTE: AUG 23, 2000@11:20      ENTRY DATE: AUG 23, 2000@11:27:20  
AUTHOR: HODGES, ADAM C      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

HHR, Pt. presents from Greenville clinic c/o pain associated w/ max. R pos. area. Radiographic exam shows possible MB root fx. #3 but pt. complaint not consistent w/ and perio. depths not consistent w/ fracture. Pt. does have multiple 1mmX1mm red, erosive lesions palatal to teeth #2 and #3 and extending to ant. pillars of fauces. Lesions are approximately 5 in number. Pt. does have mildly tender swollen cervical lymph node on R side. Lesions appear to be consistent w/ being of fungal nature. Informed pt. of this and she understood. Rx. Miracle Mouth Rinse Disp 8 oz, Mycelex troches. Pt. asked for pain control medication but I denied telling her that the medication I was prescribing should suffice. N.V. Follow-up 8/29/00

/es/ ADAM C HODGES  
D.M.D  
Signed: 08/23/2000 11:27

TITLE: DENTAL NOTE  
DATE OF NOTE: AUG 17, 2000@15:47      ENTRY DATE: AUG 17, 2000@15:55:30  
AUTHOR: PERLSTEIN, STEPHEN P      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)  
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Emergency walk-in - cc pain upper right back teeth present for a week. #2,3 have had RCT and prosthetic crns. Ulceration on hard palate approximating #2, 2mmx2mm. Radiograph - is gutta percha cone extending into sinus? No great perio pocket depths. Is this a perio or endo problem or both? Prescribed several pain relievers - the pharmacy says she has analgesics (she says she doesn't) - her drug profile suggests she abuses narcotics. Pharmacy suggested Percogesic tabs. Referred pt to Cola for eval and care - she will go early and wait to be seen.

/es/ PERLSTEIN

DDS

Signed: 08/17/2000 15:55

TITLE: PHARMACY NOTE

DATE OF NOTE: AUG 04, 2000@12:00:28 ENTRY DATE: AUG 04, 2000@12:00:29

AUTHOR: BIGGERSTAFF,DEBORAH EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

\*\*\* PHARMACY NOTE Has ADDENDA \*\*\*

PT CONTACTED CONCERNING DISPOSITION OF RXS FROM 080300. RXS WOULD BE READY FOR PICKUP ON AFTERNOON OF 080400. PT REQUESTED THAT THEY NOW BE MAILED. ALSO INFORMED PT THAT A NEURO APPT HAD BEEN SCHEDULED FOR HER ON TUESDAY, AUGUST 29TH AT 11AM ON 5 WEST AT DORN.

PROVIDER ONLY APPROVED RXS FOR ONE MONTH (NO REFILLS).

MS DOVE HAS BEEN TO 3 DIFFERENT VA SINCE THE FIRST OF THE YEAR. THE PDX FOR BILOXI & MONTGOMERY AND THE INFORMATION AT GOPC REFLECT POOR COMPLIANCE FROM THIS PT. ROUTINELY COMES IN UNSCHEDULED, DOES NOT KEEP SCHEDULED APPTS, DOES NOT HAVE LABS DRAWN WHEN ORDERED AND OVERUSED SOME MEDS IN BILOXI PER PHCY NARRATIVE. PT'S HUSBAND, DONALD MURRAY #9394, ACCOMPANIES HER ON HER VISITS. HE HAS ALSO BEEN TO THE SAME 3 VA SITES THIS YEAR. HE HAS REPEATED CLAIMS OF NOT RECEIVING MEDS, WANTING MEDS REPLACED, & BEING SHORTED ON QTY SINCE BECOMING A PT AT GOPC THIS YEAR.

MS DOVE HAS BEEN ASKED TO TRANSFER HER RECORDS FROM THE OTHER VA SITES & HAVE ACTIVE RXS & FUTURE APPTS CANCELLED ON MORE THAN ONE OCCASSION. SHE HAS YET TO COMPLY. SHE STATES SHE MOVED TO SPARTANBURG IN JANUARY & IS BEING FOLLOWED BY A PRIVATE NEUROLOGIST. SHE HAS HAD ACTIVE RXS FILLED & VISITS AT BILOXI AS RECENTLY AS 4-00 AND AT MONTGOMERY AS RECENTLY AS 6-00. BOTH HUSBAND & WIFE REQUEST PAIN MEDS AND/OR NERVE MEDS.

BOTH HUSBAND & WIFE EXHIBIT DRUG SEEKING BEHAVIOR. HAVE BEEN ASKED TO

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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BRING IN PRIVATE AND VA RECORDS WITH NO RESULTS. REFER TO PROVIDER NOTE AT GOPC 080300 & NOTES UNDER HUSBAND AS WELL.

/es/ DEBORAH KAY BIGGERSTAFF

Signed: 08/04/2000 12:29

Receipt Acknowledged By:

08/04/2000 14:37 /es/ Julius Earle, Jr, MD  
GOPC Psychiatry

08/16/2000 14:15 /es/ GLENN E NISKE

08/10/2000 09:02 /es/ DANNY J MCCAMLEY  
CHIEF OF POLICE

08/07/2000 ADDENDUM STATUS: COMPLETED  
FORWARDING TO BEHAVIORAL COMMITTEE & VA POLICE CHIEF FOR REVIEW AND  
POSSIBLE DRUG-SEEKING ALERT.

/es/ DEBORAH KAY BIGGERSTAFF

Signed: 08/07/2000 14:55

TITLE: PC PHYSICIAN  
DATE OF NOTE: AUG 03, 2000@15:59 ENTRY DATE: AUG 03, 2000@16:35:06  
AUTHOR: KHAN, MOHAMMAD A EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

\*\*\* PC PHYSICIAN Has ADDENDA \*\*\*

S. This is the first contact with this patient as a regular appointment Here with full load of complaints as regards are current health problems No records are available this patient was seen and treated at Biloxi VA She has moved to Spartanburg in January of this year Patient has been seen at Spartanburg by a neurologist and she was admitted for a week and treated for Migraine headache Patient is still under the care of the neurologist She is on neurontin, immetrex and ?DHA shots, self administered She had a full work up done for her headache including MRI, etc Earlier part of the year this patient was admitted at Montgomery VA for pneumonia where she was treated with I/V antibiotics Patient had initial work up for migraine at Biloxi VA Patient is a pack a day smoker Patient also gives a hx of complete hystrectomy with both ovaries taken out at age 28 because of ?adhesive disease of the pelvis She was reoperated for adhesions of the bowel and also had appendectomy Patient also has a hx of PTSD Patient also gives a hx of peptic ulcer disease with endoscopiesX2 Patient has all sorts of complaints and keeps on relating to complaints as I am typing. She says that she is having sore throat. Patient also complaining of

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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difficulty in urinating She also complains of Pain down her L lower chest on respiration and cough She thinks that it is from pneumonia Patient is tery while relating her history and wears a sunglass Her husband is along with her Patient gives a long list of neames of medications but she has not brought any of the bottles or list of the medications She is at present on neurontin, immetrex, estaerese, zantac  
O. Ambu Not in ac distress No signs of CCF Wearing sun glasses Teary when talking Carotids palpable No bruits Heart NSR Chest Clear Discomfort on presurre over L lower ant ribs Cns O  
A. SC for Migraine Headaches SC PTSD SC S/P Removal of Uterus and Ovaries SC Rhinitis Hx of Recent Pneumonia  
P. I discussed with patient and her husband that she has to establish base here with all the records before we can start treating or managing her conditions She was told that she needs appt with the neurologist to formulate her migraine headache treatment She needs referral to psychiatry for her PTSD Needs appt to Womens clinic Will try to give her some of her medications Do CXR and do lab work RTC 3 mo

/es/ MOHAMMAD A KHAN  
MD  
Signed: 08/03/2000 16:35

08/03/2000 ADDENDUM STATUS: COMPLETED  
Patient has had the use of stadol nasal spray for her migraine headache She knows how to use it

/es/ MOHAMMAD A KHAN  
MD  
Signed: 08/03/2000 16:50

TITLE: PCC CBOC NURSING NOTE TL  
DATE OF NOTE: AUG 03, 2000@13:57:11 ENTRY DATE: AUG 03, 2000@13:57:11  
AUTHOR: PALASTRO, PATRICIA J EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

\*\*\* PCC CBOC NURSING NOTE TL Has ADDENDA \*\*\*

Vital Signs: Temperature : 98.5 F [36.9 C] (08/03/2000 13:55)  
Pulse: 79 (08/03/2000 13:55)  
Respirations: 16 (08/03/2000 13:55)  
Blood Pressure: 130/76 (08/03/2000 13:55)  
Weight: 135 lb [61.4 kg] (08/03/2000 13:55)  
Height: 66 in [167.6 cm] (08/03/2000 13:55)  
Pain Scale: 8 (08/03/2000 13:55)

s patient here for rtc; patient had pneumonia 2-2000, patient prescribed inhaler and meds from Montgomery VA, 02 Sat 99%, c/o pain in L lower

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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chest on and off since 2-2000; today Migraine HA; pain in R pelvic area x's 2 days, forced urinatiion not a natural flow; patient c/o sleeplessness, nightmares, "bad" nerves r/t PTSD; patient has had nose bleeds, bloody ememsis, nausea off and on since 2-2000, patient states she has a stomach ulcer; patient will further discuss current meds and health status with md/nurse prac.

o please see above

a please see above; patient verbal, alert, ambulatory

p patient referred to md/nurse prac.

a please see above; patient alert, verbal, ambulatory

/es/ PATRICIA J PALASTRO

lpn

Signed: 08/03/2000 14:05

08/03/2000 ADDENDUM

STATUS: COMPLETED

Patient has pending labs from 3-17-00 and 5-12-00, md/nurse prac. to advise patient if patient should proceed with labs today.

/es/ PATRICIA J PALASTRO

lpn

Signed: 08/03/2000 14:34

TITLE: PHARMACY NOTE

DATE OF NOTE: MAY 15, 2000@16:07:20 ENTRY DATE: MAY 15, 2000@16:07:21

AUTHOR: BIGGERSTAFF,DEBORAH EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

FORWARDING NOTE TO PROVIDER ALONG WITH GOPC MED PROFILE & COPY OF PDX FROM VA BILOXI. PT HAS ACTIVE RXS AT BILOXI AS WELL AS FUTURE APPTS. PT'S CARE NEEDS TO BE TERMINATED AT BILOXI & RECORDS TRANSFERRED IF PT PLANS TO CONTINUE CARE AT GOPC.

/es/ DEBORAH KAY BIGGERSTAFF

Signed: 05/15/2000 16:09

TITLE: PC PHYSICIAN

DATE OF NOTE: MAY 12, 2000@17:11

ENTRY DATE: MAY 12, 2000@17:22

AUTHOR: KHAN,MOHAMMAD A

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE

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S. As noted in nurses note and Ms West's initial contact  
O. In life support Not in ac distress Systemic exam stable Neurology no ac changes

A. Chronic migraine Headache

PDiscussed with patient about her headache Will give percocet to carry home and phenergan tabs RTC as scheduled

/es/ MOHAMMAD A KHAN

MD

Signed: 05/12/2000 17:22

TITLE: PCC CBOC NURSING NOTE TL

DATE OF NOTE: MAY 12, 2000@15:55 ENTRY DATE: MAY 12, 2000@16:01:15

AUTHOR: HRUSCHAK, NANCY LEE EXP COSIGNER:

URGENCY: STATUS: COMPLETED

UNSCHEDULED VISIT:

S: HAS HAD INTERMITTENT MIGRAINE H/A FOR PAST FEW DAYS, GOT MUCH WORSE THIS AM. WOKE UP WITH SEVERE H/A, TOOK IMITREX INJ (RX FROM BILOXI, MISS. VA) AT 6AM. REPEATED THIS AT AROUND 11AM. ALSO HAS TAKEN GABAPENTIN 300MG 2 TAB BETWEEN 2 INJ. (THIS ALSO FROM BILOXI VA) HAS HAD N/V LAST VOMITED AT 12NOON. WAS HERE 3-29 AND WAS SEEN BY DR ADAMS. REQUESTING SOMETHING STRONGER FOR PAIN

O:

Vital Signs: Temperature : 98.6 (05/12/2000 15:54)  
Pulse: 80 (05/12/2000 15:54)  
Respirations: 16 (05/12/2000 15:54)  
Blood Pressure: 110/80 (05/12/2000 15:54)  
Weight: 126 (05/12/2000 15:54)  
Height:  
Pain Scale: 8 (05/12/2000 15:54)

A: AS ABOVE P: REFER TO MD

/es/ NANCY LEE HRUSCHAK, R.N.

R.N.

Signed: 05/12/2000 16:01

TITLE: PCC (GOPC) UNSCHEDULED VISIT

DATE OF NOTE: MAR 29, 2000@12:42 ENTRY DATE: MAR 29, 2000@12:49:38

AUTHOR: ADAMS, JOHN DOUGLAS EXP COSIGNER:

URGENCY: STATUS: COMPLETED

GOPC UNSCHEDULED VISIT

CHIEF COMPLAINTS/HISTORY OF PRESENT ILLNESS: Typical Headache of gradual onset. Began last night. R sided throbbing with photophobia and nausea

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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# Progress Note

Printed On Nov 29, 2006

MEDICATIONS: REVIEWED

ALLERGIES:

Allergies Unknown

REVIEW OF SYSTEMS:

DENIES CHILLS, FEVER, NIGHT SWEATS, WEIGHT LOSS/GAIN;  
HEADACHES, VISUAL CHANGES; CHEST PAIN, SOB; ABDOMINAL PAIN, N/V/D; CHANGES  
IN BOWEL OR BLADDER FUNCTION; SWOLLEN OR PAINFUL JOINTS, PERIPHERAL EDEMA;  
PARASTHESIAS; SKIN CHANGES; MOOD SWINGS, SUICIDAL OR HOMOCIDAL IDEATIONS.

PHYSICAL EXAM:

GENERAL APPEARANCE: WELL-DEVELOPED, WELL-NOURISHED FEMALE IN NO APPARENT  
DISTRESS.

VITAL SIGNS: Stable

HEIGHT:

WEIGHT: 126 (03/17/2000 16:14)

TEMPERATURE: 99.1 (03/17/2000 16:14)

PULSE: 62 (03/17/2000 16:14)

BLOOD PRESSURE: 108/61 (03/17/2000 16:14)

RESPIRATION: 16 (03/17/2000 16:14)

HEENT: NC/AT, FACE SYMMETRICAL; PERRL, EOMI. CANALS PATENT, TM'S INTACT W/O  
ERYTHEMA, BULGING OR RETRACTION. MMM. NO LESIONS NOTED. OROPHARYNX  
NON-INJECTED, NO EXUDATES. PHONATES W/O DIFFICULTY. SINUSES NON-TENDER.

NECK: SUPPLE; TRACHEA MIDLINE. NO CAROTID BRUITS. NO JVD  
NO LYMPHADENOPATHY

CHEST: CHEST EXPANSION SYMMETRICAL. BBS CTA.  
RESPIRATIONS REGULAR AND NONLABORED.

HEART: RRR; NO RMG.

ABDOMEN: BOWEL SOUNDS ACTIVE, NO BRUITS; SOFT/NT/ND. NO HSM, OR MASSES.

BACK: NO CVAT; FROM

EXTREMITIES: FROM, NO CCE. PERIPHERAL PULSES PALPABLE. MUSCLE STRENGTH  
SYMMETRIC.

INTEG: INTACT, NO LESIONS, TURGOR ADEQUATE.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE

225 RIVER FOREST DRIVE

BOILING SPRINGS, SOUTH CAROLINA 29316

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

# Progress Note

Printed On Nov 29, 2006

NEURO/PSYCH: ALERT, ORIENTED, COOPERATIVE, SPEECH CLEAR. GAIT STEADY. NO FOCAL DEFICITS. NO ABNORMAL MOVEMENTS.

DIAGNOSTICS: REVIEWED/PENDING

IMPRESSION/PLAN: Migraine Headache

PATIENT VERBALIZES UNDERSTANDING OF INSTRUCTIONS AND IS AGREEABLE TO TREATMENT PLAN.

See Chart

/es/ JOHN DOUGLAS ADAMS

Emergency Med MD

Signed: 03/29/2000 12:50

TITLE: NURSE PRACTITIONER

DATE OF NOTE: MAR 17, 2000@17:44

ENTRY DATE: MAR 17, 2000@18:01:34

AUTHOR: WEST, MARY H

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

s. states she stopped in montgomery. treated for pneumonia there. was driving through that area checked self in marriot motel. when checking in room "they" realized that i needed help. i was admitted to local va after "they" talked to my son. not seen in biloxi recently but treated for migranes from biloxi va.

states maxed on imetrex today and now not feeling well. most of pain at present lf. temporal area. continues to smoke some. states takes gabapentan and stadol which usually helps if taken as directed. this is prescribed by neurology in biloxi. requesting demoral and phenergan today.

o. pupils dialated 4cm and nonreactive. wearing sun glasses which were removed for exam. tm bil. clear, nostril red no edema or crustation noted. pharynx neg. lungs coarse heart rrr. wearing long pants and long sleaved top. no inspection of skin done.

Vital Signs: Temperature : 99.1 (03/17/2000 16:14)  
Pulse: 62 (03/17/2000 16:14)  
Respirations: 16 (03/17/2000 16:14)  
Blood Pressure: 108/61 (03/17/2000 16:14)  
Weight: 126 (03/17/2000 16:14)  
Height:  
Pain Scale: 6 (03/17/2000 16:14)

a/p. due to questionable hx and general state at this time will use compazine 10mg q8h prn nausea #10. get labs next week. sch. dr. e. clinic within month. get record from montgomery va and biloxi. f/u care as indicated

/es/ MARY H WEST

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

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# Progress Note

Printed On Nov 29, 2006

Signed: 03/17/2000 18:01

TITLE: PCC CBOC NURSING NOTE TL  
DATE OF NOTE: MAR 17, 2000@16:15      ENTRY DATE: MAR 17, 2000@16:21:23  
AUTHOR: HRUSCHAK, NANCY LEE      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

Vital Signs:    Temperature :      99.1 (03/17/2000 16:14)  
                  Pulse:                      62 (03/17/2000 16:14)  
                  Respirations:        16 (03/17/2000 16:14)  
                  Blood Pressure:     108/61 (03/17/2000 16:14)  
                  Weight:                     126 (03/17/2000 16:14)  
                  Height:  
                  Pain Scale:            6 (03/17/2000 16:14)

UNSCHEDULED VISIT:

S: VET HAS HAD MIGRAINE H/A SINCE 3-16 PM, H/A EASED SOME LAST NIGHT AND THEN RETURNED THIS AM HAS TAKEN 2 IMITREX INJECTIONS TODAY LAST ONE AT 12N, ALSO TAKEN FORICET AND IS NAUSEATED. RATES PAIN 6/10 SCALE VET STATES SHE WAS RELEASED FROM BILOXI, MS VA 2-28 AFTER A 2 WEEK STAY FOR PNEUMONIA. STATES WAS SENT MEDICINE BY BILOXI MS VA BUT VET DID NOT BRING THEM WITH HER.

O: SEE VS

A: AS ABOVE    P: REFER TO NP/MD, PDX RECIEVED FROM BILOXI VA, NO DSC SUMMARY AVAILABLE YET. WILL HAVE FILE ROOM TRY AND GET SOME INFORMATION

/es/ NANCY LEE HRUSCHAK, R.N.  
R.N.

Signed: 03/17/2000 16:21

TITLE: PCC (GOPC) UNSCHEDULED VISIT  
DATE OF NOTE: JAN 26, 2000@18:10      ENTRY DATE: JAN 26, 2000@18:14:41  
AUTHOR: WEST, MARY H      EXP COSIGNER:  
URGENCY:      STATUS: COMPLETED

GOPC UNSCHEDULED VISIT

CHIEF COMPLAINTS/HISTORY OF PRESENT ILLNESS: MIGRANES-SEE NURING  
TAKES BIRTH CONTROL--SMOKES CIGERATES-STATES HOUSE IS UP FOR CLOSING THIS WEEK END AND PLANS TO LIVE IN GREENVILLE

MEDICATIONS: REVIEWED

ALLERGIES:

Allergies Unknown

REVIEW OF SYSTEMS:

DENIES CHILLS, FEVER, NIGHT SWEATS, WEIGHT LOSS/GAIN;

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
■■■■■■■■■■

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# Progress Note

Printed On Nov 29, 2006

HEADACHES, VISUAL CHANGES; CHEST PAIN, SOB; ABDOMINAL PAIN, N/V/D; CHANGES IN BOWEL OR BLADDER FUNCTION; SWOLLEN OR PAINFUL JOINTS, PERIPHERAL EDEMA; PARASTHESIAS; SKIN CHANGES; MOOD SWINGS, SUICIDAL OR HOMOCIDAL IDEATIONS.

## PHYSICAL EXAM:

GENERAL APPEARANCE: WELL-DEVELOPED, WELL-NOURISHED FEMALE IN APPARENT DISTRESS WITH HEADACHE

## VITAL SIGNS:

### HEIGHT:

WEIGHT: 133 (01/26/2000 16:29)

TEMPERATURE: 98.6 (01/26/2000 16:29)

PULSE: 72 (01/26/2000 16:29)

BLOOD PRESSURE: 82/58 (01/26/2000 16:29)

RESPIRATION: 16 (01/26/2000 16:29)

HEENT: NC/AT, FACE SYMMETRICAL; PERIL, EOMI. CANALS PATENT, TM'S INTACT W/O ERYTHEMA, BULGING OR RETRACTION. MMM. NO LESIONS NOTED. OROPHARYNX NON-INJECTED, NO EXUDATES. PHONATES W/O DIFFICULTY. SINUSES NON-TENDER.

NECK: SUPPLE; TRACHEA MIDLINE. NO CAROTID BRUITS. NO JVD  
NO LYMPHADENOPATHY

CHEST: CHEST EXPANSION SYMMETRICAL. BBS COARSE  
RESPIRATIONS REGULAR AND NONLABORED.

HEART: RRR; NO RMG.

ABDOMEN: BOWEL SOUNDS ACTIVE, NO BRUITS; SOFT/NT/ND. NO HSM, OR MASSES.

BACK: NO CVAT; FROM

EXTREMITIES: FROM, NO CCE. PERIPHERAL PULSES PALPABLE. MUSCLE STRENGTH SYMMETRIC.

INTEG: INTACT, NO LESIONS, TURGOR ADEQUATE.

NEURO/PSYCH: ALERT, ORIENTED, COOPERATIVE, SPEECH CLEAR. GAIT STEADY. NO FOCAL DEFICITS. NO ABNORMAL MOVEMENTS.

DIAGNOSTICS: REVIEWED/PENDING

IMPRESSION/PLAN: HX MIGRANES-CONTINUE PHENERGAN-FIROCET Q6H PRN PAIN/#60-  
IMETREX 50MG 1/2 25MG ONCE AND REPEAT IN 1 HOUR IF NOT RELEASED-# 6-APP.  
6MOS AND F/U PRN-

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

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# Progress Note

Printed On Nov 29, 2006

PATIENT VERBALIZES UNDERSTANDING OF INSTRUCTIONS AND IS AGREEABLE TO TREATMENT PLAN.

/es/ MARY H WEST

Signed: 01/26/2000 18:14

TITLE: PCC CBOC NURSING NOTE TL  
DATE OF NOTE: JAN 26, 2000@16:34:27 ENTRY DATE: JAN 26, 2000@16:34:28  
AUTHOR: BURRELL, DONNA F EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

#### UNSCHEDULED

PATIENT C/O SEVERE HA...HX OF MIGRAINES...N/V  
NEEDS IMITREX...AT LAST VISIT PATIENT WAS VISITING...NOW PLANS ON  
MOVING HERE...NEEDS F/U APPT.

Vital Signs: Temperature : 98.6 (01/26/2000 16:29)  
Pulse: 72 (01/26/2000 16:29)  
Respirations: 16 (01/26/2000 16:29)  
Blood Pressure: 82/58 (01/26/2000 16:29)  
Weight: 133 (01/26/2000 16:29)  
Height:  
Pain Scale: 10 (01/26/2000 16:29)

/es/ DONNA F BURRELL

RNc

Signed: 01/26/2000 16:36

TITLE: PCC (GOPC) NURSE PRACTITIONER TRIAGE NOTE (MEGA)  
DATE OF NOTE: DEC 16, 1999@16:36:09 ENTRY DATE: DEC 16, 1999@16:36:09  
AUTHOR: MEGA, JEROME FRANCIS EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

DEC 16, 1999

Vital Signs: Weight: 131 (12/16/1999 15:41)  
Temperature: 98.4 (12/16/1999 15:41)  
Pulse: 80 (12/16/1999 15:41)  
Respiration: 18 (12/16/1999 15:41)  
Blood Pressure: 139/81 (12/16/1999 15:41)

Allergies/ADR's: Allergies Unknown

No active problems in computerized problem list as of 12/16/99@16:36

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE  
225 RIVER FOREST DRIVE  
BOILING SPRINGS, SOUTH CAROLINA 29316  
[REDACTED]

VISTA Electronic Medical Documentation

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# Progress Note

Printed On Nov 29, 2006

**Active Outpatient Medications:**

No current outpatient medications found in computer.

S/O: DOVE, GAYLE A is a 42y/o FEMALE patient who presents in triage clinic today w/ complaint of Visiting veteran from Biloxi VA here for second unscheduled visit to GOPC for migraine headache. States she is visitng her daughter and grandchildren in Greenville area for a couple months. Is unsure when she is returning to the Biloxi area. c/o migraine headache "I woke up with it this morning", with nausea and vomiting. Has taken imitrix injection and tabs as well as tylenol today without relief. Is 30% service connected for migraine headaches. HX OF MIGRAINES. HAD AURA WITH THIS HA AS WELL AS N&V.

Stat labs reveal:

A: MIGRAINE

P: RENEW: PERCOCET #60 1 PO QD-BID PRN NO REF. PER DR. EDWARDS.; PHENERGAN 25MG #40 1 PO Q6H PRN 2 REF.

NUR: DEMEROL 75MG AND PHENERGAN 25MG IM TODAY (DR. EDWARDS SIGNATURE TO CHART). RTC PRN.

/es/ JEROME FRANCIS JR MEGA

NURSE PRACTITIONER

Signed: 12/16/1999 16:40

TITLE: PCC CBOC NURSING NOTE TL

DATE OF NOTE: DEC 16, 1999@15:42:01 ENTRY DATE: DEC 16, 1999@15:42:02

AUTHOR: MEMMER, SUSAN E

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

S-Visiting veteran from Biloxi VA here for second unscheduled visit to GOPC for migraine headache. States she is visitng her daughter and grandchildren in Greenville area for a couple months. Is unsure when she is returning to the Biloxi area. c/o migraine headache "I woke up with it this morning", with nausea and vomiting. Has taken imitrix injection and tabs as well as tylenol today without relief. Is 30% service connected for migraine headaches.

O-Vital Signs: Temperature : 98.4 (12/16/1999 15:41)

Pulse: 80 (12/16/1999 15:41)

Respirations: 18 (12/16/1999 15:41)

Blood Pressure: 139/81 (12/16/1999 15:41)

Weight: 131 (12/16/1999 15:41)

Height:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

DOVE, GAYLE

225 RIVER FOREST DRIVE

BOILING SPRINGS, SOUTH CAROLINA 29316

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# Progress Note

Printed On Nov 29, 2006

Pain Scale: 8 (12/16/1999 15:41)

A-Amb, NAD

P-Refer to MD/NP.

/es/ SUSAN E MEMMER RN

RN

Signed: 12/16/1999 15:44

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

DOVE, GAYLE

225 RIVER FOREST DRIVE

BOILING SPRINGS, SOUTH CAROLINA 29316



VISTA Electronic Medical Documentation

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# GASTRO

MEDICAL RECORD

PROGRESS NOTES

DATE 10/28/99

HT 136 WT 5'6" 798 R 80 R16 B/P 88/72

NR A

Flu Gastro & Dr. MD Davidson b.g. McCallie EW

0820

Hx Epigastric pain 2-3 mo - Recurr. - Smo age 29  
Pt c / Hx Small DU:

H. Pylori +ve.

(S) NSAIDs.

Hx Headache - Tylenol & Gabapentin  
and ASA

o/w no - affo - chest R/seen.  
abn soft - non tender.

(A) Epigastric pain - recurrent.  
Pain - EUP.

? Non-Upper Dyspepsia

(P)(E) EUP - Shalaby 11/5/99

G

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank, rate; hospital or medical facility)

REGISTER NO.

WARD NO.

### PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)

Prescribed by OSA/CMR.

FIRMA(41CFR)201-45.505

509-111

DOVE, GAYLE A

08/15/97

PROGRESS NOTES

DATE

0657

MEDICAL RECORD	PROGRESS NOTES
----------------	----------------

DATE

ADM

UA ON 20/20 -1

CC OS 20/20

DFA Dng 0.4-0.85

VWm

med

P Allen sup trf. phly & hor, & lens a kg

42079

379.24 A) P lora

362.63 lls by

Gk

**OPHTHALMOLOGY**

DILATE MYD1.1 NE02.4

OU OD OS X1 X2 X3

DATE 10-19-99

TIME 09:10

9:40 AM

in room

check in

at 30 AM app

@ hor lattice

Was seen flora OD sup by OD. & flora

P Allen

SLE Kef

Ac DA

11/18 9:53

**OPHTHALMOLOGY**

DILATE MYD1.1 NE02.4

OU OD OS X1 X2 X3

DATE 11-30-99

TIME 09:53

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

V. CARRIERE, M.D.

OPHTHALMOLOGY

Don. Aylo

**PROGRESS NOTES**

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/ICMR,

FIRMR(41CFR)201-45.505

509-111



MEDICAL RECORD	CONSULTATION SHEET
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REQUEST		
TO: <u>Eye Clinic</u>	FROM: (Requesting physician or activity) <u>026-1</u>	DATE OF REQUEST <u>9/2/99</u>
REASON FOR REQUEST (Complaints and findings)		

42 y/o w f. c lattice - "lights flashing" in Rt eye. Please see ASD. TK

PROVISIONAL DIAGNOSIS  
Subd above

DOCTOR'S SIGNATURE <u>[Signature]</u>	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY
--	----------	--	---

CONSULTATION REPORT

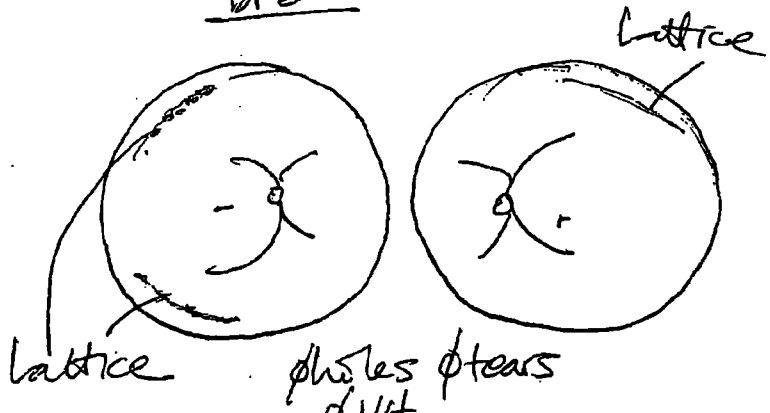
VA  $\left\{ \begin{array}{l} 20/20-2 \\ 20/20 \end{array} \right.$   
 TA  $\left\{ \begin{array}{l} 20 \\ 18 \end{array} \right.$   
 SUB:

pupils  $\left\{ \begin{array}{l} 4 \rightarrow 2 \\ 4 \rightarrow 2 \end{array} \right.$  RAPD  
 EOM'S \* \* \*  
 DFE:

42 y/o WF hospitalized for depression of one episode of flashing lights this am in right eye. Denies change in vision

PMH: ODM, HTN  
 PH: PTSD Depression  
 PHT: Lattice  
 ALL: NKDA  
 Meds: Prozac  
 Buspirone  
 Gabapentin  
 Oxazepam

U: wnl  
 CS: Quiet  
 K: cl  
 AC: DDO  
 F: wnl  
 L: cl



A: Lattice Retinal Degeneration - stable  
 P: FU in eye clinic (6 months)

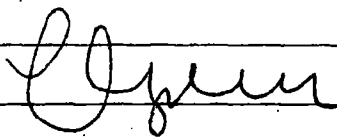
SIGNATURE AND TITLE <u>[Signature]</u>	DATE <u>9/2/99</u>
---	-----------------------

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.
--------------------	--------------	--------------	----------

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)

DOVE, GAYLE A  
 [Redacted]

CONSULTATION SHEET  
 STANDARD FORM 513 (Rev. 9-77)  
 Prescribed by GSA/ICMR  
 FPMR (41 CFR) 201-45.505  
 513-108

MEDICAL RECORD	PROGRESS NOTES
DATE	
10-5-89 1040 #2	<p>PATIENT IS STILL COMPLAINING OF            NIGHTMARES, WAS ON 626 FOR 12 DAYS            (6/22-8/1/89).            COMPLAINS OF WEARINESS AT WORK.            BROKE OFF WITH BRYFRUMP            MIDNIGHT PAIN 40-50            Olanzapine 5-5am            Gabapentin 300-5pm TID + 600-8pm            Buspirone 5mg TID</p> <p>PT IS OVERWEIGHT. WORKING SLOWLY            DEPRESSOR. SEE CONTINUING TO ATTEND            AA MEETINGS            RECOMMEND DAY MARIJUANA            PT WILL CONSIDER IT</p>
	<p style="text-align: right;">  <span style="float: right;">CAF 56</span> </p> <p style="text-align: right;">           Maurice D. Gelder, M.D.            AS3285170-867         </p>

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)	REGISTER NO.	WARD NO.
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Dove, Gary



**PROGRESS NOTES**  
 STANDARD FORM 608 (Rev. 11-77)  
 Prescribed by GSA/CMR.  
 FPMR(41CFR)201-45.505  
 508-111

NOTE DATED: 09/16/1999 10:43 PSYCHOLOGY-MENTAL HEALTH  
VISIT: 09/16/1999 09:00 WOMEN'S MHPC GOLD GROUP-GPT  
Women's MHPC Clinic/Group Therapy/Problem #2/GAF=55  
1st group session. Discussed goals of group. Identified how to learn to  
balance priorities and demands within relationships and wants and shoulds  
within relationships. Passed put handout on maintaining healthy  
relationships.

Client participated in group. She was able to identify with ideas  
presented in group. She shared examples from her own life of ways her  
relationships had gotten out of balance and tended to "blow up".

Signed by: /es/ AMY C. ROUNTREE, M.A.  
PSYCHOLOGY RESIDENT 09/16/1999 15:29  
Cosigned by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 09/17/1999 10:43

09/17/1999 10:43 Addendum  
Reviewed case with clinician. Agree with group objectives.  
Signed by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 09/17/1999 10:43

DOVE, GAYLE A

Biloxi, MS (CONS)  
Pt Loc: OUTPATIENT

Printed: 09/17/1999 10:43  
Vice SF 509

NOTE DATED: 09/13/1999 11:31 PSYCHOLOGY-MENTAL HEALTH  
VISIT: 09/13/1999 10:30 WOMEN'S MHPC GOLD SAPORITI-GPT  
WOMEN'S MHPC CLINIC/ INDIVIDUAL THERAPY/ PROB# 2,3/ GAF=55

S: Pt presents for scheduled appt. She was recently dc'd from 62G-1, where she had admitted herself for depression and suicidal ideation. Pt states that she is feeling much better now. There has been a change in her psychotropic medications. She also states that she is taking less medication for her migraines, which appears to have cleared up her thinking and improved her memory. She broke up with her fiance "for good this time". And she is increasing her involvement in AA.

O: Tired, but alert. Euthymic mood with responsive affect. Thought content and processing appears wnl.

A: Processed events that have occurred since last session. Discussed the relationship between physical symptoms/problems and mental distress. Praised pt for taking charge of her life and acknowledging her needs as important. Pt denies suicidal ideation.

P: RTC x 2 weeks for 1:1 therapy. Pt will begin group therapy on "Interpersonal Effectiveness" this week.

Signed by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 09/13/1999 11:57

DOVE, GAYLE A

Biloxi, MS (CONS)  
Pt Loc: OUTPATIENT

Printed: 09/13/1999 11:57  
Vice SF 509

MEDICAL RECORD

PROGRESS NOTES

Chart NOT available

DATE  
8-24-99

#1

PATIENT IS CONTINUING AS NURSE  
W/ GAITP BECAUSE OF AWKWARD BEHAVIOR  
OF CONFIDENTIALITY.

PT IS ANST, ANIMATED, EUPHYMIC.  
MADADACENS ↓

PROPRAC 400-5-11  
OLANAPINE 5-5-11

GABAPENTIN 300-5-11 TD TAKE 600-1-11 HS  
BUSPIRONE 5-5-11 TD

RETURN 11 WEEKS

GNFS9

Maurice D. Gelder, M.D.  
AS3285170-867

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle;  
grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

DOVE GAIC



PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/ICMR.

FIRMR(41CFR)201-45.505

509-111



MEDICAL RECORD

PROGRESS NOTES

DATE  
8-17-83  
11:15

WAKEM

#1  
#2

PATIENT 4 LYO VET STATED TO  
 HAVE HALLUCINATION THIS AM. AUDITION  
 & VISUAL, SHE IS HAVING A LOT  
 STRESSORS DUE TO SIGNIFICANT LOSSES  
 BROKE UP WITH FRANCHISE HAD ALSO  
 PATHERN EYE  
 STARTED TO HAVE HALLUCINATION AFTER  
 505 - VISTARIL THIS AM.  
 HAD 600MG PARALIN TID & 2 #15  
 PROPRAC 2 CAPS Q AM  
 ALANUPIN 500 MG  
 HALLUCINATIONS VISUAL ALL DAY  
 LONG FOR A MINUTE OR SO  
 (POSSIBLE DISSOCIATIVE REACTION  
 OR BEING SUICIDAL  
 DENIES DRUGS OR ALCOHOL  
 THIS EVENT MAY BE DUE TO VISTARIL  
 TOLD PATIENT TO DISCONTINUE VISTARIL  
 PLAN WILL START BUT PAR 505 BID  
 TOLD PATIENT NOT TO DRIVE.  
 PT HAS EUPHORIA (LOVING FEELING)  
 IS ANNOYED, CALM, TOLD PATIENT  
 NOT TO DRIVE BUT SHE INSISTS THAT SHE  
 IS OK NOW

PLAN RETURN TO WORK

*[Signature]*

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank, rate, hospital or medical facility)

GAYL, DOVE



REGISTER NO.

WARD NO.

PROGRESS NOTES D. Gelder, M.D.  
STANDARD FORM 50285170-867

Prescribed by GSA/ICMR, FPMR(41CFR)201-45.505 509-111



NOTE DATED: 08/03/99 18:06 PSYCHOLOGY GROUP-MENTAL HEALTH  
VISIT: 08/03/99 10:30 WOMEN'S MHPC GOLD GROUP-GPT  
WOMEN'S MHPC CLINIC / GOLD TEAM / GROUP THERAPY / PROBLEM 2 / GAF=50

Group member participated in Women's Issues Group session #9. Last session with this group. Focused on goals for future healthy relationships and termination issues. Group members shared past experiences that have affected their interpersonal styles. They also shared areas for improvement. Member was supportive of other members and appropriately participated in group discussion.

Signed by: /es/ NATALIE W GAUGHF, B.S.  
PSYCHOLOGY INTERN 08/03/99 18:06

Cosigned by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 08/04/99 10:38

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 08/04/99 10:39  
Vice SF 509



MENTAL HEALTH SERVICE  
TREATMENT PLAN

Provisional/Confirmed Diagnosis: PTSD, MAJOR DEPRESSIVE DISORDER

Advance Directives: YES: ✓ NO:        Barriers to learning: YES        NO ✓  
List:       

1. Identified Problem(s) and Number: DEPRESSION ASSOCIATED WITH  
IRITABILITY, ANGER, DISTRACTION, NERVOUSNESS

2. Patient's Assessment of Need: SUPPORTIVE PSYCHOTHERAPY WITH  
OR SCHEDULED, MEDICATION

3. Patient's Strengths/Weaknesses: HAS SOME INSIGHT + MOTIVATION  
IS AWARE

4. Goal(s): RESOLVE DEPRESSIVE SYMPTOMS

5. Method(s) to be used and Objectives with target dates of completion:

SUPPORTIVE Rx  
MEDICATION Rx (PRN) (e.g.)

6. Medication Follow-up: 1 MO

7. Prognosis/Motivation: GOOD TO FAIR

Signature/Date: Case Manager: Maurice D. Gelder MD 5-25-99

Patient: Gayle A. Dove

Other Team Member(s):       

SIGNATURE AND TITLE OF PRACTITIONER

Maurice D. Gelder MD

DATE

5-25-99

IMPRINT PATIENT DATA CARD

Dove, Gayle

Maurice D. Gelder, M.D.

AS2205170-888

MEDICAL RECORD  
SUPPLEMENT TO PROGRESS NOTE  
FOR SPECIALIZED DISCIPLINES

520-OP-273-116W-1 APRIL '98

**MENTAL HEALTH SERVICE  
OUTPATIENT TREATMENT PLAN**

**UPDATES**

See PN dated: \_\_\_\_\_

See PN dated: \_\_\_\_\_

Present: \_\_\_\_\_

Present: \_\_\_\_\_

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**Interdisciplinary Patient and Family Teaching Record**

**TEACHING ASSESSMENT**

Learns best:  Seeing  Hearing  Doing Able to read:  Yes  No Education level: DeGruin ASSOCIATE 1441025

Barriers/limitations:  Physical  Visual  Cognitive  Auditory  Language  Emotional  Other  None

Describe barriers/limitations and note plan to adapt patient teaching: \_\_\_\_\_

Cultural/religious practices affect the patient's healthcare?  No  Yes If yes, describe and document plan to adapt teaching: \_\_\_\_\_

Signature/Title Blawiea Salas MD Date 5-25-99

**CODES**

<b>A. Topic/Teaching Need</b>		<b>B. Learner</b>	<b>C. Teaching Method</b>
1. Disease/Condition	8. Rehab/ADLs	P = Patient	E = Explanation
2. Medications	9. Health Promotion/Prevention	S = Spouse	H = Handouts * (list title)
3. Diet/Nutrition	10. Community Resources	F = Family member	D = Demonstrate
4. Food/Drug Interaction	11. Follow-up instructions	O = Other	AV = Audiovisual * (list title)
5. Treatment/Procedure	12. Other		G = Group Presentation
6. Equipment Use/Safety			R = Reinforced
7. Hygiene			

**D. Evaluation**

- |  |                                 |
|--|---------------------------------|
| 1. Verbalizes/Discusses essential concepts | 5. Requires reinforcement       |
| 2. Asks appropriate questions              | 6. No evidence of understanding |
| 3. Demonstrates                            | 7. Refused teaching             |
| 4. Demonstrates with assistance            |                                 |

For each entry, include appropriate codes from above. \* Asterisk items require additional information in the "Comments" section on the back.

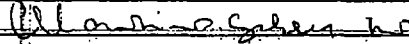
A. Topic/Teaching Need(s)	Readiness to learn Y/N*	B. Learner	Instructions/Discussion	C Teaching Method	D. Eval.	Date/Initial
1.	Y	P	DISCUSSED BEHAVIORAL PROBLEMS + INTERACTIONS	E	1,2	5-25-99 CB
1.2	Y	P	DISCUSSED MEDS	E	1,2	10-5-99 CB

SIGNATURE AND TITLE OF PRACTITIONER \_\_\_\_\_ DATE \_\_\_\_\_

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

Dove, Gayle [Redacted]

**MEDICAL RECORD**  
 SUPPLEMENT TO PROGRESS NOTE FOR  
 SPECIALIZED DISCIPLINES-VERTICAL  
 520-OP-212b-14A MARCH 1997

A. Topic/ Teaching Need(s)	Readiness to learn Y/N	B. Learner	Instructions/ Discussion	C. Teaching Method	D. Eval	Date/ Initial
Date	Time	Initials	Comments			
Initials	Signature/Title	Initials	Signature/Title			
52550		Py				
Referrals for further education or support ( circle P, S, F and/or O )						
P,S,F,O referred to _____				Date _____	Initial _____	
P,S,F,O referred to _____				Date _____	Initial _____	

MEDICAL RECORD	PROGRESS NOTES
DATE	HONOLULU
8-3-64	PATIENT WAS IN ON 6/61 8-22-64
OGBY	FOR SUICIDAL IDEATIONS. TOOK
	MULTIPLE OVERDOSE POSSIBLY
	FOR SLEEPWALKING
	MED GABAPENTIN 300mg - TID + 600mg MS
	PROPRANOLOL 40mg - BID
	HAS RUN OUT OF OLANzapine
	LAST THURSDAY.
	SHE HAS ANXIETY + SWAMS.
	PLAN VISITATION 50 - 1 - QID
	DX PTSD
	OGBY

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle;  
grade, rank, rate; hospital or medical facility)

REGISTER NO.

WARD NO.

OGBY, DOVE



**PROGRESS NOTES**

STANDARD FORM 508 (Rev. 11-77)

Prescribed by GSA/ICMR

FIRMR(41CFR)201-45.505

508-111



NOTE DATED: 07/22/99 19:50 PSYCHOLOGY GROUP-MENTAL HEALTH  
VISIT: 07/22/99 10:30 WOMEN'S MHPC GOLD GROUP-GPT  
WOMEN'S MHPC CLINIC / GOLD TEAM / GROUP THERAPY / PROBLEM 2 / GAF = 45

Client presented for session #7 of the Women's Issues Group. Two group members shared difficulties, which had occurred during the previous week. Consequently, group focused on substance abuse issues. Group member appropriately participated in group discussion and offered support to other members. RTC x 1 week.

Signed by: /es/ NATALIE W GAUGHF, B.S.  
PSYCHOLOGY INTERN 07/22/99 19:50  
Cosigned by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 07/23/99 14:06

07/23/99 14:06 Addendum  
Pt has been decompensating over the past few weeks. Met with pt before group for crisis intervention (see progress note), and advised pt to be admitted that afternoon for psychiatric stabilization. Pt agreed.  
Signed by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 07/23/99 14:09

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 07/23/99 14:10  
Vice SF 509

NOTE DATED: 07/16/99 12:04 PSYCHOLOGY-MENTAL HEALTH  
VISIT: 07/15/99 10:00 WOMEN'S MHPC GOLD GROUP-GPT  
WOMEN'S MHPC CLINIC / GOLD TEAM / GROUP THERAPY / PROBLEM 2 / GAF = 55

Client attended session #6. Women's Issues Group continued to focus on self-esteem. Group completed an activity and discussed positive aspects of themselves and their achievements. Group members encouraged each other to continue working to achieve their goals. Group facilitators provided education related to reframing negative thoughts. Group members shared incidents in which they have had to reframe negative thoughts in the past and discussed how reframing might be helpful in the future. Client encouraged other group members and actively participated in group. RTC x 1 week.

Signed by: /es/ NATALIE W GAUGHF, B.S.  
PSYCHOLOGY INTERN 07/16/99 12:07

Cosigned by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 07/16/99 13:48

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 07/16/99 13:48  
Vice SF 509

10/10

Department of Veterans Affairs

**MEDICAL CERTIFICATE**

1. DATE 7-79-99	2. TIME 0910 AM	3. AGE 41	4. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	5. ON ARRIVAL PATIENT WAS: <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> WHEELCHAIR	6. PHONE NUMBER ( )	7. HOMELESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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8A. ALLERGIES NKA	8B. WEIGHT 132	8C. TEMPERATURE 99°	8D. PULSE 105	8E. RESPIRATION 24	8F. B/P 142/80	8G. DUE TO INJURY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
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9. CURRENT MEDICATIONS Hydroxyzine, Benadryl, Insulin injections + tabs, Clonazepam 1 tab, Prozac, Gabapentin, Olanzapine, Kanibidex

10. TRIAGE Pt. d/d from CVA. History of pain on R side of head which started around 3am. Took Tylenol + ice pack to head but no relief.  
he Migraine

11. SIGNATURE  
Bruce E. Cochran

12. HISTORY AND PHYSICAL

S - AS above.

o - Neck & JVD Very upset, crying uncontrollably  
LCTA No tears  
CV-R-R-O-M Full distal pulses  
EXTR edema  
Fundi clear

Response to Compazine -> very good. patient sleeping peacefully

13. DIAGNOSTIC IMPRESSIONS Migraine H/A

14. PLAN Hep lock, Compazine 10mg IV volume # 0944 pain ↓ 4/10  
Urine drug screen

15A. ATTENDING OF RECORD  
15B. EXAMINER'S SIGNATURE  
R. Cochran

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT Home	2. AFTER CARE SHEET GIVEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	3. FOLLOWUP ACTIVITY - LIMITATIONS
---	--	------------------------------------

4. CONDITION <input checked="" type="checkbox"/> IMPROVED <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE 7/29/99 1330	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN Bruce E. Cochran
---	---	---

7. PATIENT INSTRUCTIONS  
072687 Discharge home  
Reglan #40 - 10mg + PO BID 15min AC  
Rest today. Keep appt's

VE. GAYLE A

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS  
PATIENT'S SIGNATURE  
V. Bruce E. Cochran

*[Faint, illegible text from the reverse side of the page is visible through the paper.]*

CONTINUATION FROM FRONT / PROGRESS NOTE		
STUDIES REQUESTED		RESULTS

FORM 10-1338 WORK COPY

Biloxi Division

Biloxi, MS (CONS) CLINICAL LABORATORY REPORT

DOVE, GAYLE A

07/29/1999 12:22

SSN: 515-64-6094 SEX: F AGE: 41 LOC: ER

Provider: COX, ROBIN ANN

Specimen: URINE

Accession [UID]: CC 0729 151 [1092100151]

Test name	Result	units	Ref.	range
AMPHETAMINES	NEG		NEG	
BARBITURATES	NEG		NEG	
BENZODIAZEPINES	NEG		NEG	
CANNABINOIDS	NEG		NEG	
COCAINE	NEG		NEG	
OPIATES	POS		NEG	
PHENCYCLIDINE	NEG		NEG	

KEY: "L"=Abnormal low, "H"=Abnormal high, "\*"=Critical value

RL

INTERDISCIPLINARY ADMISSION ASSESSMENT

EMERGENCY ROOM/CLINIC ASSESSMENT

15-04-6094 08/15/97

I. Date: 7-29-99 Time: 0910 Age: 41 Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Gender: F  
 Mode of Arrival:  Ambulance  Walk-In  Extended Care Facility  Other: \_\_\_\_\_  
 Source of Information:  Patient  Family/Friend  Old Chart  Other: \_\_\_\_\_  
 Chief Complaint: miscar  
 Allergies:  Medications  Food  Insects  Latex (must complete Latex Allergy questionnaire) \_\_\_\_\_  
 Reactions to Anesthesia: \_\_\_\_\_  
 Medical History/Past Surgeries/Hospitalizations: Miscarriage Headaches, PTSD, Removal of uterus & ovaries  
 Present Medications: Hydroxyzine, Benadryl, Imitren, Clonazepam & dose, Prozac, Gabapentin, Clonazepam, Ranitidine, Imitren tabs  
 Marital Status:  Married  Single  Divorced  Separated  Widowed  
 Religious Preference: Baptist  
 Blood/Blood Product Transfusion Preference:  None  Yes; Explain: \_\_\_\_\_  
 EMERGENCY NOTIFICATION:  
 Relative/Friend: Kay Dore Relationship: Father Phone Number: 228-396-1919

II. LEVEL OF CONSCIOUSNESS:  
 Alert  Oriented  Person  Place  Time  
 Verbally Responsive  Confused/Disoriented  Responds to Pain  
 BEHAVIOR:  Cooperative  Uncooperative  Combative  Withdrawn  Other: \_\_\_\_\_  
 EMOTIONAL/PSYCHOSOCIAL STATUS:  
 Calm  Anxious  Fearful  Depressed  Suicidal  Apathetic  
 ADL's/Level of Functioning: S = Self A = Assist T = Total  
 Bathing: (S) A / T Dressing: (S) A / T Eating: (S) A / T Mobility: (S) A / T  
 Oral Hygiene: (S) A / T Toileting: (S) A / T  
 Comments: \_\_\_\_\_

VITAL SIGNS						
Time	BP	Pulse	R	T	Pulse Oximeter	Pain Assessment (0-10 Scale) Comments
0910	142/80	105	24	99°	93 RA	10/10
0945	100/67	98	22			
1015	97/46	75	20			6/10
1100	98/45	79	20			
1200	112/52	77	20			
1330	122/64	64	20		95% RA	2/10

Signature/Title: Trace E. Sadler Date/Time: 7-29-99 0915  
 Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:  
 Reviewers:  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number) [REDACTED]

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT**

**III. PATIENT RIGHTS (If Yes, must be on chart):**

Advance Directives:  Yes  No  
 Type: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Organ Donor:  Yes  No  
 Tissue Donor:  Yes  No  
 Information/Pamphlet Provided:  
 Yes  No  Refused  
 Patient requests further information on:  
 Advance Directives  
 Organ Donation  
 Tissue Donation  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IV. POTENTIAL ABUSE:**

Not Applicable  
 Rape or Other Sexual Molestation  
 Domestic Abuse  
 Abuse or Neglect of Elders or Children  
 Evidence of Physical Assault  
 Unexplained Bruises  
 Unexplained Injuries  
 Unkempt, Dirty, Poor Hygiene  
 If yes to above, Initiate Center Memorandum 11-13-98 (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.  
 Date/Time Initiated: \_\_\_\_\_  
 Method of Notification: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**V. SKIN:**

Hot  Warm  Cool  Dry  Diaphoretic  Pink  Cyanotic  
 Rash  Lesions  Decubiti  Lacerations  Hematoma  Flushed  
 Other: \_\_\_\_\_

**VI. CARDIOVASCULAR/CIRCULATION:**

No Problem Identified  Chest Pain  Exertional  Rest  
 Chest Pain: Location: \_\_\_\_\_ Duration: \_\_\_\_\_  
 Frequency: \_\_\_\_\_ Severity: \_\_\_\_\_ (0-10 Scale)  
 What relieves pain: \_\_\_\_\_  
 Rhythm:  Regular  Irregular Leg Pain:  Exertional  Rest

	PULSES	
	Left	Right
Radial	✓	✓
Dorsalis Pedal	✓	✓
Posterior Tibial	✓	✓

	PUPILS	
	Left	Right
Size		
React		
Fixed		
Dilated		
Constricted		

1MM     2MM     3MM     4MM     5MM

	BREATH SOUNDS	
	Left	Right
Clear	✓	✓
Wheezing	/	/
Rhonchi	/	/
Rales	/	/
Other		

**VII. RESPIRATORY:**

Breathing Pattern:  Normal  Dyspnea  
 Exertional  At Rest  
 Cough:  None  Non-Productive  
 Productive

Signature/Title: Grace E. Scudler Date/Time: 7-29-99 @ 0920  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:  
 Reviewers: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT**

**VIII. MUSCULOSKELETAL:**

Moves All 4 Extremities     Hemiplegia     Paraplegia     Quadriplegia  
 Amputee     Contractures     Other: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**IX. GASTROINTESTINAL:**

Abdomen:     Soft     Rigid     Distended     Non-Tender     Tender  
 Bowel Sounds:     Normal     Absent     Hypoactive     Hyperactive  
 Last Bowel Movement: \_\_\_\_\_ Other: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**X. GENITOURINARY:**

No Problem Identified     Burning     Frequency     Hematuria     Incontinence  
 Last Menstrual Period: \_\_\_\_\_     Last Mammogram: \_\_\_\_\_  
 Last Pap Smear: \_\_\_\_\_     Other: \_\_\_\_\_

**XI. TREATMENTS DONE:**

IV: # 22 1310 (Flow Sheet Started)     N/G Tube     Foley  
 EKG     ABG     CXR     KUB  
 Aerosol Treatment: \_\_\_\_\_  
 Chem 7     CMP     Cardiac Enzymes     CBC     PT/PTT  
 Other: \_\_\_\_\_  
 Glucose Monitor: \_\_\_\_\_     Pulse Oximeter: \_\_\_\_\_  
 Other: \_\_\_\_\_

**MEDICATIONS ADMINISTERED:**

Time	Medication	Dose	Response	Signature
6:45	Compazine	10mg TPO orally	10:15 pain 2-3 min	Grace E. Schlerer

**XII. DISPOSITION OF PATIENT/CARE SETTING:**

Time: 1315

Discharged to Home     Admitted to Ward: \_\_\_\_\_  
 Admitted to ICU     Admitted to Mental Health Ward: \_\_\_\_\_  
 Transferred to Another Facility: \_\_\_\_\_  
 Method of Discharge:     Own Vehicle     Significant Other's Vehicle     Ambulance     Escorted to Gate  
 Accompanied By: Friend     Other: \_\_\_\_\_  
 Report Called To: \_\_\_\_\_  
 Patient Placed on Seriously Ill List:     Yes     No    Chaplain Notified:     N/A     Yes     No  
 List Items Brought to Hospital: \_\_\_\_\_  
 Disposition of Valuables:     Agent Cashier     MAA     Patient Effects     Patient     Family/Home

Signature/Title: Grace E. Schlerer    Date/Time: 7-29-99 1315  
 Date/Time: \_\_\_\_\_

**Readmission/Reassessment within 30 days:**

Reviewers: \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_    Date/Time: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number) 1-4-4 [REDACTED]

DOVE, GAYLE A  
 [REDACTED]

**PROGRESS NOTES**

pt did home - friend. pt states that her  
 "headache" is barely there." pt sitting on side  
 of bed talking to friend. pt given prescription,  
 instructed on how to take medicine. pt  
 encouraged to keep appt's - appt's reviewed  
 w/ pt.

**EKG RHYTHM STRIP**  
 (If Applicable)

Signature/Title: James E. Scoble

Date/Time: 4-29-99 15:30  
 Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewers:  
 Signature/Title: \_\_\_\_\_  
 \_\_\_\_\_

Date/Time: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
INPATIENT ASSESSMENT**

**XIII. PHYSICAL DISABILITIES:**

Arthritis:  Yes  No  
 Coordination Problems:  Yes  No  
 Limb Loss:  Yes  No  
 Seizures:  Yes  No  
 Emotional Status:  
 Calm  Apprehensive  Cooperative  
 Paralysis:  Yes  No  
 Pain:  Yes  No  
 Severity (0-10): \_\_\_\_\_  
 Tolerable Level of Pain: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Duration: \_\_\_\_\_  
 Exacerbation: \_\_\_\_\_  
 What relieves pain: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**ELIMINATION:**

Incontinence:  Yes  No  
 Indwelling Foley:  Yes  No  
 Ileostomy:  Yes  No  
 Colostomy:  Yes  No  
 Constipation:  Yes  No  
 Diarrhea:  Yes  No  
 Black, Tarry Stools:  Yes  No  
 Renal:  Yes  No  
 Prostate:  Yes  No  
 Comments: \_\_\_\_\_

**GASTROINTESTINAL:**

Diabetes:  Yes  No  
 Nausea and Vomiting:  Yes  No  
 Feeding Tube:  Yes  No  
 Hx of Ulcers:  Yes  No  
 ETOH Use:  Yes  No  
 \_\_\_\_\_/wk. Last Drink: \_\_\_\_\_  
 Dysphagia:  Yes  No  
 Religious Food Preference: \_\_\_\_\_  
 Type of Diet: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**TEETH:**

Bridges:  Yes  No  
 Dentures:  Yes  No  
 Upper: Full \_\_\_\_\_ Partial \_\_\_\_\_  
 Lower: Full \_\_\_\_\_ Partial \_\_\_\_\_  
 Broken:  Yes  No  
 Loose:  Yes  No  
 Missing:  Yes  No  
 Caps:  Yes  No

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Readmission/Reassessment within 30 days:**

Reviewers:  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

**PULMONARY:**

Smoker:  Yes  No  
 Packs Per Day: \_\_\_\_\_  
 Number of Years: \_\_\_\_\_  
 Recent URI:  Yes  No  
 COPD:  Yes  No  
 Tracheostomy:  Yes  No  
 Home O2:  Yes  No  
 TB:  Yes  No  
 Asthma:  Yes  No  
 SOB:  Yes  No  
 Cough:  Yes  No  
 Productive: \_\_\_\_\_  
 Nonproductive: \_\_\_\_\_  
 Color of Sputum: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**CARDIOVASCULAR/CIRCULATION:**

CHF:  Yes  No  
 Angina:  Yes  No  
 Last Occurrence: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Severity (0-10): \_\_\_\_\_  
 Exacerbation: \_\_\_\_\_  
 Relieved by: \_\_\_\_\_  
 MI:  Yes  No  
 Arrhythmias:  Yes  No  
 Hx Vascular Disease:  Yes  No  
 HTN:  Yes  No  
 CVA:  Yes  No  
 Pacemaker/AICD:  Yes  No  
 Thyroid Disease:  Yes  No  
 Sickle Cell Trait:  Yes  No  
 Hepatitis:  Yes  No  
 HIV:  Yes  No  
 Previous Blood Transfusion:  Yes  No  
 Comments: \_\_\_\_\_

1009 GAYLE A  
 244 03-15/55

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
INPATIENT ASSESSMENT**

6

**XIV. SLEEP/REST ASSESSMENT:**

Usual Number of Hours of Sleep: \_\_\_\_\_ Goes to Sleep at: \_\_\_\_\_ Rises at: \_\_\_\_\_  
 Difficulty Sleeping:  Yes  No Sleeping Aids:  Yes  No  
 Why? \_\_\_\_\_ What? \_\_\_\_\_

**XV. MISCELLANEOUS:**

Glasses:  Yes  No  
 Contact Lens:  Yes  No  
 Hearing Aid:  Yes  No  
 Artificial Eye:  Yes  No  
 Crutches:  Yes  No  
 Artificial Limb:  Yes  No  
 Brace:  Yes  No  
 Walker:  Yes  No  
 Cane:  Yes  No  
 Wheelchair:  Yes  No  
 Inlet/Spout/Hickman:  Yes  No  
 Comments: \_\_\_\_\_

**SKIN INTEGRITY:**

Rashes:  Yes  No  
 Bruises:  Yes  No  
 Infections:  Yes  No  
 Cuts:  Yes  No  
 Edema:  Yes  No  
 Site: \_\_\_\_\_  
 Degree: \_\_\_\_\_  
 General Problems: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**XVI. ULCER DOCUMENTATION:**

Date Acquired	Location	Size	Stage	Drainage

**BRADEN RISK SCALE:**

SCORE	1	2	3	4	TOTAL
Sensory Perception	Unresponsive	Responds to Pain	Responds to Verbal	No Problem	
Moisture	Always Wet	Often Wet	Rarely Wet	Dry	
Activity	Bedfast	Chairfast	Slightly Limited	Walks Frequently	
Mobility	Completely Immobile	Limited Movement	Slightly Limited	No Limits	
Nutrition	Very Poor Intake	Inadequate <1/2 meal	Adequate >1/2 meal	Excellent	
Friction	Max assist to move to bed	Minimum assist to move to bed	No Problem	No Problem	
					<b>TOTAL</b>

If score is <16, initiate Nursing Procedure 311, place patient on turning schedule, notify Enterostomal Therapy Nurse, and document skin changes.

Method of Notification:  E-Mail  Phone  Verbal Date/Time Notified: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewers:  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT**

**INPATIENT ASSESSMENT**

**XVII. PREDISPOSITION FOR FALLING:**

- Unsteady on Feet       Neurological Problems       Confused/Disoriented       Dizziness/Fainting       Prior Falls
- Poor Bladder Control       Poor Eyesight       Physical Disability       65 Years or Older
- Current Medication: Narcotics, Hypnotics, Sedatives, Diuretics       Unsafe Footwear

Patient placed on fall risk precautions:       Yes       No

Explanation: \_\_\_\_\_

Signature /Title of Initiator: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**PROGRESS NOTES:** \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days: \_\_\_\_\_  
 Reviewers: \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number) [Redacted] [Redacted]

**INTERDISCIPLINARY ADMISSION ASSESSMENT**  
**INPATIENT SCREENING TOOL**

8

**XVIII. NUTRITIONAL SCREENING:**

Unintentional weight loss of 5 pounds in last week:  Yes  No  
NPC > 3 Days:  Yes  No  
Unintentional weight loss of 10 pounds in last month:  Yes  No  
Tubed Feeding/IV Nutritional Support:  Yes  No Type: \_\_\_\_\_  
Non-Formulary Nutritional Support  
(Tubed Feeding/Parenteral) Products:  Yes  No Type: \_\_\_\_\_  
If any of the above identified, contact Clinical Dietitian.  
Method of Identification:  E-Mail  Phone  Verbal Date/Time Notified: \_\_\_\_\_  
Initial: \_\_\_\_\_

**SOCIAL WORK/DISCHARGE PLANNING SCREENING:**

Need Identified:  Yes  No  
Patient will need supportive care or support of caregiver at discharge for activities of daily living:  Yes  No  
Patient lives alone and is not capable of independent living:  Yes  No  
Patient is not capable of planning for own care:  Yes  No  
Patient is homeless:  Yes  No  
If any of the above identified, contact Social Worker:  
Method of Identification:  E-Mail  Phone  Verbal Date/Time Notified: \_\_\_\_\_  
Initial: \_\_\_\_\_

**FUNCTIONAL SCREENING:**

Need Identified:  Yes  No  
Able to perform activities of daily living without assistance:  Yes  No  
Developed within the last month:  CVA  Head Trauma  Brain Injury  Fall  
Newly identified weakness/paralysis:  Yes  No  
If any of the above identified, contact Rehabilitation Medicine.  
Method of Identification:  E-Mail  Phone  Verbal Date/Time Notified: \_\_\_\_\_  
Initial: \_\_\_\_\_

**TEACHING ASSESSMENT:**

Learns best:  Seeing  Hearing  Doing Able to Read:  Yes  No Education Level: \_\_\_\_\_  
Barriers/Limitations:  Physical  Visual  Cognitive  Auditory  Language  Emotional  
 Other \_\_\_\_\_  None

Describe barriers/limitations and note plan to adapt patient teaching: \_\_\_\_\_

Age Specific Needs: \_\_\_\_\_

Cultural/Religious practices affect patient's healthcare?  Yes  No

If yes, describe and document plan to respect patient's needs: \_\_\_\_\_

**KNOWLEDGE OF DIAGNOSIS:**

1. Understands disease/condition:  Yes  No Explain: \_\_\_\_\_  
2. Understands treatment:  Yes  No Explain: \_\_\_\_\_  
3. Able to demonstrate use of prescribed equipment:  Yes  No  N/A Explain: \_\_\_\_\_

**KNOWLEDGE OF MEDICATIONS:**

1. Knows when to take:  Yes  No Explain: \_\_\_\_\_  
2. Knows reason medication is prescribed:  Yes  No Explain: \_\_\_\_\_

**SUPPORT SYSTEM TO ASSIST WITH LEARNING: (Check those applicable)**

Spouse  Family Member  Friend  No Support  N/A  
Name of Person included in teaching: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
\_\_\_\_\_ Date/Time: \_\_\_\_\_

**Readmission/Reassessment within 30 days:**

Reviewers:  
Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
\_\_\_\_\_ Date/Time: \_\_\_\_\_



1. DATE 7-18-99	2. TIME 0540 AM PM	3. AGE 41	4. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	5. ON ARRIVAL PATIENT WAS: <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> WHEELCHAIR	6. PHONE NUMBER ( )	7. HOMELESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8A. ALLERGIES NKDA	8B. WEIGHT 130	8C. TEMPERATURE 97.7	8D. PULSE 76	8E. RESPIRATION 18	8F. B/P 134/69	8G. DUE TO INJURY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

9. CURRENT MEDICATIONS *Stadol, Imitrex, Prozac, Clonazepam, Gabapentin, Mometin*

10. TRIAGE *C10, headache since yesterday; has taken imitrex x3 since then, C10 nausea, eyes sensitive. has also used Stadol inhaler 3 relief.*

SIGNATURE *Donita Davenport*

12. HISTORY AND PHYSICAL

*Gen A+O*

*Heart wnr*

*Neck supple*

*Lungs clear*

*Heart pulse*

*Abd soft*

*Neuro to foot per leg*

13. DIAGNOSTIC IMPRESSIONS *Cephalgia*

14. PLAN *Concomitant w slowly over 10min → 9/10*  
*Dexam 75mg / phenaz 20mg → 3/10*  
*Tylenol #3 1 or 2 p- 2-2 (10)*

15A. ATTENDING OF RECORD \_\_\_\_\_ 15B. EXAMINER'S SIGNATURE *[Signature]*

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	3. FOLLOWUP - ACTIVITY - LIMITATIONS <i>As Tolerated</i>
4. CONDITION <input checked="" type="checkbox"/> IMPROVED <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE 7/17/99 0700	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN <i>Anna [Signature]</i>
7. PATIENT INSTRUCTIONS <i>used med as direct</i> <i>Following 10 case</i>		

DOVE, GAYLE A



I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS  *Gayle A Dove*

[Large empty rectangular area for patient information or notes]

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

[Large empty rectangular area for continuation of progress notes]

STUDIES REQUESTED	RESULTS

INTERDISCIPLINARY ADMISSION ASSESSMENT

LOVE, GAYLE A

EMERGENCY ROOM/CLINIC ASSESSMENT

I. Date: 7-18-99 Time: 0540 Age: 41 HT: 66 WT: 130  
 Mode of Arrival:  Ambulance  Walk In  Extended Care Facility  
 Other: \_\_\_\_\_  
 Source of Information:  Patient  Family/Friend  Old Chart  Other: \_\_\_\_\_  
 Chief Complaint: HA  
 Allergies: NEOA  
 Reactions to Anesthesia: 0  
 Medical History/Past Surgeries/Hospitalizations: \_\_\_\_\_  
 Present Medications: See 10-10  
 Marital Status: \_\_\_\_\_  
 Religious Preference: \_\_\_\_\_ Blood/Blood Product Transfusion Preference: \_\_\_\_\_  
 Emergency Notification  
 Relative/Friend: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

II. LEVEL OF CONSCIOUSNESS:

Alert  Oriented { } Person { } Place { } Time  
 Verbally Responsive  Confused/Disoriented  Responds to Pain  
**BEHAVIOR**  
 Cooperative  Uncooperative  Combative  Withdrawn  
 Other: \_\_\_\_\_  
**EMOTIONAL/PSYCHOSOCIAL STATUS:**  
 Calm  Anxious  Fearful  Depressed  Suicidal  
**ADL's/Level of Functioning:**  
 Bathing S/A/T Dressing S/A/T Eating S/A/T Mobility S/A/T  
 Oral Hygiene S/A/T Toileting S/A/T  
 Comments: \_\_\_\_\_

VITAL SIGNS				
TIME	B/P	PULSE	RESP	TEMP
0540	134/69	76	18	97.4
0555	116/52	70	18	
0600	102/50	72	18	

Comments: \_\_\_\_\_

III. PATIENT RIGHTS

Advanced Directive  YES  NO  
 Type: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Organ Donor  YES  NO  
 Tissue Donor:  YES  NO  
 Information/Pamphlet Provided: \_\_\_\_\_  
 YES  NO  Refused  
 Signature/Title: Donita Davenport RN Date/Time: 7/18/99  
 Date/Time: \_\_\_\_\_

IV. POTENTIAL ABUSE

- Not Applicable
- Rape or Other Sexual Molestation
- Domestic Abuse
- Abuse or neglect of elders or children
- Evidence of Physical Assault
  - Unexplained Bruises
  - Unexplained Injuries
  - Unkempt, dirty, poor hygiene

If yes to the above, initiate Center Memorandum 122-17 (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated: \_\_\_\_\_  
 Method of Notification: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s): \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT**

**V. SKIN**

- Hot       Warm       Cool       Dry       Diaphoretic  
 Pink       Cyanotic       Rash       Lesions       Decubiti  
 Lacerations       Hematoma       Flushed       Other: \_\_\_\_\_

**CARDIOVASCULAR**

- No Problem Identified       Chest Pain      { } Exertional      { } Rest  
Chest Pain: Location: \_\_\_\_\_ Duration: \_\_\_\_\_  
Frequency: \_\_\_\_\_ Severity: \_\_\_\_\_ (0-10 Scale)  
Rhythm:  Regular       Irregular  
Leg Pain:  Exertional       Rest

PULSES		
	Left	Right
Radial	✓	✓
DP	✓	✓
PT	✓	✓

PUPILS		
	LEFT	RIGHT
Size		
React		
Fixed		
Dilated		
Constricted		

Breath Sounds:		
	Left	Right
Clear	✓	✓
Wheezing		
Rhonchi		
Rales		
Other		

**RESPIRATORY**

- Breathing Pattern:  Normal       Dyspnea      { } Exertional      { } At Rest  
Cough:  None       Non-Productive       Productive  
Comments: \_\_\_\_\_

**MUSCULOSKELETAL**

- Moves all 4 Extremities       Hemiplegia       Paraplegia       Quadriplegia  
 Amputee       Contractures       Other: \_\_\_\_\_  
Comments: \_\_\_\_\_

**GASTROINTESTINAL**

- Abdomen:  Soft       Rigid       Distended       Non-Tender  
 Tender       Bowel Sounds      { } Normal      { } Absent  
    Hypoactive       Hyperactive  
Last Bowel Movement: \_\_\_\_\_ Other: \_\_\_\_\_  
Comments: \_\_\_\_\_

**GENITOURINARY**

- No Problem Identified       Burning       Frequency       Hematuria  
 Incontinence      Last Menstrual Period: \_\_\_\_\_ Last Pap Smear: \_\_\_\_\_  
Last Mammogram: \_\_\_\_\_ Other: None

Signature/Title: Dorita Davenport      Date/Time: 7/18/99  
Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s) \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT**

**VI. TREATMENTS DONE:**

IVF: \_\_\_\_\_ (Flow sheet started)      NG Tube      Foley  
 EKG      ABG      CXR      KUB  
 Aerosol Treatment: \_\_\_\_\_  
 Chem 7      Chem 10      Cardiac Enzymes      CBC      PT/PTT  
 Accucheck: \_\_\_\_\_ Pulse Oximeter: \_\_\_\_\_  
 Other: \_\_\_\_\_

**MEDICATIONS ADMINISTERED:**

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
0555	Compazine	10mg IV	un effective	D. Ovenspater
0630	Demerol Phenergan	75mg 50mg } 1m } 0.5m	effective	D. Ovenspater

**VII. Disposition Of Patient/Care Setting:**

Time: 0700

Discharged to Home      Admitted to Medicine Service      Admitted to Surgery Service  
 Admitted to ICU      Admitted to Mental Health  
 Transferred to another Facility: \_\_\_\_\_  
 To be admitted at a later date for surgery; Date TBA: \_\_\_\_\_  
 Other: \_\_\_\_\_

Patient placed on Seriously Ill List:      YES      NO  
 Chaplain Notified:      N/A      YES      NO

List Items Brought to Hospital: \_\_\_\_\_

Disposition of Valuables:      Agent Cashier      MAA      Patient Effects  
     Patient      Family/Home

**PROGRESS NOTES:**

Dick in stable condition

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EKG RHYTHM STRIP**

(If Applicable)

Signature/Title: Donta Ovenspater     Date/Time: 7/18/99  
 \_\_\_\_\_     Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:  
 Reviewer(s): \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_     Date/Time: \_\_\_\_\_  
    \_\_\_\_\_     Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT**

**INPATIENT ASSESSMENT**

**VIII. PHYSICAL DISABILITIES**

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO
Emotional Status:		

Calm / Apprehensive / Cooperative

Paralysis	YES	NO
Pain:	YES	NO
Severity (0 - 10):	_____	
Tolerable Level of Pain	_____	
Location:	_____	
Comments:	_____	

**ELIMINATION:**

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO

Comments: \_\_\_\_\_

**GASTROINTESTINAL:**

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO

\_\_\_\_\_/wk. Last drink: \_\_\_\_\_

Dysphagia	YES	NO
Religious Food Preference:	_____	
Type of Diet:	_____	
Comments:	_____	

**TEETH**

Bridges	YES	NO
Dentures:	YES	No
Upper: Full:	_____	Partial: _____
Lower: Full:	_____	Partial: _____

Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

**PULMONARY:**

Smoker	YES	NO
Packs Per Day: _____ # of Years: _____		
Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O2 Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive: \_\_\_\_\_  
 Non-Productive: \_\_\_\_\_  
 Color of Sputum: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CARDIOVASCULAR/CIRCULATION:**

CHF	YES	NO
Angina	YES	NO
Last Occurrence:	_____	
Location:	_____	
Severity (0-10):	_____	
Relieved by:	_____	

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous Blood Transfusion	YES	NO

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s): \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Department of Veterans Affairs **MEDICAL CERTIFICATE** *9/10*

1. DATE *7/12/99* 2. TIME *1:30 PM* 3. AGE *41* 4. SEX  M  F 5. ON ARRIVAL PATIENT WAS:  AMBULATORY  STRETCHER  WHEELCHAIR 6. PHONE NUMBER ( ) 7. HOMELESS  YES  NO

8A. ALLERGIES *N/A* 8B. WEIGHT *180* 8C. TEMPERATURE *99.9* 8D. PULSE *76* 8E. RESPIRATION *21* 8F. B/P *109/67* 8G. DUE TO INJURY  NO  YES

9. CURRENT MEDICATIONS *Amoxicillin, Carbapenem, Prozac, clonazepam, Lorazepam, acetaminophen, Itardol (nasal spray)*

10. TRIAGE *no headache since this AM, no nausea, light sensitivity present, taken Imitrex at 8am & 12w  
no relief*

11. SIGNATURE *Paul J. Hadduph*

12. HISTORY AND PHYSICAL

*S-As above. Cough → brown phlegm  
o - R/L di clear  
TMs clear throat mildly red  
Nasal mucosa red, swollen  
Neck supple & nodes  
LCTA  
CV-R/R M  
Ext - full distal pulses.*

13. DIAGNOSTIC IMPRESSIONS *Migraine HA, Sinusitis*

14. PLAN *IV NS 500cc at 250cc/hr 1000  
Compazine 10mg IV 1000  
Rocephin 1gm IV 1000  
Amoxilp 500mg po tid - ii po q6hr PRN  
~~meclizine~~ meclizine 50mg i - ii po q6hr PRN*

15A. ATTENDING OF RECORD 15B. EXAMINER'S SIGNATURE *[Signature]*

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT *none* 2. AFTER CARE SHEET GIVEN  YES  NO 3. FOLLOWUP - ACTIVITY - LIMITATIONS

4. CONDITION  IMPROVED  SATISFACTORY  UNCHANGED 5. DATE / TIME OF DISCHARGE *7/12/99 1900* 6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN *Paul J. Hadduph*

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS *Take medications as directed*

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS 8. PATIENT'S SIGNATURE *Paul J. Hadduph*

--	--	--

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

**CONTINUATION FROM FRONT / PROGRESS NOTE**


STUDIES REQUESTED	RESULTS

INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT

V. SKIN

[ ] Hot [  ] Warm [ ] Cool [  ] Dry [ ] Diaphoretic  
[  ] Pink [ ] Cyanotic [ ] Rash [ ] Lesions [ ] Decubiti  
[ ] Lacerations [ ] Hematoma [ ] Flushed [ ] Other: \_\_\_\_\_

CARDIOVASCULAR

[  ] No Problem Identified [ ] Chest Pain { } Exertional { } Rest  
Chest Pain: Location: \_\_\_\_\_ Duration: \_\_\_\_\_  
Frequency: \_\_\_\_\_ Severity: \_\_\_\_\_ (0 - 10 Scale)  
Rhythm: [  ] Regular [ ] Irregular  
Leg Pain: [ ] Exertional [ ] Rest

PULSES		
	Left	Right
Radial	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PUPILS		
	LEFT	RIGHT
Size	3	3
React	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fixed		
Dilated		
Constricted		

Breath Sounds:		
	Left	Right
Clear	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wheezing		
Rhonchi		
Rales		
Other		

RESPIRATORY

Breathing Pattern: [  ] Normal [ ] Dyspnea { } Exertional { } At Rest  
Cough: [  ] None [ ] Non-Productive [ ] Productive  
Comments: \_\_\_\_\_

MUSCULOSKELETAL

[  ] Moves all 4 Extremities [ ] Hemiplegia [ ] Paraplegia [ ] Quadriplegia  
[ ] Amputee [ ] Contractures [ ] Other: \_\_\_\_\_  
Comments: \_\_\_\_\_

GASTROINTESTINAL

Abdomen: [  ] Soft [ ] Rigid [ ] Distended [ ] Non-Tender  
[ ] Tender [  ] Bowel Sounds {  } Normal { } Absent  
{ } Hypoactive { } Hyperactive

Last Bowel Movement: 7/12/99 Other: \_\_\_\_\_  
Comments: \_\_\_\_\_

GENITOURINARY

[ ] No Problem Identified [ ] Burning [ ] Frequency [ ] Hematuria  
[ ] Incontinence Last Menstrual Period: \_\_\_\_\_ Last Pap Smear: \_\_\_\_\_  
Last Mammogram: \_\_\_\_\_ [ ] Other: \_\_\_\_\_

Signature Title: Peggy L. Chum Date/Time: 7/12/99 1530  
Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s)  
Signature Title: Dorita Davenport Date/Time: 7/18/99 0540  
Date/Time: \_\_\_\_\_

INTERDISCIPLINARY ADMISSION ASSESSMENT

DOVE, GAYLE A  
515-64-6094 08/15/97

EMERGENCY ROOM/CLINIC ASSESSMENT

I. Date: 7/12/99 Time: 1530 Age: 41 HT: 66" WT: 130  
 Mode of Arrival:  Ambulance  Walk In  Extended Care Facility  
 Other: \_\_\_\_\_  
 Source of Information:  Patient  Family/Friend  Old Chart  Other: \_\_\_\_\_  
 Chief Complaint: Headache  
 Allergies: NKA (can't take material - bc of ulcers)  
 Reactions to Anesthesia: \_\_\_\_\_  
 Medical History/Past Surgeries/Hospitalizations: Stomach #2, hysterectomy, @  
wrist #4  
 Present Medications: Latex, Gabapentin, prozac, clonazepam, lorazepam,  
estrogen, statin, insulin  
 Marital Status: divorced  
 Religious Preference: Protestant Blood/Blood Product Transfusion Preference: yes  
 Emergency Notification  
 Relative/Friend: Ray Dove Relationship: Father  
 Phone Number: 596-1919

II. LEVEL OF CONSCIOUSNESS:

Alert  Oriented { } Person { } Place { } Time  
 Verbally Responsive  Confused/Disoriented  Responds to Pain

BEHAVIOR

Cooperative  Uncooperative  Combative  Withdrawn  
 Other: \_\_\_\_\_

EMOTIONAL/PSYCHOSOCIAL STATUS:

Calm  Anxious  Fearful  Depressed  Suicidal

ADL's/Level of Functioning:

Bathing SAT Dressing SAT Eating SAT Mobility SAT  
 Oral Hygiene SAT Toileting SAT

Comments: \_\_\_\_\_

VITAL SIGNS				
TIME	B/P	PULSE	RESP	TEMP
1530	109/67	76	21	99.9

Comments: \_\_\_\_\_

IV. POTENTIAL ABUSE

Not Applicable  
 Rape or Other Sexual Molestation  
 Domestic Abuse  
 Abuse or neglect of elders or children  
 Evidence of Physical Assault  
 Unexplained Bruises  
 Unexplained Injuries  
 Unkempt, dirty, poor hygiene

If yes to the above, initiate Center Memorandum 122-17 (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated: \_\_\_\_\_

Method of Notification: \_\_\_\_\_

Comments: \_\_\_\_\_

III. PATIENT RIGHTS

Advanced Directive  YES  NO

Type: \_\_\_\_\_

Location: \_\_\_\_\_

Organ Donor  YES  NO

Tissue Donor:  YES  NO

Information/Pamphlet Provided:

YES  NO  Refused

Signature/Title: [Signature]

Date/Time: 7/12/99 1535

Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Renewer(s): Dante Devenport

Date/Time: 7/18/99 0540

Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT**

**VI. TREATMENTS DONE:**

IVP: \_\_\_\_\_ (Flow sheet started)       NG Tube       Foley  
 EKG       ABG       CXR       KUB  
 Aerosol Treatment: \_\_\_\_\_  
 Chem 7       Chem 10       Cardiac Enzymes       CBC       PT/PTT  
 Accucheck: \_\_\_\_\_ Pulse Oximeter: \_\_\_\_\_  
 Other: \_\_\_\_\_

**MEDICATIONS ADMINISTERED:**

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
1700	compazine	10mg		Gail S. Hasler
1706	Rocephin	1gm IV		Gail S. Hasler
1700	NS 250cc	250cc/1hr		Gail S. Hasler

**VII. Disposition Of Patient/Care Setting:**

Time: 1910

Discharged to Home       Admitted to Medicine Service       Admitted to Surgery Service  
 Admitted to ICU       Admitted to Mental Health  
 Transferred to another Facility: \_\_\_\_\_  
 To be admitted at a later date for surgery; Date TBA: \_\_\_\_\_  
 Other: \_\_\_\_\_

Patient placed on Seriously Ill List:       YES       NO  
 Chaplain Notified:       N/A       YES       NO

List Items Brought to Hospital: \_\_\_\_\_

Disposition of Valuables:       Agent Cashier       MAA       Patient Effects  
     Patient       Family/Home

**PROGRESS NOTES:**

Take medication as directed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EKG RHYTHM STRIP**

(If Applicable)

Signature/Title: Gail S. Hasler      Date/Time: 1/12/99 1910  
 \_\_\_\_\_      Date/Time: \_\_\_\_\_

**Readmission/Reassessment within 30 days:**

Reviewer(s):  
 Signature/Title: Dante Overton      Date/Time: 7/18/99  
 \_\_\_\_\_      Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT**

**INPATIENT ASSESSMENT**

**VIII. PHYSICAL DISABILITIES**

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO

Emotional Status: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Calm / Apprehensive / Cooperative**

Paralysis	YES	NO
Pain:	YES	NO
Severity (0 - 10):	_____	
Tolerable Level of Pain	_____	
Location:	_____	
Comments:	_____	

**ELIMINATION:**

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO

Comments: \_\_\_\_\_

**GASTROINTESTINAL:**

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO

\_\_\_\_\_/wk. Last drink: \_\_\_\_\_  
 Dysphagia YES NO  
 Religious Food Preference: \_\_\_\_\_  
 Type of Diet: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**TEETH**

Bridges	YES	NO
Dentures:	YES	No
Upper: Full:	_____	Partial: _____
Lower: Full:	_____	Partial: _____

Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

**PULMONARY:**

Smoker	YES	NO
Packs Per Day: _____ # of Years: _____		
Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O <sub>2</sub> Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive: \_\_\_\_\_  
 Non-Productive: \_\_\_\_\_  
 Color of Sputum: \_\_\_\_\_

Comments: \_\_\_\_\_

**CARDIOVASCULAR/CIRCULATION:**

CHF	YES	NO
Angina	YES	NO

Last Occurrence: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Severity (0-10): \_\_\_\_\_  
 Relieved by: \_\_\_\_\_

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous Blood Transfusion	YES	NO

Comments: \_\_\_\_\_

Comments: \_\_\_\_\_

Readmission/Reassessment within 30 days:  
 Reviewer(s): \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

-----  
 NOTE DATED: 07/01/99 16:50 PSYCHOLOGY-MENTAL HEALTH  
 VISIT: 07/01/99 10:00 WOMEN'S MHPC GOLD GROUP-GPT  
 WOMEN'S MHPC CLINIC / GOLD TEAM / GROUP THERAPY / PROBLEM 2 / GAF = 55

Pt attended group session #4. The group focused on society's influence on body image and self-concept. Group participated in an activity in which they listed positive characteristics of themselves. Pt was attentive during session but seemed hesitant to participate until the end when she assisted another member in identifying her positive traits. RTC x 1 week.

Signed by: /es/ NATALIE W GAUGHF, B.S.  
 PSYCHOLOGY INTERN 07/01/99 16:53  
 Cosigned by: /es/ SAUNDRA SAPORITI, PSY.D.  
 STAFF PSYCHOLOGIST 07/02/99 12:09

-----  
 DOVE, GAYLE A



Biloxi, MS (CONS)

Printed: 07/02/99 12:09  
 Vice SF 509  
 -----

NOTE DATED: 06/24/99 15:13 PSYCHOLOGY GROUP-MENTAL HEALTH  
VISIT: 06/24/99 10:30 WOMEN'S MHPC GOLD GROUP-GPT  
WOMEN'S MHPC CLINIC / GOLD TEAM / GROUP THERAPY / PROBLEM 2 / GAF = 55

Pt attended group session #3. The group summarized the discussion from the previous week for members who were absent. Group focused on assertiveness and where they fell on the continuum from passive to aggressive. They explored their ability to assert themselves in different relationships. Utilized a handout to determine in which areas they needed to improve their assertiveness skills. Pt actively participated in group today. RTC x 1 week.

Signed by: /es/ NATALIE W GAUGHF, B.S.  
PSYCHOLOGY INTERN 06/24/99 15:21  
Cosigned by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 06/25/99 16:43

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 06/25/99 16:43  
Vice SF 509

MEDICAL RECORD	PROGRESS NOTES
DATE	
6-12-83	PATIENT REWARDED FOR IMPROVING PTSD
WATT	HAS BEEN DONE OK. SHE HAS BEEN
#0	TAKING PROPRANOLOL 40-5-5 AM.
#3	ALSO TAKING GABAPENTIN AND
	Klonopin 2 PRN ANXIETY.
	OB SHE SAYS SHE FEELS MORE ENERGETIC
	LATELY. MESSY & BROWN
	SUB: ONLY SI, SHE IS UNDER STRESS
	BECAUSE OF STAFF CESSATION PROGRAM
	PATIENT IMPROVED. SHE IS STILL INVOLVED
	IN A RELATIONSHIP WITH A MAN.
	CLAIMS NOT TO HAVE EUPH, JUST WANTS
	TR. ANXIETY HAS IMPROVED
	SUBSTITUTED DAY TREATMENT PROGRAM
	PT WILL CONSIDER IT.
	MEDS
	PROPRANOLOL 40-5-5 AM
	GABAPENTIN 300-5-5 PM
	KLONOPIN 1/2 TAB PRN
	GAF 57
	Clyde
	Maurice D. Gelder, M.D.
	AS3285170-867

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank, rate; hospital or medical facility)

REGISTER NO.

WARD NO.

DOUG, GARY



**PROGRESS NOTES**

STANDARD FORM 508 (Rev. 11-77)  
Prescribed by GSA/ICMR.

FPMR(41CFR)201-45.505

508-111



NOTE DATED: 06/10/99 15:38 PSYCHOLOGY GROUP-MENTAL HEALTH  
VISIT: 06/10/99 10:30 WOMEN'S MHPC GOLD GROUP-GPT  
WOMEN'S MHPC CLINIC / GOLD TEAM / GROUP THERAPY / PROB #2 / GAF = 55  
Pt attended group session #1. The members introduced themselves and established norms. The group focused on trust and how it would affect the group in the future. Pt actively participated in group today. RTC x 1 week.

Signed by: /es/ NATALIE W GAUGHF, B.S.  
PSYCHOLOGY INTERN 06/10/99 15:38  
Cosigned by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 06/11/99 08:28

DOVE, GAYLE A  
[REDACTED]

Biloxi, MS (CONS)

Printed: 06/11/99 08:36  
Vice SF 509



Department of Veterans Affairs

**MEDICAL CERTIFICATE** *Jan 8/10*

1. DATE <i>1/08/99</i>	2. TIME <i>1:30 AM</i>	3. AGE <i>41</i>	4. SEX <input type="checkbox"/> M <input type="checkbox"/> F	5. ON ARRIVAL PATIENT WAS: <input type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> WHEELCHAIR	6. PHONE NUMBER ( )	7. HOMELESS <input type="checkbox"/> YES <input type="checkbox"/> NO
8A. ALLERGIES <i>N/A</i>		8B. WEIGHT <i>128</i>	8C. TEMPERATURE <i>99.5</i>	8D. PULSE <i>63</i>	8E. RESPIRATION <i>20</i>	8F. B/P <i>143/65</i>
8G. DUE TO INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES						

9. CURRENT MEDICATIONS *meds*

10. TRIAGE *Nicotine patch, Benedryl, Hydrocortisone, promax, alprazolam (magnax tabs & shots, gabapentin). Chronic migraine headache, located top of head - began Oct. Has taken 2 Tylenol injections & relief.*

12. HISTORY AND PHYSICAL *41 yo w/g recurrent migraine headache relieved with Tylenol. Today new crisis since am: photophobia, nausea, no vomiting. Tylenol did not work. Ap and RR normal. Neck supple. Heart S1/S2 was added S2 was by clear. Abd firm. All no edema.*

13. DIAGNOSTIC IMPRESSIONS *migraine headache*

14. PLAN *Dexamethasone 50 mg Solostarid 100 mg PO 1345 OXLU VOR. Percocet 1 tab po q 6h PRN for severe pain #12. Acetaminophen 325 mg 2 tabs po q 4h # 600*

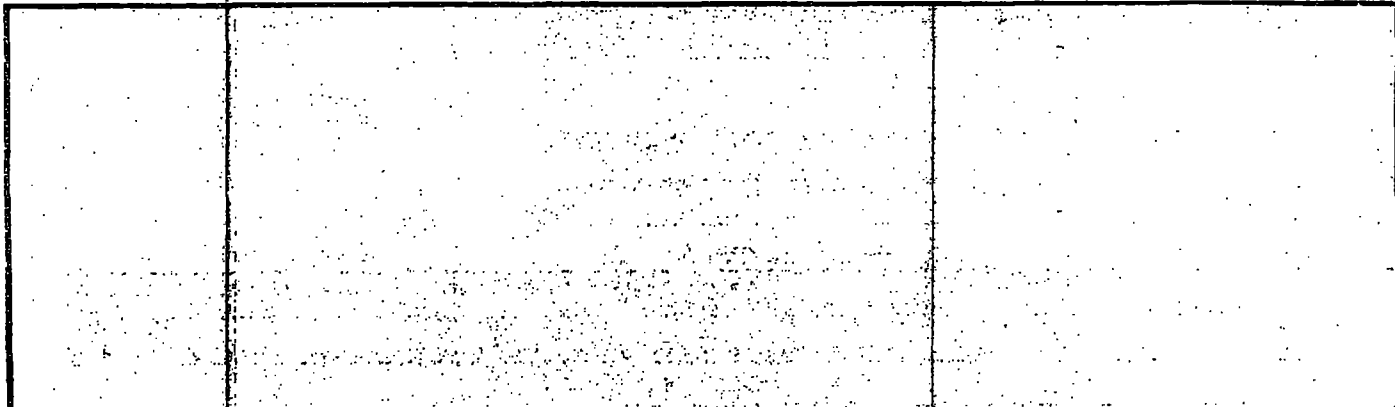
15A. ATTENDING OF RECORD \_\_\_\_\_ 15B. EXAMINER'S SIGNATURE *[Signature]*

**SECTION II - FOR PATIENT**

1. DISPOSITION / CLINIC APPOINTMENT <i>Clinic</i>	2. AFTER CARE SHEET GIVEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. FOLLOWUP - ACTIVITY - LIMITATIONS
4. CONDITION <input type="checkbox"/> IMPROVED <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE <i>6/10/99 10:45</i>	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN <i>[Signature]</i>
7. PATIENT INSTRUCTIONS <i>1) Follow up Primary Care 2) Return for worsening symptoms</i>		



I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS 8. PATIENT'S SIGNATURE *[Signature]*



TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE


STUDIES REQUESTED	RESULTS

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs **Hgt. 66"** **MEDICAL CERTIFICATE** (Pair 8/10)

Mazodone - suspension - 100mg

1. DATE 6-10-99	2. TIME 12:00 PM	3. AGE 41	4. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	5. ON ARRIVAL PATIENT WAS <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> WHEELCHAIR	6. PHONE NUMBER ( )	7. HOMELESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--------------------	---------------------	--------------	--	--	------------------------	--

8A. ALLERGIES NKDA	8B. WEIGHT 128.4	8C. TEMPERATURE 99.2	8D. PULSE 64	8E. RESPIRATION 18	8F. B/P 107/69	8G. DUE TO INJURY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
-----------------------	---------------------	-------------------------	-----------------	-----------------------	-------------------	--

9. CURRENT MEDICATIONS  
Promethazine, diphenhydramine, Hydroxyzine, Stadol  
~~Hydroxyzine - Omeprazole~~, Clonazepam, gabapentin, fluoxetine

10. TRIAGE  
Pt c. chronic measures for pain  
since early on - light sensitive.  
Wishes to go to EP. - Does not wish to  
see walk - on today.

11. SIGNATURE  
*[Signature]*

12. HISTORY AND PHYSICAL

13. DIAGNOSTIC IMPRESSIONS

14. PLAN

15A. ATTENDING OF RECORD  
15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	3. FOLLOWUP - ACTIVITY - LIMITATIONS
-------------------------------------	---	--------------------------------------

4. CONDITION <input type="checkbox"/> IMPROVED <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
--	-----------------------------	---

IMPRINT: PATIENT DATA CARD

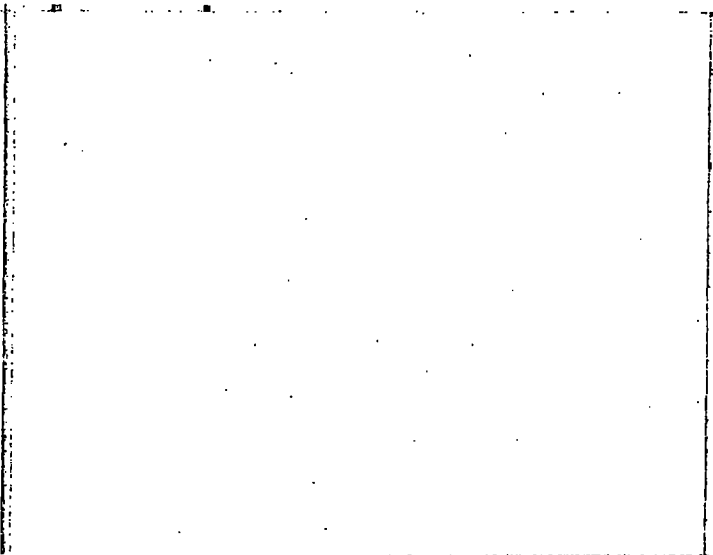
7. PATIENT INSTRUCTIONS  
  
06 10 99

LOVE, GAYLE A  
[Redacted]

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS  
8. PATIENT'S SIGNATURE

VA FORM MAR 1992 10-10M

SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.



CONTINUATION FROM FRONT / PROGRESS NOTE											
STUDIES REQUESTED				RESULTS							

**INTERDISCIPLINARY ADMISSION ASSESSMENT**

**EMERGENCY ROOM/CLINIC ASSESSMENT** LOVE, GAYLE A

515-64-6094 08/15/57

I. Date: 6-10-99 Time: 1320 Age: 41 HT: 64" WT: 128  
 Mode of Arrival:  Ambulance  Walk In  Extended Care Facility  
 Other: \_\_\_\_\_  
 Source of Information:  Patient  Family/Friend  Old Chart  Other: \_\_\_\_\_  
 Chief Complaint: my severe headache  
 Allergies: none  
 Reactions to Anesthesia: None  
 Medical History/Past Surgeries/Hospitalizations: multiple hx migraine head-  
aches  
 Present Medications: see 10/10/98  
 Marital Status: Single  
 Religious Preference: Protestant Blood/Blood Product Transfusion Preference: \_\_\_\_\_  
 Emergency Notification \_\_\_\_\_  
 Relative/Friend: Mr. Done Relationship: father  
 Phone Number: \_\_\_\_\_

**II. LEVEL OF CONSCIOUSNESS:**

Alert  Oriented:  Person  Place  Time  
 Verbally Responsive  Confused/Disoriented  Responds to Pain

**BEHAVIOR**

Cooperative  Uncooperative  Combative  Withdrawn  
 Other: \_\_\_\_\_

**EMOTIONAL/PSYCHOSOCIAL STATUS:**

Calm  Anxious  Fearful  Depressed  Suicidal

**ADL's/Level of Functioning:**

Bathing S/A/T Dressing S/A/T Eating S/A/T Mobility S/A/T  
 Oral Hygiene S/A/T Toileting S/A/T

Comments: \_\_\_\_\_

VITAL SIGNS				
TIME	B/P	PULSE	RESP	TEMP
	<u>113/65</u>	<u>63</u>	<u>20</u>	<u>99.2</u>

Comments: \_\_\_\_\_

**IV. POTENTIAL ABUSE**

Not Applicable  
 Rape or Other Sexual Molestation  
 Domestic Abuse  
 Abuse or neglect of elders or children  
 Evidence of Physical Assault  
 Unexplained Bruises  
 Unexplained Injuries  
 Unkempt, dirty, poor hygiene

If yes to the above, initiate Center Memorandum 122-17 (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated: \_\_\_\_\_

Method of Notification: \_\_\_\_\_

Comments: \_\_\_\_\_

**III. PATIENT RIGHTS**

Advanced Directive  YES  NO

Type: in chart

Location: \_\_\_\_\_

Organ Donor  YES  NO

Tissue Donor  YES  NO

Information/Pamphlet Provided: \_\_\_\_\_

YES  NO  Refused

Signature/Title: [Signature]

Date/Time: 6/10/99 1330

Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s): \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT

V. SKIN

Hot     Warm     Cool     Dry     Diaphoretic  
 Pink     Cyanotic     Rash     Lesions     Decubiti  
 Lacerations     Hematoma     Flushed     Other: \_\_\_\_\_

**CARDIOVASCULAR**

No Problem Identified     Chest Pain     Exertional     Rest  
Chest Pain:    Location: \_\_\_\_\_    Duration: \_\_\_\_\_  
Frequency: \_\_\_\_\_    Severity: \_\_\_\_\_ (0-10 Scale)  
Rhythm:     Regular     Irregular  
Leg Pain:     Exertional     Rest

PULSES		
	Left	Right
Radial	✓	✓
DP		
PT		

PUPILS		
	LEFT	RIGHT
Size	Equal	Equal
React		
Fixed		
Dilated		
Constricted		

Breath Sounds:		
	Left	Right
Clear		
Wheezing		W
Rhonchi		
Rales		
Other		

**RESPIRATORY**

Breathing Pattern:     Normal     Dyspnea     Exertional     At Rest  
Cough:     None     Non-Productive     Productive  
Comments: \_\_\_\_\_

**MUSCULOSKELETAL**

Moves all 4 Extremities     Hemiplegia     Paraplegia     Quadriplegia  
 Amputee     Contractures     Other: \_\_\_\_\_  
Comments: \_\_\_\_\_

**GASTROINTESTINAL**

Abdomen:     Soft     Rigid     Distended     Non-Tender  
 Tender     Bowel Sounds     Normal     Absent  
 Hypoactive     Hyperactive  
Last Bowel Movement: *Soft*    Other: \_\_\_\_\_  
Comments: \_\_\_\_\_

**GENITOURINARY**

No Problem Identified     Burning     Frequency     Hematuria  
 Incontinence    Last Menstrual Period: \_\_\_\_\_    Last Pap Smear: \_\_\_\_\_  
Last Mammogram: \_\_\_\_\_     Other: \_\_\_\_\_

Signature/Title: *[Signature]*    Date/Time: *6/10/88 @ 1330*  
Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s): \_\_\_\_\_    Date/Time: \_\_\_\_\_  
Signature/Title: \_\_\_\_\_    Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT**

**VI. TREATMENTS DONE:**

- IVPF: \_\_\_\_\_ (Flow sheet started)       NG Tube       Foley  
 EKG       ABG       CXR       KUB  
 Aerosol Treatment: \_\_\_\_\_  
 Chem 7       Chem 10       Cardiac Enzymes       CBC       PT/PTT  
 Accucheck: \_\_\_\_\_ Pulse Oximeter: \_\_\_\_\_  
 Other: \_\_\_\_\_

**MEDICATIONS ADMINISTERED:**

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
1345	Demerol 50mg Vistaril 50mg	1m 0.6g/100		Donita Davenport

**VII. Disposition Of Patient/Care Setting:**

Time: 1520

- Discharged to Home       Admitted to Medicine Service       Admitted to Surgery Service  
 Admitted to ICU       Admitted to Mental Health  
 Transferred to another Facility: \_\_\_\_\_  
 To be admitted at a later date for surgery; Date TBA: \_\_\_\_\_  
 Other: \_\_\_\_\_

Patient placed on Seriously Ill List:       YES       NO  
 Chaplain Notified:       N/A       YES       NO

List Items Brought to Hospital: \_\_\_\_\_

Disposition of Valuables:       Agent Cashier       MAA       Patient Effects  
     Patient       Family/Home

**PROGRESS NOTES:**

At 01:19 to home - condition stable. Discharge

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EKG RHYTHM STRIP**

(If Applicable)

Signature/Title: [Signature]      Date/Time: 6/12/79 1520  
 \_\_\_\_\_      Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:  
 Reviewer(s): \_\_\_\_\_      Date/Time: \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_      Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT**

**INPATIENT ASSESSMENT**

**VIII. PHYSICAL DISABILITIES**

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO

Emotional Status: \_\_\_\_\_  
 Calm / Apprehensive / Cooperative

Paralysis:	YES	NO
Pain:	YES	NO
Severity (0 - 10):	_____	
Tolerable Level of Pain	_____	
Location:	_____	
Comments:	_____	

**ELIMINATION:**

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO

Comments: \_\_\_\_\_

**GASTROINTESTINAL:**

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO

\_\_\_\_\_ /wk. Last drink: \_\_\_\_\_

Dysphagia YES NO

Religious Food Preference: \_\_\_\_\_

Type of Diet: \_\_\_\_\_

Comments: \_\_\_\_\_

**TEETH**

Bridges	YES	NO
Dentures:	YES	No

Upper: Full: \_\_\_\_\_ Partial: \_\_\_\_\_

Lower: Full: \_\_\_\_\_ Partial: \_\_\_\_\_

Broken YES NO

Loose YES NO

Missing YES NO

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\_\_\_\_\_ Date/Time: \_\_\_\_\_

**PULMONARY:**

Smoker YES NO

Packs Per Day: \_\_\_\_\_ # of Years: \_\_\_\_\_

Recent URI YES NO

COPD YES NO

Tracheostomy YES NO

O2 Adm. YES NO

TB YES NO

Asthma YES NO

SOB YES NO

Cough YES NO

Productive: \_\_\_\_\_

Non-Productive: \_\_\_\_\_

Color of Sputum: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CARDIOVASCULAR/CIRCULATION:**

CHF YES NO

Angina YES NO

Last Occurrence: \_\_\_\_\_

Location: \_\_\_\_\_

Severity (0-10): \_\_\_\_\_

Relieved by: \_\_\_\_\_

MI YES NO

Arrhythmias YES NO

Hx Vascular Disease YES NO

HTN YES NO

CVA YES NO

Pacemaker/AICD YES NO

Thyroid Disease YES NO

Hepatitis YES NO

HIV YES NO

Previous

Blood Transfusion YES NO

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s):

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\_\_\_\_\_ Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
INPATIENT ASSESSMENT**

**IX. SLEEP/REST ASSESSMENT**

Usual Number of Hours of Sleep: \_\_\_\_\_ Goes to Sleep at: \_\_\_\_\_ Rises at: \_\_\_\_\_  
 Difficulty Sleeping: YES NO Sleeping Aids: YES NO  
 Why? \_\_\_\_\_ What? \_\_\_\_\_

**MISCELLANEOUS:**

Glasses YES NO  
 Contact Lens YES NO  
 Hearing Aid YES NO  
 Artificial Eye YES NO  
 Crutches YES NO  
 Artificial limb YES NO  
 Brace YES NO  
 Walker YES NO  
 Cane YES NO  
 Wheelchair YES NO  
 Infusaport/Hickman YES NO  
 Comments: \_\_\_\_\_

**SKIN INTEGRITY**

Rashes YES NO  
 Bruises YES NO  
 Infections YES NO  
 Cuts YES NO  
 Edema YES NO  
 Site: \_\_\_\_\_  
 Degree: \_\_\_\_\_  
 General Problems: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**X.**

**ULCER DOCUMENTATION**

DATE ACQUIRED	LOCATION	SIZE	STAGE	DRAINAGE

**BRADEN RISK SCALE**

SCORE	1	2	3	4	TOTAL
SENSORY PERCEPTION	Unresponsive	Responds to Pain	Responds to Verbal	No Problem	
MOISTURE	Always Wet	Often Wet	Rarely Wet	Dry	
ACTIVITY	Bedfast	Chairfast	Slightly Limited	Walks Frequently	
MOBILITY	Completely immobile	Limited Movement	Slightly Limited	No Limits	
NUTRITION	Very Poor Intake	Inadequate <1/2 meal	Adequate >1/2 meal	Excellent	
FRICTION	Max assist to move to bed	Minimum assist to move to bed	No Problem	No Problem	
<b>TOTAL</b>					

**If Score is < 16 Initiate Nursing Procedure 311 and Notify Enterostomal Therapy Nurse**

Method of Notification: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s): \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

INTERDISCIPLINARY ADMISSION ASSESSMENT

XI. PREDISPOSITION FOR FALLING

- Unsteady on feet
- Poor Eyesight
- Dizziness/Fainting
- Poor Bladder Control
- Confused/Disoriented
- 65 Years or Older
- Neurological Problems
- Physical Disability
- Unsafe Footwear
- Current Medication: Narcotics, Hypnotics, Sedatives, Diuretics
- Prior Falls

Patient placed on fall risk precautions:  YES  NO

Explanation: \_\_\_\_\_

Signature/Title of Initiator: \_\_\_\_\_ Date/Time: \_\_\_\_\_

PROGRESS NOTES: \_\_\_\_\_

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Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\_\_\_\_\_  
Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s): \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\_\_\_\_\_  
Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT**

**XII. INPATIENT SCREENING TOOL**

<p><b>NUTRITIONAL SCREENING</b></p> <p>Unintentional Weight Loss of 5lbs in last week: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NPO &gt; 3 Days: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Unintentional Weight Loss of 10lbs in last month: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tube Feeding/IV Nutritional Support: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____</p> <p>Non-Formulary Nutritional Support (Tube Feeding/Parenteral) Products: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type: _____</p> <p>If any of the above identified, contact Clinical Dietitian</p> <p>Method of Notification: _____ Date/Time Notified: _____</p> <p>Signature/Title: _____</p>	<p align="right">Need Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>SOCIAL WORK/DISCHARGE PLANNING SCREENING</b></p> <p>Patient will need supportive care or support of caregiver at discharge for activities of daily living: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Patient lives alone and is capable of independent living: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Patient is capable of planning for own care: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Patient is Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Abuse suspected: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If any of the above identified, contact Social Worker:</p> <p>Method of Notification: _____ Date/Time Notified: _____</p> <p>Signature/Title: _____</p>	<p align="right">Need Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>FUNCTIONAL SCREENING</b></p> <p>Able to Perform Activities of Daily Living without Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Developed within the last month:</p> <p>[ ] CVA [ ] Head Trauma [ ] Brain Injury [ ] Fall</p> <p>Newly Identified weakness/paralysis</p> <p>If any of the above identified notify Rehabilitation Medicine</p> <p>Method of Notification: _____ Date/Time Notified: _____</p> <p>Signature/Title: _____</p>	<p align="right">Need Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>TEACHING ASSESSMENT</b></p> <p>Learns best: <input type="checkbox"/> Seeing <input type="checkbox"/> Hearing <input type="checkbox"/> Doing Able to read: <input type="checkbox"/> YES <input type="checkbox"/> NO Education Level: _____</p> <p>Barriers /limitations: <input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Cognitive <input type="checkbox"/> Auditory <input type="checkbox"/> Language <input type="checkbox"/> Emotional</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> None</p> <p>Describe barriers/limitations and note plan to adapt patient teaching: _____</p> <p>Age Specific Needs: _____</p> <p>Cultural/Religious practices affect the patient's healthcare? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe and document plan to adapt teaching: _____</p> <p>Signature/Title: _____ Date: _____</p> <p><b>*Document teaching needs on the Interdisciplinary Patient and Family Teaching Record which is attached to the Collaborative Interdisciplinary Plan of Care/Progress Note/Discharge Planning Form.</b></p>	

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\_\_\_\_\_ Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s): \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\_\_\_\_\_ Date/Time: \_\_\_\_\_



MEDICAL RECORD

INTERDISCIPLINARY ASSESSMENT: HISTORY & PHYSICAL EXAM

CHIEF COMPLAINT:

Admission date: \_\_\_\_\_ Time: \_\_\_\_\_ am pm

Admitted from:  AEC  Clinic Other: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

HISTORY OF PRESENT ILLNESS:

addressograph

MEDICAL RECORD

INTERDISCIPLINARY ASSESSMENT - HISTORY & PHYSICAL EXAM

FAMILY HISTORY:

PERTINENT MILITARY HISTORY:

SOCIAL HISTORY: (Include: alcohol, tobacco [pack-years], illicit drug use; hx of sexual trauma; current living condition; occupation)

REVIEW OF SYSTEMS

GENERAL:

EYES/VISION:

EARS/NOSE/THROAT: (Include hearing, smell/taste)

Neck/Throat:

Chest:

Heart:

Breasts:

Lungs:

Abdomen:

Genitalia:

Female:

Pap smear done:  Yes  No

Rectal:

prostate:

occult blood:

**MEDICATIONS**

Drug	Indication	Dose	Frequency	Last Dose Taken

Over-the-counter:

**ADVANCED DIRECTIVES**

has one                       desires one  
 does not desire one       wants further information

BLOOD TRANSFUSION:  discussed pt's preferences regarding blood transfusion       N/A

**PAST MEDICAL HISTORY:**

(Include surgeries/hospitalizations/injuries)

Immunizations:  influenza                      date: \_\_\_\_\_                      PPD: date: \_\_\_\_\_  
 pneumococcal                      date: \_\_\_\_\_                      results: \_\_\_\_\_  
 diphtheria/tetanus booster      date: \_\_\_\_\_

FEMALE: Last mammogram: \_\_\_\_\_ results: \_\_\_\_\_      Monthly breast self exams  Yes  No  
Last Pap smear: \_\_\_\_\_ results: \_\_\_\_\_

**ALLERGIES & SENSITIVITIES**

(Include reaction)

Medication: \_\_\_\_\_

Food/other: \_\_\_\_\_

**PHYSICAL EXAMINATION**

BP: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ T: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

**GENERAL APPEARANCE & MENTAL STATUS:**

Head:

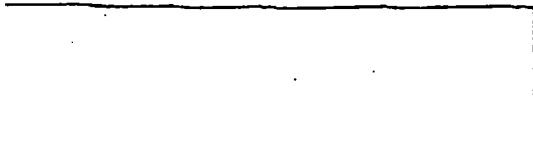
Eyes:

Ears:

Nose:

Mouth:

Teeth:



Neck/Throat:

Chest:

Heart:

Breasts:

Lungs:

Abdomen:

Genitalia:

Females:

Pap smear done:  Yes  No

Rectal:

prostate:

occult blood:

---

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PHYSICAL EXAMINATION cont.

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Back/Spine:

Skin:

Extremities:

Lymphatics:

Neurological:

DIAGNOSTIC TESTS

LAB VALUES:

EKG:

XRAYS:

[Empty rectangular box]

DIAGNOSTIC IMPRESSION

PLAN

DISCHARGE PLAN

Sign and print name (Intern/other)

date/time

pager #

Sign and print name (Resident)

date/time

pager #

Residency pgm:

Sign and print name (Attending)

date/time

pager #

MEDICAL RECORD

NOTE DATED: 05/27/99 11:51 PSYCHOLOGY-MENTAL HEALTH  
VISIT: 05/27/99 10:30 WOMEN'S MHPC GOLD SAPORITI-GPT  
WOMEN'S MHPC CLINIC/ GOLD TEAM/ INDIVIDUAL THERAPY/ PROB#2,3 / GAF=55

S: Pt presents for scheduled appt. She reports that problems in her rel'p have waned somewhat. She believes that the problems were in part due to her stopping her medication and re-experiencing sx's of depression and irritability. She reports that she has avoided any sexual activity for approximately 2 months, because of depressive and PTSD symptoms.

O: Alert. Depressed mood with blunted affect. Speech - coherent, relevant. Psychomotor activity - WNL. Denies S/H ideation.

A: Addressed poor attendance to therapy (frequent cancellations). Pt states that she had isolated from others when off her Prozac, but is feeling better now that she has resumed taking it. Informed pt of a women's group that will be starting in 2 weeks. This group will cover many issues that have been touched on in individual sessions. It appears that pt would likely benefit from a group format and additional social support. Pt agreed.

P: RTC x 2 weeks for Women's Issues group.  
RTC prn for individual therapy.

Signed by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 05/27/99 12:15

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 05/27/99 12:15

Vice SF 509

<b>MEDICAL RECORD</b>	<b>PROGRESS NOTES</b>
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DATE  
5-25-68

PSYCH

#2

QUIT TAKING PROZAC, DISPERSONE, MARIJUANA  
 HAS BEEN OFF MEDS 2 MONTHS  
 STARTED PROZAC 2 WEEKS AGO  
 HAS BEEN FEELING NERVOUS, AGITATED  
 DEPRESSED, + SUICIDAL THOUGHTS  
 STARTED 40-50 PROZAC  
 DENIES AUDITORY HALLUCINATION  
 QUIT MARIJUANA (IT KEEPS HIM AWAKE)  
 HAS POOR QUANTITY OF SLEEP.  
 LOOSLY TENSE + ANXIETY.  
 MEDS: Klonopin 1mg - TID  
 Valium 25-5 - TID PM  
 Gabapentin 600-3 - TID  
 Phenytoin 100-1-45 INSOMNIA  
 RITONAVIR 400 BID  
 CONF 500

*Maurice D. Gelder*

Maurice D. Gelder, M.D.  
AS3285170-867

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; <small>grade: rank: rate: hospital or medical facility)</small>	REGISTER NO.	WARD NO.
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Dore, Gayle ( [REDACTED] )

**PROGRESS NOTES**  
 STANDARD FORM 509 (Rev. 11-77)  
 Prescribed by GSA/KMR,  
 FIRM(R)41CFR)201-46.506  
 509-111



MEDICAL RECORD	PROGRESS NOTES
4/27/99	Women's MHPC Clinic / Gold Team / Individual Therapy / Prob # 3 (PTSD) / GAF=55
	S: Pt presents for scheduled appt. She reports that her relp is going poorly & that she doesn't think it will last. She is depressed.
	O: Fatigued. Depressed mood & blunted affect. Speech is coherent, relevant, & average in rate/tone.
	A: Confronted pt on possibility of narcotics abuse & bulimia. Pt admits that she may take her migraine meds more frequently than rx'd, but bases this on the severity of the migraine. Informed pt that Dr. Peniston was concerned & that Dr. Nallemic would be notified of this concern. Regarding possibility of bulimia, pt states that she is <del>not</del> nauseous much of the time due to stomach problems. She denies binge/purge behavior. Discussed pt's relp. Emphasized importance of regular attendance to therapy sessions.
	P: RTC x1-2 weeks. <span style="float: right;">J. Laporte, PhD Staff Psychologist</span>

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

**PROGRESS NOTES**  
STANDARD FORM 509 (Rev. 11-77)  
Prescribed by USA/ICMR.  
FPMR(41CFR)201-45.505  
509-111

PROGRESS NOTES

DATE  
5/18/99

Pt cancelled appts today for individual therapy & medication management, stating that she was sick. Appts will be rescheduled.

Sejovitch, PsyD  
Staff Psychologist

DATE 4/21/99 F/U C. Malluri Post Visit  
 NK4 approx 2 wks ago  
 4'05 Age 41 wt 127.4 Ht 66"  
 T 98.4 P 97 R 16 B/P 105/70  
 Scale Mignine 8.75 Elizabeth Co  
 memo: - Pt. & Mignine recorded  
 12.35 She has recorded daily  
 Pt. She was started on Calapentin  
 - today 200 mg tid, no improvement & pain  
 so took 200 mg bid & better but again  
 not recorded. She feels nervous she has  
 taken Alprazolam. She is off Prozac, Zoloft & Luvox  
 B/Cs & reported as combination of  
 drug, food & sleep activity  
 supplement medication effect.  
 4/21/99 CT scan of C2 & C3 contrast & normal.  
 MRI head 1995 & normal.  
 She reports sleep difficulty, very clear  
 sup of Ca. recorded - Mignine & Mignine  
 see pt to Calapentin 300 mg tid  
 cont - Mignine PRN  
 Plan of follow up 2-3 weeks  
 (3) Serum Calapentin level - 10K appropriate  
 (3) General 50 mg Mignine 2x daily

LAB Appt # 334126  
 Appt 6-20-99  
 RW 6-29-99

PATIENT'S IDENTIFICATION (For typed or written entries give Name - last, first, middle;  
 grade, rank, rate, hospital or medical facility)  
 COVE, GAYLE A

REGISTER NO. M R R. WANG, MD NALLURI, MD AS3285170-396

PROGRESS NOTES  
 STANDARD FORM 509 (Rev. 11-77)  
 Prescribed by GSA/ICMR  
 FIRM(41CFR)201-45.505  
 509-111

PROGRESS NOTES

DATE

4/27/99

1205

1255

0 - Patient came in for shot of Demoral  
50mg / Mistral 25mg F.M. - Virginia Williams<sup>PA</sup>  
DIC'd in stable condition, HA = 3/10 - (Buenos Aires)

MEMO

Subj: Dove 6094 [#84-322] 23 Apr 99 13:12 3 Lines  
From: PENNISSON, ANNE M in 'IN' basket. Page 1

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I am concerned about the possibility of narcotic abuse and bulimia in regards to this patient. I've spoken with Dr. Avalos and plan to speak with Dr. Nalluri too. Can you contact me? beeper 516-1776.

4/23 - Spoke to Dr. Penission. Contacted pt  
& scheduled appt for 4/27 @ 9<sup>30</sup> A.

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*J. Jayroux, PsyD*

NOTE DATED: 03/16/99 16:08 PSYCHOLOGY-MENTAL HEALTH  
VISIT: 03/16/99 13:00 WOMEN'S MHPC GOLD SAPORITI-GPT  
WOMEN'S MHPC CLINIC/ GOLD TEAM/ INDIVIDUAL THERAPY/ PROB# 3(PTSD)/ GAF=55

S: Pt presents for scheduled appt. She reports that she has been halving the dosages of all of her psychotropic meds for the past three weeks without informing her psychiatrist (or myself). Symptoms have worsened as a result and include confusion and forgetfulness. She had hoped that decreasing the meds would improve her level of sexual desire, but this did not happen. She reports that she and her fiance did not practice communication skills as assigned at last session.

O: Fatigued. Mood is euthymic with blunted affect. Speech is average in rate/tone, relevant, and goal-directed. No evidence of psychosis.

A: Worsening of symptoms due to non-compliance with meds. Pt also reports that she has had episodes of dizziness and falling (fainting?) for the past 6 months, which she has not reported to any of her healthcare providers (including myself); these episodes seem to have been more frequent since decreasing her meds. Pt reports h/o low blood pressure. Emphasized the importance of keeping her providers informed of her health status; pt meets with her psychiatrist today, and she agrees to inform him of her med non-compliance and physical symptoms. Discussed relationship issues and pt identified trust and communication as the building blocks to a healthy relationship. Informed pt that these areas need to be improved before we could effectively work on sexual issues.

P: HW - Pt and fiance will work on communication skills assignment from last session. RTC x 1 week for individual session.

Signed by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 03/17/99 08:44

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 03/17/99 08:45  
Vice SF 509

1. DATE 3-29-99	2. TIME 8:25 AM	3. AGE 41	4. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	5. ON ARRIVAL PATIENT WAS <input type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> WHEELCHAIR	6. PHONE NUMBER P28) 396-1919	7. HOMELESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8A. ALLERGIES NKDA	8B. WEIGHT 1339	8C. TEMPERATURE 99.4	8D. PULSE 63	8E. RESPIRATION 18	8F. B/P 88/56	8G. DUE TO INJURY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

9. CURRENT MEDICATIONS  
Trasylol, lisinopril, prozac, vistarel, biscodyl  
Sumatrol, Stadal

10. TRIAGE  
10 migraines, vomiting x 1 week - vomiting blood  
4x. Was seen in ER last night and told  
to see PC Provider.  
3-29-99 905.

SIGNATURE  
Y235823456789  
L3Y4MCHVAD6V 2VTV P

12. HISTORY AND PHYSICAL  
41 years old woman. H/O migraines.  
casualty take sumatriptan. Pt is  
receiving sumatriptan from Neurologist  
etc work. No dizziness No syncope.  
Heart - AOX3. Dose not appear in  
pain. BP 100/58.  
Heart - not remarkable

13. DIAGNOSTIC IMPRESSIONS  
Heart - SIS v regu n No S3S4

14. PLAN  
lung - clear  
abd v soft NT BST  
CNS: WNL

15A. ATTENDING OF RECORD	15B. EXAMINER'S SIGNATURE
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SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	3. FOLLOWUP - ACTIVITY - LIMITATIONS
4. CONDITION <input type="checkbox"/> IMPROVED <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE 3-29-99 9:20	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
7. PATIENT INSTRUCTIONS 03 28 99		

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE

CONTINUATION FROM FRONT / PROGRESS NOTE

(A) Migraine Under P/A.

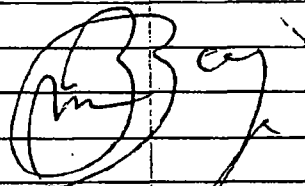
Per request  
appointment on 4-27-99.

FIDRICET.

(P) ~~Fidricet~~ 1 tab p.o Q8 MRS

PRN for migraine.

# 30 TABS.



**PRAVINCHANDRA SAHA, M.D.**  
**AS3285170-1141**

STUDIES REQUESTED	RESULTS

Department of Veterans Affairs **MEDICAL CERTIFICATE** Purple

1. DATE 3/28/99	2. TIME 2:15 PM	3. AGE 42	4. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	5. ON ARRIVAL PATIENT WAS <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> WHEELCHAIR	6. PHONE NUMBER ( )	7. HOMELESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8A. ALLERGIES NK	8B. WEIGHT 126	8C. TEMPERATURE 98	8D. PULSE 62	8E. RESPIRATION 22	8F. B/P 87/48	8G. DUE TO INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES

9. CURRENT MEDICATIONS Resperidone, Prozac, Traxolam, Hydroxyzine, Biscodyl, Samatritan tab + inj, Estrogen, Enema

10. TRIAGE Pt. No recurrence of chronic migraine HA starting last PM + grad- worsening N+V + some bright red blood. Not rational in home Rx. Sean ER 3/26 for same. Exam by Dr. Hoffman. N/C in Rx + F/U instructions

11. SIGNATURE Sean Hoffman

12. HISTORY AND PHYSICAL  
C/O lab headache, vomit, body aches, some blood in vomit, 2h g, H/o pain, sorely  
O = abd + on D  
HEENT - O/SNL  
neck - sup  
Lung - clear  
Heart -  
Abd - soft + nont  
Ext -  
neuro - no focal deficit

migraine w/ bloody vomit

13. DIAGNOSTIC IMPRESSIONS Migraine HA

14. PLAN F/U as needed 15-20 min to home 21500h  
CBC, Comp, Amylase, lipase, H/o PCP  
Demerol 50mg, CVA, 2255  
Plavix 25g  
Discharge as needed

15A. ATTENDING OF RECORD  
15B. EXAMINER'S SIGNATURE

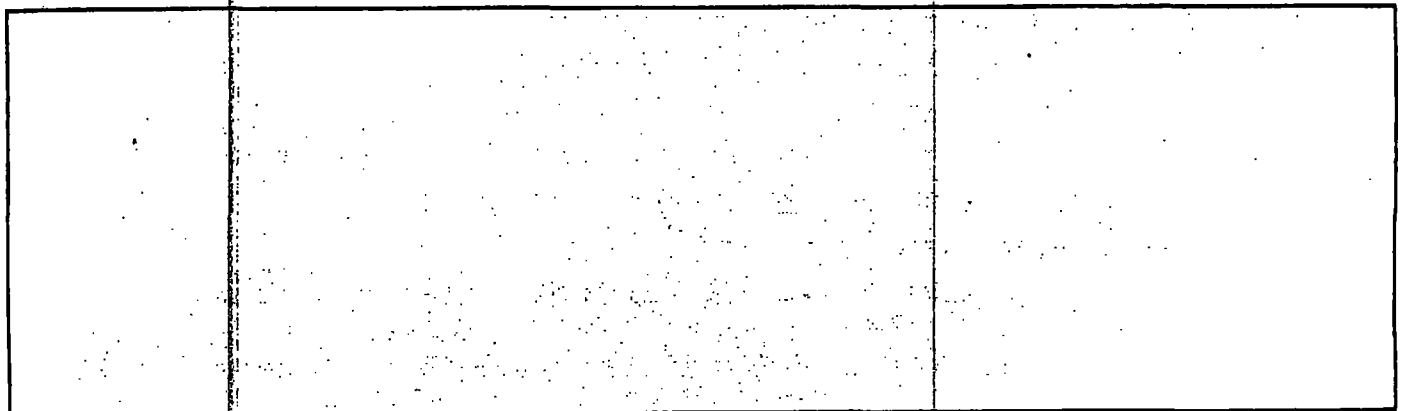
SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT N/C	2. AFTER CARE SHEET GIVEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	3. FOLLOWUP ACTIVITY - LIMITATIONS F/U PCP
4. CONDITION <input checked="" type="checkbox"/> IMPROVED <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE 3-28-99 2:15 PM	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN DR

7. PATIENT INSTRUCTIONS  
Narc. Precaution  
F/U = PCP as needed

DOVE, GAYLE A

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS  
8. PATIENT'S SIGNATURE  
GAYLE A. DOVE



TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

**CONTINUATION FROM FRONT / PROGRESS NOTE**

[This section contains multiple horizontal lines for writing progress notes.]

STUDIES REQUESTED	RESULTS

Department of Veterans Affairs **MEDICAL CERTIFICATE** Purple

1. DATE: 3/20/99 TIME: 2:23 PM AGE: 42 SEX:  M  F 5. ON ARRIVAL PATIENT WAS:  AMBULATORY  STRETCHER  WHEELCHAIR 6. PHONE NUMBER: ( ) 7. HOMELESS:  YES  NO

8A. ALLERGIES: NKA 8B. WEIGHT: 126.7 8C. TEMPERATURE: 98.4 8D. PULSE: 61 8E. RESPIRATION: 18 8F. BP: 97/55 8G. DUE TO INJURY:  NO  YES

9. CURRENT MEDICATIONS: lepidone, Sumatriptan Succinate, propranolol, clonazepam, Fluoxetine.

10. TRIAGE: H to PR - c/o migraine HA that started this AM and has not been relieved by amitriptyline.

11. SIGNATURE: Ursula Harris

12. HISTORY AND PHYSICAL

as above - long left sided headache  
 o - 1550 T R - R1  
 neck - supple  
 lung - clear  
 heart - normal  
 abd - normal  
 neuro - no focal deficit

WBC 13  
 ESR 40  
 ref 1/25/99

migraine w/ vomiting

13. DIAGNOSTIC IMPRESSIONS: migraine HA

14. PLAN: several 5mg + phenylephrine 25 mg  $\checkmark$  M# 1320  
 Tylenol #3 #12 4:00 5:45 pm  
 F/ta - PCP

15A. ATTENDING OF RECORD: [Signature] 15B. EXAMINER'S SIGNATURE: [Signature]

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT:  IMPROVED  SATISFACTORY  UNCHANGED

2. AFTER CARE SHEET GIVEN:  YES  NO

3. FOLLOWUP - ACTIVITY - LIMITATIONS: [Blank]

4. DATE / TIME OF DISCHARGE: 3/26/99 2:30

5. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN: Ursula Harris

7. PATIENT INSTRUCTIONS: (1) Follow up as needed (2) Continue meds as directed.

NAME: GAYLE A

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE: Gayle A

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TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE


STUDIES REQUESTED	RESULTS

Department of Veterans Affairs

HA: 66. MEDICAL CERTIFICATE

1. DATE 2-20-99	2. TIME 1940 AM	3. AGE 41	4. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	5. ON ARRIVAL PATIENT WAS <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> WHEELCHAIR	6. PHONE NUMBER ( )	7. HOMELESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8A. ALLERGIES NKDA	8B. WEIGHT 157.5	8C. TEMPERATURE 97.8	8D. PULSE 66	8E. RESPIRATION 18	8F. B/P 139/72	8G. DUE TO INJURY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

9. CURRENT MEDICATIONS Bisacodyl, Butorphanol Tartrate, propranolol, clonazepam, Fluoxetine

Res peridone, Sumatriptan Succinate

10. TRIAGE *pt states started having pbms pan (l) side of head associated c/v photophobia pt states has 6x migraines - states these SES are milder than her - took Emtrax 1000 & 1600 - c*

11. SIGNATURE *[Signature]*

12. HISTORY AND PHYSICAL

*#1 40 ETHO Post Traumatic Stress disorder. Below admission of migraine. Came in today w/ 1 of migraines which was seen here a few days ago for migraine & was given Demerol & phonyl. to abt the attack after Emtrax. Pt is asking for 75mg Demerol & 25mg phonyl. PE w/d wv Larynx in w/d. Nox3 calm. Aphidic, RR 13/72 P-66. HEENT NEAT, Sinner not tender. ab CNS No focal neurophysiol. Spri*

13. DIAGNOSTIC IMPRESSIONS Migraine HA. Symptoms Improved.

14. PLAN Percocet 11 q 8° x 2 days # (12)  
DIC to PCP. Pt to make appointment to see PCP on Monday. Dis positive DW pt.

15A. ATTENDING OF RECORD \_\_\_\_\_ 15B. EXAMINER'S SIGNATURE *Don-Stealy*

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT <i>PTC to PCP</i>	2. AFTER CARE SHEET GIVEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	3. FOLLOWUP - ACTIVITY - LIMITATIONS <i>AS</i>
4. CONDITION <input type="checkbox"/> IMPROVED <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE 2-20-99 7:00	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN <i>[Signature]</i>
7. PATIENT INSTRUCTIONS <i>meds as directed no drinking alcohol or over the counter pain relievers for 8 hours after take Percocet - full PCP - on Monday</i>		

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE *Gayle A. Dove*

DOVE, GAYLE A  
[Redacted]

Migraine record in Woman's Clinic

--	--	--

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

*very little red of pt status*  
*Demerol / phenergan helps best - 2000 pt feel*  
*in control symptoms go numb and sleep*  
*can not die in cell belongs Dink*

STUDIES REQUESTED	RESULTS

INTERDISCIPLINARY ADMISSION ASSESSMENT

EMERGENCY ROOM/CLINIC ASSESSMENT

LOVE, GAYLE A

I. Date: 2-20-99 Time: 1940 Age: 41 HT: 206 WT: 137.5  
 Mode of Arrival:  Ambulance  Walk In  Extended Care Facility  
 Other: \_\_\_\_\_  
 Source of Information:  Patient  Family/Friend  Old Chart  Other: \_\_\_\_\_  
 Chief Complaint: Migraine  
 Allergies: NICINA  
 Reactions to Anesthesia: 0  
 Medical History/Past Surgeries/Hospitalizations: PTSD, removed uterus, migraines, headaches, Rheumatitis  
 Present Medications: Cell 1010  
 Marital Status: Divorced  
 Religious Preference: prot. Blood/Blood Product Transfusion Preference: OK  
 Emergency Notification Relative/Friend: Ray, Done Jr Relationship: Father  
 Phone Number: 228 396 1919

II. LEVEL OF CONSCIOUSNESS:

Alert  Oriented  Person  Place  Time  
 Verbally Responsive  Confused/Disoriented  Responds to Pain

BEHAVIOR

Cooperative  Uncooperative  Combative  Withdrawn  
 Other: \_\_\_\_\_

EMOTIONAL/PSYCHOSOCIAL STATUS:

Calm  Anxious  Fearful  Depressed  Suicidal

ADL's/Level of Functioning:

Bathing S/A/T Dressing S/A/T Eating S/A/T Mobility S/A/T  
 Oral Hygiene S/A/T Toileting S/A/T

Comments: \_\_\_\_\_

VITAL SIGNS				
TIME	B/P	PULSE	RESP	TEMP
1940	139/72	60	18	97.8
2115	87/48	62	22	98

Comments: \_\_\_\_\_

IV. POTENTIAL ABUSE

Not Applicable  
 Rape or Other Sexual Molestation  
 Domestic Abuse  
 Abuse or neglect of elders or children  
 Evidence of Physical Assault  
 Unexplained Bruises  
 Unexplained Injuries  
 Unkempt, dirty, poor hygiene

III. PATIENT RIGHTS

Advanced Directive  YES  NO PT states has one in VA chart  
 Type: \_\_\_\_\_  
 Location: Neckard  
 Organ Donor  YES  NO at this  
 Tissue Donor:  YES  NO time  
 Information/Pamphlet Provided: \_\_\_\_\_  
 YES  NO  Refused

If yes to the above, initiate Center Memorandum 122-17 (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated: \_\_\_\_\_  
 Method of Notification: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Signature/Title: X. Gayle A. Day Date/Time: \_\_\_\_\_  
D. C. [Signature] Date/Time: 2-20-99 1945

Readmission/Reassessment within 30 days:

Reviewer(s): Don [Signature] Date/Time: 3-28-99 @ 2300  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT**

**V. SKIN**

- Hot  Warm  Cool  Dry  Diaphoretic  
 Pink  Cyanotic  Rash  Lesions  Decubiti  
 Lacerations  Hematoma  Flushed  Other: \_\_\_\_\_

**CARDIOVASCULAR**

- No Problem Identified  Chest Pain { } Exertional { } Rest  
 Chest Pain: Location: \_\_\_\_\_ Duration: \_\_\_\_\_  
 Frequency: \_\_\_\_\_ Severity: \_\_\_\_\_ (0-10 Scale)  
 Rhythm:  Regular  Irregular  
 Leg Pain:  Exertional  Rest

PULSES		
	Left	Right
Radial	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DP		
PT		

PUPILS		
	LEFT	RIGHT
Size	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
React	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fixed		
Dilated		
Constricted		

Breath Sounds:		
	Left	Right
Clear		
Wheezing		
Rhonchi		
Rales		
Other		

Smoke - 1pk -  
Alcohol - ~~X~~  
Drug - ~~X~~

**RESPIRATORY**

- Breathing Pattern:  Normal  Dyspnea { } Exertional { } At Rest  
 Cough:  None  Non-Productive  Productive  
 Comments: \_\_\_\_\_

**MUSCULOSKELETAL**

- Moves all 4 Extremities  Hemiplegia  Paraplegia  Quadriplegia  
 Amputee  Contractures  Other: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**GASTROINTESTINAL**

- Abdomen:  Soft  Rigid  Distended  Non-Tender  
 Tender  Bowel Sounds  Normal { } Absent  
 Hypoactive { } Hyperactive  
 Last Bowel Movement: 4/20/98 other: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**GENTOURINARY**

- No Problem Identified  Burning  Frequency  Hematuria  
 Incontinence Last Menstrual Period: \_\_\_\_\_ Last Pap Smear: \_\_\_\_\_  
 Last Mammogram: \_\_\_\_\_  Other: \_\_\_\_\_

Signature/Title: [Signature] Date/Time: 7-20-98 1945  
Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:  
Reviewer(s) \_\_\_\_\_  
Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT**

**VI. TREATMENTS DONE:**

[ ] IVF: \_\_\_\_\_ (Flow sheet started) [ ] NG Tube [ ] Foley LOVE, GAYLE A  
 [ ] EKG [ ] ABG [ ] CXR [ ] KUB  
 [ ] Aerosol Treatment: \_\_\_\_\_  
 [ ] Chem 7 [ ] Chem 10 [ ] Cardiac Enzymes [ ] CBC 4/28/20  
 [ ] Accucheck: \_\_\_\_\_ Pulse Oximeter: \_\_\_\_\_  
 [ ] Other: \_\_\_\_\_

**MEDICATIONS ADMINISTERED:**

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
4/28 2255	Demerol 50mg Plavix 25mg	1/2 P	Good relief p 15m	[Signature]

**VII. Disposition Of Patient/Care Setting:**

Time: 2020

Discharged to Home [ ] Admitted to Medicine Service [ ] Admitted to Surgery Service  
 [ ] Admitted to ICU [ ] Admitted to Mental Health  
 [ ] Transferred to another Facility: \_\_\_\_\_  
 [ ] To be admitted at a later date for surgery; Date TBA: \_\_\_\_\_  
 [ ] Other \_\_\_\_\_

Patient placed on Seriously Ill List: [ ] YES  NO  
 Chaplain Notified: [ ] N/A [ ] YES  NO

List Items Brought to Hospital: \_\_\_\_\_

Disposition of Valuables: [ ] Agent Cashier [ ] MAA [ ] Patient Effects  
 Patient [ ] Family/Home

**PROGRESS NOTES:**

See 1070  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EKG RHYTHM STRIP**

(If Applicable)

Signature/Title: [Signature] Date/Time: 7-20-99 2020  
 Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days

Reviewer(s): [Signature] Date/Time: 3-29-99 0050  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT**

**INPATIENT ASSESSMENT**

**VIII. PHYSICAL DISABILITIES**

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO
Emotional Status:		
Calm / Apprehensive / Cooperative		

Paralysis	YES	NO
Pain:	YES	NO
Severity (0 - 10):	_____	
Tolerable Level of Pain	_____	
Location:	_____	
Comments:	_____	

**ELIMINATION:**

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO
Comments:	_____	

**GASTROINTESTINAL:**

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO
_____ /wk. Last drink: _____		
Dysphagia	YES	NO
Religious Food Preference:	_____	
Type of Diet:	_____	
Comments:	_____	

**TEETH**

Bridges	YES	NO
Dentures:	YES	No
Upper: Full:	_____	Partial: _____
Lower: Full:	_____	Partial: _____
Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

Signature/Title: \_\_\_\_\_

**PULMONARY:**

Smoker	YES	NO
Packs Per Day:	_____	# of Years: _____
Recent URI	YES	NO
COPD	YES	NO
Trachostomy	YES	NO
O2-Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO
Productive:	_____	
Non-Productive:	_____	
Color of Sputum:	_____	

Comments: \_\_\_\_\_

**CARDIOVASCULAR/CIRCULATION:**

CHF	YES	NO
Angina	YES	NO
Last Occurrence:	_____	
Location:	_____	
Severity (0-10):	_____	
Relieved by:	_____	
MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous Blood Transfusion	YES	NO

Comments: \_\_\_\_\_

Comments: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s): \_\_\_\_\_

Signature/Title: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE 2/14/99	2. TIME 1435 AM	3. AGE 41	4. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	5. ON ARRIVAL PATIENT WAS <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> WHEELCHAIR	6. PHONE NUMBER ( ) N/A	7. HOMELESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8A. ALLERGIES NKDA	8B. WEIGHT 130	8C. TEMPERATURE 98	8D. PULSE 76	8E. RESPIRATION 18	8F. B/P 111/77	8G. DUE TO INJURY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

9. CURRENT MEDICATIONS - Timzox, Tylenol #3, Melazone

10. TRIAGE 41y/o female E (10) brachiate right side started 2/13/99  
 clx nausea - FAD. skin's w/d speech is clear & appropriate  
 BB clear, cap all clear

11. SIGNATURE [Signature]

12. HISTORY AND PHYSICAL

GI w/ c (10) inguine since yesterday  
 It has had 2x to no avail. Admin  
 to amra.

GE: w/d w/n  
 Hx: NT NC AT  
 Neck Supple  
 Chm CTA  
 Cos SIS: MR no mem.  
 CRT No focal Surg  
 Ext. w/n

13. DIAGNOSTIC IMPRESSIONS Migraine N/A.

14. PLAN Compazine 10mg w/ over 2min now ✓ re-eval  
 Demerol 50mg IM q4  
 Vistaril 25mg

15A. ATTENDING OF RECORD [Signature]  
 15B. EXAMINER'S SIGNATURE [Signature]

SECTION II - FOR PATIENT

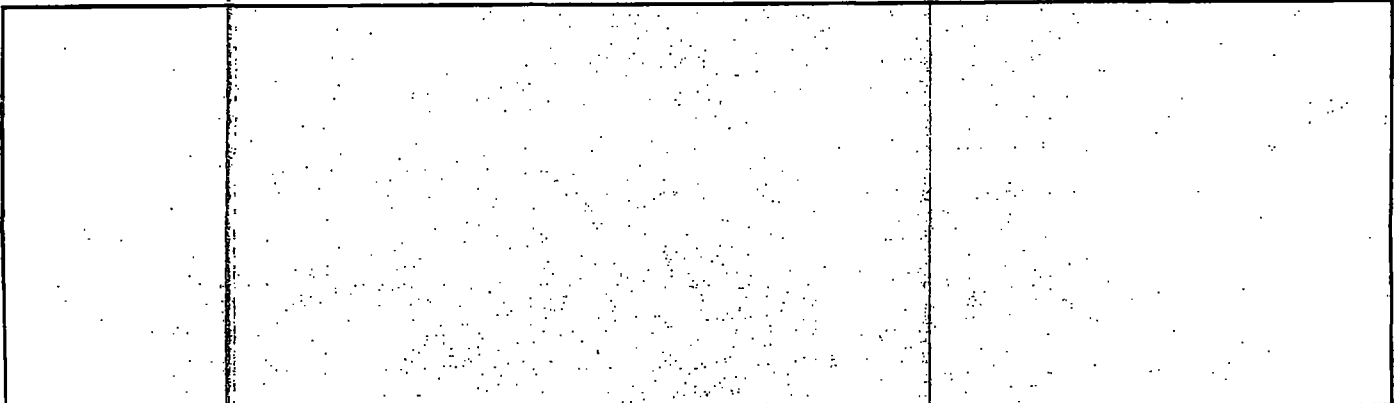
1. DISPOSITION / CLINIC APPOINTMENT Return as needed	2. AFTER CARE SHEET GIVEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. FOLLOWUP - ACTIVITY - LIMITATIONS As tolerated
4. CONDITION <input type="checkbox"/> IMPROVED <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE 2/14/99 1545	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN [Signature]
7. PATIENT INSTRUCTIONS Follow up as needed		

DOVE, GAYLE A

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE [Signature]

VA FORM MAR 1992 10-10M SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.



TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

[This section contains a series of horizontal lines for writing progress notes.]

STUDIES REQUESTED	RESULTS

**INTERDISCIPLINARY ADMISSION ASSESSMENT**

**EMERGENCY ROOM/CLINIC ASSESSMENT**

I. Date: 2/14/97 Time: 1440 Age: 41 HT: 67 WT: 130  
 Mode of Arrival:  Ambulance  Walk In  Extended Care Facility  
 Other: \_\_\_\_\_  
 Source of Information:  Patient  Family/Friend  Old Chart  Other: \_\_\_\_\_  
 Chief Complaint: trauma  
 Allergies: NKDA  
 Reactions to Anesthesia: \_\_\_\_\_  
 Medical History/Past Surgeries/Hospitalizations: See Surg  
 Present Medications: See Surg  
 Marital Status: See Surg  
 Religious Preference: \_\_\_\_\_ Blood/Blood Product Transfusion Preference: \_\_\_\_\_  
 Emergency Notification  
 Relative/Friend: See Surg Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**II. LEVEL OF CONSCIOUSNESS:**

Alert  Oriented  Person  Place  Time  
 Verbally Responsive  Confused/Disoriented  Responds to Pain

**BEHAVIOR**

Cooperative  Uncooperative  Combative  Withdrawn  
 Other: \_\_\_\_\_

**EMOTIONAL/PSYCHOSOCIAL STATUS:**

Calm  Anxious  Fearful  Depressed  Suicidal

**ADL's/Level of Functioning:**

Bathing S/A/T Dressing S/A/T Eating S/A/T Mobility S/A/T  
 Oral Hygiene S/A/T Toileting S/A/T

Comments: \_\_\_\_\_

VITAL SIGNS				
TIME	B/P	PULSE	RESP	TEMP
1440	111/77	76	18	98
1540	119/74	72	18	98

Comments: \_\_\_\_\_

**IV. POTENTIAL ABUSE**

Not Applicable  
 Rape or Other Sexual Moléstation  
 Domestic Abuse  
 Abuse or neglect of elders or children  
 Evidence of Physical Assault  
      Unexplained Bruises  
      Unexplained Injuries  
      Unkempt, dirty, poor hygiene

If yes to the above, initiate Center Memorandum 122-17 (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated: \_\_\_\_\_

Method of Notification: \_\_\_\_\_

Comments: \_\_\_\_\_

**III. PATIENT RIGHTS**

Advanced Directive  YES  NO

Type: \_\_\_\_\_

Location: \_\_\_\_\_

Organ Donor  YES  NO

Tissue Donor:  YES  NO

Information/Pamphlet Provided:

YES  NO  Refused

Signature/Title: [Signature]

Date/Time: 2/14/97 1740

Date/Time: 2/14/97 1445

Readmission/Reassessment within 30 days:

Reviewer(s):

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\_\_\_\_\_ Date/Time: \_\_\_\_\_



**INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT**

DATE: 04/15/99  
TIME: 1445

**VI. TREATMENTS DONE:**

- IVF: \_\_\_\_\_ (Flow sheet started)     NG Tube #0  Foley  
 EKG     ABG     CXR     KUB  
 Aerosol Treatment: \_\_\_\_\_  
 Chem 7     Chem 10     Cardiac Enzymes     CBC     PT/PTT  
 Accucheck: \_\_\_\_\_ Pulse Oximeter: \_\_\_\_\_  
 Other: \_\_\_\_\_

**MEDICATIONS ADMINISTERED:**

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
1513	Demerol	50mg	Good	<i>[Signature]</i>
1515	Vistaril	25mg	Good	<i>[Signature]</i>

**VII. Disposition Of Patient/Care Setting:**

Time: 1545

- Discharged to Home     Admitted to Medicine Service     Admitted to Surgery Service  
 Admitted to ICU     Admitted to Mental Health  
 Transferred to another Facility: \_\_\_\_\_  
 To be admitted at a later date for surgery; Date TBA: \_\_\_\_\_  
 Other: \_\_\_\_\_

- Patient placed on Seriously Ill List:     YES     NO  
 Chaplain Notified:     N/A     YES     NO

List Items Brought to Hospital: \_\_\_\_\_

- Disposition of Valuables:     Agent Cashier     MAA     Patient Effects  
     Patient     Family/Home

**PROGRESS NOTES:**

1545 P.O. d/c'd to home & instructed to call up on day  
and stable  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EKG RHYTHM STRIP**

(If Applicable)

Signature/Title: *[Signature]*    Date/Time: 2/14/99 1445  
 \_\_\_\_\_    Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:  
 Reviewer(s): \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT**

**INPATIENT ASSESSMENT**

**VIII. PHYSICAL DISABILITIES**

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO

Emotional Status: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Paralysis	YES	NO
Pain:	YES	NO
Severity (0 - 10):	_____	
Tolerable Level of Pain	_____	
Location:	_____	
Comments:	_____	

**ELIMINATION:**

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO

Comments: \_\_\_\_\_

**GASTROINTESTINAL:**

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO

\_\_\_\_\_ /wk. Last drink: \_\_\_\_\_

Dysphagia YES NO

Religious Food Preference: \_\_\_\_\_

Type of Diet: \_\_\_\_\_

Comments: \_\_\_\_\_

**TEETH**

Bridges	YES	NO
Dentures:	YES	No

Upper: Full: \_\_\_\_\_ Partial: \_\_\_\_\_

Lower: Full: \_\_\_\_\_ Partial: \_\_\_\_\_

Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

Signature/Title: \_\_\_\_\_

\_\_\_\_\_

**PULMONARY:**

Smoker	YES	NO
Packs Per Day: _____	# of Years: _____	

Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O2 Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive: \_\_\_\_\_

Non-Productive: \_\_\_\_\_

Color of Sputum: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**CARDIOVASCULAR/CIRCULATION:**

CHF	YES	NO
Angina	YES	NO

Last Occurrence: \_\_\_\_\_

Location: \_\_\_\_\_

Severity (0-10): \_\_\_\_\_

Relieved by: \_\_\_\_\_

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO

Previous Blood Transfusion	YES	NO
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Comments: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

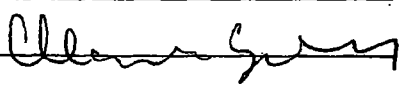
Readmission/Reassessment within 30 days:

Reviewer(s):

Signature/Title: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

MEDICAL RECORD	PROGRESS NOTES
DATE	
3-16-99	<p>PATIENT WANTED TO GET DOWN ON KNEES SINCE SHE WAS FEELING BAD BIRTH, BUT PATIENT STARTED TO FEEL BETTER LAST 2 WEEKS, CLAIMS TO HAVE A LOT OF ANXIETY &amp; PANIC ATTACKS</p>
P 2944 1435	<p>Klonopin 1-5-10 Prozac 40-30 AM Risperidone 2-5-15 Mazapine 250mg HS</p>
	<p>PATIENT IS STARTING A NEW RELIGIOUS AND HAS PROBLEMS WITH IT PATIENT IS ENGAGED IN COMMUNITY ACTIVITIES. ISN'T IMMEDIATELY SUICIDAL OFFERED HER DAY THERAPY SHE HAS CONSIDERED. PLAN CONTINUE SAME MEDS WANTS ↑ Klonopin, PT IS DENYING A THERAPY, PLAN TO GIVE PT VISTARIC ++ PTSD RETURN I.M.O</p>
	<p style="text-align: right;">             GAF 51         </p>

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank; rate; hospital or medical facility)

Dove, Gayle

REGISTER NO.

WARD NO.

**PROGRESS NOTES**  
 STANDARD FORM 509 (Rev. 11-77)  
 Prescribed by GSA/ONR,  
 FIRM(R41CFR)201-45 505  
 509-111



NOTE DATED: 03/08/99 12:24 PSYCHOLOGY-MENTAL HEALTH  
VISIT: 03/08/99 10:30 WOMEN'S MHPC GOLD SAPORITI-GPT  
WOMEN'S MHPC CLINIC/ GOLD TEAM/ INDIVIDUAL THERAPY/ PROB#3/ GAF=65

S: Pt presents for scheduled appt accompanied by her fiance. They report problems with sex and intimacy.

O: Pt has a cold with cough and fever. I offered to shorten the session or reschedule, but she felt that this session "was too important" to skip. Pt appears somewhat closed off in their interaction; fiance appears open and supportive.

A: A list of their strengths and weaknesses in their sexual activity was made. Their most significant strengths include mutual interest in developing their sexual relationship and the pt's ability to participate in sex. Their most significant weaknesses include lack of communication and, for the pt., detachment. Provided psychoeducation on the effects of sexual trauma on intimacy and sex, answered questions, and began laying the groundwork for increased communication. Both pt and fiance actively participated in discussion.

P: Will meet with pt alone for the next session to focus on detachment and regaining feelings while staying in reality. RTC x 1 week.

Signed by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 03/08/99 12:46

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 03/08/99 12:46  
Vice SF 509

NOTE DATED: 03/03/99 10:58 PSYCHOLOGY-MENTAL HEALTH  
VISIT: 03/01/99 10:30 WOMEN'S MHPC GOLD SAPORITI-GPT  
WOMEN'S MHPC CLINIC/ GOLD TEAM/ INDIVIDUAL THERAPY/ PROB# 3/ GAF=65

S: Pt presents for scheduled appt. She reports that her mood has been stable and that she is working on being in control of her life rather than being controlled by others. She c/o problems in sexual functioning.

O: Alert. Appropriately dressed and groomed. Euthymic mood with appropriate affect. MSE grossly intact.

A: Discussed assertiveness skills and praised pt for her assertiveness in her relationships with her father and her fiance. Processed her impressions from last session in which her fiance was present. She denies problems in their communication, but c/o problems in their sexual relationship which appear to be related to her PTSD and possibly her medication. Encouraged pt to see her psychiatrist re: side effects of her medications.

P: RTC x 1 week with her fiance to discuss problems in sexual functioning.

Signed by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 03/03/99 15:36

Biloxi, MS (CONS)

Printed: 03/03/99 15:36  
Vice SF 509

NOTE DATED: 02/22/99 15:55 PSYCHOLOGY-MENTAL HEALTH  
VISIT: 02/22/99 13:00 WOMEN'S MHPC GOLD SAPORITI-GPT  
WOMEN'S MHPC CLINIC/ GOLD TEAM/ INDIVIDUAL THERAPY/ PROB# 2,3/ GAF=60

S: Pt presents for scheduled appt accompanied by her boyfriend. She reports recent conflict between her father and her boyfriend and feels that she is in the middle of it. Pt also reports interest in decreasing, and possibly eliminating, her medications.

O: Pt appears fatigued with depressed mood and blunted affect. In general, she seems passive in her communication with her boyfriend, however she did make some attempts at assertiveness.

A: Pt and boyfriend have tentative plans to marry, though a date has not been set. Though her boyfriend would like her to move in asap, the pt reports that she is in no rush to move in or marry. Her boyfriend voiced feeling insecure in their relationship, and seems to perceive the pt's father as a threat. (It is likely that the father feels the same way; hence, their conflict.) Pt appears to be taking on the role of peacemaker.

- P: 1) I will speak to Dr. Gelder about pt's desire to decrease meds.  
2) RTC x 1 week for individual session; RTC x 2 weeks for couples session.

Signed by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 02/22/99 16:31

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 02/22/99 16:31  
Vice SF-509

MEDICAL RECORD

PROGRESS NOTES

DATE

2-16-94 PATIENT IS DOING WELL WITH FAMILY  
PSYCH + WORKS AS A VOLUNTEER AT A HOTEL

#2 MED FROM USA

#3 Klonopin 1mg TID

Risperidone 2mg HS

Thioridone 350mg HS

PT'S DEPRESSION IS TOLERABLE, PT IS  
BEING FOLLOWED BY DR. SAGOTARI +  
ATTENDS

SLEEPING WELL

DR. PICO, MAJOR DEPRESSIVE DISORDER

PLAN CONTINUE SAME MEDS

RETURN IN MONTHS

GDF 6/2

*[Signature]*

Maurice D. Gelder, M.D.  
AS3285170-867

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle;  
grade, rank, rate, hospital or medical facility)

REGISTER NO.

WARD NO.

DOVE GANW



PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/ICMR.

FIRMR(41CFR)201-45.505

509-111

PROGRESS NOTES

DATE

VETERAN'S AFFAIRS  
DEPARTMENT OF HEALTH & HUMAN SERVICES

NOTE DATED: 01/29/99 11:36 PSYCHOLOGY-MENTAL HEALTH  
VISIT: 01/29/99 10:30 WOMEN'S MHPC GOLD SAPORITI-GPT  
WOMEN'S MHPC CLINIC/ GOLD TEAM/ INDIVIDUAL THERAPY/ PROB# 3 (PTSD)/ GAF=65

S: Pt presents for scheduled appt. She c/o sexual dysfunction (low desire and anorgasmia).

O: Alert. Presented promptly for appt. Psychomotor activity - wnl. Good eye contact. Speech - coherent, goal-directed, average in rate/tono. PTSD sx's appear well controlled by meds.

A: Pt reports that her current relationship is going well and that they are talking about the possibility of marriage. Though she reports satisfaction with their sexual relationship, she states that her partner takes it personally that she has not climaxed. She feels that her low sexual desire and her medications are a factor; it also appears that there is performance anxiety. Pt also reports vaginal dryness, which requires that she and her partner use a lubricant. Pt was advised to discuss the side effects of her current medication regimen with her physician. She requested that her partner come to her next therapy session for psychoeducation on the effects of PTSD and meds on sexual functioning.

P: Pt and partner to RTC x 1 week.

Signed by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 01/29/99 12:02

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 01/29/99 12:03  
Vice SF 509

NOTE DATED: 12/14/98 11:28 PSYCHOLOGY-MENTAL HEALTH  
VISIT: 12/14/98 10:30 WOMEN'S MHPC GOLD SAPORITI-GPT  
WOMEN'S MHPC/ GOLD TEAM/ INDIVIDUAL THERAPY/ PROB# 2/ GAF=65

S: Pt present for scheduled appt. No change in level of depression. Pt attributes her depression, in part, to somatic problems (migraines, nausea). Pt is now seeing a civilian doctor for her migraines who has prescribed for her: Stadol and Perkaset.

O: Alert, though lethargic. Depressed mood with blunted affect. Psychomotor retardation. Speech is average in rate/tone.

A: Pt continues to meet social/occupational obligations. Pt attended two AA meetings since last session. She also works on the AA hotline and at the Women's Auxillary of the VFW. She reports compliance with her medication. She reports that she dropped out of the depression group because of health problems and scheduling conflicts. It seems likely that her depression is exacerbated by health problems. She reports that her new meds for migraines have been effective. She is scheduled for an endoscopy this week to rule out ulcers.

P: RTC x 2 weeks.

Signed by: /es/ SAUNDRA SAPORITI, PSY.D.  
STAFF PSYCHOLOGIST 12/14/98 11:54

CURT NOT AVAILABLE

MEDICAL RECORD	PROGRESS NOTES
DATE 11-24-78	
#2	PSYCH PATIENT HAS BEEN DOING FINE WITH BUT HAS SLEEP IN DISTURBANCE PROBLEMS TROUBLE GOING TO SLEEP + WAKING UP
#8	MEAS KLOMOPIN 1mg TID PRNAC 410-5-AM RISPERIDONE 2-5-MS TRAZODONE 250-5-MS PRNAC <del>410-5-AM</del> 10-0-PM
	PT ISN'T HAPPY BUT NOT DEPRESSED. DEVELOPS SUICIDAL FEELINGS. LIVING WITH FATHER IS DOING PHYSICAL THERAPY. MANS AA MEETING, VA AUXILIARY PLAN ↑ TRAZODONE 300-5-MS GAF 60
	REVIEWED MED BY PTSD MAJOR DEPRESSIVE DISORDER PATIENT IS AUNT ORNITH, DEPRESSION WAS IMPROVED, IS BEING FOLLOWED BY DR SAPPORATI + ATTENDING A DEPRESSION GROUP DISCLOSED MEDS WITH <i>Alvarado, Glenn</i> PATIENT Maurice D. Gelder, M.D. AS3285170-867

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

DOVE, GAYLE



PROGRESS NOTES  
STANDARD FORM 509 (Rev. 11-77)  
Prescribed by GSA/ICMR,  
FPMR(41CFR)201-45.505  
509-111

PROGRESS NOTES

DATE

Lined area for notes with a date column.

STANDARD FORM 509 BACK (Rev. 11-77)

U.S.GPO:1997-429-359

# PURPLE TEAM

514  
772

MEDICAL RECORD

PROGRESS NOTES

DATE

11/17/98 T99' p60 R20 B/P 108/58  
NKA ht 66 wt. 133.1 pt has PC

Migraines

appt c Di Pennissom. pt took  
Imitrex & tylenol @ 0600.  
5 relief. c/o migraine x 4 days  
Gara Kelly Rn

Cysto

41% c/o of HA x 4-5 days new, hosp.  
by Dr. Nalluri Sept 98 IV DHE +  
Pt had imitrex & recently Toradol 5

HCV  
HIV

any effect. Prefers imitrex to migraines  
No risk factor for HIV, HCV x 2 months  
PE/wearing sun glasses. EOMI, PERIL  
neck supple lungs clear. Cor Recs.  
abd NDNT Ext & edema  
W/D/W

DC Migraines requested

Get my charts 0945 @ delta B

11/19/98  
@ 10:20  
OK

To ED for Imitrex int x 1  
Labs Fasting lipids, Hepatitis, C/Vantico  
RTC 6 months. HIV

Manogram of Pennissom MD  
To ED Demerol 50mg IM x 1  
Phenergan 25mg q 4h

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank, rate; hospital or medical facility) 8 6

REGISTER NO. 1A X 1 9 WARD NO.

DOVE, GAYLE A

Stadol 2mg IM x 1 today in ED or Clin  
Consider trial Stadol nasal spray

PROGRESS NOTES  
STANDARD FORM 509 (REV. 11/77)  
Prescribed by USA/CMR  
FIRM#141CFR1201-45.505  
809-111

Pt warned of  
defective potential  
spray/contained in  
container x 60 days  
Pennissom MD  
Marilyn

516-1161

RTC 6 months



**INTERDISCIPLINARY ADMISSION ASSESSMENT**

**EMERGENCY ROOM/CLINIC ASSESSMENT**

I. Date: 11/15/98 Time: 1455 Age: 41 HT: 66 WT: \_\_\_\_\_  
 Mode of Arrival:  Ambulance  Walk In  Extended Care Facility  
 Other: \_\_\_\_\_  
 Source of Information:  Patient  Family/Friend  Old Chart  Other: \_\_\_\_\_  
 Chief Complaint: H/A  
 Allergies: NKA  
 Reactions to Anesthesia: φ  
 Medical History/Past Surgeries/Hospitalizations: \_\_\_\_\_  
 Present Medications: See Rx  
 Marital Status: See Summary  
 Religious Preference: \_\_\_\_\_ Blood/Blood Product Transfusion Preference: \_\_\_\_\_  
**Emergency Notification**  
 Relative/Friend: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**II. LEVEL OF CONSCIOUSNESS:**

Alert  Oriented  Person  Place  Time  
 Verbally Responsive  Confused/Disoriented  Responds to Pain

**BEHAVIOR**

Cooperative  Uncooperative  Combative  Withdrawn  
 Other: \_\_\_\_\_

**EMOTIONAL/PSYCHOSOCIAL STATUS:**

Calm  Anxious  Fearful  Depressed  Suicidal

**ADL's/Level of Functioning:**

Bathing  S/A/T Dressing  S/A/T Eating  S/A/T Mobility  S/A/T  
 Oral Hygiene  S/A/T Toileting  S/A/T

Comments: \_\_\_\_\_

VITAL SIGNS				
TIME	B/P	PULSE	RESP	TEMP

Comments: \_\_\_\_\_

**III. PATIENT RIGHTS**

Advanced Directive  YES  NO  
 Type: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Organ Donor  YES  NO  
 Tissue Donor:  YES  NO  
 Information/Pamphlet Provided:  
 YES  NO  Refused

**IV. POTENTIAL ABUSE**

Not Applicable  
 Rape or Other Sexual Molestation  
 Domestic Abuse  
 Abuse or neglect of elders or children  
 Evidence of Physical Assault  
     { } Unexplained Bruises  
     { } Unexplained Injuries  
     { } Unkempt, dirty, poor hygiene

If yes to the above, **initiate Center Memorandum 122-17** (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated: \_\_\_\_\_  
 Method of Notification: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Signature/Title: Donita Davemport RN Date/Time: 11/15/98 1455  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s): \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT**

**V. SKIN**

Hot     Warm     Cool     Dry     Diaphoretic  
 Pink     Cyanotic     Rash     Lesions     Decubiti  
 Lacerations     Hematoma     Flushed     Other: \_\_\_\_\_

**CARDIOVASCULAR**

No Problem Identified     Chest Pain { } Exertional    { } Rest  
 Chest Pain: Location: \_\_\_\_\_ Duration: \_\_\_\_\_  
 Frequency: \_\_\_\_\_ Severity: \_\_\_\_\_ (0 - 10 Scale)  
 Rhythm:  Regular     Irregular  
 Leg Pain:  Exertional     Rest

PULSES		
	Left	Right
Radial	✓	✓
DP	✓	✓
PT	✓	✓

PUPILS		
	LEFT	RIGHT
Size	3	3
React	B	B
Fixed		
Dilated		
Constricted		

Breath Sounds:		
	Left	Right
Clear	✓	✓
Wheezing		
Rhonchi		
Rales		
Other		

**RESPIRATORY**

Breathing Pattern:  Normal     Dyspnea { } Exertional    { } At Rest  
 Cough:  None     Non-Productive     Productive  
 Comments: \_\_\_\_\_

**MUSCULOSKELETAL**

Moves all 4 Extremities     Hemiplegia     Paraplegia     Quadriplegia  
 Amputee     Contractures     Other: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**GASTROINTESTINAL**

Abdomen:  Soft     Rigid     Distended     Non-Tender  
 Tender     Bowel Sounds     Normal    { } Absent  
 Hypoactive    { } Hyperactive  
 Last Bowel Movement: \_\_\_\_\_ Other: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**GENITOURINARY**

No Problem Identified     Burning     Frequency     Hematuria  
 Incontinence    Last Menstrual Period: \_\_\_\_\_ Last Pap Smear: \_\_\_\_\_  
 Last Mammogram: \_\_\_\_\_  Other: \_\_\_\_\_

Signature/Title: Donita Davernette    Date/Time: 11/15/98  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s)  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT**

**VI. TREATMENTS DONE:**

- ]IVF: \_\_\_\_\_ (Flow sheet started)       ]NG Tube       ]Foley  
 ]EKG       ]ABG       ]CXR       ]KUB  
 ]Aerosol Treatment: \_\_\_\_\_  
 ]Chem 7       ]Chem 10       ]Cardiac Enzymes       ]CBC       ]PT/PTT  
 ]Accucheck: \_\_\_\_\_ Pulse Oximeter: \_\_\_\_\_  
 ]Other: \_\_\_\_\_

**MEDICATIONS ADMINISTERED:**

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
1520	Toradol	30mg IM		D. Davenport
1525	Toradol	30mg IV		D. Davenport

**VII. Disposition Of Patient/Care Setting:**

Time: 1630

- ]Discharged to Home       ]Admitted to Medicine Service       ]Admitted to Surgery Service  
 ]Admitted to ICU       ]Admitted to Mental Health  
 ]Transferred to another Facility: \_\_\_\_\_  
 ]To be admitted at a later date for surgery; Date TBA: \_\_\_\_\_  
 ]Other: \_\_\_\_\_

Patient placed on Seriously Ill List:       ]YES       ]NO  
 Chaplain Notified:       ]N/A       ]YES       ]NO

List Items Brought to Hospital: \_\_\_\_\_

Disposition of Valuables:       ]Agent Cashier       ]MAA       ]Patient Effects  
     ]Patient       ]Family/Home

**PROGRESS NOTES:**

~~PT~~ Left AMA. Pt stable. Pt left before additional med~~s~~ could be given.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EKG RHYTHM STRIP**

(If Applicable)

Signature/Title: Donta Davenport      Date/Time: 11/15/98 1630  
 \_\_\_\_\_      Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s): \_\_\_\_\_      Date/Time: \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_      Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT**

**INPATIENT ASSESSMENT**

**VIII. PHYSICAL DISABILITIES**

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO
Emotional Status:		

~~Calm / Apprehensive / Cooperative~~

Paralysis	YES	NO
Pain:	YES	NO
Severity (0 - 10):	_____	
Tolerable Level of Pain	_____	
Location:	_____	
Comments:	_____	

**ELIMINATION:**

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO
Comments:	_____	

**GASTROINTESTINAL:**

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO
_____ /wk. Last drink:	_____	
Dysphagia	YES	NO
Religious Food Preference:	_____	
Type of Diet:	_____	
Comments:	_____	

**TEETH**

Bridges	YES	NO
Dentures:	YES	NO
Upper: Full:	_____	Partial: _____
Lower: Full:	_____	Partial: _____
Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

Signature/Title: \_\_\_\_\_

**PULMONARY:**

Smoker	YES	NO
Packs Per Day: _____ # of Years: _____		
Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O2 Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive: \_\_\_\_\_  
 Non-Productive: \_\_\_\_\_  
 Color of Sputum: \_\_\_\_\_

Comments: \_\_\_\_\_

**CARDIOVASCULAR/CIRCULATION:**

CHF	YES	NO
Angina	YES	NO
Last Occurrence:	_____	
Location:	_____	
Severity (0-10):	_____	
Relieved by:	_____	

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous Blood Transfusion	YES	NO

Comments: \_\_\_\_\_

Comments: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s):

Signature/Title: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

INTERDISCIPLINARY ADMISSION ASSESSMENT

EMERGENCY ROOM/CLINIC ASS DOVE, GAYLE

I. Date: 9/12/98 Time: 1930 Age: 21 HT: 5'6" WT: 122  
 Mode of Arrival:  Ambulance  Walk In  Extended Care Facility  
 Other: \_\_\_\_\_  
 Source of Information:  Patient  Family/Friend  Old Chart  Other: \_\_\_\_\_  
 Chief Complaint: migraine  
 Allergies: NKA  
 Reactions to Anesthesia: none  
 Medical History/Past Surgeries/Hospitalizations: PTSD, depression, migraine  
S/P Nephrectomy -> adhesion, 4 drug addict  
 Present Medications: see current rx profile  
 Marital Status: divorced  
 Religious Preference: Protestant Blood/Blood Product Transfusion Preference: none  
**Emergency Notification**  
 Relative/Friend: Ray Dove Relationship: Father  
 Phone Number: 228-396-1419

II. LEVEL OF CONSCIOUSNESS:

Alert  Oriented  Person  Place  Time  
 Verbally Responsive  Confused/Disoriented  Responds to Pain

BEHAVIOR

Cooperative  Uncooperative  Combative  Withdrawn  
 Other: \_\_\_\_\_

EMOTIONAL/PSYCHOSOCIAL STATUS:

Calm  Anxious  Fearful  Depressed  Suicidal

ADL's/Level of Functioning:

Bathing S/A/T Dressing S/A/T Eating S/A/T Mobility S/A/T  
 Oral Hygiene S/A/T Toileting S/A/T

Comments: \_\_\_\_\_

VITAL SIGNS				
TIME	B/P	PULSE	RESP	TEMP
<u>9/12 1830</u>	<u>125/71</u>	<u>55</u>	<u>18</u>	<u>97.6</u>
<u>11/15</u>	<u>119/65</u>	<u>59</u>	<u>18</u>	

Comments: \_\_\_\_\_

IV. POTENTIAL ABUSE

- Not Applicable
- Rape or Other Sexual Molestation
- Domestic Abuse
- Abuse or neglect of elders or children
- Evidence of Physical Assault
  - Unexplained Bruises
  - Unexplained Injuries
  - Unkempt, dirty, poor hygiene

If yes to the above, initiate Center Memorandum 122-17 (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated: \_\_\_\_\_  
 Method of Notification: \_\_\_\_\_  
 Comments: \_\_\_\_\_

III. PATIENT RIGHTS

Advanced Directive  YES  NO

Type: Living Will

Location: no docs

Organ Donor  YES  NO

Tissue Donor:  YES  NO

Information/Pamphlet Provided:

YES  NO  Refused

Signature/Title: Gayle L. Dove MD Date/Time: 9/12/98 @ 1830  
Donita Davenport Date/Time: 9/15/98 1430 error

Readmission/Reassessment within 30 days:

Reviewer(s):

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT**

**V. SKIN**

Hot       Warm       Cool       Dry       Diaphoretic  
 Pink       Cyanotic       Rash       Lesions       Decubiti  
 Lacerations       Hematoma       Flushed       Other: \_\_\_\_\_

**CARDIOVASCULAR**

No Problem Identified       Chest Pain      { } Exertional      { } Rest  
Chest Pain: Location: \_\_\_\_\_ Duration: \_\_\_\_\_  
Frequency: \_\_\_\_\_ Severity: \_\_\_\_\_ (0 - 10 Scale)  
Rhythm:  Regular       Irregular  
Leg Pain:  Exertional       Rest

PULSES		
	Left	Right
Radial	2+	2+
DP	2+	2+
PT	2+	2+

PUPILS		
	LEFT	RIGHT
Size	2	2
React	B	B
Fixed		
Dilated		
Constricted		

Breath Sounds:		
	Left	Right
Clear	✓	✓
Wheezing		
Rhonchi		
Rales		
Other		

**RESPIRATORY**

Breathing Pattern:  Normal      { } Dyspnea      { } Exertional      { } At Rest  
Cough:  None      { } Non-Productive      { } Productive  
Comments: \_\_\_\_\_

**MUSCULOSKELETAL**

Moves all 4 Extremities      { } Hemiplegia      { } Paraplegia      { } Quadriplegia  
 Amputee      { } Contractures      { } Other: \_\_\_\_\_  
Comments: \_\_\_\_\_

**GASTROINTESTINAL**

Abdomen:  Soft       Rigid       Distended       Non-Tender  
 Tender       Bowel Sounds      { } Normal      { } Absent  
 Hypoactive      { } Hyperactive  
Last Bowel Movement: 9/12/98 Other: \_\_\_\_\_  
Comments: Occ pain from adhesion

**GENITOURINARY**

No Problem Identified       Burning       Frequency       Hematuria  
 Incontinence      Last Menstrual Period: \_\_\_\_\_ Last Pap Smear: \_\_\_\_\_  
Last Mammogram: \_\_\_\_\_ { } Other: \_\_\_\_\_

Signature/Title: Gail J. Nardup mlc Date/Time: 9/12/98 1830  
DDREMO Date/Time: 9/12/98

Readmission/Reassessment within 30 days:  
Reviewer(s) \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
EMERGENCY ROOM/CLINIC ASSESSMENT**

**VI. TREATMENTS DONE:**

IVP: \_\_\_\_\_ (Flow sheet started)       IJG Tube       Foley  
 JEKG       JABG       JCXR       JKUB  
 Aerosol Treatment: \_\_\_\_\_  
 Chem 7       Chem 10       Cardiac Enzymes       JCBC       JPT/PTT  
 Accucheck: \_\_\_\_\_      Pulse Oximeter: \_\_\_\_\_  
 Other: \_\_\_\_\_

**MEDICATIONS ADMINISTERED:**

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
1840	Demecol	8mg		H. Walupne
1840	Phenegan	25mg		H. Walupne
<del>11/15/98 1520</del>	<del>Toradol</del>	<del>30mg IM</del>		<del>D. Davenport</del>
<del>11/15/98 1525</del>	<del>Toradol</del>	<del>30mg IV</del>		<del>D. Davenport</del>

**VII. Disposition Of Patient/Care Setting:**

Time: 1930

Discharged to Home       Admitted to Medicine Service       Admitted to Surgery Service  
 Admitted to ICU       Admitted to Mental Health  
 Transferred to another Facility: \_\_\_\_\_  
 To be admitted at a later date for surgery; Date TBA: \_\_\_\_\_  
 Other: \_\_\_\_\_

Patient placed on Seriously Ill List:       JYES       JNO  
 Chaplain Notified:       JVA       JYES       JNO

List Items Brought to Hospital: \_\_\_\_\_

Disposition of Valuables:       JAgent Cashier       JMAA       JPatient Effects  
     JPatient       JFamily/Home

**PROGRESS NOTES:**

~~Pt in stable condition. Pt left AMA, before receiving additional medication. error 00 (> than 30 days)~~

**EKG RHYTHM STRIP**

(If Applicable)

Signature/Title: H. Walupne      Date/Time: 9/12/98 @ 1930  
                                  ~~D. Davenport~~      Date/Time: ~~11/15/98 1630~~

Readmission/Reassessment within 30 days:

Reviewer(s): \_\_\_\_\_      Date/Time: \_\_\_\_\_  
 Signature/Title: \_\_\_\_\_      Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT**

**INPATIENT ASSESSMENT**

**VIII. PHYSICAL DISABILITIES**

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO
Emotional Status:		

Calm / Apprehensive / Cooperative

Paralysis	YES	NO
Pain:	YES	NO
Severity (0 - 10):	_____	
Tolerable Level of Pain	_____	
Location:	_____	
Comments:	_____	

**ELIMINATION:**

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO
Comments:	_____	

**GASTROINTESTINAL:**

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO
_____ /wk. Last drink:	_____	
Dysphagia	YES	NO
Religious Food Preference:	_____	
Type of Diet:	_____	
Comments:	_____	

**TEETH**

Bridges	YES	NO
Dentures:	YES	No
Upper: Full: _____ Partial: _____		
Lower: Full: _____ Partial: _____		
Broken	YES	NO
Loose	YES	NO
Missing	YES	NO
Signature/Title: _____		

**PULMONARY:**

Smoker	YES	NO
Packs Per Day: _____ # of Years: _____		
Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O2 Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive: \_\_\_\_\_  
 Non-Productive: \_\_\_\_\_  
 Color of Sputum: \_\_\_\_\_

Comments: \_\_\_\_\_

**CARDIOVASCULAR/CIRCULATION:**

CHF	YES	NO
Angina	YES	NO
Last Occurrence: _____		
Location: _____		
Severity (0-10): _____		
Relieved by: _____		

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous		
Blood Transfusion	YES	NO

Comments: \_\_\_\_\_

Comments: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s):

Signature/Title: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT  
INPATIENT ASSESSMENT**

**IX. SLEEP/REST ASSESSMENT**

Usual Number of Hours of Sleep: \_\_\_\_\_ Goes to Sleep at: \_\_\_\_\_ Rises at: \_\_\_\_\_  
 Difficulty Sleeping: YES NO Sleeping Aids: YES NO  
 Why? \_\_\_\_\_ What? \_\_\_\_\_

**MISCELLANEOUS:**

Glasses YES NO  
 Contact Lens YES NO  
 Hearing Aid YES NO  
 Artificial Eye YES NO  
 Crutches YES NO  
 Artificial limb YES NO  
 Brace YES NO  
 Walker YES NO  
 Cane YES NO  
 Wheelchair YES NO  
 Infusaport/Hickman YES NO  
 Comments: \_\_\_\_\_

**SKIN INTEGRITY:**

Rashes YES NO  
 Bruises YES NO  
 Infections YES NO  
 Cuts YES NO  
 Edema YES NO  
 Site: \_\_\_\_\_  
 Degree: \_\_\_\_\_  
 General Problems: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**X. ULCER DOCUMENTATION**

DATE ACQUIRED	LOCATION	SIZE	STAGE	DRAINAGE

**BRADEN RISK SCALE**

SCORE	1	2	3	4	TOTAL
SENSORY PERCEPTION	Unresponsive	Responds to Pain	Responds to Verbal	No Problem	
MOISTURE	Always Wet	Often Wet	Rarely Wet	Dry	
ACTIVITY	Bedfast	Chairfast	Slightly Limited	Walks Frequently	
MOBILITY	Completely immobile	Limited Movement	Slightly Limited	No Limits	
NUTRITION	Very Poor Intake	Inadequate <1/2 meal	Adequate >1/2 meal	Excellent	
FRICTION	Max assist to move to bed	Minimum assist to move to bed	No Problem	No Problem	
<b>TOTAL</b>					

**If Score is < 16 Initiate Nursing Procedure 311 and Notify Enterostomal Therapy Nurse**

Method of Notification: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s):  
 Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \_\_\_\_\_ Date/Time: \_\_\_\_\_

INTERDISCIPLINARY ADMISSION ASSESSMENT

XI. PREDISPOSITION FOR FALLING

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Unsteady on feet   | <input type="checkbox"/> Poor Eyesight        | <input type="checkbox"/> Dizziness/Fainting |
| <input type="checkbox"/> Poor Bladder Control   | <input type="checkbox"/> Confused/Disoriented | <input type="checkbox"/> 65 Years or Older  |
| <input type="checkbox"/> Neurological Problems  | <input type="checkbox"/> Physical Disability  | <input type="checkbox"/> Unsafe Footwear    |
| <input type="checkbox"/> Current Medication: Narcotics, Hypnotics, Sedatives, Diuretics | <input type="checkbox"/> Prior Falls          |   |

Patient placed on fall risk precautions:  YES  NO

Explanation: \_\_\_\_\_

Signature/Title of Initiator: \_\_\_\_\_ Date/Time: \_\_\_\_\_

PROGRESS NOTES: \_\_\_\_\_

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Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s):

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

INTERDISCIPLINARY ADMISSION ASSESSMENT

XII.

INPATIENT SCREENING TOOL

<b>NUTRITIONAL SCREENING</b>		Need Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Unintentional Weight Loss of 5lbs in last week: <input type="checkbox"/> Yes <input type="checkbox"/> No		
NPO > 3 Days: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Unintentional Weight Loss of 10lbs in last month: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tube Feeding/IV Nutritional Support: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____		
Non-Formulary Nutritional Support (Tube Feeding/Parenteral) Products: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type: _____		
If any of the above identified, contact Clinical Dietitian		
Method of Notification: _____		Date/Time Notified: _____
Signature/Title: _____		
<b>SOCIAL WORK/DISCHARGE PLANNING SCREENING</b>		Need Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient will need supportive care or support of caregiver at discharge for activities of daily living: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Patient lives alone and is capable of independent living: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Patient is capable of planning for own care: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Patient is homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abuse suspected: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If any of the above identified, contact Social Worker:		
Method of Notification: _____		Date/Time Notified: _____
Signature/Title: _____		
<b>FUNCTIONAL SCREENING</b>		Need Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Able to Perform Activities of Daily Living without Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No		
Developed within the last month:		
[ ] CVA [ ] Head Trauma [ ] Brain Injury [ ] Fall		
Newly Identified weakness/paralysis		
If any of the above identified notify Rehabilitation Medicine		
Method of Notification: _____		Date/Time Notified: _____
Signature/Title: _____		
<b>TEACHING ASSESSMENT</b>		
Learns best: <input type="checkbox"/> Seeing <input type="checkbox"/> Hearing <input type="checkbox"/> Doing Able to read: <input type="checkbox"/> YES <input type="checkbox"/> NO Education Level: _____		
Barriers /limitations: <input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Cognitive <input type="checkbox"/> Auditory <input type="checkbox"/> Language <input type="checkbox"/> Emotional		
<input type="checkbox"/> Other _____ <input type="checkbox"/> None		
Describe barriers/limitations and note plan to adapt patient teaching: _____		
Age Specific Needs: _____		
Cultural/Religious practices affect the patient's healthcare? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe and document plan to adapt teaching: _____		
Signature/Title: _____		Date: _____
*Document teaching needs on the Interdisciplinary Patient and Family Teaching Record which is attached to the Collaborative Interdisciplinary Plan of Care/Progress Note/Discharge Planning Form.		

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
\_\_\_\_\_ Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s):

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

██████████

\_\_\_\_\_ Date/Time: \_\_\_\_\_



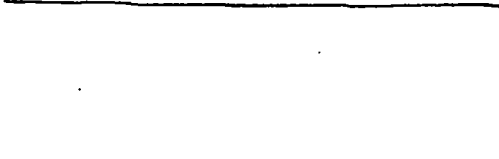
MEDICAL RECORD INTERDISCIPLINARY ASSESSMENT: HISTORY & PHYSICAL EXAM

CHIEF COMPLAINT:

Admission date: \_\_\_\_\_ Time: \_\_\_\_\_ am pm  
Admitted from:  AEC  Clinic Other: \_\_\_\_\_  
Primary Care Provider: \_\_\_\_\_

HISTORY OF PRESENT ILLNESS:

addressograph



MEDICAL RECORD

INTERDISCIPLINARY ASSESSMENT - HISTORY & PHYSICAL EXAM

FAMILY HISTORY:

PERTINENT MILITARY HISTORY:

SOCIAL HISTORY: (Include: alcohol, tobacco [pack-years], illicit drug use; hx of sexual trauma; current living condition; occupation)

REVIEW OF SYSTEMS

GENERAL:

EYES/VISION:

EARS/NOSE/THROAT: (Include hearing, smell/taste)

Neck/Throat:

Chest:

Heart:

Breasts:

Lungs:

Abdomen:

Genitalia:

Females:

Pap smear done:  Yes  No

Rectal:

prostate:

occult blood:

**MEDICATIONS**

Drug	Indication	Dose	Frequency	Last Dose Taken

Over-the-counter: \_\_\_\_\_

**ADVANCED DIRECTIVES**

has one  desires one  
 does not desire one  wants further information

BLOOD TRANSFUSION:  discussed pt's preferences regarding blood transfusion  N/A

**PAST MEDICAL HISTORY:**

(Include surgeries/hospitalizations/injuries)

Immunizations:  influenza date: \_\_\_\_\_ PPD: date: \_\_\_\_\_  
 pneumococcal date: \_\_\_\_\_ results: \_\_\_\_\_  
 diphtheria/tetanus booster date: \_\_\_\_\_

FEMALE: Last mammogram: \_\_\_\_\_ results: \_\_\_\_\_ Monthly breast self exams  Yes  No  
Last Pap smear: \_\_\_\_\_ results: \_\_\_\_\_

**ALLERGIES & SENSITIVITIES**

(Include reaction)

Medication: \_\_\_\_\_

Food/other: \_\_\_\_\_

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PHYSICAL EXAMINATION

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BP: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ T: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

GENERAL APPEARANCE & MENTAL STATUS:

Head:

Eyes:

Ears:

Nose:

Mouth:

Teeth:



Neck/Throat:

Chest:

Heart:

Breasts:

Lungs:

Abdomen:

Genitalia:

Females:  
Pap smear done:  Yes  No

Rectal:  
prostate:  
occult blood:

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PHYSICAL EXAMINATION cont.

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Back/Spine:

Skin:

Extremities:

Lymphatics:

Neurological:

DIAGNOSTIC TESTS

LAB VALUES:

EKG:

XRAYS:

[Empty box for notes]

DIAGNOSTIC IMPRESSION

PLAN

DISCHARGE PLAN

Sign and print name (Intern/other) date/time pager #

Sign and print name (Resident) date/time pager #  
Residency pgm:

Sign and print name (Attending) date/time pager #

1. DATE 012-98	2. TIME 1830 PM	3. AGE 41	4. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	5. ON ARRIVAL PATIENT WAS <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> WHEELCHAIR	6. PHONE NUMBER 098 396-1919	7. HOMELESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8A. ALLERGIES NKA	8B. WEIGHT 122	8C. TEMPERATURE 97.4	8D. PULSE 55	8E. RESPIRATION 18	8F. BP 123/71	8G. DUE TO INJURY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

9. CURRENT MEDICATIONS *see current M. profile*

10. TRIAGE *Migraine headache since this morning  
N/V times 2 today. Vision - light sensitive.*

11. SIGNATURE *Dail J. Nalupne*

12. HISTORY AND PHYSICAL

*1940*  
*Def of N & HA not related by  
a Gunderman sup. of oral phenazone  
says Peter & Peter I'm happy.*

Headache

*APP #3 #8 7/8/98*

13. DIAGNOSTIC IMPRESSIONS *Migraine H.A.*

14. PLAN *ibuprofen & phenazone IM now <sup>1940</sup>*

Robert H. Pierce, DO  
AS3286170-725

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE *Pierce*

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. FOLLOWUP - ACTIVITY - LIMITATIONS
4. CONDITION <input type="checkbox"/> IMPROVED <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE 9/12/98 1930	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN <i>Dail J. Nalupne</i>



7. PATIENT INSTRUCTIONS  
*Take med as directed  
Follow up PC*

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE *X Gayle A Dove*



Department of Veterans Affairs

MEDICAL CERTIFICATE

Purple

1. DATE MIS 98	2. TIME 1455 AM	3. AGE 41	4. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	5. ON ARRIVAL PATIENT WAS <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> WHEELCHAIR	6. PHONE NUMBER ( )	7. HOMELESS <input type="checkbox"/> YES <input type="checkbox"/> NO
8A. ALLERGIES NKDA		8B. WEIGHT	8C. TEMPERATURE 98.6	8D. PULSE 59	8E. RESPIRATION 18	8F. B/P 119/65
8G. DUE TO INJURY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES						

9. CURRENT MEDICATIONS See Rx

10. TRIAGE C/o headache x 2 days. States she has taken meds 5 relief, out of pain meds.

11. SIGNATURE  
Conita Quenpoletas

12. HISTORY AND PHYSICAL

Hos taken tylen 3, & percocet & emtrex 5 relief.  
 Laying down for 3 days - vomited this AM - nausea.  
 @ seeded H.A. - photophobia blurred vision.  
 Smokes: 1/2 pk/day Alcohol &  
 ct sm - neg.  
 Eye exam: 1 month ago - no glaucoma.  
 Occup: retired poker dealer - 4 yr in Air Force.

Monocular

Exam: Pupils Round. EOM intact  
 CN II - XII intact  
 Neurologically intact - no parathesias.

13. DIAGNOSTIC IMPRESSIONS Migraine

14. PLAN

30mg IV Toradol and 30mg IM Toradol ✓  
150

Compazine 10mg W

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE  
G. Lynn

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT Home	2. AFTER CARE SHEET GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	3. FOLLOWUP - ACTIVITY - LIMITATIONS
4. CONDITION <input type="checkbox"/> IMPROVED <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE 11/15/98 1630	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN Conita Quenpoletas

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS

111598

LOVE, GAYLE A

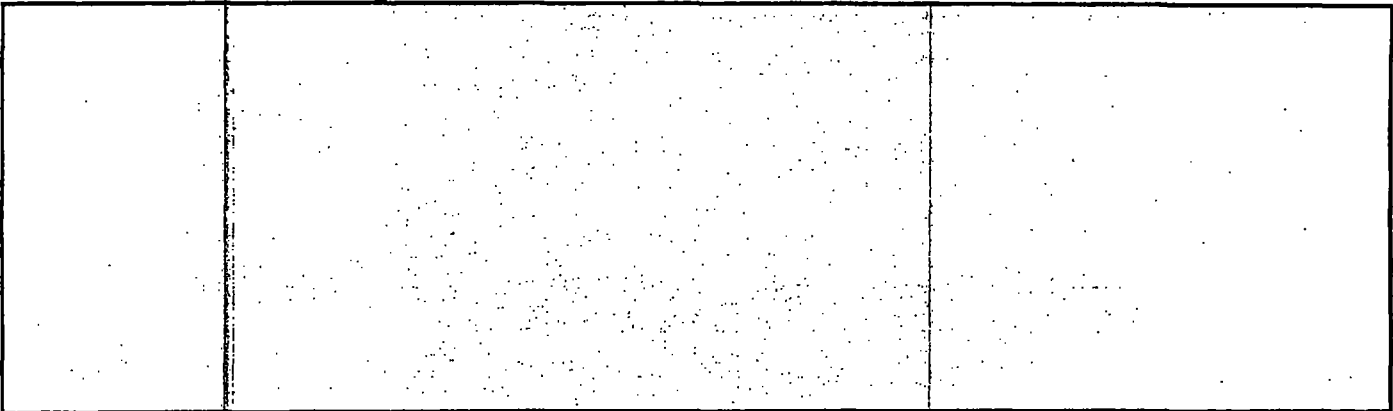
Keep Tues. appoint Dr. Pennington.

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE

VA FORM MAR 1992 10-10M

SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.



TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

**CONTINUATION FROM FRONT / PROGRESS NOTE**

[This section contains multiple horizontal lines for handwritten notes.]

STUDIES REQUESTED	RESULTS

MEDICAL RECORD	CONSULTATION SHEET
----------------	--------------------

<b>TO:</b> <i>Halfpact Pool</i>	<b>REQUEST FROM:</b> <i>(Requesting physician or activity)</i> <i>OT</i>	<b>DATE OF REQUEST:</b> <i>9-2-98</i>
---------------------------------	--	---------------------------------------

**REASON FOR REQUEST (Complaints and findings)**

*Pt with headaches & neck pain, schedule for pool at in <sup>outfit</sup> ~~outfit~~*

**PROVISIONAL DIAGNOSIS**

*Headaches - tension / Migraine*

<b>DOCTOR'S SIGNATURE</b> <i>V. Waller</i>	<b>APPROVED</b>	<b>PLACE OF CONSULTATION</b> <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY
---	-----------------	---	---

**CONSULTATION REPORT**

*K.T. - Therapy Pool:*

*Pt was seen on 9/25 @ 10:30am for pool therapy evaluation. Pt would benefit from aquatic therapy + relaxation sessions 3x week for 30-45 minutes*

*Pt indicated she would like to ↑ UE strength as well as reduce tension in cervical area.*

*le. Fuller  
KTS*

*(Continued on reverse side)*

<b>SIGNATURE AND TITLE</b> <i>Buddy Moore, R.K.T.</i>			<b>DATE</b> <i>9-25-98</i>
<b>IDENTIFICATION NO.</b>	<b>ORGANIZATION</b>	<b>REGISTER NO.</b>	<b>WARD NO.</b>

**PATIENT'S IDENTIFICATION** (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)

**CONSULTATION SHEET STANDARD FORM 513 (Rev. 9-77)**  
Prescribed by GSA/ICMR  
 FPMR (41 CFR) 201-45.505  
 513-108



WJ

MEDICAL RECORD	PROGRESS NOTES
DATE 3/6-94	3940 TPR 97.4-70-18 HT 66 WT 139.6
1520	BIP 101/64 c/o migraine headache
NKDA	since waking up this morning NOT Relieved by Imitrex II TABS
	P-REFER TO DR Pierce may be requested <del>APAP #3</del> a shot for headache, AP <del>Migraunol</del> Dephalgen
	up <del>Demerol</del> <del>or any other narcotic</del> 25 mg IM APAP #30 1944
	Demerol 100mg Phenergan 25mg
	I.M. L.L.G. J. 1620 Keener

Robert H. Pierce, DO  
A83285170-725

Chart no - 3-10  
Chart in Cpt

(Continue on reverse side)

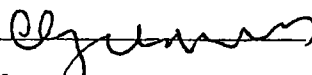
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility) 5 62	REGISTER NO.	WARD NO.
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**PROGRESS NOTES**  
STANDARD FORM 509 (Rev. 11-77)  
Prescribed by GSA/EDR,  
FIRM(41CFR)201-45.505  
509-111

GVE. GAYLE A  
08/15/57



MEDICAL RECORD	PROGRESS NOTES
DATE	
	<p>10-27-98 4190 70 EV Follow up for PTSD          patient has been evaluated by Neurologist          for possible seizures, LLO, MS ID          by reported, denies suicidal thoughts          or plans, has frequent suicidal <sup>EDMATION</sup> <del>plans</del> <sup>plans</sup>          HRS: MAJOR DEPRESSIVE DISORDER          SSIM was up at minimum for 2-3 yrs          Disposition 2-yr-6-5          prozac 40-9-          Klonopin 1-5- TID          PTSD, MAJOR DEPRESSIVE DISORDER          with          Debra J. M.D.</p>
(Continue on reverse side)	

607F55  
  
 Maurice D. Gelder, M.D.  
 AS3285170-867

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank, rate, hospital or medical facility)


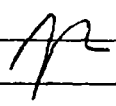
DOVE, GAYLE



REGISTER NO.	WARD NO.
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**PROGRESS NOTES**  
 STANDARD FORM 509 (Rev. 11-77)  
 Prescribed by GSA/ICMR,  
 FIRM(41CFR)201-45.505  
 509-111



MEDICAL RECORD		PROGRESS NOTES
DATE		
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           DILATE MYD1. NEQ2-5            DU OB OS X1 X2 X3            DATE 10/20/57 TIME         </div>		4/98 M 7.25 +1.25 7.25 EOM full, orb VF PDR EOM Wm P. 4-1 - 2HR CIO 24x45 PTCAPPD
REFERROR		
LATTICE		∅ F, C
$\frac{20}{15}^{-1}$ VAC $\frac{20}{15}^{-1}$		
SLE		
K cl		TA 12
AC D+Q		TA -13
DFE D of 0.4x0.45		
V Wm		
M cl		
P ∅ Nat - letter 5 hrs ref OD		
Log. Letter 5 hrs OD Palt not due C1000		Re PRC 6mm/prn  

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle; grade; rank; rate; hospital or medical facility)

DOVE GAYLE



REGISTER NO.      WARD NO.

PROGRESS NOTES  
 V. CARROLL  
 STANDARD FORM 509 (Rev. 11-77)  
 OPTHALMOLOGY  
 FIRM 41 CFR 201-45.505  
 509-111



Department of Veterans Affairs

MEDICAL CERTIFICATE

Murple

1. DATE 10/18/98	2. TIME 1105 AM	3. AGE 41	4. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	5. ON ARRIVAL PATIENT WAS <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> WHEELCHAIR		6. PHONE NUMBER ( )	7. HOMELESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
8A. ALLERGIES NKDA			8B. WEIGHT	8C. TEMPERATURE 97.5	8D. PULSE 58	8E. RESPIRATION 18	8F. B/P 110/48	8G. DUE TO INJURY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

9. CURRENT MEDICATIONS See Rx summary

10. TRIAGE C10 H/A since early this am over @ side of head. Took 2 doses of imitrex 5 relief

11. SIGNATURE Donita Davenport

12. HISTORY AND PHYSICAL

As above. HA like usual migraine not relieved. Dizziness, numbness or weakness. Nausea @

@ VBS MAD. An ox3  
Using sumatriptan - photophobia.  
@ neck stiffness @ neuro deficit

migraine

13. DIAGNOSTIC IMPRESSIONS Migraine

14. PLAN Demerol 75 + phenazone 25 mgm PRN  
Ct. X-emptar meds  
Return pm. FU PCP if ct.  
Oxycodone #3 @ 6 do go

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE Samodi Samadi

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT None	2. AFTER CARE SHEET GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	3. FOLLOWUP - ACTIVITY - LIMITATIONS
4. CONDITION <input checked="" type="checkbox"/> IMPROVED <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE 10/18/98 1200	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN Davenport

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS: 0  
Flu & PCP am.

LOVE, GAYLE A

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE

VA FORM MAR 1992 10-10M

SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.



INTERDISCIPLINARY ADMISSION ASSESSMENT

DOVE, GAYLE A

EMERGENCY ROOM/CLINIC ASSESSMENT

I. Date: 10/18/98 Time: 1105 Age: 41 86 81 0 HT: \_\_\_\_\_ WT: \_\_\_\_\_  
 Mode of Arrival:  Ambulance  Walk In  Extended Care Facility  
 Other: \_\_\_\_\_  
 Source of Information:  Patient  Family/Friend  Old Chart  Other: \_\_\_\_\_  
 Chief Complaint: HIA  
 Allergies: NKDA  
 Reactions to Anesthesia: 0  
 Medical History/Past Surgeries/Hospitalizations: PTSD, Migraine HIA  
 Present Medications: See Rx  
 Marital Status: See Summary  
 Religious Preference: \_\_\_\_\_ Blood/Blood Product Transfusion Preference: \_\_\_\_\_  
**Emergency Notification**  
 Relative/Friend: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

II. LEVEL OF CONSCIOUSNESS:

Alert  Oriented  Person  Place  Time  
 Verbally Responsive  Confused/Disoriented  Responds to Pain

BEHAVIOR

Cooperative  Uncooperative  Combative  Withdrawn  
 Other: \_\_\_\_\_

EMOTIONAL/PSYCHOSOCIAL STATUS:

Calm  Anxious  Fearful  Depressed  Suicidal

ADL's/Level of Functioning:

Bathing  S/A/T Dressing  S/A/T Eating  S/A/T Mobility  S/A/T  
 Oral Hygiene  S/A/T Toileting  S/A/T

Comments: \_\_\_\_\_

VITAL SIGNS				
TIME	B/P	PULSE	RESP	TEMP

Comments: \_\_\_\_\_

IV. POTENTIAL ABUSE

Not Applicable  
 Rape or Other Sexual Molestation  
 Domestic Abuse  
 Abuse or neglect of elders or children  
 Evidence of Physical Assault  
 Unexplained Bruises  
 Unexplained Injuries  
 Unkempt, dirty, poor hygiene

If yes to the above, initiate Center Memorandum 122-17 (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated: \_\_\_\_\_

Method of Notification: \_\_\_\_\_

Comments: \_\_\_\_\_

III. PATIENT RIGHTS

Advanced Directive  YES  NO

Type: \_\_\_\_\_

Location: \_\_\_\_\_

Organ Donor  YES  NO

Tissue Donor:  YES  NO

Information/Pamphlet Provided:

YES  NO  Refused

Signature/Title: Donita Davenport RN Date/Time: 10/18/98

Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s): \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

**INTERDISCIPLINARY ADMISSION ASSESSMENT**

**INPATIENT ASSESSMENT**

**VIII. PHYSICAL DISABILITIES:**

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO
Emotional Status:		

Calm / Apprehensive / Cooperative

Paralysis	YES	NO
Pain:	YES	NO
Severity (0 - 10):	_____	
Tolerable-Level of Pain	_____	
Location:	_____	
Comments:	_____	

**ELIMINATION:**

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO
Comments:	_____	

**GASTROINTESTINAL:**

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO
	/wk. Last drink:	_____
Dysphagia	YES	NO
Religious Food Preference:	_____	
Type of Diet:	_____	
Comments:	_____	

**TEETH**

Bridges	YES	NO
Dentures:	YES	No
Upper: Full:	_____	Partial: _____
Lower: Full:	_____	Partial: _____
Broken	YES	NO
Loose	YES	NO
Missing	YES	NO
Signature/Title:	_____	

**PULMONARY:**

Smoker	YES	NO
Packs Per Day:	_____	# of Years: _____
Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O <sub>2</sub> Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive: \_\_\_\_\_  
 Non-Productive: \_\_\_\_\_  
 Color of Sputum: \_\_\_\_\_

Comments: \_\_\_\_\_

**CARDIOVASCULAR/CIRCULATION:**

CHF	YES	NO
Angina	YES	NO
Last Occurrence:	_____	
Location:	_____	
Severity (0-10):	_____	
Relieved by:	_____	

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous		
Blood Transfusion	YES	NO

Comments: \_\_\_\_\_

Comments: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Readmission/Reassessment within 30 days:

Reviewer(s):

Signature/Title: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

PATIENT NAME DOVE, GAYLE A	AGE 42	SEX F	RACE WHIT	SSN [REDACTED]	CLAIM NUMBER 515646094
-------------------------------	-----------	----------	--------------	-------------------	---------------------------

ADM DATE AUG 29, 1999	DISC DATE SEP 09, 1999	TYPE OF RELEASE OPT-SC	INP 11	ABS 0	WARD NO 62G-1PURPLE
--------------------------	---------------------------	---------------------------	-----------	----------	------------------------

DICTATION DATE: SEP 09, 1999                      TRANSCRIPTION DATE: SEP 12, 1999  
 TRANSCRIPTIONIST: wyh

DISCHARGE DIAGNOSIS:

- AXIS I.      BIPOLAR AFFECTIVE DISORDER, TYPE II.
- AXIS II.     BORDERLINE PERSONALITY DISORDER.
- AXIS III.    MIGRAINE HEADACHE.
- AXIS IV.    MODERATE TO SEVERE STRESSORS.
- AXIS V.    ADMISSION GAF 35, DISCHARGE GAF 60, BEST IN PAST YEAR 60.

296.89  
 301.83  
 346.90  
 309.81  
 305.1  
 614.6  
 285.9

DIAGNOSES NOTED BUT NOT TREATED:  
 NONE.

OPERATIONS/PROCEDURES PERFORMED:  
 NONE

SUMMARY:

HISTORY OF PRESENT ILLNESS:

This is a 42 year old caucasian female who was admitted with a complaint of "another friend died and my step-mother died and ever since I left last time, it has been a tug of war between me, my father and my boyfriend." Patient reports that she was having suicidal thoughts with a plan to shoot herself with her father's rifle. Her drug screen was positive for opiates and the patient states that her father gave her Tylenol #3 for migraine headaches.

ALLERGIES:

Patient reports no known allergies.

PHYSICAL EXAMINATION:

Temperature 98, pulse 82, respirations 20, blood pressure 110/60.

- HEAD - normocephalic.
- EYES - PERRLA, EOMI.
- NECK - supple.
- LUNGS - clear to auscultation.
- HEART - S1S2, no murmur.
- ABDOMEN - soft, with normal bowel sounds.

PATIENT: DOVE, GAYLE A

VA FORM 10-1000 DISCHARGE SUMMARY  
 C H A R T   C O P Y

PATIENT NAME	AGE	SEX	RACE	SSN	CLAIM NUMBER
DOVE, GAYLE A	42	F	WHIT	[REDACTED]	515646094

ADM DATE	DISC DATE	TYPE OF RELEASE	INP	ABS	WARD NO
AUG 29, 1999	SEP 09, 1999	OPT-SC	11	0	62G-1PURPLE

LABORATORY VALUES:

X-rays, there are none on available on the chart.

HOSPITAL COURSE:

Patient was continued on her current medication of Prozac 40 mg a day, Premarin 0.265 mg a day. Patient was also on Neurontin 300 mg in the morning and 600 mg at bedtime. She was also on Buspar 2 mg three times a day and olanzapine 5 mg at bedtime. Patient was also using aspirin and reglan on an as needed basis for her migraine and she reports that that seemed to be helpful.

Throughout her hospital stay, she denied any further suicidal thoughts and she denied homicidal thoughts. There was no evidence of psychosis and there were no cognitive deficits.

The patient stated that her mood had improved significantly during her hospital stay and she is requesting discharge. She also reports that her migraine headaches have gotten better while in the hospital. With her request for discharge, she will be discharged today and have a follow-up appointment to see me in one week in the Mental Health Clinic. She was discharged on the above described medications.

/wyh

SIGNATURE APPROVING PHYSICIAN/DENTIST

/es/ DAVID M MATHIS

DO

Signed: 09/13/1999 08:33

PATIENT: DOVE, GAYLE A  
[REDACTED] DOB: 08/15/1957

VA FORM 10-1000 DISCHARGE SUMMARY  
C H A R T C O P Y

**MENTAL HEALTH FUNCTIONAL PROBLEM LIST**

(Check one)

FIRST LIST (New)

CONTINUATION OF LIST

**DO NOT USE ABBREVIATIONS WHEN LISTING PROBLEMS.** This form may be used for inpatient, patient - members and outpatients. Place form in the Medical Records folder (Type II) on the top of right or left side, whichever is appropriate. Upon READMISSION, remove form and place with current records on ward. **DO NOT CREATE A NEW Problem List for each readmission.**

PROBLEM NUMBER	APPROX. DATE OF ONSET	DATE PROBLEM RECORDED	ACTIVE PROBLEMS	INACTIVE/RESOLVED (Add Date)
#2 ✓		8/29/99	Depressed Mood: Verbalizing feelings of hopelessness + helplessness	Resolved 9-9-99
#7 ✓		8/29/99	Imminent risk to self: Verbalizing suicidal ideations	
#16 ✓		8/29/99	Knowledge deficit - Lack of insight into disease process (See teaching assessment) and current medications	Resolved 9-9-99
#19 ✓		8/29/99	Follow up care p discharge: Need for structured out patient care program p discharge.	Resolved 9-9-99
#9 ✓		8/29/99	Altered health maintenance: Chronic migraine type head aches	(Maintenance) Resolved 9-9-99
#21 ✓		8/30/99	of vertigo, nausea, vomiting, and decreased food intake	Resolved 9-9-99
25		9/1/99	Rehab Medicine Needs: O.T. Clinic ① Impaired functional and leisure performance ② muscle spasms neck & shoulders	Resolved 9-9-99

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION - TREATMENT FACILITY - WARD NO. - DATE

Dave Gayle



(CONTINUE ON REVERSE)

**MENTAL HEALTH  
FUNCTIONAL  
PROBLEM LIST**







# Place In Front Of Medical Record

## Advance Directives

Documentation to initiate, revise/review, revoke, or provide education for VA Living Will, Durable Power of Attorney, for Health Care, or Treatment Preferences.

Date/Time: #0  
Documentation: 8/19/99@1744 - Vet <sup>WSL</sup> ~~will~~ has advanced directives in place @ BYAMC. Sent e-mail to Ken McKeown S.W. in order to help get copy sent for her chat. - WSK/enc

Lined area for additional documentation or notes.

IMPRINT PATIENT DATA CARD

DOVE, GAYLE A  
526-1/PURPLE  
42YRD  
DR. MATHIS



MEDICAL RECORD  
SUPPLEMENT TO PROGRESS NOTE  
FOR SPECIALIZED DISCIPLINES

July 6, 1998

VHA HANDBOOK 1004.2

### ADVANCE DIRECTIVE ACKNOWLEDGEMENT

*(Suggested format for screening document which can be overprinted on VAF 10-01141 -- Medical Record Supplement to Progress Note for Specialized Disciplines.)*

The Department of Veterans Affairs (VA) recognizes the right of a patient to have an advance directive (AD). It is the policy of VA to comply with such ADs.

#### Your Rights

1. You have the right to accept or refuse any medical treatment.
2. You have the right to create a Durable Power of Attorney for Health Care (DPAHC) to choose someone to make health care decisions for you if you become unable to make them for yourself. That person is called your Agent or Health Care Agent (HCA).
3. You have the right to make a Living Will. It is a statement you write while you are able to make decisions about what you want done for you in the event you are no longer able to make decisions for yourself. You may state whether you want life-sustaining treatment to be withheld or withdrawn in certain circumstances, for example, in the event of terminal illness, or other specific requests that are important to you regarding your treatment.

#### Do you have an Advance Directive (DPAHC or Living Will)?

- Yes *It is your responsibility to provide a copy for your medical record, in order to be sure that your wishes will be carried out.*
- No *Would you like a health care provider to discuss this with you?*  Yes  No

Your Signature: x Gayle A. Dove Date: 8/29/99

A copy of this form was provided to the patient by: N. S. Illene  
(Employee's name and title)

NOTE: The original Advance Directive should stay with the patient; copy to the medical record.

A-1

DOVE, GAYLE A.

42YRD

DR. MATHIS

1 UNITED STATES DISTRICT COURT  
2 DISTRICT OF SOUTH CAROLINA  
3 FLORENCE DIVISION

4 UNITED STATES OF AMERICA )  
5 VS. ) CRIMINAL  
6 DANNY RAY EDWARDS, ) NO. 4:99-722  
7 DEFENDANT. )  
8 -----X

9 UNITED STATES COURTHOUSE  
10 FLORENCE, SOUTH CAROLINA  
11 APRIL 30, 2001.

12 TRANSCRIPT OF MOTION HEARING PROCEEDINGS  
13 BEFORE THE HON. C. WESTON HOUCK, CHIEF DISTRICT JUDGE

14  
15 APPEARANCES:

16 A. W. BETHEA, JR., ESQ.  
17 ASSISTANT UNITED STATES ATTORNEY  
18 FLORENCE, SOUTH CAROLINA  
19 FOR THE GOVERNMENT.

20 WILLIAM F. NETTLES IV, ESQ.  
21 ASSISTANT FEDERAL PUBLIC DEFENDER  
22 FLORENCE, SOUTH CAROLINA  
23 FOR THE DEFENDANT.

24 STENOGRAPHIC REPORTING AND COMPUTER-AIDED TRANSCRIPTION  
25 VINCE ROLLAND P O BOX 2317 FLORENCE SC 29503 843-615-1654  
EMAIL: VINCE\_ROLLAND@SCD.USCOURTS.GOV

1 (THEREUPON, THE FOLLOWING PROCEEDINGS WERE HAD:)

2 THE COURT: GOOD MORNING.

3 MR. BETHEA: I UNDERSTAND THE COURT WANTS TO DO  
4 THE ONE WITH THE INTERPRETER FIRST, BUT SHE HASN'T  
5 ARRIVED.

6 THE COURT: ANYWAY YOU DO IT IS FINE.

7 MR. BETHEA: UNITED STATES VS. DANNY RAY EDWARDS.  
8 THIS IS A RULE 35. MR. NETTLES REPRESENTS MR. EDWARDS.  
9 I FILED A WRITTEN MOTION ON MARCH 20.

10 THE COURT: I'VE GOT IT RIGHT HERE.

11 MR. BETHEA: IT SETS FORTH PRETTY MUCH, THAT WAS  
12 THE HEAVY EQUIPMENT CASE. MR. EDWARDS AND BEN MORRISON  
13 WERE THE PRIMARY MOVERS IN THAT STOLEN EQUIPMENT RING.  
14 MR. EDWARDS COOPERATED WITH US. AS A RESULT OF HIS  
15 COOPERATION, WE'VE HAD AT LEAST -- WELL, MR. EDWARDS WAS  
16 THE FIRST. AND ALSO BEN MORRISON. WE'VE GOTTEN SIX  
17 GUILTY PLEAS FROM INDIVIDUALS THAT WERE EITHER DIRECTLY  
18 INVOLVED IN STEALING OR MOVING THE EQUIPMENT OR  
19 PURCHASING IT WITH KNOWLEDGE THAT IT WAS IN FACT STOLEN  
20 AND RESELLING IT. THOSE INCLUDE MARTIN FRANK PETERS,  
21 EDWARD BAIRD, RANDY MCCORMICK, MICHAEL BAILEY AND JAMES  
22 BESCHER. HE WAS SENTENCED BY THE COURT ON MAY 18, 2000  
23 TO 87 MONTHS IN JAIL. THAT WAS NOT A DOWNWARD DEPARTURE,  
24 SO WE'RE HERE TODAY TO MAKE THIS MOTION AND HIM TO  
25 RECEIVE CREDIT FOR THESE ADDITIONAL INDIVIDUALS THAT HAVE

1 PLED.

2 THE COURT: ALL RIGHT. MR. NETTLES, YOU REPRESENT  
3 MR. EDWARDS.

4 MR. NETTLES: YES, SIR.

5 THE COURT: YOU HAVE COPY OF MR. BETHEA'S MOTION  
6 FOR DEPARTURE DOWNWARD.

7 MR. NETTLES: YES, SIR.

8 THE COURT: HAVE YOU LOOKED AT THAT? YOUR CLIENT,  
9 WHERE IS HE?

10 MR. NETTLES: HE'S IN PRISON, JUDGE.

11 THE COURT: HAVE YOU GONE OVER IT WITH HIM?

12 MR. NETTLES: HE HAS SEEN IT. I HAVEN'T  
13 SPECIFICALLY GONE OVER IT. HE'S HAD THE OPPORTUNITY TO  
14 GET IN TOUCH WITH ME. HIS WIFE IS HERE AND HIS SON IS  
15 HERE, JUDGE. HE, QUITE FRANKLY, HE IS THIS CASE. HE WAS  
16 THE FIRST ONE TO START COOPERATING, AND IMMEDIATELY UPON  
17 HIS COOPERATION, HE TOLD A SLED AGENT THAT HE SHOULD GO  
18 TO ED BAIRD'S PROPERTY IN DARLINGTON COUNTY WHERE THEY  
19 LOCATED 16 TO 17 PIECES OF HEAVY EQUIPMENT. AS A RESULT  
20 OF MR. EDWARDS' COOPERATION, AND THE COOPERATION THAT WAS  
21 GAINED FROM THE PEOPLE THAT HE COOPERATED AGAINST, THE  
22 GOVERNMENT WAS ULTIMATELY ABLE TO RECOVER ABOUT 1.7  
23 MILLION DOLLARS WORTH OF HEAVY EQUIPMENT, JUDGE, THAT  
24 THIS RING WAS INVOLVED IN.

25 BUT FOR DANNY'S COOPERATION, THE GOVERNMENT WOULD

1 HAVE HAD A HARD TIME PUTTING THIS CASE TOGETHER IN A  
2 FASHION THEY DID PUT THE CASE TOGETHER. DANNY WAS THE  
3 FIRST PERSON TO PLEAD GUILTY. THEN MR. MORRISON PLED  
4 GUILTY, AND TOGETHER THEY WERE ABLE TO, THE GOVERNMENT  
5 WAS ABLE TO GET GUILTY PLEAS FROM FIVE OR SIX OTHER  
6 PEOPLE THAT THEY OTHERWISE WOULD NOT HAVE GOTTEN AS  
7 QUICKLY, BUT FOR MR. EDWARDS' COOPERATION.

8 JUDGE, I WOULD ASK YOU, I THINK HIS ORIGINAL  
9 GUIDELINE RANGE WAS 70 TO 87 MONTHS. YOUR HONOR GAVE HIM  
10 87 AT THE TIME OF HIS ORIGINAL SENTENCING. HE DID NOT  
11 GET A DOWNWARD DEPARTURE AT THAT TIME. I WOULD ASK YOUR  
12 HONOR TO GRANT THE GOVERNMENT'S MOTION AND TO DEPART  
13 DOWNWARD.

14 THE COURT: IN THE MOTION, THE GOVERNMENT SETS  
15 FORTH A DESCRIPTION OF HIS ALLEGED SUBSTANTIAL  
16 ASSISTANCE. IS THAT ACCURATE?

17 MR. NETTLES: YES, SIR, JUDGE.

18 THE COURT: IS THERE ANYTHING YOU'D LIKE TO ADD?

19 MR. NETTLES: JUST MY PREVIOUS COMMENTS, JUDGE.  
20 I'D LIKE TO ADD MY PREVIOUS COMMENTS.

21 I WOULD ALSO LIKE TO ADD, AND I THINK THIS IS  
22 IMPORTANT, THAT MR. EDWARDS FELT AS IF HE WAS IN SOME  
23 DANGER AS A RESULT OF HIS COOPERATION. THERE WAS SOME  
24 EVIDENCE THAT ONE OF THE COOPERATING DEFENDANTS, ONE OF  
25 THE OTHER DEFENDANTS IN THE CASE, I CAN'T REMEMBER HIS

1 NAME, HAD THREATENED TO KILL MR. EDWARDS AND EVEN PUT A  
2 CONTRACT ON HIM. SLED TOOK IT SERIOUSLY ENOUGH THAT THEY  
3 INVESTIGATED IT. IT ACTUALLY CAME TO NOTHING, BUT IT WAS  
4 CREDIBLE ENOUGH FOR THEM TO INVESTIGATE. MR. EDWARDS  
5 FELT LIKE HE WAS IN DANGER. I THINK THE COURT SHOULD  
6 KNOW THAT.

7 THE COURT: OKAY. IT DOES APPEAR TO THE COURT  
8 THAT THE DEFENDANT HAS PROVIDED SUBSTANTIAL ASSISTANCE  
9 AND THE GOVERNMENT'S MOTION FOR DOWNWARD DEPARTURE BASED  
10 THEREON IS GRANTED. I'M GOING TO REDUCE HIS PERIOD OF  
11 CONFINEMENT 24 MONTHS, FROM 87 TO 63. OTHERWISE, ALL  
12 PARTS OF HIS SENTENCE REMAIN INTACT AS IMPOSED  
13 ORIGINALLY.

14 THE COURT: OKAY.

15 (THEREUPON, THE HEARING WAS CONCLUDED.)

16

17 I CERTIFY THE FOREGOING IS A TRUE AND CORRECT TRANSCRIPT  
18 OF THE RECORD OF PROCEEDINGS AS HEREINABOVE SET OUT.

19

20 S/ VINCE ROLLAND

MAY 16, 2007

21

22 VINCE ROLLAND

DATE

23 OFFICIAL COURT REPORTER

24 UNITED STATES DISTRICT COURT

25 DISTRICT OF SOUTH CAROLINA

# The Supreme Court of South Carolina

Jonathan Kyle Binney, #6009,      Petitioner,

v.

State of South Carolina,      Respondent.

The Honorable Michael J. Baxley  
Cherokee County  
Trial Court Case No. 2006-CP-11-223

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## ORDER

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In this post-conviction relief case, petitioner has served and filed a notice of appeal. This order is apparently an oral order and is related to access to files belonging to the counsel that represented petitioner at the death penalty trial.

In Lewis v. State, 368 S.C. 630, 630 S.E.2d 464 (2006), this Court stated the following:


Under Rule 227, SCACR, and S.C. Code Ann. §17-27-100 (2003), only a final decision or judgment in a post-conviction relief action is subject to review. "Any judgment or decree, leaving some further act to be done by the court before the rights of the parties are determined, is interlocutory; but if it so completely fixes the rights of the parties that the court has

nothing further to do in the action, then it is final.” Adickes v. Allison & Bratton, 21 S.C. 245 (1884); see also Mid-State Distributors, Inc., 310 S.C. 330, 426 S.E.2d 777 (1993).

In the present case, the order is not the final order in this matter. Accordingly, the notice of appeal is dismissed without prejudice to timely appeal from the final order. The remittitur will be sent as provided by Rule 221, SCACR.

Finally, the clerk of the circuit court is directed to change the caption of this matter to that shown above. Further, counsel in this matter is reminded that Rule 71.1(c), SCRCP,<sup>1</sup> mandates the format for a caption in a post-conviction relief case, and that this format must be used in this and all other post-conviction relief matters that are filed.

IT IS SO ORDERED.

  
\_\_\_\_\_  
C. J.  
FOR THE COURT

Columbia, South Carolina

May 22, 2007

<sup>1</sup> “An application filed under the Act is an independent civil action which should be separately filed and indexed by the clerk of court. The caption in all post-conviction relief actions shall read: *Full Name and Prison number (if any) of Applicant v. State of South Carolina.*”

cc: John H. Blume, III, Esquire  
Sr. Assistant Attorney General William Edgar Salter, III  
The Honorable Brandy W. McBee  
The Honorable J. Michael Baxley



# Ohio Department of Rehabilitation and Correction

1050 Freeway Drive North  
Columbus, Ohio 43229

Bob Taft, Governor

[www.drc.state.oh.us](http://www.drc.state.oh.us)

Reginald A. Wilkinson, Director

Blume & Weyble, LLC  
Attorneys at Law  
1247 Sumter Street, Second floor  
P.O. Box 11744  
Columbia, South Carolina 29201

Re: *Jonathon Binney v. State of South Carolina*

Dear Ms. Rider,

Attached are Jonathan Binney's #286-289 Inmate Records per your request.

Sincerely,

K. Sebastian  
Records Supervisor

286289

NAME: Binney, Jonathan K SERIAL NUMBER:  
AKA: AGE: 19 DOB: 5-1-74  
DATE(S) ADMITTED: 12-13-93 HOW REC'D: Count (w)

CRIME	COUNTY	CASE NUMBER	SENTENCE
B&E CC/W	3 Muskingum	CR 93230	K
Theft CC/W	"	"	V2
Theft (3rd cc) CC/W	LICKING	93 CR 0366	1.0y
UNAUTHORIZED USE (MV)	LICKING	"	1.0y

AGG. MIN. SENT.: 1/2 AGG. MAX. SENT.: MAX. EXP. DATE: (OVER) AC  MAND   
JUDGE: Hixon PROS. ATTORNEY: Wolfe

PAROLE BOARD HEARINGS AND ACTIONS

1ST. HEARING DATE:

Eds ~~12-22-94~~ 12-2-94  
(1st - 12-10-94) 12-29-94 LGT.  
5-16-94 Susp Sent Sys PB.

DETAINEES:

TRANSFERS AND RETURNS: 1-8-94 CRC to SCI

ESCAPES AND RETURNS	LOST TIME	JAIL TIME	E.O.S.
		28	ADMIN. RELEASE



## FAMILY NOTIFICATION AND TEMPORARY VISITING LIST

INMATE NAME <i>Donald B. ...</i>	NUMBER <i>286-257</i>	DATE <i>12/15/63</i>
-------------------------------------	--------------------------	-------------------------

**Person to Notify in case of Death or Emergency:**

Name <i>Donald B. ...</i>		Address <i>Rm 312</i>	
City <i>New Bedford</i>	State <i>MA</i>	Phone <i>(617) 572-3116</i>	Relationship <i>brother</i>

\*DEPARTMENT EMPLOYEES: All information on this form was self disclosed by the inmate in reception and was not verified.

THE FOLLOWING IS A COMPLETE LIST OF MY FAMILY:

### Family Members

NAME	ADDRESS	RELATIONSHIP	APPROX. AGE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Attorney of Record: <i>Mark ...</i>	Address <i>...</i>
Minister of Record:	Address

Inmate Signature <i>...</i>	Date <i>12/15/63</i>
Signature (Staff Collecting Data)	Date <span style="float: right;">Institution</span>

Distribution: White: Record Office    Canary: Unit File    Pink: Visiting    Goldenrod: Mail Office

INTERDISCIPLINARY PROGRESS NOTES

Date & Time	Document significant events during clients course of treatment; implementation of treatment plan and response to treatment. Sign and title all notes.	Dept. or Discipline
12-17-93	Had am. to back pain 5 med	[Signature]
12/27/93	NSC 5/C10 chronic back pain - ↑ in severity last week.	
	o/ Gait normal - sits & stands easily - NAD.	
	p/ Analgesic #12 + order 2 med / Polysulfate for 90 athletes feet	DSC eval base Brock Holden
1/3/94	Low back pain, chronic - 8/12 ago, injured at work. carrying boxes 150#s full down the ladder	
1/10/94	NSC - Back/stomach/whirl May. no show	[Signature]

RECEIVED

[Signature] 4/5 Saunders

2/23/94 6<sup>PM</sup> Reports 3 episodes of @ chest pain today, of 15-20 min duration. States pain is initially dull → sharp → dull.  
 BP 116/62, P100 + reg, R18. Admits to "a lot of stress" → feels the onset of the chest pain correlates in periods of ↑ stress.  
 Requesting admission to the infirmary due to having "enemies on the hill." Pass provided for DSC in Am — Mr. Johnson

[Signature]

Binney, Jonathan 286-289 W

(continue on reverse side)

Unit 1

DECISION OF THE MANAGING OFFICER ON APPEAL - INSTITUTION SCT

In a Rules Infraction Board hearing held on Monday March 28, 19 94,

Inmate Binney, # 286-289 was charged with violation of Class II, Rule(s) 1.

It is my decision that the proceedings and disposition of the Rules Infraction Board be:

- Affirmed (Comment as necessary below)
- Modified as indicated below
- Returned for reconsideration as indicated below
- Reversed as indicated below

Modified for the following reason(s): No Loss of Good Time

Returned for reconsideration for the following reason(s):

Reversed for the following reason(s):

Comments:

Copy to T.I.E. & Inmate 4/15/94  
W.D.

Review taken upon:  Appeal from inmate  Administrative Review

Signed: N.W. McEach  
MANAGING OFFICER

NOTE: You have the right to appeal the decision of the Managing Officer to the Director of the Department of Rehabilitation and Correction within fifteen days of receiving this decision. All appeals to the Director shall be sent on form DRC 4028 titled "Notice of Disciplinary Appeal."

SOUTHEASTERN CORRECTIONAL INSTITUTION  
INITIAL T.I.E. PLACEMENT

TO:  
FROM: J.L. STEWART, JOB COORDINATOR  
SUBJECT: INITIAL T.I.E. TRACK/JOB ASSIGNMENT  
DATE: 1-25-94

Inmate Binney # 286-289, is being recommended for the below T.I.E. Designation. A similar assignment may be substituted if that particular area is at full capacity.

This recommendation is based upon pre-prison employment, institutional need, educational level, parole date/E.D.S., security level, previous training, and inmate request.

Recommended Placement:

UNIT

T.I.E. TRACK

4

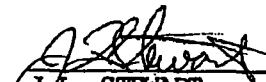
Service

Comments: Chans 6 SA

High Test Scores, EOS 3-94

W D2

Thank you for your consideration and cooperation in this matter.

  
\_\_\_\_\_  
J.L. STEWART  
JOB COORDINATOR

/jlm

CC: INMATE FILE  
JOB COORDINATOR'S FILE

PRE-PRISON EMPLOYMENT INFORMATION

ID Number: 286-289 Name: Jonathan Binney  
Previous Employment?  Yes  No Lock: H-3-W  
Type of Employment: Security Officer for Huffmaster & Assoc.  
Company Name: Huffmaster & Assoc.  
Company Address: P in Columbus maybe on Livingston Ave.  
Position: \_\_\_\_\_  
Duties Performed: High-Rise Patrol  
Beginning Date: 6/14/93 Ending Date: 9/23/93  
(DOT) Code: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

High School Graduate?  Yes  No  
Highest Grade Completed: 10 GED:  Yes  No  
High School Address: 2280 W. Broad St. - D.Y.S. - T.C.Y.  
Vocational Training:  ~~Yes~~  No  
\_\_\_\_ Auto Mechanics  Building Maintenance  Electronics  
\_\_\_\_ Heating/AC \_\_\_\_\_ General Business \_\_\_\_\_ Electricity  
\_\_\_\_ Landscaping \_\_\_\_\_ Food Service \_\_\_\_\_ Janitorial  
\_\_\_\_ Auto Body \_\_\_\_\_ Carpentry  Welding  
\_\_\_\_ Masonry \_\_\_\_\_ Drafting  Clerical  
Address of Vocational School: \_\_\_\_\_  
Certificate: \_\_\_\_\_ Yes  No  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 4

PSYCHIATRIC EXAMINATION

Include: reason for admission; legal status; history of previous psychiatric illnesses and hospitalizations; current mental status; assessment of life threatening problems; interpersonal attitudes; speech and communications; affect; ideation; perception; orientation and memory; insight and judgment; admitting and current psychiatric diagnoses; signature and title.

SCI EVALUATION

Date 10:00am  
3-17-94

Binney is seen today, a referral from Lancaster. Apparently Binney is serving a combination of sentences involving two concurrent six months sentences for B & E and Theft, but has had an extra year tacked on of flat time for three thefts, unauthorized use of a motor vehicle and sundry other charges. Binney is currently 19 years old, about to become 20 in another month or so. He grew up in a reasonably educated family, but has all the historical features of an Antisocial Personality Disorder. He dropped out of school, claiming that he had an Attention Deficit Disorder. Apparently somewhere along the line people have treated him with drugs like Cylert, and Imipramine. He is not on any of those at this time. He has served approximately these six months of his first felony conviction. Apparently Binney got a GED after dropping out of school in the 12th grade. He has worked as a security guard for the Schottenstein empire in Columbus. The chart suggest that Binney arrested someone who was also an inmate at Lancaster. The chart states that that inmate sent around word through the prison grapevine that he was going to shank Binney. This may have something to do with Binney's refusal to lock and his insistence on being in the hole. This was working out well for Binney, being in the hole, he seemed to enjoy it, has done a lot of reading of materials his father sends him, and so on. He says, "I like the peace and quiet of the hole". He says he wouldn't like to come to Chillicothe unless he could be assured of being given a place in the hole where he could enjoy continued peace and quiet. Unfortunately, Binney had to cell temporarily with someone who would throw bits of paper up on Binney's bed, and make noises which Binney didn't like. After 30 days of that Binney said, "I just couldn't take it any more". He said that he wrote a letter indicating that he would "probably" commit suicide; used the tip of the pencil to express a drop of blood from his arm, dropped the blood on the letter and sent it to the authorities. He was then sent here for evaluation for suicidality. Binney states the effort was purely in order to manipulate the system and get a different cellie. The chart indicates that the issue of the cellie has been thoroughly reviewed by prison authorities and the psychology division at Lancaster. Binney is looking forward to being discharged from prison in approximately one year. He says things will go well if he is allowed to have a cellie he gets along with and remain in the hole. He has good insight into his situation, and realizes that he is loosing a lot of good time by his decision. However, he says with adolescent pride, "I did the crime so I'll do the time".

Binney is a small, thin white male who has not shaved for a few days. Otherwise, hygiene and appearance appear relatively unremarkable. Vocabulary

BINNEY                      286-289

Southeastern Correctional Institution  
Name of Facility

(continue on reverse side)

DMH-0006

PSYCHIATRIC EXAMINATION  
Rev. 2/82 DMH-MedR-1005

State of Ohio  
Department of Rehabilitation and Correction  
ADMISSION CENTER CRC

NUMBER 286-289 ADMISSION DATE 12 / 13 / 93

CURRENT CHARGE B&E CR93230 2911.13 F4  
THEFT CR93230 2913 .02 F4

SENTENCE .5 YR C/C  
.5 YR C/C

NAME BINNEY JONATHAN  
(Last) (First) (Middle)

ALIAS NAME (s): AKA: \_\_\_\_\_

ADDRESS AT ARREST: BOX 312 NEW CONCORD, OHIO ZANESVILLE, MUSHINGUM, OHIO  
(No. and Street) (City) (County) (State) (Zip)

NAME OF PERSON LIVING WITH: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

BIRTHDATE [REDACTED] AGE 19 BIRTHPLACE OHIO

CITIZENSHIP US SOCIAL SECURITY NO. [REDACTED] V, \_\_\_\_\_ NV

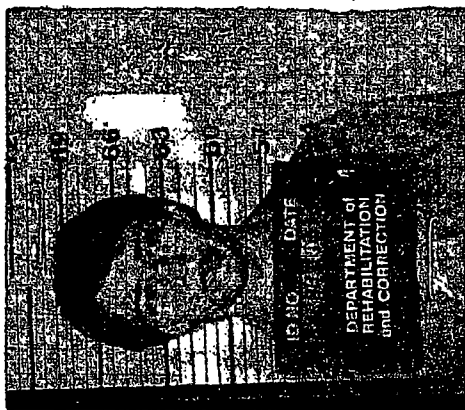
MARITAL STATUS: \_\_\_\_\_ MARRIED,  SINGLE, \_\_\_\_\_ DIVORCED, \_\_\_\_\_ WIDOWER, \_\_\_\_\_ SEPARATED

ADMISSION TYPE:  DIRECT FROM COURT, \_\_\_\_\_ ESCAPE, \_\_\_\_\_ P.V., \_\_\_\_\_ OTHER (Specify)

PREVIOUS COMMITMENTS WITH NUMBERS \_\_\_\_\_

BCI NUMBER \_\_\_\_\_ FBI NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_



HEIGHT 69 / 125  
FT. IN. WEIGHT 125

HAIR COLOR BRN EYE COLOR HEZ HZL

BUILD: \_\_\_\_\_ HEAVY,  MED., \_\_\_\_\_ SLIGHT

COMPLEXION: \_\_\_\_\_ DARK,  MED., \_\_\_\_\_ LIGHT

CHEST: \_\_\_\_\_ WAIST: 28 SHOES: 9 1/2  
in. in. Size

SCARS AND MARKS: \_\_\_\_\_

FINGER PRINT CLASSIFICATION

Recorder \_\_\_\_\_

Date \_\_\_\_\_

NAME SERIAL NUMBER SEX RACE SUBJECT PAGE

State of Ohio  
DEPARTMENT OF REHABILITATION AND CORRECTION

HEALTH HISTORY

Reception Center CRC Interviewer M

Date Rec. 12-13-93 Date of Exam. \_\_\_\_\_ Soc. Sec. No. [Redacted] Religion Bapt.  
Birth Date [Redacted] Age: 19 Marital Status 5 Maiden Name \_\_\_\_\_

FAMILY HISTORY: (/f/father, /m/mother, /b/brother, /s/sister)  
T.B. \_\_\_\_\_ Diabetes / Hay Fever / Asthma \_\_\_\_\_ Epilepsy/Seizures \_\_\_\_\_  
V.D. \_\_\_\_\_ Anemia \_\_\_\_\_ Hepatitis \_\_\_\_\_ Cancer \_\_\_\_\_  
Heart Disease \_\_\_\_\_ Mental Illness \_\_\_\_\_  
Sickle Cell \_\_\_\_\_ Hypertension \_\_\_\_\_  
Other \_\_\_\_\_

Next of Kin: Father Jim Binney Address: P.O. Box 312 New Concord, Oh Telephone: (614) 872-3816

PERSONAL HISTORY (place check in appropriate block at left of each item):

Yes	No	Yes	No	Yes	No	Yes	No
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Allergies:

None

Hospitalizations (Diagnoses and name of hospital):

None

Current Health Problems:

Back pain

Current Medications:

None

Treatment (and place received) for addiction:

Binney, Jonathan K. 286-289 W  
NAME (last, first, middle initial) NUMBER RACE  
DRC 5031 (S) MEDICAL Yes

## FAMILY NOTIFICATION AND TEMPORARY VISITING LIST

INMATE NAME <i>Jonathan Benney</i>	NUMBER <i>286-289</i>	DATE <i>12/15/93</i>
---------------------------------------	--------------------------	-------------------------

Person to Notify in case of Death or Emergency:

Name <i>Jim &amp; Sandra Benney</i>		Address <i>Box 312</i>	
City <i>New Concord</i>	State <i>Oh.</i>	Phone <i>437-872-3816</i>	Relationship <i>Parents</i>

\*DEPARTMENT EMPLOYEES: All information on this form was self disclosed by the inmate in reception and was not verified.

THE FOLLOWING IS A COMPLETE LIST OF MY FAMILY:

### Family Members

NAME	ADDRESS	RELATIONSHIP	APPROX. AGE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Attorney of Record: <i>Mark Kaido</i>	Address <i>Zanesville, Ohio</i>
Minister of Record: _____	Address _____

<i>Jonathan Benney</i> Inmate Signature	<i>12-15-93</i> Date	
<i>M. [unclear]</i> Signature (Staff Collecting Data)	<i>12/15/93</i> Date	<i>CCC</i> Institution

Distribution: White: Record Office    Canary: Unit File    Pink: Visiting    Goldenrod: Mail Office

# INTAKE SCREENING REPORT

(Information not verified; based solely on the offender's verbal report)

NAME: BINNEY INSTITUTION/D.O.A.: 12-13-93  
NUMBER: 286289 DATE OF REPORT: 12-13-93  
SENTENCING COUNTY: Musk. D.O.B. 5-9-74 AGE/RACE: 19  
CURRENT OFFENSE(S): B+2 / THEFT CURRENT SENTENCE: 6 MONTHS.  
INMATE VERSION OF CURRENT OFFENSE: ACCUSED - PICKED UP AND HELD ON STREET - IT WAS SLOW.

NO. OF PRIOR OFFENSES: CRIM & TRESS. MOST RECENT OLD NUMBER: NONE

HISTORY OF ESCAPE:  Yes  No COMMENTS: \_\_\_\_\_

HISTORY OF VIOLENCE:  Yes  No If yes, explain: \_\_\_\_\_

HISTORY OF SEX OFFENDING:  Yes  No If yes, explain: \_\_\_\_\_

HISTORY OF SEXUAL ABUSE:  Yes  No If yes, explain: \_\_\_\_\_

HISTORY OF SUBSTANCE ABUSE:  None  Alcohol  Drugs

Comments: \_\_\_\_\_

HISTORY OF SUICIDE ATTEMPTS:  Yes  No Date(s): \_\_\_\_\_

CURRENT SUICIDAL IDEATION:  Yes  No

If yes, suicide potential is:  Very High  High  Moderate  Low

Supervision Precautions:  None  Close  Suicide Watch

HISTORY OF PSYCHOLOGICAL/PSYCHIATRIC TREATMENT:  Yes  No

If yes: Dates:  Outpatient  Inpatient At: ATT OAFIC DISORDR.

Current Psychoactive Medication(s):  Yes  No Name: \_\_\_\_\_

Current/Past Diagnosis: \_\_\_\_\_

PSYCHIATRIC REFERRAL:  Yes  No  Emerg.  ASAP  Routine

REPORTED HEALTH STATUS:  Good  Fair  Poor

Chief Health Concern: BACK INJURY.

MARITAL STATUS:  Married  CLM  Separated  Divorced  Single  Widowed

EDUCATION:  Special  Highest Grade Completed  H.S. Grad.  G.E.D.  College

WORK HISTORY:  None  Skilled  Unskilled  Occupation: Computer.

MILITARY HISTORY:  None  Army  Navy  Air Force  Marines  Other

Military Adjustment:  Honorable  Dishon.  General  Other

# SOCIAL ADMISSION HISTORY

Reception Institution: \_\_\_\_\_

INMATE NAME: <u>Benny</u>	NUMBER: <u>286-289</u>
Sex: <u>M</u>	Social Security: <span style="background-color: black; color: black;">[REDACTED]</span>
Race: <u>W</u>	Birthdate: <span style="background-color: black; color: black;">[REDACTED]</span>

**I. CRIMINAL HISTORY (excluding current offense(s))**

**A. PRIOR JUVENILE OFFENSE(S)** None

Date	Offense	Location	Disposition	V IV		Source of Information

**B. PRIOR ADULT OFFENSE(S)** None

Date	Offense	Location	Disposition	V IV		Source of Information

AGE AT ARREST LEADING TO FIRST FELONY CONVICTION: 19

TOTAL NUMBER OF ADULT FELONY INCARCERATIONS: 1

TOTAL NUMBER OF PROBATION/PAROLE SUPERVISIONS: 0

Source(s) of Information: inmate

**C. INMATE'S VERSION OF CURRENT OFFENSE(S):** Got drunk, helped friend break into cars, friend put stolen property in back seat - found by police when stopped for traffic

Inmate Name: Justin Binney Number: 286-289

D. HISTORY OF ESCAPES/WALKAWAYS (including escapes or walkaways from open institutions, closed institutions, custody of law enforcement officer, military A.W.O.L., work release program or furlough; flight to avoid prosecution for charges other than traffic offenses; failure to appear for court hearings for offenses other than traffic offenses; absconding from parole or probation; absconding while free on bail).

*None*

LIST AND DESCRIBE ESCAPES/WALKAWAYS BEGINNING WITH THE MOST RECENT (including any use of force, weapons)

(1) Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source(s) of Information: *inmate*

Inmate Name: *J. B. [Signature]* Number: *286-289*

II. PERSONAL HISTO

A. FAMILY DATA

1. LIST FAMILY MEMBERS AND SIGNIFICANT OTHERS:

	Name (Last, First, Maiden)	Relationship	Date of Birth	Deceased	Marital Status	Probation/Parole	Address	V	NV
1.	Sandra Bunney	mom	11-11		M		New Concord Ohio		
2.	Jim Bunney	dad	—		M		New Concord Ohio		
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									

SOURCE OF INFORMATION inmate

TOTAL NUMBER OF SIBLINGS: Brother(s) 0 Sister(s) 0  
 BIOLOGICAL PARENTS: Father: Adopted by parents at 7 days old Mother: same  
 Inmate Raised by (including explanation of relationship, e.g. parents, grandparents, foster parents, etc.):

(1) NAME(S) Sandra Bunney RELATIONSHIP mom  
 Longest period lived with ( ) years) OCCUPATION \_\_\_\_\_  
 ADDRESS 13940 Claywell Rd, Box 276, New Concord OH  
 PHONE NUMBER (614) 872-3816

(2) NAME(S) Jim Bunney RELATIONSHIP dad  
 Longest period lived with ( ) years) OCCUPATION counseling ministry  
 ADDRESS same  
 PHONE NUMBER ( ) same

MOST IMPORTANT PERSON IN INMATE'S LIFE: Name none named Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
 Inmate Name: John Bunney Number: 286-2849

2. FAMILY RELATIONSHIPS

	Positive	Neutral	Negative	Not Applicable
1. Mother	(✓)	( )	( )	( )
2. Father	(✓)	( )	( )	( )
3. Siblings <i>none</i>	( )	( )	( )	( )
4. Other	( )	( )	( )	( )
5. Other	( )	( )	( )	( )

3. HISTORY OF ABUSE BY FAMILY MEMBERS (other than Inmate)

	Yes	No		Yes	No
Physical Abuse	(✓)	( <del>✓</del> )	Alcohol Abuse	( )	(✓)
Mental Abuse	(✓)	( )	Drug Abuse	( )	(✓)
Mental Illness	( )	(✓)	Suicide	( )	(✓)
Sexual Abuse	( )	(✓)	Other	( )	( )
Spousal Abuse	( )	(✓)	None	( )	( )

4. NARRATIVE: (I) CLAIMS DRUG USAGE

*weed - after work every other day.*

(I) CLAIMS ALCOHOL USAGE

*Yupink, Crazy base, white lightning  
Drinks every day*

Source of information: *inmate*

B. MARITAL DATA:

Present situation: (✓) Never Married ( ) Separated (Date of Separation \_\_\_\_\_)  
 ( ) Married ( ) Divorced  
 ( ) Common-Law (\_\_\_ Months) ( ) Other (Explain: \_\_\_\_\_)

Enter current spouse (including common-law) then next most recent:

	NAME	RESIDENCE	MARRIAGE	DIVORCE	Number of Children
	(First, Maiden, Last)	City State Date	County Date	County	
1.					
2.					
3.					
4.					

Inmate Name: *Justin Gray*

Number: *286289*

CURRENT SPOUSE'S PHONE NUMBER: ( ) None

PRESENT MARRIAGE: Relationship with spouse is: ( ) positive ( ) neutral ( ) negative ( ) not applicable  
Relationship with children is: ( ) positive ( ) neutral ( ) negative ( ) not applicable  
Spouse will write and/or visit: ( ) yes ( ) no  
Impending divorce: ( ) yes ( ) no

ADDITIONAL COMMENTS ABOUT PRESENT MARRIAGE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IDENTIFY ALL PERSONS WHO ARE YOUR CHILDREN, FOR WHOM YOU ASSUME PERSONAL OR FAMILY RESPONSIBILITY:

*No children*

	Name (First, Last)	Relation- ship	Date of Birth	Mother of Child	Father of Child	Residence City	State
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Source(s) of information: inmate

C. EDUCATIONAL DATA

Inmate's date of birth: 5-9-74 Place of birth: Hall County, Miss  
Social Security: 271-920-0346

1. EDUCATION

- HIGHEST GRADE COMPLETED
- ( ) None
  - ( ) Elementary through grade \_\_\_\_\_
  - ( ) High School through grade \_\_\_\_\_
  - (  ) G.E.D. ( ) Business/Vocational/Technical
  - ( ) College

Diploma: ( ) Yes ( ) No

Degree: ( ) Yes ( )

Inmate Name: [Signature]

Number: 266-289

COLLEGE: Name of Institution	Major	Minor	Degree
<i>No degree</i>			

VOCATIONAL/BUSINESS/TECHNICAL Name of Institution	Course of Study/Training	(Completed Program)	
		Yes	No
<i>None</i>			

NATURE AND SOURCE OF OTHER SIGNIFICANT TRAINING RECEIVED: \_\_\_\_\_

Source(s) of information: *inmate*

**D. MILITARY HISTORY**

No Military History  Branch of Service \_\_\_\_\_

Date Activated: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Highest Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Duty Assignment (including location): \_\_\_\_\_

Military Job Training: \_\_\_\_\_

Service Connected Disabilities: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Court Martials: Yes \_\_\_ No \_\_\_ If Yes, explain: \_\_\_\_\_

Other significant information: \_\_\_\_\_

Source(s) of information: *inmate*

Inmate Name: *John D. Stoney* Number: *206-289*

E. EMPLOYMENT HISTORY

Period of Employment	Name and Address of Employer	Job Title and Description of work performed	Full-time over 35 hrs/week	Part-time under 35 hrs/week	High Hourly Salary	Reason for Termination	V	NV
July 1992 to Aug 1993	Huffman Assoc	security guard	FT		5.50	arrested		

Employed at Time of Instant Offense: Yes  No

Offense was work or job related, either directly or indirectly: Yes  No

If Yes, explain: \_\_\_\_\_

Major Sources of Financial Support During Periods of Unemployment: parents

Institutional Vocational Training Programs in Which Interest is Expressed: welding,

library worker

Institutional Work Assignments in which interest is expressed: library

Anticipated occupation/trade following release from incarceration: \_\_\_\_\_

F. PRESENT HEALTH

Inmate's impression of present state of health: (  ) good (  ) fair (  ) poor

Describe any significant medical problem(s): \_\_\_\_\_

heart palpitations; ADD

List any medications presently used: Cylert 50 mg;

Desipramine 150 mg

Inmate Name: James B. King Number: 286-289

SOCIAL ADMISSION HISTORY

**G. DRUG HISTORY**

Present Incarceration is directly/indirectly related to drugs and/or alcohol: (  ) Yes (  ) No

Inmate's Description of Alcohol/Drug Involvement: (  ) No Use (  ) Use (  ) Abuse (  ) Dependency

Inmate Describes Involvement With (  ) Alcohol only; (  ) Drugs only; (  ) Alcohol & Drugs; (  ) None

Drugs Abused: marijuana

Method of Administration: smoked

Period of Time Used: Alcohol - for 4 yrs

Treated for Alcohol/Drug Abuse/Dependency (  ) Yes (  ) No Any Treatment Court Ordered (  ) Yes (  ) No

Attended A.A. and/or N/A (  ) Yes (  ) No Dropped out of any Treatment Program (  ) Yes (  ) No

ADDITIONAL COMMENTS: \_\_\_\_\_

**III. PROGRAMMING**

**A. INMATE PROGRAM REQUEST(S)/STAFF RECOMMENDATION(S)**

	REQUESTED	RECOMMENDED
Substance Recovery Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Psychological Services	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex Offender Program	<input type="checkbox"/>	<input type="checkbox"/>
Academic (School/College)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other _____		

**B. SEPARATION(S)**

Name: Blond Hobler Reason: (2) was instrumental in Hookba arrest.

Name: \_\_\_\_\_ Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Reason: \_\_\_\_\_

**C. SUGGESTED APPROACH BY STAFF: (  ) Routine (  ) Cautious**

Explain if other than routine: \_\_\_\_\_

INTERVIEWER: [Signature]

Inmate Name: [Signature] Number: 286-289

OFFENSE RECORD

Name Birney ..... Number 286-289 .....

Date	Officer Making Report	Character Of Offense	Disposition
2.25-94	S. Small	RTB Class II Rule 1	2-24-94 10 days DC ✓ 3-6-94 1 month Soco Good Time
3-7-94	Spanner	RTB Class II Rule 1	3-7-94 10 days DC - 2 mos. Soco 3-17-94 Good Time Rule Pt Car
3-28-94	M. Hedges	RTB Class II Rule 1	3-28-94 10 days DC - Res. ✓ 4-7-94 1 month Soco Good Time
			mod: releasing t.

SOUTHEASTERN CORRECTIONAL INSTITUTION

UNIT IV ORIENTATION CHECKLIST

NAME: Binney

NUMBER: 286-289

Unit Manager

- Counts
- Fire Exits
- Dining Schedule
- Sick Call
- Mail
- Telephone

Correctional Counselors

- Laundry
- Contraband
- Appropriate Dress
- Commissary
- Package Approval
- Mail/Legal and Other
- Dorm Rules
- Counseling
- Inmate Discipline
- Work Assignment
- Physical Contact (Sex Acts)
- Dorm Sanitation
- Personal Appearance & Hygiene
- Pass System
- Cashier

Case Manager

- Counseling
- Sentence Data
- Parole & Parole Plans
- Type of Releases
- Detainers
- Periodic Reviews & Classification
- Custody Level
- Program Responsibilities
- Library
- Education Programs
- Visiting
- Religious Activities
- Recreation
- Furlough
- Role of Psychologist
- Available Programs
- Transfers

Unit Managers

- Unit Mission
- Unit Organization Chain of Command
- Discipline & Grievances
- Sanitation
- Inspector's Office

I have received the above unit orientation and have had the opportunity to discuss all the above area with above unit staff members.

[Signature] 286-289  
Inmate Signature Number

Date: 2-21-94

[Signature]  
Case Manager Signature

Date: 2-22-94

# ASSIGNMENT RECORD

NAME Binney NUMBER 286-289

Date	Lock	Assignment	Cust. Status	Date	Lock	Assignment	Cust. Status
1/18/94	H3W12	ORIENT					
1/23-94	<del>L.2.21</del>						
1.24.94	OSC	AWL-OSC					
2.14.94	L.2-10						
2.14.94	SC	H1-SC					
2/23/94	L-2-10	LIBRARY PORTER					
2.24.94	SC	H1-SC					
2.25.94	SC	H1-DC					
3.4.94	SC	H1-SC					
3.7.94	DC	H1-DC					
3/10/94	.	status review	DZ				
4.15.94	B.2						
4.21.94	B.2	FSW TDR2	DZ				
5-2	B-2-6						
5-9	OSC	AWL					
6/21	SS						





DATE 3-1-94

INMATE Binney

NUMBER 286-289

INTERVIEWS

- Inmate's Request
- Social Worker's Request
- Referral By \_\_\_\_\_
- At Family's Request
- Other \_\_\_\_\_

PROBLEM DEFINITION

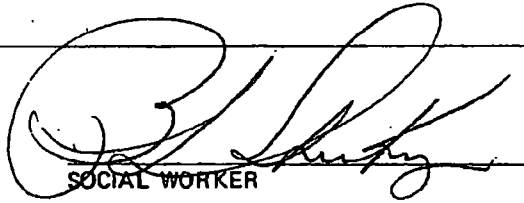
- With Other Inmates
- With Staff
- With Institution Policy
- With Family/Friends
- With Outside Agency
- With Health
- With Finances
- Pre-Report Interview
- Other \_\_\_\_\_

PHONE CALLS

- Granted to Inmate
- From Other Persons
- Concerning Inmate
- Message Delivered

PRIOR CONTACT WITH REGARD TO THIS PROBLEM?  Yes  No  
 FUTURE CONTACT EXPECTED?  Yes  No

COMMENTS Mrs. Binney called to express concern about Jonathan Binney. They wanted to know if they can help him in any way. Acknowledged his chronic lying patterns, thefts; also claimed that he has thought process disorders. Has been in intensive treatment in Illinois - parents to send psych reports & diagnosis. Diagnosed with H.I.D. Wanted to know about his P.C. status: how long will he be in H.I.? Can he be moved to institution w/ psych unit? Advised that P.C. Committee should meet this week. They will probably call to check again on 3-4-94.

  
SOCIAL WORKER

TE 2-22-94

INMATE Binnay

NUMBER 286-289

INTERVIEWS

- Inmate's Request
- Social Worker's Request Mr. McKnight's request
- Referral By \_\_\_\_\_
- At Family's Request
- Other

PROBLEM DEFINITION

- With Other Inmates
- With Staff
- With Institution Policy
- With Family/Friends
- With Outside Agency
- With Health
- With Finances
- Pre-Report Interview
- Other \_\_\_\_\_

PHONE CALLS

- Granted to Inmate
- From Other Persons
- Concerning Inmate
- Message Delivered

PRIOR CONTACT WITH REGARD TO THIS PROBLEM? \_\_\_\_\_ Yes  No

FUTURE CONTACT EXPECTED? \_\_\_\_\_ Yes \_\_\_\_\_ No

COMMENTS Mr. McKnight, unit IV manager, contacted me to talk with (P) Binnay, who was in H2 under investigation. (Binnay had gone to H2 eight days ago after he told staff that he felt threatened by M. Dorn inmate Roland Hookler #278-130.) A Social Admission History was completed with Binnay. Upon concluding that we discussed at length the circumstances on the street that made him responsible at one time for Hookler's arrest. Since his arrival at ITC, Binnay claims other inmates (no names given) have warned him of Hookler's intentions of physical harm against him. He also claims to have overheard Hookler telling another inmate of his intent to hurt him. At the time of this interview, Binnay seemed willing and prepared to return to M. Dorn, even though he understood that Hookler remains in Unit IV in M. Dorn.

[Signature]  
SOCIAL WORKER

DRC 4001

## INDIVIDUAL PACKAGE RECEIPT LOG

NAME: <i>Bunney</i>	NUMBER: <i>286-289</i>
---------------------	------------------------

Using a small date stamper, stamp the date of the Package Receipt in the appropriate blank box working down the columns.

SUNDRY PACKAGE RECEIPT				
YEAR	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER
<i>1994</i>		<i>5-5-94 msj</i>		

FOOD PACKAGE RECEIPT		
YEAR	1ST BOX	2ND BOX
<i>1994</i>	<i>5-7-94 msj</i>	

Food Box

Name: Benny

Number: 286-289

Date: 5-7-94

<u>Amount</u>	<u>Item</u>	<u>Amount</u>	<u>Item</u>
_____	Beans Canned Only, No Green Beans	_____	Non Dairy Creamer: (Must be in Glass Jars)
_____	Beef Tamales - Enchilaces	_____	Nuts: Any Type; Plastic Bag Only
_____	Bread, No Fruit, Nut or Raisin	<u>2</u>	No Shells
<u>12</u>	Candy Bars	<u>2</u>	Olives: Any Type; Metal Can Only
_____	Candy: See Through, No Foil Wrapped	_____	Pasta: Spaghetti; Lasagna; Ravioli
_____	No Hollow Type	<u>4</u>	Any Kind (Canned Only)
_____	Catsup: Plastic Container:	_____	Pastries: Any Type Fruit Pies
<u>16oz</u>	Cheese: Sliced or Erick; No Pressurized	_____	Donut Individually Wrapped, Single
<u>6</u>	Cans; No Metal or Glass	_____	servings; No Foil Wrapped or Metal
_____	Chewing Gum: No Pubble, Liquid or Hollow	<u>8oz</u>	Pans
_____	Center	_____	Peanut Butter: Canned or Plastic
_____	Chili: All Types Canned	_____	Containers; Factory Packed
<u>2</u>	Chips: All Types Bagged or Canned	_____	Pickles: Plastic Wrapped
_____	Cocoa: Water - Mix Type Only	_____	Pudding: Ready to eat, Canned Only
<u>3oz</u>	Coffee: Instant; (Must be in Glass Jars)	_____	Seafood: Any Kind; Canned-No Shells
<u>2</u>	Cookies: See Through Packages	_____	Sausage: Nothing Requiring Cooking
_____	Crackers: All Types; Must be in Inner	_____	or Refrigeration: All Types; ...
_____	Liner	<u>6</u>	Plastic or Cellophane Wrapped
_____	Drink Mix: Pre-Sweetened Only	_____	Soup: Dried Envelopes Only
_____	Instant Breakfast	<u>3</u>	Spreads & Dips: Any Style (Cheese
<u>2</u>	Meat: Any Type; Canned Only, No Bones	_____	Bean, Jellies or Honey)
_____	Meat: Dried & Sliced, Non Refrigerated	_____	Stew Any Type
_____	Only	_____	Sugar: Cubes Only
_____	Meat Spreads: Any Type Canned or in	_____	Tea: Instant (Must be sealed in
_____	Plastic (Original) Containers	_____	Glass Jar)
<u>1</u>	Mustard: PLastic Container Only		

Any item found to be contraband in this package will be sent out by:

( ) Mail or ( ) Donated

\$60.00 Value

25 Pound Limit

Package Size 12" x 18" x 20"

*Joseph Benny*  
Inmates Signature

286-289  
Inmated Number

5-7-94  
Date

Contraband: \_\_\_\_\_

Above are approved food items and the quantity of each item that can be received only

*Det Gallion*  
Inside Mail Office Supervisor  
Mail & Visiting Department

Inside list  
STANDARD FOOD PACKAGE LIST

The following items in this package are for Jonathan Kyle Binney 286-289  
Inmate's Name Number

ITEM	MAXIMUM SIZE PKG.	QUAN. (No.) ENCLOSED	INMATES POSS. LIMIT	VALUE
Beans, canned only no green or wax	8 oz		6 Cans	
Beef Tamales - Enchiladas	15 oz		2 Cans	
Bread, No Fruit, Nut or Raisin	16 oz	X	2 Loaves	
✓ Candy Bars	3 oz	12-bars	24 Bars	3.00
✓ Candy - see through bags, No foil wrapped, No hollow type	16 oz		2 Packages	
Catsup, plastic container	12 oz		1 Container	
✓ Cheese - sliced or brick (NO pressurized cans, NO metal or glass)	2 lb/limit	1	2 pounds	2.00
✓ Chewing Gum, NO bubble gum, NO liquid or hollow center	8 STICKS	6	6 Packages	1.50
Chili - all types - canned	16 oz	2	4 Cans	
✓ Chips - all types - bagged or canned	N/A	2	72 Ounces	2.50
Cocoa - water - mixed type only	N/A		12 Packages	
✓ Coffee - Instant (MUST BE IN GLASS JARS)	N/A		20 Ounces	
✓ Cookies - See through Packages	20 oz	2	2 Packages	3.00
Crackers - All types - must be in inner liner	16 oz	2	2 Boxes	
✓ Drink Mix - Pre-sweetened ONLY	N/A	1	24 8oz Ounces	3.00
Instant Breakfast <u>Cereal - Lucky Charms</u>	12 oz	2	2 Boxes	
Meat - Any type, CANNED ONLY NO BONES	16 oz		10 Cans	
Meat - Dried and sliced - non refrigerated ONLY	12 oz		4 Packages	
Meat Spreads - Any type - Canned or in plastic (Original) containers	6 oz		10 Cans	
Mustard - Plastic container ONLY	12 oz		1 Container	
Non Dairy Creamer - (MUST BE SEALED GLASS JARS)	12 oz		3 Jars	
✓ Nuts - Any type - plastic bag ONLY - No shells	8 oz	2	2 8oz Pouch	3.00
✓ Olives - Any style - metal can ONLY	8 oz	2	2 Cans	3.00
✓ Pasta - <u>Spaghetti</u> Lasagna, Ravioli - Any kind, (CANNED ONLY)	16 oz	4 6	4 8 Cans	2.00
Pastries - Any type fruit pies or donuts - Individually wrapped, single serving, NO FOIL WRAPPING OR METAL PANS	5 oz		15 Packages	
✓ Peanut Butter - Factory pack, canned or in plastic container	N/A	1 8oz	3 Pounds	3.50
Pickles - Plastic Wrapped	16 oz		1 Package	
Pudding - Ready to eat ONLY - Canned	5 oz		8 Cans	
Seafood - Any style, Canned - NO SHELLS	16 oz		10 Cans	
✓ Sausage - Nothing requiring cooking or refrigeration. All types - plastic or cellophane wrapped.	N/A	2	2 Pounds	5.00
✓ Soup - Dried, envelopes ONLY	N/A	4	8 Packages	2.50
Spreads and Dips - Any style (cheese, bean, jellies, honey)	6 oz		10 Containers	
✓ Stew - Any type <u>Dirty Muzza Beef Stew</u>	16 oz	3	4 Cans	2.50
Sugar (CUBES ONLY)	16 oz		2 Boxes	
Tea - Instant (MUST BE SEALED IN GLASS JARS)	N/A		24 Ounces	

\*\* Chewing Gum is NOT allowed at some institutions, check your institution manual.  
 ALL PACKAGES RECEIVED MUST PASS THROUGH FLUOROSCOPE AND LIMITED TO 25 POUNDS GROSS.  
 ALL ITEMS MUST BE READY TO EAT.

\$ 37.50

I HEREBY CERTIFY:  
 THAT I AM AN APPROVED VISITOR. THE ABOVE ITEMS AND VALUES ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I AM MAILING/DELIVERING THIS PACKAGE TO THE INMATE LISTED ABOVE.

Sender's Signature: Jonathan Binney 4-27-94  
Date

Sender's Address: P.O. Box 267 New Concord OH

112767

Name:

*Benny*

Number: 286-289

Date: 5-5-94

Number	Item	Number	Item
_____	Athletic supporter	_____	Photo Album (No Wire Binder Pictures)**
_____	Ball Cap (Solid Color)	_____	Radic AM/FM Only
_____	Bath Mat (Solid Color)	_____	Rings (1 Wedding, 1 Other)
_____	Batteries	_____	Shirt (Solid Color, No Red, No White or Gray)
_____	Belt w/Buckle (1 1/2" Max. Width)	_____	Shoes (Dress, Black or Brown O)
_____	Boots (8" Top, 2" Heel, Black or Brown)	3	Shorts (Under) (3 Boxer, 1 Drie)
_____	Blanket (Twin Size, Solid Color)	3	Slippers
_____	Clock (Handwound)	_____	Books
_____	Coat (No Lining, Honor Status Only)	_____	Stationary**
_____	Cup (Plastic)	_____	Sunglasses (No Mirror)
_____	Earphones	_____	Sweaters (Solid Color, No Red Turtleneck)
_____	Envelopes (Embossed Only)	_____	Sweat Shirt (Solid Color, No I)
_____	Glass (Plastic)	_____	Sweat Pants (Solid Color)
_____	Gloves (1 Work, 1 Weight)	_____	Swim Trunks (Solid Color)
_____	Guitar (No Electric, No Case or Strap)	_____	Tapes
_____	Guitar Strings (with Trade In only)	_____	Tape Player (No Recorder)
_____	Gym Shoes (No Red)	3	Thongs
_____	Gym Shorts (No Red, Solid Color)	_____	T-Shirt (No Red, Solid Color)
_____	Handkerchiefs (White Only)	_____	Towels (Solid Color, No White Red)
_____	Harmonica	_____	Typewriter (Manual Type Only)
_____	Headphones	_____	U-Shirts (Solid Color, No Red)
_____	Hoes/shoes	_____	Wash Cloths (Solid Color, No or White)
_____	Long Johns (1 Top, 1 Bottom)	_____	Wrist Watch
_____	Paint Supplies**		
_____	Pajamas (No Red, Solid Color)		
_____	Pencils		
_____	Pens (irk)		

*John B. Binney*  
Inmate Signature

286-289  
Inmate Number

5-5-94  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_

Above are approved Sundry items and the quantity of each item that can be received per Pe

\*\* Indicates reasonable amount and will be determined by the Mail and Visiting Supervisor

*Sgt. Jellison*  
Inside Mail Office Supervisor  
Mail and Visiting Department

IN THE COMMON PLEAS COURT OF LICKING COUNTY, OHIO

State of Ohio,

COMMON PLEAS CT.  
OHIO  
CLERK

Plaintiff,

1994 MAY 16 A 10: 29

Case No. 93-CR-366(S)

vs.

Jonathan Binney,

FILED

Defendant.

# 286-289

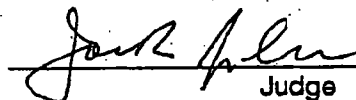
JUDGMENT ENTRY

This matter came on for a hearing upon the motion filed herein by the defendant respectfully requesting this Court for an order suspending further execution of sentence in accordance with R.C. 2947.061. The defendant was present.

After due consideration, this Court orders that the balance of the sentence previously imposed herein is hereby suspended and the defendant is hereby ordered to be released from custody. The defendant is placed on probation for a period of five (5) years from the date of this entry. The defendant is placed on probation to the Licking County Adult Court Services Department and is subject to the prescribed rules and regulations of that and the State of Ohio.

The terms and conditions of probation are to be reviewed with the defendant and the defendant shall acknowledge reviewing the terms of probation and receiving a copy of the same. The terms and conditions of probation shall be submitted to the Court for approval and shall be filed with the Clerk of Courts of this Court.

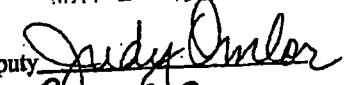
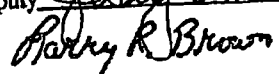
The court costs of this matter are assessed to the defendant.

  
Judge

cc: Licking County Prosecutor's Office  
Attorney for Defendant  
Defendant  
Adult Court Services Department - M. Martin

THIS IS A TRUE and CERTIFIED  
COPY OF ORIGINAL ON FILE  
COMMON PLEAS COURT  
LICKING COUNTY, OHIO

MAY 16 1994

Deputy   
  
Clerk of Courts



RICHARD F. CELESTE  
GOVERNOR

OHIO DEPARTMENT OF REHABILITATION AND CORRECTION

1050 Freeway Drive, North, Suite 403  
Columbus, Ohio 43229

RECEIPT FOR INMATE OR INMATE'S RECORD  
RELEASED TO OTHER AUTHORITIES

RECEIVED from Southeastern Correctional Institute  
Institution

Lancaster, Ohio, the following INMATE or INMATE'S RECORD:  
City

Binney, Jonathan K.  
Inmate Name  
286289  
ODRC Number  
DOB 5-1-74  
Receiving Agency Number

The above named INMATE or INMATE'S RECORD is hereby RELEASED INTO THE CUSTODY  
of the Licking County Sheriff Dept.  
(Receiving Agency)

pursuant to a #93GR003665 for the  
(Removal Order Type and Case Number)  
purposes of Shock Hearing  
(Court Action)

FURTHER INSTRUCTIONS: If granted shock need not return to SCI. Please  
forward a Certified Journal Entry to the Records Office. Thank you.

MUSKINGHAM Co. CASES FORGED 3/22/94 (RM)

Released By [Signature]  
Records [Signature]  
Title  
5-10-94  
Date

Charles Walcutt  
Received By  
Deputy Sheriff  
Title  
5-10-94  
Date

080 0019 B:

IN THE COMMON PLEAS COURT OF LICKING COUNTY, OHIO

State of Ohio,

Plaintiff,

-vs-

Jonathan Binney,

Defendant.

CLERK OF COMMON PLEAS CT.  
LICKING COUNTY, OHIO

Case No. 93-CR-366(S)

1994 MAY -3 1 A 11: 46 1

FILED


JUDGMENT ENTRY

This matter came on for consideration upon the motion filed herein by the Defendant requesting this Court to suspend further execution of sentence. The motion has been filed in accordance with the provisions of R. C. 2947.061.

It is the order of this Court that the defendant be returned to the jurisdiction of this Court with all personal possessions and to appear before this Court for further proceedings in accordance with the statute.

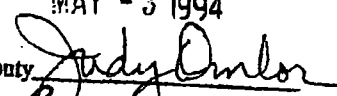
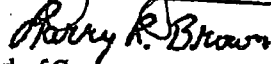
This Judgment Entry shall serve as authority for the Sheriff of Licking County to return the defendant to this jurisdiction with all personal possessions. Once the defendant is returned to the jurisdiction of this Court the Sheriff of Licking County shall notify the Court and a hearing will be scheduled.

The court costs of this matter are assessed to the defendant.

  
\_\_\_\_\_  
Judge

cc: Licking County Prosecutor's Office  
Attorney for Defendant  
Defendant  
Adult Court Services Department - M. Martin

THIS IS A TRUE and CERTIFIED  
COPY OF ORIGINAL ON FILE  
COMMON PLEAS COURT  
LICKING COUNTY, OHIO

MAY - 3 1994  
Deputy   
  
Clerk of Courts

WARRANT TO RECONVEY FROM ~~TO~~X

SOUTHEASTERN CORRECTIONAL INSTITUTION TO LICKING CO.

THE STATE OF OHIO, LICKING COUNTY, COMMON PLEAS COURT

THE STATE OF OHIO                      INDICTMENT FOR:THEFT; UNAUTHORIZED USE;  
VS    RECEIVING STOLEN PROPERTY

JONATHAN BINNEY #286-289

TO THE SHERIFF OF SAID COUNTY:

WHEREAS, OUR SAID COURT, BEGUN AND HELD AT  
NEWARK IN SAID COUNTY, ON    NOVEMBER 5, 1993

THE SAID DEFENDANT JONATHAN BINNEY #286-289

WAS INDICTED FOR THEFT; UNAUTHORIZED USE; RECEIVING STOLEN PROPERTY

AND PLED GUILTY OF THEFT; UNAUTHORIZED USE; RECEIVING STOLEN PROPERTY

AND WAS SENTENCED BY THE COURT TO THE CORRECTIONAL RECEPTION CENTER

YOU ARE THEREFORE HEREBY COMMANDED, TO TAKE CHARGE OF AND RECONVEY

THE SAID JONATHAN BINNEY #286-289    FROM THE SOUTHEASTERN  
CORRECTIONAL INSTITUTION

AT LANCASTER, OHIO, AND MAKE DUE RETURN OF YOUR PROCEEDINGS HEREIN

TO THIS OFFICE FORTHWITH. TOGETHER WITH ALL HIS PERSONAL POSSESSIONS.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY HAND

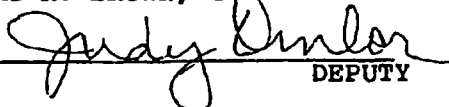
AFFIXED THE SEAL OF SAID COURT AT

NEWARK, OHIO, THIS 3RD DAY

OF MAY, 1994

LARRY R. BROWN, CLERK

BY

  
DEPUTY



George V. Voinovich  
GOVERNOR

1/AWC  
OHIO DEPARTMENT OF REHABILITATION AND CORRECTION

SOUTHEASTERN CORRECTIONAL INSTITUTION  
5900 B.I.S. Rd.  
Lancaster, Ohio 43130

TO: BINNEY, Jonathan #286-289  
FROM: Norris W. McMackin, Warden  
SUBJECT: LOSS OF GOOD TIME IN ACCORDANCE WITH ADMINISTRATIVE  
REGULATION 5120-9-56 - DENIAL OF SENTENCE DEDUCTION  
DATE: March 22, 1994

This is your official notification of your loss of 26 days of  
good time as a result of your recent rules violation on 3/5/94.

Case number: 41491, Tape number: 42221. The 26 days good time  
that you are losing is for the month(s) of March & April, 1994

This will change your Release/Parole Board Hearing Date to 12/29/94.

The loss of good time is in accordance with the Ohio Revised Code  
Section 2967.19.

*N. W. McMackin*  
N. W. McMackin, Warden

NWM/bsh

CC: R. Overberg, Classification & Reception  
Dr. Stephanie Miller  
Record Office  
Job Coordinator  
Unit 4

CHILlicoTHE CORRECTIONAL INSTITUTE  
CLEARANCE FORM

R.T.  
V.A.W.  
SCI

NAME: Birney 286-289-SCI

REASON FOR ENTRY: Psychiatric  
Evaluation

Date/Time In: 9-17-94/9:00

Date/Time Out: 9-17-94

EQUIPMENT: All Records

Will Enter/Exit From:

2A Building:         

Rear Sallyport:          ✓

Truck Gate:         

ESCORT (if applicable):

SCI Officers  
Please direct to  
Secumseh.

APPROVAL:

H. M. [Signature]

Warden  
Deputy Warden of Programs  
Deputy Warden of Operations  
Deputy Warden TIE

cc: Warden           
Appropriate Deputy           
2A           
Rear Sallyport          ✓  
Shift Captain, 1st         , 2nd         , 3rd           
Duty Officer           
Other CONTROL  
COUNT  
RECORDS

Unit 4

UPDATE AND CORRECTION OF INMATE FILE

INST. SET Brimery DATE 3/21/94 SUBJECT Loss Good Time  
 INMATE NAME John NUMBER 286 289  
 Last First Middle  
 RACE W AGE - D.O.B. [REDACTED] SOCIAL SECURITY NUMBER -  
 BCI NUMBER -

FILE CURRENTLY READS:

CHARGE	ORC #	ORN #	DEG. FEL.	COUNTY	CASE #	SENTENCE	DEF. SENT. EXP.
<u>Same</u>							
<u>n</u>							
<u>n</u>							
<u>n</u>							

JAILTIME Same BD. DATE \_\_\_\_\_ DEF. SENT. EXP. 12-3-94  
 PRISON TIME \_\_\_\_\_ SHOCK PAROLE ELIGIBLE \_\_\_\_\_ Y/N  
 TOTAL AGGREGATE SENTENCE 1 1/2

FILE SHOULD BE CHANGED TO READ: Loss Good Time EFF. DATE 3/21/94

CHARGE	ORC #	ORN #	DEG. FEL.	COUNTY	CASE #	SENTENCE	DEF. SENT. EXP.
<u>Same</u>							
<u>11</u>							
<u>n</u>							

JAILTIME Same BD. DATE \_\_\_\_\_ DEF. SENT. EXP. 12-29-94  
 PRISON TIME \_\_\_\_\_ SHOCK PAROLE ELIGIBLE \_\_\_\_\_ Y/N  
 TOTAL AGGREGATE SENTENCE 1 1/2

SIGNATURE [Signature]

NEW EDS 12/29/94  
(.667 = 12/10/94)

CERTIFIED COPY OF SENTENCE  
REVISED CODE, SEC. 2947.09-.23-.24, 2949.12

AT A  
HOUSE IN N  
11TH DAY O

Inmate at CCI (round trip)  
#286289 / Binney, Jonathon

AT THE COURT  
STATE OF OHIO, ON THE

IN TH  
OTHER THIN

sent copies with file  
kept originals

HERE HAD, AMONG

STATE OF OHIO

INDICTMENT FOR: THEFT (3 CTS.);

F-4

LICKING COUNTY JAIL TIME

PROPERTY

NAME BINNEY, JOHNATHAN

CASE# 93 CR 366 S

TOTAL NUMBER OF DAYS CONFINED COUNTY JAIL OR LIMA STATE HOSPITAL  
PER COURT ENTRY, NO JAIL CREDIT TIME IN LICKING COUNTY JAIL. IF IN  
ANOTHER FACILITY, YOU WILL HAVE TO OBTAIN THAT INFORMATION.

*Edward L. Maloney, Chief Deputy*  
LICKING COUNTY SHERIFF

*Ruth Noble 3-2-95*  
NOTARY-DATE MY COMMISSION EXPIRES

MENT SHALL BE FO

) THAT

Leader - S10

PAY THE COSTS OF THIS PROSECUTION, TAXED AT \$212.90 DOLLARS

JON R. SPAHR, JUDGE

SENTENCES CONCURRENTLY; CONSECUTIVELY WITH  
MUSKINGUM CO. COMMON PLEAS COURT CASE NO.  
CR93-230;  
NO JAIL TIME

I CERTIFY THE ABOVE TO BE A TRUE  
COPY OF SAID JUDGMENT AND SENTENC

GIVEN UNDER MY HAND AND THE SEAL  
OF SAID COURT, THIS 11TH DAY OF  
FEBRUARY, 1994

LARRY R. BROWN, CLERK

BY *Judy Omlor*  
DEPUTY

In The Court Of Common Pleas, Licking County, Ohio

CLERK OF COMMON PLEAS CT.  
LICKING COUNTY, OHIO  
LICKING COUNTY CLERK

COURT OF COMMON PLEAS  
COMMON PLEAS CLERK  
LICKING COUNTY, OHIO

State of Ohio, 1994 FEB 11 A 10:40

Plaintiff,

vs.

Case No. 93 CR 00360 JRS

Jonathan Binney,

FILED

Deputy *Judy Anlor*  
Clerk of Courts  
*Nancy K. Brown*

Defendant.

JUDGMENT ENTRY

\*\*\*\*\*

This day came the State of Ohio, and also came the Defendant, personally, and with legal counsel, Richard P. Wright, and this cause came on for hearing upon the indictment herein charging defendant with Count 1, Count 3 and Count 5: Theft, in violation of Section 2913.02 of the Ohio Revised Code; Count 2: Unauthorized Use of Vehicle, in violation of Section 2913.03 of the Ohio Revised Code; and Count 4: Receiving Stolen Property, in violation of Section 2913.51 of the Ohio Revised Code.

Defendant thereupon asked leave to waive the right to a Jury trial, and withdraw the former plea of not guilty, and to enter a plea of guilty as charged herein.

The Court advised Defendant of the Constitutional Rights, and being satisfied that Defendant understood the constitutional rights, and being further satisfied with the factual basis for the plea, accepted the plea of guilty, and finds the Defendant guilty as charged herein.

It is the SENTENCE AND JUDGMENT OF THE COURT THAT: The Defendant is sentenced to a definite term of one (1) year on each count at the Orient Correctional Reception Center and is given credit for prior jail time; however, the Defendant has been held on other charges so there is no jail credit. Said sentences shall run concurrently with each other and consecutively with the sentence in Muskingum County Common Pleas Court Case No. CR93-230. The Defendant is further ordered to pay the costs of this action in the sum of \$ . The Defendant is ordered to pay restitution for any and all damages caused as a result of this charge. No fine is imposed.

Judge  
Jon R. Spahr  
349-6181  
  
Judge  
Gregory L. Frost  
349-6186  
  
Courthouse  
Newark, OH 43055

*Jon R. Spahr*  
Judge of Common Pleas, Court  
Jon R. Spahr

COPIES:  
Licking County Prosecutor  
Court Services Department  
Counsel for Defendant

**LICKING COUNTY JAIL TIME**


**NAME** BINNEY, JOHNATHAN

**CASE #** 93 CR 366 S

**TOTAL NUMBER OF DAYS CONFINED COUNTY JAIL OR LIMA STATE HOSPITAL PER COURT ENTRY, NO JAIL CREDIT TIME IN LICKING COUNTY JAIL. IF IN ANOTHER FACILITY, YOU WILL HAVE TO OBTAIN THAT INFORMATION.**

*Edward L. Maloney, Chief Deputy*  
**LICKING COUNTY SHERIFF**

*Ruth Noble 3-2-95*  
**NOTARY-DATE MY COMMISSION EXPIRES**

 Leader - S10

INDICTMENT FOR: THEFT (R.C. 2913.02)(3 Counts)  
UNAUTHORIZED USE OF VEHICLE (R.C. 2913.03)  
RECEIVING STOLEN PROPERTY (R.C. 2913.51)

WB 101-5 A 9 00

The State of Ohio, Licking County, ss.

Of the Term of November 4th Session in the Year of our Lord one  
thousand nine hundred ninety-three.

FIRST COUNT:

The Jurors of the Grand Jury of the State of Ohio, within and for the body of the County aforesaid, on their oaths, in the name and by the authority of the State of Ohio, do find and present that Jonathan Binney on or about the 27th day of August, 1993, at the County of Licking, aforesaid did with purpose to deprive the owner, Penny Nini, of property or services, to wit: a Uniden car phone, Model No. CP-2500, Serial No. 17200866102, knowingly obtain or exert control over said property or services, without the consent of the said Penny Nini or a person authorized to give consent, the said Jonathan Binney having been previously convicted of a theft offense, to wit: Perry County Court Case No. 93-CR-B-236, wherein defendant entered a No Contest plea to Theft on June 10, 1993, was found guilty, and sentenced to 90 days in the Perry County Jail, 60 days of which were suspended with conditions and fined \$250.00,

in violation of Section 2913.02 of the Ohio Revised Code.

SECOND COUNT:

The Jurors of the Grand Jury of the State of Ohio, within and for the body of the County aforesaid, on their oaths, in the name and by the authority of the State of Ohio, do find and present that Jonathan Binney on or about the 15th day of September, 1993, at the County of Licking, aforesaid did knowingly use or operate a 1989 Chevrolet Scottsdale Pickup Truck, Ohio

Registration No. WS15XW, without the consent of the owner, Penny Nini, or other person authorized to give consent, the said Jonathan Binney having been previously convicted of a theft offense, to wit: Perry County Court Case No. 93-CR-B-236, wherein defendant entered a No Contest plea to Theft on June 10, 1993, was found guilty, and sentenced to 90 days in the Perry County Jail, 60 days of which were suspended with conditions and fined \$250.00,

in violation of Section 2913.03 of the Ohio Revised Code.

THIRD COUNT:

The Jurors of the Grand Jury of the State of Ohio, within and for the body of the County aforesaid, on their oaths, in the name and by the authority of the State of Ohio, do find and present that Jonathan Binney on or about the 21st day of September, 1993, at the County of Licking, aforesaid did with purpose to deprive the owner, Robert Shannon of property or services, to wit: an Accoustic 460 Amplifier and a Passport Radar Detector, knowingly obtain or exert control over said property or services, without the consent of the said Robert Shannon or a person authorized to give consent, the said Jonathan Binney having been previously convicted of a theft offense, to wit: Perry County Court Case No. 93-CR-B-236, wherein defendant entered a No Contest plea to Theft on June 10, 1993, was found guilty, and sentenced to 90 days in the Perry County Jail, 60 days of which were suspended with conditions and fined \$250.00,

in violation of Section 2913.02 of the Ohio Revised Code.

FOURTH COUNT:

The Jurors of the Grand Jury of the State of Ohio, within and for the body of the County aforesaid, on their oaths, in the name and by the authority of the State of Ohio, do find and present that Jonathan Binney on

or about the 24th day of September, 1993, at the County of Licking, aforesaid did, with receive, retain or dispose of certain property, being a Motorola car phone and battery, the property of another, one, Kenneth Starr, the said Kenneth Starr knowing or having reasonable cause to believe it had been obtained through commission of a theft offense, the said Jonathan Binney having been previously convicted of a theft offense, to wit: Perry County Court Case No. 93-CR-B-236, wherein defendant entered a No Contest plea to Theft on June 10, 1993, was found guilty, and sentenced to 90 days in the Perry County Jail, 60 days of which were suspended with conditions and fined \$250.00,

in violation of Section 2913.51 of the Ohio Revised Code.

FIFTH COUNT:

The Jurors of the Grand Jury of the State of Ohio, within and for the body of the County aforesaid, on their oaths, in the name and by the authority of the State of Ohio, do find and present that Jonathan Binney on or about the 21st day of September, 1993, at the County of Licking, aforesaid did with purpose to deprive the owner, William Blust, of property or services, to wit: 2 amplifiers; 4 speakers; and 1 crossover, knowingly obtain or exert control over said property or services, without the consent of the said William Blust or a person authorized to give consent, the said Jonathan Binney having been previously convicted of a theft offense, to wit: Perry County Court Case No. 93-CR-B-236, wherein defendant entered a No Contest plea to Theft on June 10, 1993, was found guilty, and sentenced to 90 days in the Perry County Jail, 60 days of which were suspended with conditions and fined \$250.00,

in violation of Section 2913.02 of the Ohio Revised Code.

contrary to the form of the statute in such case made and provided and  
against the peace and dignity of the State of Ohio.

Robert J. Becker by John H.  
Prosecuting Attorney

\*\*\*\*\*

Endorsed: A true Bill.

David W. Keider  
Foreperson of the Grand Jury

12-6  
warr

No. 93CR366

On this 6th day of

December, 1993

the Defendant herein was arraigned

and pleads not Guilty to this Indictment.

Record \_\_\_\_\_ Page \_\_\_\_\_

COURT OF COMMON PLEAS  
Licking County, Ohio

THE STATE OF OHIO  
vs.

Jonathan Binney  
141 Helen Road  
Pataskala, O 43062  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

LARRY R. BROWN, Clerk

By Judy Embler

Indictment for

THEFT (R.C. 2913.02)(3 Counts)  
UNAUTHORIZED USE OF VEHICLE (R.C. 2913.03)  
RECEIVING STOLEN PROPERTY (R.C. 2913.51)

Special Instructions:

Warrant  Summons  Other

A TRUE BILL

David W. Heider  
Foreman of the Grand Jury

Filed \_\_\_\_\_ 19 \_\_\_\_\_

Clerk

Deputy Clerk

Robert L. Becker by John H. Jones  
Prosecuting Attorney

Dayton Legal Bank, Inc.

The State of Ohio, Licking County, ss.  
I, **LARRY R. BROWN**, Clerk of the Court of Common Pleas, in and for said County, do hereby certify that the within and foregoing is a full, true and correct copy of the original indictment, together with the endorsements thereon, kept on file in my office.

WITNESS my signature and the seal of said Court, this

11th day of February, 1994

LARRY R. BROWN, Clerk

By Judy Embler  
Deputy

ORDER

TO: Sheriff, Licking County, Ohio

You are commanded by the Court to notify Jonathan Binney

that he has been indicted by the Court and that he is hereby

ordered to personally appear at 8:30 A.M. on the 15th day of November, 1993

before the Judge of the Court of Common Pleas, at Licking County Justice Center, 155 E. Main St. Newark, Ohio, and that failure to appear will result in a warrant for arrest, forfeiture of bond, if any, or additional criminal charges for failure to appear under R. C. 2937.99.

LARRY R. BROWN, Clerk  
Court of Common Pleas

By \_\_\_\_\_ Deputy

0861



RICHARD F. CELESTE  
GOVERNOR

OHIO DEPARTMENT OF REHABILITATION AND CORRECTION

1050 Freeway Drive, North, Suite 403  
Columbus, Ohio 43229

RECEIPT FOR INMATE OR INMATE'S RECORD  
RELEASED TO OTHER AUTHORITIES

RECEIVED from SOUTHEASTERN CORRECTIONAL INSTITUTE  
Institution

LANCASTER, Ohio, the following INMATE or INMATE'S RECORD:  
City

*Returned  
2-14-94 SCI/CS  
Dep #88 CSJ*

BINNEY, JONATHAN  
Inmate Name

286289  
ODRC Number

DOB [REDACTED]  
Receiving Agency Number

The above named INMATE or INMATE'S RECORD is hereby RELEASED INTO THE CUSTODY  
of the MUSKINGUM CO. SHERIFF  
(Receiving Agency)

pursuant to a CR93230 for the  
(Removal Order Type and Case Number)

purposes of shock hearing  
(Court Action)

FURTHER INSTRUCTIONS: IF INMATE IS GRANTED SHOCK PROBATION THERE IS NO NEED  
TO RETURN HIM TO SCI. PLEASE FOWARD A CERTIFIED JOURNAL ENTRY GRANTING INMATE  
SHOCK PROBATION. IF NOT GRANTED SHOCK INMATE MUST RETURN TO SCI.

THANK-YOU

SOUTHEASTERN CORRECTIONAL INST.  
Released By [Signature]  
RECORD OFFICE  
Title  
1-24-1994  
Date

[Signature]  
Received By  
[Signature]  
Title  
1-24-94  
Date

ORC 2010-2

SENTNT014373MAR2194 [9403]

[REC]

STATION:004017

INMATE PROGRESSION SYSTEM

NEXT [ ]

SENTN - SENTENCE INFORMATION SCREEN

(M)ENU (R)OC (L)OOP

Offender No:[A][286289.00] Name:BINNEY JONATHAN K

Inst:1000

Recalculate (Y/N): [N] Sentence Flag: CALCULATED

Admission Date: 19931213

AGGREGATE SENTENCE YEARS:

Definite:[ 1.50] Indefinite- Minimum:[ 0]- Maximum:[ 0] Gun:[ 0]  
AI :[ 0] Full:[ 0] JTC:[ 28] PTC:[ 0] Life/Death Ind:[ ]

AGGREGATE SENTENCE DATES:

EMS - Exp. of Maximum :[ 0] First Hearing Month/Year :[ 0]  
EDS - End of Definite :[19941203] 2/3 End of Definite :[19941115]  
FHD - Board Date :[ 0] 2/3 First Hearing Date :[ 0]  
Exp. of Gun Time Date :[ 0] 70% AI (non-gun) Date :[ 0]  
2/3 AI (non-gun) Date :[ 0] Shock Parole Hearing Date :[ 0]  
Shock Parole Release Date:[ 0] Furlough Screening Date :[ 0]  
Furlough Hearing Date :[ 0] Commutation Review Date :[ 0]  
Fixed FHD Date :[ 0] Fixed EDS Date :[19941203]  
Zero Dim First Hearing Dt:[ 0] Zero Dim Exp. of Def. Sent :[19950516]  
Zero Dim Actual Incar.Dte:[ 0] CURRENT RELEASE DATE : 19941203

Message

Transmit

15:14:01:17 INPUT REQUEST

0.00

@

Unit 4

UPDATE AND CORRECTION OF INMATE FILE

INST. 286-289 DATE 3/18/94 SUBJECT ADDED CHARGES

INMATE NAME BINNEY JONATHAN NUMBER 286-289  
Last First Middle

RACE W AGE 19 D.O.B. [REDACTED] SOCIAL SECURITY NUMBER [REDACTED]

BCI NUMBER [REDACTED]

FILE CURRENTLY READS:

CHARGE	ORC #	ORN #	DEG. FEL.	COUNTY	CASE #	SENTENCE	DEF. SENT. EXP.
<u>B &amp; E CC/W</u>	<u>2911.13</u>	<u>3</u>	<u>4</u>	<u>Muskingum</u>	<u>CR 93230</u>	<u>1/2</u>	
<u>THEFT</u>	<u>2913.02</u>	<u>3</u>	<u>4</u>	<u>Muskingum</u>	<u>CR 93230</u>	<u>1/2</u>	

JAILTIME 28/28 BD. DATE - DEF. SENT. EXP. 3-22-94

PRISON TIME - SHOCK PAROLE ELIGIBLE N MAX. EXP. SENT. -  
Y/N

TOTAL AGGREGATE SENTENCE 1/2

FILE SHOULD BE CHANGED TO READ:

EFF. DATE 12/13/93

CHARGE	ORC #	ORN #	DEG. FEL.	COUNTY	CASE #	SENTENCE	DEF. SENT. EXP.
<u>Same CC/W</u>							
<u>Same CS/W</u>							
<u>THEFT 3rd CC CC/W</u>	<u>2913.02</u>	<u>3</u>	<u>4</u>	<u>Wickings</u>	<u>93-CR-00366</u>	<u>1 yr</u>	
<u>Unauthorized Use (MV) CC/W</u>	<u>2913.03</u>	<u>3</u>	<u>4</u>	<u>"</u>	<u>"</u>	<u>1 yr</u>	
<u>RSP 28/28 CC</u>	<u>2917.51</u>	<u>3</u>	<u>4</u>	<u>"</u>	<u>"</u>	<u>1 yr</u>	

JAILTIME 0/0/0 BD. DATE - DEF. SENT. EXP. 12-3-94

PRISON TIME - SHOCK PAROLE ELIGIBLE Y MAX. EXP. SENT. -  
Y/N

TOTAL AGGREGATE SENTENCE 1 1/2

SIGNATURE [Signature]

Out of STATE Section

(Col 7 = 11/15/94)

IN THE COMMON PLEAS COURT OF LICKING COUNTY, OHIO

State of Ohio,

CLERK OF COMMON PLEAS CT.  
LICKING COUNTY, OHIO  
LARRY BROWN, CLERK

Plaintiff

1994 JAN 21 P 2: 52

Case No. 93CR 00366

vs

Jonathan Binney,

Defendant

FILED

ENTRY

\*\*\*\*\*

This cause came on for hearing upon the request of Scott A. Anderson, Assistant Prosecuting Attorney for a Warrant of Removal for the defendant, Jonathan Binney.

The Court, being fully advised in the premises, orders that an Order for the removal of said defendant be issued in accordance with the provisions of Section 2941.41 of the Ohio Revised Code. The Sheriff of Licking County, Ohio, shall present said Warrant to the Superintendent of the Southeastern Correctional Institute, Lancaster, Ohio and upon the delivery of said defendant, convey him to Licking County, Ohio, for further hearing on January 31, 1994 at 8:45 A.M..

  
\_\_\_\_\_  
Judge Jon R. Spahr

PROSECUTING ATTORNEY  
ROBERT L. BECKER  
SOUTH SECOND STREET  
NEWARK, OHIO 43055

APPROVED:



Scott A. Anderson #0056077  
Assistant Licking Co. Prosecutor  
20 S. Second St.  
Newark, Ohio 43055

FELONY AND CIVIL  
DIVISIONS  
349-6185


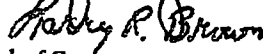
JUVENILE COURT  
DIVISION  
349-6169

VICTIM ASSISTANCE  
PROGRAM  
349-6197

TAX FORECLOSURES  
349-6051

FAX 349-6179

THIS IS A TRUE and CERTIFIED  
COPY OF ORIGINAL ON FILE  
COMMON PLEAS COURT  
LICKING COUNTY, OHIO

JAN 21 1994  
Deputy   
  
Clerk of Courts

IN THE COMMON PLEAS COURT OF LICKING COUNTY, OHIO  
CLERK OF COMMON PLEAS CT.  
LICKING COUNTY, OHIO  
LAW ENFORCEMENT CLERK

State of Ohio,

1994 JAN 21 P 2:52  
Plaintiff

vs

Case No. 93 CR 00366

Jonathan Binney,

**FILED**

Defendant

REQUEST FOR WARRANT FOR REMOVAL

\*\*\*\*\*

Now comes Scott A. Anderson, Assistant Prosecutor of Licking County, Ohio, and states that the defendant, Jonathan Binney, was duly charged by Indictment October term, November 4th Session, 1993, of the Licking County Grand Jury on Theft (3 Cts.), Unauthorized Use of Vehicle, and Receiving Stolen Property, said offenses constituting felonies and in violation of Sections 2913.02, 2913.03, 2913.51 of the Ohio Revised Code.

Said defendant, Jonathan Binney, is presently housed at the Southeastern Correctional Institute, Lancaster, Ohio pursuant to Court Order of the Muskingum County Common Pleas Court.

THEREFORE, in accordance with Section 2941.41 of the Ohio Revised Code, a Warrant of Removal of said defendant is hereby requested to be issued to the Sheriff of Licking County, Ohio, in accordance with the provisions of said Section. It is further requested that a copy of said warrant be presented by the Sheriff of Licking County, Ohio, to the Superintendent of the Southeastern Correctional Institute, Lancaster, Ohio and that upon presentation of said warrant, the Superintendent of the Southeastern Correctional Institute, Lancaster, Ohio shall deliver said defendant to the Sheriff of Licking County,

PROSECUTING ATTORNEY  
ROBERT L. BECKER  
SOUTH SECOND STREET  
NEWARK, OHIO 43055

FELONY AND CIVIL  
DIVISIONS  
349-6185

JUVENILE COURT  
DIVISION  
349-6169

VICTIM ASSISTANCE  
PROGRAM  
349-6187

TAX FORECLOSURES  
349-6051

FAX 349-6179

Ohio, who shall convey him to Licking County, Ohio, for hearing on January 31, 1994 at 8:45 A.M. at the Licking County Common Pleas Court.

*Stephane Gussler*

Scott A. Anderson 0056077  
Assistant Prosecutor  
20 South Second St.  
Newark, Ohio 43055  
(614) 349-6195

PROSECUTING ATTORNEY

ROBERT L. BECKER  
SOUTH SECOND STREET  
NEWARK, OHIO 43055

FELONY AND CIVIL  
DIVISIONS

349-6195

JUVENILE COURT  
DIVISION

349-6169

VICTIM ASSISTANCE  
PROGRAM

349-6197

TAX FORECLOSURES

349-6051

FAX 349-6179

WARRANT TO RECONVEY FROM TO

SOUTHEASTERN CORRECTIONAL INSTITUTION TO LICKING CO.

THE STATE OF OHIO, LICKING COUNTY, COMMON PLEAS COURT

THE STATE OF OHIO INDICTMENT FOR: THEFT (3 CTS.) UNAUTHORIZED USE;  
VS RECEIVING

JONATHAN BINNEY

TO THE SHERIFF OF SAID COUNTY:

WHEREAS, OUR SAID COURT, BEGUN AND HELD AT

NEWARK IN SAID COUNTY, ON

NOVEMBER 5, 1993

THE SAID DEFENDANT JONATHAN BINNEY

WAS INDICTED FOR THEFT (3 CTS.) UNAUTHORIZED USE; RECEIVING

~~AND WAS SENTENCED BY THE COURT TO THE~~

DEFENDANT ORDERED RECONVEYED TO LICKING CO. FOR FURTHER HEARING JAN. 31, 1994 at  
8:45 a.m.

~~AND WAS SENTENCED BY THE COURT TO THE~~

YOU ARE THEREFORE HEREBY COMMANDED, TO TAKE CHARGE OF AND RECONVEY

THE SAID JONATHAN BINNEY  
INSTITUTION

FROM THE SOUTHEASTERN CORRECTIONAL

AT LANCASTER, OHIO, AND MAKE DUE RETURN OF YOUR PROCEEDINGS HEREIN

TO THIS OFFICE FORTHWITH. ~~TOGETHER WITH ALL HIS PERSONAL POSSESSIONS~~

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY HAND

AFFIXED THE SEAL OF SAID COURT AT

NEWARK, OHIO, THIS 21ST DAY

OF JANUARY, 1994

LARRY R. BROWN, CLERK

BY

*Judy Dinkler*  
DEPUTY

-----  
 INMATE INFORMATION DISPLAY  
 -----

INMATE NUMBER           A286289.00  
 OLD INMATE NUMBER  
 INMATE NAME            BINNEY, JONATHAN K

-----  
 INMATE STATIC DATA  
 -----

RECEPTION CENTER	CORRECTIONAL RECEPTION CENTER		
INSTITUTION	CORRECTIONAL RECEPTION CENTER		
ADMISSION DATE	19931213		
DATE OF BIRTH	██████████	COMMITMENT AGE	19
RACE	W	SEX	M
SHOCK ELIGIBILITY	N	SOC SEC NUMBER	██████████
FBI NUMBER	623043TA2	BCI NUMBER	B447447
STATUS CODE	1	REASON CODE	01
AGGREGATE SENTENCE	.50 DEF		
RMKS:			

-----  
 RELEASE/ACTION DATES    \*CALCULATED\*  
 -----

FIRST HEARING DATE	AGG DEF SENT YEARS	.50
2/3 FHD		
ACTUAL FHD	AGG MIN SENT YEARS	
2/3 ACTUAL FHD		
MAX SENT EXP DATE	AGG MAX SENT YEARS	
DEF SENT EXP DATE	19940322	
2/3 DEF SENT EXP DATE	19940316	AGG JAIL TIME CRE. (days)   28
GUN TIME EXP DATE		
ACTUAL INCAR EXP DATE	RELEASE DATE	
2/3 ACTUAL EXP DATE	RELEASE TYPE	
ZERO DIM	FIRST HEARING DATE	
	DEF SENT EXP DATE	19940516
	ACTUAL INCAR EXP DATE	

-----  
 OFFENSE DATA  
 -----

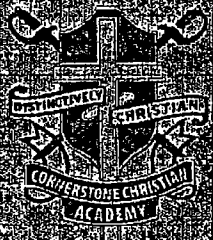
OFFENSE	LK	CC	AC	DEF	MIN	MAX	A/I	LIF		CC		
	CT	CS	JTC	GN	SENT	SENT	SEN	SENT	DEA	CNTY	DOCKET NO.	CS
B & E	1	C		28		.5					MUSK CR93230	C
THEFT	1	C		28		.5					MUSK CR93230	C

-----  
ALIAS NAMES FOR A286289.00  
-----

FIRST NAME      MI    LAST NAME  
=====    ==    =====

LINKED INMATE NUMBERS  
=====

0871



*Connerstone  
Christian Academy*

38th Street, Suite 200  
Cary, NC 27513



Blum and Weaver LLC

Attn: Mr. L. B. ...

Post Office Box 144

Cary, NC 27513

38th Street, Suite 200 Cary, NC 27513



NAME

CAT: F

SCORES

BINNEY JONATH K  
DOB: 05/09/74  
SP CODES: .....  
QTR MTH: 28 TRAD

FORM/LEVEL E/17  
GRADE 07.7  
DATE 04/88

NP  
GE  
SS  
BMS  
NCR

	VOC	COMP	TOTL	MEG	EXPR	TOTL	COMP	C&A	TOTL	TOTAL BATTERY
NP	70	61	67	37	36	37	22	23	21	40
GE	9.8	8.5	9.1	5.7	5.3	5.5	5.7	5.5	5.6	6.7
SS	772	754	763	701	702	702	751	709	730	732
BMS	3	6		1	4		0	0		
NCR	44	46	90	20	38	58	23	29	52	200

STDY		SOCL	
SPEL	SKIL	SCI	STDY
71	63	46	39
9.7	9.1	7.5	6.5
755	754	702	696
3	3	0	0
29	20	24	22

22  
33  
11

82223 R957228001-03-006 04/88

0873

**DIVIDUAL TEST RECORD**

STUDENT: BINNEY, JONATH K

IRTH DATE: 05/09/74

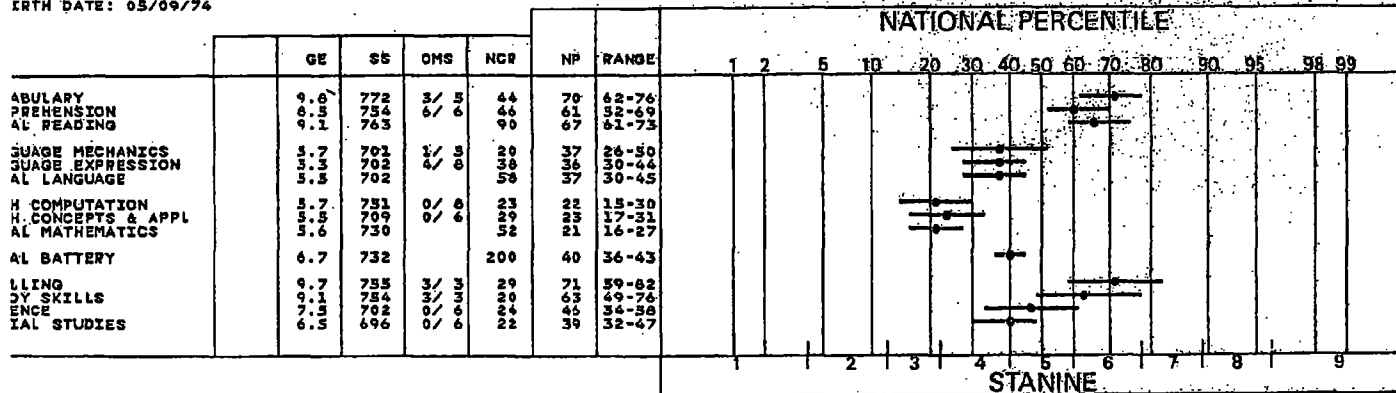
SPECIAL CODES: .....

CLASS: MCLAMB B  
SCHOOL: CORNERSTONE  
DISTRICT: FAYETTEVILLE

CITY/STATE: FAYETTEVILLE NC  
FORM/LEVEL: E/7  
GRADE: 7.7

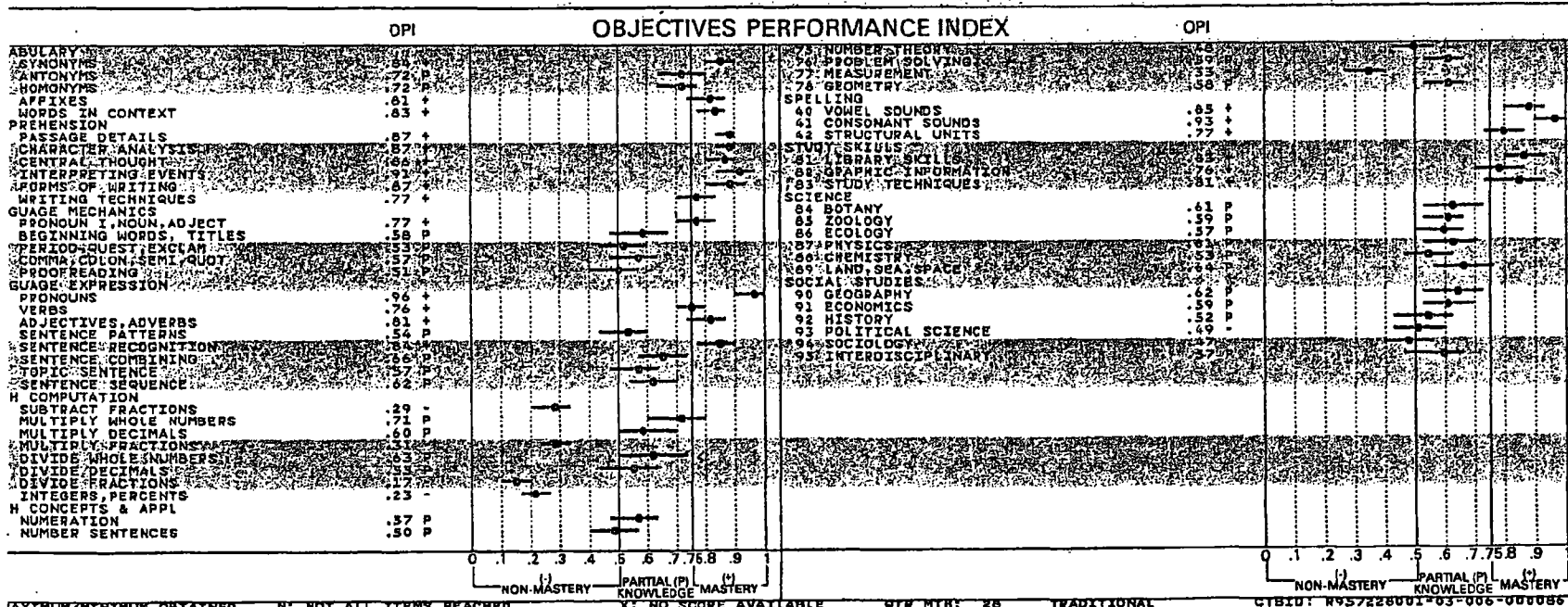
TEST DATE: 04/11/88  
RUN DATE: 05/28/88

103586  
103608



GE : GRADE EQUIVALENT  
SS : SCALE SCORE  
OMS : NUMBER OBJECTIVES MASTERED  
NCR : NUMBER CORRECT  
NP : NATIONAL PERCENTILE

0874



Continued elsewhere • McGraw-Hill Business Forms, Inc. 401

MAXIMUM/MINIMUM OBTAINED NI: NOT ALL ITEMS REACHED XT: NO SCORE AVAILABLE QTR NTRY: 25 TRADITIONAL CTBID: W957228001\*03-006-00086

RD01R



## Dublin Christian Academy

PO Box 521, Page Rd. Dublin, NH 03444-0521

Phone: (603) 563-8505 Fax: (603) 563-8008 E-Mail: [dca@dublinchristian.org](mailto:dca@dublinchristian.org)

Mr. Kevin Moody, President/Administrator  
Mr. Stephen Chisholm, Business Manager  
Mr. Eric Moody, Dean of Students

October 6, 2006

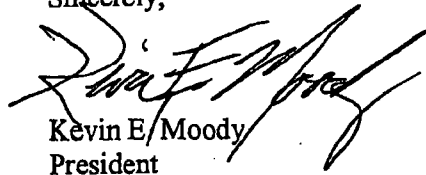
Blume & Weyble, LLC  
Attorneys at Law  
ATTN: Jill Rider  
1247 Sumter Street, 2nd Floor  
Columbia, So. Carolina 29201

To Whom It May Concern:

Jonathan Kyle Binney was enrolled in our school for about two weeks in September of 1991. We have no grades or information specifically from DCA. Enclosed are copies of information we had collected from previous schools.

Had he remained we would have continued to try and acquire further information from all previous schools.

Sincerely,



Kevin E. Moody  
President

KEM:bif

Enc. (5)

"That In All Things He Might Have The Preeminence" Colossians 1:18



## Dublin Christian Academy

Mr. Kevin Moody, President/Administrator  
Mr. Stephen Chisholm, Business Manager  
Mr. Eric Moody, Dean of Students

PO Box 521, Page Rd. Dublin, NH 03444-0521

Phone. (603) 563-8505 Fax. (603) 563-8008 E-Mail. [dca@dublinchristian.org](mailto:dca@dublinchristian.org)

October 25, 2006

To Whom It May Concern:

Jonathan Binney was a student for approximately two weeks in September of 1991. He ran away from the school and was subsequently dismissed.

Sincerely,

Bonnie A. Bartelt  
Discipline Committee Secretary

---

"That In All Things He Might Have The Preeminence" Colossians 1:18

NAME **BINNEY, Jonathan Kyle** (LAST) (FIRST) (MIDDLE) (NICKNAME) I. D. NUMBER (IN PENCIL) (TO BE COMPLETED BY SCHOOL)

SEX **M** RACE  AMER.  INDIAN  BLACK  ASIAN  HISPANIC  WHITE BIRTHDATE **05/09/74**  
MO. DAY YEAR

**CORNERSTONE CHRISTIAN ACADEMY  
 ELEMENTARY STANDARDIZED TEST RECORD FORM**

This form must follow pupil when transferred.

ENTER ELEMENTARY TEST RESULTS ON THIS SIDE OF FORM IN DATE ORDER SEQUENCE. ENTER SECONDARY TEST RESULTS ON REVERSE OF FORM. IF ENTRY TYPED OR HANDWRITTEN, SCORES SHOULD BE LABELED USING THE FOLLOWING CODE: PERCENTILE - P, STANINE - S, GRADE EQUIVALENT - G.E., INTELLIGENCE QUOTIENT - I.Q. ANY OTHER TYPE OF TEST RESULTS SHOULD BE EXPLAINED: NAME OF TEST, DATE GIVEN, AND ACTUAL GRADE PLACEMENT AT TIME OF TESTING SHOULD ALSO BE RECORDED.

GRADE **6.7**  
 SPRING **1987**

SOUTH CAROLINA  
 ACADEMY  
 TESTING PROGRAM  
 BASIC SKILLS

**CORNERSTONE C**  
**BINNEY JONA**  
**10546982 2346-112**

CAT	E&F LEVEL 16	TOTAL READING	TOTAL LANGUAGE	TOTAL MATHEMATICS	TOTAL BATTERY	Sci	SS	SPELLING
SCALE SCORE		735.5	695.5	689.5	706.83	656	689	750
GRADE EQUIVALENT		6.6	4.9	3.8	5.7	5.3	6.0	9.0
NATIONAL PERCENTILE		48	32	9	26	31	39	73
NORMAL CURVE EQUIV.		49	40	23	30	40	44	63
	260-4							

RUN DATE: 05/12 82305

**INDIVIDUAL TEST RECORD**

STUDENT: BINNEY, JONATHAN

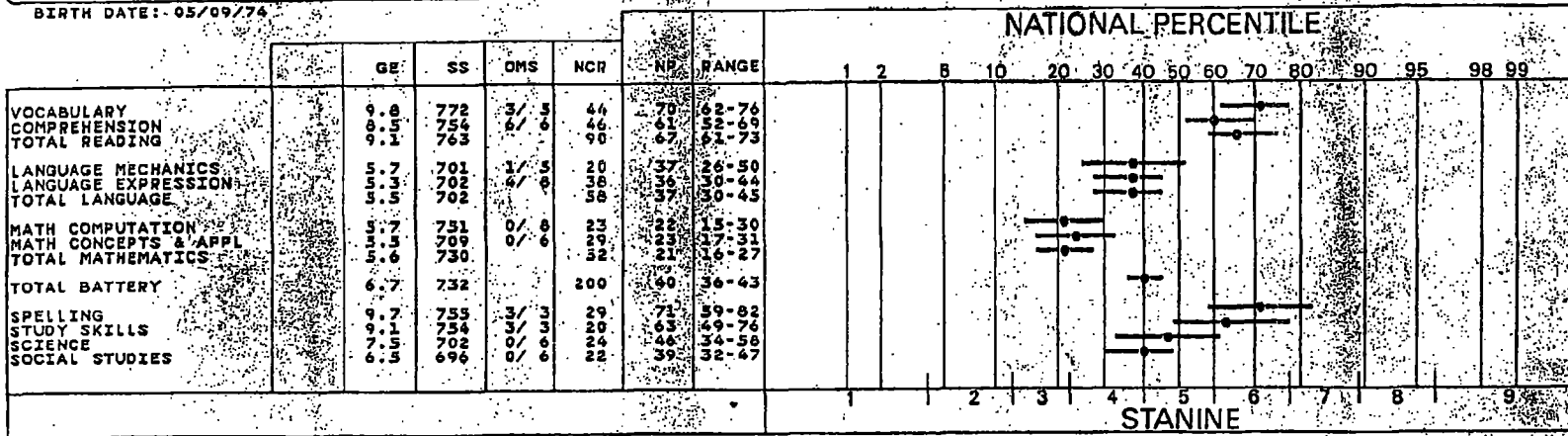
BIRTH DATE: 05/09/74

SPECIAL CODES:

CLASS: MCLAMB R  
 SCHOOL: CORNERSTONE  
 DISTRICT: FAYETTEVILLE

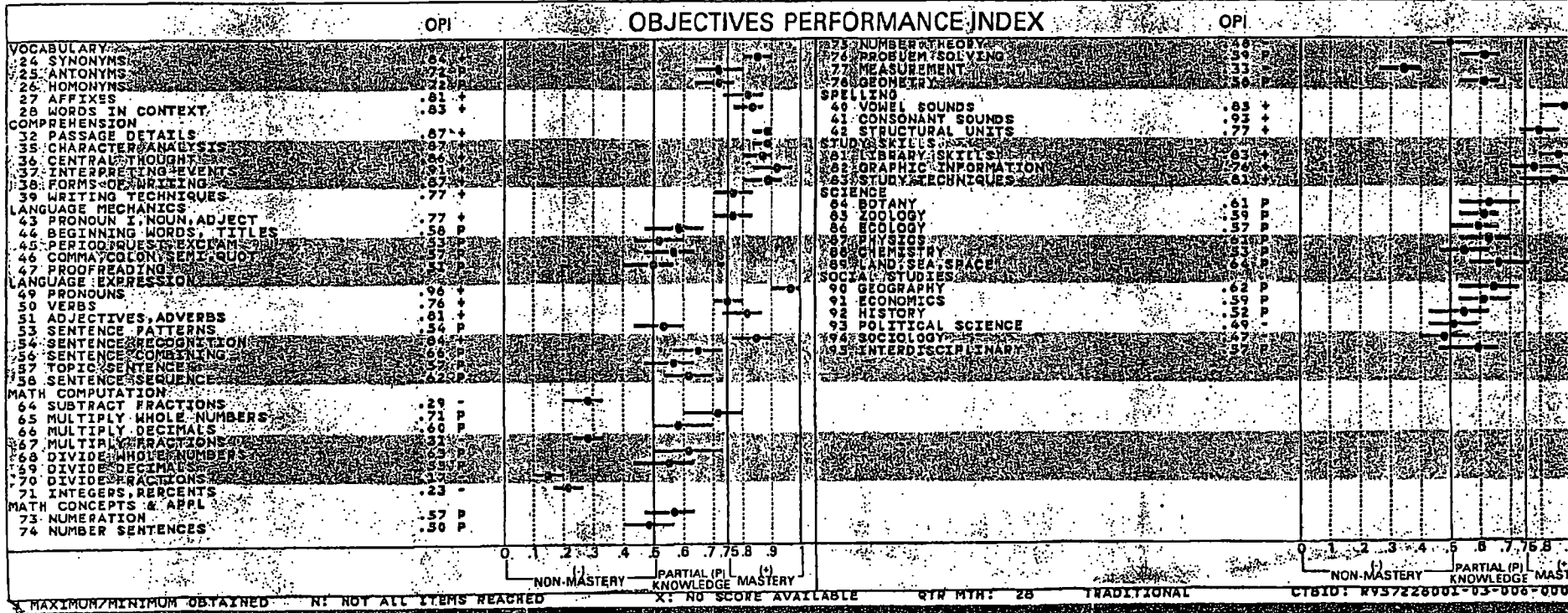
CITY/STATE: FAYETTEVILLE NC  
 FORM/LEVEL: E/17  
 GRADE: 7.7

TEST DATE: 04/11/88  
 RUN DATE: 03/28/88



GE : GRADE EQUIVALENT  
 SS : SCALE SCORE  
 OMS : NUMBER OBJECTS MASTERED  
 NCR : NUMBER CORRECT  
 NP : NATIONAL PERCENTILE

0878



MAXIMUM/MINIMUM OBTAINED NI: NOT ALL ITEMS REACHED X: NO SCORE AVAILABLE QTR MTH: 28 INADDITIONAL CTBID: RY37228001-03-006-000

# Education and Remediation Clinic

201 South McPherson Church Road  
Suite 219 McPherson Square  
Fayetteville, North Carolina 28304  
(919) 864-5691

*P.R. Manarino-Leggett, Ph.D.*  
Director  
Reading Specialist

*Staffed by Specially  
Trained & Certified Teachers*

## DIAGNOSTIC EVALUATION AND REPORT OF REPORT OF PROGRESS

• *Diagnosis and Treatment  
of Learning Disabilities  
Children and Adults*

• *Remediation of  
Reading Disabilities*

• *Tutoring in Math*

• *Specialized Classes*

CLIENT: Jonathan Binney GRADE: 7  
PARENTS: Dr. and Mrs. James Binney C.A.: 14 years  
ADDRESS: 390 Hilliard BIRTHDATE: 5-9-74  
Fayetteville, NC 28311 TESTDATE: 10-26-88

### REASON FOR REFERRAL:

Jonathan was seen at the clinic as requested by his parents who were concerned over his progress in school, especially in the independent or structured curriculum.

### TESTS ADMINISTERED AND RESULTS:

The following tests were administered on October 26, 1988.

#### Diagnostic Achievement Test for Adolescents

	%ile	Std. Scores
Word Identification	68	11
Reading Comprehension	75	12
Math Calculation	5	5
Math Problem Solving	2	4
Spelling	25	6
Written Composition	5	5
Science	37	9
Social Studies	25	8
Reference Skills	9	6

Key Math Test	7.5 grade level
Slosson Oral Reading Test	9.3 grade level
Slosson Intelligence Test	Range 95-103 (Average)
Botel Test of Word Opposites	7-8 grade level

According to the test results, Jonathan's main problems appeared to be in math computation, problem solving, and written expression.

# REPORT TO PARENTS

STUDENT Binney Jonathan Kyle Grade 8 Year 19 89 19 90

SUBJECTS	PERIODS										
	1	2	Sem. Ex.	Sem. Gr.	Sem. Avg.	3	4	Sem. Ex.	Sem. Gr.	Sem. Avg.	Final Gr.
English	C+	C			C	D+					
Bible	F	D			D-	F					
Science	C-	C			C	F					
Math	F	D			D-	D					
History	D	F			F	F					
Art	B	B-			B-	B-B				B	B
Chorus	A				B	B					
Band											
Physical Education	C+	C			C	C					
Athletics											

Personal Qualities	PERIODS				
	1	2	3	4	
Cooperation					
Courtesy					
Work Habits					
Dependability					
Obedience					
Citizenship					
<b>Demerits</b>		21	19	27	32

(WE SUGGEST USING A FINE BALL POINT PEN WITH HEAVY PRESSURE).  
 Comments: 25 DEMERITS - ALL RESULT IN  
INCOMPLETE WORK.

A - Excellent      C - Average      F - Failure  
 B - Above average      D - Below average      I - Incomplete

Absence from school can never be made up. Regular attendance and promptness are necessary for good school progress.

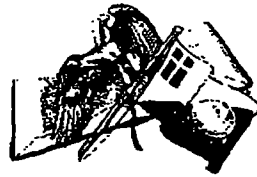
Days Absent	4	4		
Times Tardy	1	1		

Citizenship and academic training are equally important in the educational experience. Parents and teachers should work together in close cooperation and we encourage you to visit school and confer with the teachers. The above personal qualities evaluation is for your added information. A check (✓) after any of the above indicates a need for improvement. No check indicates an acceptable or better evaluation.

This report need not be returned to the school.

*[Signature]*  
 SUPERINTENDENT / PRINCIPAL

0880



# PERMANENT RECORD

PHOTO

## CHURCH-SCHOOL

FREEDOM ACADEMY  
FREEDOM VILLAGE, USA  
 City LAKEMONT State NY ZIP 14857  
 Transcript sent to \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## GRADUATE RECORD

Student rates \_\_\_\_\_  
 In a class of \_\_\_\_\_  
 Honors \_\_\_\_\_  
 \_\_\_\_\_  
 College Preparatory   
 Vocational Preparatory

## COLLEGE ENTRANCE EXAMINATION SCORES

Date \_\_\_\_\_ A.C.T. \_\_\_\_\_ Date \_\_\_\_\_ S.A.T. \_\_\_\_\_  
 Standard Scores: Eng.  Math  So. St.  N.S.  Comp.   
 Percentiles (National):       
 Verbal  Math  T.S.W.E.

## APTITUDE TEST (T.C.S.)

Test	Date	Chron. Grade	Total		C.S.I.
			Scale Score	Percentile Rank	

## ACHIEVEMENT TEST

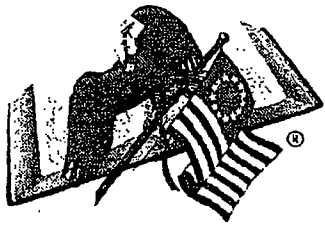
Test	Date	Chron. Grade	Total Grade Equiv.	Total %ile Rank	Total Scale Score

Name DINNE I JONATHAN AILE 3/4/94  
 Parent or Guardian JIM & SANDRA BINNEY 12/15/91  
 Address P.O. BOX 312  
 City NEW CONCORD State OH ZIP 43762  
 First Entered 10/10/91  Will be Graduated  Was Graduated  Date 12/15/91

## ACHIEVEMENT SCORES

Year in school	Reading			Language				Mathematics			Total	Ref Skills	
	Ver	Com	T	Spel	Mech	Exp	T	Com	Cons. & App.	T			Diff.
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													





# PERMANENT RECORD

PHOTO

*Dropped  
12/1/87*

Name Binney Jonathan Kyle 5-9-77  
Last First Middle Birth Date  
 Parent or Guardian James + Sandra Binney Mississipi  
Birth Place  
 Address 15683 Quincy  
 City Holland State Mich. Zip 49  
 First Entered Sept. 1979 Will be Graduated   
 Was Graduated  Date \_\_\_\_\_

## SCHOOL

Rose Park Baptist Academy  
3984 168th Ave.  
 City Holland State Michigan  
49423  
 Transcript Sent To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## SENIOR RECORD

Student rates \_\_\_\_\_  
 In a class of \_\_\_\_\_  
 Honors \_\_\_\_\_  
 College Preparatory   
 General Preparatory   
 Vocational Preparatory

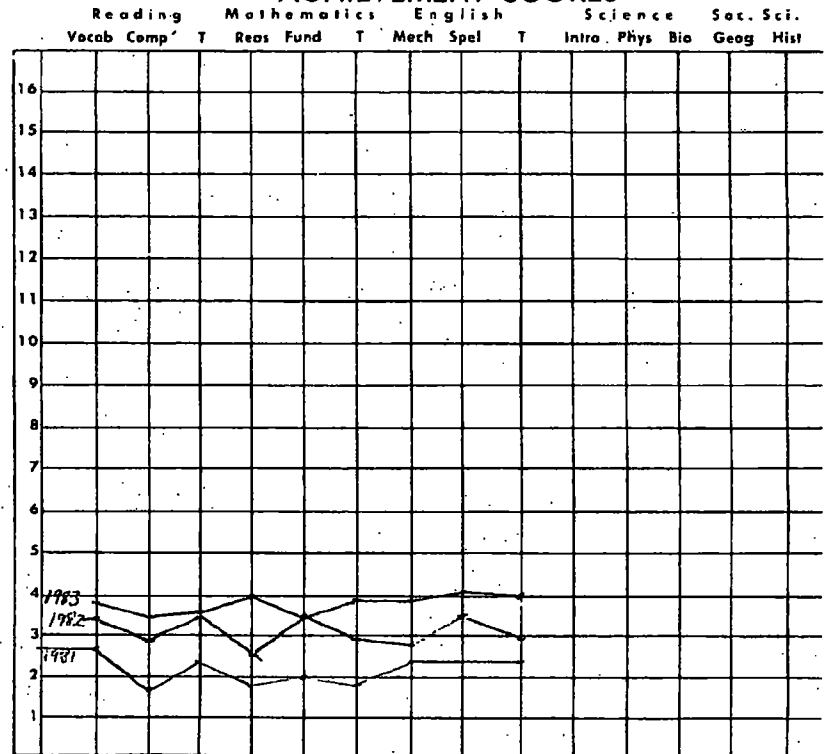
## (ACT) COLLEGE ENTRANCE EXAMINATION SCORES

Date	Standard Score	Eng.	Math	Soc. Sci.	Nat. Sci.
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	National Norm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## MENTAL MATURITY SCORES

Test	Date	Chron. Age	Mental Age	I.Q.	Actual Grade	Avg. Grade Level of Achievement	Achiev. Test Name
W Pre-Test	6-3-81	85 mos.			1	2.2	C.A.T.
W Post-	5-26-82	96 mos.			2	3.0	CAT
Post-	5-20-83	108			3	3.8	CAT
Post-							
Post-							
Post-							
Post-							
Post-							
Post-							
Post-							
Post-							

## ACHIEVEMENT SCORES



2.7	1.7	2.3	1.8	2.0	1.8	2.3	2.3	2.3
3.4	2.8	3.4	2.5	3.4	2.9	2.7	3.4	2.9
3.8	3.5	3.6	4.0	3.4	3.9	3.9	4.1	4.0

0883

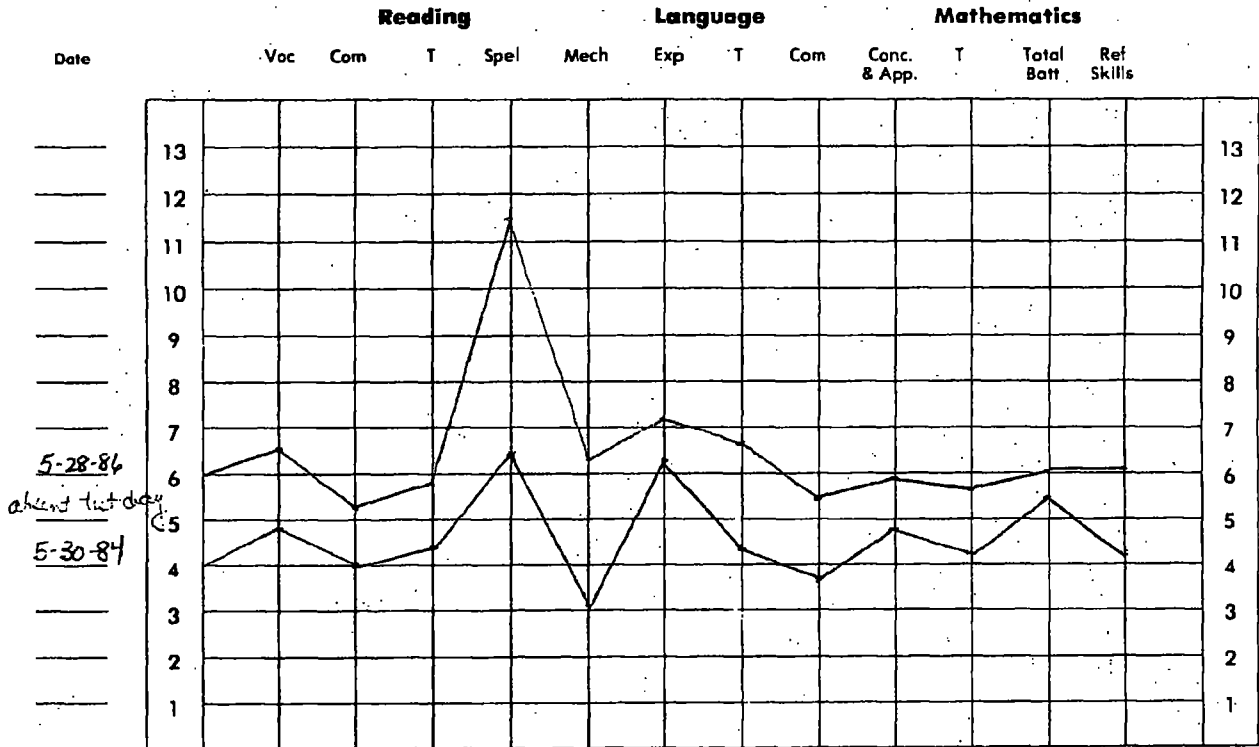




STUDENT NAME Jonathan Binney

**ACHIEVEMENT SCORES**

(77 C.A.T.)

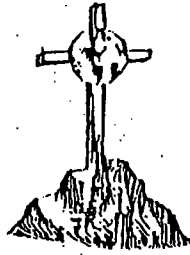


**SCALE SCORE CHART**

Date	Reading				Language				Mathematics			
	Voc	Com	T	Spel	Mech	Exp	T	Com	Conc. & App.	T	Total Batt.	Ref Skills
5-28-86	497	474	475	622	528	530	524	447	475	462	479	502
5-30-84	450	434	440	529	527	512	469	393	443	410	462	456

See Permanent Record (Form 322) for Percentiles 2nd Grade Equivalencies recorded in numerical form.

# CORNERSTONE CHRISTIAN ACADEMY



MR. JONNY OLSON  
Director

## RECORDS TRANSFER REQUEST

Request the educational and health records of the following student(s) be forwarded to Director, Cornerstone Christian Academy, P. O. Box 35357, Fayetteville, NC 28303, as the student is now enrolled at Cornerstone Christian Academy:

STUDENT'S NAME JONATHAN KYLE BINNEY  
GRADES ATTENDED K-6 DATE OF BIRTH [REDACTED]  
YEAR OF ATTENDANCE \_\_\_\_\_

I give my permission to send the complete records of my child to Cornerstone Christian Academy, P. O. Box 35357, Fayetteville, NC 28303.

March 10, 1987  
Date

James D. Binney  
Signature of Parent

Phone 867-1166 • Cain Rd. at Scotty Hill Rd. • Fayetteville, N.C. 28303

"Education With A Perspective Beyond Time"



MELVIN MOODY, President  
LEON MOODY, Principal

# Dublin Christian Academy

Dublin, New Hampshire 03444

(603) 563-8505

1 Sem.

### CONSENT FOR RELEASE OF STUDENT RECORDS

I hereby give permission for all student records of

JONATHAN KYLE BINNEY

to be released to Dublin Christian Academy.

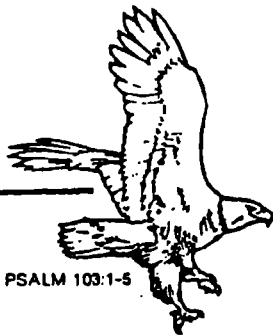
7/30/91  
Date

James D. Binney  
Signature of Parent or Guardian

MUST BE COMPLETED AND RETURNED WITH APPLICATION.

Sent  
records  
cs

"THAT IN ALL THINGS HE MIGHT HAVE THE PREEMINENCE" Colossians 1:18



PSALM 103:1-5

PASTOR FLETCHER A. BROTHERS  
FOUNDER/DIRECTOR

# Freedom Village, U.S.A.

LAKEMONT, NEW YORK 14857

(607) 243-8128

## CONSENT TO TRANSFER RECORDS

I hereby authorize the release of all

- School
- Medical
- Psychological
- Legal (probation, parole, etc.)

records of JONATHAN KYLE BINNEY to  
(Name of individual)

Freedom Village, USA, for their use.

Such records shall include, if available, psychological evaluations and behavioral reports as well as standard test results. This information may be used by Freedom Village, USA, in meeting the educational, medical and psychological needs of the above named individual.

This release shall apply to any school, school district, medical facility, psychological/psychiatric care facility or any other educational or health care professional or facility previously attended by the above named individual, as well as any pertinent legal documents (i.e., probation records, parole records, court records, etc.)

Date: Oct 11, 1991

Signature

James D. Binney

### Former School Information:

Name Zanesville Christian School

Street 2400 Chandlerville Rd.

City/State Zanesville, Ohio

Zip Code 43701

A Place of Miracles

November 8, 1989


Dear Mr. and Mrs. Binney,

Jonathan received his 25th and 26th demerits on Monday of this week. As a result, Jonathan will be required to serve one week's detention after school. Detention will last until 4:00 each night. Jonathan will be serving his detention November 13-17. He will need to report to Mr. Kappel's homeroom immediately after school with writing utensils and his Bible. This will be a time when Jonathan will be required to do work that will be assigned to him at that time.

Further disciplinary action will result as further demerits are received. The next level is 35 demerits which will result in a three day out-of-school suspension. The final level is 50 demerits which will result in expulsion from ZCS for at least the remainder of the semester.

We trust that this action will deter Jonathan from receiving further demerits. We trust that as we work together Jonathan will be conformed to the image of Christ and that God will receive glory through our efforts on behalf of Jonathan.

In Christ,

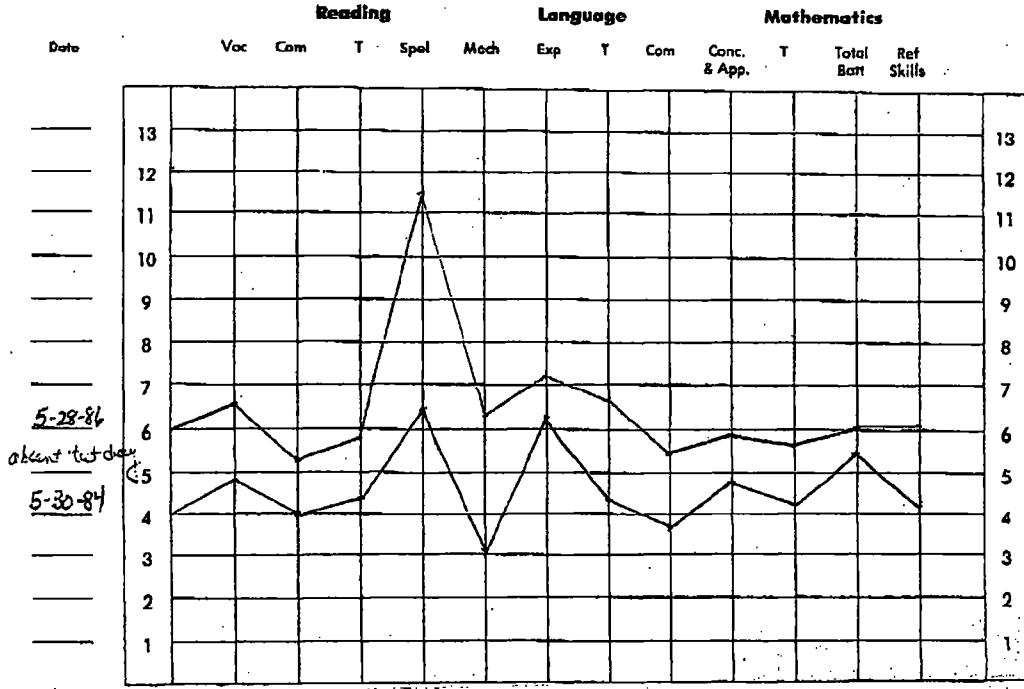


Paul Shaver  
Principal

STUDENT NAME Jonathan Binney

**ACHIEVEMENT SCORES**

(77 C.A.T.)

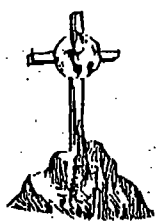


**SCALE SCORE CHART**

Date	Reading			Language				Mathematics				
	Voc	Com	T	Spel	Mech	Exp	T	Com	Conc. & App.	T	Total Batt.	Ref Skills
5-28-86	497	474	475	622	528	530	524	447	475	462	479	502
5-30-87	450	434	440	529	527	512	469	393	443	410	462	456

See Permanent Record (Form 322) for Percentiles 2nd Grade Equivalencies recorded in numerical form.

# Cornerstone Christian Academy



MR. JONNY OLSON  
Director

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STUDENT'S NAME JONATHAN KYLE BINNEY

GRADES ATTENDED K-6 DATE OF BIRTH [REDACTED]

YEAR OF ATTENDANCE \_\_\_\_\_

I give my permission to send the complete records of my child to Cornerstone Christian Academy, P. O. Box 35357, Fayetteville, NC 28303.

March 10, 1987  
Date

James D. Binney  
Signature of Parent

Phone 867-1166 • Cain Rd. at Scotty Hill Rd. • Fayetteville, N.C. 28303  
 "Education With A Perspective Beyond Time"

BLUME & WEYBLE, LLC

ATTORNEYS AT LAW

JOHN H. BLUME  
KEIR M. WEYBLE  
SUSAN B. HACKETT  
DAVID I. BRUCK OF COUNSEL

1247 SUMTER STREET, SECOND FLOOR  
COLUMBIA, SOUTH CAROLINA 29201  
MAILING ADDRESS:  
POST OFFICE BOX 11744  
COLUMBIA, SC 29211  
PHONE: (803) 765-1044  
FAX: (803) 765-1143

April 18, 2006

Zanesville Christian School  
2400 Chandlersville Road  
Zanesville, Ohio 43701

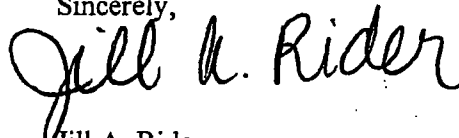
Re: *Jonathan Binney v. State of South Carolina*

To Whom It May Concern:

Please be advised that our office represents Jonathan Binney. This letter is to respectfully request that we be provided with a copy of any and all records that you may have concerning Mr. Binney. I have included a release for these records.

If you should have any questions, please do not hesitate to contact me. Thank you in advance for your cooperation on this matter.

Sincerely,



Jill A. Rider  
Paralegal

Enclosure

# REPORT TO PARENTS

STUDENT Binney Jonathan Kyle Grade 8 Year 19 89 19 90  
LAST FIRST MIDDLE

SUBJECTS	PERIODS										
	1	2	Sem. Ex.	Sem. Gr.	Sem. Avg.	3	4	Sem. Ex.	Sem. Gr.	Sem. Avg.	Final Gr.
English											
Bible	F	D				D	F				
Science	C	C				C	F				
Math	F	D				D	D				
History	D	F				F	F				
Art	D	F				B	B	B		B	B
Chorus	A					B	B				
Band											
Physical Education	C	C				C	C				
Athletics											

A — Excellent      C — Average      F — Failure  
 B — Above average      D — Below average      I — Incomplete

Absence from school can never be made up. Regular attendance and promptness are necessary for good school progress.

Days Absent			4	4	
Times Tardy			1	1	

Personal Qualities	PERIODS			
	1	2	3	4
Cooperation				
Courtesy				
Work Habits				
Dependability				
Obedience				
Citizenship				
<b>Demerits</b>	<b>21</b>	<b>19</b>	<b>27</b>	<b>32</b>

(WE SUGGEST USING A FINE BALL POINT PEN WITH HEAVY PRESSURE)

Comments: 25 DEMERITS IN 1 SEMESTER  
1 WEEK DETENTION.

Citizenship and academic training are equally important in the educational experience. Parents and teachers should work together in close cooperation and we encourage you to visit school and confer with the teachers. The above personal qualities evaluation is for your added information. A check (✓) after any of the above indicates a need for improvement. No check indicates an acceptable or better evaluation.

This report need not be returned to the school.

\_\_\_\_\_  
 SUPERINTENDENT / PRINCIPAL

INDIVIDUAL TEST RECORD

STUDENT: BINNEY, JONATH K

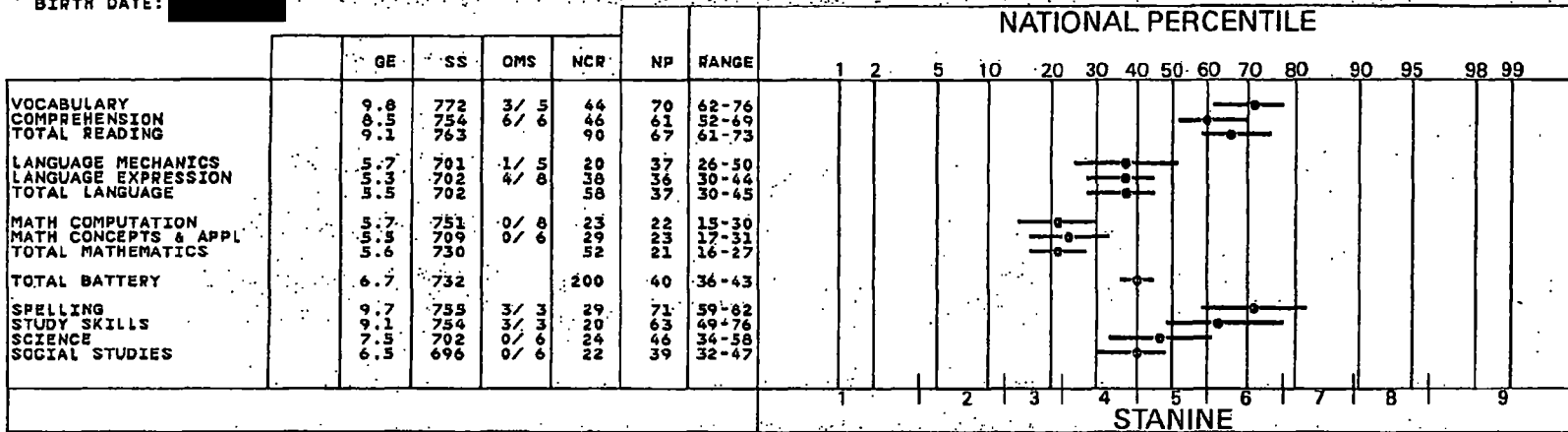
SPECIAL CODES:

CLASS: MCLAMB R  
 SCHOOL: CORNERSTONE  
 DISTRICT: FAYETTEVILLE

CITY/STATE: FAYETTEVILLE NC  
 FORM/LEVEL: E/17  
 GRADE: 7.7

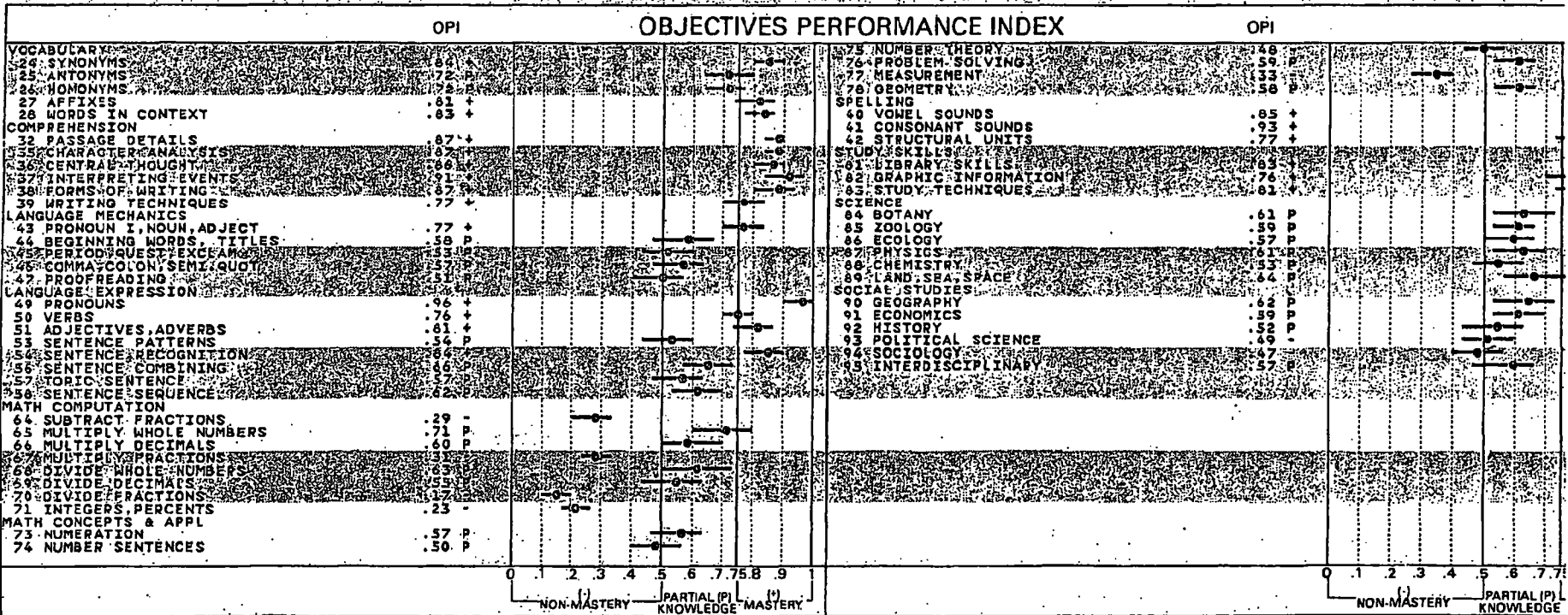
TEST DATE: 04/11/88  
 RUN DATE: 05/28/88

BIRTH DATE:



GE : GRADE EQUIVALENT  
 SS : SCALE SCORE  
 OMS : NUMBER OF MASTERS  
 NCR : NUMBER CORRECT  
 NP : NATIONAL PERCENTILE

0895



MAXIMUM/MINIMUM OBTAINED N: NOT ALL ITEMS REACHED X: NO SCORE AVAILABLE QTR MTH: 2B TRADITIONAL CTBID: R937228001-03-006



# PARENT/TEACHER REPORT



5425

NAME: BINNEY JONATH K  
 TEACHER: HADLEY M  
 SCHOOL: CORNERSTONE C  
 SYSTEM: CORNERSTONE C

GRADE: 06.7  
 CTB STUDENT ID: 10546982

LEA/REGION: 260-4  
 BATCH/GROUP: 2346-112/002  
 RUN DATE: 05/21/87  
 TEST DATE: SPRING 87

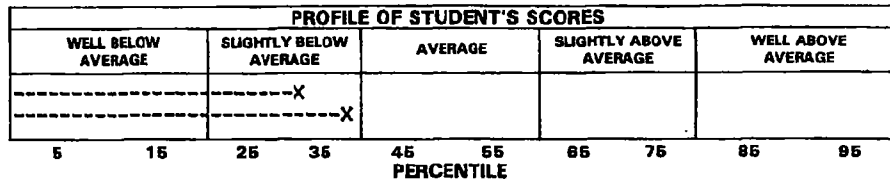
GRADE **6**

## SUMMARY OF STUDENT'S SCORES

THE NORTH CAROLINA SCIENCE AND SOCIAL STUDIES TESTS ARE EACH COMPOSED OF 60 ITEMS WHICH SAMPLE A STUDENT'S CUMULATIVE SCIENCE AND SOCIAL STUDIES KNOWLEDGE. A STUDENT'S ACHIEVEMENT ON THESE BASIC SKILLS TESTS IS BEST SUMMARIZED BY HIS OR HER TOTAL TEST SCORES. THIS STUDENT CORRECTLY ANSWERED 32 OF THE SCIENCE ITEMS AND 6 OF THE SOCIAL STUDIES ITEMS. HIS SCIENCE TOTAL SCORE IS BETTER THAN APPROXIMATELY 31 PERCENT OF THE STATE'S SIXTH GRADERS AND HIS SOCIAL STUDIES TOTAL SCORE IS BETTER THAN APPROXIMATELY 39 PERCENT OF THE STATE'S SIXTH GRADERS. THEREFORE, HIS OVERALL ACHIEVEMENT IS SLIGHTLY BELOW AVERAGE IN SCIENCE AND SLIGHTLY BELOW AVERAGE IN SOCIAL STUDIES AS COMPARED TO OTHER NORTH CAROLINA SIXTH-GRADE STUDENTS.

TEST
TOTAL SCIENCE
TOTAL SOCIAL STUDIES

SCORES	
NUMBER CORRECT	PERCENTAGE OF STATE 6TH GRADERS WHO SCORED BELOW THIS STUDENT
32	31
36	39



The profile below shows scores on the broad areas of science and social studies. While these scores might be more valid on a longer test, the items that are included do give a general impression of how this student did in each area. The type of information covered in the test is best explained through examples shown on the reverse side of this form.

AREA	NUMBER CORRECT	PERCENTAGE CORRECT
SCIENCE	32 OF 60	X
LIFE SCIENCE	3 OF 12	X
PHYSICAL SCIENCE	10 OF 12	X
EARTH SCIENCE	7 OF 12	X
NATURE OF SCIENCE	6 OF 12	X
PROCESS SKILLS	6 OF 12	X
SOCIAL STUDIES	36 OF 60	X
HISTORY	5 OF 12	X
GEOGRAPHY	10 OF 12	X
ECONOMICS	7 OF 12	X
GOVERNMENT	6 OF 12	X
ANTHROPOLOGY-SOCIOLOGY	8 OF 12	X

0      10      20      30      40      50      60      70      80      90      100

\* = TEST AND/OR TEST SECTION OMITTED

TEACHER COMMENTS: \_\_\_\_\_

I have reviewed this report and have made additional comments where necessary. Please, do not hesitate to contact me for a more detailed explanation of the scores or further assistance in this matter.

SIGNED: \_\_\_\_\_

9680

# CALIFORNIA ACHIEVEMENT TESTS



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## DIRECTIONS

The CAT C and D Student Diagnostic Profile is designed to serve as a record of a student's test scores as well as a source of information for instructional planning. Instructions for completing Parts 1, 2, and 3 of the report follow.

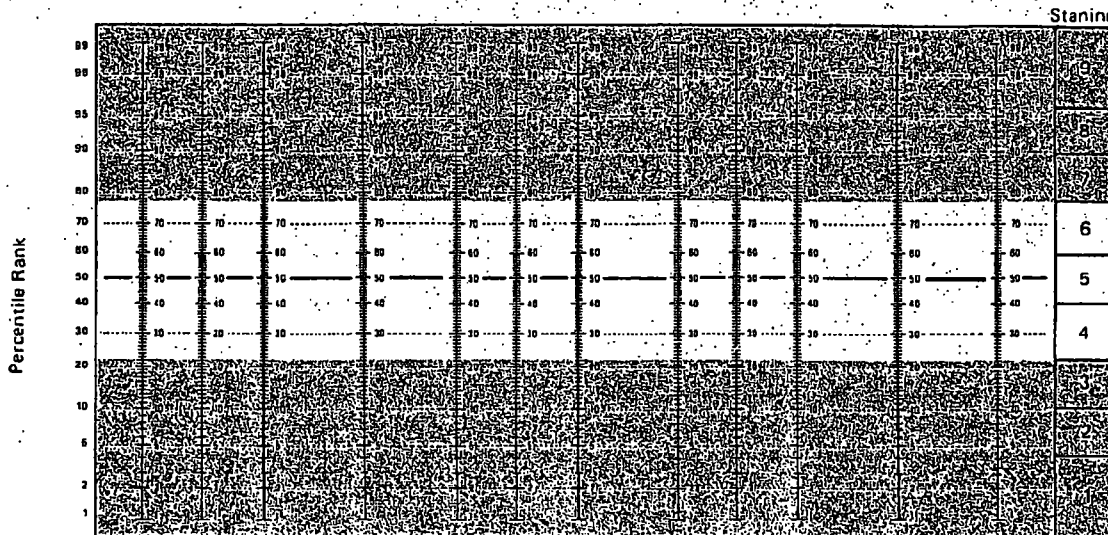
**PART 1 STUDENT IDENTIFYING DATA:** Record the student's name, teacher's name, grade, test form, and test date on the lines below:

NAME Binney Jonathan TEST FORM C  
TEACHER Wall TEST DATE 5-28-86  
GRADE 6

**PART 2 SUMMARY OF STUDENT SCORES AND PERCENTILE RANK PROFILE:** (1) On the table below, enter the student's raw score for each test and each total in the blanks next to the words "Raw Score." (2) Refer to the Norms Tables for Level 16 of the *California Achievement Tests, Forms C and D* to convert the student's raw scores to percentile ranks, stanines, grade equivalents, and scale scores. Also refer to the Norms Tables to convert the student's percentile ranks to normal curve equivalents (NCEs). (3) Enter the derived scores in the appropriate spaces. (4) Below each of the percentile ranks you have entered, make a dot on the vertical bar at the point that corresponds to the student's percentile rank score. (5) Draw a line connecting each dot to complete the profile.

Test	Reading Vocabulary	Reading Comprehension	Total Reading	Spelling	Language Mechanics	Language Expression	Total Language	Mathematics Computation & Applications	Total Mathematics	Total Battery	Reference Skills
Possible Score	30	40	70	20	25	38	63	40	45	85	25
Raw Score	<u>20</u>	<u>19</u>	<u>39</u>	<u>17</u>	<u>17</u>	<u>28</u>	<u>45</u>	<u>17</u>	<u>21</u>	<u>38</u>	<u>16</u>
Percentile Rank	<u>71</u>	<u>48</u>	<u>57</u>	<u>74</u>	<u>60</u>	<u>71</u>	<u>67</u>	<u>52</u>	<u>61</u>	<u>58</u>	<u>65</u>

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Stanine	<u>6</u>	<u>5</u>	<u>5</u>	<u>8</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>5</u>	<u>6</u>	<u>5</u>	<u>6</u>	<u>6</u>
Grade Equivalent	<u>6.6</u>	<u>5.3</u>	<u>5.8</u>	<u>11.5</u>	<u>6.3</u>	<u>7.2</u>	<u>6.7</u>	<u>5.5</u>	<u>5.9</u>	<u>5.6</u>	<u>6.1</u>	<u>6.1</u>
Scale Score	<u>497</u>	<u>474</u>	<u>475</u>	<u>622</u>	<u>528</u>	<u>530</u>	<u>524</u>	<u>447</u>	<u>425</u>	<u>462</u>	<u>479</u>	<u>602</u>
Normal Curve Equivalent	—	—	—	—	—	—	—	—	—	—	—	—

**PART 3 OBJECTIVES MASTERY SUMMARY:** (1) Find the column labeled "Item Numbers." Notice that there is one list of item numbers for Form C and another for Form D. In the appropriate column, circle the item number of each incorrect or nonvalid response. (For example, circle 2, 5, 14, 24 and so on.) (2) Look at the column labeled "Number Items Correct." The number shown in this column is the total number of items for the objective. To find the number of correct items, count the circled items and subtract this number from the total items. Record the total correct on the line. (3) Find the column labeled "Mastery Criterion." The "N" in this column represents nonmastery; the "P" partial knowledge, and the "M" mastery. Circle the letters next to the numerals that correspond to the number of items the student answered correctly. (4) Review the "Objectives Mastery Summary," noting which category objectives were mastered and which were not. Review the specific skills listed under each objective for additional information. (5) Plan instructional activities to teach or review those objectives not mastered by individual students and/or your class as a whole. Refer to the CAT C and D Class Management Guide for planning information and suggested instructional activities.

**OBJECTIVES MASTERY SUMMARY**

CATEGORY OBJECTIVES	ITEM NUMBERS		NUMBER ITEMS CORRECT	MASTERY CRITERION
	FORM C	FORM D		
<b>READING VOCABULARY</b>				
32 Same Meaning	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		16/20	N 0-12 P 13-15 M 16-20
33 Opposite Meaning	21 22 23 24 25		0/5	N 0-3 P 4 M 5
34 Multimeaning	26 27 28 29 30		4/5	N 0-3 P 4 M 5
<b>READING COMPREHENSION</b>				
Literal Comprehension				
36 Recall of Facts			2/6	N 0-3 P 4 M 5-6
Person	50			
Thing	45			
Event	31			
Place	58			
Sequence	60			
Time	82			
Interpretive Comprehension				
38 Inferred Meaning			5/7	N 0-4 P 5 M 6-7
Main Idea	51 61			
Conclusion	32 35 49 63			
Cause/Effect	59			

39 Character Analysis	Feeling 34 Motive 45 48 Trait 36 47 Attitude 33 Compare Characters 37 64		4/8	N 0-4 P 5 M 6-8
40 Figurative Language	Simile 38 53 54 Metaphor 62 Hyperbole Onomatopoeia 40 Personification 39 41		10/17	N 0-4 P 5 M 6-7
<b>Critical Comprehension</b>				
42 Author Attitude/Position	Fact/Opinion 66 67 69 Viewpoint 65 68 Compare Viewpoints 70		1/6	N 0-3 P 4 M 5-6
43 Techniques of Persuasion	Negative Words 57 Positive Words 43 55 Transfer 56 Testimonial Appeal to Join Inadequate Information 42 Purpose 44		1/6	N 0-3 P 4 M 5-6
<b>SPELLING</b>				
44 Consonant Phonemes/Graphemes	x /ks/ 4 Silent Single Letter 12 15 Silent Double Letter 9 ph /f/ 3		5/5	N 0-3 P 4 M 5
45 Vowel Phonemes/Graphemes	Short e 18 Short e, ea Long e, ei Long o, oa Combination ou Combination ue Schwa 8 16 R-controlled 11 Schwa/x-controlled 14 19		8/8	N 0-4 P 5 M 6-8
46 Morphemic Units	f to v-es 7 Ends in o-es 20 Suffix, -able 6 Suffix, -ful 17 Suffix, -ion Suffix, -ly Compound Words 13		4/5	N 0-3 P 4 M 5
Correct Words	2 10			Not an objective.
<b>LANGUAGE MECHANICS</b>				
Capitalization				
48 I/Proper Nouns/Adjectives	Pronoun I 1 Geographical Name 4 10 Personal Name 5 Proper Adjective 7		4/5	N 0-3 P 4 M 5



MATHEMATICS CONCEPTS AND APPLICATIONS

73 Numeration

Expanded Notation, Three-Digit	
Expanded Notation, Five-Digit	41
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Fractional Part, Figure	78
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Estimate to Nearest Hundred	

3/16

N 0-3  
P 4  
M 5-6

74 Number Theory

Rename 654, Hundreds + Tens + Ones	47
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Factor of 14	64
Factor of 144	
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Sequence, Pictorial	67
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Equivalent Fractions, Improper Fraction	

3/16

N 0-3  
P 4  
M 5-6

76 Number Sentences

Sign to Make Sentence True, ÷	43
Inequality, Supply ≠ Sign	79
Inequality, Supply > Sign	
Number to Solve Inequality	72
Solve for Unknown	62, 78
Identify True Sentence	
Identify Untrue Sentence	66

2/16

N 0-3  
P 4  
M 5-6

78 Number Properties

Commutative Property, Add.	
Commutative Property, Mult.	46
Associative Property, Mult.	59
Identity Element, Mult.	
Fact Family, Add./Subt.	44, 51
Fact Family, Mult./Div.	

2/14

N 0-2  
P 3  
M 4

83 Geometry/Measurement

Identify Acute Angle	
Angle Measurement, Protractor	59
Measure Angle in Triangle	
Congruent Rectangles	
Congruent Triangles	50
Parallel Lines	85
Convert Meters to Cm	60
Convert Cm to Meter	
Convert Liters to MI	75
Gram Equivalents	81
Convert Grams to Kg	

2/16

N 0-3  
P 4  
M 5-6

84 Graphs

Circle Graph	48 49	45 46
Picture Graph	61 62	81 82
Bar Graph	10 71	70
Line Graph	63 64	56 59
Ordered Pairs		68

4/18

N 0-4  
P 5  
M 6-8

88 Story Problems

Divide/Multiply	54 65	62
Average	74	66
Multiply/Divide	77	
Multiply/Add		59
Distance, Rate, Time		73
Needed Data, Information	45 68	81
Needed Data, Operation	56	49 84
Fractional Part, Half	55	
Fractional Part, Three-Fourths		61
Fractional Part, Three-Fifths		71
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N 0-5  
P 6  
M 7-9

REFERENCE SKILLS

92 Dictionary Page

Guide Words		
Definitions	5	
Homograph Entries	6	
Syllabication		
Accent Mark	8	
Pronunciation Key	7	

1/4

N 0-2  
P 3  
M 4

93 Map

Key	21 22	
Map Shading	23 25	
Cardinal Directions		
Intermediate Directions		
Key/Cardinal Directions	24	

3/15

N 0-3  
P 4  
M 5

94 Table

Subject(s), characteristic(s)	1 2 3 4	
Subject(s), compared characteristics		

3/14

N 0-2  
P 3  
M 4

95 Library Catalog Cards

Author Card	9 10	
Title Card	11 13	
Subject Card	12 14	

4/16

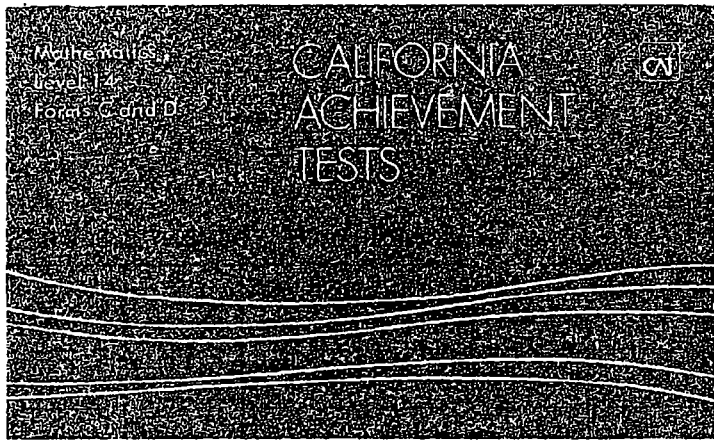
N 0-3  
P 4  
M 5-6

96 Diagram

Cycle, stage	15 19	
Cycle, description	18 20	
Cycle, stages/description	16 17	
Cross Section, numbered part		
Cross Section, description		
Cross Section, description/numbered part		

5/16

N 0-3  
P 4  
M 5-6



NAME J. L. LAST	MONTH OF TEST 5-3-78
TEACHER McWall	YEAR 1978
SCHOOL RPBA	DATE OF BIRTH 1974
Published by CTE Research and Development Monte Research, Inc., 2100 Wilshire California 93946 Copyright © 1977 by McGraw-Hill, Inc. All Rights Reserved. Printed in the U.S.A.	MONTH OF YEAR 4 GRADE 4 BOB NUMBER 745

### TEST 6 MATHEMATICS COMPUTATION


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### TEST 7 MATHEMATICS CONCEPTS AND APPLICATIONS

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| 44 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | 52 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | 60 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | 68 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | 76 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | 84 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E |
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Reading and Reference Skills  
Level 14  
Forms C and D

# CALIFORNIA ACHIEVEMENT TESTS



NAME Binney Jonathan LAST FIRST		MIDDLE INITIAL K
TEACHER P. M. W. H. I. I.		DATE OF TEST 5-3-72 MONTH DAY YEAR
SCHOOL R.I.B.J.		DATE OF BIRTH 1972 MONTH DAY YEAR
 Published by CTB/McGraw-Hill, Del Monte Research Park, Monterey, California 93940. Copyright © 1977 by McGraw-Hill, Inc. All Rights Reserved. Printed in the U.S.A.		GRADE 4 SEX M
BOOK NUMBER 14C <input checked="" type="radio"/> 14D <input type="radio"/>		

## TEST 1 READING VOCABULARY Jonathan

A	B	C	D
E	F	G	H
I	J	K	L

- |   |  |  |  |  |
|---|--|--|--|--|
| 1 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 7 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L  | 13 <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H <input type="radio"/> I | 19 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 25 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L |
| 2 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 8 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 14 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 20 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 26 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 3 <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H <input type="radio"/> I | 9 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 15 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 21 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 27 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L |
| 4 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 10 <input type="radio"/> G <input type="radio"/> H <input type="radio"/> I <input type="radio"/> J | 16 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 22 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 28 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 5 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 11 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 17 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 23 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 29 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L |
| 6 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 12 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 18 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 24 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 30 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |

## TEST 2 READING COMPREHENSION Jonathan

A	B	C	D
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|--|--|--|--|--|
| 36 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 43 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 50 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 57 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 64 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L |
| 37 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 44 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 51 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 58 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 65 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 31 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 38 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 45 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 52 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 59 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 32 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 39 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 46 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 53 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 60 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L |
| 33 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 40 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 47 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 54 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 61 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 34 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 41 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 48 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 55 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 62 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 35 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 42 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 49 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 56 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 63 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |

## TEST 8 REFERENCE SKILLS

A	B	C	D
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|---|--|--|--|--|
| 1 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 6 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 11 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 16 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 21 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L |
| 2 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 7 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L  | 12 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 17 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 22 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 3 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 8 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 13 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 18 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 23 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L |
| 4 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 9 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L  | 14 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 19 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 24 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 5 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 10 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 15 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L | 20 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 25 <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L |

Spelling and  
Language  
Level 14  
Forms C and D

# CALIFORNIA ACHIEVEMENT TESTS



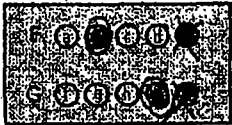
NAME Joanna Wall		KYLE	
TEACHER Mrs. Wall		MONTH DAY YEAR 3-30-74	
SCHOOL RPEA		DATE OF BIRTH 1974	
Published by CTB/McGraw-Hill, Del Monte Research Park, Monterey, California 93940. Copyright © 1977 by McGraw-Hill, Inc. All Rights Reserved. Printed in the U.S.A.		GRADE 4	SEX F
		BOOK NUMBER 140	

## TEST 3 SPELLING



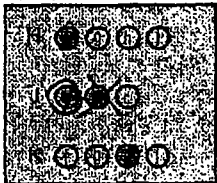
- |   |   |  |  |  |
|---|---|--|--|--|
| 1 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 5 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 9 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d  | 13 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 17 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d |
| 2 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 6 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 10 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 14 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 18 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d |
| 3 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 7 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 11 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 15 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 19 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d |
| 4 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 8 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 12 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 16 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 20 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d |

## TEST 4 LANGUAGE MECHANICS



- |   |  |  |  |  |
|---|--|--|--|--|
| 1 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 6 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e  | 11 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 16 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 21 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e |
| 2 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 7 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e  | 12 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 17 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 22 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e |
| 3 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 8 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e  | 13 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 18 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 23 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e |
| 4 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 9 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e  | 14 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 19 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 24 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e |
| 5 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 10 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 15 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 20 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e | 25 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e |

## TEST 5 LANGUAGE EXPRESSION



- |  |  |  |  |  |
|--|--|--|--|--|
| 29 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 36 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 43 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 50 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 57 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d |
| 30 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 37 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 44 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 51 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 58 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d |
| 31 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 38 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 45 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 52 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 59 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d |
| 32 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 39 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 46 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 53 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 60 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d |
| 26 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 33 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 47 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 54 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 61 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d |
| 27 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 34 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 48 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 55 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 62 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d |
| 28 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 35 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 49 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 56 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d | 63 <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d |

Binney, Jonathan

Student Diagnostic Profile  
Level 14  
Forms C and D

# CALIFORNIA ACHIEVEMENT TESTS



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## DIRECTIONS

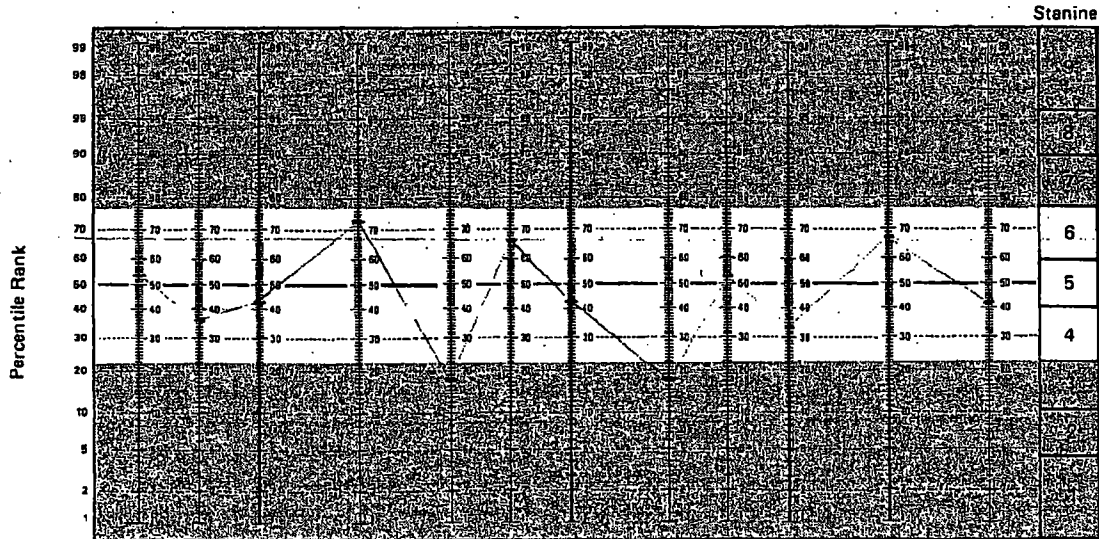
The CAT C and D Student Diagnostic Profile is designed to serve as a record of a student's test scores as well as a source of information for instructional planning. Instructions for completing Parts 1, 2, and 3 of the report follow.

**PART 1 STUDENT IDENTIFYING DATA:** Record the student's name, teacher's name, grade, test form, and test date on the lines below:

NAME Jonathan Binney TEST FORM 14-C  
TEACHER Mr. Knell TEST DATE May 30, 1984  
GRADE 5

**PART 2 SUMMARY OF STUDENT SCORES AND PERCENTILE RANK PROFILE:** (1) On the table below, enter the student's raw score for each test and each total in the blanks next to the words "Raw Score." (2) Refer to the Norms Tables for Level 14 of the *California Achievement Tests, Forms C and D* to convert the student's raw scores to percentile ranks, stanines, grade equivalents, and scale scores. Also refer to the Norms Tables to convert the student's percentile ranks to normal curve equivalents (NCEs). (3) Enter the derived scores in the appropriate spaces. (4) Below each of the percentile ranks you have entered, make a dot on the vertical bar at the point that corresponds to the student's percentile rank score. (5) Draw a line connecting each dot to complete the profile.

Test	Reading Vocabulary	Reading Comprehension	Total Reading	Spelling	Language Mechanics	Language Expression	Total Language	Mathematics Computation & Applications	Total Mathematics	Total Battery	Reference Skills
Possible Score	30	40	70	20	25	38	63	40	45	85	25
Raw Score	<u>22</u>	<u>19</u>	<u>41</u>	<u>15</u>	<u>9</u>	<u>31</u>	<u>40</u>	<u>14</u>	<u>27</u>	<u>41</u>	<u>17</u>
Percentile Rank	<u>53</u>	<u>37</u>	<u>44</u>	<u>73</u>	<u>18</u>	<u>67</u>	<u>42</u>	<u>18</u>	<u>22</u>	<u>34</u>	<u>68</u>



Stanine	<u>5</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>3</u>	<u>6</u>	<u>5</u>	<u>3</u>	<u>5</u>	<u>4</u>	<u>6</u>	<u>5</u>
Grade Equivalent	<u>4.8</u>	<u>4.0</u>	<u>4.4</u>	<u>5.5</u>	<u>3.1</u>	<u>4.3</u>	<u>4.3</u>	<u>3.7</u>	<u>4.8</u>	<u>4.2</u>	<u>5.5</u>	<u>4.2</u>
Scale Score	<u>450</u>	<u>434</u>	<u>440</u>	<u>524</u>	<u>527</u>	<u>512</u>	<u>469</u>	<u>399</u>	<u>448</u>	<u>400</u>	<u>462</u>	<u>456</u>
Normal Curve Equivalent	—	—	—	—	—	—	—	—	—	—	—	—

<b>72 Division</b>			___/10	N	0-6
Two-Digit ÷ One-Digit	17	19		P	7
Two-Digit ÷ One-Digit, no rem.	16			M	8-10
Three-Digit ÷ One-Digit, no rem.	20				
Three-Digit ÷ One Digit	39				
Four-Digit ÷ One Digit, no rem.	18				
Four-Digit ÷ One-Digit	40				
2 Two-Digit, no rem.	38				
Three-Digit ÷ Mult. of 10, no rem.	36				
Mult. of 100 ÷ Mult. of 10	37				

**MATHEMATICS CONCEPTS AND APPLICATIONS**

<b>73 Numeration</b>			___/5	N	0-3
Greatest Value, Four-Digit	50			P	4
Value of Digit in Hundred's Place				M	5
Value of Digit in Thousand's Place	43				
Digit in Ten Thousand's Place					
Point on Number Line, Mixed Number	41				
Fractional Part					
Expanded Notation, Four-Digit	84				
Round to Nearest Hundred					
Estimate to Nearest Hundred	78				

<b>74 Number Theory</b>			___/5	N	0-3
Word Name to Numeral, 501				P	4
Rename Hundreds and Ones	44				
Sequence, Subtract Fours	60			M	5
Sequence, Add Threes					
Odd Numbers	75				
Classify Odd Number					
Factor of 8 and 10	62				
Number with Factors of 5, 10					
Equivalent Fractions	80				

<b>76 Number Sentences</b>			___/5	N	0-3
Recognize ≠ Sign				P	4
□ as Placeholder, Mult.	82				
□ as Placeholder, Add./Mult.	83			M	5
Equality, Supply = Sign					
Sign to Make Sentence True, ÷	74				
Identify Division Sentence	42				
Identify True Sentence	76				
Identify Untrue Sentence					

<b>78 Number Properties</b>			___/4	N	0-2
Commutative Property, Add.				P	3
Commutative Property, Mult.	47				
Associative Property, Add.	64			M	4
Identity Element, Add.	45				
Identity Element, Mult.					
Fact Family, Div./Mult.	52				

<b>80 Common Scales</b>			___/6	N	0-3
Money, Total Value	51				
Money, Add Quarter	58			P	4
Equivalent Coins				M	5-6
Money, Equivalent Expression					
Add Time to Clock	70				
Time, Addition					
Calendar, Date On Day	53				
Calendar, Day on Date	54				
Convert Weeks to Days					
Read Thermometer/Subt. Temperatures	85				

<b>81 Geometry</b>			___/5	N	0-3
Triangles	56				
Cone	46			P	4
Sphere				M	5
Point on Line	63				
Intersection of Lines					
Line Segment	66				
Parallel Lines	61				

<b>82 Measurement</b>			___/6	N	0-3
Convert Grams to Kg	67			P	4
Convert Grams to Cg				M	5-6
Read Scale	69				
Convert Meters to Km	77				
Add Liters	59				
Add Kilometers	79				
Divide Kilometers					
Multiply Kilograms					
Area, Rectangle	81				

<b>84 Graphs</b>			___/4	N	0-2
Picture Graph	48	49			
Bar Graph	72	73		P	3
Line Graph				M	4

<b>88 Story Problems</b>			___/5	N	0-3
Subtract	55			P	4
Multiply				M	5
Divide	57				
Add/Multiply	68				
Add/Subtract					
Needed Data, Operation(s)	65	71			

**REFERENCE SKILLS**

<b>89 Title Page/Copyright Page</b>			___/7	N	0-4
Title Page	1	2	3	4	
Copyright Page	5	6	7		
					M 6-7

<b>90 Table of Contents</b>			___/5	N	0-3
Chapter Number	8				
Subject of Chapter	9	10		P	4
Glossary	11			M	5
Information Included/Excluded	12				

<b>91 Index</b>			___/5	N	0-3
Subject	14	15			
Description of Subject	16	17		P	4
Subdivision of Subject	13			M	5

<b>92 Dictionary Page</b>			___/4	N	0-2
Guide Words	18	20			
Definitions	19			P	3
Homograph Entries	21			M	4
Syllabication					

<b>93 Map</b>			___/4	N	0-2
Key	23				
Cardinal Directions	24	25		P	3

**PART 3 OBJECTIVES MASTERY SUMMARY:** (1) Find the column labeled "Item Numbers." Notice that there is one list of item numbers for Form C and another for Form D. In the appropriate column, circle the item number of each incorrect or nonvalid response. (For example, circle 2, 5, 14, 24 and so on.) (2) Look at the column labeled "Number Items Correct." The number shown in this column is the total number of items for the objective. To find the number of correct items, count the circled items and subtract this number from the total items. Record the total correct on the line. (3) Find the column labeled "Mastery Criterion." The "N" in this column represents nonmastery, the "P" partial knowledge, and the "M" mastery. Circle the letters next to the numerals that correspond to the number of items the student answered correctly. (4) Review the "Objectives Mastery Summary," noting which category objectives were mastered and which were not. Review the specific skills listed under each objective for additional information. (5) Plan instructional activities to teach or review those objectives not mastered by individual students and/or your class as a whole. Refer to the CAT C and D Class Management Guide for planning information and suggested instructional activities.

**OBJECTIVES MASTERY SUMMARY**

CATEGORY OBJECTIVES	ITEM NUMBERS		NUMBER ITEMS CORRECT	MASTERY CRITERION
	FORM C	FORM D		
<b>READING VOCABULARY</b>				
32 Same Meaning	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		___/20	N 0-12 P 13-15 M 16-20
33 Opposite Meaning	21 22 23 24 25		___/5	N 0-3 P 4 M 5
34 Multimeaning	26 27 28 29 30		___/5	N 0-3 P 4 M 5
<b>READING COMPREHENSION</b>				
<b>Literal Comprehension</b>				
36 Recall of Facts			___/9	N 0-5 P 6 M 7-9
Person	31			
Thing	52 58 59			
Event	49 62			
Place	36 64			
Sequence				
Time	56			
<b>Interpretive Comprehension</b>				
38 Inferred Meaning			___/8	N 0-4 P 5 M 6-8
Main Idea	34 50 61			
Conclusion	51 60			
Cause/Effect	63 63 65			

39 Character Analysis		___/10	N 0-6 P 7 M 8-10
Feeling	33 40		
Motive	32 38 39		
Trait	35 57		
Attitude	54		
Compare Characters	37 55		
<b>40 Figurative Language</b>			
Simile	46 66 68	___/8	N 0-4 P 5 M 6-8
Metaphor	47 69		
Hyperbole	67 70		
Personification	48		
<b>Critical Comprehension</b>			
42 Author Attitude/Position		___/5	N 0-3 P 4 M 5
Fact/Opinion	41 42 43 45		
Viewpoint			
Compare Viewpoints	44		
<b>SPELLING</b>			
44 Consonant Phonemes/Graphemes		___/6	N 0-3 P 4 M 5-6
c /s/	9		
g /j/	5		
wh /hw/	15		
Silent Single Letter	2 10		
Silent Double Letter	14		
nk /ngk/			
<b>45 Vowel Phonemes/Graphemes</b>			
Short e, ea		___/8	N 0-4 P 5 M 6-8
Short i	17		
Short i, irregular	19		
Long e, ee	6		
Long i, igh			
Long o, oa	16		
Long o, ow			
Combination au			
Diphthong oi	4		
Schwa	12		
R-controlled	1 8		
<b>46 Morphemic Units</b>			
y to i-es	7 20	___/4	N 0-2 P 3 M 4
Double Final Letter -ing	11		
Double Final Letter -ed	18		
Compound Words			
Correct Words	3 13		Not an objective.
<b>LANGUAGE MECHANICS</b>			
<b>Capitalization</b>			
48 I/Proper Nouns/Adjectives		___/5	N 0-3 P 4 M 5
Pronoun I	5		
Calendar Reference	2		
Geographical Name	4		
Personal Name	7		
Proper Adjective	8		

50 Beginning Words/Titles			___/4	N	0-2
Beginning Word	1 6 10			P	3
Title	9			M	4
Punctuation					
51 End Marks			___/4	N	0-2
Period	11			P	3
Question Mark	15 22			M	4
Exclamation Point	18				
53 Comma			___/5	N	0-3
Date	12			P	4
Introductory Word	13			M	5
Quotation	17				
Series	21				
City/State	24				
54 Quotation Marks			___/5	N	0-3
Undivided	19 23			P	4
Divided	14 25			M	5
Title of Short Work	20				
Correct Sentences	3 16				Not an objective..
<b>LANGUAGE EXPRESSION</b>					
Usage					
57 Pronouns			___/5	N	0-3
Personal, objective	26 30			P	4
Personal, possessive	27			M	5
Personal, nominative	29				
Reflexive	28				
58 Verbs			___/5	N	0-3
Agreement	31 32			P	4
Tense	33 34 35			M	5
59 Adjectives			___/5	N	0-3
Positive	39			P	4
Comparative	36 38			M	5
Superlative	37 40				
Sentence Structure					
60 Subjects/Verbs			___/6	N	0-3
Subject	47 48 49			P	4
Verb	50 51 52			M	5-6
62 Modifying/Transitional Words			___/6	N	0-3
Modifiers	41 42 43			P	4
Transitional Words	44 45 46			M	5-6
63 Complete/Incomplete/Run-on			___/5	N	0-3
Complete Sentence	54			P	4
Incomplete Sentence	53 56			M	5
Run-on Sentence	55 57				
Paragraph Organization					
66 Sequence			___/6	N	0-3
Sentence Sequence	58 59 60			P	4
	61 62 63			M	5-6

**MATHEMATICS COMPUTATION**


69 Addition			___/10	N	0-6
2 Two-Digit				P	7
2 Two-Digit + One-Digit, horiz., no regr.				M	8-10
3 Two-Digit	5				
Three-Digit + Two-Digit, horiz., no regr.	1				
Three-Digit + Two-Digit					
Three-Digit + 2 Two-Digit, no regr.	3				
2 Three-Digit	21				
2 Four-Digit, no regr.					
2 Four-Digit	4				
3 Four-Digit	2				
4 Four-Digit					
Column, Up to Three-Digit					
Column, Up to Four-Digit	22				
Horiz., Up to Three-Digit	23				
Like Fractions	25				
Decimal Fractions, no regr.					
Decimal Number + Decimal Fraction	24				
70 Subtraction			___/10	N	0-6
2 Two-Digit	7			P	7
Multiples of 10 — Two-Digit, horiz.				M	8-10
Three-Digit — Two-Digit, horiz., no regr.	27				
Three-Digit — Two-Digit					
2 Three-Digit	9				
Four-Digit — Three-Digit	30				
2 Four-Digit	29				
Five-Digit — Three-Digit					
2 Five-Digit, no regr.	26				
2 Five-Digit					
Like Fractions	10				
Mixed Number — Whole Number	8				
Decimal Fractions, no regr.					
Decimal Fractions	28				
Decimal Numbers, no regr.	6				
71 Multiplication			___/10	N	0-6
2 One-Digit				P	7
2 One-Digit, horiz.	14			M	8-10
Multiple of 10 x One-Digit, horiz.	11				
Two-Digit x One-Digit					
Two-Digit x One-Digit, horiz.	12				
Three-Digit x One-Digit, no regr.					
Three-Digit x One-Digit	15				
Four-Digit x One-Digit, horiz., no regr.	13				
Four-Digit x One-Digit					
2 Multiples of 10, horiz.					
Multiple of 10 x Two-Digit	32				
2 Two-Digit, no regr.	35				
Mult. of 100 x Mult. of 10					
Mult. of 100 x Mult. of 10, horiz.	31				
Three-Digit x Two-Digit, no regr.					
Three-Digit x Two-Digit	33				
2 Multiples of 100					
Multiple of 100 x Three-Digit	34				

NAME <b>BINNEY, Jonathan Kyle</b>				I. D. NUMBER (IN PENCIL)	
(LAST)	(FIRST)	(MIDDLE)	(NICKNAME)	(TO BE COMPLETED BY SCHOOL)	
SEX <b>M</b>	RACE <input type="radio"/> AMER. INDIAN <input type="radio"/> BLACK <input type="radio"/> ASIAN <input type="radio"/> HISPANIC <input checked="" type="radio"/> WHITE			BIRTHDATE <b>05 / 09 / 74</b> MO / DA / YR	

**CORNERSTONE CHRISTIAN ACADEMY**  
**ELEMENTARY STANDARDIZED TEST RECORD FORM**

This form must follow pupil when transferred.

ENTER ELEMENTARY TEST RESULTS ON THIS SIDE OF FORM IN DATE ORDER SEQUENCE. ENTER SECONDARY TEST RESULTS ON REVERSE OF FORM. IF ENTRY TYPED OR HANDWRITTEN, SCORES SHOULD BE LABELED USING THE FOLLOWING CODE: PERCENTILE - %, STANINE - S, GRADE EQUIVALENT - G.E., INTELLIGENCE QUOTIENT - I.Q. ANY OTHER TYPE OF TEST RESULTS SHOULD BE EXPLAINED: NAME OF TEST, DATE GIVEN, AND ACTUAL GRADE PLACEMENT AT TIME OF TESTING SHOULD ALSO BE RECORDED.

GRADE <b>6.7</b> SPRING 1987		<b>CAT</b> E&F LEVEL 18	TOTAL READING	TOTAL LANGUAGE	TOTAL MATHEMATICS	<b>Sci</b>	<b>SS</b>	<b>SPELLING</b>	
CORNERSTONE C BINNEY JONA 10546982 2346-112		SCALE SCORE ▶	735.5	695.5	689.5	706.3	656	689	750
		GRADE EQUIVALENT ▶	6.6	4.9	3.8	5.3	6.0	9.0	
		NATIONAL PERCENTILE ▶	48	32	9	25	31	39	73
		NORMAL CURVE EQUIV. ▶	49	40	23	31	40	44	63
		260-4	RUN DATE: 05/12 02505						

# Education and Remediation Clinic

201 South McPherson Church Road  
Suite 219 McPherson Square  
Fayetteville, North Carolina 28304  
(919) 864-5691

*P.R. Manarino-Leggett, Ph.D.*  
Director  
Reading Specialist

*Staffed by Specially  
Trained & Certified Teachers*

## DIAGNOSTIC EVALUATION AND REPORT OF REPORT OF PROGRESS

CLIENT: Jonathan Binney  
PARENTS: Dr. and Mrs. James Binney  
ADDRESS: 390 Hilliard  
Fayetteville, NC 28311

GRADE: 7  
C.A.: 14 years  
BIRTHDATE: [REDACTED]  
TESTDATE: 10-26-88

• *Diagnosis and Treatment  
of Learning Disabilities  
Children and Adults*

• *Remediation of  
Reading Disabilities*

• *Tutoring in Math  
Specialized Classes*

### REASON FOR REFERRAL:

Jonathan was seen at the clinic as requested by his parents who were concerned over his progress in school, especially in the independent or structured curriculum.

### TESTS ADMINISTERED AND RESULTS:

The following tests were administered on October 26, 1988.

#### Diagnostic Achievement Test for Adolescents

	%ile	Std. Scores
Word Identification	68	11
Reading Comprehension	75	12
Math Calculation	5	5
Math Problem Solving	2	4
Spelling	25	8
Written Composition	5	5
Science	37	9
Social Studies	25	8
Reference Skills	9	6

Key Math Test	7.5 grade level
Slosson Oral Reading Test	9.3 grade level
Slosson Intelligence Test	Range 95-103 (Average)
Botel Test of Word Opposites	7-8 grade level

According to the test results, Jonathan's main problems appeared to be in math computation, problem solving, and written expression.

THE LEARNING CENTER  
Ross E. Williams, M.D., F.A.A.P.  
Physician's Pavillion; Suite 240  
945 Bethesda Drive  
Zanesville, Ohio 43701  
(614) - 454-4070

TO: Zanesville Christian School  
2400 Chandleroville Rd  
Zanesville, Ohio

Mr. Thompson

Attn: Paul Shover

You are hereby authorized to furnish a copy of school performance information, including individual or group testing scores and any psychological evaluations, and current I.E.P. regarding

Jonathan Binney  
(pt. name)

Date of Birth [REDACTED]

to The Learning Center.

Signature

Sandra Binney

Date

1/13/92

Witness:

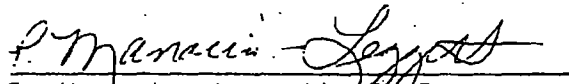
J. Moore

sent  
1/17/92  
ew

## REPORT OF INSTRUCTION AND PROGRESS

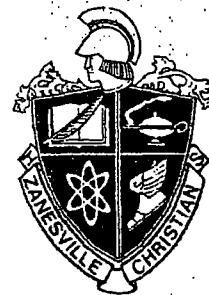
Jonathan has received a total of 25 hours of instruction, one-on-one between October and May 1989. The main area of instructional focus were math and English/Language arts. Most of the math instruction centered on fractions using all four operations using the Heath seventh grade math series. Additional work was done on the following areas: subtracting from zeros, multiplying with zeros, story problems, decimals, greatest common factors and metrics.

Jonathan maintained a writing journal and several lessons on mechanics were conducted from that. He grasped material quickly and appeared to have a good understanding of all concepts. He does need to have more review on metrics.

  
F. Manarino-Leggett, M.D.

# ZANESVILLE CHRISTIAN SCHOOL

2400 CHANDLERSVILLE ROAD · ZANESVILLE, OHIO 43701 · (614) 453-9516



New   
Returning \_\_\_\_\_

Boy   
Girl \_\_\_\_\_

STUDENT APPLICATION  
DATE 8-30-89

STUDENT'S NAME Binney JONATHAN Kyle  
last first middle

ADDRESS 13940 CLAYSVILLE RD. NEW CANTON OHIO 4376  
street city state zip

PARENT OR GUARDIAN (Underline which)

Home Phone 872-3816 Business Phone SAME

Church MARANATHA BIBLE Pastor MCCALLISTER

Child's Age 15 Date of Birth [REDACTED] Grade entering 8th

School Year 1989 to 1990 Name of Previous School CORNERSTONE

Brothers or Sisters in our Schools:

Name <u>Jerry?</u>	Grade _____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

PARENT'S NAMES:

Father Binney JAMES Occupation ?  
last first

Employer SELF? address \_\_\_\_\_ phone \_\_\_\_\_

Check if Applicable: Widower \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Mother Binney SANDRA Occupation \_\_\_\_\_  
last first

Employer NONE address \_\_\_\_\_ phone \_\_\_\_\_

Check if Applicable: Widower \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

# HYLES-ANDERSON COLLEGE

RECEIVED MAY 26 1994

NOTIFIED  
7-29-94  
Edpr

Attach  
Passport  
Size  
Photo

## APPLICATION FOR ADMISSION

ADMISSIONS OFFICE  
HYLES-ANDERSON COLLEGE  
8400 Burr Street  
Crown Point, Indiana 46307

### Official Use Only

Date App. Rec'd  \_\_\_\_\_  
 App. Fee Paid \_\_\_\_\_  
 References 6-216-2  
 Med. Form 7-6  
 Emerg. Permit 5-26  
 H.S. Transcript LED 5-31  
 ACT Scores \_\_\_\_\_  
 Coll. Transcript \_\_\_\_\_  
 V.A. Benefits \_\_\_\_\_  
 Dorm Fee Paid \_\_\_\_\_  
 APPROVED \_\_\_\_\_

Anticipated date of entrance: "Jon"  Fall  Spring  Summer Year 19 94

Name Binney Jonathan Kyle Date application submitted 5-26  
(Last) (First) (Middle)

Address Box 267  
 City New Concord State OHIO Zip 43762

Date of birth \_\_\_\_\_ Age 20 Sex M Phone (614) 872-3816  
Area Code Phone No.

Social Security no. \_\_\_\_\_ Place of birth Hadleyburg Mississippi  
(City) (County) (State)

Have you ever applied to Hyles-Anderson College before? No When? \_\_\_\_\_

Are you a citizen of the U.S.A.? Yes  No \_\_\_\_\_ If no, what country? \_\_\_\_\_

If you are not a U.S.A. citizen, please attach a copy of your resident alien card.

Marital Status: Single  Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Annulment \_\_\_\_\_ Widow(er) \_\_\_\_\_ No. of Children 0

If married, name of wife or husband \_\_\_\_\_

Have you ever been divorced or had a marriage annulled? No If yes, please enclose a statement concerning the circumstances.

How long have you been saved? 4 years I am:  Deaf  A hearing person

Name and address of current church membership Maranatha Bible Church  
Zanesville, OH Church phone (614) 454-7765  
Area Code Phone No.

Name of pastor Dale McCallister

Will you have an automobile at school? Yes Will you be living on campus? Yes

What practical Christian experience do you have? Well, my dad was a pastor for 16 yrs.  
I know a little

PERSONAL INFORMATION:

Name of parents or guardian Jim & Sandra Binney

Address 13940 Claysville, New Concord, OH Phone (614) 872-3816  
(Street) (City) (State) (Zip) Area Code Phone No.

Father's occupation ~~Teacher~~ Christian Counselor Business phone ( )  
Area Code Phone No.

Mother's occupation Housewife Business phone ( )  
Area Code Phone No.

What is the general condition of your health? Good

Do you use tobacco? NO If not, have you at any time? NO If so, when did you last use it?

Do you drink alcoholic beverages? NO If not, have you at any time? NO If so, when did you last drink?

Do you attend movies? NO If not, have you at any time? Yes If so, when did you last attend? AUGUST 7 93

Do you attend dances? NO If not, have you at any time? NO If so, when did you last attend?

Have you ever used or sold drugs? (Marijuana, LSD, Amphetamines, etc.) Yes \_\_\_\_\_ No  If yes, give details.

\_\_\_\_\_ How long were you on drugs?

When did you last use them? \_\_\_\_\_ Were there any side effects? \_\_\_\_\_

Do you have a court record? Yes If yes, please enclose a statement concerning offenses and dates.

Is there anything in your past life about which we should know? NO

Have you ever sought psychiatric counsel? NO

If yes, please explain in a separate letter, including circumstances, dates, & medication which was given, if any.

What is your present occupation? Idle

Are you prepared to handle your first year's expenses? I think so, I hope

Are you in debt? NO If so, how much? \_\_\_\_\_

What plans do you have after graduating from Hyles-Anderson College? I haven't given it much thought

Are you seeking admission to any other colleges? NO Have you ever been denied admission

to an institution of learning on a high school or collegiate level? \_\_\_\_\_ If yes, give name of

school and explain. \_\_\_\_\_

Are you now eligible to receive V.A. benefits? NO

## EDUCATIONAL INFORMATION:

Name of high school H.H. Goodhard H.S.  
Columbus OH ? Phone ( ? ) ?  
(City) (State) (Zip) (Area Code) (Phone No.)

Date of graduation ? If not graduated, years attended 4

If not a high school graduate, have you earned a G.E.D. Certificate?  Yes, Date Nov 11 '92  No

Was any of your high school work completed through home study? NO If so, please attach some information concerning the percentage done through home study, the years of work represented by home study (e.g. grades 10-12), and some information as to the curriculum that you used. If an outside consultant was also used in evaluating the program, please be sure to include that information.

List all colleges previously attended. (Students must have transcripts sent to the Admissions Office, even if they do not expect transfer credit.)

Name	Address	Dates Attended

Were you ever expelled, dropped, or suspended by any school or college? NO If yes, state details including name of school, time and reason for such action.

Have you taken the ACT? NO Have your ACT scores been sent to us? \_\_\_\_\_

How did you first hear of Hyles-Anderson College? My dad

What prompted you to apply to Hyles-Anderson College? Various personal reasons

## COURSE OF STUDY:

(Please check **one** box to indicate the course of study you plan to take.)

### BACHELOR OF SCIENCE DEGREE

- |   |   |
|---|---|
| <input type="checkbox"/> Pastoral Theology          | <input type="checkbox"/> Elementary Education       |
| <input type="checkbox"/> Missions                   | <input type="checkbox"/> Secondary Education        |
| <input type="checkbox"/> Pastoral Assistant's Major | <input checked="" type="checkbox"/> Music Education |
| <input type="checkbox"/> General Studies            | <input type="checkbox"/> Marriage & Motherhood      |

### OTHER PROGRAMS (not requiring an additional form)

- Two-year Secretarial
- Three-year Spanish Bible School
- One-Year General Studies

**OTHER PROGRAMS**  
 Note: An additional application form is required for each of these programs.

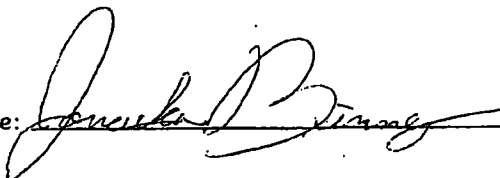
- Master of Education
- Pastor's Refresher Course
- Seminary

Please write a short resume on this page about your salvation experience, your reasons for attending Hyles-Anderson College, and your call of service.

Theres not too much to say, My dad was a Pastor for 16 years, I received Christ as my Savior on June 1st 1990. I had gone to the "Wilds" C.I.T. program of that is where Tom Fernal was ~~teaching~~ teaching the Bible. Since then I've decided that I want to ~~be~~ dedicate my life and follow him in whatever he wants me to do.

I hereby certify that this application is true and complete with no omissions in any area. I also understand that any untrue statement will make me subject to immediate dismissal from Hyles-Anderson College. Upon matriculation I agree to comply with the doctrines, rules, regulations, and financial obligations of the institution and to maintain standards of conduct in accordance with the aims and objectives of Hyles-Anderson College.

Your signature: \_\_\_\_\_



Date: \_\_\_\_\_

5-26-94

**MEDICAL HISTORY**  
**ADMISSIONS OFFICE**  
**HYLES-ANDERSON COLLEGE**  
 8400 Burr Street  
 Crown Point, Indiana 46307  
 Phone: (219) 365-4031  
 or: (219) 769-4901

Name Jonathan Kyle Sinnery  
 Address Box 267  
New Concord, OH 43762  
 City State Zip  
 Marital Status S Age 20 Sex M Race W  
 Occupation NONE  
 Do you intend to enroll - Part-time? \_\_\_\_\_ Full-time? YES  
 Do you intend to live in the dormitories? YES

RECEIVED JUL 06 1994

**THIS TO BE COMPLETED BY STUDENT**  
 (Required of everyone)

**STUDENT HISTORY**  
 Check those you have had (X)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Drug Flashbacks     | <input type="checkbox"/> Mumps  | <input type="checkbox"/> Frequent Tonsillitis |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Sinus Disease  | <input type="checkbox"/> Frequent Chest Colds |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Measles  | <input type="checkbox"/> Diphtheria           |
| <input type="checkbox"/> Rheumatic Fever     | <input checked="" type="checkbox"/> Chicken Pox                                       | <input type="checkbox"/> Fainting Attacks     |
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Whooping Cough   | <input type="checkbox"/> Pleurisy             |
| <input type="checkbox"/> Scarlet Fever       | <input type="checkbox"/> Venereal Disease   | <input checked="" type="checkbox"/> Allergies |
| <input type="checkbox"/> Frequent Head Colds | <input type="checkbox"/> Kidney or Bladder Disease                                    | <input type="checkbox"/> Pneumonia            |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Jaundice   | <input type="checkbox"/> Trouble with Eyes    |
| <input type="checkbox"/> Low Blood Pressure  | <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Malaria              |
| <input type="checkbox"/> Tuberculosis        | <input type="checkbox"/> Liver Disease  | <input type="checkbox"/> Frequent Headaches   |
| <input type="checkbox"/> Thyroid Disease     | <input checked="" type="checkbox"/> Weight Loss of Over 10 Pounds<br>During Last Year | <input type="checkbox"/> Typhoid Fever        |
| <input type="checkbox"/> Anemia              | <input type="checkbox"/> Service with U.S.A. Overseas                                 | <input checked="" type="checkbox"/> Asthma    |

**FAMILY HISTORY**  
 (Parents, grandparents,  
 brothers and sisters)

- Allergy
- Venereal Disease
- Mental Disease
- Brain Tumors
- Arthritis
- Epilepsy
- Cancer
- Tuberculosis
- Heart Disease
- High Blood Pressure
- Leukemia
- Kidney Disease
- Diabetes

History of Injuries: If any, give short account. If none, indicate "none." None

History of Operations: If any, when? what? If none, indicate "none." None

List any medications you take regularly: Cylert

Have you ever sought psychiatric counsel?  yes  no  
 If yes, please explain in a separate letter, including the circumstances and medication which was given.

**THIS TO BE COMPLETED BY YOUR PHYSICIAN** — Not to be completed more than one year prior to enrollment.  
 (This portion not required for part-time off-campus students).

Date 5/18/94  
 Height 68 3/4 in Weight 131 1/2 lbs Blood pressure 120/70 Temp \_\_\_\_\_ Pulse \_\_\_\_\_  
 Vision without glasses: Right 20/30 Left 20/30  
 Vision with glasses: Right \_\_\_\_\_ Left \_\_\_\_\_  
 E.E.N.T.   
 Heart  Extremities   
 Lungs  Reflexes   
 Abdomen  Genitals \_\_\_\_\_  
 Urine: Sugar \_\_\_\_\_ Albumin \_\_\_\_\_ Microscopic \_\_\_\_\_  
 TB Tine \_\_\_\_\_ Chest X-ray, if positive \_\_\_\_\_

The following blood tests are recommended, but not required: VDRL \_\_\_\_\_ CBC \_\_\_\_\_

List any limitations on the back of this sheet. None

Does this person seem to be physically capable of being enrolled in school?  yes  no

Physician Dr. William J. [Signature] Address 205 Nth 7th St. Zanesville Ohio 43701  
 (Street) (City) (State) (Zip)



TESTS OF GENERAL EDUCATIONAL DEVELOPMENT

Name of Examinee:

**JONATHAN** **K** **BINNEY**  
First Middle Last

Address:

**2280 WEST BROAD STREET  
 COLUMBUS OH 43223**

Reported To:

STATE GED OFFICE  
 OHIO DEPARTMENT OF EDUCATION  
 65 SOUTH FRONT STREET, ROOM 812  
 COLUMBUS, OHIO 43268-0308  
 TELEPHONE (614) 466-4868

Date of Birth	Last Grade Completed	Date Reported	Social Security Number	Date of Withdrawal from School	
05-09-74	08	11/05/92	[REDACTED]	0000	
			Form	Standard Score	Percentile Rank for U.S.
Test 1: Writing Skills			AJ	51	51
Test 2: Social Studies			AJ	49	46
Test 3: Science			AJ	54	65
Test 4: Interpreting Literature and The Arts			AJ	48	43
Test 5: Mathematics			AJ	47	38
			Total:	249	
			Standard Score Average:	49.8	<b>PASSED</b>

Name of Test Center : **H.M. Goddard High Sc**  
 Address of Test Center : **2280 West Broad St.  
 Columbus, OH 43223**

CENTER IDENTIFICATION NO.  
**3000388292**

Date Certificate Issued: **11/27/92**

*David C. Fischer*

State GED Administrator of Testing Program

**\*\* TEST DATE MAY REFLECT TEST START DATE ONLY \*\***

**Norman Rovick  
 H.M. Goddard High Sc  
 2280 West Broad St.  
 Columbus, OH 43223**

5-31-94

QUESTIONS TO ASK IF APPLICANT HAS A COURT RECORD

1. WHAT HAPPENED? *Breaking & Entering theft (w/ a friend)*  
(CHARGES) *under the influence & broke into a barn*
  2. DATE OF OFFENSE: *Sept 23, 1993* *took some things & ditched it.*
  3. DISPOSITION:  
(ANY SENTENCE) *6 months in jail &*  
(SENTENCE SUSPENDED) *to jail*  
(JUDGES COMMENTS OR DECISION) *5 yr. probation*  
*Police ~~caught~~ <sup>stopped</sup> them ~~for~~ for speeding + arrested + took*
  4. UNDER ANY COURT SUPERVISION?  
(PAROLE)  
(PROBATION) *yes until 1999*
- \* IF YES, TELL HIM HE NEEDS A LETTER FROM HIS PAROLE OFFICER TO ENABLE HIM TO COME HERE.

*William Champlin*  
*probation officer*  
*(614) 349-6027*

RECEIVED MAY 25 1994



# The Court of Common Pleas

ADULT COURT SERVICES DEPARTMENT  
LICKING COUNTY COURT HOUSE

Newark, Ohio 43055

RECEIVED JUN 24 1994

(614) 349-6207  
(614) 349-6208  
Fax# (614) 349-6216

JUNE 21, 1994

ADMISSION OFFICE OF DR. GORGENSON  
8700 BURR STREET  
CROWN PT., INDIANA 46307

REF: JONATHAN KYLE BINNEY  
SSN: 271-92-0346  
CASE No. 93-CR-366  
AUTHORIZATION TO ATTEND THE HYLES-ANDERSON COLLEGE

TO WHOM IT MAY CONCERN,

THE ABOVE-CAPTIONED INDIVIDUAL IS HEREBY AUTHORIZED TO ATTEND THE HYLES-ANDERSON COLLEGE. HE SHALL BE GRANTED A TRAVEL PERMIT FOR THE TIME PERIOD OF HIS SCHOOLING.

PLEASE DIRECT ANY QUESTIONS PERTAINING TO THIS MEMORANDUM OR MR. BINNEY'S CASE TO THE AFOREMENTIONED OFFICER.

SINCERELY,

WILLIAM A. CHAMPLIN  
PROBATION OFFICER II

/CLM

- I.
1. 4
  2. 1
  3. 7
  4. 5
  5. 6
  6. 6
  7. 4
  8. 4
  9. 7
  10. 4
  11. 5
  12. 5
  13. 8
  14. 4
  15. 5
  16. 6
  17. 3
  18. 4
  19. 3
  20. 7
  21. 1
  22. 1
  23. 0
  24. 2
  25. 6

- II.
1. OR
  2. C
  3. R
  4. F
  5. F
  6. R
  7. C
  8. F
  9. C
  10. R
  11. F
  12. C

.26

- III.
1. (1) ADV  
(2) ADV  
(3) ADV
  2. (1) ADV  
(2) ADV  
(3) ADV  
(4) ADV
  3. (1) ADV
  4. (1) ADV  
(2) ADV  
(3) ADV

- IV.
1. (1) DO  
(2) OP  
(3) IO
  2. (1) DO  
(2) OP  
(3) PA
  3. (1) IO  
(2) PA  
(3) DO
  4. (1) DO  
(2) DO  
(3) PA  
(4) PN  
(5) NDA  
(6) IO  
(7) APP  
(8) DO  
(9) OP
  5. (1) IO  
(2) DO
  6. (1) OP  
(2) DO  
(3) IO
  7. (1) OP  
(2) OC

-25

- IV.
7. (3) IO  
(4) OC  
(5) APP
  8. (1) NDA  
(2) DO  
(3) IO  
(4) OP
  9. (1) IO  
(2) OC
  10. (1) IO  
(2) PN  
(3) DO  
(4) OP

- V.
1. was
  2. \_\_\_\_\_
  3. Infants
  4. even
  5. \_\_\_\_\_
  6. \_\_\_\_\_

1. Their
2. Their
3. Them
4. his
5. His
6. their
7. Him
8. their

- VI.
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

.21

- VII.
1. Choice
  2. became
  3. driven
  4. dragged
  5. drunk
  6. broken
  7. sitting  
set
  8. lying  
laid
  9. burst
  10. risen  
lies
  11. laid  
rose
  12. May

- VIII.
1. is
  2. are
  3. were
  4. were
  5. go
  6. doesn't
  7. have
  8. make
  9. is
  10. are

A

11/06/1994

HYLES-ANDERSON COLLEGE  
CHURCH ATTENDANCE AND CHRISTIAN ACTIVITY REPORT

Name Binney Jon Date FALL, 1994 Class \_\_\_\_\_ Course of Study \_\_\_\_\_

Church You Will Be Attending \_\_\_\_\_ Bus Route Number \_\_\_\_\_ Captain \_\_\_\_\_ Worker \_\_\_\_\_

Name of Sunday School Department \_\_\_\_\_ A B C D \_\_\_\_\_ Position \_\_\_\_\_  
Circle One

DATE	HOURS VISITED	WITNESS TO	SOULS WON	PUBLIC PROFES-SIONS	BAPTISMS	SS	SUN AM	PM	WED	OTHER CHURCH	REASON
9-11	1	12	0	0	0	✓	✓	✓	✓		
9-18	0	0	0	0	0	✓	✓	✓			
9-25	1 1/2	8	1	0	0	✓		✓	W		
		(30)									
10-2	4	12	1	0	0	✓		✓	W		
10-9	1	5	0	0	0	*	*	✓	W	missed church/alarm didn't go c	
10-16								✓			
10-23											
10-30											
11-6											
11-13											
11-20											
11-27											
12-4											
12-11											
12-18											
12-25											
1-1											
1-8											
1-15											
1-22											

0922

STUDENT'S NAME John Bernney TODAY'S DATE 11-7  
 EXPELLED

EXPULSION  SUSPENDED  
 GRADUAL EXPULSION    1st CLASS    2nd CLASS    3rd CLASS

DATE OF PENALTY 11-5-94

SENT TO MR. CARPENTER/MRS. CASTEEL'S OFFICE  
(Please date and initial each blank.)

STUDENT NOTIFIED

left before D. COLLECTED

P.O. KEY COLLECTED

12/10 PARENT'S NOTIFIED

SENT TO MISS PLUMMER'S OFFICE

SENT TO DEMERIT OFFICE  
(Please date and initial each blank.)

CORRECTIONS & ADDITIONS DONE

PENALTY RECORDED ON COMPUTER

PENALTY RECORDED ON COMPUTER FOR NEXT SEMESTER

ON FILE FOR NEXT SEMESTER

*Expell*

5. JON BINNEY left the dorm on Wed, Nov. 2 - he has 235 demerits for miscellaneous things.



## National Personnel Records Center

Military Personnel Records, 9700 Page Avenue St. Louis, Missouri 63132-5100

April 16, 2007

JILL RIDER  
BLUME WEYBLE & NORRIS, LLC  
P O BOX 11744  
COLUMBIA, SC 29211

RE: **Veteran's Name: MURRAY GAYLE**  
[REDACTED] [REDACTED]  
**Request Number: 1-2761517120**

Dear Sir or Madam:

Thank you for contacting the National Personnel Records Center. We are pleased to respond to your request for Personnel Records and Medical Records by providing the enclosed document(s).

Separation documents may include the following information: the type and character of discharge, authority and narrative reason for separation, reenlistment eligibility code, and separation program designator/number. If you require a copy of the separation document that does not contain this information, a "*deleted*" copy must be requested from this Center. A seal has been affixed to the separation document to attest to its authenticity.

The Privacy Act of 1974 does not permit the release of a social security number or other personal information to the public without the authorization of the veteran concerned. Therefore, if applicable, personal data pertaining to other individuals have been deleted from the enclosed documents.

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at <http://vetrecs.archives.gov>.

Sincerely,

JOHN CRAFTON  
Archives Technician (5A)



**We Value Our  
Veterans' Privacy**

*Let us know if we have  
failed to protect it.*

Enclosure(s)

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 214 1 JUL 79 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) DOVE, GAYLE ANN 2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--REG AF 3. SOCIAL SECURITY NO.

4a. GRADE, RATE OR RANK SSG 4b. PAY GRADE E5 5. DATE OF BIRTH 1957 AUG 15 6. PLACE OF ENTRY INTO ACTIVE DUTY EGLIN AFB FL 30 SEP 1957

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HQ 1ST AF (TAC) 8. STATION WHERE SEPARATED LANGLEY AFB VA

9. COMMAND TO WHICH TRANSFERRED NOT APPLICABLE 10. SUIV COVERAGE AMOUNTS \$50,000 NONE

Table with 3 columns: Record of Service, Year, Month, Day. Rows include: a. Date Entered AD This Period (1985 DEC 02), b. Separation Date This Period (1987 SEP 16), c. For Active Service To a Period (01 09 15), d. Total Prior Active Service (10 02 29), e. Total Prior Inactive Service (00 04 06), f. Foreign Service (02 00 00), g. Sea Service (00 00 00), h. Effective Date of Pay Grade (1981 MAR 01), i. Reserve Oblig. Term Date (NOT APPLICABLE).

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Aditional specialty number and title including periods of one or more years) 27650, AEROSPACE CONTROL AND WARNING SYSTEM OPERATOR, 11 YEARS AND 9 MONTHS. 12. DECORATIONS, MEDALS, BADGES, GRATINGS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) MERITORIOUS SERVICE MEDAL, AF OUTSTANDING UNIT AWARD, COMBAT READINESS MEDAL, AF GOOD CONDUCT MEDAL WITH THREE OAK LEAF CLUSTERS, AF OVERSEAS SHOPT TOUR RIBBON WITH TWO OAK LEAF CLUSTERS, AF LONGEVITY SERVICE AWARD RIBBON WITH TWO OAK LEAF CLUSTERS, NCO PROFESSIONAL MILITARY EDUCATION (SEE REMARKS)

14. MILITARY EDUCATION Course Title, number weeks, and month and year completed) AF SYSTEMS COMMAND NONCOMMISSIONED OFFICERS LEADERSHIP SCHOOL, 4 WEEKS, OCT 1981. AF SUPERVISORS COURSE, 3 WEEKS, MAR 1980. ADVANCED AIR DEFENSE TRAINING COURSE, 5 WEEKS, DEC 1977. SPACE SYSTEMS OPERATOR/TECHNICIANS COURSE, 4 WEEKS, AUG 1978. AEROSPACE CONTROL AND WARNING SYSTEMS OPERATOR COURSE, 6 WEEKS, DEC 1979.

15. MEMBER CONTRIBUTED TO POST-SEPARATION VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM YES NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO 17. DAYS RECEIVED LEAVE PAID 8 days

18. REMARKS BLOCK 13: GRADUATE RIBBON, AF TRAINING RIBBON. MEMBER WAS NOT PROVIDED A COMPLETE DENTAL EXAMINATION WITHIN 90 DAYS PRIOR TO SEPARATION. CONTINUOUS ACTIVE MILITARY SERVICE DATE: 4 SEP 1975.--NOTHING FOLLOWS--

19. MAILING ADDRESS AFTER SEPARATION 2A AQUARAMINE DRIVE KEY WEST, FL 33040 20. MEMBER REQUESTS COPY 6 BE SENT TO: FL DIR OF VET AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED [Signature] 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN DANIEL L. SAMPSON, MSGT, USAF SUPT. QUALITY FORCE SECTION

SPECIAL ADDITIONAL INFORMATION (Use only by authorized agencies only)

Table with 4 columns: 23. TYPE OF SEPARATION (DISCHARGE), 24. CHARACTER OF SERVICE (HONORABLE), 25. SEPARATION AUTHORITY (AFR 39-10), 26. SEPARATION CODE (RPD), 27. REENLISTMENT CODE (2C), 28. NARRATIVE REASON FOR SEPARATION (ALCOHOL ABUSE REHABILITATION FAILURE), 29. DUTY STATION DURING THIS PERIOD (NONE), 30. MEMBER'S INITIALS (HOC)

SERVICE-2

5 OCT 1987

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 1 JUL 79 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) DOVE GAYLE ANN 2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--REG AF 3. SOCIAL SECURITY NO.

4a. GRADE, RATE OR RANK SSG 4b. PAY GRADE E5 5. DATE OF BIRTH 1957 AUG 15 6. PLACE OF ENTRY INTO ACTIVE DUTY EGLIN AFB FL

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HQ 1ST AF (TAC) 8. STATION WHERE SEPARATED LANGLEY AFB VA

9. COMMAND TO WHICH TRANSFERRED NOT APPLICABLE 10. SGLI COVERAGE AMOUNT \$ 50,000 NONE

Table with 4 columns: RECORD OF SERVICE, YEAR (I), MON (II), DAY (III). Rows include Date Entered AD, Separation Date, and various service periods.

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY... 27650, AEROSPACE CONTROL AND WARNING SYSTEM OPERATOR, 11 YEARS AND 9 MONTHS.

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED... SERVICE MEDAL, AF OUTSTANDING UNIT AWARD, COMBAT READINESS MEDAL, AF GOOD CONDUCT MEDAL WITH THREE OAK LEAF CLUSTERS...

14. MILITARY EDUCATION... AF SYSTEMS COMMAND NONCOMMISSIONED OFFICERS LEADERSHIP SCHOOL, 4 WEEKS, OCT 1981...

15. MEMBER CONTRIBUTED TO POST-VIETNAM TRAUMATIC STRESS SYNDROME... 16. HIGH SCHOOL GRADUATE OR EQUIVALENT... 17. DAYS ACCRUED LEAVE PAID 8 days

18. REMARKS BLOCK 13: GRADUATE RIBBON, AF TRAINING RIBBON. MEMBER WAS NOT PROVIDED A COMPLETE DENTAL EXAMINATION WITHIN 90 DAYS PRIOR TO SEPARATION. CONTINUOUS ACTIVE MILITARY SERVICE DATE: 4 SEP 1975.--NOTHING FOLLOWS--

19. MAILING ADDRESS AFTER SEPARATION 2A AQUARAMINE DRIVE KEY WEST, FL 33040 20. MEMBER REQUESTS COPY 6 BE SENT TO: [ ] DIR OF VET AFFAIRS [X] YES [ ] NO

21. SIGNATURE OF MEMBER BEING SEPARATED [Signature] 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN DANIEL L. SAMPSON, MSGT, USAF CURT. QUALITY FORCE SECTION

SPECIAL ADDITIONAL INFORMATION (For use by authorized officials only)

Table with 4 columns: 23. TYPE OF SEPARATION (DISCHARGE), 24. CHARACTER OF SERVICE (HONORABLE), 25. SEPARATION AUTHORITY (AFR 39-10), 26. SEPARATION CODE (HPD), 27. REENLISTMENT CODE (2C), 28. NARRATIVE REASON FOR SEPARATION (ALCOHOL ABUSE REHABILITATION FAILURE), 29. UNLAWFUL ACT DURING THIS PERIOD (NONE), 30. MEMBER REQUESTS COPY 6 BE SENT TO (None)

SERVICE-2

5 OCT 1987

REPORT OF MEDICAL EXAMINATION

BB-117-04

1. LAST NAME—FIRST NAME—MIDDLE NAME  
**Dove Gayle ANN**

2. GRADE AND COMMENT OR POSITION

3. PURPOSE OF EXAMINATION  
 PI RA AP  
 IND USN **APC** **28 APR 75**

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)

5. SEX **Female** 6. RACE **CAU.** 7. TOTAL YEARS GOVERNMENT SERVICE  
 MILITARY **NONE** CIVILIAN **NONE**

8. AGENCY 9. ORGANIZATION UNIT

10. DATE OF BIRTH **15 Aug 57** 11. PLACE OF BIRTH

12. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN

13. EXAMINING FACILITY OR EXAMINER AND ADDRESS  
**AFPS KANSAS CITY MO 64108**

14. OTHER INFORMATION

15. RATING OR SPECIALTY TIME IN THIS CAPACITY (TQM) LAST SIX MONTHS

CLINICAL EVALUATION		ABNO-
NOR-	(Check each item in appropriate column, enter "NE" if not evaluated)	MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (See 4 for specific conditions; describe under items 20 and 21)	
<input checked="" type="checkbox"/>	23. EARS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 25 and 26)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Abnormal pupil size, shape, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include bronchi)	
<input checked="" type="checkbox"/>	29. HEART (Tatum, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Atherosclerosis, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistula; if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, SYPHILIS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Qualitative; see under item 38)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Present; past; if indicated)	
<input checked="" type="checkbox"/>	43. PELVIC (Female only) (Check how done) VAGINAL <input checked="" type="checkbox"/> RECTAL <input checked="" type="checkbox"/>	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

*Not planned for promotion*

*No abnormalities*

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in example; above or below number of upper and lower teeth)

18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1

REMARKS AND ACQUINTANCE DENTAL DEFECTS AND DISEASES

**ACCEPTABLE**

45. URINALYSIS: A. SPECIFIC GRAVITY B. ALBUMIN **LAB STIX** C. SUGAR **LAB STIX** D. MICROSCOPIC

46. CHEST X-RAY (Place, date, film number and result)  
**AFPS KC MO DATE AS ABOVE**

47. SEROLOGY (Specify film used and result) **RPR** 48. ERG **N/A** 49. BLOOD TYPE AND Rh FACTOR **NA** 50. OTHER TESTS **NO. 690**

*Grat (H) AF*

**MEASUREMENTS AND OTHER FINDINGS**

51. HEIGHT *65 1/2* 52. WEIGHT *135* 53. COLOR HAIR *BROWN* 54. COLOR EYES *GREEN* 55. BUILD  SLENDER  MEDIUM  HEAVY  OBLSE 56. TEMPERATURE

57. BLOOD PRESSURE (Arm of heart level) 58. PULSE (Arm of heart level)

A. SITTING	SYS <i>76</i>	DIAS <i>60</i>	B. RECU MBENT	SYS	DIAS	C. STANDING (2 min.)	SYS	DIAS	A. SITTING	B. AFTER EXERCISE	C. 1 MIN AFTER	D. RECU MBENT	E. AFTER STANDING 2 MIN.
<i>64</i>													

59. DISTANT VISION 60. REFRACTION 61. NEAR VISION

RIGHT BV	<i>20</i>	CORR. TO BV	BY	S.	CM	CR	CORR. TO	BY
LEFT BV	<i>20</i>	CORR. TO BV	BY	S.	CR	CR	CORR. TO	BY

62. METEOROPHOBIA (Specify distance)

ES° ES° R. N. L. N. PRISM DIV. PRISM CONV. CY PC PD

63. ACCOMMODATION 64. COLOR VISION (Test used and result) *PIP - MISSED 3/14* 65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED

66. FIELD OF VISION 67. NIGHT VISION (Test used and score) 68. RED LENS TEST 69. INTRAOCULAR TENSION

70. HEARING 71. ANSI AIDOMETER 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Test used and score)

RIGHT HV	/15 SV	/15	RIGHT	300 240	400 310	1000 760	2000 1500	3000 2200	4000 3000	6000 4500	8000 6000
LEFT HV	/15 SV	/15	LEFT	X	X	X	X	X	X	X	X

73. NOTES (Concise) AND SIGNIFICANT OR INTERVAL HISTORY

AFQT \_\_\_\_\_  
GT \_\_\_\_\_

**APEES KANSAS CITY MO  
NO DISQUALIFYING DEFECTS  
OR COMMUNICABLE DISEASES  
WERE NOTED ON THIS DATE**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*Chest X-ray on return*  
*See note re Vietnam*

74. SUMMARY OF DEFECTS AND DIAGNOSES (List in whole or in part) (Include occupational history, if necessary)

MEDICAL OFFICER  
*[Signature]*

75. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATE... (Specify)

76. QUALIFIED (Check)

**INDUCTION/ENLISTMENT**

77. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

78. TYPED OR PRINTED NAME OF PHYSICIAN *James R. Cobb* SIGNATURE \_\_\_\_\_

79. TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE \_\_\_\_\_

80. TYPED OR PRINTED NAME OF DIRECTOR OF PHYSICIAN (Include branch) SIGNATURE \_\_\_\_\_

81. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING OFFICER *JOHN B. PIERSON, M.D.* SIGNATURE \_\_\_\_\_

82. PHYSICAL PROFILE

A. PHYSICAL PROFILE				
P	U	L	M	S
/	/	/	/	/
B. PHYSICAL CATEGORY				
X				

83. NUMBER OF ATTACHED SHEETS

### REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Dove Gayle Ann</i>		2. O.	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)		4.	
5. PURPOSE OF EXAMINATION PI      RA <b>AF</b> IND     USN     MC		6. DATE OF EXAMINATION <b>28 APR 75</b>	
EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) <b>AFES KANSAS CITY MO 64108</b>			
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) <i>Good Valium 5mg</i>			

9. HAVE YOU EVER (Please check each item)		10. DO YOU (Please check each item)	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Lived with anyone who had tuberculosis</i>		<i>Wear glasses or contact lenses</i>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Coughed up blood</i>		<i>Have vision in both eyes</i>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Bled excessively after injury or tooth extraction</i>		<i>Wear a hearing aid</i>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Attempted suicide</i>		<i>Stutter or stammer habitually</i>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Been a sleepwalker</i>		<i>Wear a brace or back support</i>	

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)			
YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Scarlet fever, erysipelas</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Rheumatic fever</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Swollen or painful joints</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Frequent or severe headache</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dizziness or fainting spells</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Eye trouble</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Ear, nose, or throat trouble</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Hearing loss</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Chronic or frequent colds</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Severe tooth or gum trouble</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Sinusitis</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Measles</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Head injury</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Skin diseases</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Thyroid trouble</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Tuberculosis</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Asthma</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Shortness of breath</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Pain or pressure in chest</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Chronic cough</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Palpitation or pounding heart</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Heart trouble</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>High or low blood pressure</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Cramps in your legs</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Frequent indigestion</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Stomach, liver, or intestinal trouble</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Gall bladder trouble or gallstones</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Jaundice or hepatitis</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Adverse reaction to serum, drug, or medicine</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Broken bones</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Tumor, growth, cyst, cancer</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Rupture/hernia</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Piles or rectal disease</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Frequent or painful urination</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Bed wetting since age 12</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Kidney stone or blood in urine</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Sugar or albumin in urine</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>VD—Syphilis, gonorrhea, etc.</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Recent gain or loss of weight</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Arthritis, Rheumatism, or Bursitis</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Bone, joint or other deformity</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Lemeness</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Loss of finger or toe</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Painful or "trick" shoulder or elbow</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Recurrent back pain</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>"Trick" or locked knee</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Foot trouble</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Neuritis</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Paralysis (include infantile)</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Epilepsy or fits</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Car, train, sea or air sickness</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Frequent trouble sleeping</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Depression or excessive worry</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Loss of memory or amnesia</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Nervous trouble of any sort</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Periods of unconsciousness</i>

13. WHAT IS YOUR USUAL OCCUPATION? <i>UNEMPLOYED</i>	14. ARE YOU (Check one) <input type="checkbox"/> Right handed <input checked="" type="checkbox"/> Left handed
---	--

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		14. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
✓		B. Inability to perform certain motions.
✓		C. Inability to assume certain positions.
✓		D. Other medical reasons (If yes, give reasons.)
✓		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
✓		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
✓		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
✓		19. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
✓		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
✓		21. Have you consulted or been treated by chiropractors, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
✓		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
✓		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
✓		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

May 9, 1974. Hattiesburg, Mississippi.  
Had a 'baby - gave it up for adoption. DR. Felts  
FORREST General Hospital, Hattiesburg, Mississippi  
39401

L.M.P. - April '75  
Reg. - No dys.  
No medical advice

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE <i>Gayle ANN Dove</i>	SIGNATURE <i>Gayle Ann Dove</i>
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NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."  
25. Physician's summary and elaboration of all pertinent data (Physician's full comment on all positive answers in items 9 through 24. If, when may develop by interview any additional medical history he deems important, and record any significant findings here.)

IFTND. - *apillary eye - it - eye - 10 sec.*  
*gain wt 10# 5 mos -*  
*Nervous - tension - Valium 5 mg occas. NCI*  
*No other advice left*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER <i>D. PIERSON, M.D.</i>	DATE <i>31 APR 75</i>	SIGNATURE <i>D. Pierson</i>	NUMBER OF ATTACHED SHEETS
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001

Form Approved

Budget Bureau No. 22-R0016

## ENLISTMENT CONTRACT - ARMED FORCES OF THE UNITED STATES

(Also to be used by AFEES in conjunction with induction processing as a means of providing data for manpower information reporting systems.)

1. SERVICE NO./SSAN		2. HIGHEST SCHOOL GRADE COMPLETED		3. RATE/GRADE		4. BRANCH/CLASS AND COMPONENT		5. LAST NAME - FIRST NAME - MIDDLE NAME	
6. DATE OF ENL/INDUC		7. TERM OF ENLISTMENT/INDUC YEARS <input type="checkbox"/> MINORITY		8a. MARITAL STATUS		8b. NO. DEPEND		9. NAME & LOCATION OF ACTIVITY EFFECTING ENLISTMENT/REENLISTMENT/INDUCTION	
10. AFQT SCORE		11. ENLISTED/REENLISTED/INDUCTED <input type="checkbox"/> 1ST ENLIST <input type="checkbox"/> REENL. <input type="checkbox"/> INDUCTION		12. AUTHORITY FOR ENLISTMENT/REENLISTMENT/INDUC					
13. TERM OF ACDU (Reserve only) MONTHS		14. ACTIVE/INACTIVE STATUS (Reserve only) <input type="checkbox"/> RETAINED ON AD <input type="checkbox"/> IMMED AD (within 24 hrs) <input type="checkbox"/> INACTIVE DUTY		15. ACCEPTED AT					
16. DATE MIL OBL INC		17. PMOS/AFS CODE/AFS		18. RELIGION		19.		20. CONTRACT DUTY LIMITATIONS	
21. DATE OF BIRTH		22. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> NAT US <input type="checkbox"/>		23. PLACE OF BIRTH (City, state or country)					
24. DATE OF TRANSFER		25. PHYSICAL PROFILE		26.		27. TRANSFER TO (Activity and location)		28.	
29. DATE LAST DC/RAD		30. SVC FROM WHICH LAST DISCHARGED		31.		32.		33. TYPE OF LAST DISCHARGE	
35. DATE OF RATE/GR		36. SELECTIVE SERVICE NO.		37. RATE/GRAD/RAPI		38. SELECTIVE SERVICE LOCAL BD (Bd No., city & state)			
39. BASD/ADSD		40. TOTAL ACTIVE FEDERAL SERVICE YEARS MONTHS DAYS		41. HOME OF RECORD					
42. SP ED/PCSD		43. TOTAL INACTIVE FEDERAL SERVICE YEARS MONTHS DAYS		44. MENTAL TEST SCORES					
45. SEX		46. RACE		47. DATA PROCESSING CODE					

49. PRIOR SERVICE							
BRANCH & CLASS/ ARMED FORCE & COMPONENT	SERVICE NUMBER/ SSAN	DATE ENL. IND. APY. AND/OR OAD	DATE OF DISCHARGE OR RELEASE	GRADE/ RATE OR RANK	TYPE OF DISCHARGE	REASON FOR DISCHARGE	TIME LOST (No. Days)
NA							

50. I know that if I secure my enlistment by means of any false statement, willful misrepresentation or concealment as to my qualifications for enlistment, I am liable to trial by court martial or discharge for fraudulent enlistment and that, if rejected because of any disqualification known and concealed by me, I will not be furnished return transportation to place of acceptance.

I am of the legal age to enlist. I have never deserted from and I am not a member of the Armed Forces of the United States, the US Coast Guard or any Reserve component thereof; I have never been discharged from the Armed Forces or any type of civilian employment in the United States or any other country on account of disability or through sentence of either civilian or military court unless so indicated by me in item 56, "Remarks" of this contract. I am not now drawing retired pay, a pension, disability allowance, or disability compensation from the government of the United States.

51. SECTION 5538 OF TITLE 10 OF THE UNITED STATES CODE is quoted: "(a) The Secretary of the Navy may extend enlistments in the Regular Navy and the Regular Marine Corps in time of war or in time of national emergency declared by the President for such period as he considers necessary in the public interest. Each member whose enlistment is extended under this section shall be discharged not later than six months after the end of the war or national emergency, unless he voluntarily extends his enlistment. (b) The substance of this section shall be included in the enlistment contract of each person enlisting in the Regular Navy or Regular Marine Corps.

52. SECTION 5540 OF TITLE 10 OF THE UNITED STATES CODE is quoted: "(a) The senior officer present afloat in foreign waters shall send to the United States by Government or other transportation as soon as possible each enlisted member of the naval service who is serving on a naval vessel, whose term of enlistment has expired, and who desires to return to the United States. However, when the senior officer present afloat considers it essential to the public interest, he may retain such a member on active duty until the vessel returns to the United States. (b) Each member retained under this section - (1) shall be discharged not later than 30 days after his arrival in the United States; and (2) except in time of war is entitled to an increase in basic pay of 25 percent. (c) The substance of this section shall be included in the enlistment contract of each person enlisting in the naval service.

53. I understand that, upon enlistment in a Reserve Component of the Armed Forces of the United States, or upon transfer or assignment thereto, I may be ordered to active duty without my consent - for the duration of a war or national emergency declared by Congress and for six months thereafter, or for a period of 24 consecutive months during a period of national emergency declared by the President, or under any other conditions and for such period of time as are presently or hereafter authorized by law. I further understand, as a statutorily obligated member of the Ready Reserve that if I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and have not served on active duty for a total of 24 months, I may be ordered to active duty without my consent, by order of the President, until my total service on active duty equals 24 months, the terms of my enlistment notwithstanding.

DD FORM 4, 1 FEB 70

REPLACES DD FORM 4, 1 APR 68, WHICH IS OBSOLETE.

0932

002

54. I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, geographical area, schooling, special programs, assignment of government quarters, or transportation of dependents except as indicated.  
55. I swear (or affirm) that the foregoing statements have been read to me, that my statements have been correctly recorded and are true in all respects and that I fully understand the conditions under which I am enlisting.

SIGNATURE OF WITNESS

RAY D. MILLER, MSGA *Sharon Kane*

SIGNATURE OF APPLICANT (First Name - Middle Name - Last Name)

*Gayle Ann Dove*

56. REMARKS

RAW: 75090420300

*Sgt*

57. OATH OF ENLISTMENT (For service in Regular or Reserve Component of the Armed Forces except National Guard or Air National Guard)

**GAYLE ANN DOVE**

(First Name - Middle Name - Last Name)

do hereby acknowledge to have voluntarily enlisted under the conditions prescribed by law, this 28th day of APRIL, 19 75, in the USAFR for a period of Six (6) years unless sooner discharged by proper authority; and I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations, and the Uniform Code of Military Justice. So help me God.

SIGNATURE

*Gayle Ann Dove*

58. OATH OF ENLISTMENT (For service in National Guard or Air National Guard)

I do hereby acknowledge to have voluntarily enlisted this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, in the (Army) (Air) National Guard of the State of \_\_\_\_\_ and as a Reserve of the (Army) (Air Force) with membership in the (Army National Guard of the United States) (Air National Guard of the United States) for a period of \_\_\_\_\_ (Years - Months - Days) under the conditions prescribed by law, unless sooner discharged by proper authority.

\_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and of the State of \_\_\_\_\_ against all enemies, foreign and domestic; that I will bear true faith and allegiance to them; and that I will obey the orders of the President of the United States and the Governor of \_\_\_\_\_ and the orders of the officers appointed over me, according to law, regulations, and the Uniform Code of Military Justice. So help me God.

SIGNATURE

CONFIRMATION OF ENLISTMENT

The above oath was subscribed and duly sworn to before me this 28th day of APRIL, 19 75. To the best of my judgement and belief, enlistee fulfills all legal requirements, and in enlisting this applicant, I have strictly observed the regulations governing such enlistment. The above oath, as filled in, was read to the applicant prior to subscribing thereto.

NAME, GRADE/RANK, AND ORGANIZATION OF ENLISTING OFFICER

**R. B. KENT CPT AGC AFES KMO**

SIGNATURE OF ENLISTING OFFICER

*[Signature]*

003

USAF ENLISTMENT CERTIFICATE

750428

I. IDENTIFICATION DATA				
NAME (Last, First, Middle Initial)			SSAN	DATE OF BIRTH
DOVE, GAYLE A.				15 Aug 57
EDUCATION	CITIZENSHIP	CERT. OF ALIEN REGISTRATION	REGISTERED WITH SELECTIVE SERVICE SYST	SELECTIVE SERVICE CLASSIFICATION
12	US	NA	NA	NA

II. CERTIFICATE

I certify that the following facts are true and correct to the best of my knowledge:

A. I  have  have not ever been detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, fined, or imprisoned or placed on probation, or I  have  have not ever been ordered to deposit bail or collateral for the violation of any law, police regulation or ordinance (include all courts-martial while in military service).

Note: If you have ever been convicted of a juvenile offense, and if the juvenile records have been sealed pursuant to law, and if the offense is deemed never to have occurred, you may voluntarily disclose a sealed record but you are not required to do so. Your denial of a sealed record will not subject you to punitive or administrative discharge actions; however, if a sealed record later becomes known to the Air Force, it will be considered in granting or denying a security clearance.

B. I  have  have not ever been awarded a suspended sentence, parole, or probation. I  am  am not awaiting disposition of charges, and I  am  am not currently under suspended sentence, parole or probation.

C. I have listed below the date, nature of the offense or violation, the penalty imposed or other disposition of each case, and the name and location of the court or place of hearing:

OFFENSE	DATE/PLACE	AGE	DISPOSITION	TYPE COURT
shoplifting	1968 El Dorado, Ks.	10	questioned and dismissed	juvenile

Note: If additional space is required, attach an additional sheet and identify it as "Continuation of Section IIC, AF Form 3005".

D. I have entered above all involvement with law enforcement agencies that I have revealed to my recruiter. I understand that my concealment of a police or court record can result in a discharge from the Air Force under other than honorable conditions.

004

E. RELIGIOUS, MORAL, AND ETHICAL BELIEFS. I am not a conscientious objector. My religious, moral/ethical or personal beliefs will not limit my availability for worldwide assignment or conflict with the principle that I am available for duty 24 hours per day 7 days a week.

F. PAY, ALLOWANCES, AND DEPENDENCY STATUS. I understand the pay and allowances I will receive while in the Air Force and the financial burdens facing married individuals in the lower enlisted grades. I understand that the Air Force is not obligated to provide monetary or other assistance to my family unless proof of their dependency on me is furnished to the satisfaction of the Air Force. If I have dependents, I understand that dependent care is my own responsibility and must not interfere with my military training or my Air Force duties. The following individuals are dependent on me for their support:

NAME	AGE	RELATIONSHIP
NONE		
		There have been no changes in my status (medical, moral, etc) since my enlistment in the DEP except as follows:
		NONE
		<i>Gayle A. Dove</i> 4 Sept 75 Applicant (Date)

G. ALCOHOLISM. I am not an alcohol-dependent person, i.e., I have no physical or psychological dependency on alcohol, and I  have  have no history of alcoholism.

H. MORAL CHARACTER. I do not consider myself to be of questionable moral character and I have no history of sexual perversion or psychotic disorders.

I. ASSIGNMENT. I am available for worldwide assignment to include remote locations. I understand that in the event of a remote assignment, my family will not accompany me or be able to join me during my remote tour.

J. WEIGHT STANDARD. The Air Force maximum weight standard for my age and height is 141 pounds; ~~even though I may be allowed to enlist weighing more than the standard~~, I understand ~~that if my weight exceeds the max standard at any time during my term of enlistment, I will be required to participate in the AF weight control program and lose an average of three lbs per month until the max standard is met.~~ GAD

DATE	TYPE NAME OF APPLICANT	SIGNATURE
22 APR 75	GAYLE ANN DOVE	<i>Gayle Ann Dove</i>

III. CERTIFICATION BY RECRUITER

I certify that I have verified the data in Section I and II from the valid source documents prescribed by my directives.

DATE CERTIFIED AND WITNESSED	TYPE NAME, GRADE OF CERTIFYING AND WITNESSING RECRUITER	SIGNATURE
22 APR 75	ROBERT A. MERCER, MSGT, USAF	<i>Robert A Mercer</i>

IV. FINAL REVIEW PRIOR TO ENLISTMENT

On the date of my enlistment, and prior to signing the Oath of Enlistment, I have carefully reviewed this form and do hereby reaffirm the facts about me stated herein.

DATE	SIGNATURE OF APPLICANT
28 Apr 75	<i>Gayle Ann Dove</i>

005

250704

## ENLISTMENT CONTRACT - ARMED FORCES OF THE UNITED STATES

(Also to be used by AFEEES in conjunction with induction processing as a means of providing data for manpower information reporting systems.)

Form Approved  
Budget Bureau No. 22 R0016

1. SERVICE NO./SSAN 515646094		2. HIGHEST SCHOOL GRADE COMPLETED 0		3. RATE/GRADE E1AB 31		4. BRANCH/CLASS AND COMPONENT REG AF		5. LAST NAME - FIRST NAME - MIDDLE NAME DOVE GAYLE A	
6. DATE OF ENL/INDUC 75 09 04		7. TERM OF ENLISTMENT/INDUC 4 YEARS <input type="checkbox"/> MINORITY		8. MARITAL STATUS S		8B. NO. DEPEND 0		9. NAME & LOCATION OF ACTIVITY EFFECTING ENLISTMENT/REENLISTMENT/INDUCTION AFEEES KANSAS CITY MO LYNN 55	
10. AFOT SCORE 822		11. ENLISTED/REENLISTED/INDUCTED <input type="checkbox"/> 1ST ENLIST <input type="checkbox"/> REENL <input type="checkbox"/> INDUCTION		12. AUTHORITY FOR ENLISTMENT/REENLISTMENT/INDUC 012 20300 AFR 33-3		13. TERM OF ACDU (Reserve only) NA MONTHS		14. ACTIVE/INACTIVE STATUS (Reserve only) <input type="checkbox"/> RETAINED <input type="checkbox"/> IMMED AD <input type="checkbox"/> INACTIVE <input type="checkbox"/> DUTY	
16. DATE MIL OBLI INC NA		17. PMOS/AFS CODE/MOD 27630		18. RELIGION 10		19. NA		20. CONTRACT DUTY LIMITATIONS NA	
21. DATE OF BIRTH 57 08 15		22. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> NAT US <input type="checkbox"/>		23. PLACE OF BIRTH (City, state or country) WICHITA FALLS TX 48		24. DATE OF TRANSFER NA		25. PHYSICAL PROFILE 111111Y 1	
26. DATE LAST DC/RAD 75 09 03		27. RATE/CLASS/COMP USAF 401D136		28. NA		29. NA		30. SELECTIVE SERVICE LOCAL BD (Hd No., city & state) 528 PENNSYLVANIA	
31. DATE OF RATE/GA 75 09 04		32. SELECTIVE SERVICE NO. 0000000000		33. NA		34. NA		35. HOME OF RECORD HOWARD KS LCPR 20	
36. BASD/ADSD NA		37. NA YEARS MONTHS DAYS NA YEARS MONTHS DAYS		38. NA YEARS MONTHS DAYS NA YEARS MONTHS DAYS		39. NA YEARS MONTHS DAYS NA YEARS MONTHS DAYS		40. MENTAL TEST SCORES E M15A70G90E65G	
41. SEX F		42. RACE C Y		43. DATA PROCESSING CODE STATE OF KANSAS GED 75 JROT0-CAP:P		44. NA		45. NA	

ELK KS 67349 1 A A 0 0 0 0 96 0 0 0 0 1 3 28APR75  
B304 A 1 247 Y 0 0 0 0 0 0

49. PRIOR SERVICE							
BRANCH & CLASS/ ARMED FORCE & COMPONENT	SERVICE NUMBER/ SSAN	DATE ENL. IND. OR OAD	DATE OF DISCHARGE OR RELEASE	GRADE/ RATE OR RANK	TYPE OF DISCHARGE	REASON FOR DISCHARGE	TIME LOST (No. Days)
USAFR	515 64 6094	280475	030975	E1	HON	APR 35-41	00

50. I know that if I secure my enlistment by means of any false statement, willful misrepresentation or concealment as to my qualifications for enlistment, I am liable to trial by court martial or discharge for fraudulent enlistment and that, if rejected because of any disqualification known and concealed by me, I will not be furnished return transportation to place of acceptance.

I am of the legal age to enlist, I have never deserted from and I am not a member of the Armed Forces of the United States, the US Coast Guard or any Reserve component thereof. I have never been discharged from the Armed Forces or any type of civilian employment in the United States or any other country on account of disability or through sentence of either civilian or military court unless so indicated by me in item 26, "Remarks" of this contract. I am not now drawing retired pay, a pension, disability allowance, or disability compensation from the government of the United States.

51. SECTION 553 OF TITLE 10 OF THE UNITED STATES CODE is quoted: "(a) The Secretary of the Navy may extend enlistments in the Regular Navy and the Regular Marine Corps in time of war or in time of national emergency declared by the President for such period as he considers necessary in the public interest. Each member whose enlistment is extended under this section shall be discharged not later than six months after the end of the war or national emergency, unless he voluntarily extends his enlistment. (b) The substance of this section shall be included in the enlistment contract of each person enlisting in the Regular Navy or Regular Marine Corps."

52. SECTION 540 OF TITLE 10 OF THE UNITED STATES CODE is quoted: "(a) The senior officer present afloat in foreign waters shall send to the United States by Governmental or other transportation as soon as possible each enlisted member of the naval service who is serving on a naval vessel, whose term of enlistment has expired, and who desires to return to the United States. However, when the senior officer present afloat considers it essential to the public interest, he may retain such a member on active duty until the vessel returns to the United States. (b) Each member retained under this section - (1) shall be discharged not later than 30 days after his arrival in the United States; and (2) except in time of war is entitled to an increase in basic pay of 25 percent. (c) The substance of this section shall be included in the enlistment contract of each person enlisting in the naval service."

53. I understand that, upon enlistment in a Reserve Component of the Armed Forces of the United States, or upon transfer or assignment thereto, I may be ordered to active duty without my consent - for the duration of a war or national emergency declared by Congress and for six months thereafter, or for a period of 24 consecutive months during a period of national emergency declared by the President, or under any other conditions and for such period of time as are presently or hereafter authorized by law. I further understand, as a statutorily obligated member of the Ready Reserve that if I am not assigned to active duty within my enlistment term, I may be ordered to active duty without my consent, by order of the President, until my total service on active duty equals 24 months, the terms of my enlistment notwithstanding.

DD FORM 4, 1 FEB 70

REPLACES DD FORM 4, 1 APR 68, WHICH IS OBSOLETE.

PREPARED: 84 DEC 05 FOR: MPCDOA

PERSONAL DATA - PRIVACY ACT OF 1974

NOTIFICATION OF CHANGE IN SERVICE MEMBER'S OFFICIAL RECORDS

NAME: (LAST -FIRST-MIDDLE) GRADE COMPONENT  
HOWELL GAYLE A SSG USAF

SSAN: DATE OF BIRTH:

FROM: H1 USAFMPC/MPCDOA RANDOLPH AFB TX 78148

TO: 3 CSI  
HOMESTEAD AFB FL 33039

THE FOLLOWING CHANGE HAS BEEN RECORDED IN THE OFFICIAL SERVICE RECORDS. APPROPRIATE RECORDS WILL BE CHANGED ACCORDINGLY.

NAME CHANGED TO: DOVE GAYLE A

REASON: UNKNOWN

AUTHORITY: AFR 35-22

AUTHENTIC TION:

CHIEF  
AIRMEN ACTIONS BRANCH  
DIRECTIONAL OF PERS DATA SYSTEMS

COPY TO:

VA I DEXING

AFMPC

DIR F SELECTIVE SVC

ARPC/DPF

FBI/ D DIV

NPRC

SURGEON GENERAL

AFHRL/TSPJ

AFAP

PCN: SPA031912JJ RC

IN LIEU OF AF FORM 201



0937

# ENLISTMENT / REENLISTMENT DOCUMENT

## ARMED FORCES OF THE UNITED STATES

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 3331, 32 USC 708, 44 USC 708, 44 USC 3101, and Sections 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 937, 1007, 1071, through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 5012, 8033, 8496, and 9411 of 10 USC and in Executive Orders 9397, 10450, and 11652.

**PRINCIPAL PURPOSES:** To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of your military personnel records which are used to provide promotion, reassignment, training, medical support, and other personnel management actions for you. Your Social Security Number is necessary to identify you and your records, and to properly report your earnings as a member of the U.S. Armed Forces to the Social Security Administration. The data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence in accordance with Federal law and regulations.

**ROUTINE USES:** To document your enlistment/reenlistment agreement with the U.S. Armed Forces, to record voluntary changes in your enlistment/reenlistment agreement, to determine dates of service and seniority, and for such other routine personnel management actions required to maintain normal career progression as a member of a component of the U.S. Armed Forces.

**DISCLOSURE IS VOLUNTARY:** However, failure to furnish information will result in denial of enlistment or reenlistment.

A. ENLISTEE / REENLISTEE IDENTIFICATION DATA					
1. NAME (Last, First, Middle) <b>DOVE, GAYLE ANN</b>		2. SOCIAL SECURITY NUMBER <b>515-64-6094</b>			
3. HOME OF RECORD (Street, City, State, ZIP Code) <b>HOWARD KS 67349</b>		4. PLACE OF ENLISTMENT / REENLISTMENT (Mil. Installation, City, State) <b>EGLIN AFB FL</b>			
5. DATE OF ENLISTMENT / REENLISTMENT (YYMMDD) <b>351202</b>	6. DATE OF BIRTH (YYMMDD) <b>570815</b>	7. PREVIOUS CUMULATIVE REENLIST	YEARS	MONTHS	DAYS
		a. Total Active Military Service	<b>10</b>	<b>02</b>	<b>28</b>
		b. Total Inactive Military Service	<b>00</b>	<b>04</b>	<b>08</b>

### B. AGREEMENTS

8. I am ~~enlisting~~ reenlisting in the United States (list branch of service) **AIR FORCE** this date for **6** ~~10~~ years and \_\_\_\_\_ weeks beginning in pay grade **E-5**. The additional details of my enlistment / reenlistment are in Section C and Annex(es) **AF FORM 901 (ATTACHED)**

**a. FOR ENLISTMENT IN A DELAYED ENTRY / ENLISTMENT PROGRAM (DEP):**

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) \_\_\_\_\_ for enlistment in the Regular component of the United States (list branch of service) \_\_\_\_\_ for not less than \_\_\_\_\_ years and \_\_\_\_\_ weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is creditable for pay purposes upon entry into a pay status. I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. Remarks: (if none, so state)

**NONE**

ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) **HAG**

(Continued on reverse side)

PREPARED: 81 JAN 17 FOR: MPCDDA

PERSONAL DATA - PRIVACY ACT OF 1974

NOTIFICATION OF CHANGE IN SERVICE MEMBER'S OFFICIAL RECORDS

NAME: (LAST-FIRST-MIDDLE) GRADE COMPONENT  
DOVE, GAYLE A SGT USAF

SSAN: DATE OF BIRTH:

FROM: HQ USAFMFC/MPCDDA RANDOLPH AFB TX 78148

TO: [REDACTED]

THE FOLLOWING CHANGE HAS BEEN RECORDED IN THE OFFICIAL SERVICE RECORDS. APPROPRIATE RECORDS WILL BE CHANGED ACCORDINGLY.

NAME CHANGED TO: VOGEL GAYLE A

REASON: ERRONEOUSLY RECORDED

AUTHORITY: AFR 35-22

AUTHENTICATION:



CHIEF  
AIRMEN ACTIONS BRANCH  
DIRECTORATE OF PERS DATA SYSTEMS

COPY TO:

VA INDEXING	USAFMPC
CIR OF SELECTIVE SVC	ARPC/DPF
F31/ID DIV	NRPC
SURGEON GENERAL	NGB/MPM
AFAC	AFHRL/TSPJ

PCN: SPA031912JJ RC

IN LIEU OF AF FORM 281

0939

NON-DELL BASE PRINTING SYSTEM - 11181-01

318 01

PREPARED: 03 MAR 26 FOR: NPC00A

PERSONAL DATA - PRIVACY ACT OF 1974

NOTIFICATION OF CHANGE IN SERVICE MEMBER'S OFFICIAL RECORDS

NAME: (LAST-FIRST-MIDDLE)  
VOGEL GAYLE A

GRADE  
SSO

COMPONENT  
USAF

SSAN:

DATE OF BIRTH:

FROM: HQ USAFMPC/NPC00A RANDOLPH AFB TX 78148

TO: 343 CSG  
EIELSON AFB AK 99702

THE FOLLOWING CHANGE HAS BEEN RECORDED IN THE OFFICIAL SERVICE RECORDS. APPROPRIATE RECORDS WILL BE CHANGED ACCORDINGLY.

NAME CHANGED TO: HOWELL GAYLE A

REASON: MARRIAGE

AUTHORITY: AFR 33-22

AUTHENTICATION:

CHIEF  
AIRMEN ACTIONS BRANCH  
DIRECTORATE OF PERS DATA SYSTEMS

COPY TO

VA INDEXING

USAFMPC

DI : OF SELECTIVE SVC

ARPC, DPF

FB /ID DIV

NPRC

SU DEON GENERAL

AFHRL/TSPJ

AF, FC

P. N: SPA031912JJ RC

IN LIEU OF AF FORM 281

0940

LAST NAME  
DOVE

**E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT (Continued)**

I acknowledge that the above oath has been administered to me and that I have sworn (or affirmed) to the same.

10a. SIGNATURE OF ENLISTEE/REENLISTEE AND DATE  
*Gayle Ann Dove* 4 DEC 79

10b. SIGNATURE OF ENLISTEE ENLISTED FROM DEP INTO REGULAR COMPONENT AND DATE

16c. The above oath, as filled in, was administered, subscribed, and duly sworn to (or affirmed) before me on 4 DEC, 19 79.

16a. NAME, GRADE, AND ORGANIZATION OF ENLISTING OFFICER (Type or print)  
PATRICIA A. DOMITROVIC, 2LT  
3246TESTW/TEH

16b. SIGNATURE OF ENLISTING OFFICER  
*Patricia Ann Domitrovic*

**17. FOR ENLISTMENT IN A REGULAR COMPONENT FROM A DELAYED ENTRY/ENLISTMENT PROGRAM:**

I request to be discharged from the Delayed Entry/Enlistment Program and enlisted in the Regular Component of the United States \_\_\_\_\_ for a period of \_\_\_\_\_ years effective this date. No changes have been made in my enlistment options OR if changes were made they are recorded on Annex(es) \_\_\_\_\_ which replace(s) Annex(es) \_\_\_\_\_. The information in my "Application for Enlistment - Armed Forces of the United States" (DD Form 1966) is accurate as of this date.

17a. DATE

17b. SIGNATURE OF DEP ENLISTEE

**F. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE**

18. This enlistee is discharged from the Reserve Component shown in Item 10 and is accepted for enlistment in the Regular Component of the United States \_\_\_\_\_ this date, in pay grade E-\_\_\_\_. Applicant served \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days in the DEP. AGREEMENTS IN ITEM 10 AND ATTACHED ANNEX(ES) OR AS MODIFIED IN ITEM 17, REMAIN IN EFFECT.

18a. NAME, GRADE, SSAN, AND ORGANIZATION OF SERVICE REPRESENTATIVE (Type or print)

18b. SIGNATURE OF SERVICE REPRESENTATIVE

18c. The oath of enlistment in Item 16, as filled in, was readministered, subscribed, and duly sworn to (or affirmed) before me on \_\_\_\_\_, 19 \_\_\_\_.

18a. NAME, GRADE, AND ORGANIZATION OF ENLISTING OFFICER (Type or print)

18b. SIGNATURE OF ENLISTING OFFICER

10 DEC 79

I. IDENTIFICATION DATA						
LAST NAME	SOCIAL SECURITY NO.	SAFSC	AGE SCORES			
			MECH	ADMIN	DEM	ELECT
DOVE		27650	15	70	90	65

II. REENLISTMENT GUARANTEE

Based on written documentation, the following reenlistment guarantee is noted:

	Approved for retraining in AFSC _____ or lateral training in AFSC _____ according to AFR 39-4.
	Approved for _____ training program that leads to an Air Force commission. (AECF,OTS,etc.)
	Approved for base of preference (BOP) assignment to _____ according to AFR 39-11.
<i>bac</i>	No reenlistment guarantee made.

III. REENLISTMENT WAIVERS

REASON FOR WAIVER

AUTHORITY FOR WAIVER

IV. CERTIFICATION BY MEMBERS AUTHORIZED REENLISTMENT BONUS

I have been advised of, understand and agree to the conditions which may (1) terminate my continued entitlement to unpaid bonus installments and (2) cause a portion of advance bonus payments to be recouped. I also understand that as a result of my entitlement to and receipt of the bonus, my new obligated service commitment for bonus purposes is for \_\_\_\_\_ 09 \_\_\_\_\_ 05 \_\_\_\_\_  
(Months) (Years)  
*bac*  
(Member Initials)

DATE	TYPED NAME AND GRADE OF MEMBER	SIGNATURE
1 DEC 79	GAYLE A. DOVE, SGT	<i>Gayle A. Dove</i>

V. CONFIRMATION OF REENLISTMENT ELIGIBILITY

DATE OF CONFIRMATION	NAME OF CONFIRMATION OFFICIAL (First, MI, Last)	GRADE	SOCIAL SECURITY NO.
21 NOV 79	PATRICIA A. DOMITROVIC	2ND LT	170-12-6828
POSITION TITLE	UNIT		
COMMANDER	3216 TEST WG		

DATE OF CONTACT	TYPED NAME AND GRADE OF CONTACTING OFFICIAL	SIGNATURE
4 DEC 79	ANDREW R.D. GRAY, AM1, USAF	<i>Andrew R.D. Gray</i>

003

A  R  L  
**GAD Ann** H. Bondsman: I am enlisting in the US Air Force as a bondsman. The attached AF Form 485 outlines conditions that are a part of my enlistment agreement. **GAD**

A  R  L  
**GAD Ann** I. Other options. Any additional enlistment options that are a part of my enlistment agreement are detailed on the attached AF Form 3008, Supplement to USAF Enlistment Agreement. The additional options applicable to me are:  
(Enter name of option) **GAD**

A  R  L  
**GAD Ann Det** J. WARNING TO APPLICANT. This form lists all promises made with regard to job, enlistment grade, assignment, future promotions, training, etc. ANY PROMISE MADE BY ANYONE (ORAL OR WRITTEN) THAT IS NOT IDENTIFIED ON THIS FORM WILL NOT BE HONORED BY THE AIR FORCE.

A  R  L  
**GAD Ann** K. School of Military Science, Officer (SMSO) Selectee: I understand that if I am eliminated from training leading to an AF commission for other than medical or unsuitability reasons, I may elect in writing to complete my four-year enlistment or to be immediately discharged. If I have been accepted for a course of flying training, I understand that the needs of the Air Force will determine whether or not I am allowed to remain on active duty in a commissioned status should I fail to complete the required flying training course. **GAD**

A  R  L  
**GAD Ann** L. Remarks  
**GAD**

TYPE NAME OF APPLICANT  
**22 APR 75**  
**GAYLE ANN DOVE**

SIGNATURE  
*Gayle Ann Dove*

TYPE NAME, GRADE OF RECRUITER  
**ROBERT A. MERCER, MSGT, USAF**

SIGNATURE  
*Robert A Mercer*

III. FINAL REVIEW PRIOR TO ENLISTMENT  
On the day of my enlistment and prior to signing the Oath of Enlistment, I have carefully reviewed this form, my DD Form 4, and all other enlistment documents and I fully understand the terms of my enlistment agreement.

DATE  
**SEP 04 1975**

SIGNATURE OF APPLICANT  
*Gayle Ann Dove*

IV. VERIFICATION BY USAF AFEES LIAISON NCO  
I have discussed (and initial-d) each applicable entry above with the applicant. I have personally verified that he meets the requirements for the enlistment options chosen or that appropriate waivers have been obtained and are attached.

DATE  
**SEP 04 1975**

TYPE NAME/GRADE OF AFEES LIAISON NCO  
**James B. Balvins, TSgt USAF**

SIGNATURE  
*James B. Balvins*

**ENLISTMENT/REENLISTMENT DOCUMENT - ARMED FORCES OF THE UNITED STATES**

A. IDENTIFICATION DATA					
1. NAME (Last - First - Middle - Jr - Sr - etc.) <b>DOVE GAYLE AIRN</b>		2. SSAN	3. DATE OF ENL/REENL <b>4 DEC 1979</b>		4. GRADE <b>SGT E-4</b>
5. HOME OF RECORD (City, State, ZIP Code) <b>HOWARD, KS 67349 (LCPR KS)</b>		6. PLACE OF ENLISTMENT/REENLISTMENT <b>EGLIN AFB, FL</b>			
7. DATE OF BIRTH <b>15 AUG 1957</b>	8. SELECTIVE SERVICE NO. <input type="checkbox"/> NOT REGISTERED	9. PREV MIL SVC UPON ENL/REENL	YEARS	MONTHS	DAYS
		a. Total Active Military Service	<b>04</b>	<b>03</b>	<b>00</b>
		b. Total Inactive Military Service	<b>00</b>	<b>04</b>	<b>16</b>

**B. AGREEMENTS**

10. I am ~~reenlisting~~/reenlisting in the United States AIR FORCE on 4 DEC, 19 79 for 6 years in pay grade E-4. The additional details of my ~~reenlistment~~reenlistment are in Section C and Annex(es) AF FORM 901 (ATTACHED).

a. **FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP) (Not applicable to the Army or Air National Guard):** I understand that I will, within \_\_\_\_\_ days, be ordered to active duty as a Reservist for \_\_\_\_\_ years unless I enlist in the Regular Component of the United States \_\_\_\_\_ for not less than \_\_\_\_\_ years. My enlistment in the DEP is in a non-pay status. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, or mailing address.

b. **Remarks: (If "None" so state)** NONE.

c. The agreements in this section and the attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**  
Yoo  
*(Initials of Enlistee/Reenlistee)*

**C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS**

11. **FOR ALL ENLISTEES OR REENLISTEES:** Many laws, regulations, and military customs will govern my conduct and require me to do many things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

- (1) Required to obey all lawful orders and perform all assigned duties.
- (2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.
- (3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

11090079

006

54. I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, geographical area, schooling, special programs, assignment of government quarters, or transportation of dependents except as indicated on my AF Form 3007.  
55. I swear (or affirm) that the foregoing statements have been read to me, that my statements have been correctly recorded and are true in all respects and that I fully understand the conditions under which I am enlisting.

SIGNATURE OF WITNESS

RAY D. MILLER, MSGT

*Sharon A. Miller*  
*SIT*

SIGNATURE OF APPLICANT (First Name - Middle Name - Last Name)

*Cayle A. Dove*

56. REMARKS

RAN: 75090420300

57. OATH OF ENLISTMENT (For service in Regular or Reserve Component of the Armed Forces except National Guard or Air National Guard)

I, CAYLE A. DOVE (First Name - Middle Name - Last Name), do hereby acknowledge to have voluntarily enlisted under the conditions prescribed by law, this 4th day of SEPTEMBER, 19 75, in the UNITED STATES AIR FORCE for a period of FOUR (4) years unless sooner discharged by proper authority; and I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations, and the Uniform Code of Military Justice. So help me God.

SIGNATURE

*Cayle A. Dove*

58.

OATH OF ENLISTMENT (For service in National Guard or Air National Guard)

I do hereby acknowledge to have voluntarily enlisted this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, in the (Army) (Air) National Guard of the State of \_\_\_\_\_ and as a Reserve of the (Army) (Air Force) with membership in the (Army) National Guard of the United States (Air National Guard of the United States) for a period of \_\_\_\_\_ (Years - Months - Days) under the conditions prescribed by law, unless sooner discharged by proper authority.

I, \_\_\_\_\_ (First Name - Middle Name - Last Name), do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and of the State of \_\_\_\_\_ against all enemies, foreign and domestic; that I will bear true faith and allegiance to them; and that I will obey the orders of the President of the United States and the Governor of \_\_\_\_\_ and the orders of the officers appointed over me, according to law, regulations, and the Uniform Code of Military Justice. So help me God.

SIGNATURE

59.

CONFIRMATION OF ENLISTMENT

The above oath was subscribed and duly sworn to before me this 4th day of SEPTEMBER, 19 75. To the best of my judgement and belief, enlistee fulfills all legal requirements, and in enlisting this applicant, \_\_\_\_\_ observed the regulations governing such enlistment. The above oath, as filled in, was read to the applicant prior to subscribing thereto.

TYPED NAME, GRADE/RANK, AND ORGANIZATION OF ENLISTING OFFICER

K. V. BEWLE, LT AGC AFES KCMO

SIGNATURE OF ENLISTING OFFICER

*[Signature]*

007

### USAF ENLISTMENT AGREEMENT (NONPRIOR SERVICE)

#### I. IDENTIFICATION DATA

NAME (Last, First, Middle Initial)

SSAN

DATE OF BIRTH

DOVE, GAYLE A.

15 Aug 57

#### II. TERMS OF ENLISTMENT AGREEMENT

INSTRUCTIONS: Applicant (A), Recruiter (R), and AFFES Liaison NCO (L) initial appropriate paragraphs; recruiter line out paragraphs not applicable.

NOTE TO APPLICANT: READ CAREFULLY AND ASSURE YOUR UNDERSTANDING OF THE PROVISIONS OF YOUR ENLISTMENT AGREEMENT.

A  R  L

A. I am enlisting in the United States Air Force to serve on active duty for a period of 4 years.

A  R  L

B. I am enlisting in the grade of E-1; I have no claim to any higher enlistment grade.

A  R  L

C. (For male enlistees only): I understand that if I have not reached my 26th birthday, my enlistment in the US Air Force obligates me to serve for a period of 6 years (both Active and Reserve) unless I am sooner discharged. If upon completion of my active duty enlistment, my total service is less than 6 years, I understand that I will be transferred to the United States Air Force Reserve to complete my military service obligation. GAD

A  R  L

D. (Aptitude Enlistee): I am enlisting in the US Air Force in the aptitude area without promise of a specific job. I understand that my job will be determined while I am in basic military training based on my aptitude score of \_\_\_\_\_, my educational and civilian background, my job preferences, and the needs of the Air Force. I understand that I may not request a change of aptitude area while I am in basic military training unless I volunteer for and am selected for a special project. GAD

A  R  L

E. Guaranteed Training Enlistee: I am enlisting for training (either formal or on-the-job) and initial assignment after I successfully complete basic military training and, if required, technical training, in AFSC (Enter Number and Title) 27630 Aerospace Control and Warning Systems Operator. I fully understand that:

1. If, through no fault of my own EXCLUDING ACADEMIC DEFICIENCY, I am disqualified for entry into training or continuation in training for this skill, I can choose to (a) complete my enlistment in another skill for which I am qualified and to which I agree, or (b) be immediately discharged.
2. If I am eliminated from technical school training DUE TO ACADEMIC DEFICIENCY, I will be assigned to another skill according to my aptitude scores, job preferences, and the needs of the Air Force.
3. A request for discharge based on an alleged breach of this agreement must be submitted within 30 days after the alleged breach occurs.

A  R  L

F. Leave policy while in training: I have not been given any promise or guarantee of leave during or after basic military training or technical training. I understand that while I am in a training status, leaves are granted only for emergencies certified by the American Red Cross.

A  R  L

G. Medical: I understand I am being accepted for enlistment into the US Air Force because I have agreed to undergo surgical or other medical or therapeutic procedures needed to correct my physical defect which is \_\_\_\_\_ I understand that I will be administratively discharged without entitlement to physical disability benefits if I subsequently refuse to be treated. GAD

5 MAR 1986

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle) <b>DOVE GAYLE ANN</b>	SOCIAL SECURITY NO. OF ENLISTEE / REENLISTEE
--	--

**D. CERTIFICATION AND ACCEPTANCE**

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

**I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial)**

**NONE** *AGC* (Initials of enlistee / reenlistee)

b. SIGNATURE OF ENLISTEE / REENLISTEE <i>Gayle Ann Dove</i>	c. DATE SIGNED (YYMMDD) 851202
--	-----------------------------------

14a. On behalf of the United States (list branch of service) AIR FORCE  
I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

SERVICE REPRESENTATIVE INFORMATION		
b. NAME (Last, First, Middle) <b>DUENAS RAFAEL A</b>	c. PAY GRADE <b>E-4</b>	d. UNIT / COMMAND NAME <b>31 CSG/DPMQA</b>
e. SIGNATURE <i>Rafael A. Duenas</i>	f. DATE SIGNED (YYMMDD) 851202	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code) <b>HOMESTEAD AFB FL 33039</b>

**E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT**

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):  
I, GAYLE ANN DOVE, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):  
I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of \_\_\_\_\_ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of \_\_\_\_\_ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):  
I do hereby acknowledge to have voluntarily enlisted /reenlisted this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ in the \_\_\_\_\_ National Guard and as a Reserve of the United States (list branch of service) \_\_\_\_\_ with membership in the \_\_\_\_\_ National Guard of the United States for a period of \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days, under the conditions prescribed by law, unless sooner discharged by proper authority

18a. SIGNATURE OF ENLISTEE / REENLISTEE <i>Gayle Ann Dove</i>	b. DATE SIGNED (YYMMDD) 851202
--	-----------------------------------

15a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date \_\_\_\_\_

ENLISTMENT / REENLISTMENT OFFICER INFORMATION		
b. NAME (Last, First, Middle) <b>TAMER H. RYAN</b>	c. PAY GRADE <b>O-3</b>	d. UNIT / COMMAND NAME <b>Det 3, 23d ADS</b>
e. SIGNATURE <i>Tamer H. Ryan</i>	f. DATE SIGNED (YYMMDD) 851202	g. UNIT / COMMAND ADDRESS (City, State, ZIP Code) <b>HOMESTEAD AFB FL 33039</b>

**REENLISTMENT ELIGIBILITY ANNEX TO DD FORM 4**

I. IDENTIFICATION DATA							
NAME (Last, First, Middle)	GRADE	SOCIAL SECURITY NO.	CAFSC	AGE SCORES			
				MECH	ADMIN	GEN	ELECT
DOVE GAYLE ANN	SSGT		27650	22	69	96	68

**II. CBPO ACTION RECORDS REVIEW**

A. A review of member's Unit Personnel Record Group and the personnel data system did not reveal any data which would render the member ineligible for reenlistment.

B. DELAYED REENLISTMENT PROGRAM (DRP)

Eligibility for reenlistment under the DRP was confirmed by HQ AFMPC/MPMAR message (number and date)

**C. REENLISTMENT WAIVER/EXCEPTION TO POLICY**

REASON FOR WAIVER/EXCEPTION TO POLICY	AUTHORITY FOR WAIVER/EXCEPTION TO POLICY
DATE: 23 NOV 85	TYPED NAME AND GRADE OF CBPO REPRESENTATIVE: RAFAEL A. DUENAS, SGT
SIGNATURE OF CBPO REPRESENTATIVE: <i>Rafael A. Duenas</i>	

**III. MEMBER ACTION**

A. ACKNOWLEDGEMENT

I acknowledge that I am not now involved in, or a party to, or connected with, any military or civil court action (other than civil suit); not under investigation by military or civilian authorities; have not declined a PCS or TDY assignment; and have not refused retraining.

B. MEDICAL STATEMENT

I do not now have any medical condition or problem which would preclude my assignment anywhere in the world.

**C. REENLISTMENT GUARANTEE**

Based on written documentation, the following reenlistment guarantee is noted. (Member initials appropriate block):

<input type="checkbox"/>	Approved for retraining in AFSC _____ per AFR 39-4.
<input type="checkbox"/>	Approved for lateral retraining in AFSC _____ per AFR 39-4.
<input type="checkbox"/>	Approved for _____ (AFSC, OLS, ETC.) training program that leads to an Air Force commission.
<input type="checkbox"/>	Approved for an in-place base of preference (BOP) assignment according to AFR 39-11.
<input type="checkbox"/>	Approved for a BOP assignment to _____ according to AFR 39-11.
<input checked="" type="checkbox"/>	No reenlistment guarantee made.

**D. CERTIFICATION BY MEMBERS AUTHORIZED REENLISTMENT BONUS**

I have been advised of, understand and agree to the conditions which may (1) terminate my continued entitlement to unpaid bonus installments and (2) cause a portion of advance bonus payments to be recouped or terminated. In the event any administrative action is initiated by me or the Air Force that could result in the need to recoup bonus payments, I consent to the withholding of a portion of my current pay in anticipation of that indebtedness. Such held pay shall be paid to me if it is later determined that recoupment is not required. I also understand that as a result of my entitlement to and receipt of the bonus, for which I am reenlisting in AFSC \_\_\_\_\_, my new obligated service commitment for bonus purposes is for \_\_\_\_\_ years, \_\_\_\_\_ months, and (Zone C only) \_\_\_\_\_ days.

*Member's Initials*

DATE	TYPED NAME AND GRADE OF MEMBER	SIGNATURE OF MEMBER
23 NOV 85	GAYLE ANN DOVE, SSGT	<i>Gayle Ann Dove</i>

**IV. UNIT COMMANDER ACTION**

I CERTIFY that this member is eligible for reenlistment. This member is not under investigation by military or civilian authorities, pending military or civil court charges, or pending punishment under the UCMJ. To the best of my knowledge, no other conditions exist which would render this member ineligible for reenlistment.

DATE	TYPED NAME AND GRADE OF COMMANDER	SIGNATURE OF COMMANDER
24 NOV 85	JAMES H. RYAN, Captain, USAF	<i>J. H. Ryan</i>

**V. DISCHARGE ORDER**

The above named individual is honorably discharged from the US Air Force effective 1 DEC 85. AUTHORITY: AFR 39-10. SPECIAL ORDER NO. PB.

DATE	TYPED NAME AND GRADE OF CBPO AUTHENTICATING OFFICIAL	SIGNATURE OF CBPO OFFICIAL
1 DEC 85	PHILIP S. COOPER, ZLT	<i>Philip S. Cooper</i>

AF FORM 901 APR 84 PREVIOUS EDITION WILL BE USED. COPY DISTRIBUTION: WHITE - AFMPC/MPDCOM1, YELLOW - JPRG, GREEN - MEMBER, PINK - CBPO/DPMA, BLUE - CBPO/DPVE.

CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

An Agreement Between Gayle A. Dove and the United States

(Name Printed by Typist)

3 APR 1987

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is information that is either classified or classifiable under the standards of Executive Order 12358, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.
2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.
3. I have been advised and am aware that direct or indirect unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge such information unless I have officially verified that the recipient has been properly authorized by the United States Government to receive it or I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) last granting me a security clearance that such disclosure is permitted. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.
4. I have been advised and am aware that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; and the termination of my employment or other relationships with the Departments or Agencies that granted my security clearances or clearances. In addition, I have been advised and am aware that any unauthorized disclosure of classified information by me may constitute a violation or violations of United States criminal laws, including the provisions of Sections 641, 793, 794, 798, and 952, Title 18, United States Code, the provisions of Section 783(b), Title 50, United States Code, and the provisions of the Intelligence Identities Protection Act of 1982. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.
5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication, or revelation not consistent with the terms of this Agreement.
6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.
7. I understand that all information to which I may obtain access by signing this Agreement is now and will forever remain the property of the United States Government. I do not now, nor will I ever, possess any right, interest, title, or claim whatsoever to such information. I agree that I shall return all materials which have, or may have, come into my possession or for which I am responsible because of such access, upon demand by an authorized representative of the United States Government or upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance. If I do not return such materials upon request, I understand that this may be a violation of Section 793, Title 18, United States Code, a United States criminal law.
8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.
9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.
10. I have read this Agreement carefully and my questions, if any, have been answered to my satisfaction. I acknowledge that the briefing officer has made available to me Sections 641, 793, 794, 798, and 952 of Title 18, United States Code, Section 783(b) of Title 50, United States Code, the Intelligence Identities Protection Act of 1982, and Executive Order 12356, so that I may read them at this time, if I so choose.
11. I make this Agreement without mental reservation or purpose of evasion.

SIGNATURE <u>Gayle A. Dove</u>	DATE <u>20 Nov 86</u>	SOCIAL SECURITY NO. (See notice below)
ORGANIZATION <u>1st AF</u>		

The execution of this Agreement was witnessed by the undersigned, who, on behalf of the United States Government, agreed to its terms and accepted it as a prior condition of authorizing access to classified information.

WITNESS AND ACCEPTANCE:

SIGNATURE <u>Arilana A. Bowen</u>	DATE <u>20 Nov 86</u>
ORGANIZATION <u>1st AF/CS</u>	

NOTICE: The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby notified that information for collection under Social Security Account Number (SSN) is Executive Order 9832. Your SSN will be used to determine when it is necessary to (1) certify that you have access to the information indicated above or (2) determine that your access to the information indicated has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations.

ARMED FORCES OF THE UNITED STATES  
**CONSENT DECLARATION OF PARENT OR LEGAL GUARDIAN FOR EXAMINATION  
 FOR ENLISTMENT OR ENLISTMENT OF A MINOR IN THE U.S. ARMED FORCES**

**010** XX statements which apply, and label NA (not applicable) those which do not apply.

LAST NAME - FIRST NAME - MIDDLE NAME OF APPLICANT FOR ENLISTMENT		DATE (Day, Month, Year)
Dove, Gayle Ann		22 Apr 75
PLACE OF APPLICATION FOR ENLISTMENT		SERVICE OR COMPONENT FOR WHICH CONSENT IS GIVEN
1100 S. Harry Wichita Kansas 67219 Wichita Recruiting Office		Army
NAME OF PARENT(S) OR LEGAL GUARDIAN SIGNING CONSENT		RELATIONSHIP (Father, Mother, Legal Guardian)
MR LEWIS GLENN MORRIS MRS RUTH IRENE MORRIS		Legal Guardians
ADDRESS (Number and Street or RFD, City or Town)	COUNTY	STATE (Include Zip Code)
529 Pennsylvania Box 291 Howard	Elk	Kansas 67219
ADDRESS OF OTHER PARENT IF SEPARATED (Number and Street or RFD, City or Town)	COUNTY	STATE (Include Zip Code)
FATHER - Raymond H. Dove JR. 14717 Milk. St Taylor MOTHER - Virginia Dove 2958 Lydia Jacksonville FLA		
PLACE OF BIRTH OF APPLICANT (City or Town and State)	DATE OF BIRTH (Day, Month, Year)	
Wichita Falls Texas	15 Aug 57	

We certify that the above applicant has no other legal guardian than me/us and we consent to the administration of the prescribed aptitude test, physical examination, and local records check required to determine his/her eligibility for enlistment into a Service and/or component of the US Armed Forces. We understand that these actions in no way constitute an obligation on his/her part to enlist at any time in the future. We further certify that no promise of any kind has been made to me/us as an inducement to sign this consent.

We certify that the above applicant has no other legal guardian than me/us and we consent to his/her enlistment in the Service and/or component of the Armed Forces as indicated above, subject to all the requirements and lawful commands of the officers who may, from time to time, be placed over him/her; and we certify that no promise of any kind has been made to me/us concerning assignment to duty or promotion during his/her enlistment as an inducement to me/us to sign this consent; and we relinquish all claim to his/her service and to any wage or compensation for such service.

We certify that the above applicant has no other legal guardian than me/us and we certify that the applicant's birth date as shown on this form is correct.

**SIGNATURES OF:**



WITNESSING OFFICIAL	PARENT OR LEGAL GUARDIAN
<i>Robert A. Muen</i>	X <i>Lewis Glenn Morris</i>
RECRUITING OFFICER OR RECRUITER	OTHER PARENT (If required)
<i>Robert A. Muen</i>	X <i>Ruth Irene Morris</i>

**STATEMENT OF UNDERSTANDING FOR ENLISTMENT OF A MINOR IN A RESERVE COMPONENT**

I/we understand that the above applicant for enlistment in a Reserve Component of an Armed Force under the provisions of Section 511(d), Title 10, U.S.C. must perform a minimum of four (4) months of active duty for training, and must serve the remainder of his enlistment as a member of the Ready Reserve of the Armed Force in which enlisted. I/we further understand that during his service as a member of the Ready Reserve he may be required to attend not less than forty-eight (48) scheduled drills or training periods and not less than fourteen (14) days active duty for training annually, or may be required to perform not more than thirty (30) days active duty for training annually in lieu thereof when authorized; that failure to perform required training in any year may result in his being ordered to perform additional active duty for a period which when added to his initial period of active duty for training will total two years.

I/we further understand that while the above applicant is in the Ready Reserve he may be ordered to extended active duty in time of war, or of national emergency declared by Congress or the President, or when otherwise authorized by law.

WITNESSING OFFICIAL	PARENT OR LEGAL GUARDIAN
RECRUITING OFFICER OR RECRUITER	OTHER PARENT (If required)

LAST NAME DOVE		SSAN 515-61-6091
<b>C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS</b> (Continued from page 2) than active duty (or training) service and satisfactory service in the Ready Reserve has lasted at least 60 months. As a member of the Standby Reserve, I will have no Reserve training requirements and can be involuntarily ordered to active duty only in time of war or national emergency declared by Congress or as otherwise authorized by law. I may not transfer to the Standby Reserve while I am serving under an agreement to remain in the Ready Reserve for a stated period.		
<b>13. IF ENLISTING IN THE NAVY OR MARINE CORPS:</b> I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.		
<b>D. CERTIFICATION AND ACCEPTANCE</b>		
<b>14.</b> My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian or military court and, if found guilty, may be punished.		
I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. Any questions I had were explained to my satisfaction. I fully understand that ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, check "NONE" and initial)		
<input checked="" type="checkbox"/> NONE <u>ASD</u> <small>(Initials of Applicant/Reenlistee)</small>		
<b>14a.</b> TYPED NAME OF APPLICANT/REENLISTEE GAYLE ANN DOVE	<b>14b.</b> SIGNATURE OF APPLICANT/REENLISTEE 	<b>14c.</b> DATE SIGNED 4 DEC 79
<b>15.</b> On behalf of the United States, AIR FORCE, I accept this applicant for enlistment. I have witnessed the signature in item 14b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.		
<b>15a.</b> NAME, GRADE, SSAN AND ORGANIZATION OF SERVICE REPRESENTATIVE (Type or print) DAVIDON K. SHEPPARD, 1STSGT, USAF 115-56-1106, 3201 AEG, EGLIN AFB, FL	<b>15b.</b> SIGNATURE OF SERVICE REPRESENTATIVE 	<b>15c.</b> DATE SIGNED 4 DEC 79
<b>E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT</b>		
<b>16. FOR SERVICE IN A REGULAR OR RESERVE COMPONENT OF THE ARMED FORCES EXCEPT THE ARMY NATIONAL GUARD OR AIR NATIONAL GUARD:</b>		
I, <u>GAYLE ANN DOVE</u> , do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.		

62 234 011

PREPARED: 87 JUL 29 FOR: DPMDOM1

CHRONOLOGY OF SERVICE ASSIGNMENTS

EFFECTIVE: 87 JUL 29

DY EFF DATE	DAFSC	DY SEI	CMD LVL	MGT TITLE	JOB LVL	DY TITLE	DET NO	ORGN NO	ORGN KIND	ORGN TYPE	INSTL LOC NAME	CNTRY STATE
760106	27630	906	DV	YY	Y	TRACKING TECHNICIAN	0000	0023	ADG	SC	DULUTH	MINN
761101	27630	906	DV	YY	Y	HEIGHT TECHNICIAN	0000	0023	ADG	SO	DULUTH	MINN
770228	27630B	999	DV	YY	Y	WEAPONS CONTROLLER TECHNICIAN	0000	0023	ADG	SO	DULUTH	MINN
781115	27650		GP	YY	Y	BMEWS SP SURVL CONSOLE OPER	0000	0012	MIW	GP	THULE	GRNLD
790914	27650		WB	YY	Y	RESOURCE COORDINATION TECH	0000	3246	TES	WG	EGLIN	FLA
820524	27650		UN	YY	Y	OPERATIONS CREW CHIEF	0000	0013	MIW	SO	CLEAR	ALS
831212	27650		UN	YY	Y	STAN EVAL TECH	0000	0013	MIW	SO	CLEAR	ALS
841026	27650	906	WB	YY	Y	OPERATIONS TRAINING NCOIC	03AA	0023	ADF	SO	KEY WEST	FLA
860605	27650	906	WB	YY	Y	OPERATIONS TRAINING NCOIC	03AA	0023	ADF	SO	KEY WEST	FLA
861201	27650		CM			AEROSPACE COMD-CONTROL SPECL	0000	0000	KOM	ST	LANGLEY	VIR

FILE IN THE MASTER PERSONNEL RECORDS OF DOVE GAYLE A

515646094

0952

NAME OF RATEE (LAST, FIRST, MIDDLE INITIAL) DOVE, GAYLE A.		SSAN FR515-64-6094	ACTIVE DUTY GRADE SrA
(CHECK APPROPRIATE BLOCK AND COMPLETE AS APPLICABLE)			
<input type="checkbox"/> SUPPLEMENTAL SHEET TO RATING FORM WHICH COVERS THE FOLLOWING PERIOD OF REPORT		<input checked="" type="checkbox"/> LETTER OF EVALUATION COVERING THE FOLLOWING PERIOD OF OBSERVATION	
FROM	THRU	FROM	THRU
		29 May 79	31 Aug 79
<p>Precede comments by appropriate data, i.e. section continuation, indorsement continuation, additional indorsement, additional reviewer comments, etc.</p> <p><b>FACTS AND SPECIFIC ACHIEVEMENTS:</b> SrA Dove is a superior airman. Her appearance and professional demeanor are above reproach. Her in-depth knowledge of the Ballistic Missile Early Warning System has been recognized by Standardization Evaluators and was the prime consideration in her selection as a Space System Console Operator Evaluator. In her position as Crew SPACETRACK NCO, she is continuously relied upon to instruct newly assigned personnel in the complexities of the SPACETRACK mission. SrA Dove's unhesitating willingness to assume greater responsibility has enabled her to master all facets of her career specialty. SrA Dove has established a checklist to be used during MIP NOPLEX situations. <b>STRENGTHS:</b> SrA Dove's amiable personality and ability to handle all assigned tasks in a precise and professional manner greatly enhance crew flexibility. <b>OTHER COMMENTS:</b> I recommend that SrA Dove be promoted ahead of her contemporaries.</p>			
NAME OF EVALUATOR, GRADE, ORGANIZATION, AND LOCATION CLIFFORD FERGUSON, SSgt, USAF 12MWG Thule AB GRNLD (ADCOM)		DUTY TITLE BMEWS Space Systems Director Technician	DATE 1 Sep 79
		SSAN (INCLUDE SUFFIX) FR512-48-7426	SIGNATURE <i>Clifford Ferguson</i>

AF FORM 770 NOV 74 PREVIOUS EDITION WILL BE USED.

\* U.S. GOVERNMENT PRINTING OFFICE: 1976-211-391/1105

SUPPLEMENTAL SHEET TO AF FORMS 707, 909, 910, 911 AND 475

**Victory† Family Ministries**  
*...bringing the hope of Scripture to families in crisis*

Mark Massey, Director

Re: Jonathan Boney

This is the information you requested.

mmf

*Since 1983*

W4705 Wallace Rd. Amberg, WI † (715)759-5976 † [victoryfamilyministries.org](http://victoryfamilyministries.org)

# SECONDARY SCHOOL RECORD-TRANSCRIPT

## STUDENT INFORMATION

## SCHOOL INFORMATION

Last Name <b>BLANEY</b>		First Name <b>JONATHAN</b>		Middle Name	School Name <b>VICTORY HEROES FOR BOYS</b>
Home Address <b>4115 WALLACE RD</b>		City <b>WAUSAUKEE</b>	State <b>WIS</b>	Zip <b>53177</b>	School Address <b>4115 WALLACE RD WAUSAUKEE WIS</b>
Parent or Guardian			School Accredited By <input type="checkbox"/> State System <input type="checkbox"/> Reg. Accred. Assoc.		School Phone Number <b>(715) 259-5976</b>
Previous Secondary School Attended (if any)			Date Left		Enrollment in Grades <b>7-12</b>
Date of Birth		Sex <b>M</b>	<input checked="" type="checkbox"/> Withdrew <input type="checkbox"/> Was or Will Be Graduated	Month <b>12</b>	Year <b>90</b>
Passing Mark		Honors Mark (if any)		Percent Graduates Entering College 4 Yr. Coll. <b>2 Yr. C. and Oth.</b>	

YEAR	CLASS RECORD Include Subjects Failed or Repeated	IDENTIFY COURSE	IDENTIFY COURSE	MARKS		CREDIT	STATE EXAM
				EST.	FIN.		
9	ALGEBRA				F		
	ENGLISH GRAMMAR						
	U.S. HISTORY				F		
	PHYSICAL SCIENCE				D		
	LITERATURE & THEMES				F		
9C	BIBLE				D		
	PHYSICAL EDUCATION						
10							
11							
12							

### EXPLANATION OF HONORS COURSES

RANK IN CLASS BASED ON \_\_\_\_\_ SEMESTERS

EXACTLY     APPROX. \_\_\_\_\_ IN CLASS OF \_\_\_\_\_

FINAL RANK \_\_\_\_\_

Check Appropriate Rank Information

All subjects given credit     All students

Major subjects only     Coll. Prep. students only

Explain Weighting of Marks in Determining Rank

### OUTSTANDING ACTIVITIES, HONORS, AWARDS

CLASS	NAME OF TEST	DATE	SCORE	PERCENTILE	REMARKS

Signature \_\_\_\_\_ Title \_\_\_\_\_

NAME

Enter information in pencil

Bennet Jonathan  
 Last First Middle  
 Birthdate Home Address Phone

## IMMUNIZATION

TYPE	DATE MO/DAY/YR					
DPT	/ /	/ /	/ /	/ /	/ /	/ /
D	/ /	/ /	/ /	/ /	/ /	/ /
POLIO	/ /	/ /	/ /	/ /	/ /	/ /
MEASLES	/ /	/ /				
RUBELLA	/ /	/ /				
DUMPS	/ /	/ /				
OTHER	/ /	/ /	/ /	/ /	/ /	/ /

Required by compulsory immunization law; 4 DPT; 3 Polio; 1 Live Measles Vaccine on or after child's first birthday; and 1 Rubella.

## TUBERCULIN

DATE MO/DA/YR	TYPE	RESULT	DATE MO/DA/YR	TYPE	RESULT
/ /			/ /		

## POSTURAL SCREENING (SCOLIOSIS)

DATE MO/DA/YR	RESULTS (Positive or Negative)	DATE REFERRED	ACTION TAKEN
/ /		/ /	
/ /		/ /	
/ /		/ /	
/ /		/ /	

## DENTAL

## TYPE OF PREVENTION PROGRAM

FLUORIDE (Check)		MOUTH RINSE	NO. OF YEARS	INSTRUCTION (Type of Program)	NO. OF YEARS
WATER	SUPPLEMENT				

DENTAL REPORT (Date Examined)

DENTAL DISORDER (Date Reported) (See enclosed Dental Record)

/ /	/ /	/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /	/ /	/ /

## ADDITIONAL SCREENING

DATE MO/DA/YR	TEST	RESULT	DATE MO/DA/YR	TEST	RESULT
/ /			/ /		

## HEARING

DATE MO/DA/YR	AUDIOMETRY RESULTS (Pass/Fail)		OTHER TESTS (Specify)		DATE REFERRED	ACTION TAKEN (Aid, Seating, Lip Reader, T/A, Tubes, etc.)	
	R	L	R	L		DATE	
/ /					/ /	/ /	
/ /					/ /	/ /	
/ /					/ /	/ /	
/ /					/ /	/ /	

## SPEECH and LANGUAGE

DATE MO/DA/YR	NORMAL	DISORDERS (Check)				DATE REFERRED	ACTION TAKEN (Check)		
		Artic.	Rhythm	Voice	Lang.		Speech Ther.	Med. Eval.	Other (Describe)
/ /						/ /			
/ /						/ /			
/ /						/ /			
/ /						/ /			

## VISION

DATE MO/DA/YR	DISTANCE ACUITY		WEARS GLASSES	DATE REFERRED	ACTION TAKEN
	R	L			
9/22/89	20/13	20/13		/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	
/ /				/ /	

MUSCLE BALANCE (Pass or Fail)		FARSIGHTEDNESS (Pass or Fail)	COLOR (BOYS ONLY) (Pass or Fail)
Distance	Near		
/ /			

## SPECIAL NEEDS

DATE MO/DA/YR	SPECIAL NEEDS OR CONDITIONS (See enclosed explanation)	TEACHER ALERTED DATE
/ /		/ /

0956

NAME <b>BINNEY, Jonathan Kyle</b>				I. D. NUMBER (IN PENCIL)
(LAST)	(FIRST)	(MIDDLE)	(NICKNAME)	(TO BE COMPLETED BY SCHOOL)
SEX <b>M</b>	RACE <input type="radio"/> AMER. INDIAN <input type="radio"/> BLACK <input type="radio"/> ASIAN <input type="radio"/> HISPANIC <input checked="" type="radio"/> WHITE			BIRTHDATE [REDACTED]

**CORNERSTONE CHRISTIAN ACADEMY**  
**ELEMENTARY STANDARDIZED TEST RECORD FORM**

This form must follow pupil when transferred.

ENTER ELEMENTARY TEST RESULTS ON THIS SIDE OF FORM IN DATE ORDER SEQUENCE. ENTER SECONDARY TEST RESULTS ON REVERSE OF FORM. IF ENTRY TYPED OR HANDWRITTEN, SCORES SHOULD BE LABELED USING THE FOLLOWING CODE: PERCENTILE - P, STANINE - S, GRADE EQUIVALENT - G.E., INTELLIGENCE QUOTIENT - I.Q. ANY OTHER TYPE OF TEST RESULTS SHOULD BE EXPLAINED: NAME OF TEST, DATE GIVEN, AND ACTUAL GRADE PLACEMENT AT TIME OF TESTING SHOULD ALSO BE RECORDED.

GRADE **6.7**  
 SPRING **1987**



**CORNERSTONE C**  
**BINNEY JONA**  
**10546982 2346-112**

CAT	E & F LEVEL IS	TOTAL READING	TOTAL LANGUAGE	TOTAL MATHEMATICS	TOTAL BATTERY	PERCENTILE	SPELLING
SCALE SCORE		7335	6455	6815	70683	650	750
GRADE EQUIVALENT		6.6	4.9	3.8	5.1	53	9.0
NATIONAL PERCENTILE		48	32	9	25	31	73
NORMAL CURVE EQUIV		49	40	23	36	40	63
260-4		RUN DATE: 05/12 02505					

**INDIVIDUAL TEST RECORD**

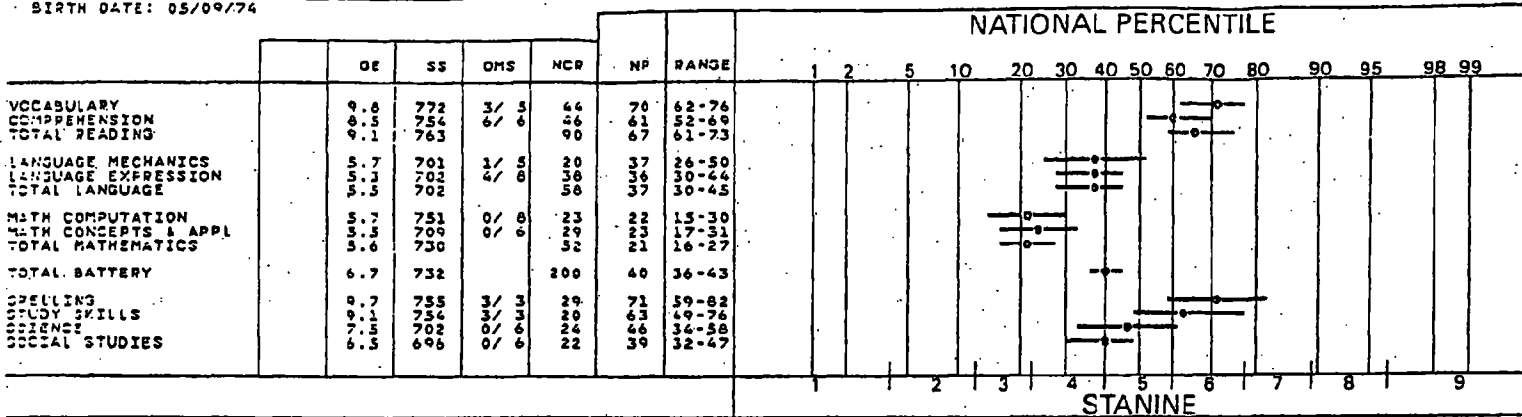
STUDENT: BINNEY, JONATH K

BIRTH DATE: 05/09/74

SPECIAL CODES: CLASS: MCLAMB R  
SCHOOL: CORNERSTONE  
DISTRICT: FAYETTEVILLE

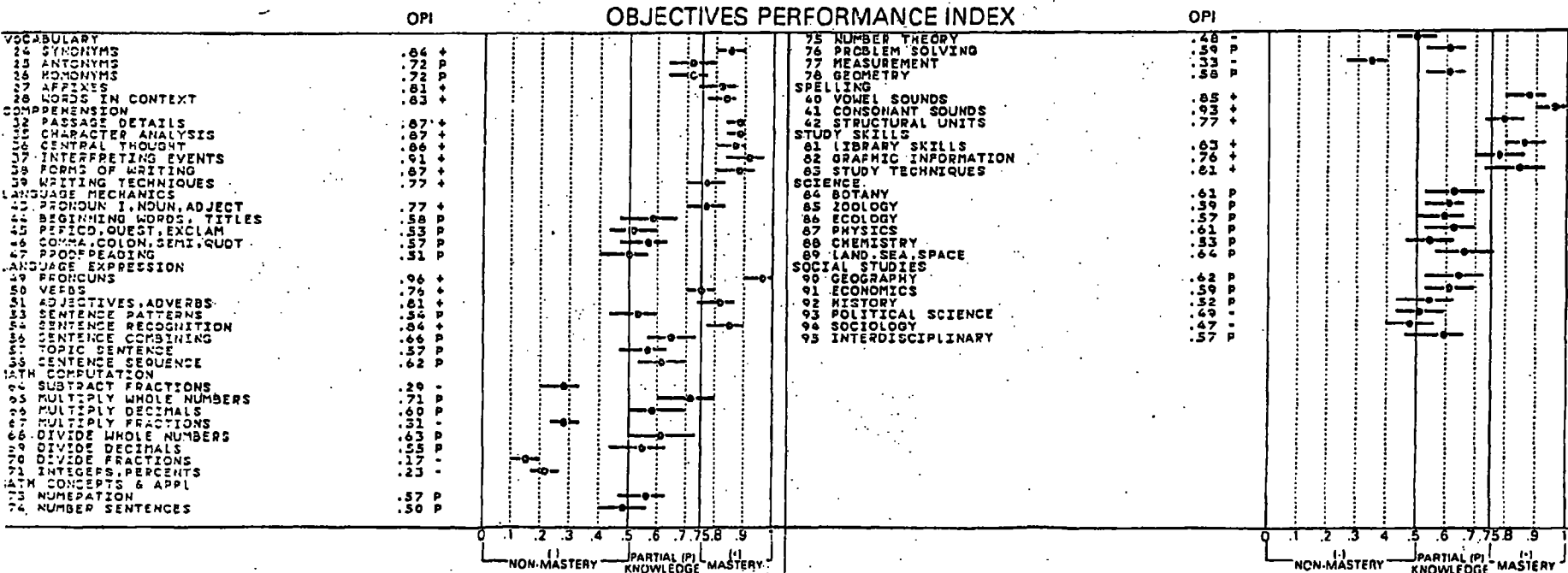
CITY/STATE: FAYETTEVILLE NC  
FORM/LEVEL: E/17  
GRADE: 7.7

TEST DATE: 04/11/86  
RUN DATE: 05/28/86



OE : GRADE EQUIVALENT  
SS : SCALE SCORE  
OMS : NUMBER OBJECTIVES MASTERED  
NCR : NUMBER CORRECT  
NP : NATIONAL PERCENTILE

0958



MAXIMUM/MINIMUM OBTAINED N: NOT ALL ITEMS REACHED Z: NO SCORE AVAILABLE QTR MTH: 28 TRADITIONAL CIBID: F437228001-03-006-000-002

# Education and Remediation Clinic

201 South McPherson Church Road  
Suite 219 McPherson Square  
Fayetteville, North Carolina 28304  
(919) 864-5691

*P.R. Manarino-Leggett, Ph.D.*  
Director  
Reading Specialist

*Staffed by Specially  
Trained & Certified Teachers*

## DIAGNOSTIC EVALUATION AND REPORT OF REPORT OF PROGRESS

• *Diagnosis and Treatment  
of Learning Disabilities  
Children and Adults*

• *Remediation of  
Reading Disabilities*

• *Tutoring in Math*

• *Specialized Classes*

CLIENT: Jonathan Binney GRADE: 7  
PARENTS: Dr. and Mrs. James Binney C.A.: 14 years  
ADDRESS: 390 Hilliard BIRTHDATE: ██████████  
Fayetteville, NC 28311 TESTDATE: 10-26-88

### REASON FOR REFERRAL:

Jonathan was seen at the clinic as requested by his parents who were concerned over his progress in school, especially in the independent or structured curriculum.

### TESTS ADMINISTERED AND RESULTS:

The following tests were administered on October 26, 1988.

#### Diagnostic Achievement Test for Adolescents

	Tile	Std. Scores
Word Identification	68	11
Reading Comprehension	75	12
Math Calculation	5	5
Math Problem Solving	2	4
Spelling	25	6
Written Composition	5	5
Science	37	9
Social Studies	25	8
Reference Skills	9	6

Key Math Test	7.5 grade level
Slosson Oral Reading Test	9.3 grade level
Slosson Intelligence Test	Range 95-103 (Average)
Botel test of Word Opposites	7-8 grade level

According to the test results, Jonathan's main problems appeared to be in math computation, problem solving, and written expression.

### REPORT TO PARENTS

STUDENT Binney Jonathan Kyle Grade 8 Year 19 89 19 90

LAST FIRST MIDDLE

SUBJECTS	PERIODS										
	1	2	Sem. Ex.	Sem. Gr.	Sem. Avg.	3	4	Sem. Ex.	Sem. Gr.	Sem. Avg.	Final Gr.
English		C				C-D					
Bible	F	D				D-E					
Science	C	C				C-E					
Math	F	D				D-D					
History	F	F				F-E					
Art		B				B-B					
Chorus		A				B-B					
Band											
Physical Education	C+					C-C					
Athletics											

A — Excellent      C — Average      F — Failure  
 B — Above average      D — Below average      I — Incomplete

Absence from school can never be made up. Regular attendance and promptness are necessary for good school progress.

Days Absent							
Times Tardy							

Personal Qualities	PERIODS			
	1	2	3	4
Cooperation				
Courtesy				
Work Habits				
Dependability				
Obedience				
Citizenship				
<b>Demerits</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>27</b>

(WE SUGGEST USING A FINE BALL POINT PEN WITH HEAVY PRESSURE)

Comments: 2-5 DEMERITS

Citizenship and academic training are equally important in the educational experience. Parents and teachers should work together in close cooperation and we encourage you to visit school and confer with the teachers. The above personal qualities evaluation is for your added information. A check (✓) after any of the above indicates a need for improvement. No check indicates an acceptable or better evaluation.

This report need not be returned to the school.

\_\_\_\_\_  
 SUPERINTENDENT / PRINCIPAL

0960

STATE OF WISCONSIN, CIRCUIT COURT, MARINETTE COUNTY

IN THE INTEREST OF

JOATHAN KYLE BINNEY

a person under the age of 18.

Date of Birth

NOTICE OF HEARING

- PROTECTION/SERVICES
- DELINQUENCY
- CIVIL LAW/ORDINANCES

**FILED**

Case No. 90-JV-121

NOV 20 1990

This case is scheduled for a hearing as indicated below.

LINDA R. YOUNK  
REGISTER IN PROBATE  
MARINETTE COUNTY, WIS.

NOTICE OF HEARING		
Date	Time	Location (Include Room No.)
December 12, 1990 Presiding Judge Honorable Tim A. Duket	11:15 AM	3rd Floor, Courthouse, Marinette, WI

For:

- Physical Custody
- Waiver of Juvenile Jurisdiction
- Plea
- Motions
- Pre-trial
- Fact Finding
  - Court
  - Jury \_\_\_\_\_ person(s)
- Disposition
- Extension
- Change of Placement
- Revision
- Other: Initial Appearance

See attached \_\_\_\_\_

- If this hearing is for waiver of juvenile jurisdiction, the child must be represented by counsel and any request for a substitution of judge must be filed before the close of the working day preceding the day the waiver hearing is scheduled.
- You have the right to have an attorney present.
- If the child, the parents or other interested parties are unable to retain a lawyer because of financial reasons, the State Public Defender may appoint an attorney to represent them at public expense. The parents or legal guardian of the child may be ordered to reimburse the state or county for the cost of legal counsel provided to the child based on ability to pay.

BY THE COURT:

*Joyce Motkowski*  
Circuit Judge/Juvenile Clerk

Joyce Motkowski

Name Typed

November 20, 1990

Date

DISTRIBUTION		Personal Service	Mail Notice	TELEPHONE NOTICE			
1. Court: Original				NAME	DATE	TIME	By
2. Child			X				
3. Mother			X				
4. Father			X				
5. Prosecutor		X					
6. Child's Attorney/GAL							
7. Dept. Soc. Services			X				

STATE OF WISCONSIN, CIRCUIT COURT, MARINETTE COUNTY

IN THE INTEREST OF

Jonathan Kyle Binney

05-09-74

a person under the age of 18.

Date of Birth

PETITION FOR DETERMINATION OF STATUS

**FILED**

- PROTECTION / SERVICES
- DELINQUENCY
- CIVIL LAW / ORDINANCES

NOV 20 1990

Case No. 90-JV- 121

LINDA J. TOUNK  
REGISTER IN PROBATE  
MARINETTE COUNTY, WIS.

I state on information and belief that:

1. Child's Street Address		
W4705 Wallace Road, Amberg, WI 54102 (Victory Group Home)		
Father's Name and Address		
Jim D. Binney, Box 312, New Concord, OH 43762		
Mother's Name and Address		
Sandra L. Binney		
Guardian, Legal Custodian, Spouse, if any. If none, nearest relative's name and address.		
Child in temporary physical custody   Where held   Date   Time		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. The above named child

Under sections(s):

- is in need of protection or services
- is delinquent
- has violated civil laws and / or ordinances

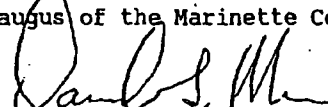
943.20(1)(a); 943.38(2); 943.23(2)

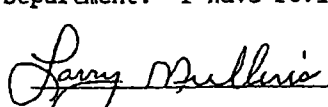
because: **FOR A FIRST COUNT:** The juvenile did on October 22, 1990, in the Town of Amberg, Marinette County, WI, did intentionally take and carry away moveable property of another, i.e., checks belonging to Steven Schroeder, without his content and with intent to deprive the owner permanently of possession of such property, contrary to Wis. Stats. Sec. 943.20(1)(a) **THEFT.**

**FOR A SECOND COUNT:** The juvenile did on October 10, 1990, in the Village of Wausaukee, Marinette County, WI, with intent to defraud, falsely utter as genuine a forged writing whereby legal rights or obligations are created, terminated or transfered, or a writing commonly relied upon in business or commercial transaction as evidence of debt or property rights, knowing it to have been falsely made, contrary to Wis. Stats. Sec. 943.38(2) **FORGERY**

**FOR A THIRD COUNT:** The juvenile did on October 22, 1990, in the Town of Amber, in Marinette County, WI, intentionally take and drive a vehicle without the consent of the owner, contrary to Wis. Stats. Sec. 943.23(2) **OPERATING VEHICLE WITHOUT OWNER'S CONSENT**

I am a Juvenile Intake Worker with the Marinette County Department of Human Services and I have reviewed a report prepared by Sergeant Investigator Michael Waugus of the Marinette County Sheriff's Department. I have reviewed reports

  
Signature of Prosecutor

  
Signature of Petitioner

David G. Miron  
Name of Prosecutor (Typed)

Larry Mullins  
Name of Petitioner (Typed)

November 19, 1990  
Date

November 19, 1990  
Date

Attachment to (identify document):

Page

Case/File Number

JONATHAN KYLE BINNEY

2

of

2

90-JV-121

Sgt. Waugus in the past and have found them to be reliable and accurate. Sgt. Waugus reports that on October 10, 1990, in the Town of Amberg, Marinette County, WI, he was dispatched to investigate a complaint that a juvenile, Jonathan Kyle Binney, had run away from the Victory Home for Boys located at W4705 Wallace Road in the Town of Amberg, Marinette County, WI. Upon arrival at the Victory Group Home, Sgt. Waugus met with the complainant, Steven R. Schroeder of the Victory Group Home who informed him that the above juvenile had entered the locked office at the Victory Group Home, removed blank checks from the Group Home, signed Schroeder's name to the checks, removed a key to a Chevrolet Suburban from a key ring, and drove the Chevrolet Suburban from the premises.

Sgt. Waugus interviewed the juvenile, a copy of whose statement is attached hereto and incorporated herein.

## VOLUNTARY STATEMENT

OCT 13 1990

DATE 10-13-90 TIME 9:46 AM PLACE Victory Group Home  
 BY JONATHAN K. BINNEY, AM 16 years of age and my address is  
114705 WALLACE RD, AMBERG, WI 54102  
 PHONE 759-5976 DATE OF BIRTH [REDACTED]

Approximately 3 weeks ago, I entered the office at the group home by unlocking the door with a <sup>Plastic</sup> credit card. I unlocked the ~~desk~~ <sup>cabinet</sup> with a key. I took out 6 checks from the checkbook. I hid the checks in my wallet. When I left to go home, I was going to write out the checks, cash them and use the money to travel with. I wrote out check # 1240 to the J.C. Whitney & Co, for \$2044.38 and I signed Steve Schroeder to the check. I also wrote out check # 1241 for \$156.00, check # 1242 for \$731.05, and check # 1243 for \$3654.06. I signed Steve Schroeder to these checks also.

On October 10, 1990, about 1<sup>20</sup> AM, I had a key for the 1979 Chev Suburban. I took my clothes, the checks and drove the Chev away. I was going to return to Ohio to see my parents and friends.

I stopped in WAUSAKEE to get gasoline in the Ohio. I tried to cash the check for \$156.00 but the girl at the gas station couldn't cash it. She gave me \$5.00 worth of gas.

WITNESS Sgt M. Wauque  
 COMPLAINT NUMBER 90-5898

SIGNED Jonathan Binney  
 (person giving voluntary statement)

Page 2 OF A STATEMENT GIVEN BY Jon Binney · OCT 13 1990  
DATE 10-13-90 COMPLAINT NUMBER 90-5898

I was about to drive away when Doug Roby, a teacher from the group home, came to the station. He paid the \$5.00 to the girl for the gas. We left the Suburban at the station and I rode back to the group home with him.

WITNESS: Sgt. M. Waugh

SIGNED Jonathan Binney  
(person giving voluntary statement)

SO-Cri-46

STATE OF WISCONSIN, CIRCUIT COURT, MARINETTE COUNTY

IN THE INTEREST OF

JOHATHAN KYLE BINNEY

a person under the age of 18.  
Date of Birth \_\_\_\_\_

NOTICE OF HEARING

- PROTECTION/SERVICES
- DELINQUENCY
- CIVIL LAW/ORDINANCES

**FILED**

Case No. 90-JV-121

NOV 20 1990

This case is scheduled for a hearing as indicated below.

LINDA R. YOUNK  
REGISTER IN PROBATE  
MARINETTE COUNTY, WIS.

NOTICE OF HEARING		
Date	Time	Location (Include Room No.)
December 12, 1990	11:15 AM	3rd Floor, Courthouse, Marinette, WI
Presiding Judge Honorable Tim A. Duket		

For:

- Physical Custody
- Waiver of Juvenile Jurisdiction
- Plea
- Motions
- Pre-trial
- Fact Finding
  - Court
  - Jury \_\_\_\_\_ person(s)
- Disposition
- Extension
- Change of Placement
- Revision
- Other: Initial Appearance

See attached \_\_\_\_\_

- If this hearing is for waiver of juvenile jurisdiction, the child must be represented by counsel and any request for a substitution of judge must be filed before the close of the working day preceding the day the waiver hearing is scheduled.
- You have the right to have an attorney present.
- If the child, the parents or other interested parties are unable to retain a lawyer because of financial reasons, the State Public Defender may appoint an attorney to represent them at public expense. The parents or legal guardian of the child may be ordered to reimburse the state or county for the cost of legal counsel provided to the child based on ability to pay.

BY THE COURT:

*Joyce Motkowsky*  
Circuit Judge / Juvenile Clerk

Joyce Motkowsky

Name Typed

November 20, 1990

Date

DISTRIBUTION	Personal Service	Mail Notice	TELEPHONE NOTICE			
			NAME	DATE	TIME	By
1. Court: Original						
2. Child		X				
3. Mother		X				
4. Father		X				
5. Prosecutor	X					
6. Child's Attorney/GAL						
7. Dept. Soc. Services		X				

STATE OF WISCONSIN, CIRCUIT COURT, MARINETTE COUNTY

IN THE INTEREST OF

Jonathan Kyle Binney

05-09-74

a person under the age of 18.

Date of Birth

PETITION FOR DETERMINATION OF STATUS **FILED**

PROTECTION / SERVICES

DELINQUENCY

CIVIL LAW / ORDINANCES

NOV 20 1990

Case No. 90-JV- 121

LINDA M. TOUNK  
REGISTER IN PROBATE  
MARINETTE COUNTY, WIS.

I state on information and belief that:

Child's Street Address		
W4705 Wallace Road, Amberg, WI 54102 (Victory Group Home)		
Father's Name and Address		
Jim D. Binney, Box 312, New Concord, OH 43762		
Mothers Name and Address		
Sandra L. Binney		
Guardian, Legal Custodian, Spouse, if any. If none, nearest relative's name and address.		
Child in temporary physical custody	Where held	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. The above named child

- is in need of protection or services  
 is delinquent  
 has violated civil laws and / or ordinances

Under sections(s):

943.20(1)(a); 943.38(2); 943.23(2)

because: **FOR A FIRST COUNT:** The juvenile did on October 22, 1990, in the Town of Amberg, Marinette County, WI, did intentionally take and carry away moveable property of another, i.e., checks belonging to Steven Schroeder, without his content and with intent to deprive the owner permanently of possession of such property, contrary to Wis. Stats. Sec. 943.20(1)(a) **THEFT.**

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I am a Juvenile Intake Worker with the Marinette County Department of Human Services and I have reviewed a report prepared by Sergeant Investigator Michael Waugus of the Marinette County Sheriff's Department. I have reviewed reports

*David G. Miron*

Signature of Prosecutor

David G. Miron

Name of Prosecutor (Typed)

November 19, 1990

Date

*Larry Mullins*

Signature of Petitioner

Larry Mullins

Name of Petitioner (Typed)

November 19, 1990

Date

JONATHAN KYLE BINNEY

2 of 2

90-JV-121

Sgt. Waugus in the past and have found them to be reliable and accurate. Sgt. Waugus reports that on October 10, 1990, in the Town of Amberg, Marinette County, WI, he was dispatched to investigate a complaint that a juvenile, Jonathan Kyle Binney, had run away from the Victory Home for Boys located at W4705 Wallace Road in the Town of Amberg, Marinette County, WI. Upon arrival at the Victory Group Home, Sgt. Waugus met with the complainant, Steven R. Schroeder of the Victory Group Home who informed him that the above juvenile had entered the locked office at the Victory Group Home, removed blank checks from the Group Home, signed Schroeder's name to the checks, removed a key to a Chevrolet Suburban from a key ring, and drove the Chevrolet Suburban from the premises.

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OCT 13 1990

DATE 10-13-90 TIME 9:46 AM PLACE Victory Group Home  
 I, JONATHAN K. BINNEY, AM 16 Years of age and my address is  
W4705 WALLACE RD, Amberg, WI 54102  
 PHONE 759-5976 DATE OF BIRTH [REDACTED]

Approximately 3 weeks ago, I entered the office at the group home by unlocking the door with a <sup>Plastic</sup> credit card. I unlocked the ~~desk~~<sup>CABINET</sup> with a key. I took out 6 checks from the checkbook. I hid the checks in my wallet. When I left to go home, I was going to write out the checks, cash them and use the money to travel with. I wrote out check # 1240 to the J.C. Whitney & Co, for \$2044.38 and I signed Steve Schroeder to the check. I also wrote out check # 1241 for \$156.00, check # 1242 for \$731.05, and check # 1243 for \$3654.06. I signed Steve Schroeder to these checks also.

On October 10, 1990, about 1:20 AM, I had a key for the 1979 Chev Suburban. I took my clothes, the checks and drove the Chev away. I was going to return to Ohio to see my parents and friends.

I stopped in WAUSAUKEE to get gasoline in the Ohio. I tried to cash the check for \$156.00 but the girl at the gas station couldn't cash it. She gave me \$5.00 worth of gas.

WITNESS Sgt M. Waugh  
 COMPLAINT NUMBER 90-5898

SIGNED Jonathan Binney  
 (person giving voluntary statement)

I was about to drive away when Doug Roby a teacher from the group home, came to the station. He paid the \$5.00 to the girl for the gas. We left the Suburban at the station and I rode back to the group home with him.

WITNESS: Sgt M. Waugh

SIGNED Jonathan Binney  
(person giving voluntary statement)

**CERTIFICATION OF MEDICAL RECORDS  
SECTION 2317.422 OHIO REVISED CODE**

STATE OF OHIO            )  
                                      )  
County of Muskingum    )

The undersigned hereby certifies that:

A. I am the Custodian of the Medical Records on behalf of Genesis HealthCare Systems;

and

B. That the attached documents are, in fact, true copies of reports and records made by  
Genesis HealthCare Systems personnel during the stay

in this institution on one Donation Binney commencing on  
June 28, 1992 and ending on June 28, 1992  
and

C. That all attached documents were prepared in the ordinary course of the business  
of Genesis HealthCare Systems.

Genesis HealthCare Systems  
Health Information Management  
W. Hopewell  
Health Information Management  
Correspondence

Sworn to before me and subscribed to in my presence at Zanesville Ohio, Muskingum  
County, this 26<sup>th</sup> day of April, 20 00.



SHAYA ALLEN  
Notary Public, State of Ohio  
My Commission Expires  
July 19, 2009

Shaya Allen  
Notary Public State of Ohio

Our *Mission* is to provide compassionate quality health care.

**AUTHORIZATION FOR THE USE AND DISCLOSURE OF  
PROTECTED HEALTH INFORMATION**

I Hereby Authorize Good Samaritan Hospital to Use or Disclose my Protected Health Information as Described Below. I understand that the information I authorize a person/facility to receive may be re-disclosed and no longer protected by state and federal regulations.

Patient Name: Jonathan Binney

Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Person/Facility Authorized to RELEASE the information: Good Samaritan Hospital

Name of Person/Facility Authorized to RECEIVE the information: Attorney John H. Blume

Address: 1247 Sumter Street, Suite 201 Telephone: (803) 765-1044

City, State, Zip: Columbia, SC 29201 Fax: (803) 765-1143

Purpose of Disclosure: Legal Dates of Treatment: \_\_\_\_\_

Information to be Used/Disclosed: Full medical reports and records, including but not limited to, admitting and discharge summaries, physician orders and notes, nursing assessments and notes, physician consultation reports and notes, surgical evaluations and notes and orders, laboratory notes and results and correspondences, radiology reports, notes and correspondences, pathology reports and notes and results, psychiatric and psychological notes and reports, medication administration records, physical and occupation therapy assessments and orders and notes, dietary records and notes, costs/expenses incurred and bills, submitted or unsubmitted to insurance carriers, any and all records pertaining to the above referenced patient. The attending physicians of the above named individual are authorized to discuss their care and treatment with Attorney John Blume, Blume & Weyble, LLC, or his designee.

I understand that in the event I was treated for drug and/or alcohol abuse, psychiatric condition(s), communicable diseases including HIV/AIDS, this information will be included as part of my medical record to the above-named person/facility.

Good Samaritan Hospital may not condition treatment, payment, enrollment or eligibility for benefits on signing this authorization.

This authorization is subject to cancellation/revocation at any time, by the patient or legally qualified representative, provided that the cancellation is made in writing except to the extent that:

1. The facility has already acted on your request prior to receiving the request to cancel the authorization; or
2. If the authorization was given to release records to your insurance company in order to obtain insurance coverage.

The undersigned further authorizes use of photo static copy of the within Medical Authorization for the purposes of disclosure.

This authorization shall remain in effect indefinitely unless revoked in writing by the undersigned.

Jonathan Binney  
Signature of Patient or Legally Qualified Representative

4-3-06  
Date

\_\_\_\_\_  
Relationship of Legal Qualified Representative

965.1  
E950.0

SERVICE DATE: 06/28/92  
 ADMITTING PHYSICIAN: 2255 018Y KK  
 EMERGENCY DEPT.  
 PATIENT NO.: 602018434  
 MEDICAL RECORD NO.: 000154146

PATIENT'S LAST NAME: BINNEY  
 FIRST NAME: JONATHAN JOHN  
 ADDRESS: K 13940 CLAYSVILLE  
 CITY: NEW CONCORD OH 43762

ATTENDING PHYSICIAN: MCBRIDE, GARY  
 COUNTY: 60  
 PHONE: (614) 872-3816

INSURANCE COMPANY: [Redacted]  
 TPC: 00  
 REF: 00

OTHER: [Redacted]

REL TO: BINNEY, JONATHAN JOHN K  
 13940 CLAYSVILLE NEW CONCORD OH 43762-  
 RELIGION: [Redacted]  
 EFFECTIVE HIRING DATE: [Redacted]  
 MODE OF ARRIVAL: NewCment  
 FC: SA MOA: A PTIE  
 DATE OF PRIOR ADMISSION: [Redacted]  
 SERVICE: EMR

DESCRIPTION	DATE	TIME	AM	PM	HOW OCCURRED	WHERE
CARE PRIOR TO ARRIVAL						
See signed sheet Ipecac @ 2305						
BP	140/90	99°	58	16	ALLERGIES	LAST TETANUS SHOT YEAR
NICKA						

DESCRIPTION OF ILLNESS OR INJURY AND NOTES NURSE:  
 Arrives by squad - states he took approx 110 ASA tablets @ 8pm. States he has been "confused lately" and doesn't know if he "wants to be around anymore". Vomiting @ present post Ipecac. Skin: pale w/o. Pupils unlabored - breath sounds clear. States he called NewCment Sheriff's Dept post ingestion of tablets at their summons @ the

PHYSICIAN EXAM: Young, R.L.  
 TIME: 2305 AM/PM

TREATMENT: Ambulater. AIO @ present. Serum. Mx: Depression, Attention Deficit Disorder, Runaway. (per Mother Sandra)

Spoke to Mother of patient - Sandra @ 2300. Parents are in Indiana.

ASA level → 2316  
 Urine Tox Screen → 2325  
 Activated Charcoal → 05:1  
 Repeat Activated Charcoal → 0040  
 Repeat ASA level @ 2AM → 0155  
 Release to custody of patrol officer

Nurses Signature: Young, R.L.  
 Doctor's Signature: [Signature]

DIAGNOSIS: Non toxic ASA overdose

CONDITION AT DISCHARGE: IMPROVED AT DISCHARGE  
 NO CHANGE  
 STABLE  
 CRITICAL

DISPOSITION: [Redacted]  
 NOTIFIED: [Redacted]  
 REREFERRED TO DOCTOR: [Redacted]  
 MEDICAL RECORDS: [Redacted]

GOOD SAMARITAN MEDICAL CENTER ZANESVILLE, OHIO

2411

10-91

NOTE: IF INSURANCE OR MEDICARE CLAIM, YOU MUST SIGN AUTHORIZATION ON BACK SIDE OF BUSINESS OFFICE & INSTRUCTIONS TO PATIENT COPY.

AUTHORIZATION RELEASE

AUTHORIZATION TREATMENT PERMIT

WISH TO HAVE

..... RELEASED FROM THE CARE OF GOOD SAMARITAN MEDICAL CENTER. I ACKNOWLEDGE THAT THIS REQUEST IS AGAINST THE ADVICE OF THE DOCTOR IN CHARGE OF (THE MY) CASE AND AGREE THAT THE DOCTOR AND THE HOSPITAL SHALL NOT BE RESPONSIBLE FOR THE CONSEQUENCES OF THIS ACTION.

I HEREBY CONSENT TO THE ADMINISTRATION OF SUCH ANESTHETICS AND THE PERFORMANCE OF SUCH TREATMENT AS DEEMED NECESSARY OR ADVISABLE WHILE THE PATIENT IS IN GOOD SAMARITAN MEDICAL CENTER.

SIGNED .....

NAME: ..... RELATIONSHIP: .....

WITNESS: .....

ADDRESS: ..... TELEPHONE: .....

WITNESS: .....

Good Samaritan Medical Center  
800 FOREST AVENUE  
ZANESVILLE, OHIO 43701

EMERGENCY ROOM NOTE

NAME: Jonathan Binney [REDACTED] MR# 0154146 602018434 DATE: 6-28-92

18 year old white male who was brought to the ER department via ambulance after suspected ingestion of aspirin. This young man apparently was caught trying to steal a car and according to the history took up to 110 aspirin tablets at approximately 8 p.m. He was given Ipecac on the way to the hospital. On arrival here, he had emptied his stomach quite well. His vital signs were as noted. He did not appear to be in any acute distress. He had a pulse ox of 99 on room air. His color was good.

HEENT: Unremarkable.

NECK: Supple without lymphadenopathy.

LUNGS: Clear to auscultation and percussion.

HEART: Tones were normal.

ABDOMEN: No CVA tenderness. Soft with active bowel sounds. He had no localized pain to deep palpation and no guarding.

EXTREMITIES: Good range of motion in all extremities and symmetrical DTR's.

Initial salicylate level was drawn, reported at 34. ABG's on 35% reported with PH of 7.54, PCO2 of 27, PO2 of 166 with an O2 sat measured at 98.4. Chem panel glucose of 94, sodium 141, potassium 4.0, chloride 110, bicarb 23, anion gap 8, BUN 9, Creatinine 0.9. BUN, Creatinine ratio of 10. CBC: white blood cells 6.2, RBC 5.43, hgb. 15.8, hct. 45.3 with 42 polys, 44 lymphs, 8 monos. Urine drug screen was negative. Repeat salicylate level at 6 hours was reported at 33.

He was discharged in good condition in the custody of the local sheriff.

DIAGNOSIS: Non toxic ASA ingestion.

GM/cc

  
G. McBride, M.D.

D: 6-28-92

T: 6-30-92

EMERGENCY ROOM NOTE



ASA KEVEL

Good Samaritan Medical Center  
809 Forest Ave. Zanesville, Ohio

Pathologist: Dr. Girsh  
Dr. Ferrestal  
Dr. Brabb

PATIENT NAME BINNEY, JONATHAN K DATE COLLECTED 28-JUN-92 TIME COLLECTED 2324  
PATIENT ADDRESS 13940 CLAYSVILLE TECH. ASA LC 06 DATE REPORTED 29-JUN-92 TIME REPORTED 01:13  
PATIENT SEX M PAT. AGE 018 PHYSICIAN MCBRIDE, GARY PAT. I.D. NO. 602018434 ROOM NO. ER

PEDIATRIC NORMALS AND THERAPEUTIC VALUES ON BACK

Test	Results	H/L	Normal	Test	Results	H/L	Normal	Test	Results	H/L	Normal
GLUCOSE			NEW BORN 18-112 mg/dl ALL OTHERS 80-120	CHOL			120-210 mg/dl	COAGULATION			12-15 SECS 2-7% CONTRA. Time
NA			137-147 mEq/L	TRIG			47-155 mg/dl				
K			3.8-5.3 mEq/L	HDL CHOL			>40 mg/dl	APTT			1-30 SECS 0-45 SECS Ther
Cl			98-109 mEq/L	HDL/RATIO				HEMATOLOGY			
CO <sub>2</sub>			22-32 mEq/L 24-34-40	VLDL			9.4-31 mg/dl	WBC			4.5-11.5 thousand
ANION GAP			5-19	LDL			*SEE BELOW	RBC			4.0-6.0 x 10 <sup>6</sup> 1.0-2.0 x 10 <sup>6</sup>
BUN			9.8-26 mg/dl	T4			5.0-12 U <sub>g</sub> /ml	HGB			11.0-16.0 mg/dl 7.0-12.0 mg/dl
CREAT			0.4-1.6 mg/dl	T3			23-34%	HCT			32-42 % 27-37 %
BUN CREAT RATIO			6-20	T7			1.2-4.1	MCV			80-94% um <sup>3</sup> 70-92 um <sup>3</sup>
URIC ACID			3.3-7.8 mg/dl 2.4-5.3 mg/dl	TSH			0.4-7 uIU/ml	MCH			27-31 pg
IP			NEW BORN 3.6-8 mg/dl ALL OTHERS 2.5-7 mg/dl	URINALYSIS				MCHC			33-37 g/dl
CA			NEW BORN 7-12 mg/dl ALL OTHERS 8.8-10.5 mg/dl	COLOR			YELLOW	RDW			11.5-14.5%
ALK PHOS			ADULT 25-100 IU/L	APPEAR			CLEAR	PLAT			130-400 x 10 <sup>3</sup>
T PROTEIN			NEW BORN 4.8-8.5 gm/dl ALL OTHERS 6.8-8.5 gm/dl	SP GRAVITY			0.012-1.030	POLYS			50-70%
ALB			NEW BORN 2.9-5.5 gm/dl ALL OTHERS 3.8-5.5 gm/dl	pH			4-8	LYMPHS			26-40%
GLOB			NEW BORN 1.7-2.7 gm/dl ALL OTHERS 2.9-2.9 gm/dl	PROTEIN			0-10 mg/dl	MONOS			2-6%
AVG RATIO			1.0-2.1/l	GLUCOSE			NEG	EOSO			2-5%
T BILI			0-1 mg/dl	KETONES			NEG	BANDS			0-3%
D BILI			0-1 mg/dl	OCCULT BLOOD			NEG	BASO			0-1%
SGPT			4-29 IU/L	BILE			NEG	META			0%
GGTP			12-64 IU/L 0-37 IU/L	UROB			( 2-1.0	MYELO			0%
SGOT			NEW BORN 0-74 IU/L ALL OTHERS 0-34 IU/L	LEUKO-ESTERASE			NEG	BLASTS			0%
LOH			NEW BORN 224-300 IU/L ALL OTHERS 17-210 IU/L	NITRITE			NEG				
CPK			0-202 IU/L	WBC			0-S/HPF	ATYP LYMPH			0%
IRON			NEW BORN 50-120 ug/dl 70-170 ug/dl 70-170 ug/dl	RBC			NEG/HPF	PLAT EST			Normal
TIBC			245-419 ug/dl	EP CELL			-	MORPHOLOGY: ANISO:			
UIBC			180-254 ug/dl	COMMENTS:				HYPO:			
AMYLASE			34-122 UL	SOURCE:				MACRO:			

ADDITIONAL TESTING

H/L/O TEST \* \* \* THERAPEUTIC DRUGS \* \* \* NORMAL RANGE

H<sub>1</sub> SALICYLATE 34 \* 20-30 UG/DL

ER REPORT

BINNEY, JONATHAN #

\*LDL: LESS THAN 130 NON RISK FACTOR; 130-160 BORDERLINE RISK FACTOR; GREATER THAN 160 INCREASED RISK FACTOR

Good Samaritan Medical Center  
800 Forest Ave. Zanesville, Ohio

Pathologist: Dr. Girsh  
Dr. Forrestal  
Dr. J. J. Drabb

PATIENT NAME BINNEY, JONATHAN K DATE COLLECTED 28-JUN-92 TIME COLLECTED 2:35  
 PATIENT ADDRESS 13940 CLAYSVILLE , TECH. TOXALC 06 DATE REPORTED 29-JUN-92 TIME REPORTED 02:34  
 PATIENT SEX M PAT. AGE 018 PHYSICIAN MCBRIDE, GARY ROOM NO. ER

PEDIATRIC NORMALS AND THERAPEUTIC VALUES ON BACK

Test	Results	H/L	Normal	Test	Results	H/L	Normal	Test	Results	H/L	Normal
GLUCOSE			90-120 mg/dl ALL OTHERS 60-120 mg/dl	CHOL			120-210 mg/dl	COAGULATION			12-15 SECS 27% CONTROL TIME
NA			137-147 mEq/L	TRIG			47-155 mg/dl	PRO TIME			
K			3.8-5.3 mEq/L	HDL CHOL			>40 mg/dl	APTT			30 SECS 45-60 SECS
Cl			98-109 mEq/L	HDL/RATIO				HEMATOLOGY			
CO <sub>2</sub>			23-34	VLDL			9.4-31 mg/dl	WBC			4.5-11.5 thousand
ANION GAP			5-19	LDL			*SEE BELOW	RBC			4.0-5.0 x 10 <sup>6</sup>
BUN			9.6-26 mg/dl	T4			5.0-12 Ug/ml	HGB			11-16 g/dl
CREAT			0.4-1.6 mg/dl	T3			23-34%	HCT			37-47%
BUN CREAT RATIO			6-20	T7			1.2-4.1	MCV			80-100 u <sup>3</sup>
URIC ACID			0.19-7.8 mg/dl	TSH			0.4-7 uIU/ml	MCH			27-31 pg
IP			0.2-0.5 mg/dl	URINALYSIS				MCHC			33-37 g/dl
CA			9-12 mg/dl	COLOR			YELLOW	RDW			11.5-14.5%
ALK PHOS			ADULT 25-100 IU/L	APPEAR			CLEAR	PLAT			130-400 x 10 <sup>9</sup>
T PROTEIN			6.0-8.0 g/dl	SP GRAVITY			0.012-1.030	POLYS			50-70%
ALB			3.5-5.0 g/dl	pH			4-8	LYMPHS			26-40%
GLOB			2.5-3.5 g/dl	PROTEIN			0-10 mg/dl	MONOS			2-6%
A/G RATIO			1.0-2.1/1	GLUCOSE			NEG	EOSO			2-5%
T BIL			0-1 mg/dl	KETONES			NEG	BANDS			0-3%
D BIL			0-1 mg/dl	OCCULT BLOOD			NEG	BASO			0-1%
SGPT			4-29 IU/L	BILE			NEG	META			0%
GGTP			0-37 IU/L	UROB			0.2-1.0	MYELO			0%
SGOT			0-37 IU/L	LEUKO-ESTERASE			NEG	BLASTS			0%
LDH			0-250 IU/L	NITRITE			NEG				
CPK			0-202 IU/L	WBC			0-5/HPF	ATYP LYMPH			0%
IRON			50-150 ug/dl	RBC			NEG/HPF	PLAT EST			Normal
TIBC			245-419 ug/dl	EP CELL				MORPHOLOGY: ANISO:			
UIBC			180-254 ug/dl	COMMENTS:				HYPO:			
AMYLASE			34-122 U/L	SOURCE:				MICRO:			
								MACRO:			

ADDITIONAL TESTING

HILO	TEST	TOXICOLOGY	NORMAL RANGE
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URINE TOXICOLOGY REPORT

DRUG GROUP NAME	RESULT	NON-DETECTION CUTOFF
ALCOHOL (ETHYL) URINE	NOT DETECTED	LESS THAN 10.0 MG/DL
AMPHETAMINES/METHAMPHETAMINES	NOT DETECTED	LESS THAN 500 NG/ML
BARBITURATES	NOT DETECTED	LESS THAN 500 NG/ML
BENZODIAZEPINES	NOT DETECTED	LESS THAN 300 NG/ML
CANNABINOIDS (MARIJUANA METABOLITE)	NOT DETECTED	LESS THAN 15.0 NG/ML
COCAINE METABOLITES	NOT DETECTED	LESS THAN 150 NG/ML
OPIATES	NOT DETECTED	LESS THAN 300 NG/ML
PHENCYCLIDINE (PCP)	NOT DETECTED	LESS THAN 25.0 NG/ML

NOTE: 1 SCREENING RESULTS SHOULD BE CONSIDERED PRESUMPTIVE UNLESS CONFIRMED  
 2 ALL DRUG GROUPS ARE URINE ASSAYS ONLY EXCEPT FOR ALCOHOL WHICH IS SERUM, URINE OR WHOLE BLOOD.  
 3 CHAIN OF POSSESSION FORM IF REQUIRED IS ON FILE AT GOOD SAMARITAN LAB.

ER REPORT

BINNEY, JONATHAN K 29-JUN-92 02:34 MCBRIDE, GARY MISC

Page: 1

\*LDL: LESS THAN 130 NON RISK FACTOR; 130-160 BORDERLINE RISK FACTOR; GREATER THAN 160 INCREASED RISK FACTOR

2ND LEVEL

Good Samaritan Medical Center  
800 Forest Ave. Zanesville, Ohio

Pathologist: Dr. Girsh  
Dr. Forrestal  
Dr. Brabb

PATIENT NAME BINNEY JONATHAN K DATE COLLECTED 29-JUN-92 TIME COLLECTED 2:00  
 PATIENT ADDRESS 14940 CLAYSVILLE TECH. SAL LC 06 DATE REPORTED 29-JUN-92 TIME REPORTED 14:21  
 PATIENT SEX M PAT. AGE 018 PHYSICIAN MCBRIDE, GARY PAT. I.D. NO. [REDACTED] ROOM NO. ER

PEDIATRIC NORMALS AND THERAPEUTIC VALUES ON BACK

Test	Results	H/L	Normal	Test	Results	H/L	Normal	Test	Results	H/L	Normal
<b>CHEMISTRY</b>				<b>COAGULATION</b>							
GLUCOSE			NEWBORN 18-24 mg/dl ALL OTHERS 60-100 mg/dl	CHOL			120-210 mg/dl	PT/PTA			11-13 SECS 2-2.5 CONTROL These
NA			137-147 mEq/L	TRIG			47-155 mg/dl	PTT			30 SECS 40-45 SECS These
K			3.8-5.3 mEq/L	HDL CHOL			>40 mg/dl	<b>HEMATOLOGY</b>			
Cl			98-109 mEq/L	HDL/RATIO			2.25				
CO <sub>2</sub>			NEWBORN 19-27 mEq/L OTHERS 24-34 mEq/L	VLDL			9.4-31 mg/dl	WBC			4.5-11.5 thousand
ANION GAP			5-19	LDL			*SEE BELOW	RBC			M 4.0-5.1 x 10 <sup>6</sup> F 4.2-5.1 x 10 <sup>6</sup>
BUN			9.6-26 mg/dl	T4			5.0-12 Ug/ml	HGB			M 12-16 g/dl F 12-16 g/dl
CREAT			0.4-1.6 mg/dl	T3			23-34%	HCT			M 40-52% F 37-47%
BUN CREAT RATIO			6-20	T7			1.2-4.1	MCV			M 80-95 fL F 81-95 fL
URIC ACID			NEWBORN 1.8-3.0 mg/dl F 3.4-5.1 mg/dl	TSH			0.4-7 uIU/ml	MCH			27-31 pg
IP			NEWBORN 5.0 mg/dl ALL OTHERS 2.5-3.5 mg/dl	<b>URINALYSIS</b>				MCHC			33-37 g/dl
CA			NEWBORN 7.0 mg/dl ALL OTHERS 8.8-10.2 mg/dl	COLOR			YELLOW	RDW			11.5-14.5%
ALK PHOS			ADULT 25-100 IU/L	APPEAR			CLEAR	PLAT			130-400 x 10 <sup>9</sup>
T PROTEIN			NEWBORN 4.8-8.0 g/dl ALL OTHERS 5.8-8.0 g/dl	SP GRAVITY			0.012-1.030	POLYS			50-70%
ALB			NEWBORN 2.8-3.5 g/dl ALL OTHERS 3.8-5.3 g/dl	pH			4-8	LYMPHS			26-40%
GLOB			NEWBORN 1.7-2.2 g/dl ALL OTHERS 2.6-2.7 g/dl	PROTEIN			0-10 mg/dl	MONOS			2-6%
AVG RATIO			1.0-2.1/1	GLUCOSE			NEG	EOSO			2-5%
T BIL			0-1 mg/dl	KETONES			NEG	BANDS			0-3%
D BIL			0-1 mg/dl	OCCULT BLOOD			NEG	BASO			0-1%
SGPT			4-29 IU/L	BILE			NEG	META			0%
GGTP			M 5-45 IU/L F 5-37 IU/L	UROB			0.2-1.0	MYELO			0%
SGOT			NEWBORN 16-77 IU/L ALL OTHERS 5-54 IU/L	LEUKO-ESTERASE			NEG	BLASTS			0%
LDH			NEWBORN 774-330 IU/L ALL OTHERS 83-210 IU/L	NITRITE			NEG	<b>MORPHOLOGY: ANISO:</b>			
CPK			0-202 IU/L	WBC			0-5/HPF	ATYP LYMPH			0%
IRON			50-150 ug/dl	RBC			NEG/HPF	PLAT EST			Normal
TIBC			245-419 ug/dl	EP CELL			-	<b>HYPO:</b>			
UIBC			180-254 ug/dl	COMMENTS:							<b>MICRO:</b>
AMYLASE			34-122 UL	SOURCE:							<b>MACRO:</b>

ADDITIONAL TESTING

HILO	TEST	THERAPEUTIC DRUGS	NORMAL RANGE
Hi	SALICYLATE	33	20-30 UG/DL

**ER REPORT**

BINNEY JONATHAN [REDACTED] 29-JUN-92 14:21 MCBRIDE, GARY MISC  
Page: 1

\*LDL: LESS THAN 130 NON RISK FACTOR; 130-160 BORDERLINE RISK FACTOR; GREATER THAN 160 INCREASED RISK FACTOR

GOOD SAMARITAN MEDICAL CENTER  
800 FOREST AVE. ZANESVILLE, OHIO  
CARDIO-PULMONARY SERVICES

BLOOD GAS REPORT

BINNEY JONATHAN [REDACTED] DATE: 6.28.92  
AGE 18 DR. MCBRIDE RM # ERA COLLECTED 2333

	OBSERVED	PREDICTED	UNIT
PH	7.542	7.35-7.45	
PCO2	27	35-45	MM HG
PO2	166.8		MM HG
BICARBONATE	23.1	22-26	M MOLS/L
BASE EXCESS	3.1	+2	M MOLS/L
O2 SAT. MEASURED	98.4	>96	%
COHB	1.1	< 2	%
METHB	0.1	< 2	%
BAROMETRIC PRESSURE	733		
A-a GRADIENT			
FIO2 (ESTIMATED)	35		%

A-a GRADIENT NOT CALCULATED FIO2 IS ESTIMATED  
INTERPRETATION

LAST CALIBRATION WAS  
28-JUN-92 23:10

SAMPLE	TIME	TECHNICIAN	PUNCTURE SITE	POSITION
COLLECTED	2333	<i>[Signature]</i>	RIGHT RADIAL	SEMI FOWLERS
TESTED	2336	<i>[Signature]</i>		

REMARKS : PT. ON CANNULA AT 4 L/M  
N RECORD NO 27 4805

ADDRESSOGRAPH

Prehospital Care

U32-5131  
826-7616  
Delmccallister  
Ray

(219) 932-6732

Binney, John

IV D5LR  
Cervical Collar  
Backboard L or S  
Mast  
Airway  
Splint  
O<sub>2</sub> 4L-NC  
CPR  
ET  
EOA

Trauma Scale		Score
Respiratory Rate	15-20	1
Respiratory Effort	15-20	1
Respiratory Pattern	Normal	1
Respiratory Sound	Clear	1
Respiratory Color	Normal	1
Respiratory Level	Normal	1
Respiratory Moisture	Normal	1
Respiratory Temperature	Normal	1
Respiratory Pulse	Normal	1
Respiratory Blood Pressure	Normal	1
Respiratory GCS	3-4	1
Respiratory Pupils	Equal	1
Respiratory Reflexes	Present	1
Respiratory Total Score		

OXYGEN AT _____ LPM PER CANNULA, MASK, E.T.	LAB/TREATMENT
SIDE RAILS	2BC
RESTRAINTS	Chum 7
CALL LIGHT ACCESS	ASA level
MEDICATIONS	
0001 Activated Charcoal	ABG's
0040 Activated Charcoal	Urine Tox Screen
	Repeat ASA level

X-RAY

- 8
- 7
- 6
- 5
- 4
- 3
- 2

PUPIL SIZE  
MM

TIMES	PUPILS Right (mm) reaction	Left

TIME	B/P	P	R	T	A.LINE	MONITOR	LV. TYPE	RATE	SITE	URINE OUTPUT
2235	140/90	88	16	994		SR 50	clear			
2300	140/80	76	16			SR				
2340	130/88	80	16			"				850cc
0110	130/84	84	16			"				
0155	128/88	84	16			"				

SR PR .16  
ORS .10

TIME	NURSES NOTES	SIGNATURE
2235	See Nurse's notes for initial assessment.	[Signature]
2240	IV infusing via LFA # 18 AC (from Squad). O <sub>2</sub> on @ 4L-NC.	[Signature]

8-70 Rev. 007  
(4/84)

2240	SaO <sub>2</sub> on U <sub>1</sub> = 99%. Monitor showing SR	by
2245	Emesis of approx 200cc stomach fluid & pill fragments visible. Total of 1300cc emesis since (specimen given) in squash.	by
2300	Spoke to pt's mother - Sandra - in Indiana, apparently on vacation. She states that John ran away from a Christian Psychiatric Hospital in Chicago. She is very worried about John - reassurance given. She states she will be in Zionsville early tomorrow am. She further requests we contact their Pastor - Dale McCallister to come in to see pt - same date.	by
2305	Dr. McBride examines pt.	by
2316	labs drawn	by
2335	ABC's drawn by cardioPulmonary	by
2355	voids per urinal. Specimen sent to labs	by
0001	pt vomited charcoal given sh. McBride noted	McCallister
0010	O <sub>2</sub> off. More alert & conversing & police officer. Monitor stable - showing SR & ectopy. No further emesis of activated charcoal.	by
2020	1500 charcoal given stable to return home that, police also at pt's residence. pt remains very sleepy. Shamp. level 1. it. no further emesis. PK by U <sub>1</sub> & baseline	McCallister

TRANSFERRED ON MONITOR \_\_\_\_\_  
 CONDITION ON TRANSFER \_\_\_\_\_  
 VALUABLES TO FAMILY \_\_\_\_\_  
 WITH PATIENT \_\_\_\_\_  
 REPORT CALLED TO \_\_\_\_\_  
 BY \_\_\_\_\_  
 TIME \_\_\_\_\_  
 ANY SPECIAL COMMENTS OR INSTRUCTIONS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
 Rev. 8/87



0130	Stable	M. L. [unclear]
0150	pt. continues to sleep peacefully	M. L. [unclear]
0255	lab drawn VS checked & remain stable. Dozing @ intervals. Alert and appropriate.	[unclear]
0245	Called for results of ASA level. Lab states same is not yet available. Pt enters to doze @ intervals. Alert and appropriate when spoken to.	[unclear]
0300	Still awaiting results of repeat ASA level.	[unclear]
0320	ASA level now available. Pt released into custody of patrol officer - P. Fisher. Pt is stable. Also pleasant and cooperative.	[unclear]

TRANSFERRED ON MONITOR \_\_\_\_\_  
 CONDITION ON TRANSFER \_\_\_\_\_  
 VALUABLES TO FAMILY \_\_\_\_\_  
 WITH PATIENT \_\_\_\_\_  
 REPORT CALLED TO \_\_\_\_\_  
 BY \_\_\_\_\_  
 TIME \_\_\_\_\_  
 ANY SPECIAL COMMENTS OR INSTRUCTIONS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Rev. 6/87

NOTE: THE EXAMINATION AND TREATMENT YOU HAVE RECEIVED IN THE EMERGENCY DEPARTMENT HAVE BEEN RENDERED ON AN EMERGENCY BASIS ONLY, AND ARE NOT INTENDED TO BE A SUBSTITUTE FOR AN EFFORT TO PROVIDE COMPLETE MEDICAL CARE. YOUR FOLLOWUP DOCTOR (NAMED BELOW) WILL RECEIVE A COPY OF YOUR RECORDS. IT IS IMPORTANT THAT YOU LET HIM CHECK YOU AGAIN, AND THAT YOU REPORT TO HIM ANY NEW OR REMAINING PROBLEMS AT THAT TIME. BECAUSE IT IS IMPOSSIBLE TO RECOGNIZE AND TREAT ALL ELEMENTS OF INJURY OR ILLNESS IN A SINGLE EMERGENCY DEPARTMENT VISIT. MEANWHILE FOLLOW THE INSTRUCTIONS BELOW AS INDICATED FOR YOU.

INSTRUCTIONS

- ALLERGIC REACTIONS**
1. Anaphylaxis
  2. Contact Dermatitis
  3. Hives
- CARDIOVASCULAR**
4. Angina
  5. Atrial Fibrillation
  6. Chest Pain, Adult
  7. Hypertension
  8. Pericarditis
  9. Thromboembolism
- DERMATOLOGY**
10. Cellulitis
  11. Deep Rash
  12. Impetigo
  13. Head Lice
  14. Pubic Lice
  15. Scabies
  16. Shingles
- DIETS**
17. Clear Liquids
  18. Full Liquids
  19. Low Fat
  20. Low Sodium
- EYE**
21. Common Cold, Adult
  22. Corneal Abrasion
  23. Eyestrain
  24. Foreign Body
  25. Injury, Head
  26. Labrynthitis
  27. Otitis Media
  28. Strep Pharyngitis
  29. Tympanic Membrane Perforation
  30. Otitis Externa
- ENVIRONMENTAL**
31. Animal Bite
  32. Frostbite
  33. Heat Exhaustion
  34. Sunburn

- EYE**
35. Conjunctivitis
  36. Corneal Abrasion
  37. Corneal Foreign Body
  38. Subconjunctival Hemorrhage
- GASTROINTESTINAL**
39. Abdominal Pain, Adult
  40. Abdominal Pain, Child
  41. Diarrhea, Adult
  42. Gastritis
  43. Hemorrhoids
  44. Seaboard Foreign Body
- GENERAL RESPIRATORY**
45. Asthma
  46. Croup
  47. Epiglottitis
  48. Sinusitis
  49. Whooping Cough
  50. Acute Bronchitis
  51. Chronic Bronchitis
  52. Emphysema
  53. Pneumonia
  54. Tuberculosis
  55. Pertussis
- GENITOURINARY**
56. Epididymitis
  57. Gonorrhea
  58. Hemorrhoids
  59. STD
  60. UTI
  61. Vaginitis
- INFECTIOUS DISEASES**
62. Gas Gangrene
  63. Hepatitis
  64. Meningitis
  65. Rabies
  66. Tetanus
  67. Typhoid
  68. Yersinia

- MUSCULOSKELETAL**
69. Fracture, Closed
  70. Fracture, Open
  71. Bone Pain
  72. Neck Sprain
  73. Nerve Root Injury
  74. Sprain
  75. Tendonitis
  76. Wound Care
  77. Head Injury
- NEUROLOGIST**
78. Head Injury, Adult
  79. Head Injury, Child
  80. Migraine Headache
  81. Seizure, Focal
  82. Seizure, Generalized
- OBSTETRICS**
83. Dysfunctional Uterine Bleeding
  84. Menstrual Cramps
  85. Miscarriage Threatened
  86. Morning Sickness
  87. PID
  88. Rupture
  89. Vaginitis, Candida
  90. Vaginitis, Trichomonas
  91. Vaginitis, Non Specific
- OBSTETRICS**
92. Brachytherapy
  93. Common Cold, Child
  94. Croup
  95. Diarrhea, Infant
  96. Pinworms
  97. Fever
  98. Dehydration

- Call the office of Dr. \_\_\_\_\_ tomorrow for followup appointment. (If you are being seen on a weekend, call Monday morning). It is recommended that you have an appointment within \_\_\_\_\_ days.
- If you do not have a family physician, the Physician Referral Service at 454-5362 may be able to assist you.
- If checked, a tetanus booster was given.
- If checked, tetanus anti-toxin (human) was given.
- If checked, the x-ray report you received was an emergency reading only. The Radiologist will review the x-ray in the A.M. and you will be informed of any change in diagnosis.
- If you were referred to an orthopedic specialist, be sure to pick up your x-rays and take them with you on the day of your appointment.
- Additional Instructions:

*Patient is alert and oriented and may be released into custody of patrol officer P. Fisher. Patient is in stable condition.*



Good Samaritan Medical Center  
PHARMACY DEPARTMENT  
800 FOREST AVENUE ZANESVILLE, OHIO 43701

FOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

Label   
Refill 1 - 2 - 3 - 4 - 5 NR  
DEA NO. \_\_\_\_\_

M.D.

MY SIGNATURE BELOW INDICATES MY AUTHORIZATION FOR GOOD SAMARITAN MEDICAL CENTER TO DISCLOSE MY MEDICAL RECORDS TO MY INSURANCE CARRIER FOR THE PURPOSE OF PROCESSING MY CLAIM.

MY SIGNATURE ALSO ACKNOWLEDGES RECEIPT OF THE INSTRUCTIONS INDICATED ABOVE. I UNDERSTAND THAT I HAVE HAD EMERGENCY TREATMENT ONLY, AND THAT I MAY BE RELEASED BEFORE ALL MY MEDICAL PROBLEMS ARE KNOWN OR TREATED. I WILL ARRANGE FOR FOLLOWUP CARE AS INDICATED ABOVE. I UNDERSTAND THAT IF MY CONDITION WORSENS OR NEW SYMPTOMS APPEAR, I SHOULD CONTACT MY PRIVATE PHYSICIAN IMMEDIATELY. IF I AM UNABLE TO REACH MY PRIVATE PHYSICIAN, I UNDERSTAND THAT I SHOULD RETURN PROMPTLY TO THE GOOD SAMARITAN MEDICAL CENTER EMERGENCY DEPARTMENT.

*Janelle Binner*  
PATIENT

6-29-92  
DATE

*Shirley M. Zimmerman*  
PHYSICIAN

WITNESS *ly*

Patient - Original  
Medical Records - Yellow  
Physician - Pink

E-68

965.1  
E950.0

SERVICE DATE 06/28/92	ADMIT TIME 2255	AGE 018Y	SEX KK	EMERGENCY DEPT.	PATIENT NO.	MEDICAL RECORD NO.
PATIENT'S LAST NAME BINNEY		FIRST NAME JONATHAN JOHN		ADDRESS K 13940 CLAYSVILLE	CITY NEW CONCORD	STATE OH 43762
MARRIAGE STATUS S		ATTENDING PHYSICIAN MCBRIDE, GARY		COUNTY 60	PHONE: (614) 872-3816	
REL TO BINNEY JONATHAN JOHN K		RELIGION	EFFECTIVE PLARY DATE	MODE OF ARRIVAL Newsmen FC: SA MOA: A PT: E		
13940 CLAYSVILLE NEW CONCORD OH 43762-		PRIOR ADMISSION		DATE OF PRIOR ADMISSION Service: EHR		

DESCRIPTION	DATE	TIME	AM	PM	HOW OCCURRED	WHERE
CARE PRIOR TO ARRIVAL Se signed sheet Ipecac @ 2205						
BP	140/90	99°	58	16	ALLERGIES NICKA	LAST TETANUS SHOT YEAR
DESCRIPTION OF ILLNESS OR INJURY AND NOTES NURSE						

**DAILY MEDS:**  
Desipramine 100mg QD

**WT:** 170 lbs

**TRAUMA NURSE:** Young, R.L.

**TREATMENT:**  
ambulance, ATO @ present. Desipramine 100mg IM  
T.D. 0.5cc IM  
TIG 250 Units IM

**Notes:**  
Spoke 2 Mother of patient - Sandra @ 2300. Parents are in Indian.

PHYSICIAN EXAM:	TIME 2305	AM	PM
<p><b>Diagnosis:</b> NON TOXIC ASA Intox</p> <p><b>Disposition:</b> [ ] HOME [ ] WORK [ ] ADMIT [ ] SURG. DR. OFFICE</p> <p><b>Notified:</b> [ ] RETN [ ] POL [ ] CORN [ ] REL [ ] MD [ ] TIME</p>			
Nurses Signature Young, R.L.		Doctor's Signature X [Signature]	

CONDITION AT DISCHARGE	<input checked="" type="checkbox"/> IMPROVED <input type="checkbox"/> NO CHANGE <input checked="" type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
REFERRED TO DOCTOR	TIME _____ AM / PM DATE _____ HOME NO. _____ RELEASED TO CUSTODY OF: Deputy Sheriff Patrol Officer Co 0320 AM
MEDICAL RECORDS P. FISHER GOOD SAMARITAN MEDICAL CENTER ZANESVILLE, OHIO	

NOTE: IF INSURANCE OR MEDICARE CLAIM, YOU MUST SIGN AUTHORIZATION ON BACK SIDE OF BUSINESS OFFICE & INSTRUCTIONS TO PATIENT COPY.

AUTHORIZATION, RELEASE

WISH TO HAVE

..... RELEASED FROM THE CARE OF GOOD SAMARITAN MEDICAL CENTER. I ACKNOWLEDGE THAT THIS REQUEST IS AGAINST THE ADVICE OF THE DOCTOR IN CHARGE OF (THE, MY) CASE AND AGREE THAT THE DOCTOR AND THE HOSPITAL SHALL NOT BE RESPONSIBLE FOR THE CONSEQUENCES OF THIS ACTION.

SIGNED: .....

WITNESS: .....

AUTHORIZATION, TREATMENT PERMIT

I HEREBY CONSENT TO THE ADMINISTRATION OF SUCH ANESTHETICS AND THE PERFORMANCE OF SUCH TREATMENT AS DEEMED NECESSARY OR ADVISABLE WHILE THE PATIENT IS IN GOOD SAMARITAN MEDICAL CENTER.

NAME: ..... RELATIONSHIP: .....

ADDRESS: ..... TELEPHONE: .....

WITNESS: .....

Good Samaritan Medical Center  
800 FOREST AVENUE  
ZANESVILLE, OHIO 43701

EMERGENCY ROOM NOTE

NAME: Jonathan Binney [REDACTED]

18 year old white male who was brought to the ER department via ambulance after suspected ingestion of aspirin. This young man apparently was caught trying to steal a car and according to the history took up to 110 aspirin tablets at approximately 8 p.m. He was given Ipecac on the way to the hospital. On arrival here, he had emptied his stomach quite well. His vital signs were as noted. He did not appear to be in any acute distress. He had a pulse cx of 99 on room air. His color was good.

HEENT: Unremarkable.

NECK: Supple without lymphadenopathy.

LUNGS: Clear to auscultation and percussion.

HEART: Tones were normal.

ABDOMEN: No CVA tenderness. Soft with active bowel sounds. He had no localized pain to deep palpation and no guarding.

EXTREMITIES: Good range of motion in all extremities and symmetrical DTR's.

Initial salicylate level was drawn, reported at 34. ABG's on 35% reported with PH of 7.54, PO2 of 27, PO2 of 166 with an O2 sat measured at 98.4. Chem panel glucose of 94, sodium 141, potassium 4.0, chloride 110, bicarb 23, anion gap 8, BUN 9, Creatinine 0.9. BUN, Creatinine ratio of 10. CBC: white blood cells 6.2, RBC 5.43, hgb. 15.8, hct. 45.3 with 42 polys, 44 lymphs, 8 monos. Urine drug screen was negative. Repeat salicylate level at 6 hours was reported at 33.

He was discharged in good condition in the custody of the local sheriff.

DIAGNOSIS: Non toxic ASA ingestion.

GM/cc

  
G. McBride, M.D.

D: 6-28-92  
T: 6-30-92

EMERGENCY ROOM NOTE



Good Samaritan Medical Center  
809 Forest Ave. Zanesville, Ohio

ASA KEVEL

Pathologist: Dr. Girsh  
Dr. Forrestal  
Dr. Brabb

PATIENT NAME BINNEY, JONATHAN K DATE COLLECTED 28-JUN-92 TIME COLLECTED 2324  
 PATIENT ADDRESS 13940 CLAYSVILLE TECH. ASA LC 06 DATE REPORTED 29-JUN-92 TIME REPORTED 01:13  
 PATIENT SEX M PAT. AGE 018 PHYSICIAN MCBRIDE, GARY ROOM NO. ER

PEDIATRIC NORMALS AND THERAPEUTIC VALUES ON BACK

Test	Results	H/L	Normal	Test	Results	H/L	Normal	Test	Results	H/L	Normal
CHEMISTRY				COAGULATION							
GLUCOSE			NEBORN 18-40 mg/dl ALL OTHERS 40-100 mg/dl	CHOL			120-210 mg/dl	PRO TIME PATIENT			17-18 SECS 6-20% COAGUL. TIME
NA			137-147 mEq/L	TRIG			47-155 mg/dl	PRO TIME CONTROL			
K			3.8-5.3 mEq/L	HDL CHOL			>40 mg/dl	APTT			<30 SECS 40-65 SECS 17min
Cl			98-109 mEq/L	HDL/RATIO				HEMATOLOGY			
CO <sub>2</sub>			NEBORN 19-27 mEq/L ALL OTHERS 24-34 mEq/L	VLDL			9.4-31 mg/dl	WBC			4.5-11.5 thousand
ANION GAP			5-19	LDL			*SEE BELOW	RBC			M 4.0-5.1 x 10 <sup>6</sup> F 4.7-5.8 x 10 <sup>6</sup>
BUN			9.6-26 mg/dl	T4			5.0-12 Ug/ml	HGB			M 11.5-15.5 g/dl F 12-16 g/dl
CREAT			0.4-1.6 mg/dl	T3			23-34%	HCT			M 37-52% F 37-52%
BUN CREAT RATIO			6-20	T7			1.2-4.1	MCV			M 80-90 μm <sup>3</sup> F 81-29 μm <sup>3</sup>
URIC ACID			M 2.9-7.8 mg/dl F 2.4-6.2 mg/dl	TSH			0.4-7 uIU/ml	MCH			27-31 pg
IP			NEBORN 3.8-8 mg/dl ALL OTHERS 2.5-5 mg/dl	URINALYSIS				MCHC			33-37 g/dl
CA			NEBORN 1.7-2 mg/dl ALL OTHERS 8.6-10.5 mg/dl	COLOR			YELLOW	RDW			11.5-14.5%
ALK PHOS			ADULT 25-100 IU/L	APPEAR			CLEAR	PLAT			130-400 x 10 <sup>9</sup>
T PROTEIN			NEBORN 6.6-8.2 g/dl ALL OTHERS 6.8-8.2 g/dl	SP GRAVITY			0.012-1.030	POLYS			50-70%
ALB			NEBORN 2.8-5.1 g/dl ALL OTHERS 3.8-5.3 g/dl	pH			4-8	LYMPHS			26-40%
GLOB			NEBORN 1.7-2.7 g/dl ALL OTHERS 2.6-2.9 g/dl	PROTEIN			0-10 mg/dl	MONOS			2-6%
AG RATIO			1.0-2.1/l	GLUCOSE			NEG	EOSO			2-5%
T BILJ			0-1 mg/dl	KETONES			NEG	BANDS			0-3%
D BILJ			0-1 mg/dl	OCCULT BLOOD			NEG	BASO			0-1%
SGPT			4-29 IU/L	BILE			NEG	META			0%
GGTP			M 8-45 IU/L F 5-27 IU/L	UROB			C 2-1.0	MYELO			0%
SGOT			NEBORN 15-74 IU/L ALL OTHERS 10-50 IU/L	LEUKO-ESTERASE			NEG	BLASTS			0%
LDH			NEBORN 224-520 IU/L ALL OTHERS 217-260 IU/L	NITRITE			NEG	MORPHOLOGY: ANISO:			
CPK			0-202 IU/L	WBC			0-5/HPF	ATYP LYMPH			0%
IRON			ADOLESCENT 50-120 μg/dl M 70-170 μg/dl F 70-170 μg/dl	RBC			NEG/HPF	PLAT EST			Normal
TIBC			245-419 μg/dl	EP CELL				HYPO:			
UIBC			180-254 μg/dl	COMMENTS:				MICRO:			
AMYLASE			34-122 UL	SOURCE:				MACRO:			

ADDITIONAL TESTING

HI/LO	TEST	THERAPEUTIC DRUGS	NORMAL RANGE
	H1 SALICYLATE	34	20-30 UG/DL

ER REPORT

BINNEY, JONATHAN

Good Samaritan Medical Center  
800 Forest Ave. Zanesville, Ohio

Pathologist: Dr. Girsh  
Dr. Forrestal  
Dr. Brabb

PATIENT NAME BINNEY, JONATHAN K DATE COLLECTED 28-JUN-92 TIME COLLECTED 2:35  
 PATIENT ADDRESS 13940 CLAYVILLE TECH. TOXALC 06 DATE REPORTED 29-JUN-92 TIME REPORTED 02:34  
 PATIENT SEX M PAT. AGE Q18 PHYSICIAN MCBRIDE, GARY ROOM NO. ER

PEDIATRIC NORMALS AND THERAPEUTIC VALUES ON BACK

Test	Results	H/L	Normal	Test	Results	H/L	Normal	Test	Results	H/L	Normal
CHEMISTRY				COAGULATION				COAGULATION			
GLUCOSE			100-120 mg/dl	CHOL			120-210 mg/dl	PT/PTT			12-15 SECS
NA			137-147 mEq/L	TRIG			47-155 mg/dl	PT/PTT			27-30 CONTROL
K			3.8-5.3 mEq/L	HDL CHOL			>40 mg/dl	APTT			30-35 SECS
Cl			98-109 mEq/L	HDL/RATIO				HEMATOLOGY			
CO <sub>2</sub>			23-31 mEq/L	VDL			9.4-31 mg/dl	WBC			4.5-11.5 thousand
ANION GAP			5-19	LDL			*SEE BELOW	RBC			4.0-5.0 x 10 <sup>6</sup>
BUN			9.6-28 mg/dl	T4			5.0-12 Ug/ml	HGB			11.0-15.0 g/dl
CREAT			0.4-1.6 mg/dl	T3			23-34%	HCT			37-47%
BUN CREAT RATIO			6-20	T7			1.2-4.1	MCV			80-95 µm <sup>3</sup>
URIC ACID			4.3-7.8 mg/dl	TSH			0.4-7 uIU/ml	MCH			27-31 pg
IP			NEWBORN 3.6-6.0 mg/dl	URINALYSIS				MCHC			33-37 g/dl
CA			ALL OTHERS 2.2-2.7 mg/dl	COLOR			YELLOW	RDW			11.5-14.5%
ALK PHOS			ADULT 25-100 IU/L	APPEAR			CLEAR	PLAT			130-400 x 10 <sup>9</sup>
T PROTEIN			NEWBORN 4.8-7.0 g/dl	SP GRAVITY			0.012-1.030	POLYS			50-70%
ALB			ALL OTHERS 3.8-5.2 g/dl	pH			4-8	LYMPHS			26-40%
GLOB			NEWBORN 1.2-2.2 g/dl	PROTEIN			0-10 mg/dl	MONOS			2-6%
A/G RATIO			1.0-2.1/1	GLUCOSE			NEG	EOSO			2-5%
T BILI			0-1 mg/dl	KETONES			NEG	BANDS			0-3%
D BILI			0-1 mg/dl	OCCULT BLOOD			NEG	BASO			0-1%
SGPT			4-29 IU/L	BILE			NEG	META			0%
GGTP			5-37 IU/L	UROB			0.2-1.0	MYELO			0%
SGOT			NEWBORN 15-20 IU/L	LEUKO-ESTERASE			NEG	BLASTS			0%
LDH			ALL OTHERS 220-380 IU/L	NITRITE			NEG	MORPHOLOGY: ANISO:			
CPK			0-202 IU/L	WBC			0-5/HPF	ATYP LYMPH			0%
IRON			50-150 µg/dl	RBC			NEG/HPF	PLATEST			Normal
TIBC			245-419 µg/dl	EP CELL			-	HYPO:			
UICB			180-254 µg/dl	COMMENTS:							
AMYLASE			34-122 UL	SOURCE:							
MICRO:											
MACRO:											

ADDITIONAL TESTING

HUO TEST \* \* \* TOXICOLOGY \* \* \* NORMAL RANGE

URINE TOXICOLOGY REPORT

DRUG GROUP NAME	RESULT	NON-DETECTION CUTOFF
ALCOHOL (ETHYL) URINE	NOT DETECTED	LESS THAN 10.0 MG/DL
AMPHETAMINES/METHAMPHETAMINES	NOT DETECTED	LESS THAN 500 NG/ML
BARIBITURATES	NOT DETECTED	LESS THAN 500 NG/ML
BENZODIAZEPINES	NOT DETECTED	LESS THAN 300 NG/ML
CANNABINOIDS (MARIJUANA METABOLITE)	NOT DETECTED	LESS THAN 15.0 NG/ML
COCAINE METABOLITES	NOT DETECTED	LESS THAN 150 NG/ML
OPIATES	NOT DETECTED	LESS THAN 300 NG/ML
PHENCYCLIDINE (PCP)	NOT DETECTED	LESS THAN 25.0 NG/ML

NOTE: 1. SCREENING RESULTS SHOULD BE CONSIDERED PRESUMPTIVE UNLESS CONFIRMED  
 2. ALL DRUG GROUPS ARE URINE ASSAYS ONLY EXCEPT FOR ALCOHOL WHICH IS SERUM, URINE OR WHOLE BLOOD  
 3. CHAIN OF POSSESSION FORM IF REQUIRED IS ON CLIENT GOOD SAMARITAN LAB.

ER REPORT

BINNEY, JONATHAN 29-JUN-92 02:34 MCBRIDE, GARY MISC  
 Page: 1

\*LDL: LESS THAN 130 NON RISK FACTOR; 130-160 BORDERLINE RISK FACTOR; GREATER THAN 160 INCREASED RISK FACTOR

2ND LEVEL

Good Samaritan Medical Center  
800 Forest Ave. Zanesville, Ohio

Pathologist: Dr. Girsh  
Dr. Forrestal  
Dr. Brabb

PATIENT NAME BINNEY JONATHAN K DATE COLLECTED 29-JUN-92 TIME COLLECTED 2200  
PATIENT ADDRESS 13940 CLAYSVILLE TECH. SAL LC 06 DATE REPORTED 29-JUN-92 TIME REPORTED 14:21  
PATIENT SEX M PAT. AGE 018 PHYSICIAN MCBRIDE, GARY ROOM NO. ER

PEDIATRIC NORMALS AND THERAPEUTIC VALUES ON BACK

Test	Results	H/L	Normal	Test	Results	H/L	Normal	Test	Results	H/L	Normal
<b>CHEMISTRY</b>				<b>COAGULATION</b>							
GLUCOSE			90-110 mg/dl 137-147 mEq/L	CHOL			120-210 mg/dl	PT			12-18 SECS 2-7.5 CONTROL TESTS
NA			137-147 mEq/L	TRIG			47-155 mg/dl	PTT			30 SECS 40-65 SECS TESTS
K			3.8-5.3 mEq/L	HDL CHOL			>40 mg/dl	<b>HEMATOLOGY</b>			
Cl			98-109 mEq/L	HDL/RATIO			7.5%				
CO <sub>2</sub>			22-32 mEq/L	LDL			9.4-31 mg/dl	WBC			4.5-11.5 thousand
ANION GAP			5-19	LDL			*SEE BELOW	RBC			4.0-5.0 million
BUN			9.6-26 mg/dl	T4			5.0-12 Ug/ml	HGB			12.0-16.0 gm/dl
CREAT			0.4-1.6 mg/dl	T3			23-34%	HCT			37-47%
BUN CREAT RATIO			6-20	T7			1.2-4.1	MCV			80-100 fl
URIC ACID			2.4-8.0 mg/dl	TSH			0.4-7 uIU/ml	MCH			27-31 pg
IP			NEWBORN 28-80 mg/dl ALL OTHERS 28-32 mg/dl	<b>URINALYSIS</b>				MCHC			33-37 g/dl
CA			NEWBORN 7-12 mg/dl ALL OTHERS 8.8-10.0 mg/dl	COLOR			YELLOW	RDW			11.5-14.5%
ALK PHOS			ADULT 25-100 IU/L	APPEAR			CLEAR	PLAT			130-400 x 10 <sup>9</sup>
T PROTEIN			NEWBORN 4.8-8.0 g/dl ALL OTHERS 5.8-8.0 g/dl	SP GRAVITY			0.012-1.030	POLYS			50-70%
ALB			NEWBORN 2.8-5.0 g/dl ALL OTHERS 3.8-5.0 g/dl	pH			4-8	LYMPHS			26-40%
GLOB			NEWBORN 1.2-2.2 g/dl ALL OTHERS 2.0-2.5 g/dl	PROTEIN			0-10 mg/dl	MONOS			2-6%
A/G RATIO			1.0-2.1/1	GLUCOSE			NEG	EOSO			2-5%
T BILJ			0-1 mg/dl	KETONES			NEG	BANDS			0-3%
D BILJ			0-1 mg/dl	OCCULT BLOOD			NEG	BASO			0-1%
SGPT			4-29 IU/L	BILE			NEG	META			0%
GGTP			0-45 IU/L	UROB			0.2-1.0	MYELO			0%
SGOT			NEWBORN 16-72 IU/L ALL OTHERS 8-34 IU/L	LEUKO-ESTERASE			NEG	BLASTS			0%
LDH			NEWBORN 274-270 IU/L ALL OTHERS 10-210 IU/L	NITRITE			NEG	ATYP LYMPH			0%
CPK			0-202 IU/L	WBC			0-5HPF	PLAT EST			Normal
IRON			ADULT MALE 60-170 ug/dl ADULT FEMALE 50-150 ug/dl	RBC			NEG/HPF	<b>MORPHOLOGY: ANISO:</b>			
TIBC			245-419 ug/dl	EP CELL			-	<b>HYPO:</b>			
UIBC			180-254 ug/dl	COMMENTS:				<b>MICRO:</b>			
AMYLASE			34-122 UL	SOURCE:				<b>MACRO:</b>			

ADDITIONAL TESTING

HILO	TEST	THERAPEUTIC DRUGS	NORMAL RANGE
HI	SALICYLATE	33	20-30 UG/DL

ER REPORT

BINNEY, JONATHAN MCBRIDE, GARY MISC

Page: 1

\*LDL: LESS THAN 130 NON RISK FACTOR; 130-160 BORDERLINE RISK FACTOR; GREATER THAN 160 INCREASED RISK FACTOR

GOOD SAMARITAN MEDICAL CENTER  
 800 FOREST AVE. ZANESVILLE, OHIO  
 CARDIO-PULMONARY SERVICES

BLOOD GAS REPORT

BINNEY JONATHAN

DATE: 6.28.92  
 COLLECTED 2333

	OBSERVED	PREDICTED	UNIT
PH	7.542	7.35-7.45	
PCO2	27	35-45	MM HG
PO2	166.8		MM HG
BICARBONATE	23.1	22-26	M MOLS/L
BASE EXCESS	3.1	+2	M MOLS/L
O2 SAT. MEASURED	98.4	>96	%
COHB	1.1	< 2	%
METHB	0.1	< 2	%
BAROMETRIC PRESSURE	733		
A-a GRADIENT			
FI02 (ESTIMATED)	35		%

A-a GRADIENT NOT CALCULATED FI02 IS ESTIMATED  
 INTERPRETATION

=====

LAST CALIBRATION WAS  
 28-JUN-92 23:10

SAMPLE	TIME	TECHNICIAN	PUNCTURE SITE	POSITION
=====	=====	=====	=====	=====
COLLECTED	2333	<i>B. Binney</i>	RIGHT RADIAL	SEMI FOWLERS
TESTED	2336			

REMARKS : PT. ON CANNULA AT 4 L/M  
 N RECORD NO 27 4805



2240 SaO<sub>2</sub> on UE = 99%. Monitor showing SL- by

2245 Emesis of approx 200a stomach fluid & pill fragments visible. Total of 1300a emesis (Spec. given) in sq. by

2300 Speck = pt's mother - Sandra - in Indiana apparently on vacation. She states that John ran away from a Christian Psychiatric Hospital in Chicago. She is very worried about John - reassurance given. She states she will be in Zionsville early tomorrow am. She further requests we contact their Pastor - Dale McCallister to come in to see pt - same day.

2305 Dr. McBride examines pt. by

2310 Labs drawn by

2335 ABC's drawn by CardioPulmonary by

2355 Voids per usual. Specimen sent to lab by

0001 Pt vomited charcoal given by McBride noted by

0010 O<sub>2</sub> off. More alert. At conversing & police officer. Monitor stable - showing SL 5 ectopy. No further emesis of activated charcoal. by

0020 Vision blurred patient unable to return home. Pt. pale, she MIA. Pt. decreased but some early sleep. Sleep level. It is unobtainable. by

Per blood routine by

TRANSFERRED ON MONITOR \_\_\_\_\_

CONDITION ON TRANSFER \_\_\_\_\_

VALUABLES TO FAMILY \_\_\_\_\_

WITH PATIENT \_\_\_\_\_

REPORT CALLED TO \_\_\_\_\_

BY \_\_\_\_\_

TIME \_\_\_\_\_

ANY SPECIAL COMMENTS OR INSTRUCTIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

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0130

Stable

M. [unclear]

0150

Pt. continues to sleep peacefully

M. [unclear]

0155

lab drawn VS checked & remain stable. Dozing @ intervals. Alert and appropriate.

[unclear]

0245

Called for results of ASA level. Lab states same is not yet available. Pt crts to doze @ intervals.

Alert and appropriate when spoken to

[unclear]

0300

Still awaiting results of repeat ASA level.

0320

ASA level now available. Pt released into custody of patrol officer - P. Fisher. Pt is stable. Alo pleasant and cooperative.

[unclear]

TRANSFERRED ON MONITOR \_\_\_\_\_

CONDITION ON TRANSFER \_\_\_\_\_

VALUABLES TO FAMILY \_\_\_\_\_

WITH PATIENT \_\_\_\_\_

REPORT CALLED TO \_\_\_\_\_

BY \_\_\_\_\_

TIME \_\_\_\_\_

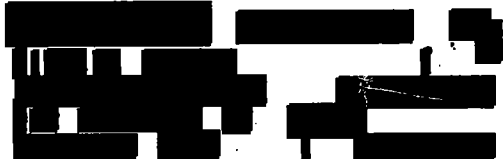
ANY SPECIAL COMMENTS OR INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

Rev. 6/67

ADDRESSOGRAPH



GOOD SAMARITAN MEDICAL CENTER  
EMERGENCY DEPARTMENT  
800 Forest Avenue, Zanesville, Ohio 43701  
(614) 454-5880

TREATMENT INSTRUCTIONS

NOTE: THE EXAMINATION AND TREATMENT YOU HAVE RECEIVED IN THE EMERGENCY DEPARTMENT HAVE BEEN RENDERED ON AN EMERGENCY BASIS ONLY, AND ARE NOT INTENDED TO BE A SUBSTITUTE FOR AN EFFORT TO PROVIDE COMPLETE MEDICAL CARE. YOUR FOLLOWUP DOCTOR (NAMED BELOW) WILL RECEIVE A COPY OF YOUR RECORDS. IT IS IMPORTANT THAT YOU LET HIM CHECK YOU AGAIN, AND THAT YOU REPORT TO HIM ANY NEW OR REMAINING PROBLEMS AT THAT TIME. BECAUSE IT IS IMPOSSIBLE TO RECOGNIZE AND TREAT ALL ELEMENTS OF INJURY OR ILLNESS IN A SINGLE EMERGENCY DEPARTMENT VISIT. MEANWHILE FOLLOW THE INSTRUCTIONS BELOW AS INDICATED FOR YOU.

ALLERGIC REACTIONS

- 1. Insect Bites
- 2. Contact Dermatitis
- 3. Hives

CARDIOVASCULAR

- 4. Angina
- 5. Atrial Fibrillation
- 10. Chest Pain, Adult
- 11. Hypertension
- 12. Puffiness
- 13. Thrombophlebitis

DERMATOLOGY

- 18. Cellulitis
- 19. Deep Burn
- 20. Impetigo
- 21. Head Lice
- 22. Pungent Lice
- 23. Scabies
- 24. Shingles

DIETS

- 25. Chew Livestock
- 21. Full Livestock
- 22. Low Fat
- 23. Low Sodium

ENT

- 26. Common Cold, Adult
- 27. Cervical Infection
- 28. Ear Pain
- 29. Fracture, Nasal
- 30. Laryngitis
- 31. Otitis Media
- 42. Strap Pharyngitis
- 43. Tympanic Membrane Perforation
- 44. Otitis Externa

ENVIRONMENTAL

- 46. Ascaris Bore
- 47. Frostbite
- 48. Heat Exhaustion
- 49. Sunburn

EYE

- 53. Conjunctivitis
- 54. Corneal Abrasion
- 55. Corneal Foreign Body
- 56. Subconjunctival Hemorrhage

GASTROINTESTINAL

- 28. Abdominal Pain, Adult
- 29. Abdominal Pain, Child
- 60. Biliary Colic
- 61. Diarrhea, Adult
- 62. Gastritis
- 63. Peptic Ulcer
- 64. Suspected Foreign Body

GENERAL MEDICINE

- 65. Asthma
- 66. Constipation
- 70. Dizziness
- 71. Edema
- 72. Headache
- 73. Paronychia
- 74. Sinusitis
- 75. Bronchitis
- 76. Anuria
- 77. Bronchitis
- 78. Croup

GENITOURINARY

- 79. Kidney Stones
- 80. Nonspecific Urethritis
- 81. UTI
- 82. Cystitis

INFECTIOUS DISEASES

- 83. Gonorrhea
- 87. Measles
- 88. Non-specific
- 89. Influenza
- 90. Malaria

MUSCULOSKELETAL

- 91. Fracture, Clavicle
- 92. Fracture, Clavicle
- 93. Neck Pain
- 94. Neck Pain
- 95. Ruptured's Elbow
- 96. Tendinitis
- 97. Sprain
- 100. Fracture, cast & splint
- 101. Contusion
- 102. Burns
- 103. Wound Care
- 104. Finger Fracture
- 105. Head Injury

NEUROLOGY

- 106. Head Injury, Adult
- 107. Head Injury, Child
- 108. Migraine Headache
- 109. Seizures, Focal
- 110. Seizures

OBSTET

- 112. Dysfunctional Uterine Bleeding
- 114. Menstrual Cramps
- 115. Miscarriage, Threatened
- 116. Morning Sickness
- 117. PID
- 118. Rape
- 119. Vaginitis, Candida
- 120. Vaginitis, Trichomonas
- 121. Vaginitis, Non Specific

PEDIATRIC

- 126. Bronchitis
- 127. Common Cold, Child
- 128. Croup
- 129. Diarrhea, Infant
- 130. Pin Worms
- 131. Fever
- 132. Dehydration

- Call the office of Dr. \_\_\_\_\_ tomorrow for followup appointment. (If you are being seen on a weekend, call Monday morning). It is recommended that you have an appointment within \_\_\_\_\_ days.
- If you do not have a family physician, the Physician Referral Service at 454-5382 may be able to assist you.
- If checked, a tetanus booster was given.
- If checked, tetanus anti-toxin (human) was given.
- If checked, the x-ray report you received was an emergency reading only. The Radiologist will review the x-ray in the A.M. and you will be informed of any change in diagnosis.
- If you were referred to an orthopedic specialist, be sure to pick up your x-rays and take them with you on the day of your appointment.

Additional Instructions:

*Patient is alert and oriented and may be released into custody of patrol officer P. Fisher. Patient is in stable condition.*



Good Samaritan Medical Center  
PHARMACY DEPARTMENT  
800 FOREST AVENUE ZANESVILLE, OHIO 43701

FOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

Label

Refill 1-2-3-4-5 NR

DEA NO. \_\_\_\_\_

M.D.

MY SIGNATURE BELOW INDICATES MY AUTHORIZATION FOR GOOD SAMARITAN MEDICAL CENTER TO DISCLOSE MY MEDICAL RECORDS TO MY INSURANCE CARRIER FOR THE PURPOSE OF PROCESSING MY CLAIM.

MY SIGNATURE ALSO ACKNOWLEDGES RECEIPT OF THE INSTRUCTIONS INDICATED ABOVE. I UNDERSTAND THAT I HAVE HAD EMERGENCY TREATMENT ONLY, AND THAT I MAY BE RELEASED BEFORE ALL MY MEDICAL PROBLEMS ARE KNOWN OR TREATED. I WILL ARRANGE FOR FOLLOWUP CARE AS INDICATED ABOVE. I UNDERSTAND THAT IF MY CONDITION WORSENS OR NEW SYMPTOMS APPEAR, I SHOULD CONTACT MY PRIVATE PHYSICIAN IMMEDIATELY. IF I AM UNABLE TO REACH MY PRIVATE PHYSICIAN, I UNDERSTAND THAT I SHOULD RETURN PROMPTLY TO THE GOOD SAMARITAN MEDICAL CENTER EMERGENCY DEPARTMENT.

*Jordan Kinross*  
PATIENT  
6-29-92  
DATE  
*Sam M. Smith*  
PHYSICIAN  
WITNESS *[Signature]*

Patient - Original  
Medical Records - Yellow  
Physician - Pink

E-68



# HOLLAND PEDIATRIC ASSOCIATES, PLC

Paul E. Dykema, MD, FAAP  
 David W. Chamness, MD, FAAP  
 Brett D. Christiansen, MD, FAAP  
 Nicholas C. Newman, DO, FAAP  
 Eric R. Green, MD, FAAP  
 Kathryn M. Davis, MD, FAAP

Jaclynn L. Lubbers, MSN, RN, CPNP  
 Jacquelyn S. Kiefer, MSN, RN, CPNP  
 Carrita L. Plaskewicz, MSN, RN, CPNP

Date 3, 15, 07

To: John Blume  
Blume Weible, MD  
1247 Sumter St, Ste. 201  
Columbia, SC 29201

Re: Jonathan Kyle Binney

Date of Birth [REDACTED]

In reply to your letter requesting information on the above-named patient, please note the following:

- ( ) Medical information is confidential by law and can be released only on written authorization of the patient. It must contain the patient's signature or that of a legal guardian. Parent(s) must sign for a minor. The authorization must indicate the complete information of the individual or agency where information can be released to, including the address. The release must be dated. We are unable to accept any authorization older than six (6) months. If the patient is deceased, this fact should be stated on the authorization.
- ( ) We are unable to accept any correspondence and/or authorization addressed to any other facility or physician. Please have the patient sign an authorization addressed to Holland Pediatric Associates, PLC
- ( ) Our records indicate that our office has already released medical records for the above-named patient on    /   /
- ( ) Records show that the above-named patient has never been in our office, therefore, we are unable to complete the request.
- ( ) The records are enclosed at no charge.
- ( ) We require prepayment for the records requested. Payment due is: \$           . Upon receipt, we will forward a copy of the records. Please make your check payable to: Holland Pediatric Associates, PLC. (Our Tax ID: 38-2932692)
- ( ) The records requested are enclosed. The fee is: \$           . Please make your check payable to: Holland Pediatric Associates, PLC. (Our Tax ID: 38-2932692)

~~( )~~ Enclosed you will find the requested medical records from our office. Any medical records from any other physician must be requested directly from him/her.

~~( )~~ Other: This is all we have on this patient.

MB  
 Medical Records Department  
 (616) 393-9337, ext 3049

926 South Washington Avenue • Holland, MI 49423 • Ph: (616) 393-0166 • Fax: (616) 393-0167

[www.hollandhospital.org/hollandpediatrics](http://www.hollandhospital.org/hollandpediatrics)

2996542  
2926443

5-9-74

M

Jonathan Binney

TELEPHONE  
BILL TO Rev. James

DATE OF BIRTH

SEX  
ADDRESS 4-1553

NAME  
4-1553 Glauca Ave Holland

INSURANCE

15683 Quinberry Close Oak Baptist

FAMILY HISTORY		BIRTH HISTORY		FEEDING HISTORY	
MOTHER _____		PREGNANCY: G _____ P _____		BREAST _____	
FATHER _____		GESTATION _____		BOTTLE _____	
SIBS _____		PREME _____		VITS FLUORIDES _____	
		LABOR _____			
		DELIVERY TYPE _____			
DM _____		INSTRUMENTS _____		PAST MEDICAL HISTORY	
TBC _____		WEIGHT 6# 3oz 9 1/2"		ACCIDENTS _____	
ALLERGIES _____		APGAR SCORE _____		OPERATIONS _____	
SEIZURES _____		RESUSCITATION _____		ALLERGIES _____	
MENTAL RET. _____		JAUNDICE _____		RUBEOLA Imm	
BLEEDING DISORDER _____		CYANOSIS <del>adopted</del>		RUBELLA Imm	
CANCER _____		PKU _____		MUMPS Imm	
KD _____		BLOOD TYPES _____		VARICELLA _____	
HD _____		COMPLICATIONS _____		CONVULSIONS _____	
HYPERTENSION _____				HOSPITALIZATION _____	
THYROID DISORDER _____				OTHERS _____	
OTHER _____		9-23-77		PHYSICAL EXAMINATION 3 years 4 months	
		HT. 36" WT. 28 1/2#		BP _____	PULSE _____ RESP. _____
IMMUNIZATIONS		HC _____	HEAD _____		
DPT _____	OPV _____	EYES _____	EARS _____		
		PHARYNX _____	TONSILS _____	ADENOIDS _____	
		TEETH _____	NECK _____	LUNGS _____	
		HEART _____	BACK _____	SKIN _____	
		ABDOMEN _____	LIVER _____	SPLEEN _____	
		EXT. <del>of focus in</del>	GENT. _____	NEURO _____	
		PULSES _____			
		REMARKS _____			
MEASLES _____				* Normal antvers in X radiog.	
RUBELLA _____				Water	
MUMPS _____					
SMALLPOX _____					
OTHERS _____					