

RECEIVED

OCT - 9 2014

S.C. Supreme Court

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM CHEROKEE COUNTY
Court of Common Pleas

J. Michael Baxley, Circuit Court Judge

Case No. 2012-212107

JONATHAN KYLE BINNEY, SK 6009 Petitioner/Respondent,

v.

STATE OF SOUTH CAROLINA Respondent/Petitioner.

SUPPLEMENTAL APPENDIX
VOLUME V 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

EMERGENCY ROOM NURSING ASSESSMENT

Date: 1/25/97
 Time in: 2030
 Allergies: NKA

Mode Of Entry: Ambulatory: From: Home:
 Wheelchair: Foster Home:
 Ambulance: Nursing Home:
 Other:

Chief Complaint: Migraine Headache

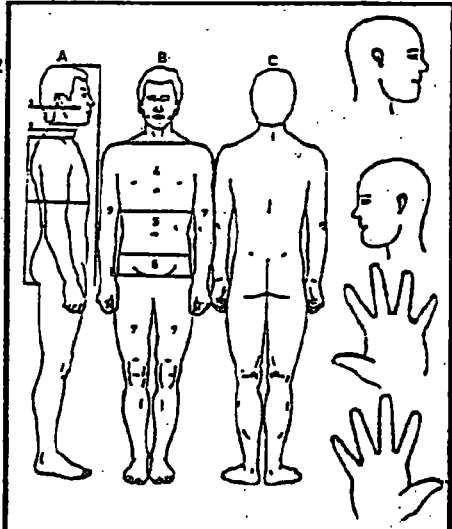
Accompanied by family: Yes No Who: Father

Mental status: Alert Awake, but Confused: Lethargic Unresponsive

Behavior: Cooperative Uncooperative Combative Other

Physical Assessment: Height (in inches) 66 Weight 140 lbs 64 kg

VITAL SIGNS						
Time	B/P	P	R	T	SpO ₂	
2035	114/57	88	20	97	95	



SKIN:
 Hot: 0
 Warm:
 Cool: 0
 Dry:
 Diaphoretic: 0
 Pink:
 Cyanotic: 0
 Rash:
 Lesions:
 Decubiti:
 Lacerations:
 Hematoma:
 Flushed:
 other:
 Pupils: 3 L 3 R
 Size: 3 L 3 R
 React: 3 L 3 R
 Fixed: 3 L 3 R
 Dilated:
 Constricted:

CARDIOVASCULAR

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

MUSCOSKELETAL

Extremities:
 Moves X 4:
 Hemiplegia: 0
 Paraplegia: 0
 Amputee:
 Contractures:
 other:
 RESPIRATORY
 Chest: Lt. Rt.
 Lungs:
 Clear:
 Wheezing: 0
 rhonchi: 0
 rales: 0
 other:

GASTROINTESTINAL

Abdomen:
 Soft:
 rigid: 0
 Distended: 0
 Non-tender:
 tender: 0
 Bowel sounds:
 other:
 Last BM: 1-25-97
 Diarrhea:
 other:

GENITOURINARY

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

CHEST PAIN

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

List size as: 2 3 4 5 6 7 8 9
 List reaction as: B-brisk S-sluggish N-none

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

012598

Mary L. Brown RN

DOVE, GAYLE A

MEDICAL RECORD

E.R. Treatments:

IV: 0 (Flow sheet started 0)
NG tube: 0 (Size: 0 Time: 0)
EKG: 0
ABG: 0
Lab tests: 0
Aerosol Tx: 0
Wound Care: 0
Sutures 0
Gastric lavage: 0
Finger stick glucose: 0@ 0=
Pulse oximeter: 0
X-Ray 0

Medications Administered/Response to Medication:

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

2145 Demerol 75mg } (L) 6 m - brown
Phenergan 25mg }
_____ }
_____ }

EKG RHYTHM STRIP

Disposition of Patient: Time: 2130 Mode: Ambulatory Wheelchair: 0 Stretcher: 0
Accompanied by: Father / P.O.V. : Taxi 0 : Station Car: 0
Ambulance 0 : Security/Police 0
To: Home Admit 0 Ward: 0 Report called @ NA

to _____
Disposition of personal belongings: To Family: NA
Other: _____
(Specific Name) (Specific Name)

To appropriate hospital area for safekeeping
(list all items and to where: Released from ER in stable
Comp)

Signature Mary L. Brown RN

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: David Clines
REASON FOR REQUEST (Complaints and findings)

FROM: (Requesting physician's name) Dr. Harold Dr. Adams

DATE OF REQUEST 1/31/97

Chronic spondyloarthropathy & neuralgia 2 to C-spine
Desire to relief & med. PT.
Phy eval & Rx

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

[Signature]

APPROVED

PLACE OF CONSULTATION

BEDSIDE ON CALL

ROUTINE TODAY

72 HOURS EMERGENCY

CONSULTATION REPORT

Rec 2/3

Pt clo neck pain, dROM, intermittent @ UE
clumsiness, tingling, occ forearm achy, partial
numbness ulnar portion of hand.

- Symptoms have persisted over 2 yrs

Ø B/B sp; also clo LBP sp lumbar surg x2

scheduled for neurosurg. lumbar surgery 3/16/98 @ KAFB.

MR 4/97: spondylos C4 to C5 disc bulge, no frank spinal or foraminal

stenosis. C5 base w/ mild distress 2 to pain, stiff, antalgic gait. DTR's 2/3 and symmetrical @ UE's and 1/3 of neck.

5/5 strength in UE's - sensory grossly intact. multiple paraspin/T's

PMH: NIDDM, COPD, sleep apnea, CAD

meds: propoxyphene, fentanyl, Amitriptyline, glyburide, captopril, Ranitidine, ASA, inhaler

Assmt: cervical DDD, DJD without overt radiculopathy

Plan: Trigger Point Injection Trial.
consider cervical epidural steroids
consider rest (Continued on reverse side)

SIGNATURE AND TITLE

[Signature]

DATE

2-27-98

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)

JAMES LARRY A 24
176 E BEACH BLVD 047
GULFPORT MS 39507

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

ASA
NIDDM

MEDICAL RECORD

PROGRESS NOTES

DATE

12/31/96

MHC

Some dizziness & lightheaded - no other definite SE.
 Sleepy better (c ↑ Trisudone) Stay home
 about 1 AA MTG, Bingo.
 Doesn't know if lightheaded has helped any.
 Depression worse during day & crying spells.
 Reverb incidents pt did better & sleep
 (which was stopped because Vel was
 having ↑ GI sp & nausea) also c Trisudone.
 Vel told to take Trisudone when you get up
 during + cont. for now (another no trial)
 Also will add Pyax 20, qd - Take
 Ty1 #3 for migraine when trouble is
 helping or for menstrual cramps. Doesn't abuse
 Oxycontin Vel appears calm but has
 no answer to pain. Natural
 Seem cl.

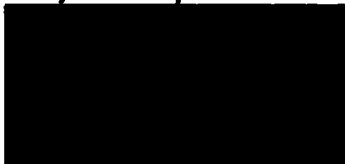
Re Cont Trisudone 50 III-IV qh.
 Pyax Pyax 20, qd.
 Ty1 #3 i q4h pr #30x0
 H/C /mo

Keep the Dr DeLuna

(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 508 (Rev. 11-77)

Prescribed by GSA/CNR.

FIRMR(41CFR)201-45.505

508-111

12/19/96 09:58 PSYCHOLOGY

Location: WOMEN'S GOLD MHPC-GPT-BLDG 57

Women's Mental Health Primary Care Clinic/Gold Team:

Problem #2 Depression.

Vet reported depressed mood. Progress in setting boundaries with her father were discussed. Vet set a boundary of not exchanging gifts for special occasions given past disappointment with father's behavior in the past regarding gift exchange. Vet's comfort level with asking for her needs to be met, rather than setting a boundary so that the situation does not arise, was addressed. Vet gained insight into avoidance function that setting above boundary served. Issues related to her dependence on her father, due to a limited social network, were also highlighted.

HW: Vet to record what she would say in certain situations to her father when asked to for a need to be met by him.

Signed by: /es/ VIRGINIA M. DEROMA

STAFF PSYCHOLOGIST 12/19/96 10:08

Thomas R. Warner, M.A.
Psychology Resident

DOVE, GAYLE A

Biloxi, MS (CONS)
Loc: OUTPATIENTPrinted: 12/19/96 10:09
Vice SF 509

MEDICAL RECORD

PROGRESS NOTES

DATE 12/13/86 WT 133.6 age 39 799 P 68 R 18 B/P 94/62

NRA Flu vaccine Dr. Nathan B. J. McCreel RN

1410 1000; - pt with migraine
2:30 pm Acetaminophen & naproxen
came to clinic for follow up.
The nausea better but still gets
Acetaminophen daily.

HR & BP of head & normal.

She is on Pericortin but
not all pain

10 Ch. Acetaminophen - Naproxen/Codeine
DC Pericortin.

stay on Valproic Acid 250mg bid
87 to 710.

Discovered
about 1000
effects
infectious
liver problem

1 Follow up 6-8 weeks
V. Acetaminophen

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle;
grade, rank, rate; hospital or medical facility)
LIVE, CAYLE A
4457 POPPS FERRY RD. LO 047
BILXI MS 39532

REGISTER NO. WARD NO.

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

508-111

PROGRESS NOTES

DATE

12-10-96

MHC

Return for this; Shts. Ques - various physical prob.
 incl. nausea, ulcers, migraines, pelvic pains
 Placed on VA by Dr. Nollan for migraine +
 persistent D/c'd. Feels paranoid around people -
 quite aware. Doesn't get out much - even
 being causes stress. Bt want to get back
 together. Pains pretty sskt of benefit.
 Continued sleep problem. Renewed med. val.
 Due to ↑ in paranoid ideat., suspicion ass. +
 PTSD will place on low dose Risperidol in
 combination + Zyprexa at 16 and see again
 in 2 wks.

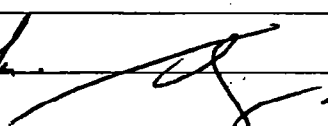
Re: Risperidol by BID

Dose #3 q 4h per #30x0

Renew Zyprexa for Nausea.

Carl J. Adams

Re: Susan Zuck.



PROGRESS NOTES

DATE

→ Pt being treated with Sumatriptan for Migraine H/A.

→ exam thru botany fresh

⊖ neck nodes

⊖ oral lesions

Lungs / Heart: OK

spleen ⊖ nodes ⊖ LUP

P ⊕

my nausea recurrent

~~W/ abdominal pain.~~

- H. PUD.

(GERD).

Plan - Pepid PO.

- ~~Prilosec PO~~

- Continue PO as prescribed.

- Obtain Hepatitis C antibody Abx
Hepatitis B surface Antigen
Antibody / Lipase

EGD 1/13

LFTs

- Schedule for abdominal ultrasound (recurrent nausea, abdominal pain)

★ U.S. GPO: 1995-397-405

STANDARD FORM 509 BACK (Rev. 11-77)

if no improvement → EGD

ATZ in 2-3 weeks.

Dove, Gayle

and

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

10/24/96. Women's Mental Health Primary Care Clinic / Psychology Note / Individual Therapy: Vet reported depressed mood and associated this with medical problems. Therapist encouraged vet to consider / not rule out psychological precursors for depression. Vet's success in countering socialization efforts was praised as vet made first trip to New Orleans with older friend. Anger toward ex-significant other was expressed regarding perceptions of lack of respect directed toward her. Vet did not complete assignment of journaling when she laughed and reported that she stopped when she noted no incidence of laughter by mid-week. She was given a different assignment of documenting incidences of her making someone else laugh. Exercise intended to heighten vet's understanding of importance of exhibiting reinforcing behavior to maintain contact.

Marilyn M. Allen, MA, MEd, Registered Psychologist.

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, Gayle

PROGRESS NOTES
 STANDARD FORM 509 (Rev. 11-77)
 Prescribed by GSA/ICMR,
 FIRM(R)(41CFR)201-45.505
 509-111

MEDICAL RECORD		PROGRESS NOTES
DATE		
10/3/96.	Women's Mental Health Primary Care Clinic / Individual Therapy / Holman Problem # 2 Depression	
	<p> Vet appeared to be in happier mood and reported ↓ depressive symptoms. She discussed sensitivity of her father and her attempts to cope with this through humor. Vet reviewed her history of running away, asking a mother's friend to be her guardian due to ↓ tolerance for criticism by family, and placement in a home for unwed mothers. Vet's close relationship with caretaker of girls home was noted as significant childhood event. Therapist highlighted this relationship as one that fostered conflict with intimacy. Vet's strategy in "fighting" back and not allowing stress to interfere with continued attempts to form relationships also noted. </p>	
	Unremarkable. (Continue on reverse side)	Stuff Psychologist

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

MEDICAL RECORD

PROGRESS NOTES

DATE
10/2/96

WT 120.2 age 39 T99⁸ P64 R16 B/P 106/55

NEA 7lu neuroc Dr. Callura S. J. McCall KR D

1305 Neurology - Pt with trigemine neuralgia

1/15 persistent n/v come to clinic for follow up. She still gets headaches are - especially after - less frequent & don't last long.

She was seen by Dr. Auclair, D.

Lab: AFT - WNH

depressive CBS - W

8/22 -> rep 2.3 BUN & Cr: 0.7 & LDH: 265

WBC 12.1

Na: 136 K: 5.10 Cl: 107 Ca: 10.4

PO₄ 5.2

Tympanic mem - with normal

BSR - 25 mm/hr

WBC 9.7 hb: 150 hct: 44.9

cat exam of head - 2.5 centimeter ->

appears to be in line of Rt. Canal

7 Neurology - mixed / benign

7 Reaction to prep did

neurology? atrophy - not typical for trigemine

MR I of head pending

Plan: follow up 2 months

1403/96 @ 2:00

PATIENT'S IDENTIFICATION (If space is insufficient, attach separate sheet)

(Continue on reverse side)

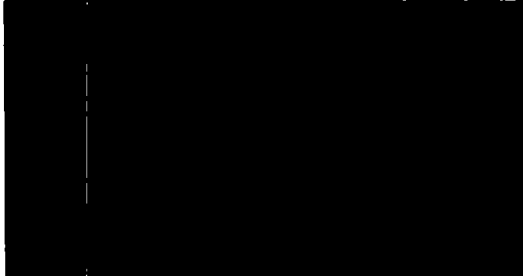
REGISTER NO. _____

DAYE A

25

10 11 04

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



PROGRESS NOTES

DATE

MEDICAL RECORD		PROGRESS NOTES	
DATE			
10/3/96	Diastolic Arteriosclerosis	Age 39	WT 119 HT 5'6 1/2"
0920	T 97.9 P 71	R 18	B/P 84/55 c/o nausea
NKDA	+ vomiting		Order Hymie P
10-8-96	MHC (women clinic)		
10/8/96	<p>Notes for this; Source of present - nausea, headaches.</p> <p>Being # of dyland symptoms - Contemplating ESD, MRE;</p> <p>No long time wgt; She is mood since previous D/c'd</p> <p>Sleeping; Has noted HA's similar which is interfering</p> <p>but used Ty1 #3 occ -; Attends AA, plays Bingo -</p> <p>Sees Dr DePenna regularly. Support system today</p> <p>Will continue - Tyland 150 qh. (Revised)</p> <p>Tyland #3 - 98h pm #15 x0</p> <p>Caspamine 10 qh pm</p> <p>Worries about Olanzapine for nausea.</p> <p>At Sec pnc/ans</p>		
11/10/96	<p>Women's Mental Health Primary Care Clinic/ Psychology Dept / Individual Therapy Depression - Problem.</p> <p>Yet reported improved mood since medical staff have taken dx seriously. Relationship issues that contributed</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.



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

PROGRESS NOTES

DATE

to low self esteem discussed, including acceptance of not being a priority in significant others life. Vet's current decision to evaluate whether or not a relationship is healthy for her before entering it, including the most recent (in the event he tries to reconcile) was noted as an area of progress for vet.

AW: Date / Character of Postives / Numerical
Vynick, Pella, PA, Staff Psychologist
Womans Mental Health PC Clinic /
Psychology Moe's Not cancelled
scheduled appt. Vynick, Pella, PA,
Staff Psychologist

10/17/16

MEDICAL RECORD

PROGRESS NOTES

DATE
10.28.96
1000

SURG - Wob 120.7 BP 98/60 P 77
R16, ~~from~~ SP C5 scope. ~~Dr. Arach~~

Pt here for c-scope film & biopsies
were taken. Pt has had problems
Pt. already seen by Dr Arach
film in surgery clinic pm
film to Dr Arach

[Signature]
MICHAEL L. HUGHES, M.D.
AS3285170-643

(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 A 29
4857 POPPS FERRY RD. LO 047
BILOXI MS 39532

09 26 96

PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/ICMR.

FIRMP(41CFR)201-45.505

509-111

09/12/96 10:32 PHYSICAL THERAPY TENS FORM

Location: OUTPATIENT
PHYSICAL THERAPY TENS FORM

INDICATIONS: (Check off those relevant to this Veteran)

- X Chronic pain
- X Severe pain
- Unable to take pain meds
- * Not a candidate for surgical means to reduce pain
- X Established source of pain (medical condition)
- X Does Veteran have someone to help him

* HER DOCTOR WANTS TO TRY TO AVOID MORE SURGERY IF POSSIBLE, SINCE SHE HAS ALREADY HAD THREE SURGERIES.

CONTRAINDICATIONS: (Check off those relevant to this Veteran)

- Pacemaker
- Significant sensory loss in skin
- Lack of cognitive ability to use TENS safely
- Allergy to TENS electrodes
- Lack of medical explanation of pain condition
- Poor eyesight/and or manual dexterity

Status: OUTPATIENT
Serial Number of TENS: 47351

Date of TENS Evaluation, training and start of trial: 8/29/96

Date Veteran is to return for assessment of TENS trial: 9/12/96

OUTCOME OF TENS TRIAL: VETERAN STATES THAT THE TENS UNIT DOES HELP TO RELIEVE HER PAIN. WHEN HER PAIN IS AN "ACHE" SHE RATES IT AS A 6 OUT OF 10 AND THE TENS HELPS BRING IT DOWN TO A 2. SOMETIMES SHE HAS VERY SHARP PAIN WHICH SHE RATES AT A 9 OUT OF 10. AT THE TIMES THE TENS BRINGS IT DOWN TO A 7.

SUCCESSFUL TENS TRIAL. WILL ISSUE THE TENS PERMANENTLY AND D/C FROM P.T. AT THIS TIME.

Signed by: /es/ BEVERLY B. WINTERS
PHYSICAL THERAPY ASSISTANT 09/12/96 10:47

Cosigned by: /es/ NANCY T EDWARDS RPT
SENIOR PHYSICAL THERAPIST 09/12/96 11:20



DOB:08/15/57 Pt Loc: OUTPATIENT Biloxi, MS (CONS)

Printed:09/12/96 11: Vice SF 5

09/05/96 15:55 PSYCHOLOGY
Location: WOMEN'S GOLD MHPC-GPT-BLDG 57
VET PRESENTED IN EUTHYMIC MOOD. RELIEF WAS
EXPRESSED RELATED TO RECENT MD TAKING A GREAT
DEAL OF TIME WITH HER (1 HOUR) TO DISCUSS HER
SYMPTOMS AND GIVE DIAGNOSTIC IMPRESSION FOR
MEDICAL PROBLEMS. VET RATED HAPPINESS AS A 2.5
ON A 1-10 SCALE, WITH 10 REPRESENTING MAXIMUM
HAPPINESS. THE CHRONICITY OF HER DEPRESSION WAS
DISCUSSED WITH RESPECT TO EXPECTATIONS FOR LEVEL
OF DEPRESSION TO RETURN TO FOR BASELINE EMOTIONAL
FUNCTIONING PRIOR TO HEALTH PROBLEMS. VET RATED
BASELINE FUNCTIONING AS A "5" AND HAD GREAT
DIFFICULTY REMEMBERING THE LAST TIME SHE FELT
HAPPY ENOUGH TO LAUGH. HISTORY OF ABUSE, NEGLECT
BY MOTHER, AND CRITICISM/NAME CALLING BY BROTHERS
FOLLOWING DEPARTURE OF FATHER FROM THE HOME (ATE
AGE 2) WERE EVENTS NOTED TO CONTRIBUTE TO
DEPRESSIVE SYMPTOMATOLOGY. VET RECALLED EARLY
CHILDHOOD EXPERIENCES IN WHICH EXCESSIVE
RESPONSIBILITY FOR CHILDCARE WAS PLACED ON HER
(CARED FOR 18 MONTH OLD ALL DAY AS SOLE CARETAKER
AT AGE OF 12). VET REPORTED THAT SHE HAD RECEIVED
FEEDBACK IN RELATIONSHIPS AND FROM COWORKERS THAT
THEY NOTICED THAT SHE SMILED RARELY. WITHDRAWAL
FROM OTHERS WAS NOTED AS NEGATIVE COPING STYLE.
VET PLANNED TO HAVE LUNCH WITH A FRIEND THAT SHE
MET DURING WORK AT CASINO AS FIRST STEP TOWARD
SOCIALIZATION.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 09/05/96 16:03

DOVE, GAYLE A.

DOB: 08/15/57 Pt Loc: OUTPATIENT

Biloxi, MS (CONS)

Printed: 09/05/96 16:03

Vice SF 509

08/28/96 08:11 PSYCHOLOGY

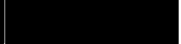
Location: WOMEN'S GOLD MHPC-GPT-BLDG 57

PROBLEM #2 DEPRESSION

VET PRESENTED WITH DEPRESSED AFFECT AND REPORTED FRUSTRATED MOOD. SHE INDICATED THAT SHE FELT FRUSTRATED REGARDING PHYSICIAN'S FAILURE TO CONSISTENTLY REPORT SYMPTOMS IN CHART (E.G., SAID THAT PROVIDER LISTED REASONS THAT SURGERY WAS NOT INDICATED AND REASONS WHY IT SOMETIMES WAS; SHE REPORTED THAT SHE FIT PROFILE OF SURGERY BEING INDICATED ALTHOUGH IT WAS DENIED B/C THESE SYMPTOMS SHE REPORTED WERE NOT DOCUMENTED). SHE ALSO REPORTED ANGER ABOUT PHYSICIAN'S FAILURE TO CONSIDER SURGERY IN THE PAST AND DELAY IN SCHEDULING ONCE SURGERY WAS SCHEDULED. WHEN ASKED ABOUT SOCIAL SUPPORT SHE NAMED HER BROTHER WHO CALLS HER MORE FREQUENTLY AND A FRIEND WHO HAS ALSO EXPERIENCED ADHESIONS AND UNDERGONE 9 SURGERIES TO REMOVE ADHESIONS. SHE HAS NOT BEEN EATING PROPERLY DUE TO REPORTED NAUSEA AND HAS NOT WORKED DUE TO PAIN IN PAST MONTH. THESE EVENTS, AS WELL AS FATHER BEING OUT OF TOWN AND RECENT RELATIONSHIP LOSS, PRESENT AS STRESSORS FOR VET.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 08/28/96 08:29

DOVE GAYLE A



DOB:08/15/57 Pt Loc: OUTPATIENT

Biloxi, MS (CONS)

Printed:08/28/96 08:30

Vice SF 509

MEDICAL RECORD		PROGRESS NOTES
DATE		
8/27/86	MHC (chart not available)	
1400	<p>Gayle returns for Flu; Has been out of work x 1 mo because of nausea, abdominal pain. Also has migraines (CT → sonogram input) + MRI scheduled. Says she has adhesion recurring + surgical Flu scheduled. Wgt 116 (5'6") Sleeps ok. Became frustrated w physical therapy; says she is scheduled to see Dr DePomo. Dieting worked well for migraines. Dennis' problem & paper w Trudy done. Defeat concentration 5 st. Journal cl.</p> <p>Me ① Keep Sup. Flu, ART etc. ② D/c paper for 3-4 days actual ③ Get Insurance ok. Compare 10y po TIO per Nurse Tylenol #3 $\frac{1}{2}$ 94h per HA #15 x 0 Shunt per Migraine</p> <p>R See me 1 mo.</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

TO: Neurology (Nalluri)

REQUEST FROM: (Requesting physician or activity) Surg

DATE OF: 8/19/70

REASON FOR REQUEST (Complaints and findings)

78 y/o WF c unremitting nausea - unable to determine etiology, no abdominal source found. Pt c (+) Opto-kinetic testing suggesting central etiology. Please evaluate. Head CT scan ordered.

PROVISIONAL DIAGNOSIS

Possible central etiology for chronic nausea

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

ROUTINE TODAY

J Moore MD

J. MOORE, MD

BEDSIDE ON CALL

72 HOURS EMERGENCY

AS3285170-888 CONSULTATION REPORT

see dull of eye follow up

Pt seen in C&F clinic. She has constant nausea from stomach. She had chronic headache since age 18. She gets improving headaches about once a wk. She gets improving left Rt side headache - better 2 hr to 2 days. She has vertigo & dizziness. She gets dizzy at times - when reaching for object - dizziness - like spinning sensation & few sec count - but no blood out. She has numbness in hands, lower leg & feet.

SIGNATURE AND TITLE

DATE

cont

8/22/70

IDENTIFICATION NO.

ORGANIZATION

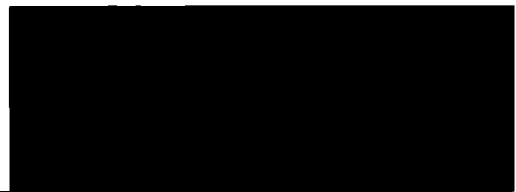
REGISTER NO.

WARD NO.

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

4157 POPPS FERRY RD. LO 047. BILDAI MS 39532

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



Neuro exam - alert, oriented x3, speech-fluent.

Coat: normal.

Pupils equal & reacting to light
100% full, no nystagmus.

Fundus - disc margins sharp.

NO facial asymmetry.

Motor: NO involuntary movements.

Power - 4/5 in UO & LO

Tone normal.

Sensory: intact pinprick & vibration.

Reflex: no bruits

Sup (1) Highain / tension headaches

CT scan of head \rightarrow reported as

small lacunar infarct, no mass effect

(2) Very faint mura \rightarrow ? etiology, not

responsive of cerebrology hardware frame

Plan (1) MRI of head

(2) MRI cervical

(3) CBC, Chem 10, HFT

BSR by waterless, and thyroid profile.

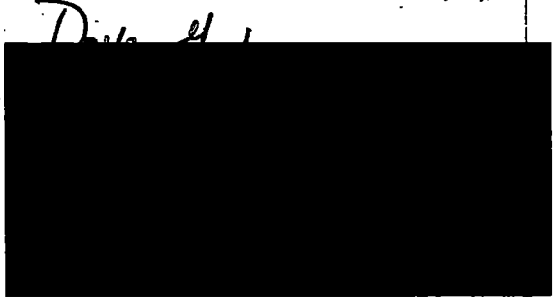
Follow up after MRI

3-4 weeks

MEDICAL RECORD		PROGRESS NOTES
DATE		
7-30-96	MHE.	
	<p>Stays return for flu; she has GI problems and continues long wait - has colonoscopy scheduled as part of her w/u. Migraine HA 1x/wk - classical type. Doesn't want to be away for both things. Sleeps ok - no hypokalemia. Says she would like to gain more weight than. Has chronic constipation. Not depressed by report. MS. thin appearing female - tense appearing mood somewhat depressed. Patient Serum not impaired.</p>	
	<p>Rec ① Cystone Paps 20 qam + Tegaserod 100-150 qhs ②. Insufax c antobiotics - decreased c pt - prescriptions & SE quin - Also patches used Not beyond 3/wk. ③ Cnd Atin by BID ④ Zol #3 c 94 h per serum HA #15 RTC 1mo May need further psych med scheduled in future.</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. _____

PROGRESS NOTES
 STANDARD FORM 509 (Rev. 11-77)
 Prescribed by GSA/DMR,
 FIRMFR41CFR1201-45.505
 509-111

MEDICAL RECORD		PROGRESS NOTES
DATE		
9/24/96	MHC	<p>Return to Flu; Being seen in several clinics for eval of NIV + cold-pain (GI, Neuro, Surgery, GYN)</p> <p>Still some resistance to get out sec (Bingo)</p> <p>No cough spells or marked insomnia. Tries to eat.</p> <p>Still has HA's, there's some drainage (yellow-green)</p> <p>Father home now. Feels isolated. Still has M DePuma. No SS or ropidone. I reviewed all meds in pt and although I don't believe paper is causing nausea (been on this many months prior to onset nausea) will D/c for now. Wants upil capsule. Tyb #3 from Mores HA - Central about this med + frequent use Tyb. Buy W/L for liver/pancreatic disease. Will give antibiotic for sinus. Rx @ D/c pycar</p> <p>Cent Tyrodine 150 qhs.</p> <p>Upil 10y q8h prn nausea</p> <p>Tyb #3 q4h prn severe HA #15x0</p> <p>Amoxicillin 250 TID x 1wk.</p> <p>Rt See me 2wks.</p> <p>Keep Flu M DePuma</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, Gyke



REGISTER NO. WARD NO.

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

PROGRESS NOTES

DATE

9/26/96

3:00pm

Women's Mental Health Primary Care Clinic /
Hold Team / Psychology Note:

Problem #2 Depression

Yet reported depression rating of 4/10,
but happiness rating of 1/10. Therapist
discussed how s/p of anhedonia
might lead to this discrepancy in
depression and happiness ratings.

Reasons for depression were
highlighted, including: no attentiveness
to medical problems, father's
company since his return from
an extended vacation, and an
♀ in smiling / 'laughy' behavior.

Assignment from previous week not
completed. Yet agreed to set alarm
on watch as 15 min prompt to
engage in smiling b/c 4x per hour
to contribute to ♀ mood.

RTC w/ week. Mym & Mhm pws.

Staff Psychologist

PROGRESS NOTES

DATE	
9-12-96	Inpatient's MH PC Clinic / Psychology Note:
1	Problem #2 Depression
	<p>Vet reported success in completing lunch with friend and found event enjoyable. Plans made to go to ship island with a friend. Vet targeted "I don't care" attitude as an area of change and noted several behaviors that she has initiated involving reaching out to others that has improved happiness and ↓ "I don't care" attitude. Vet's brother's failure to reciprocate social initiations with her noted as a source of sadness that Vet cares about, but had not yet expressed directly to him. She agreed to write a letter to brother expressing her feelings about his failure to communicate regularly with her her. Vet agreed this first step of assertiveness would allow her to ↓ helplessness and ↓ withdrawal again. Ulysses Bellon, Ph.D., Staff Psychologist</p>

NO EXCUSE

119

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

9/4/46
1050

SURG 90 Nausea, has pelvic adhesion + Nausea
in constant for a month. BP 108/63

P 74, T 96.2, R 16. Request if adhesion can
be taken down. *W. Smith Am*

It is clear that this is a case of nausea/
vomiting which has been present since 8/96 with gradual onset. Feels
with opiate analgesia, especially during or
after meals + walking + abrupt termination by pain. She fell
and vomited brown digested food to feet. She
is unable to eat. Dehydration is advanced and very marked.
Physical further is normal. CT of abdomen = small amount of fluid in
the lower portion of the abdomen in the midline. MRI.

The vomitus has been persistent and has been
profuse - a 0.5 liter per hour volume.

She has a complex of depression despite taking 100 mg Proben
of 3 months. result is some weight loss following
interview. Exam: BMI 3 - atrophic tongue. Peritoneal
ultrasound but no evidence of hernia. Very - atrophic
muscle (P.P. 2/4/5). Very tender at C10 - 12 level but
not other levels of spine at present. Great attention!
but no specific treatment seen. Other other
the cause.

Day 1: Antrectomy by P. 2 up to 1/2
2. Cerebral ...

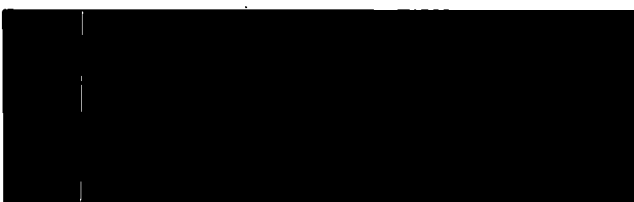
10-2-96
10:00

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

REGISTER NO. *2-7-1946*
WARD NO. *10*
U. R. T. in ...

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/CNR
FPMR(41CFR)201-46.505

W. Smith



MEDICAL RECORD **PROGRESS NOTES**

DATE 8-14-96 Ap 104/12 T-96.5 P. 27 WT. 116 lb female

8/14/96 1500 Here for flu chronic abd pain & nausea which has ↑ recently, Pt reports constant nausea which has TID Phenergan, but still interferes with work. Pt is a dealer @ a Casino and has been sent home from work due to her nausea & inability to perform work. Desires surgery for lysis of adhesions. No obstructive Sx's. Pt having reg BM's.

② - P Singh's
 1987 Hysterectomy - 2° adhesions from endometriosis
 Mar '95 Laparoscopy ⇒ Exp Lap. for lysis of adhesions
 Nov '95 excision of painful knot @ incision site (Proline suture)

Aug 96 C-SCOPE - normal colon

meds:
 Prozac 20mg po QAM
 Lorazepam 1 tab po BID
 Ibuprofen 800mg T po QID
 Promethazine 25mg T po tid prn nausea
 Trazodone 50mg tid po QHS

V2358210-800
 T. MOORE MD: SBFT 8/12/96
 Normal except small sliding hiatal hernia
 KUB: 7/29/96
 Normal
 Pelvic U/S: stab
 Normal

PE: Abd - soft, ⊕ tenderness @ RLQ, ⊖ peritoneal signs
 ND, BS ⊕, thin

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

Moore, Gayle A.



REGISTERED J. MOORE, MD WARD NO. 7
 AS2285170-800
 PROGRESS NOTES
 STANDARD FORM 509 (Rev. 11-77)
 Prescribed by GSA/ICHR
 FIRM#(41CFR)201-45.505
 509-111

PROGRESS NOTES

DATE

8/14/76

Ophtho-kinetic testing: ↓ vertical nystagmus
= reproduction of nausea. SX's = both
vertical & horizontal testing.

⊖ Romberg's

CN's II-XII intact; strength equal (B)

(A): ① Chronic nausea = little relief from phenegan
- no abdominal etiology, ? central etiology
= ⊕ Ophtho-kinetic testing

(B): ① CT scan head w/w/o contrast

② Consult Neurology

J. MOORE, MD
AS3285170-899

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

Surg

FROM: (Requesting physician or activity)

AYM

DATE OF REQUEST

7/29/96

REASON FOR REQUEST (Complaints and findings)

Acid pain
nausea
adhesions

PROVISIONAL DIAGNOSIS

Pelvic adhesions

DOCTOR'S SIGNATURE

[Signature]

APPROVED

PLACE OF CONSULTATION

BEDSIDE ON CALL

ROUTINE

TODAY

72 HOURS

EMERGENCY

CONSULTATION REPORT

3840 w f : 3-4 month hx. of constipation for which pt. has required laxatives. Pt. notes last BM to be this AM. Pt. notes chronic nausea which has worsened over the p few days for which she has been taking Phenergan. Notes vomiting x 7 y-day. Pt. also notes continued pain from her adhesions which is ~~worst~~ located in her RLQ. Pt. notes that pain has worsened over p several days. Pt. is h. of chronic pelvic pain. PE: abd: soft, ND (+) BS, mild RLQ tenderness

- 1987 Hysterectomy - 2° to adhesions from endometriosis
- Mar 95 Laparoscopy / Exp LAP for lysis of adhesions
- Nov 95 excision of painful knot @ incision site (Proline suture)

meds
Protonix
Phenergan
myo bid

rectal (+) stool in vault proresses, & gross blood

X-ray: stool throughout colon; fair fluid levels & sign of obstruction

A: Pt. is document evidence of obstruction, but is chronic constip.; hx. of chronic pelvic pain, 2° to adhesions.

P: Outpt. C-scope to R/O colonic mass/obstructing lesion

(Continued on reverse side)

SIGNATURE AND TITLE

[Signature]

- Refill on Phenergan given 25mg tid
- instructed to return to ER if develops vomiting, inability to tolerate po, distention

DATE

7-29-96

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 25
4457 POPPS FERRY RD, GAITHERSBURG, MD
BIL DOVE, 39732

16 17 6

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

PROGRESS NOTES

DATE



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
400 Veterans Avenue
Biloxi MS 39531-2410

6094

In Reply Refer To:

520/11W

~~CONFIDENTIAL~~
GAYLE A DOVE
4457 POPPS FERRY RD LOT 195
BILOXI MS 39532

SUBJ: Pap Smear/Mammogram Results

Dear Ms. Dove,,

The results of you pap smear done on 02-05-96 are within normal limits.

Further examination is necessary; a GYN Clinic appointment has been scheduled for you on: _____

The results of your mammogram on _____ are within normal limits.

Your mammogram results indicate that further examination and/or testing is necessary. The following appointment(s) have been sceduled for you.

If you have any questions regarding these results or your scheduled appointment, you may contact Renee Davis, RN, BSN, Women Veteran's Coordinator at (601)388-5541, Ext. 5639 or beeper #335, Monday thru Friday, from 7:30 a.m. to 4:00 p.m.

Sincerely,

Renee Davis RN

Renee Davis, RN, BSN
Women Veteran's Coordinator

05/14/96 14:00 PSYCHOLOGY

Location: WOMEN'S GOLD MHCP-GULFPORT

PROBLEMS #2 & 11

PROBLEM ADDRESSED: Pt's frustrations with new job.

REVIEW OF PREVIOUS ASSIGNMENT: No assignment given.

PROGRESS IN SESSION: Pt reported that she was getting along well with everyone at work but was feeling a great deal of stress at learning a new job and having to get used to new supervisors. We discussed the possibility of her using relaxation techniques at work when she is feeling stressed. Pt also reported that she was working long hours and very tired when she gets off of work which is placing stress on her relationship with her boyfriend. We discussed what length of time was reasonable to need to adjust to a new job setting. She acknowledged that it may take several months to make the transition but was feeling very anxious and agitated in spite of this. Pt reported that she continues to feel good about her weight loss and she will be unable to continue 1:1 and group therapy because of conflicts with her new work schedule (she is now working days instead of late afternoons and nights).

PRE/POST DATA: Pt reports attitude toward others is 3/10 and isolation is 4/10.

HOMEWORK ASSIGNMENT: None as individual therapy was terminated during this session.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 05/17/96 13:27

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 05/17/96 14:02

DOVE GAYLE A

08:08/15/57 Pt Loc: OUTPATIENT

Biloxi, MS (CONS)

Printed:05/17/96 14:02
Vice SF 509

04/30/96 15:00 PSYCHOLOGY
Location: WOMEN'S MH PC TEAM-GULFPORT
PROBLEM #2 & 11

PROBLEM ADDRESSED: Pt discussed possibility of new job offer.
PROGRESS IN SESSION: Pt was frustrated about being laid off but received a call before coming to session from the manager offering her a day position. She reported that the manager told her they were pleased with her work performance and were making a position for her to be able to bring her back. We discussed ways she would continue to take care of herself if she returned to work because still has concerns about continued migranes headaches and maintaining her sobriety.

PRE/POST DATA: Pt reports attitude toward others and isolation are 4-5/10.

HOMEWORK ASSIGNMENT: None assigned as we are unsure of her new work schedule and whether she will be able to continue therapy if she is working days.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 05/02/96 16:59

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 05/08/96 07:52

DOVE GAYLE A Biloxi, MS (CONS)
DOB:08/15/57 Pt Loc: OUTPATIENT

Printed:05/08/96 07:52
Vice SF 509

05/07/96 18:01 PSYCHOLOGY

Location: WOMEN'S GOLD MHCP-GULFPORT

PROBLEMS #2 & 11

PROBLEM ADDRESSED: Pt's discomfort with intimacy.

REVIEW OF PREVIOUS ASSIGNMENT: None assigned.

PROGRESS IN SESSION: Pt reported that she is interacting better with others at work and her new job is less stressful although it is only parttime. We discussed ways she could get a break from her father without having to send him away for several months. We also discussed her lack of motivation to work on important issues in therapy even though she attend sessions regularly. She expressed frustration because she knows she has issues to work on but avoiding these issues is easier than dealing with them.

PRE/POST DATA: Not assessed this week.

HOMEWORK ASSIGNMENT: None assigned.

Signed by: /es/ Beth A. Curry, M.A.

Psychology Resident 05/07/96 18:07

Cosigned by: /es/ VIRGINIA M. DEROMA

STAFF PSYCHOLOGIST 05/17/96 14:00

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 05/17/96 14:00

OB: 08/15/57 Pt Loc: OUTPATIENT

Vice SF 509

MEDICAL RECORD		PROGRESS NOTES
DATE		
5-21-96	<p>Prohibit:</p> <p>1130 Myler return for flu; much improvement in anxiety and headache on low dose lorazepam (0.5-1q BID)</p> <p>Mood improved as in concentration; Sleeps well in 2-3 awakenings/night; Now dealing blackjacks & bearing the trade; Father went to Newbyon (relief for Gayle) No cupid spells. Sexual Trauma Group disbanding (Beth leaving); Not much social life as she & BF work different shifts. Attends AA</p> <p>MS: pleasant, friendly Affected appearance mood euthymic</p> <p>Patrol 5 LOA No delirium/hallucinations</p> <p>Senses clear.</p> <p>Plan 1 Continue present med: Traxolone 50mg tid qhs #90 x 1</p> <p>Risperidone 2mg bid (has long)</p> <p>Lorazepam 1 BID pm #60</p> <p>RTC 3 wks.</p> <p>uly</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)

Dave, Gayle



REGISTER NO.

WARD NO.

PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)

Prescribed by CSA/CMR.

FIRM(R41CFR)201-45.505

509-111

04/23/96 15:18 PSYCHOLOGY

Location: WOMEN'S MH PC TEAM-GULFPORT

PROBLEMS #2 & 11

PROBLEM ADDRESSED: Pt's feelings about herself.

PROGRESS IN SESSION: Pt reported that she continues to feel frustrated about being laid off next Monday (4/29/96) but has mixed feelings because she is looking forward to some time off to relax and take care of herself. She hopes that during this time she will be able to devote some of her energy to addressing her continued depressed mood and the impact that traumatic events have had on her lifestyle. She has already started attending additional AA meetings because she is concerned about her sobriety due to the loss of her job. We discussed that since she has been losing weight, she feels healthier, has started exercising and walking daily, and believes that others are seeking her out more to initiate conversations at work and AA meetings. I pointed out that she may be sending signals to others that she is more available/approachable rather than the belief that they are seeking her out/initiating conversations simply because she weighs less.

PRE/POST DATA: Pt reports attitude toward others and isolation are 6/10.

HOMEWORK ASSIGNMENT: Pt will make a list of activities she would like to do when she is laid off next week.

Signed by: /es/ Beth A. Curry, M.A.

Psychology Resident 04/23/96 15:38

Cosigned by: /es/ VIRGINIA M. DEROMA

STAFF PSYCHOLOGIST 05/06/96 08:54

DOVE, GAYLE A

DOB:08/15/57

Biloxi, MS (CONS)
Pt Loc: OUTPATIENTPrinted:05/06/96 08:54
Vice SF 509

04/26/96 15:16 PSYCHOLOGY

Location: WOMEN'S GROUP GULFPORT BLDG 57

2:00 WOMEN'S SEXUAL TRAUMA GROUP: WOMEN'S MH PC CLINIC

Group members discussed the importance of spending time alone in order to take care of themselves. They agreed that when children, parents, spouses, and significant others are part of the daily picture it takes some planning and assertiveness to get their needs met (especially time alone). Group members also shared ways in which they have improved their sense of self-confidence. Gayle shared with the group that it was very difficult for her to spend time alone because of her father. The group provided her with suggestions of ways she can create time alone while accomodating her living arrangement. She also shared that she feels more self-confident because she is reaching her goal of losing weight.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 04/26/96 15:26

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 05/06/96 09:02

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 05/06/96 09:02

DOB: 08/15/57 Pt Loc: OUTPATIENT

Vice SF 509

04/05/96 15:15 PSYCHOLOGY

Location: WOMEN'S GROUP

2:00 WOMEN'S SEXUAL TRAUMA GROUP: WOMEN'S MH PC CLINIC
Group members discussed the continuing effects that their sexual traumas have on their lives. Group members agreed to do daily journaling and bring in thoughts, ideas, or passages from these to share with other group members. Gayle shared with the group that for her both trust and honesty were huge issues in relationships. The group members agreed that these are also major issues for them as well.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 04/08/96 10:22

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 04/16/96 16:29

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 04/16/96 16:30

DOB: 08/15/57 Pt Loc: OUTPATIENT

Vice SF 509

04/09/96 16:52 PSYCHOLOGY
Location: WOMEN'S MH PC TEAM-GULFPORT
PROBLEM #11

PROBLEM ADDRESSED: Pt's continued isolation from others.

REVIEW OF PREVIOUS ASSIGNMENT: None assigned.

PROGRESS IN SESSION: Pt reported that she has been on antidepressant for one month and yesterday was the first time at work that she actually took responsibility for initiating a game and believed that this was due to her having more energy, more motivation, and feeling less depressed. Pt also reemphasized that she continues to lose weight, reaching her half-way point several weeks before her target date and this has her feeling better about herself as well. We discussed how she continues to participate in activities with her father or attend AA meetings but isn't reaching out to make friends beyond these arenas. I pointed out that she continues to rationalize not socializing with others by making excuses for them without determining if they are busy or uninterested in doing something with her.

PRE/POST DATA: Pt reports attitude toward others is 6-7/10 but isolation has not changed.

HOMEWORK: Pt will determine what goals she wants to continue working on in therapy.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 04/09/96 17:06

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 04/16/96 16:24

DOVE, GAYLE A Biloxi, MS (CONS)
DOB: 08/15/57 Pt Loc: OUTPATIENT

Printed: 04/16/96 16:24
Vice SF 509

04/12/96 15:15 PSYCHOLOGY

Location: WOMEN'S GROUP

2:00 WOMEN'S SEXUAL TRAUMA GROUP: WOMEN'S MH PC CLINIC

Group members discussed last week's homework assignment of listing twenty things they enjoyed doing and when was the last time they had done them. Group members agreed that there were many things on their lists that they had forgotten about and were reminded of things they had not remembered but others had written down. The group also discussed how they had quite a few things that they enjoyed doing in common. Group members highlighted how traumatic events in their lives had impacted things they used to enjoy doing. Gayle shared with the group that the homework assignment really made her realize how little she was living life. She reported that not only had she listed 20 activities and the last time she did them but she also had several she was planning on doing alone or with others in the very near future. She also noted that many of these activities had been associated with drinking but she thought it was time to give them a try. She is planning on going fishing with a friend as soon as they can coordinate their days off.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 04/12/96 20:15

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 04/16/96 16:18

DOVE, GAYLE A.

DOB:08/15/57

Biloxi, MS (CONS)

Pt Loc: OUTPATIENT

Printed:04/16/96 16:18

Vice SF 509

MEDICAL RECORD

GYN CLINIC

PROGRESS NOTES

DATE

4-29-96

0905

NKDA

Wt. 134.2

Ht. 5'6"

T. 98.3 P. 78 BP 107/64 Age: 38

s/p Adhesions surgery in Nov. 95. Now says intercourse is painful. (Painful intercourse)

Dyspareunia:

by as + AAH 1580.

no g w/n.

W/ff will heal

at apex her tenderness in mid partum:

will get better w/S.

Imp Adhesions

after U/S will discuss methods of alternate pain

Intergol cream

MJ

(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

5438
GAYLE, GAYLE A
4457 POPPS FERRY RD. LO 047
SILOXI MS 39532



PROGRESS NOTES

DATE

04/16/96 14:25 PSYCHOLOGY
Location: WOMEN'S MH PC TEAM-GULFPORT
PROBLEMS #2 & 11

PROBLEM ADDRESSED: Continued feelings of depression.
REVIEW OF PREVIOUS ASSIGNMENT: Pt reported that she experienced difficulty determining continuing therapy goals because of overwhelming feelings of depression.
PROGRESS IN SESSION: Pt reported that she will be laid off from work on April 29, 1996 due to a reduction in work force. She believes that she has been chosen specifically for the lay off because of her poor attitude at work with both customers and co-workers, her excessive days of absense due to past surgeries, and the excessive number of days she has had to leave work early because of her migrane headaches. We discussed what she will do when she is laid off and she has decided that she will attend more AA meetings because she believes with her increased depression in the past few weeks and no employment she is at risk for losing her sobriety. We discussed how she is feeling better about herself since she has lost 12 lbs as of last Thursday but also feels defeated because no matter how hard she tries something always seems to go wrong.

PRE/POST DATA: Pt reports attitude toward others and isolation are 8/10.

HOMEWORK ASSIGNMENT: Pt will list things she likes about herself.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 04/16/96 14:49

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 04/16/96 14:56

DOVE, GAYLE A

DOB: [REDACTED]

Biloxi, MS (CONS)
Pt Loc: OUTPATIENT

Printed: 04/16/96 14:57
Vice SF 509

03/22/96 19:10 PSYCHOLOGY

Location: WOMEN'S GROUP

WOMEN'S SEXUAL TRAUMA GROUP: WOMEN'S MH PC CLINIC

Group listened to a song by Joan Baez about childhood trauma and discussed it's meaning for them. The group discussed how families are never what they really seem to others or themselves. They also discussed the family values that promote keeping family secrets and protecting the "family photograph".

Gayle shared that although she never had the "family photograph" family, she was now making efforts to have the "normal" family she never had.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 03/22/96 19:20

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 04/02/96 09:12

DOVE, GAYLE A

DOB: [REDACTED]

Biloxi, MS (CONS)

Pt Loc: OUTPATIENT

Printed: 04/02/96 09:13
Vice SF 509

03/26/96 15:57 PSYCHOLOGY
Location: WOMEN'S MH PC TEAM-GULFPORT
PROBLEM #11

PROBLEM ADDRESSED: Problems in her relationship with her boyfriend.

REVIEW OF PREVIOUS ASSIGNMENT: Pt brought in assignment but we agreed to review it next week.

PROGRESS IN SESSION: Pt reported that she did not feel she was getting any of her needs met in her relationship with her boyfriend and we discussed whether she was making her needs known in the relationship. I emphasized that by ending this relationship it appears as if she is going to be more isolated. Vet agreed but hoped it would be temporary and emphasized the positive steps she is taking in her life (e.g., being assertive and losing weight).

PRE/POST DATA: Pt reports attitude towards others has not changed and isolation is 8/10.

HOMEWORK: None assigned.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 03/26/96 16:53

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 04/02/96 09:03

DOVE, GAYLE A.

DOB [REDACTED]

Biloxi, MS (CONS)
Pt Loc: OUTPATIENT

Printed: 04/02/96 09:04
Vice SF 509

03/12/96 15:15 PSYCHOLOGY

Location: WOMEN'S GROUP

INTIMACY AND SEXUALITY GROUP: WOMEN'S MH PC CLINIC

Group discussed the effect of substance abuse on intimacy. Group members highlighted how isolating behaviors decrease opportunities for intimacy. Group members discussed their past attempts to avoid intimacy through the use of isolation and substance abuse.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 03/28/96 17:52

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 04/02/96 09:02

DOVE, GAYLE A

DOB: [REDACTED]

Biloxi, MS (CONS)
Pt Loc: OUTPATIENT

Printed: 04/02/96 09:03
Vice SF 509

03/29/96 16:23 PSYCHOLOGY

Location: WOMEN'S GROUP

2:00 WOMEN'S SEXUAL TRAUMA GROUP; WOMEN'S MH PC CLINIC
Group members brought in homework assignments and several members brought in their own music and art to share with the group. Group members discussed the effect of sexual trauma experiences on feelings of power and control. Group members highlighted that in order to take power and control of their own lives they must first recognize their own needs and care for themselves. They also discussed the importance of standing on "Your own two feet" and recapturing playfulness in their lives.

Gayle shared that she realizes that you can't be available for others if you don't learn how to take care of yourself yet she struggles with determining what she needs because all of the activities she used to enjoy are associated with drinking so she avoids doing anything.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 03/29/96 16:26

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 04/02/96 08:51

DOVE, GAYLE A

DOB: [REDACTED]

Biloxi, MS (CONS)

Pt Loc: OUTPATIENT

Printed: 04/02/96 08:54

Vice SF 509

03/15/96 15:15 PSYCHOLOGY

Location: WOMEN'S GROUP

WOMEN'S SEXUAL TRAUMA GROUP: WOMEN'S MH PC CLINIC

The group met for their first session. Group norms were set up and agreed upon by all and each group member made a commitment to attend all sessions or take the personal responsibility to call and cancel. Group members requested that the group meet for 12 weeks and it was decided that this was a good time length for the group and it could be reevaluated at some point if necessary. Each group member introduced herself and talked briefly about why she wanted to be a member of the group.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 03/19/96 16:30

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 03/22/96 14:40

DOVE, GAYLE A

OB: [REDACTED]

Biloxi, MS (CONS)
Pt Loc: OUTPATIENTPrinted: 03/22/96 14:40
Vice SF 509

03/19/96 16:34 PSYCHOLOGY
Location: WOMEN'S MHC PC TEAM-GULFPORT
PROBLEM #11

PROBLEM ADDRESSED: Sexual harrassment at work
REVIEW OF PREVIOUS OF ASSIGNMENT: Pt reported that her poor attitude keeps her isolated from others.

PROGRESS IN SESSION: Challenged patient's poor reasoning for not wanting to confront the person at work who has been sexually harrassing her and pointed out how she is using others (specifically her father) and isolation to avoid confronting difficult situations. We discussed and role played ways in which she could confront the harrasser and report the harrassment to her supervisor. Vet agreed that it was necessary for her to do this for herself so she would be less angry about going to work and would be working in a less hostile environment.

PRE/POST DATA: Vet reports that isolation is 7-8/10.

HOMEWORK ASSIGNMENT: Vet will list things that would motivate her to change her attitudes and isolation patterns.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 03/21/96 16:10

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 03/22/96 14:38

DOVE, GAYLE A Biloxi, MS (CONS) Printed: 03/22/96 14:38
DOB [REDACTED] Pt Loc: OUTPATIENT Vice SF 509

03/19/96 16:21 PSYCHOLOGY

Location: WOMEN'S GROUP

WOMEN'S SEXUAL TRAUMA GROUP: WOMEN'S MH PC CLINIC

The group met for their first session. Group norms were set up and agreed upon by all and each group member made a commitment to attend all sessions or take the personal responsibility to call and cancel. Group members requested that the group meet for 12 weeks and it was decided that this was a good time length for the group and it could be reevaluated at some point if necessary. Each group member introduced herself and talked briefly about why she wanted to be a member of the group.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 03/19/96 16:25

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 03/22/96 14:41

DOVE, GAYLE A

OB: [REDACTED]

Biloxi, MS (CONS)
Pt Loc: OUTPATIENT

Printed: 03/22/96 14:42
Vice SF 509

MEDICAL RECORD

PROGRESS NOTES

DATE

3-26-96

Psychiatry
 1300
 Jayk status for 7 hrs; Status healthy, no pain & no adverse
 well - still doing breakfasts approx 1/2 full generally
 sleep better. Less inhibited at work. Just broke up
 c. B.F.; Ambivalent re - relationship and dependency c
 intimacy. Percept 20 absent tooth & had
 root canal scheduled April 2. Work at Casino
 less stressful;
 MS: pleasant, friendly well groomed.
 Affect appropriate for depressed affect. NO SI.
 Kamin C.

- Plan: (1) Cont Rx 20 qam. #30
 (2) Jayadone 50y TID qhs #90
 (3) Tylenol #3 c for 94h pain tooth pain #15x0
 (4) RTC 1 mo for 7hr. (April 23 1:00PM)
 Continue c Psychiatry.

(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(41 CFR)201-45.505
 509-111

03/19/96 15:08 PSYCHOLOGY

Location: WOMEN'S GROUP

3:15 pm. Sexuality and Intimacy Group: Women's MH PC Clinic
Discussed relationship between spontaniety and intimacy.
Members reported that need for control, pressure to accomplish
tasks, and need for order are factors that sometimes interfere
with intimacy. Intimacy was also identified as a positive
influence for spontaniety. Planned spontaniety was discussed
as a first step to practice doing something on the "spur of the
moment." Examples of spontaniety were provided and plans for future
spontaneous activities were generated. Group members also
generated supportive statements to encourage heightened spontaniety.

Signed by: /es/ VIRGINIA M. DEROMA

STAFF PSYCHOLOGIST 03/19/96 15:16

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 03/19/96 15

DOB: [REDACTED]

Pt Loc: OUTPATIENT

Vice SF

03/12/96 12:04 PSYCHOLOGY
Location: WOMEN'S MHC PC TEAM-GULFPORT

PROBLEM #11

PROBLEM ADDRESSED: Areas in which pt exhibits problems interacting with others.

REVIEW OF PREVIOUS ASSESSMENT: Pt had completed homework assignment but had set goals that were more personal and not therapeutic.

PROGRESS IN SESSION: Pt reported that setting therapeutic goals was difficult for her because she was unsure about what I wanted from her. After clarification of what 1:1 therapy should be for her, she chose to work on improving her attitude toward others and decreasing isolating behaviors.

PRE/POST DATA: Pt reports that both attitude toward others and isolation are 7-8/10 (with 10 being poor attitude and isolation from others).

HOMEWORK ASSIGNMENT: List ways isolation and poor attitude toward others works to her advantage.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 03/12/96 13:59

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 03/14/96 14:09

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed: 03/14/96 14:10

OB

Pt Loc: OUTPATIENT

Vice SF 509

03/05/96 15:27 PSYCHOLOGY
Location: WOMEN'S MENTAL HEALTH PC TEAM
PROBLEM #2

We had our initial session in which she indicated that although she had been sober since October 1994, she was concerned because she was beginning to isolate more and isn't enjoying being around others. She reported that she has no energy, is not sleeping well, and is spending most of her time at home in her room because she doesn't want to have to interact with her father. She discussed several traumatic events which took place in her life and how they effect her lifestyle today. She was evasive about setting goals for therapy because she has no energy and really isn't sure what she wants from life at this point. She reported that she knows what she doesn't want any longer but is unsure how to transform that into what she does want. Her homework assignment for next week is to come up with the list of things she knows she doesn't want and a list of those things that she might want. We will then use this list to set our goals for therapy. She will return for 1:1 therapy next week at the same time.

Signed by: /es/ Beth A. Curry, M.A.
Psychology Resident 03/07/96 12:00

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 03/08/96 07:54

DOB: [REDACTED] Biloxi, MS (CONS)
Pt Loc: OUTPATIENT

Printed: 03/08/96 07:55
Vice SF 509

02/20/96 16:04 PSYCHOLOGY

Location: WOMEN'S GROUP

2/20/96 Pt attended women's Sexuality and Intimacy Group. Touch, as an important component of intimacy was reviewed. The function of touch with respect to increase in sense of security, feeling cared about, and togetherness (as opposed to loneliness) was identified. Group discussed philosophy of touch being innate and universal need that is sometimes blocked by past experiences that inhibit desire to meet need for touch. The importance of getting needs met with respect to touch were discussed and group members gave examples of last instance in which she asked for a form of touch. The importance of boundaries with touch for intimacy were also reviewed and group members gave example of last instance in which she felt uncomfortable and set a limit with respect to touch. Vet expressed success in setting limit with individual at work who delivered uninvited touch. She had difficulty remembering last time asked for touch and agreed to explore as area of growth. Vet was only group member to complete assignment: Development of pictorial representation of intimacy through collage.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 02/20/96 16:07

DOVE, GAYLE A

DOB: [REDACTED]

Biloxi, MS (CONS)
Pt Loc: OUTPATIENTPrinted: 02/20/96 16:07
Vice SF 509

MEDICAL RECORD

Progress Notes

02/27/96 16:03 PSYCHOLOGY

Location: WOMEN'S MENTAL HEALTH PC TEAM

2/13/96 WOMEN'S SEXUALITY AND INTIMACY GROUP

PT ATTENDED FIRST GROUP. GROUP DEFINED INTIMACY AS CLOSENESS, TOGETHERNESS, BONDEDNESS, COMMUNICATION, CONNECTEDNESS, SHARING, KNOWING ONE'S SELF, AND TRUST. SEXUALITY WAS ALSO DEFINED BY GROUP MEMBERS. BARRIERS TO INTIMACY WERE DISCUSSED WITH EMPHASIS ON HOW FEAR OF INTIMACY, LACK OF TRUST, FEAR OF CHANGE, FEAR OF FAILURE, ANGER, DEPRESSION, LACK OF INCOME, LACK OF INDEPENDENCE, FEAR OF RISK-TAKING, AND HISTORY OF TRAUMA COULD IMPEDE THE DEVELOPMENT OF CLOSE, LOVING RELATIONSHIPS. INTIMACY WAS DEFINED BROADLY AS EXISTING IN PARENT-CHILD RELATIONSHIPS, FRIENDSHIPS, AND ROMANTIC RELATIONSHIPS.

PT PARTICIPATED IN GROUP AND DISCLOSED THAT HISTORY OF TRAUMA INTERFERED SIGNIFICANTLY WITH INTIMACY IN CURRENT ROMANTIC RELATIONSHIP.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 02/27/96 16:04

DOVE, GAYLE A

Biloxi, MS (CONS)

Printed:02/27/96 16:08

DOB: [REDACTED] Pt Loc: OUTPATIENT

Vice SF 509

02/27/96 16:16 PSYCHOLOGY
Location: WOMEN'S MENTAL HEALTH PC TEAM
2/27/96 WOMEN'S SEXUALITY AND INTIMACY GROUP
PT ATTENDED GROUP IN WHICH GROUP MEMBER PRESENTED
COLLAGE OF INTIMACY RELATED PICTURES. THE INFLUENCE
OF FAMILY ENVIRONMENT, INCLUDING ALCOHOLIC PARENTS,
WORKAHOLIC FATHERS, CODEPENDENT MOTHERS, AND ABUSIVE
FAMILY RELATIONS, ON THE DEVELOPMENT OF INTIMACY WAS
DISCUSSED. THE NEED TO ACHIEVE MASLOW'S HEIRARCHAL
NEEDS OF SECURITY, SAFETY, FOOD, SHELTER, AND BELONGINGNESS
WAS HIGHLIGHTED AS A PREREQUISITE TO DEVELOPMENT OF
INTIMACY AND LOVE. FAMILY ENVIRONMENT WAS ALSO NOTED
AS A PRIME ATMOSPHERE FOR MESSAGES TO BE GIVEN (E.G.,
YOU ARE IMPORTANT ENOUGH TO SPEND TIME WITH, YOU
ARE LOVED UNCONDITIONALLY) AND SKILLS TO BE MODELED
SO THAT A PERSON LEARNS TO TAKE CARE OF HERSELF.
THIS SELF-CARE WAS HIGHLIGHTED AS A CRITICAL PREFACE
TO THE DEVELOPMENT OF INTIMACY AND THE DANGER OF
"OVER-GIVING" WAS NOTED, WITH EFFECTS OF ANGER,
BURNOUT, AND DEPRESSION HIGHLIGHTED AS THE COSTS
OF PLACING OTHERS' NEEDS BEFORE ONE'S OWN.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 02/27/96 16:22

DOVE, GAYLE A

DB: [REDACTED]

Biloxi, MS (CONS)
Pt Loc: OUTPATIENT

Printed: 02/27/96 16:22
Vice SF 509

MEDICAL RECORD	PROGRESS NOTES
DATE	
3-5-96	<p>Reptilly Note.</p> <p>Gayle returns this; no SE's to page but ↑ vivid dream & fatigue - felt hung over when she took 2 to now only 50y (total) at hs. Still insomnia - her boss once again mentioned her problem relating to customers. Gayle asked me to write a letter describing some of her severe limitations 20 to PTSD and I did (Chart not available) and gave her the letter. Continue in 1:1 and group therapy.</p> <p>Rec ① Cont Lysar 20y i qAM Trazodone 50y i - ii qhs.</p> <p>② RTC 3 wks.</p> <p style="text-align: right;"><i>[Signature]</i></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,
FIRMP(41CFR)201-45.509
509-111

MEDICAL RECORD

PROGRESS NOTES

DATE

2-27-96

Psychiatry Evaluation

HPI: 39¹/₂ female 70% SC (50% PTSD) was seen in woman's clinic per referral from Dr. Deroma. Gayle reports that over the past 4-5 months she had suffered increasing social alienation, insomnia (fragmented & nightmare), irritability, difficulty concentrating, inability to experience pleasure in most areas of her life, difficulty & sexual relationships. These symptoms seemed to have onset around the time when she had to write in detail the experience surrounding her rape in 1987 by a Marine Sgt while she was on active duty. Gayle had a leg of alcohol dependency in the past (none for 17mo since completion of SATP). Gayle works at a local casino (deals poker) and her boss has commented on her abruptness & aloofness & the customers. Gayle is dating now, has much difficulty & sex and her partner comment to her on how unhappy she always seems.

med: Depo Provera; Phenylen

med-ff: Endometriosis & Adhesions (Myomectomy)

Myomectomy + Myomectomy HAs.

Ⓡ wrist recurrent ganglion cysts.

(Continue on reverse side)

(over)

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

Dave, Gayle

REGISTER NO.

WARD NO.

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

509-111

PROGRESS NOTES

DATE

FTH: Divorced .7/95 0 children (was m x 5 yrs)
 Father - lives c him in trade
 M. - Kansas - little contact
 2 Bro. - 1 Kansas 1 Florida (little contact)

MS exam: pleasant, tense, Spontaneous, verbal well groomed female.
 Affect constricted mood depressed S SI
 Up delusional/hall. ? panic episode; Rational/logical
 Semia clear x ↓ Concentrate by tx
 Insight + Judgment preserved.

Imp I PTSD, Chronic

Dysthymia, late onset vs. antecedent = PTSD

II Ethanol Dependency, Chronic

III No Dx.

III Evaluation; Myxine HA.

Rec ① Discussed Nature of PTSD c pt. Also discussed depression and antidepressant. She has previously been on Zoloft (during SATP program) but stopped on her own. She is also attending Group Therapy

② Begin Prozac 20mg po q Am #30

Begin Trögerone 50mg i-ii qhs

③ RTC with pt 7/11 1:30 PM.

④ will also get Thyroid function - next visit

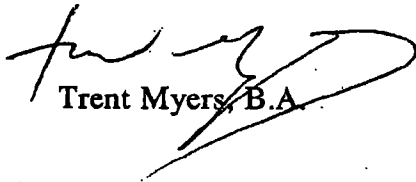
Frank


AUDIOLOGY

2/12/96

Veteran with no significant audiological history was seen today for hearing evaluation as per ENT consultation. Otoscopy revealed clear EACs A.U. Immitance audiometry revealed a type "A" (normal pressure, normal compliance) tympanograms. Pure-tone audiometry revealed hearing thresholds WNL. Speech reception threshold scores were in excellent agreement with pure-tone scores. Veteran was counseled on the results of todays evaluation.

PLAN: RTC PRN.


Trent Myers, B.A.


Margaret F. Peak, Ph.D.

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

DOVE, GAYLE 

MEDICAL RECORD
TEST/EXAM REQUEST, RESULTS
OR REPORT (VERTICAL)

VA FORM 10-0114M-1
SEP 1993

*U.S. GPO: 1995-023-768/83165



REASON FOR REFERRAL

Hearing Eval

NAME OF REFERRING STATION

126

EXAMINER'S INITIALS

JTM

AIR CONDUCTION

RIGHT										LEFT									
250	500	1000	1500	2000	3000	4000	6000	8000		250	500	1000	1500	2000	3000	4000	6000	8000	
10	10	10	10	10	10	5	10	20	15	15	10	10	10	10	10	5	10	15	

MASKING LEVEL

EXAMINER'S INITIALS

JTM

BONE CONDUCTION

RIGHT								LEFT							
250	500	1000	1500	2000	3000	4000		250	500	1000	1500	2000	3000	4000	
								5	15	10	5	10	0	10	

MASKING LEVEL

EXAMINER'S INITIALS

JTM

ACOUSTIC IMMITTANCE

PURETONE AVERAGE

EAR FOUR FREQ.

RIGHT

LEFT

INTER-TEST CONSISTENCY

RIGHT LEFT

ADEQUATE

PROBE RIGHT	RESTING PRESSURE				PVT				STATIC MEASUREMENT				PROBE LEFT	RESTING PRESSURE				PVT				STATIC MEASUREMENT			
	CONTRALATERAL AR THRESHOLDS				REFLEX DECAY				CONTRALATERAL AR THRESHOLDS					REFLEX DECAY											
	+5 da Pa				2.14 cc				.82 cc					-60 da Pa				1.77 cc				.88 cc			
STIMULUS LEFT	500	1000	2000	4000	500	1000			500	1000	2000	4000	500	1000	2000	4000	500	1000	2000	4000	500	1000	2000	4000	
	100	95	80	95	(-)	(-)			95	90	100	90	(-)	(-)											
STIMULUS RIGHT	IPSI LATERAL AR THRESHOLDS				HALF-LIFE				IPSI LATERAL AR THRESHOLDS				HALF-LIFE												
	100	90	90	90					90	NR	85	80													

REMARKS:

EXAMINER'S INITIALS

JTM

SPEECH AUDIOMETRY

SRT	RIGHT EAR RECOGNITION										LEFT EAR RECOGNITION									
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
RIGHT EAR	10																			
LEFT EAR	15																			
MASKING LEVEL																				

COMMENTS:

LAST NAME - FIRST NAME - MIDDLE INITIAL

Dave, Gayle

AGE

CLAIM NO.

NAME OF EXAMINING STATION OR CLINIC

Audiology/Speech Path. Svc. (126)
VAMC, Biloxi, MS 39531

SIGNATURE OF EXAMINING AUDIOLOGIST

[Signature]

9307401
2-9-96

OTHER SPECIAL TESTS:

ADDITIONAL COMMENTS:

MEDICAL RECORD

PROGRESS NOTES

DATE 2/5/96 CYN CLINIC Age 38 wt 147 lb T 99.2 P 69 R 18

0830A B/P 110/74 Pt states she has started
NKA having nausea + pain in RLR. Linda Haynie R

Heel Legwar
Brest FCB.
and no other
skin tag w/ at
no abnormal m

R. Repoblerera M.

R.T.C. 1yr.

2/3/96
[Signature]

Pt instructed she would receive letter
as to results of Pap Pt verbalizes
understanding [Signature]

DOV, GAYLE A 25
4157 POPP'S FERRY RD. LO 047

(Continue on reverse side)

Name—last, first, middle;
(medical facility)

REGISTER NO.

WARD NO.

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



MENTAL HEALTH SERVICE
TREATMENT PLAN

DISORDER

Provisional/Confirmed Diagnosis: PTSD, MAJOR DEPRESSIVE

Advance Directives: YES: NO NO: ✓
Barriers to learning: YES: NO NO: ✓
List: _____

1. Identified Problem(s) and Number: SULLIMAN IDIATION,
NO IN FEAR, DEPRESSIVE MOOD

2. Patient's Assessment of Need: NEEDS INDIVIDUAL
SUPPORTIVE CARE

3. Patient's Strengths/Weaknesses: MOTIVATED, POOR SUP
PORTIVE

4. Goal(s): RESOLVE LOSS OF THERAPIST

5. Method(s) to be used and Objectives with target dates of completion:
INDIVIDUAL SUPPORTIVE CARE

6. Medication Follow-up: MONITOR

7. Prognosis/Motivation: FINE

Signature/Date: Case Manager: _____

Patient: Gayle A. Dove

Other Team Member(s): _____

SIGNATURE AND TITLE OF PRACTITIONER

Maurice D. Gelder, M.D.

DATE

6-30-98

IMPRINT PATIENT DATA CARD

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

0 000 1

DOVE, GAYLE A

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: _____

See PN dated: _____

See PN dated: _____

Present: _____

Present: _____

See PN dated: _____

See PN dated: _____

Present: _____

Present: _____

0.14
100-01-100128A

0 0 0

4992

20mm part
4-19-78

MEDICAL RECORD CONSULTATION SHEET

TO: Dr Jones REQUEST

FROM: (Requesting physician or activity) DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings) Psychology 7/1/78

PROVISIONAL DIAGNOSIS

Pt known to you @
 Pt admitted for IV D₅₀ T₁₀
 she was bilaterally paralytic
 evaluated & advised.

DOCTOR'S SIGNATURE V. Waller APPROVED

PLACE OF CONSULTATION ROUTINE TODAY

BEDSIDE ON CALL 72 HOURS EMERGENCY

CONSULTATION REPORT

As this pt is already under care, I will not use the evaluation report format.

Ms Dove has been 3 visits to the ER for her HAs. We were concerned that she was developing a chronic HA. Given her past ETOH Dep (in long remission)

(Continued on reverse side)

SIGNATURE AND TITLE DATE

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



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

NOTE DATED: 06/19/98 11:56 PSYCHOLOGY GROUP-MENTAL HEALTH
VISIT: 06/19/98 10:00 WOMEN'S MHPC GOLD GROUP-GPT
WOMEN'S MHPC CLINIC/ GOLD TEAM/ RELAXATION GROUP/ PROBLEM #3/ GAF: 73

PT. ATTENDED RELAXATION GROUP WHICH IS TO FOCUS ON REDUCING STRESS AND TENSION IN EVERYDAY LIFE AND ON RECOGNIZING HOW TENSION EXACERBATES ILLNESS. PT. PARTICIPATED IN PROGRESSIVE MUSCLE RELAXATION EXERCISE AND WAS INSTRUCTED ON HOW TO PERFORM THIS EXCERSIZE AT HOME.

MS. DOVE APPEARED MOTIVATED FOR TREATMENT AND INTERESTED IN LEARNING RELAXATION SKILLS. SHE ACTIVELY PARTICIPATED IN THE GROUP AND ASKED QUESTIONS ABOUT THE ACTIVITY.

Signed by: /es/ JANICE K. TAYLOR
PSYCHOLOGY INTERN 06/19/98 12:00
Cosigned by: /es/ SAUNDRA SAPORITI, PSY.D.
STAFF PSYCHOLOGIST 06/19/98 12:03

DOVE, GAYLE A

DOB: [REDACTED]

Biloxi, MS (CONS)

Printed:06/19/98 12
Vice SF