

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM CALHOUN COUNTY
Court of Common Pleas

Doyet A. Early, III, Circuit Court Judge

Case No. 2014- 002131

Mikal D. Mahdi, #5238

Petitioner,

v.

State of South Carolina,

Respondent.

APPENDIX

Vol. XX of XXVIII

Seth C. Farber (*pro hac vice*)
Winston & Strawn LLP
200 Park Avenue
New York, New York 11006
(212) 294-4611

Anthony Mabry
Assistant Attorney General
Post Office Box 11549
Columbia, South Carolina 29211
(803) 734-3665

Brandon W. Duke (*pro hac vice*)
Winston & Strawn LLP
1111 Louisiana Street, 25th Floor
Houston, Texas 77002
(713) 651-2636

Attorney for Respondent

Teresa L. Norris
Blume Norris & Franklin-Best, LLC
900 Elmwood Avenue, Suite 101
Columbia, South Carolina 29201
(803) 765-1044

Attorneys for Petitioner

RECEIVED
FEB - 8 2015
S.C. Supreme Court

INDEX

ORDERS

Order on Appointment of Post-Conviction Relief Counsel and Scheduling Order dated August 24, 2009	A000001
Order in Mahdi v. South Carolina dated February 24, 2011	A000008
Order of Dismissal dated December 18, 2012	A000010
Amended Order of Dismissal dated August 18, 2014	A000059
Court Order dated September 9, 2014	A000192

DECISIONS

Opinion in Mahdi v. South Carolina dated June 15, 2009	A000193

PLEADINGS

Respondent's Return and Motion to Dismiss dated December 1, 2009	A000197
Amended Application for Post-Conviction Relief dated March 29, 2010	A000231
Amended Application for Post-Conviction Relief dated July 29, 2010	A000235
Motion to Compel filed February 18, 2011	A000240
Notice of Motion and Motion to Admit Affidavits in Evidence dated March 2, 2011	A000244
Applicant's Rule 59(e) Motion to Amend Judgment in Amended Order of Dismissal dated August 27, 2014	A000257
Memorandum in Support of Motion to Compel Production filed February 23, 2011	A000335
Response to Respondent's Motion to Compel filed February 23, 2011	A000339
Return to Petition for Writ of Certiorari dated February 28, 2011	A000348
Request for Leave and Amended Application dated March 3, 2011	A000456
Response in Opposition to Motion to Admit Affidavits into Evidence dated March 3, 2011	A000463

Motion to Reconsider and Objections to Proposed Order of Protection March 26, 2011	A000469
Reply to Respondents Return to Petition to Writ of Certiorari dated March 1, 2011	A000480
Respondent's Return to Amended Application and Motion to Dismiss dated August 30, 2011	A000490
Notice of Appeal dated October 8, 2014	A000548
Applicant's Post-Hearing Memo dated January 2, 2012	A000552
AG's Proposed Order of Dismissal dated February 13, 2012	A000616
State's Rule 59(e) Motion to Alter or Amend Order of Dismissal dated February 8, 2013	A000786
Post-Conviction Relief Application dated May 13, 2013	A000853
AG's Proposed Amended Order of Dismissal dated February 28, 2014	A000860
Applicant's Objections to Respondent's Proposed Order of Dismissal dated May 5, 2014	A001011
Petition for Writ of Certiorari dated February 25, 2011	A001170
TRANSCRIPTS	
Transcript of Proceedings on February 23, 2011 before Judge Early, III.....	A001190
Transcript of Proceedings on March 12, 2013 before Judge Early, III.....	A001204
Transcript of Proceedings on March 9, 2011 to March 11, 2011 before Judge Early, III.....	A001240
Carson A. Burwell	
Direct by Ms. Norris	A001260
Cross by Mr. Mabry	A001296
Redirect by Ms. Norris.....	A001313
Rose M. Gupton	
Direct by Ms. Norris	A001316
Cross by Mr. Mabry	A001329

Sophia A. Gee	
Direct by Ms. Norris	A001331
Cross by Mr. Mabry	A001343
Redirect by Ms. Norris.....	A001347
Myra R. Harris	
Direct by Ms. Norris	A001348
Cross by Mr. Mabry	A001360
Redirect by Ms. Norris.....	A001366
Carol E. Wilson	
Direct by Ms. Norris	A001367
Cross by Mr. Mabry	A001389
Redirect by Ms. Norris.....	A001402
George R. Smith	
Direct by Ms. Norris	A001405
Cross by Mr. Mabry	A001418
Sharon C. Pond	
Direct by Ms. Norris	A001418
Cross by Mr. Mabry	A001425
Nicholas C. Cooper-Lewter	
Direct by Ms. Norris	A001426
Continued Direct by Ms. Norris.....	A001537
Cross by Mr. Mabry	A001554
Lawanda G. Burwell	
Direct by Ms. Norris	A001478
Cross by Mr. Mabry	A001515
Dr. Craig Haney	
Direct by Mr. Lominack	A001592
Cross by Mr. Mabry	A001633
Redirect by Mr. Lominack	A001654
DeRosset Myers, Jr.	
Direct by Mr. Lominack	A001656
Cross by Mr. Mabry	A001692
Donna M. Schwartz-Watts	
Direct by Ms. Norris	A001697
Cross by Mr. Mabry	A001717

James Gordon, Jr.	
Direct by Mr. Mabry	A001741
Cross by Ms. Norris	A001745
Redirect by Mr. Mabry	A001746
Thomas V. Martin	
Direct by Mr. Mabry	A001747
Cross by Mr. Lominack	A001762
Redirect by Mr. Mabry	A001783
Geoffrey R. McKee	
Direct by Mr. Mabry	A001784
Cross by Ms. Norris	A001793
Redirect by Mr. Mabry	A001799
Paige M. Haas	
Direct by Mr. Mabry	A001800
Cross by Mr. Norris	A001814
Redirect by Mr. Mabry	A001823
Carl B. Grant	
Direct by Mr. Mabry	A001826
Cross by Ms. Norris	A001838
Glenn Walters, Sr.	
Direct by Mr. Mabry	A001840
Cross by Mr. Lominack	A001866
Redirect by Mr. Mabry	A001921
Recross by Mr. Lominack.....	A001925
Joshua Koger, Jr.	
Direct by Mr. Mabry	A001925
Cross by Mr. Lominack	A001933
Redirect by Mr. Mabry	A001948
Transcripts of Proceedings on July 7, 2006, November 20, 2006 and November 27, 2006 before Judge Newman.....	A001960
Transcripts of Proceedings on July 7, 2006, November 20, 2006 and November 27, 2006 before Judge Newman.....	A002959
Sentencing Transcript Vol. III-IV of Record on Appeal	A003705

EXHIBITS

Dora G. Wynn Affidavit, Exh. 1	A004146
Douglas R. Pond Affidavit, Exh. 2	A004148
James R. Woodley Affidavit, Exh. 3	A004149
Sandra Wynn Burwell Affidavit, Exh. 4.....	A004154
Carson Burwell, Exhs. 5, 6, 9-11	A004157
Carson Burwell, Exhs. 7-8	A004162
Rose Gupton, Exh. 12	A004164
Sophia Gee, Exhs. 13-14.....	A004165
Myra Harris, Exhs. 15-16	A004167
Carol Wilson, Brunswick Country Public Schools Eligibility Minutes, Exh. 17	A004170
Sharon Pond, Southside Community Services Board Consumer Facesheet, Exhs. 18-19	A004175
Mikal Mahdi Social History Assessment, Exh. 20	A004177
Mikal Mahdi v. South Carolina, Volume I Records, Exh. 21	A004215
Volume II Records, Exh. 22	A005458
Mikal Mahdi School History Charts, Exhs. 23-24.....	A006925
Lawanda Burwell Exhibit, Exh. 25.....	A006929
Mikal Mahdi's Life Prior to Current Incarceration, Exhs. 26-27	A006930
Curriculum Vitae of Craig William Haney, Exh. 28	A006934
Curriculum Vitae of deRosset Myers, Jr., Ph.D., Exh. 29	A006950
Curriculum Vitae Donna Marie Schwartz-Watts, M.D., Exh. 30.....	A006958
Psychiatric Evaluation of Mikal Mahdi, Exh. 31.....	A006966
I.D. Wallens Ridge State Prison Documents (Not Admitted), Exh. 32	A006973

Memorandum of Mitigating Circumstances in Support of Life Imprisonment, Exh. 33.....	A007512
School Experience Summary, Exh. 34	A007515
Glenn Walters Draft, Exh. 35	A007516
Witness List, Exh. 36	A007526
Joshua Koger Billing Statement, Exh. 37	A007530
Psychological Evaluation, Def. Exh. 1	A007532
Office of Pupil Personnel Sociocultural Report, Def. Exh. 2	A007536
Department of Juvenile Justice Case Record, Def. Exh. 3	A007541
Department of Juvenile Justice Report, Def. Exh. 4.....	A007542
Timeline, Def. Exh. 5.....	A007543
DJJ Discipline Information, Def. Exh. 6.....	A007545
Notes Concerning the Mikal Mahdi Case dated March 19, 2006, Def. Exh. 7	A007863
Handwritten Notes dated February 3, 2006, Def. Exh. 8.....	A007864
Handwritten Notes dated January 10, 2006, Def. Exh. 9.....	A007876
Letter from Paige Munn Tarr dated November 6, 2006, Def. Exh. 10.....	A007883
Psychiatric Chronology of Mikal Mahdi, Def. Exh. 11	A007884
Paige M. Tarr Bill for Legal Services, Def. Exh. 12	A007919
Letter from Carl B. Grant dated November 4, 2005, Def. Exh. 13	A007920
Letter from Carl B. Grant dated January 17, 2006, Def. Exh. 14	A007921
Carl B. Grant Timesheet, Def. Exh. 15.....	A007922
Notice of Motion/Motion for Continuance of Trial, Def. Exh. 16	A007949
Order for Continuance of Trial, Def. Exh. 17.....	A007968
Glenn Walters Timesheet, Def. Exh. 18	A007970
Department of Juvenile Justice Case Record, Def. Exh. 19	A007977

Joshua Koger Billing Statement, Def. Exh. 20 A008026

OTHER MATERIALS

Record on Appeal (Vol. I) A008036

Record on Appeal (Vol. IV) A008542

Record on Appeal (Vol. V) A008714

Letter from Desiree Allen to Brandon Duke dated November 24, 2014
regarding Initial Hearing Transcript dated August 11, 2009 A008903



Commonwealth of Virginia
Department of Criminal Justice Services
DIVISION OF FORENSIC SCIENCE

M003609
COPY

V. Jones

CERTIFICATE OF ANALYSIS

Central Laboratory
P.O. Box 999
Richmond, VA 23218

Telephone: (804) 786-4707
Fax: (804) 786-6857

July 6, 2001

TO: CAROL D. ADAMS
RICHMOND POLICE DEPARTMENT
501 NORTH NINTH STREET
RICHMOND VA 23219

FS Lab #: Redacted

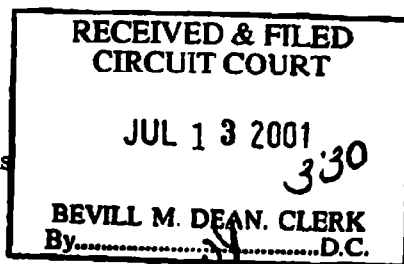
Your Case #: Redacted

Victim(s): RIVERA, Moses

Suspect(s): MAHDI, Mikal D.

Evidence Submitted By: Carol D. Adams

Item 1 One (1) shirt
Item 8 Stained swabs
Item 9 Stained swabs
Item 10 Stained swabs
Item 18 One (1) green shirt



Received: 04/26/01

Evidence Submitted By: Carol D. Adams

Received: 05/09/01

Item 19 Blood sample from Mikal Mahdi

Evidence Submitted By: Carol D. Adams

Received: 07/03/01

Item 100 Known buccal (mouth) swabs from Moses Rivera

RESULTS:

- Item 1 Chemical tests indicated the presence of blood in stains on the shirt. Human deoxyribonucleic acid (DNA) was isolated from cuttings taken from stains on both sleeves of the shirt. This sample was amplified and typed in the PowerPlex 1.1 system (which includes the CSF1PO, TPOX, TH01, vWA, D16S539, D7S820, D13S317, and D5S818 loci). Refer to the table for typing results.
- Items 8 and 9 Chemical tests indicated the presence of blood on the stained swabs. Human DNA was isolated from the stained swabs. These samples were amplified and typed in the PowerPlex 1.1 system. Refer to the table for typing results.
- Item 10 Chemical tests indicated the presence of blood on the stained swabs. Human DNA was isolated from the stained swabs. This sample was amplified in the PowerPlex 1.1 system; however, no amplification product was observed. No further testing was conducted on this sample at this time.
- Item 18 No forensic biology examinations were conducted on the green shirt at this time per instructions from Detective Carol Adams on June 25, 2001.



Commonwealth of Virginia
Department of Criminal Justice Services
DIVISION OF FORENSIC SCIENCE

M003610
COPY

V. Jones

CERTIFICATE OF ANALYSIS

Richmond Police Department
FS Lab #: Redacted
Your Case #: Redacted
July 6, 2001

RESULTS: (cont)

Item 19 Human DNA was isolated from the blood sample from Mikal Mahdi. This sample was amplified and typed in the PowerPlex 1.1 system. Refer to the table for typing results.

Item 100 Human DNA was isolated from the buccal (mouth) swabs from Moses Rivera. This sample was amplified and typed in the PowerPlex 1.1 system. Refer to the table for typing results.

Table of PowerPlex 1.1 Typing Results

Item	Description	CSF1PO	TPOX	TH01	vWA	D16S539	D7S820	D13S317	D5S818
100	Buccal swabs from M. Rivera	10,10	9,10	6,7	15,17	11,13	8,10	9,12	9,11
19	Blood sample from M. Mahdi	10,12	8,12	6,7	17,17	9,10	10,10	11,13	12,12
1	Shirt	10,10	9,10	6,7	15,17	11,13	8,10	9,12	9,11
8	Swabs	10,12	8,12	6,7	17,(15)	9,(10)	10,10	11,13	12,12
9	Swabs	---	8,8	6,7	17,17	---	---	---	12,12

() indicate types of lesser intensity

--- indicate no typing results obtained

CONCLUSIONS:

The DNA profile detected from the stains on the sleeves of the shirt (Item 1) is consistent with the DNA profile of Moses Rivera (Item 100). Therefore, he cannot be eliminated as a possible contributor of the genetic material detected from these stains. Mikal Mahdi (Item 19) is eliminated as a possible contributor of the genetic material detected in these stains.

The probability of randomly selecting an unrelated individual, with a DNA profile matching the DNA profile detected from the stains on the shirt (Item 1) at the PowerPlex 1.1 loci, is 1 in greater than 6.0 billion (which is approximately the world population) in the Caucasian, Black and Hispanic populations.

The DNA profile detected from the stained swabs (Item 8) is consistent with a mixture. Mikal Mahdi (Item 19) cannot be eliminated as a possible co-contributor to the genetic material detected in this sample. No conclusions can be made regarding Moses Rivera (Item 100) as a possible co-contributor to the genetic material detected in this sample.

No DNA types foreign to Mikal Mahdi were detected from the stained swabs (Item 9). No typing results were obtained at the CSF1PO, D16S539, D7S820 and D13S317 loci for the swabs.

The results of other requested examinations will be reported separately.

The evidence will be available at the Central Laboratory after you have received the results of all requested examinations.

Commonwealth of Virginia
Department of Criminal Justice Services
DIVISION OF FORENSIC SCIENCE

M003611
COPY

CERTIFICATE OF ANALYSIS

Richmond Police Department
FS Lab #: Redacted
Your Case #:
July 6, 2001

Attest:

I certify that I performed the above analysis or examination as an employee of and in a laboratory operated by the Division of Forensic Science, and that the above is an accurate record of the results of that analysis or examination.


Brian Shannon
Forensic Scientist

BTS



Commonwealth of Virginia
Department of Criminal Justice Services
DIVISION OF FORENSIC SCIENCE

M003612
COPY

CERTIFICATE OF ANALYSIS

July 11, 2001

Central Laboratory
P.O. Box 999
Richmond, VA 23218

Telephone: (804) 786-4707
Fax: (804) 786-6857

TO: CAROL D. ADAMS
RICHMOND POLICE DEPARTMENT
501 NORTH NINTH STREET
RICHMOND VA 23219

RECEIVED & FILED
CIRCUIT COURT

JUL 13 2001

BEVILL M. DEAN, CLERK
By.....D.C.

FS Lab #: Redacted

Your Case #: Redacted

Victim(s): RIVERA, Moses

Suspect(s): MAHDI, Mikal D.

Evidence Submitted By: Carol D. Adams

Received: 04/26/01

Item 18 One (1) green shirt

RESULTS:

Item 18 The requested fabric separation examination was terminated following notification by Assistant Commonwealth's Attorney Chandra Thompson on July 11, 2001.

The evidence will be available at the Central Laboratory after you have received the results of all requested examinations.

Attest:

I certify that I performed the above analysis or examination as an employee of and in a laboratory operated by the Division of Forensic Science, and that the above is an accurate record of the results of that analysis or examination.


Charles Linch
Forensic Scientist

CL

Circuit Court
OF THE
City of Richmond

M003613

THOMAS N. NANCE
JUDGE

July 12, 2001

MANCHESTER COURTHOUSE
TENTH AND HULL STREETS
RICHMOND, VIRGINIA 23224-0129

Vietta Parson, Esquire
Assistant Public Defender
701 East Franklin Street, Suite 600
Richmond, VA 23219

In re: Commonwealth v. Mikal Deen Mahdi
Case Nos. 01-900-F, 01-901-F

Dear Ms. Parson:

Enclosed is a letter from the above-named defendant, which was received in this office on this date. Judge Nance asked that I forward the letter to you and that you instruct the defendant not to communicate with the Court ex parte.

Sincerely,

Janet Henry
Secretary for Judge Nance

:jh

Enclosure

A006204

VIRGINIA:

IN THE CIRCUIT COURT CITY OF RICHMOND
MANCHESTER COURTHOUSE

COMMONWEALTH OF VIRGINIA.

v.

Case No. 01-900-FMikal mahdiPLEA AGREEMENT

It is the agreement of the parties hereto that upon the entry of a plea of guilty by
the defendant, to the charges of Malicious Wounding

that the Attorney for the Commonwealth will recommend to the Court that the defendant
will be sentenced to One hundred ^{eighty (180)} ~~forty one~~ months incarceration
with one hundred forty one (141) of those months
suspended for (15) fifteen years.

and upon any other conditions to be set by the Court.

Date: 7/13/01

Seen and agreed to:

Vaughn C. Jones
Attorney for the Commonwealth

Mikal Mahdi
Defendant

Vietta E. Pison
Attorney for the Defendant

FILED JUL 13 2001
TESTE: BEVILL M. DEAN, Clerk
BY: Neeka Hicks D.C.

CLERK'S NOTICE OF FINES AND COSTS
COMMONWEALTH OF VIRGINIA
Case No. 01-900F.Richmond - March.

Circuit Court

DEFENDANT: Mikal Mahdi

You are responsible for the following fines, costs, forfeitures, restitution, and/or penalties. Interest begins to accrue forty (40) days after the due date. **ALL FINES, COSTS, FORFEITURES, RESTITUTION, AND/OR PENALTIES ARE DUE ON DATE OF JUDGMENT UNLESS DELAY IS GRANTED.**

If you fail to pay the following fines, costs, forfeitures, restitution, and/or penalties by the date of judgment, or if you are allowed to make installment payments or a deferred payment with the consent of the Court, and fail to make such scheduled payment(s), the Clerk is required to report such failure to the Court, the Department of Motor Vehicles, the Department of Taxation, the State Compensation Board and the Attorney for the Commonwealth. In addition, a *capias* may be issued for your arrest and you may be subject to any one or more of the following:

1. the Court may impose additional fines and/or imprisonment;
2. the Court may revoke part or all of any suspended sentence;
3. your fines, costs, forfeitures, restitution and/or penalties will be offset against any tax refund, lottery winnings or other funds due you from the Commonwealth;
4. your driver's license will be automatically suspended effective fifteen days from date of conviction or immediately after the due date of a missed payment or ten days following notice that a check or credit card payment has been dishonored by the bank or issuing institution;
5. DMV will revoke your automobile registration certificate and plates and/or refuse to issue new registration or plates until fines, costs, forfeitures, restitution and/or penalties are paid;
6. collection procedures will be undertaken to subject your property to the payment of the fines, costs, forfeitures, restitution and/or penalties due;
7. the Court will revoke any privileges you may have to serve all or part of your sentence in a home/electronic incarceration program or to participate in any work-release or non-consecutive days program.

DATE OF JUDGMENT 7/16/01

DEFERRED PAY DUE DATE _____

MAY PAY IN INSTALLMENTS: ☐ Yes ☐ No

107	\$	110	\$
112	\$	113	\$
119	\$	120	\$
121	\$	132	\$
133	\$	137	\$
140	\$	143	\$
181	\$	203	\$
206	\$	229	\$
260	\$	265	\$
305	\$	410	\$
450	\$	451	\$
452	\$	453	\$
520	\$		\$
	\$		\$

NOTE: Fees not included in total shown at right:

- ☐ Court reporter fees
☒ Court-appointed attorney fees

GROSS DUE: \$ 348.00
(see note at left)

CASH BOND TO BE APPLIED TO FINES AND COSTS:

(Va. Code §§ 19.2-121, 19.2-369 AND 19.2-386.1)

COPY OF THE ABOVE DELIVERED TO THE DEFENDANT IN PERSON.

DATE: 7/16/01

Defendant's signature

\$ _____
NET DUE: \$ _____DATE: 7/16/01

D.E. Pailin

Bailiff/Clerk/Deputy Clerk

COPY OF THE ABOVE MAILED TO DEFENDANT AT ADDRESS IN FILE.

DATE: _____

Deputy Clerk

COMMONWEALTH OF VIRGINIA

In the Circuit Court for the ☒ City ☐ County of☒ COMMONWEALTH OF VIRGINIA☐ CITY ☐ COUNTY OF

VS.

DEFENDANT

SSN

DRIVER'S LICENSE NUMBER (IF DIFFERENT FROM SSN)

DRIVER'S LICENSE STATE

RESIDENCE ADDRESS

MAILING ADDRESS IF DIFFERENT FROM ABOVE

I. ACKNOWLEDGMENT OF SUSPENSION OR REVOCATION OF DRIVER'S LICENSE

I acknowledge that I have been notified that my driver's license/driving privilege:

- ☐ is suspended or revoked for a period of effective as a result of
- ☐ my conviction by this Court.
- ☐ action taken by the Virginia Department of Motor Vehicles pursuant to Va. Code § 46.2-390.1 for the Court's conviction or finding of facts sufficient to convict me of violating the drug laws (Va. Code §§ 18.2-247 through 18.2-264) of this Commonwealth.
- ☐ Declaration by the Virginia Department of Motor Vehicles ☐ Adjudication by Court that I am a habitual offender.
- ☐ has been suspended effective ☒ will be suspended effective fifteen days from the date of conviction if no deferred or installment payment is ordered, immediately on the day following nonpayment of any Court-ordered deferred or installment payment prescribed in Part II below, or ten days following notice that a check or credit card payment has been dishonored by the bank or issuing institution pursuant to Virginia Code § 46.2-395 as a result of my failure to pay costs, fines, restitution and penalty of \$ plus any additional court-appointed attorney and court reporter fee, if applicable.

I further certify that on this date this notice was read, understood by me, and I received a copy of the same, and that my driver's license

☐ WAS ☐ WAS NOT surrendered to this Court. Reason not surrendered:7/16/01.
DATE

DEFENDANT

Witnessed by:

☐ JUDGE ☐ CLERK

READ PART I ON THE BACK OF THIS FORM FOR MORE STIPULATIONS, WHICH ARE INCORPORATED BY REFERENCE AND ARE MADE A PART OF THIS ACKNOWLEDGMENT.

II. ORDER AND NOTICE OF DEFERRED PAYMENT OR INSTALLMENT PAYMENTS

SEE PART II ON THE BACK OF THIS FORM FOR FURTHER STIPULATIONS, WARNINGS AND INFORMATION CONCERNING THIS NOTICE AND ORDER, WHICH ARE HEREBY INCORPORATED BY REFERENCE.

Upon due consideration, the Defendant's Petition for deferred or installment payments is accordingly ACCEPTED, and the Defendant is ORDERED to pay costs, fines, forfeiture, restitution and penalty totaling \$ plus any additional court-appointed attorney and court reporter fee, if applicable, by:

- ☐ making installment payments of \$ per beginning until paid in full; or
- ☐ making a deferred payment in full on or before

If Deferred payment is not received by the above due date, or if the final Installment Payment is not received by the defendant is hereby given NOTICE to return to this Court on at m.

NOTICE: READ PART II ON THE BACK OF THIS FORM FOR MORE STIPULATIONS WHICH ARE INCORPORATED BY REFERENCE AND ARE MADE A PART OF THIS ORDER AND NOTICE.

Entered this day of

I have asked for and received a copy of this Order and Notice.

☐ JUDGE ☐ CLERK

DEFENDANT

PART I ACKNOWLEDGMENT OF SUSPENSION OR REVOCATION OF DRIVER'S LICENSE

I understand that I can avoid this suspension of my driver's license going into effect only if the Court actually receives payment in full of such fine, costs, forfeiture, restitution and penalty by the effective date of this suspension, and that I assume all risks in sending payment by mail. If payment in full is not received by the Court by the effective date, the suspension goes into effect and my license must be surrendered to the Court by that date.

I further understand that, if I am convicted of driving while my driver's license is suspended or revoked, I may be fined, sentenced to jail, or both.

I understand that upon suspension or revocation of my license, I may not operate a motor vehicle in the Commonwealth of Virginia until:

- (1) All periods of suspension imposed by any Court or the Department of Motor Vehicles have expired, AND
- (2) I have paid all unpaid fines, costs, forfeitures, restitution and/or penalties (if any) and the period of suspension (if any) has expired, AND
- (3) The Department of Motor Vehicles reinstates my license (if suspended) or issues a new license (if revoked) after:
 - (a) I have paid the reinstatement fee (if any) to the Department of Motor Vehicles, AND
 - (b) I have delivered a completed copy of the official report of the Court evidencing full payment, if my license was suspended for failure to pay fines, costs, forfeitures, restitution, penalties and/or VASAP fees. I understand that I must obtain this official report from the clerk's office of this Court or the Court where the case papers are filed, AND
 - (c) I have met all other administrative requirements of the Department of Motor Vehicles.

PART II ORDER AND NOTICE OF DEFERRED PAYMENT OR INSTALLMENT PAYMENTS

I understand that:

- (1) the Court may assess a one-time \$10.00 fee to cover the costs of an installment or deferred payment agreement;
- (2) as a condition of this agreement, I must promptly inform the court of any change of my mailing address during the term of this agreement;
- (3) if the fines, costs, forfeitures, restitution and/or penalties are not paid in full by the date ordered, that the Court shall proceed according to the provisions of Virginia Code § 19.2-358, which state that a show cause summons or capias for my arrest may be issued;
- (4) the amount(s) set out in this Order and Notice may be administratively amended by the Clerk of this Court in the event additional costs should be assessed and if additional costs are assessed, that the clerk will forthwith issue a notice to me of the new total amount due by first class mail to my last address of record;
- (5) the Court or Clerk thereof may adjust the final payment date administratively, without further notice to me, for installment payment agreements, if I fail to make a scheduled payment or for deferred payments, if I fail to pay in full by the due date ordered, for the purposes of referring the account for action pursuant to Virginia Code § 19.2-349(A), or for extending the Court's available time to pursue action pursuant to Virginia Code § 19.2-358;
- (6) if the Court has ordered deferred or installment payments, I must make all required payments on time and if I fail to make a scheduled payment, my driver's license shall immediately be suspended forthwith pursuant to Virginia Code § 46.2-395; and
- (7) upon notification by a court that my license has been suspended pursuant to Virginia Code § 46.2-395, that the Commissioner of the Department of Motor Vehicles shall also suspend all of the registration certificates or license plates registered solely in my name and thereafter shall not issue any registration or license plates for any other vehicle that I seek to register solely in my name.
- (8) if the court does not receive payments as ordered, my case will be referred for collection enforcement action under §§ 19.2-349, 19.2-353.5, 19.2-358, 46.2-395, or 58.1-520 through 58.1-534 of the Code of Virginia and that if any part of the amount due remains unpaid, pursuant to § 19.2-358, I may be subject to a jail sentence of up to 60 days or an additional fine of up to \$500.00.

This Order and Notice is provided to the Defendant pursuant to Virginia Code § 19.2-354. This Order shall not be spread on the Order Book of this Court.

FORM CC-1379 (REVERSE) 8/98

Sentencing Guidelines Cover Sheet

Complete this form ONLY for applicable felonies sentenced on or after July 1, 2000.

◆ OFFENDER

First: MIKAL Middle: _____

Last: MAHDI Suffix: _____

Date of Birth: _____ Redacted Social Security Number: _____ Redacted

CCRE: V A PSI Number: _____ For Use by Probation Officer

Substance Abuse Screening and Assessment §18.2-251.01: ☐ Screening Completed ☐ Assessment Completed

◆ COURT

Judicial Circuit: 13 City/County: Richmond FIPS Code: 7160

Judge's Name: Thomas Nance Office Use Only

Preparer Name: Chandea Thompson Preparer Title: ☒ Commonwealth's Attorney ☐ Probation Officer

Prosecuting Commonwealth's Attorney: _____ Defense Attorney: _____

◆ CONVICTIONS

Offense	Counts	VCC	Offense Date
Primary Offense: <u>Mahdi Wounding</u>	<u>01</u>	<u>A.S.L.-1334-F3</u>	<u>04/17/01</u>
Additional Offenses:			

Primary Offense Code Section: § 18.2-51 Docket Number: _____

Method of Adjudication: ☐ Jury Trial ☐ Bench Trial ☐ Guilty Plea ☐ Alford Plea/Noto contendere

Sentence Set by Jury: ☐ Life Sentence ☐ Years ☐ Months ☐ Days

◆ SENTENCING GUIDELINES RECOMMENDATIONS

- ☐ Probation / No Incarceration
- ☐ Incarceration 1 Day to 3 Months
- ☐ Incarceration 1 Day to 6 Months
- ☐ Incarceration 3 to 6 Months
- ☐ Probation / No Incarceration or Incarceration to 6 Months

☐ Detention Center Incarceration or Boot Camp

☐ Life Sentence

☒ Incarceration (Enter Midpoint and Range Below)

Range Midpoint 004 00

Sentence Range 002 00 TO 005 10

☐ Recommendation Adjusted for Mandatory Minimum

Final Disposition

Fill In after sentence has been pronounced.

SENTENCE

Total Time Imposed Before Suspension ☐ Life Sentence +

Years	Months	Days
15		

Total Time to Serve (effective) ☐ Life Sentence +

Years	Months	Days
3	3	

☐ Sentenced to Time Served

Post Release Term §18.2 - 10

Years	Months	Days

Post Release Supervision Period §19.2 - 295.2 (A)

Years	Months	Days

Probation Period (Supervised) §19.2 - 303 ☐ Indefinite

Years	Months	Days

☐ Incarceration Sentence to Run Concurrently With Another Sentencing Event☐ Written Plea Agreement Accepted ☐ Oral Sentence Recommendation Accepted

Restitution \$ _____

Fine \$ _____

Other Sentencing Programs (Check all that apply)

☐ Boot Camp☐ Community-Based Program _____☐ Day Reporting☐ Detention Center Incarceration☐ Diversion Center Incarceration☐ Drug Court☐ Electronic Monitoring☐ Intensive Probation☐ Unsupervised Probation☐ Youthful Offender☐ §18.2-251☐ Other _____

Specify type or name of program

Office Use Only

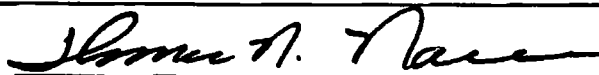
REASON FOR DEPARTURE

Must be completed pursuant to §19.2-298.01(B)

Office Use Only

07	16	01

Sentencing Date



Judge's Signature

ATTACH COURT ORDER AND MAIL

Pursuant to §19.2-298.01(E)

After sentencing, send to:

Virginia Criminal Sentencing Commission • Fifth Floor • 100 North Ninth Street • Richmond, Virginia 23219

Office Use Only

Error Code

Audit Code

PSI

Misc.

Assault ◆ Section A

Offender Name: Bhikal mahdi M003620

◆ Primary Offense

- A. Assault and battery against a family member, third or subsequent conviction (all counts) 2
- B. Assault and battery against a law enforcement officer, fire or rescue personnel (all counts) 6
- C. Any attempted or conspired assault and battery or unlawful injury (all counts) 1
- D. Unlawful injury to law enforcement officer, fire or rescue personnel (all counts) 7
- E. Any other unlawful injury
 - 1 count 1
 - 2 or more counts 3
- F. Any attempted or conspired malicious injury or aggravated malicious injury (all counts) 3
- G. Aggravated malicious injury (all counts) 7
- H. Malicious injury to a law enforcement officer, fire or rescue personnel (all counts) 7
- I. Any other malicious injury (all counts) 7
- J. Use of firearm in the commission of a felony (all counts) 4

Score

0 7

◆ Additional Offenses Total the maximum penalties for additional offenses, including counts

- Years: Less than 2 0
- 2-10 1
- 11 - 17 2
- 18 - 23 3
- 24 - 31 4
- 32 - 39 5
- 40 or more 6

0 5

◆ Weapon Used

- None 0
- Simulated weapon or other than firearm 1
- Firearm 2

0 1

◆ Serious Physical Victim Injury

If YES, add 2

0 2

◆ Prior Convictions/Adjudications Total maximum penalties for the 5 most recent and serious prior record events

- Years: Less than 7 0
- 7 - 23 1
- 24 - 46 2
- 47 or more 3

0 0

◆ Prior Incarcerations/Commitments

If YES, add 2

0 0

◆ Prior Juvenile Record

If YES, add 2

0 0

◆ Legally Restrained at Time of Offense

- None 0
- Other than parole/post-release 3
- Post-incarceration supervision 5

0 0

SCORE THE FOLLOWING ONLY IF PRIMARY OFFENSE AT CONVICTION IS ASSAULT & BATTERY AGAINST A FAMILY MEMBER

◆ Type of Prior Felony Person Convictions/Adjudications

- None 0
- Assault and battery against a family member, third or subsequent (§18.2-57.2(B)) 3
- Other person felony 4

0 0

Total Score

If total is 5 or less, go to Section B. If total is 6 or more, go to Section C.

1 0

Assault Section C

Offender Name: M. Mahdi M003621

Prior Record Classification

☐ Category I ☐ Category II ☐ Other

Primary Offense

A. Assault and battery against a family member, third or subsequent conviction (all counts)	28	14	7
B. Assault and battery against a law enforcement officer, fire or rescue personnel (all counts)	32	16	8
C. Unlawful injury (all counts)	32	16	8
D. Any attempted or conspired malicious injury (all counts)	68	34	17
E. Any completed malicious injury			
1 count	102	68	34
2 counts	120	80	40
3 or more counts	204	136	68
F. Aggravated malicious injury (all counts)	264	176	88
G. Use of firearm in the commission of a felony (first offense)	32	32	32
H. Use of firearm in the commission of a felony (subsequent offense)	56	56	56

Score

034

Additional Offenses Assign points to each additional offense (including counts) and total the points

Primary offense malicious, aggravated malicious wounding or use of firearm	
Maximum Penalty (years)	Points
Less than 1	0
1, 2	1
3	2
4, 5	3
10	6
20	13
30	19
40 or more	26

Primary offense unlawful injury or any assault and battery	
Maximum Penalty (years)	Points
Less than 1	0
1, 2	1
3, 4	2
5	3
10	6
20	11
30	16
40 or more	22

003

Weapon Used

Primary offense malicious, aggravated malicious wounding or use of firearm	
Simulated weapon or other than listed below	0
Knife or firearm	4

Primary offense unlawful injury or any assault and battery	
Simulated weapon or other than listed below	0
Knife	2
Firearm	3

000

Serious Physical Victim Injury

Primary offense malicious, aggravated malicious wounding or use of firearm	
Do Not Score	

Primary offense unlawful injury or any assault and battery	
If YES, add 3	

000

Number of Victims Receiving Serious Physical Injury

Primary offense malicious, aggravated malicious wounding or use of firearm	
Number	Score
1	14
2	70
3 or more	85

Primary offense unlawful injury or any assault and battery	
Do Not Score	

014

Prior Convictions/Adjudications Assign points to the 5 most recent and serious prior record events and total the points

Primary offense malicious, aggravated malicious wounding or use of firearm	
Maximum Penalty (years)	Points
Less than 5	0
5, 10	1
20	2
30	3
40 or more	4

Primary offense unlawful injury or any assault and battery	
Maximum Penalty (years)	Points
Less than 4	0
4, 5, 10	1
20	3
30	4
40 or more	6

000

Prior Felony Convictions/Adjudications Against Person

Primary offense malicious, aggravated malicious wounding or use of firearm	
Number	Score
1	6
2	12
3 or more	18

Primary offense unlawful injury or any assault and battery	
Do Not Score	

000

Legally Restrained at Time of Offense

Primary offense malicious, aggravated malicious wounding or use of firearm	
If YES, add 6	

Primary offense unlawful injury or any assault and battery	
If YES, add 2	

000

Total Score

See Assault Section C Recommendation Table for guidelines sentence range.

0048

Assault ◆ **Section B**Offender Name: Mikal Mahdi

◆ **Victim Injury** _____ **Score**

Threatened, emotional, or physical	2	0
Serious physical	4	

◆ **Additional Offenses** Total the maximum penalties for additional offenses, including counts _____

Years: Less than 5	1	0
5 or more	2	

◆ **Weapon Used or Brandished** _____ If YES, add 2 → 0

◆ **Prior Convictions/Adjudications** Total maximum penalties for the 5 most recent and serious prior record events _____

Years: Less than 5	0	0
5 - 18	1	
19 - 38	2	
39 or more	3	

◆ **Prior Juvenile Record** _____ If YES, add 3 → 0

SCORE THE FOLLOWING ONLY IF PRIMARY OFFENSE AT CONVICTION IS ASSAULT & BATTERY AGAINST A FAMILY MEMBER

◆ **Prior Incarcerations/Commitments** _____

Number: 1	1	0
2	3	
3 or more	5	

◆ **Prior Misdemeanor Convictions/Adjudications** _____

Number: 1 - 2	0	0
3 - 5	1	
6 - 8	2	
9 or more	3	

Total Score _____ →

See Assault Section B Recommendation Table to convert score to guidelines sentence.

TIME SHEET

ATTORNEY:

Viola E. Parsm

NAME

SOC. SEC. NUMBER OR VENDOR F.I.N.

Richmond Public Defender's Office

ADDRESS

☒ Circuit☐ General District☐ J & DR

COURT:

☐ Commonwealth☐ Locality

VS/In Re:

Mikaela Mahdi

Court Date:

7/16/01

Court-Appointed Counsel

Number of Charges and Code Sections

1, 18.2-51

Case Number(s)

01-900-F

Guardian Ad Litem Pursuant to § 16.1-266

Number of Persons Represented

Case Number(s)

THIS FORM MUST BE SUBMITTED TO THE COURT ON THE TRIAL DATE AND SIGNED BY THE ATTORNEY CLAIMING COMPENSATION.

TIME	HOURS	MINUTES	RATE	AMOUNT
In Court	<u>1</u>		Not to Exceed \$70 ~~\$65~~ per hour	<u>70.00</u>
Out Of Court (Includes research, interview, other)	<u>10</u>		Not to Exceed \$50 ~~\$45~~ per hour	<u>500.00</u>

EXPENSES CLAIMED

Please itemize and attach invoices:

Add items on reverse side of form.

TOTAL:

570.00

I certify that the above claim for attorney fees and expenses is true and that no compensation for the services set forth has previously been received.

7/16/01

DATE

Viola E. Parsm

ATTORNEY

***** COURT USE ONLY *****

I have reviewed the foregoing information and authorize the amount allowed to the attorney named above.

AMOUNT ALLOWED

RECEIVED

RICHMOND/MANCHESTER CIRCUIT COURT
INDIVIDUAL ACCOUNT STATUS REPORT =
NEW CRIMINAL JUDGMENTS
FOR 07/17/01

PAGE 104

01- 09121

COURT STAMP AREA

BOOK:

PAGE:

INSTRUMENT #:

TYPE OF FILING: ABSTRACT OF JUDGMENT

DATE OF JUDGMENT: 07/16/2001

JUDGMENT AMOUNT: \$743.00

PLAINTIFF: COMMONWEALTH OF VIRGINIA VS MAHDI. MIKAL DEEN

DEFENDANT NAME: MAHDI. MIKAL DEEN

ADDRESS: Redacted

RICHMOND, VA 23225

DOB:

SSN:

CASE: CR0100900F-00

JUDGMENT NOTES: -----

CLERK OF COURT: BEVILL M. DEAN

BY: N. Hicks (DEPUTY CLERK)

24 JUL 2001
Date _____ Time 12:30
Docketed in Clerk's Office,
Circuit Court, City of Richmond.

INSTRUCTIONS:

RICHMOND/MANCHESTER CIRCUIT

Be sure payment is enclosed. DO NOT send cash.

1. SIGN AND WRITE CASE NUMBER on money order or your check.

2. For credit card payments by mail, see reverse.

3. Return lower section of this form in return envelope provided.

IN RE: CR0100900F-00 ISSUED 07/18/01

DETACH THIS STUB BEFORE PLACING LOWER SECTION
IN RETURN ENVELOPE WITH PAYMENT.

NOTICE DATE TRIAL/CONVICTION DATE CASE NUMBER
07/18/01 07/16/01 CR0100900F-00

MALICIOUS WOUNDING
COURT PHONE (804) 645-8470

YOU OWE ONE OR MORE OF THE FOLLOWING
FOR A CONVICTION IN THIS COURT: FINE, COSTS,
FORFEITURE, RESTITUTION AND/OR PENALTY.

**NOTICE TO
PAY AND OF
SUSPENSION
FOR FAILURE
TO PAY**

TOTAL NOW DUE	SUSPENSION DATE
743.00	07/31/01
YOUR DRIVER'S LICENSE IS SUSPENDED EFFECTIVE ON THE "SUSPENSION DATE" IF YOU FAIL TO PAY. TO AVOID SUSPENSION, PAYMENT IN FULL MUST BE RECEIVED BY THE COURT PRIOR TO THE "SUSPENSION DATE."	

THIS NOTICE APPLIES ONLY TO SUSPENSION FOR FAILURE TO PAY
FINES, COSTS, FORFEITURE, RESTITUTION AND/OR PENALTY WITH
REGARDS TO THE ABOVE CHARGE AND DOES NOT REFLECT ANY
OTHER SUSPENSION.

CREDIT CARD TYPES ACCEPTED:

VISA MASTERCARD

YOU MAY PAY BY PERSONAL CHECK.

Return this form with your payment. See reverse side for payment
information. Receipt sent only if payment accompanied by self-
addressed stamped envelope.

F
R
O
M

IN RE: CR0100900F-00 ISSUED 07/18/01
RICHMOND/MANCHESTER CIRCUIT
10TH & HULL STREETS
RICHMOND, VA 23224-4070

MIKAL DEEN MAHDI
Redacted
TO RICHMOND, VA 23225

PAGE 6

READ BOTH SIDES OF THIS NOTICE.

10/01/2 m

A006216

TO THE RECIPIENT Our records show that you owe this court the **TOTAL NOW DUE** as shown on the front side.

1. Payment is due NOW.
2. To avoid additional penalties, the court must actually **RECEIVE** your payment prior to the "SUSPENSION DATE" as shown on the front. Use the mail at your own risk.
3. Payment may be made by check, money order or credit card. Make all money orders and checks payable to this court in U.S. funds. Do not send cash by mail.
4. If payment is not **RECEIVED** prior to the "SUSPENSION DATE" shown on the front of this notice, then
 - your privilege to drive is suspended effective on the "SUSPENSION DATE" and the Virginia Department of Motor Vehicles or licensing agency in your state will be notified AND
 - to have your license reinstated, you must provide the Virginia Department of Motor Vehicles your court receipt for payment in full or a DC-30 REINSTATEMENT FORM and pay the Department any required reinstatement fee AND
 - you may be **JAILED** and fined for failure to pay the **TOTAL NOW DUE** on the front AND
 - your case will also be referred for further enforcement action as permitted by law.
5. If you believe that this information is incorrect, you should contact the clerk's office of this court **IMMEDIATELY** to verify the accuracy of this information.
6. To pay by credit card by mail, complete the information at right:

CREDIT CARDS ARE NOT ACCEPTED BY ALL COURTS. Please consult the front of this form to determine what, if any, cards are accepted by the court.

CREDIT CARD TYPE	TOTAL AMOUNT \$
ACCOUNT NUMBER	
EXPIRATION DATE	
DAYTIME TELEPHONE NUMBER	
SIGNATURE	

VIRGINIA LAW REQUIRES THAT PROCESSING FEES AND COSTS BE IMPOSED ON ALL PLEAS OR FINDINGS OF GUILT EVEN IF YOU FAIL TO APPEAR AT TRIAL OR WAIVE YOUR RIGHT TO APPEAR AT TRIAL.

COMMONWEALTH OF VIRGINIA
Department of Corrections

M003627

Dennis Gaudin

PO Box 26963
Richmond, Va. 23261
(804) 674-3242

MEMORANDUM

TO Circuit Court Judge/Clerk for Richmond City
FROM Community Release Unit
PRINTED 04-27-04

RE: MIKAL MAHDI, DOB: Redacted Inmate Number: Redacted

In accordance Section 53, 1-160 A (first paragraph), Code of Virginia, this notification of release is being provided on the above named offender. The offender will be released on/about 05-12-04 under the following release type: Good Time Release

NOTE: THIS IS NOT AUTHORIZATION TO RELEASE FROM CUSTODY

Sentencing Information:

Sentencing Court	Offense	Date of Commitment	Term(Yrs/Mnts/Dys)	Total/Uncal
Richmond City	BREAKING AND ENTERING	07-16-01	000/00/000	000/00/000 NP
Richmond City	MALICIOUS WOUNDING	07-16-01	015/00/000	011/09/000 PS CR0100900F00

NOTE TO CLERKS: Section 53,1-150, Code of Virginia, requires that all persons sentenced to incarceration, and/or placed on probation or parole on/after July 1, 1994, pay a portion of his/her cost of confinement. Sentencing dates should be verified to confirm the correct sentencing fee.

Int. 5/12/04 CR0100900F00

Manchester

Break & Enter

CASE NO.

COSTS	ACCT CODE	AMOUNT	REV 1	REV 2	REV 3	REV 4
FELONY	450					
FELONY REVOCATION	451					
FELONY REDUCED TO MISD.	452					
MISDEMEANOR REVOCATION	453					
COURT APPOINTED ATTORNEY	120					
JURY COSTS	181					
EXTRADITIONS	113					
TRIAL TRANSCRIPTS	113					
PSYCHIATRIC EVALUATION	113					
DRUG ENFORCEMENT FEE	107					
OTHER						
	COSTS					
FINE	110					
	TOTAL					
DATE PAID IN FULL						
ABSTRACT						
RELEASE						
APPEAL COSTS						
COURT APPOINTED ATTORNEY	120					
TRANSCRIPTS	113					
COSTS ASSESSED BY APPELLATE COURT	113					
OTHER						
	TOTAL					
DATE PAID IN FULL						
ABSTRACT						
RELEASE						

Def. Atty. Vietha ParsonRetained
Pub. Def

CIRCUIT COURT MANCHESTER COURTHOUSE

Richmond, Virginia

BEVILL M. DEAN, Clerk

A006219

M003629



A006220

WARRANT OF ARREST- FELONY

VA CODE § 19.2-71.72

Richmond/Manchester

CITY OR COUNTY

General District Court



Criminal



Traffic



Juvenile and Domestic Relations District Court

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and bring the Accused before this Court to answer the charge that the Accused, within this city or county, on or about 04/17/2001 did unlawfully and feloniously in violation of Section

DATE

18.2-91, Code of Virginia:

break and enter in the daytime the dwelling house of John S. Broach; 2316 South Kenmore with the intent to commit larceny, assault and battery, or a felony other than murder, rape, robbery, arson in violation of §§18.2-77, 18.2-79, or 18.2-80.

200417-0217

Officer Simon

William Simon
RECOMMENDED FOR APPEARANCE
BEFORE THE GRAND JURY FOR
THE RICHMOND CIRCUIT COURT
ON 6-11-01

4/18

the undersigned, have found probable cause to believe that the Accused committed the offense charged, based on the sworn statements of

GANNON, Thomas W. - RPD

Complainant

04/17/2001 12:07 PM

DATE AND TIME ISSUED

☐ CLERK ☐ MAGISTRATE ☐ JUDGE

J. D. Norria, Magistrate

CCRE is Required

CASE NO.

01004338

ACCUSED:

MAHDI, Mikal Deen

MIDDLE NAME

Richmond, VA ADDRESS/LOCATION

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN	FT.	HT.	WGT.	EYES	HAIR
B	M	ted	Re	5 09	170	BR	BK
SSN		ted	Re				

Commonwealth of Virginia

WARRANT OF ARREST

FELONY

☒ EXECUTED by delivering a copy to the Accused named above on this day:

4/17/01 12:15

DATE AND TIME OF SERVICE

Janice M. Calhoun

ARRESTING OFFICER

1797 RPD 0120

BADGE NO., AGENCY AND JURISDICTION

Mitchell

for

SHERIFF

Attorney for the Accused:

HEARING DATE

4-18-01

5-18-01

War/Sum

764GC-RJ20119600

APR 18 2001 Pub. Def. Office

WAIVER OF PRELIMINARY HEARING

Understanding my right to a preliminary hearing before the Court named in this warrant to determine whether there is probable cause to believe that I committed a felony AND, having the consequences of my waiver explained to me by the Judge of this Court, I nevertheless WAIVE MY RIGHT TO A PRELIMINARY HEARING on the felony charged in this warrant.

Certified to the Circuit Court of this jurisdiction

FINE

\$ M003631

COSTS:

ACCUSED

DATE

ATTORNEY FOR ACCUSED

JUDGE

☐ Motion to Change Bond on:
☐ changed to \$
☐ no change

I impose the following Sentence:

☐ Fine of \$ with \$ suspended;
☐ JAIL sentence of imposed with suspended conditioned upon being of good behavior and keeping the peace, and paying fines and costs. Pursuant to § 53.1-187, credit is granted for pre-trial detention.
☐ Serve jail sentence on weekends beginning

☐ Work release authorized if eligible
☐ Work release required
☐ Payment of \$ to defray cost of incarceration

☐ On PROBATION for
☐ DRIVER'S LICENSE suspended
☐ Referred to VASAP
☐ Referred to local community-based probation program
☐ Restricted Driver's License

☐ Travel to/from work ☐ Travel to/from VASAP
☐ Travel during work ☐ Travel to/from school
☐ Medically necessary travel ☐ Ignition Interlock
☐ Travel to/from day care/school/medical service facility for child

☐ RESTITUTION of \$ due by Payable to with interest thereon from as condition of suspended sentence.

☐ hours of community service to be performed for

☐ In addition to other sentence provisions
☐ to be credited against fines and costs

☐ Other: *Pro. Prob. and Prob. Hearing*

☐ Bail on Appeal \$
☐ Remanded for CCRE Report

MAY 18 2001

DATE

Gregory L. Rupe

Misdemeanor Conviction	
112	} PROCESSING FEE {
140	
143	
107 DOAF	
132 CICF	
133 BLOOD TEST FEE	
137 TTP	
120 CT. APPT. ATTY. (state)	
113 WITNESS FEE	

Prelim. Hear. Assess.
120 CT. APP. ATTY. (state)
113 WITNESS FEE

Other (Specify):

NAME

The Accused PLEADED:

☐ not guilty
☐ nolo contendere
☐ guilty

☐ Plea Bargain ☐ Plea and Recommendation

And was TRIED and FOUND by me:

☐ not guilty ☐ guilty as charged
☐ guilty of

facts sufficient to find guilt but defer adjudication/ disposition and place accused on first time offender probation, §§ 18.2-57.3, 18.2-251 or 19.2-303.2.

☐ ORDER the charge dismissed
☐ ORDER a nolle prosequi on prosecution's motion
☐ ORDER the charge dismissed:

☐ conditioned upon payment of costs (accord and satisfaction), § 19.2-151
☐ conditioned upon payment of costs and successful completion of traffic school, § 16.1-69.48:1

CONVICTION AND SENTENCING ORDER

VIRGINIA: IN THE CIRCUIT COURT OF THE CITY OF RICHMOND
MANCHESTER COURTHOUSE

FEDERAL INFORMATION PROCESSING
STANDARDS CODE: 766

Hearing Date: **July 16, 2001**
Judge: **Thomas N. Nance**

COMMONWEALTH OF VIRGINIA

v.

MIKAL DEEN MAHDI DEFENDANT

This day came the defendant, who appeared in person with his attorney, **Vietta Parson**. The Commonwealth was represented by **Vaughan Jones**. Whereupon the defendant was arraigned as charged in the indictment, and after being advised by counsel pleaded guilty to said charge, and the Court, after inquiry, found for a fact that the defendant's plea of guilty was made freely, voluntarily and intelligently and was accordingly accepted.

Having heard the evidence and the argument of counsel, the Court finds the defendant guilty of the following offense(s):

CASE NUMBER	OFFENSE DESCRIPTION AND INDICATOR (F/M)	OFFENSE DATE	VA. CODE SECTION
01-900-F	MALICIOUS WOUNDING (F)	4/17/01	18.2-51

Pursuant to the provisions of Code Section 19.2-298.1, the Court has considered and reviewed the applicable discretionary sentencing guidelines and the guidelines worksheets. The sentencing guidelines worksheets and the written explanation of any departure from the guidelines are ordered filed as a part of the record in this case.

Before pronouncing the sentence, the Court inquired if the defendant desired to make a statement and if the defendant desired to advance any reason why judgment should not be pronounced in keeping with the plea agreement.

The Court **SENTENCES** the defendant to:

Incarceration with the **Virginia Department of Corrections** for the term of **one hundred eighty (180) months** on the conviction of **MALICIOUS WOUNDING** in **Case No. 01-900-F**.

This sentence shall run **consecutively** with all other sentences.

The Court **SUSPENDS one hundred forty one (141) months of the one hundred eighty (180) months** on the conviction of **MALICIOUS WOUNDING** in **Case No. 01-900-F**, for a period of **fifteen (15) years** upon the following condition(s):

Good behavior. The defendant shall keep the peace and be of good behavior.

Costs. The defendant shall pay the cost of this proceeding.

Supervised Probation. The defendant is placed on supervised probation, and that he waive his fourth amendment right as to search and seizure and submit to any blood/urine analysis his probation officer directs to determine if he has used any controlled substances.

Credit for Time Served: The defendant shall receive credit for all time served.

Drug Screening. Pursuant to Section 18.2-251.01 The defendant shall complete any substance abuse screening, assessment, testing, and treatment as directed by the Department of Corrections.

The defendant is subject to payment of any fees associated with substance abuse treatment or intervention as required by the treatment or intervention program on an ability to pay basis.

Whereupon, on motion of the Assistant Attorney for the Commonwealth, and with the consent of the defendant and his counsel, **It is Ordered that Case No. 01-901-F, be nolle prosequed.**

It is further Ordered that the Commonwealth do recover of the defendant her costs incident to this proceeding, and the defendant is remanded to the custody of the Sheriff of this City.

DATE: July 16, 2001

ENTER Thomas N. Nance JUDGE
Thomas N. Nance

DEFENDANT IDENTIFICATION:

M003634

SSN: Redacted

DOB: Redacted

Sex: M

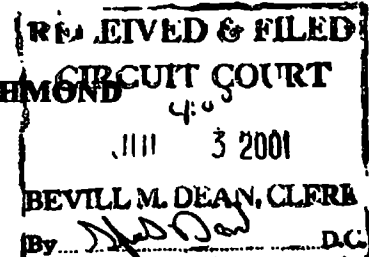
SENTENCING SUMMARY:

SENTENCE IMPOSED: 180 months

SENTENCE SUSPENDED: 141 months, for a period of 15 years

VIRGINIA:

IN THE CIRCUIT COURT FOR THE CITY OF RICHMOND
Manchester Courthouse



COMMONWEALTH OF VIRGINIA,

v.

MIKAL MAHDI,
 Defendant.

July 16, 2001
 Case No. 01-900-F &
 01-901-F

COMMONWEALTH'S RESPONSE TO DEFENDANT'S
MOTION FOR DISCOVERY

COMES NOW the Commonwealth, by counsel, and tenders the following response to the defendant's Motion for Discovery:

1. Pursuant to the authority enunciated in Pursuant to the authority enunciated in Brady v. Maryland, 373 U.S. 83 (1963); United States v. Agurs, 424 U.S. 104 (1976); Stover v. Commonwealth, 211 Va. 789 (1971) and Dozier v Commonwealth, 219 Va. 1113 (1979), the Commonwealth is unaware of any evidence tending to exculpate the defendant or mitigate punishment.
2. Pursuant to Giglio v. United States, 405 U.S. 150 (1972) and Napue v. Illinois, 360 U.S. 264 (1959), the Commonwealth is unaware of any evidence affecting the credibility of any witness for the Commonwealth.
3. Pursuant to Rule 3A:11(b)(1)(i) of the Rules of the Supreme Court of Virginia, the video tapes of the defendant's interview will be available for defense counsel's review at a mutually convenient time.
4. (a) As of this writing, the DNA results will be available in written form on July 13, 2001. An oral response will be available from the laboratory as early as July 6, 2001.
5. (a) The Commonwealth is aware no criminal record of the accused.

The Commonwealth hereby acknowledges its continuing obligation to comply with defendant's request pursuant to Rule 3A:11 of the Supreme Court of Virginia.

Respectfully submitted,

COMMONWEALTH OF VIRGINIA

By Chandra F. Thompson
Chandra F. Thompson

Chandra F. Thompson
Assistant Commonwealth's Attorney

David M. Hicks
Commonwealth's Attorney
John Marshall Courts Building
905 Decatur Street
Richmond, Virginia 23224
(804) 646-8704

CERTIFICATE OF SERVICE

I hereby certify that on this 3rd day of July, 2001 a true and exact copy of the foregoing response to defendant's Motion for Discovery was delivered, via facsimile, to Vietta Parson, Esq., at (804) 371-4908.

Chandra F. Thompson
Chandra F. Thompson

Virginia:

M003637

In the Circuit Court of the City of Richmond

Manchester Courthouse
June 11, 2001

The GRAND JURY charges that:

On or about April 17, 2001, in the City of Richmond,

01-901-F

MIKAL DEEN MAHDI

did feloniously and unlawfully break and enter in the daytime, the dwelling house
of John S. Broach, with intent to commit larceny, assault and battery, or a felony
other than murder, rape, or robbery.

Virginia Code Section 18.2-91

✓ ~~Thomas W. Gannon~~
James A. Simmons

Witnesses sworn and sent by
the Court to the Grand Jury to
give evidence.

David M. Dean Clerk

✓ A TRUE BILL.

Samuel J. Ballas
Foreman

07/19/2004

16:39

COMMUNITY CORRECTIONS → 918038967595

NO. 379

002

Virginia Department of Corrections
Mental Health Services Screening

Name: MAHDI, MIKAL
 Ant Offense: MALICIOUS WOUNDING
 Sentence: 15 YRS, SWP 11.5, 3.5 YRS

DOC #: 9999991 999449Date of Birth: RedactedRace: BLACKSource of information: X Inmate Other (Specify):**I. PERSONAL HISTORY**

SEPARATED AT 8 YRS. OLD.

Family history: RAISED BY FATHER. SELF-EMPLOYED & KILLED LABOR. SEGS NOT TOO FRIENDLY. NOT CLOSE. FOLLOWS BROTHER.Educational level/reason for leaving school: 10TH GRADE. DROPT SCHOOL. "MAD TOO MUCH MONEY" NO BROTHER. DAVE DEALING.Vocational history (inc. military): MAINTENANCE. 1 YR. "SOMETHING I COULD DO"Reported medical problems: DEPRESSION.Prior adult/juvenile incarcerations: NO BROTHER. MALICIOUS WOUNDING PROPPED. 14 YRS OLD. 2 YRS. JUVENILE INST.**II. CLINICAL HISTORY**Previous mental health treatment: DEPRESSION.Is inmate currently prescribed psychotropic medication? YES ☐ NO ☒If Yes, specify: DEPRESSION.Substance abuse history: DEPRESSION.History of assaultive behavior: YES.History of suicidal/self injurious behavior: DEPRESSION.**III. CURRENT MENTAL STATUS**General appearance, Interview behavior, Interaction: TALL, LANKY BUILD. HYGIENE WAS WITHIN NORMAL LIMITS & MAINTAINED. COOPERATIVE, POLITE DISTANT REGARD UNENTAINED & AMUSED.Sensorium (orientation, attention/memory, speech flow): OK3 COULD RECALL 300S, COULD RECALL WORDS & COULD NOT ASSOCIATE SIMILATIONS. KNOW DIFFERENCES & ASSURATIONS.Thought content: (symptoms of disorder, appropriateness, judgment, insight): PERIOD HALLUCINATIONS ON LACING THOUGHTS. CLEAR, LONG-TERM ABILITY TO SUSPECT AT HAND. OFFERED SELF-SAVING SOLUTIONS TO JUDGE NOT SUBMITTING, NO INSIGHT TO CAUSE & EFFECT.Mood/affect (symptoms, appropriateness): EMOTIONLESS, NO RESPONSE. ABSENCE OF RESPONSE DISCUSSING CRIMES.Current suicidal or self-injurious ideation/intent: DEPRESSION. "HAPPY WITH MY LIFE"

RECEIVED
DISCOVERY

Additional observations: _____

IV. DIAGNOSTIC IMPRESSION

Axis I: 312.34 INTERMITTENT EXPLOSIVE DISORDER.Axis II: 410 301.7 ANTISOCIAL PERSONALITY DISORDER.

V. MENTAL HEALTH CLASSIFICATION CODE

MH-4	Severe impairment (Must have Axis I diagnosis)
MH-3	Moderate impairment (Must have Axis I diagnosis)
MH-2	Mild impairment
MH-1	Minimal impairment
MH-0	No documented/reported history of mental health services/needs/treatment within last five years

VI. COMMENTS: LIMITS OF CONFIDENTIALITY DISCUSSED.

* INMATE STATED THAT ROBBERY WAS A "SEASONAL" JOB
REFERRED TO CRIMES AS BUSINESSMAN OCCUPATION STATED HE
HATED DOING THE SAME THING EVERY DAY. MADE HIM
ANGRY & FURT "LOSS OF A MAN"

VII. RECOMMENDATIONS: G.E.D., AUTO BODY REPAIR. ANGER MGMT.

BRADEN L.L. K312 REASON NOT TO CONSIDER FEAR.
WORTH. O.K. FOR WORK.

Signature

STAFF PSYCHOLOGIST

Position

Date

10-24-07

K. QUICHO

Name

S.R.C.C.

Facility

RULE 5
DISCOVERY

SCDC Memorandums
4 Decidants

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF INVESTIGATIONS
MEMORANDUM**

TO: Major Carlton Medley
Captain Larry Gainey
South Carolina Law Enforcement Division

FROM: Debra G. Barnwell
Acting Division Director

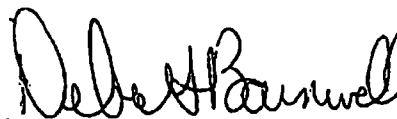
SUBJECT: ASSAULT-INMATE ON EMPLOYEE (92-0101)
Inmate Mikal Mahdi, Redacted, B/M
Correctional Officer Gary Toney

DATE: January 31, 2005

The attached case opening was reviewed by Inspector General Charles Sheppard and SLED Agent Marvin Brown who have determined that this investigation should be referred to SLED at this time. The alleged assault occurred at Lee Correctional Institution in Lee County.

On January 6, 2005, Correctional Officer Gary Toney was picking up food trays after the evening meal when he was hit in the head with an unknown object thrown by inmate Mikal Mahdi. Toney was transported by EMS to Tuomey Regional Medical Center where he was treated and later released. The object that hit Officer Toney was later identified as a piece of concrete.

Your Agent may contact Investigator Karen Hair for assistance on this investigation. She can be reached at 896-2559.



Debra G. Barnwell

**RULE 5
DISCOVERY**

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF INTERNAL AFFAIRS
CASE OPENING**

SUBJECT:	INMATE MIKAL MAHDI	EMP OR IM #	Redacted	R	B	S	M
SUBJECT:		EMP OR IM #		R		S	
SUBJECT:		EMP OR IM #		R		S	
VICTIM:	CO GARY TONEY	EMP OR IM #	Redacted	R	B	S	M
WITNESS:	CO SAMMIE RHODES	EMP OR IM #	Redacted	R	B	S	M
OFFENSE:	ASSAULT INMATE ON EMPLOYEE						
LOCATION	LEE CORRECTIONAL INSTITUTION						
OFFENSE DATE	01-06-05	OFFENSE TIME	5:15 PM				
COMPLAINANT:	CO TONEY	EMP OR IM #		R		S	
LOCATION:	LEE CI						
HOME TELEPHONE		BUSINESS TELEPHONE					
DATE:							
TELEPHONIC:		FAX:		PERSONAL:		WRITTEN:	x

DETAILS OF COMPLAINT: WHILE CO TONEY AND CO RHODES WERE CONDUCTING THEIR NORMAL DUTIES AT LEE CI INMATE MAHDI THREW PIECES OF CONCRETE AT TONEY STRIKING HIM IN THE HEAD AND FACIAL AREA. CO TONEY WAS TRANSPORTED TO TOUMAY HOSPITAL FOR TREATMENT OF HIS INJURIES.

INVESTIGATOR: Karen M. Hair

CASE NUMBER: 92-0101

**RULE
DISCOV.**

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF INVESTIGATIONS
MEMORANDUM**

TO: Major Carlton Medley
Captain Larry Gainey
South Carolina Law Enforcement Division

FROM: Debra G. Barnwell
Acting Division Director

SUBJECT: REQUEST FOR INVESTIGATIVE ASSISTANCE
THREATS
IM Mikal Mahdi, SCDC Redacted Subject
Janet Driggers. Admin Asst/Grievance Coordinator

DATE: June 13, 2005

The attached forms have been reviewed by Acting Division Director Debra Barnwell and SLED Agent Marvin Brown who have determined that this investigation should be referred to SLED at this time. The alleged threats/assault occurred at Lee Correctional Institution in Lee County.

On or about March 30, 2005, inmate Mikal Mahdi sent a Request to Staff Member to Grievance Coordinator Janet Driggers in which he made allegations of an assault against him by a correctional officer. Driggers returned the complaint to him along with a blank inmate grievance form and directed him to use the appropriate form if he wished to file a grievance.

On June 2, 2005, inmate Mahdi used the form to complain about the grievance system, to use abusive language and to threaten to kill Driggers.

We received the documentation on June 9, 2005.

Inmate Mahdi's allegations against the officer need to be investigated also. Please let me know if I need to assign someone to that complaint or your agency will handle it.

Please contact Investigative Supervisor Terry Taylor for assistance at 896-1963.


Debra G. Barnwell

RULE 5
COVERT

REC 6-4-05
TO IN 6-9-05
TC001382
Filed
4-4-5

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER

NAME: Ms. Driggers	TITLE: Grievance Coordinator	DATE: 3/30/05
INMATE'S NAME: Dr. Mikal Mahdi	SCDC #: Redacted	
INSTITUTION: Lee Correctional Institution	LIVING QUARTERS: SHU north #58	

3/28/05 approximately 1430 to 1530 hours I, safekeeper Dr. Mikal Mahdi #5238 was violently assaulted by Sgt. McPherson, Cpl. Rhodes, Co Howard and Co Durant in SHU north cell #58 while exercising my right to peaceful protest, (protesting not receiving showers for a whole week, by withholding a state lunch tray). Sgt. McPherson told me to give him the tray and I'll receive a shower, believing my right to take a shower would be met. I gave Sgt. McPherson the state lunch tray through the tray slot. Sgt. McPherson then hard cuffed me and told me again that I would get a shower. My cell door was opened and at that point was told I was not going to get a shower but a beat down (violently assaulted). Sgt. McPherson then jumped on me and started to punch me in the face. My nose started to bleed. Cpl. Rhodes began to choke me with shackles (leg irons) and Co Howard + Co Durant slamed me to the floor. I was hog tied. Sgt. McPherson picked up the state tray that was outside of the cell in the hall way and asked me "You want a tray motherfucker?" McPherson then started to hit me on the head with the tray, the tray broke. These four evil renegade correctionalist then stripped my room out. All four of (over other cells) →

DISPOSITION BY STAFF MEMBER:

If you wish to grieve this issue, you must submit it on the correct/proper form. I have attached a Step 1 Grievance Form for your use.

DATE: 4-4-5	SIGNATURE: J Driggers

FILED
DISCOVERY

then started to kick and spit on me saying "this is what happens to cop killing
 low lifes" while I am hog tied in handcuffs and shackles, McPherson stops
 kicking me and says "wait, how are we going to get the jumper off of
 him?" C/O Durant says "we can cut the motherfucker off of the bitch I got
 a knife right here" while patting his pocket. C/O Durant extracted a small pocket
 knife and proceeded to cut off my jumper, once he finished C/O Durant held
 the pocket knife to my neck stating that he carries the knife for
 "bitch ass cop killers." All four of these ~~outlaw~~ C/O's start to kick me
 some more I pass out (suffer a concussion) and wake up naked and bloody
 on the cold cement floor. I never recieved medical treatment. I have suffer
 numerous anxiety attacks since this outrageously violent assault took
 place. My attorney has been contacted. If these evil out of control correctional
 are not stopped they will strike again.
 !!Thank you for your time!!

3
 ERY

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM

TC001384

REC 6-9-05
TO IA 6-9-05

STEP 1

INMATE NAME: Mikal Mahdi
SCDC NUMBER: Redacted
INSTITUTION: Lee C.I.
HOUSING UNIT: 9AMU 58
WORK ASSIGNMENT: *None*

Office Use Only:
Grievance No. LCI 1029-05
Code: General
Policy
Disc. Hear.
Class.
Date Received
IGC Initials

STATE GRIEVANCE (include documentation, and date of incident; if SCDC Policy, indicate which policy) I HAVE RECEIVED THE ATTACHED FORM REQUEST/COMPLAINT ON 6/2/05 EVEN THOU ITS DATED 4/05 WHY DID IT TAKE OVER TWO MONTHS FOR THIS TO GET BACK TO ME WITH YOUR SUB STANDARD RESPONSES, IS IT BECAUSE YOU WANT TO TAKE OR EVER SO TO SURPASS THE TIME LIMET, IT SURELY SEEMS THAT WAY, I HAVE TRYED NUMEROUS TIMES TO BE DIPLOMATIC WITH YOU PEOPLE THIS IS ONE OF THE REASONS I'AM NOW ON A HUNGER STRIKE THIS IS A PEACE FULL FORM OF PROTEST TO THE TYPE OF LURRYPT ACTIVITY THAT GOES ON HERE AT LEE C.I., I CAN NOT BE DIPLOMATIC WITH YOU PEOPLE SO MY LAST ACTION WOULD BE TO KILL YOU, WHY NOT YOUR NO GOOD TO ANYBODY

ACTION REQUESTED:

other side

DO YOUR FUCKING JOB KUE

SPECIFY HOW AND WHEN INFORMAL RESOLUTION WAS ATTEMPTED BY GRIEVANT:

OH PLEASE BETCH

[Signature] 6/2/05
Grievant Signature Date

ACTION TAKEN BY IGC:

RULE 5
DISCOVERY

- ☐ I accept the action taken by the IGC and consider the matter closed.
☐ I do not accept the action taken and wish to appeal.

IGC Signature Date

Grievant Signature Date

WARDEN'S DECISION AND REASON:

I could ~~easy~~ easily get some one to murder you
 What is wrong with you bitch.
 I bet you'll ~~respond~~ respond quick to this wait pov.
 You people think shit is a game

Warden Signature

Date

- ☐ I accept the Warden's decision and consider the matter closed.
☐ I do not accept the Warden's decision and wish to appeal.

Grievant Signature

Date

IGC Signature

Date

INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM

1. An informal resolution shall be attempted prior to the filing of Step 1.
2. Complete each section in its entirety, writing only in the space provided for inmate use.
3. Only one (1) issue is to be addressed on each form.
4. Submit the completed form to the Institutional Grievance Coordinator within fifteen (15) days of an alleged incident; policy grievances at any time. Do not write in the space provided for the Warden's response.
5. If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible official within five (5) days of your receipt of the Warden's decision, via the Institutional Grievance Coordinator.

**RULE 5
 DISCOVERY**

Richmond/Manchester

CITY OR COUNTY

General District Court ☒ Criminal ☐ Traffic☐ Juvenile and Domestic Relations District Court

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and bring the Accused before this Court to answer the charge that the Accused, within this city or county, on or about **11/23/2000** DATE did unlawfully in violation of Section

18.2-460

Code of Virginia:

knowingly attempt to intimidate or impede by threats or force a judge, magistrate, justice, juror, attorney for the Commonwealth, witness, or law enforcement officer lawfully engaged in duties, or obstruct or impede the administration of justice in court. IBR/200011230493.

I, the undersigned, have found probable cause to believe that the Accused committed the offense charged, based on the sworn statements of

KOEHLER, Michael - RPD 11/27

Complainant.

Execution by summons ☐ permitted at officer's discretion. ☒ not permitted.

11/23/2000 07:35 PM

DATE AND TIME ISSUED

☐ CLERK ☒ MAGISTRATE ☐ JUDGE

A. C. Browning, Magistrate

SUMMONS (If authorized above and by serving officer)

You are hereby commanded to appear before this court located at

on _____ at _____ AM/PM

I promise to appear in accordance with this Summons and certify that my mailing address as shown at right is correct. **CCRE May be Required**

WARNING TO ACCUSED: You may be tried and convicted in your absence if you fail to appear in response to this Summons. Willful failure to appear is a separate offense.
SIGNING THIS NOTICE DOES NOT CONSTITUTE AN ADMISSION OF GUILT.

CASE NO.

ACCUSED:

MAHDI, Sharief

LAST NAME, FIRST NAME, MIDDLE NAME

Re
d
a
c
e
d
A
D
D
R
E
S
S
/L
O
C
A
T
I
O
N

Richmond, VA

To be completed upon service as Summons

Mailing address ☐ Same as above

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	MO.	BORN DAY	YR.	FT.	IN.	WGT.	EYES	HAIR
B	M		d	acle	Red	5	09	190	BR BR
SSN			d	acle	Red				

Commonwealth of Virginia

WARRANT OF ARREST

CLASS 1 MISDEMEANOR

- ☐ EXECUTED by arresting the Accused named above on this day.
- ☐ EXECUTED by summoning the Accused named above on this day.
- ☐ For legal entities other than individuals, service pursuant to Va. Code § 19.2-76.

11/23/00 1930

DATE AND TIME OF SERVICE

Michael Koehler

ARRESTING OFFICER

2388 RPD 120

BADGE NO., AGENCY AND JURISDICTION

for

M. Mitchell

SHERIFF

Attorney for the Accused

NOV 27 2000 Pub. Def. Office

AND TIME

MO03560

12/29/00 11:01 AM

12/29/00

11/19/01

Warr/Sum

764GC-R110041317

DEC 1 2000

☐ Motion to Change Bond on:
☐ changed to \$
☐ no change

JUDGE

The Accused was this day:

☐ tried in absence
☒ present

Thompson
☐ PROSECUTING ATTORNEY PRESENT (NAME)

Smart
☐ DEFENDANT'S ATTORNEY PRESENT (NAME)

☐ NO ATTORNEY

☐ ATTORNEY WAIVED

☐ If convicted, no jail sentence will be imposed.

☐ Translator/Interpreter present:

NAME

The Accused PLEADED:

☐ not guilty
☐ nolo contendere
☒ guilty

☐ Plea Bargain ☐ Plea and Recommendation

And was TRIED and FOUND by me:

☐ not guilty
☒ guilty as charged
☐ guilty of

☐ facts sufficient to find guilt but defer adjudication/
disposition and place accused on first time offender
probation, §§ 18.2-57.3, 18.2-251 or 19.2-303.2.

☐ I ORDER the charge dismissed

☐ I ORDER a nolle prosequi on prosecution's motion

☐ I ORDER the charge dismissed:

☐ conditioned upon payment of costs (accord and
satisfaction), § 19.2-151

☐ conditioned upon payment of costs and successful
completion of traffic school, §16.1-69.48:1

I impose the following Sentence:

☒ FINE ☐ CIVIL PENALTY of \$ 300.00
with \$ suspended;

☐ JAIL sentence of 30 days imposed
with 20 days suspended

conditioned upon being of good behavior and keeping the
peace, and paying fines and costs. Pursuant to § 53.1-187,
credit is granted for pre-trial detention.

☐ Serve jail sentence on weekends beginning.....

☐ Work release authorized if eligible

☐ Work release required

☐ Payment of \$ to
defray cost of incarceration

☐ on PROBATION for.....

☐ DRIVER'S LICENSE suspended.....

☐ Referred to VASAP

☐ Restricted Driver's License

☐ Travel to/from work ☐ Travel to/from VASAP

☐ Travel during work ☐ Travel to/from school

☐ Medically necessary travel ☐ Ignition Interlock

☐ Travel to/from day care/school/medical service facility
for child

☐ Referred to local community-based probation program

☐ RESTITUTION of \$.....

due by

Payable to

with interest thereon from

as condition of suspended sentence.

☐ hours of community service to be performed for

.....

.....

☐ in addition to other sentence provisions

Date Jan 11 2007 **Time** 11:00

Defendant Terminated from the

weekend program. The defendant is

to serve the balance of the sentence

straight time with credit for any time

served as may be required by law.

☐ Bail on Appeal \$.....

☐ Remanded for CCRC Report

JUDGE

FINE

COSTS

112

140

143

107 DOAF

113 WITNESS FEE

113 SENTENCE FEE

113 DRUG ANALYSIS FEE

113 NON-CONSEC. JAIL FEE

113

120 CT. APPT. ATTY.

121 T.I.A. FEE

125 WEIGHING FEE

132 CICF

133 BLOOD TEST FEE

137 TTP

229 CMF

I certify that the document to which this
notification is affixed is a true copy of
a record in the General District Court,
Manchester Division, Richmond, Virginia,
that I am the custodian of that record and
that I have custody of that record.

TOTAL

☐ Clerk

☐ Deputy Clerk

Date

CAPIAS: ATTACHMENT OF THE BODY

VA. CODE ANN. § 16.1-69.24; 18.2-456;
19.2-123, 19.2-306, 19.2-358

Richmond-Mancheher
CITY OR COUNTY

☒ General District Court

☐ Juvenile and Domestic Relations District

Court

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth forthwith to arrest the Respondent, and to produce the Respondent in this Court when found, or as soon thereafter as this Court may be in session, to show cause, if any, why Respondent should not, pursuant to Va. Code §

☐ serve the sentence previously suspended on
DATE

because

☐ have Respondent's recognizance revoked for violation of conditions of release

☐ be imprisoned, fined or otherwise punished for:

☐ failure to appear in this Court on
DATE AND TIME

☐ failure to pay fines and/or restitution or an installment thereof; payment due:
\$..... on

☐ failure to provide support as ordered: \$..... per
with \$..... arrearage as of

☒ failure to obey an order of ☒ this court ☐ Defendant was given 30 days w/20 days susp.
wkend time, This defendant reported
late for weekend time on 1-6-01.
ordering

☐ (Other-Explain).....
☐ CONTINUED ON BACK

The following information is provided to the Judicial Officer in determining bail:

1-8-01
DATE ISSUED

[Signature]
CLERK ☐ MAGISTRATE ☐ JUDGE

CASE NO. GC20013537-01

ARREST THIS RESPONDENT:

Mahdi, Shareef
LAST NAME, FIRST NAME, MIDDLE NAME

Q R S Q R S

Richmond, Va.

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN	HT.	WGT.	EYES	HAIR
B	M	Red	5	9	BR	Br
SSN	Red	Red	Red	Red	Red	Red

CAPIAS: ATTACHMENT OF THE BODY

In connection with the case of

☒ Commonwealth of Virginia

In re/V.
Mahdi, Shareef
DEFENDANT(S)

COMPANION CASE-FILE NO.

EXECUTED by arresting the Respondent named above on this day:

01-08-01 1052hrs
DATE AND TIME

Carroll David ARRESTING OFFICER

1315 R.P.O.
BADGE NO., AGENCY AND JURISDICTION

FOR Mitchell B. Mitchell
SHERIFF

REC'D - 8 200
JAN - 8 200

Waived Atty

HEARING DATE

MO03582 TIME

1-8-01

1/11/01

A006241

☐ Motion to Change Bond on:
☐ changed to \$
☐ no change

JUDGE

The Respondent was this day:

☐ tried in absence
☒ present

Attorneys Present:

☐ PROSECUTING ATTORNEY (NAME)☐ RESPONDENT'S ATTORNEY (NAME)

☐ NO ATTORNEY
☐ ATTORNEY WAIVED

☐ Translator/Interpreter Present:

NAME

The Respondent PLEADED:

☐ not guilty
☐ nolo contendere
☐ guilty

And was TRIED and FOUND by me:

☐ not guilty of contempt
☐ not guilty
☐ guilty of contempt
☐ guilty as charged
☐ see attached Order

☐ I ORDER the charge dismissed
☐ I ORDER a nolle prosequi

Date JAN 11 2000

Defendant terminated from the weekend program. The defendant is to serve the balance of the sentence straight time with credit for any time served as may be required by law.

☐ I find that Respondent has violated the conditions of his recognizance and I ORDER Respondent's recognizance revoked.

☐ I impose the following Disposition:
☐ FINE of \$ with \$ suspended
☐ JAIL sentence of imposed with suspended
 conditioned upon being of good behavior and keeping the peace. Pursuant to § 53.1-187, credit is granted for pre-trial detention.

☐ Serve jail sentence on weekend beginning

☐ Work release authorized if eligible
☐ Work release required
☐ Payment of \$ to defray cost of incarceration
☐ on PROBATION for
☐ DRIVER'S LICENSE suspended
☐ hours of community service to be performed for

☐ in addition to other disposition provisions
☐ to be credited against fines and costs at \$ /hr.

☐ Bond: \$☐ Other:☐ Remanded for CCRC Report

FINE

\$

COSTS

112 } PROCESSING FEE { \$
 140 }

121 TIA FEE

120 CT. APPT. ATTY.

113 WITNESS FEE

229 CHMF

OTHER (SPECIFY):

\$

TOTAL

\$

100 INTERESTION this authentication is a true copy of a record in the General District Court, Manchester Division, Hingham, Massachusetts, that I am the custodian of that record and that I have custody of that record.
 10-25-98
 Date: _____
☐ Clerk ☒ Deputy Clerk

DATE

JUDGE

Barry L. Rupe

MODE: F ACTION:
AD2610 FAC: 0703P R A I S
MASTER CLIENT INDEX INQUIRYFEB/15/2006
13:43

REGNO [310709]

MAHDI, SHAREEF

EPI# Redact

	FACILITY NAME	ADMISSION DATE	DISCHARGE DATE	REGISTER NUMBER	EPI #
01	CENTRAL STATE HOSPITAL	07/09/1994	07/11/1994	310709	0010
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					

PHYSICAL EXAMINATION

DATE	7-9-94	HOUR	2:05	☐ AM ☒ PM			
TEMP.	97.2	PULSE	86	RESP	20	BLOOD PRESS.	126/84
HEIGHT	5'8"	WEIGHT	145	HAIR COLOR	Black		

Order of
Recording

1. ~~General Appearance~~ Adult B/M - oriented to all spheres - cooperative - seems quite intelligent - no obvious GHB
 2. Skin and Lymph No specific lesion - No lymph node enlargement
 3. Head and Neck No nuchal rigidity - Neck supple - No mass in Thyrogland - No bruits
 4. Eyes PERLA-EOMV. Sclera anicteric - Fundi visible to 2 - Vision: adequate
 5. Ears TM intact - Hearing & (H) ear? ears quite small
 6. Nose WNL
 7. Mouth and Throat No specific lesion - Dental hygiene poor - Throat clear
 8. Chest, Lungs, and Breasts Symmetric - Lungs clear, breath, unremarkable
 9. Heart NML - No S1 - No S2 - in (m)
 10. Abdomen Soft - nontender - no mass - no abnormality - no bruits
 11. Genito-Urinary WNL
 12. Rectal Patient denied.
 13. Extremities Cold - no deformities - no edema
 14. Neurological II - XII: grossly intact (except for? left hearing &)
 15. Impressions - DTR: equal - Babinski
16. of Depression - Psychotic feature?

Signature

[Signature]
Physician

ADDRESSOGRAPH Redacted

Mahdi Shareef

SHAREEF CSH

7 09 94 T00

2 24 54 M BLACK

3 30 55 Redacted

1

CENTRAL STATE HOSPITAL

High Risk Behavior Assessment

SUICIDE ASSESSMENT

PLEASE PLACE AN "X" IN THE APPROPRIATE SPACE AND WRITE A SUMMARY PROGRESS NOTE DESCRIBING CONCLUSION OF ASSESSMENT.

1. Has the patient made a decision to kill him/herself?

YES _____ NO ✓

2. Has the patient decided on a plan of action?

YES _____ NO ✓

3. Has the patient ever attempted suicide? YES _____ NO ✓

a. When? (Date(s))

b. List means of attempts (i.e. gun, hanging, etc.)

4. Does the patient verbalize a wish to die or be dead?

YES _____ NO ✓

5. Does the patient verbalize recent/past suicidal ideations?

YES _____ NO ✓

a. Approximate dates?

6. Is the patient depressed? YES _____ NO _____

7. Does the patient verbalize a sense of hopelessness or low self-worth?

YES _____ NO ✓

8. Does the patient hear voices telling him/her to kill him/herself?

YES _____ NO ✓

9. Has the patient sustain a recent loss (death of a loved one, loss of job, friendship, money, health, etc.)?

YES _____ NO ✓

Redacted

ADDRESSOGRAPH

Mahdi-Sharief

SHARIEF

CSH

07 94

100

24 54 H

BLACK

1- 55

Redacted

ICK

10. Is the patient isolated from others socially? YES _____ NO ✓
11. Have any members of the patient's family committed or attempted suicide?
YES _____ NO ✓
12. Does the patient have a history of self-destructive behavior (reckless driving, alcohol and drug abuse, self-mutilation)?
YES _____ NO ✓
13. Does the patient exhibit a sudden flight into health or sudden sense of well-being after a period of relatively severe depression or suicidal ideation?
YES _____ NO ✓

CONCLUSION

- No Suicide Precaution Necessary
- ✓ Yes Suicide Precaution Necessary

*Since the patient is
new, for safety would
place him under
observation -*

HOMICIDE ASSESSMENT

1. Has the patient made a decision to harm/kill someone?
YES NO
2. Has the patient decided on a plan of action?
YES _____ NO _____
3. Has the patient had previous homicide or attempts at homicide?
YES _____ NO _____
- a. When? (Date(s)) _____
- b. List means of attempts.

4. Does the patient verbalize a desire/threat to kill/harm someone? How recent?
YES _____ NO _____
5. Is the patient angry towards other(s)?
YES _____ NO _____

Mahdi-Shareef
Redacted

AUTHORIZATION TO ACKNOWLEDGE HOSPITALICATION

CENTRAL STATE HOSPITAL

FORENSIC UNIT

I hereby authorize the above-named facility to acknowledge my admission and my condition to my family, friends and others, including my:

Parents _____
 Grandparents _____
 Brothers/Sisters _____
 Spouse _____
 Children _____

Aunts _____
 Uncles _____
 Cousins _____
 Foster Family _____
 Step Relatives _____

and to:

Friends (include names) _____

Cynthia Chambers

Commonlaw Spouse _____

Debtors _____

Probation & Parole Officers _____

Lawyers _____
 (specify name)

Others (please specify) _____

I DO NOT authorize release of information to _____

Shameel Mehdi
 (Patient's Signature)

7-8-94
 (Date)

J. H. T.
 (Witness - Signature)

7-8-94
 (Date)

THIS AUTHORIZATION SHALL BE VALID FOR 180 DAYS UNLESS SPECIFICALLY REVOKED IN WRITING PRIOR TO THAT TIME.

Redacted

Mahdi Shareef

RECEIVED
 180
 1030

RP-14

FORENSIC UNIT
DISCHARGE RECORD

DATE 7-11-94

Redacted

RE: Nahdi, Sherief REG. NO.

This is to certify that the above-named person was discharged from Central State Hospital on the above date in the care of:

Signed

Redacted

Address

City & State Amherstville OH

County Barren Co. Sheriff A.M.

Redacted

Telephone Number

Relationship

Own Custody

Witness

1. 14:44:12

no medication

γ . m.c. ω : 50/4M

personal belongs

Amenah Wagh *AW*

Physician

(AMENRA THASON)

DISCHARGE PLAN AND REFERRAL SUMMARY

(To be Completed at Time of Discharge)

Redacted

Patient's Full Name MARIE SHARIEF Hospital No. _____
 SSN Redacted Age 40 Insurance/VA Benefits _____
 Date of Admission 7-9-94 Admitting CSB Southern CSB
 Date of Discharge 7-11-94 Discharge CSB Southern CSB
 Name and Address of Correspondent NANCY T. BOWELL (Mother)
Redacted
Lawrenceville, GA 30046 Phone Redacted

Patient's Discharge Address

Brunswick Co. Jail

Phone _____

Type of Placement/Facility

Residential Placement Code (Refer to ARS Residential Placement Codes) 14

Referral to CSB Mental Health Services? ☒ Yes ☐ No If No, Why? _____

CMHC and Address

Southern Brunswick MHC CenterPO Box 218Lawrenceville, GA 30046Phone 845-4121

Date and Time of Appointment

Appointment With (Name of CMHC Personnel) _____

Appointment Confirmed by (Name of Hospital Personnel) _____

Date _____

Other Scheduled Referrals (Include Agency, Date, Time, Name of Personnel) _____

Other Recommendations/Information _____

Signed Authorization(s) to Release Information: ☒ Yes ☐ No

Discharge Diagnosis:

Axis I

Non-malicious illness - V71.09

Axis II

Depressive disorder NOS - 301.90

Axis III

no diagnosis

Axis IV

3-month

Axis V

G.O.F. - 25-50

Condition:

Recovered ☒

Not Recovered, Improved

Unimproved ☐

Not Mentally Ill

Medication at Discharge (Types and Regimen)

NO MEDS

Supply Given: _____

Days _____

Pharmacy Card Mailed (Date) _____

Special Instruction/Other Recommendations/Information _____

COMPETENT: _____ INCOMPETENT: _____ TO OPERATE A MOTOR VEHICLE Unable to drive

REASON FOR INCOMPETENCY: MENT. ILL. _____ MENT. DEF. _____ EPILEPSY _____ INEBRIETY _____ DRUG ADD. _____

Anna Wacht

M.D. Signature

Date 7-11-94

CENTRAL STATE HOSPITAL
DEPARTMENT OF NURSING

Transfer/Discharge Nursing Summary

Patient MAHDI SHAREEF Discharge Date 7/11/94
Age _____ Sex _____ Marital Status _____ Allergies _____
Patient Condition on Admission Alcohol, appropriate, oriented
Depressed

Nursing Care and Patient Teaching Provided (Summarize nursing diagnoses and care plans) Client was oriented to ward. Behavior was observed and pt. was taught effective coping skills.

Patient Condition Upon Discharge Alert, oriented and cooperative

Any Medical Problems Which Require Follow-Up? NO

Medication Orders Upon Discharge NONE

I have received written information on N/A
(Names of medication)

Shahid Mahdi
Patient/Authorized Representative

J. Ansh Rv.
Signature of Nurse

ADDRESSOGRAPH

MAHDI, SHAREEF

Redacted

Mahdi, Shareef

Enter concise, complete record.

Chief complaint, past medical history, family history, habits, history of present illness, systems review.

40 Y/O B/M was admitted on TDO - This is his 1st admission to this hospital. The patient was brought here from Brunswick County Jail. The reason for commitment was 'Early agitated, somewhat delusional, may be danger to self and others'.

The patient has Hx of Depression since 1988 after divorcing from his wife. He had been treated as an out patient at McGuire Hospital 5-6 times in 1989 and had been on Prozac medication in the past. The patient had been jailed twice in the past for domestic violence - He was jailed yesterday for trespassing.

According to the physician, the patient has been irritable, agitated, delusional and abusive. During the interview today, the patient does not look depressed - He is oriented to all spheres - Denies any hallucinations & delusions - He also denies any suicidal or homicidal ideation - He says that he is not depressed at present time and does not need medication - Some delusion noted during the interview - Judgment seems impaired.

Signature

[Signature]
Physician

Prepare in duplicate-Original to Record Room.
Copy to Unit Chart.

Facility

CCH

Department of Mental Health, Mental Retardation and
Substance Abuse Services

PERSONAL HISTORY

ADDRESSOGRAPH

Redacted

Mandi Shoreef

7 09 94 TDO
1 20 94 H BLACK
Redacted

Past psychiatric Hx - as above - Not on any medication at present time - No Hx of Drug or Alcohol

Past Med Hx: Non contributory

Family: Non contributory

Personal & Habit: Divorced - 2 children - unemployed
(used to work as teacher substitute - Muslim)

Drives smoking, drinking, drug,

~~Allergy - None~~

Last Td: 1992

ROS: 1 heavy ear - sleeping & eating fine

Med: None

Irritated skin 2nd to NACS

friends

mahd, Shareef
Redacted

CENTRAL STATE HOSPITAL
Psychological Services Appraisal and Treatment Plan

NAME: Mahdi Shareef SEX: M DATE OF ADMISSION: 7-9-94
 REG. NO. Redacted RACE: B-H DATE OF EVALUATION: 7-11-94
 DATE OF BIRTH: Redacted MARITAL STATUS: Divorced (88)

1. Present problem(s) and reason for hospitalization: Adm. from
St. Vincent's Co. CMTDO, as "agitated verbally abusive,
paranoid delusional?" changed with
no packing
2. Crisis or life threatening problems: Suicide or assaultive
 ideation/behavior present. (Elaborate) none reported
by pt. or other. engulph. Pre-schizophrenia
reports that in the past
3. Cognitive/thought disorder/reality orientation (i.e. orientation,
 delusions, hallucinations, affect, flight of ideas): no evidence
of thought disorder. He reports periods
of depression but denies such at this time.
4. Indications of possible neurological signs (Elaborate): none
reported.
5. Estimate of intellectual functioning. If MR suspected, then I.Q. and
 adaptive behavior functioning must be assessed with report:
W/N/A - works as a substitute S.F. School teacher.
U.S.M.C. 72-74-A as Cpl. Ed-2 yrs College.
6. Does patient's problem in any manner involve the use/abuse of alcohol or
 drugs? If so, summarize your findings below and complete to the extent
 possible, form entitled: Assessment of Substance Abuse/Dependency.
 Attach to this Appraisal.
Denies drug use.
7. Impressions:

- a. Overall impression and dynamics: Previously treated
for depression at V.A. Hosp. 2-89-92
by Prozac. Was angry in jail
due to being drug tested
(unemployed) and was drinking water

ADDRESSOGRAPH

Redacted

Mahdi, Shareef

F Redacted

b. Diagnostic Impression:

AXIS I: adj Disorder with disturbance
 AXIS II: _____

c. Prognostic Impression: Dysphoria

8. Recommended Psychological Services:

a. Testing and other forms of assessment (Elaborate): Initial Assessment Completed

b. Therapeutic intervention (Elaborate): _____

c. Other psychological services modalities: _____

9. If no services are recommended indicate reason: Pt. is not to be certified

10. Recommended services other than Psychological Services: Nothing

N. Swatney
 SIGNATURE
 Clinical/Forensic Psychologist

Redacted

MAHDI, Shareef CSH

06/10/91

M003013

AD53MR

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION,
AND SUBSTANCE ABUSE SERVICES
PRAIS A/D/T SUBSYSTEM
FACE SHEET

PAGE: 1
DATE: 07/12/1994
TIME: 09:49

Name: MAHDI, SHAREEF
Reg#: Redacted
SSN:

Birth Date: Redacted
Sex: MALE
Race: BLACK/AFRICAN AMERIC

Home Phone: (000) 000-0000
Address: Redacted
City: LAWRENCEVILLE

Work Phone: (000) 000-0000
State: VA Zip: 23868

City/County Residence Code/Name: 0025 BRUNSWICK
Birth City: Birth State: VA Birth Country: USA

Admis Date: 07/09/94
Adm Status: 10 INPATIENT
Admis Type: 01 FIRST ADM TO SYSTEM

Admiss Time: 13:00
Commit Date: 07/09/94

Adm Legal Status: 51 MI A JAIL TRANSFER -
Reason for Adm: 11 THOUGHT DISORDER
Referral Source: 05 CORRECTIONAL INSTITU
Transfer From:
Primary Adm Dx: 311.00 DEPRESSIVE DISORDER
Secondary Adm Dx:

Marital Status: 01 NEVER MARRIED
Veteran Status: Y

School:

Emergency Contact: NONE
Phone: () -
Address:

Relationship:

Adjudicated Incompetent (Y/N): U
Custody Held By:

Date Adjudicated Incompetent:

SIGNIFICANT OTHER:

Prescreening CSB: 71 SOUTHSIDE
Prescreening Clinic: 00

**** ALL PATIENT DATA CONTAINED HEREIN IS CONFIDENTIAL ****

A006256

CENTRAL STATE HOSPITAL

PSYCHIATRIC EVALUATION
AND
DISCHARGE SUMMARY

NAME: Shareef Mahdi

REG. NO.:

Redacted

DATE OF ADMISSION: 7/9/94

DATE OF DISCHARGE: 7/11/94

IDENTIFICATION:

Mr. Shareef Mahdi is a 40 year old, black, male, divorced, veteran who is admitted from Brunswick Jail for belligerent and agitated behavior. Patient is charged with trespassing.

HISTORY OF PRESENT ILLNESS:

Mr. Mahdi was arrested for swimming in a private pool. He stated that he felt hot and saw a pool and decided to go swim in it. He was arrested and while in jail he became upset, agitated and was throwing water at the deputies. The jail records state that he was disoriented sometimes. He is agitated and verbally abusive and paranoid and delusional. He was prone to be violent. He was noted to be exhibiting impaired impulse control.

PAST PSYCHIATRIC HISTORY:

The patient has been to McGuire V.A. in 1988 and 1990 and was treated with Prozac. Presently he denies any present or current treatment.

PERSONAL HISTORY:

The patient is a U.S. Marine Veteran and was a Corporal. He is presently divorced, has 2 children 10 and 11 year old sons. He denies any use of drugs or alcohol. He states that he works as a substitute teacher. He has been converted to Muslim Religion since 1976.

FAMILY HISTORY:

~~He denied any history of medical or surgical illnesses.~~ He denied any history of mental illness in the family.

MENTAL STATUS EXAMINATION:

Patient is a fairly groomed, bald, light skinned, black, male who appears as his stated age. He is alert, oriented to all spheres, pleasant and cooperative. He denied any auditory or visual hallucinations. He denied any suicidal or homicidal ideas. His mood was flat/depressed. His affect was full and appropriate. His

PSYCHIATRIC EVALUATION-AND DISCHARGE SUMMARY

RE: Shareef Mahdi
Reg. No. Redacted
October 14, 1994
Page 2

judgment was good. His insight was fair to good. His cognition was grossly intact. There was no evidence of acute psychosis or depression nor mental illness at this point.

DISCHARGE DISPOSITION:

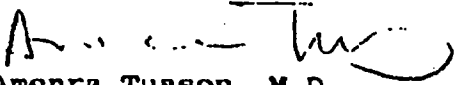
The patient will be discharged back to jail after the civil commitment is dismissed. There is no recommendation for psychiatric follow-up. There is no need for discharge medication.

LABORATORIES DURING THIS HOSPITALIZATION:

Hepatitis profile was negative. RPR was non reactive. Urinalysis showed no evidence of infection. The rest of the laboratories were all within normal limits.

DIAGNOSIS:

AXIS	I	V71.09	No diagnosis
AXIS	II	301.90	Personality Disorder NOS
AXIS	III	None	
AXIS	IV	3	Moderate
AXIS	V	Current GAF - 75/80; Past GAF - unknown	


Amenra Tuason, M.D.

AT:js

DR 9/27/94
DT 10/14/94

AD5361
0703/CSHDEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION,
AND SUBSTANCE ABUSE SERVICES
PRAIS A/D/T SUBSYSTEM
DISCHARGE SUMMARY SHEET
Discharge Date: 07/11/94PAGE: 1
DATE: 10/26/1994
TIME: 09:12Name: MAHDI. SHAREEF
Reg#: Redacted

Epi#: 0010

Bldg/ Ward: 39 /6
Birth Date: Redacted

SSN: Redacted

Race: BLACK/AFRICAN AMERICAN

Sex: MALE
Age: 40

DISCHARGE DIAGNOSIS DATA:

Axis I: NO DIAGNOSIS ON AXIS I

Code: V71.09

Axis II: UNSPECIFIED PERSONALITY DISORDER

Code: 301.90

Discharge Address: BRUNSWICK CO JAIL
P O BOX 705
LAWRENCEVILLE

Phone: 804 848-3133

VA 23868-

Discharge type: 98 REGULAR DISCHARGE

Discharge City/Cnty: 0025 BRUNSWICK

Living Arrangement: 05 OTHER

Residential Placement: 14 COURT/JAIL/OTHER CORRECTIONAL FACILITY

~~Cause of Death:~~Discharge Medications:
NONE

Discharge Entry Date: 10/26/1994

Discharge Planning Clerk: JR030936

ADM. DATABASE
PRELIM. TX.
PLAN

Admission Assessment

To be completed by RN at time of admission or within 4 hours.

Date 7/9/94 Time 2:06 pm Height 5'8" Weight 145Vital Signs: T P R BP Allergies: Food (N) Drugs (N) Other N YReason for Admission "I am delusional. I seereality a different way, fantasy"Present Meds (document last dose) Disposition of Meds: Did not bring ✓ Family Taken and locked Prosthesis (document disposition): Glasses/Contacts Dentures
Hearing Aid Contraband/Weapons (disposition) N ✓ Y History of Drugs/Alcohol denies USE of street drugs
denies Alcohol use

MENTAL STATUS EXAM

Appearance: Appropriate ✓ Careless Dirty Level of Awareness: Alert Hyperalert Drowsy Confused Orientation: Time N Y ✓ Place N Y ✓ Person N Y ✓Motor Activity: Normal ✓ Agitated Sicwed Speech: Normal Loud/Fast Soft/Slow ✓ Mute Affect/Mood: Normal Depressed ✓ Elevated Inappropriate
(Describe) Intellectual Function: Normal Range ✓ Impaired Reaction to Admission: Calm ✓ Cooperative ✓ Agitated Angry
Uncooperative Suspicious Withdrawn Combative Confused

Addressograph

Redacted

Mandi Sharief

CHARIEF CSN

09 04 100

20 51 N BLACK
Redacted

PHYSICAL HEALTH - REVIEW OF SYSTEMS

A. Cardiovascular - History

20 yrs AGO
started he,
had palpitations

Fatigue	High BP	☒ N	☐ Y
Hypertension	"Stroke"	☒ N	☐ Y
	Heart Problems	☒ N	☐ Y
	Blocked Arteries	☒ N	☐ Y
Decreased cardiac output	Have you ever taken heart or BP medication?	☐ N	☐ Y
	Has a doctor ever restricted your salt?	☐ N	☐ Y
	Have you taken a diuretic? "Water pill"?	☐ N	☐ Y

B. Respiratory

Asthma	Asthma	☒ N	☐ Y
Ineffective breathing pattern	Shortness of breath	☒ N	☐ Y
	TS?	☒ N	☐ Y
	Smoke	☒ N	☐ Y

Can't remember
Last TS (PPD) test PPD
How much? 0

C. Endocrine

Diabetes	Diabetic	☒ N	☐ Y
	Have you ever had medication or diet to lower your blood sugar?	☐ N	☐ Y

D. Neurological

Pain	Migraines	☒ N	☐ Y
Seizures	Dizziness	☒ N	☐ Y
	Memory loss	☒ N	☐ Y
Thought processes altered, disoriented	Seizures	☒ N	☐ Y
	"Black-outs"	☒ N	☐ Y
	Confusion	☒ N	☐ Y

E. Elimination

Incontinence	Problems voiding/urinating	☒ N	☐ Y
Diarrhea	Constipation	☒ N	☐ Y
Constipation	Diarrhea	☒ N	☐ Y
	Incontinence	☒ N	☐ Y

F. Reproductive

2 sons 11, 12 yrs old

Rape-Trauma Syndrome	(F) LMP	Pregnancies	Living children
	GYN problems	<u>Divorced</u>	<u>2</u>

(M&F) Have you ever been sexually abused/molested/raped? ☐ N ☐ Y

(M&F) Have you ever been told you had a sexually transmitted disease? ☒ N ☐ Y
What was it? _____

(M&F) What is safer sex? Do you practice? wears condoms

(M&F) Birth control method condoms

(M&F) Could you ever have been exposed to AIDS? ☒ N ☐ Y

Redacted

mahdi Stareef

G. Have you had any surgeries?

N

H. Nutritional/G.I.Nutrition,
altered
~~underweight~~
~~overweight~~
anorexiaPotential
for
polydipsia

Diabetes

Impaired
skin
integrityDiet: Regular N ☒ SpecialWt _____ lbs. Overweight? N ☒ Underweight N ☒Has a doctor ever placed you on a special diet? N ☒ YProblems chewing, swallowing, digesting food? N ☒ YHave you been told you drink too much water? N ☒ YI. SkinBruises
Rashes
Sores
OtherJ. Sleep/RestSleep
pattern
disturbanceAny problems sleeping? N ☒ YSleeping meds? N ☒ Y What?

MEDICATION MANAGEMENT

Noncompliance,
medicationKnowledge
deficitNoncompliant
treatment
plan

What medications do you usually take? How often?

Prozac in 1988, 1994
off Prozac past 2 months

What are your meds for?

"depression I requested it."

What side effects do you have?

"no" "none"

Mahdi, Sharief

Redacted

SELF-CARE ACTIVITIES

Care/Plan
DiagnosisSelf-care
deficient
ADLMobility,
impaired
physicalKnowledge
deficit

Independent

Needs Assistance

Bathing/Shampoo
Teeth
Clothes
Shave
Belongings/Room
Mobility
Recreation/Diversion

Diversional
activities
deficit

MENTAL HEALTH ASSESSMENT
(Write what patient says)

~~Coping,~~
ineffective
individual
agitated
manipulative
substance
abuse

Why are you here at the hospital?

"Maybe acting-out."

Anxiety

What symptoms/behaviors are related to your being in the hospital?

Hopelessness/
powerlessness

Thought
processes,
altered
delusional
disoriented
suspicious

"I threw a tantrum in jail
and they sprayed me with
Mace."

Has anything happened recently to cause you problems or stress?

Knowledge
deficit

Denies. "Being Poor"
will do it."

Discharge

Violence,
potential for
self-directed
directed at
others
suicide

What kind of treatment would improve your condition so you could be discharged?

"Get out of here"

Social
interaction
impaired

Family
processes,
altered

SUMMARY OF RISK

Upon admission is pt. an active risk?

Is pt. an active health risk?

Describe:

Violence
Suicide
Homicide
Escape
Arson

N
Y
Y
Y
Y

Heart
COPD
Pregnancy
Diabetes
High BP
Detox
Seizures
Infection

Y
Y
Y
Y
Y
Y
Y
Y

Describe:

Mahdiweef
Redacted

Assessment Completed:

Julie Lee RN

RN

Date/Time

7/9/94

Admission Care Plan Completed:

Julie Lee RN

RN

Date/Time

7/9/94

Total Care Plan Completed:

Julie Lee RN

RN

Date/Time

7/9/94

BASED ON THE ASSESSMENT, INDICATE THE PATIENT'S THREE MOST IMMEDIATE NURSING DIAGNOSIS:

1) Nursing diagnosis Psychological Eval.

RELATED TO: ignorance of Legal System

AS EVIDENCED BY: denial

2) Nursing diagnosis spec. Ineffective individual coping skills/strategies

RELATED TO: depression

AS EVIDENCED BY: Refusing to sign Consent for Treatment

3) _____

RELATED TO: _____

AS EVIDENCED BY: _____

Julie Lee RN
Registered Nurse

7/9/94
Date

Mahdi Shareef
Redacted

CONSULTATIONS

N/A

PHYSICIAN'S ORDERS

PHYSICIAN'S ORDERS

DATE TIME	WARD	PROB. NO.	PHYSICIAN'S ORDERS
7/7/94 7:00 2:45 PM			please refer to the attending MD for evaluation - ↓ J. J. J. J. J. Red 7/10/94 9:10 noted the Lee MCA 7/9/94 3:00 PM
7/11/94 10:30 AM			Discharge back to jail w/o meds Noted Wagon 7/11/94 Discharge 9/26/94 Wagon

**DO NOT USE THIS SHEET UNLESS A RED
NUMBER SHOWS ON A YELLOW SHEET**

PLEASE CHECK THE APPROPRIATE FACILITY

V) CENTRAL STATE HOSPITAL
PETERSBURG, VIRGINIA

HIRAM W. DAVIS MEDICAL CENTER
PETERSBURG, VIRGINIA

ADDRESSOGRAPH

Redacted

Mahdi-Shareef

CHABEEF CSH

7 09 94 TDO

24 54 M BLACK

14 35

Redacted

W. J. C. H.

ALL ENTRIES MUST BE SIGNED WITH NAME, TITLE AND DISCIPLINE. USE BLACK INK

• CRM NO 124

ALLERGIES:

DATE	TIME	ALL ENTRIES SHALL BE SIGNED WITH NAME AND TITLE
7/10/91		Admit to Building <u>39</u> , Ward <u>6</u> .
		Diagnosis: <u>Depression by hx - psychotic features</u>
		Condition: <u>good</u>
		Allergies: <u>None</u>
		Vital Signs t.i.d. x 3 days
		Diet: <u>Regular - NO PORK</u> called dietary ECA
		PRECAUTIONS:
		<u>1:1</u> for _____ (Be specific)
		☒ SOS > eye contact > Suicidal Observation Status
		☐ HOS > eye contact > Homicidal Observation Status
		☐ EOS > eye contact > Escape Observation Status
		☐ ARSON
		LAB WORK
		☒ EM Screen ☐ Electrolytes
		☒ CBC with Differential ☐ FBS
		☒ RPR ☐ SUN
		☒ Sicklexdax ☐ CPK
		☒ Tuberculin Testing ☐ Liver Profile
		☒ Urinalysis ☒ Hepatitis B Screen
		☐ Urine Pregnancy ☐ EKG
		☐ Thyroid Profile ☒ Chest Film (Optional for Adolescents)
		☐ Lithium Level (In a.m. or STAT) Circle one
		☐ _____ Level
		☐ Urine Drug Screen
		☒ UNIVERSAL BLOOD/BODY PRECAUTIONS FOR ALL PATIENTS
		☐ Refer to Activity Therapy Services J. J. J.

* Required for all Adolescents

PRINT PHYSICIAN NAME: _____

PHYSICIAN SIGNATURE: _____

Address: _____ Redacted
 24 700
 14 N. BLACK
 4039

Mahdi-Starcey

(Sept. 88)

APPENDICES

Redacted

- A. THE DATE IS A. USE THE A. INDICATE THE DAY OF THE WEEK
- B. PUT INITIALS IN THE APPROPRIATE BOX WHEN INDICATION GIVEN
- C. PLACE DATE IN THE TIME BOX WHEN INDICATION REPEATED ON THE SAME DAY (WILL BE OFFERED) AGAIN. IF INDICATION GIVEN AT SECOND OFFERING, PLACE THE DATE IN THE SECOND LINE AND INITIAL IN THE APPROPRIATE BOX
- D. CIRCLE INITIALS WHEN INDICATIONS ARE REPEATED/OMITTED
- E. STATE REASONS FOR REFUSALS/OMISSIONS IN THE APPROPRIATE SECTION
- F. P.R.N. & STAT INDICATIONS: STATE REASONS GIVEN IN THE APPROPRIATE SECTION
- G. INDICATE SITE OF INJECTIONS, USING APPROPRIATE NUMBER (SEE BRINK) AND RECORD THAT NUMBER IN THE APPROPRIATE BOX
- H. DRAW AT A TIME DATES THAT ARE NOT APPLICABLE FOR DRUG ADMINISTRATION

INJECTION SITE NUMBERS

1. BUTTOCKS (GLUTEUS) LEFT	4. ARM (DELTOID) RIGHT
2. BUTTOCKS (GLUTEUS) RIGHT	5. THIGH (QUADRACEPS) LEFT
3. ARM (DELTOID) LEFT	6. THIGH (QUADRACEPS) RIGHT

Mand... Sharkey
SHARKEY CSH
1 24 54 700
2 24 54 H BLACK
3 24 55 Redacted

Redacted

AGENCIES

NLP

[illegible]

REVIEW OF MEDICATION SHEET	TITLE	DATE	REVIEW OF MEDICATION SHEET	TITLE	DATE

[illegible][illegible]

SIGNATURE		INITIALS		SIGNATURE		INITIALS		SIGNATURE		INITIALS	
				F. Williams, Jr.		F					

ASSESSMENTS

N/A

TREATMENT PLAN & ID NOTES

Date	Problem/ Need No.	PROBLEMS / NEEDS	Date Resolved (deleted combined redefined)
		Categories to be considered: Psychiatric / Psychological; Physical Health; Environmental / Cultural; Support Systems (Housing, Nutritional, Transportation, Case Management, and Significant Others); Educational / Vocational / Employment; Independent Living Skills; Socialization / Recreation / Leisure Time Activities.	
7/11/94		Axis I. No mental illness	
		-II Personality DD NOS	
		III no diagnosis	
		IV moderate	
		V GAF - 75-85	
	X	> TDD	

Department of Mental Health, Mental Retardation and
Substance Abuse Services

Facility C5H

PROBLEMS / NEEDS LIST

1. Justification for changes must be documented on the I. D. Notes.
2. Consider the above categories.
3. All entries must be signed with name, title, and discipline.
4. Use black ink.

ADDRESSOGRAPH

Redacted

MAHDI STARCEV
CHARCEV
APR 07 09 94 TDD
C 02 20 54 N BLACK
C 03 05 Redacted
BLACK
100001

Problem/ Need No.	Date	Goals:

Relevant Strengths:

[illegible]

PLANS

[illegible]

Department of Mental Health and Mental Retardation

Facility

GOALS, OBJECTIVES, AND PLANS

1. Justification for changes must be documented on the I D Notes.
2. Objectives must include target dates.
3. All entries must be signed with name, title, and discipline.
4. Use black ink.

ADDRESSOGRAPH

Mahdi-Shareef

Redacted

WATER

100

34 74 4 51 10K

Redacted

0131

General Hospital Nursing Treatment Plan

Problem No:		Nursing Dx: <i>Admission</i>				
Date	A. Related To: B. As Endorsed By:	Goals	Target Date	Resolves Date	Nursing Interventions	
7/9	A. New admission Readmission B. Pt. unfamiliar with hospital and routines. Pt. does not know staff or pts. Pt. Unfamiliar with treatment and meds.	Pt. will: Be oriented to ward and physical environment. Verbalize understanding of treatment and meds. Know the unit schedule. Become acquainted with other pts. Be maintained in secure environment for initial observation. Demonstrate beginning participation in treatment.			Upon admission to ward, Orient pt. to the following: Ward, location of bedrooms/bathrooms. Review daily schedule and basic unit rules. Introduce to assigned staff and 1-2 other patients. Explain assessment process, team function and procedure for privileges. Patient is on SOB precautions. Follow policy. Patient has a history of violence toward others. Follow policy. Patient is on escape precautions. Follow policy. Pt. has a history of _____ (medical condition). Follow appropriate protocol. Possible history of substance abuse. Observe for potential withdrawal.	
Name		Registry No.	Building	Ward	RN Signature	Date
Mahdi Sharaf		7702	39	6	Jane LeKuech	7/9/94

Re
ad-
ded

Problem No:		Nursing Dx: Knowledge deficit, specific: <i>Psychological Evaluation</i>			
Date	A. Related To: B. As Evidenced By:	Goals	Target Date	Re-evaluate Date	Nursing Interventions
7/9	A. Lack of teaching. Lack of cognitive ability. Lack of motivation. Lack of follow-up or reinforcement. B. Verbalizes a deficiency in knowledge or skill specify: Unable to correctly perform a desired health behavior - specify:	Pt. will: State need for knowledge related to: 1) court system 2) appropriate court behavior Relate knowledge gained related to: 1) court system 3) reason for admission Demonstrate skill related to:			Assess pts knowledge/skill and motivation to learn. Specify: 1) below average 2) average intelligence 2) can read & write 3) cannot read & write Identify deficiencies/goals. 1) poor insight & judgment 2) no knowledge or poor knowledge and understanding of legal system 3) poor impulse, aggression and anger control Formulate teaching plan. Client will learn the following: 1) judge 4) guilty 2) jury 5) not guilty, by Reason of Insanity 7) competent 3) prosecutor 6) defendant Implement teaching plan. Will Be implemented at treatment Team and initial assessment 3 DAYS 10 DAY: and When Rounds made on Ward. Evaluate teaching plan. Client will verbalize in her/his write the meaning of the legal system and proper court room behavior.
	Name	Registry No.	Building	Ward	RI Signature Date
	Mahdi Sharif		39	6	John Lee-Kuon 7/9/94

Redacted

Original Date Hospital Nursing Note and Plan

Problem No:		Nursing Dx: Knowledge Deficient, Specific: <u>Effective Coping Skills/Strategies</u>			
Date	A. Related To: B. As Evidenced By:	Goals	Target Date	Reevaluate Date	Nursing Interventions
7/9/94	A. Lack of teaching. Lack of cognitive ability. Lack of motivation. Lack of follow-up or reinforcement. B. Verbalizes a deficiency in knowledge or skill specify: Establishing & maintaining effective coping skills/strategies. Unable to correctly perform a desired health behavior - specify: Function in a safe manner without professional supervision.	Pt. will: State need for knowledge related to: Effective coping skills/strategies Relate knowledge gained related to: Establishing and maintaining effective coping skills/strategies Demonstrate skill related to: ADEQUATE impulse control.			✓ Assess patient knowledge/skill and motivation to learn. Specify: 1) Effective coping skills/strategies 2) Adequate impulse control 3) maintain safe Behavior outside of a hospital environment. ✓ Identify deficiencies/goals. - ineffective coping skills/strategies - maintain safe Behavior - Increase his/her insight into causes and possible cures for chronic mental illness. ✓ Formulate teaching plan. - Encourage client to identify deficits, goals and needs after therapeutic rapport has been established with client and care giver. ✓ Implement teaching plan. - Provide client with information as needed within his limits concerning his identified deficits, goals and needs. Evaluate teaching plan. - Assess and Document CLIENT'S PROGRESS.
Name	Registry No.	Building	Room	RN Signature	Date
Mahdi Sharaf		39	6	Julie Luckert	7/9/94

Central State Hospital Nursing Treatment Plan

12.

Problem No:	Nursing Dx	Discharge	Target Date	Reactive Date	Nursing Interventions
Date	A. Related To B. As Expressed By:	Goals			
5/8/94	A. Frequent or prolonged hospitalization. Dependency on hospital staff. Poor ability to handle stress. Few support systems. Lack of finances. B. Lack of involvement in discharge planning. Reluctance to leave the hospital. Few or no family visitors. No income. Frequent rehospitalizations. Decompensation as discharge gets near.	Pt. will: Actively participate in plan. Be discharged with a plan to meet physical needs. Not receive secondary gain from hospital. Verbalize how he will handle stress once discharged. Know what needs he is taking, and possible side effects and precautions. Not seriously decompensate as discharge nears.			Stress need for aftercare follow-up; must follow through with treatment and needs. Refer to Case Manager in community. Refer to med group before discharge. Develop goals for after discharge. Discuss potential problems pt. may encounter upon discharge that might cause rehospitalization. Assess pt. ability to meet needs: Housing Employment/Money Food Clothing Give positive feedback for appropriate plans. Talk about feelings related to leaving the hospital. Complete transfer/discharge form and give med handout. See NCP Noncompliance indications.
Name	Registry No.	Building	Ward	RN Signature	Date
Mukhammad Sharif	7702	Redacted	4	Julie Lee-Kerr	May 8 1994

MO03036

A006279

Date/Time	Location	Prob. No.	INTERDISCIPLINARY NOTES
7/11/92			Psychiatry
1020 AM			40 y/o B/M/ divorced, veteran admitted for jail for belligerent, agitated behavior. It is changed w/ deep passing. It is arrested for smoking in a private room while in jail because of set and was talking with of the deputies. Was sent to CSM.
			US Marine Veteran - corporal. Divorce, 2 children - 10, 11 y/o son. Post 4 - McGuire VA 88, 1990 and treated w/ Prozac - Prescribed by the clinician. (S) Long works as a substitute teacher. Muslim since 1976.
			Heard, oriented x 3, about 4, cognitively. (S) ST (S) NOT suicidal. Not of general judgment of. Bright good.
			DET No mental illness to moderate.
			Personality AD. VCA DF-7580.
			ill no drugs.
			> DC to jail.

Dept. of Mental Health, Mental Retardation and Substance Abuse Services

Facility C5H

INTERDISCIPLINARY NOTES

All entries must be signed with name, title, & discipline.
Use black ink.

ADDRESSOGRAPH

Mondel, Shereef #
Redacted

Date/Time	Location	Prob. No.	INTERDISCIPLINARY NOTES
7-4-94	C10		Pl. signed cell papers during admission. Strained & V/S taken. J. H. P. S.
July 7 94	6		Nursing Admission Note 40 y/o Black male admitted from Brunswick Co Jail on trespassing charges. When asked where he was trespassing he said, "a private Country Club." When asked about recent stressors in his life he stated, "Being poor, I am only a substitute teacher." He is of the Black Muslim religion. He states no pain. Has no drug or food allergies. He refused to sign consent for treatment, otherwise he was cooperative. J. H. P. S.
7-10-94	370		NSG Entry P - Alert & oriented x 3. A - no suicidal ideations, no attempts to injure self, however SOS procedures being maintained.

Dept. of Mental Health, Mental Retardation and Substance Abuse Services

Facility

INTERDISCIPLINARY NOTES

All entries must be signed with name, title, & discipline.
Use black ink.

ADDRESSOGRAPH

Redacted

MAHDI SHARANG
CHAECEP CSH 102
7 09 94 TDO
7 24 94 M BLACK
Redacted

M003041

LAB

A006284

M003042

SPECIMEN #	TYPE	PREP	REPORT STATUS	PG
192-245-0843-0			FINAL	PG 1
TIME 0900	ADDITIONAL INFORMATION Redacted			
EDSST				
CD- 50221383727				
PATIENT NAME	SEX	AGE (YEARS)		
Redacted	M	040/04		
DATE OF SPECIMEN DATE ENTERED DATE REPORTED				
07/11/94	07/11/94	07/15/94	3444	
TEST RESULT LIMITS TEST SITE				
Hep B Surface AG		NEGATIVE		RU

03 01	07/15/94 03:10
CLINICAL INFORMATION	Redacted
PHYSICIAN ID.	Redacted
NGUYEN	
ACCOUNT	4543313
CENTRAL STATE HOSPITAL	08
ATTN HIRAM-DAVIS LABORATORY	14
PO BOX 4030	
PETERSBURG, VA 23803-	
804-524-7255 VAR	

LAB: RU ROCHE BIOMEDICAL LABORATORIES DIRECTOR: VERNON M SYLVEST MD
8040 VILLA PARK DRIVE RICHMOND, VA 23228

DIRECTOR: VERNON M SYLVEST MD
IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 804-266-7777 LAB: 800-873-7251
LAST PAGE OF REPORT

SPECIAL CHEMISTRY		DATE 7-9-94
ORDERED BY	DATE & TIME COLLECTED	
TECHNICIAN SIGNATURE		
HIRAM W. DAVIS MEDICAL CENTER PETERSBURG, VIRGINIA		
THYROID PROFILE		HEPATITIS PROFILE
T ₃	29-43	HbS Ag
T ₄	4.5-12.0	Anti HbS
FTI	1.3-5.2	Anti HbC
TSH	0.5-1.5	HTLV III
SERUM PREGNANCY	NEG	AMMONIA
IRON	M60-150 F50-130	B ₁₂
TIBC	280-400	FOLATE
SATURATION		ANA

Redacted
Mandi Shareef 3/1
SHAREEF CSH
7 09 94 TDO
12 24 54 H BLACK
39 SS Redacted

GLU TOLERA	0310 0317
FASTING	
1/2 HR	
1 HR	
2 HR	
3 HR	
4 HR	
5 HR	

RESULTS ARE FLAGGED IN ACCORDANCE WITH AGE DEPENDENT REFERENCE RANGES

REPORT

A006285

HORIZONTAL
STOCK MOUNT H-5
U.S. PATENT 3,043,734
CANADIAN PATENT 1084

5

4

Redacted

URINALYSIS		DATE ORDERED 7-9-94	
ORDERED BY Dr. N. Smith		COLLECTION TIME & DATE	
☐ ROUTINE	☐ PRE-OP	☐ STAT	☐ CATH
TECHNICIAN SIGNATURE		CHARGE	
Bento		491 296	
HIRAM W. DAVIS MEDICAL CENTER PETERSBURG, VIRGINIA			

Mahdi Sharief

SHARCEF CSN 2-102

Redacted

7 09 94 T00
02 04 54 X BLACK
10 00 Redacted

UNANALYSIS

ROUTINE		DATE
COLOR	YELLOW	7/11
REACTION	WBC 6	
SPEC. GRAVITY	1.015	
ALBUMIN	NEG	
BILIRUBIN	NEG	
ACETONE		
BILE		
URIC ACID		
NITRITE		
OCUL. T. BL. OOD		
LEUCOCYTES		
MICROSCOPIC		
WBC		
RBC		
EPITH		
CASTS		
BACTERIA		
CRYSTALS		
MUCUS		
AMORPHOUS		
REMARKS:		

CHECKED BY: *[Signature]*
(PHYSICIAN'S INITIALS)

Redacted

DMH FORM 293-6

DATE ORDERED 7/9/94

ORDERED BY Dr. Newmyer

☒ ROUTINE ☐ PRE-OP ☐ STAT ☐ TODAY

TECHNICIAN SIGNATURE SHD 7-12-94

CHARGE

HIRAM W. DAVIS MEDICAL CENTER
Petersburg, Virginia

Maahdi Sivjee
SHREEESH

CSH

7 07 94 TDO
02 04 54 H BLACK
19 SS Redacted

19
1. 1. 19

396

METROPHIL (PRE-SUMPTIVE)	PERILL AGGLUTININS	OTHER
METROPHIL (ABSORBED)	TYPHOID O	
ANTISTREPO	TYPHOID H	REMARKS:
R.A. TEST	PARATYPHOID A	
CR. PROTEIN	PARATYPHOID B	
WBC	DR. ABORTUS	
F.T.A.	PROTEUS OX 19	
DATE DONE 9am 7/11/94	SEROLOGY	
		CHECKED BY PHYSICIAN'S INITIALS 

SEMOLOGY

AFTERCARE

CENTRAL STATE HOSPITAL - FORENSIC UNIT
HOSPITAL ADJUSTMENT JAIL AFTER RELEASE PLAN

I. IDENTIFYING INFORMATION:

Redacted

NAME: MAHDI SHARIEF REG. NO.: ADMISSION DATE: 7-9-94 DISCHARGE DATE: 7-11-94DISCHARGE ADDRESS: BRUNSWICK CO. JailJAIL CONTACT: ATES PHONE: RedactedCSB CONTACT: JULIE, MSW PHONE: RedactedNAME & ADDRESS OF NEAREST CORRESPONDENT: NANCY T. BURWELL (MOTHER)Redacted LAWRENCEVILLE, GA. 23868 PHONE: Redacted

II. DESCRIPTION & SUMMARY OF BEHAVIORAL ADJUSTMENT DURING HOSPITALIZATION:

☐ Gradual improvement with/without medicine	☐ Sleeps well
☐ Rapid improvement with/without medicine	☐ Accepts meals well
☐ Complied with treatment schedule	☐ Participated in ward/group activities
☐ Adhered to rules and regulations	☐ Held rational conversation
☐ Got along with others	☐ Cares for self/self-care skills
☐ Residuals of manipulative behavior	☐ Other (explain below)

Comments: PT. NOT MENTALLY ILL TO THE EXTENT THAT HE
NEEDS HOSPITALIZATION. PT. STATES HE WILL COOPERATE
WITH JAIL STAFF IF RETURNED. RECOMMEND TREAT PT.
IN A FIRM & FAIR MANNER. RECOMMEND PT. SEEK OUT-PT.
COUNSELING AT COMMUNITY MHC after release from jail.

Signature: S. Miller
 Forensic Unit Social Worker

HOSPITAL ADJUSTMENT & JAIL AFTERCARE PLAN (continued)

Page 2

III: SIGNIFICANT PHYSICAL FINDINGS:

Description of Problem(s): No acute medical problems, dentures
Has ↓ hearing @ ear

Lab & Consultation Results: N/A

Further Treatment Required: Follow up ↓ hearing @ ear

Signature: [Signature]

Forensic Unit MD or Nurse Practitioner

IV. RECOMMENDATIONS FOR CONTINUED CARE:

Psychiatric follow up
prn as needed

V. MEDICATION:

NO MEDS

Mahdi - Shareef
Redacted

Signature: [Signature]

Psychiatrist

LEGAL

Proposed Revision
Approved by the Attorney General

DMH 1006 (Rev. 11/70)

Commonwealth of Virginia

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

PROCEEDINGS FOR CERTIFICATION FOR INVOLUNTARY
ADMISSION TO A PUBLIC OR PRIVATE LICENSED
MENTAL HEALTH FACILITY

PURSUANT TO §§ 37.1 - 37.1 through 37.1 - 37.3, Code of Virginia (1950), as amended.

City
County of Brunswick } To wit:

PETITION

To the Judge or Special Justice of the General District Court City
of Brunswick the Juvenile and Domestic Relations District Court of the County

In the matter of Shareef Mahdi
Given Name Middle Name(s) Surname

Soc. Security No. Redacted Birth Date Redacted Sex M Permanent Address Redacted
Laurenceville Virginia 23868
City or Post Office State Zip Code

Legal Resident of Brunswick County Laurenceville City

a person alleged to be Mentally ill
(Indicate whichever applies: Mentally Ill, Alcoholic, Drug Addict)

who is now in the care of self
Name Address Relationship

The undersigned petitioner alleges that the above named person is mentally ill and in need of hospitalization. In support of this allegation, the petitioner, William Moody JR. submits the following facts:

☐ Prescreening evaluation has been made and the report recommending hospitalization is attached.

Wherefore, your petitioner prays that the said Shareef Mahdi be examined and accorded such assistance provided by law.

Date 7-8 19 94 SIGNED William Moody JR.

Relation to person JAILOR Address PO Box 75 LAURENCEVILLE VA 23868

Phone number (804)-848-6012 If public officer, give title _____

The foregoing petitioner, being duly sworn, deposes and says that the statements set forth above are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me on this 9TH day of JULY 19 94

Rich Clary
Judge, Special Justice, or Notary Public
RICH CLARY
Print Name Phone Number

Commission expires on 12-31 19 95 Title MAGISTRATE

§ 37-1-1 (12) "Legal Resident" of Virginia means any person who is a bona fide resident of the Commonwealth of Virginia

Mahdi Shareef
Redacted

PRINT or TYPE ALL INFORMATION EXCEPT WHERE SIGNATURES ARE REQUIRED.

PREPARE AND SEND TO THE STATE HOSPITAL OR OTHER FACILITY TO WHICH PATIENT IS ADMITTED.

ORDER FOR EMERGENCY HOSPITAL TREATMENT PENDING TRIAL

39

GENERAL DISTRICT COURT, DINWIDDIE COUNTY for GENERAL DISTRICT COURT, COUNTY OF BRUNSWICK
 COURT NAME AND ADDRESS
 Commonwealth of Virginia vs. SHAREEF MAHDI Redacted

It appearing to the Court, by clear and convincing evidence, which the defendant's attorney has had the opportunity to challenge, that the defendant is

- (1) properly detained in jail prior to trial; and
- (2) is mentally ill and imminently dangerous to
☐ self
☐ others
 in the opinion of a qualified mental health professional, as indicated in the attached report; and
- (3) requires treatment in a hospital rather than the jail in the opinion of a qualified mental health professional, as indicated in the attached report,

the Court therefore ORDERS that the defendant be committed for psychiatric treatment to a hospital to be designated by the Commissioner of Mental Health and Mental Retardation or his designee for a period not to exceed 30 days from the date of admission.

Within 30 days of the defendant's admission, the director of the hospital shall send a report to the Court addressing the defendant's continued need for treatment as mentally ill and imminently dangerous to self or others.

☐ See attached Order for Psychological Evaluation.

7/11/94

DATE

Att: Tom Cheator

Samuel T. Patterson, Jr.
 JUDGE
 HON. SAMUEL T. PATTERSON, JR.
 SUBSTITUTE JUDGE

7/11/94
 Petition dismissed
A.H.

CRIMINAL MENTAL TEMPORARY DETENTION ORDER

0003050660

VA FORM 38-19-2006, 19-215, 19-217, 19-218

Case No.

- ☐ General District Court
☐ Juvenile and Domestic Relations District Court

NAME OF DEFENDANT: ... GADSWOOD COUNTY Jail, ...
 NAME AND ADDRESS OF CORRECTIONAL FACILITY: ...

TO ANY AUTHORIZED OFFICER:

It is alleged or reliably reported that the defendant is mentally ill and in need of hospitalization as supported by

A sworn petition of ... a person having custody over a defendant who ☐ is awaiting trial,
☐ has been convicted but not yet sentenced, or ☐ has been convicted of a crime and sentenced.

☒ (To be completed if heard by a Magistrate)

And, based upon advice by ... a person skilled in diagnosis or treatment of mental illness.

THE FACTS are as follows:

...
 ...
 ...

THEREFORE, you are hereby commanded ...

- ☐ to bring the defendant before a court having jurisdiction in this defendant's case, **OR**
☐ if the defendant cannot be conveniently brought before a court having jurisdiction in this defendant's case, to transport the defendant from his present location at:

PRESENT LOCATION OF DEFENDANT: ...

NAME AND ADDRESS OF HOSPITAL: ...

PERSON CONFIRMING BEDSPACE AVAILABLE

DATE AND TIME

TELEPHONE NO.

a hospital designated by the Commissioner of Mental Health and Mental Retardation which is hereby **ORDERED** to detain said defendant for a maximum of 48 hours from time of admission to his/her hearing; provided, however, if said 48-hour period terminates on Saturday, Sunday, or legal holiday, the defendant shall be detained a maximum of 72 hours (or 96 hours when such legal holiday occurs on a Monday or Friday). The hospital and examining physician may provide (only emergency) medical and psychiatric services pursuant to this order. The defendant shall be returned to the facility in which he was incarcerated unless ordered otherwise by the court having jurisdiction over this defendant's case or unless a hearing is scheduled to be held in the locality where the hospital is located. This **ORDER** shall be returned to the Court prior to the hearing. This order becomes void if not served within ☒ 24 hours ☐ _____ hours after issuance.

DATE AND TIME OF ISSUANCE

CLERK ☐ SPECIAL INSTRUCT ☐ MAGISTRATE ☒

EXECUTED by delivering the defendant as directed by this Order on this day:

DATE AND TIME OF EXECUTION: 1-17-79 11:15 AM
 DATE AND TIME OF DELIVERY TO HOSPITAL: 1-17-79 12:45 PM

SIGNATURE OF EXAMINING OFFICER: ...

HOSPITAL, AGENCY AND JURISDICTION: ...

for: ... SHERIFF

Defendant discharged from hospital to the custody of a law-enforcement officer on this day:

Signature: Mahdi Shareef
 Redacted

DATE AND TIME: ...
 NAME OF HOSPITAL: ...

by: ... NAME: ...

TITLE: ...

PART 4

CRIMINAL MENTAL TEMPORARY DETENTION ORDER

FORM DC-391 5/89 (114-9-016-789)

INSTITUTION - FILE COPY

Case No.

A006293



COMMONWEALTH of VIRGINIA

CENTRAL STATE HOSPITAL

P. O. Box 4830

Petersburg, Virginia 23803

DEPARTMENT OF
MENTAL HEALTH, MENTAL RETARDATION
AND
SUBSTANCE ABUSE SERVICES

Telephone (804) 524-7000

July 20, 1994

Mr. J. R. Woodley, Sheriff
Brunswick County
P. O. Box 705
Lawrenceville, VA 23868

RE: MAHDI, Shareef
Reg. No. Redacted

Dear Sheriff Woodley.

The above-named individual's treatment team determined that he achieved maximum benefit from hospitalization and, therefore, recommended that he be returned to your custody.

Under separate cover, we have forwarded a copy of the patient's Hospital Adjustment/Aftercare Plan to your medical staff and to the Mental Health Clinic staff whom we contacted prior to his discharge.

If there are any questions or concerns, regarding this matter, please feel free to write or call (804) 524-7124.

Sincerely,

Stephen Mills /jeh

Stephen Mills
Forensic Social Worker

SM/jeh

cc: Jail Medical Staff
Brunswick Mental Health Clinic



COMMONWEALTH of VIRGINIA

CENTRAL STATE HOSPITAL
P. O. Box 4030
Petersburg, Virginia 23803

DEPARTMENT OF
MENTAL HEALTH, MENTAL RETARDATION
AND
SUBSTANCE ABUSE SERVICES

Telephone (804) 524-7000

MEMORANDUM

TO: SHERIFF OF BRUNSWICK COUNTY

FROM: MR. CLARENCE E. L. WALL, FORENSIC UNIT PROGRAM DIRECTOR

RE: Patient/Offender/Inmate: Shareef Mahdi
Social Security Number: Redacted

The dates listed below are those times during which the above-named defendant was detained for examination, treatment, or safe-keeping at the Forensic Unit of Central State Hospital. These days may be credited as time served in jail toward any sentence the defendant is now satisfying, or will have to satisfy following conviction on present pending charges.

The defendant was admitted to the Forensic Unit on a temporary detention order (commitment denied by the local judge as inpatient care was not deemed necessary). Information received indicates pending charges of: "trespassing; past history of assault and rape."

Date Received: 7/9/94 Received From: Brunswick County Jail

Date Released: 7/11/94 Released To: Brunswick County Jail

This form is being completed and sent with the patient/offender/inmate at the time of his release from our facility, to be included in his records for use in calculating jail credits.

Clarence E. L. Wall /jeh
Clarence E. L. Wall
Forensic Unit Program Director

Date: July 20, 1994

Mahdi - Shareef

Redacted

CW/jeh

STATEMENT OF A PATIENT'S RIGHTS & RESPONSIBILITIES

Pursuant to the Code of Virginia, Title 37.1-84.1: "Each person who is a patient or resident in a hospital or other facility operated, funded or licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services shall be assured his/her legal rights and care consistent with basic human dignity insofar as it is within the reasonable capabilities and limitations of the Department or licensee and is consistent with sound therapeutic treatment. Except as may be limited on the basis of legal incompetence as adjudicated by a court of competent jurisdiction, each person admitted to a hospital or other facility operated, funded or licensed by the Department shall:

1. Retain his/her legal rights as provided by State and Federal law;
2. Receive prompt evaluation and treatment or training about which he/she is informed insofar as he/she is capable of understanding;
3. Be treated with dignity as a human being;
4. Not be the subject of experimental or investigational research without his/her written and informed consent or that of his/her guardian or committee;
5. Be afforded an opportunity to have access to consultation with a private physician at his/her own expense and in the case of hazardous treatment or irreversible surgical procedures, have, upon request, an impartial review prior to implementation, except in case of emergency procedures required for the preservation of his/her health;
6. Be treated under the least restrictive conditions consistent with his/her condition and not be subjected to unnecessary physical restraint and isolation;
7. Be allowed to send and receive sealed letter mail;
8. Have access to his/her medical and mental records and be assured of their confidentiality but, notwithstanding other provisions of law, such right shall be limited to access consistent with his/her condition and sound therapeutic treatment;
9. Have the right to an impartial review of violations of the rights assured under this section and the right to access of legal counsel, and;
10. Have the right to consult with the Patient Advocate. The Patient Advocate for the Forensic Unit is Mrs. E. Jackson-Carr. (524-7524)

I, _____, hereby acknowledge that I have read/been read the above.

Signed Shirley Nash
(Patient, Guardian, one in Loco Parentis)

Witness _____

Date: _____

Redacted -

Refused to acknowledge receipt of these Rights _____

Unable to acknowledge receipt of these Rights _____

Signed: J. Lee PSA

Person delivering Rights

Date: 7-9-94

Mandi Sharkey
CHIEF CSH
7 09 94 TDO
7 14 51 M BLACK
Redacted
CK



COMMONWEALTH of VIRGINIA

CENTRAL STATE HOSPITAL
AND
SOUTHSIDE VIRGINIA
TRAINING CENTER
FOR THE MENTALLY RETARDED
AND
HIRAM W. DAVIS MEDICAL CENTER

Department of Mental Health, Mental Retardation and
Substance Abuse Services

MAILING ADDRESS
REIMBURSEMENT OFFICE
P.O. BOX 4030
PETERSBURG, VA 23807
TELEPHONE
(804) 524-7326

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS

TO: _____ CONTRACT NO.: _____

RE: PATIENT: Mahdi, Shareef REG. NO.: 1 Redacted _____

SUBSCRIBER: _____ PROVIDER: _____

ADDRESS: _____

I hereby authorize the above-named facility to release the information required to file a claim against any third-party payor as authorized by Chapter 12, Title 37.1 of the Code of Virginia (1950), as amended. I also authorize and request payment directly to the above named facility of any benefits otherwise payable to me but not to exceed the facility's regular charges for this period of care, treatment, and maintenance.

I also authorize the above-named facility to exchange treatment and financial information for the purpose of developing treatment and discharge plan and for providing aftercare services. Release of such information may be verbal, written, or copies of portions of my records.

Further, I authorize the above-named facility to contact the person or persons I have listed upon admission as my nearest correspondent in order that they might be able to obtain necessary background information to perform the statutory mandated investigations (Section 37.1-108 and other Sections of 37.1 of the Code of Virginia).

A photo copy of this authorization shall be considered as valid as the original. This authorization will be valid for one year from the date signed unless revoked by me in writing prior to that time.

DATE: 7-9-94 PATIENT'S SIGNATURE: [Signature]

DATE: _____ INSURED'S SIGNATURE: _____

DATE: _____ PARENT'S SIGNATURE: Mahdi Shareef Redacted _____
(Patient Under Age 18)or GUARDIAN'S SIGNATURE: SHAREEF CSH 7-102WITNESS: [Signature] WITNESS: 02 24 54 M BLACK

0106 39 SS Redacted
BRUNSWICK
EPI 001

Central State Hospital
Petersburg, Virginia

NOTICE OF "DEEMED CONSENT" TO HIV
TESTING IN EXPOSURE INCIDENTS

As a health care provider, we are required by 32.1-45.1 of the Code of Virginia (1950), as amended, to give you the following notice.

1.

If one of our health care professionals, workers or employees should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus (the "AIDS" virus) or Hepatitis B or C viruses. A physician or other health care provider will tell you the result of the test.

2.

If you should be directly exposed to blood or body fluids of one of our health care professionals, workers or employees in a way that may transmit disease, that person's blood will be tested for infection with human immunodeficiency virus (the "AIDS" virus) or Hepatitis B or C viruses. A physician or other health care provider will tell you and that person the result of the test.

I acknowledge having been made aware of the above statements as read.

Date Signed: 7-9-94

Patient: Sharief Mahdi

Witness: J. P. Mahdi M.H.T.

Authorized Representative: Sharief Mahdi Redacted

OR

Hospital Director: Redacted

FORENSIC UNIT
CENTRAL STATE HOSPITAL
RULES, REGULATIONS AND POLICIES FOR PATIENTS

Any complaints or problems are to be brought to the attention of the aides on your ward. If these cannot be handled on the ward level, the aides will bring them to the attention of the appropriate personnel.

If you have a physical problem or wish to see a member of the staff, you should give your name to the aide on duty who will put your name on the sick call/daily complaint list. Urgent requests or sudden illnesses will be handled as emergencies.

Following are rules, regulations & policies which you are expected to abide by while a patient in the Forensic Unit.

1. Cooperation with all patients and personnel is encouraged.
2. Smoking is permitted in designated areas and at specified times. You will be informed by staff of the smoking area and times.
3. Bedtime is usually 10 PM, wake up time is normally 6 AM. A later bedtime may be permitted to watch a special program on television; however, this special permission will not be extended beyond midnight.
4. Eyeglasses will be secured during the sleeping hours.
5. Pencils, pens and matches are available by request to ward staff.
6. Personal hygiene items are provided and will be stored in your individual storage area.
7. Cash and checks will be deposited in the Patients' Fund Accounts (PFA).
8. Upon your request money will be drawn from your PFA on a weekly basis to purchase Business Management Tickets, redeemable in the Canteen Monday through Friday.
9. Jewelry will be stored in our valuables department, readily available upon discharge.
10. Programs will be selected by a majority vote of patients on the ward who are watching television or listening to the radio.
11. All patients are requested to maintain good personal hygiene.
12. Interdenominational church services are available on Sundays for those who wish to attend. Redacted
13. Phone calls are permitted from 7 AM to 10 PM. Special provisions are available by request.

Mahdi Sharief

Forensic Rules, Regulations and Policies for Patients
Page 2

14. Mail is delivered each weekday and is not censored. All mail and packages must be opened in front of an employee to inspect them for contraband and/or money.
15. Patients are permitted 7 free letters per week; all others must be mailed at the patient's individual expense. The name and ward number of the patient sending free letters must appear in the upper left hand corner of the envelope.
16. Visiting hours are from 1 PM to 2 PM and 3:30 PM to 4:30 PM on Mondays and Wednesdays; 6 PM to 7:30 PM Monday through Friday; and 9 AM to 2 PM Saturdays, Sundays and holidays.
17. Contact visiting will be permitted after the initial assessment period.
18. Personal clothing and belongings are permitted for patients who reside on Wards 3, 5 and 7. Clothing will be provided for patients on Wards 4, 6 and 8; however, personal items are allowed when Level II is reached.
19. Patients are allowed to receive packages. All food, cigarettes, etc. must be store-bought and sealed in the original package. We encourage that the types of items received will be those which you can use during hospitalization. You should ask your ward staff about the types of items you may receive that will be appropriate for use on your ward.
20. Those who destroy State Property may be held legally and financially responsible for such destruction.
22. The rights of patients are issued in a separate directive.

Clarence E. L. Wall

CLARENCE E. L. WALL
FORENSIC UNIT DIRECTOR

Hadley Osran

HADLEY OSRAN, MD
FORENSIC UNIT MEDICAL DIRECTOR

Shameef Mahdi

SIGNATURE OF WITNESS

J. H. F. M. H. 7

SIGNATURE OF PATIENT

DATE

NOTE: If the patient is unwilling or unable to sign, please so state. If he/she is unable to read, these rules must be read to him/her.
ONE COPY TO GO IN WARD CHART OF THE PATIENT AND
ONE COPY TO BE GIVEN TO THE PATIENT TO TAKE TO THE WARD.

Revised March 1992/Dec 92/Apr 94

Redacted

CENTRAL STATE HOSPITAL

CONSENT FOR TREATMENT WITH MEDICATIONS

PATIENT'S NAME: Mahdi, Sharief

MEDICATIONS PRESCRIBED:

1. ----- 4. -----
2. ----- 5. -----
3. ----- 6. -----

I declare that Dr. -----, a physician at Central State Hospital has informed me that he/she recommends that I receive the medication(s) listed above for the treatment of my illness. I have been informed of the nature of the benefits of the proposed treatment, and the risks of possible side effects have been explained, including tardive dyskinesia if applicable to me.

I understand that although the physician has explained to me the most common side effects of this treatment, there may be other side effects and that I should promptly inform him/her or another member of his/her staff if there are any unexpected changes in my condition.

I understand that I may not be compelled to take this/these medication(s) and that I may decide to stop taking it/them at any time. The consequences of not taking this/these medication(s) was also explained. I also understand that although the physician and the treatment team believe that this/these medication(s) will help me, there is no guarantee as to the results that may be expected.

On this basis I authorize Dr. ----- or qualified members of the Medical/Nursing Staff authorized by Central State Hospital, to administer this/these medication(s) at such intervals as is deemed advisable.

All information contained in AMA pamphlet #--- has been explained to the patient/authorized representative.

The patient/authorized representative has also received a copy of the above referenced pamphlet.

Redacted

MAHDI SHARIEF
 7 09 54 TDO
 24 54 " BLACK
 26 30 55 Redacted
 27 30 55

SIGNATURES:

1. *Refused to Sign* DATE _____
 Patient

2. _____ DATE _____
 Physician

3. *Julie Lee MHA* DATE *7/9/94*
 Witness

We the undersigned physicians have examined the above named patient and determined that at this time the patient lacks sufficient capacity to make an informed decision regarding the risks and benefits of treatment with the medications listed above.

4. _____ DATE _____
 Attending Physician/MOD

5. _____ DATE _____
 Consulting Physician

The procedure assuring due process in obtaining substitute consent from an authorized representative has been explained to me. As the authorized representative, the above information has been explained to me and I agree to the administration of the above indicated medication(s).

6. _____ DATE _____
 Authorized Representative

Mandi, Shareef

Redacted

MISCELLANEOUS

ADMISSION SCREENING FORM

A Preadmission Screening Form is to be completed by qualified professionals designated by the Community Services Board for individuals who have been found to meet criteria for voluntary or involuntary admission to a state psychiatric hospital. Please refer to the Guidelines for Mental Health and Substance Abuse Preadmission Screening and Discharge Planning. Also attach the Geriatric Prescreening Supplement or the Child and Youth Prescreening Supplement when indicated.

I. PERSONAL DATA

Name Shareef Mahdi Grade _____ Redacted
 Address _____ Redacted City or County Lawrenceville, GA State GA Zip 30046
 Sex M Marital Status S Social Security No. _____ Redacted
 Occupation/Employer Unemployed Monthly Income _____
 SSI OR SSDI \$: _____ Payee _____
 Hospitalization Ins. Co.: Unknown Veteran Yes _____ No _____
 Medicaid Benefits # Unknown Yes _____ No _____ Unknown ✓
 Medicare Benefits # Unknown Yes _____ No _____ Unknown ✓
 In Case of Emergency Notify: Burns Co. Sheriff Name _____
 Address _____ Street _____ City or County _____ State _____ Zip _____
 Phone: (_____) Redacted (H) _____ Relationship to Client: _____
 Case Management CSB Burns Co. Mental Health PRATS CASEMG CSB Code Redacted ☐ ☐ ☐ ☐
 Case Management CSB Contact _____

II. CLINICAL ASSESSMENT

Identify behaviors or symptoms indicating mental illness and alcohol/drug (A/D) abuse and elaborate in the space provided.

☒ paranoia	☐ hx. of seizures	☐ bizarre behavior	☐ sleep disturbance	☒ suicidal ideation
☒ delusions	☐ poor self care	☐ loose associations	☐ A/D blackouts	☐ flight of ideas
☐ A/D denial	☐ grandiose	☐ hx. head injury	☐ withdrawn	☐ hx. A/D tolerance
☒ disoriented	☐ hx. physical/	☒ impaired judgment	☐ depressed	☐ pressured speech
☐ observable tremors	☐ sexual abuse	☐ appetite disturbance	☐ A/D binge	☐ homicidal ideation
☐ agitated	☐ hallucinations	☐ hx. A/D withdrawal	☐ pattern	☐ intoxication
	☒ impaired impulse control		☐ anxiety	

Precipitating events and/or stressors: Has been disoriented some time, he is agitated, verbally abusive, paranoid, delusional, disoriented.

Explain: Patient may be prone to be violent.
Has previous history of beating mother,
was jailed, not hospitalized.

Patient is of danger to self & others.
Mahdi-Shareef 519749-1

Alcohol/Drug abuse history, including SA arrests, primary/secondary SA patterns (quantity, frequency, method): unknown

III. DOCUMENTATION OF NEED FOR VOLUNTARY OR INVOLUNTARY HOSPITALIZATION

Check appropriate criteria for voluntary or involuntary hospitalization and describe specific behaviors which document this conclusion in the space provided.

- ☒ A. By reason of mental illness or substance abuse, the client is dangerous to self or others.
- ☒ B. By reason of mental illness or substance abuse, the client is unable to care for self (i.e., unable or refuses to accept interventions which would meet minimum needs for food, clothing, shelter).
- ☐ C. By reason of mental illness, the client is suffering or is likely to suffer substantial deterioration in ability to function if not treated immediately.
- ☐ D. The Community Services Board is unable to provide treatment, continuous supervision, monitoring, or protection in a community-based treatment modality.

RECOMMENDATIONS

- ☒ A. The client is in need of hospitalization and is either unwilling to accept voluntary inpatient treatment or is incapable of making an informed decision regarding such treatment.
- ☐ B. The client is in need of hospitalization and is willing to accept voluntary inpatient treatment and is capable of making an informed decision regarding such treatment.
- ☐ C. The client does not meet criteria for hospitalization and/or commitment and will be encouraged to participate in community-based services. Services to be offered would include:

IV. LEGAL DATA

Are there criminal charges pending against client? Yes ☒ No ☐ Unknown ☐

Nature of charges: trespassing

Date of hearing if known: _____ Location: _____

Is client serving a sentence? Yes ☐ No ☐ Unknown ☐

Subject to a court order? Yes ☐ No ☐

Name of committee or guardian if known: _____

Address _____

Phone Number _____

V. CURRENT OR PREVIOUS MI/SA TREATMENT HISTORY

Identify current service providers (i.e., CSB, CSB contractual agency, private provider, etc.) and services and/or treatment being provided:

Service Provider	Services/Treatment Provided
1. <u>SCSB</u>	<u>Prescreening, emerg. Adv.</u>

2. _____

3. _____

Diagnosis (DSM III) if known or provisional diagnosis:

Axis I Manic Depressive Reaction, Paranoid type

Axis II _____

Medical problems: none known

Mandi Starnes
Redacted

Current prescribed medications (include dosage, schedule, etc.):

none Prozac (has none)

Known allergies or adverse side-effects to medications: unknownHas client complied with recommended treatment plans? Yes ☐ No ☐

If no, describe nature of non-compliance: _____

Previous inpatient treatment (facilities, length of hospitalization): unknown

VI. TREATMENT AND DISCHARGE PLANNING

Individuals who can assist in treatment and discharge planning (i.e., family, case manager, therapist, family physician, etc.)

1. Mrs. Burnwell

2. _____

3. Brunswick Co. Jail - 848-3133

Inpatient treatment recommendations and goals: _____

Anticipated length of hospitalization: 30 daysCurrent living situation: Brunswick Co. JailRecommended living situation on discharge: check with social service

Services to be considered in planning for discharge:

☐ medication management☐ psychosocial/day treatment☒ case management☒ psychotherapy (individual, family, group)☐ substance abuse services☐ mental retardation services☒ housing/residential services☐ financial support/entitlements☐ Other: _____☐ adult or child protective services☐ medical/dental/nutritional services☐ legal assistance/advocacy☐ transportation☐ vocational/educational training☐ employment services☐ recreation/social opportunities☐ nursing home care

Identify persons who provided information for this assessment and their relationship to the client:

patient, Deputy, magistrateCSB serving the area where the client resides: Brunswick

Client's primary therapist or case manager: _____

Myrna R. Thompson

Signature of Prescriber

MYRNA R. Thompson

Print Name Here

Signature of Physician (if a physician is available and the client is under 21 and Medicaid eligible)

Print Name Here

SCSB

Prescreening Agency or Board

Date

Grandi Sharief

Facility or Agency/Board

Redacted

Date

Authorization

I hereby authorize

SCSB

Community Services Board(s)

and

Central State

State Facility(s)

(Forensic)

to exchange information to be used in treatment and discharge planning to meet my needs as identified during the course of my hospitalization and follow-up referral. This information will include, but not be limited to, my participation in aftercare programs, my work experience, my family relationships, my treatment history, and an assessment of my overall general health. The release of such information may be verbal, written, or copies of portions of my records.

Signature of Client or Natural Guardian

Maryna Thompson

Date

7/9/94

Check the following if applicable:

- ☐ The client or authorized representative refuses to give consent for the exchange of information described above.
☐ The client is unable to give informed consent for the exchange of information described above.
☐ The judge will be requested to order the exchange of information described above.
☐ The client or authorized representative has been informed that information can be exchanged under court order or Section 37.1-68.2.

GAF _____

MH _____

SA _____

HOSPITAL DETAINED: JRH _____ PSI _____ SRMC _____ OTHER (SPECIFY) _____

RECOMMENDATION OF DISPOSITION: _____

DISPOSITION AT HEARING: _____

Mandi Shireef

Redacted

FORENSIC UNIT PREADMISSION INFORMATION

DATE 7/9/94 TIME CALL RECEIVED 15 11 A SSN Redacted
 NAME Shareef Mahdi DOB/AGE Redacted UN BOND Redacted
 COURT Brunswick Co. JUDGE Redacted
 CODE SECTION Redacted REQUEST COPY OF COURT ORDER Redacted HOW LONG INCARCERATED 1 day
 CHARGES possessing a Dangerous Weapon REQUEST COPIES OF WARRANTS Redacted
 REQUEST COPY JAIL EVALUATED Redacted REQUEST COPY PREV HOSP Redacted
 COMMITTAL CARD BY WHOM M. Thompson OF EVALUATION Redacted WHERE Redacted
 IF TDO COMMITMENT GET Redacted PLACE OF Redacted
 DATE & TIME ISSUED Redacted INCARCERATION Brunswick
 REASON FOR ADMISSION, PRESENT MENTAL Redacted
 STATUS, OTHER INFORMATION Agitated. Threat to himself. Paranoia

ideation. Impaired impulse control. Delusional. Relating
backing to people (dead) from years ago. Verbally hostile.
No medical problem. No substance abuse.

CALLER NAME & TITLE M. Thompson - Rescuer PHONE NUMBER Redacted
 JAIL CONTACT PERSON Redacted PHONE NUMBER Redacted
 IF OTHER THAN CALLER Redacted DEFENSE ATTORNEY Redacted
 COMMONWEALTH ATTORNEY Redacted

ADDRESS Redacted ADDRESS Redacted

PHONE NUMBER Redacted PHONE NUMBER Redacted

PHYSICAL CONDITION, INJURIES, ETC. In stable condition

MEDICATION IN JAIL None PRESCRIBED Redacted
 ACCEPTED Redacted

INPATIENT Redacted OUTPATIENT Redacted DATE Redacted

ASSIGNED PHYSICIAN Redacted REG. NO. Redacted

ASSIGNED PSYCHOLOGIST Redacted

ASSIGNED SOCIAL WORKER Redacted

FORENSIC UNIT PREADMISSION INFORMATION
Page 2Does individual have history of escape attempts? NO.

Details if known: _____

Is individual considered more than the usual escape risk? NO.

If so, outline reasons: _____

Is there any particular information caller feels we should have concerning this individual that has not been discussed thus far?

Nearest Correspondent _____ Relationship _____

Address _____ Phone _____

Additional Information _____

_____SIGNATURE OF PERSON TAKING CALL K. Everett RDADDITIONS MADE TO INFORMATION
AFTER ADMISSION BY _____ABOVE INFORMATION AND COMMITMENT
PAPERS REVIEWED BY _____
PHYSICIANM. H. Sharief
Redacted

FORENSIC UNIT PREADMISSION INFORMATION
Page 2Does individual have history of escape attempts? NO.

Details if known: _____

Is individual considered more than the usual escape risk? NO.

If so, outline reasons: _____

Is there any particular information caller feels we should have concerning this individual that has not been discussed thus far?

Nearest Correspondent _____ Relationship _____

Address _____ Phone _____

Additional Information _____

SIGNATURE OF PERSON TAKING CALL K. Everett RDADDITIONS MADE TO INFORMATION
AFTER ADMISSION BY _____ABOVE INFORMATION AND COMMITMENT
PAPERS REVIEWED BY _____
PHYSICIANMahdi. Sharaf
Redacted

DMH 302 1277

Arrived at Hospital: 100 m. 7-9 1994 N. Adm. P. R. E. R. V. R.

Brought by Sgt. Scott Received by W. C.

Assigned to Ward: 6 Received by: Ward Employee

PHYSICAL CONDITION: Color of Hair Black Color of Eyes Brown Weight 145

Height 5'8" Well-nourished Feeble Emaciated Crippled

Blind Deaf Bedridden Swelling or Tumor

Wounds, bruises, rashes, or sores

Identifying marks (Tattoos, etc.)

CLOTHING WORN BY PATIENT/RESIDENT: 1 pr Sandals 1 pr blue pants

OTHER CLOTHING: 1 shirt - 1 pr pants underwear

LUGGAGE: Condition of Clothing good

Disposition of Clothing Received by:

Eyeglasses: Dentures:

Valuables

Received by:

MONEY (Total) \$ 0 Kept by Patient/Resident \$ In Safe \$ By Cashier \$

Cashier: Ward Employee

Remarks

I certify that I examined above patient/resident and that above information is true and correct to the best of my knowledge.

J. N. F. M. H. T. Admitting Employee
 Supervisor
 Prepare in duplicate — Original to the Record Room
 Copy to Ward Chart

FACILITY C.S.H.

Department of Mental Health, Mental Retardation and
 Substance Abuse Services
 ADMISSION FORM

ADDRESSOGRAPH
Mahdi Sharief
 CSF
 7 09 94 TDO
 2 24 54 H BLACK
 59 55 Redacted
 WICK

Redacted

J 10 103

WARRANT OF ARREST

VA. CODE ANN. §19.2-71-72

BRUNSWICK
CITY OR COUNTYGeneral District Court ☒ Criminal ☐ Traffic
Juvenile and Domestic Relations District Court

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and bring the Accused before this Court to answer the charge that the Accused, within this city or county, on

or about 9-13-92 did unlawfully in violation of Section

DATE

18.2.57, Code of Virginia:

ASSAULT AND BATTERY NATHAN BRAWELL III

check if applicable: ☐ commercial motor vehicle ☐ hazardous materials

I, the undersigned, have found probable cause to believe that the Accused committed the offense charged, based on the sworn statements of

NATHAN BRAWELL III, Complainant.

Execution by summons ☐ permitted at officer's discretion ☒ not permitted.

9-13-92 1:15 PM Wayne M. Thompson
DATE AND TIME ISSUED CLERK MAGISTRATE JUDGE

SUMMONS (If authorized above and by serving officer)

You are hereby commanded to appear before this court located at

on at AM/PM

I promise to appear in accordance with this Summons.

ACCUSED

WARNING TO ACCUSED: You may be tried and convicted in your absence if you fail to appear in response to this Summons. Willful failure to appear is a separate offense.
SIGNING THIS NOTICE DOES NOT CONSTITUTE AN ADMISSION OF GUILT.

HEARING DATE <u>9-13-92</u> <u>10:00 am</u>	CASE NO. <u>124003068</u> <u>1255-00-00</u>					
<u>C-22-42</u>						
ACCUSED: <u>MARDI, Shareef</u> <u>MARDI, SHAREEF</u> LAST NAME, FIRST NAME, MIDDLE INITIAL						
Red acted						
<u>Broadnax VA</u>						
COMPLETE DATA BELOW IF KNOWN						
RACE <u>BM</u>	SEX <u>M</u>	BORN <u>5/8/15</u>	HT <u>5'8"</u>	WT <u>145</u>	EYES <u>BRO</u>	HAIR <u>BLK</u>
SSN <u>Redacted</u>		Redacted				
Commonwealth of Virginia						
WARRANT OF ARREST						
CLASS <u>1</u> MISDEMEANOR						
☒ EXECUTED by arresting the Accused named above on this day:						
☐ EXECUTED by summoning the Accused named above on this day:						
<u>9-13-92 1:45 PM</u> DATE AND TIME						
<u>H. A. Brown</u> ARRESTING OFFICER						
<u>804 BCSD</u>						
BADGE NO., AGENCY AND JURISDICTION						
for <u>J. R. Woodley</u> SHERIFF						
Attorney for the Accused: <u>L. Green</u>						

- ☐ Motion to Change Bond on:.....
☐ changed to \$.....
☐ no change

JUDGE

The Accused was this day:

- ☐ tried in absence
☐ present

Attorneys Present:

Jones
☐ PROSECUTING ATTORNEY (NAME)

Green
☐ DEFENDANT'S ATTORNEY (NAME)

- ☐ NO ATTORNEY
☐ ATTORNEY WAIVED

The Accused PLEADED:

- ☐ not guilty
☒ nolo contendere
☐ guilty

And was TRIED and FOUND by me:

- ☐ not guilty
☒ guilty as charged
☐ guilty of
☐ facts sufficient to find guilt but defer
adjudication/disposition and place accused
on first time offender probation, §§ 18.2-251
or 19.2-303.2

And was FOUND by me to be:

- ☐ driving a commercial motor vehicle
☐ carrying hazardous materials
☐ I ORDER the charge dismissed
☐ I ORDER a nolle prosequi on
Commonwealth's motion

☐ I ORDER the charge dismissed:

- ☐ conditioned upon payment of costs
(accord and satisfaction) § 19.2-151
☐ conditioned upon payment of costs and
successful completion of traffic school
§ 14.1-123

☐ I impose the following Sentence:

- ☐ FINE of \$..... with \$..... suspended;
☒ JAIL sentence of 60 days imposed
with 50 days suspended
conditioned upon being of good behavior and
keeping the peace.

- ☐ Serve jail sentence on weekend
beginning
☐ Work release authorized if eligible
☐ Work release required
☐ on PROBATION for
☐ DRIVER'S LICENSE suspended

☐ Referred to VASAP

☐ Referred to CDI

- ☐ RESTITUTION of \$.....
due by
Payable to
as condition of suspended sentence.

☐ hours of community service to
be performed for

☐ in addition to other sentence provisions

☐ to be credited against fines and cost
at \$ /hr.

☐ Bond: \$.....

☒ Other: paying cost w/in
reasonable time.

Appeal Bond \$.....

☐ appeal noted on

Case No. M003070
A 2552-01-00

FINE

COSTS

112 } PROCESSING FEE \$ 22.00
140 } 2.00
22.00
121 TIA FEE
133 BLOOD TEST FEE
132 CICF / 20.00
120 CT. APPT. ATTY. 100.00
113 WITNESS FEE
125 WEIGHING FEE

OTHER (SPECIFY):

TOTAL

109 INTEREST CHARGE

TOTAL WITH
INTEREST CHARGE

DATE PAID	RECEIPT NO.
\$ discharged by hours of community service (documentation attached)	

9-22-92
DATE

JUDGE

WARRANT OF ARREST

VA. CODE ANN. §19.2-71-72

BRUNSWICK
CITY OR COUNTYGeneral District Court ☐ Criminal ☐ Traffic
☒ Juvenile and Domestic Relations District Court

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and bring the Accused before this Court to answer the charge that the Accused, within this city or county, on

or about 9-13-92 did unlawfully in violation of Section

DATE

18.2-57, Code of Virginia:ASSAULT NATHAN BURNELL III HIS BROTHER
BY MEANS WITH KNIFE.check if applicable: ☐ commercial motor vehicle ☐ hazardous materials

I, the undersigned, have found probable cause to believe that the Accused committed the offense charged, based on the sworn statements of

NATHAN BURNELL III, Complainant.Execution by summons ☐ permitted at officer's discretion ☒ not permitted.9-15-92 3:10 PM Wayne M. Thompson
DATE AND TIME ISSUED ☐ CLERK ☐ MAGISTRATE ☐ JUDGE

SUMMONS (If authorized above and by serving officer)

You are hereby commanded to appear before this court located at

on at AM/PM

I promise to appear in accordance with this Summons.

ACCUSED

WARNING TO ACCUSED: You may be tried and convicted in your absence if you fail to appear in response to this Summons. Willful failure to appear is a separate offense.
SIGNING THIS NOTICE DOES NOT CONSTITUTE AN ADMISSION OF GUILT.

HEARING DATE

9-15-92
10:00 AM

ASM003071

A.M. A25529-22-92

ACCUSED:

MAHDI, SHAMEEF

LAST NAME FIRST NAME MIDDLE INITIAL

Re
dec
ted

ADDRESS/LOCATION

BRADWAY, VA.

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	DOB	HT	WT	EYES	HAIR
AK	M	9/13/92	5'8"	155	B	B
SSN						

Commonwealth of Virginia

WARRANT OF ARREST

CLASS 1 MISDEMEANOR☒ EXECUTED by arresting the Accused named above on this day:☐ EXECUTED by summoning the Accused named above on this day:09-13-92 3:16 PM

DATE AND TIME

E.L. Gibson

ARRESTING OFFICER

54 Laurensville PD 012

BADGE NO. AGENCY AND JURISDICTION

Chief D.L. Ford

for

Attorney for the Accused:

L. Green (A)

Motion to Change Bond on:

- ☐ changed to \$
☐ no change

JUDGE

The Accused was this day:

- ☐ tried in absence
☒ present

Attorneys Present:

PROSECUTOR (FIND ATTORNEY NAME)

DEFENDANT'S ATTORNEY (NAME)

- ☐ NO ATTORNEY
☐ ATTORNEY WAIVED

The Accused PLEADED:

- ☐ not guilty
☒ nolo contendere
☐ guilty

And was TRIED and FOUND by me:

- ☐ not guilty
☐ guilty as charged
☐ guilty of

☒ facts sufficient to find guilt but defer adjudication/disposition and place accused on first time offender probation § 19.2-251 or 19.2-303.2

And was FOUND by me to be:

- ☐ driving a commercial motor vehicle
☐ carrying hazardous materials

- ☐ I ORDER the charge dismissed
☐ I ORDER a nolo prosecution
Commonwealth's motion

☒ I ORDER the charge dismissed:

- ☐ conditioned upon payment of costs (accord and satisfaction) § 19.2-151
☐ conditioned upon payment of costs and successful completion of traffic school § 14.1-123

☐ I impose the following Sentence:

- ☒ FINE of \$ 500 with \$ suspended
☐ JAIL sentence of suspended with suspended
conditioned upon being of good behavior and keeping the peace
☐ Serve jail sentence on weekend beginning
☐ Work release authorized if eligible
☐ Work release required
☐ on PROBATION for
☐ DRIVER'S LICENSE suspended

☐ Referred to MSAP

☐ Referred to CBI

☐ RESTITUTION of \$

due by

Payable to

as condition of suspended sentence

- ☐ hours of community service to be performed for

☐ in addition to other sentence provisions

☐ to be credited against fines and cost at \$ /hr

☐ Bond: \$

☐ Other

Appeal Bond \$

- ☐ appeal noted on

Case No M003072
A-255-2

FINE

COSTS

110 PROCESSING FEE

140

121 TIA FEE

133 BLOOD TEST FEE

132 CICE

120 OF ARREST FEE

113 WITNESS FEE

125 WEIGHING FEE

OTHER (SPECIFY)

TOTAL

109 INTEREST CHARGE

TOTAL WITH

INTEREST CHARGE

DATE PAID	RECEIPT NO
\$ discharged by hours of community service (documentation attached)	

9-22-92
DATE

[Signature]
JUDGE

A006315

WARRANT OF ARREST - FELONY

VA CODE ANN. §19.2-11-72

Brunswick
CITY OR COUNTYGeneral District Court ☐ Criminal ☐ Traffic
☐ Juvenile and Domestic Relations District Court

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and bring the Accused before this Court to answer the charge that the Accused, within this city or county, on

or about 7-22-93 did unlawfully and feloniously in violation of Section

DATE

18.2-279, Code of Virginia: Maliciously throw or hurl a missile at a dwellinghouse, when occupied by one

☐ or more persons whereby their life or safety were put in peril

HEARING DATE

8-3-93 (Adv)

CASE NO. 803073

A2552-03

8-10-93

8-17-93 Bond hearing

9-14-93 P/H - out because com

ACCUSED:

Mahdi Shareef

LAST NAME, FIRST NAME, MIDDLE INITIAL

Red
d
ReBrodman, JA
\$5000 PR Bond for both

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	DATE BORN	HT.	WT.	EYES	HAIR
B	M		Red	5'7"		
SSN			Red			

Commonwealth of Virginia

WARRANT OF ARREST

FELONY

☒ EXECUTED by arresting the Accused
named above on this day:

7-22-93 1:29 PM

DATE AND TIME

M W Thompson ARRESTING OFFICER

DCSO 012 87

BADGE NO. AGENCY AND JURISDICTION

for J E Woodley
SHERIFF

Attorney for the Accused:

Green (A)

check if applicable: ☐ commercial motor vehicle ☐ hazardous materials

I, the undersigned, have found probable cause to believe that the Accused committed the offense charged, based on the sworn statements of

Investigator M. W. Thompson

Complainant.

7-22-93 1:13 PM

DATE AND TIME ISSUED

Rial Chay
CLERK MAGISTRATE JUDGE

WAIVER OF PRELIMINARY HEARING

Understanding my right to a preliminary hearing before the Court named in this warrant to determine whether there is probable cause to believe that I committed a felony AND, having the consequences of my waiver explained to me by the Judge of this Court, I nevertheless WAIVE MY RIGHT TO A PRELIMINARY HEARING on the felony charged in this warrant.

Certified to the Circuit Court of this jurisdiction

ACCUSED

DATE

ATTORNEY FOR ACCUSED

JUDGE

- ☐ Motion to change Bond on:
- ☐ changed to \$
- ☐ no change

JUDGE

- ☐ The Accused named within was brought before me or appeared this day, and upon hearing the evidence, I order the case certified to the grand jury of this jurisdiction, at its next term date, having found probable cause to believe that the Accused committed the felony charged in this warrant.

- ☐ The Accused was this day
- ☐ tried in absence
- ☐ present

The charged was reduced to

Attorneys Present:

☐ PROSECUTING ATTORNEY (NAME)

☐ DEFENDANT'S ATTORNEY (NAME)

- ☐ NO ATTORNEY
- ☐ ATTORNEY WAIVED

On which the Accused PLEADED:

- ☐ not guilty
- ☐ nolo contendere
- ☐ guilty

And was TRIED and FOUND by me:

- ☐ not guilty
- ☐ guilty as charged
- ☐ guilty of

And was FOUND by me to be:

- ☐ driving a commercial motor vehicle
- ☐ carrying hazardous materials

- ☐ I ORDER the charge dismissed

- ☒ I ORDER a nolle prosequi on Commonwealth's motion

I impose the following Sentence:

- ☐ fine of \$ with \$ suspended;

- ☐ JAIL sentence of imposed with suspended conditioned upon being of good behavior and keeping the peace.

- ☐ Serve jail sentence on weekend beginning

- ☐ Work release authorized if eligible

- ☐ Work release required

- ☐ on PROBATION for

- ☐ DRIVER'S LICENSE suspended

- ☐ Referred to VASAP

- ☐ RESTITUTION of \$ due by Payable to as condition of suspended sentence.

- ☐ hours of community service to be performed for

- ☐ in addition to other sentence provisions

- ☐ to be credited against fines and at \$ /hr.

- ☐ Bond:

- ☐ Other:

Appeal Bond \$

- ☐ appeal noted on

9-14-93

FINE

COSTS

Misdemeanor Conviction

112) PROCESSING FEE \$

132 CICF

120 CT. APPT. ATTY. (state)

113 WITNESS FEE

Prelim. Hear. Assess.

119 COMM. ATTY. (state) \$

203 COMM. ATTY. (local)

120 CT. APP. ATTY. (state)

113 WITNESS FEE

Other (specify):

TOTAL

109 INTEREST CHARGE

TOTAL WITH INTEREST CHARGE

DATE PAID

RECEIPT NO.

\$ discharged by hours of community service (documentation attached)

JUDGE

REQUEST FOR APPOINTMENT OF A LAWYER

VA. CODE ANN. §§ 16.1-266,
§§ 19.2-159, 160, 161

File No. **M003075**

- ☐ Circuit Court
☐ General District Court
☐ Juvenile and Domestic Relations District Court

B
Shareef Mahdi
 CITY OR COUNTY

Adult

TO THE ADULT: You have been charged with an offense punishable by death or confinement in the penitentiary or in jail or are involved in a case in which you may be subjected to termination of your residual parental rights and responsibilities. You have the right to be represented by a lawyer with respect to this charge. You may retain a lawyer at your own expense or, if it is determined by the court that you are unable to afford a lawyer, this court will appoint a lawyer to represent you. If the judge appoints a lawyer for you, you shall be required to pay the statutory fee of that lawyer if you are convicted. You may also waive your right to a lawyer.

REQUEST FOR APPOINTMENT OF A LAWYER—STATEMENT OF INDIGENCY

I, the undersigned, have been advised this day by this Court of my right to be represented by a lawyer in the trial of the case involving me; I certify that I am without means to employ a lawyer and I hereby request the Court to appoint a lawyer for me. My financial statement accompanies this request.

I have been informed that the lawyer appointed for me will be paid with public funds, but if I am convicted of a criminal offense, I shall have to pay the amount of the court-appointed lawyer's fee as part of the costs of prosecution. This lawyer will represent me in this case in all state courts until relieved or replaced by another lawyer.

DATE

ADULT

The Court was advised that _____, a lawyer, has been retained to represent the accused in this Court. This information was provided by:

☐ the above-named person ☐ the lawyer ☐ _____

DATE

JUDGE CLERK

ORDER OF APPOINTMENT OF COUNSEL

The Request for Appointment of a Lawyer was executed under oath. Having examined the Adult and considered other competent evidence, I find that

- ☐ the Adult is not indigent and not entitled to representation by a court-appointed attorney.
- ☐ the Adult is indigent within the guideline formula set forth in the law and is entitled to representation by court-appointed counsel;
- ☐ the Adult is not indigent and the Adult refuses to either employ counsel or waive his right to representation by a lawyer, but that the following circumstances and the ends of justice require the appointment of counsel:

Therefore, I appoint the lawyer indicated below to represent the Adult at such hearings and all other stages of the proceeding in this court and in any other court to which this case may be appealed or certified until relieved or replaced by another lawyer.

NAME, ADDRESS
OF COURT
APPOINTED
LAWYER

Green

8-10-93
NEXT HEARING DATE AND TIME

8-3-93
DATE

JUDGE

FORM DC-334 5/84 (114:9-015 7/92)

REQUEST FOR APPOINTMENT OF A LAWYER

File No. *Mahdi*
8-28-93
MAW

A006318

WARRANT OF ARREST

VA CODE ANN. §19.2-71, -72

Brunswick
CITY OR COUNTYGeneral District Court ☐ Criminal ☐ Traffic
☒ Juvenile and Domestic Relations District Court

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and bring the Accused before this Court to answer the charge that the Accused, within this city or county, on

or about 7-22-93 DATE did unlawfully in violation of Section

18.2-57.2, Code of Virginia:

batter Kathy Rene Burwell, his sister, by striking her with a rock

check if applicable: ☐ commercial motor vehicle ☐ hazardous materials

I, the undersigned, have found probable cause to believe that the Accused committed the offense charged, based on the sworn statements of

Investigator M. W. Thompson

, Complainant.

Execution by summons ☐ permitted at officer's discretion ☒ not permitted.

7-22-93 1:14 P.M.
DATE AND TIME ISSUED

Rick Clary
☐ CLERK ☒ MAGISTRATE ☐ JUDGE

SUMMONS (If authorized above and by serving officer)

You are hereby commanded to appear before this court located at

on at AM/PM

I promise to appear in accordance with this Summons.

ACCUSED

WARNING TO ACCUSED: You may be tried and convicted in your absence if you fail to appear in response to this Summons. Willful failure to appear is a separate offense.
SIGNING THIS NOTICE DOES NOT CONSTITUTE AN ADMISSION OF GUILT.

HEARING DATE

8-3-93 (AL)8-10-93CASE NO. 003076A2552-04

ACCUSED:

MahdiShareefLAST NAME, FIRST NAME, MIDDLE INITIALRed
accRedmax VA

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	MO.	DOB	YE.	HT.	WT.	FTS	HAIR
B	M			Reda	5	8	145	2
SSN							Reda	

Commonwealth of Virginia

WARRANT OF ARREST

CLASS 1 MISDEMEANOR

☒ EXECUTED by arresting the Accused named above on this day:

☐ EXECUTED by summoning the Accused named above on this day:

7-22-93 1:27 PM
DATE AND TIME

MW Thompson ARRESTING OFFICER

5C50 807 012

BADGE NO. AGENCY AND JURISDICTION

for JR Woolley
SHERIFF

Attorney for the Accused:

G. Green (A)

Motion to Change Bond on:.....
☐ changed to \$.....
☐ no change

JUDGE

The Accused was this day:

- ☐ tried in absence
☐ present

Attorneys Present:

James Green
PROSECUTING ATTORNEY (NAME)

DEFENDANT'S ATTORNEY (NAME)

- ☐ NO ATTORNEY
☐ ATTORNEY WAIVED

The Accused PLEADED:

- ☐ not guilty
☐ nolo contendere
☐ guilty

changed to guilty plea

And was TRIED and FOUND by me:

- ☐ not guilty
☒ guilty as charged
☐ guilty of

☐ facts sufficient to find guilt but defer adjudication/disposition and place accused on first time offender probation, §§ 18.2-251 or 19.2-303.2

And was FOUND by me to be:

- ☐ driving a commercial motor vehicle
☐ carrying hazardous materials

- ☐ I ORDER the charge dismissed
☐ I ORDER a nolle prosequi on Commonwealth's motion

☐ I ORDER the charge dismissed:

- ☐ conditioned upon payment of costs (accord and satisfaction) § 19.2-151
☐ conditioned upon payment of costs and successful completion of traffic school § 14.1-123

- ☐ I impose the following Sentence:
☐ FINE of \$..... with \$..... suspended;
☒ JAIL sentence of 6 mos imposed with work release suspended conditioned upon being of good behavior and keeping the peace.
☐ Serve jail sentence on weekend beginning

- ☐ Work release authorized if eligible
☐ Work release required
☐ on PROBATION for

☐ DRIVER'S LICENSE suspended

☐ Referred to VASAP

☒ Referred to CDI

☐ RESTITUTION of \$.....

due by

Payable to

as condition of suspended sentence.

☒ 25 hours of community service to be performed for

☐ in addition to other sentence provisions

☒ to be credited against fines and cost at \$..... /hr.

☐ Bond: \$.....

☒ Other: anger management supervision by C.D.

Appeal Bond \$.....

☐ appeal noted on

Case No 003077 2552.04

FINE

\$.....

COSTS

112 } PROCESSING FEE { \$ 26.00
140 }

121 TIA FEE

133 BLOOD TEST FEE

132 CICF 20.00

120 CT. APPT. ATTY. 100.00

113 WITNESS FEE

125 WEIGHING FEE

OTHER (SPECIFY):

TOTAL

\$ 146.00

109 INTEREST CHARGE

TOTAL WITH INTEREST CHARGE

\$

DATE PAID	RECEIPT NO
\$..... discharged by..... hours of community service (documentation attached)	

9-14-93
DATE

[Signature]
JUDGE

A006320

WARRANT OF ARREST-MISDEMEANOR (STATE)

VA. CODE §§ 19.2-71, -72

By unswick J&DR Court
CITY OR COUNTY

General District Court ☐ Criminal ☐ Traffic

☒ Juvenile and Domestic Relations District Court

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and bring the Accused before this Court to answer the charge that the Accused, within this city or county, on or about 04/01/97 did unlawfully in violation of Section

18.2-137, Code of Virginia:

destroy, deface, damage, property
belonging to Loretta B. Gilean (his sister)
with the value of, or damage to,
such property being less than \$1,000.

I, the undersigned, have found probable cause to believe that the Accused committed the offense charged, based on the sworn statements of

Loretta B. Gilean, Complainant.

Execution by summons ☐ permitted at officer's discretion. ☒ not permitted.

04/01/97 05:02PM
DATE AND TIME ISSUED

T.G. Ozlin
☐ CLERK ☒ MAGISTRATE ☐ JUDGE
T.G. Ozlin, Magistrate

SUMMONS (If authorized above and by serving officer)

You are hereby commanded to appear before this court located at

on _____ at _____ AM/PM

I promise to appear in accordance with this Summons and certify that my mailing address as shown at right is correct.

ACCUSED

WARNING TO ACCUSED: You may be tried and convicted in your absence if you fail to appear in response to this Summons. Willful failure to appear is a separate offense.

SIGNING THIS NOTICE DOES NOT CONSTITUTE AN ADMISSION OF GUILT.

CASE NO.

2552-06

ACCUSED:
Mahdi, Shareef.

LAST NAME, FIRST NAME, MIDDLE NAME

Brodnax, Va. 23920

ADDRESS/LOCATION

To be completed upon service as Summons

Mailing address ☐ Same as above

☐ Bond reduced to \$1,000.00

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN	HT	WGT.	EYES	HAIR
B	M	MO. DAY YR.	FT. IN.			
			5 10	145	BR	BLK
SSN			Red d	Red		

Commonwealth of Virginia

WARRANT OF ARREST

CLASS 1 MISDEMEANOR

- ☒ EXECUTED by arresting the Accused named above on this day:
- ☐ EXECUTED by summoning the Accused named above on this day:
- ☐ For legal entities other than individuals, service pursuant to Va. Code § 19.2-76.

4-2-97 2:15 PM

DATE AND TIME OF SERVICE

Det C. W. Walker ARRESTING OFFICER

805 BCSD 012

BADGE NO. AGENCY AND JURISDICTION

J.R. Woodley
SHERIFF

Attorney for the Accused:

waived

HEARING DATE AND TIME

4-3-97 at

C 5-6-97

C 6-3-97

025J WAR/SUM #
BK01005437

☐ Motion to Change Bond on:
☐ changed to \$
☐ no change

JUDGE

The Accused was this day:

☐ tried in absence
☐ present

Attorneys Present:

☐ PROSECUTING ATTORNEY (NAME)

☐ DEFENDANT'S ATTORNEY (NAME)

☐ NO ATTORNEY

☒ ATTORNEY WAIVED

☐ Translator/Interpreter present:

NAME

The Accused PLEADED:

☐ not guilty
☐ nolo contendere
☒ guilty

☐ Plea Bargain ☐ Plea and Recommendation

And was TRIED and FOUND by me:

☐ not guilty
☐ guilty as charged
☐ guilty of
☐ facts sufficient to find guilt but defer adjudication/
disposition and place accused on first time offender
probation, §§ 18.2-251 or 19.2-303.2

And was FOUND by me to be:

☐ driving a commercial motor vehicle
carrying hazardous materials
☐ I ORDER the charge dismissed
☐ I ORDER a nolle prosequi on prosecution's motion

☐ I ORDER the charge dismissed:

☐ conditioned upon payment of costs (accord and
satisfaction) § 19.2-151
☐ conditioned upon payment of costs and successful
completion of traffic school § 14.1-123

☐ I impose the following Sentence:
☐ FINE of \$ with \$ suspended;
☒ JAIL sentence of 60 days imposed
with suspended
conditioned upon being of good behavior and keeping the
peace, and paying fines and costs. Pursuant to § 53.1-187,
credit is granted from pre-trial detention.

☐ Serve jail sentence on weekend beginning

☐ Work release authorized if eligible

☐ Work release required

☐ Payment of \$ to

defray cost of incarceration

☒ on PROBATION for 12 mos

☐ DRIVER'S LICENSE suspended

☐ Restricted Driver's License ☐ Referred to VASAP

☐ Travel to/from work ☐ Travel to/from VASAP

☐ Travel during work ☐ Travel to/from school

☐ Medically necessary travel ☐ Ignition Interlock

☐ Referred to CDI

☒ RESTITUTION of \$ 1700

due by

Payable to

with interest thereon from

as condition of suspended sentence.

☐ hours of community service

to be performed for

☐ in addition to other sentence provisions

☐ to be credited against fines and costs

at \$ /hr.

☐ Contact prohibited between defendant and victim/victim's

spouse and children pursuant to Va. Code § 18.2-60.3.

☐ Bond: \$

☐ Other:

☐ Other:

☐ Other:

☐ Other:

☐ Other:

☐ Remanded for CCRC Report

FINE

COSTS

112 } PROCESSING FEE { \$ 29.00
140 }

113 WITNESS FEE

113

113

113

120 CT. APPT. ATTY.

125 WEIGHING FEE

132 C/CF 20.00

133 BLOOD TEST FEE

137 TTP 10.00

229 CHMF

OTHER (SPECIFY):

TOTAL

\$ 59.00

CRIMINAL COMPLAINT

RULES 3A:3 and 7C:3

Case No.
M003080

- ☐ General District Court
☐ Juvenile and Domestic Relations District Court

I, The undersigned Complainant this day make oath that I have
reason to believe that the Accused, on or about April 1, 1997
in the ☐ City ☒ County ☐ Town of Brunswick
Committed an offense as follows:

I base my belief on the following facts:

Approximately 3:40 p.m. my brother Shareef Mahdi became angry and following an argument went outside & picked up a cinderblock and smashed my 88 Celebrity, destroying the windshield & the back window completely. As I left with my 11 yr. old son who is ill, he was still throwing the cinderblock inside the car.

statements above are true and accurate to the best of my knowledge and belief.

In making this complaint, I have read and fully understand the following:

- By swearing to these facts, I also obligate myself to appear in court and testify if a warrant or summons is issued.
- The charge in this warrant cannot be dismissed except by the court, even at my request.

Subscribed and sworn to before me this day.

11 APR 11 1997 4:57 P
DATE AND TIME

Loretta Burwell Gilead
SIGNATURE OF COMPLAINANT

T. G. [Signature]
CLERK MAGISTRATE JUDGE

JH2552-06
CRIMINAL COMPLAINT

ACCUSED: Name, Description, Address / Location

Mahdi Shareef
LAST NAME FIRST NAME MIDDLE INITIAL
Brodnax, VA 23920
Redacted

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN	VR.	HT.	WT.	EYES	HAIR
B	M	Redacted		5	6	Br	Blk

other identification or location information

COMPLAINANT: Name, Address, Title (if any), and telephone number

Loretta B. Gilead
Redacted
Brodnax, VA. [Redacted]
23920

CHECKLIST FOR BAIL DETERMINATIONS

8A2552-06
0003084NAME OF ACCUSED SHARLETT MAHDINATURE AND CIRCUMSTANCES OF THE OFFENSE 18.2-137 DAMAGE TOPROPERTY (MISDEMEANOR)WEIGHT OF THE EVIDENCE TESTIMONY OF COMPLAINANTLENGTH OF TIME IN COMMUNITY 4 YRS. IN BROWARDPLACE OF EMPLOYMENT UNEMPLOYED HOW LONG _____FAMILY TIES 2 SONS,INVOLVEMENT IN EDUCATION 2 YRS. COLLEGEFINANCIAL RESOURCES LIVES IN MOTHER'S HOUSE, NO VEHICLEPENDING CHARGES NONEWAS A FIREARM ALLEGEDLY USED IN THE OFFENSE? ☒ NO ☐ YES

CURRENTLY ON PROBATION OR PAROLE?

☐ NO ☐ YES (explain) _____PRIOR CRIMINAL RECORD MISDEMEANOR ASSAULT '92 - GUILTY ☐ Check if more information is on backASSAULT WITH A KNIFE '92 - GUILTY☐ PRESUMPTION PURSUANT TO VA. CODE § 19.2-120 APPLIES AND HAS NOT BEEN REBUTTED.

PRIOR CHARGES OF FAILING TO APPEAR _____

OTHER INFORMATION CONSIDERED LIVES IN SAME HOUSE WITH COMPLAINANT;
HAS TWO SOCIAL SECURITY NUMBERSOTHER INFORMATION CONSIDERED DOES NOT GET ALONG WITH FAMILY
MEMBERS, OTHER CHARGES IN PAST DROPPED BY FAMILYBAIL SET \$2000.00 SECUREDSPECIAL INSTRUCTIONS OR CONDITIONS NO CONTACT WITHLORETTA B. GILZERDATE 4-2-97☒ MAGISTRATE ☐ JUDGE

Case No 2552-06

TRIAL WITHOUT A LAWYER

Va. Code §19.2-160

Case No. JA 2552-06Brunswick

- ☐ General District
☐ Juvenile and Domestic Relations District Court
☐ Circuit Court

V.

WAIVER OF RIGHT TO BE REPRESENTED BY A LAWYER (CRIMINAL CASE)

I have been advised by a judge of this court of the nature of the charges in the cases pending against me and the potential punishment for the offenses, which includes imprisonment in the penitentiary or confinement in jail. I understand the nature of these charges and the potential punishment for them if I am found to be guilty.

I have been further advised by a judge of this court that I have the following rights to be represented by a lawyer in these cases:

- a. I have a right to be represented by a lawyer.
- b. If I choose to hire my own lawyer, I will be given a reasonable opportunity to hire, at my expense, a lawyer selected by me. The judge will decide what is a reasonable opportunity to hire a lawyer. If I have not hired a lawyer after such reasonable opportunity, the judge may try the case even though I do not have a lawyer to represent me.
- c. If I ask the judge for a lawyer to represent me and the judge decides, after reviewing my sworn financial statement that I am indigent, the judge will select and appoint a lawyer to represent me. However, if I am found to be guilty of an offense, the lawyer's fee as set by the judge within statutory limits will be assessed against me as court costs and I will be required to pay it.

I understand these rights to be represented by a lawyer. I also understand that I may waive (give up) my rights to be represented by a lawyer.

Understanding my rights to be represented by a lawyer as described above and further understanding the nature of the case and the potential punishment if I am found to be guilty, I waive all of my rights to be represented by a lawyer in these cases, with the further understanding that the cases will be tried without a lawyer either being hired by me or being appointed by the judge for me. I waive these rights of my own choice, voluntarily, of my own free will, without any threats, promises, force or coercion.

J. Sharief Makh
ADULT

Upon oral examination, the undersigned judge of this Court finds that the Adult, having been advised of the rights and matters stated above and having understood these rights and matters, thereafter has knowingly, voluntarily and intelligently waived his rights to be represented by a lawyer.

7/03/97
DATE

B. J.
JUDGE

Case No.

TRIAL WITHOUT A LAWYER

Case No 2552-06

WARRANT OF ARREST

Brunswick

CITY OR COUNTY

General District Court ☐ Criminal ☐ Traffic
☒ Juvenile and Domestic Relations District Court

VA. CODE ANN. §19.2-71, 72

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and bring the Accused before this Court to answer the charge that the Accused, within this city or county, on

or about 28/July/1992 DATE did unlawfully in violation of Section

18.2-57

, Code of Virginia: batter Nancy T. Burwell his mother

check if applicable: ☐ commercial motor vehicle ☐ hazardous materials

I, the undersigned, have found probable cause to believe that the Accused committed the offense charged, based on the sworn statements of

Nancy T. Burwell

, Complainant.

Execution by summons ☐ permitted at officer's discretion ☒ not permitted.

28/July/1992 5:46pm

DATE AND TIME ISSUED

T.G. Ozlin

☐ CLERK

☒ MAGISTRATE

☐ JUDGE

SUMMONS (If authorized above and by serving officer)

You are hereby commanded to appear before this court located at

on at AM/PM

I promise to appear in accordance with this Summons.

ACCUSED

WARNING TO ACCUSED: You may be tried and convicted in your absence if you fail to appear in response to this Summons. Willful failure to appear is a separate offense.

SIGNING THIS NOTICE DOES NOT CONSTITUTE AN ADMISSION OF GUILT.

HEARING DATE

8-11-92 (08)

CASE NO.

2550-02

3083

ACCUSED:

ma ha

Marha, Shareef.

LAST NAME, FIRST NAME, MIDDLE INITIAL

Red
Red
Red
ADDRESS/LOCATION

Brodna, Va. 23920

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	MO.	BORN DAY	YR.	FT.	IN.	WGT.	EYES	HAIR
B	M		d	act	Red	5	8	140	BR
SSN				d	Red				

Commonwealth of Virginia

WARRANT OF ARREST

CLASS 1 MISDEMEANOR

☒ EXECUTED by arresting the Accused named above on this day:

☐ EXECUTED by summoning the Accused named above on this day:

7-28-92 9:45pm

DATE AND TIME

M. D. Daniel

ARRESTING OFFICER

#805 BCS 012

BADGE NO., AGENCY AND JURISDICTION

J. R. Woody

SHERIFF

Attorney for the Accused:

☐ changed to \$
☐ no change

9773

☐ tried in absence
☐ present

PROSECUTING ATTORNEY NAME

☐ NO ATTORNEY
☐ ATTORNEY WANTED

- ☐ not guilty
- ☐ nolo contendere
- ☒ guilty

☐ not guilty
☐ guilty as charged
☐ guilty of

☐ driving a commercial motor vehicle

☐ carrying hazardous materials

☐ I ORDER the charge dismissed.

☐ I ORDER a bill of prosecution.

Commenced by:

☐ **FILE** on _____ with _____ suspended
☐ **IAI** _____ impose
 with _____ suspended
 Conditioned on _____ being of good behavior and
 leaving the office

☐ Since last sentence of weekend beginning

☐ Work release authorized if eligible

WORKING TOGETHER

CONGRATULATIONS

NEW ENGLAND LICENSE suspended

☐ Referred to VASAP

RESTITUTION of S

©1997

Payable to

as condition of suspended sentence

hours of community service to be performed for

☒ in addition to other sentence provisions

It is to be credited against fines and costs.

INDEX

Other

Angel Bone S

Annual report of

1985

126 LIQUIDATED DAMAGES

COSTS

1121 PROCESSING FEE

12. THAN

193 BLOOD TEST FREE

Q132616F

126 CT APPL ATTY

13 BUSINESS FEE

129 WELTERING DEE

OTHER SPECIES

TOTAL

109 INTEREST CHARGE

**TOTAL WITH
INTEREST CHARGE**

RECEIPT NO.

§ _____ discharged by _____
community service (documentation attached)

M003082

Case No. MC
A 7552-42

A006327

☐ General District Court
☒ Juvenile and Domestic Relations District Court

I, The undersigned Complainant this day make oath that I have

on to believe that the Accused, on or about 28/0018/11992

ie ☐ City ☒ County ☐ Town of Brunswick

mitted an offense as follows:

18.2-57

I base my belief on the following facts:

I feel that Sharief has gotten out of control. He hit me his mother and used a leather belt on the upper part of my legs of which was very painful in a while. He used foul language most of the time.

statements above are true and accurate to the best of my knowledge and belief.

In making this complaint, I have read and fully understand the following:
 y swearing to these facts, I also obligate myself to appear in court and testify on behalf of the
 ommonwealth of Virginia or the city, county or town whose laws allegedly have been violated if
 warrant or summons is issued.
 he charge in this warrant cannot be dismissed except by the court, even at my request.

Nancy J. Burwell
 SIGNATURE OF COMPLAINANT

bscribed and sworn to before me this day.

8/0018/11992 5:30 P.M.
 DATE AND TIME

T. G. O'Leary
 CLERK MAGISTRATE JUDGE

CRIMINAL COMPLAINT

ACCUSED: Name, Description, Address / Location

Sharief Mahdi
 LAST NAME, FIRST NAME, MIDDLE INITIAL *Mahdi*
 d Red *101.623*

Bethesda, Va. 23920

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	MO.	DOB DAY	YR	FT.	IN.	WT.	EYES	HAIR
SSN									

other identification or location information

COMPLAINANT: Name, Address, Title (if any)
 and telephone number

Nancy J. Burwell

Bethesda, Va. 23920

d Red
 d Red
 d Red
 d Red

A006328

August 6, 1992

Mr. Larry Jones, Esquire
of Lawrenceville, Virginia
had my permission to drop
the charges against

Sharkey Maddy

as of August 7, 1992

Thank you.

Sincerely,

Nancy J. Brunell



National Personnel Records Center

Military Personnel Records, 9700 Page Avenue St. Louis, Missouri 63132-5100

September 27, 2010

SHEILA CRONIN
330 W BRAMBLETON AVE #1104
NORFOLK, VA 23510

RE: Veteran's Name: MAHDI, Shareef
SSN/SN: ***039**
Request Number: 1-8017797780

Dear Sir or Madam:

Thank you for contacting the National Personnel Records Center. We are pleased to respond to your request for Separation Documents, 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.

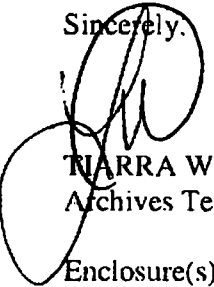
The Privacy Act of 1974 does not permit the release of a social security number or other personal information to the public without the authorization of the veteran concerned. Therefore, if applicable, personal data pertaining to other individuals have been deleted from the enclosed documents.

If you have questions or comments regarding this response, you may contact us at 314-801-0800.

If you contact us, please reference the Request Number listed above.

If you are 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,


TIARRA WILLIAMS
Archives Technician (4G)

Enclosure(s)



**We Value Our
Veterans' Privacy**

*Let us know if we have
failed to protect it.*

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT

AMOUNTS 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) MAHDI, Shareef		2. DEPARTMENT, COMPONENT AND BRANCH USMC-1		3. SOCIAL SECURITY NO Redacted	
4a. GRADE, RATE OR RANK Pvt	4b. PAY GRADE E-1	5. DATE OF BIRTH Redacted	6. PLACE OF ENTRY INTO ACTIVE DUTY AFES RICHMOND VIRGINIA		
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Redacted		8. STATION WHERE SEPARATED MABS-13, MAG-13 SANTA ANA CA		9. BRANCH H&HS MCAS EL TORO	
9. COMMAND TO WHICH TRANSFERRED N/A		10. SGU COVERAGE AMOUNT \$ 20,000 ☐ NONE			
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 0151 Personnel Clerk		12. RECORD OF SERVICE		YEAR (s)	MON (s)
		a. Date Entered AD This Period		76	07
		b. Separation Date This Period		77	05
		c. Net Active Service This Period		00	08
		d. Total Prior Active Service		01	11
		e. Total Prior Inactive Service		02	04
		f. Foreign Service		00	00
		g. Sea Service		00	00
		h. Effective Date of Pay Grade		76	12
i. Reserve Oblig. Term. Date		00	00	DAY (s)	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) National Defense Service Medal					
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) Enlisted Records-3wks 09/72 Files Directives/Publication-lwk 09/72 MtrVehOprCrs-2wks 2/72					
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM ☐ YES ☒ NO		16. HIGH SCHOOL GRADUATE OR EQUIVALENT ☐ YES ☒ NO		17. DAYS ACCRUED LEAVE PAID Not Available	
18. REMARKS Good Conduct Medal Period Commences: 761210(1stAwd) Not available for signature					
19. MAILING ADDRESS AFTER SEPARATION Redacted Lawrenceville, VA 23868		20. MEMBER REQUESTS COPY 88E ☒ YES ☐ NO			
21. SIGNATURE OF MEMBER BEING SEPARATED See Remarks		22. TYPED NAME, GRADE, TIME AND SIGNATURE OF SPECIAL AUTHORIZED TO SIGN RecBr PersnltgDiv, HOMP			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Discharged	24. CHARACTER OF SERVICE (Includes upgrades) UNDER HONORABLE CONDITIONS	
25. SEPARATION AUTHORITY Par 6419 MARCORSEPMAN Title 10, U.S.Code, Section 1552	26. SEPARATION CODE KFS1	27. REENLISTMENT CODE RE-4
28. NARRATIVE REASON FOR SEPARATION Separation in lieu of trial by court-martial		
29. DATES OF TIME LOST DURING THIS PERIOD (32) 770407-770509		30. MEMBER REQUESTS COPY 4 INITIALS

A006331

ORIGINAL

M003302

CLASSIFICATION AND ASSIGNMENT TEST RESULTS (1230)

APTITUDE - AREA CLASSIFICATION TEST BATTERY						
TESTS	(SYMBOL)	TEST SCORE	APTITUDE AREAS	(SYMBOL)	AREA SCORE	DATE
VERBAL	(VE)	114	INFANTRY	(IN)	103	720206
ARITHMETIC REASONING	(AR)	086	ARMOR-ARTY & ENGINEER	(AE)	084	
PATTERN ANALYSIS	(PA)	081	ELECTRONIC	(EL)	074	
CLASSIFICATION INVENTORY	(CI)	112	GENERAL MAINTENANCE	(GM)	078	
MECHANICAL APTITUDE	(MA)	069	MOTOR MAINTENANCE	(MM)	081	
CLERICAL SPEED	(ACS)	105	CLERICAL	(CL)	110	
RADIO CODE	(ARC)	091	GENERAL TECHNICAL	(GT)	100	
GENERAL INFORMATION		(GIT)	ADDITIONAL CLASSIFICATION TESTS (SYMBOL)		TEST SCORE	DATE TESTED
SHOP MECHANICS		(SM)	ELECTRONIC DATA PROCESSING TEST		(EDPT)	
AUTOMOTIVE INFORMATION		(AI)	ELECTRONIC TECHNICIAN SELECTION TEST		(ETST)	
ELECTRONICS INFORMATION		(ELI)	LANGUAGE APTITUDE TEST		(LAT)	
TYPING TEST						
DICTATION TEST						
GENERAL CLASSIFICATION TEST BATTERY						
GCT	RV	AC	AR	PA	FOOTNOTES	DATE
94						
LANGUAGE PROFICIENCY						
LANGUAGE			PART I	PART II	DATE	
ADDITIONAL LANGUAGE PROFICIENCY TEST ADMINISTERED?					YES:	NO:
REMARKS						

S - SPECIAL COMPUTATION FROM A - A TEST BATTERY. * - RETEST

BURWELL MAHDI	THOMAS	SHARIF	Redacted	MAR 11, 1972	2229
NAME (LAST, FIRST, MIDDLE INITIAL)/SERVICE NUMBER/SOCIAL SECURITY ACCOUNT NUMBER				DATE PREPARED	R.U. CODE
NAVMC 118 (Rev. 4-70) SII: 0000-000-2404 U11: 5E					32092

ORIGINAL - FORWARD TO REPORTING UNIT
 DUPLICATE - FORWARD TO CMC (CODE DGH)

NAVMC 118(80)-PD (REV. 9-65) 2-64 EDITION WILL BE USED

2229

A006332

M003303

MILITARY AND CIVILIAN OCCUPATIONAL SPECIALTIES, EDUCATION COURSES, TECHNICAL TRAINING AND TESTS COMPLETED

MILITARY OCCUPATIONAL SPECIALTIES

DATE	PRIMARY MOS	1ST ADD. MOS	2ND ADD. MOS	TITLE OF MOS	AUTHORITY
720606	0150			Basic Pers Admin Man	ACTS. par. 1101.1 <i>RL Smilgan</i>
~~720901~~	~~3531~~				
720901		3531		Mtr Veh Opr	ACTS. par 1104.3(b)

CIVILIAN EDUCATION

CIVILIAN OCCUPATION

TYPE SCHOOL	MAJOR SUBJECT	NO. YEARS	GRADUATE		YEAR LEFT SCHOOL	JOB TITLE
			YES	NO		
GRAMMAR SCHOOL		8	X		1968	NCNE
HIGH SCHOOL	ACADEMIC	3		X	1971	
COLLEGE-UNIVERSITY						
TRADE-BUSINESS						

SERVICE SCHOOLS, TECHNICAL TRAINING AND MILITARY CORRESPONDENCE COURSES COMPLETED

SCHOOL ATTENDED AND LOCATION	COURSE	NO. WEEKS	MO./YEAR COMPLETED	INCOMPLETE	CLASS STANDING OR GRADE
Tri-Command Admin Proc Sch, 2d Mar Div	Enlisted Records	3	09/72		P
Tri-Command Admin Proc Sch, 2d Mar Div	Files/Directives/Publications	1	09/72		P
MCB, CamLej, N. C.	Defensive Driving	1	12/72		P
2nd Mar Div, CamLej, N.C.	Mtr Veh Opr Crg	2	721200		P

ACADEMIC EDUCATION COURSES, TESTS AND CORRESPONDENCE COURSES COMPLETED

DATE	TITLE OF COURSE OR TEST	SCHOOL AND LOCATION	CREDIT	GRADE

USAFI GED TESTS

	DATE			STANDARD SCORES ON TESTS				
	PASSED	FAILED	INCOMPLETE	1	2	3	4	5
HIGH SCHOOL LEVEL								
COLLEGE LEVEL								
RETEST- LEVEL								
RETEST- LEVEL								

SPECIAL QUALIFICATIONS (include FCC licenses, etc.)

REMARKS

OPERATES
SPORTS BASKETBALL
HOBBIES READING
TALENTS

NAME (LAST, FIRST, MIDDLE)

NAME (LAST, FIRST, MIDDLE)

Redacted

SSN

720316

DATE PREPARED

NAVMC 118(80)-PD (REV. 9-65) 2-64 EDITION WILL BE USED

720316

A006333

M003304

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

3L22

1. LAST NAME - FIRST NAME - MIDDLE NAME MAUDI, Shareef			2. SEX M	3. SOCIAL SECURITY NUMBER Redacted		4. DATE OF BIRTH Redacted	YEAR Redacted	MONTH Redacted	DAY Redacted
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMC-11			6a. GRADE, RATE OR RANK PVT		b. GRADE E-1	7. DATE OF RANK 76	YEAR 76	MONTH 12	DAY 10
8a. SELECTIVE SERVICE NUMBER UNKNOWN		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE UNKNOWN			c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) LAWRENCEVILLE, VA				
9a. TYPE OF SEPARATION DISCHARGED			b. STATION OR INSTALLATION AT WHICH EFFECTED RUC 02206 SEPS/DRAFT BRANCH H&HS MCAS EL TORO						
c. AUTHORITY AND REASON MARCORSEPMAN KOPS1						d. EFFECTIVE DATE 77	YEAR 77	MONTH 05	DAY 20
e. CHARACTER OF SERVICE UNDER OTHER THAN HONORABLE CONDITIONS					f. TYPE OF CERTIFICATE ISSUED DD 794 MC		10. REEMLISTMENT CODE RE-4		
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND MABS-13, MAG-13 3dMAW MCAS, EL TORO, SANTA ANA, CA					12. COMMAND TO WHICH TRANSFERRED N/A				
13. TERMINAL DATE OF RESERVE/ISS OBLIGATION YEAR MONTH DAY NONE			14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) AFES RICHMOND VIRGINIA				15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY 76 07 30		
16a. PRIMARY SPECIALTY NUMBER AND TITLE 0151 Personnel Clerk		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 169.163 Chief Clerk		18. RECORD OF SERVICE			YEARS	MONTHS	DAYS
17a. SECONDARY SPECIALTY NUMBER AND TITLE 3531 MtrVehOpr		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 905.883 TruckDriver. Hwy		(a) NET ACTIVE SERVICE THIS PERIOD			00	08	20
				(b) PRIOR ACTIVE SERVICE			01	11	29
				(c) TOTAL ACTIVE SERVICE (a + b)			02	08	19
				(d) PRIOR INACTIVE SERVICE			02	04	29
				(e) TOTAL SERVICE FOR PAY (c + d)			05	01	18
				(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD			00	00	00
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 ☐ YES ☒ NO				20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 11 YRS (1-12 grades) COLLEGE 0 YRS					
21. TIME LOST (Preceding Two Yrs) 770407-770509 (32)		22. DAYS ACCRUED LEAVE PAID NONE DUE		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE ☐ \$15,000 ☐ \$5,000 ☒ \$20,000 ☐ NONE		24. DISABILITY SEVERANCE PAY ☒ NO ☐ YES AMOUNT N/A		25. PERSONNEL SECURITY INVESTIGATION a. TYPE ENTNAC b. DATE COMPLETED 720329	
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal									
27. REMARKS Good Conduct Medal Period Commenced: 761210(1stAwd) Enlisted Records MtrVehOprCrS "Marine request his copy of DD Form #214 (MC)"									
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State, ZIP) Redacted					29. SIGNATURE OF PERSON BEING SEPARATED <i>Shareef Maudi</i>				
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER J. VERBECK JR. MAJOR USMC DIC, JOINT RECEPTION CENTER					31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>				

DD FORM 214 MC

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. THIS IS AN IMPORTANT RECORD SAFEGUARD IT.
S/N 0102-002-0001

REPORT OF SEPARATION FROM ACTIVE DUTY (1900) SRB/OQR 2 OR HQMC 2

A006334

M003305

NAME - FIRST LAST MIDDLE MANDEL SHARCEF		DATE OF BIRTH Redacted		MONTH Redacted																													
DATE OF ENTRY INTO ACTIVE DUTY Redacted		7. DATE OF RANK E-4		YEAR 74																													
MONTH 02		YEAR 74		MONTH 02																													
1. ACTIVE SERVICE NUMBER		2. SOLICITING SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE		3. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE DUTY, City, State and ZIP Code																													
Unknown		LA # 18, Lawrenceville, VA 23868		Lawrenceville, VA 23868																													
4. TYPE OF SEPARATION Released from Active Duty		5. STATION OR INSTALLATION AT WHICH EFFECTED B Co, 2dMTBn 2dMarDiv, Ft. CamLej, E.C. RUC 12653																															
6. AUTHORITY AND REASON "MARCONSERPLAN 203"		7. EFFECTIVE DATE 74		MONTH 03																													
8. CHARACTER OF SERVICE HONORABLE		9. TYPE OF CERTIFICATE ISSUED None		10. REENLISTMENT CODE RE-3E																													
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND B Co, 2dMTBn 2dMarDiv, Ft. CamLej, E.C. RUC 12653		12. COMMAND TO WHICH TRANSFERRED MCRAA, 1500 East Bernister Rd. Kansas City, MO 64131																															
13. TERMINAL DATE OF RESERVE/ISS OBLIGATION YEAR MONTH DAY 78 03 02		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Richmond, VA 23850		15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY 72 03 02																													
16. PRIMARY SPECIALTY NUMBER AND TITLE Class Clerk/0151		17. RELATED CIVILIAN OCCUPATION AND O.O.T. NUMBER Manager Office 169.168		18. RECORD OF SERVICE																													
19. SECONDARY SPECIALTY NUMBER AND TITLE Motor Vehicle Inventory/3531		20. RELATED CIVILIAN OCCUPATION AND O.O.T. NUMBER Driver, 904.883		<table border="1"> <thead> <tr> <th colspan="2">YEARS</th> <th colspan="2">MONTHS</th> </tr> </thead> <tbody> <tr> <td colspan="2">TOTAL ACTIVE SERVICE THIS PERIOD</td> <td>01</td> <td>11</td> </tr> <tr> <td colspan="2">(A) PRIOR ACTIVE SERVICE</td> <td>00</td> <td>00</td> </tr> <tr> <td colspan="2">(B) TOTAL ACTIVE SERVICE</td> <td>01</td> <td>11</td> </tr> <tr> <td colspan="2">(C) PRIOR INACTIVE SERVICE</td> <td>00</td> <td>00</td> </tr> <tr> <td colspan="2">(D) TOTAL SERVICE FOR PAY</td> <td>01</td> <td>11</td> </tr> <tr> <td colspan="2">(E) TOTAL SERVICE THIS PERIOD</td> <td>00</td> <td>06</td> </tr> </tbody> </table>		YEARS		MONTHS		TOTAL ACTIVE SERVICE THIS PERIOD		01	11	(A) PRIOR ACTIVE SERVICE		00	00	(B) TOTAL ACTIVE SERVICE		01	11	(C) PRIOR INACTIVE SERVICE		00	00	(D) TOTAL SERVICE FOR PAY		01	11	(E) TOTAL SERVICE THIS PERIOD		00	06
YEARS		MONTHS																															
TOTAL ACTIVE SERVICE THIS PERIOD		01	11																														
(A) PRIOR ACTIVE SERVICE		00	00																														
(B) TOTAL ACTIVE SERVICE		01	11																														
(C) PRIOR INACTIVE SERVICE		00	00																														
(D) TOTAL SERVICE FOR PAY		01	11																														
(E) TOTAL SERVICE THIS PERIOD		00	06																														
21. DATE OF ENTRY INTO ACTIVE DUTY 11		22. DATE OF ENTRY INTO ACTIVE DUTY 11		23. DATE OF ENTRY INTO ACTIVE DUTY 11																													
24. DATE OF ENTRY INTO ACTIVE DUTY 14-0		25. DATE OF ENTRY INTO ACTIVE DUTY 14-0		26. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
27. DATE OF ENTRY INTO ACTIVE DUTY 14-0		28. DATE OF ENTRY INTO ACTIVE DUTY 14-0		29. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
30. DATE OF ENTRY INTO ACTIVE DUTY 14-0		31. DATE OF ENTRY INTO ACTIVE DUTY 14-0		32. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
33. DATE OF ENTRY INTO ACTIVE DUTY 14-0		34. DATE OF ENTRY INTO ACTIVE DUTY 14-0		35. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
36. DATE OF ENTRY INTO ACTIVE DUTY 14-0		37. DATE OF ENTRY INTO ACTIVE DUTY 14-0		38. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
39. DATE OF ENTRY INTO ACTIVE DUTY 14-0		40. DATE OF ENTRY INTO ACTIVE DUTY 14-0		41. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
42. DATE OF ENTRY INTO ACTIVE DUTY 14-0		43. DATE OF ENTRY INTO ACTIVE DUTY 14-0		44. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
45. DATE OF ENTRY INTO ACTIVE DUTY 14-0		46. DATE OF ENTRY INTO ACTIVE DUTY 14-0		47. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
48. DATE OF ENTRY INTO ACTIVE DUTY 14-0		49. DATE OF ENTRY INTO ACTIVE DUTY 14-0		50. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
51. DATE OF ENTRY INTO ACTIVE DUTY 14-0		52. DATE OF ENTRY INTO ACTIVE DUTY 14-0		53. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
54. DATE OF ENTRY INTO ACTIVE DUTY 14-0		55. DATE OF ENTRY INTO ACTIVE DUTY 14-0		56. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
57. DATE OF ENTRY INTO ACTIVE DUTY 14-0		58. DATE OF ENTRY INTO ACTIVE DUTY 14-0		59. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
60. DATE OF ENTRY INTO ACTIVE DUTY 14-0		61. DATE OF ENTRY INTO ACTIVE DUTY 14-0		62. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
63. DATE OF ENTRY INTO ACTIVE DUTY 14-0		64. DATE OF ENTRY INTO ACTIVE DUTY 14-0		65. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
66. DATE OF ENTRY INTO ACTIVE DUTY 14-0		67. DATE OF ENTRY INTO ACTIVE DUTY 14-0		68. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
69. DATE OF ENTRY INTO ACTIVE DUTY 14-0		70. DATE OF ENTRY INTO ACTIVE DUTY 14-0		71. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
72. DATE OF ENTRY INTO ACTIVE DUTY 14-0		73. DATE OF ENTRY INTO ACTIVE DUTY 14-0		74. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
75. DATE OF ENTRY INTO ACTIVE DUTY 14-0		76. DATE OF ENTRY INTO ACTIVE DUTY 14-0		77. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
78. DATE OF ENTRY INTO ACTIVE DUTY 14-0		79. DATE OF ENTRY INTO ACTIVE DUTY 14-0		80. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
81. DATE OF ENTRY INTO ACTIVE DUTY 14-0		82. DATE OF ENTRY INTO ACTIVE DUTY 14-0		83. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
84. DATE OF ENTRY INTO ACTIVE DUTY 14-0		85. DATE OF ENTRY INTO ACTIVE DUTY 14-0		86. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
87. DATE OF ENTRY INTO ACTIVE DUTY 14-0		88. DATE OF ENTRY INTO ACTIVE DUTY 14-0		89. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
90. DATE OF ENTRY INTO ACTIVE DUTY 14-0		91. DATE OF ENTRY INTO ACTIVE DUTY 14-0		92. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
93. DATE OF ENTRY INTO ACTIVE DUTY 14-0		94. DATE OF ENTRY INTO ACTIVE DUTY 14-0		95. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
96. DATE OF ENTRY INTO ACTIVE DUTY 14-0		97. DATE OF ENTRY INTO ACTIVE DUTY 14-0		98. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
99. DATE OF ENTRY INTO ACTIVE DUTY 14-0		100. DATE OF ENTRY INTO ACTIVE DUTY 14-0		101. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
102. DATE OF ENTRY INTO ACTIVE DUTY 14-0		103. DATE OF ENTRY INTO ACTIVE DUTY 14-0		104. DATE OF ENTRY INTO ACTIVE DUTY 14-0																													
105. DATE OF ENTRY INTO ACTIVE DUTY 14-0		106. DATE OF ENTRY INTO ACTIVE																															

Listed Records, 2dMarDiv, 3 wks, 1972
 Rules/Directives/Publications, 2dMarDiv, 1 wk, 1972
 Mil Veh Opr Course, 2dMarDiv, 2wks, 1972
 Defensive Driving, MCH CamLej, 1 wk, 1972
 Issued Mtr Veh Opr permit # 4552 to operate Mil Veh up to and including 2 1/2 ton.
 Good Conduct Medal period commences 720303
 Is undecided about reenlistment

Redacted
Norfolk, Virginia, VA 23502
Redacted
Commanding Officer

25 SIGNATURE OF THE EMPLOYEE
 26
 27
 28
 29
 30
 31
 32
 33
 34
 35
 36
 37
 38
 39
 40
 41
 42
 43
 44
 45
 46
 47
 48
 49
 50
 51
 52
 53
 54
 55
 56
 57
 58
 59
 60
 61
 62
 63
 64
 65
 66
 67
 68
 69
 70
 71
 72
 73
 74
 75
 76
 77
 78
 79
 80
 81
 82
 83
 84
 85
 86
 87
 88
 89
 90
 91
 92
 93
 94
 95
 96
 97
 98
 99
 100
 101
 102
 103
 104
 105
 106
 107
 108
 109
 110
 111
 112
 113
 114
 115
 116
 117
 118
 119
 120
 121
 122
 123
 124
 125
 126
 127
 128
 129
 130
 131
 132
 133
 134
 135
 136
 137
 138
 139
 140
 141
 142
 143
 144
 145
 146
 147
 148
 149
 150
 151
 152
 153
 154
 155
 156
 157
 158
 159
 160
 161
 162
 163
 164
 165
 166
 167
 168
 169
 170
 171
 172
 173
 174
 175
 176
 177
 178
 179
 180
 181
 182
 183
 184
 185
 186
 187
 188
 189
 190
 191
 192
 193
 194
 195
 196
 197
 198
 199
 200
 201
 202
 203
 204
 205
 206
 207
 208
 209
 210
 211
 212
 213
 214
 215
 216
 217
 218
 219
 220
 221
 222
 223
 224
 225
 226
 227
 228
 229
 230
 231
 232
 233
 234
 235
 236
 237
 238
 239
 240
 241
 242
 243
 244
 245
 246
 247
 248
 249
 250
 251
 252
 253
 254
 255
 256
 257
 258
 259
 260
 261
 262
 263
 264
 265
 266
 267
 268
 269
 270
 271
 272
 273
 274
 275
 276
 277
 278
 279
 280
 281
 282
 283
 284
 285
 286
 287
 288
 289
 290
 291
 292
 293
 294
 295
 296
 297
 298
 299
 300
 301
 302
 303
 304
 305
 306
 307
 308
 309
 310
 311
 312
 313
 314
 315
 316
 317
 318
 319
 320
 321
 322
 323
 324
 325
 326
 327
 328
 329
 330
 331
 332
 333
 334
 335
 336
 337
 338
 339
 340
 341
 342
 343
 344
 345
 346
 347
 348
 349
 350
 351
 352
 353
 354
 355
 356
 357
 358
 359
 360
 361
 362
 363
 364
 365
 366
 367
 368
 369
 370
 371
 372
 373
 374
 375
 376
 377
 378
 379
 380
 381
 382
 383
 384
 385
 386
 387
 388
 389
 390
 391
 392
 393
 394
 395
 396
 397
 398
 399
 400
 401
 402
 403
 404
 405
 406
 407
 408
 409
 410
 411
 412
 413
 414
 415
 416
 417
 418
 419
 420
 421
 422
 423
 424
 425
 426
 427
 428
 429
 430
 431
 432
 433
 434
 435
 436
 437
 438
 439
 440
 441
 442
 443
 444
 445
 446
 447
 448
 449
 450
 451
 452
 453
 454
 455
 456
 457
 458
 459
 460
 461
 462
 463
 464
 465
 466
 467
 468
 469
 470
 471
 472
 473
 474
 475
 476
 477
 478
 479
 480
 481
 482
 483
 484
 485
 486
 487
 488
 489
 490
 491
 492
 493
 494
 495
 496
 497
 498
 499
 500
 501
 502
 503
 504
 505
 506
 507
 508
 509
 510
 511
 512
 513
 514
 515
 516
 517
 518
 519
 520
 521
 522
 523
 524
 525
 526
 527
 528
 529
 530
 531
 532
 533
 534
 535
 536
 537
 538
 539
 540
 541
 542
 543
 544
 545

COMBAT HISTORY - EXPEDITIONS - AWARD RECORD

M003306

COMBAT HISTORY - EXPEDITIONS

DATE OF ENTRY	DETAILS	DATES		SIGNATURE
		FROM (ON)	TO -	

AUTHORIZED AWARDS

NAME OF AWARD	NUMBER OF STARS	DEVICES	DATE MEDAL ISSUED	SIGNATURE
NDSMB			72 06 0	<i>Mardi Sharoff</i> 

MARDI SHAROFF

NAME (LAST, FIRST, MIDDLE)	SSN

NAVMC 118(9)-PD (REV. 6-65) Supersedes 1-63 edition which will be used

9

A006336

ENLISTMENT OR REENLISTMENT AGREEMENT - ARMED FORCES OF THE UNITED STATES

I. IDENTIFICATION DATA

1. NAME (Last, First, Middle, Jr., Sr., etc.) MAHDI SHAREEF ~~BURNELL THOMAS LOCKWOOD~~		2. GRADE Redacted	3. DATE OF ENL/REENL 30 JULY 1976	4. GRADE PFC E-2												
5. HOME OF RECORD (City and State) LAWRENCEVILLE VIRGINIA		6. PLACE OF ENL/REENL (City and State) RICHMOND VIRGINIA														
7. DATE OF BIRTH 24 FEBRUARY 1954	8. SELECTIVE SERVICE NO. Redacted	9. PREVIOUS MILITARY SERVICE														
		<table border="1"> <thead> <tr> <th></th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td>a. Total Active Military Service</td> <td>01</td> <td>11</td> <td>29</td> </tr> <tr> <td>b. Total Inactive Military Service</td> <td>02</td> <td>04</td> <td>29</td> </tr> </tbody> </table>				YEARS	MONTHS	DAYS	a. Total Active Military Service	01	11	29	b. Total Inactive Military Service	02	04	29
	YEARS	MONTHS	DAYS													
a. Total Active Military Service	01	11	29													
b. Total Inactive Military Service	02	04	29													

II. AGREEMENTS:

10. I am enlisting/reenlisting this 30TH day of JULY, 19 76 in the US MARINE CORPS for a period of 2 years. Initial Service is to be in the pay grade of PRIVATE. I understand that each male person who becomes a member of an Armed Force before his twenty-sixth birthday incurs a statutory obligation to serve in the Armed Forces for a total of six years, unless sooner discharged, and that any part of such service that is not active duty or active duty for training shall be performed in a Reserve component.
- a. For enlistment or reenlistment in a Regular component: The additional details of my obligations under this agreement, if any, are as provided in Annex A attached hereto.
- b. For enlistment or reenlistment in a Reserve component: Upon enlistment or reenlistment in the Reserve component shown above, I am obligated—
- (1) To serve at least:
- (a) N/A (months) (years) on (active duty) (active duty for training);
- (b) N/A (months) (years) satisfactorily in the Ready Reserve. While in this status, I am obligated—
- (i) as a member of the National Guard, to attend at least 48 drills per year and serve on active duty for training at least 15 days per year; OR
- (ii) as a member of any reserve component except the National Guard, to attend at least 48 drills per year and serve on active duty for training at least 14 days per year; or, serve on active duty for training not more than 30 days per year; unless excused therefrom by competent authority; and
- (c) a period in the Standby Reserve, if required in accordance with applicable law;
- OR OTHERWISE.
- (2) To serve as provided in Annex N/A attached hereto.
- c. Remarks: (If "none", so state)

AUTH FOR REENL CMC LTR MMCP OF 29 JULY 1976

III. BENEFITS:

11. I will receive the pay and allowances and other benefits as provided by law and regulation.
12. With regard to any other benefits, I understand that only those promises, if any, recorded herein or on Annex(es) A attached hereto will be honored and that any other promises not contained therein made by any person are not effective and will not be honored.

16. I hereby certify that I have read this agreement carefully; it has been fully explained to me, and I understand it and the conditions under which I am enlisting. I understand that ONLY those promises concerning assignment to duty, geographical area, training, or a particular school or special program; Government quarters; physical and other qualifications for assignment to a particular school, rating, or specialty; bonuses or other compensation; promotions; or transportation of and support to dependents contained herein or recorded on the Annex(es) attached hereto, if any, will be honored and that any other promises not contained therein made by any person are not effective and will not be honored. I further understand that my acceptance for enlistment (reenlistment) is based on the information provided by me in my application for enlistment (reenlistment) and if any of that information is knowingly false or incorrect, this agreement may be terminated by the Government, and I may be prosecuted under federal civilian or military law or subject to administrative separation proceedings and, in either instance, I may receive a less than honorable discharge which could affect my future employment opportunities.

17. NAME OF APPLICANT (Type) **SHAREEF MAHDI**
~~THOMAS LOCKWOOD BURNELL AK~~

18. SIGNATURE OF APPLICANT AND DATE
Thomas Lockwood Burnell **30 JULY 1976**

V. CERTIFICATION AND ACCEPTANCE BY SERVICE REPRESENTATIVE

On behalf of my service, I accept this applicant for enlistment (reenlistment) and I hereby witness his/her signature to this agreement. I further certify that I have explained that only those promises set forth herein and in the attached Annex(es), if any, will be honored and any other promises not contained therein made by any person are not effective and will not be honored.

19. NAME, GRADE, SSN AND ORGANIZATION OF SERVICE REPRESENTATIVE
 (Type or Print)

BARRY PAUL MYERS SSGT
USMC BS RICHMOND VIRGINIA

20. SIGNATURE OF SERVICE REPRESENTATIVE AND DATE

Barry Paul Myers **30 JULY 1976**

VI. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

21. For service in a Regular or Reserve Component of the Armed Forces except the Army National Guard or Air National Guard

I do hereby acknowledge to be voluntarily enlisting or reenlisting under the conditions prescribed by law, this 30th day of July, 19 76 in the U.S. Marine Corps for a period of TWO years unless sooner discharged by proper authority. Initial Service is to be in the pay grade of PRIVATE.
 I, ~~THOMAS LOCKWOOD BURNELL~~ SHAREEF MAHDI, 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.
 I acknowledge the above oath has been administered to me and that I have sworn (or affirmed) to the same.

22. SIGNATURE OF ENLISTEE (REENLISTEE)

Thomas Lockwood Burnell

23. The above oath, as filled in, was administered, subscribed, and duly sworn to (or affirmed) before me this 30TH day of JULY, 19 76.

24. NAME, GRADE AND ORGANIZATION OF ENLISTING OFFICER (Type)

K D SKALING LT USN
AFFERS RICHMOND VIRGINIA

25. SIGNATURE OF ENLISTING OFFICER

K D Skaling

26. For enlistment or reenlistment in the Army National Guard or Air National Guard

I do hereby acknowledge to have voluntarily enlisted (reenlisted) this _____ day of _____, 19____ in the _____ National Guard of the State of _____ and as a Reserve of the _____ 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.
 I, _____, 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 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.
 I acknowledge the above oath has been administered to me and that I have sworn (or affirmed) to the same.

27. SIGNATURE OF ENLISTEE (REENLISTEE)

28. The above oath, as filled in, was administered, subscribed, and duly sworn to (or affirmed) before me this _____ day of _____, 19____.

29. NAME, GRADE, AND ORGANIZATION OF ENLISTING OFFICER (Type)

30. SIGNATURE OF ENLISTING OFFICER

RECORD OF SERVICE

ORGANIZATION	DATE	REASON	PRIMARY DUTY	PROFICIENCY		CONDUCT	SIGNATURE OF MARKING OFFICER
				GENERAL MILITARY SUBJECTS	DUTY		
2ND RTBN, RTR MCRD. PARRIS IS	720304	Jd	Recruit				By dir.
2ND RTBN, RTR MCRD. PARRIS IS	720604	Tr	Recruit		4.1	4.0	By dir.
B Co, 2dMTBn, 2dMarDiv. FMF, Camp Lejeune, N. C.	720619	Jd	File Clk.				By dir.
B Co, 2dMTBn, 2dMarDiv. FMF, Camp Lejeune, N. C.	720731	Semi Ann	File Clk.	4.2	4.4	4.6	By dir.
B Co, 2dMTBn, 2dMarDiv. FMF, Camp Lejeune, N. C.	730131	Semi Ann	Mtr Veh Opr	4.1	4.4	4.6	By dir.
B Co, 2dMTBn, 2dMarDiv, FMF, CLNC. 28542	730212	To TAD	Mtr Veh Opr				By dir.
B Co, 2dMTBn, 2dMarDiv, FMF, CamLej, N.C.	730321	To Du Fr TAD	Mtr Veh Opr		4.4	4.4	By dir.
B Co, 2dMTBn, 2dMarDiv, FMF, CamLej, N.C.	730406	To Lv	Mtr Veh Opr				By dir.
B Co, 2dMTBn, 2dMarDiv, FMF, CamLej, N.C.	730420	To Du	Mtr Veh Opr				By dir.
B Co, 2dMTBn, 2dMarDiv, FMF, CamLej, N.C.	730530	To TAD	Mtr Veh Opr		4.5	4.6	By dir.
HQ, 34th ISU, FMFlant CLNC 28542	730531	To TAD	Mtr Veh Opr				By dir.
HQ, 34th ISU, FMFlant FBI New York 09502	730731	Semi Ann	Mtr Veh Opr				By dir.
HQ, 34th ISU, FMFlant CLNC 28542	731221	Term TAD	Mtr Veh Opr		4.5	4.5	By dir.
B Co, 2dMTBn, 2dMarDiv FMF, Camp Lejeune, N. C.	731222	Fr TAD	Mtr Veh Opr				By dir.
B Co, 2dMTBn, 2dMarDiv. FMF, Camp Lejeune, N. C.	740131	Semi Ann	Mtr Veh Opr	4.1	4.5	4.5	By dir.
B Co, 2dMTBn, 2dMarDiv 2dMarDiv, FMF, CamLej	740301	RelAcDu	Mtr Veh Opr		4.5	4.2	By dir.
B Co, 2dMTBn, 2dMarDiv FMF, CamLej, N.C.	740301	FinAvg	Mtr Veh Opr	4.1	4.4	4.4	By dir.
MCRFAA KSC, MO	740302	jd	Inactive				By dir.
MCRFAA KSC, MO	760727	Dis	Inactive				By dir.

MAHDI SHAREEF
RUSSELL, THOMAS LTH

Redacted

NAME (LAST, FIRST, MIDDLE)

SSN

NAVMC 118(13)-PD (REV. 6-62) SUPERSEDES PREVIOUS EDITION WHICH WILL BE USED

M003311

CHRONOLOGICAL RECORD

(1070)

UNIT/ORGANIZATION	PRIMARY DUTY	REMARKS
MABS13 MAG13 3DMAW MCAS EL TORO CA RUC 01015 MCC 143	Legal Clk	760801 JD FOR DU ~~770207 TO ON TAD H&HS MCAS EL TORO CA RUC 01015 MCC 143~~ 770407 TO 770509 (CNFD) 770513 TR TO JRC MCAS EL TORO SANTA ANA CA FOR RELADU
SEPS/DRAFT BRANCH H&HS MCAS EL TORO CA 92709 MCC 023 RUC 02206	AWTG DISCHARGE	770514 JD TO SEPS 770520 DISCHARGED

EMBOSSD PLATE IMPRESSION

FANDI

SHARVEF

Redacted

~~DURWELL~~~~Thomas~~~~L-74~~

NAME (Last)

(First)

(Middle)

SSN

NAVMC 118(3) (REV. 5-74) (Supersedes all editions of NAVMC 123 (2) and All Previous editions of NAVMC 118 (3) which are obsolete and will not be used)

U/I: SH SN: 0000-00-000-1903

A006341

RECORD OF TIME LOST

M003312

MOTION (1070)

TIME LOST

PEBD

FROM	TO	NO. OF DAYS	CAUSE	EAS DATE EXT. TO	EOS DATE EXT. TO	RECOMPUTED PEBD	SIGNATURE OF CERTIFYING OFFICER

PROMOTIONS AND REDUCTIONS

TYPE OF GRADE	MOS	GRADE OR RANK	DATE PROMOTED, RE-APPOINTED OR REDUCED	RANK FROM (Date)	NUMBER	AUTHORITY
Perm	0100	PFC	720901	720901		MCO 1414.1E
PERMANENT	0100	PFC	720901	720901		MCO 1414.1E
PERMANENT	0151	LCPL	730621	730601		MCO 1418.9J
PERMANENT	0151	Cpl	740206	740201		MCBul 1430 of 740201

RECORD OF EXAMINATION FOR PROMOTION

GRADE OR RANK FOR WHICH EXAMINED	DATE EXAMINED	TEST	FORM	SCORE	DATE SCORE RECORDED	AUTHORITY FOR SCORE

COMPOSITE SCORES AND ADDITIONAL INFORMATION AS TO PROMOTION STATUS ON TRANSFER TO A NEW ORGANIZATION

731227:CS 120 submitted to CMC IAW CMC Bul 1430 of 30 Nov 73

Cont on
Supp Page

NAHDI SHANEF

NAME (LAST, FIRST, MIDDLE)

SSN

118 (5) (Rev. 8-67) (Previous editions are obsolete and will not be used)

A006342

M003313

RECORD OF TIME LOST, PROMOTION, REDUCTION, EXAMINATION OR PROMOTION (1070)

TIME LOST						720303	← PEBD
FROM	TO	NO. OF DAYS	CAUSE	EAS DATE EXT. TO	EOS DATE EXT. TO	RECOMPUTED PEBD	SIGNATURE OF CERTIFYING OFFICER
770407	770509	032	CNFD	780901	780405	720405	<i>J. J. Bell</i> Bydir

PROMOTIONS AND REDUCTIONS

TYPE OF GRADE	MOS	GRADE OR RANK	DATE PROMOTED, RE-APPOINTED OR REDUCED	RANK FROM (Date)	NUMBER	AUTHORITY
PERM	0151	PFC	760730	760730		Reenl Contract
PERMANENT	3531	PVT	761210	761210		SPCM

RECORD OF EXAMINATION FOR PROMOTION

GRADE OR RANK FOR WHICH EXAMINED	DATE EXAMINED	TEST	FORM	SCORE	DATE SCORE RECORDED	AUTHORITY FOR SCORE

COMPOSITE SCORES AND ADDITIONAL INFORMATION AS TO PROMOTION STATUS ON TRANSFER TO A NEW ORGANIZATION

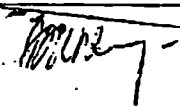
EMBOSSED PLATE IMPRESSION		Redacted
NAME (Last)	NAME (First) (Middle)	
NAVMC 118 (5) (Rev. 8-67)		

NAVMC 118 (5) (Rev. 8-67) (Previous editions are obsolete and will not be used)

A006343

WEAPONS FIRING RECORD, COMPETITIVE MARKSMANSHIP (1070)

M003314

WEAPONS FIRING RECORD				
DATE	COURSE	WEAPON	SCORE, FINAL QUALIFICATION	SIGNATURE OF CERTIFYING OFFICER
720419 780428	"FAM" "A"	Pistol .45 M-14	181-60	 By dir.

EXPERT REQUALIFICATION BAR RECORD					
WEAPON	AWARD	YEARS	WEAPON	AWARD	YEARS

COMPETITIVE MARKSMANSHIP				
MATCH PARTICIPATED IN	DATES	SCORE, FINAL/POSSIBLE	PLACED/TOTAL COMPETITORS	BADGES AWARDED

ADDITIONAL MARKSMANSHIP INFORMATION

NAHDI SHARBYF

Redacted

NAME (LAST, FIRST, MIDDLE)	SSN

NAVMC 118 (6) (REV. 8-67) (Previous editions are obsolete and will not be used).

A006344

ADMINISTRATIVE REMARKS (1070)

DATE: 721316	DATE: ~~720909~~ 720915	BLOOD TYPE: O-
Articles UCMJ explained to me this date as required by Article 137, UCMJ.	Articles UCMJ explained to me this date as required by Article 137, UCMJ.	DEPOSIT RECORD BOOK NO.
X Thomas L. Burwell (Signature)	X Thomas L. Burwell (Signature)	CLASS SWIMMER: UQ

720316 INSTRUCTION IN CODE OF CONDUCT FOR MEMBERS OF THE ARMED FORCES OF THE UNITED STATES COMPLETED ON THIS DATE.

mmf

BY DIRECTION

720316 INSTRUCTION GIVEN ON TYPE OF DISCHARGE, BASIS FOR ISSUE, EFFECT ON REENLISTMENT, VA BENEFITS AND CHARACTER OF SEPARATION IN ACCORDANCE WITH CURRENT REGULATIONS.

X Thomas L. Burwell

BY DIRECTION

SATISFACTORY ENTNAC COMPLETED BY DOD NACC ON 720329 THIS ENTNAC MAY BE USED AS BASIS FOR GRANTING SECURITY CLEARANCE WITHOUT FURTHER REVIEW.

mmf

BY DIRECTION

720531

PASSED/FAILED PHYSICAL READINESS TEST.

mmf

BY DIRECTION

X 720316 Drug abuse orientation completed IAW MCO 6710.1

Thomas L. Burwell

By dir

720910 ARTICLES UCMJ EXPLAINED TO ME THIS DATE AS REQUIRED BY ARTICLE 137, UCMJ. 720910

SIGNATURE

Thomas L. Burwell

720910 INSTN IN CODE OF CONDUCT FOR MEMBERS OF ARMED FORCES OF THE U.S. COMPLETED ON 720910

RL Smulgan CO

720909 BCO, 2dMTBN, 2dMarDiv, FMF, CAMBODIA.

I CERTIFY THAT I HAVE BEEN CONSIDERED CONCERNING ASPECTS OF SOLI. CONCERNING COVERAGE. THE AUTO FEATURE PROVIDED BY LAW, & THE METHOD IN WHICH I MAY ELECT A BENEF IAW PARA 1006 MCO P1741.8.

X Thomas L. Burwell

BODY ARMOR

UPPER S M L

LOWER S M L

GAS MASK SIZE

M91 S M L

M9A1 S S M L L R R T R D

720910 BCO, 2DM TBN, 2DMARDIV, FMF, RECD INSTN IN DRUG ABUSE IAW 6710.1A THIS DATE.

RL Smulgan CO

COMBAT SERVICE CODE -2-

RL Smulgan CO

721106 BCO, 2DM TBN, 2DMARDIV, FMF RECEIVED TWENTY (20) HOURS OF HUMAN RELATIONS TRAINING IN ACCORDANCE WITH MCO 5350.4

RL Smulgan CO

HAND SIGNATURE

BURWELL, THOMAS L.

Redacted

NAME (LAST, FIRST, MIDDLE)

SSN

ADMINISTRATIVE REMARKS (1070)

ANNUAL ADMINISTRATIVE AUDIT COMPLETED			
DATE	SIGNATURE AND RANK	DATE	SIGNATURE AND RANK

DATE: Articles UCMJ explained to me this date as required by Article 137, UCMJ.	DATE: Articles UCMJ explained to me this date as required by Article 137, UCMJ.	BLOOD TYPE O-
(Signature)	(Signature)	DEPOSIT RECORD BOOK NO.
		CLASS SWIMMER UNQ

72T229

B Co, 2nd MTBn, 2nd MarDiv, FMF, CamLej., N.C.

ISSUED MTRVEHOPR PERMIT # 4552
TO OPER VEH TO 2nd STON. EXPIRES 751228
NO RESTRICTIONS.

CO BY DIR

R. H. Smolger CO

720915 INSTRUCTION GIVEN ON TYPE
OF DISCHARGE. BASIS FOR ISSUE.
EFFECT ON REENLISTMENT. VA
BENEFIT. AND CHARACTER OF
SEPARATION IN ACCORDANCE WITH
CURRENT REGULATIONS

X Thomas L. Burnell

721200 COB. 2DMTBN. 2DMARDIV. FMF
CAMLEJ., N.C. PASSED NATIONAL
SAFETY CONCIL 10-HOURA DEFENSIVE
DRIVING COURSE & ISSUED CERTIFICA
NO # ACCORDANCE WITH BASE ORDER
5107.1D

G. D. Willett CO

730307

ARTICLES UCMJ EXPLAINED TO ME
THIS DATE AS REQUIRED BY ARTICLE
137, UCMJ.

SIGNATURE

X Thomas L. Burnell

EMBOSSING PLATE IMPRESSION

NAME (Last) SHARCEF
BURNELL, Thomas Lookwood

Redacted

NAME (Last) (First) (Middle) SERVICE NO.

NAVMC 118(11) (REV. 6-65)
Previous editions of NAVMC 118(11) and all editions of NAVMC
118(1) are obsolete.

730307: INSTRUCTION GIVEN ON TYPE
OF DISCHARGE. BASIS FOR ISSUE.
EFFECT ON REENLISTMENT. VA
BENEFIT. AND CHARACTER OF
SEPARATION IN ACCORDANCE WITH
CURRENT REGULATIONS

X Thomas L. Burnell

730307:
INSTN IN CODE OF CONDUCT FOR
MEMBERS OF ARMED FORCES OF THE
U.S. COMPLETED ON 730307

G. D. Willett CO

I UNDERSTAND THAT ON OR ABOUT
8 JUN 73, 34 MAU EMBARKS FOR
MEDCRUISE 2-23 AND IT IS MY DUTY TO
MAKE INITIAL AND ALL SUB SEANT
MOVEMENTS. I HAVE BEEN COUNSELED
ON ARTICLE 87 OF THE CMJ.

X Thomas L. Burnell

"Departed U. S. 730608."

B Co, 2dMTBn, 2dMarDiv,
FMF, Camp Lejeune, N. C.

"DEPENDENTS RESTRICTED"
731221

B P Conway CO

CONT ON SUPP Pg

B-3378

ADMINISTRATIVE REMARKS (1070)

ANNUAL ADMINISTRATIVE AUDIT COMPLETED			
DATE	SIGNATURE AND RANK	DATE	SIGNATURE AND RANK

DATE	DATE	BLOOD TYPE
Articles UCMJ explained to me this date as required by Article 157, UCMJ.	Articles UCMJ explained to me this date as required by Article 157, UCMJ.	DEPOSIT RECORD BOOK NO.
(Signature)	(Signature)	CLASS SWIMMER

740207 BCo, 2dMtbN, 2dMarDivFMFlant, CamLej, NC

I hereby consent to be released on 740301 in lieu of my normal or established date of discharge or release on 740302. I understand that entitlement to pay and allowances and credit for active Federal service ceases on the actual date of my separation from active service.

Thomas Lockwood Burwell *J.W. Winters* OIC
 Thomas Lockwood BURWELL

740301: B Co, 2dMtbN, 2dMarDiv, FMF, CamLej:
 I HAVE THIS DATE BEEN CONNCELED
 ABOUT CIVILIAN HEALTH CARE
 COVERAGE PROGRAM. I ~~DO~~ DONOT
 DESIRE COVERAGE.

Thomas L. Burwell
 Thomas L. BURWELL

740301: BCo, 2dMtbN, 2dMarDiv, FMF, CamLej:
 I CERTIFY THAT I HAVE BEEN CONNCELED
 THIS DATE CONCERNING THE AUTO
 MATIC CONTINUATION OF COVERAGE
 UNDER THE SERVICEMAN'S GROUP LIFE
 INSURANCE PROGRAM FOR A PERIOD OF
 120 DAYS FOLLOW MY SEPERATION

Thomas L. Burwell
 Thomas L. BURWELL

EMBOSSEING PLATE IMPRESSION

MAHDI SHARONF
 BURWELL, Thomas L.

Redacted

NAME (Last) (First) (Middle) SERVICE NO.

NAVMC 118(11) (REV. 6-65)
 Previous editions of NAVMC 118(11) and all editions of NAVMC
 118(1) are obsolete.

11.b

B-3378

ADMINISTRATIVE REMARKS (1070)

ANNUAL ADMINISTRATIVE AUDIT/COMPLETED			
DATE	SIGNATURE AND RANK	DATE	SIGNATURE AND RANK

DATE. Articles UCMJ explained to me this date as required by Article 137, UCMJ. (Signature)	DATE. Articles UCMJ explained to me this date as required by Article 137, UCMJ. (Signature)	BLOOD TYPE DEPOSIT RECORD BOOK NO. CLASS SWIMMER

AFES, RICHMOND, VA. 29 July 76
 THE COMBAT ARMS ENLISTMENT BONUS PROGRAM HAS BEEN EXPLAINED TO ME, AND I FULLY UNDERSTAND THE PROGRAM. I FURTHER UNDERSTAND THAT I AM NOT ENLISTING UNDER THE PROVISIONS OF THE PROGRAM AND I AM NOT ELIGIBLE FOR THE PAYMENT OF A COMBAT ARMS ENLISTMENT BONUS.

Thomas Lockwood Burwell
 THOMAS LOCKWELL BURWELL
 ENLISTEE SIGNATURE

AFES, RICHMOND, VA.
 I UNDERSTAND THAT DURING THE PERIOD OF DEFERMENT FOLLOWING MY ENL IN THE U.S. MARINE CORPS DEP. COMMENCING ON THE DATE OF ENL AND ENDING ON THE DATE ON WHICH I REPORT FOR ACDU OR ACDU FOR TRNG, I AM NOT ENTITLED TO PAY, ALLOWANCES, LEAVE, MEDICAL CARE AT GOVERNMENT EXPENSE, OR, IF I DIE, BURIAL BENEFITS. I UNDERSTAND ALSO THAT DURING SUCH PERIOD OF DEFERMENT I DO NOT ACCRUE OR BECOME ENTITLED TO EDUCATIONAL BENEFITS ADMINISTERED BY THE VETERANS' ADMINISTRATION, AND THAT I AM NOT COVERED BY GOVERNMENT INSURANCE. (SERVICEMEN'S GROUP LIFE INSURANCE).

ENLISTEE SIGNATURE

EMBOSSING PLATE IMPRESSION

NAME (Last) (First) (Middle)
 BURWELL THOMAS L. 94

Redacted

SERVICE NO.

NAVMC 118(11) (REV. 6-65)
 Previous editions of NAVMC 118(11) and all editions of NAVMC 118(1) are obsolete.

11. L

CONT ON SUPP B

GPO : 1955 O - 305-025

ADMINISTRATIVE REMARKS (1070)

ANNUAL ADMINISTRATIVE AUDIT COMPLETED			
DATE	SIGNATURE AND RANK	DATE	SIGNATURE AND RANK

DATE:	DATE:	MOOD TYPE
Articles UCMJ explained to me this date as required by Article 137, UCMJ.	Articles UCMJ explained to me this date as required by Article 137, UCMJ.	DEPOSIT RECORD BOOK NO.
(Signature)	(Signature)	CLASS SWIMMER

760730 USMC-RS, Richmond, Virginia
23219 Instruction in Code of Conduct for members of the Armed Forces of the United States completed this date.

[Signature] @

OIC

760730 USMC-RS Richmond, Virginia
23219 Types of Discharges explained to me this date.

Thomas Burwell OIC

760730 USMC-RS Richmond, Virginia
23219 I certify that I have been counseled this date on the aspects of SGLI, concerning coverage, the automatic features provided by law, and the method in which I may elect a beneficiary in accordance with paragraph 1006, MCO P1741.8.

Thomas Burwell OIC

760730 USMC-RS, Richmond, Virginia
23219 GAS MASK SIZE: SMALL

Thomas Burwell

LOSSING PLATE IMPRESSION

NAME: SHAREP Redacted
BURWELL, THOMAS LOCKWOOD

(Last) (First) (Middle) SERVICE NO.

118(11) (REV. 6-65)

Some editions of NAVM 118(11) and all editions of NAVM 11 are obsolete.

760928: I CERTIFY THAT I HAVE BEEN COUNSELED THIS DATE ON THE ASPECTS OF SGLI CONCERNING COVERAGE, THE AUTOMATIC FEATURE PROVIDED BY LAW, AND THE METHOD IN WHICH I MAY ELECT A BENEFICIARY IN ACCORDANCE WITH PARAGRAPH 1006 MCO P1741.8

Thomas Burwell

760929: MBS13 MZC

760929: MBS13 MAG13 3dMAW MCAS EL TORO CA
This afternoon at Request Mast, I counseled PFC BURWELL regarding his application for discharge as a conscientious Objector. I explained in detail exactly what was required of him in terms of personal conduct and discipline i.e. that until such time that he is actually discharged expectations of him will be no less than those of every other Marine.

T.C. Ryall
MAJOR USMC
Commanding

N. Poku
(Witness)

3 NOV 76

DATE

I HAVE COUNSELED PFC BURWELL

CONCERNING HIS APPLICATION FOR A CONSCIENTIOUS OBJECTOR

DISCHARGE. I HAVE PROVIDED HIM WITH ENCL (243) MCO 1306.1
THE PROPER
TO AID HIM IN PREPARATION OF HIS REQUEST SO THAT
IT WILL BE COMPLETE,

AND HAVE ADVISED HIM

NECESSARY FOR SEPARATION.

Thomas Burwell
SIGNATURE

J.L. Hall
CAPT ADMIN

ADMINISTRATIVE REMARKS (1070)

DATE:	DATE:	BLOOD TYPE
Articles UCMJ explained to me this date as required by Article 137, UCMJ.	Articles UCMJ explained to me this date as required by Article 137, UCMJ.	770323 CLASS SWIMMER UNIC (DATE)
(Signature)	(Signature)	BY DIRECTION

I HAVE COUNSELLED LT. Burrell, T.L. DATE 22 Dec 76

CONCERNING HIS Application for separation
from the U.S. Marine Corps on the basis of
consciousness violation. That we cannot
process application for discharge until the
required paperwork is received from the
above named member.

AND HAVE ADVISED HIM OF THE NECESSARY ACTION

NECESSARY TO CORRECT HIS DEFICIENCY.

Thomas Burrell Thomas L. Burrell
 SIGNATURE SIGNATURE

770316:MABS-13 MAG-13 MCAS EL TORO SANTA ANA CA
 Change of Name fr BURWELL Thomas L. to MAHDI
 Shareef; auth NSRB-12-kms-1070 dtd 770322

3YDTR

R MABS-13 MAG-13 3DMAW MCAS EL TORO
 SANTA ANA CA. 92709
 DD2MC#C434879 RECOVERED AND
 DESTROYED THIS DATE 770316 BY DIR

MA
 770512:MABS-13 MAG-13 3DMAW MCAS EL TORO CA
 Asg reenl code RE-4 due to disciplinary
 actions and frequent involvement of a dis-
 creditable nature with Military Auth.

770512:MABS-13 MAG-13 3DMAW MCAS EL TORO CA
 I cert I have been counseled on facts sur-
 rounding asg of above reenl code.

MAHDI SHAREEF

MAHDI SHAREEF

Redacted

NAME (last, first, middle)

SSN

OFFENSES AND PUNISHMENTS

740219: B Co, 2dMTBn, 2dMarDiv, FMF, CamLej, N.C.: Viol UCMJ, Art 92: Viol DivO 1020.1C, par 12a, by appearing at morning inspection without a proper haircut. To forfeit \$35.00 pay per month for one month. Awd atCOP. Appealed on 740219. Rpt on UD No. 029-74 dtd 740219.

BP Conway CO

740227: B Co, 2dMTBn, 2dMarDiv, FMF, CamLej, N.C.: Decision of appeal; Fine of \$35.00 is considered excessive and will be reduced to \$5.00. Reduction of forfeiture rpt on UD No. 035-74 dtd 740227. Authority of Bn Cmdr on 740227.

BP Conway CO

GOOD CONDUCT MEDAL PERIOD COMMENCES:

720209

ORGANIZED MARINE CORPS RESERVE MEDAL PERIOD COMMENCES:

EMBOSSED PLATE IMPRESSION

NARDI SHAREEF

Redacted

~~BURWELL, Thomas L.~~ 746

NAME (Last)

(First)

(Middle)

SERVICE NO.

NAVMC 118 (12) (REV. 8-67) (PREVIOUS EDITIONS WILL NOT BE USED)

C-16812

OFFENSES AND PUNISHMENTS (1070)

GPO : 1969 O - 362-102

RECORD OF CONVICTION BY COURT-MARTIAL (1070)

1. ORGANIZATION

MABS-13 MAG-13 3d MAW MCAS El Toro (Santa Ana), California 92709

2. TRIED BY:

(Check one)

☐ SUMMARY COURT-MARTIAL☒ SPECIAL COURT-MARTIAL☐ GENERAL COURT-MARTIAL

DATE OF TRIAL

761203

3. SUMMARY OF CHARGES AND SPECIFICATIONS:

Chg. I: Viol. UCMJ Art. 89

Spec. 1: SNM was disrespectful to Capt R. E. MAHONEY on or about 27 Sept 1976

Chg. II: Viol. UCMJ Art. 90

Spec. 1: SNM willfully disobeyed a lawful order given by Capt R. E. MAHONEY on or about 27 Sept 1976.

Spec. 2: SNM willfully disobeyed a lawful order given by Capt R. E. MAHONEY on or about 27 Sept 1976.

4. FINDINGS ON EACH CHARGE AND SPECIFICATIONS:

Chg. I: Guilty

Spec. 1: Guilty

Chg. II: Guilty

Spec. 1: Guilty

Spec. 2: Guilty

4A. ACCUSED. ☐ WAIVED COUNSEL REPRESENTATION☒ WAS REPRESENTED BY COUNSEL

5. SENTENCE ADJUDGED:

Forf of \$100.00 pay per month for 4 months, restricted to the limits of MCAS El Toro for a period of 30 days, and to be reduced to the pay grade of E-1.

6. CONVENING AUTHORITY'S ACTION:

DATE OF ACTION 761210

The sentence is approved and will be duly executed.

7.

COMPLETE ONE:

☒ DISBURSING OFFICER NOTIFIED

Date:

006-77 82770110

☐ PAY STATUS NOT AFFECTED

8. SIGNATURE

T. L. HALL

By direction Capt

9. RANK

10. TITLE AND ORGANIZATION

Admin Officer

MABS-13 MAG-13 3d MAW MCAS El Toro Ca.

11. SUPERVISORY AUTHORITY'S ACTION ON FINDINGS AND SENTENCE

Approved.

DATE OF ACTION 761216

12.

COMPLETE ONE:

☐ DISBURSING OFFICER NOTIFIED

Date:

☒ PAY STATUS NOT AFFECTED

EMBOSSED PLATE IMPRESSION

MAHDI SHARIF

Redacted

THOMAS

NAME (Last)

(First)

(Middle)

SERVICE NO.

13. SIGNATURE

T. L. HALL

By direct:

14. RANK

Captain

15. TITLE AND ORGANIZATION

AdminO, MABS 13, MAG 13, 3d MAW

NAVMC 118 1131 (REV. 6-74)
SUPERSEDES 10-62 EDITION WHICH MAY BE USED.
SN: 0000-00-000-2003 U/I:SH

(File in SRB)

13 ☐

(Signed copy to Commandant of the Marine Corps) (Code JA)

UNITED STATES MARINE CORPS
 3d Marine Aircraft Wing, FMFPac
 Marine Corps Air Station
 El Toro (Santa Ana), California 92709

17: CWO: rfc
 5814

DEC 10 1976

WING SPECIAL COURT-MARTIAL)

ORDER NUMBER.....333-76)

Before a special court-martial which convened at Marine Corps Air Station, El Toro (Santa Ana), California, pursuant to a convening order issued by the Commanding Officer, Marine Air Base Squadron 13, Marine Aircraft Group 13, 3d Marine Aircraft Wing, Fleet Marine Force, Pacific, Marine Corps Air Station, El Toro (Santa Ana), California, 92709, 17:LDA:lda, 5817, SPCMCO: 8-76, dated 3 November 1976, was arraigned and tried:

MAJOR Shareef

Private First Class ~~Thomas L. BURWELL~~, 225 82 40 39, U. S. Marine Corps, Marine Air Base Squadron 13, Marine Aircraft Group 13, 3d Marine Aircraft Wing, Fleet Marine Force, Pacific, Marine Corps Air Station, El Toro (Santa Ana), California.

Charge I: Violation of the Uniform Code of Military Justice, Article 89

Specification 1: In that Private First Class Thomas L. BURWELL, U. S. Marine Corps, Marine Air Base Squadron 13, Marine Aircraft Group 13, 3d Marine Aircraft Wing, Fleet Marine Force, Pacific, did, at Marine Corps Air Station, El Toro, Santa Ana, California, on or about 27 September 1976, behave himself with disrespect toward Captain R. E. MAHONEY, U. S. Marine Corps, his superior commissioned officer, and then well knowing him to be his superior commissioned officer, by not rendering a hand salute, not addressing him as Sir, and contemptuously turning from and leaving him while he, the said Captain MAHONEY, was talking to him, the said Private First Class BURWELL.

Charge II: Violation of the Uniform Code of Military Justice, Article 90

Specification 1: In that Private First Class Thomas L. BURWELL, U. S. Marine Corps, Marine Air Base Squadron 13, Marine Aircraft Group 13, 3d Marine Aircraft Wing, Fleet Marine Force, Pacific, having received a lawful command from Captain R. E. MAHONEY, U. S. Marine Corps, his superior commissioned officer, and then well knowing him to be his superior commissioned officer, to "stop and come back here", or words to that effect, did, at Marine Corps Air Station, El Toro, Santa Ana, California, on or about 27 September 1976, willfully disobey the same.

Specification 2: In that Private First Class Thomas L. BURWELL, U. S. Marine Corps, Marine Air Base Squadron 13, Marine Aircraft Group 13, 3d Marine Aircraft Wing, Fleet Marine Force, Pacific, having received a lawful command from Captain R. E. MAHONEY, U. S. Marine Corps, his superior commissioned officer, and then well knowing him to be his superior commissioned officer, to "not leave the office", or words to that effect, did, at Marine Corps Air Station, El Toro, Santa Ana, California, on or about 27 September 1976, willfully disobey the same.

 WING SPECIAL COURT-MARTIAL ORDER NUMBER 333-76 (Cont'd)

PLEAS

To all Specifications and Charges: Not Guilty

FINDINGS

Of all Specifications and Charges: Guilty

SENTENCE

To be restricted to the limits of the Marine Corps Air Station, El Toro, for a period of 30 days; to forfeit \$100.00 pay per month for a period of four months; and to be reduced to the pay grade of E-1. There were no prior convictions considered by the court. The sentence was adjudged on 3 December 1976.

ACTION OF THE CONVENING AUTHORITY

" UNITED STATES MARINE CORPS
 Marine Air Base Squadron 13
 Marine Aircraft Group 13
 3d Marine Aircraft Wing, FMFPac
 Marine Corps Air Station
 El Toro, Santa Ana, California 92709

10 December 1976

In the foregoing case of Private First Class Thomas L. BURWELL, 225 82 40 39, U. S. Marine Corps, tried by special court-martial on 3 December 1976, the sentence is approved and will be duly executed.

The forfeitures shall apply to pay becoming due on and after the date of this action.

The record of trial is forwarded to the Commanding General, 3d Marine Aircraft Wing, Fleet Marine Force, Pacific, for review under the provisions of Article 65(c), Uniform Code of Military Justice.

/s/ T. C. Byall
 T. C. BYALL
 Major, U. S. Marine Corps
 Commanding"

C. W. Dorman

C. W. DORMAN
 Captain, U. S. Marine Corps Reserve
 By direction of
 T. C. BYALL
 Major, U. S. Marine Corps
 Commanding

 WING SPECIAL COURT-MARTIAL ORDER NUMBER 333-76 (Cont'd)

DISTRIBUTION:

ORIGINAL

1-Orig rec of trial

DUPLICATE ORIGINAL

1-SRB of Accused
 3-Orig rec of trial
 1-Ea copy rec of trial
 2-MarCorFinCtr, KC, MO
 2-DisbO, El Toro
 1-CMC (JAM-1)
 1-Accused
 1-Military Judge
 1-Trial Counsel
 1-Defense Counsel
 2-CO, MABS-13, El Toro
 2-CO, MAG-13, El Toro
 1-File

UNITED STATES MARINE CORPS
36 Marine Aircraft Wing, FMFPac
Marine Corps Air Station
El Toro (Santa Ana), California 92708

AP17:JPC:01s
1900
9 MAY 1977

FIRST ENDORSEMENT on Pvt S. MAUTI's ltr AP17:LBA:ldg 1910
of 25 April 1977

From: Commanding General
To: Commandant of the Marine Corps (Code JMC-2)

Subj: Request for discharge for the good of the service
and to avoid trial by special court-martial; case
of Private Shareef MAUTI 225 22 40 39 U. S. Marine
Corps

1. Readdressed and forwarded for review as required by paragraph 6005.2 of reference (a). The Staff Judge Advocate's Review is contained in his memorandum endorsement.
2. The request for discharge for the good of the service, in lieu of trial by special court-martial, submitted by Private MAUTI, is approved.
3. By signed copy hereof, the Commanding Officer, Marine Air Base Squadron 13, Marine Aircraft Group 13, is directed to transfer Private MAUTI to the Joint Detention Center, to ensure his discharge within ten days from the date hereof with a discharge under other than honorable conditions in accordance with paragraph 6021 of reference (a). Notify this Headquarters (Attn: G-1) when transfer has been effected.

J. E. Davis
J. E. DAVIS

Copy to:
CO, MAC-13
CO, MACS-13 (Signed copy)
CIC, JPC, MCAS, El Toro
CO of Respondent

UNITED STATES MARINE CORPS
Marine Corps Law Center
P.O. Box 1000 (Marine Base), California 92709

AT 17:30:00g
1977
3 May 1977

UNCLASSIFIED//FOR OFFICIAL USE ONLY

From: Staff Judge Advocate, 3d Marine Aircraft Wing, FMFAC
To: Commanding General, 3d Marine Aircraft Wing, FMFAC

Subject: Request for discharge for the good of the service
and to avoid trial by special court-martial; case
of Private Sherrell WATKINS 225 43 40 28 U. S. Marine
Corps

1. Previous Recommendations

a. The Commanding Officer, Marine Air Base Squadron 17,
strongly recommended approval.

b. The Commanding Officer, Marine Aircraft Group 17,
recommended approval.

2. Background.

a. The respondent is currently charged with three violations
of Article 86, UCMJ (failures to be at his appointed place
of duty) and three violations of Article 91, UCMJ (willful
disobedience of superior non-commissioned officer's orders).

b. The maximum punishment that could be imposed at
a trial by court-martial for the offenses alleged against
the respondent, includes a punitive discharge.

c. The respondent has been in criminal confinement since
7 April 1977.

3. Military Record.

a. Date of enlistment: 20 July 1974 for a period of six
years. He has prior service from 4 March 1977 to 1 March
1978 in the U. S. Marine Corps and from 2 March 1978 to
20 July 1978 in U. S. Marine Corps Reserve.

b. Average Pay and Gun Weeks this enlistment: \$1,200 per month,
respectively.

c. He is entitled to wear the National Defense Service Medal.

4. Prior Offenses.

The respondent has received one disciplinary punishment for an offense of not maintaining a proper haircut. He has one prior conviction by special court-martial for offenses of disrespect to a captain and two wilful disobediences of a captain's orders.

5. Evaluations by Seniors, Medical Personnel, etc.

The respondent stated in substance that his way of thinking has changed drastically since his first enlistment; that he cannot tolerate being around the other Marines with their hectic personalities; that he completely rejects the Marine Corps and the situation he is in; and that he feels his discharge would be in the best interest of the Marine Corps and himself.

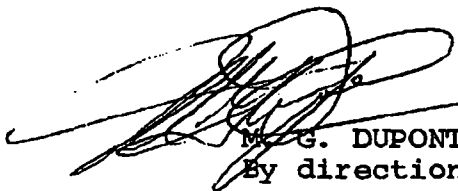
6. Opinions.

The respondent has consulted with a judge advocate, and has certified, in writing, his understanding that he may receive a discharge under other than honorable conditions if his request is approved, and that he understands the possible consequences thereof. The basic correspondence is sufficient, in law and fact, to support the requested discharge. I recommend that the respondent's request be approved.

C. H. [illegible]

MABS13

MSRB-12-kms
10003329

NOTIFICATION OF CHANGE IN SERVICE MEMBER'S OFFICIAL RECORDS			1. DATE PREPARED 22 Feb 1977	
2. NAME (Last, first, middle) MAHDI, Shareef			3. GRADE/RATE Pvt	4. BRANCH & COMPONENT USMC
5. SSAN Redacted	6. SERVICE NUMBER	7. DATE ENLISTMENT/ INDUCTION/COMMISSION	8. DATE OF BIRTH	
FROM: Commandant of the Marine Corps			9. SELECTIVE SERVICE NUMBER	
TO: Commanding Officer MABS 13, MAG 13 3dMAW, MCAS, El Toro Santa Ana, California 92709			10. LOCAL BOARD NO. AND LOCATION	
The following change has been recorded in the official service records. Appropriate records will be changed accordingly. DD Forms 4 & 1966			11. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE	
RECORD ITEM	CHANGE TO			
12. NAME	Items 1: MAHDI, Shareef, instead of BURWELL, Thomas Lockwood, as evidenced by Court Decree.			
13. SERVICE NUMBER				
14. SSAN				
15. DATE OF BIRTH				
16. PLACE OF BIRTH				
17. PRIOR SERVICE				
18. OTHER (Specify)	Make appropriate Diary entry, if required.			
19. REASON AND AUTHORITY FOR CHANGE Ref: (a) Your Admin Act 1:TLH:lwa File No 1070 of 24 Jan 1977		20. AUTHENTICATION  M. G. DUPONT By direction		
21. COPY TO: FBI Chief, BUMED (7344)				

DD FORM 1343
1 JUN 69*GPO: 1972 464-782
U00058-77

A006359

[illegible]

19. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? ☐ YES ☒ NO IF "YES" GIVE DETAILS

20. REMARKS

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE

24 Feb
28 Jan 72

SIGNATURE OF PERSON COMPLETING FORM

THOMAS LOCKWOOD BURNELL

Thomas Lockwood Burnell

TYPED NAME AND ADDRESS OF WITNESS

HAROLD J. RIBEY GYSOT USMC

SIGNATURE OF WITNESS

Harold J. Ribey

21.

THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS

A006361

M003332

ENLISTMENT CONTRACT - ARMED FORCES OF THE UNITED STATES

(Also to be used by AFES 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 Redacted		2. HIGHEST SCHOOL GRADE COMPLETED 11		3. RATE/GRADE PVT		4. BRANCH/CLASS AND COMPONENT USMC		5. LAST NAME - FIRST NAME - MIDDLE NAME MAHDI SHAREEF ~~BURWELL THOMAS LOCKWOOD~~	
6. DATE OF ENL/INDUC 72 03 03		7. TERM OF ENLISTMENT/INDUC TWO YEARS ☐ MINORITY		8. MARITAL STATUS S		8b. NO. DEPEND 0		9. NAME & LOCATION OF ACTIVITY EFFECTING ENLISTMENT/REENLISTMENT/INDUCTION Redacted RICHMOND VIRGINIA	
10. AFQT SCORE 8D-22		11. ENLISTED/REENLISTED/INDUCTED ☒ 1ST ENLIST ☐ REENL. ☐ INDUCTION		12. AUTHORITY FOR ENLISTMENT/REENLISTMENT/INDUC		13. TERM OF ACQU (Reserve only) 00 MONTHS		14. ACTIVE/INACTIVE STATUS (Reserve only) ☐ RETAINED ON AD ☐ IMMED AD (within 24 hrs) ☐ INACTIVE DUTY	
16. DATE MIL OBL INC 72 03 03		17. PMOS/AFS CODE/MOB 9900		18. RELIGION EPISC		19.		15. ACCEPTED AT USMC-RS RICHMOND VA (MCC 994)	
21. DATE OF BIRTH Redacted		22. CITIZENSHIP ☒ US ☐ NAT US ☐		COUNTRY (Specify)		20. CONTRACT DUTY LIMITATIONS NONE		23. PLACE OF BIRTH (City, state or country) BRUNSWICK CO VA	
26. DATE OF TRANSFER 72 03 03		25. PHYSICAL PROFILE 111211B		26. NA		27. TRANSFER TO (Activity and location) MCRD PISC MCC 016		28. A	
29. DATE LAST DC/RAD		30. SVC FROM WHICH LAST DISCHARGED		32. MCC994		33. TYPE OF LAST DISCHARGE		34.	
35. DATE OF RATE/OR 72 03 03		36. SELECTIVE SERVICE NO. NA		37. RATE/GR APT/RAPT PVT		38. SELECTIVE SERVICE LOCAL BD (Bd No., city & state) LB# 18 LAWRENCEVILLE VA		41. HOME OF RECORD Redacted LAWRENCEVILLE VA 23868	
39. BASD/ADSD		40. TOTAL ACTIVE FEDERAL SERVICE 00 YEARS 00 MONTHS 00 DAYS		41. HOME OF RECORD		42. BP ED/PEBD 72 03 03		43. TOTAL INACTIVE FEDERAL SERVICE YEARS MONTHS DAYS	
45. SEX M		46. RACE NEG		47. DATA PROCESSING CODE		44. MENTAL TEST SCORES			

IN097 AE081 EL078 GM071 MM070 CL096 GT094

49. PRIOR SERVICE							
BRANCH & CLASS/ ARMED FORCE & COMPONENT	SERVICE NUMBER/ SSAN	DATE ENL. IND. APT. AND/OR OAD	DATE OF DISCHARGE OR RELEASE	GRADE/ RATE OR RANK	TYPE OF DISCHARGE	REASON FOR DISCHARGE	TIME LOST (No. Days)

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 or in time of national emergency, shall be paid 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.

A006362

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. M003333

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

JAMES D VENABLE, SP5 US ARMY

SIGNATURE OF APPLICANT (First Name - Middle Name - Last Name)

Thomas Lockwood Burwell

56. REMARKS

57. OATH OF ENLISTMENT (For service in Regular or Reserve Component of the Armed Forces except National Guard or Air National Guard)

I, THOMAS LOCKWOOD BURWELL
(First Name - Middle Name - Last Name)

do hereby acknowledge to have voluntarily enlisted under the conditions prescribed by law, this 3RD day of MARCH, 1972 in the USMC for a period of two 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

X Thomas Lockwood Burwell

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, _____, do solemnly swear (or affirm) that I will support and defend the Consti-

(First Name - Middle Name - Last Name)

tution 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 3RD day of MARCH, 1972. 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 filed in, was read to the applicant prior to subscribing thereto.

TYPED NAME, GRADE/RANK, AND ORGANIZATION OF ENLISTING OFFICER

E. J. OSTERMANN, 1LT, AGC
AFCEES, RICHMOND, VA

SIGNATURE OF ENLISTING OFFICER

E. J. Ostermann



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
WASHINGTON D C 20380

M003334

AIR MAIL

IN REPLY REFER TO
MSRB-12-em
1070
16 Sep 1976

From: Commandant of the Marine Corps
To: Commanding Officer, Marine Corps Reserve Forces
Administrative Activity (Code AFR), Kansas City,
Missouri 64131

Subj: SRB or pages, request for; case of Private First Class Thomas
Lockwood BURWELL, Redacted USMC

1. PLEASE EXPEDITE ITEMS CHECKED BELOW. Correspondence pending:

- () Service record book for examination and return.
- (x) Reproduction of SRB ~~pages~~ standard pages
- () Please forward #2 copy of DD Form 214 or copy on file.
- (x) ~~Pages from SRB~~ Enlisted in the USMC on 30 July 1976
at Richmond, VA. Attached to MABS-13, MAG-13, 3dMAW,
MCAS, El Toro, Santa Ana,
California.

[Signature]
M. G. DUBOIS
By direction

FIRST ENDORSEMENT

RFAA-4:MLT:tje
22 Sep 1976

From: OIC, MCRFAA, KSC, MO 64131

To: Commandant of the Marine Corps (DCX) (Code MSRB-12)

Encl: (1) Reproduction of standard SRB pages

1. Returned. (x) Enclosure (1) is furnished as requested. () Other:

[Signature]
M. L. THOMPSON
By direction

SECOND ENDORSEMENT

From: Commandant of the Marine Corps
To:

1. Service record book is returned for retention.

MSRB-105-74

A006364



UNITED STATES MARINE CORPS
MARINE CORPS RESERVE FORCES ADMINISTRATIVE ACTIVITY (MCRFAA)
1600 EAST BANNISTER ROAD
KANSAS CITY, MISSOURI 64131

IN REPLY REFER TO:
RFAA-4:MLT:tje
1070
22 Sep 1976

From: Officer in Charge
To: Commanding Officer, MABS-13, MAG-13, 3rd Marine Aircraft
Wing, FMFPac, Marine Corps Air Station, El Toro, Santa
Ana, CA 92709
Subj: Service Record Book; case of Corporal Thomas L. BURWELL
Redacted USMCR

Ref: (a) IRAM, par 4001.6 (Table 4-1, Rule 30)
(b) CMC ltr MSRB-12-em 1070 of 16 Sep 1976

Encl: (1) Service Record Book and Health Records

1. In compliance with references (a) and (b), enclosure (1)
is forwarded for insertion in the subject named Marine's
Service Record Book.

M. L. THOMPSON
By direction

Copy to:
CMC(Code MSRB-10)

ENLISTMENT CONTRACT - ARMED FORCES OF THE UNITED STATES						
(Also to be used by AFRES in conjunction with induction processing as a means of providing data for manpower information reporting systems.)						Budget Bureau No. 22-R0016
1. SERVICE NO./SSAN Redacted	2. HIGHEST SCHOOL GRADE COMPLETED 11	3. RATE/ GRADE PVT	4. BRANCH/CLASS AND COMPONENT USMC	5. LAST NAME - FIRST NAME - MIDDLE NAME MAHDI, SHAREEF ~~BURWELL THOMAS LOCKWOOD~~		
6. DATE OF ENL/INDUC 72 03 03	7. TERM OF ENLISTMENT/INDUC TWO YEARS ☐ MINORITY		8. MARITAL STATUS S	8D. NO. DEPEND 0	9. NAME & LOCATION OF ACTIVITY EFFECTING ENLISTMENT/ REENLISTMENT/INDUC AFES, RICHMOND VIRGINIA	
10. AFOT SCORE 8D-22	11. ENLISTED/REENLISTED/INDUCTED ☒ 1ST ENLIST ☐ REENL. ☐ INDUCTION			12. AUTHORITY FOR ENLISTMENT/REENLISTMENT/INDUC		
13. TERM OF ACQU (Reserve only) 00 MONTHS	14. ACTIVE/INACTIVE STATUS (Reserve only) ☐ RETAINED ON AD ☐ REMED AD (within 24 hrs) ☐ INACTIVE DUTY			15. ACCEPTED AT USMC-RS RICHMOND VA (MCC.994)		
16. DATE MIL OBLI INC 72 03 03	17. PHOS/AFS CODE/ MOD 9900	18. RELIGION EPISC	19.	20. CONTRACT DUTY LIMITATIONS NONE		
21. DATE OF BIRTH Redacted	22. CITIZENSHIP ☒ US ☐ NAT US ☐		COUNTRY - (Specify)-		23. PLACE OF BIRTH (City, state or country) BRUNSWICK CO VA	
24. DATE OF TRANSFER 72 03 03	25. PHYSICAL PROFILE 111211B		26. NA		27. TRANSFER TO (Activity and location) MCRD PISC MCC 016	
28. DATE LAST DC/RAD	29. SVC FROM WHICH LAST DISCHARGED		32. MCC994		33. TYPE OF LAST DISCHARGE	
35. DATE OF RATE/GR 72 03 03	36. SELECTIVE SERVICE NO. NA		37. RATE/GR APT/RAPT PVT		38. SELECTIVE SERVICE LOCAL BD (Bd No., city & state) LB# 18 LAWRENCEVILLE VA	
39. BASO/ADSD	40. TOTAL ACTIVE FEDERAL SERVICE 00 YEARS 00 MONTHS 00 DAYS			41. HOME OF RECORD Redacted LAWRENCEVILLE VA 2386		
42. SP ED/PEAD 72 03 03	43. TOTAL INACTIVE FEDERAL SERVICE YEARS MONTHS DAYS			44. MENTAL TEST SCORES		
45. SEX M	46. RACE NEG	47. DATA PROCESSING CODE 1				
48. IN097 AE081 EL078 GM071 MM070 CL096 GT094						
49. PRIOR SERVICE						
BRANCH & CLASS/ ARMED FORCE & COMPONENT	SERVICE NUMBER/ SSAN	DATE ENL. IND. APT. AND/OR OAD	DATE OF DISCHARGE OR RELEASE	GRADE/ RATE OR RANK	TYPE OF DISCHARGE	REASON FOR DISCHARGE
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 to Item 84, "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 90 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 65, WHICH IS OBSOLETE.

A006366

64. I have had this contract fully explained to me, I understand it, and verify 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.

65. 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
JAMES D VENABLE, SP5 US ARMY

SIGNATURE OF APPLICANT (First Name - Middle Name - Last Name)

Thomas Lockwood Burwell

66. REMARKS

57. OATH OF ENLISTMENT (For service in Regular or Reserve Component of the Armed Forces except National Guard or Air National Guard)

I, THOMAS LOCKWOOD BURWELL, do hereby acknowledge to have voluntarily enlisted under the conditions
(First Name - Middle Name - Last Name)

prescribed by law, this 3RD day of MARCH, 19 72, in the USMC for a period of

two 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

Thomas Lockwood Burwell

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, _____, do solemnly swear (or affirm) that I will support and defend the Consti-
(First Name - Middle Name - Last Name)

tion 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 3RD day of MARCH, 19 72.
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.

TYPED NAME, GRADE/RANK, AND ORGANIZATION OF ENLISTING OFFICER

E. J. OSTERMANN, 1LT, AGC
AFES, RICHMOND, VA

SIGNATURE OF ENLISTING OFFICER

E. J. Ostermann

RECORD OF SERVICE

ORGANIZATION	DATE	REASON	PRIMARY DUTY	PROFICIENCY		CONDUCT	SIGNATURE OF MARKING OFFICER
				GENERAL MILITARY SUBJECTS	DUTY		
2ND RTBN, RTR MCHO, PARRIS IS	720304	Jd	Recruit				By di
2ND RTBN, RTR MCHO, PARRIS IS	720606	Tr	Recruit		4.1	4.0	By di
B Co, 2dMTBn, 2dMarDiv, FMF, Camp Lejeune, N. C.	720619	Jd	File Clk.				RS
B Co, 2dMTBn, 2dMarDiv, FMF, Camp Lejeune, N. C.	720731	Semi Ann	File Clk.	4.2	4.4	4.6	RS
B Co, 2dMTBn, 2dMarDiv, FMF, Camp Lejeune, N. C.	730131	Semi Ann	Mtr Veh Opr	4.1	4.4	4.6	G. D. Willett
B Co, 2dMTBn, 2dMarDiv, FMF, CLNC, 28542	730212	To TAD	Mtr Veh Opr				G. D. Willett
B Co, 2dMTBn, 2dMarDiv, FMF, CamLej, N.C.	730321	To Da Fr TAD	Mtr Veh Opr		4.4	4.4	G. D. Willett
B Co, 2dMTBn, 2dMarDiv, FMF, CamLej, N.C.	730406	To Lv	Mtr Veh Opr				G. D. Willett
B Co, 2dMTBn, 2dMarDiv, FMF, CamLej, N.C.	730420	To Da	Mtr Veh Opr				G. D. Willett
B Co, 2dMTBn, 2dMarDiv, FMF, CamLej, N.C.	730530	To TAD	Mtr Veh Opr		4.5	4.6	D. F. Thurston
HQ, 34thMAU, FtPlant CLNC, 28542	730531	Act TAD	Mtr Veh Opr				Handwritten
HQ, 34th MAU, FtPlant FPO New York 09502	730731	SemiAnn	Mtr Veh Opr				
HQ, 34th LSU, FMPlant CLNC, 28542	731221	Term TAD	Mtr Veh Opr		4.5	4.5	BP Conway
B Co, 2dMTBn, 2dMarDiv, FMF, Camp Lejeune, N. C.	731222	Fr TAD	Mtr Veh Opr				BP Conway
B Co, 2dMTBn, 2dMarDiv, FMF, Camp Lejeune, N. C.	740131	Semi Ann	Mtr Veh Opr	4.1	4.5	4.5	BP Conway
B Co, 2dMTBn, 2dMarDiv 2dMarDiv, FMF, CamLej	740301	RelAcDa	Mtr Veh Opr		4.5	4.2	BP Conway
B Co, 2dMTBn, 2dMarDiv FMF, CamLej, N.C.	740301	FinAvg jd	Mtr Veh Opr Inactive	4.1	4.4	4.4	BP Conway
MCRFAA KSC, NO	740302						J. W. Winter
MCRFAA KSC, NO	760729	DIS	INACTIVE				Robert D. Zayon

Redacted

BURWELL, THOMAS L.

NAME (LAST, FIRST, MIDDLE)

234

FD-302 (REV. 6-62) SUPERSEDES PREVIOUS EDITION WHICH WILL BE USED

3

A006368

RECORD OF TIME LOST

(1079)

TIME LOST

720901

PEBO

FROM	TO	NO. OF DAYS	CAUSE	EAS DATE EXT. TO	EOS DATE EXT. TO	RECOMPUTED PEBO	SIGNATURE OF CERTIFYING OFFICER

PROMOTIONS AND REDUCTIONS

TYPE OF GRADE	MOS	GRADE OR RANK	DATE PROMOTED, RE-APPOINTED OR REDUCED	RANK FROM (Date)	NUMBER	AUTHORITY
~~Per~~	~~0100~~	~~PPC~~	~~720901~~	~~720901~~		~~MCO 1414.1E~~
PERMANENT	0100	PPC	720901	720901		MCO 1414.1E
PERMANENT	0151	LCPL	730621	730601		MCO 1418.9J
PERMANENT	0151	Cpl	740206	740201		MCO Bul 1430 of 740201

RECORD OF EXAMINATION FOR PROMOTION

GRADE OR RANK FOR WHICH EXAMINED	DATE EXAMINED	TEST	FORM	SCORE	DATE SCORE RECORDED	AUTHORITY FOR SCORE

COMPOSITE SCORES AND ADDITIONAL INFORMATION AS TO PROMOTION STATUS ON TRANSFER TO A NEW ORGANIZATION

731227:CS 120 submitted to CMC IAW CMC Bul 1430 of 30 Nov 73

Redacted

UPWELL, THOMAS L.

NAME (LAST, FIRST, MIDDLE)

SSN

118 (5) (Rev. 8-67) (Previous editions are obsolete and will not be used)

A006369

03340

DATE	COURSE	WEAPON	SCORE: FINAL QUALIFICATION	SIGNATURE OF CERTIFYING OFFICER
720419 980428	"FAM" "A"	Pistol .45 M-14	181-4Q	<i>[Signature]</i> By <i>[Signature]</i>

EXPERT REQUALIFICATION BAR RECORD					
WEAPON	AWARD	YEARS	WEAPON	AWARD	YEARS

COMPETITIVE MARKSMANSHIP				
MATCH PARTICIPATED IN	DATES	SCORE: FINAL/POSSIBLE	PLACES/ TOTAL COMPETITORS	BADGES AWARDED

ADDITIONAL MARKSMANSHIP INFORMATION

Redacted

PU: WELL, THOMAS L.

NAME (LAST, FIRST, MIDDLE)

SSN

NAYMC 118 (6) (REV. 8-67)

(Previous editions are obsolete and will not be used)

A006370

CLASSIFICATION AND ASSIGNMENT TEST RESULTS (1250)

APTITUDE - AREA CLASSIFICATION TEST BATTERY

TESTS	(SYMBOL)	TEST SCORE	APTITUDE AREAS	(SYMBOL)	AREA SCORE	DATE
VERBAL	(VE)	114	INFANTRY	(IN)	103	720208
ARITHMETIC REASONING	(AR)	086	ARMOR-ARTY & ENGINEER	(AE)	084	
PATTERN ANALYSIS	(PA)	081	ELECTRONIC	(EL)	074	
CLASSIFICATION INVENTORY	(CI)	112	GENERAL MAINTENANCE	(GM)	078	
MECHANICAL APTITUDE	(MA)	069	MOTOR MAINTENANCE	(MM)	081	
CLERICAL SPEED	(ACS)	105	CLERICAL	(CL)	110	
RADIO CODE	(ARC)	091	GENERAL TECHNICAL	(GT)	100	
GENERAL INFORMATION	(GIT)	083	ADDITIONAL CLASSIFICATION TESTS (SYMBOL)		TEST SCORE	DATE TESTED
SHOP MECHANICS	(SM)	077	ELECTRONIC DATA PROCESSING TEST		(EDPT)	
AUTOMOTIVE INFORMATION	(AI)	084	ELECTRONIC TECHNICIAN SELECTION TEST		(ETST)	
ELECTRONICS INFORMATION	(ELI)	077	LANGUAGE APTITUDE TEST		(LAT)	
TYPING TEST						
DICTATION TEST						

GENERAL CLASSIFICATION TEST BATTERY

GCT	RV	AC	AR	PA	FOOTNOTES	DATE
94						

LANGUAGE PROFICIENCY

LANGUAGE	PART I	PART II	DATE

ADDITIONAL LANGUAGE PROFICIENCY TEST ADMINISTERED?

YES:

NO:

REMARKS

S - SPECIAL COMPUTATION FROM A - A TEST BATTERY. R - RETEST

BURWELL THOMAS L Redacted MAR 11, 1972 3209

NAME (LAST, FIRST, MIDDLE INITIAL)/SERVICE NUMBER/SOCIAL SECURITY ACCOUNT NUMBER

DATE PREPARED

R.O. CODE

NAVMC 110-811 REV. 4-701 SM: 0000-000-3404 U11-5E

ORIGINAL FORWARD TO REPORTING UNIT
DUPLICATE FORWARD TO CMC (CODE 05N)

A006371

MILITARY AND CIVILIAN EDUCATION COURSES, TECHNICAL TRAINING AND TESTS COMPLETED

MILITARY OCCUPATIONAL SPECIALTIES

DATE	PRIMARY MOS	1ST ADD. MOS	2ND ADD. MOS	TITLE OF MOS	AUTHORITY
720606	0180			Basic Pers & Admin Man	ACTS. par. 1101.1 <i>RL Sanders</i>
720901	3531				
720901		3531		Mtr Veh Opr	ACTS. par 1104.3(b)

CIVILIAN EDUCATION

TYPE SCHOOL	MAJOR SUBJECT	NO. YEARS	GRADUATE		YEAR LEFT SCHOOL
			YES	NO	
GRAMMAR SCHOOL		08	X		1968
HIGH SCHOOL	ACADEMIC	3		X	1971
COLLEGE-UNIVERSITY					
TRADE-BUSINESS					

CIVILIAN OCCUPATION

JOB TITLE	DUTIES
NONE	000

SERVICE SCHOOLS, TECHNICAL TRAINING AND MILITARY CORRESPONDENCE COURSES COMPLETED

SCHOOL ATTENDED AND LOCATION	COURSE	NO. WEEKS	MO./YEAR COMPLETED	INCOMPLETE	CLASS STANDING OR GRADE
Tri-Command Admin Procsch, 2d Mar Div	Enlisted Records	3	09/72		P
Tri-Command Admin Procsch, 2d Mar Div	Files/Directives/Publications	1	09/72		P
MCB, CamLej, N. C.	Defensive Driving	1	12/72		P
2nd Mar Div, CamLej, N.C.	Mtr Veh Opr Crs	2	72/1200		P

ACADEMIC EDUCATION COURSES, TESTS AND CORRESPONDENCE COURSES COMPLETED

DATE	TITLE OF COURSE OR TEST	SCHOOL AND LOCATION	CREDIT	GRADE

USAFI GED TESTS

	DATE			STANDARD SCORES ON TESTS				
	PASSED	FAILED	INCOMPLETE	1	2	3	4	5
HIGH SCHOOL LEVEL								
COLLEGE LEVEL								
RETEST- LEVEL								
RETEST- LEVEL								

SPECIAL QUALIFICATIONS (include FCC licenses, etc.)

REMARKS

OPERATES
SPORTS BASKETBALL
HOBBIES READING
TALENTS

Redacted

PURWELL, THOMAS J.

NAME (LAST, FIRST, MIDDLE)

SSN

720316

DATE PREPARED

NAVMC 118(80)-PD (REV. 9-65) 2-64 EDITION WILL BE USED

2225

A006372

COMBAT HISTORY - EXPEDITIONS

COMBAT HISTORY - EXPEDITIONS

DATE OF ENTRY	DETAILS	DATES		SIGNATURE
		FROM (ON)	TO -	

AUTHORIZED AWARDS

NAME OF AWARD	NUMBER OF STARS	DEVICES	DATE MEDAL ISSUED	SIGNATURE
ADSMB			72 06 06	<i>[Signature]</i> BDI

Redacted

FUGWELL, THOMAS L.

NAME (LAST, FIRST, MIDDLE)

SSN

NAVMC 118(9)-PD (REV. 6-65) Supersedes 1-63 edition which will be used

9

A006373

DATE: 720316

Articles UCMJ explained to me this date as required by Article 137, UCMJ.

X Thomas L. Burwell (Signature)

Articles UCMJ explained to me this date as required by Article 137, UCMJ.

X Thomas L. Burwell (Signature)

BLOOD TYPE

O-

DEPOSIT RECORD BOOK NO.

CLASS SWIMMER

UQ

720316

INSTRUCTION IN CODE OF CONDUCT FOR MEMBERS OF THE ARMED FORCES OF THE UNITED STATES COMPLETED ON THIS DATE.

mmh

BY DIRECTION

720316

INSTRUCTION GIVEN ON TYPE OF DISCHARGE, BASIS FOR ISSUE, EFFECT ON REENLISTMENT, VA BENEFITS AND CHARACTER OF SEPARATION IN ACCORDANCE WITH CURRENT REGULATIONS.

X Thomas L. Burwell (Signature)

BY DIRECTION

SATISFACTORY ENTNAC COMPLETED BY DOD NACC ON 720329 THIS ENTNAC MAY BE USED AS BASIS FOR GRANTING SECURITY CLEARANCE WITHOUT FURTHER REVIEW.

mmh

BY DIRECTION

720531

PASSED/FAILED PHYSICAL READINESS TEST.

mmh

BY DIRECTION

X

720316 Drug abuse orientation completed IAW MCO 6710.1

Thomas L. Burwell (Signature)

By dir

720910

ARTICLES UCMJ EXPLAINED TO ME THIS DATE AS REQUIRED BY ARTICLE 137, UCMJ. 720910

SIGNATURE

Thomas L. Burwell

720910

INSTN IN CODE OF CONDUCT FOR MEMBERS OF ARMED FORCES OF THE U.S. COMPLETED ON 720910

RL Snodgrass CO

720909 BCO, 2dMTBn, 2dMarDiv, FMF, CAMLEJN.G

I CERTIFY THAT I HAVE BEEN COUNSELED CONCERNING ASPECTS OF SGLI. CONCERNING COVERAGE. THE AUTO FEATURE. PROVIDED BY LAW. & THE METHOD IN WHICH I MAY ELECT A BENEF IAW PARA 1006 MCO P1741.8.

X Thomas L. Burwell (Signature)

BODY ARMOR

WEAR 0 0 0

WEAR 0 0 0

GAS MASK SIZE

WEAR 0 0 0

NSAI 5 S X M L L R R R R R

720910 BCO. 2DMTBN. 2DMARDIV. FMF. RECD INSTN IN DRUG ABUSE IAW 6710.1A THIS DATE.

RL Snodgrass CO

COMBAT SERVICE CODE - 2

RL Snodgrass CO

721106 BCO. 2DMTBN. 2DMARDIV. FMF RECEIVED TWENTY (20) HOURS OF HUMAN RELATIONS TRAINING IN ACCORDANCE WITH MCO 5350.4

RL Snodgrass CO

Redacted

BURWELL, THOMAS L.

NAME (LAST, FIRST, MIDDLE)

SSN

NAVJMC 118(11) (REV. 6-65)

Previous editions of NAVJMC 118(11) and all editions of NAVJMC 118(11) are obsolete.

Continued on Supplemental page 11B

A006374

ADMINISTRATIVE REMARKS (1070)

ANNUAL ADMINISTRATIVE AUDIT COMPLETED			
DATE	SIGNATURE AND RANK	DATE	SIGNATURE AND RANK

Articles UCMJ explained to me this date as required by Article 137, UCMJ. (Signature)	DATE: _____ Articles UCMJ explained to me this date as required by Article 137, UCMJ. (Signature)	BLOOD TYPE O- DEPOSIT RECORD BOOK NO. CLASS SWUMMER UNQ

721229

B Co, 2nd MIBn, 2nd Mar Div, FMF, CamLej., N.C.

ISSUED MTRVEHOPR PERMIT #4552
 TO OPER VEH TO 2 TON. EXPIRES 751228
 NO RESTRICTIONS.
 CO-ORDINER

R. L. Sledge CO

720915 INSTRUCTION GIVEN ON TYPE
 OF DISCHARGE. BASIS FOR ISSUE.
 EFFECT ON REENLISTMENT. VA
 BENEFIT AND CHARACTER OF
 SEPARATION IN ACCORDANCE WITH
 CURRENT REGULATIONS

Thomas L. Burwell

721200 COB. 2DMIBN. 2DMARDIV. FMF
 CAMLEJ. N.C. PASSED NATIONAL
 SAFETY CONCIL 10-HOURS DEFENSIVE
 DRIVING COURSE & ISSUED CERTIFICA
 NO ACCORDANCE WITH BASE ORDER
 5107.10

G. D. Willett CO

730309

ARTICLES UCMJ EXPLAINED TO ME
 THIS DATE AS REQUIRED BY ARTICLE
 137. UCMJ.

SIGNATURE

Thomas L. Burwell

EMBOSSING PLATE IMPRESSION

730309: INSTRUCTION GIVEN ON TYPE
 OF DISCHARGE. BASIS FOR ISSUE.
 EFFECT ON REENLISTMENT. VA
 BENEFIT AND CHARACTER OF
 SEPARATION IN ACCORDANCE, WITH
 CURRENT REGULATIONS

Thomas L. Burwell

730309:
 INSTN IN CODE OF CONDUCT FOR
 MEMBERS OF ARMED FORCES OF THE
 U.S. COMPLETED ON 730309

G. D. Willett CO

I UNDERSTAND THAT ON OR ABOUT
 8 JUN 73, 34 MAU EMBARKS FOR
 MEDCRUISE 2-73 AND IT IS MY DUTY TO
 MAKE INITIAL AND ALL SUB SEQUENT
 MOVEMENT. I HAVE BEEN COUNSELED
 ON ARTICLE 87 OF THE CMJ.

Thomas L. Burwell

"Departed U. S. 730608."

B Co, 2nd MIBn, 2nd Mar Div,
 FMF, Camp Lejeune, N. C.

"DEPENDENTS RESTRICTED"

731221

TSP Conway CO

Redacted

BURWELL, Thomas - Lookwood

NAME (Last) (First) (Middle) SERVICE NO.

NAVC 118(11) (REV. 4-68)

Previous editions of NAVC 118(11) and 118(12) f NAVC 118(11) or 118(12)

ADMINISTRATIVE REMARKS (1070)

ANNUAL ADMINISTRATIVE AUDIT COMPLETED			
DATE	SIGNATURE AND RANK	DATE	SIGNATURE AND RANK

DATE Articles UCMJ explained to me this date as required by Article 137, UCMJ. (Signature)	DATE Articles UCMJ explained to me this date as required by Article 137, UCMJ. (Signature)	BLOOD TYPE DEPOSIT RECORD BOOK NO. CLASS SWIMMER

740207 BCo, 2dMdBn, 2dMarDiv FMF, CamLej, NC

I hereby consent to be released on 740301 in lieu of my normal or established date of discharge or release on 740302. I understand that entitlement to pay and allowances and credit for active Federal service ceases on the actual date of my separation from active service.

Thomas Lockwood Burwell *F.W. Winters OIC*
 Thomas Lockwood BURWELL

740301: B Co, 2dMdBn, 2dMarDiv, FMF, CamLej:
 I HAVE THIS DATE BEEN COUNSELED
 ABOUT CIVILIAN HEALTH CARE
 COVERAGE PROGRAM. I DO NOT
 DESIRE COVERAGE.

Thomas L. Burwell
 Thomas L. BURWELL

740301: BCo, 2dMdBn, 2dMarDiv, FMF, CamLej:
 I CERTIFY THAT I HAVE BEEN COUNSELED
 THIS DATE CONCERNING THE AUTO
 MATIC CONTINUATION OF COVERAGE
 UNDER THE SERVICEMAN'S GROUP LIFE
 INSURANCE PROGRAM FOR A PERIOD OF
 120 DAYS FOLLOW MY SEPERATION

Thomas L. Burwell
 Thomas L. BURWELL

EMBOSSING PLATE IMPRESSION

BURWELL, Thomas L.

Redacted

NAME (Last) (First) (Middle) SERVICE NO.

NAVMC 118(11) (REV. 6-65)

Previous editions of NAVMC 118(11) and 11 are NA

A006376

OFFENSES AND PUNISHMENTS

740219: B Co, 2dMTBn, 2dMarDiv, FMF, CamLej, N.C: Viol UCMJ, Art 92: Viol Div 1020.1C, par 12a, by appearing at morning inspection without a proper haircut. To forfeit \$35.00 pay per month for one month. And at COP. Appealed on 740219. Rpt on UD No. 029-74 dtd 740219.

BP Conway CO

740227: B Co, 2dMTBn, 2dMarDiv, FMF, CamLej, N.C: Decision of appeal; Fine of \$35.00 is considered excessive and will be reduced to \$5.00. Reduction of forfeiture rpt on UD No. 035-74 dtd 740227. Authority of Bn Cmdr on 740227.

BP Conway CO

GOOD CONDUCT MEDAL PERIOD COMMENCES:

720303

ORGANIZED MARINE CORPS RESERVE MEDAL PERIOD COMMENCES:

EMBOSSED PLATE IMPRESSION

Redacted

BURWELL, Thomas L.

NAME (Last)

(First)

(Middle)

SERVICE NO.

M003348

1. DATE

31Aug83

2. OPERATION CODE

X - ORIGINATOR OR OFFICE
AFFIXING ROUTING SHEET
A - APPROPRIATE ACTION
B - GUIDANCE
C - SIGNATURE
D - COMMENT
E - RECOMMENDATION
F - CONCURRENCE

G - INFORMATION
H - RETURN TO
I - INITIAL
J - DISPOSITION
K - DECISION
L - RETENTION
O - (OTHER)

MMSR-3
4231

3. SUBJECT

Case of Ex-Pvt Shareef MAHDI Redacted
USMC

ROUTING - Use numbers to show order of routing

4. RTG.	5. OPR. CODE	6. ADDRESSEES	7. DATE		8. INITIALS		9. NATURE OF ACTION REQUIRED	ORIGINATOR'S INITIALS	DUE DATE (If any)
			IN	OUT	CONCUR	NON-CONCUR			
		COMMANDANT CMC					ROUTINE		
		MILITARY SECY TO CMC					URGENT		
		ASSISTANT COMMANDANT ACMC							
		CHIEF OF STAFF CS							
		SECY GEN STAFF							
		DIR SPL PROJ SPD							
		DC/S AVN A							
		DC/S MPR M							
		DC/S PP&O P							
		DC/S I&L L							
		DC/S RD&S RD							
		DC/S RESAFF RES							
		DC/S R&P RP							
		DC/S TRNG T							
		DDMC FD							
		IGMC IG							
		MED OFF MED							
		DIR C4 SYS DIV CC							
		DIR INTEL INT							
		DIR JAD JA							
		DIR PA PA							
		LEGIS ASSTN OLA							
		COUNSEL FOR CMC CL							
		DIR MCH&M HD							
		DIR HQSPT HQS							
		DENT OFF DEN							
		CHAPLAIN REL							

10. REFERENCES HELD BY (Name, Grade, Office Code, Telephone Extension)

D. J. SCHUSTER, CAPT, MMSR-3, 41288

11. REMARKS AND SIGNATURE (If additional space is necessary, attach plain paper)

1. Forwarded for correction of DD Form 214 to reflect the basis for separation as paragraph 6A19 MARCORSEPMAN, Code KFS1, with a characterization of service as gen under authority of Title 10, U.S.C. Section 1552.

[Signature]
D. J. SCHUSTER
By direction

MANPOWER DEPARTMENT

	DIR MPR PLN/POL MP				
	DIR MORALE & SPT MS				
	DIR PERS PROC MR				

PERSONNEL MANAGEMENT DIVISION

	DIRECTOR MM				
	DEPUTY DIR MM-1				
	ADMIN OFFICER MM-2				
	PERS SGTMAJ MM-3				
	COL MONITOR MM-4				
	OPNS & SUPPORT MMOS				
	OFFICER ASG MMOA				
	ENLISTED ASG MMEA				
	SPL CORRESP MMSC				
	PROMOTIONS MMPR				
1	AH SVC RECORDS MMRB	9/13			
	CAREER PLAN MMCP				
X	SEP & RET MMSR	4/1			
	DEC & MEDALS MMOM				

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID

1. NAME (Last, first, middle) MAHDI, Shareef		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11	3. SOCIAL SECURITY NO. (Also, Service Number if applicable) Redacted
4. MAILING ADDRESS (Include ZIP Code) Redacted Lawrenceville, VA 23868			
5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW			
ITEM NO.	CORRECTED TO READ		
	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: <u>77-05-20</u> DD Form 214 issued 20 May 1977 showing character of separation as UNDER OTHER THAN HONORABLE CONDITIONS is hereby cancelled as of its effective date and has been superseded. Authority: Title 10, U.S. Code, Section 1552		
6. DATE MMRB-12-incg 1070 8 Sep 1983	7. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN M. G. DUPONT AsstHd, RecServSec RecBr, PersMgtDiv, HQMC 		

DD FORM 215
 1 JUL 79
 S/N 0102-LF-000-2150
PREVIOUS EDITIONS
OF THIS FORM ARE
OBSOLETE.**CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR
DISCHARGE FROM ACTIVE DUTY****SERVICE - 2**

ENLISTMENT CONTRACT - ARMED FORCES OF THE UNITED STATES					Form Approved Budget Bureau No. 22-R0016	
(Also to be used by AFES in conjunction with induction processing as a means of providing data for manpower information reporting systems.)						
1. SERVICE NO./SSAN Redacted	2. HIGHEST SCHOOL GRADE COMPLETED 11	3. RATE/GRADE PVT	4. BRANCH/CLASS AND COMPONENT USMC	5. LAST NAME - FIRST NAME - MIDDLE NAME MAHDI, SHAREEF BURWELL THOMAS LOCKWOOD		
6. DATE OF ENL/INDUC 72 03 03	7. TERM OF ENLISTMENT/INDUC TWO YEARS ☐ MINORITY		8. MARITAL STATUS S	9. NAME & LOCATION OF ACTIVITY EFFECTING ENLISTMENT/REENLISTMENT/INDUC AFES, RICHMOND VIRGINIA	10. AFQT SCORE 8D-22	
11. ENLISTED/REENLISTED/INDUCTED ☒ 1ST ENLIST. ☐ REENL. ☐ INDUCTION		12. AUTHORITY FOR ENLISTMENT/REENLISTMENT/INDUC USMC-RS RICHMOND VA (MCC 994)		13. TERM OF ACQU (Reserve only) 00 MONTHS		
14. ACTIVE/INACTIVE STATUS (Reserve only) ☐ RETAINED ON AD ☐ IMMED AD (within 24 hrs) ☐ INACTIVE DUTY		15. ACCEPTED AT USMC-RS RICHMOND VA (MCC 994)		16. DATE MIL OBLI INC 72 03 03		
17. PMOS/AFS CODE/MOP 9900		18. RELIGION EPISC		19. 20. CONTRACT DUTY LIMITATIONS NONE		
21. DATE OF BIRTH Redacted		22. CITIZENSHIP ☒ US ☐ NAT US ☐		23. PLACE OF BIRTH (City, state or country) BRUNSWICK CO VA		
24. DATE OF TRANSFER 72 03 03		25. PHYSICAL PROFILE 111211B		26. 27. TRANSFER TO (Activity and location) NA MCRD PISC MCC 016		28. A
29. DATE LAST DC/RAD 72 03 03		30. SVC FROM WHICH LAST DISCHARGED		31. 32. MCC994		33. TYPE OF LAST DISCHARGE
34. DATE OF RATE/GR 72 03 03		35. SELECTIVE SERVICE NO. NA		36. RATE/GR/APT/RAPT PVT		37. 38. SELECTIVE SERVICE LOCAL SD (Bd No., city & state) LB# 18 LAWRENCEVILLE VA
39. BASD/ADSD		40. TOTAL ACTIVE FEDERAL SERVICE 00 YEARS 00 MONTHS 00 DAYS		41. HOME OF RECORD Redacted LAWRENCEVILLE VA 23868		
42. BP ED/PEBD 72 03 03		43. TOTAL INACTIVE FEDERAL SERVICE ____ YEARS ____ MONTHS ____ DAYS		44. MENTAL TEST SCORES		
45. SEX M		46. RACE NEG		47. DATA PROCESSING CODE		
48. IN097 AE081 EL078 GM071 MM070 CL096 GT094						
49. PRIOR SERVICE						
BRANCH & CLASS/ ARMED FORCE & COMPONENT	SERVICE NUMBER/ SSAN	DATE ENL. IND. APT. AND/OR OAD	DATE OF DISCHARGE OR RELEASE	GRADE/ RATE OR RANK	TYPE OF DISCHARGE	REASON FOR DISCHARGE
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 6540 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 90 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.						

M003351

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

JAMES D VENABLE, SP5 US ARMY

SIGNATURE OF APPLICANT (First Name - Middle Name - Last Name)

Thomas Lockwood Burwell

56. REMARKS

57. OATH OF ENLISTMENT (For service in Regular or Reserve Component of the Armed Forces except National Guard or Air National Guard)

I, THOMAS LOCKWOOD BURWELL
(First Name - Middle Name - Last Name)

do hereby acknowledge to have voluntarily enlisted under the conditions prescribed by law, this 3RD day of MARCH, 19 72, in the USMC for a period of

two 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

X Thomas Lockwood Burwell

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, _____, 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 3RD day of MARCH, 19 72. 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.

TYPED NAME, GRADE/RANK, AND ORGANIZATION OF ENLISTING OFFICER

J. OSTERMANN, 1LT, AGC
AFES, RICHMOND, VA

SIGNATURE OF ENLISTING OFFICER

E. J. Ostermann

A006381

DUPLICATE

M003352

CLASSIFICATION AND ASSIGNMENT TEST RESULTS (1230)

APTITUDE - AREA CLASSIFICATION TEST BATTERY						
TESTS	(SYMBOL)	TEST SCORE	APTITUDE AREAS	(SYMBOL)	AREA SCORE	DATE
VERBAL	(VE)	114	INFANTRY	(IN)	103	720208
ARITHMETIC REASONING	(AR)	086	ARMOR-ARTY & ENGINEER	(AE)	084	
PATTERN ANALYSIS	(PA)	081	ELECTRONIC	(EL)	074	
CLASSIFICATION INVENTORY	(CI)	112	GENERAL MAINTENANCE	(GM)	078	
MECHANICAL APTITUDE	(MA)	069	MOTOR MAINTENANCE	(MM)	081	
CLERICAL SPEED	(ACS)	105	CLERICAL	(CL)	110	
RADIO CODE	(ARC)	091	GENERAL TECHNICAL	(GT)	100	
GENERAL INFORMATION		(GIT)	ADDITIONAL CLASSIFICATION TESTS (SYMBOL)		TEST SCORE	DATE TESTED
SHOP MECHANICS		(SM)	ELECTRONIC DATA PROCESSING TEST		(EDPT)	
AUTOMOTIVE INFORMATION		(AI)	ELECTRONIC TECHNICIAN SELECTION TEST		(ETST)	
ELECTRONICS INFORMATION		(ELI)	LANGUAGE APTITUDE TEST		(LAT)	
TYPING TEST						
DICTATION TEST						
GENERAL CLASSIFICATION TEST BATTERY						
GCT	RV	AC	AR	PA	FOOTNOTES	DATE
LANGUAGE PROFICIENCY						
LANGUAGE			PART I	PART II	DATE	
ADDITIONAL LANGUAGE PROFICIENCY TEST ADMINISTERED?				YES:	NO:	
REMARKS						

S - SPECIAL COMPUTATION FROM A - A TEST BATTERY. * - RETEST

BURNELL	THOMAS L	Redacted	MAR 11, 1972	22092
NAME (LAST, FIRST, MIDDLE INITIAL)/SERVICE NUMBER/SOCIAL SECURITY ACCOUNT NUMBER			DATE PREPARED	R.U. CODE

NAVJAG 1-18 (REV 4-70) SN 0000-000-3-04 U/I: SE

ORIGINAL - FORWARD TO REPORTING UNIT
DUPLICATE - FORWARD TO CMC (CODE DGM)

A006382

0 1 APR 1982

Mr. Shareef Mahdi
Redacted

Lawrenceville, VA 23868

NOTICE OF DECISION THAT DISCHARGE IS PROPER AS ISSUED

The review authority has given consideration to all relevant issues raised and evidence presented and has carefully examined all available official records in connection with your application for discharge review.

The final decision is that the discharge is proper as issued and that no change is warranted.

Enclosure (1) is a copy of the Record of Review of Discharge. The original has been made a part of the official service personnel record.



E. E. CONTE
LCDR, USN
Assistant Executive Secretary

Naval Discharge Review Board
Suite 905
801 North Randolph Street
Arlington, VA 22203

Encl: (1) Copy of Record of Review of Discharge for Docket Number MD81-06306

American Red Cross

DEPARTMENT OF THE NAVY
NAVAL DISCHARGE REVIEW BOARD

DECISIONAL DOCUMENT

MD81-06306
(DOCKET NUMBER)

W# 0016r:jam:jam

REVIEW OF DISCHARGE

MAHDI, Shareef, ex-Pvt, Redacted, USMC

Discharge Under Other Than Honorable Conditions/Good of the Service (Escape Trial)

A personal appearance hearing was held on 820302, the applicant was represented by American Red Cross and the applicant was present.

SUMMARY OF SERVICE

YEARS CONTRACTED FOR:	2	AGE AT ENTRY:	22
DATE DISCHARGED:	770520	YEARS CIVILIAN EDUCATION:	11
PERIOD OF SERVICE COMMENCED:	760730	GCT SCORE:	094
LENGTH OF SERVICE: (ACTIVE)	00 09 21	AQT/AFQT SCORE:	022
(INACTIVE)	None	MIL BEHAVIOR/CONDUCT:	3.5 (3)
TOTAL UNAUTHORIZED ABSENCE:	None	PROF PERF/PROF:	3.2 (3)
HIGHEST RANK/RATE ACHIEVED:	PFC		
MILITARY DECORATIONS:	None		
UNIT/CAMPAIGN/SERVICE AWARDS:	NDSM		
PRIOR SERVICE:	COMPONENT	PERIOD OF SERVICE	TYPE DISCHARGE
ACTIVE:	USMC	720303-740301	N/A
INACTIVE:	USMCR	740302-760729	HON

INDEX:

SUMMARY OF SERVICE:

(ALL DATES NUMERIC -- i.e., YR MO DA -- 811021 = 21Oct81)

760801 Jd MABS-13, MAG-13, 3d MAW, MCAS, El Toro, CA (Reenlisted)

760929 SR Applicant counselled by CO regarding his application for discharge as a conscientious objector and conduct standards expected of him until he is discharged, i.e., no less than that expected of every Marine.

761103 SR Applicant counselled and assisted by CO in obtaining guidance in proper preparation of request for discharge due to being a conscientious objector.

761203 SPCM Viol Art 89: Disrespect to a Captain; viol Art 90: DOLO from a Captain (2 specs).
 Sent Forf \$100 per mo for 4 mos, restr for 30 das, red to Pvt.
 CA Approved 761210.
 SA Approved 761216.

761222 SR Applicant counselled and advised of documentation necessary to support his request for discharge as a conscientious objector.

770316 SR Applicant's records reflect a name change.

770425 SR Applicant, having consulted with counsel certified under UCMJ Art 27b, requested discharge for the good of the service to escape trial by court-martial for violation of Art 86: FAAPD (3 specs); viol Art 91: WDOLO from a non-commissioned officer (3 specs). Additionally the applicant submitted the following:

"I am serving my second enlistment in the Marine Corps after being out for two years. I have found that my mental and spiritual thinking has changed drastically since that first enlistment.

I can no longer tolerate to be in the company of the Marines that I have to serve with. Their profane language, drug abuse and barbaric mannerisms do not agree with me. I also am not able to react to orders and other military requirements the way I did before. This has caused many problems during this second enlistment. In December 1976, I was convicted at a Special Courts-Martial for offenses which resulted from my current state of mind.

I reject the Marine Corps and the situation I am in. I think both the Marine Corps and myself would benefit from this requested separation." (sic)

770503 SJA Case sufficient in law and fact.

SUMMARY OF SERVICE: (Continued)

770509 GCMA Approved request for discharge and directed Discharge Under Other Than Honorable Conditions/Good of the Service.

770514 Jd Seps Br, H&HS, MCAS, El Toro, CA

770520 Dis Discharge Under Other Than Honorable Conditions/Good of the Service (Escape Trial), auth: Marine Corps Separation and Retirement Manual, paragraph 6021.

MEDICAL RECORD

Nothing pertinent to discharge.

SUMMARY OF APPLICANT'S REQUEST FOR DISCHARGE REVIEW

The application for review of discharge, received 810511, requests that the discharge be changed to Honorable, that the reason for discharge be changed, no representation and a personal appearance hearing at such location as the Board convenes nearest Washington, D. C.

Additionally, the applicant stated:

- "1. I had a prior Honorable Discharge, ASWAUTH. During this two-year tour of duty, I had one NJP for not maintaining a proper haircut.
2. My conduct and efficiency ratings/behavior and proficiency marks were mostly pretty good, ASWAUTH. My final ratings were 4.2 conduct and 4.1 duty and proficiency.
3. I suffered religious discrimination and that impaired my ability to serve, ASWAUTH. I was mocked at by officers and NCO'S for being a Muslim. I was often insulted and was under great strain.
4. I faced racial discrimination and that impaired by ability to serve, ASWAUTH. Many white NCO'S and SNCO'S stereotyped blacks in my company. The gave blacks the impression that they only could excell in atheletics. The KKK was very active on California bases at the time also.
5. My command abused its authority when it decided to discharge me and decided to give me a bad discharge, ASWAUTH. They resented my pride and my being a Muslim, and a conspiracy seemed to evolve. I was not guilty of the offenses.
6. The charges were never preferred, ASWAUTH. I always prided myself in being a good marine.
7. I asked to withdraw the discharge, but my request was not processed or considered, ASWAUTH. My request was totally ignored, and I was railroaded off the base!" (sic)

Prior to the hearing the applicant obtained American Red Cross counsel.

SUMMARY OF DOCUMENTARY EVIDENCE

- (1) Application for review of discharge (DD-293).
- (2) Applicant's service record and medical record.

SUMMARY OF REVIEW

The applicant, with representative, appeared for the scheduled hearing.

The applicant was duly sworn and testified essentially as follows:

Enlisted during March 1972 as a 6 year obligor. He spent two years on active duty and then went to the in-active reserve. He reenlisted in the regular establishment during July 1976 almost two years before the end of his obligated service.

When he reenlisted, he found that the Marine Corps was not compatible with his religion. He was a Muslim convert. He was ridiculed for praying in the barracks. His superiors made fun of his religion. He had his name changed and then there was even worse abuse.

He applied for conscientious objector status. He was told that his request was being processed; always being processed. It never got approved.

The applicant explained the origin of the disrespect charges which led to his special court-martial. He failed to salute in close quarters and feels that the officer insulted his personal religious beliefs by calling him a "Mohammedan", a religious slur to a muslim.

Following the special court-martial he knew that the command was out to get him. He doesn't recall the first specification of disobedience of a lawful order but remembers disobeying an order from the First Sergeant. He was put in the brig. A lawyer advised him to request discharge to escape trial, so he applied. He then changed his mind and wanted to stay in, or at least to get a better discharge but couldn't withdraw his request.

The applicant answered questions from members of the Board.

He admitted guilt to the charges enumerated in the discharge request in general but he was not really guilty of one of the specifications.

He has an Honorable Discharge and has gone to school using his Veterans' benefits. The conscientious objector question was raised in an effort to get out of the service.

His conscientious objector request was continually being processed. It never got out of the command.

Counsel stated that the applicant's overall record of service should be considered, including that dating from 720303 which encompassed the entire period of obligated service.

APPLICANT'S CONTENTIONS/ISSUES

AT THE BEGINNING OF THE HEARING THE APPLICANT AND REPRESENTATIVE INTRODUCED THE FOLLOWING CONTENTION/ISSUE AS THE ONLY CONTENTION/ISSUE THE APPLICANT IS REQUESTING THE BOARD TO CONSIDER:

- (A) The discharge is inequitable because: it is too harsh when viewed in the light of the relatively minor nature of the offenses and the overall record.

FINDINGS/CONCLUSIONS/REASONS UPON CONTENTIONS/ISSUES

APPLICANT'S ISSUE (A):

FINDINGS:

(1) That the applicant enlisted on 760730 for 2 years, had 2 years prior active and 2 years 4 months prior inactive service.

(2) That the applicant received an Honorable Discharge from his prior service.

(3) That the applicant stated that:

(a) he had been converted to the Muslim religion before he reenlisted.

(b) he found the Marine Corps to be incompatible with his religion.

(c) he was ridiculed for praying in the barracks and his superiors made jest of his religion.

(d) he applied for conscientious objector status in order that he might get out of the service.

(e) his special court-martial was the result of ill founded charges and was as a result of his reaction to a religious slur made by an officer.

(f) the charges for which he requested discharge to avoid trial by court-martial were not entirely correct.

(g) his counsel advised him to request discharge to avoid trial for all the charges listed on the charge sheet.

(h) after he requested his administrative discharge he changed his mind but he wasn't allowed to withdraw his request.

(4) That the applicant was counselled on 3 occasions during a 3 month period by his command in an attempt to assist him with his conscientious objector discharge request.

(5) That the applicant received one special court-martial approximately four months after enlistment.

FINDINGS/CONCLUSIONS/REASONS UPON CONTENTIONS/ISSUES

APPLICANT'S ISSUE (A): (Continued)

FINDINGS: (Continued)

(6) That the applicant requested discharge for the good of the service to escape trial by court-martial for a violation of the UCMJ, disobedience of lawful orders. If convicted he could have received, inter alia, a punitive discharge.

CONCLUSION: Invalid.

REASON: The applicant's record presents the picture of a Marine who, after reenlisting for two years following a period of broken service, becomes disenchanted upon perceiving that the military way of life is not compatible with his new-found religion. He seeks discharge as a conscientious objector because that appears to be an easy and quick way out. His request is not processed rapidly enough to suit him so he deteriorates into a disciplinary problem and establishes a record of minor but numerous offenses in a short period of time. His offenses led to an opportunity for administrative discharge to avoid trial, an opportunity of which, after consulting with legal counsel, he avails himself. The Board concludes that the applicant intentionally set about to extract himself from the service and that his misconduct was perpetrated toward that end. Thus the applicant abandoned his sworn obligation to serve and his period of enlistment is properly reflected by the characterization of his discharge. The issue is without merit.

FINDINGS/REASONS/CONCLUSIONS

FINDINGS

- I. The Summary of Service is factual and accurate.
- II. The applicant was discharged on 770520 with a Discharge Under Other Than Honorable Conditions/Good of the Service (Escape Trial) under discharge regulation: Marine Corps Separation and Retirement Manual, paragraph 6021.
- III. In the application received 810511, the applicant requested that the discharge be reviewed and changed to Honorable.
- IV. The applicant's issue is invalid.
- V. All contentions/issues raised by the applicant have been addressed.

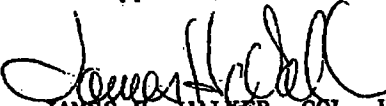
REASONS

- (A) BASIS: The basis for the discharge should not be changed because the applicant requested discharge to avoid court-martial for violation of the Uniform Code of Military Justice, Article 86, three specifications of failure to go to appointed place of duty; and Article 91, three specifications of disobedience of a lawful order from a non-commissioned officer. At least one of these offenses was punishable by punitive discharge and demonstrated that the applicant was unfit for further service; therefore, it was for the good of the service to accede to the request and administratively separate the applicant under paragraph 6021, Marine Corps Separation and Retirement Manual.
- (B) TYPE: The type of the applicant's discharge should not be changed because the offenses cited above, for which the applicant requested discharge to avoid trial by court-martial, when viewed in the light of the overall record of service which includes a previous special court-martial for disrespect and disobedience of lawful orders indicates misconduct sufficient to characterize the applicant's service as having been under conditions other than honorable.

CONCLUSION/DECISION/RECOMMENDATION

The applicant's discharge should not be changed.

BOARD MEMBERS


JAMES H. WALKER, COL, USMC
PRESIDING OFFICER


(A) LEONARD T. PRESTON JR., COL, USMC (A)
MEMBER/RECORDER

WILLIAM B. CLARK, COL, USMC

(A) NELSON M. JONES, CAPT, USMC (A)

JOYCE A. WEBER, CAPT, USN

(A) NCRB

(A) Agree/(D) Disagree with decision.

M003361

REPORT OF MEDICAL EXAMINATION

88-11:

1. LAST NAME - FIRST NAME - MIDDLE NAME BURWELL, Thomas Lockwood		2. GRADE AND COMPONENT OR POSITION Applicant USMC	3. IDENTIFICATION NO. Redacted
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) Redacted Lawrenceville, VA 23868		5. PURPOSE OF EXAMINATION Enlistment USMC	6. DATE OF EXAMINATION 30 July 76
7. SEX Male	8. RACE NDO	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY Two CIVILIAN None	10. AGENCY Enlistment USMC
11. ORGANIZATION UNIT		12. DATE OF BIRTH Redacted	
13. PLACE OF BIRTH Lawrenceville, VA 23868		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Nathan BURWELL (FATHER) Same, as #4	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS AFES RICHMOND, VA 23219		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
18. HEAD, FACE, NECK AND SCALP	
19. NOSE	
20. SINUSES	
21. MOUTH AND THROAT	
22. EARS—GENERAL (For A-11, conduct Auditory acuity under items 70 and 71)	
23. DRUMS (Perforation)	
24. EYES—GENERAL (Visual acuity and refraction under items 39, 60 and 61)	
25. OPHTHALMOSCOPIC	
26. PUPILS (Equality and reaction)	
27. OCULAR MOTILITY (Assessing parallel movements, nystagmus)	
28. LUNGS AND CHEST (Include breasts)	
29. HEART (Thrust, size, rhythm, sounds)	
30. VASCULAR SYSTEM (Varicosities, etc.)	
31. ABDOMEN AND VISCERA (Include hernia)	
32. ANUS AND RECTUM (Hemorrhoids, Adenoids, Prostate, if indicated)	
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	
36. FEET	
37. LOWER EXTREMITIES (Strength, range of motion)	
38. SPINE, OTHER MUSCULOSKELETAL	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40. SKIN, LYMPHATICS	
41. NEUROLOGIC (Equilibrium tests under item 72)	
42. PSYCHIATRIC (Specify personality deviation)	
43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

842

6

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

DENTAL															
Upper Teeth								Lower Teeth							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32

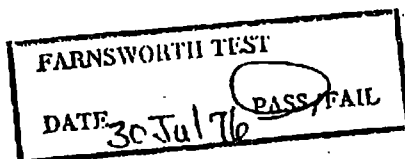
REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Acceptable

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Indicate location and result)	
B. ALBUMIN Negative		AFES Richmond, VA USMC	
C. SUGAR Negative		Film # 30 JUL 76	
47. SEROLOGY (Specify test used and result)		48. EKG	
Negative		O'NEG	
49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
O'NEG			

MEASUREMENTS AND OTHER FINDINGS										M003362																												
51. HEIGHT 68 1/2		52. WEIGHT 122		53. CO. HAIR Brown		54. COLOR EYES Brown		55. BUILD: ☒ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE		56. TEMPERATURE																												
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																
A. SITTING SYS. 112 DIA. 68		B. RECUMBENT SYS. DIA.		C. STANDING (3 min.) SYS. DIA.		A. SITTING 80		B. AFTER EXERCISE		C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.																										
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																														
RIGHT 20 CORR. TO 20				BY S. CX				J-1 CORR. TO BY																														
LEFT 20 CORR. TO 20				BY S. CX				J-1 CORR. TO BY																														
62. METEOPHORIA (Specify distance)																																						
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC PD																										
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																												
RIGHT LEFT				P.C. passed 13/14						CORRECTED																												
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION																												
70. HEARING				71. ANSI 1969 AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																												
RIGHT WV /15 SV /15				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>250 Hz</th> <th>500 Hz</th> <th>1000 Hz</th> <th>2000 Hz</th> <th>3000 Hz</th> <th>4000 Hz</th> <th>6000 Hz</th> <th>8000 Hz</th> </tr> <tr> <td>RIGHT</td> <td>30</td> <td>25</td> <td>20</td> <td>15</td> <td>10</td> <td>5</td> <td>1</td> <td>1</td> </tr> <tr> <td>LEFT</td> <td>35</td> <td>25</td> <td>15</td> <td>10</td> <td>5</td> <td>1</td> <td>1</td> <td>1</td> </tr> </table>							250 Hz	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	RIGHT	30	25	20	15	10	5	1	1	LEFT	35	25	15	10	5	1	1	1		
	250 Hz	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz																														
RIGHT	30	25	20	15	10	5	1	1																														
LEFT	35	25	15	10	5	1	1	1																														
LEFT WV /15 SV /15																																						
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																						

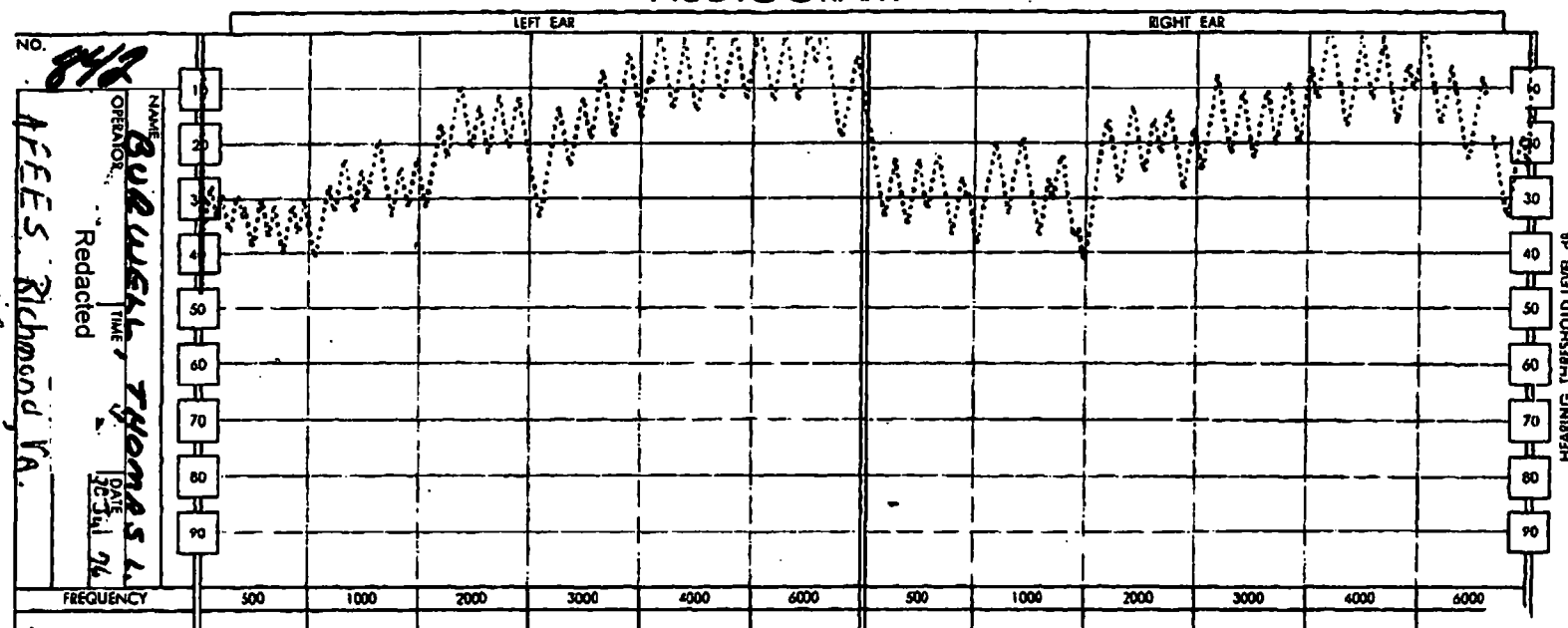


(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)																					
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)																					
76. A. PHYSICAL PROFILE																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>S</td> </tr> <tr> <td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td> </tr> </table>										P	U	L	H	E	S	1	1	1	1	1	1
P	U	L	H	E	S																
1	1	1	1	1	1																
77. EXAMINEE (Check)																					
A. ☒ IS QUALIFIED FOR B. ☐ IS NOT QUALIFIED FOR ENLISTMENT																					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER																					
79. TYPED OR PRINTED NAME OF PHYSICIAN																					
c. w. Harris SIGNATURE <i>c. w. Harris</i>																					
80. TYPED OR PRINTED NAME OF PHYSICIAN																					
SIGNATURE																					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)																					
SIGNATURE																					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY																					
JOSEPH M. MOORE MD SIGNATURE <i>Joseph M. Moore</i>																					
NUMBER OF ATTACHED SHEETS																					

U.S. GOVERNMENT PRINTING OFFICE: 1972-470-143

AUDIOGRAM



CAN BE USED FOR
 EITHER ANSI 1869 OR
 ISO 1964 AUDIOMETER
 CALIBRATION

JOHNSON & QUIN, INC.
 DPSC 24132

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 ~~WALTER~~ <u>Sharet</u> ~~WALTER, Thomas~~ <u>Lockwood</u>		2. SOCIAL SECURITY OR IDENTIFICATION NO. Redacted
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) Redacted Lawrenceville, VA 23868		4. POSITION (Title, grade, component) Applicant USMC
5. PURPOSE OF EXAMINATION Enlistment	6. DATE OF EXAMINATION 30 29 July 76	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) AFES RICHMOND, VA 23219

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)
Good No medications

9. HAVE YOU EVER (Please check each item)			10. DO YOU (Please check each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
	☒	Lived with anyone who had tuberculosis		☒	Wear glasses or contact lenses
	☒	Coughed up blood	☒		Have vision in both eyes
	☒	Bled excessively after injury or tooth extraction		☒	Wear a hearing aid
	☒	Attempted suicide		☒	Stutter or stammer habitually
	☒	Been a sleepwalker		☒	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)							
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	☒		Scarlet fever, erysipelas		☒		Cramps in your legs
	☒		Rheumatic fever		☒		Frequent indigestion
	☒		Swollen or painful joints		☒		Stomach, liver, or intestinal trouble
	☒		Frequent or severe headache		☒		Gall bladder trouble or gallstones
	☒		Dizziness or fainting spells		☒		Jaundice or hepatitis
	☒		Eye trouble		☒		Adverse reaction to serum, drug, or medicine
	☒		Ear, nose, or throat trouble		☒		Broken bones
	☒		Hearing loss		☒		Tumor, growth, cyst, cancer
	☒		Chronic or frequent colds		☒		Rupture/hernia
	☒		Severe tooth or gum trouble		☒		Piles or rectal disease
	☒		Sinusitis		☒		Frequent or painful urination
	☒		Hay Fever		☒		Bed wetting since age 12
	☒		Head injury		☒		Kidney stone or blood in urine
	☒		Skin diseases		☒		Sugar or albumin in urine
	☒		Thyroid trouble		☒		VD—Syphilis, gonorrhea, etc.
	☒		Tuberculosis		☒		Recent gain or loss of weight
	☒		Asthma		☒		Arthritis, Rheumatism, or Bursitis
	☒		Shortness of breath		☒		Bone, joint or other deformity
	☒		Pain or pressure in chest		☒		Lameness
	☒		Chronic cough		☒		Loss of finger or toe
	☒		Palpitation or pounding heart		☒		Painful or "trick" shoulder or elbow
	☒		Heart trouble		☒		Recurrent back pain
	☒		High or low blood pressure		☒		

13. WHAT IS YOUR USUAL OCCUPATION? Student	14. ARE YOU (Check one) ☒ Right handed ☐ Left handed

M003365

✓	Have you been refused or been unable to hold a job 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 hospitals? (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 clinics, 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.)

Honorable 3/1/74

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 Shahzad Thomas Lockwood Burrill	INITIALS MADDI	SIGNATURE Shahzad Mahdi Thomas Lockwood Burrill

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 shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

Negative history
Hon. discharge 3/74
OVA Linell - RB c/w

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER Dr. Harris	DATE 3/2/74	SIGNATURE Dr. Harris	NUMBER OF ATTACHED SHEETS

REVERSE OF STANDARD FORM 93

☆ U.S. GOVERNMENT PRINTING OFFICE: 1971-O-424-008

M003366

REPORT OF MEDICAL EXAMINATION

SAL 4138

1. LAST NAME-FIRST NAME-MIDDLE NAME BLANDELL THOMAS			2. GRADE AND COMPONENT OR POSITION CPL		3. IDENTIFICATION NO. Redacted	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) Redacted			5. PURPOSE OF EXAMINATION RAD		6. DATE OF EXAMINATION FEB 04 1974	
7. SEX MALE		8. RACE NEGRO		9. TOTAL YEARS GOVERNMENT SERVICE MILITARY M 24 CIVILIAN		
10. AGENCY BC 2 MTD 2 MRL DIV.		11. ORGANIZATION UNIT BC 2 MTD 2 MRL DIV.		12. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN MR. N. S. BURWELL SR. - No. 4		
13. DATE OF BIRTH Redacted		14. PLACE OF BIRTH Lawrenceville, Va.		15. EXAMINING FACILITY (Name and address) Dispensary Marine Corps Base Camp Lejeune, N. C. 28542		
16. OTHER INFORMATION		17. RATING OR SPECIALTY Camp Lejeune, N. C. 28542		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS		

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
18. HEAD, FACE, NECK, AND SCALP	
19. NOSE	
20. SINUSES	
21. MOUTH AND THROAT	
22. EARS-GENERAL (Int. & ext. canals) (Auditory acuity under items 10 and 11)	
23. DRUMS (Perforation)	
24. EYES-GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
25. OPHTHALMOSCOPIC	
26. PUPILS (Equality and reaction)	
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
28. LUNGS AND CHEST (Include breaths)	
29. HEART (Thrust, size, rhythm, sounds)	
30. VASCULAR SYSTEM (Varicosities, etc.)	
31. ABDOMEN AND VISCERA (Include hernia)	
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	
36. FEET	
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
38. SPINE, OTHER MUSCULOSKELETAL	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40. SKIN, LYMPHATICS	
41. NEUROLOGIC (Equilibrium tests under item 11)	
42. PSYCHIATRIC (Specify any personality deviation)	
43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES T-3 C-2																																			
<table border="1"><thead><tr><th colspan="3">UPPER</th><th colspan="3">LOWER</th></tr><tr><th>1</th><th>2</th><th>3</th><th>1</th><th>2</th><th>3</th></tr></thead><tbody><tr><td>Restorable</td><td>Non-restorable</td><td>Missing</td><td>Restorable</td><td>Non-restorable</td><td>Missing</td></tr><tr><td>32</td><td>31</td><td>30</td><td>32</td><td>31</td><td>30</td></tr><tr><td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>3</td></tr><tr><td>32</td><td>31</td><td>30</td><td>32</td><td>31</td><td>30</td></tr></tbody></table>			UPPER			LOWER			1	2	3	1	2	3	Restorable	Non-restorable	Missing	Restorable	Non-restorable	Missing	32	31	30	32	31	30	1	2	3	1	2	3	32	31	30	32	31
UPPER			LOWER																																		
1	2	3	1	2	3																																
Restorable	Non-restorable	Missing	Restorable	Non-restorable	Missing																																
32	31	30	32	31	30																																
1	2	3	1	2	3																																
32	31	30	32	31	30																																

45. URINALYSIS: A. SPECIFIC GRAVITY 1.025		46. CHEST X-RAY (Place, date, film number and result) WNL FEB 04 1974	
B. ALBUMIN NEG		C. SUGAR NEG	
47. SEROLOGY (Specify test used and result) RPR NR		48. ENG NE	
49. BLOOD TYPE AND RH FACTOR O -		50. OTHER TESTS Marine Corps Base Camp Lejeune, N. C. 28542	

MEASUREMENTS AND OTHER FINDINGS																																						
51. HEIGHT 69"		52. WEIGHT 135		53. COLOR-HAIR Brown		54. COLOR EYES Brown		55. BUILD ☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBSE		56. TEMPERATURE M005367																												
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																
A. SITTING SYS. 108 DIAS. 67		B. RECLIN- BENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 76		D. AFTER EXERCISE		E. AFTER STANDING 3 MIN.																												
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																														
RIGHT 20/ 20		CORR. TO 20/ N/A		BY		S.		CX		CORR. TO																												
LEFT 20/ 25		CORR. TO 20/ 25		BY		S.		CX		CORR. TO																												
62. METEOPHORIA (Specify distance)																																						
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT																												
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)																														
RIGHT LEFT								UNCORRECTED CORRECTED																														
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST																														
								69. INTRACULAR TENSION																														
70. HEARING				71. AUDIOMETER																																		
				72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																		
RIGHT WV / 15 SV / 15				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>250 250</td> <td>500 512</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 2896</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td>X</td> <td>5</td> <td>15</td> <td>5</td> <td>5</td> <td>10</td> <td>0</td> <td>X</td> </tr> <tr> <td>LEFT</td> <td>X</td> <td>15</td> <td>10</td> <td>10</td> <td>10</td> <td>10</td> <td>5</td> <td>X</td> </tr> </table>									250 250	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RIGHT	X	5	15	5	5	10	0	X	LEFT	X	15	10	10	10	10	5	X
	250 250	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192																														
RIGHT	X	5	15	5	5	10	0	X																														
LEFT	X	15	10	10	10	10	5	X																														
LEFT WV / 15 SV / 15																																						

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

I certify that I have been informed
of and understand the provisions of
FEDERAL INSTRUCTION 5120.6 Series 1

Thomas J. Burnett

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

59. DEFECTIVE VISUAL ACUITY, OS 20/25, NCD

75. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check) "PERFORMANCE OF ACTIVE DUTY AT SEA,

A. ☒ IS QUALIFIED FOR LAND / OR FOREIGN SERVICE, OR, IN THE
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

V. BUTERA LT MC USNR

SIGNATURE

V. Butera, M.D.

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

J. A. SCHRADEK LT J. USNR

SIGNATURE

J. A. Schradek

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF AT-
TACHED SHEETS

U.S. GOVERNMENT PRINTING OFFICE: 1973-492-377

A006397

LND-NRMC-LB-(OP)-6150/68 (12-74)

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

HEMATOLOGY

NAVAL REGIONAL MEDICAL CENTER, LONG BEACH, CA 1 2 3 4 5 6 7 8 9

***** SPECIAL *****

TO BE RETAINED IN HEALTH RECORD DO NOT REMOVE

PATIENT'S NAME (Last, First, Middle initial)		SEX
B. Nade O. Thomas		M
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS DEPART/SERVICE
SPONSOR'S NAME		RANK/GRADE
		Pfc
SSAN OR IDENTIFICATION NO.	ORGANIZATION	
Redacted	Mob 5-13	

ALL ENTRIES MUST BE INITIALED

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 600
600-101

M003369

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
20 JAN 1977	EMERGENCY ROOM, MEDICAL SERVICES BEMC, MCAS, EL TORO, SANTA ANA, CA. 92640 TIME <u>2155</u> AGE <u>22</u> TEMP <u>97.4</u> V.S. <u>.....</u> S - 1/2 awake all day especially upon physical exercises O - Abst B/M which seems to be in no acute distress CBC - WNL Pupils - PERRL No reaction to light A - ? P - To M.M.C AM 0800 - N. Headache BEMC BRANCH DISPENSARY, MCAS EL TORO, SANTA ANA, CA. PHYSICALLY EXAMINED THIS DATE FOR CONFINEMENT PHYSICAL FINDINGS: R/P: <u>94%</u> TEMPT: <u>96.9</u> HEART: <u>WNL</u> lung <u>WNL</u> COMMENTS: ☒ QUALIFIED ☐ NOT QUALIFIED <i>[Signature]</i> SIGNATURE		

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle initial)		SEX
<u>Shameef</u>		<u>M</u>
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS/DEPART/SERVICE
<u>Redacted</u>	<u>Redacted</u>	<u>MCAS</u>
SPONSOR'S NAME		RANK/GRADE
<u>Redacted</u>		<u>PFC</u>
SSAN OR IDENTIFICATION NO		ORGANIZATION
<u>Redacted</u>		<u>14285-13</u>

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600
600-105

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

DERMATOLOGY CLINIC

NRMC DISPENSARY

MCAS, EL TORO

SANTA ANA, CA 92709

DNKA

17 MAR 1977

Done doing well w/ TCN 20mg po bid,
faster T. Hines

Rec: (1) cont therapy
(2) RTC broker

T. Hines

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

JAN 1977

Acne improved w/ TCN
2.50mg po bid & benzoyl.

Let's - Cont therapy

ATC 2mar

T. Kelly

PATIENT'S NAME Glenn Fyfe, Middle initial

~~5 NIAADI~~ ~~STARKET~~

SEX
A

YEAR OF BIRTH
Redacted

RELATIONSHIP TO SPONSOR

COMPONENT/STA

THIS DEPARTMENT / SERVICE	700

SPONSOR'S NAME

	RANK / GRADE

SSAN OR IDENTIFICATION NO. Redacted

ORGANIZATION

MAC 13

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 600
600-103

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
	H/K/H		
8 NOV 1976	EMERGENCY ROOM, MEDICAL SERVICES NRMC, MCAS, EL TORO, SANTA ANA, CA. 92840 TIME 2323 AGE 72 TEMP 98.6 V.S. _____ S- To R Temp & muscular activity also H/K/H to frontal sinus areas. O- Exam - Clear. Tonsils - Enlarged Throat - Clear Holes - Palpable non tender A- WRT P- Subclavicular P. Bladder Referred to H. Babcock M.D.		
	DERMATOLOGY CLINIC		
	NRMC DISPENSARY		
	MCAS, EL TORO		
	SANTA ANA, CA 92709		
09 NOV 1976	1 yr hx acne, leaving postinflammatory pigment. Now has 2 excoriations on cheeks. Few P/B papules beard area. Imp. Acne excoria. Postinflammatory pigment		

PATIENT'S IDENTIFICATION (Use this Space for Mechanical
Imprint)

PATIENT'S NAME (Last, First, Middle initial) Shareef		SEX
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS
Redacted		DEPART/SERVICE
SPONSOR'S NAME		RANK/GRADE
SSAN OR IDENTIFICATION NO. Redacted		ORGANIZATION MRE-13

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 600
600-105

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Tetracycline 250mg 60 1 po bid empty
stomach

Benzoyl 5 15g qhs to pimples
Foster soap
Roc 100

After Dec 2001

14 DEC 1976 NRMC Dispensary MCAS El Toro, S RASH OKI POKIS
Santa Ana, Calif. 92709

A. neck exam normal
skin

P. Adverse 1/12/75 Ann

DERMATOLOGY CLINIC
NRMC DISPENSARY
MCAS, EL TORO
SANTA ANA, CA 92709

DNKLA

30 DEC 1978

T. Hohn

TYPE OR PRINT BELOW IDENTIFICATION

(Over)

M003375
229SICK CALL TREATMENT R 70
NAVVED 6150/3 (REV. 12-67) JBT
(Formerly NAVMED 10) S/N. 0105. 209. 5030

(TYPE OR PRINT BELOW IDENTIFICATION DATA)

LAST NAME) <u>MHHD1</u>	FIRST NAME) <u>SHARRETT</u>	MIDDLE NAME) <u>THOMAS</u>	SERVICE/SOCIAL SECURITY NO. <u>Redacted</u>	DATE OF BIRTH <u>Redacted</u>	☐ USN ☒ USMC

DATE	NAME OF TREATING FACILITY, COMPLAINT, TREATMENT ADMINISTERED, SIGNATURE AND GRADE/RATE OF PERSON ADMINISTERING TREATMENT

NO KNOWN ALLERGIESMEDICAL DETACHMENT, MCRD, P.I.B.A.

4/11/72

40. 7. Pulsing headaches frontal
portion of head. around eyes - given
ASA q 4 for pain - for 2 hours

12 APR 1972

1/2 headache & feverish feeling. Sinus
He 3 days
Re sinus 6 1004

Christ was
Christ cloudy

IMP URT
A. ASD Cap Lt PBZ ROB
Dispt to LDr 2 days

4/13/72

TEMP 99.8 CO HEADACHES
COUGH RUNNY NOSE.

DISP FULL DUTY
R.V. PBZ ROBO

ASA

[Signature]

(Over)

3

A006405

(TYPE OR PRINT BELOW IDENTIFICATION DATA)

LAST NAME: MAHDI	FIRST NAME: SHARAF	MIDDLE NAME: ABDULLAH	SERVICE/SOCIAL SECURITY NO.: Redacted	DATE OF BIRTH: Redacted	☐ USN ☒ USMC

DATE	NAME OF TREATING FACILITY, COMPLAINT, TREATMENT ADMINISTERED, SIGNATURE AND GRADE/RATE OF PERSON ADMINISTERING TREATMENT

NO KNOWN ALLERGIES

MEDICAL DETACHMENT, MCRD, P.I.S.A.

4/11/72

40 T. pulsing headaches frontal portion of head. around eyes - given ASA q 4 for pain - for 1000 mg

12 APR 1972

6 Headache to forehead & temples. Since He 3 days
Re Shown to 1000 mg

Chest was
Chest Cloudy

IMP URT
Rx ASA Cap for PBZ ROB
Disp to LDR 2 days

[Signature]

4/13/72

TEMP 99.8 CO HEADACHES
COUGH RUNNY NOSE

DISP FULL DUTY
Rx PBZ ROBO

ASA

[Signature]

(Over)

(TYPE OR PRINT BELOW IDENTIFICATION DATA)		SERVICE/SOCIAL SECURITY Redacted		DATE OF BIRTH Redacted		☐ USN ☒ USMC	
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)					
Barnett	Thomas	Lake					

DATE	NAME OF TREATING FACILITY, COMPLAINT, TREATMENT ADMINISTERED, SIGNATURE AND GRADE/RATE OF PERSON ADMINISTERING TREATMENT

NO KNOWN ALLERGIES

MAR 29 1972

MEDICAL DETACHMENT
 D. S. MARINE CORPS RECRUIT DEPOT
 PARRIS ISLAND, SOUTH CAROLINA 29908

Obtained palms, back, hands and
 R knee. Washed w/ betadine & water.
 Followed by H₂O. Bandage & dressing
 applied. Keep hands and feet dry
 tight gtz x 24 hrs. Return clinic at
 0900 for dressing change. A Taylor H.M.
 Hot socks to R calf &
 towels TID. Given AS4 and
 analgesic Balm. S Taylor

(Over)

DATE NAME OF TREATING FACILITY, COMPLAINT, GRADE/RATE OF PERSON ADMINISTERING TREATMENT, TREATMENT ADMINISTERED, SIGNATURE AND

NO KNOWN ALLERGIES

MEDICAL DETACHMENT
U. S. MARINE CORPS RECRUIT DEPOT
PARRIS ISLAND, SOUTH CAROLINA 29908

MAR 28 1972

C/o sore throat, hyperthermia, chest congestion 13 days
to M.D. Temp - 103
Rales and wheezes in both lungs

Throat red w/ exudates
lung clear
chest x-ray → neg
w/ pharyngitis
C/S Throat
Vallée Dip
ASA
NO X.I
rechecked 11/12/72

MAR 30 1972

MEDICAL DETACHMENT
U. S. MARINE CORPS RECRUIT DEPOT
PARRIS ISLAND, SOUTH CAROLINA 29908

102 C/o sore throat
chest clear
throat clear no nodes
Camp Viral syndrome - stop inf
Throat culture Nov beta strep
ASA, FF, SS, yorfe
F.I.D. L.L. Fox, M.D.

as above - feel part of man problem today, is probably
throat now, has been given Bi-Valle which cleared
take care, 13 days

ROBERT F. O'DIA
LT MC USNR

REC. 214
return 0900 3/branch

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE		M003379
DATE	INTERPRETATION	SYMPTOMS, DIAGNOSES, TREATMENT, READING ORGANIZATION, SIGN AND DATE		
SEQUENTIAL NO		RETAIN PERMANENTLY IN HEALTH RECORD		
		I	II	
				Mixed ARE cell-

1 1 8 6 7 6 0 NEG

CHANNEL NO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	For ABC Groups refer to channels 1, 2 and 3.														
	Group A = agglutination in channels 1 and 3.														
	Group B = agglutination in channels 2 and 3.														
	Group AB = agglutination in channels 1, 2 and 3.														
	Group O = NO agglutination in channels 1, 2 and 3.														
	For ABC Group - confirmation (back check) refer to channels 6 & 7.														
	Group A = agglutination in channel 7.														
	Group B = agglutination in channel 6.														
	Group AB = NO agglutination in channel 6 or 7.														
	Group C = agglutination in both channels 6 & 7.														
	For Rh type refer to channel 4.														
	Pho (D) positive - agglutination in channel 4.														
	Pho (D) negative - NO agglutination in channel 4.														
	Rh phenotype refer to channels 11 and 12.														
	Pho phenotype refer to channels 11 and 12.														
	Pho (D) positive = agglutination in 11 and 12, phenotype not determined.														
	Pho (D) negative = cde/cde (r/r = NO agglutination in channels 11 & 12.														
	Cde (rh ⁺) = agglutination in 11 only.														
	Cde (rh ⁺) = agglutination in 12 only.														
	Cde (RhY) = agglutination in both 11 and 12.														
	For STS refer to channel 5.														
	Reactive - precipitation in channel 5.														
	Non-reactive - no precipitation in channel 5.														
	RPR-NONREACTIVE 0 NEG														

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)		PATIENT'S NAME (Last, First, Middle initial)		SEX
Redacted		Shareef		Male
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT OR STATUS	DEPARTMENT OR SERVICE	
Redacted	Redacted	USMC	DCD	
SPONSOR'S NAME		RANK/GRADE		
Redacted		PVT		
SYC OR IDENTIFICATION NO.		P1	ORGANIZATION	
Redacted		229		

S/N 0109-201-6901

SSN:

Redacted

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 600

February 1969

General Services Administration and
Interagency Comm. on Medical Records

FPMR 101-11.809-3
600-103

Special

TO BE RETAINED PERMANENTLY
IN HEALTH RECORD

A006409

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE _____

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

24 JAN 73

EAS 2nd motor trans. Bu 2nd Mar Div. EAF JCRC 28542

Physical examination conducted this date and found to be qualified for Explosive Ordnance Driver, in accordance with ICC 191.2 and MCC 11240.56.

LT MC USN

PATIENT'S IDENTIFICATION (Use this Space
for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle initial)

~~Bartholomew, Francis~~

SEX

12

YEAR OF BIRTH
Redacted

RELATIONSHIP TO SPONSOR

COMPONENT OR STATUS	DATE	TIME	LOCATION	REMARKS
1. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
2. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
3. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
4. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
5. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
6. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
7. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
8. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
9. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
10. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
11. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
12. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
13. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
14. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
15. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
16. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
17. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
18. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
19. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
20. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
21. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
22. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
23. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
24. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
25. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
26. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
27. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
28. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
29. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
30. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
31. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
32. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
33. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
34. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
35. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
36. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
37. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
38. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
39. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
40. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
41. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
42. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
43. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
44. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
45. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
46. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
47. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>	<u>1000</u>	<u>1000</u>
48. <u>1000</u>	<u>10/10/10</u>	<u>1000</u>		

DEPARTMENT OR SERVICE

SPONSOR'S NAME

RANK/GRADE

SVC OR IDENTIFICATION NO
Redacted

ORGANIZATION

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 600

February 1969

General Services Administration and
Interagency Comm. on Medical Records

FPMR 101-11.809-3

600-103

S/N 0109-201-6901

A006411

HEALTH RECORD

IMMUNIZATION RECORD

All entries in ink to be
made in block letters

VACCINATION AGAINST SMALLPOX (Number of previous vaccination stars)

	DATE	ORIGIN	BATCH NUMBER	RESULT *		STATION	PHYSICIAN'S NAME
				2-3 DAYS	7-10 DAYS		
1	8/27/72	NDC		SUCCESSFUL		MCRD PISC	C.I. DALTON
2							
3							
4							
5							
6							

* ENTER RESULTS AS: IMMEDIATE REACTION (of immunity); ACCELERATED REACTION (Vaccinoid); TYPICAL PRIMARY VACCINA

TRIPLE TYPHOID VACCINE

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1					7				
2	MAR 29 1972	5cc		C.I. DALTON	8				
3		5cc		C.I. DALTON	9				
4	MAY 23 1972				10				
5					11				
6					12				

TETANUS TOXOID AND DIPHTHERIA

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1					7	15 72	OK		J. J. Jordan
2					8				
3	MAR 29 1972	5cc		C.I. DALTON	9				
4		5cc		C.I. DALTON	10				
5	MAY 23 1972				11				
6					12				

SCHICK TESTING AND DIPHTHERIA IMMUNIZATION

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
TEST					TEST				
1					5				
2					6				
3					7				
4					8				

TYPHUS VACCINE

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
1					4				
2					5				
3					6				

CHOLERA VACCINE

	DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME		DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME
1	10 Jul 73	WYETH	100201	J. J. Jordan	7				
2	MAY 24 1973	WYETH	9312 P.A	J. J. Jordan	8				
3	JUN 11 1973	WYETH	103101	J. J. Jordan	9				
4	SEP 23 1973	WYETH	99351	J. J. Jordan	10				
5	FEB 15 1974	WYETH	100501	J. J. Jordan	11				
6					12				

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NO.	STATION	PHYSICIAN'S NAME
1					
2					
3	MAY 23 1972	NDC		MCRD PISC	C.I. DALTON

SOCIAL SECURITY NUMBER SEX RACE DATE OF BIRTH ORGANIZATION OR UNIT
Redacted M N Redacted 2229

NAME SERVICE NO. RANK COMP. OR BRANCH SERVICE DEPT. OR AGENCY
BURNELL, THOMAS L. PVT USMC DEPT. OF DEFENSE

OTHER IMMUNIZATIONS

M003383

DATE	TYPE	DOSE	REACTION	REMARKS	PHYSICIAN'S NAME
8 Mar 72	INFLUENZA, (BIVALENT)	1.0cc			C.I. DALTON
8 Mar 72	ORAL TRIVALENT POLIO VIRUS TYPE I, II, III (VACCINE)				C.I. DALTON
3 MAY 23 1972	ORAL TRIVALENT POLIO VIRUS TYPE I, II, III (VACCINE)				C.I. DALTON
4 MAY 29 1972	BIGILLIN	1.2 mill units			C.I. DALTON
8 Mar 72	Meningococcal	.5cc			C.I. DALTON
7	Adenovirus Type VII Tab	1 850 mgm			C.I. DALTON
92 JUL 72	ORAL POLIO	CONT. TT	NONE	BSC	C.I. DALTON
9 56 OCT 72	PLAGUE #1	1.0cc	NONE		C.I. DALTON
10 9 NOV 72	FLU	1.0cc	NONE		C.I. DALTON
11 JAN 24 1973	PLAGUE #2	0.2cc		BSC	C.I. DALTON
12 20073	FLU	.5cc			C.I. DALTON
13					
14					
15					

SENSITIVITY TESTS (Tuberculin, etc.)

DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
8 Mar 72	TUBERCULIN P.P.D.	.1cc	ID	0mm	C.I. DALTON
3 MAY 1973	PPD	0.1 cc		0 mm	C.I. DALTON
4					
5					
6					
7					
8					
9					
10					

REACTIONS (To transfusions, drugs, sera, foods, allergens, etc.)

DATE	AGENT	TYPE OF REACTION	SEVERITY	PHYSICIAN'S NAME
1				
2				
3				
4				
5				

BLOOD TYPING

DATE	TYPE (International)	RH FACTOR	PHYSICIAN'S NAME
1 JUN 20 1972	O	NEGATIVE	FO Johnson (GRAMS)
2			
3			

REMARKS AND RECOMMENDATIONS (Including history of diseases for which any of the above immunizing agents were given with year and place of attack)

THIS RECORD IS IN CONCORDANCE WITH ARTICLE WHO SANITARY REGULATION NO. 2

A006413

A006414

1000385 1977

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME MAHDI, Shareef		2. GRADE AND COMPONENT OR POSITION PLT / USMC		3. IDENTIFICATION NO. Redacted	
4. HOME ADDRESS (Number, street or R.F.D., city or town, State and ZIP Code) Redacted Lawrenceville, VA. 23868		5. PURPOSE OF EXAMINATION 9 mo. COG		6. DATE OF EXAMINATION 10 MAY '77	
7. SEX M	8. RACE Negro	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 9 MO CIVILIAN		10. AGENCY DOD	
11. ORGANIZATION UNIT		12. DATE OF BIRTH Redacted		13. PLACE OF BIRTH Lawrenceville, VA.	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Mr. Nathan S. Burwell Sr. (Father) SAME AS #4		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Disp. MCAS, EL Toro, SANTA ANA, CA. 92709		16. OTHER INFORMATION REL: ISLAM	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION

NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 49, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Ventriculities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fissures) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G.U. SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS X	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	☐ VAGINAL ☐ RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

39

CIRC
VSULA

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

UPPER										LOWER									
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

**TYPE 3 EXO-
class 2
qualified**

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY HEMA - COMBISTIX		46. CHEST X-RAY (Place, date, film number and result) Disp: MCAS, EL Toro, SANTA ANA, CA. 10 MAY '77 4039 WNL	
B. ALBUMIN NEGATIVE	C. SUGAR NEGATIVE	49. BLOOD TYPE AND RH FACTOR ONEGATIVE	
47. SEROLOGY (Specify test used and result) RPR Nonreactive		50. OTHER TESTS	

MEASUREMENTS AND OTHER FINDINGS																																															
51. HEIGHT 66"		52. WEIGHT 130		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. BUILD ☒ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE		56. TEMPERATURE																																					
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																									
A. SITTING SYS. 100 DIAS. 60		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 68		B. AFTER EXERCISE 4		C. 2 MIN. AFTER 1.6																																					
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION		59. DISTANT VISION		60. REFRACTION		61. NEAR VISION																																					
RIGHT 20/20 CORR. TO 20/		BY S. CX		CORR. TO BY		LEFT 20/20 CORR. TO 20/		BY S. CX		CORR. TO BY																																					
62. METEOPHORIA (Specify distance)																																															
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT																																					
63. ACCOMMODATION		64. COLOR VISION (Test used and result) FALENT - PASSED				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED		CORRECTED																																					
RIGHT LEFT		66. FIELD OF VISION FULL				67. NIGHT VISION (Test used and score)		68. RED LENS TEST		69. INTRAOCULAR TENSION NTP																																					
70. HEARING		71. 1964 ISO AUDIOMETER STANDARD						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																							
RIGHT WV /15 SV /15		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td></td> <td>250</td> <td>513</td> <td>1024</td> <td>2048</td> <td>3098</td> <td>4098</td> <td>6144</td> <td>8192</td> </tr> <tr> <td>RIGHT</td> <td>X</td> <td>20</td> <td>10</td> <td>25</td> <td>15</td> <td>20</td> <td>15</td> <td>X</td> </tr> <tr> <td>LEFT</td> <td>X</td> <td>40</td> <td>30</td> <td>20</td> <td>25</td> <td>20</td> <td>25</td> <td>X</td> </tr> </table>							250	500	1000	2000	3000	4000	6000	8000		250	513	1024	2048	3098	4098	6144	8192	RIGHT	X	20	10	25	15	20	15	X	LEFT	X	40	30	20	25	20	25	X	72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
	250	500	1000	2000	3000	4000	6000	8000																																							
	250	513	1024	2048	3098	4098	6144	8192																																							
RIGHT	X	20	10	25	15	20	15	X																																							
LEFT	X	40	30	20	25	20	25	X																																							
LEFT WV /15 SV /15																																															
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																															

I HEREBY CERTIFY THAT I HAVE BEEN INFORMED OF AND UNDERSTAND THE PROVISIONS OF BUMED INSTRUCTION 6120.8 SERIES

Shereef Mahdi
(WRITTEN SIGNATURE)

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR DISCHARGE
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

Q. V. SNARP, LT MC USNR

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)
CAPT. J. G. CZYMINSKI, DC. USN

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

NUMBER OF ATTACHED SHEETS

U.S. GOVERNMENT PRINTING OFFICE: 1975-606-810

3/11 0-108, L.F. 200-7149

A006416

(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 BURWELL, Thomas Lockwood Lockwood			2. SOCIAL SECURITY OR IDENTIFICATION NO. Redacted						
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) Redacted Lawrenceville, VA 23868			4. POSITION (Title, grade, component) Applicant USMC						
5. PURPOSE OF EXAMINATION Enlistment		6. DATE OF EXAMINATION 30 29 July 76		7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) AFES RICHMOND, VA 23219					
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) Good No medications									
9. HAVE YOU EVER (Please check each item)				10. DO YOU (Please check each item)					
YES	NO	(Check each item)		YES	NO	(Check each item)			
	☒	Lived with anyone who had tuberculosis			☒	Wear glasses or contact lenses			
	☒	Coughed up blood		☒		Have vision in both eyes			
	☒	Blad excessively after injury or tooth extraction			☒	Wear a hearing aid			
	☒	Attempted suicide			☒	Stutter or stammer habitually			
	☒	Been a sleepwalker			☒	Wear a brace or back support			
11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)									
YES	NO	DON'T KNOW	(Check each item)		YES	NO	DON'T KNOW	(Check each item)	
	☒		Scarlet fever, erysipelas			☒		"Trick" or locked knee	
	☒		Rheumatic fever			☒		Foot trouble	
	☒		Swollen or painful joints			☒		Neuritis	
	☒		Frequent or severe headache			☒		Paralysis (include infantile)	
	☒		Dizziness or fainting spells			☒		Epilepsy or fits	
	☒		Eye trouble			☒		Car, train, sea or air sickness	
	☒		Ear, nose, or throat trouble			☒		Frequent trouble sleeping	
	☒		Hearing loss			☒		Depression or excessive worry	
	☒		Chronic or frequent colds			☒		Loss of memory or amnesia	
	☒		Severe tooth or gum trouble			☒		Nervous trouble of any sort	
	☒		Sinusitis			☒		Periods of unconsciousness	
	☒		Hay Fever						
	☒		Head injury						
	☒		Skin diseases						
	☒		Thyroid trouble						
	☒		Tuberculosis						
	☒		Asthma						
	☒		Shortness of breath						
	☒		Pain or pressure in chest						
	☒		Chronic cough						
	☒		Palpitation or pounding heart						
	☒		Heart trouble						
	☒		High or low blood pressure						
13. WHAT IS YOUR USUAL OCCUPATION? Student					14. ARE YOU (Check one) ☒ Right handed ☐ Left handed				

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
		M003388	
		15. 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 clinics, 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.)	Honorable 3/1/74
✓		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.)	
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		SIGNATURE	
Thomas Lockwood Burwell		Thomas Lockwood Burwell	
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 shall comment on all positive answers in Items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)			
<i>Negative history</i> <i>Hon. discharge 3/74</i> <i>OVA disabled - RB check</i>			
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER		DATE	SIGNATURE
J. Harris		30 June 74	J. Harris
			NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL EXAMINATION

88-117-04

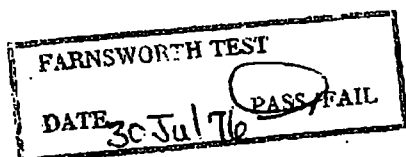
1. LAST NAME—FIRST NAME—MIDDLE NAME BURWELL, Thomas Lockwell Lockwood				2. GRADE AND COMPONENT OR POSITION Applicant USMC		3. IDENTIFICATION NO. Redacted	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) Redacted Lawrenceville, VA 23868				5. PURPOSE OF EXAMINATION Enlistment USMC		6. DATE OF EXAMINATION 30 July 76	
7. SEX Male		8. RACE NDO		9. TOTAL YEARS GOVERNMENT SERVICE MILITARY Two CIVILIAN None		10. AGENCY	
11. ORGANIZATION UNIT		12. DATE OF BIRTH Redacted				13. PLACE OF BIRTH Lawrenceville, VA 23868	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Nathan BURWELL (FATHER) Same as #4				15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS AFEES RICHMOND, VA 23219			
16. OTHER INFORMATION				17. RATING OR SPECIALTY			
TIME IN THIS CAPACITY (Total)				LAST SIX MONTHS			

CLINICAL EVALUATION		NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
NOR- MAL	ABNOR- MAL	
18. HEAD, FACE, NECK AND SCALP		842
19. NOSE		
20. SINUSES		
21. MOUTH AND THROAT		
22. EARS—GENERAL (Not & ext. consult (Auditory acuity under items 70 and 71))		
23. DRUMS (Perforation)		
24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)		
25. OPHTHALMOSCOPIC		
26. PUPILS (Equality and reaction)		
27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)		
28. LUNGS AND CHEST (Include breasts)		
29. HEART (Thrust, size, rhythm, sounds)		
30. VASCULAR SYSTEM (Varicosities, etc.)		
31. ABDOMEN AND VISCERA (Include hernia)		
32. ANUS AND RECTUM (Hemorrhoids, nodular) (Prostate, if indicated)		
33. ENDOCRINE SYSTEM		
34. G-U SYSTEM		
35. UPPER EXTREMITIES (Strength, range of motion)		
36. FEET		
37. LOWER EXTREMITIES (Excl. feet) (Strength, range of motion)		
38. SPINE, OTHER MUSCULOSKELETAL		
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS		
40. SKIN, LYMPHATICS		
41. NEUROLOGIC (Equilibrium tests under item 72)		
42. PSYCHIATRIC (Specify any personality deviation)		
43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL		

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Acceptable																															
Restorable teeth Missing teeth Replaced by dentures Fixed Partial dentures																																															
<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr><tr><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td></tr></table>																		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	32	31	30	29	28	27	26	25	24	23	22	21	20	19
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																																
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																																

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Indicate location, view, and result) AP view, negative	
B. ALBUMIN Negative		D. MICROSCOPIC	
C. SUGAR Negative		E. EKG	
47. SERUM UREA NITROGEN (test based and result)		49. BLOOD TYPE AND RH FACTOR	
48. EKG		50. OTHER TESTS	

MEASUREMENTS AND OTHER FINDINGS										M003390																														
51. HEIGHT 68 1/2		52. WEIGHT 122		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. BUILD: ☒ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE		56. TEMPERATURE																														
57. BLOOD PRESSURE (Arm of heart level)						58. PULSE (Arm at heart level)																																		
A. SITTING SYS. 118 DIAS. 68		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 80		B. AFTER EXERCISE		C. 5 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.																												
59. DISTANT VISION						60. REFRACTION				61. NEAR VISION																														
RIGHT 20/		CORR. TO 20/		BY		S.		CX		J-1		CORR. TO	BY																											
LEFT 20/		CORR. TO 20/		BY		S.		CX		J-1		CORR. TO	BY																											
62. METEOPHORIA (Specify distance)																																								
ES°		EX°		R. M.		L. M.		PRISM DIV.		PRISM CONV. CT		PC	PD																											
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED		CORRECTED																												
RIGHT LEFT				P.P. passed 13/14																																				
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION																														
70. HEARING				71. ANSI 1969 AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																												
RIGHT WV /15 SV /15				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>250 Hz</th> <th>500 Hz</th> <th>1000 Hz</th> <th>2000 Hz</th> <th>3000 Hz</th> <th>4000 Hz</th> <th>6000 Hz</th> <th>8000 Hz</th> </tr> <tr> <td>RIGHT</td> <td>/</td> <td>30</td> <td>25</td> <td>20</td> <td>/</td> <td>5</td> <td>/</td> <td>/</td> </tr> <tr> <td>LEFT</td> <td>/</td> <td>35</td> <td>25</td> <td>15</td> <td>/</td> <td>5</td> <td>/</td> <td>/</td> </tr> </table>									250 Hz	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	RIGHT	/	30	25	20	/	5	/	/	LEFT	/	35	25	15	/	5	/	/		
	250 Hz	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz																																
RIGHT	/	30	25	20	/	5	/	/																																
LEFT	/	35	25	15	/	5	/	/																																
LEFT WV /15 SV /15																																								
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																								



(Use additional sheets if necessary)

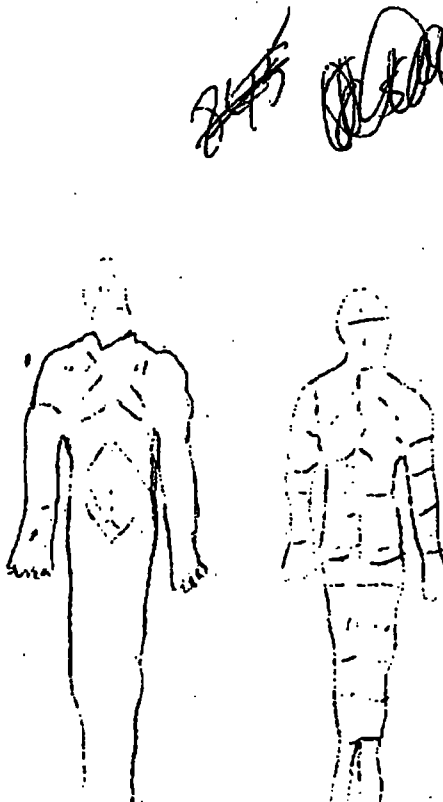
74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)		76. A. PHYSICAL PROFILE											
		P	U	L	H	E	S						
77. EXAMINEE (GWS): A. ☐ IS QUALIFIED FOR B. ☐ IS NOT QUALIFIED FOR ENLISTMENT		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> </tr> </table>						1	1	2	1	1	1
		1	1	2	1	1	1						
B. PHYSICAL CATEGORY													
78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		A	B	C	E								
79. TYPED OR PRINTED NAME OF PHYSICIAN C. W. Harris		SIGNATURE C. W. Harris											
80. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE											
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)		SIGNATURE											
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY JOSEPH M. MOORE MD		SIGNATURE [Signature]				NUMBER OF ATTACHED SHEETS							

* U.S. GOVERNMENT PRINTING OFFICE: 1972-470-143

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME BURWELL Thomas Lockwood		2. GRADE AND COMPONENT OR POSITION USMC	3. IDENTIFICATION NO. Redacted
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) Redacted		5. PURPOSE OF EXAMINATION USMC	6. DATE OF EXAMINATION 05-10-68
7. SEX M	8. RACE NEGRO	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY USMC
11. ORGANIZATION UNIT		12. DATE OF BIRTH Redacted	
13. PLACE OF BIRTH Lawrenceville, Va.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Mr. T. S. Burwell Lawrenceville P.O. Box 608	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS AFRES, RICHMOND, VIRGINIA		16. OTHER INFORMATION 1	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION			NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
NOR- MAL	(Check each item in appropriate column; enter "RE" if not evaluated.)	ABNOR- MAL	
	18. HEAD, FACE, NECK, AND SCALP		
	19. NOSE		
	20. SINUSES		
	21. MOUTH AND THROAT		
	22. EARS—GENERAL (Ind. & ext. canals (Auditory acuity under items 20 and 21))		
	23. DRUMS (Perforation)		
	24. EYES—GENERAL (Visual acuity and refraction under items 20, 21 and 22)		
	25. OPHTHALMOSCOPIC		
	26. PUPILS (Equality and reaction)		
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)		
	28. LUNGS AND CHEST (Include breasts)		
	29. HEART (Thrust, size, rhythm, sounds)		
	30. VASCULAR SYSTEM (Varicosities, etc.)		
	31. ABDOMEN AND VISCERA (Include hernia)		
	32. ANUS AND RECTUM (Hemorrhoids, fistulas (Fistulae, if indicated))		
	33. ENDOCRINE SYSTEM		
	34. G-U SYSTEM		
	35. UPPER EXTREMITIES (Strength, range of motion)		
	36. FEET		
	37. LOWER EXTREMITIES (Strength, range of motion)		
	38. SPINE, OTHER MUSCULOSKELETAL		
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS		
	40. SKIN, LYMPHATICS		
	41. NEUROLOGIC (Equilibrium tests under item 21)		
	42. PSYCHIATRIC (Specify personality deviation)		
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL		

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL EFFECTS AND DISEASES	
Upper				Lower				Upper				Lower					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

45. URINALYSIS: A. SPECIFIC GRAVITY				46. CHEST X-RAY (Place, date, film number and result)			
B. ALBUMIN AFRES				AFRES, RICHMOND, VIRGINIA			
C. SUGAR HEPMA COMBISTK				70MM FILM Date			
47. SEROLOGY (Specify test used and result) RPR				48. EKG NOT DONE			
				49. BLOOD TYPE AND RH FACTOR NOT DONE			
				50. OTHER TESTS NOT DONE			

MEASUREMENTS AND OTHER FINDINGS										M003392
51. HEIGHT <u>68 1/2</u>		52. WEIGHT <u>126</u>		53. COLOR HAIR <u>Bk</u>		54. COLOR EYES <u>BRN</u>		55. BUILD: ☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE		56. TEMPERATURE
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. <u>124</u> DIAS. <u>80</u>	B. RECUMBENT	SYS. DIAS.	C. STANDING (5 min.)	SYS. DIAS.	A. SITTING	B. AFTER EXERCISE	C. 1 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
59. DISTANT VISION		60. REFRACTION				61. NEAR VISION				
RIGHT 20/ <u>20</u>	CORR. TO 20/	BY	S.	CX		5-1		CORR. TO	BY	
LEFT 20/ <u>50</u>	CORR. TO 20/	BY	S.	CX		5-1		CORR. TO	BY	
62. HETEROPHORIA (Specify distance)										
ES°	EX°	R. H.	PIP <u>14</u>	L. H.	PRISM DIV. <u>(PASS)...(FAIL)</u>	PRISM CONV. CT <u>12</u>	PC	PD		
63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		66. FIELD OF VISION		
RIGHT	LEFT	<u>14</u>						UNCORRECTED		
								CORRECTED		
67. NIGHT VISION (Test used and score)		68. RED LENS TEST		69. INTRAOCULAR TENSION						
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		
RIGHT WV	/15 SV	/15	125	500	1000	2000	3000	4000	6000	8000
LEFT WV	/15 SV	/15	15	15	15	35	35			
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY										
<u>77000 IV</u> <u>80-022-IV</u> <u>Retired 11/22</u> "No disqualifying defects or communicable diseases were noted this date <u>1 MAR 1972</u>." <u>DEFECTIVE HEARING</u> (Use additional sheets if necessary)										

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
						P	U	L	H	E	S
77. EXAMINEE (Check)						B. PHYSICAL CATEGORY					
A. ☒ IS QUALIFIED FOR											
B. ☐ IS NOT QUALIFIED FOR											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER											
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						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 Burwell, Thomas Lockwood			2. SOCIAL SECURITY OR IDENTIFICATION NO. Redacted		
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) Redacted Lawrenceville, Va.			4. POSITION (Title, grade, component)		
5. PURPOSE OF EXAMINATION USMC		6. DATE OF EXAMINATION 24 FEB 1972		7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) AMES, Richmond, Va.	
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) Cold					

9. HAVE YOU EVER (Please check each item)				10. DO YOU (Please check each item)			
YES	NO	(Check each item)		YES	NO	(Check each item)	
☐	☒	Lived with anyone who had tuberculosis		☐	☒	Wear glasses or contact lenses	
☐	☒	Coughed up blood		☐	☒	Have vision in both eyes	
☐	☒	Bled excessively after injury or tooth extraction		☐	☒	Wear a hearing aid	
☐	☒	Attempted suicide		☐	☒	Stutter or stammer habitually	
☐	☒	Been a sleepwalker		☐	☒	Wear a brace or back support	

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
☐	☒		Scarlet fever, erysipelas	☐	☒		Cramps in your legs	☐	☒		"Trick" or locked knee
☐	☒		Rheumatic fever	☐	☒		Frequent indigestion	☐	☒		Foot trouble
☐	☒		Swollen or painful joints	☐	☒		Stomach, liver, or intestinal trouble	☐	☒		Neuritis
☐	☒		Frequent or severe headache	☐	☒		Gall bladder trouble or gallstones	☐	☒		Paralysis (include infantile)
☐	☒		Dizziness or fainting spells	☐	☒		Jaundice or hepatitis	☐	☒		Epilepsy or fits
☐	☒		Eye trouble	☐	☒		Adverse reaction to serum, drug, or medicine	☐	☒		Car, train, sea or air sickness
☐	☒		Ear, nose, or throat trouble	☐	☒		Broken bones	☐	☒		Frequent trouble sleeping
☐	☒		Hearing loss	☐	☒		Tumor, growth, cyst, cancer	☐	☒		Depression or excessive worry
☐	☒		Chronic or frequent colds	☐	☒		Rupture/hernia	☐	☒		Loss of memory or amnesia
☐	☒		Severe tooth or gum trouble	☐	☒		Piles or rectal disease	☐	☒		Nervous trouble of any sort
☐	☒		Sinusitis	☐	☒		Frequent or painful urination	☐	☒		Periods of unconsciousness
☐	☒		Hay Fever	☐	☒		Bed wetting since age 12	☐	☒		
☐	☒		Head injury	☐	☒		Kidney stone or blood in urine	☐	☒		
☐	☒		Skin diseases	☐	☒		Sugar or albumin in urine	☐	☒		
☐	☒		Thyroid trouble	☐	☒		VD—Syphilis, gonorrhea, etc.	☐	☒		
☐	☒		Tuberculosis	☐	☒		Recent gain or loss of weight	☐	☒		
☐	☒		Asthma	☐	☒		Arthritis, Rheumatism, or Gout	☐	☒		
☐	☒		Shortness of breath	☐	☒		Bone, joint or other deformity	☐	☒		
☐	☒		Pain or pressure in chest	☐	☒		Lameness	☐	☒		
☐	☒		Chronic cough	☐	☒		Loss of finger or toe	☐	☒		
☐	☒		Palpitation or pounding heart	☐	☒			12. FEMALES ONLY: HAVE YOU EVER			
☐	☒		Heart trouble	☐	☒			☐	☐	☐	Been treated for a female disorder
☐	☒		High or low blood pressure	☐	☒			☐	☐	☐	Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION? STUDENT		14. ARE YOU (Check one) ☒ Right handed ☐ Left handed	

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		M003394
☒		15. 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 clinics, 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.)
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 THOMAS LOCKWOOD BURWELL		SIGNATURE <i>Thomas Lockwood Burwell</i>
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 shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.) 		
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER 		DATE
		SIGNATURE
		NUMBER OF ATTACHED SHEETS

REVERSE OF STANDARD FORM 93

☆ U.S. GOVERNMENT PRINTING OFFICE: 1971-O-424-008

A006424

Progress Notes

Printed On Aug 04, 2010

MAHDI, SHAREEF Redacted

Date/Time: DEC 19, 2003 12:53

Age: 49 Sex: MALE

On arrival patient was:

☒ Ambulatory☐ Stretcher☐ WheelchairHomeless: ☐ Yes ☒ No

Allergies:

ASPIRIN

Weight:

Height:

Temperature: 98.8 F [37.1 C] (12/19/2003 12:51)

Pulse: 68 (12/19/2003 12:51)

Respiration: 18 (12/19/2003 12:51)

B/P: 152/62 (12/19/2003 12:51)

Pain Scale: 0 (12/19/2003 12:51)

Pulse Ox: 98

Fingerstick Glucose: N/A

Due to injury: ☐ Yes ☒ No

Triage: AAOx3 here for meds, he has been lining in a shelter for the past few weeks and ran out of his medications. Patient has been having some ear probelems lately and he was seen at St. Joe's. Still w/ some mild pain usually seen in VAMC in Richmond Va. Records requested.

☐ Acute☐ Urgent☒ Non-Acute☐ Sent to other clinic

Current Medication:

OUTPT MEDICATIONS: NONE

INPT MEDICATIONS: NONE

/es/ NANCY E HARKINS

RN

Signed: 12/19/2003 12:57

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

12/19/2003 ADDENDUM

STATUS: COMPLETED

1550- A 49 y/o a/male here in ER fast tract treatment area ambulatory from triage for evaluation of blood pressure pills and ear pain. AA and oriented x3. Patient in stable condition. Seen and examined by Dr. Nejman.

1620- Discharge instruction given to patient by ER MD and patient verbalized with understanding. Patient left the area ambulatory gait steady. Patient to be seen by psychiatrist for meds refill, notified by ER MD. Applied wristband. Patient ambulated to ER main dept. while waiting. Brief report given to M. Cook, RN, CHARGE NURSE. Placed in chair, clipboard B.

/es/ FILARINA T ANINGALAN, LPN

STAFF NURSE ER

Signed: 12/19/2003 16:34

Receipt Acknowledged By:

12/19/2003 16:59

/es/ MAUREEN C COOK
RN, BSN

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

PSYCHIATRIST

Signed: 12/19/2003 16:55

LOCAL TITLE: ER DISCHARGE INSTRUCTIONS

STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: DEC 19, 2003@16:02

ENTRY DATE: DEC 19, 2003@16:02:27

AUTHOR: NEJMAN, GRACE

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF

Redacted

No Primary Provider

DISCHARGE DIAGNOSIS:

hypertension

Depression

right cerumen impaction

DISCHARGE MEDICATIONS(New medications or changes in current medications):

metoprolol

ear wax remover drops

DISCHARGE INSTRUCTIONS:

followup as scheduled

If at any time your symptoms worsen, you should return to the ER.

FOLLOW UP:

DEC 23, 2003@09:00

PCC/GREEN - PEARSON (I/V)

Physician Signature

12/19/03 11:29

Dr. Grace Nejman

Primary Care: Call 823-5800

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Gold Team Nurse	215-823-4022	Red Team Nurse	215-823-6353
Gold Team appointment	215-823-4161	Red Team appointment	215-823-5967
Green Team Nurse	215-823-2736	Blue Team Nurse	215-823-4189
Green Team appointment	215-823-5939	Blue Team appointment	215-823-4552

/es/ GRACE NEJMAN
DIRECTOR E.R.
Signed: 12/19/2003 16:20

LOCAL TITLE: ER ATTENDING NOTE
STANDARD TITLE: ATTENDING EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: DEC 19, 2003@15:53 ENTRY DATE: DEC 19, 2003@15:53:06
AUTHOR: NEJMAN, GRACE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF Redacted NSC VETERAN
No Primary Provider

Chief Complaint:

HPI: MAHDI, SHAREEF is a 49 y/o MALE with a c/c needing medications . ran out of his medications about 3 weeks ago. transferring here from virginia. Has hypertension usually controlled. also needs medications for depression. denies any SI or HI felt better when he was on all of the medications

seen at an er for ear infection still taking medication

Allergies/ADR: ASPIRIN(hives)

Medications:

Amoxicillin
Quetiapine 100mg q hs
Paroxetine 20mg qd
Metoprolol 25 bid
Ranitidine 150 bid
Modafinil 200mg qd

PMH:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

cardiac dysrhythmia
depression
hypertension

SURGERIES - NONE FOUND

Habits: denied Tobacco denied Alcohol denied Drug use:

BP: 152/62 (12/19/2003 12:51)
Temp: 98.8 F [37.1 C] (12/19/2003 12:51)
HR: 68 (12/19/2003 12:51)
Resp: 18 (12/19/2003 12:51)

PHYSICAL EXAM

General: pleasant NAD

Mental status: Alert and oriented x3

Skin: warm and dry

HEENT: Normocephalic. PERRLA EOMI Oral mucosa moist left EAC cerumen impaction

CV: HRR w/o Murmur

Pulm: Respirations easy Lungs CTA

GI: abdomen soft NT BS active no guarding or rebound

DATA ANALYSIS

Prior records reviewed: YES

IMPRESSION: Cerumen impaction depression hypertension

PLAN: med refill and followup

Discharge Medications and Discharge appt: see discharge instruction sheet

DISCHARGE CONDITION: Stable Improved
ER discharge sheet given to patient YES

/es/ GRACE NEJMAN

DIRECTOR E.R.

Signed: 12/19/2003 16:20

LOCAL TITLE: ER TRIAGE/NURSING NOTE*

STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE

DATE OF NOTE: DEC 19, 2003@12:53

ENTRY DATE: DEC 19, 2003@12:53:34

AUTHOR: HARKINS, NANCY E

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** ER TRIAGE/NURSING NOTE* Has ADDENDA ***

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Cerumen removed with curette from L EAC , pt. tolerated procedure well, pt. was instructed to call for ear pain.
Cortisporin ear drops AS 3-4 drops TID x 10 days
RTC in 2-3 weeks or PRN
pt sent back to ER for discharge

/es/ PATRICIA M ZARNITZ CRNP
CRNP SURGICAL X
Signed: 12/24/2003 07:42

/es/ NATASHA MIRZA
Chief, Otolaryngology Section
Cosigned: 12/29/2003 13:27

LOCAL TITLE: ER ATTENDING NOTE
STANDARD TITLE: ATTENDING EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: DEC 23, 2003@15:23 ENTRY DATE: DEC 23, 2003@15:23:31
AUTHOR: NEJMAN, GRACE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF Redacted NSC VETERAN
No Primary Provider

Chief Complaint:
HPI: MAHDI, SHAREEF is a 49 y/o MALE with a c/c

Allergies/ADR: ASPIRIN

Medications: Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) CARBAMIDE PEROXIDE 6.5% OTIC SOLN INSTILL 4 DROPS IN LEFT EAR THREE TIMES A DAY FOR 3 TO 4 DAYS	ACTIVE
2) METOPROLOL TARTRATE 50MG TAB TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY	ACTIVE
3) QUETIAPINE FUMARATE 100MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME	ACTIVE

PMH: No active problems in computerized problem list as of 12/23/03@15:23

SURGERIES - NONE FOUND

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Habits: Tobacco Alcohol Drug use:

Weight:

BP: 144/89 (12/23/2003 12:43)

Temp: 99 F [37.2 C] (12/23/2003 12:43)

HR: 71 (12/23/2003 12:43)

Resp: 16 (12/23/2003 12:43)

Oxygen saturation: %

PHYSICAL EXAM

General: pleasant NAD

Mental status: Alert and oriented x3

Skin: warm and dry

HEENT: Normocephalic. PERRLA EOMI Oral mucosa moist

CV: HRR w/o Murmur

Pulm: Respirations easy Lungs CTA

GI: abdomen soft NT BS active no guarding or rebound

Extremities: no peripheral edema

DATA ANALYSIS

ECG: n/a

Laboratory:

Radiology: n/a

Procedures: n/a

Prior records reviewed: YES

TREATMENT IN ED:

IMPRESSION:

PLAN:

Discharge Medications and Discharge appt: see discharge instruction sheet

DISCHARGE CONDITION: Stable Improved

ER discharge sheet given to patient YES

/es/ GRACE NEJMAN

DIRECTOR E.R.

Signed: 12/23/2003 15:30

LOCAL TITLE: ER DISCHARGE INSTRUCTIONS

STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: DEC 23, 2003@15:21

ENTRY DATE: DEC 23, 2003@15:22

AUTHOR: NEJMAN, GRACE

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

MAHDI, SHAREEF

Redacted

No Primary Provider

DISCHARGE DIAGNOSIS: right ear cerumen impaction

DISCHARGE MEDICATIONS (New medications or changes in current medications):

DISCHARGE INSTRUCTIONS:

followup with blue team in primary care

If at any time your symptoms worsen, you should return to the ER.

FOLLOW UP:

JAN 26, 2004 @ 13:00 PCC/BLEU - THOMAS (I/V)

Physician Signature

Dr. Grace Nejman

12/23/03 11:46

Primary Care: Call 823-5800

Gold Team Nurse 215-823-4022

Gold Team appointment 215-823-4161

Red Team Nurse

215-823-6353

Red Team appointment

215-823-5967

Green Team Nurse 215-823-2736

Green Team appointment 215-823-5939

Blue Team Nurse

215-823-4189

Blue Team appointment

215-823-4552

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

/es/ GRACE NEJMAN
DIRECTOR E.R.
Signed: 12/23/2003 15:30

LOCAL TITLE: ER TRIAGE/NURSING NOTE*
STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE
DATE OF NOTE: DEC 23, 2003@12:45 ENTRY DATE: DEC 23, 2003@12:45:22
AUTHOR: BACHOVIN, HELEN E EXP COSIGNER:
URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF Redacted

Date/Time: DEC 23, 2003 12:45
Age: 49 Sex: MALE

On arrival patient was:

☒ Ambulatory
☐ Stretcher
☐ Wheelchair

Homeless: ☒ Yes ☐ No

Allergies:
ASPIRIN

Weight:
Height:

Temperature: 99 F [37.2 C] (12/23/2003 12:43)
Pulse: 71 (12/23/2003 12:43)
Respiration: 16 (12/23/2003 12:43)
B/P: 144/89 (12/23/2003 12:43) repeat- 133/87
Pain Scale: 6 (12/23/2003 12:43)
Pulse Ox:
Fingerstick Glucose:

Due to injury: ☐ Yes ☒ No

Triage: Seen 12/19 for ear problems. States was told to return today to get ears cleaned out. Had PCP appt sched at 0900 but missed it because of transportation problems from the "Perimeter."

States Lt ear still bothering him & his balance is off.

New IV appt sched 1/26/04

☐ Acute
☐ Urgent
☒ Non-Acute
☐ Sent to other clinic

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted
PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Current Medication:

OUTPT MEDICATIONS:

DRUG	STATUS
CARBAMIDE PEROXIDE 6.5% OTIC SOLN	ACTIVE
SIG: INSTILL 4 DROPS IN LEFT EAR THREE TIMES A DAY FOR 3 TO 4 DAYS	
METOPROLOL TARTRATE 50MG TAB	ACTIVE
SIG: TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY	
QUETIAPINE FUMARATE 100MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME	

INPT MEDICATIONS: NONE

/es/ HELEN BACHOVIN RN

STAFF NURSE

Signed: 12/23/2003 12:49

LOCAL TITLE: BHS/CIU INITIAL VISIT*
 STANDARD TITLE: MENTAL HEALTH INITIAL EVALUATION NOTE
 DATE OF NOTE: DEC 19, 2003@16:40 ENTRY DATE: DEC 19, 2003@16:40:58
 AUTHOR: LISTERUD,JOHN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

49 yo black male, presents to ED, requesting refills of medications.

States he is recently from Virginia. ED records report patient prescribed Seroquel 100 mg qHS.

Patient reports AH for over 10 yrs, improved greatly with medication.

MSE: Alert, cooperative, good eye contact, somewhat fixed stare. Subdued voice, nl r/t/v. O_x4. Mood "Ok", affect congruent. Logical, taciturn. Content: "Yeah, the medication helps alot. I've got enough Paxil." J&I fair-good.

Assessment: 49 yo black male, giving hx treatment for schizophrenia with Paxil and Seroquel, requesting refill of Seroquel.

Plan: Refill Seroquel
 Advise to register on 7th floor with Psychiatry OPC.

/es/ JOHN LISTERUD

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

DRUG -----	STATUS -----
CARBAMIDE PEROXIDE 6.5% OTIC SOLN	ACTIVE
SIG: INSTILL 4 DROPS IN LEFT EAR THREE TIMES A DAY FOR 3 TO 4 DAYS	
METOPROLOL TARTRATE 50MG TAB	ACTIVE
SIG: TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY	
QUETIAPINE FUMARATE 100MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME	
RANITIDINE HCL 150MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY	

INPT MEDICATIONS: NONE

/es/ WILLIAM CAMERON, R.N.
STAFF NURSE E.R. X6003
Signed: 12/27/2003 18:45

12/28/2003 ADDENDUM STATUS: COMPLETED
PT WAS SEEN AND EXAMINED BY THE ER ATTENDING. HE WAS GIVEN TYLENOL FOR THE PAIN.
A PEERSSCRIPTION WAS PUT THROUGH TO THE PHARMACY. GIVEN D/C INSTRUCTIONS AND HE
GAVE A VERBAL UNDERSTANDING.

/es/ MATTHEW R. SAPORETTI, RN
STAFF NURSE
Signed: 12/28/2003 05:44

LOCAL TITLE: OTOLARYNGOLOGY (ENT) FOLLOW-UP VISIT
STANDARD TITLE: OTOLARYNGOLOGY E & M NOTE
DATE OF NOTE: DEC 24, 2003@07:32 ENTRY DATE: DEC 24, 2003@07:32:42
AUTHOR: ZARNITZ, PATRICIA M EXP COSIGNER: MIRZA, NATASHA
URGENCY: STATUS: COMPLETED

Pt was seen on 12/23/03 at request of ER to remove wax impaction from AS. Pt
denies DM or immunocomp. reports pain AS on and off x 2-3 days, denies drainage.
vertigo or hearing loss.
allergies ASA

alert ox3, NAD afebrile

Ears- AS impacted with wax and removed- EAC with erythema and sl edema no
granulation tissue, tm intact
AD WNL tm intact no s/s infection
Auricles WNL

I/P wax impaction /otitis externa As

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted
PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

LOCAL TITLE: ER TRIAGE/NURSING NOTE*
 STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE
 DATE OF NOTE: DEC 27, 2003@18:43 ENTRY DATE: DEC 27, 2003@18:43:36
 AUTHOR: CAMERON, WILLIAM EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** ER TRIAGE/NURSING NOTE* Has ADDENDA ***

MAHDI, SHAREEF Redacted

Date/Time: DEC 27, 2003 18:43
 Age: 49 Sex: MALE

On arrival patient was:

☒ Ambulatory
☐ Stretcher
☐ Wheelchair

Homeless: ☐ Yes ☒ No

Allergies:
 ASPIRIN

Weight:
 Height:
 Temperature: 96.5 F [35.8 C] (12/27/2003 18:40)
 Pulse: 89 (12/27/2003 18:40)
 Respiration: 20 (12/27/2003 18:40)
 B/P: 135/86 (12/27/2003 18:40)
 Pain Scale: 7 (12/27/2003 18:40)
 Pulse Ox:
 Fingerstick Glucose: NA

Due to injury: ☐ Yes ☒ No

Triage: Pt. reports to er stating that he needs pain medications. Pt. was treated for ear infection on 12/19/03 and he states he's still in pain and his balance is off.

☐ Acute
☐ Urgent
☒ Non-Acute
☐ Sent to other clinic

Current Medication:
 OUTPAT MEDICATIONS:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
 Redacted
 PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Visual Acuity, if indicated :
Laboratory Tests or Xrays Ordered:

Homeless: No.
Injury related: No.

ER TRIAGE CATEGORY: Category 5: NON URGENT

/es/ WILLIAM CAMERON, R.N.
STAFF NURSE E.R. X6003
Signed: 05/06/2004 09:43

LOCAL TITLE: ER ATTENDING NOTE
STANDARD TITLE: ATTENDING EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: DEC 28, 2003@03:17 ENTRY DATE: DEC 28, 2003@03:17:29
AUTHOR: MOSENKIS,ARI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Pt seen in ER several times in last few weeks for ear pain. Diempacted cerumen and treated for otitis externa/earache. No returns with same earache stating he has no pain meds. Also went to another Hospital (St Jsephs) for same and was given an RX for Tylenol which he did not fill.

VSS
BL EAMs = clear, BL TMS = clear

Imp: earache.

DC home with Tylenol

/es/ ARI MOSENKIS
Renal Fellow
Signed: 12/28/2003 03:20

LOCAL TITLE: ER DISCHARGE INSTRUCTIONS
STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: DEC 28, 2003@03:14 ENTRY DATE: DEC 28, 2003@03:14:09
AUTHOR: MOSENKIS,ARI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

MAHDI, SHAREEF
Redacted

No Primary Provider

DISCHARGE DIAGNOSIS: Ear pain

DISCHARGE MEDICATIONS (New medications or changes in current medications):

Tylenol 325 mg - take 2 tablets by mouth every 6 hours as needed for pain

DISCHARGE INSTRUCTIONS:

If at any time your symptoms worsen, you should return to the ER.

FOLLOW UP:

JAN 7, 2004 ENT

JAN 26, 2004 @ 13:00 PCC/BLEU - THOMAS (I/V)

Physician Signature
Dr. Ari Mosenkis

12/28/03 03:11

Patient Signature

TIME

Primary Care: Call 823-5800

Gold Team Nurse 215-823-4022
Gold Team appointment 215-823-4161

Red Team Nurse 215-823-6353
Red Team appointment 215-823-5967

Green Team Nurse 215-823-2736
Green Team appointment 215-823-5939

Blue Team Nurse 215-823-4189
Blue Team appointment 215-823-4552

/es/ ARI MOSENKIS
Renal Fellow
Signed: 12/28/2003 03:15

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE

DATE OF NOTE: MAY 06, 2004@09:40

ENTRY DATE: MAY 06, 2004@09:40:15

AUTHOR: CAMERON, WILLIAM

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Mode of Arrival:

SEPTA

Level of Consciousness: A x O x3

Yes

High risk Situation:

No.

Severe pain or distress :

No Pain Index(0-10) 0

PATIENT AGE:

50 MALE

HEART RATE:

75 (05/06/2004 09:36)

RESPIRATIONS:

20 (05/06/2004 09:36)

OXYGEN SATURATION:

99 on Room Air Yes

Temperature:

98.1 F [36.7 C] (05/06/2004 09:36)

Blood Pressure:

131/92 (05/06/2004 09:36)

Weight:

Source of History, if other than patient:

Chief Complaint/Brief History & Assessment: Pt. reports to er stating he needs bp medications. Pt. states he can feel that his bp is high. Pt. bp 131/92. Pt. states he felt a sensation of numbness in his extremities accompanied by a slight headache x 1 week. Pt. states he has not been monitoring his bp at home.

ALLERGY:

ASPIRIN

New allergy information for this visit: No

MEDICATIONS:

Antihypertensive Medications

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	=====
1) QUETIAPINE FUMARATE 100MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME	ACTIVE (S)

PERTINENT PMH:

Other:

If female patient, Last menstrual Period

Fingerstick glucose:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

years ago

Alcohol: none
Drug use: none

BP: 131/92 (05/06/2004 09:36)
TEMP: 98.1 F [36.7 C] (05/06/2004 09:36)
HR: 75 (05/06/2004 09:36)
Resp: 20 (05/06/2004 09:36)
Oxygen saturation: 99%ra

PHYSICAL EXAM

General: pleasant, black male, in NAD
Mental status: alert and oriented x 3
Skin: warm, dry, without rashes
HEENT: PERL, EOMI, Fundi wnl; TMs and pharynx neg for inflam; neck supple, without nodes or masses; no jvd or bruits noted.
CV: rrr, without murmur
Pulm: clear BS bilat
GI/GU: soft, nontender, without masses; BS wnl all quads
Extremities: FROM present; no edema or erythema noted; circ and sens wnl distally.
Neuro: intact cranial nerves; DTR +3/+3; +5/+5 strength all extremis

DATA ANALYSIS

ECG: n/a
Laboratory: n/a
Radiology: n/a
Prior records reviewed: YES

TREATMENT IN ED: Exam, outpt reissue of his Metoprolol rx for 1 month, and requested new appt with a PCP.

IMPRESSION: Hypertension

please see separate discharge instruction sheet for details of meds/instructions given.

DISCHARGE CONDITION: Stable Improved
ER discharge sheet given to patient YES

/es/ KATHY M. O'HARA, D.O.

EMERGENCY PHYSICIAN

Signed: 05/06/2004 12:01

LOCAL TITLE: ER TRIAGE/NURSING NOTE*

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Signed: 05/06/2004 11:22

LOCAL TITLE: ER ATTENDING NOTE
 STANDARD TITLE: ATTENDING EMERGENCY DEPARTMENT NOTE
 DATE OF NOTE: MAY 06, 2004@11:04 ENTRY DATE: MAY 06, 2004@11:04:12
 AUTHOR: O'HARA, KATHY M EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF Redacted NSC VETERAN
 No Primary Provider

HPI: MAHDI, SHAREEF is a 50 y/o BLACK OR AFRICAN AMERICAN MALE with a c/o stating that he ran out of his BP meds, as well as other meds that he had received through the Richmond VA. Admits he missed his initial PCC appts in Dec and Jan, but wants another one made, and he says he will keep it this time (especially now that he knows we can't reissue all his meds through the ER). He says he just moved up to Phila about 6 mos ago.

States he thought his BP was up, because whenever he has a disagreement with his wife, he gets a dull, bifrontal headache and "tingling in my fingers" (both hands). States the episodes of HA and numbness only last a few minutes up to 30 mins, but wanted BP checked.

Denies any headache at present, or any weakness or numbness of extremities, slurred speech, vision loss, or blurriness, nausea/vomiting, or diarrhea. Denies fever/chills, dizziness, hematuria, dysuria, melena, or BRBPR.

Allergies/ADR: ASPIRIN

Medications: Quetiapine fumarate 100mg 1 HS
 Metoprolol 50mg 1/2 tab BID
 Paroxetine 20mg 1 daily
 Modafinil 200mg 1 daily
 Ranitidine 150mg 1 BID
 Sildenafil 100mg 1 tab as directed
 Loratadine 10mg 1 as needed for allergies

PMH: HTN
 depression
 environmental allergies

PSH: Denies any surgeries

HABITS:

Tobacco: used to smoke 1 cigar a day, and 4-5 cigarettes a day, but quit 2

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
 Redacted
 PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

LOCAL TITLE: ER DISCHARGE INSTRUCTIONS
 STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE
 DATE OF NOTE: MAY 06, 2004@11:21 ENTRY DATE: MAY 06, 2004@11:21:17
 AUTHOR: O'HARA, KATHY M EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF
 Redacted

No Primary Provider

DISCHARGE DIAGNOSIS: Hypertension

DISCHARGE MEDICATIONS (New medications or changes in current medications):
 Rx Metoprolol 50mg, to take 1/2 tab twice a day

DISCHARGE INSTRUCTIONS: Meds as ordered.

If at any time your symptoms worsen, you should return to the ER.

FOLLOW UP: **Await Primary Care clinic appt.**

No Scheduled Appointments at this time.

Physician Signature

05/06/04 1120

Dr. Kathy O'Hara

Primary Care: Call 823-5800

Gold Team Nurse	215-823-4022	Red Team Nurse	215-823-6353
Gold Team appointment	215-823-4161	Red Team appointment	215-823-5967
Green Team Nurse	215-823-2736	Blue Team Nurse	215-823-4189
Green Team appointment	215-823-4280	Blue Team appointment	215-823-4552

/es/ KATHY M. O'HARA, D.O.
 EMERGENCY PHYSICIAN

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

ALLERGY:
ASPIRIN

MEDICATIONS:

Antihypertensive Medications

Active Outpatient Medications (excluding Supplies):

No Medications Found

Pertinent Past Medical History: HTN

ER TRIAGE CATEGORY: Category 4: LESS URGENT

Homeless: No.

Injury related: No.

/es/ JOAN MARIE PLUGUEZ, RN, BSN
STAFF NURSE X6004
Signed: 01/27/2005 10:36

01/27/2005 ADDENDUM
accuchek 95

STATUS: COMPLETED

/es/ JOAN MARIE PLUGUEZ, RN, BSN
STAFF NURSE X6004
Signed: 01/27/2005 12:21

LOCAL TITLE: PRIMARY CARE ADMINISTRATIVE CONSULT*
STANDARD TITLE: PRIMARY CARE CONSULT
DATE OF NOTE: MAY 14, 2004@07:25:41 ENTRY DATE: MAY 14, 2004@07:25:41
AUTHOR: HARRIS, ROSALIND EXP COSIGNER:
URGENCY: STATUS: COMPLETED

The patient, MAHDI, SHAREEF, has been scheduled for an initial Primary Care visit on the following date:

PCC appt. scheduled 06/04 @10am

/es/ ROSALIND HARRIS
MODULE MANAGER
Signed: 05/14/2004 07:26

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

IMPRESSION: Mild hypertension

INSTRUCTIONS/PLAN: resume metoprolol 25 mg bid

No Future Appointments Scheduled

DISCHARGE CONDITION: Stable Improved
ER discharge sheet given to patient YES

/es/ KAREN SHARRAR, M.D.
ER PHYSICIAN X6004
Signed: 01/27/2005 13:41

LOCAL TITLE: ER TRIAGE/NURSING NOTE*
STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE
DATE OF NOTE: JAN 27, 2005@10:32 ENTRY DATE: JAN 27, 2005@10:32:05
AUTHOR: PLUGUEZ,JOAN MARIE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** ER TRIAGE/NURSING NOTE* Has ADDENDA ***

Mode of Arrival:	Car
Level of Consciousness: A x O x3	Yes
High risk Situation:	No.
Severe pain or distress :	No Pain Index(0-10) 0

PATIENT AGE:	50	MALE
HEART RATE:	63	(01/27/2005 10:28)
RESPIRATIONS:	18	(01/27/2005 10:28)
OXYGEN SATURATION:	98	on Room Air Yes

Temperature:	97.8 F [36.6 C]	(01/27/2005 10:28)
Blood Pressure:	145/87	(01/27/2005 10:28)
Weight:		
Fingerstick Glucose:	na	
Last menstrual period:	na	
Visual acuity:	na	

Chief Complaint/Brief History & Assessment: Pt c/o htn and dizziness x 6 days. Did not take bp med today. Also c/o bilat arm numbness x 6 days which is not new. Denies slurred speech or facial droop or extremity weakness. + ha this weekend and took tylenol which relieved pain. STANDING HR-71, BP-157/100

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

FS 95

General appearance - nad

HEENT - perrrl, eom full w/c nystagmus, discs sharp, throat clear

Neck - no nodes

Lungs - clear

Cor - rr w/o m/g

Neuro - a%ox3, cr n's 2-12 intact, cereb - neg romberg, good tandem gait, dtrs 2+= thruout, strength 5/5 thruout

DATA ANALYSIS

ECG: n/a

Laboratory:

----- URINE DRUG SCREEN -----

URINE-D	01/27	Reference
	2005	
	12:40	
	Units	Ranges

DAU CRT	mg/dL	>30.0
DRG pH		4.5-8.0
AMPHETANon-Det		CUTOFF = 1000 ng/mL
BARBS Non-Det		CUTOFF = 200 ng/mL
METHAD Non-Det		CUTOFF = 300 ng/mL
BENZO Non-Det		CUTOFF = 200 ng/mL
NIC		CUTOFF = 500 ng/mL
OPIATESNon-Det		CUTOFF = 300 ng/mL
COC Non-Det		CUTOFF = 300 ng/mL
LAAM		NEG
THC Non-Det		CUTOFF = 50 ng/mL
PCP Non-Det		CUTOFF = 25 ng/mL
SALIC		
TRICYCL		NEG
METHAQU		CUTOFF = 300 ng/mL
ACETA		
ETOH		None
PROPOXYNon-Det		CUTOFF = 300 ng/mL

Radiology: n/a

Procedures:n/a

Prior records reviewed: YES

TREATMENT IN ED:

CONSULTATION:ref'd to BH walkin today

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

ER PHYSICIAN X6004
Signed: 01/27/2005 12:40

LOCAL TITLE: ER ATTENDING NOTE
STANDARD TITLE: ATTENDING EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: JAN 27, 2005@12:20 ENTRY DATE: JAN 27, 2005@12:20:03
AUTHOR: SHARRAR, KAREN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF Redacted NSC VETERAN

Primary Provider

HPI: MAHDI, SHAREEF is a 50 y/o MALE seen sev. x in ED starting 12/03. Prev. followed at Richmond, Va, VAH. Has gotten refills of BP meds sev. x in ED and continues to miss pcc appts. Was previously on Provigil 200 mg qd, ranitidine 150 mg bid, loratadine 10 mg prn, paroxetine 20 mg qd, metoprolol 25 mg bid, quetiapine 100mg hs. No meds for about a yr.

Now c/o headached and dizziness since Sat. Lasted for few days, better afterwards, then reoccurred today. Dizzy most of the time, headache behind L eye, feels cold for past sev. d. Denies cough, no congestion or sore throat. Is c/o urinating often but denies dysuria

Allergies/ADR: ASPIRIN

Medications: tylenol

PMH:
htn, GERD,
hosp'd for depression, last in '95, also op treatment for same
PSH:

SOCIAL:
Tobacco - no
Alcohol - no
Drug use -no

FAMILY HX:

Weight:
BP: 145/87 (01/27/2005 10:28) sitting supine
standing
TEMP: 97.8 F [36.6 C] (01/27/2005 10:28)
HR: 63 (01/27/2005 10:28)
Resp: 18 (01/27/2005 10:28)
Oxygen saturation: 98 %RA

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
Redacted
PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

DATE OF NOTE: JAN 27, 2005@12:37

ENTRY DATE: JAN 27, 2005@12:37:51

AUTHOR: SHARRAR, KAREN

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF

Redacted

PRIMARY PROVIDER

DISCHARGE DIAGNOSIS: hypertension, depression, dizziness

DISCHARGE MEDICATIONS (New medications or changes in current medications):
metoprolol 25 mg 2x/d for BP

DISCHARGE INSTRUCTIONS: go to 7th floor Behavioral Health at 1 pm today to be seen and get meds for depression. They will make you appt. also you will get appt. for a primary care provider in the mail.

If at any time your symptoms worsen, you should return to the ER.

FOLLOW UP:

Physician Signature

01/27/05 10:11

Karen Sharrar, M.D.

Primary Care: Call 823-5800

Gold Team Nurse 215-823-4022

Red Team Nurse 215-823-6353

Gold Team appointment 215-823-4161

Red Team appointment 215-823-5967

Green Team Nurse 215-823-2736

Blue Team Nurse 215-823-4189

Green Team appointment 215-823-5939

Blue Team appointment 215-823-4552

/es/ KAREN SHARRAR, M.D.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Patient is a former tobacco user and quit more than 12 months ago.

Alcohol Screen:
Patient states no alcohol use in past 12 months.

PRIMARY CARE DEPRESSION SCREENING:
Patient has a diagnosis of depression, actively under treatment.

Spiritual History:
The veteran wishes to participate in answering the following Spiritual History questions:
Does your religious faith/spirituality provide comfort or does it cause you stress?
Comment: Comfort
Does your religious faith/spirituality influence the way you think about your health; the medical decisions you make; or how you care for yourself?
Comment: YES
Are you part of a religious/spiritual supportive community or congregation?
Comment: YES
Are there any religious or spiritual issues that concern you?
Comment: NO
Would you like to speak to someone in our Chaplain Service?
The veteran declines a Chaplain consult.

PTSD Screen:
PTSD screen done during this encounter.

1. SCREEN FOR PTSD
Have you EVER had any experience that was so frightening, horrible, or upsetting that, in the past MONTH you:
A. ...have had any nightmares about it or thought about it when you did not want to?
PATIENT RESPONSE WAS: YES
B. ...tried hard not to think about it; went out of your way to avoid situations that remind you of it?
Patient response was: No
C. ...were constantly on guard, watchful, or easily startled?
PATIENT RESPONSE WAS: YES
D. ...felt numb or detached from others, activities, or your surroundings?
Patient response was: No
THE SCREEN FOR PTSD WAS POSITIVE.
The screen for PTSD was positive
Patient not suicidal, declines referral to Behavioral Health Lab.

/es/ Beverly Velasquez MSW
Social Worker
Signed: 01/27/2005 15:50

LOCAL TITLE: ER DISCHARGE INSTRUCTIONS

STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

/es/ Beverly Velasquez MSW
Social Worker
Signed: 02/03/2005 10:11

LOCAL TITLE: MHC FOLLOW-UP VISIT
STANDARD TITLE: MENTAL HEALTH OUTPATIENT NOTE
DATE OF NOTE: JAN 27, 2005@14:42 ENTRY DATE: JAN 27, 2005@14:42:51
AUTHOR: STEPPACHER, ROBERT C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF Redacted

Last GAF Score: None

50 y/o divorced aa/m who was in the richmond va previously, has an intake here in feb, needs his meds. he reports his problems as "depression" and "schizophrenia". mse-he is quite guarded and inappropriately so- that is does not provide the information that would be expected. denies any current problems. does not appear depressed.

seroquel 100 hs and paxil provided for 1 month.

/es/ ROBERT C. STEPPACHER MD
psychiatrist
Signed: 01/27/2005 14:51

LOCAL TITLE: BHS/CIU INITIAL VISIT*
STANDARD TITLE: MENTAL HEALTH INITIAL EVALUATION NOTE
DATE OF NOTE: JAN 27, 2005@13:55 ENTRY DATE: JAN 27, 2005@13:56
AUTHOR: VELASQUEZ, BEVERLY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Presenting Problem: Pt is a 50-yr. old, single, black, male who is requesting to be linked with MH services.

Precipitating Events: Pt stated that he has been taking Quetiapine, Paxil and Viagra for about 3 yrs. Pt has not kept follow-up appt. with the outpt clinic and has managed to get his meds through the ER for the past yr.

MSE: Appearance clean, wearing dark glasses, behavior cooperative, speech normal tone, affect full range, insight/judgement fair, alert and oriented, sleep disturbed by voices, appetite okay, TP goal directed, TC denied SI/HI/AVH, Pt stated that he hears voices in his sleep, Pt denied drug or ETOH use.

Plan: Reviewed with Dr. Steppacher, Pt intake scheduled for 2/23/05.

CLINICAL REMINDER ACTIVITY
Tobacco Use Counseling:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Plan:

1. Patient is scheduled for appointment with Dr. Wolman on March 16, whom he will be seeing as his regular psychiatrist.
2. Continue Paxil and Seroquil as prescribed in the meantime.
3. Follow up on sleep issues, which were diagnosed as "narcolepsy" last year w/o sleep study or sleep latency testing. Patient reports snoring very loudly, such that it wakes him up from sleep. Refer to sleep center.

24. Next appointment and the clinician(s) to whom patient is assigned:
Dr. Wolman, March 16, 2005.

25. Does patient understand and agree with the treatment plan? Yes

/es/ NISHA MENTA

Signed: 02/23/2005 16:30

Receipt Acknowledged By:

03/01/2005 10:16 /es/ RICHARD J. ROSS
MD

03/01/2005 ADDENDUM

STATUS: COMPLETED

Case discussed with medical student and patient interviewed. There is not evidence of schizophrenia on the basis of information available to us. Currently he appears to meet criteria for dysthymic disorder. Richmond VA record reviewed. Patient's condition, including irritability, was managed with paroxetine 40 mg and quetiapine 100 mg. I provided refills. He was given an MHC appointment with Dr. Wolman.

/es/ RICHARD J. ROSS
MD

Signed: 03/01/2005 10:20

LOCAL TITLE: BHS/CIU FOLLOW-UP VISIT*

STANDARD TITLE: MENTAL HEALTH OUTPATIENT NOTE

DATE OF NOTE: FEB 03, 2005@10:04

ENTRY DATE: FEB 03, 2005@10:04:16

AUTHOR: VELASQUEZ, BEVERLY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

SW met with Pt who is requesting assistance with Vocational training applying for food stamps benefits and locating his son who is in prison. Pt stated that he is compliant with his meds, denied SI/HI/AVH.

Plan: SW referred Pt to the Perimeter and to the dept of corrections.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

- b. Have you ever used any kind of physical force against your partner or others?
- c. Has you partner forced you to have sex or perform sexual acts that he or she did not want to do?
- d. Have you ever forced your partner to have sex or perform sexual acts that he or she did not want to do?
- e. Have you committed any acts of violence in the last 30 days? NO
- f. Have you ever been arrested or convicted for violent crimes, e.g. aggravated assault? NO
- g. Do you have access to weapons? NO

21. MENTAL STATUS EXAMINATION

Appearance clean, behavior cooperative, speech normal tone, affect full range, insight/judgement fair, alert and oriented, appetite okay, TP goal directed, TC denied SI/HI/AVH, Pt denied drug or ETOH use. Mini-mental unremarkable except difficulty with serial sevens.

22. MULTI-AXIAL DIAGNOSIS

Axis I Depression (? dysphoric), social anxiety, paranoid schizophrenia
 Axis II n/a
 Axis III Hypertension, Chronic Sleep Disorder
 Axis IV unable to work because always tired, son in jail on homicide charges and is suicidal
 Axis V: 65

23. ASSESSMENT AND PLAN

This is a 50 yo man who complains of feeling depressed due to a variety of things in his life, most notably his failed marriage, his son being in jail on homicide charges, and his inability to work because of the tiredness he experiences due to inability to sleep through the night. He seems as though he may have a dysthymic disorder but does not clearly exhibit criteria for major depressive disorder. He states that he has been diagnosed with paranoid schizophrenic disorder and social anxiety in the past, but there is a question regarding this diagnosis given his societal situation when living in Virginia. He states that he grew up in a small Southern community where he was the only Islamic man, and that he was constantly ridiculed, harrassed, and threatened. He attributes his misdemeanors to this harrassment, saying that he couldn't sit back and listen to everything everyone was saying, and thus got in many verbal arguments in his 30s. He is currently looking to have a regular psychiatrist and to receive medication for his depression.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Being sexually assaulted: no
 Being in a fire, flood, or natural disaster: no
 Being in combat: no
 Being in a bad accident: no
 Being threatened with a weapon: no
 Seeing someone else badly injured or killed: no
 If any of the above has happened to you, please explain.

- b. In the past month, have you been bothered by repeated and disturbing memories, thoughts, or images of one or more of the stressful experiences described above? no
- c. In the past month, have you felt distant or cut off from other people? "I always feel cut off from people, especially since my marriage ended in 87"
- d. In the past month, have you been vigilant or watchful or have you had a sense that you must be on guard to protect yourself?
 "Not so much anymore, but I used to feel it all the time when I lived down South"

16. FAMILY MEDICAL AND PSYCHIATRIC HISTORY: negative

17. SOCIAL AND DEVELOPMENTAL HISTORY

Child history: describes being the "black sheep" of the family, reports much verbal abuse

School history: associate degree

Employment history: hospital orderly until last year, when he began receiving his pension and stopped working

Marital/Relationship history: was married from 1980-87, calls it a "bad marriage", had 2 children from this marriage (2 boys, 23 and 21)

18. LEGAL HISTORY: has had some misdemeanors for verbal fights and "acting up", says that all conflicts were verbal and not physical; last was in 2000 for resisting arrest after conflict with brother

19. CURRENT SOCIAL SITUATION

Living arrangement: rooming house in a religious community

Support system: above religious community

Source of income: non-service connected 100% pension

Religious affiliation: RELIGION - ISLAM (Sufi)

20. DOMESTIC VIOLENCE SCREEN n/a

- a. Are you in a relationship in which you are being hurt or threatened?

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

11. SUBSTANCE ABUSE HISTORY

Alcohol (If there is a history of alcohol abuse, complete the CAGE screen): no

Cocaine: no

Nicotine: quit 3 years ago; had smoked a cigar a day regularly for a few years

Heroin and other opiates: no

Benzodiazepines: no

PCP: no

LSD: no

Amphetamines: no

12. CAGE SCREEN n/a

a. Have you ever felt you needed to Cut down on your drinking?

b. Have people Annoyed you because they have criticized your drinking?

c. Have you ever felt bad or Guilty about your drinking?

d. Have you ever had a drink first thing in the morning, as an "Eye-opener"?

13. MILITARY HISTORY (include dates, branch, rank, location of service, combat experience, injuries and current service connection status):

Branch of Service: MARINE CORPS

From: MAR 3,1972 To: MAR 1,1974

Period of Service: VIETNAM ERA

Service Location:

Combat Service: NO

From: To:

Combat Location:

Service Connected: NSC VETERAN

Service Connected %:

Type of Discharge: HONORABLE

14. MILITARY SEXUAL TRAUMA SCREEN

a. When you were in the military, did you receive uninvited or unwanted sexual attention (such as touching, cornering, pressure for sexual favors, verbal remarks) which was threatening in nature? no

b. When you were in the military, did anyone ever use force to have sex with you against your will? no

15. PTSD SCREEN

a. Some people have had terrible experiences in their lives, such as:

Being attacked: was once hit near his ear by his sergeant

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

was maintained on paroxetine and quetiapine, but ran out of medications after moving to Philadelphia in January 2004. Last month, his 21 year old son, who is in prison on homicide charges in South Carolina, was threatening suicide, and this was understandably a significant source of anxiety and sadness for Mr. Mahdi. At this time, he felt that he needed to get back on the medications, and came to the ER requesting that they fill his medication. He was given enough to last him until he was evaluated here.

7. PAST PSYCHIATRIC HISTORY

Inpatient treatment 3 week hospitalization (Richmond, Virginia in 1995)

Outpatient treatment, including psychotherapy: while in Virginia was attending group therapy and some individual therapy at the VA there

Previous suicide attempts: none, but reports that used to have homicidal thoughts that he never would have acted on or had plans to go through with

8. MEDICAL HISTORY

Allergies: ASPIRIN

Current medications:

OUTPT MEDICATIONS:

DRUG	STATUS
----	-----
METOPROLOL TARTRATE 50MG TAB	ACTIVE
SIG: TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE.	
PAROXETINE HCL 40MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH IN THE MORNING	
QUETIAPINE FUMARATE 100MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME	

INPT MEDICATIONS: NONE

Surgeries:

At PVAMC: SURGERIES - NONE FOUND

Primary Care provider and telephone number of provider:

No Primary Provider

9. CHRONIC PAIN SCREEN

- Do you experience chronic pain? No
- Are you currently in pain? Rate the pain from "1" to "10", with "10" being the more severe. No
- Who provides medical care for your chronic pain? n/a

10. COMPLEMENTARY AND ALTERNATIVE TREATMENTS: n/a

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

3) QUETIAPINE FUMARATE 100MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME ACTIVE

Pertinent Past Medical History: HTN, Schizophrenia/depression.

ER TRIAGE CATEGORY: Category 4: LESS URGENT

Homeless: No.

Injury related: No.

/es/ WILLIAM CAMERON, R.N.

STAFF NURSE E.R. X6003

Signed: 02/24/2005 09:06

LOCAL TITLE: BH CENTRAL INTAKE EVALUATION*

STANDARD TITLE: MENTAL HEALTH OUTPATIENT E & M NOTE

DATE OF NOTE: FEB 23, 2005@15:51 ENTRY DATE: FEB 23, 2005@15:51:37

AUTHOR: MEHTA,NISHA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** BH CENTRAL INTAKE EVALUATION* Has ADDENDA ***

1. Patient Name: MAHDI, SHAREEF

2. Social Security Number: Redacted

3. AGE: 50

4. SEX: MALE

5. CHIEF COMPLAINT: "I've been feeling more depressed lately."

6. HISTORY OF PRESENT ILLNESS: Mr. Mahdi is a 50 year old man who has had a history of depressive symptoms dating back to the late 80s which he claims were the worst after the termination of his marriage in 1987, and claims that he was probably depressed for a long time before that. Of note, he has also been diagnosed with paranoid schizophrenia and social anxiety disorder. He attributes a lot of this to the environment in which he grew up in, saying that he was the black sheep of the family and when he converted to Islam in the 1970s, he was the only Islamic man in the small Southern community, and thus experienced much ridicule and harassment and felt threatened. He has been hospitalized because of his depression in the past, and had been regularly attending group meetings at the VA in Richmond, Virginia. During this time, he

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

ER discharge sheet given to patient YES

/es/ DEAN DOBKIN

MD

Signed: 02/24/2005 11:20

LOCAL TITLE: ER TRIAGE/NURSING NOTE*

STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE

DATE OF NOTE: FEB 24, 2005@09:04

ENTRY DATE: FEB 24, 2005@09:04:53

AUTHOR: CAMERON, WILLIAM

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Mode of Arrival:

SEPTA

Level of Consciousness: A x O x3

Yes

High risk Situation:

No.

Severe pain or distress :

No Pain Index(0-10) 5

PATIENT AGE:

51 MALE

HEART RATE:

63 (02/24/2005 09:03)

RESPIRATIONS:

20 (02/24/2005 09:03)

OXYGEN SATURATION:

96 on Room Air Yes

Temperature:

98 F [36.7 C] (02/24/2005 09:03)

Blood Pressure:

133/79 (02/24/2005 09:03)

Weight:

Fingerstick Glucose:

NA

Last menstrual period: NA

Visual acuity:

NA

Chief Complaint/Brief History & Assessment: Pt. presents to er c/o sore throat x one week. Pt. states he is having difficulty swallowing d/t the pain. Pt. denies trouble breathing.

ALLERGY:

ASPIRIN

MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) METOPROLOL TARTRATE 50MG TAB TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE.	ACTIVE
2) PAROXETINE HCL 40MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

PSH: SURGERIES - NONE FOUND

Habits: Tobacco

Alcohol

Drug use:

Family or Social history:

Weight:

BP: 133/79 (02/24/2005 09:03)

TEMP: 98 F [36.7 C] (02/24/2005 09:03)

HR: 63 (02/24/2005 09:03)

Resp: 20 (02/24/2005 09:03)

Oxygen saturation: %

PHYSICAL EXAM

General:

Mental status:

Skin:

HEENT: Growth (? Papilloma) at base of tongue, pharynx otherwise benign, no uvular deviation nor tonsillar hypertrophy

CV:

Pulm:

GI/GU:

Extremities:

Neuro:

DATA ANALYSIS

ECG: n/a

Laboratory: n/a

Radiology: n/a

Procedures: n/a

Prior records reviewed: YES

TREATMENT IN ED:

CONSULTATION: Dental/Oral Surgery, called them, they said put in consult and send him up.

IMPRESSION:**INSTRUCTIONS/PLAN:**

Discharge Medications:

Discharge followup: go to dental clinic 3 @

MAR 16, 2005 @ 14:00 MHC DR. WOLMAN

DISCHARGE CONDITION: Stable

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI. SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Fort Dix Clinic 609-562-2999

Gloucester Clinic 856-307-4825/4826

/es/ DEAN DOBKIN

MD

Signed: 02/24/2005 11:22

LOCAL TITLE: ER ATTENDING NOTE

STANDARD TITLE: ATTENDING EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: FEB 24, 2005@11:18

ENTRY DATE: FEB 24, 2005@11:18:55

AUTHOR: DOBKIN, DEAN

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF

Redacted

NSC VETERAN

No Primary Provider

Chief Complaint:

HPI: MAHDI, SHAREEF is a 51 y/o BLACK OR AFRICAN AMERICAN MALE with a h/o soreness at the back of his tongue with a growth, no fever, no cough, no other symptoms, there for a week.

Allergies/ADR: ASPIRIN

Medications: Active Inpatient and Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) METOPROLOL TARTRATE 50MG TAB TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE.	ACTIVE
2) PAROXETINE HCL 40MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
3) QUETIAPINE FUMARATE 100MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME	ACTIVE

PMH: No active problems in computerized problem list as of 2/24/05@11:18

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

DISCHARGE DIAGNOSIS: Growth at base of tongue

DISCHARGE MEDICATIONS (New medications or changes in current medications):

DISCHARGE INSTRUCTIONS: go directly to dental clinic to see oral surgeon there; 3 Soth

If at any time your symptoms worsen, you should return to the ER.

FOLLOW UP:

MAR 16, 2005 @ 14:00 MHC DR. WOLMAN

Physician Signature
Dr. Dobkin

02/24/05 08:55

Patient Signature

TIME

Primary Care: Call 823-5800

Gold Team Nurse 215-823-4022 Red Team Nurse 215-823-6353

Gold Team Appointment 215-823-4161 Red Team Appointment 215-823-5967

Green Team Nurse 215-823-4280 Blue Team Nurse 215-823-4189

Green Team Appointment 215-823-5939 Blue Team Appointment 215-823-4552

Geriatric Team Nurse 215-823-5212
Geriatric Team Appointment 215-823-4371Womens Health Clinic Nurse 215-823-4447
Womens Health Clinic Appointment 215-823-4496Willow Grove Pink Team 215-823-5800 extension 4799
Willow Grove Purple Team 215-823-5800 extension 4791Cape May Clinic 609-898-8700 extension 222/223
Cape May Clinic Toll Free 800-566-7379 extension 222/223

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Primary PCE Diagnosis: DENTAL DISORDER NOS (525.9)

The following procedures were performed:

Limit oral eval problm focus (D0140).

Tooth: NA.

Problem(s):

DENTAL DISORDER NOS (525.9).

OMFS Note

Pt presents for f/u s/p ER evaluation on Feb 24 for complaint of dysphagia. Pt states that he feels like there is a mass in the back of his throat which makes it difficult for him to swallow food. Pt feels that the problem is getting worse. Barium swallow and CT of neck done within past week.

PE: Oropharynx clear, no evidence of mass (NPL not done)

Barium swallow 3/4: Normal study

CT neck 3/2: No evidence of mass, 2x <1 cm nodes at tail of R parotid

A/P: 51 yo male with dysphagia of unresolved origin, incidental R parotid nodes seen on CT.

1. Pt referred to ENT for evaluation of dysphagia, R parotid nodes.

Christopher Perrie, DDS

/es/ SUMITRA C TRIPURANENI

dental resident

Signed: 03/09/2005 14:52

/es/ JOHN W. MOONEY

DDS

Cosigned: 03/10/2005 07:07

LOCAL TITLE: ER DISCHARGE INSTRUCTIONS

STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: FEB 24, 2005@11:20

ENTRY DATE: FEB 24, 2005@11:20:51

AUTHOR: DOBKIN, DEAN

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF

Redacted

No Primary Provider

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Problem(s):

DENTAL DISORDER NOS (525.9).

51 yom presents to clinic with

CC: " I have a sore throat and a mass in my throat

HPI: I felt this mass 1 week ago, but I have difficulty in swallowing 6 month ago

PMH:

Active Problems:

No problems found.

----- Outpatient Medication -----

QUETIAPINE FUMARATE 100MG TAB - (ACTIVE)

PAROXETINE HCL 40MG TAB - (ACTIVE)

Active Allergies:

ASPIRIN

1 PAN taken.

Exam : Pt was examined but nothing significant (like a mass) was found in his throat or palate.

Throat looked slightly erithematous, but no major problems were noted.

Pt was recommended to hace a CT of neck and a barium swallow in order to determine any abnormalities in the area.

Pt. will follow up with dental.

A Constantinescu

dental resident

/es/ ALECSANDRA CONSTANTINESCU

dental resident

Signed: 03/16/2005 14:02

/es/ JOHN W. MOONEY

DDS

Cosigned: 03/16/2005 15:06

LOCAL TITLE: DENTAL FOLLOW-UP VISIT

STANDARD TITLE: DENTISTRY NOTE

DATE OF NOTE: MAR 09, 2005@14:37:15 ENTRY DATE: MAR 09, 2005@14:52:06

AUTHOR: TRIPURANENI, SUMITRA EXP COSIGNER: MOONEY, JOHN W

URGENCY:

STATUS: COMPLETED

VISIT: 03/08/2005 14:35

MAHDI, SHAREEF born: Redacted

was seen as a category 1-PRIOR 1, EMERGENCY.

Bed Section: ALCOHOL.

Treatment Status: In-Progress.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

STANDARD TITLE: MENTAL HEALTH OUTPATIENT NOTE

DATE OF NOTE: MAR 16, 2005@15:15

ENTRY DATE: MAR 16, 2005@15:15:43

AUTHOR: WOLMAN, THOMAS S

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF

Redacted

Last GAF Score: None

This is my first visit with this 51 year old veteran with dysthymic disorder. He reports chronic problems with energy and motivation. He is interested in treatment. MS: alert and composed. No SI/HI. His reality sense is ok. His "dysthymic disorder" is responding to meds. Plan: refer to primary care medical initial, a therapist for depressive cognitions, support and continue meds as is. No side effects noted. Meds given for two months.

CLINICAL REMINDER ACTIVITY

COLORECTAL CANCER SCREEN:

A sigmoidoscopy was performed on:

Date: April, 2003

Results: neg

Hepatitis C Risk Assessment:

Patient assessed during this encounter and found to have no risk factors for Hepatitis C.

/es/ THOMAS S. WOLMAN

MD

Signed: 03/16/2005 15:19

LOCAL TITLE: DENTAL OUTPT EVAL

STANDARD TITLE: DENTISTRY OUTPATIENT CONSULT

DATE OF NOTE: MAR 16, 2005@13:57:49

ENTRY DATE: MAR 16, 2005@14:02:51

AUTHOR: CONSTANTINESCU, ALEC

EXP COSIGNER: MOONEY, JOHN W

URGENCY:

STATUS: COMPLETED

VISIT: V: Feb 24, 2005@13:54 - DENTAL 14 - 3 SOUTH

MAHDI, SHAREEF born: Redacted

was seen as a category 1-PRIOR 1, EMERGENCY.

Bed Section: SURGICAL.

Treatment Status: In-Progress.

Primary PCE Diagnosis: DENTAL DISORDER NOS (525.9)

The following procedures were performed:

Limit oral eval problm focus (D0140).

Tooth: NA.

Problem(s):

DENTAL DISORDER NOS (525.9).

Dental panoramic film (D0330).

Tooth: NA.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

depression
HTN

All:
asa

Meds:
paxil
quetipine
BP med

FH:
NC

SH: quit tob 3yr/ago, 5yrs 5cigs/day; etoh, distant heavy etoh, no ivda

PE:
af vss
nad
eomi, perrl, cn 2-12 grossly intact
neck soft, no masses, no lad, trachea midline
tm/eac clear b/l
oc/op- fom soft without lesions, tongue soft without mass palpated at bot-
soft, long uvula

NPL- nasal passages, NP, OP, SupraG, G, subG clear without evidence of mass,
vallecula clear, uvula seen to rest on base of tongue and goes almost all the
way down to vallecula, vc mobile and with good closure, patent airway, b/l
arytenoid erythema and edema of interarytenoid tissue

a/p 51 y/o M with foreign body sensation at base of tongue, difficulty
speaking, and dysphagia x several months. Pt has symptoms of gerd and changes
seen on exam. Recommend starting PPI therapy and then may need uvulectomy in
future if can not be treated medically

- 1) prilosec qd
- 2) decrease coffee/caffeine, alcohol; elevate head of bed
- 3) f/u in ENT in 4 wks

/es/ LUV RAM JAVIA
ENT RESIDENT
Signed: 03/29/2005 14:57

/es/ DUANE SEWELL
MD
Cosigned: 04/18/2005 12:24

LOCAL TITLE: MHC FOLLOW-UP VISIT

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted
PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

GU
Surg Onc

TYPE OF VISIT:

consult x
Followup
Pre-Op (Teaching)
Post Op
Nurse Clinic

VS: Wt:175.5 BP:134/82 P:54 R:18 Temp:98.5 Pain:0

Pain: -----

0	1	2	3	4	5	6	7	8	9	10
no pain		mild		moderate		severe		very severe		worst possible

Chief Complaint: THROAT

P/ie 51 yr old Male consult for dysphagia. States "He has a mass in the throat". Also states "He had a barium swallow". Education material made available. Ambulatory.

/es/ GRACE L WALKER, LPN
STAFF LPN 4192
Signed: 03/29/2005 14:43

LOCAL TITLE: OTOLARYNGOLOGY (ENT) FOLLOW-UP VISIT

STANDARD TITLE: OTOLARYNGOLOGY E & M NOTE

DATE OF NOTE: MAR 29, 2005@14:04

ENTRY DATE: MAR 29, 2005@14:05:06

AUTHOR: JAVIA, LUV RAM

EXP COSIGNER: SEWELL, DUANE

URGENCY:

STATUS: COMPLETED

Pt is a 51 y/o M who was seen in ER on 2/24 for dysphagia and mass at base of tongue. Pt first noticed mass couple months ago and it has been getting larger. Pt now has trouble speaking and swallowing. Able to drink and eat solid foods, but has a "constricting" sensation and the sensation of food getting stuck. No odynophagia. Pt denies wt. loss, respiratory distress. When eats gritty/grainy foods sometime spits up small amount of bleed. Pt does have sx of GERD with heartburn, sour taste in mouth. Pt had normal barium swallow and CT neck without masses. Pt denies sinus symptoms.

PMH:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

****If patient has a diagnosis of Cancer, please add to the Problem List. (Screening no longer required.)****

PHI LIPID PROFILE:

Lipid Profile ordered now.

HTN Lifestyle Education:

The patient was counseled on the importance of regular exercise and/or physical activity in the control of blood pressure.

The patient was instructed to try to exercise at least 30 minutes 3 times per week if possible and that any increase in physical activity may be useful in controlling BP.

The patient was counseled on the importance of diet and weight control in the control of blood pressure.

The patient was counseled to reduce their weight to within 10 percent of their ideal body weight. The possible improvement in BP control with even 5 to 10 pounds of weight loss was reviewed.

The contribution of dietary sodium to elevated blood pressure was reviewed. The patient was counseled to limit sodium intake to no more than 2.4g of sodium or 6g of sodium chloride.

The patient was counseled to reduce intake of dietary saturated fats and cholesterol, and that a diet rich in fresh fruits and vegetables and low in dietary saturated fats and cholesterol is also beneficial in lowering blood pressure.

/es/ DONZELLA MCLAUGHLIN

Signed: 03/31/2005 09:35

LOCAL TITLE: NURSE - SURGERY CLINIC*

STANDARD TITLE: NURSING OUTPATIENT E & M NOTE

DATE OF NOTE: MAR 29, 2005@14:39

ENTRY DATE: MAR 29, 2005@14:39:27

AUTHOR: WALKER, GRACE

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Name: MAHDI, SHAREEF

Redacted

Age: 51 Sex: MALE

Allergies:

ASPIRIN

CLINIC:

Vascular

General

Ortho

Neurosurg

ENT x

Eye

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

PSH test 50-69 (3/31/2005)
 Flu vaccine > 65 yo/high risk (declines)
 Pnsumovax > 65 yo/high risk (declines)
 Last Td. (q 10 yr) (within 10 years)

PE:
 BP:115/80 P:54 R:16 T: 97.8po
 WD/WN in NAD 0x3
 SKIN: warm, dry
 HEENT: wnl; PERRLA, EOMI, sclera anicteric, conjunctiva pink, fundi benign; nose and throat ok.
 NECK: no enlarged, masses/bruits/JVD
 LYMPH: no nodes felt
 CHEST: atraumatic
 BREASTS: no gynecomastia, masses, discharge
 LUNGS: clear, no rales/rhonchi/wheezes
 HEART: RRR, no murmurs/gallop/rubs; PMI MCL
 ABDOMEN: BS+, soft, nontender, no l/s; no masses; no CVA tender
 RECTAL: prostate wnl, no masses
 testes both descended, no masses/lesion/hernia; heme neg
 EXTREMITIES: no c/c/e; FROM; nontender; pulses good and equal
 NEURO: CN II to XII intact; muscle tone and strength good and equal; sensory intact; cerebellar intact; Romberg neg; DTR's +2/+6 bilaterally equal

Lab: reviewed

Assessment: Hypertension
 GERD

Plan:

/es/ NINA M CHYCHULA HUD
 NP
 Signed: 04/01/2005 14:19

LOCAL TITLE: HEALTH MAINTENANCE 2005
 DATE OF NOTE: MAR 31, 2005@09:31 ENTRY DATE: MAR 31, 2005@09:31:27
 AUTHOR: MCLAUGHLIN, DONZELLA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Prostate Cancer Screening Education:
 Patient received Prostate Cancer education during the encounter.
 Level of Understanding: Good
 PSA ordered to be drawn today.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

INPT MEDICATIONS: NONE

PMH: no DM, SZ, Asthma, syphilis
 no heart, lung, kidney disorders
 no med/surg hospitalizations
 Hypertension for 5 years treated by the ER at PVAMC
 otitis media about one year ago that was treated outpatient
 GERD diagnosed about 5 years ago

PPH: being treated with Paxil for depression and reports feeling speedy with it

ROS: no changes/problems in vision/h/a/tinnitus/pain in the ears, sore throat. Problems with swallowing secondary to tonsils and GERD
 no SOB, DOE, palpitations, c.p.,
 no n/v/d, problems with bowels, melena, BRBPR
 no problems with urination, nocturia, blood, frequency, changes in stream, hesitation
 no wt loss, no muscle aches/pains except low back pain; no changes in skin
 no anesthesia/parathesia/difficulty walking/incoordination

Social Hx: divorced and living alone. Lives on pension

Family Hx: mother is alive and in good health. Father is deceased 1985 from aneurysm. Two brothers and three sisters in good health. Veteran is the 5th child

No drug or alcohol history.
 Stopped smoking about 3 years ago.

Health Maintenance:

Diet counseling q 2 yrs	(3/31/2005)
Counseling on weight control	(3/31/2005)
Counseling on exercise	(3/31/2005)
Use of D & A	(3/31/2005)
CAGE	(non drinker)
Cigarette smoking yrly	(non smoker)
Referral to smoking cessation	(non smoker)
Depression screening	(3/31/2005)
Height	(3/31/2005- 5'8")
Weight	(3/31/2005 - 179 lbs)
Safe sex	(3/31/2005)
Seat belt use	(3/31/2005)
Smoke detectors	(3/31/2005)
Cholesterol	(3/31/2005)
Digital rectal exam	(2000)
Fecal occult blood	(2000)
PSH counseling 50-69	(3/31/2005)

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI. SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

his one son would not be in prison. Began to start processing some of his feelings regarding this, and using some cognitive therapy techniques to challenge him to look at matters in a less judgemental way. Vet states the Paxil he was prescribed felt too strong for him. He felt "wired, jumpy" when on full prescribe dosage, so he only takes half the dosage. Vet states he will likely look for a part-time job in the future, perhaps being a waiter.

MSE: Alert and oriented x3. Pleasant and cooperative. Good eye contact. Well-groomed and casually dressed. Mood is low. Affect slightly restricted. Thought content- Denies suicidal/homicidal ideation. Denies aud./ visual hallucinations. Thought process- Linear. Organized. Judgement and insight are fair.

A. Dysthymic Disorder

P. RTC on 04/27/05 @ 12:30 with undersigned for on-going evaluation and therapy.

/es/ MARIE F WOJCIK, MSN APRN BC

CNS

Signed: 03/31/2005 17:11

LOCAL TITLE: BH INITIAL PRIMARY CARE

STANDARD TITLE: PSYCHIATRY INITIAL EVALUATION NOTE

DATE OF NOTE: MAR 31, 2005@10:03

ENTRY DATE: MAR 31, 2005@10:03:04

AUTHOR: HUD, NINA M CHYCHULA EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Name: MAHDI, SHAREEF

SS#: Redacted

DOB:

Date: MAR 31, 2005

HPI: 51 year old AA male comes for primary care.

Allergies: NKDA

ASPIRIN

Meds:

OUTPAT MEDICATIONS:

DRUG	STATUS
QUETIAPINE FUMARATE 100MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME	
OMEPRAZOLE 20MG SA CAP	ACTIVE
SIG: TAKE ONE CAPSULE BY MOUTH EVERY DAY	

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Brief Hx: 51 y.o. divorced Afro- American vet referred to writer for therapy by Dr. Wolman. History is both from vet and from his Feb. 23, 2005 BH Central Intake note. Vet has a diagnosis of dysthymic disorder. Also has a hx of being diagnosed with paranoid schizophrenia and social anxiety disorder. Has chronic problems with energy and motivation. Hx of depressive symptoms date back to the late 1980's, which he claims were his worst time- after the end of his marriage in 1987. States he was probably depressed a long time before that.

Vet states he was the "black sheep" of the family. Hx of verbal abuse as a child. Converted to Islam in the 1970's. Was the only Islamic man in a small Southern Community, and experienced ridicule and harrassment.

Has been hospitalized for depression in the past. Hx of taking paroxetine and quetiapine, but ran out of meds after moving to Philadelphia in January 2004.

In January 2005, vet's 21 y.o. son, who is in prison on homicide charges in South Carolina, was threatening suicide; and this was a source of anxiety and sadness for vet. At that time, vet felt he needed to get back on medications, and came to the ER requesting that they fill his medication. He was given enough to last him until he could be evaluated at the MHC.

In-patient treatment: 3 wks. hospitalization (Richmond, VA 1995)

Out-patient treatment, including psychotherapy: while in Virginia, some individual therapy and group therapy.

Previous suicide attempts: none, but reports he used to have homicidal thoughts that he never acted on or had plans to go through with.

Social History: Married 1980-1987. Calls it a "bad marriage". Two sons from this marriage, ages 23 and 21. Younger son is incarcerated. Older son is in military in Afghanistan. Vet writes letters to both sons. Vet lives in a townhouse associated with a religious community (Islamic).

Legal History: Some misdemeanors for verbal fights and "acting up". Says all conflicts were verbal, not physical. Last issue was in 2000, for resisting arrest after conflict with brother.

Dx: Dysthymic Disorder

cc.: "depression, fatigue, and guilt complex about his son being in prison"

Procedure: 45 min, individual psychotherapy

Tx goal(s): To be specifically formulated in next session.

S. Vet: " I was referred for therapy. My main problems are depression and fatigue. I also have a guilt complex about my son being in prison."

O. Vet presented on time for session. Had appt. with primary care prior to this session. Reviewed with vet the clinic's guidelines regarding psychotherapy- "talk therapy". Vet 's chief complaints are depression and fatigue. Living in the townhouse associated with a religious community provides support to him. Vet states he moved to Philadelphia about 14 months ago, and has found this city friendlier and easier to live in compared to Baltimore or Washington, DC. Vet has a guilt complex that somehow he could have been a better parent, and maybe

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Signed: 04/28/2005 14:03

LOCAL TITLE: MHC FOLLOW-UP VISIT

STANDARD TITLE: MENTAL HEALTH OUTPATIENT NOTE

DATE OF NOTE: APR 27, 2005@14:20

ENTRY DATE: APR 27, 2005@14:20:40

AUTHOR: WOLMAN, THOMAS S

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF Redacted

Last GAF Score: 48 on MAR 31, 2005 by WOJCIK, MARIE F

He is doing a little better than last time. He tells me he is only taking the meds intermittantly because "I feel better". MS: alert and composed. No SI/HI. His reality sense is ok. His "mood disorder NOS" is stable. Plan: continue therapy and assess his MS in two months. At this time he is disinclined to take his med except on prn basis.

/es/ THOMAS S. WOLMAN

MD

Signed: 04/27/2005 14:22

LOCAL TITLE: MEDICATION RENEWAL*

STANDARD TITLE: PHARMACY MEDICATION MGT NOTE

DATE OF NOTE: APR 08, 2005@10:16

ENTRY DATE: APR 08, 2005@10:17:09

AUTHOR: LOGAN, MICHAEL A

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF, Redacted presents to primary care requesting medication refills. Follow up appointment scheduled for and confirmed with patient. See action profile.

/es/ MICHAEL A. LOGAN, RN

STAFF NURSE

Signed: 04/08/2005 10:17

LOCAL TITLE: MHC FOLLOW-UP VISIT

STANDARD TITLE: MENTAL HEALTH OUTPATIENT NOTE

DATE OF NOTE: MAR 31, 2005@10:50

ENTRY DATE: MAR 31, 2005@10:50:42

AUTHOR: WOJCIK, MARIE F

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF Redacted

Last GAF Score: 48 on MAR 16, 2005 by WOLMAN, THOMAS

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

MD

Cosigned: 05/02/2005 15:02

LOCAL TITLE: NURSE - SURGERY CLINIC*
 STANDARD TITLE: NURSING OUTPATIENT E & M NOTE
 DATE OF NOTE: APR 28, 2005@14:00 ENTRY DATE: APR 28, 2005@14:00:17
 AUTHOR: BROWN, DAVID R EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Redacted

Name: MAHDI, SHAREEF
 Age: 51 Sex: MALE
 Allergies:
 ASPIRIN

CLINIC:
 Vascular
 General
 Ortho
 Neurosurg
 xENT
 Eye
 GU
 Surg Onc

TYPE OF VISIT:
 Routine
 Followup
 Pre-Op (Teaching)
 Post Op
 Nurse Clinic
 x-initial

VS: Wt:183 BP:166/70 P:68 R:18 Temp:97.8 Pain:0

Pain: -----
 0 1 2 3 4 5 6 7 8 9 10
 no pain mild moderate severe very worst
 severe possible

Chief Complaint: initial visit, dysphagia

P:

I:

E:

/es/ DAVID R BROWN HCT
 HEALTH TECH

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

2 carpules of 2% lido 1:100k epi used/ elevated/ext/ #16 without complications/ tylenol 3 prescribed/post op given/

/es/ PHILIP F QI
dental resident
Signed: 07/28/2005 16:17

/es/ JOHN W. MOONEY
DDS
Cosigned: 07/29/2005 06:52

LOCAL TITLE: MHC FOLLOW-UP VISIT
STANDARD TITLE: MENTAL HEALTH OUTPATIENT NOTE
DATE OF NOTE: JUL 06, 2005@13:59 ENTRY DATE: JUL 06, 2005@13:59:09
AUTHOR: WOLMAN, THOMAS S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF Redacted

Last GAF Score: 48 on MAR 31, 2005 by WOJCIK, MARIE F
He is somewhat guarded. He says the paxil is "too strong". He was only taking it intermittantly anyway. No complaints. MS: alert and composed. No SI/HI. Somewhat guarded. His reality sense is ok. His "mood disorder NOS" is stable. Plan: take paxil at 20mg od, support encourage to restart therapy. No side effects noted. Meds given for two months.

/es/ THOMAS S. WOLMAN
MD
Signed: 07/06/2005 14:01

LOCAL TITLE: OTOLARYNGOLOGY (ENT) FOLLOW-UP VISIT
STANDARD TITLE: OTOLARYNGOLOGY E & M NOTE
DATE OF NOTE: APR 28, 2005@14:21 ENTRY DATE: APR 28, 2005@14:21:23
AUTHOR: GENDRON, KRISTIN EXP COSIGNER: MIRZA, NATASHA
URGENCY: STATUS: COMPLETED

Still w/ mild globus sensation, but much improved since last visit (taking PPI).
Pt w/ strong gag reflex- refuses OP exam
will cont to take PPI and f/u prn.

/es/ KRISTIN GENDRON
CHIEF ENT RESIDENT
Signed: 04/28/2005 14:22

/es/ NATASHA MIRZA, MD

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Active Problems:
Dysthymic Disorder

----- Outpatient Medication -----
METOPROLOL TARTRATE 50MG TAB - (ACTIVE)
OMEPRAZOLE 20MG SA CAP - (ACTIVE)
QUETIAPINE FUMARATE 100MG TAB - (ACTIVE)
CODEINE 30/ACETAMINOPHEN 300MG TAB - (ACTIVE)

51 yo pt returns to OS clinic w/ cc: pain from extraction site #16. HPI = pain over weekend since exo on 7/28/05. Clin exam shows open socket w/ debris. Placed BIPPS paste, rx for Tylenol #3. Reviewed post-op inst. F/U in 3 days.

/es/ JOHN R MARCELINO
Dental resident
Signed: 08/01/2005 10:06

/es/ JOHN W. MOONEY
DDS
Cosigned: 08/02/2005 06:58

LOCAL TITLE: DENTAL OUTPT EVAL
STANDARD TITLE: DENTISTRY OUTPATIENT CONSULT
DATE OF NOTE: JUL 28, 2005@16:15 ENTRY DATE: JUL 28, 2005@16:17:57
AUTHOR: QI, PHILIP F EXP COSIGNER: MOONEY, JOHN W
URGENCY: STATUS: COMPLETED

Patient Name: MAHDI, SHAREEF, DOB: Redacted , Age: 51
Visit: S: JUL 28, 2005@10:26 - DENTAL 14 - 3 SOUTH.
Primary PCE Diagnosis: 523.8.
Dental Category: 18-PRIOR 1, EMERGENCY (OPT). Treatment Status: Active.

Completed Care:
(D7140) Extraction erupted tooth/exr. Tooth: 16. DX: (523.8).
(D0150) Comprehensive oral evaluation. DX: (525.9).
(D0330) Dental panoramic film. DX: (525.9).

51 y.o male presented to clinic with pain on upper left.

clinical exam revealed advanced decay on #16

time out/ consent signed

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

DATE OF NOTE: AUG 04, 2005@16:26 ENTRY DATE: AUG 04, 2005@16:31:30
 AUTHOR: GUPTA, RAJA EXP COSIGNER: MOONEY, JOHN W
 URGENCY: STATUS: COMPLETED

Patient Name: MAHDI, SHAREEF, DOB: Redacted , Age: 51
 Visit: S: AUG 4, 2005@11:53 - DENTAL 14 - 3 SOUTH.
 Primary PCE Diagnosis: 525.9.
 Dental Category: 18-PRIOR 1, EMERGENCY (OPT). Treatment Status: Active.

Completed Care:

(D0140) Limit oral eval problm focus. DX: (525.9).
 (D1330) Oral hygiene instruction. DX: (523.9).

 51yom presents to oral sx for follow up apt. Pt had tooth #16 extracted on 7/28/05 and then returned 8/1/05 with pain. Bipps gauze was placed at that time. Gauze had fallen out prior to today's appt. Evaluated extraction site. It was healing normally. Pt complained of some soreness. Pt still had adequate pain medication. Pt was advised to keep area clean and continue rinses. NV: as needed.

/es/ RAJA GUPTA
 dental resident
 Signed: 08/04/2005 16:31

/es/ JOHN W. MOONEY
 DDS
 Cosigned: 08/05/2005 07:01

LOCAL TITLE: DENTAL FOLLOW-UP VISIT
 STANDARD TITLE: DENTISTRY NOTE
 DATE OF NOTE: AUG 01, 2005@09:57 ENTRY DATE: AUG 01, 2005@10:06:49
 AUTHOR: MARCELINO, JOHN R EXP COSIGNER: MOONEY, JOHN W
 URGENCY: STATUS: COMPLETED

Patient Name: MAHDI, SHAREEF, DOB: Redacted , Age: 51
 Visit: S: AUG 1, 2005@09:28 - DENTAL 14 - 3 SOUTH.
 Primary PCE Diagnosis: 525.9.
 Dental Category: 18-PRIOR 1, EMERGENCY (OPT). Treatment Status: Active.

Completed Care:

(D0140) Limit oral eval problm focus. DX: (525.9).
 (D7999) Oral surgery procedure. DX: (525.9).

Active Allergies:
 ASPIRIN

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

- [X] Reviewed safe driving habits
- [X] Advised patient to avoid alcohol and sedatives, as they may exacerbate sleep-disordered breathing, have detrimental effects on sleep quality, increase sleepiness, and interact with other medications
- [] Recommended safe methods of weight loss
- [] Return to clinic in months with CPAP machine

Obesity

- [] Described to patient morbidity/mortality associated with obesity
- [] Suggested that the patient review safe methods of weight loss with primary care physician or with nutrition service.

Somnolence: warned of dangers of driving and precautions to reduce risk

- [X] Advised patient not to drive before sleep study and adequate therapy.
- [X] Advised patient to avoid alcohol, which may exacerbate sleep-disordered breathing, have detrimental effects on sleep quality, increase sleepiness, and interact with other medications

Mr. Mahdi would benefit from a sleep study which will be scheduled.

/es/ Stephen Liu, MD
Resident Physician
Signed: 08/31/2005 11:42

Receipt Acknowledged By:
08/31/2005 11:53 /es/ SAMUEL T KUNA
MD

08/31/2005 ADDENDUM

STATUS: COMPLETED

I saw and examined this 51 yo man with Dr. Liu and agree with his assessment and plan of care. The patient presents with snoring, daytime sleepiness (ESS 12), fragmented sleep, and nocturia. Has an elongated soft palate and uvula. Turbinate hypertrophy on R. Will schedule patient for an in-lab polysomnogram. Patient has watched video on OSA/CPAP and given brochures on these topics. Will arrange f/u once results of sleep study are available. Patient does not have a telephone. He will contact Sleep Center nurse in beginning of October (when we have new schedule) it schedule his study.

/es/ SAMUEL T KUNA
MD
Signed: 08/31/2005 11:56

LOCAL TITLE: DENTAL OUTPT EVAL
STANDARD TITLE: DENTISTRY OUTPATIENT CONSULT

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted
PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

[X]partially edentulous

Neck:

[X]No masses or thyromegaly

Neck circumference as listed under vital signs

Lungs:

[x]Clear to auscultation and percussion

[x]Normal chest symmetry and expansion, respiratory effort

[x]No retractions

[x]No tactile fremitus

[]Normal diaphragmatic excursion

Cardiovascular:

[]normal S1 and S2

[]rhythm and rate are regular

[]no murmur, gallop, rub

[]normal carotid upstroke

[]no carotid bruit

[]normal jugular venous pressure

Extremities:

[X]Without clubbing, cyanosis or edema in four extremities

[X]Pedal pulses present

GI:

[X]Soft, nontender, without masses

[X]No hepatomegaly or splenomegaly

[X]Bowel sounds normal

Musculoskeletal:

[X]Muscle strength and tone normal

Skin:

[X]Anicteric, no rashes, no bruises

Neuro:

[X]gait normal

[X]Alert

[X]Oriented to person, place, time

[X]No tremor

[X]Normal DTR's

Psych:

[X]pleasant and cooperative

[X]Affect normal

ASSESSMENT and RECOMMENDATIONS:

Probable obstructive sleep apnea

[X] Scheduled condensed (split-night) sleep study

[X] Instructed patient about sleep apnea, its causes, treatment, what to expect during a sleep study, CPAP treatment, and consequences of untreated sleep apnea

[X] Showed patient video about sleep apnea, CPAP and sleep study and gave related brochures

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Relevant FMH:**SOCIAL:**

Employment: NOT EMPLOYED ORDERLY

Marital Status: DIVORCED

Lives with: Boarders

Smoking: None

EtOH: None

Substance abuse: None

Caffeine: 3 sodas a day

EXAM: (1. 6. 2 in 6 areas. 2 in 9 areas. 2 in 9 areas)

Constitutional:☒ Well nourished in no acute distress☐ Obese**VS:**

Temp: 97.8 F [36.6 C] (03/31/2005 09:35)

Pulse: 53 (03/31/2005 09:35)

BP: 115/80 (03/31/2005 09:35)

Height: 69 in [175.3 cm] (03/31/2005 09:35)

Weight: 179 lb [81.4 kg] (03/31/2005 09:35)

Neck Circumference:

Face/Head:☐ retrognathia**Eyes:**☒ pupils reactive bilaterally☒ no conjunctival injection**Ears:**☒ TM's clear, intact**Nose:**☐ no nasal septal deviation noted☒ nares without injection☐ Turbinates without hypertrophy

Right turbinate with more hypertrophy than left

☒ No nasal polyps visible☒ No discharge**Pharynx:**☐ macroglossia☒ fenestrations noted on tongue☒ low soft palate☐ narrow a/p diameter of pharynx☐ lateral narrowing☐ edentulous

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Exertional dyspnea
 Dyspepsia
 Nausea
 Dry hair
 Dry nails
 Dry facial hair
 Headache
 Crying episodes
 Excessive worry that interferes with sleep
 Inability to relax that interferes with sleep
 Watching the clock that interferes with sleep
 Fear of nightmares that interferes with sleep
 Fear of dyspnea that interferes with sleep

PHYSICAL EXAMINATION:

Height: 68
 Weight: 180
 Neck Circumference: 14
 BMI: 27.43
 MAP Score: 0.98

MEDICATIONS:

OUTPT MEDICATIONS:

DRUG	STATUS
QUETIAPINE FUMARATE 100MG TAB SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME	ACTIVE
OMEPRAZOLE 20MG SA CAP SIG: TAKE ONE CAPSULE BY MOUTH EVERY DAY	ACTIVE
METOPROLOL TARTRATE 50MG TAB SIG: TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE.	SUSPENDED
CODEINE 30/ACETAMINOPHEN 300MG TAB SIG: TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED	ACTIVE

INPT MEDICATIONS: NONE

ALLERGIES: ASPIRIN

PFSH: (0,0,1,2,2)

Relevant past history:

[X]Reviewed computerized PMH

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Schizophrenia
Panic Attacks
Generalized Anxiety Disorder

SOCIAL HISTORY:

Lives with:	family or friends
Education:	college
Employment:	disabled
Night Shift:	
Use of alcohol as a sleep aid:	never
Use of prescription or non-prescription sedative medication:	never
Cigarettes:	1 pack-year history
Current smoker:	No
Caffeine (drinks per day):	3
Illicit drugs	Admits to use of:
	Sedatives-Hypnotics
	Analgesics

Driving History:

The patient does not drive
Time spent driving per day:
History of MVA: Yes
History of fall-asleep accident: denies
History of single-vehicle accident: Yes

REVIEW OF SYSTEMS

In the past month, the patient reports experiencing:

Sleep-talking
Nocturnal angina
Nocturnal cough
Dry skin
Muscle pain
Joint pain
Feeling sad, down or blue
Feeling hopeless about the future
Mind racing that interferes with sleep
Vivid dreams
Increase or decrease in dreaming
Nightmares

Denies (in the past month):

Sleep-walking
Lower extremity edema
Nocturnal palpitations
Nocturnal wheezing
Nocturnal post-nasal drip
Orthopnea

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI. SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Nightmares of past event:	Less than once per week
Re-experiencing past trauma while awake:	Never
Awakening with anxious feeling:	Never
Feeling tense, on edge, keyed up during the day	Less than once per week

Suggestive of a Depressive Disorder:

Irritability:	Less than once per week
Guilty feelings:	Less than once per week
Indecisiveness:	Never
Anhedonia:	Less than once per week
Concentration or memory problem:	Never
Anergia:	Less than once per week

Suggestive of Mania or Hypomania:

Elevated mood:	Never
Increased energy and plans:	Never
Decreased need for sleep:	Less than once per week

Suggestive of Narcolepsy:

Cataplexy:	Never
Sleep paralysis:	Never
Hypnagogic/hypnopompic hallucinations:	5 - 7 times per week

Suggestive of Parasomnias:

Awoken outside of bed:	Never
Makes groaning, moaning, or squealing noises while sleeping:	Less than once per week

Suggestive of Night-Eating Syndrome:

Morning anorexia:	Never
Arises from bed to eat:	Less than once per week

Sleep Hygiene:

Maintains a regular bedtime and rise time	
Room temperature:	not disruptive to sleep
Noise in room:	not disruptive to sleep
Bed-partner:	not disruptive to sleep

PAST MEDICAL HISTORY

Hypertension
 Sleep Apnea
 The patient denies having a prior sleep study.
 Gastroesophageal Reflux Disease

PAST PSYCHIATRIC HISTORY

Post-Traumatic Stress Disorder
 Depression

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

gasping or snorting

Falls back asleep in less than 10 minutes
 Final awakening occurs at 4:00 a.m.
 Is out of bed at 4:00 a.m.
 Upon awakening, feels completely unrefreshed
 Reports napping at least once a week

EPWORTH SLEEPINESS SCALE:

Sitting and reading:	3
Watching TV:	0
Sitting inactive in public place:	1
As a passenger in a car for an hr w/o break:	3
Lying down to rest in the afternoon:	3
Sitting and talking to someone:	0
Sitting quietly after lunch without alcohol:	1
In a car, while stopped for a few minutes in traffic:	1

TOTAL: 12

The patient reports the following symptoms of the following disorders for at least the past month:

Suggestive of Obstructive Sleep Apnea Syndrome:

Reports weight gain of 10 pounds in the past year.
 Reports weight loss of 10 pounds in the past year.

Snoring:	5 - 7 times per week
Loud Snoring:	5 - 7 times per week
Snorting or gasping during sleep:	5 - 7 times per week
Feeling of choking during sleep:	1 - 2 times per week
Perceived or witnessed apneas:	Less than once per week
Morning headache:	Never
Morning dry mouth:	Never
Morning nasal congestion:	Never

The patient denies having a prior sleep study.

Suggestive of Restless Legs Syndrome:

Parasthesias in extremities relieved by movement:	5 - 7 times per week

Suggestive of Insomnia:

Initial Insomnia:	3 - 4 times per week
Middle Insomnia:	5 - 7 times per week
Terminal Insomnia:	3 - 4 times per week

Suggestive of Post-Traumatic Stress Disorder or other anxiety disorder:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

PRIMARY PROVIDER: Psychiatry - Hubbard

CHIEF COMPLAINT:

This a 51 year old patient presents to the sleep clinic with a chief complaint of excessive daytime somnolence.

HPI: 51 y/o male was self referred to address his sleeping problems. He reports that for the past 10 years he has been very tired during the day. He takes a nap every afternoon. He normally goes to bed at 11pm and wakes at 4am if he has mosque duties or at 9am on other days. In either case, he wakes up unrefreshed. He wakes every 2 hours due to nocturia, though occasionally he finds himself gasping for air at night - a symptom that resolves quickly. He has a good routine and sleeps at 11pm with no difficulty falling asleep. He does not drink alcohol. He drinks 3 caffeinated beverages (soda) during the day. He does not smoke and does not have any h/o pulmonary disease. He does not wake due to nightmares. He has never fallen asleep while driving. People he lives with and people in the past have told him he is a loud snorer.

Philadelphia VAMC Sleep Center
Electronic Questionnaire Results

Date of Questionnaire: 8/24/2005
Patient Social Security: Redacted
Date of Birth:
Age: 51 years
Sex: Male
Telephone #: (0) -

CHIEF COMPLAINTS

Excessive Daytime Sleepiness
Restless sleep
Snoring
Hypertension

Referred by: Self

HISTORY OF PRESENT ILLNESS

Sleep Schedule during the past month:

Goes to bed at 11:00 p.m.
Falls asleep quickly
Wakes up
Due to:

nocturia

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Antihypertensive Medications

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) METOPROLOL TARTRATE 50MG TAB TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE.	ACTIVE
2) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY	ACTIVE
3) QUETIAPINE FUMARATE 100MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME	ACTIVE

Pertinent Past Medical History: htn,depression.

ER TRIAGE CATEGORY: Category 4: LESS URGENT

Homeless: No.

Injury related: No.

/es/ LILLY K JOSEPH, RN, C
STAFF NURSE
Signed: 11/09/2005 10:09

11/09/2005 ADDENDUM
Patient sent for cxr pa & lat.

STATUS: COMPLETED

/es/ LILLY K JOSEPH, RN, C
STAFF NURSE
Signed: 11/09/2005 10:11

LOCAL TITLE: SLEEP DISORDERS CLINIC-NEW OUTPATIENT VISIT*
STANDARD TITLE: SLEEP MEDICINE NOTE
DATE OF NOTE: AUG 31, 2005@10:48 ENTRY DATE: AUG 31, 2005@10:48:37
AUTHOR: LIU,STEPHEN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** SLEEP DISORDERS CLINIC-NEW OUTPATIENT VISIT* Has ADDENDA ***

MAHDI, SHAREEF Redacted

[X] New patient referral for transfer of care

REFERRED BY: Self

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted
PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

in primary care on the 7th floor Nina Chychula
FEB 15, 2006@09:00 SLEEP 4E - KUNA (I/V)

Physician Signature
Dr. Grace Nejman

11/09/05 09:48

Primary Care: Call 823-4300

/es/ Dr. Grace Nejman
ER Director
Signed: 11/09/2005 11:49

LOCAL TITLE: ER TRIAGE/NURSING NOTE*
STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE
DATE OF NOTE: NOV 09, 2005@10:06 ENTRY DATE: NOV 09, 2005@10:06:44
AUTHOR: JOSEPH, LILLY K EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** ER TRIAGE/NURSING NOTE* Has ADDENDA ***

Mode of Arrival: Car
Level of Consciousness: A x O x3 Yes
High risk Situation: No.
Severe pain or distress : Yes Pain Index(0-10) 7

PATIENT AGE: 51 MALE
HEART RATE: 79 (11/09/2005 10:05)
RESPIRATIONS: 18 (11/09/2005 10:05)
OXYGEN SATURATION: 98 on Room Air Yes

Temperature: 99.4 F (37.4 C) (11/09/2005 10:05)
Blood Pressure: 145/89 (11/09/2005 10:05)
Weight: 190 lb (86.4 kg) (08/31/2005 11:45)
Fingerstick Glucose:
Last menstrual period:
Visual acuity:

Chief Complaint/Brief History & Assessment: 51yrs old male presents with 2 weeks
hx of cold symptoms and chest congestion., cough, yellow sputums. Patient also c/o
lower back pain.

ALLERGY:
ASPIRIN

MEDICATIONS:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted
PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

TEMP: 99.4 F [37.4 C] (11/09/2005 10:05)
HR: 79 (11/09/2005 10:05)
Resp: 18 (11/09/2005 10:05)

PHYSICAL EXAM

alert and oriented
hr lung cta occasional wheeze
tm clear posterior pharynx without erythema neck supple no adenopathy

DATA ANALYSIS

IMPRESSION: persistent URI bronchitis after 2 weeks

INSTRUCTIONS/PLAN: see discharge instruction sheet
ER discharge sheet given to patient YES
DISCHARGE CONDITION: Stable

/es/ Dr. Grace Nejman
ER Director
Signed: 11/09/2005 13:40

LOCAL TITLE: ER DISCHARGE INSTRUCTIONS
STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: NOV 09, 2005@11:46 **ENTRY DATE:** NOV 09, 2005@11:46:27
AUTHOR: NEJMAN, GRACE **EXP COSIGNER:**
URGENCY: **STATUS:** COMPLETED

MAHDI, SHAREEF
Redacted

DISCHARGE DIAGNOSIS: Upper respiratory infection Bronchitis

DISCHARGE MEDICATIONS (New medications or changes in current medications):
zithromax 250mg Take 2 the first day then one daily for total of five days
albuterol inhaler 2 puffs every 6 hours as need for cough and wheezing
robitussin 1-2 tsp every 6 hours as need for cough

DISCHARGE INSTRUCTIONS:

return if high fevers increasing cough or shortness of breath
keep hydrated

If at any time your symptoms worsen, you should return to the ER.

FOLLOW UP:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Pt has no phone, no emergency contact number..
When consult was scheduled pt requested to contact dept.in early October. Called mid-Sept, unable to schedule at that time, no available appointments. Requested he call in early October. he did not...

Sent letter October 19th NO RESPONSE. Will not schedule Sleep Study unless discussed with Pt.

/es/ ELAINE B DYNAKO, RN, BSN

x3235

Signed: 11/14/2005 11:01

LOCAL TITLE: ER URGENT CARE

STANDARD TITLE: EMERGENCY DEPT NOTE

DATE OF NOTE: NOV 09, 2005@11:49

ENTRY DATE: NOV 09, 2005@11:49:08

AUTHOR: NEJMAN, GRACE

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF

Redacted

NSC VETERAN

time seen: 11:40am

HPI: MAHDI, SHAREEF is a 51 y/o MALE with a c/c cough and sore throat for 2 weeks. non smoker. exposed to people during ramadan. denies any shortness of breath. coughing up thick brown and green sputum. denies any chest pains/..v./. denies any sinus pains.

denies any

Allergies/ADR: ASPIRIN

Medications: Active Inpatient and Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) METOPROLOL TARTRATE 50MG TAB TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE.	ACTIVE
2) OMEPRAZOLE 20MG SA CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY	ACTIVE
3) QUETIAPINE FUMARATE 100MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME	ACTIVE

PMH: Computerized Problem List is the source for the following:

1. Dysthymic Disorder
F

03/31/05 WOJCIK, MARIE

BP: 145/89 (11/09/2005 10:05)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Obstructive sleep apnea, doing well on CPAP

- [] Reinforced importance of continued adherence to CPAP
- [] Reviewed safe driving habits
- [] Advised patient to avoid alcohol, sedatives
- [] Recommended safe methods of weight loss
- [] Return to clinic in months with CPAP machine

Obstructive sleep apnea, difficulty tolerating CPAP

- [] Patient having difficulty adhering with therapy due to:
- [] Refer to Otorhinolaryngology for evaluation
- [] Refer to Dental clinic for oral appliance fitting
- [] Return to clinic after consultation is completed; consider sleep study at that time
- [] Recommended safe methods of weight loss
- [] Discontinue CPAP

/es/ SAMUEL T KUNA

MD

Signed: 02/15/2006 10:16

LOCAL TITLE: SLEEP CLINIC TELEPHONE NOTE

STANDARD TITLE: SLEEP MEDICINE NOTE

DATE OF NOTE: JAN 05, 2006@10:50

ENTRY DATE: JAN 05, 2006@10:50:52

AUTHOR: DYNAKO, ELAINE B

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF

Redacted

Pt called today requesting Sleep Study be scheduled. Unable to contact pt, letter sent in October, NO RESPONSE. Consult cancelled. Consult are not scheduled unless discussed with patients.

Reassured pt he can be rescheduled BUT he must present to requesting provider for resubmission of consult.

Veteran verbalizes understanding and willingness to comply.

/es/ ELAINE B DYNAKO, RN, BSN

x3235

Signed: 01/05/2006 10:56

LOCAL TITLE: SLEEP CLINIC TELEPHONE NOTE

STANDARD TITLE: SLEEP MEDICINE NOTE

DATE OF NOTE: NOV 14, 2005@10:42

ENTRY DATE: NOV 14, 2005@10:42:23

AUTHOR: DYNAKO, ELAINE B

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF

Redacted

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Lab: reviewed

Will add HCTZ and obtained labs
RTC as scheduled

/es/ NINA M CHYCHULA HUD
NP
Signed: 02/15/2006 14:43

LOCAL TITLE: SLEEP CLINIC FOLLOW-UP VISIT*

STANDARD TITLE: SLEEP MEDICINE NOTE

DATE OF NOTE: FEB 15, 2006@10:00

ENTRY DATE: FEB 15, 2006@10:01:01

AUTHOR: KUNA, SAMUEL T

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF

Redacted

51 yo man returns for f/u.

Do to difficulty contacting patient, he has not yet had his sleep study.
Will schedule him for this today.

Patient states that there has been no change in his symptoms since initial visit
in 8/2005 when ESS 12

Took Amoxicillin and chlorpheniramine in January for bronchitis secondary to a
URI. Coughing has resolved. Continues to take the chlorpheniramine.

Epworth Sleepiness Scale

0=never;1=slight;2=moderate;3=high chance of dozing

Falls asleep inappropriately:

- [0] Sitting and reading
- [0] Watching TV
- [0] Sitting inactive in a public place (lecture, movies, meetings)
- [0] As a passenger in a car for 1 hr without break
- [3] Lying down in the afternoon when circumstances permit
- [0] During conversations
- [0] Sitting quietly after lunch without alcohol
- [0] In a car, while stopping for a few minutes in traffic

3 TOTAL

Usually takes one nap per day for one hr duration.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Axis II: No diagnosis

Axis III: Hypertension

ED

GERD

Contact dermatitis

Axis IV: 1. High psychosocial stress secondary to two sons
 2. Financial hardship
 3. Manages own affairs
 4. Divorced lives alone on pension with few social supports

Axis V: 50

No drug or alcohol history.

Stopped smoking about 3 years ago.

Health Maintenance:

Diet counseling q 2 yrs	(2/15/2006)
Counseling on weight control	(2/15/2006)
Counseling on exercise	(2/15/2006)
Use of D & A	(2/16/2006)
CAGE	(non drinker)
Cigarette smoking yrly	(non smoker)
Referral to smoking cessation	(non smoker)
Depression screening	(2/15/2006)
Height	(2/15/2006 - 5'8")
Weight	(2/15/2006 - 179 lbs)
Safe sex	(2/15/2006)
Seat belt use	(2/15/2006)
Smoke detectors	(2/15/2006)
Cholesterol	(2/15/2006)
Digital rectal exam	(2004)
Fecal occult blood	(2004)
PSH counseling 50-69	(2/15/2006)
PSH test 50-69	(2/15/2006)
Flu vaccine > 65 yo/high risk	(declines)
Pnsumovax > 65 yo/high risk	(declines)
Last Td. (q 10 yr)	(within 10 years)

PE:

BP:148/94 P:78 R:18 T: 99.4 po

SKIN: warm, dry

LUNGS: clear, no rales/rhonchi/wheezes

HEART: RRR, no murmurs/gallop/rubs; PMI MCL

ABDOMEN: BS+; soft, nontender, no l/s; no masses; no CVA tender

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

39.1 events/hr [normal < 5]. The apnea-hypopnea index was 57.4 in the supine position and 23.8 in the lateral recumbent positions. The apnea-hypopnea index was 36.9 in NREM sleep and 56.5 in REM sleep.

OXIMETRY: Mean SaO2 was 95.8% and the minimum value was 68.5%. Oxygen saturation was between 80-90% for 3.6% of the recording.

MOVEMENT PARAMETERS: There were no periodic limb movements.

CARDIAC PARAMETERS: Single-lead ECG recording revealed no significant arrhythmias.

DIAGNOSIS: Obstructive sleep apnea

Interpreted by:

Indira Gurubhagavatula, MD

Copy to:

Nina M. Chychula Hud, CRNP

Samuel Kuna, MD

/es/ I GURUBHAGAVATULA

MD

Signed: 02/28/2006 11:47

LOCAL TITLE: MHC HEALTH MAINTENANCE

STANDARD TITLE: MENTAL HEALTH NOTE

DATE OF NOTE: FEB 15, 2006@10:55

ENTRY DATE: FEB 15, 2006@10:56:06

AUTHOR: HUD,NINA M CHYCHULA EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF

Mental Health Maintenance Record
Redacted

Veteran comes reporting that he is experiencing relief of depression with use of Wellbutrin bid with no side effects. Still under much psychological stress give his one son is in jail and the other is in Afghanistan and he does not have contact with him. He feels very helpless to intervene with his sons' situations.

Complained of some contact dermatitis and fungal infection of his hands secondary to doing maintenance and being exposed to chemicals.

Axis I: 1. Dysthymic Disorder

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

FERGUSON

Signed: 03/14/2006 13:11

03/20/2006 ADDENDUM

STATUS: COMPLETED

Patient returned AutoSet Titration Unit, the AutoSet-Spirit
The Flow Generator,
The HumidAire 2i
The Power Cord and Carrying Bag...

All in good condition no breakage noted. Information downloaded will be reviewed and discussed at the next Pt encounter.

/es/ JACQUELINE D FERGUSON

FERGUSON

Signed: 03/20/2006 14:53

LOCAL TITLE: SLEEP LAB CONSULT REPORT*

STANDARD TITLE: SLEEP MEDICINE CONSULT

DATE OF NOTE: FEB 28, 2006@11:46

ENTRY DATE: FEB 28, 2006@11:46:52

AUTHOR: GURUBHAGAVATULA, IND EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Redacted

MAHDI, SHAREEF

POLYSOMNOGRAM RESULTS

Patient Name: Mahdi, Shareef

SS#: Redacted

Study Date: 02-28-2006

PROCEDURES: An overnight polysomnogram was performed on 02-28-2006. The following signals were recorded: EEG (C3A2, C4A1), bilateral electrooculogram, chin muscle activity, snoring, nasal pressure, body position, oxygen saturation, ECG, rib cage and abdominal movement, and bilateral leg movements.

SLEEP ARCHITECTURE: During the 5 hours and 45 minutes recording, the patient slept for 5 hours and 5 minutes, for a sleep efficiency of 88.4%. Time to sleep onset was 14.7 minutes and time from sleep onset to the first REM period was 181 minutes [normal 50-120 minutes]. The patient spent 3.8% of the sleep time in Stage 1 NREM sleep, 85.1% in Stage 2, 0% in Stage 3-4, 11.1% in REM. Sleep expressed as a percentage of total sleep time was observed in the supine (45.5%) and lateral positions (54.5%).

RESPIRATORY PARAMETERS: There were 109 apneas (109 obstructive apneas & 0 central apneas) and 90 hypopneas, resulting in an apnea-hypopnea index of

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

DISPOSITION: The patient will be informed of the results and ordered a CPAP apparatus with the above specifications for treatment of his sleep apnea. He will be scheduled for a follow-up appointment in sleep clinic.

Interpreted by:
Samuel T. Kuna, M.D.

Copies to:
Nina Chychula Hud, CRNP

/es/ SAMUEL T KUNA
MT
Signed: 03/22/2006 19:20

LOCAL TITLE: SLEEP THERAPIST FOLLOW UP NOTE
STANDARD TITLE: SLEEP MEDICINE NOTE
DATE OF NOTE: MAR 14, 2006@13:02 ENTRY DATE: MAR 14, 2006@13:02:52
AUTHOR: FERGUSON, JACQUELINE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** SLEEP THERAPIST FOLLOW UP NOTE Has ADDENDA ***

MAHDI, SHAREEF Redacted

Patient had an in lab Polysomnogram done 2//28/06
Diagnosis: Obstructive Sleep Apnea

Rec'd patient this AM, to pick up Home Monitoring Device.

ResMed AutoSet-SpiriT (titration unit) #16

Patient was given instruction on the set up and operation of the AutoSet-SpiriT, titration unit. Pt understands instructions given, as shown by return demonstration.

Settings are Min pressure 4 cm of h20 pressure
Max pressure 20 cm of h20 pressure
Settling time 20 min

Patient was given MEDIUM SWIFT NASAL PILLOWS and headgear, he will use device 6 days, then return unit on Monday March 20, 2006.

/es/ JACQUELINE D FERGUSON

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted
PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

/es/ ELAINE B DYNAKO, RN, BSN
x3235
Signed: 04/03/2006 15:39

LOCAL TITLE: SLEEP LAB CONSULT REPORT*
STANDARD TITLE: SLEEP MEDICINE CONSULT
DATE OF NOTE: MAR 22, 2006@19:19 ENTRY DATE: MAR 22, 2006@19:19:35
AUTHOR: KUNA, SAMUEL T EXP COSIGNER:
URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF Redacted

RESULTS OF AUTOCPAP RECORDING
Patient: MAHDI, SHAREEF
SS#: Redacted

The above named patient used an automatically adjusting positive airway pressure machine (AutoSet Spirit, ResMed) for 6 nights (March 14-19, 2006) to determine the pressure settings needed to treat his known obstructive sleep apnea. He used a Mirage Swift nose mask with medium pillows. Minimum pressure setting was 4 cm H2O; maximum pressure setting was 20 cm H2O. On nights 1-6, median usage of the apparatus was 8:56 hours:minutes. The patient even used the treatment during naps.

Over the total time the apparatus was being used:
Time in Apnea: 0.2% mask on time
Apnea index: 0.4 events/hr
AHI: 7.3 events/hr

Median pressure: 5.8 cm H2O
Pressure 95th percentile: 10.3 cm H2O
Maximum pressure: 12.5 cm H2O

Median Leak: 0.09 L/sec
Leak 95th percentile: 0.34 L/sec
Maximum leak: 0.64 L/sec

The results indicate that 10 cm H2O is the optimal pressure for nasal CPAP treatment of the patient's obstructive sleep apnea. On the post study questionnaire, the patient commented that he had trouble putting on the mask. On treatment, he noted fewer awakenings during the night and felt more rested in the morning when he woke up. He indicated that he is willing to use the treatment on a regular basis.

Recommended CPAP Level: 10 cm H2O with in-line heated humidifier
Recommended CFLEX gain: 3
Recommended mask: Mirage Swift nose mask with medium pillows

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted
PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

about darvocet. Should he return to walkin clinic will also recommend glucosamine. D/W his PCP and we talked about Vit C and Vit D as an alternative also. Should pt return to walk-in clinic will follow thru with this.

/es/ CHARMAINE JONES
PA-C X6068
Signed: 07/24/2006 14:25

Receipt Acknowledged By:
07/26/2006 13:38 /es/ NINA M CHYCHULA HUD
NP

LOCAL TITLE: MEDICATION RENEWAL*
STANDARD TITLE: PHARMACY MEDICATION MGT NOTE
DATE OF NOTE: JUL 13, 2006@13:55 ENTRY DATE: JUL 13, 2006@13:56:13
AUTHOR: PATTERSON, MARLYN L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Redacted
MAHDI, SHAREEF, presents to primary care requesting medication refills. Follow up appointment scheduled for and confirmed with patient.

/es/ MARLYN L. PATTERSON, RN
STAFF NURSE, BEHAVIORAL HEALTH X4106
Signed: 07/13/2006 13:57

LOCAL TITLE: SLEEP CLINIC TELEPHONE NOTE
STANDARD TITLE: SLEEP MEDICINE NOTE
DATE OF NOTE: APR 03, 2006@13:46 ENTRY DATE: APR 03, 2006@13:46:39
AUTHOR: DYNAKO, ELAINE B EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Redacted
MAHDI, SHAREEF

Spoke with pt regarding results of CPAP titration. Questioned to his response, stated "I loved that machine, slept so well"

Explained why he slept so well, reiterated principal of CPAP, short and long term benefits of use. Stressed need for nightly use, use of humidifier and correct mask. During study Veteran had used CPAP while napping, encouraged to continue.

Aware the pressure the CPAP will be set at is 10 cms, this eliminates abnormal breathing patterns and stabilizes O2 to an acceptable level.

Equipment will be delivered by Young's Med Co, he will be seen in clinic 6-8 wks after therapy begins. Any concerns we are to be contacted.

Verbalizes understanding and willingness to comply.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted
PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Orthotist
Signed: 08/29/2006 10:23

LOCAL TITLE: PRIMARY CARE WALK IN
STANDARD TITLE: PRIMARY CARE TRIAGE NOTE
DATE OF NOTE: AUG 24, 2006@13:17 ENTRY DATE: AUG 24, 2006@13:17:15
AUTHOR: JONES,CHARMAINE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient Name: MAHDI,SHAREEF
SSN: Redacted
DOB:

Pt oredered tylenol ES for pain and to f/u wiht his PCP.

/es/ CHARMAINE JONES
PA-C X6068
Signed: 08/24/2006 13:18

LOCAL TITLE: PHARM - PHARMACIST'S NOTE
STANDARD TITLE: PHARMACY NOTE
DATE OF NOTE: JUL 18, 2006@14:02 ENTRY DATE: JUL 18, 2006@14:02:48
AUTHOR: DOYLE,MOLLY K EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** PHARM - PHARMACIST'S NOTE Has ADDENDA ***

Patient Name: MAHDI,SHAREEF
SSN: : Redacted

Pt presented to my office today with a bottle of ibuprofen that was rxed for him today. Pt states that he is allergic to this. Pt claims that he has experienced hives after taking aspirin (or ibuprofen) in the past. Med returned to pharmacy.

/es/ MOLLY K DOYLE
PHARM D
Signed: 07/18/2006 14:10

Receipt Acknowledged By:
07/20/2006 09:16 /es/ NINA M CHYCHULA HUD
NP

07/24/2006 ADDENDUM STATUS: COMPLETED
Previous note appreciated by PCP Chychula. Pt given tylenol ES prn. He has been doing water aerobics and reports the pain is usually at night. Mentioned to him

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted
PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

continue to monitor. IV fluids, NSS@75cc/hr started.

144/77 P76 R16 POX 98% T99.5 oral

2025

Patient reporting "feeling better", requesting food, given bag lunch as per physician.

2055

Patient reporting "pain returning, but not as bad yet", describing pain as "from the back of my head to the front" indicating sinus areas. Report from HUP

Radiology indicated Sinusitis.

2110

Patient given Percocet x2 tabs as ordered.

2130

Avelox 400mg Iv started, Metoprolol 25mg PO given as ordered.

BP143/91 P79 R16 POX 99%

2230

Avelox completed, pending disposition.

/es/ JAMES P. SAMPSON

RN,C

Signed: 09/23/2006 22:42

LOCAL TITLE: PRIMARY CARE NO SHOW

STANDARD TITLE: NO SHOW NOTE

DATE OF NOTE: SEP 15, 2006@12:36

ENTRY DATE: SEP 15, 2006@12:36:50

AUTHOR: HUD,NINA M CHYCHULA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

No show and no call.

/es/ NINA M CHYCHULA HUD

NP

Signed: 09/15/2006 12:37

LOCAL TITLE: PROSTHETICS INITIAL VISIT

STANDARD TITLE: ORTHOTICS PROSTHETICS NOTE

DATE OF NOTE: AUG 29, 2006@10:18

ENTRY DATE: AUG 29, 2006@10:18:39

AUTHOR: SCHAEFER,WILLIAM J

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Mr. Mahdi came in for B/L ankle supports. He has a past Hx of possibly a rupture of the Achilles tendon in 1994. He now feels pain with FWB. This was never treaded. Also has pain on the left. I ordered B/L ankle ligament protectors today to try to help with the supination. I also have called his P/C and requested his to see Orthopedics.

/es/ William J Schaefer, CO

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Homeless: No.
Injury related: No.

/es/ WILLIAM CAMERON, R.N.
STAFF NURSE E.R. X6003
Signed: 09/23/2006 16:24

09/23/2006 ADDENDUM STATUS: COMPLETED
Pt. temp. 103.1 at this time; md made aware. Tylenol 650 mg. PO administered per md orders. Pt. states last dose was at 1330 at home; md made aware.

/es/ WILLIAM CAMERON, R.N.
STAFF NURSE E.R. X6003
Signed: 09/23/2006 17:54

09/23/2006 ADDENDUM STATUS: COMPLETED
1815 pt still c/o headache and generalized body aches. stating "I'm dying."
1845 pt sent for ct of head without contrast.
1900 returned from cat scan. iv started with #18 angiocath in left wrist and labs drawn including blood cultures.
1930 report given to oncoming shift.

/es/ DEBORAH M TARNOWSKI RN
RN
Signed: 09/23/2006 19:31

09/23/2006 ADDENDUM STATUS: COMPLETED
Pt. temp. 102.7 at this time; md made aware.

/es/ WILLIAM CAMERON, R.N.
STAFF NURSE E.R. X6003
Signed: 09/23/2006 19:10

09/23/2006 ADDENDUM STATUS: COMPLETED
1945
145/84 P81 R18 POX 98%
Report recieved from previous shift. Patient escorted to Radiology for ordered chest films.
2005
Patient returned from Radiology, continues to c/o headache pain, Dr.Gauwerky aware.
2015
Patient ordered Toradol but is allergic to Motrin, medication canceled. Morphine 2mg IV given, patient reported positive effect of medication after 15 min. Will

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE

DATE OF NOTE: SEP 23, 2006@16:22

ENTRY DATE: SEP 23, 2006@16:22:34

AUTHOR: CAMERON, WILLIAM

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** ER TRIAGE/NURSING NOTE* Has ADDENDA ***

Mode of Arrival: Car
 Level of Consciousness: A x O x3 Yes
 High risk Situation: Yes.
 Severe pain or distress : Yes Pain Index(0-10) 8

PATIENT AGE: 52
 GENDER: MALE
 HEART RATE: 86 (09/23/2006 16:21)
 RESPIRATIONS: 20 (09/23/2006 16:21)
 OXYGEN SATURATION: 98 on Room Air Yes

Temperature: 103.2 F [39.6 C] (09/23/2006 16:21)
 Blood Pressure: 151/86 (09/23/2006 16:21)
 Weight: 185 lb [84.1 kg] (02/15/2006 10:06)
 Fingerstick Glucose: NA
 Last menstrual period: N/A
 Visual acuity: NA

Chief Complaint/Brief History & Assessment: Pt. presents to er c/o fever, chills, generalized body aches, headache and groin pain x three days. Ua/C+S ordered.

ALLERGY:
 ASPIRIN, IBUPROFEN

MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

No Medications Found

The patient states medication changes.

Pertinent Past Medical History: See problems list.

ER TRIAGE CATEGORY: Category 3: URGENT

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

---- MICROBIOLOGY ----

Accession: MICRO 06 9296 Received: Sep 23, 2006 19:33
Collection sample: BACTEC BOTTLE Collection date: Sep 23, 2006 19:32
Site/Specimen: BLOOD
Provider: GAUWERKY, CHARLOTTE
Comment on specimen: BLOOD

Test(s) ordered: BLOOD CULTURE

---- MICROBIOLOGY ----

Accession: MICRO 06 9292 Received: Sep 23, 2006 16:34
Collection sample: URINE Collection date: Sep 23, 2006 16:30
Provider: CAMERON, WILLIAM

Test(s) ordered: CULTURE & SUSCEPTIBILITY

Chest -x-ray: NAD

CT head: no acute hemorrhage, no infarct, or mass effect
2. no fluid collections
3. ventricles and sulci normal
4. mucosal thickening in ethmoid sinuses

ER-medications: Metoprolol 25 mg po
 Moxifloxacin 400 mg iv
 evening meal and i.v. fluid

Impression and Plan:

1. ethmoid sinusitis: cont Ciprofloxacin 750 mg po bid
 cont Percocet #2 tab q6 hrs prn
2. HTN: cont outpatient medication
3. follow up with primary care physician on Monday Sept 25, 2006

/es/ CHARLOTTE GAUWERKY
MD

Signed: 09/23/2006 22:38

LOCAL TITLE: ER TRIAGE/NURSING NOTE*

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI. SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

UR GLU	Negative	mg/dL	Negative
UR PRT	30	mg/dL	Negative
BILI	Negative		Negative
UROBIL	Normal	E.U./dL	0.2-1.0
UR PH	8.5		4.5-8.0
UR BLD	Negative		Negative
KETONE	Negative	mg/dL	Negative
UR NIT	Negative		Negative
LEUKS	Negative		Negative
CLARITY	Clear		Clear
SP GRAV	1.023		1.002-1.030
COLOR	Yellow		Yellow
RBC	11-20 H	/HPF	0-2
WBC	0-2	/HPF	0-2
WBCC			
BACT			Negative
BYST			Negative

---- CHEMISTRY - GENERAL III ----

SERUM	09/23		Reference
	2006		
	19:32	Units	Ranges

TOT PRT	7.2	g/dL	6.1-7.9
ALB	4.4	g/dL	3.5-5.2
GLOB		g/dL	2.3-3.5
CALCOSM		mOsm/kg	289-305
A/G		RATIO	1.5-2.5
TBILI	0.7	mg/dL	.4-2
DBILI	0.1	mg/dL	.1-.5
ALK PHO	67	IU/L	38-126
AST	31	IU/L	15-41
ALT	34	IU/L	17-63

---- HEMATOLOGY - COAG I ----

PLASMA	09/23		Reference
	2006		
	19:33	Units	Ranges

PT	14.3	SECS	11.7-14.6
INR	1.11		
APTT	32.0	SECS	22.6-35.5

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

MPV	8.0	fL	7.4-10.4
NEUT%	78.1 H	%	25-62
LYMPH%	11.3 L	%	20-53
MONO%	10.5	%	2-12
EOS%	0.0	%	0-8
BASO%	0.1	%	0-2
NEUT #	6.9	#	2.00-6.00
LYMPH #	1.0	#	1.10-2.80
MONO #	0.9	#	0.20-0.60
EOS #	0.0	#	0.05-0.50
BASO #	0.0	#	0.02-0.09

*** For test BASO% Normals: 0.0-2.0 ***

---- CHEMISTRY - GENERAL I ----

SERUM	09/23 2006 19:32		Reference Units Ranges
GLUCOSE	122 H	mg/dL	74-118
NA	136	mmol/L	136-144
K+	4.1	mmol/L	3.6-5.1
CL	100 L	mmol/L	101-111
CO2	27	mmol/L	22-32
BUN	7 L	mg/dL	8-20
CREAT	0.70	mg/dL	0.70-1.20
CA	9.2	mg/dL	8.9-10.3
MG		mg/dL	1.8-2.5
PO4		mg/dL	2.4-4.7

---- CHEMISTRY-MISC ----

PLASMA	09/23 2006 19:32		Reference Units Ranges
GLUCOSE		mg/dL	70-110
AMMON		uMOL/L	16.5-47.2
LACTIC	1.4	mmol/l	0.5-2.2

---- URINALYSIS ----

URINE	09/23 2006 16:30		Reference Units Ranges

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

TITLE: ER ATTENDING NOTE

DATE OF NOTE: SEP 23, 2006@18:31

ENTRY DATE: SEP 23, 2006@18:31:14

AUTHOR: GAUWERKY, CHARLOTTE

EXP COSIGNER:

URGENCY:

STATUS: UNSIGNED

this 52 y male comes to ER complaining about fever, chills for several, generalized body-aches, headache and groin pain for 3 days. no nausea, vomiting, change in vision or blurred vision, dysuria, diarrhea, abdominal pain.

He had received a generalized massage few days ago and had thought he would have gotten flue from person, who did the massage.

PMH: hx of achilles tendon rupture, visits MHC, is treated for HTN

All: Aspirin, Ibuprofen

Medications: antidepressants, blood pressure meds

PE: 151/86 t=103.2, HR 86, RS 20, pox 98, wgt 185 lbs

HEENT - PERL, EOMI,
oropharynx no thrush, no erythema
neck supple
no neck stiffness
lungs clear
cor RRR
abdomen soft, n-t, n-d, no HSM, BS pos
bil groins no adenopathy
LE no edema
neuro: non-focal

----- HEMATOLOGY - CBC PROFILE -----

BLOOD	09/23	Reference
	2006	
	19:32	Units Ranges
WBC	8.8	THOU/CUMM 4.8-10.8
RBC	4.41	MIL/CUMM 4.20-6.10
HGB	13.3	g/dL 12-18
HCT	39.5	% 37-51
MCV	89.6	fL 81.0-99.0
MCH	30.2	PG 27.0-31.0
MCHC	33.7	G/dL 33.0-38.0
RDW	12.9	% 11.5-14.5
PLT	325	THOU/CUMM 130-400

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

DISCHARGE INSTRUCTIONS:

continue Ciprofloxacin 750 mg po bid for 7 days
Percocet #2 q 6 hrs prn

Follow up with your Primary Care Physician on Monday Sept 25, 2006

If at any time your symptoms worsen, you should return to the ER.

FOLLOW UP:

No Scheduled Appointments at this time.

Physician Signature
Dr. Charlotte Gauwerky

09/23/06 16:19

Patient Signature

TIME

Primary Care: Call 823-5800

Gold Team Nurse	215-823-4022	Red Team Nurse	215-823-6353
Gold Team Appointment	215-823-4161	Red Team Appointment	215-823-5967
Green Team Nurse	215-823-4280	Blue Team Nurse	215-823-4189
Green Team Appointment	215-823-5939	Blue Team Appointment	215-823-4552

/es/ CHARLOTTE GAUWERKY
MD

Signed: 09/23/2006 22:42

LOCAL TITLE: ER ATTENDING NOTE
STANDARD TITLE: ATTENDING EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: SEP 23, 2006@22:29 ENTRY DATE: SEP 23, 2006@22:29:45
AUTHOR: GAUWERKY, CHARLOTTE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

The patient was counseled on the importance of diet and weight control in the control of blood pressure.

The patient was counseled to reduce their weight to within 10 percent of their ideal body weight. The possible improvement in BP control with even 5 to 10 pounds of weight loss was reviewed.

The contribution of dietary sodium to elevated blood pressure was reviewed. The patient was counseled to limit sodium intake to no more than 2.4g of sodium or 6g of sodium chloride.

Specific recommendations for lifestyle modifications were made to the patient to improve BP control.

/es/ DONZELLA MCLAUGHLIN
lpn
Signed: 12/07/2006 11:08

LOCAL TITLE: PROSTHETICS FOLLOW-UP VISIT
STANDARD TITLE: ORTHOTICS PROSTHETICS E & M NOTE
DATE OF NOTE: NOV 30, 2006@09:21 ENTRY DATE: NOV 30, 2006@09:21:37
AUTHOR: SCHAEFER, WILLIAM J EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Mr Mahdi came in today to be fitted with B/L Achilles tendon A/O. The brace fit well but the shoe he has on today will not allow it in. He is taking the braces with him and will use them in other shoes. I have reviewed care and use today. He knows to call if any problems.

/es/ William J Schaefer, CO
Orthotist
Signed: 11/30/2006 09:24

LOCAL TITLE: ER DISCHARGE INSTRUCTIONS
STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: SEP 23, 2006@22:39 ENTRY DATE: SEP 23, 2006@22:39:10
AUTHOR: GAUWERKY, CHARLOTTE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF
Redacted

DISCHARGE DIAGNOSIS: ethmoid sinusitis, hypertension

DISCHARGE MEDICATIONS (New medications or changes in current medications):
Ciprofloxacin 750 mg po bid
percocet #2 po q 6hrs prn for pain, fever

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Patient declined despite counseling.

Outpatient flu shot ordered today.

TOBACCO COUNSELING:

Patient is lifetime non-tobacco user or has quit > 7 years ago.

Alcohol Screen/Counseling:

Audit-C

1. How often have you had a drink in the past year?

Never

Questions #2 and #3 skipped because the patient reports not drinking in the past year.

Audit C Score = 0 points

Alcohol Screen:

Audit-C

1. How often have you had a drink in the past year?

Never

Questions #2 and #3 skipped because the patient reports not drinking in the past year.

Audit C Score = 0 points

Prostate Cancer Screening Education:

Patient received Prostate Cancer education during the encounter.

Level of Understanding: Good

PSA ordered to be drawn today.

****If patient has a diagnosis of Cancer, please add to the Problem List. (Screening no longer required.)****

HTN Assess for Elevated BP>=140/90:

Repeat BP:

153/93

The patient's medication regimen was adjusted to improve BP control.

The patient's blood pressure is usually adequately controlled. No medication changes are indicated at this time.

The patient has been non-compliant with therapy for hypertension.

The patient was counseled on the importance of regular exercise and/or physical activity in the control of blood pressure.

The patient was instructed to try to exercise at least 30 minutes 3 times per week if possible and that any increase in physical activity may be useful in controlling BP.

The patient has a limited ability to exercise but was encouraged to increase physical activity as much as possible since any increase in activity may be beneficial in improving BP control.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

C = Concentration ++
 A = Appetite --
 P = Psychomotor Activity ++ slowed
 S = Suicidality --

Discussed need to followup with Dr. Wolman who was not available to see patient today.
 Discussed need to stay on antidepressants in the long term to avoid relapses and progression to major depression.
 Will renew meds and asked veteran to make an appointment with Dr. Wolman for future.
 Will add ACE-i and consider d/c atenolol.
 Will RTC 2 weeks in an attempt to reconnect.

FLU SHOT 2006:

Outpatient flu shot ordered today.

PRIMARY CARE DEPRESSION SCREEN:

Screen: Over the past two weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things
 More than half the days (Score=2)
2. Feeling down, depressed, or hopeless
 Several days (Score=1)

PHQ-2 Depression screen was positive with a PHQ score of 3

The patient is not suicidal; the patient is actively managed by a MH/SA provider (ongoing care with future appts.)

Weight Mgmt-BMI 25-29.9:

Most recent weight: 185 lb [84.1 kg] (02/15/2006 10:06)

Most recent height: 69 in [175.3 cm] (03/31/2005 09:35)

Calculated BMI: 27.4 BMI classification is OVERWEIGHT

--

Patient WOULD benefit from participation in a weight management program.

Patient is not interested in MOVE! at this time.

/es/ NINA M CHYCHULA HUD

NP

Signed: 12/07/2006 12:21

LOCAL TITLE: HEALTH MAINTENANCE 2006

DATE OF NOTE: DEC 07, 2006@11:04

ENTRY DATE: DEC 07, 2006@11:04:48

AUTHOR: MCLAUGHLIN, DONZELLA EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

FLU SHOT 2006:

Flu shot not given.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Digital rectal exam	(2004)
Fecal occult blood	(2004)
PSH counseling 50-69	(2/15/2006)
PSH test 50-69	(2/15/2006)
Flu vaccine > 65 yo/high risk	(declines)
Pnsumovax > 65 yo/high risk	(declines)
Last Td. (q 10 yr)	(within 10 years)

PE:

BP:153/93 P:80 R:20 T: 98

SKIN: warm, dry

LUNGS: clear, no rales/rhonchi/wheezes

HEART: RRR, no murmurs/gallop/rubs; PMI MCL

ABDOMEN: BS+; soft, nontender, no l/s; no masses; no CVA tender

Mental Status Examination

Appearance: dressed in Muslim attire, with book in hand, appropriate for weather. Grooming intact

Behavior: distances self from interview/session and shows confusion about details related to taking medication and vagueness about his feelings.

He is concerned about his sons: one in jail and one in Germany after having completed two tours in Afghanistan.

Mood: "I have been down most of my life. After my divorce, a few years ago, it weighed heavily on me. It is hard to become close to others so I 'stay to myself" and numb.

Affect: sad, tired looking, unmotivated

Speech/Language: rate, quantity and volume regular but slowed at times when he deliberates about questions posed to him.

Perceptual Disturbances: no hallucinations, illusions, -hypervigilance to surroundings, avoidant in waiting room and stays to himself

Thought Process: logical and coherent, ruminative

Thought Content: no obsessions, compulsions, no homicidal/suicidal/assaultive thoughts/behaviors, cognitive distortions include

bearing guilt over the past, negative focus

Sensorium and Cognition: alert, oriented three spheres, immediate and remote memory intact. Fund of knowledge and intelligence average

Abstract thinking: not tested today

Judgment and Insight: understands illness and treatment plan; likely to act in a socially appropriate manner

Reliability: high likelihood veteran is telling the truth; stories are consistent and details are likely to be accurate.

SIGMECAPS:

S = Sleep --

I = Interest ++

G = Guilt --

M = Memory --

E = Energy ++ (down)

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Veteran attended clinic and reported that he ran out of his medications and has resumed feeling more despondent again. Relates a long history of dysthymic disorder and social anxiety and last saw Dr. Wolman in 7/05 with no followup noted. History of some no shows in the past. Veteran is involved in his Muslim religious practices and finds this supportive to his mental health recovery. Reports no drug or alcohol use. Concerned today about numbness in his right hand and "comes and goes". He takes meds inconsistently which may explain inconsistent results on all areas.

No suicidal/homocidal/assaultive thoughts

Axis I: 1. Dysthymic Disorder

Axis II: No diagnosis

Axis III: Hypertension

ED

GERD

Contact dermatitis

Axis IV: 1. High psychosocial stress secondary to two sons
2. Financial hardship
3. Manages own affairs
4. Divorced lives alone on pension with few social supports

Axis V: 50

No drug or alcohol history.
Stopped smoking about 3 years ago.

Health Maintenance:

Diet counseling q 2 yrs	(2/15/2006)
Counseling on weight control	(2/15/2006)
Counseling on exercise	(2/15/2006)
Use of D & A	(2/16/2006)
CAGE	(non drinker)
Cigarette smoking yrly	(non smoker)
Referral to smoking cessation	(non smoker)
Depression screening	(2/15/2006)
Height	(2/15/2006 - 5'8")
Weight	(2/15/2006 - 179 lbs)
Safe sex	(2/15/2006)
Seat belt use	(2/15/2006)
Smoke detectors	(2/15/2006)
Cholesterol	(2/15/2006)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Axis IV: 1. High psychosocial stress secondary to two sons
 2. On NSC disability
 3. Manages own affairs
 4. Divorced lives along with few social supports

Axis V: 50

3. GOALS: SHORT(S) OR LONG TERM (L) Place an X before the appropriate goal.

STABILIZE BEHAVIOR
 IMPROVE SELF-IMAGE XX
 ALLEVIATE DEPRESSION/ XX
 PSYCHOSIS
 ADDRESS SOCIAL/VOC
 ACTIVITIES

RESTORE COPING MECHANISM
 IMPROVE ABILITY TO RELATE XX
 ALLEVIATE OR CONTROL ANXIETY
 REFER TO APPROPRIATE MED.
 RESOURCE

4. TREATMENT MODALITIES: place an X before the appropriate modality.

INDIVIDUAL Xx
 DAY TREATMENT
 POW PROGRAM
 INSIGHT

MARITAL
 BEHAVIORAL
 GEROPSYCH
 SUPPORTIVE

FAMILY
 PTSD PROGRAM
 LI/PROLIXIN

GROUP

5. PROCEDURES: SESSIONS PER MONTH

Veteran will keep all scheduled appointments with provider of record
 Veteran will reconnect with Dr. Wolman for followup during next visit
 Veteran will remain abstinent from all substances and alcohol.

/es/ NINA M CHYCHULA HUD
 NP
 Signed: 12/07/2006 12:29

LOCAL TITLE: MHC HEALTH MAINTENANCE
 STANDARD TITLE: MENTAL HEALTH NOTE
 DATE OF NOTE: DEC 07, 2006@11:52 ENTRY DATE: DEC 07, 2006@11:52:32
 AUTHOR: HUD,NINA M CHYCHULA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF Mental Health Maintenance Record
 Redacted

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Chest: clear bilaterally

Probable viral URI
High psychosocial stress

Will treat symptomatically and supportive therapy provided.
RTC as scheduled

/es/ NINA M CHYCHULA HUD
NP
Signed: 02/15/2007 09:27

LOCAL TITLE: MHC 6 MONTH RX PLAN
STANDARD TITLE: MENTAL HEALTH MEDICATION MGT NOTE
DATE OF NOTE: DEC 07, 2006@12:22 ENTRY DATE: DEC 07, 2006@12:22:20
AUTHOR: HUD,NINA M CHYCHULA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

MENTAL HYGIENE CLINIC 6 MONTH TREATMENT PLAN

MAHDI, SHAREEF Redacted

1. BRIEF SUMMARY OF PATIENT PROGRESS AND RATIONALE FOR TREATMENT.

This 52 year old comes for primary care followup and reports being out of contact for 1.5 years with Dr. Wolman. Relates that symptoms of dysthymia and social anxiety have "always" been with him. History points to inconsistent treatment with antidepressants given veteran runs out of meds even though he has reported good relief of amotivation, fatigue, sleep, energy level. He bears a heavy emotional burden and misses his ex-wife saying, "She was too young in the marriage and I wasn't grounded enough to be a good husband." He relates no drug or alcohol problems now.

No chest pains, shortness of breath, dizziness, blurry vision.

2. DIAGNOSIS: Multiaxial Diagnostic Assessment

Axis I: 1. Dysthymic Disorder
2. Social anxiety

Axis II: No diagnosis

Axis III: Hypertension
ED
GERD
Contact dermatitis

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

admitted to micu, bed pending.
 1630 - Pt to ct on moniter via stretcher.
 1645 - pt returned from ct, results pending.
 1700 - report called to elsa in micu. pt transferred to micu via stretcher.

/es/ JOAN MARIE PLUGUEZ, RN,BSN
 STAFF NURSE X6004
 Signed: 06/23/2007 17:05

LOCAL TITLE: MEDICATION RENEWAL*
 STANDARD TITLE: PHARMACY MEDICATION MGT NOTE
 DATE OF NOTE: MAY 02, 2007@14:52 ENTRY DATE: MAY 02, 2007@14:52:26
 AUTHOR: MCLAUGHLIN, DONZELLA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF, 225-82-4039 presents to primary care requesting medication refills. Follow up appointment scheduled for and confirmed with patient. See action profile.

/es/ DONZELLA MCLAUGHLIN
 lpn
 Signed: 05/02/2007 14:53

LOCAL TITLE: PRIMARY CARE FOLLOW UP
 STANDARD TITLE: PRIMARY CARE E & M NOTE
 DATE OF NOTE: FEB 13, 2007@13:57 ENTRY DATE: FEB 13, 2007@13:57:58
 AUTHOR: HUD, NINA M CHYCHULA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF Redacted

Vital Signs:

Height: 69 in [175.3 cm] (03/31/2005 09:35) Weight: 185 lb [84.1 kg]
 (02/15/2006 10:06)
 BP: 153/93 (12/07/2006 11:06) P: 86 (09/23/2006 16:21)
 R: 20 (09/23/2006 16:21) T: 103.2 F [39.6 C] (09/23/2006 16:21)
 Pain: 8 (09/23/2006 16:21)

Veteran comes reporting continued congestion and post nasal drip despite use of antihistamine. No other symptoms related. He comes looking very sad and reports that he heard his son was placed on death row in prison and he has not been able to even think about going to see him there. He gets support from his congregation at the Mosque but feels very helpless about this outcome.

ENT: post nasal secretions noted without exudates. TMs clear
 Temp: 97.6po

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Severe pain/distress: (Clinical observation and/or patient rating 7/10 or greater)

No continue to next question

Requires more than one resource AND

HR>100

RR>20

SaO2<92% No continue to the next question

Requires more than one resource AND Vital signs are stable: Yes Acuity 3

Requires one resource AND Vital signs are stable:

Requires no resources AND Vital signs are stable:

ER TRIAGE CATEGORY: Category 3: URGENT

/es/ TAMMY L ROWE

TAMMY L ROWE RRT CCRN

Signed: 06/23/2007 10:09

06/23/2007 ADDENDUM

STATUS: COMPLETED

pts recorded hr not 75 - actually 57.

/es/ TAMMY L ROWE

TAMMY L ROWE RRT CCRN

Signed: 06/23/2007 10:11

06/23/2007 ADDENDUM

STATUS: COMPLETED

ecg done initially upon arrival to triage

/es/ TAMMY L ROWE

TAMMY L ROWE RRT CCRN

Signed: 06/23/2007 10:15

06/23/2007 ADDENDUM

STATUS: COMPLETED

Pt placed in exam bed #4 and eval by er attending. Hr in high 40's. 1140 - pt resting with eyes closed and HR decreased to 38 and immediately increased to low 40's. Dr Abraham notified. 1220 - #20 heplac placed in left fa. 1300 - pt HR to 38, ekg done and given to md. Pt denies pain/sob/dizziness/any discomfort. 1310 - card enz sent.

1445 - Pt resting. no s/s distress note. hr dropped to 38 then 36 and back to mid 40's within seconds. md aware. 1500 - pt reports feeling better. HR 45.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Injury Related: No.

ALLERGY:

ASPIRIN, IBUPROFEN

MEDICATIONS:

Antihypertensive Medications

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	=====
1) ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE
2) BUPROPION HCL 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY	ACTIVE
3) CITALOPRAM HYDROBROMIDE 40MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
4) FLUNISOLIDE 250MCG 100D ORAL INHL INHALE 2 PUFFS BY MOUTH TWICE A DAY *RINSE MOUTH AFTER USE*	ACTIVE
5) HYDROCHLOROTHIAZIDE 25MG TAB TAKE ONE-HALF TABLET BY MOUTH IN THE MORNING	ACTIVE
6) HYDROCORTISONE 2.5% CREAM APPLY LIBERAL AMOUNT TO AFFECTED AREA TWICE A DAY	ACTIVE
7) LISINAPRIL 20MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
8) METOPROLOL TARTRATE 50MG TAB TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE.	ACTIVE
9) OMEPRAZOLE 20MG EC CAP TAKE ONE CAPSULE BY MOUTH IN THE MORNING	ACTIVE
10) VARDENAFIL HCL 20MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED (REPLACES SILDENAFIL)	ACTIVE

The patient states there are no medication changes.

Pertinent Past Medical History: see cprs

EMERGENCY SEVERITY INDEX TRIAGE ALGORITHM. ACUITY ASSIGNMENT

Requires immediate life saving intervention? No continue to next question

High risk situation

or

Confused/lethargic/disoriented

or

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI. SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

dizziness, n/v, diaphoresis likely related to sinus bradycardia. hold beta blocker and other anti hypertensives. currently tolerating rate -not requiring atropine or pacing. no symptoms in ER with periods of bradycardia.

admit to MICU for monitoring

ADMIT TO: MICU

Patient accepted by Dr. dumont at am/pm

/es/ STACY GRAY MD

Attending

Signed: 06/23/2007 20:24

LOCAL TITLE: ER TRIAGE/NURSING NOTE*

STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE

DATE OF NOTE: JUN 23, 2007@10:04

ENTRY DATE: JUN 23, 2007@10:04:35

AUTHOR: ROWE, TAMMY L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** ER TRIAGE/NURSING NOTE* Has ADDENDA ***

Mode of Arrival:

Public Transportation

Homeless:

No.

Level of Consciousness: A x O x3

Yes

High risk Situation:

No.

Severe pain or distress :

No Pain Index(0-10) 0

PATIENT AGE: 53

GENDER:

MALE

HEART RATE:

75 (06/23/2007 10:02)

RESPIRATIONS:

20 (06/23/2007 10:02)

OXYGEN SATURATION:

98 on Room Air Yes

Temperature:

97.8 F [36.6 C] (06/23/2007 10:02)

Blood Pressure:

150/91 (06/23/2007 10:04)

Weight:

185 lb [84.1 kg] (02/15/2006 10:06)

Fingerstick Glucose:

117

Last menstrual period: n/a

Visual acuity: n/a

Chief Complaint/Brief History & Assessment: Pt c/o intermittent dizziness, believes his bp has been elevated for last 2 weeks. Pt states he has been vomiting also for 2 weeks. Pt denies chest pain, SOB, diarrhea or any blood in stool/emesis. skin w/d, pt in no apparant distress.

Bp sitting 150/91 hr 50 standing bp 141/99 hr 52

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDT. SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

repeat ECG with sinus brady 39 bpm

Laboratory:

urine tox negative

BLOOD	06/23	Reference
	2007	
	11:34	Units Ranges

WBC	4.7 L	THOU/CUMM	4.8 to 10.8
RBC	4.52	MIL/CUMM	4.20 to 6.10
HGB	14.3	g/dL	12 to 18
HCT	41.2	%	37 to 51
MCV	91.1	fL	81.0 to 99.0
MCH	31.6	PG	27.0 to 31.0
MCHC	34.7	G/dL	33.0 to 38.0
RDW	12.0	%	11.5 to 14.5
PLT	276	THOU/CUMM	130 to 400

SERUM	06/23	Reference
	2007	
	11:34	Units Ranges

GLUCOSE	91	mg/dL	74 to 118
NA	137	mmol/L	136 to 144
K+	4.0	mmol/L	3.6 to 5.1
CL	100 L	mmol/L	101 to 111
CO2	30	mmol/L	22 to 32
BUN	11	mg/dL	8 to 20
CREAT	0.85	mg/dL	0.70 to 1.20
CA	9.8	mg/dL	8.9 to 10.3
MG		mg/dL	1.8 to 2.5
PO4		mg/dL	2.4 to 4.7

Radiology:head CT pending

Procedures:

Prior records reviewed: YES

TREATMENT IN ER:

cardiac monitoring

IV access

CONSULTATION:

IMPRESSION:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Tobacco none

Significant Family or Social History: no family history of heart disease

Weight: 185 lb [84.1 kg] (02/15/2006 10:06)

Blood Pressure: 150/91 (06/23/2007 10:04)

Temperature: 97.8 F [36.6 C] (06/23/2007 10:02)

Pulse: 57 (06/23/2007 10:11)

Respiration: 20 (06/23/2007 10:02)

Oxygen saturation: % 98

PHYSICAL EXAM

General: well appearing in NAD

Mental status: alert and oriented x3

Skin:

HEENT: PERRL, EOMI

CV: brady, normal s1 and s2. no murmurs or gallops

Pulm: CTA bilaterally

GI/GU: soft, nt, nd, normoactive bs

Extrem: no edema

DATA ANALYSIS

ECG: sinus bradycardia, rate 45 bpm, t inversion in v1

Laboratory:

Radiology:

Procedures:

Prior records reviewed: YES

TREATMENT IN ER:

CONSULTATION:

IMPRESSION:

ADMIT TO:

Patient accepted by Dr. _____ at _____ am/pm

/es/ STACY GRAY MD

Attending

Signed: 06/23/2007 12:47

06/23/2007 ADDENDUM

STATUS: COMPLETED

Continuation of ER attending note.

Pt intermittent bradycardia in ED to 36. no cp or n/v or dizziness.

DATA ANALYSIS

ECG: sinus bradycardia, rate 45 bpm, t inversion in v1.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

missed anti htn meds for about a week. restarted them about 1 week ago. reports taking 1 HCTZ a day (25mg), metoprolol (50 mg) 1 tab in am and 1/2 tab in pm. he has not taken zestril.

Allergy/ADR: ASPIRIN, IBUPROFEN

Medications: Active Inpatient and Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE
2) BUPROPION HCL 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY	ACTIVE
3) CITALOPRAM HYDROBROMIDE 40MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
4) FLUNISOLIDE 250MCG 100E ORAL INHL INHALE 2 PUFFS BY MOUTH TWICE A DAY *RINSE MOUTH AFTER USE*	ACTIVE
5) HYDROCHLOROTHIAZIDE 25MG TAB TAKE ONE-HALF TABLET BY MOUTH IN THE MORNING	ACTIVE
6) HYDROCORTISONE 2.5% CREAM APPLY LIBERAL AMOUNT TO AFFECTED AREA TWICE A DAY	ACTIVE
7) LISINOPRIL 20MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
8) METOPROLOL TARTRATE 50MG TAB TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE.	ACTIVE
9) OMEPRAZOLE 20MG EC CAP TAKE ONE CAPSULE BY MOUTH IN THE MORNING	ACTIVE
10) VARDENAFIL HCL 20MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED (REPLACES SILDENAFIL)	ACTIVE

PMH: Computerized Problem List is the source for the following:

1. Hypertension CHYC	12/07/06 HUD,NINA M
2. Erectile Dysfunction CHYC	01/11/06 HUD,NINA M
3. Dysthymic Disorder F	03/31/05 WOJCIK,MARIE

SURGERY: SURGERIES - NONE FOUND

HABITS:

Alcohol none

Drugs none

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

1. Cards Bradycardia

-Differential includes ischemia, structural heart disease, medications
 -Likely secondary to beta-blocker (Metoprolol) and med non adherence
 -Should follow EKGs, stop all AV nodal agents, ROMI with CE and EKGs Q8h,
 consider getting echo to assess structural causes

2. GI

-N/V, likely secondary to bradycardia. Could have element of GERD, continue
 omeprazole.

3. Neuro

-Get HCT to rule out acute process leading to numbness and bradycardia
 -Follow neuro exam

4. Pulm

-Give patient CPAP of 10 at night for hx of documented OSA

/es/ AARON C HAMILTON

Resident Physician

Signed: 06/23/2007 16:58

06/23/2007 ADDENDUM

STATUS: COMPLETED

Error. Note signed prematurely, please see medicine admit note from 6/24/07 for
 full medicine H&P.

/es/ AARON C HAMILTON

Resident Physician

Signed: 06/23/2007 20:01

LOCAL TITLE: ER ATTENDING NOTE

STANDARD TITLE: ATTENDING EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: JUN 23, 2007@12:24

ENTRY DATE: JUN 23, 2007@12:24:33

AUTHOR: GRAY, STACY MD

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** ER ATTENDING NOTE Has ADDENDA ***

MAHDI, SHAREEF

Redacted

NSC VETERAN

No Primary Provider

Chief Complaint:

HPI: MAHDI, SHAREEF is a 53 y/o BLACK OR AFRICAN AMERICAN MALE with
 a h/o HTN and depression who presents with a cc of intermittent dizziness.
 Pt was well until about 2 weeks ago when he noted intermittent dizziness.
 episodes often come on at night and early in the am. reports feeling
 unbalanced, needs to sit down and like the room is spinning. he has
 associated sweating, nausea and vomiting but denies chest pain, syncope or
 sob. he also reports intermittent left arm numbness with episodes.

no other pain. no fever.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

HEENT: PERRL, sclera anicteric, EOMI, fundoscopic exam unremarkable mouth: no lesions

Neck: Supple, FROM, no JVD, no bruits no adenopathy, no thyroid enlargement or masses

Chest: Clear to auscultation

Card: PMI non-displaced, no murmurs, no gallops

Abd: Soft, NT, normal bowel sounds, no organomegaly, no bruits

Extr: no clubbing/cyanosis/edema Pedal pulses intact

Rectal/GU: normal tone, no masses, heme negative Normal, smooth prostate No testicular or penile lesions, masses

Neuro: CN II-XII intact Reflexes intact and symmetric F-->N intact H-->S intact Sensation to light touch intact Strength 5/5 throughout Normal gait No Romberg No Babinski MMSE:

Labs: =====< >==== N: L: M: B: E:

CXR:

EKG: Sinus bradycardia at 45

Assessment: 53 y/o man with HTN...presenting with symptomatic bradycardia, dizziness, diaphoresis

Plan:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

SIG: APPLY LIBERAL AMOUNT TO AFFECTED AREA TWICE A DAY
FLUNISOLIDE 250MCG 100D ORAL INHL ACTIVE
SIG: INHALE 2 PUFFS BY MOUTH TWICE A DAY *RINSE MOUTH AFTER USE*

INPT MEDICATIONS: NONE

Past Medical History: 1. HTN
2. GERD
3. OSA
4. Depression
5. Anxiety

Past Surgical History:

Surgical Procedures (as listed in VISTA):
SURGERIES - NONE FOUND

Social History:

Marital Status: DIVORCED
Lives with:
Employment: NOT EMPLOYED ORDERLY
ETOH:
Smoke: /ppd
Drug use:

Family History:

ROS:

no HA
no Vision changes
no CP
no SOB
no N/V/D
no BRBPR
no Abd pain
no Urinary complaints

Physical Exam:

Vital Signs: HR
BP
RR
Temp
O2 Sat

General: in NAD, A&O X 3

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

AUTHOR: HAMILTON, AARON C
URGENCY:

EXP COSIGNER:
STATUS: COMPLETED

*** MEDICINE RESIDENT ADMIT HISTORY & PHYSICAL Has ADDENDA ***

PATIENT NAME: MAHDI, SHAREEF Redacted

CC: Dizziness

HPI: Pt is a 53 y/o gentleman with a hx of HTN, GERD, depressions and anxiety who presents to the ED with complaints of bouts of dizziness associated with diaphoresis, nausea, vomiting and left arm numbness. He admits that he had stopped taking his medicines about 2 weeks ago and then restarted taking them one week ago. The pt denies any chest pain, SOB or fevers/chills. Upon arrival to the ED the pt vitals were:

T-97.8 P-57 BP-150/91 RR-20 98% RA

While in the ED he had bradycardia to the 30s and 40s and an EKG showed sinus brady at 45 BPM.

Primary Care Provider: SOUDER, JEREMY K

Allergies: ASA and Ibuprofen

Medications:

OUTPAT MEDICATIONS:

DRUG	STATUS
ACETAMINOPHEN 500MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	
BUPROPION HCL 100MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY	
CITALOPRAM HYDROBROMIDE 40MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH IN THE MORNING	
HYDROCHLOROTHIAZIDE 25MG TAB	ACTIVE
SIG: TAKE ONE-HALF TABLET BY MOUTH IN THE MORNING	
LISINAPRIL 20MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH IN THE MORNING	
METOPROLOL TARTRATE 50MG TAB	ACTIVE
SIG: TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE.	
OMEPRazole 20MG EC CAP	ACTIVE
SIG: TAKE ONE CAPSULE BY MOUTH IN THE MORNING	
VARDENAFIL HCL 20MG TAB	ACTIVE
SIG: TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED (REPLACES SILDENAFIL)	
HYDROCORTISONE 2.5% CREAM	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Receptive to learning? Yes
 Barriers to learning? None
 Patient's learning preference: verbal

Identified learning needs: Knowledge of condition

Education materials provided to patient: Healthy Lifestyle Handbook,
 Other: brady cardia
 Identify the materials provided:

Is the patient employed? No
 If yes, Occupation:

/es/ ELSAMMA VARGHESE
 RN
 Signed: 06/23/2007 17:59

LOCAL TITLE: POC PLAN OF CARE INITIAL TEAM NOTE
 STANDARD TITLE: TEAM TREATMENT PLAN NOTE
 DATE OF NOTE: JUN 23, 2007@17:20 ENTRY DATE: JUN 23, 2007@17:20:05
 AUTHOR: VARGHESE, ELSAMMA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

NURSING PROBLEMS:

DECREASED CARDIAC OUTPUT:
 Decreased cardiac output related to disease process
 Target date for review of problem: Jun 25, 2007

Goals:
 Maintains cardiac output, Returns to and maintains normal sinus rhythm,
 Maintains therapeutic levels of anti-arrhythmic agents, Avoids
 toxicity/allergic reactions to drugs

Interventions:
 Monitor vital signs, Monitor Intake and Output, Assess heart rate/rhythm .
 Monitor for drug toxicity

/es/ ELSAMMA VARGHESE
 RN
 Signed: 06/23/2007 18:00

LOCAL TITLE: MEDICINE RESIDENT ADMIT HISTORY & PHYSICAL
 STANDARD TITLE: INTERNAL MEDICINE RESIDENT ADMISSION EVALUATION
 DATE OF NOTE: JUN 23, 2007@16:38 ENTRY DATE: JUN 23, 2007@16:39:05

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol? (1) Monthly or less
2. How many drinks containing alcohol do you have on a typical day when you are drinking? (0) 1 or 2
3. How often do you have six or more drinks on one occasion? (1) Less than monthly

Total Score: 4

Is the total score equal or greater than 3? Yes

If Yes

Last Drink: Jun 16, 2007

Amount:

Withdrawal Symptoms: NO

If Yes, explain

Does the patient desire treatment/referral for alcohol use?

Comments:

DRUG ASSESSMENT:

Does the patient verbalize use of illicit/illegal drugs? No

If yes

Type:

Amount:

Date of last use:

History of Withdrawal: NO

If Yes, explain

Does the patient desire treatment of drug use? No

SUICIDE ASSESSMENT:

No.

CLICK HERE TO CONTINUE

EDUCATION ASSESSMENT:

Highest education level:

Other:

Able to read? Yes

Able to write? Yes

Able to understand? Yes

Family education needed? No

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Wound #3:

WOUND TYPE:

pressure

>STAGING:

Stage I: discoloration (does not resolve in 30 minutes)

Stage II: epidermis gone or blister

Stage III: past dermis into subq tissue (may have slough)

Stage IV: past subq tissue-bone, muscle, tendon exposed.

Unstageable: (explain)

>PREVENTION:

Use moisture barrier cream for incontinence.

heel boots

specialty bed

turn q 2 hours

bridge heels

wheelchair cushion

other:

diabetic

stasis

surgical

other:

WOUND LOCATION/DIMENSION:

LENGTH: cm

WIDTH: cm

DEPTH: cm

GRANULATION: (pink/red) %

SLOUGH: (yellow/tan) %

ESCHAR: (black) %

EXUDATE:

EXUDATE TYPE:

PERI-ULCER AREA:

STATUS:

Other:

ALCOHOL ASSESSMENT:

AUDIT-C: Mandatory on all patient admissions!

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

ESCHAR: (black) %

EXUDATE:

EXUDATE TYPE:

PERI-ULCER AREA:

STATUS:

Wound #2:

WOUND TYPE:

pressure

>STAGING:

Stage I: discoloration (does not resolve in 30 minutes)

Stage II: epidermis gone or blister

Stage III: past dermis into subq tissue (may have slough)

Stage IV: past subq tissue-bone, muscle, tendon exposed.

Unstageable: (explain)

>PREVENTION:

Use moisture barrier cream for incontinence.

heel boots

specialty bed

turn q 2 hours

bridge heels

wheelchair cushion

other:

diabetic

stasis

surgical

other:

WOUND LOCATION/DIMENSION:

LENGTH: cm

WIDTH: cm

DEPTH: cm

GRANULATION: (pink/red) %

SLOUGH: (yellow/tan) %

ESCHAR: (black) %

EXUDATE:

EXUDATE TYPE:

PERI-ULCER AREA:

STATUS:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

independently and has
sufficient muscle strength
to lift up completely during
move. Maintains good position
in bed and chair at all times

TOTAL SCORE = 22

CLICK HERE TO CONTINUE

IV ACCESS:

None

Yes:

Saline Lock: Location LEFT

Central Line: Location

WOUND ASSESSMENT/CARE:

Wound #1:

WOUND TYPE:

pressure

>STAGING:

Stage I: discoloration (does not resolve in 30 minutes)

Stage II: epidermis gone or blister

Stage III: past dermis into subq tissue (may have slough)

Stage IV: past subq tissue-bone, muscle, tendon exposed.

Unstageable: (explain)

>PREVENTION:

Use moisture barrier cream for incontinence.

heel boots

specialty bed

turn q 2 hours

bridge heels

wheelchair cushion

other:

diabetic

stasis

surgical

other:

WOUND LOCATION/DIMENSION:

LENGTH: cm

WIDTH: cm

DEPTH: cm

GRANULATION: (pink/red) %

SLOUGH: (yellow/tan) %

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

****Positive responses require initiation of safety precautions****

History of wandering: No

History of Falls: No

SKIN ASSESSMENT:

Skin color: Normal/Pink

Skin temperature: Warm

Skin moisture: Dry

Skin intact: Yes If No, complete wound care assessment.

Body Marks: None

Comments:

SENSORY PERCEPTION - Ability to respond meaningfully to pressure-related discomfort

- (3) Slightly limited: Responds to verbal commands but cannot always communicate discomfort or need to be turned OR has some sensory impairment which limits the ability to feel pain or discomfort in 1 or 2 extremities

MOISTURE - Degree to which the skin is exposed to moisture

- (4) Rarely Moist: Skin is usually dry, linen requires changing only on routine intervals

ACTIVITY - Degree of Physical Activity

- (4) Walks frequently: Walks outside the room at least twice a day and inside the room at least once every two hours during the waking hours

MOBILITY - Ability to change & control body position

- (4) No Limitations in Mobility: Makes major & frequent changes in position without assistance

NUTRITION INTAKE - Usual food intake pattern

- (4) Excellent: Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat or dairy products. Occasionally eats between meals. Does not require supplementation

FRICTION AND SHEAR

- (3) No apparent problem: Moves in bed and in chair

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Are there any meds listed which you are not taking? No
If Yes, which medication(s) and why are you not taking it?

List patient's last meds taken and the date and time

----- IMMUNIZATIONS:

Patient received Influenza Vaccination? No
If YES last given:

If NO offer prior to discharge

History of receiving Pneumonia Vaccination? No
If yes last given:

----- INFECTIOUS DISEASE ASSESSMENT:

Has the patient had a hospitalization that required Respiratory or
Contact isolation for TB, VRE, MRSA, C. Difficile? No

Nasal swab done and sent to lab? Yes

----- TOBACCO/TOBACCO PRODUCTS ASSESSMENT:

Does the patient verbalize use of Tobacco or Tobacco Products within
the last 12 months?

No

If YES, check and answer questions below -

----- FALL RISK ASSESSMENT - MORSE SCALE:

HISTORY OF FALLING: (0) no history of falling
SECONDARY DIAGNOSIS: (15) secondary diagnosis
AMBULATORY AIDS: (0) no ambulatory aids
IV OR SALINE LOCK: (0) no IV/saline lock
GAIT TRANSFERRING: (0) normal/bedrest/immobile
MENTAL STATUS: (0) oriented to own ability
SCORE: 15

Implement Fall Prevention Care according to risk score.

** A score of 45 or greater means patient is "at moderate risk for falls."

Inpatient areas: Implement or continue universal fall precautions.

----- RISK ASSESSMENT

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

URGENCY:

STATUS: COMPLETED

NURSING ADMISSION ASSESSMENT-ACUTE CARE PART II

(To be completed by RN OR LPN)

ALLERGY ASSESSMENT:

ASPIRIN, IBUPROFEN

Allergies have been reviewed with patient?

Yes

Are you allergic to Latex? No

Specify: Type of reaction:

MEDICATION REVIEW: OUTPT MEDICATIONS:

DRUG	STATUS
----	-----
ACETAMINOPHEN 500MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	
BUPROPION HCL 100MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY	
CITALOPRAM HYDROBROMIDE 40MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH IN THE MORNING	
HYDROCHLOROTHIAZIDE 25MG TAB	ACTIVE
SIG: TAKE ONE-HALF TABLET BY MOUTH IN THE MORNING	
LISINOPRIL 20MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH IN THE MORNING	
METOPROLOL TARTRATE 50MG TAB	ACTIVE
SIG: TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE.	
OMEPRazole 20MG EC CAP	ACTIVE
SIG: TAKE ONE CAPSULE BY MOUTH IN THE MORNING	
VARDENAFIL HCL 20MG TAB	ACTIVE
SIG: TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED (REPLACES SILDENAFIL)	
HYDROCORTISONE 2.5% CREAM	ACTIVE
SIG: APPLY LIBERAL AMOUNT TO AFFECTED AREA TWICE A DAY	
FLUNISOLIDE 250MCG 100D ORAL INHL	ACTIVE
SIG: INHALE 2 PUFFS BY MOUTH TWICE A DAY *RINSE MOUTH AFTER USE*	

NON-VA MEDS - NONE FOUND

Other than those listed, are you taking any other medications, including OTC and herbal medications: No

If yes, list:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Physical Layout: Yes
Call Light: Yes
Smoking Policy: Yes
Meals: Yes
TV/Radio: Yes
Visiting Hours: Yes
Phone: Yes

VALUABLES:

Cash: \$0
Disposition of valuables:
Describe valuables patient kept: with patient

ADL ABILITIES:

Eating: Self
Toileting: Self
Bathing: Self
Grooming: Self
Dressing: Self
Mobility: walks without assistance
Transferring: Self
Turning: Self

PATIENT RIGHTS/RESPONSIBILITIES:

Reviewed patient rights and responsibilities with patient and
patient does verbalize understanding.

SIDE RAILS:

Discussed the use of side rails with patient and patient is able to make
informed decision concerning the use of side rails: Yes, patient wants side
rails up for mobility/security/comfort

/es/ ELSAMMA VARGHESE

RN

Signed: 06/23/2007 18:02

LOCAL TITLE: NURSING ADMISSION ASSESSMENT-PART 2
STANDARD TITLE: NURSING ADMISSION EVALUATION NOTE
DATE OF NOTE: JUN 23, 2007@17:21 ENTRY DATE: JUN 23, 2007@17:21:16
AUTHOR: VARGHESE, ELSAMMA EXP COSIGNER:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHNT. SHARFEE
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Date and time of arrival: Jun 23,2007@17:45 Mode of Arrival: stretcher

Admit to: MICU

Admit from: Emergency Room

VA Armband placed using active identification by patient stating full name and full social security number?

Age: 53 Sex: MALE MARITAL STATUS: DIVORCED

Source of Information: Patient

Language barrier: None

Language preferred: English

Emergency Contact: none

Emergency Phone:

PATIENT'S STATED REASON FOR ADMISSION:
feeling dizzy-----
VITAL SIGNS:

Temperature: 97.8 F [36.6 C] (06/23/2007 10:02)

Pulse: 57 (06/23/2007 10:11)

BP: 150/91 (06/23/2007 10:04)

Resp: 20 (06/23/2007 10:02)

BMI: 27.4

ADVANCED DIRECTIVES:

Does patient have Advanced Directives? No

If Yes - Copy of Advance Directive is on/in chart:

Copy of Advance Directive available.

If No - Does the patient want assistance with advance directives? No

If yes, Social Work Consult is indicated.

ORGAN DONOR:

Is the patient an organ donor? No

Does the patient want to be an organ donor? No

If Yes, Social Worker consult indicated.

ORIENTATION TO UNIT/ROOM SAFETY:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

- (4) No Limitations in Mobility: Makes major & frequent changes in position without assistance

NUTRITION INTAKE - Usual food intake pattern

- (3) Adequate: Eats over 1/2 of most meals.
Eats a total of 4 servings of protein (meat or dairy products) each day. Occasionally will refuse a meal. but will usually take a supplement if offered OR is on tubefeeding or TPN regimen

FRICTION AND SHEAR

- (3) No apparent problem: Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed and chair at all times

TOTAL SCORE = 22

NEUROLOGICAL

No complaints of pain
Neurological problems: No problems noted

MUSCULOSKELETAL

Musculoskeletal problems: No problems noted

PSYCHOSOCIAL

Psychosocial Problems: No alcohol use, No drug use
Psychosocial problems needing interventions: *Patient lives alone

/es/ ELSAMMA VARGHESE

RN

Signed: 06/23/2007 18:09

LOCAL TITLE: NURSING ADMISSION ASSESSMENT-PART 1
STANDARD TITLE: NURSING ADMISSION EVALUATION NOTE
DATE OF NOTE: JUN 23, 2007@18:00 ENTRY DATE: JUN 23, 2007@18:00:37
AUTHOR: VARGHESE, ELSAMMA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

NURSING ADMISSION ASSESSMENT-ACUTE CARE PART I

(To be completed by RN, LPN or Health Tech)

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

/es/ AARON C HAMILTON
Resident Physician
Signed: 06/24/2007 08:17

LOCAL TITLE: NURSING ADMISSION ASSESSMENT-PART 3
STANDARD TITLE: NURSING ADMISSION EVALUATION NOTE
DATE OF NOTE: JUN 23, 2007@18:04 ENTRY DATE: JUN 23, 2007@18:04:37
AUTHOR: VARGHESE, ELSAMMA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CIRCULATORY

Problems: Snycope
Comments:
brady cardia

RESPIRATORY

Lungs and lung problems: No problems noted

NUTRITION

Pre-admission diet: No problems noted

ELIMINATION

Bowel: no problems noted

URINARY: No problems noted

INTEGUMENTARY

Skin condition choices: No problems notes

BRADEN SCALE - RISK ASSESSMENT FOR SKIN BREAKDOWN

*Implement Nursing Standards - 15 or 16+ - Low Risk
13 or 14 - Moderate Risk
12 or Less - High Risk

SENSORY PERCEPTION - Ability to respond meaningfully to pressure-related discomfort

(4) No Impairment: Responds to verbal commands. Has no sensory deficits which would limit ability to feel or voice pain or discomfort

MOISTURE - Degree to which the skin is exposed to moisture

(4) Rarely Moist: Skin is usually dry, linen requires changing only on routine intervals

ACTIVITY - Degree of Physical Activity

(4) Walks frequently: Walks outside the room at least twice a day and inside the room at least once every two hours during the waking hours

MOBILITY - Ability to change & control body position

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI. SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

HCT: negative, no bleed

Tests:

EKG: Sinus bradycardia at 45

Assessment: 53 y/o man with HTN, depression presenting with symptomatic bradycardia, dizziness and right arm numbness.

Plan:

1. Cards Bradycardia

- Differential includes ischemia, structural heart disease, medications
- Likely secondary to beta-blocker (Metoprolol) and med non adherence
- Should follow EKGs, stop all AV nodal agents, ROMI with CE and EKGs Q8h, consider getting echo to assess structural causes
- After being on floor for a couple hours, he went back to NSR with HR in the 60-90s
- Getting lipid panel in the am
- controlling BP on lisinopril 20 and HCTZ 25. Will consider adding Ca channel blocker (nifedipine) if BP difficult to control.

2. GI

- Nausea, likely secondary to bradycardia. Could have element of GERD, continue omeprazole.

3. Neuro

- Get HCT to rule out acute process leading to numbness and bradycardia
- Follow neuro exam

4. Pulm

- Give patient CPAP of 10 at night for hx of documented OSA

/es/ AARON C HAMILTON

Resident Physician

Signed: 06/24/2007 07:16

06/24/2007 ADDENDUM

STATUS: COMPLETED

Pt was stable overnight with HR in the 50-70s. When awake pt has been in the 60-70s. No other complaints.

/es/ AARON C HAMILTON

Resident Physician

Signed: 06/24/2007 07:17

06/24/2007 ADDENDUM

STATUS: COMPLETED

vitals on exam:

BP 140/86 HR 54 RR 14 98% RA T 96.0

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

MCV	91.1	fL	81.0 to 99.0
MCH	31.6	PG	27.0 to 31.0
MCHC	34.7	G/dL	33.0 to 38.0
RDW	12.0	%	11.5 to 14.5
PLT	276	THOU/CUMM	130 to 400
MPV	8.8	fL	7.4 to 10.4
NEUT%	44.1	%	25 to 62
LYMPH%	42.0	%	20 to 53
MONO%	8.0	%	2 to 12
EOS%	5.0	%	0 to 8
BASO%	0.9	%	0 to 2
NEUT #	2.1	#	2.00 to 6.00
LYMPH #	2.0	#	1.10 to 2.80
MONO #	0.4	#	0.20 to 0.60
EOS #	0.2	#	0.05 to 0.50
BASO #	0.0	#	0.02 to 0.09
CPK	138	IU/L	49 to 397
CK-MB	0.42	ng/mL	0.00 to 3.38
R INDEX		% MB	0.0 to 2.5
TROP-I	0.00	ng/mL	0 to .08
TROP-I		ng/mL	0 to .08

SERUM	06/23	Reference
	2007	
	11:34	Units Ranges

GLUCOSE	91	mg/dL	74 to 118
NA	137	mmol/L	136 to 144
K+	4.0	mmol/L	3.6 to 5.1
CL	100 L	mmol/L	101 to 111
CO2	30	mmol/L	22 to 32
BUN	11	mg/dL	8 to 20
CREAT	0.85	mg/dL	0.70 to 1.20
CA	9.8	mg/dL	8.9 to 10.3

PLASMA	06/23	Reference
	2007	
	11:34	Units Ranges

PT	12.5	SECS	11.7 to 14.6
INR	0.94		
APTT	27.1	SECS	22.6 to 35.5

Imaging:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI. SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Vital Signs: HR
BP
RR
Temp
O2 Sat

General: in NAD. A&O X 3

HEENT: PERRL. sclera anicteric. EOMI,
mouth: no lesions

Neck: Supple, FROM, no JVD, no bruits
no adenopathy, mild thyroid enlargement

Chest: Clear to auscultation

Card: RRR, PMI non-displaced, no murmurs, no gallops

Abd: Soft, NT, normal bowel sounds,
no organomegaly, no bruits

Extr: no clubbing/cyanosis/edema
Pedal pulses intact

Neuro: CN II-XII intact
Reflexes intact and symmetric
F-->N intact
H-->S intact
Sensation to light touch intact
Strength 5/5 throughout
Normal gait
No Romberg
No Babinski

Labs:

UA neg
Utox neg

BLOOD	06/23	Reference
	2007	
	11:34	Units Ranges
WBC	4.7 L THOU/CUMM	4.8 to 10.8
RBC	4.52 MIL/CUMM	4.20 to 6.10
HGB	14.3 g/dL	12 to 18
HCT	41.2 %	37 to 51

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

SIG: INHALE 2 PUFFS BY MOUTH TWICE A DAY *RINSE MOUTH AFTER USE*

INPT MEDICATIONS:

Lisinopril 20 mg PO QD
HCTZ 25 mg PO QD
Omeprazole 20 mg PO QD
SQH 5000units Q8h
Tylenol 650 mg PO PRN

Past Medical History: 1. HTN
2. GERD
3. OSA
4. Depression
5. Anxiety

Past Surgical History:

Surgical Procedures (as listed in VISTA):
SURGERIES - NONE FOUND

Social History:

Marital Status: DIVORCED

Children--has two sons--one in prison and one in Afganistan
serving in the military

Lives with: 12 other people in large house. They are all friends
from his mosque

Employment: NOT EMPLOYED ORDERLY

ETOH: none

Smoke: none

Drug use: none

Family History:

non-contributory

ROS:

+ dizziness
no Vision changes
no CP
no SOB
+ nausea
no BRBPR
no Abd pain
no Urinary complaints

Physical Exam:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

he gets lightheaded after a long day being active or out in the heat. He notes that the dizziness actually comes mostly with positional changes like kneeling to pray. Then, with this dizziness he will sometimes notice some fluttering in his chest and some left arm numbness. The arm numbness is mostly in his forearm and travels to the palm of his hand. He said that the dizziness and chest fluttering goes away with some rest, and that tylenol and sometimes his metoprolol help with his symptoms. Upon questioning, the pt has a myriad of historic complaints that are similar to his current presentation and says that "his health hasn't been right since he turned 40." He also feared he was having a stroke because of this dizziness. He admits that he had stopped taking his medicines about 2 weeks ago and then restarted taking them one week ago. The pt denies any chest pain, SOB or fevers/chills. Upon arrival to the ED the pt vitals were:

T-97.8 P-57 BP-150/91 RR-20 98% RA

While in the ED he had bradycardia to 39 and 40s and an EKG showed sinus brady at 39 and 45 BPM.

Primary Care Provider: SOUDER, JEREMY K

Allergies: ASA and Ibuprofen

Medications:

OUTPT MEDICATIONS:

DRUG	STATUS
ACETAMINOPHEN 500MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	
BUPROPION HCL 100MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY	
CITALOPRAM HYDROBROMIDE 40MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH IN THE MORNING	
HYDROCHLOROTHIAZIDE 25MG TAB	ACTIVE
SIG: TAKE ONE-HALF TABLET BY MOUTH IN THE MORNING	
LISINAPRIL 20MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH IN THE MORNING	
METOPROLOL TARTRATE 50MG TAB	ACTIVE
SIG: TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE.	
OMEPRazole 20MG EC CAP	ACTIVE
SIG: TAKE ONE CAPSULE BY MOUTH IN THE MORNING	
VARDENAFIL HCL 20MG TAB	ACTIVE
SIG: TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED (REPLACES SILDENAFIL)	
HYDROCORTISONE 2.5% CREAM	ACTIVE
SIG: APPLY LIBERAL AMOUNT TO AFFECTED AREA TWICE A DAY	
FLUNISOLIDE 250MCG 100D ORAL INHL	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

-----Redacted-----

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Primary Care: 215-823-4133

Emergency Contact Numbers:

Toll Free #: 1-800-949-1001

Main Hospital #: 215-823-5800

Emergency Room #: 215-823-6004

Pharmacy #: 215-823-6361

Other:

I HAVE RECEIVED AND UNDERSTAND MY DISCHARGE INSTRUCTIONS

Signature of Patient/Legal Guardian-----
Date-----
Signature of Reviewer-----
Date

*****INFORMATION FOR VA HEALTHCARE PERSONNEL*****

In-Patient Attending Physician at Discharge: Frame

Discharge Summary Dictated/To be Dictated by: Aaron Hamilton

VA Form 10-7978mE

/es/ AARON C HAMILTON

Resident Physician

Signed: 06/24/2007 10:06

LOCAL TITLE: MEDICINE RESIDENT ADMIT HISTORY & PHYSICAL

STANDARD TITLE: INTERNAL MEDICINE RESIDENT ADMISSION EVALUATION

DATE OF NOTE: JUN 23, 2007@20:01

ENTRY DATE: JUN 23, 2007@20:01:50

AUTHOR: HAMILTON, AARON C

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** MEDICINE RESIDENT ADMIT HISTORY & PHYSICAL Has ADDENDA ***

PATIENT NAME: MAHDI, SHAREEF Redacted

CC: Dizziness

HPI: Pt is a 53 y/o gentleman with a hx of HTN, GERD, depressions and anxiety who presents to the ED with complaints of bouts of dizziness associated with diaphoresis, nausea, and left arm numbness. He says that he often notices that

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

LISINOPRIL 20MG TAB ACTIVE
 SIG: TAKE ONE TABLET BY MOUTH IN THE MORNING
 OMEPRAZOLE 20MG EC CAP ACTIVE
 SIG: TAKE ONE CAPSULE BY MOUTH IN THE MORNING
 VARDENAFIL HCL 20MG TAB ACTIVE
 SIG: TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED (REPLACES SILDENAFIL)
 HYDROCORTISONE 2.5% CREAM ACTIVE
 SIG: APPLY LIBERAL AMOUNT TO AFFECTED AREA TWICE A DAY
 FLUNISOLIDE 250MCG 100D ORAL INHL ACTIVE
 SIG: INHALE 2 PUFFS BY MOUTH TWICE A DAY *RINSE MOUTH AFTER USE*

NON-VA MEDS - NONE FOUND

SIG indicates the dosing instructions.

List additional discharge medications: HCTZ 25 mg tablets
 sig: take one tablet by mouth every
 morning

Simvastatin 40 mg tablet
 sig: take half of one tablet every
 evening

DO NOT TAKE METOPROLOL!! THROW AWAY
 ALL REMAINING BOTTLES OF METOPROLOL

Re-order medications when 10-14 days supply remaining by calling
 1-888-388-5525 or 215-895-3535

MEDICATION RECONCILIATION

The patient received a list of active medications annotated with changes made today.

*****PATIENT INSTRUCTIONS*****

Discharge Dietary Limitations:

No dietary restrictions

*****FOLLOW-UP APPOINTMENTS AND IMPORTANT PHONE NUMBERS*****

Suggested Date and Plan for Follow-up:

JUN 25, 2007@10:30 MHC/PCC - CHYCHULA (F/U)

Other Follow-up:

If you have specific questions related to on-going care, call:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

light- headedness. Never hypotensive.

/es/ CHARLES A DUMONT

MD

Signed: 06/25/2007 10:50

LOCAL TITLE: DISCHARGE INSTRUCTIONS
 STANDARD TITLE: PHYSICIAN EDUCATION DISCHARGE NOTE
 DATE OF NOTE: JUN 24, 2007@10:02 ENTRY DATE: JUN 24, 2007@10:02:54
 AUTHOR: HAMILTON, AARON C EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PHILADELPHIA VETERANS AFFAIRS MEDICAL CENTER PATIENT DISCHARGE INSTRUCTIONS

*****HOSPITAL STAY DETAILS*****

Date of Admission: JUN 23, 2007 15:43
 Date of Discharge: Jun 24, 2007
 Type of Discharge: Regular - Discharge to Home

Discharge Disposition: Home

List of all diagnoses treated during this admission:
 Admitting Diagnosis: Bradycardia
 Principal Diagnosis:
 Other Diagnoses:

*****DISCHARGE MEDICATIONS*****

Discharge Medications and Instructions (Provider please modify medication list as appropriate):

OUTPAT MEDICATIONS:

DRUG	STATUS
ACETAMINOPHEN 500MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	
BUPROPION HCL 100MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY	
CITALOPRAM HYDROBROMIDE 40MG TAB	ACTIVE
SIG: TAKE ONE TABLET BY MOUTH IN THE MORNING	

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

BUN	11 mg/dL	(06/23/2007 11:34)
Creat	0.85 mg/dL	(06/23/2007 11:34)
Glu	91 mg/dL	(06/23/2007 11:34)
totChol	258 mg/dL H	(06/24/2007 06:00)
TG	201 mg/dL H	(06/24/2007 06:00)
HDL	34 mg/dL	(06/24/2007 06:00)
LDL	184 mg/dL H	(06/24/2007 06:00)
Total Protein	7.2 g/dL	(09/23/2006 19:32)
Albumin	4.4 g/dL	(09/23/2006 19:32)
Tot Bili	0.7 mg/dL	(09/23/2006 19:32)
Direct Bili	0.1 mg/dL	(09/23/2006 19:32)
Alk Phos	67 IU/L	(09/23/2006 19:32)
AST	31 IU/L	(09/23/2006 19:32)
ALT	34 IU/L	(09/23/2006 19:32)

ECGs shows sinus bradycardia rates of 39 and 45 normal ECGs.

Impression

1. Dizziness/bradycardia probably related to metoprolol. He was taking more than he was supposed to and was not familiar with the proper dosing on the label. His rate came up when it was stopped. It is likely the culprit. Given his unreliability about medicines it would be best to stop this med. he can take more HCTZ or lisinopril if needed for BP control. He has PCP appt tomorrow. She can check his BP and make adjustments as needed.

2. Hyperlipidemia. With two risk factors, HTN and male >45 his LDL goal is <130 and his LDL is 184. Will start simvastatin 20 mg. We will write it for pickup at Pharmacy tomorrow.

/es/ LAWRENCE H FRAME

MD

Signed: 06/24/2007 10:37

LOCAL TITLE: Adverse React/Allergy

STANDARD TITLE: ALLERGY & IMMUNOLOGY ADVERSE EVENT NOTE

DATE OF NOTE: JUN 24, 2007@10:08:10 ENTRY DATE: JUN 24, 2007@10:08:10

AUTHOR: DUMONT, CHARLES A

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

This patient has had the following reactions
signed-off on Jun 24, 2007@10:08:10.

METOPROLOL

Author's comments:

Admitted to MICU overnight for sinus bradycardia to 30's in setting of restarting Metoprolol 50- 100 mg daily. +

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI. SHAREEF
Redacted

PHILADELPHIA. PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

3)	HYDROCHLOROTHIAZIDE TAB 25MG PO QD	ACTIVE
4)	LISINOPRIL TAB 20MG PO QD	ACTIVE
5)	OMEPRazole CAP, EC 20MG PO IQD	ACTIVE

Active Outpatient Medications

Status

1)	ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE
2)	BUPROPION HCL 100MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY	ACTIVE
3)	CITALOPRAM HYDROBROMIDE 40MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
4)	FLUNISOLIDE 250MCG 100D ORAL INHL INHALE 2 PUFFS BY MOUTH TWICE A DAY *RINSE MOUTH AFTER USE*	ACTIVE
5)	HYDROCORTISONE 2.5% CREAM APPLY LIBERAL AMOUNT TO AFFECTED AREA TWICE A DAY	ACTIVE
6)	LISINOPRIL 20MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
7)	OMEPRazole 20MG EC CAP TAKE ONE CAPSULE BY MOUTH IN THE MORNING	ACTIVE
8)	VARDENAFIL HCL 20MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED (REPLACES SILDENAFIL)	ACTIVE

Pending Outpatient Medications

Status

1)	HYDROCHLOROTHIAZIDE 25MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	PENDING
2)	SIMVASTATIN 40MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY FOR CHOLESTEROL	PENDING

PE NAD

BP 140/70 P 53

Neck: JVP 5, nl thyroid

Chest: Clear to P and A

Cor: nl PMI, nl s1, s2, no S3, S4, no murmurs

Abd: soft nontender, nl bowel sounds

Ext: no edema, 2+ PT pulses

Neuro: Alert, oriented x3 grossly normal speech and strength

Labs

Hgb	14.3 g/dL	(06/23/2007 11:34)
platelets	276 THOU/CUMM	(06/23/2007 11:34)
INR	0.94	(06/23/2007 11:34)
Na	137 mmol/L	(06/23/2007 11:34)
K	4.0 mmol/L	(06/23/2007 11:34)
Cl	100 mmol/L L	(06/23/2007 11:34)
CO2	30 mmol/L	(06/23/2007 11:34)

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI. SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Additional Comments, if Applicable:

reviewed discharge medications with patient- reiterated need to discard metoprolol secondary to bradycardia per MD- for appointment tomorrow and will pick up simvastatin from pharmacy tomorrow- reviewed purpose for new med- verbalized understanding- IV d/c'd- discharged home

/es/ TARA HOWTON, RN, BSN
STAFF NURSE MICU X6476
Signed: 06/24/2007 10:40

LOCAL TITLE: MICU ATTENDING ADMISSION NOTE
STANDARD TITLE: ATTENDING CRITICAL CARE UNIT ADMISSION EVALUATION
DATE OF NOTE: JUN 24, 2007@10:14 ENTRY DATE: JUN 24, 2007@10:14:40
AUTHOR: FRAME, LAWRENCE H EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CCU Attending Admission Note

He is a 53 yo with HTN depression and anxiety disorder who presents with intermittent dizziness for two weeks. It also occurs with nausea and diaphoresis and sometimes left arm numbness. He knows what hyperventilation is and says that is not causing this. His ordered BP meds are metoprolol 50 mg tab, 1/2 tab bid, lisinopril 20 mg and HCTZ 12.5 mg. About two weeks ago he stop taking them but restarted them a week ago he says he was taking a whole metoprolol 50 mg tab. He has orders for 30 day supplies of bupropion and citalopram but they were last filled in Jan and April respectively. In the ER ECGs documented HRs of 39 and 45. His metoprolol was held and HR has come up to the 60s. the patient says that he used to take metoprolol 50 mg bid but it was reduced to 25 mg. However His dose has been half a 50 mg pill since he first came to this VA in 2003. He had a head CT last night read at HUP that was negative

PMH
HTN
GERD
Depression and anxiety
OSA

Pharmacy med list as of JUN 24, 2007

Active Inpatient and Outpatient Medications (excluding Supplies):

Active Inpatient Medications	Status
=====	
1) ACETAMINOPHEN TAB 650MG PO HS PRN please give pt at bedtime if requested or for pain	ACTIVE
2) HEPARIN INJ, SOLN 5000UNT/0.5ML SC Q8H	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted
PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

STANDARD TITLE: NURSING DISCHARGE NOTE

DATE OF NOTE: JUN 24, 2007@10:34

ENTRY DATE: JUN 24, 2007@10:34:54

AUTHOR: HOWTON, TARA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Nursing Service Discharge Summary Note

Patient Discharged to:

Home

Accompanied by: Self

Mode of Transport:

Car

Condition at Discharge:

- a. Mental Status: Alert
- b. Mobility: independent
- c. Personal Care: independent
- d. Feeding: independent

e. Skin: Intact: Yes

Surgical Wounds: No

Decubiti: No

f. Pain Scale Assessment: 0 (06/23/2007 10:02)

Ongoing Needs:

None

Equipment & Supplies Provided:

Follow-Up Plans:

see discharge instructions

Instructions given to: Patient

Instructions related to:

- a. Medications: Yes
- b. Treatments: Yes
- c. Activity Restrictions: Not Applicable
- d. ADL/Personal Care: Not Applicable
- e. Use of Special Equipment/Device: Not Applicable
- f. Dressing Changes: Not Applicable
- g. Pain Management: Yes
- h. Copy of written discharge instructions: Yes

i. Patient education materials provided:

Healthy Lifestyle Choices

MRSA nasal discharge swab completed: Not Applicable-admission swab less than 24 hours ago

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI. SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Signed: 11/28/2007 02:45

11/28/2007 ADDENDUM
0300 no answer when called

STATUS: COMPLETED

/es/ TAMMY L ROWE
TAMMY L ROWE RRT CCRN
Signed: 11/28/2007 03:12

LOCAL TITLE: PRIMARY CARE FOLLOW UP
STANDARD TITLE: PRIMARY CARE E & M NOTE
DATE OF NOTE: JUN 25, 2007@11:05 ENTRY DATE: JUN 25, 2007@11:05:12
AUTHOR: HUD,NINA M CHYCHULA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

MAHDI, SHAREEF Redacted

Vital Signs:

Height: 69 in [175.3 cm] (03/31/2005 09:35) Weight: 185 lb [84.1 kg]
(02/15/2006 10:06)
BP: 150/91 (06/23/2007 10:04) P: 57 (06/23/2007 10:11)
R: 20 (06/23/2007 10:02) T: 97.8 F [36.6 C] (06/23/2007 10:02)
Pain: 0 (06/23/2007 10:02)

Veteran came into clinic to review meds and ask for medication for lice. He believes he was recently exposed and discussed seeing little bugs on his legs and arms.

None observed upon inspection but due to high exposure potential, will offer treatment course.

Will increase statin due to continued increase in cholesterol level.

Cardiac: 136/92' 60 bpm RRR
Chest: clear bilaterally
PV: full pulses and no edema
Psych Mental Health: no delusions, hallucinations, no suicidal/homicidal/assaultive thoughts/behaviors. Reports having run out of antidepressants and felt he benefitted from using Celexa. Tried someone else's Cymbalta but developed some sort of reaction including dizziness to it.

Medication Reconciliation discussed.
RTC as scheduled.

/es/ NINA M CHYCHULA HUD
NP

Signed: 06/25/2007 11:09

LOCAL TITLE: NURSING SERVICE DISCHARGE SUMMARY NOTE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

MD STOPPED B/P MEDS ABOUT 2 MONTHS AGO (ALTHOUGH THEY ARE STILL ACTIVE??)

Pertinent Past Medical History: HBP

EMERGENCY SEVERITY INDEX TRIAGE ALGORITHM, ACUITY ASSIGNMENT

Requires immediate life saving intervention? No continue to next question

High risk situation

or

Confused/lethargic/disoriented

or

Severe pain/distress: (Clinical observation and/or patient rating 7/10 or greater)

No continue to next question

Requires more than one resource AND

HR>100

RR>20

SaO₂<92% No continue to the next question

Requires more than one resource AND Vital signs are stable: No continue to next question

Requires one resource AND Vital signs are stable: Yes Acuity 4

Requires no resources AND Vital signs are stable:

ER TRIAGE CATEGORY: Category 4: LESS URGENT

/es/ NANCY E HARKINS

RN

Signed: 11/27/2007 18:10

11/28/2007 ADDENDUM

STATUS: COMPLETED

0220, 0240 no answer when called

/es/ TAMMY L ROWE

TAMMY L ROWE RRT CCRN

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

VISTA Electronic Medical Documentation

MAHNT CHARREF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Temperature: 97 F [36.1 C] (11/27/2007 18:03)
 Blood Pressure: 153/100 (11/27/2007 18:03)
 Weight: 185 lb [84.1 kg] (02/15/2006 10:06)
 Fingerstick Glucose: NA
 Last menstrual period:
 Visual acuity: NA

Chief Complaint/Brief History & Assessment: Pt PRESENTS WITH A FEW DAYS HISTORY OF EAR DISCOMFORT AND ASSOCIATED WITH DIZZINESS (ROOM SPINNING), THIS HAS HAPPENED TO HIM THE PAST WITHEAR ISSUES. PT ALERT W/ W UPRIGHT GAIT SKIN WARM AND INTACT. ALSO GENERALIZED MALIASE. *****REPEAT B/P 158/98*****

Injury Related: No.

ALLERGY:
 ASPIRIN, IBUPROFEN, METOPROLOL

MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	=====
1) ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE
2) CITALOPRAM HYDROBROMIDE 40MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
3) FLUNISOLIDE 250MCG 100D ORAL INHL INHALE 2 PUFFS BY MOUTH TWICE A DAY *RINSE MOUTH AFTER USE*	ACTIVE
4) HYDROCHLOROTHIAZIDE 25MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
5) HYDROCORTISONE 2.5% CREAM APPLY LIBERAL AMOUNT TO AFFECTED AREA TWICE A DAY	ACTIVE
6) LISINOPRIL 20MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
7) OMEPRAZOLE 20MG EC CAP TAKE ONE CAPSULE BY MOUTH IN THE MORNING	ACTIVE
8) PERMETHRIN 5% CREAM APPLY LIBERAL AMOUNT TO AFFECTED AREA AT BEDTIME (RINSE OFF IN THE MORNING)	ACTIVE
9) SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY FOR CHOLESTEROL	ACTIVE
10) VARDENAFIL HCL 20MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED (REPLACES SILDENAFIL)	ACTIVE

The patient states there are medication changes.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Patient received Prostate Cancer education during the encounter.
Level of Understanding: Good

PSA ordered to be drawn today.

****If patient has a diagnosis of Cancer, please add to the
Problem List. (Screening no longer required.)****

HTN Assess for Elevated BP>=160/100:

Repeat BP:

146/87

The patient's blood pressure is usually adequately controlled. No
medication changes are indicated at this time.

The patient was counseled on the importance of regular exercise
and/or physical activity in the control of blood pressure.

The patient has a limited ability to exercise but was encouraged
to increase physical activity as much as possible since any
increase in activity may be beneficial in improving BP
control.

Medication Reconciliation:

Medications reviewed and discussed with patient/caregiver/significant
other for any new, deleted, changed and non-VA medications
including OTCs and herbals. Medication reconciliation was
performed.

/es/ MARLYN L. PATTERSON, RN
STAFF NURSE, BEHAVIORAL HEALTH X4106
Signed: 11/29/2007 11:30

LOCAL TITLE: ER TRIAGE/NURSING NOTE*

STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE

DATE OF NOTE: NOV 27, 2007@18:05

ENTRY DATE: NOV 27, 2007@18:05:32

AUTHOR: HARKINS, NANCY E

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** ER TRIAGE/NURSING NOTE* Has ADDENDA ***

Mode of Arrival:

Car

Homeless:

No.

Level of Consciousness: A x O x3

Yes

High risk Situation:

No.

Severe pain or distress :

No Pain Index(0-10) 0

PATIENT AGE: 53

GENDER:

MALE

HEART RATE:

70 (11/27/2007 18:03)

RESPIRATIONS:

18 (11/27/2007 18:03)

OXYGEN SATURATION:

98 on Room Air Yes

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

The results of the PHQ-2 and PHQ-9 were reviewed and the patient was assessed including assessment of suicide risk. The patient was not found to be acutely suicidal, and the following disposition plan was implemented. The patient was counseled about depression and the following action was agreed upon.

The patient is already followed by a behavioral health provider and has a follow-up appointment scheduled. Patient was reminded of the availability of the ER and the Philadelphia VAMC telephone number for 24 hour emergency service.

Medication Reconciliation:

Medications reviewed and discussed with patient/caregiver/significant other for any new, deleted, changed and non-VA medications including OTCs and herbals. Medication reconciliation was performed.

/es/ MICHAEL A. LOGAN.RN
STAFF NURSE
Signed: 01/04/2008 15:00

LOCAL TITLE: CHAPLAIN'S NOTES
STANDARD TITLE: PASTORAL CARE NOTE

DATE OF NOTE: NOV 29, 2007@16:53

ENTRY DATE: NOV 29, 2007@16:53:08

AUTHOR: LIPARELI, MICHAEL

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Patient participated in Health Fair . He received counselling and support.

/es/ michael lipareli m.div
michael lipareli m.div m. a.
Signed: 11/29/2007 16:53

LOCAL TITLE: HEALTH MAINTENANCE

STANDARD TITLE: PRIMARY CARE ANNUAL EVALUATION NOTE

DATE OF NOTE: NOV 29, 2007@11:26

ENTRY DATE: NOV 29, 2007@11:26:27

AUTHOR: PATTERSON, MARLYN L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

FLU SHOT 2007:

Flu shot not given.

Patient declined despite counseling.

Prostate Cancer Screening Education:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Counseling on diet	1/8/2008
Counseling on weight control	1/8/2008
Counseling on exercise	1/8/2008
Question on alcohol intake:	non drinker
Cage (Cut down, annoyed you, guilty)	non drinker
Referral for alcohol use:	non drinker
Question on tobacco use, annually:	non smoker
Counseling on tobacco	non smoker
Smoking cessation offered	non smoker
Smoking cessation refused	non smoker
Drug use	non drug user
Depression screening (MDD/VHA or DSM score)	1/8/2008
Safe sex counseled	1/8/2008
Seat belts counseled	1/8/2008
Smoke detectors counseled	1/8/2008
Cholesterol age 35-65	1/8/2008
Digital rectal exam age > 50	2007
FOBT X 3 or Flex Sig (age >50)	referred
PSA counseling age 50-69	1/8/2008
PSA test age 50-69	1/8/2008

Will order labs and refill meds
 RTC 3 months
 Medication Reconciliation discussed.

RTC as scheduled.

/es/ NINA M CHYCHULA HUD
 NP
 Signed: 01/14/2008 11:40

LOCAL TITLE: HEALTH MAINTENANCE
 STANDARD TITLE: PRIMARY CARE ANNUAL EVALUATION NOTE
 DATE OF NOTE: JAN 04, 2008@14:59 ENTRY DATE: JAN 04, 2008@14:59:16
 AUTHOR: LOGAN, MICHAEL A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

FLU SHOT 2007:

Flu shot not given.

Patient declined despite counseling.

Positive Depression Screen F/U:

Question 10. If you checked off ANY problems, how DIFFICULT have these problems made it for you to do your work, take care of things at home, or get along with other people?

Very difficult

NON URGENT CARE:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

STANDARD TITLE: PRIMARY CARE ANNUAL EVALUATION NOTE

DATE OF NOTE: FEB 06, 2008@10:27

ENTRY DATE: FEB 06, 2008@10:27:34

AUTHOR: MCLAUGHLIN, DONZELLA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

FLU SHOT 2007:

Flu shot not given.

Patient declined despite counseling.

/es/ DONZELLA MCLAUGHLIN

lpn

Signed: 02/14/2008 14:08

LOCAL TITLE: MHC HEALTH MAINTENANCE

STANDARD TITLE: MENTAL HEALTH NOTE

DATE OF NOTE: JAN 08, 2008@10:37

ENTRY DATE: JAN 08, 2008@10:37:31

AUTHOR: HUD, NINA M CHYCHULA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Mental Health Maintenance Record

MAHDI, SHAREEF

Redacted

Veteran came into clinic to review meds and reports no acute symptoms. Willing to go for labs within next month. No chest pains, shortness of breath, dizziness, blurry vision.

Axis I: Dysthymia

Axis II: No diagnosis

Axis III: Hypertension

Elevated cholesterol

Axis IV: supportive family members

manages own financial affairs

Axis V: 60

Cardiac: 140/84 sitting left arm; 68 bpm RRR

Chest: clear bilaterally

PV: full pulses and no edema

Psych Mental Health: no delusions, hallucinations, no

suicidal/homocidal/assaultive thoughts/behaviors. Reports Celexa has been helpful in lifting feelings of irritability, sadness and problems sleeping.

Date discussed/Results

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

DATE OF NOTE: FEB 28, 2008@16:23

ENTRY DATE: FEB 28, 2008@16:23:20

AUTHOR: GRASSI, JAMES R

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Veteran attends community psychoeducational group held at Perimeter Multiservice Center CBOC. Eighteen veterans in attendance. Group met for 60 minutes at 11am. Veterans attentive; offered and received feedback appropriately.

Diagnosis: adjustment disorder

Reviewed VA services available to eligible homeless veterans including primary care, outpatient psychiatry services, individual and group therapy as well as inpatient SATU and domiciliary placements. Answered individual questions regarding same. Active discussion regarding topic of importance of self-advocacy in working through homeless status.

rtc 3/6@11am

James Grassi LSW

MAHDI, SHAREEF

Redacted

/es/ JAMES R GRASSI

Signed: 02/28/2008 16:23

LOCAL TITLE: BH HOMELESS OUTREACH FOLLOW-UP*

STANDARD TITLE: PSYCHIATRY E & M NOTE

DATE OF NOTE: FEB 28, 2008@11:22

ENTRY DATE: FEB 28, 2008@11:22:57

AUTHOR: SALVATORE, MARK A

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Non Homeless Veteran presented to VA Outreach at the Multi-Service Center for vocational guidance.

Interventions:

1. Completed X-Form and Multi Service center documentation.
2. Provided Veteran with listing of Phila Area LPN Programs.
3. Veteran has history of HTN. Provided Veteran with instruction and he verbalized understanding the importance of taking medications as ordered after he informed me he had not been doing so.

/es/ MARK A. SALVATORE RN

OUTREACH REGISTERED NURSE

Signed: 02/28/2008 11:26

LOCAL TITLE: HEALTH MAINTENANCE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

- 7) PERMETHRIN 5% CREAM APPLY LIBERAL AMOUNT TO AFFECTED AREA AT BEDTIME (RINSE OFF IN THE MORNING) ACTIVE
- 8) SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY FOR CHOLESTEROL ACTIVE
- 9) VARDENAFIL HCL 20MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED (REPLACES SILDENAFIL) ACTIVE

The patient states there are no medication changes.

Pertinent Past Medical History:

EMERGENCY SEVERITY INDEX TRIAGE ALGORITHM, ACUITY ASSIGNMENT

Requires immediate life saving intervention? No continue to next question

High risk situation

or

Confused/lethargic/disoriented

or

Severe pain/distress: (Clinical observation and/or patient rating 7/10 or greater)

No continue to next question

Requires more than one resource AND

HR>100

RR>20

SaO2<92% No continue to the next question

Requires more than one resource AND Vital signs are stable:

Requires one resource AND Vital signs are stable: No Continue to next question

Requires no resources AND Vital signs are stable: Yes/Acuity 5

ER TRIAGE CATEGORY: Other: dental clinic

/es/ JOAN MARIE PLUGUEZ, RN, BSN

STAFF NURSE X6004

Signed: 04/21/2008 09:20

LOCAL TITLE: MULTI-SERVICE CENTER GROUP

STANDARD TITLE: PRIMARY CARE GROUP COUNSELING NOTE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Mode of Arrival: Car
 Homeless: No.
 Level of Consciousness: A x O x3 Yes
 High risk Situation: No.
 Severe pain or distress : No Pain Index(0-10) 6

PATIENT AGE: 54
 GENDER: MALE
 HEART RATE: 59 (04/21/2008 09:17)
 RESPIRATIONS: 18 (04/21/2008 09:17)
 OXYGEN SATURATION: 97 on Room Air Yes
 Temperature: 97.6 F [36.4 C] (04/21/2008 09:17)
 Blood Pressure: 149/93 (04/21/2008 09:17)
 Weight: 189 lb [85.9 kg] (02/06/2008 10:33)
 Fingerstick Glucose: na
 Last menstrual period: N/A
 Visual acuity: na

Chief Complaint/Brief History & Assessment: Pt c/o toothache. no other complaints

Injury Related: No.

ALLERGY:
 ASPIRIN, IBUPROFEN, METOPROLOL

MEDICATIONS:

denies

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE
2) CITALOPRAM HYDROBROMIDE 40MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
3) HYDROCHLOROTHIAZIDE 25MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
4) HYDROCORTISONE 2.5% CREAM APPLY LIBERAL AMOUNT TO AFFECTED AREA TWICE A DAY	ACTIVE
5) LISINAPRIL 20MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
6) OMEPRAZOLE 20MG EC CAP TAKE ONE CAPSULE BY MOUTH IN THE MORNING	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Signed: 04/22/2008 08:32

LOCAL TITLE: DENTAL SUMMARY*

STANDARD TITLE: DENTISTRY NOTE

DATE OF NOTE: APR 21, 2008@11:23

ENTRY DATE: APR 21, 2008@11:24:14

AUTHOR: SANGHVI, MIRAJ K

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Patient Name: MAHDI, SHAREEF, DOB: 02/24/1954, Age: 54

Visit: V: Apr 21, 2008@09:24 DENTAL 14 - 3 SOUTH.

Primary PCE Diagnosis: 525.9 (DENTAL DISORDER NOS).

Dental Category: 18-PRIOR 1, EMERGENCY (OPT). Treatment Status: Active.

Planned Procedures:

(D0140) Limit oral eval problm focus:

Completed Care:

(D9999) Adjunctive procedure. DX: (525.9).

pt called for 2 times in waiting room without response

/es/ MIRAJ K SANGHVI

ORAL SURGERY RESIDENT

Signed: 04/21/2008 11:24

LOCAL TITLE: DENTAL RADIOGRAPHY

STANDARD TITLE: DENTISTRY DIAGNOSTIC STUDY NOTE

DATE OF NOTE: APR 21, 2008@11:13

ENTRY DATE: APR 21, 2008@11:13:31

AUTHOR: COTTMAN, STEPHANIE L EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*****Radiographic Image attached to this note*****

Click on Tools, click on Imaging, you may be required to log into Vista with your Access/Verify codes. Now click on the Image you wish to view.

/es/ STEPHANIE L C COTTMAN

DENTAL ADPAC

Signed: 04/21/2008 11:13

LOCAL TITLE: ER TRIAGE/NURSING NOTE*

STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE

DATE OF NOTE: APR 21, 2008@09:18

ENTRY DATE: APR 21, 2008@09:18:54

AUTHOR: PLUGUEZ, JOAN MARIE

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
RedactedPHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

MORNING

- 6) OMEPRAZOLE 20MG EC CAP TAKE ONE CAPSULE BY MOUTH IN THE MORNING ACTIVE
- 7) PERMETHRIN 5% CREAM APPLY LIBERAL AMOUNT TO AFFECTED AREA AT BEDTIME (RINSE OFF IN THE MORNING) ACTIVE
- 8) SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY FOR CHOLESTEROL ACTIVE
- 9) VARDENAFIL HCL 20MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED (REPLACES SILDENAFIL) ACTIVE

The patient states there are no medication changes.

Pertinent Past Medical History: HTN

EMERGENCY SEVERITY INDEX TRIAGE ALGORITHM, ACUITY ASSIGNMENT

Requires immediate life saving intervention? No continue to next question

High risk situation

or

Confused/lethargic/disoriented

or

Severe pain/distress: (Clinical observation and/or patient rating 7/10 or greater)

No continue to next question

Requires more than one resource AND

HR>100

RR>20

SaO2<92% No continue to the next question

Requires more than one resource AND Vital signs are stable:

Requires one resource AND Vital signs are stable: No Continue to next question

Requires no resources AND Vital signs are stable: Yes/Acuity 5

ER TRIAGE CATEGORY: Category 5: NON URGENT

/es/ EILEEN COX

RN

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

DATE OF NOTE: APR 22, 2008@08:30
 AUTHOR: COX,EILEEN
 URGENCY:

ENTRY DATE: APR 22, 2008@08:30:53
 EXP COSIGNER:
 STATUS: COMPLETED

Mode of Arrival: Public Transportation
 Homeless: No.
 Level of Consciousness: A x O x3 Yes
 High risk Situation: No.
 Severe pain or distress : No Pain Index(0-10) 0

PATIENT AGE: 54
 GENDER: MALE
 HEART RATE: 65 (04/22/2008 03:30)
 RESPIRATIONS: 18 (04/22/2008 08:30)
 OXYGEN SATURATION: 98 on Room Air Yes

Temperature: 98.7 F [37.1 C] (04/22/2008 08:30)
 Blood Pressure: 141/94 (04/22/2008 08:30)
 Weight: 189 lb [85.9 kg] (02/06/2008 10:33)
 Fingerstick Glucose: n/a
 Last menstrual period: N/A
 Visual acuity: n/a

Chief Complaint/Brief History & Assessment:dental - not able to be seen yesterday

Injury Related: No.

ALLERGY:
 ASPIRIN, IBUPROFEN, METOPROLOL

MEDICATIONS:
 Antihypertensive Medications

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE
2) CITALOPRAM HYDROBROMIDE 40MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
3) HYDROCHLOROTHIAZIDE 25MG TAB TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
4) HYDROCORTISONE 2.5% CREAM APPLY LIBERAL AMOUNT TO AFFECTED AREA TWICE A DAY	ACTIVE
5) LISINAPRIL 20MG TAB TAKE ONE TABLET BY MOUTH IN THE	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI. SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Veteran came in but could not be seen due to computer failure.

/es/ NINA M CHYCHULA HUD

NP

Signed: 04/29/2008 11:58

LOCAL TITLE: DENTAL INPT EVAL

STANDARD TITLE: DENTISTRY INPATIENT CONSULT

DATE OF NOTE: APR 22, 2008@09:04

ENTRY DATE: APR 22, 2008@09:12:55

AUTHOR: NGUYEN, HUY N

EXP COSIGNER: DESAI, HEMAL

URGENCY:

STATUS: COMPLETED

Patient Name: MAHDI, SHAREEF, DOB: (Redacted), Age: 54

Visit: 04/22/2008 09:04.

Primary PCE Diagnosis: 525.9 (DENTAL DISORDER NOS).

Dental Category: 18-PRIOR 1, EMERGENCY (OPT). Treatment Status:

Completed Care:

(D0140) Limit oral eval problm focus. DX: (525.9).

Patient's pain intensity is 7 on a scale
of 1-10 where
"0" is no pain and "10" is the worst possible pain.

54 yo male presents to OMFS for evaluation off toothache #20.

CC: "toothache with throbbing" Patient points to #20

HPI: 2 weeks. Has throbbing pain that is constant and "unbearable". Wakes
him up at night. Sensitive to cold but not percussion or palpation.

Pan taken. #20 has huge distal defect but is restorable. Explained to
patient alternatives and patient will seek to restore #20 from an outside
dentist.

RX: Vicodin 5/500mg (20) tabs q6h prn pain

/es/ HUY N NGUYEN

dental resident

Signed: 04/22/2008 09:12

/es/ HEMAL DESAI

DMD

Cosigned: 04/23/2008 14:06

LOCAL TITLE: ER TRIAGE/NURSING NOTE*

STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Signed: 06/19/2008 15:30

Receipt Acknowledged By:

 06/19/2008 15:57 /es/ JAMES W. KURTZ
MD

06/19/2008 ADDENDUM

STATUS: COMPLETED

Pt seen with MS, case discussed and agree with above A/P.

 /es/ JAMES W. KURTZ
MD

Signed: 06/19/2008 15:58

LOCAL TITLE: BHS/CIU INITIAL VISIT*

STANDARD TITLE: MENTAL HEALTH INITIAL EVALUATION NOTE

DATE OF NOTE: JUN 16, 2008@11:29

ENTRY DATE: JUN 16, 2008@11:30

AUTHOR: STORTZ, EYDIE K

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Pt. Is a 54 y/o M who was followed by Dr. Wolman in July 2005 but has not followed up with psyc. tx. since then. Vet presents today and states that he wants to attend Voc. Rehab but he needs the name and address of his psychiatrist. Writer reviewed vet's notes and spoke with Dr. Wolman. Vet will need to have a new intake completed and will need to be assigned a new psychiatrist. BHS intake TBA by the clerks. Vet had no acute abnormal psyc. symptoms at this encounter. Please see prior intake and Dr. Wolman's notes from 2005.

 /es/ EYDIE K. STORTZ, LCSW
CLINICAL SOCIAL WORKER
Signed: 06/16/2008 11:42

LOCAL TITLE: PRIMARY CARE FOLLOW UP

STANDARD TITLE: PRIMARY CARE E & M NOTE

DATE OF NOTE: APR 29, 2008@11:57

ENTRY DATE: APR 29, 2008@11:57:39

AUTHOR: HUD, NINA M CHYCHULA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MAHDI, SHAREEF Redacted

Vital Signs:

 Height: 69 in [175.3 cm] (03/31/2005 09:35) Weight: 189 lb [85.9 kg]
(02/06/2008 10:33)

BP: 141/94 (04/22/2008 08:30) P: 65 (04/22/2008 08:30)

R: 18 (04/22/2008 08:30) T: 98.7 F [37.1 C] (04/22/2008 08:30)

Pain: 3 (04/22/2008 08:30)

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

 PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Appearance: well-groomed African American male, appears stated age wearing clothes suited to the weather and a white hat
Behavior: good eye contact, cooperative with interview, no psychomotor agitation or retardation
Mood: "ok"
Affect: euthymic
Speech: wnl
Thought process: linear and logical but circumstantial at times
Thought content: denies auditory or visual hallucinations, no suicidal or homicidal ideation
Cognition: AAOx3
Insight: moderate
Judgment: moderate

22. MULTI-AXIAL DIAGNOSIS

Axis I: Dysthymic disorder vs Mood disorder NOS
Axis II: possible cluster B traits
Axis III: hypertension
Axis IV: poor social support
Axis V: 65

23. ASSESSMENT AND PLAN

54 yo African American male with a reported history of chronic depression presents with continued depression. Patient is returning for treatment of his depressive symptoms which include somatic symptoms of soreness, fatigue, irritability and difficulty concentrating. Patient has been taking bupropion one week per month as needed for his depression which he claims gives him a boost. At this time, patient does not meet full criteria for major depressive disorder. Due to the duration and pervasive nature of his depressed mood the patient may meet criteria for dysthymic disorder or possibly mood disorder NOS.

--Patient should benefit from out patient therapy to discuss psychosocial issues pertaining to his continued depressive symptoms. patient has an appointment with Dr. Zimmerman July 14, 2008 at 14:30pm

--As discussed with patient, we are not comfortable writing a letter for him regarding his citation for public urination.

24. Next appointment and the clinician(s) to whom patient is assigned:
Psychologist: Dr. Zimmerman July 14, 2008 at 14:30pm

25. Does patient understand and agree with the treatment plan? Yes

/es/ ARMEN J MOUGHAMIAN

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

- c. In the past month, have you felt distant or cut off from other people? No
- d. In the past month, have you been vigilant or watchful or have you had a sense that you must be on guard to protect yourself? No

16. FAMILY MEDICAL AND PSYCHIATRIC HISTORY

17. SOCIAL AND DEVELOPMENTAL HISTORY

Child history: patient states "a lot of stuff happened" during his childhood but did not elaborate further.

School history:

Employment history: worked in a rest home as an orderly, now on disability

Marital/Relationship history: separated

18. LEGAL HISTORY

19. CURRENT SOCIAL SITUATION

Living arrangement: Lives alone in a boarding home

Support system: none

Source of income: disability/pension

Religious affiliation: RELIGION - ISLAM

20. DOMESTIC VIOLENCE SCREEN

- a. Are you in a relationship in which you are being hurt or threatened? No
- b. Have you ever used any kind of physical force against your partner or others? No
- c. Has your partner forced you to have sex or perform sexual acts that he or she did not want to do? No
- d. Have you ever forced your partner to have sex or perform sexual acts that he or she did not want to do? No
- e. Have you committed any acts of violence in the last 30 days? No
- f. Have you ever been arrested or convicted for violent crimes, e.g. aggravated assault? No
- g. Do you have access to weapons? No

21. MENTAL STATUS EXAMINATION

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI. SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

- a. Have you ever felt you needed to Cut down on your drinking?
- b. Have people Annoyed you because they have criticized your drinking?
- c. Have you ever felt bad or Guilty about your drinking?
- d. Have you ever had a drink first thing in the morning, as an "Eye-opener"?

13. MILITARY HISTORY (include dates, branch, rank, location of service, combat experience, injuries and current service connection status):

Branch of Service: MARINE CORPS

From: MAR 3,1972 To: MAR 1,1974

Period of Service: VIETNAM ERA

Service Location:

Combat Service: NO

From: To:

Combat Location:

Service Connected: NSC VETERAN

Service Connected %:

Type of Discharge: HONORABLE

14. MILITARY SEXUAL TRAUMA SCREEN

- a. When you were in the military, did you receive uninvited or unwanted sexual attention (such as touching, cornering, pressure for sexual favors, verbal remarks) which was threatening in nature? No
- b. When you were in the military, did anyone ever use force to have sex with you against your will? No

15. PTSD SCREEN

- a. Some people have had terrible experiences in their lives, such as:

Being attacked

Being sexually assaulted

Being in a fire, flood, or natural disaster

Being in combat

Being in a bad accident

Being threatened with a weapon

Seeing someone else badly injured or killed

If any of the above has happened to you, please explain. Patient admits to being threatened while he lived in the south

- b. In the past month, have you been bothered by repeated and disturbing memories, thoughts, or images of one or more of the stressful experiences described above? Yes

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHNT. SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

DRUG -----	STATUS -----
CITALOPRAM HYDROBROMIDE 40MG TAB SIG: TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
LISINOPRIL 20MG TAB SIG: TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
OMEPRazole 20MG EC CAP SIG: TAKE ONE CAPSULE BY MOUTH IN THE MORNING	ACTIVE
SIMVASTATIN 80MG TAB SIG: TAKE ONE-HALF TABLET BY MOUTH EVERY DAY FOR CHOLESTEROL	ACTIVE
PERMETHRIN 5% CREAM SIG: APPLY LIBERAL AMOUNT TO AFFECTED AREA AT BEDTIME (RINSE OFF IN THE MORNING)	ACTIVE
HYDROCHLOROTHIAZIDE 25MG TAB SIG: TAKE ONE TABLET BY MOUTH IN THE MORNING	ACTIVE
ACETAMINOPHEN 500MG TAB SIG: TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE
HYDROCORTISONE 2.5% CREAM SIG: APPLY LIBERAL AMOUNT TO AFFECTED AREA TWICE A DAY	ACTIVE
VARDENAFIL HCL 20MG TAB SIG: TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED (REPLACES SILDENAFIL)	ACTIVE

INPT MEDICATIONS: NONE

Surgeries:

At PVAMC: SURGERIES - NONE FOUND

Primary Care provider and telephone number of provider:

No Primary Provider

9. CHRONIC PAIN SCREEN

- a. Do you experience chronic pain? No
- b. Are you currently in pain? Rate the pain from "1" to "10", with "10" being the more severe.
- c. Who provides medical care for your chronic pain?

10. COMPLEMENTARY AND ALTERNATIVE TREATMENTS:

11. SUBSTANCE ABUSE HISTORY

Alcohol: none
 Cocaine: none
 Nicotine: none
 Heroin and other opiates: none
 Benzodiazepines: none
 PCP: none
 LSD: none
 Amphetamines: none

12. CAGE SCREEN

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI. SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

5. CHIEF COMPLAINT: Depression

6. HISTORY OF PRESENT ILLNESS:

54 year old African American male with reported history of chronic depression presents with continued feelings of depression. The patient does not think that the symptoms have worsened recently. The patient says he sees nurse practitioner, Nina, as needed at the VA. Patient says that he has had symptoms of depression since the age of 6. Patient says that he did not have a good childhood but did not elaborate further. Patient says that when he was younger he felt suicidal but has not had thoughts of suicide recently. Currently patient has somatic symptoms of depression and feels sore and achy, patient also has fatigue, is often irritable and has difficulty concentrating. Patient takes bupropion sporadically as needed for his feelings of depression. Patient says that he takes it for about one week every month. He says that it gives him a boost.

Patient was recently cited by the police for public urination at a subway stop. Patient claims that he has difficulty holding his urine because he is on hydrochlorothiazide and so he had to relieve himself immediately in the subway station. Patient would like a doctor's note explaining that he is on HCTZ. Patient last filled his HCTZ prescription at the VA on Nov 29, 2008.

Patient recurrently mentions a history of living in southern Virginia. Patient does not elaborate too much but claims that he hates the south and has many unpleasant memories regarding his life there.

Patient says that he has had some anxiety in the past but no longer has these symptoms of anxiety. Patient denies auditory or visual hallucinations and has not history of psychotic symptoms. Patient has no history of substance use or abuse.

7. PAST PSYCHIATRIC HISTORY

Inpatient treatment: hospitalized briefly in mid 1990s after an altercation with the cops

Outpatient treatment, including psychotherapy: patient has been in treatment for his depression since the late 1980s. Patient says that he comes to see a nurse practitioner at the VA but was last seen by a psychiatrist in 2005. Patient takes bupropion as needed for his depressive symptoms.

Previous suicide attempts: patient says that he has thought of suicide in the past, last thoughts long time ago

8. MEDICAL HISTORY

Allergies: ASPIRIN, IBUPROFEN, METOPROLOL

Current medications:

OUTPAT MEDICATIONS:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131
Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

rating 7/10 or greater)

Requires more than one resource AND, HR>100, RR>20
SaO2<92% No Continue to next question

Requires more than one resource AND
Vital signs are stable: No continue to next question

Requires one resource AND Vital signs are stable: No continue to next question

Requires no resources AND Vital signs are stable: Yes/Acuity 5

ER TRIAGE CATEGORY: Category 5: NON URGENT

/es/ EILEEN COX

RN

Signed: 07/07/2008 08:17

LOCAL TITLE: ER NURSE NOTE

STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: JUL 07, 2008@08:08

ENTRY DATE: JUL 07, 2008@08:08:49

AUTHOR: COX, EILEEN

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

no answer when called for triage.

/es/ EILEEN COX

RN

Signed: 07/07/2008 08:09

LOCAL TITLE: BH CENTRAL INTAKE EVALUATION*

STANDARD TITLE: MENTAL HEALTH OUTPATIENT E & M NOTE

DATE OF NOTE: JUN 19, 2008@13:55

ENTRY DATE: JUN 19, 2008@13:55:55

AUTHOR: MOUGHAMIAN, ARMEN J

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** BH CENTRAL INTAKE EVALUATION* Has ADDENDA ***

1. Patient Name: MAHDI, SHAREEF

2. Social Security Number: Redacted

3. AGE: 54

4. SEX: MALE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

PATIENT AGE: 54
 GENDER: MALE
 HEART RATE: 68 (07/07/2008 08:14)
 RESPIRATIONS: 18 (07/07/2008 08:14)
 OXYGEN SATURATION: 98 on Room Air Yes

 Temperature: 98.1 F [36.7 C] (07/07/2008 08:14)
 Blood Pressure: 166/93 (07/07/2008 08:14)
 Weight: 189 lb [85.9 kg] (02/06/2008 10:33)
 Fingertick Glucose: n/a
 Last menstrual period: N/A
 Visual acuity: n/a

Chief Complaint/Brief History & Assessment: dental pain

Injury Related: No.

ALLERGY: ASPIRIN, IBUPROFEN, METOPROLOL

MEDICATIONS: (including OTC and herbals)

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	ACTIVE
2) HYDROCORTISONE 2.5% CREAM APPLY LIBERAL AMOUNT TO AFFECTED AREA TWICE A DAY	ACTIVE
3) VARDENAFIL HCL 20MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED (REPLACES SILDENAFIL)	ACTIVE

The patient states there are no medication changes.

Pertinent Past Medical History: denies

***A. Have you had recent thoughts of hurting yourself or anyone else past month?

No

***B. Are you using (drugs and/or alcohol)?

No

EMERGENCY SEVERITY INDEX TRIAGE ALGORITHM, ACUITY ASSIGNMENT

Requires immediate life saving intervention? No continue to next question

High risk situation or Confused/lethargic/disoriented
 or Severe pain/distress: (Clinical observation and/or patient

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
 Redacted

PHILADELPHIA, PENNSYLVANIA 19131
 Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC

Progress Notes

Printed On Aug 04, 2010

Notes his appetite is good.

Pt lives in a boarding house. He served in the Marines for 2 years. He reenlisted as he could not find work. He then served for 10 months and was given a general discharge. He has worked an orderly and grounds keeper. He last worked 4 years ago. Pt has 2 sons, one serving in Afghanistan and the other on death row for killing 2 people. Pt receives a non-service connected pension. He lived in Virginia but moved due to racial tension there.

MSE: Neatly dressed, limited eye contact, irritable, speech normal rate and volume, mood mild depression, affect congruent, denies suicidal ideation, TP at times disorganized, TC denies a/v halluc. and paranoia, insight and judgment fair to poor.

A/P: Depression To return for continued assessment. RTC at next available appt.

/es/ JOANNE ZIMMERMAN

NURSE

Signed: 07/15/2008 07:41

07/17/2008 ADDENDUM

STATUS: COMPLETED

Pt did not make a return appointment.

He has a history of keeping 1-2 appts then not returning for many months. Will await pt call to reschedule.

/es/ JOANNE ZIMMERMAN

NURSE

Signed: 07/17/2008 09:08

LOCAL TITLE: ER TRIAGE/NURSING NOTE*

STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE

DATE OF NOTE: JUL 07, 2008@08:15

ENTRY DATE: JUL 07, 2008@08:15:43

AUTHOR: COX, EILEEN

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Mode of Arrival:

Public Transportation

Homeless:

No.

Level of Consciousness: A x 0 x3

Yes

High risk Situation:

No.

Severe pain or distress :

No Pain Index(0-10) 0

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF
Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA. PA VAMC

Progress Notes

Printed On Aug 04, 2010

No

***B. Are you using (drugs and/or alcohol)?

EMERGENCY SEVERITY INDEX TRIAGE ALGORITHM, ACUITY ASSIGNMENT

Requires immediate life saving intervention? No continue to next question

High risk situation or Confused/lethargic/disoriented
or Severe pain/distress: (Clinical observation and/or patient
rating 7/10 or greater) No continue to next question

Requires more than one resource AND HR>100,RR>20
SaO2<92% No Continue to next question

Requires more than one resource AND
Vital signs are stable: No continue to next question

Requires one resource AND Vital signs are stable: Yes Acuity 4

Requires no resources AND Vital signs are stable:

ER TRIAGE CATEGORY: Category 4: LESS URGENT

/es/ EILEEN COX

RN

Signed: 07/24/2008 14:15

LOCAL TITLE: MHC FOLLOW-UP VISIT

STANDARD TITLE: MENTAL HEALTH OUTPATIENT NOTE

DATE OF NOTE: JUL 14, 2008@14:47

ENTRY DATE: JUL 14, 2008@14:47:38

AUTHOR: ZIMMERMAN, JOANNE

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** MHC FOLLOW-UP VISIT Has ADDENDA ***

MAHDI, SHAREEF

Redacted

Last GAF Score: 55 on JUN 19, 2008 by KURTZ, JAMES W

MHC Nursing

Diagnosis: Dythymic Disorder

Pt seen for initial session of 30 minutes.

CC: "physical fatigue"

S/O: Pt c/o feeling sluggish and having physical fatigue. Reports he is sleeping
"enough". Positive for a hx. of sleep apnea. He does not use the cpap as it is
"old stuff". Notes he feels "melancholy all the time, a life time of
depression". Pt has a supply of bupropion but has been taking it for a few
months as he is looking for "something new". Pt denies suicidal ideation.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

MAHDI, SHAREEF

Redacted

PHILADELPHIA, PENNSYLVANIA 19131

Redacted

VISTA Electronic Medical Documentation

Printed at PHILADELPHIA, PA VAMC