



Santa Clara Valley Health & Hospital System Adult-Custody Health Services

CONSENT TO RELEASE MENTAL HEALTH INFORMATION

Patient's Name OLGA DEFARIA Birthdate *02/09/1971

I, ** OLGA DEFARIA* and / or 
(Name of Patient) (Name of Parent or Conservator)

authorize Elmwood Mental Health (60) to disclose to
(Releasing Agency)
Andrew Defaria, Husband. (Address)
(Receiving Agency)

the following information, with the knowledge that such contact discloses the fact that the named person has received mental health services. This disclosure of records is required for evaluation, and treatment planning or for the following purpose:

Treatment planning

It shall be limited to the following specific information:

1. diagnosis

2. pertinent summary of psychosocial and psychiatric history

3. medical information including the results of medical tests

4. results of psychological and vocational tests

5. legal status

6. educational assessment and behavioral reports (including school observation and educational testing)

7. Other General Information
She is anxious but coping. She wants her lawyer to contact her Kaiser therapist

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance thereon. If not earlier revoked, this consent terminates on

x OASefar
(Signature of Patient)

(Signature of Patient or Conservator)

(Date)

(Signature of Other Parent or Guardian, if applicable)

(Date)

I certify that I have reviewed this consent to release information with the patient or authorized representative of the patient. I find he / she has the capacity to give informed consent. I hereby authorize release of the requested information.

I find he / she does not have the capacity to give informed consent, and do not authorize release of the requested information.

CONFIDENTIAL

J Clark LMFT
(Signature of Authorized Staff Member)

11/25/02 .
(Date)



CONFIDENTIAL MEDICAL INFORMATION/ADULT CUSTODY FACILITIES

MEDICAL CLEARANCE

ALIA FEDOR Y ALIA

4-178-66-24

CHART COPY

SANTA CLARA
VALLEY
HEALTH & HOSPITAL SYSTEM

NAME

MOFFAT, ALIA

DATE

10/20/02

PFN #

DST 518

BOOKING #

0206181

DOB

02-09-7

1. Do you have any of the following? ¿Tiene usted alguno de los siguientes problemas?

YES/Sí NO

- | | | | | | | |
|---------------------------|-------------------------------|--------------------------|-------------------------------------|---|--------------------------|-----------|
| Diabetes..... | Diabetes..... | <input type="checkbox"/> | Asthma/Emphysema | Asma/Enfisema | <input type="checkbox"/> | YES/SÍ NO |
| Heart Disease..... | Enfermedades del corazón..... | <input type="checkbox"/> | Hepatitis | Hepatitis | <input type="checkbox"/> | |
| High blood pressure | Presión arterial alta..... | <input type="checkbox"/> | Contagious disease..... | Enfermedades contagiosas | <input type="checkbox"/> | |
| Seizures..... | Ataques epilépticos..... | <input type="checkbox"/> | Food/drug allergy..... | Alergias a comidas o medicinas | <input type="checkbox"/> | |
| AIDS..... | SIDA ("AIDS")..... | <input type="checkbox"/> | Sexually transmitted diseases | Enfermedades transmitidas sexualmente | <input type="checkbox"/> | |
| Tuberculosis | Tuberculosis | <input type="checkbox"/> | Lice, crabs, scabies..... | Piojos, piojos públicos, sarna | <input type="checkbox"/> | |

2. Have you ever had a positive reaction to a tuberculosis test? ¿Alguna vez ha tenido una reacción positiva a la prueba de la tuberculosis?
3. Have you had a cough for more than three weeks with any of the following: fever, weight loss, fatigue, night sweats? ¿Ha tenido tos por más de tres semanas con cualquiera de los siguientes síntomas: fiebre, pérdida de peso, fatiga o sudores nocturnos?
4. Have you recently been exposed to anyone with active tuberculosis? If yes, who was your contact? How were you exposed? ¿Ha estado expuesto a alguien con tuberculosis activa? Si es así, ¿quién es la persona? ¿Qué tipo de contacto tuvo con esa persona?
5. Have you had a head injury, LOC or been involved in a traffic accident within the past three days? ¿Ha sufrido un golpe o herida en la cabeza, ha perdido el conocimiento o tuvo un accidente de tráfico en los últimos tres días?
6. Do you have any illnesses or other injuries? ¿Padece de otras enfermedades o heridas?
7. Do you take any medication including psychiatric medications, that should be continued in jail? *Depression, Payil* medicamento – incluyendo medicamentos psiquiátricos – que debe continuar tomando en la cárcel?
8. Do you have any physical disabilities? ¿Tiene alguna incapacidad física?
9. Are you hearing impaired or deaf? ¿Es usted sordo?
- If yes, do you wear a hearing aid? Si es sordo, ¿usa un audífono? Yes/Sí No
10. Are you using contact lenses, a prosthesis, cast or crutches? ¿Usa lentes de contacto, prótesis, yeso o muletas?
11. Are you developmentally disabled? ¿Tiene alguna incapacidad mental?
12. Do you have any rashes, cuts, boils or abscesses? ¿Tiene erupciones en la piel, cortaduras, furúnculos (granos profundos) o abscesos?
13. Do you feel like ending your life? ¿Siente deseos de quitarse la vida?
14. Have you ever attempted suicide? ¿Alguna vez ha intentado suicidarse?
15. Do you use any drugs (including street drugs) or alcohol that could cause withdrawal problems? ¿Usa alguna droga (incluyendo drogas ilegales) o bebidas alcohólicas que pudiesen causarle problemas al dejar de usarlas?
16. Do you have a history of alcohol or drug related problems? ¿Tiene usted un historial de alcoholismo o uso de drogas?
17. Have you ever had any problems with mood swings, depression or hearing voices? ¿Alguna vez ha tenido algún problema con un estado de ánimo inestable, depresión o escuchado voces?
18. Are you currently receiving psychiatric treatment? ¿Está recibiendo tratamiento psiquiátrico en la actualidad?
19. Is this your first time in jail? ¿Es ésta la primera vez que ha estado en la cárcel?
20. Is there anything we should know about you for your welfare or protection? ¿Hay alguna otra cosa que nosotros deberíamos saber acerca de usted, para su bienestar o protección?
21. Do you request protective custody housing? ¿Está usted pidiendo custodia protectora en su vivienda?
22. Do you have medical insurance? If yes, name of insurer. ¿Tiene usted seguro médico? Si tiene seguro médico, dé el nombre del asegurador.

COMPANY _____

Karen

POLICY NO. _____

WOMEN ONLY

1. Do you think you might be pregnant? ¿Cree que podría estar embarazada?
2. When was your last menstrual period? ¿Cuándo tuvo su última regla?
3. In the last 6 weeks have you had a baby, miscarriage or abortion? En las últimas 6 semanas ¿ha dado a luz, ha tenido un aborto espontáneo o un aborto provocado?
4. Do you have any problems with your female organs? ¿Tiene algún problema con sus órganos femeninos?
5. Are you on any birth control medications? i.e. BCP, Norplant or IM Provera? ¿Está usando algún medicamento anticonceptivo (por ejemplo: piloceras, implante "Norplant" o inyección de "Provera")?

Arrestee's Signature/Firma del Arrestado: *O/A D/S*

OBSERVATIONS: DOES INMATE HAVE, OR DOES HE/SHE APPEAR TO BE:

YES	NO	YES	NO	YES	NO
1. Visible sign of illness/injury	<input type="checkbox"/>	7. Depressed, hyperactive	<input type="checkbox"/>	12. Needle tracks, scars	<input type="checkbox"/>
2. Unconscious/difficult to arouse	<input type="checkbox"/>	8. Talking to self/hearing voices	<input type="checkbox"/>	13. Unable to walk on own	<input type="checkbox"/>
3. Confused, disoriented.....	<input type="checkbox"/>	9. Shortness of breath	<input type="checkbox"/>	14. Unable to understand questions	<input type="checkbox"/>
4. Intoxicated/Under the influence.....	<input type="checkbox"/>	10. Feverish.....	<input type="checkbox"/>	15. Suicidal	<input type="checkbox"/>
5. Bizarre behavior	<input type="checkbox"/>	11. Yellow eyes or skin	<input type="checkbox"/>	16. Wrist scars	<input type="checkbox"/>
6. Mentally retarded	<input type="checkbox"/>				

DISPOSITION
Check all that apply:

- General Population Mental Health Housing Refer to Mental Health Cleared by Mental Health
- Medical Housing Emergency Room Place in Lobby

Signature of interviewer: *J. Tamm*

Time: 7:13A

FOR MEDICAL USE ONLY

SANTA CLARA VALLEY MEDICAL CENTER
NURSING ASSESSMENT

IDENTIFY ALL CURRENT MEDICATIONS:

MEDICATIONS	SIG	DATE/TIME LAST DOSE
-------------	-----	---------------------

Prozac

2 caps QD - 10/19/02

Heparin Paxil

Five ago

Toradol

QD

10/20/02 AM

DISPOSITION OF MEDICATIONS:

PHYSICIAN

ADDRESS

DATE SEEN

Tran / medical MD 7/ knee - Sta Phen - Oct 17-

NURSING ASSESSMENT: HIGH RISK ASSESSMENT COMPLETED

TPR _____

BP _____

ORIENTATION TPP

ALLERGIES: FOOD _____ MEDICATION _____ OTHER _____

ARMBAND GIVEN TO PATIENT ACCESS TO MEDICAL CARE EXPLAINED AND INFORMATION BOOKLET GIVEN TO PATIENT

DATE APPLIED	APPLIED BY	PPD AMOUNT	SITE/ROUTE		DATE READ	MM OF INDURATION	READ BY	X RAY ORDERED
10/21/02	m	0ml	rx	ID	10/21/02	0mm	JK	YES <input type="checkbox"/> NO <input type="checkbox"/>

PLAN:

**SANTA CLARA COUNTY
DEPARTMENT OF CORRECTION
AGENCY ADVISORY FORM**

ARRESTEES NAME: MOFFAT, OLGA A. BOOKING #: 07061181
 DATE: 10-20-02 TIME: 2115

This form must be completed by the arresting agency prior to the arrestee being received by the Santa Clara County Jail.

1. Do you have any information or observations which would indicate that the arrestee has/had any of the following symptoms/problems prior to or during the contact that resulted in his/her arrest?

	YES	NO
a. Loss of Consciousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Seizure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Respiratory Problem/Difficulty	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Heart Problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Hypertension (High Blood Pressure)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Alcohol or Drug Intoxication	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Bizarre or Aggressive Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Psychiatric/Mental Health History/Developmentally Disabled	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Known or reported injury/illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. Any physical trauma	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l. Involved in a traffic collision	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m. Disabilities, ie. hearing impaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other _____

2. Were any of the following used on the arrestee prior to or during the arrest?

a. *	Chemical agents (O.C., Mace, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. *	T.A.R.P. (Total Appendage Restraint Procedure)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. *	Carotid Restraint	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. *	Taser/Any electric control/stun device	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Baton (if yes, what part of the body was hit? _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f.	Proned during handcuffing, approximate duration _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* These conditions must be evaluated as indicated on the reverse side of this form.

3. Was there any physical resistance by the arrestee prior to or during the arrest? APPROXIMATE DURATION _____ (MINUTES)
4. Is the arrestee on any type of Mental Health Hold (5150, W&I, etc.)?

B. CHIKAYASU 3525 SJPD
 ARRESTING OFFICER BADGE # AGENCY

Reviewed by Receiving Officer: _____ Badge #: _____

Any affirmative answers will be referred to a nurse for clearance prior to acceptance.

Reviewed by Medical/Mental Health: b/

The following guidelines should be used to help the officer in the field determine when it is appropriate to take an arrestee to the Emergency Room prior to taking him/her to the Santa Clara County Jail. The arresting officer should view these as guidelines only. If in the arresting officer's judgment an arrestee exhibits behavior which the officer believes indicates a medical problem, the arrestee should be taken to a medical facility.

CHEMICAL AGENTS

When the following symptoms are present the inmate must be evaluated in the ER prior to booking:

- Wheezing
- Shortness of Breath
- Labored Breathing

TARP (Total Appendage Restraint Procedure)

When the following symptoms are present the inmate must be evaluated in the ER prior to booking:

- Cyanosis-blue/purplish lips, mouth area, nail beds
- Labored respirations, snoring
- Change in level of consciousness - e.g., was active and talking, now is quiet and subdued or appears to be sleeping
- Non-responsive to verbal or tactile stimuli

CAROTID RESTRAINT

When the following symptoms are present the inmate must be evaluated in the ER prior to booking:

- Cyanosis-blue/purplish lips, mouth area, nail beds
- Labored respirations, snoring
- Change in level of consciousness - e.g., was active and talking, now is quiet and subdued or appears to be sleeping
- Non-responsive to verbal or tactile stimuli
- Fainting
- Collapsing
- Unable to Walk

TASER/ELECTRONIC CONTROLLED DEVISE

When the following symptoms are present the inmate must be evaluated in the ER prior to booking:

- Chest Pain
- Difficulty breathing
- Change in level of consciousness - e.g., was active and talking, now is quiet and subdued or appears to be sleeping
- Non-responsive to verbal or tactile stimuli
- Fainting
- Collapsing
- Unable to Walk

SANTA CLARA COUNTY HEALTH AND HOSPITAL SYSTEM
CUSTODY HEALTH SERVICES

ADDENDUM TO CMI

Please assist us in HELPING YOU!!!!!!

"IF YOU RECEIVE SOCIAL SECURITY DISABILITY INSURANCE (SSDI) OR SOCIAL SECURITY (SSI) CHECKS, YOUR TIME IN JAIL MAY CAUSE TO LOSE THE RIGHT TO RECEIVE YOUR CHECK. WOULD YOU LIKE US TO HELP YOU TO OBTAIN YOUR BENEFIT CHECK AS SOON AS POSSIBLE AFTER YOU ARE RELEASED FROM JAIL?"

ARE YOU CURRENTLY RECEIVING SOCIAL SECURITY CHECKS?

Circle your answer

YES

NO

ARE YOU CURRENTLY RECEIVING SOCIAL SECURITY DISABILITY BENEFITS?

Circle your answer

YES

NO

Patient signature X EAP DOB 02-09-71
Print Name MOFFET, OLGA PFN 2m
Nurse C. Del Date 10/20/02



Santa Clara Valley
Health & Hospital System
Adult Custody Health Services
PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

Moffat, Olga 02061181
DST 578 21917

DST 578

219/71

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
10/20/02		<p>S/R in 10 days, sooner if S/S infection Motrin 600 mg tablet po q8ht as needed & fmtd - Vac or Surg</p> <p><u>Notas Syg 10/20/02 2210</u></p> <p style="text-align: right;">801863</p>		



SANTA CLARA VALLEY MEDICAL CENTER

751 South Bascom Avenue
San Jose, California 95128INPATIENT PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)MOB#at 0169
DST 578

2/9/71

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
10/22/02		Zantac 150mg PO BID Converted from Kaiser pharmacy Dr Tran SP DO Pinto /SOPH 24 J (Nachira) 10/22/02	noted (SOPH)	10/21/02 1500

Print Physician Name

Physician Signature

Physician Number



Santa Clara Valley
Health & Hospital System
Adult Custody Health Services
PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

Moffat, Olga DST 528
29-71

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
10/21/02 19pm				
		1. ADMIT TO 8A ✓		
		2. ADMITTING DIAGNOSIS <i>Ab do with dep mood</i>		
		3. LPC STATUS <i>U 5150</i> <i>L 5250</i>		
		<input type="checkbox"/> Conservatorship (includes T-CON)		
		4. LAB <input type="checkbox"/> CBC <input type="checkbox"/> Panel 7 <input type="checkbox"/> VDRL		
		(Patients on Psychotropics and as needed) <input type="checkbox"/> LFT <input type="checkbox"/> U/A		
		URINE TOXICOLOGY		
		BLOOD LEVEL <input type="checkbox"/> Li <input type="checkbox"/> VPA <input type="checkbox"/>		
		<i>OK</i> <input type="checkbox"/> Tegretol		
		5. SUICIDE CHECKS <input type="checkbox"/> ASSAULTIVE RISK <input type="checkbox"/>		
		6. MEDICATIONS (INFORMED CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO)		
		<i>Prozac 20 mgm PO AM X 5 weeks</i>		
		<i>A-Carew Am 10/21/02</i>		
		<i>Not to SOD 10/21/02</i>		
		<i>200 mg 10/21/02</i>		
		<i>On hold 10/21/02</i>		



Santa Clara Valley
Health & Hospital System
Adult Custody Health Services
PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

Moffat Olga

2-9-71

DST 578

DATE	TIME	PATIENT NAME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
6/23/02	10:10 AM				
<p>1. DISCHARGE FROM 8A</p> <p>2. DISCHARGE DIAGNOSIS Adjustment disorder with depressed mood - #309.0</p> <p>3. DISCONTINUE <input checked="" type="checkbox"/> 5150 <input type="checkbox"/> 5250</p> <p>4. LEGAL STATUS <input type="checkbox"/> Conservatorship (includes T-CON) <input type="checkbox"/> Please write at bottom of MAR in red pen, "Notify MD if patient refuses medication"</p> <p>5. DISCONTINUE 15-MINUTE CHECKS <input type="checkbox"/></p> <p>6. RECOMMENDED HOUSING <input checked="" type="checkbox"/> Housing per Classification <input type="checkbox"/> Special Management <input type="checkbox"/> CCW Special Management <input type="checkbox"/> (Single Cell) 8B <input type="checkbox"/> (Open Dorm) <input type="checkbox"/> Other _____ <input type="checkbox"/> Keep on 8A until bed is available</p> <p>7. FOLLOW UP LAB <input type="checkbox"/> CBC <input type="checkbox"/> LFT's <input type="checkbox"/> Panel 7 on Date <input type="checkbox"/> Blood Level <input type="checkbox"/> Li <input type="checkbox"/> VPA <input type="checkbox"/> Tegretol on Date</p> <p>8. FOLLOW-UP PSYCH MD APPOINTMENT <input checked="" type="checkbox"/> 3 weeks WEEKS</p> <p>9. DISCHARGE MEDICATIONS</p> <p>Intramuscular Depakote 20 mg qd in AM - po, Dr. Johnson M.D. #30528</p> <p>notes 5007/10/23/02</p>					



SANTA CLARA VALLEY MEDICAL CENTER

751 South Bascom Avenue
San Jose, California 95128INPATIENT PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)Moffat, Olga
02/09/71

DST 578

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
10/30/02		1. Keflex 500g bid x 1wk		
W/T		2. Regular bandage bid x 1wk & change		
		3. Tylenol 650g grm x 1wk		
RX		4. Rx ✓ tomorrow 10/31		
		Moffat, Olga 02/09/71		
		Entered Mon 10/28/02		
10/31/02 10 ²⁵		① Polypspongi with band - and change BID x 5days to ② Widex finger & ③ palm		
		Entered Mon 10/31/02		

Print Physician Name

Physician Signature

Physician Number

USE ANTIBIOTIC ORDER FORM (FORM-28A) TO ORDER ANTIBIOTICS



Santa Clara Valley
Medical Center
ADULT INSTITUTIONS
PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

Moffat Olga
PEN DST 578

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY
STANDARDIZED PROCEDURES FOR NON-LEGEND DRUGS			
PLEASE CIRCLE THE APPROPRIATE ORDER(S)			
11/16/02		1. CONSTIPATION: Milk of Magnesia 30 ml qhs p.o. prn x 4 days. OR Metamucil 2 tsp/glass of water bid x 7 days p.o. prn.	
		2. DIARRHEA: Kaolin Pectin liquid 30 ml (to be taken with water). p.o. up to QID prn x 48 hours. OR Pepto-Bismol 2 tabs, p.o. QID prn x 48 hours. CAUTION: ASA ALLERGY; CONCOMITANT NSAIDS.	
		3. HEMORRHOIDS: Hemorrhoidal ointment BID or after each bowel movement x 7 days, prn.	
		4. INDIGESTION: Liquid aluminum and Magnesium Hydroxide Susp 30 ml, OR, Pepto Bismol 2 tabs p.o. QID prn x 7 days. CAUTION: ASA ALLERGY, CONCOMITANT NSAIDS.	
		5. ITCHY RASHES: Hydrocortisone 1% cream QID x 5 days.	
		6. MUSCULAR SORENESS: Analgesic Balm once or twice daily x 4 days to affected area(s). Ice is preferred for the first 3 days after acute injury.	
		Moffat RN 11-4-02 (RN)	



SANTA CLARA VALLEY MEDICAL CENTER

751 South Bascom Avenue
San Jose, California 95128INPATIENT PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

Moffat, Olga

DST 578

2-9-71

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
11/13/02		1. Metamucil 1/2 tsp bid po 6 tabs 2. ^{cont} Zantac 150mg bid x 6 tabs.	Moffat, Olga	
		WRT RX		
		Noted 11/13/02		
11/17/02	2:07 PM	1. Proac 400mg po qD x 8 weeks 2. 4 NP 6 weeks	12/18/02	Dr.
		Noted 11/16/02		
11/19/02	9:20 AM	① Motrin 600mg po TID pm x 14 days ② JUNC Hand Clinic - Plastic referral to Clerk Rounds so (nb)		
		RX WRT		
		Noted 11/19/02 - 9:40 AM		

Print Physician Name

Physician Signature

Physician Number

USE ANTIBIOTIC ORDER FORM (FORM-28A) TO ORDER ANTIBIOTICS



SANTA CLARA VALLEY MEDICAL CENTER
751 South Bascom Avenue
San Jose, California 95128

INPATIENT PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

Moffat, Olga

DST 578

2-9-71

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
12/20/02		bow fat ^{mc} diet TC soft		

Copy to Plaintiff Prozac 30 mg po q day X 10 wks
KMD next available appt.

W/8/11

Noted N. Sandhu 12/21/02 at 230

J Garcia PA, NP

Print Physician Name

Physician Signature

Physician Number

USE ANTIBIOTIC ORDER FORM (FORM-28A) TO ORDER ANTIBIOTICS



Santa Clara Valley
Medical Center
ADULT INSTITUTIONS
PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

Moffit Diga

DOB 2-4-71

PEN DST 578

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIN
STANDARDIZED PROCEDURES FOR NON-LEGEND DRUGS				
PLEASE CIRCLE THE APPROPRIATE ORDER(S)				
1. 03 63		1. CONSTIPATION: Milk of Magnesia 30 ml qhs p.o. prn x 4 days OR Metamucil 2 tsp/glass of water bid x 7 days p.o. prn.		
2.		2. DIARRHEA: Kaolin Pectin liquid 30 ml (to be taken with water) po up to QID prn x 48 hours, OR Pepto-Bismol 2 tabs, p.o. QID prn x 48 hours. CAUTION: ASA ALLERGY; CONCOMITANT NSAIDS		
3.		3. HEMORRHOIDS: Hemorrhoidal ointment BID or after each bowel movement x 7 days, prn.		
4.		4. INDIGESTION: Liquid aluminum and Magnesium Hydroxide Susp. 30 ml, OR, Pepto Bismol 2 tabs p.o. QID prn x 7 days. CAUTION: ASA ALLERGY, CONCOMITANT NSAIDS.		
5.		5. ITCHY RASHES: Hydrocortisone 1% cream QID x 5 days.		
6.		6. MUSCULAR SORENESS: Analgesic Balm once or twice daily x 4 days to affected area(s). Ice is preferred for the first 3 days after acute injury.		
<i>Alper SP / RN</i> (RN)				
<i>Moffit</i> <i>Moffit</i> 1/1/03 163				



Santa Clara Valley
Health & Hospital System
Adult Custody Health Services
PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

Patient: MOFFAT, OLGA / (e)
PFN:DST578 BK#:020261181 02/09/1971
Housing: W2E W2E
Allergies:
Doctor:
Diagnosis:



SANTA CLARA VALLEY MEDICAL CENTER

751 South Bascom Avenue
San Jose, California 95128INPATIENT PHYSICIAN'S ORDERS
(PLEASE USE BALLPOINT PEN)

Moffat, Olga

DST 578

2-9-71

DATE	TIME	PHYSICIAN'S ORDERS	CHECKED BY	TIME
1/6/03	9:30am	P Proac 40mg PO qD x 10 weeks NP 8 weeks	3/18/03	MHBS 3/3/03
W/K	O	Luked 1/16/03 020		

Print Physician Name

Physician Signature

Physician Number

USE ANTIBIOTIC ORDER FORM (FORM-28A) TO ORDER ANTIBIOTICS



SANTA CLARA VALLEY
MEDICAL CENTER
751 SOUTH BASCOM AVENUE
SAN JOSE, CALIFORNIA 95128

Hoffat, Olega

2-9-71

DST 578

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	MD note
10/21/02	9 AM	31 years old female with no psych history sent here for feeling depressed Marital problems. States her husband is driving her crazy. Married x few months, no children. Financial problems - husband too controlling, odd jobs, high school grad. No family here. They are in Russia No friends. No ac physical problems. No self harm behaviour No substance abuse MSE Plaintive cooperative, tearful Speech coherent, productive and relevant. Affect sad. No ac depression Adj. problems at home No S.P. Insight poor Imp - Adj. do with dep mood None none ac - f1 - f6 - P O observe DC end of shift been on Prozac for from Kaiser & few times Signed consent

DATE	TIME	
1/21/02	1445	called kaisers cult centre with kaisar # 112 44330 Vilnius - SN
1/21/02	1855	SA 55 Psychosocial Assessment This 31 y.o. Ukrainian-American female arrested re: DV & ADW. → SA 55 DS re: ∅ SI; ∅ depression; on 4 meds; 1996 suicide attempt tearful. Psych Hx Oscar x 1; EPS: 05/02. Dx Adjustment D.O. Pt denied 4 hx. Medical Hx Diabetes Legal Hx Doc 2 yrs ago Substance Abuse Hx Occasional social wine 1-2 glasses @ 3 days. Family / Social Hx Born & raised Ukraine → USA x 5 mos. 10 th grade. 5 siblings. Parents: Ukraine. ♂ family 4 hx. Married July 3 rd ♀ children. Social relations positive. Unemployed.
		S: "I'm disappointed what I did." o: /MSE: OX 4; cooperative; speech logical, clear, nl vol, rl rate, dysphoric tone. ∅ dysphoria ∅ stress ∅ fear ∅ denial all other sx including danger & worry. ∅ frustration & anxiety ∅ pessimism ∅ hopelessness ∅ SI ∅ HI ∅ AT ∅ VH Poor insight & judgment ∅ impulse control. A: /Clinical Impression Adjustment Disorder
		P: Continue SA observation & assessment. On release from custody housing w/ husband if court permits. Otherwise housing undetermined. M. Bugarra Ph.D.
1/22/02	1050	SA Team Mtg. Has gashes on left hand - will be removed October 30 th - Has worn this date - possible alcohol dependence - Prior suicide attempt Not SMI - Social Worker involved



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VALLEY 751 SOUTH BASCOM AVENUE
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HISTORY SHEET AND PROGRESS NOTES

OIB# 170FFA9T

D.O.B = 02-09-1971

PFN = DST 578

DATE	TIME	8A Team meeting - cont. refusal to Friend outside - may need info. on alcohol treatment, shelters - Hail n abuser, uscsm
10-22-02		
Oct 23 2002	0942 MTS	(Psychiatry Note) Patient was pleasant. She said she felt well. She denied intending to kill herself or others. She volunteered information that G had not asked for, i.e., "I was very afraid I should have done it. G was drunk." She was fully oriented in all spheres. She slept ; adequately; But said "I had thoughts running through my head about the mess G is in now." She eating fairly well. Her cell was clean.
		<u>Planned</u> postage to C.E.W. on progress
		Cherry L Johnson MD 17 F30528
10/26/a 2002		MT response to MTS (refusal for Co-Referral done b/c we see her as a new loss from USA & came out after recent crying saying she can't stay here. S - "I don't want to be here (USA) I want to be by myself" "I can't stay w/ those people. It's too noisy & I am scared. I want to go back where I was (Russia)" Explained that classification decides the loss. She went on to say that she arrived in USA 05 months ago to rejoin her husband & they've been married 05 months. She does not work, does not know of any Russian community. Her husband was a tourist in Russia 05 years where they met & they compromised. "He is harassing me. He don't treat me right. She J. W. needs you to contact"

DATE	TIME	
7/26/22	cont'd	S - went on to report that she questions her about everything & argues w/ her all the time. She went on to report "I went through a divorce from him before, in 96." She married a man for 2 years then divorced him, she met him in 97. "She has been depressed ever since." She says she began seeing Yung C Kaiser about 03 wks ago & started her on Prozac. "I was on Paxil but it didn't work. now I'm on Prozac". She went on to say that she suffers from GI difficulties & does not keep her food down very easily. We discussed how she must learn to cope w/ being in custody & in the dorm. She denied any SU's HHI.
	O - OX3. clear speech. ESL, but very good language skills. Coherent. Dismayed, overwhelmed, anxious. minimal eye contact. She would roll on to a blue bath towel, roll eyes, place her chin in a mouth w/ it, @ times burying her face in it when crying. good hygiene. Corp	
	R - overwhelmed. abx anxiety & depression. ↑ anxiety. Distraction.	
	Interesting that she's tried to be involved to another man & come in to usual pattern? need further Yung C to determine ptos on Pts. Stabs. SSI's HHI	
	Reframed & cognitive restructuring to situation & cope w/ it.	
	P - completed S's request from last class to return book to UHS for longer adjustment period. Contact Chaplain. She would like a Protestant & to speak w/ Protestant spiritual leader. Search for Protestant / unknown community for 11/27. Min. 05 days.	



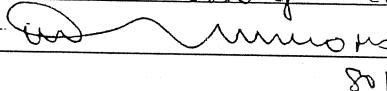
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Moffat, Aga
DST 578

HISTORY SHEET AND PROGRESS NOTES

2-9-71

DATE	TIME	
10/28/02	1647	1647 Captain's Office - m. left wangs (but this in world like a book in the Russian language & I have a spiritual division of the Russian/ukrainian community come to see him) no pain —
10/30/02		Due for SR from R hand today fingers red, swollen, tender to touch, sutures intact, palm & some gaping, no drainage or redness palmar intact clinic typed - for evalua- tion before SR <u>MDD, R</u>
10/30/02		<p>Swelling & redness start 3d ago. Has been</p> <p>s) Had shotgun pts. in R hand 10/20/02 gross cut. ^{squinted} ^{litter} ^{draining} NKDA. Meds: Prozac, Benadryl. Home for 5/d.</p> <p>o) 31 yo W F - red R hand + R index finger & thumb lacerations. S/R done. Mild edema & erythema of distal index finger surrounding laceration. No drainage. No infection</p> <p>A). Healed lacerations R hand + index finger</p> <p>2. Mild so infection R index finger</p> <p>P). 1. Keflex 500 mg tid x 1wk 2. Bandaid to finger bid tide garage x 1wk</p> <p>3. Rev tomorrow</p> <p>4. tyg 650g qid prn x 1wk</p> <p style="text-align: right;"><i>Spurlock</i> <i>Spurlock</i></p>
		M. Pinto, M.D.
		<i>Spurlock</i> 10/31/02

DATE	TIME	
		ELMWOOD WOMEN
OCT 31 2002		seen today to flu on (P) hand finger (palm infection - denies pain or drainage.
		MEDICAL o. Alert, NAD.
		(P) hand - palm - well healed lac. without erythema or drainage - dry thickened skin on edges
		(P) ^{index} middle finger - right erythema or exudate, + swelling
		+ : (1) Healing (P) hand lesion + : (1) Polysporin (BID with dressing change x 3 days)  801583
11/15/02	16w	(b) resubmitted white card to see M.H. re: "Wanted to start medications 2° anxiety problem 1998, "I would like Xanax" (P) Rx chart review seen by M.H. on 10/26 & (a) several other occasions. Was started on Prozac 10/23/02. Rx chart, has IV MD appt. on 11/15/02. NAD. (A) As above, anxiety problems (denies suicidal ideation) (P) Advised about clinic appt. for 11/15/02. -JPF/KSP



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HISTORY SHEET AND PROGRESS NOTES



Moffat, Olga
DST 578

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	Wet ✓
10/31/02	2:00	S: Today I was very depressed. My husband's accusing me of doing everything wrong. He's verbally abusive. He said I'm crazy but I don't think I'm crazy. I'm stressed. I'm scared of this man. I started drinking. Sometimes I have thoughts to kill myself but it's not really what I want to do.
O:		very depressed. Transport reports high anxiety level - coherent speech in good English. Very stressed in marriage of controlling, abusive man. Wants help, intelligent - came from Russia 5 mo ago.
A:		Depressed anxious. Wants med for anxiety. Denies SI intent to self H. Isolated & dependent
P:		HPC ref to N.P. for anxiety med. Wet ✓ 2 days - feels support
11-20-02 13 ¹⁵		Session W2 E- (S): I'm anxious all the time. I have so many problems in my household & I don't feel I have a future.
		(O) Depressed affect, good clear English. (O) Not suicidal. Is Russian. Needs support to keep from being negative. (O) Will ask for med review - no Suicidal. MD opst made ✓

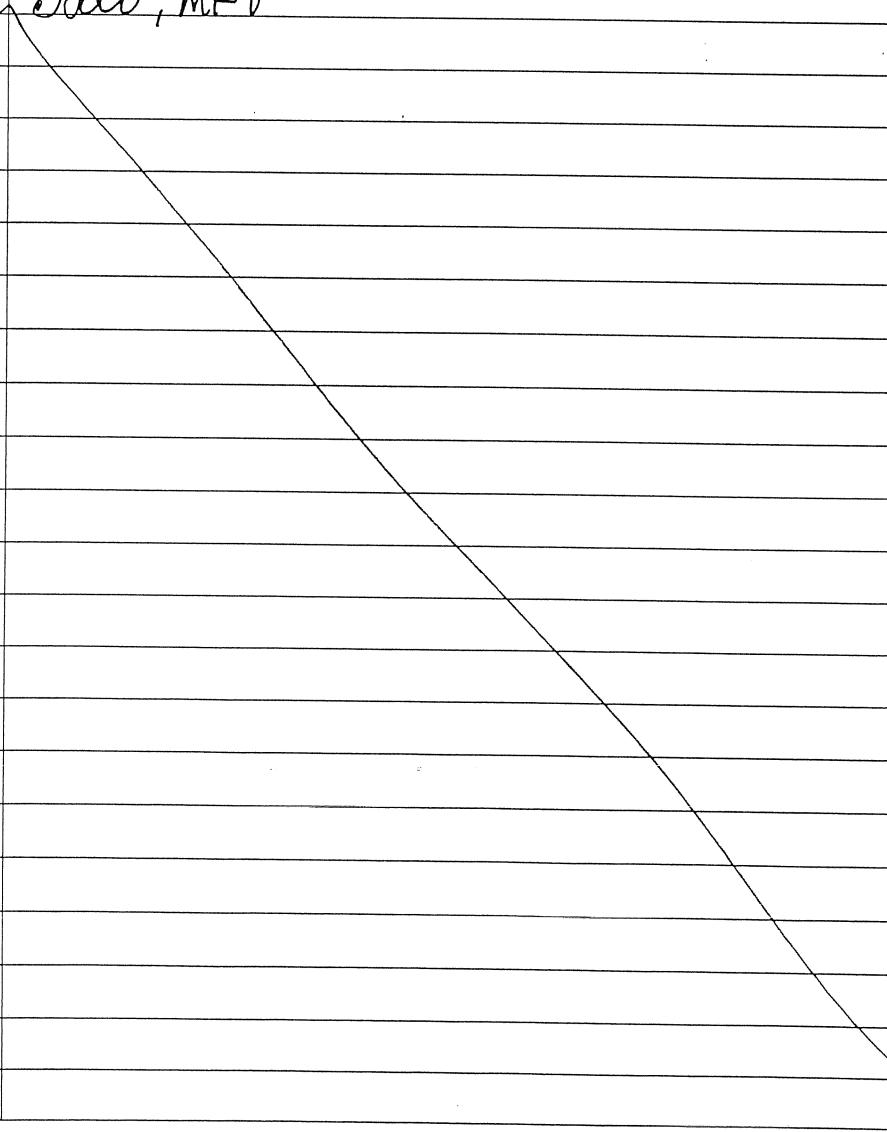


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Moffat, Olga
DST 578
2-9-71

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	
		ELMWOOD WOMEN
		NOV 13 2002
		MEDICAL
③		No hx PhD. Pt trans gender for reflux. NKA. Hx: Gender, longer? NIC Also go constipation BM 1x
②	31 yrs	wf - nsa ~ 34z. Bpd - ④ BS, soft, no masses, no HSM, non-tender to palp
A)		Reflux by hx
2.		Constipation
②		Meconium in bag bid n to Gua.
2.		Constipation 15g bid x 6 days.
3.		Reflex
11/11/02	2:00 PM	4 MD visit
		31 yrs old q = Dx Adj. D. = sepiensa mood 309.0 Alcohol abuse 305.0 On SA recently for DS. Currently on Prozac today 90 x 1 month. (This Paxil prior to Prozac - was not effective). pt. states Prozac is working. Some improvement in mood. still feels sad. (- voice/pain/oia).
		② FSI/Hx today.
		AP ↑ Prozac 40mg PO qd. Fu 6 weeks
		<i>[Handwritten signature]</i>

DATE	TIME	
1-19-02	1330	<p>Case Note</p> <p>A Gentleman, claiming to be Pt's husband, called wanting to have information about his wife's mental status. He was informed that no information can be would be divulged regarding custody or anything else about Pt. The worker found no legal document allowing consent to talk to her ^{Pt's} husband. No call was made.</p> <p>DAD, MET</p> 



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HISTORY SHEET AND PROGRESS NOTES

MOFFAT, OIGA

DST 578

2-9-71

DATE	TIME	(S)
1/12/02	2205	My husband is trying to get hold of you and he wants to talk to you about me. But they won't talk to him because I need to sign some kind of form. I also need to talk because I worry a lot, I was abused. My childhood was not good, that affects me a lot. I feel very depressed because my husband left me two weeks after we got to this country.
	(P)	I'M calm, makes good eye contact. Talkative, but coherent. Speaks about past abuse and difficulties w/ husband. (Husband came to visit tonight). I'M wants solutions to her anxiety. I'm denies suicidal ideation; no evidence of hallucinations or overt psychiatric symptoms.
	(A)	Not experiencing anxiety, wants to talk, not suicidal. Stable.
	(R)	Not per

Steven J. Bloom, DO

*Journal 5
11/23/02*

DATE	TIME	
11/23/02	16w	(S) "Broke tooth today" (D) NAD, 1 broken tooth off "plate"
11/23/02	16m	(S) "Broke tooth today" (D) NAD, 1 tooth broken off "plate" Inmate in "impartial" processional at this time (A) As above, request dental intervention to fix/repair (P) Chart checked to dental — <i>Dentist</i>
11/25/02	12:45	MH-Crisis F/D WQE Inmate was informed that her husband wanted to talk to M Health and asked whether she was willing to sign a consent to release information particularly in view of her charges. In mate wished to sign the consent. She wanted him to know she was anxious but otherwise was coping reasonably well. She wished him to tell her attorney to get records from her Kaiser Therapist. Inmate was not suicidal. OHI - O Psychotic symptoms. MH FU 11/30/02 <u>Hawk, LMFT</u>
11/26/02	1144	C. C. W., Care Manager, MH NOTE — Spoke to husband on telephone who is concerned that his wife will be deported. Husband states he will encourage P.D. to ask for chart requests to use in defense process. <u>James Donkey, HCPN II</u>



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MOFFAT, OLGA
DST-578
2-9-71

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	S = PER WHITE CARD C/O FEELING ANXIOUS IN THE MORNING.
11/30/02	1600	O - ANXIETY WAS NOTED COMPLAINT OF FEELING ANXIOUS SPECIALLY IN THE MORNING SINCE START START TAKING PROZAC 40 MG AND WANTS TO TALK TO MENTAL HEALTH.
		A = ANXIETY PROB.
		P = MENTAL HEALTH REFERRAL SENT — MARS P
11/30/02	2000	Referred from Medical to Mental Health - WJE CMH WJE. S: "I would like to get Xanax. Is my husband talk to you? I'm waking up anxious." Client went on to state she feels she should get more help and treatment for her mental probs. O: Fluent + enunciated x 4 - Speech is clear - thoughts are organized, linear and goal oriented. Client is aware of changes and disposition and has realistic expectations of custody. A: Stable c/o of anxiety (mild) when in a.m. P: PPN - MH - James Sanderson es —

DATE	TIME	
stabilized	1600	S. Crying & complaining of abdominal pain & vomiting.
		O- S/p. anxiety, shaky, skin warm color is good BP 110/70 PPR 78 RR - 20 no vomiting noted. Bowel sounds (+) No tenderness to palpation noted, no difficulty urinating. Had BM today. A- anxiety.
		P- Referred to M.H. & advised to continue meds. - 5g
12-3-02	m/t crisis t.v. to medical referral	
(Note)	1100 am	⑤ "I had bad cramps after I ate and the nurse examined me and thinks it is anxiety." Discussed situation history of sexual abuse, stress due to immigration status and abusive husband. Counseled on counseling service in community. Pt m/t from Russia.
		⑥ O/X clear, coherent. Affect: appropriate mood: anxious. Marginal insight into problems and choices. Stressed - Taking proper. Ⓛ S/I ideation. Ⓛ m/t hx except in jail.
		Ⓐ stable
		⑦ m/t prn Tylenol 2 tablets 460mg
12-3-02		Addendum: counseled pt. on coping skills to help avoid reassessing abuse she experienced in the past until she can obtain long term counseling when released. Same resources ie YMCA, Family Services,

Jeanne Luttrell LSN



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Moffat, Olga
DST 578

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	
12-6-02	1700	⑤ I need to speak to u. H. doctor. I'm very anxious. O- A/O X, O distress, calm, coherent denies SI/H A- ♀ problem X- ♀ referred date. <u>Reflexion</u>
12-7-02	1030	mis/Crisis ref/CCW - very anxious, request to see Dr. H. ⑤ I am very upset here. When I go to it, the other inmates take all my possessions so I come missing, I feel scared & threatened. It's been up many bad things, I was raped three different times. I am very stressed & I throw up and can't eat. I went to Kaiser to see a doctor there. ① Clear, coherent, OX4, soft spoken, maintains eye contact, anxious, feels fat at times, shaky. I'm said she has been very anxious & nervous even more since starting the Prozac on 11/15/02. Denied SI/H/I/VH/VH. I'm said she has TSO hold & her husband & atty. are working on lifting the hold. ④ Very anxious, nervous, throwing up after eating. TX 3 rapes. O SI/H/I/VH/VH ⑥ Referred to Dr. Echols for further eval. Will contact Rape crisis center, eval w/ after ct. 12-8-02. Downly, MHC
12/12/02 1500		Psychology & Note She was interviewed & evaluated for SAP. She is alert & oriented in time & place. Full vs. Repu crisis interview was completed & Fx'd.
		ADHESION: 174.7



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Moffat, Olga
DST 578

HISTORY SHEET AND PROGRESS NOTES

DOB: 2-9-71

DATE	TIME	NOTE / OPD F/H / CCW
12-12-02	0905	Returned call to I/m's husband. Said he feels very upset and had no idea I/m's backgnd. Id of abuse and rape - Asked me to contact P.D. re: getting mental health psych. eval. to him. Dom Rypa, MFCTT
12-12-02	1050	MH / OPD F/H / CCW Called DeOlegario, PD and left message to return call regard intimate. Dom Rypa, MFCTT
12-13-02	0915	MH / OPD F/H / CCW Received phone message from I/m's P.D. request Mental Health psych. eval. be passed to him - Reference already signed. Dom Rypa, MFCTT
0730 12-18-02		MH / OPD F/H / CCW Received call from I/m's husband & request I/m be referred to IAP. Waiting for result of DR Schools assessment and told him it had been faxed to P.D. Also informed him of IOP referral and I/m probably not eligible due to Felony charges and TNS Hold. Dom Rypa, MFCTT



Moffat, olga
DST 578 2-9-71

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	4 med renewal
12/20/02	S	- Says she feels very anxious, uncomfortable - wants meds for anxiety. Talked about hx - sexual abuse from fa, problems in marriage, eating disorder. Says she still vomits if she eats "too much". Hx of episode in Russia that was probably a panic attack. Says Prozac makes her jittery in a.m. Described her need for counseling when released. ETOH abuse. P - Alert, coherent, very soft spoken, timid, large pupils, anxious, tearful @ times A - ETOH abuse RPO anxiety d.o's depression/hx Suicide attempts P - 1) Prozac 2) ROC & XMD @ next avail
		PD Gated A/H
12/23/02		PSYCHIATRIST EVAL - see 4 consult in 4 sec file
2230	1710	M&OPD Moffat, Olga DST 578 CCW 02061181 2-9-71 B# 296.32 CRT 1-17-03 WAE S" My charges will be dismissed on 1-17-03 once I have a home w/ my husband & go to his help me with TNS. He realizes my past has been a factor in my responses. His verbal abu We will get counseling in our future" page 1-7-03 D: coherent, cooperative, anxious, some depression, A: QSI OII I stable w/ anxiety P: DPC OPD 7up 1-18-03 M/T Farooq



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Moffat, Aga
02/09/71

HISTORY SHEET AND PROGRESS NOTES

DATE	TIME	
12/25/01	2306	W/F response to W/E referral from Co. Refused to do b/c she stole some items from library & when confronted admitted it, returned the items & began crying. S - "I went to the library" she says that "I just wanted to make friends" so she stole the items from the other 3rd. "I try to stay alone on my bunk, but it is too noisy, people pointing to me & laughing at me." "almost 2 months w/this, I try to ignore these people." She says that the Co's have moved her around various times & she doesn't want to return to the same place now, "I am ashamed. They laugh at me." She says that for husband told her that her charges are being dismissed, "but still on his hold" She reports that she has 2 different cases "The domestic violence was charged as a battery & made a misdemeanor. the grand theft the DA wants it kept that as a felony". She says that her understanding is she'll go home on 01/11/02 & her court is 01/17/03. Her husband is working up his D resolution that won't. Discrepancy is that she can only control her choices & not other people's choices (reactions etc) and she must take the initiative to pursue her choices. She asked this author to rehouse her out of W/E & to find out for her what D will do about her having stolen these items. This author refused & had her老公 tell her by the Co, asking to be rehoused & D closing up her attorney if her charges are to be dismissed or just reduced. This denied by slc & HIC
		→ my notes page cont'd

DATE	TIME	
1/28/20	0-0x3.	<p>clear speech. Cohesive. Depressed, crying, and flinging up her hands. (+) eye contact. Cooed a - barking.</p> <p>Dependent features. avertant personality D/o.</p> <p>In social & all other this. Does not fit in.</p> <p>Stable ASL-DH. H/F</p> <p>P - gal 7th as individual P/N. on chart PK 4 x P 12 (6/6/c).</p> <p>Confused Co in her bag. that Co is attempting to release this str.</p> <p>→ my notes page 233</p>



The logo for Santa Clara Valley Medical Center features a stylized graphic of three interlocking diamond shapes forming a V-shape, positioned to the left of the center's name.

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HISTORY SHEET AND PROGRESS NOTES

Moffat, Olga

D STS78

29-71

DATE	TIME	Per w7c written
12/27/02	16:57	S: I need to speak to mental health Danne, Stasy or Diann as soon as possible. O: A: O X 4 . Denies SI, HT, AH, VH. Pt reports husband coming @ 7pm tonight & she wants to talk to mental health A: Reg to see mental health
12/28/02	11:00	P: Referral to mental health (ref) Referral from Medical to Mental Health - WCF WCF S: "There was this small Christmas tree in one of our groups. Another I'm in the room with me. And she stated she liked the tree. So, I took it - to give it to her. I don't know why I couldn't stop - but I couldn't." Client went on to state life-span type problems while in Russia and in U.S.A.
		O: Alert & oriented X 4 - speech is clear - volume soft/low - thoughts are organized, logical and goal oriented.
		A: Stable & anxiety complaints related.
		P: PRN- M.H. — James Franklin RN —
1/6/03	9:30 am	4 MD visit Pt go fully non depres since J is prior dose. Requests to go back to young of prior (-) S/I/H/S today (-) voice/paroxysm. Ap 1 Prior Young 10 g D NT 8 weeks

SANTA CLARA VALLEY MEDICAL CENTER
ADULT INSTITUTIONS MEDICAL UNITS

Name: Moffatt, Dlega

PFN 257578

Date 11/6/02

Housing Unit W2E

I. Cold Scrub

- Temperature _____
Symptoms: (check if present)
1. Headache _____
2. Nasal Congestion _____
3. Rhinitis _____
Secretions/Drainage Color _____
4. Watery Eyes _____
5. Sore Throat _____
Remarks: _____

6. Cough _____
Lung Sounds _____
Sputum _____
Color _____

7. Earache _____
8. Body Aches _____

II. Tylenol/ASA

Reason for Request

1. Headache _____ 2. Fever _____
3. Muscle Discomfort _____
4. Backache _____
5. Other: _____

Assessment

Subjective: (pain)

1. Description _____
2. Location _____
3. Duration _____
4. Other _____

Objective

1. Vital Signs (if applicable)

2. Observations _____

NON-LEGEND MEDICATIONS ASSESSMENT

III. Kaopectate

- Temperature _____
Symptoms: (check if present)
1. Diarrhea _____ If yes, assess for:
a. Frequency _____ b. Duration _____
c. Consistency of the stool _____
d. Cramping/Spasms _____
e. Presence of blood in stool _____

IV. Milk of Magnesia/Mecamylamine

- Symptoms (check if present)
1. Constipation _____ If yes, assess for:
a. Duration 12 days?
b. Nausea/Vomiting _____
c. Abdomen distension No

V. Tolnaftate 1% Cream

- Symptoms: (check if present)
1. Redness of skin _____
2. Moist/peeling skin _____
3. Areas of cracked skin _____

VI. Maalox

- Symptoms: (check if present)
1. Heartburn _____
2. Belching _____
3. Abdomen distension _____
4. Nausea _____
5. Location/duration of discomfort _____

VII. Hemorrhoids Ointment

- Symptoms: (check if present)
1. Pruritus _____
2. Duration of discomfort _____
3. Bleeding _____

VIII. Analgesic Balm

- Symptoms: (check if present)
1. Location of muscle tenderness _____
2. Swelling _____
3. Warmth _____
4. ROM _____
5. Cause of injury _____

IX. Itchy Rashes

1. Papules _____
2. Skin irritation _____

Nurse Signature Rene M. Legaspi

SANTA CLARA VALLEY MEDICAL CENTER
ADULT INSTITUTIONS MEDICAL UNITS

Name: Moffat, S. J.

Date 1-1-03

PPN DST 578

Housing Unit W2 R

I. Cold Setup

Temperature _____

Symptoms: (check if present)

1. Headache _____

2. Nasal Congestion _____

3. Rhinitis _____

Secretions/Drainage Color _____

4. Watery Eyes _____

5. Sore Throat _____

6. Respiratory: _____

6. Cough _____

Lung Sounds _____

Sputum _____

Color _____

7. Earache _____

8. Body Aches _____

II. Tylenol/ASA

Reason for Request:

1. Headache _____ 2. Fever _____

3. Muscle Discomfort _____

4. Backache _____

5. Other: _____

Assessment

Subjective: (pain)

1. Description _____

2. Location _____

3. Duration _____

4. Other _____

Objective

1. Vital Signs (if applicable)

2. Observations _____

NON-LEGEND MEDICATIONS ASSESSMENT

III. Kaopectate

Temperature _____

Symptoms: (check if present)

1. Diarrhea _____ If yes, assess for:

a. Frequency _____ b. Duration _____

c. Consistency of the stool _____

d. Cramping/Spasms _____

e. Presence of blood in stool _____

IV. Milk of Magnesia/Metamucil

Symptoms (check if present)

1. Constipation _____ If yes, assess for:

a. Duration _____

b. Nausea/Vomiting _____

c. Abdomen distention _____

V. Tolnaftate 1% Cream

Symptoms: (check if present)

1. Redness of skin _____

2. Moist/peeling skin _____

3. Areas of cracked skin _____

VI. Maalox

Symptoms: (check if present)

1. Heartburn _____

2. Belching _____

3. Abdomen distention _____

4. Nausea _____

5. Location/duration of discomfort _____

VII. Hemorrhoids Ointments

Symptoms: (check if present)

1. Pruritus _____

2. Duration of discomfort _____

3. Bleeding _____

VIII. Analgesic Balm

Symptoms: (check if present)

1. Location of muscle tenderness _____

2. Swelling _____

3. Warmth _____

4. ROM _____

5. Cause of injury _____

IX. Itchy Rashes

1. Papules _____

2. Crusts _____



SANTA CLARA VALLEY MEDICAL CENTER
Department of Nursing

ADULT CUSTODY HEALTH SERVICES
URINE PREGNANCY TEST

Name: Moffat Dg

DOB: 2-9-71

Booking Number: 02061181

PFN: DST 578

Housing Area: PR

Your pregnancy test result is:



NEGATIVE - The test indicates that you are **NOT pregnant**. If you do not have a menstrual period within the next two weeks, you should make an appointment to see a doctor.



POSITIVE - The test indicates that you **ARE pregnant**. You should come to pill call three times a day for your prenatal medications.

Your medical appointment is: _____

* *If you are released from custody before this appointment, it is very important that you seek medical care.*

RN Initials JLCm Rn Date _____

Adult Custody Mental Health
Santa Clara Valley Health and Hospital System
CASE MANAGEMENT FACT SHEET

IAP: Referred: _____
Accepted: _____
Refused: _____

Name MORFAT, OSCAR PFN DST 578 DOB 02-09-71
S/D# 500143861 Soc. Sec # Booking # 02061181
CDC #: Arrest Date 10-20-02 Charges: D.V. ADW
 LPS #:

Court Date(s) are in SOAP notes.

LPS Conservator Name: _____ Telephone: _____
(Temporary/ Permanent/ Murphy/ Probate)
Representative Payee: _____ Telephone: _____
Attorney: F D : ANDREAS DELACAZAN Telephone: 299-7726
Parole / Probation: _____ Telephone: _____
Interpreter: _____ Telephone: _____
Family Contact: Husband : Andrew DeFaria Telephone: 363-0562 (H) 845-8321 (W)
Other: _____ Telephone: _____

HISTORY / COMMUNITY CONTACTS

Patient's address before arrest: _____
Telephone there _____ Lived with _____
Other Family member _____ Telephone _____

CURRENTLY A CLIENT AT
Community Agency: D Telephone: _____ Fax: _____
Case Manager: _____ Psychiatrist: _____

COMMENTS

Staff Member initiating Case Management Fact Sheet

Signature: M. Brugman Ph.D Date: 10/21/02

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
ADULT CUSTODY HEALTH SERVICES
MENTAL HEALTH SERVICES

ACUTE PSYCHIATRIC UNIT MAIN JAIL - 8A
NURSING DISCHARGE SUMMARY

Patient's name Mojibat Oiga
DOB 2/9/71 PFN DST 578

Discharge/Transfer: Date 10/23/02 Time _____

Vital Signs: TEMP _____ PULSE _____ RESP _____ B/P _____

Special Medical Needs (specify) _____

NONE _____

Check Appropriate Boxes Below:

Discharged/Transferred to General Population: Main Jail/CCW
 Special Housing (specify) _____
 Valley Medical Center Emergency Psychiatric Services
 State of California Prison
 Other Jail (specify) _____
 Other (specify) _____

LPS Status Voluntary 5150 (72 Hour Hold)
 5250 (14 Day Certification) LPS Conservatorship

Method of Discharge Ambulatory 4 Point Restraints
 Ambulance Other (specify) _____

Interfacility Medical Transfer Form or Confidential Medical Information Transfer Form Sent

LPS Involuntary Hold Forms Sent YES Voluntary Patient

Patient's Condition upon Discharge/Transfer:

Calm Cooperative Suicidal
 Hostile Uncooperative Homicidal
 Disoriented Mute Loud
 Hallucinations (specify) _____
 Other (specify) _____

RN Signature _____ Date and Time _____

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
ADULT CUSTODY HEALTH SERVICES
MENTAL HEALTH SERVICESACUTE PSYCHIATRIC UNIT MAIN JAIL - 8A
NURSING DISCHARGE SUMMARYPatient's name Mrs. Jfit, Olga
DOB 2-9-71 PFN DST 578Discharge/Transfer: Date 10/24/02 Time 0341Vital Signs: TEMP 97.8 PULSE 80 RESP 18 B/P 118/80Special Medical Needs (specify) See man for current Meds NONE

Check Appropriate Boxes Below:

Discharged/Transferred to General Population: Main Jail/CCW
 Special Housing (specify) _____
 Valley Medical Center Emergency Psychiatric Services
 State of California Prison
 Other Jail (specify) _____
 Other (specify) _____LPS Status Voluntary 5150 (72 Hour Hold)
 5250 (14 Day Certification) LPS ConservatorshipMethod of Discharge Ambulatory 4 Point Restraints
 Ambulance Other (specify) _____Interfacility Medical Transfer Form or Confidential Medical Information Transfer Form Sent LPS Involuntary Hold Forms Sent YES Voluntary Patient

Patient's Condition upon Discharge/Transfer:

<input type="checkbox"/> Calm	<input checked="" type="checkbox"/> Cooperative	<input type="checkbox"/> Suicidal
<input type="checkbox"/> Hostile	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Homicidal
<input type="checkbox"/> Disoriented	<input type="checkbox"/> Mute	<input type="checkbox"/> Loud
<input type="checkbox"/> Hallucinations (specify) _____		
<input type="checkbox"/> Other (specify) _____		

RN Signature C. AguileraData and Time 10/24/02

UNIT 8A PATIENT KARDEX

NAME Hoffart, Oleg
ADMIT DATE 10/21/92 DISCHARGE DATE 02/06/81
BOOKING NUMBER 7578
PFN DST 578
DATE OF BIRTH 2-9-71
PSYCHIATRIST Creswell
SOCIAL SERVICE Hegel

PHYSICAL DISABILITY/MEDICAL CONDITION:
Accident in Service (L) AND

LAST PSYCHIATRIC HISTORY:

DISCHARGE/AFTERCARE PLANS (Refer to Release plan on reverse of Intake Fac Sheet in chart).

LEGAL STATUS

5150 DS DO GD Hold Expires 10/24/02 0020
 5250 DS DO GD Hold Expires _____
 5250 Probable Cause Hearing Scheduled Date* _____
 Rilese Petition Upheld Date _____

VOLUNTARY Date Initiated

- 15 Minute Checks Date Initiated 10/21/07 Date D/C'd 10/21/02
 TEMPORARY LPS CONSERVATORSHIP Date Initiated _____
 LPS MURPHY CONSERVATORSHIP Date _____
CONSERVATOR'S NAME _____
 PC 1370.01 Date _____

*If patient transferred to EPS before the Probable Cause hearing, you must send the original 5250 and advisement which is on the Mental Health Clipboard with the patient.

Revised January, 1997, Adult Custody Health Services

SANTA CLARA VALLEY HEALTH AND HOSPITAL SYSTEM
ADULT CUSTODY MENTAL HEALTH SERVICES

Moffat Olga

4140-69

Attachment

2-9-71

DST 578

Addressograph

8A Mental Health Unit

Psychiatric Admission Nursing Assessment (PANA) – Page 1

A. Admission Date:	10/21	Time:	0320	VIA:	Ambulatory	<input checked="" type="checkbox"/> Wheelchair	<input type="checkbox"/> Crutches
Ethnicity		Hair Color	light Brown	Eye Color	Blue	Ht	5'7"
Vital Signs: Temp		Pulse	72	Resp		B/P	110/80

Articles Brought In On Admission:		English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Legal Status: (circle)
No	Yes	If not, indicate language spoken:	5150 as DS/DO/GD
<input checked="" type="checkbox"/>	Eyeglasses		5250 Conserved
<input checked="" type="checkbox"/>	Contact Lenses		DS=Danger to Self
<input checked="" type="checkbox"/>	Dentures		DO=Danger to Others
<input checked="" type="checkbox"/>	Hearing Aid	How does patient wish to be addressed?	
<input checked="" type="checkbox"/>	Prostheses		GD=Gravely Disabled
<input checked="" type="checkbox"/>	Ambulatory Assistive Device (specify)		
<input checked="" type="checkbox"/>	Other		

B.	RN ASSESSMENT
Presenting Problem and Psychiatric History(Patient "Statement"):	
"my Husband driving me crazy. relationship just not working." "Treat me like a dog" "I can't take anymore." "He put me in jail today." "I'm so scared."	

1. Complete the following checklists.

2. Record pertinent findings in spaces provided or in additional PANA Notes.

C. MENTAL STATUS EXAM:		<input type="checkbox"/> See PANA Notes			
Orientation/LOC	<input type="checkbox"/> Person	<input type="checkbox"/> Place	<input type="checkbox"/> Time	<input type="checkbox"/> Alert	<input type="checkbox"/> Sedated
Appearance	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Disheveled			
Behavior	<input type="checkbox"/> Relaxed	<input checked="" type="checkbox"/> Restless	<input type="checkbox"/> Pacing	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Other: _____
Speech	<input type="checkbox"/> Psychomotorics:	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased		
	<input type="checkbox"/> Normal	<input type="checkbox"/> Slow	<input checked="" type="checkbox"/> Pressured	<input type="checkbox"/> Loud	<input type="checkbox"/> Low
	<input type="checkbox"/> Mute	<input type="checkbox"/> Slurred	<input type="checkbox"/> Poverty	<input type="checkbox"/> Hyperverbal	
Mood	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Euphoric	<input checked="" type="checkbox"/> Despondent	<input type="checkbox"/> Angry <input checked="" type="checkbox"/> Fearful
Affect	<input type="checkbox"/> Broad(Normal)	<input type="checkbox"/> Restricted	<input type="checkbox"/> Blunted	<input type="checkbox"/> Flat	<input checked="" type="checkbox"/> Labile <input type="checkbox"/> Inappropriate
Thought Processes	<input checked="" type="checkbox"/> Goal Directed	<input type="checkbox"/> Tangential	<input type="checkbox"/> Blocking	<input type="checkbox"/> Loose Associations	
	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Concrete			
Thought Content	<input checked="" type="checkbox"/> Suicidal	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Homicidal	<input type="checkbox"/> Harm to Others	<input type="checkbox"/> No Harm Contract
	<input type="checkbox"/> Delusions			<input type="checkbox"/> Obsessions	<input type="checkbox"/> Phobias
	<input type="checkbox"/> Hallucinations	<input checked="" type="checkbox"/> Auditory	<input type="checkbox"/> Command	<input type="checkbox"/> Visual	<input type="checkbox"/> Other: _____

D. COGNITIVE FUNCTION:		<input type="checkbox"/> See PANA Notes
Memory	<input checked="" type="checkbox"/> Can recall recent event	<input type="checkbox"/> Can't recall recent event
	<input checked="" type="checkbox"/> Can recall past event (Ask birthday)	<input type="checkbox"/> Can't recall past event
Attention and Concentration	<input type="checkbox"/> Able to repeat 5 – 8 digits forward	<input type="checkbox"/> Unable
	<input type="checkbox"/> Able to repeat 5 – 8 digits backward	<input type="checkbox"/> Unable

RN Signature/Date/Time: JKR 11/1/01

Moffat Olga

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8A Mental Health Unit

Psychiatric Admission Nursing Assessment (PANA) – Page 2

Addressograph

Potential for Danger, or History of Danger

E. SUICIDE ASSESSMENT:

See PANA Notes

Symptoms: Helplessness Anhedonia
 Hopelessness Guilt/shame
 Command hallucinations to harm self

Anger/rage Psychotic symptoms
 Poor judgment Depression
 None

Current Suicidal Ideation/Plan (Patient Statement): Denies

yes, if I can

History of Suicide Attempts: Denies

yeo, 4 yrs ago I went thru divorce.
~~4 years ago~~. My mother claimed me.

List Stressors: None identified

Husband's ~~was~~ physically & verbally abuse her.

Insight into Stressors: None Minimal Has Insight

Impulsivity: Poor Limited Has control

Contract for Safety: Unwilling Ambivalent Willing

Resources / Support System: None Available; not utilized Utilizes available support

RN's Subjective Appraisal of Pt's Reliability: Trustworthy Questionably trustworthy Not trustworthy

F. ASSAULT ASSESSMENT:

See PANA Notes

Symptoms: Threatening speech/gestures Hostile Tense Loud voice/yelling
 Command hallucinations to harm others None

Current Harm to Others /Plan (Patient Statement): Denies

History: Denies:

What is helpful in controlling anger/aggressive violent behavior: 1:1 time Food / fluid Physical activity Shower
 Writing / drawing Time out Medication(s): Other:

G. SUBSTANCE USE WITHDRAWAL / INTOXICATION ASSESSMENT: See PANA Notes

Drug: Denies Name of Drug: _____ Last Use: _____ Quantity: _____

Casual / occasional use Long term regular use since: _____

Signs/symptoms of withdrawal: N/A Yes No Specify: _____

ETOH Denies Type: occasionally Last Use: tonight Quantity: wine 1-2 glass,
 Casual / occasional use Long term regular use since: _____

Signs/symptoms of withdrawal: N/A Yes No Diaphoresis Tremors Elevated VS Unsteady gait

Acute confusional state /delirium Blackouts None Other:

Nicotine use: Denies Quantity: _____ Duration: _____

H. FALL ASSESSMENT:

See PANA Notes

>= age 65 Sedation Post fall History of falls Fall risk per RN

I. OTHER RISK ASSESSMENTS:

See PANA Notes

N/A Fire setting Sexually inappropriate Seizure Other: _____

Explain:

SANTA CLARA VALLEY HEALTH AND HOSPITAL SYSTEM
ADULT CUSTODY MENTAL HEALTH SERVICES

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Attachment

8A Mental Health Unit

Addressograph

Psychiatric Admission Nursing Assessment (PANA) – Page 3

BIOPHYSICAL ASSESSMENT:

See PANA Notes

J. Skin Assessment

See PANA Notes

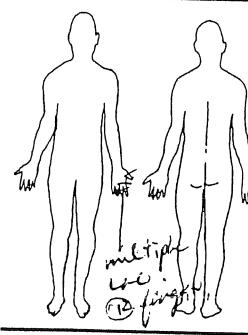
K. Genitourinary Assessment

See PANA Notes

Indicate impaired skin using codes

A = Abrasion	E = Erythema/Rash
B = Burn	I = Incision
C = Contusion or Bruise	S = Scar
D = Decubitus	L = Laceration
W = Wound	

Infestations (Circle one) No Yes
WNL (Check One) No Yes
Color *yellow*
Turgor *good*
Temperature *98.6*



	No	Yes	Specify
Frequency	✓		
Burning	✓		
Incontinence	✓		
NOC			
Day			
Stress			
Stress			
Discharge	✓		
LMP	/ /		
Menstrual Cycle:	Regular	Irregular	Amenorrhea
Menopause:	Age: <i>57 yrs.</i>		

last menses since J.

then started missed 2 wks

L. Cardiovascular Assessment

See PANA Notes

M. Gastrointestinal Assessment

See PANA Notes

Pulse
(R) Radial _____ (L) Radial _____ Apical *✓ 72*
Rhythm: Regular: *✓* Irregular: _____

Recent Appetite
Normal _____ Under eating *✓* Overeating _____
Usual/Special Diet *feel sick p eat.*
Fast Eater: *anorexic*

Edema *✓* 0 No Edema
— 1+ Mild (0" - 1/4")
— 2+ Moderate (1/4" - 1/2")
— 3+ Severe (1/2" - 1")

Difficulty: Chewing _____ Swallowing _____ Choking _____

Pitting: Yes _____ No _____
Location: _____

Excess saliva / Drooling: _____
Mouth / Tongue Problems: _____ Teeth Problems:
Wears Dentures: _____ Fit Properly: Yes _____ No _____

N. Respiratory Assessment

See PANA Notes

(Check One) No Yes
Abdominal Discomfort
Nausea

Respiration Depth: Regular *✓* Shallow _____ Deep _____
Rhythm: Regular: *✓* Irregular _____
SOB: On Exertion: All the Time: _____
Cough: Productive _____ Non-Productive _____ Frequent _____

Diarrhea > 3 days _____
Constipation _____
Recent weight loss > 10 lbs _____ How Much? _____
Recent weight gain > 10 lbs _____ How Much? _____

Sputum: Quantity _____ Consistency _____ Color _____
Smoker: Yes _____ No _____

Bowel habits: _____ Last BM: _____

O. Musculoskeletal Assessment:

See PANA Notes

Specify

	No	Yes	Specify
Moves all Extremities		✓	
Limited ROM	✓		
Physical Limitations	✓		
Other	✓		

RN Signature / Date / Time: *10/1/11 ~ RSW*

8A Mental Health Unit

Addressograph

Psychiatric Admission Nursing Assessment (PANA) – Page 4

P. Pain Assessment:

See PANA Notes

Pain Quality		0 – 10 Numeric Pain		Location(s):	How Treated:
Intensity #:		Intensity Scale			
Quality	<input type="checkbox"/> Ache <input type="checkbox"/> Burn <input type="checkbox"/> Throb <input type="checkbox"/> Sharp <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> <3 mo (Acute) <input type="checkbox"/> >3 mo (Chronic)	0	= No Pain		
		2	= Mild Pain		
		4	= Moderate Pain		
		6	= Severe Pain		
		8	= Very Severe		
		10	= Worst Possible		
Duration:					

Q. Neurological Assessment:

See PANA Notes

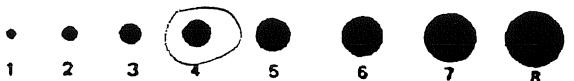
Grip:	Normal <input checked="" type="checkbox"/>	Weak _____	Right _____	Left _____	Bilateral _____
Gait:	Steady <input checked="" type="checkbox"/>	Unsteady _____	Fast _____	Slow _____	Shuffles _____
Tremors _____	Facial Tics _____	Other _____			

R. Head / Neck Assessment:

See PANA Notes

Eyes:	Clear <input checked="" type="checkbox"/>	Reddened _____	Drainage _____	Blind Right _____ Left _____
Pupils:	<input checked="" type="checkbox"/> Equal	<input type="checkbox"/> Unequal		Size(mm): Left _____ Right _____

Vision Non-impaired Impaired

	React to Light: L <u>++</u> R <u>++</u> 0 = Absent + = Decreased ++ = Steady/brisk
--	---

Mouth Droop: Yes _____ No _____ Nose Exudate: Present _____ Not Present _____

Hearing: Non-impaired _____ Impaired _____ Deaf: Yes _____ No _____

Sleeping Habits:	Hours of sleep: _____	<input type="checkbox"/> Early Awakening	<input type="checkbox"/> Difficulty Arising	
<input type="checkbox"/> Sleep Aids	<input type="checkbox"/> Restful	<input type="checkbox"/> Interrupted	<input type="checkbox"/> Difficulty Falling Asleep	<input type="checkbox"/> Other: _____

S. Nursing Self Care / Assessment of Capabilities

See PANA Notes

(I = Independent, A = Assistance Needed, D = Dependent)

Bathing	I	Eating	I	Bowel Movement	I
Dressing	I	Sleeping	I	Bladder Management	I
Oral Hygiene	I	Ambulation	I	Other:	

RN Signature / Date / Time: K/Kun

Moffat Olga

2-9-71

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Attachment

DST 578

Addressograph

8A Mental Health Unit

Psychiatric Admission Nursing Assessment (PANA) - Page 5

PERTINENT PATIENT INFORMATION

See PANA Notes

T. Medical and Surgical History (Including cardiac, renal, liver disease, head injury, per patient, medical record, & collateral information):

denied

Any Current Medical Problems (Per patient and medical records):

(initials)

U. Prescribed Medications, Herbals, OTC: (Per medical record review, patient statement, or collateral information):

Name	Dosage	Last Dose Received
Prozac	20 mg.	This AM
Zantac	BID	This AM

V. Allergies:

Medication: _____

NKDA Per patient Per medical record

Food: _____

NKFA Per patient Per medical record

Dietary Intolerances: _____

W. Special Equipment: No _____ Yes _____ Assessment Needed

Specify: _____

X. Patient Education Needs:

Psychiatric Illness	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Substance abuse	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Other:	_____	

Medications

No Yes

RN Signature/Date/Time *Karen KW* 10/21/02

Date/Time	Psychiatric Admission Nursing Assessment (PANA) Notes
10/21 0400	31 yrs old female admitted from Booking, crying, hopeless claims she is been physically abused from Husband many months. She couldn't take it anymore, so she threwed glass on him. He made her pick up broken glasses, sustained multiple laceration on finger cleared from JMC ER. pt has SI. Want to die if she can. Denied medical prob but she has poor appetite, like anorexia. feel like throw up p eat. Seen PMD for depression started taking prozac 10 days ago. <i>Karen KW</i>

SANTA CLARA VALLEY HEALTH AND HOSPITAL SYSTEM
ADULT CUSTODY MENTAL HEALTH SERVICES

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8A Mental Health Unit

Psychiatric Admission Nursing Assessment (PANA) – Page 6

Addressograph



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DST 578
2-9-71

Adult Custody Mental Health Services
Individualized Patient
Multidisciplinary Treatment Plan

ADDRESSOGRAPH

Date Initiated: 10 / 21 / 02

Problem # I

Problem / Nursing Diagnosis	Measurable Objectives/ Time Frame	Specific Interventions	Discipline	Initial	Review Date
Violence, High Risk for: Self-Directed As evidenced by:		<input type="checkbox"/> Assess for self-harm potential and behavioral changes every shift. <input type="checkbox"/> Inform patient to seek out staff when feeling self-destructive. <input checked="" type="checkbox"/> Orient patient to expectation of no harm toward self, others or property on admission and PRN. <input checked="" type="checkbox"/> Remove dangerous items from the patient and environment. (i.e., sharp objects, lighters). <input type="checkbox"/> Initiate 1:1 interactions to establish trusting relationships at least every shift. <input type="checkbox"/> Teach patient problem solving techniques and help him identify reasonable alternatives to self-harm. <input type="checkbox"/> _____ _____	RN	1 2	
		<input type="checkbox"/> Medicate to treat underlying disturbance <input type="checkbox"/> Monitor therapeutic and adverse side effects of medication(s) <input type="checkbox"/> Encourage treatment compliance <input type="checkbox"/> _____ _____	MD		
		<input checked="" type="checkbox"/> Assess psycho-social needs <input checked="" type="checkbox"/> Facilitate community linkages <input checked="" type="checkbox"/> Monitor legal status <input type="checkbox"/> Individual / family support services <input type="checkbox"/> Assess financial resources <input type="checkbox"/> Facilitate appropriate placement <input type="checkbox"/> Suicide and self-harm precautions <input type="checkbox"/> _____ _____	SS Melt Melt Melt		
			Other Discipline		

Sign and initial on the back

Moffat alga

2-9-71

DST 578

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ADULT CUSTODY MENTAL HEALTH SERVICES

8A INDIVIDUALIZED PATIENT

MULTIDISCIPLINARY TREATMENT (MDT) PLAN

ADDRESSOGRAPH

MULTIDISCIPLINARY TREATMENT (MDT) PLAN PROBLEM LIST



Adult Custody Mental Health Services
150 West Hedding Street
San Jose, California 95110

Moffat 0159
DSJ 578

8A
Daily RN Assessment/Pertinent Information

Addressograph

Date: 10/21/02

Day Shift (0700 – 1530) Time:

Mental Status Exam (check all that apply in each category)

Orientation / LOC	<input type="checkbox"/> Person	<input type="checkbox"/> Place	<input type="checkbox"/> Time	<input type="checkbox"/> Alert	<input type="checkbox"/> Sedated
Appearance	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Disheveled			
Behavior	<input type="checkbox"/> Relaxed	<input checked="" type="checkbox"/> Restless	<input type="checkbox"/> Pacing	<input type="checkbox"/> Lethargic	Other: _____
Speech	<input type="checkbox"/> Normal	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Loud	<input checked="" type="checkbox"/> Low
Mood	<input type="checkbox"/> Mute	<input type="checkbox"/> Slow	<input type="checkbox"/> Pressured	<input type="checkbox"/> Hypervocal	
Affect	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Slurred	<input type="checkbox"/> Poverty	<input type="checkbox"/> Despondent	<input type="checkbox"/> Angry <input checked="" type="checkbox"/> Fearful
Thought Processes	<input type="checkbox"/> Broad (Normal)	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Blunted	<input type="checkbox"/> Latile <input type="checkbox"/> Inapprop
	<input type="checkbox"/> Goal Directed	<input type="checkbox"/> Restricted	<input type="checkbox"/> Tangential	<input type="checkbox"/> Flat	
	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Concrete	<input type="checkbox"/> Blocking	<input type="checkbox"/> Loose Associations	
Thought Content	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Homicidal	<input type="checkbox"/> Harm to Others	<input type="checkbox"/> No Harm Contract
	<input type="checkbox"/> Delusions	Type: _____		<input type="checkbox"/> Obsessions	<input type="checkbox"/> Phobias
	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Auditory	<input type="checkbox"/> Command	<input type="checkbox"/> Visual	Other: _____
Pain	<input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Present*	<input type="checkbox"/> 0 – 10 Pain Rating Scale: _____		

*Note: If present, document in Progress Notes (PN) and MDTP as needed.

Additional Pertinent Information

Temp	Sleep (hours)	Intake 24° total
Pulse ↑	Weight (lbs)	Output 24° total
Pulse ↓	15" Safety Checks	BM
Resp	Intake (cc)	Meal % Required now
BP ↑	Output (cc)	I am not hungry
BP ↓	V = Done Ref = Refused	1 = Not applicable

I&O - Record each shift (0730,1530,2330) total cc's intake and/or output. At 2330 record 24-hour total.

MDTP #/PN	Behavior / Intervention / Outcome	<input type="checkbox"/> See Additional Daily RN Assessment Notes on back of form
1	Denies suicidal behaviors. no suicidal behaviors. Encourages to verbalize feelings. requested several sessions called Kaiser physician influence informative. Talked to Frank no name available third component unable to verify meds MR level	See additional notes on back of form

Signature of RN reviewing above information:

✓



Adult Custody Mental Health Services
150 West Hedding Street
San Jose, California 95110

Hoffart, Olga
DST 570
2/9/71 Addressograph

Daily RN Assessment/Pertinent Information

Date: 10/21/02

PM Shift (1500 – 2330) Time:

Mental Status Exam (check all that apply in each category)					
Orientation / LOC	<input checked="" type="checkbox"/> Person	<input checked="" type="checkbox"/> Place	<input checked="" type="checkbox"/> Time	<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Sedated
	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Restless	<input type="checkbox"/> Pacing	<input type="checkbox"/> Lethargic
Appearance	<input checked="" type="checkbox"/> Relaxed	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Psychomotorics:	<input type="checkbox"/> Slow	<input type="checkbox"/> Pressured	<input type="checkbox"/> Loud	<input type="checkbox"/> Low
Behavior	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Slurred	<input type="checkbox"/> Poverty	<input type="checkbox"/> Hyperverbal	
	<input type="checkbox"/> Mute	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Despondent	<input type="checkbox"/> Angry <input type="checkbox"/> Fearful
Speech	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Restricted	<input type="checkbox"/> Blunted	<input type="checkbox"/> Flat	<input type="checkbox"/> Labile <input type="checkbox"/> Inapprop
	<input type="checkbox"/> Mood	<input type="checkbox"/> Tangential	<input type="checkbox"/> Blocking	<input type="checkbox"/> Loose Associations	
Affect	<input type="checkbox"/> Broad (Normal)	<input type="checkbox"/> Concrete	<input type="checkbox"/> Harm to Others	<input type="checkbox"/> No Harm Contract	
	<input checked="" type="checkbox"/> Goal Directed	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Homicidal	<input type="checkbox"/> Obsessions	<input type="checkbox"/> Phobias
Thought Processes	<input type="checkbox"/> Flight of Ideas	Type: _____	<input type="checkbox"/> Visual	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Auditory	<input type="checkbox"/> Command		
Vought Content	<input type="checkbox"/> Delusions	<input type="checkbox"/> Present*	<input type="checkbox"/> 0 – 10 Pain Rating Scale: _____		
	<input type="checkbox"/> Hallucinations				
Pain	<input checked="" type="checkbox"/> Not Present				

*Note: If present, document in Progress Notes (PN) and MDTP as needed.

Additional Pertinent Information

Temp		Sleep (hours)		Intake 24° total	
se ↑		Weight (lbs)		Output 24° total	
Pulse ↓		15" Safety Checks		BM	
Resp		Intake (cc)		Meal %	100%
BP ↑		Output (cc)			
BP ↓		V = Done Ref = Refused		1 = Not applicable	

② O - Record each shift (0730,1530,2330) total cc's intake and/or output. At 2330 record 24-hour total.

MDTP #/PN	Behavior / Intervention / Outcome	<input type="checkbox"/> See Additional Daily RN Assessment Notes on back of form
1	During outcome interact with staff + peers. No suicidal questions noted.	

Signature of RN reviewing above information: CJF



**Adult Custody Mental Health Services
150 West Hedding Street
San Jose, California 95110**

Moffat, Osgood
DST 578
2/9/71

Daily RN Assessment/Pertinent Information

Date: 10/22/02

PM Shift (1500 – 2330) Time:

Mental Status Exam (check all that apply in each category)

Assessments and Findings					
Initial Findings					
Orientation / LOC	<input checked="" type="checkbox"/> Person	<input checked="" type="checkbox"/> Place	<input checked="" type="checkbox"/> Time	<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Sedated
Appearance	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Disheveled			
Behavior	<input checked="" type="checkbox"/> Relaxed	<input type="checkbox"/> Restless	<input type="checkbox"/> Pacing	<input type="checkbox"/> Lethargic	Other: _____
Speech	Psychomotorics:		<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	
Mood	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Slow	<input type="checkbox"/> Pressured	<input type="checkbox"/> Loud	<input type="checkbox"/> Low
Affect	<input type="checkbox"/> Mute	<input type="checkbox"/> Slurred	<input type="checkbox"/> Poverty	<input type="checkbox"/> Hypervocal	
Thought Processes	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Despondent	<input type="checkbox"/> Angry <input type="checkbox"/> Fearful
	<input type="checkbox"/> Broad (Normal)	<input type="checkbox"/> Restricted	<input type="checkbox"/> Blunted	<input type="checkbox"/> Flat	<input type="checkbox"/> Labile <input type="checkbox"/> Inapprop
	<input checked="" type="checkbox"/> Goal Directed	<input type="checkbox"/> Tangential	<input type="checkbox"/> Blocking	<input type="checkbox"/> Loose Associations	
	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Concrete			
Thought Content	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Homicidal	<input type="checkbox"/> Harm to Others	<input type="checkbox"/> No Harm Contract
	<input type="checkbox"/> Delusions	Type: _____		<input type="checkbox"/> Obsessions	<input type="checkbox"/> Phobias
	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Auditory	<input type="checkbox"/> Command	<input type="checkbox"/> Visual	Other: _____
Pain	<input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Present*	<input type="checkbox"/> 0 – 10 Pain Rating Scale:		
	*Note: If present, document in Progress Notes (PN) and MDTP as needed.				

*Note: If present, document in Progress Notes (PN) and MDTP as needed.

Additional Pertinent Information

Temp		Sleep (hours)		Intake 24 ^o total	
HR ↑		Weight (lbs)		Output 24 ^o total	
Pulse ↓		15" Safety Checks		BM	
Resp		Intake (cc)		Meal %	100%
BP ↑		Output (cc)			
BP ↓		V = Done	Ref = Refused	1 = Not applicable	

&O - Record each shift (0730,1530,2330) total cc's intake and/or output. At 2330 record 24-hour total.

Signature of RN reviewing above information: _____



Adult Custody Mental Health Services
150 West Hedding Street
San Jose, California 95110

Moffat olga
DST 578

8A
Daily RN Assessment/Pertinent Information

Addressograph

Date: 10/23/02

Night Shift (2300 – 0730) Time:

Mental Status Exam (check all that apply in each category)

Orientation / LOC	<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Place	<input type="checkbox"/> Time	<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Sedated
	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Disheveled			
Behavior	<input checked="" type="checkbox"/> Relaxed	<input type="checkbox"/> Restless	<input type="checkbox"/> Pacing	<input type="checkbox"/> Lethargic	Other: _____
	Psychomotorics:	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased		
Speech	<input type="checkbox"/> Normal	<input type="checkbox"/> Slow	<input type="checkbox"/> Pressured	<input type="checkbox"/> Loud	<input type="checkbox"/> Low
	<input type="checkbox"/> Mute	<input type="checkbox"/> Slurred	<input type="checkbox"/> Poverty	<input type="checkbox"/> Hypervocal	
Mood	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Despondent	<input type="checkbox"/> Angry <input type="checkbox"/> Fearful
	<input type="checkbox"/> Broad (Normal)	<input type="checkbox"/> Restricted	<input type="checkbox"/> Blunted	<input type="checkbox"/> Flat	<input type="checkbox"/> Labile <input type="checkbox"/> Inapprop
Affect	<input type="checkbox"/> Goal Directed	<input type="checkbox"/> Tangential	<input type="checkbox"/> Blocking	<input type="checkbox"/> Loose Associations	
	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Concrete			
Thought Processes	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Homicidal	<input type="checkbox"/> Harm to Others	<input type="checkbox"/> No Harm Contract
	<input type="checkbox"/> Delusions	Type: _____		<input type="checkbox"/> Obsessions	<input type="checkbox"/> Phobias
Thought Content	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Auditory	<input type="checkbox"/> Command	<input type="checkbox"/> Visual	Other: _____
	<input type="checkbox"/> Not Present	<input type="checkbox"/> Present*	0 – 10 Pain Rating Scale: _____		

*Note: If present, document in Progress Notes (PN) and MDTP as needed.

Additional Pertinent Information

Temp		Sleep (hours)	8 hrs	Intake 24° total	
Pulse ↑		Weight (lbs)		Output 24° total	
Pulse ↓		15" Safety Checks	✓	BM	
Resp		Intake (cc)		Meal %	0%.
BP ↑		Output (cc)			
BP ↓		V = Done Ref = Refused		1 = Not applicable	

I&O - Record each shift (0730,1530,2330) total cc's intake and/or output. At 2330 record 24-hour total.

MDTP #/PN	Behavior / Intervention / Outcome	<input type="checkbox"/> See Additional Daily RN Assessment Notes on back of form
1	Alert & quiet, seen her turning position side to side sleeping all NOC unable to assess. didn't get up for breakfast.	JKWZ

Signature of RN reviewing above information: _____



Adult Custody Mental Health Services
150 West Hedding Street
San Jose, California 95110

*moficit also
DST 578*

8A Daily RN Assessment/Pertinent Information

Addressograph

Date: 10/23/02

Day Shift (0700 – 1530) Time:

Mental Status Exam (check all that apply in each category)

Orientation / LOC	<input checked="" type="checkbox"/> Person	<input type="checkbox"/> Place	<input type="checkbox"/> Time	<input type="checkbox"/> Alert	<input type="checkbox"/> Sedated
	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Restless	<input type="checkbox"/> Pacing	<input type="checkbox"/> Lethargic
Appearance Behavior	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Loud	<input type="checkbox"/> Low
	<input type="checkbox"/> Psychomotorics:	<input type="checkbox"/> Slow	<input type="checkbox"/> Pressured	<input type="checkbox"/> Hyperverbal	<input type="checkbox"/> Other: _____
Speech	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Slurred	<input type="checkbox"/> Poverty	<input type="checkbox"/> Despondent	<input type="checkbox"/> Angry
	<input type="checkbox"/> Mute	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Flat	<input type="checkbox"/> Fearful
Mood Affect	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Restricted	<input type="checkbox"/> Blunted	<input type="checkbox"/> Labile	<input type="checkbox"/> Inapprop
	<input type="checkbox"/> Broad (Normal)	<input type="checkbox"/> Tangential	<input type="checkbox"/> Blocking	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Other: _____
Thought Processes	<input type="checkbox"/> Goal Directed	<input type="checkbox"/> Concrete	<input type="checkbox"/> Harm to Others	<input type="checkbox"/> No Harm Contract	
	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Delusions	<input type="checkbox"/> Obsessions
Thought Content	<input type="checkbox"/> Delusions	<input type="checkbox"/> Type: _____	<input type="checkbox"/> Auditory	<input type="checkbox"/> Command	<input type="checkbox"/> Phobias
	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Present*	<input type="checkbox"/> Present*	<input type="checkbox"/> 0 – 10 Pain Rating Scale: <u>Denies</u>	<input type="checkbox"/> Visual
Pain	<input type="checkbox"/> Not Present	<input type="checkbox"/> 0 – 10 Pain Rating Scale: <u>Denies</u>			

*Note: If present, document in Progress Notes (PN) and MDTP as needed.

Additional Pertinent Information

Temp		Sleep (hours)		Intake 24° total	
Pulse ↑		Weight (lbs)		Output 24° total	
Pulse ↓		15" Safety Checks		BM	
Resp		Intake (cc)		Meal %	<u>80%</u>
BP ↑		Output (cc)			
BP ↓		V = Done	Ref = Refused	1 = Not applicable	

I&O - Record each shift (0730,1530,2330) total cc's intake and/or output. At 2330 record 24-hour total.

MDTP #/PN	Behavior / Intervention / Outcome	<input type="checkbox"/> See Additional Daily RN Assessment Notes on back of form
I	<i>Denies suicidal behavior. Encourage to verbalize feelings.</i>	

Signature of RN reviewing above information: N

Client Information Face Sheet

Report MHS 140

Run Date: 21-OCT-2002

Page: 1

CONSUMER INFORMATION					
name: OLGA FEDORYAKA	Number: 500143861	Birthdate: 9-FEB-1971	Age: 31		
address: 6187 ELLERBROOK WY	SSN: _____	Sex: F			
SAN JOSE, CA 95123	Other ID #: 91786624	Language: English			
phone: (408) 363-0562	Marital: Married	Education: Unknown			
status: DLGA MOFFAT	Disability: Unknown	Ethnicity: White	Hispanic Origin:		
charges: \$0.00	Medicaid: Not Eligible				
insurance: None					

PERSON TO NOTIFY IN CASE OF EMERGENCY:

name: _____ Relationship: _____

address: _____ Phone: Day: _____ Night: _____

CLINICAL HISTORY

Opening	Closing	Primary Diagnosis	Clinician	Physician	Total Units	Last Service	Legal Status	Legal Consent
--OPEN EPISODES--								
L INPT	21-OCT-2002	309.0	BRUGUERA, MARK	GREWAL, AMARJIT	0		W51500	Unknown
--CLOSED EPISODES--								
CRIS STB	19-MAY-2002	19-MAY-2002	309.0	SALANDANAN, VILM	SLATER, ROBERT	1	19-MAY-2002	W60000 NA

Total Episode Count = 2

MEDICAL/ PSYCHIATRIC REFERRAL FORM

OSAW

REFERRED TO: Medical Mental Health DOC

REFERRED FROM: Medical Mental Health DOC

Inmate's Name: Moffatt, Olga PFN: _____ Booking # CEN: 0206 1181

Date of Birth: 35 2-9-71 Housing: PR

Reason for Referral: States she is feeling suicidal - On unrefud neds for depression.

Circle all that apply:	Anxious	Crying	Sad	Withdrawn	Peers Worried about Inmate
	First Arrest	Got Bad News	Talks to Self	Not Sleeping	Giving Away Belongings
	Not Eating	Very Unkempt	Afraid of Peers	Threatening	Doesn't make sense
	Changing in Behavior		Three Strikes		Long Sentence

suicidal/Homicidal (explain)

Inmate Said:

Inmate Did:

Other Reasons:

Referred by: Lion) PW /Badge# _____ Time: 2131 Date: 10/20/02
(Print Name)

Received by: AC (C) CUNA Time: 0005 Date: 10/21/02
(Print Name)

MENTAL HEALTH TRIAGE PRIORITY

Recommendations: SI

Information for DOC: SI

Information for Medical/Mental Health:

Completed by: OLGA MFT Time: 0020 Date: 10/21/02
(Print Name)

Classification Action

Action Taken:

On By:

R. Burns Time: 0024 Date: 10/20/02

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO: Medical Mental Health DOC

REFERRED FROM: Medical Mental Health DOC

Inmate's Name: MOFFAT, OLGA PFN: _____ Booking # CEN: _____

Date of Birth: 02-09-71 Housing: PR

Reason for Referral: DOMESTIC VIOLENCE PC 273.5

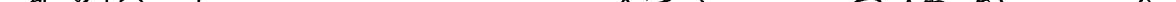
Reason for Referral: PC 245 (ASSAULT WITH DEADLY WEAPON)

Circle all that apply:	Anxious	Crying	Sad	Withdrawn	Peers Worried about Inmate
	First Arrest	Got Bad News	Talks to Self	Not Sleeping	Giving Away Belongings
	Not Eating	Very Unkempt	Afraid of Peers	Threatening	Doesn't make sense
	Changing in Behavior		Three Strikes		Long Sentence

suicidal/Homicidal (explain)

Inmate Said: _____

Estimate Did: _____

Other Reasons: 

Referred by: JDRN /Badge# 121 Time: 1/22 Date: 1/29/02
(Print Name)

Received by: **Q** Date: **10/20/05**
Print Name: **Q**

MENTAL HEALTH TRIAGE PRIORITY

recommendations

Information for DCC

Information for Medical/Mental Health Professionals on [medu](#)

Print Name _____

Classification Action

Action Taken: _____ / / _____

on By: RB #1707 Time: 0024 Date: 10/20/02

**Adult Custody Mental Health
CRISIS ASSESSMENT**

moffit, olga Date of Assessment 10/21/02 PFN DST 578
 Phone _____ DOB _____
 Reason of Referral 1626 Referred by medical BK# 020(0118)
 Preferred Language U S/D# 50014386
 Reason for Referral clm stated that she was S/I

Living/Lives With Husband Employment: F/T P/T None

Employment: Work None SSI None G/A None Disability None Pension None Other: None

Civil Status: S M W W D W Sep How Long 6 months Dependents None

Date of Current Arrest 10/05/02 Charges domestic violence assault w/ deadly weapon

CRIMINAL HISTORY

(Check all that apply)	YES	NO	Additional Information
First Arrest	<input checked="" type="checkbox"/>		
Domestic History	<input checked="" type="checkbox"/>		Past arrest of shoplifting
Assault History	<input checked="" type="checkbox"/>		due to current charges
Damage to Property	<input checked="" type="checkbox"/>		
Third Strike Potential	<input checked="" type="checkbox"/>		

MEDICAL HISTORY

Medicines Problems	<input checked="" type="checkbox"/>		
Medical Problems	<input checked="" type="checkbox"/>		Med/Psych Referral to Medical Y <u>N</u>
Head Injury History	<input checked="" type="checkbox"/>		
Allergies	<input checked="" type="checkbox"/>		
Current Medications	<input checked="" type="checkbox"/>		

PSYCHIATRIC HISTORY

Medicines Problems	<input checked="" type="checkbox"/>		
SCAR History	<input checked="" type="checkbox"/>		clm feels S/I coming
Patient History	<input checked="" type="checkbox"/>		at med. S/I today & yesterday
Inpatient History	<input checked="" type="checkbox"/>		Service Team: <u>not listed</u> E-mail sent Y <u>N</u>
Custody History Only	<input checked="" type="checkbox"/>		Something for sleep
S Conserved	<input checked="" type="checkbox"/>		Conservator Name: <u>Patricia David</u> , Notif. Sent Y <u>N</u>
Payee	<input checked="" type="checkbox"/>		Payee Name: <u>Zantac</u>
Current Meds/Dose/Last Dose	<input checked="" type="checkbox"/>		clm feels drowsy, Psych MD appt made Y <u>N</u>
Medications Effective	<input checked="" type="checkbox"/>		Emotional abuse, controlled issues,
Compliant with Meds	<input checked="" type="checkbox"/>		

① clm is a Ukrainian immigrant, married for 5-6 months, clm states relationship has been abusive for 4 months.

* Pest in house started 10/05/02

SUBSTANCE ABUSE HISTORY

	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional Information
Denies Problem		<input checked="" type="checkbox"/>	
Detox Expected			Med Psych Referral Y
Alcohol History	<input checked="" type="checkbox"/>		Age Started Frequency Amount Last Dose
Blackouts		<input checked="" type="checkbox"/>	drink wine tonight
Prescription Drug Abuse		<input checked="" type="checkbox"/>	
Past Residential Treatment		<input checked="" type="checkbox"/>	
Prior 12-Step Program		<input checked="" type="checkbox"/>	
Prior History w/ Rehab		<input checked="" type="checkbox"/>	
Hx of Sober Living Housing		<input checked="" type="checkbox"/>	
Current Sponsor		<input checked="" type="checkbox"/>	

SUICIDE RISK ASSESSMENT CHECKLIST

NO RISK FOR SUICIDE AT THIS TIME (Explain any risk factors in narrative)

- IDEATION OR SIGNS** Not Applicable
- Depressed Mood Sees no future
 - Distraught Poor self care
 - Divesting Belongings
 - Impulsive Agitation
 - Plan Homicidal
 - Will Not Contract Self mutilation
 - Vengeful Isolative
 - Elated Shamed
- shaded S/I*

SUICIDE HISTORY Not Applicable

Prior attempts/Gestures/Ideation

of Attempts 1

Type: suicide attempt

Date of last attempt 10/10/02

Family History Yes No

SIA after divorce

**MAJOR LOSSES/
STRESSORS** Not Applicable

Debilitating or life threatening condition

RELATIONSHIP Not Applicable

Death of loved one Recent divorce

Anniversary of relationship loss

Isolation from friends/family

Loss of contact

HOUSING Not Applicable

Recent Homelessness

Inmate receiving threats

Increased Potential for Suicide due to Charges Y N
Scared to prison, afraid of being deported

Increased Potential for Suicide due to Drug Use Y N
deprived

LEGAL Not Applicable

1st Arrest Serious Charge

Domestic Violence Child Molest

Registered Offender 3rd strike

Going to Prison Long Sentence

No Ban

SOCIAL Not Applicable

Recent Immigrant/Cultural Issues

Assault Victim Gangs

High Profile Citizen Prestige Occupation

Gender Issues

CIRCUMSTANCES Not Applicable

First 48 Hours in Custody Weekend

11PM to 8AM Inmates birthday

Shift Change (6am or 6pm) Major Holiday

Inability to reach others who know inmate

Psych Records Unavailable

FINANCIAL Not Applicable

Job Loss Career Loss

Can't make bail Gambling Debt

Loss of SSI or other support

PSYCHIATRIC / SMI Not Applicable

Treatment Non-Compliance

CRISIS ASSESSMENT MENTAL STATUS EXAM

APPEARANCE	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Malodorous	<input type="checkbox"/> Poorly Nourished	
	<input checked="" type="checkbox"/> Appropriately Groomed			
ORIENTATION	<input type="checkbox"/> Person	<input type="checkbox"/> Place	<input type="checkbox"/> Time	<input type="checkbox"/> Circumstances
	<input checked="" type="checkbox"/> Orient. X4			
MEMORY	RECENT	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
	REMOTE	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
HALLUCINATIONS		<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual	<input type="checkbox"/> Command Voices
		<input type="checkbox"/> Olfactory	<input type="checkbox"/> Gustatory	<input type="checkbox"/> Tactile
		Describe: _____		
PRESENCE OF DELUSIONS	<input type="checkbox"/> Somatic <input checked="" type="checkbox"/> None	<input type="checkbox"/> Influence	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Grandiose
		<input type="checkbox"/> Persecutory		
	Describe: _____			
RELIABILITY	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Unable to Assess	
INSIGHT	<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Impaired	<input type="checkbox"/> Absent	
IMPULSE	<input type="checkbox"/> Good	<input type="checkbox"/> Impaired	<input checked="" type="checkbox"/> Questionable	
CONTROL				
JUDGEMENT	<input type="checkbox"/> Good	<input type="checkbox"/> Impaired	<input checked="" type="checkbox"/> Questionable	
BEHAVIOR	<input type="checkbox"/> Composed	<input type="checkbox"/> Friendly	<input type="checkbox"/> Cheerful	<input checked="" type="checkbox"/> Cooperative
	<input type="checkbox"/> Maintains eye contact		<input type="checkbox"/> Passive	<input type="checkbox"/> Withdrawn
	<input type="checkbox"/> Tense	<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Demanding
	<input type="checkbox"/> Hostile	<input type="checkbox"/> Agitated	<input type="checkbox"/> Self Abusive	<input type="checkbox"/> Assaultive
	One d <i>short</i> interview			
SPEECH	VOLUME	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> Loud
	RATE	<input type="checkbox"/> Slow	<input type="checkbox"/> Normal	<input type="checkbox"/> Rapid
		<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Slurred	<input type="checkbox"/> Speech Impediment
		<input type="checkbox"/> Mute	<input type="checkbox"/> Sarcastic	<input type="checkbox"/> Irrelevant
		<input type="checkbox"/> Spontaneous		<input type="checkbox"/> Monotone
				<input type="checkbox"/> Rapid/Pressured
MOOD	Appropriate to Circumstances		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	<input type="checkbox"/> Helpless	<input checked="" type="checkbox"/> Hopeless	<input type="checkbox"/> Depressed	<input type="checkbox"/> Overwhelmed
	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Bored	<input type="checkbox"/> Anxious	<input type="checkbox"/> Nervous
	<input type="checkbox"/> Expansive/Euphoric		<input type="checkbox"/> Angry	
ATTENTION SPAN	<input type="checkbox"/> Unimpaired	<input checked="" type="checkbox"/> Impaired	<input type="checkbox"/> Grossly Disturbed	
AFFECT	<input type="checkbox"/> Congruent	<input checked="" type="checkbox"/> Tearful	<input type="checkbox"/> Sad	<input type="checkbox"/> Flat
	<input type="checkbox"/> Labile	<input type="checkbox"/> Silly	<input type="checkbox"/> Irritated	<input type="checkbox"/> Tense
				<input type="checkbox"/> Blunted
				<input type="checkbox"/> Anxious
				<input type="checkbox"/> Angry
THOUGHT PROCESS	<input checked="" type="checkbox"/> Coherent	<input checked="" type="checkbox"/> Organized	<input type="checkbox"/> Concrete	<input type="checkbox"/> Abstract
	<input type="checkbox"/> Obsessive	<input type="checkbox"/> Tangential	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Phobic
	<input type="checkbox"/> Fragmented	<input type="checkbox"/> Blocking	<input type="checkbox"/> Suspicious	<input type="checkbox"/> Disorganized
				<input type="checkbox"/> Distractible
				<input type="checkbox"/> Preoccupied
				<input type="checkbox"/> Perseveration

CRISIS ASSESSMENT

NARRATIVE: Client stated she also denies HIV, AIIH, VHH. Client described abusive relationship & being isolated from family and friends. Client was upset & crying throughout interview. Client denies medical hx. Client had hx of depression since 9/6 on us on meds. Ref to WLD client per SISD.

DIAGNOSIS

AXIS I 311.0

AXIS II N2 P9

AXIS III none

AXIS IV UK

AXIS V UK

DSM IV CODE

Domestic disorder

defensive

none stated

UK

UK

INTERVENTIONS

Interfacility Transfer Form Yes No Outpatient List Yes No

EPS Transfer form Yes No OPD Episode Opened Yes No

Consent Signed Yes No Initial CMI Yes No

Conservator Notified Yes N/A CPS Report Yes No

Welfare Check Yes No APS Report Yes No

Log Completed Yes No Tarasoff Yes No

Request for Notification to Admin. Booking Yes No

Med/Psych Referral to Classification Yes No

Psychiatrist Appointment Requested Yes No

DISPOSITION: 8A, (+) SI

RECOMMENDATION TO DOC

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 8A | <input type="checkbox"/> Maintain Housing | <input type="checkbox"/> Rehouse to Main Jail |
| <input type="checkbox"/> In 342 E | <input type="checkbox"/> Special Management/8B Type | <input type="checkbox"/> Observation Cell |
| <input type="checkbox"/> 15 Minute Checks | <input type="checkbox"/> HPC | <input type="checkbox"/> Felony West |
| Single Cell Dorm | <input type="checkbox"/> Cite and Release | <input type="checkbox"/> Felony South |
| <input type="checkbox"/> Single Assignment | <input type="checkbox"/> Cite and Release to EPS | <input type="checkbox"/> A&O CCW |
| Single Cell Dorm | <input type="checkbox"/> Farm Scratch | |

CLINICIAN NAME / TITLE: John M. Metz

DATE / TIME: 10/21/02

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO: Medical Mental Health DOC

REFERRED FROM: Medical Mental Health DOC

Inmate's Name: Moffat, Olga PFN: 057578 Booking # CEN: _____

Date of Birth: _____ Housing: W4

Reason for Referral: Discharged fr: SA needs & no -ups

Select all that apply:	Anxious	Crying	Sad	Withdrawn	Peers Worried about Inmate
	First Arrest	Got Bad News	Talks to Self	Not Sleeping	Giving Away Belongings
	Not Eating	Very Unkempt	Afraid of Peers	Threatening	Doesn't make sense
	Changing in Behavior		Three Strikes		Long Sentence

Criminal/Homicidal (explain)

Inmate Said: _____

Inmate Did: _____

Other Reasons: _____

Referred by: Jeffrey KN /Badge# _____ Time: 0500 Date: 10/24/02
(Print Name)

Received by: JAMES FRANOSCH /Badge# _____ Time: 1100 Date: 10/24/02
(Print Name)

MEDICAL/PSYCHIATRIC TRIAGE PRIORITY

Recommendations: HPC

Information for DOC: Stable-not Severe

Information for Medical/Mental Health: _____

Completed by: JAMES FRANOSCH /Badge# _____ Time: 1200 Date: 10/24/02
(Print Name)

Classification Action

Action Taken: _____

Action By: _____ Time: _____ Date: _____

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO: Medical Mental Health DOC

REFERRED FROM: Medical Mental Health DOC

Inmate's Name: Moffat, Olga PFN: DST 578 Booking # CEN: 02061181

Date of Birth: 02/09/71 Housing: WZE

Reason for Referral: _____

Circle all that apply:

<u>Anxious</u>	<u>Crying</u>	<u>Sad</u>	Withdrawn	Peers Worried about Inmate
First Arrest	Got Bad News	Talks to Self	Not Sleeping	Giving Away Belongings
Not Eating	Very Unkempt	Afraid of Peers	Threatening	Doesn't make sense
Changing in Behavior		Three Strikes		Long Sentence

Suicidal/Homicidal (explain)

Inmate Said: I CAN'T STAY HERE

Inmate Did: Started shaking & crying

Other Reasons: _____

Referred by: Hanes /Badge# 1848 Time: 1735 Date: 10-24
(Print Name)

Received by: _____ Time: _____ Date: _____
(Print Name)

MENTAL HEALTH TRIAGE PRIORITY

Recommendations: Reassess patient & refer to further assessment team

Information for DOC: Concussive/Mental Health Client

Information for Medical/Mental Health:

Completed by:

(Print Name)

Time: 208

Date: 10/26/12

Classification Action

Action Taken: _____

Action By: _____ Time: _____ Date: _____

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO: Medical Mental Health DOC

REFERRED FROM: Medical Mental Health DOC

Inmate's Name: Moffat, Olga PFN: DST578 Booking # CEN: 02061181

Date of Birth: 0-2-71 Housing: WZ E

Reason for Referral: inmate requests medication for MHBS anxiety. → fu appts. on CSIC
on Prozac

Circle all that apply:

<u>Anxious</u>	<u>Crying</u>	<u>Sad</u>	Withdrawn	Peers Worried about Inmate
<u>First Arrest</u>	Got Bad News	Talks to Self	Not Sleeping	Giving Away Belongings
Not Eating	Very Unkempt	Afraid of Peers	Threatening	Doesn't make sense
Changing in Behavior		Three Strikes		Long Sentence

suicidal/Homicidal (explain)

Inmate Said: _____

Inmate Did: _____

Other Reasons: _____

Referred by: Bonnie Johnson /Badge# MFT Time: 2230 Date: 10/31/02
(Print Name)

Received by: R. Johnson /Badge# 100 Time: 100 Date: 11/04/02
(Print Name)

MENTAL HEALTH TRIAGE PRIORITY

Recommendations: TPC

Information for DOC: TPC

Information for Medical/Mental Health: TPC Report 11/16/02

Completed by: R. Johnson /Badge# 100 Time: 1630 Date: 11/04/02
(Print Name)

Classification Action

Action Taken: _____

Action By: _____ Time: _____ Date: _____

Adult Custody Mental Health RELEASE / AFTERCARE PLAN

Adult Custody Mental Health
Santa Clara Valley Health and Hospital System
Outpatient Mental Health

Current Psychiatrist Diagnosis: _____

Name: Moffat, Olga

PFN: DST 578

DOB: 2-9-71

BOOKING #: 02061181

RELEASE DATE: _____

Circle if Applicable:

IAP CLIENT

PALS CLIENT

MEDICAL DISCHARGE PLANNER (Med DCP) CLIENT

Release Plan Includes:

- Release destination: Address. Name of facility.
- Agency Providing On-Going Medication: Name of agency. Name of contact person. Telephone numbers if needed.
- Transportation: Describe transportation method. State if a Bus pass or Taxi voucher was provided.

Instructions: Write the plan. Incomplete plans are written as far as possible. Sign. Date and Initial each portion of the plan when completed. If a completely new plan is needed, use lower portion of this page or start a new page.

Destination: Pt. referred to shelter

Medication

Transportation

Please add additional pages as needed.

Staff Member initiating Release Plan

Signature:



Date:

10/22/02

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO: Medical Mental Health DOC

REFERRED FROM: Medical Mental Health DOC

Inmate's Name: Mrs PPAT, OLGA PFN: DST 578 Booking # CEN: 62061181

Date of Birth: 02-09-71 Housing: WYE

Reason for Referral: Per medical nrgs "I want to talk to a M.H doctor as soon as possible."

Circle all that apply:	Anxious	Crying	Sad	Withdrawn	Peers Worried about Inmate
	First Arrest	Got Bad News	Talks to Self	Not Sleeping	Giving Away Belongings
	Not Eating	Very Unkempt	Afraid of Peers	Threatening	Doesn't make sense
	Changing in Behavior		Three Strikes		Long Sentence

Incident/Hospital (explain)

Inmate Said:

Inmate Did:

Other Reasons:

Referred by: OLGA E. /Badge# _____ Time: 1605 Date: 11/22/02
(Print Name)

Received by: OLGA E. Time: 2230 Date: 11/22/02
(Print Name)

MENTAL HEALTH TRIAGE PRIORITY

Recommendations:

Information for DOC: NO SPLIT NO A/I

Information for Medical/Mental Health: 12/20 - M/I except

Completed by: OLGA E. Time: 2230 Date: 11/22/02
(Print Name)

Classification Action

On Taken: _____

On By: _____ Time: _____ Date: _____

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO:

 Medical Mental Health DOC EDF/CCW
MENTAL HEALTH

REFERRED FROM:

 Medical Mental Health DOC 2002 NOV 30 PM 2:21

Inmate's Name: MOFFAT, OLGA

PFN: DST-S8 Booking # CEN: 62061181

Date of Birth: 2-9-71

Housing: W25

Reason for Referral: HAVING ANXIETY IN THE MORNING
SINCE START TAKING PROZAC 40MG.

Circle all that apply:

- | | | | | |
|----------------------|--------------|-----------------|--------------|----------------------------|
| Anxious | Crying | Sad | Withdrawn | Peers Worried about Inmate |
| First Arrest | Got Bad News | Talks to Self | Not Sleeping | Giving Away Belongings |
| Not Eating | Very Unkempt | Afraid of Peers | Threatening | Doesn't make sense |
| Changing in Behavior | | Three Strikes | | Long Sentence |

Suicidal/Homicidal (explain)

Inmate Said:

Inmate Did:

Other Reasons:

Referred by: MAHS /Badge# _____ Time: 1720 Date: 11-30-02
(Print Name)Received by: JAMES FENNOSED Time: 19:00 Date: 11-30-02
(Print Name)

MENTAL HEALTH TRIAGE PRIORITY

Recommendations:

HPC
stable w/o suicidal

Information for DOC:

Information for Medical/Mental Health:

Completed by: JAMES FENNOSED Time: 2000 Date: 11-30-02
(Print Name)

Classification Action

Action Taken: _____

Action By: _____ Time: _____ Date: _____

Psychological Consultation

Page Two

During the first incident, she was gang raped by four men. As a result of this trauma, she has experienced depression and symptoms of PTSD. In 1996, her first husband decided to terminate their marriage, which came as a total surprise to Moffat, who was, then, living in this country without any other means of support. Soon after, she started consuming alcohol as a mean to relieve her negative emotions. Furthermore in 1996, she attempted suicide and was briefly hospitalized. According to her, she has had five other suicide attempts. She has never received any psychological treatment and only recently, during her incarceration has been receiving ongoing mental health treatment. Ms. Moffat reported that, for the past six years, she has been suffering from "severe depression" with periods during which she feels hopeless, helpless, disinterested in any activities and lethargic.

Ms. Moffat has an Oscar record of three contacts with mental health services in Santa Clara County between May 2002 to October 2002. The first contact occurred at EPS at which time, she was admitted on 5150 danger to self.

SUBSTANCE ABUSE

Since 1996 after she was divorced from her first husband, Ms. Moffat has been consuming alcohol on a regular basis. However, in 1999 she ceased her consumption for a period of six months. Ms. Moffat has never received any treatment for her addiction and reported that drinking alcohol has been a significant source of emotional relief during her depression.

MEDICAL

Miss Moffat has no history of any medical problems and/or complications.

LEGAL

Ms. Moffat has been incarcerated on two occasions. The first incident occurred in October 8, 2002 and she was released on pretrial.

SOCIAL HISTORY

Ms. Moffat was born and raised in Ukraine. At the age of nine, she lost her father who was suffering from alcoholism and her mother raised her. She has five sisters and their father physically and verbally abused all of them. During her childhood, she often witnessed her father physically assaulting her mother to the extent she was left with severe bruises. The inmate completed her high school diploma and obtained a certificate, which allowed her to work as a secretary. In addition, she acquired a two-year Radio Electronic Technician certificate and she was employed in the field for eight years.

Psychological Consultation
Page Three

After becoming engaged to her first husband, in 1995 she immigrated to the United States and got married in Arizona. Soon after their marriage, her husband was transferred in Thailand and, for a period of six months, the couple lived apart. She reported she was homesick and felt often lonely. Upon her husband's return, she asked him for a separation and moved in with her mother-in-law. Nevertheless, her husband decided to terminate their marriage.

In 1997, the couple decided to reunite and moved to Hong Kong. After three months of residence, Ms. Moffat's visa expired and was forced to leave for the Ukraine. Her husband never renewed her visa and, as a result, their relationship ended. Hoping to find refuge with her family, she was totally rejected by her mother who blamed her for all of her problems. Ms. Moffat was not allowed to reside with her mother and their differences forced her to live on her own. In July 2000, she met her present husband in the Ukraine and, for a period of two years, they communicated by telephone. Upon completion of her immigration documents in May 2002, she moved to this county and got married in July 2002. The couple has no children. Ms. Moffat reported that prior to her first marriage, while living in the Ukraine, she was very active in sports and belonged to different teams (bicycling and running).

Since her incarceration, Ms. Moffat's husband has been very supportive and has visited her on many occasions. Ms. Moffat indicated that the main source of frustration between her and her husband is her inability to share her psychological problems with him during her severe periods of depression. He would like for her to include him in every aspect of her life, whereas she would like to be left alone and prefers isolating herself.

OBSERVATIONS:

Ms. Moffat was informed of the nature of the interview and agreed to participate. She was very pleasant and polite. Ms. Moffat was open to most questions and was very cooperative. During the entire interview process, she spoke in a coherent articulate manner. She was alert to person, place, time and her version of her circumstances. Her speech was of normal pace and volume. Her thought process was logical and linear. Throughout the entire interview process, Ms. Moffat was very emotional and had difficulty at times controlling her tears.

Ms. Moffat's affect was appropriate, her memory was intact and she had good insight to her present situation. She had no reservation about expressing her emotions. Her sadness and feelings of hopelessness were apparent during the course of the interview. She is very worried about her legal case, considering there is possibility of being deported to her country.

Psychological consultation
Page Four

She hopes to be able to resume her life in the United States with her husband and for the two of them to start a family. However, she is scared and fears her next Court date.

There was no evidence of auditory and visual hallucinations apart from symptoms of drug abuse. She denied any difficulty with her appetite but reported having trouble with her sleep pattern. Furthermore, she is unable to concentrate properly and her mind is easily distracted. Suicidal and homicidal ideation is denied.

DIAGNOSTIC IMPRESSION

Axis I: 296.32 Major Depression, Recurrent
303.90 Alcohol Dependence
Symptoms of PTSD

Axis II: V71.09 None

Axis III: Unknown

Axis IV: Problems related to the social environment and interaction with the legal system/crime

Axis V: GAF: 40

CONCLUSIONS:

Ms. Moffat was victimized at an early age and her multiple rape experiences have resulted in her symptoms of anxiety and depression. However, after her divorce in 1996, her feelings of rejection and abandonment escalated to the point of her attempting suicide. Since, she has been experiencing severe periods of depression, during which she feels hopeless and helpless and a loss of interest in any activities. Consuming alcohol has been her only source of emotional relief, since she has not been successful in obtaining any psychological treatment.

The patient is clearly suffering from Major Depression with symptoms of PTSD. Her past suicide attempts demonstrate her need to become involved in individual and group therapy where her psychological needs will be addressed. Ms. Moffat should also participate in an alcohol rehabilitation program. Without such services, Ms. Moffat will likely experience a further deterioration of the quality of her life and, as such, be at increasing risk of self-harm.

Psychological consultation
Page Five

Respectfully submitted,

Armaghan Ghassemi, Ph. D. Post Doctoral Intern
Adult Custody Mental Health
(408) 286-1152 Ext. 1424



Michael Echols, Ph.D., Supervisor.
PSY9068
Adult Custody Mental Health
408 286-1152 x1478

MEDICAL/ PSYCHIATRIC REFERRAL FORM

REFERRED TO: Medical Mental Health DOC
REFERRED FROM: Medical Mental Health DOC
mate's Name: MOFFAT, OLGA PFN: DST 578 Booking # CEND 2061181
ate of Birth: 02/09/71 Housing: W2 E

Reason for Referral: INMATE STOLE A DOILY AND A PIECE OF HONEY - WHEN CONFRONTED SHE COULDN'T REASON IT OUT. SHE IS ASKING TO SPEAK TO M.H. I THINK SHE IS NOT ALL THERE AND COULD BE VICTIM POTENTIAL. ~~SHE IS NOT SUICIDAL BUT HAS ATTEMPTED SUICIDE BEFORE.~~

Circle all that apply:

Anxious	<input checked="" type="checkbox"/> Crying	<input checked="" type="checkbox"/> Sad	<input checked="" type="checkbox"/> Withdrawn	Peers Worried about Inmate
<input checked="" type="checkbox"/> First Arrest	Got Bad News	Talks to Self	Not Sleeping	Giving Away Belongings
Not Eating	Very Unkempt	<input checked="" type="checkbox"/> Afraid of Peers	Threatening	<input checked="" type="checkbox"/> Doesn't make sense
Changing in Behavior		Three Strikes	Long Sentence	

cidical/Homicidal (explain)

Inmate Said: I WANT TO BE DOWN THERE (POINTING TO THE GROUND). R.I.P.O

Inmate Did:

Other Reasons:

ferred by: O. Rose /Badge# 2257 Time: 2120 Date: 12-25-201
(Print Name)

Received by: J. Rose Time: 2120 Date: 12-25-201
(Print Name)

MENTAL HEALTH TRIAGE PRIORITY: HIC

Recommendations:

Information for DOC: Dene Assisted her and I called

Information for Medical/Mental Health: See chart notes

Implemented by: J. Rose Time: 2120 Date: 12-25-201
(Print Name)

Classification Action

tion Taken: _____

tion By: _____ Time: _____ Date: _____

