

Randall Clark Morrison MR# 2025-129 DOB: 10/03/1961

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Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Date 1st contact 10/29/2023	Rep on intake call Serena Jones	1st contact name n/a	1st contact phone n/a	1st contact relationship n/a
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Location: LAR - Simmons

Program: Simmons - Start Date: 12/23/2025

Primary Therapist: Sharon Johnson, LCSW

Admission Date 12/19/2025 02:00 PM	Referrer Alumni	Contact? No	Anticipated Discharge Date 01/02/2026 06:00 PM
Discharge/Transition Date	Discharge/Transition to		

CLIENT INFORMATION HAS NOT BEEN VALIDATED - PLEASE VALIDATE**Client Information**Randall Clark Morrison
"Clark"Current Address:
2835 Hillside Dr
Burlingame, CA 94010Phone: 415-265-1107
Email: rclarkmorrison@gmail.com

Date of Birth: 10/03/1961 SSN:

Birth Sex: Male

Pronouns:

Preferred Language:

Marital Status: Married

Sobriety date: n/a

Race:

Ethnicity:



Occupation environmental lawyer	Employer	Employer Phone
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Payment Method**Insurance****Insurance Information**

Show Inactive Insurances

Insurance Payer CIGNA Health Plan	Subscriber ID U69724284	Effective Date 02/01/2021	Termination Date	Status Active	Insurance Priority
Internal ID / External ID 11415 / 12564986	Group Name	Group Number	Plan Type	Payer Type	Insurance Phone Number
Rx Name	Rx Group 3341437	Rx BIN 017010	Rx PCN 0215COMM	Rx Phone	Coverage Period

Claims

Payer Address 1 Payer Address 2 Payer City Payer State Payer Zip

Subscriber Randall Morrison Subscriber Address 1 2835 Hillside Dr	Subscriber Address 2	Patient Relationship to Subscriber Self Subscriber City Burlingame	SSN	Date of Birth 10/03/1961 Subscriber Zip 94010	Gender Male Subscriber Country
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Precertification Company
n/a

Phone
n/a

Utilization Reviews

Start Date	End Date	# of Days	Auth Date	Authorization Number	Status	Managed	Level of Care
12/26/2025	01/02/2026	8	12/26/2025	251974428	Approved	Yes	Residential
Next Review	Days of Week		Hours per Day	Days per Week	Frequency	LCD	Next LOC
01/02/2026	Sun,Mon,Tue,Wed,Thu,Fri,Sat				daily	No	Next LOC Date
Insurance Payer Name CIGNA Health Plan	Insurance Payer Policy No. U69724284						

Pharmacy

Pharmacy Name Golden Gate Pharmacy	Address 8 Digital Drive #200, Novato, CA, 94949
Phone (415) 455-9042	Fax (415) 455-9318

Contacts

Contact Type Emergency	Relationship Spouse
Name Rebecca Galler	Phone 303-887-7658

Patient Contact Consent Forms

- Emergency Authorization for Release/Request - Rebecca Galler - complete

Allergies and Food Restrictions

Allergies

No Known Allergies/NKA

Diets

- Regular Diet (no special dietary needs)

External Apps

External App Name	Unique Patient ID	Action
CMD:45>Living at	57501048	
Reflections - IB		

Lab Testing

Lab Bill To Unassigned	Lab Guarantor Type Unassigned	Lab Guarantor Unassigned	Lab Guardian Unassigned	Lab Patient Class Not Applicable
Lab Primary Insurance Unassigned	Lab Secondary Insurance Unassigned			

Client Record Source: 12/18/2025 08:54 AM: Readmit: 28625: 2024-3: LAR - IOP: Pre-Admission: LAR - IOP: :: Kristin Furuichi

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Insurance Verification

Randall Clark Morrison
Current Address:
2835 Hillside Dr
Burlingame, CA 94010

DOB: 10/03/1961
SSN:
Phone: 415-265-1107

Subscriber's name Randall Morrison	Subscriber's SSN	Subscriber's DOB 10/03/1961
Relationship Self	Subscriber Employer Insurance Company CIGNA Health Plan	
Insurance Phone	Policy No. U69724284	Group ID
<u>Plan type</u>		
Initial coordinator n/a	Initial date/time n/a	
Rate type	Plan year calendar	Confirmation #
Effective 02/01/2021	Active YES	COBRA NO
Precert penalty YES	Precert penalty terms" will not pay	Pre-Existing NO
		Pre existing terms

Substance Abuse Benefits

DED	DED met	OOP	OOP met
2500	1675.59	60000	1675.59

Precertification required for: Detox - UHC, Residential 3.5, PHP, IOP, OP

	Amount	%	Days/Yr	Days used	Lifetime limits	Lifetime limits used
Detox - UHC Benefits		60%				
Residential 3.5 Benefits		60%				
PHP Benefits		60%				
IOP Benefits		60%				
OP Benefits						

Mental Health Benefits

DED DED met OOP OOP met

Precertification required for:

	Amount	%	Days/Yr	Days used	Lifetime limits	Lifetime limits used
Detox - UHC Benefits						
Residential 3.5 Benefits						
PHP Benefits						
IOP Benefits						
OP Benefits						

UA Benefits

DED DED met OOP OOP met

Precertification required for:

	Amount	%	Days/Yr	Days used	Lifetime limits	Lifetime limits used
Detox - UHC Benefits						
Residential 3.5 Benefits						
PHP Benefits						
IOP Benefits						
OP Benefits						

JACHO / CARF Detox & Res ONLY: NO

OOP / Deductible Combined: NO

State License Sufficient: NO

Precertification Company

Bill to name

CIGNA Health Plan

Claims Address

License requirements

Phone

Payer ID

Pharmacy Benefit RX

NO

RX Phone

Comment

DETOX 3000-2500 rtc 3000 php 450-300 iop 350-300

Rounds

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Reflections Pre-Admission Assessment**Initial Call Information**

Date: 12/18/2025

Lead Source:

Information Collected from:

Kristin

Referent Name:

Alumni

Client Information**Client Name:**Randall Clark Morrison **DOB:** 10/03/1961 **Age:**64 **Phone #:** 4152651107**Client Address:** 2835 Hillside Dr
Burlingame, CA 94010**Client Occupation:**

Lawyer

Marital Status: Married**Current living arrangements and is this conducive to sobriety:**

Lives at home with family, conducive to sobriety.

Birth Gender:

Male

Identified Gender:

Male

Can you read and write in english?**Do you require interpretive services?**

No

Current treating professionals (Psychiatric, PCP, Therapist, Other)

Name	Provider Type	Contact Information (PHONE/EMAIL)
Chanelle Rodriguez, FNP One Medical	PCP	One Medical
Dr. Michael Hoefer	Psychiatrist	Tiburon
Michelle Bonsignore	Therapist	

Presenting Information**Why are you reaching out for help now?**

Clark was able to stay sober for about a year after being with us in 2024 but relapsed to MDMA and then alcohol recently. He admits to have been struggling with cravings for a while, that the holidays are particularly triggering. He's been drinking 1 1/2 pints of vodka a day for the past week.

How have your issues been affecting your life (work/school/family/ relationships)?

He says life at home it tough, but that his daughter is very proud of him for reaching out for help. He said work at the law firm is fine, it's just stressful and hard to keep up with the work.

What do you hope to get out of treatment (expectation/goals):

He can only commit to detox at this time, but really wants help with getting grounded in living a permanently sober lifestyle.

What mental health and/or substance use diagnoses have you received (current and in the past)?

Depression

In the past few weeks, has your drug/alcohol use or mental health issues lead to any of the following?

Loss of energy or interest in activities:

Yes

Social Withdrawal:

Yes

Problem with ADL's (dressing, grooming, toileting, bathing, transferring, ambulating, eating):

No

Substance Abuse/Addiction Information

Are you currently using or do you have a history of using drugs or alcohol?

Yes

No

Alcohol

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Alcohol	1 - 1 1/2 Pints of vodka last 3 - 4 days		16	Last night	1 1/2 pints of vodka

Opiates None

None

Sedatives/Benzodiazepines

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Valium/Diazepam	Only when in detox treatment				NA
Klonopin/Clonazepam	NA				
Xanax/Alprazolam	NA				
Ativan/Lorazepam	NA				
Ambien/Lunesta	NA				
Librium/Chlordiazepoxide	NA				

None

Marijuana None

Cocaine/Stimulants

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
Cocaine	A few lines a day several times a week for a period of a year in 2013.		50	50	NA
Meth	NA				
RX	NA				

None

Hallucinogens

	Amount/Frequency/Route	Duration of Use	Age of 1st Use	Last Use	Amount used in last 24-48 hours
LSD	NA				
Mushrooms	NA				
Ecstasy	Tried using for the first time due to stress and discomfort. Led him back to alcohol.		64	1 1/2 weeks ago	NA
Ketamine	NA				

None

Others None

History of Seizure?:

NA

Longest Period of Sobriety and When:

1 year after Refelctions in 2024

When you stop using, do you have a history of withdrawal symptoms?:

Yes

No

If yes, explain

Nausea, tremors

Have you struggled with any other forms of addiction such as gambling, spending internet, pornography, sex and love?

Denies

Do you currently smoke or use nicotine products?:

	TYPE	Amount/Frequency/Route
	NA	

Mental Health Information

Have you ever been psychiatrically hospitalized or had psychiatric ER visit? No

DEPRESSION

Have you ever experienced any of the following symptoms of Depression? Struggled with depression for many years, never any suicidal ideation or intent

Hopelessness (Ex. Things are never going to get better):

Yes

If admits, describe previous history and current:

Helplessness (Ex. No kind of treatment will make me feel better. Nothing/No one can Yes

help me):

If admits, describe previous history and current:

Worthlessness: Yes

If admits, describe previous history and current

Decreased Energy or Motivation: Yes

If admits, describe previous history and current:

Have you ever had problems with your sleep? No

Have you ever had problems related to food/eating behaviors?

Diagnosis:

Date

Willing to continue in ED treatment as part of programming?

ANXIETY

Have you ever experienced any of the following symptoms of anxiety?

Panic Attacks: No

Restlessness/Inability to sit still: No

Obsessive Thoughts: No

Compulsive Behaviors: No

Phobias: No

Hyperactivity/Concentration Issues: No

Other Symptoms of Anxiety:

MANIA

Have you ever experienced mania? No

Have you ever experienced feelings of being superior to others, being exceptional/unique, hypersexuality, or inability to slow down? No

PSYCHOSIS

Have you ever experienced thoughts, seen or heard things, that did not seem real or that you question? No

TRAUMA

Have you ever experienced trauma including abuse, neglect, or exploitation or natural disaster? Yes

Describe previous history and current:

Childhood trauma and ptsd,

Have you ever felt that you were exploited in exchange for using substances?

No

BEHAVIORAL RISK FACTORS

Putting self or others in dangerous situations:

Denies

Aggression/Violence towards others: No

Legal History Information

Any current or history of legal charges or convictions?

2 back to back DUIs in 2023

Have you ever been charged or convicted of a sex crime, or are a registered sex offender? Yes No N/A

LEGAL CHARGES	DATE ADJUDICATED	EXPLANATION

Initial Evaluation of Risk to Self/Others Information

Current Suicidal/Homicidal Behaviors

Do you have any recent suicide attempts? No

Do you currently have suicidal ideations or are making threats? No

Do you currently have homicidal ideations or are making threats? Do you currently have homicidal ideations or are making threats? No

Is the ideation repetitive or persistent? No

Does the Client have a specific plan? No

Does the ideation involve serious/lethal intent? No

Does the ideation have delusional or hallucinatory content? No

History of Suicidal/Homicidal/Assaultive Behaviors

Have you ever had suicidal thoughts? No

Have you ever purposely inflicted harm on yourself? No

Hospitalization or medical attention required? No

Have you ever had thoughts about harming someone else? No

Have you ever assaulted or been aggressive towards others? No

Have you ever caused physical harm to self/others while in an intensive treatment setting? No

Current and Prior Treatment Information

Are you currently in a hospital or medical facility? No

Have you received any additional mental health, substance abuse, medical treatment or therapy in the past?

TREATMENT TYPE	FACILITY	LOCATION	DATES OF TREATMENT	DAYS	PROBLEM/DIAGNOSIS/REASON
DTX and RTC	LAR	Novato, CA	2023 and 2024	several dtx stays and one res stay for 30 days	AUD
RTC	Serenity Knolls, CA		2023	2 weeks	AUD

Do you have any history of not completing treatment programs (i.e. leaving against clinical advice or being administratively discharged): No

Medical History and Conditions Information**Current Prescription Medications**

Are you currently prescribed any medications, or taking any supplements or over the counter medications?

NAME OF MEDICATION	DOSAGE	FREQUENCY	DURATION	PREScriber	REASON PRESCRIBED
Lisinopril	Unsure of dosage	Daily			Blood pressure
Lexapro	Unsure of dosage	Daily			Depression
Rosuvastatin	Unsure of dosage	Daily			Cholesterol
Trazodone	Unsure of dosage	Daily			Sleep
Antabuse	Unsure of dosage	Daily	1 year		AUD

Do you require any injectable medication? (insulin, testosterone, etc.):

NA

Can you self-administer?

Have you ever taken more than prescribed of these medications or run out of medications early? No

Are there any medical conditions you are currently being treated for? No

Are you currently exhibiting any COVID-like symptoms or believe you might have COVID? Yes No

Have you been exposed to anyone with COVID within the last 72 hours? Yes No

Do you have any allergies - Food/Drug/Environmental? No

Do you have any dietary restrictions that we need to inform the chef about? No

Do you have any issues walking up and down stairs independently without assistance? No

Do you have any history of falls? No

Do you have any visual or hearing impairments that would prevent you from being able to evacuate the building unassisted in the event of an emergency? No

Do you have issues with memory, comprehension, or any other symptoms of cognitive impairments/issues:

Denies

Do you use any special medical equipment?

Hearing aids, cpap machine and mouth guard

Do you have any easily transmittable and/or untreated infectious conditions? No

Provide details, if selected Other:

Are you under the care of a physician? No

Are you currently pregnant or do you suspect that you may be pregnant?

Kristin Furuichi (Staff), 12/18/2025 11:11 AM

Reviewed by

Ellen Barbieri, NP (Review), NPI Number 1134929573, DEA mb9534822, 12/18/2025 11:38 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

COVID-19 Pre-Admission Screening Questionnaire 12/19/2025 02:12 PM

Date/Time: 12/19/2025 02:12 PM

Living at Reflections, LLC

COVID-19 Pre-Admission Screening Questionnaire

Client Name: Randall Clark Morrison

It is the intent of LAR to protect our current clients from exposure to COVID-19 and use Universal Precautions at all times. LAR will follow the guidance for healthcare facilities from the Centers for Disease Control and Prevention (CDC). Therefore, we are unfortunately not able to allow any visitors who may have been in contact with someone with COVID-19 OR who are exhibiting flu-like symptoms.

Pre-Admission Screening for Clients Scheduled to Admit:

- | | | |
|--|------------------------------|--|
| 1. Are you experiencing flu-like symptoms, such as fever, cough, or shortness of breath? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. In the last 14 days have you traveled to a high-risk area for transmission of COVID-19? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 3. Have you been in close contact with someone confirmed or who is being evaluated for COVID-19? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

If "Yes" is answered to any of the above questions, advise the individual to seek an immediate medical evaluation.

Are you at risk for severe COVID-19 symptoms:

- | | | |
|--|------------------------------|--|
| 1. Do you have a history of respiratory illness? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Are you immunocompromised? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 3. Are you over the age of 60? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

Information to Communicate:

In addition to asking the above Pre-Admission Screening questions, briefly review the following process with the client so they understand what to expect when they arrive at the facility:

1. Clients will be asked by a staff prior to traveling to the facility:

- A) Are you experiencing flu-like symptoms, such as fever, cough, or shortness of breath?

Denies

- B) Have you been in close contact with someone confirmed or who is being evaluated for COVID-19?

Denies

- C) Have you been fully vaccinated for COVID-19? Yes No

- D) What vaccine did you receive and on what date?

Can't recall dates can provide proof. Received Pfizer

E) Have you tested positive for COVID-19? If so what was the date of your positive test?

Denies

1. Client should also be informed:

1. They will be asked to engage in washing their hands upon arrival to the facility
2. After they have washed their hands and are signing into the facility they will be asked screening questions again
3. The facility will all clients and visitors with a Universal Precautions Information Sheet
4. If a Client answers "yes" to either screening question they will not be allowed to visit and will be advised to seek a medical evaluation as soon as

What to Expect When arriving for Admission:

- a. Clients/Family will be met in the lobby and informed we are following Universal Precautions Protocols. They will be asked to wash their hands upon arrive and prior to entering common areas/offices
- b. The Client/Family will be asked Pre-Admission screening questions by the nurse or designee within 60 minutes of arrival and:
 - i. Check for fever
 - ii. Listen for respiratory issues

The staff's signature below is verification that all the above information was obtained from and communicated with the client prior to traveling to the facility for admission. Upon completion of this form it should be attached to the clients record in KIPU.



Irma Martinez, LPT (Staff), 12/19/2025 04:57 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Assignment of Primary Therapist 12/18/2025

Client was accepted into program for assessment and treatment. His/her primary therapist is named below.

Primary Therapist

Primary Therapist

Sharon Johnson, LCSW

Assigned on

12/18/2025

Evaluation Date: 12/18/2025

Comments

A handwritten signature in blue ink, appearing to read 'KC'.

Kristin Furuichi (Staff), 12/18/2025 11:50 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC

Consent For Treatment & Conditions Of Admission

- 1. **Consent:** I voluntarily consent to this admission to Living at Reflections, LLC .
- 2. **Emergency Treatment and/or Hospital Transfer:** I understand that while at Living at Reflections, LLC, the need for emergency treatment and/or transfer to a hospital may become necessary and appropriate. Should the need for such treatment and/or transfer be deemed necessary and appropriate by my attending physician, his/her assistants, and designees, I consent to such emergency treatment and/or transfer to a hospital and hereby indemnify Living at Reflections, LLC and its staff, or any physician who may be in attendance, from any loss resulting from such emergency treatment and/or transfer.
- 3. **Medical Consent:** The Client is under the care of his/her attending physician, or the physician assigned by Living at Reflections, LLC, and the undersigned consents to examination and laboratory procedures. Medical treatment is rendered under the order of the physician or his/her designee.
- 4. **Drug Screen Consent:** I further understand that part of the treatment offered by Living at Reflections, LLC may require my submitting to urinalysis for drug/alcohol content, psychological testing, and other such similar procedures and that the consent that I have given in this document shall include, but not be limited to, the same. The results of urinalysis will be used for treatment planning purposes, will not be used for terminating treatment planning purposes, and will not be released without Patient consent. Federal regulations prohibit making any further disclosure of this information unless expressly permitted by written consent of the person whom it pertains or as otherwise permitted by CFR 42, part 2.
- 5. **Conditions of Treatment:** I acknowledge and understand that the practice of substance abuse treatment is not an exact science and that no promises or guarantees have been made to me regarding the final outcome of my treatment by Living at Reflections, LLC. I do hereby absolve Living at Reflections, LLC from any liability in the event that its treatment of my person is unsuccessful either in the short or long term or any events that may occur due to my addiction and/or treatment.
- 6. **Rules & Regulations:** I hereby agree to comply with and abide by the policies, rules, and regulations of Living at Reflections, LLC in my treatment. Client acknowledges that they may not be eligible for all treatment services without COVID-19 vaccination.
- 7. **Release of Information:** Living at Reflections, LLC may disclose all or any part of the Patient's record to any person or corporation which is or may be liable under a contract to Living at Reflections, LLC, or to the Patient, or to a family member of Client, for all or part of the facility charges. Living at Reflections, LLC may further disclose all or said part of the Client's record to the referring doctor, hospital, clinic, and in case of minors, may disclose aftercare forms to the Client's school system.
- 8. **Personal Valuables:** Living at Reflections, LLC shall not be liable for any loss of or damage to any money, jewelry, eyeglasses or contact lenses, dentures, documents, or any other articles of value.
- 9. **Drugs:** The Client shall neither use nor keep any drugs or drug appliance/apparatus not prescribed by or on behalf of the attending physician. All medications should be dispensed/taken as directed by the physician during the Client's current stay. Any such contraband found in the Client's possession will be removed and destroyed.
- 10. **AI:** I understand and consent to the secure transcribing of my individual sessions using HIPAA-compliant AI tools through Perspectives Health for the purpose of generating clinical and peer documentation, with access limited to authorized staff, and acknowledge that this process complies with all applicable privacy regulations (including HIPAA and 42 CFR Part 2) while supporting my providers in focusing more directly on my care.
- 11. **Photograph:** I understand and consent I may be under camera surveillance for my safety and protection. I, consent to be photographed by Living at Reflections, LLC staff upon admission. These photographs are to remain as part of the permanent medical record and not otherwise disseminated without the client's specific consent.
It is the policy of Living at Reflections, LLC that the photo and camera surveillance is for therapeutic purposes and will be conducted upon consent of the client and only with approved equipment. I knowledge that I may decline from being under being under camera surveillance while at Living at Reflections, LLC for my safety and protection. In the event that I decline, I understand that I will not be allowed to remain in treatment.

The undersigned certifies to understand and agree to the above, receiving a copy thereof, and is the Client, or is duly authorized by and on behalf of the Client to execute the above and accepts its terms personally and upon the Client's behalf.

Certified Forms Library, ©2015 MBHC and Kipu Systems® LP-IO-0003-130902



Randall Clark Morrison (Client), 12/19/2025 04:16 PM
Staff present: James A. Hayes,, Program Assistant

This form expires on 12/19/2026 04:16 PM.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Activities Release and Waiver of Liability

Notice: This form contains a release and waiver of liability and when signed is a contract between the undersigned participant and Living at Reflections, LLC with legal consequences. Please read this Agreement, consisting of one (1) pages in its entirety, carefully before signing your name at the bottom of the page. This form must be signed in the presence of one (1) witness who should sign as witness.

Date of Execution of Release and Waiver of Liability:

The undersigned agrees that this "Activities Release and Waiver of Liability" form agreement is valid from the date of execution through the date of discharge.

Acknowledgments and Representations by Client:

The undersigned is currently a client of Living at Reflections, LLC. The undersigned has voluntarily consented to participate in voluntary sports activities or voluntary physical activities such as yoga, basketball, and other such type of voluntary sports or physical activities, which may not be specifically identified herein, while being a client at such facility. The undersigned acknowledges and represents that his participation in such sports activities and physical activities is not a mandatory requirement of Living at Reflections, LLC, and that any participation by the undersigned in any and all sports related activities and physical activities, is purely voluntary and of the undersigned's own free will. The undersigned acknowledges and represents that there has been no coercion or force on the part of Living at Reflections, LLC for the undersigned to execute this release and waiver of liability agreement. The undersigned has knowingly, freely and voluntarily consented to execute this release and waiver of liability agreement. The undersigned acknowledges and understands that it is the undersigned's sole decision to participate in such voluntary activities. The undersigned acknowledges and represents that he has been informed that he has an absolute right to refuse to participate in any and all sports related activities or physical activities.

To Living at Reflections, LLC, Inc.: In consideration of the opportunity afforded to me, by Living at Reflections, LLC, to participate in voluntary sports activities or voluntary physical activities such as yoga, basketball, and any other similar types of voluntary sports or physical activities which may not be specifically identified herein, the undersigned client freely agrees to make the following contractual representations and agreements with Living at Reflections, LLC.

The undersigned client, does hereby knowingly, freely, and voluntarily assume all liability for any damage or injury that may occur as a result of my (or my dependent/ward) participation in the activities described herein and agree to release, waive, discharge, and covenant not to sue Living at Reflections, LLC, its officers, agents, employees, and volunteers from any and all liability or claims that may be sustained by me or a third party directly or indirectly in connection with, or arising out of participation in the activities described herein, whether caused in whole or in part by the negligence of Living at Reflections, LLC, or otherwise.

The undersigned client, has read this form, fully understand its terms, and understand that, I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law, and I agree that if any portion of this contract is held to be invalid the balance notwithstanding, shall continue in full legal force and effect.

I also agree, that the rules provided to me by the Living at Reflections, LLC, will be followed during the course of my voluntary participation in the activities described herein. Otherwise, my privilege of participating in such activities will be revoked immediately. Each client must sign a release and waiver of liability form in order to participate in the voluntary activities described herein. I acknowledge that due to the nature of the activities described herein, Living at Reflections, LLC staff will not be able to prevent injuries from occurring during the course of such activities; therefore, I am choosing to participate in such activities at my own risk and agree to assume all risks associated therewith.

Indemnification of Living at Reflections, LLC: The undersigned client shall at all times hereafter indemnify, hold harmless and, at Living at Reflections, LLC Attorney's option, defend or pay for an attorney selected by Living at Reflections, LLC to defend Living at Reflections, LLC, its officers, agents, servants, and employees against any and all claims, losses, liabilities, and expenditures of any kind, including attorney fees, court costs, and expenses, caused by negligent act or omission of the client, other clients, Living at Reflections, LLC, its employees, agents, servants, or officers, or accruing, resulting from, or related to the undersigned client engaging in any voluntary sports activities or voluntary physical activities such as volleyball, aerobics, and any other similar types of voluntary sports or physical activities which may not be specifically identified herein, including, without limitation, any and all claims, demands, or causes of action of any nature whatsoever resulting from injuries or damages sustained by any person or property. The provisions of this section shall survive the expiration or earlier termination

of this Agreement or the discharge of the client from the residential/outpatient facility operated by Living at Reflections, LLC.

Venue: This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of California. Venue for litigation concerning this Agreement shall be in Los Angeles County.



Randall Clark Morrison (Client), 12/19/2025 04:16 PM

Staff present: James A. Hayes,, Program Assistant

This form expires on 12/19/2026 04:16 PM.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC

Client Rights

In accordance with Title 9, Chapter 5, Section 10569, of the California Code of Regulations, each person receiving services from a residential alcoholism or drug abuse recovery or treatment facility shall have rights which include, but are not limited to, the following:

- 1) To be treated for the life-threatening, chronic disease of substance use disorder with honesty, respect, and dignity, including privacy in treatment and in care of personal needs
- 2) To be informed by the treatment provider of all the aspects of treatment recommended to the client, including the option of no treatment, risks of treatment, and expected result or results
- 3) To be treated by treatment providers with qualified staff
- 4) To receive evidence-based treatment
- 5) To be treated simultaneously for co-occurring behavioral health conditions, when medically appropriate and the treatment provider is authorized to treat co-occurring conditions
- 6) To receive an individualized, outcome-driven treatment plan 2
- 7) To remain in treatment for as long as the treatment provider is authorized to treat the client
- 8) To receive support, education, and treatment for their families and loved ones, if the treatment provider is authorized to provide these services
- 9) To receive care in a treatment setting that is safe and ethical
- 10) To be free from mental and physical abuse, exploitation, coercion, and physical restraint
- 11) To be informed of these rights once enrolled to receive treatment, as evidenced by written acknowledgment or by documentation by staff in the clinical record that a written copy of these rights were given
- 12) To be informed by the treatment provider of the law regarding complaints, including, but not limited to, to be informed of the address and telephone number of DHCS
- 13) To receive ethical care that covers and ensures full compliance with the requirements set forth in Chapter 5 (commencing with Section 10500) of Division 4 of Title 9 of the California Code of Regulations and the alcohol and other drug program certification standards adopted in accordance with Section 11830.1, if applicable

COMPLAINTS

In accordance with Title 9, Chapter 5, Section 10543(a), of the California Code of Regulations, any individual may request an inspection of an alcoholism or drug abuse recovery or treatment facility. Complaints should be directed to:

Department of Health Care Services Licensing and Certification Branch, MS 2600

PO Box 997413

Sacramento, CA 95899-7413

Attention: Complaint Coordinator

(916) 324-4505

FAX (916) 322-2658

TDD: (916) 445-1942

Acknowledgement

I have been personally advised and have received a copy of my personal rights and have been informed of the provisions for complaints at the time of my admission to Living at Reflections, LLC.

Complaints / Grievances

A client has the right to submit a complaint / grievance without retaliation or barriers to services either verbally or in writing to their primary therapist. If the client feels that their issues were not resolved by their primary counselor, they have the right to have their complaint / grievance reviewed by the Clinical Director for consideration. If the issue remains unresolved to the client's satisfaction, the complaint will be forwarded to the Living at Reflections, LLC Executive Director for final consideration and resolution.

- The client will be enabled to discuss their concerns / issues with their primary therapist.
- If not resolved, the client will be enabled to request, in writing, a meeting with the Clinical Director.
- The Clinical Director must meet with the client within three business days of receipt of the written request, and must respond within two business days of the meeting.
- If not resolved, the client may request that the issue be addressed by the Living at Reflections, LLC Executive Director. The facility Executive Director will contact the client to review the grievance within two business days.
- The decision of the Living at Reflections, LLC Executive Director will be rendered within three (3) business days and is final.
- Clients have the right to request that a witness or client advocate of their choice be available for assistance.
- If the client's complaint / grievance relates to the facility Executive Director the complaint / grievance will be forwarded to the next highest person in the reporting chain.



Randall Clark Morrison (Client), 12/19/2025 04:16 PM
Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC

Confidentiality & Limits of Confidentiality of Mental Health, Alcohol & Drug Abuse Client Records

The confidentiality of mental health, alcohol abuse, drug abuse, and/or eating disorder Client records maintained by this program is protected by Federal laws and regulations. The limits of confidentiality include that the program may not say to a person outside the program that a Client attends the program or disclose any information identifying a Client as an alcohol or drug abuser, UNLESS:

1. The Client consents in writing;
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.
4. Suspected child or elderly abuse or neglect from being reported under State law to appropriate State or local authorities.
5. Any information about a crime committed by a Client either at the program or against any person who works for the program or about any threat to commit such a crime.
6. Any threats to self or to others.

Violation of the Federal laws and regulations by a program is a crime. Suspected violations may be reported to the appropriate authorities in accordance with Federal regulations.

Federal laws and regulations do not protect any information about a crime committed by a Client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child or elderly abuse or neglect from being reported under State law to appropriate State or local authorities.

I understand that my records are protected under Federal Confidentiality regulations (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations) published August 10, 1987, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug or alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions.

Uses and Disclosure of Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

This notice is effective as of April 15, 2003

USES AND DISCLOSURE OF HEALTH INFORMATION

Living at Reflections, LLC is committed to protecting the privacy of the personal and health information we collect or create as part of providing health care services to our clients, known as "Protected Health Information" or "PHI". PHI typically includes your name, address, date of birth, billing arrangements, care, and other information that relates to your health, health care provided to you, or payment for health care provided to you. PHI DOES NOT include information that is de-identified or cannot be linked to you.

This notice of Health Information Privacy Practices (the "Notice") describes Living at Reflections, LLC's duties with respect to the privacy of PHI, Living at Reflections, LLC's use of and disclosure of PHI, client rights and contact information for Powered by Kipu Systems

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comments, questions, and complaints.

Living at Reflections, LLC'S PRIVACY PROCEDURES AND LEGAL OBLIGATIONS

Living at Reflections, LLC obtains most of its PHI directly from you, through care applications, assessments and direct questions. We may collect additional personal information depending upon the nature of your needs and consent to make additional referrals and inquiries. We may also obtain PHI from community health care agencies, other governmental agencies or health care providers as we set up your service arrangements.

Living at Reflections, LLC is required by law to provide you with this notice and to abide by the terms of the Notice currently in effect. Living at Reflections, LLC reserves the right to amend this Notice at any time to reflect changes in our privacy practices. Any such changes will be applicable to and effective for all PHI that we maintain including PHI we created or received prior to the effective date of the revised notice. Any revised notice will be mailed to you or provided upon request.

Living at Reflections, LLC is required by law to maintain the privacy of PHI. Living at Reflections, LLC will comply with federal law and will comply with any state law that further limits or restricts the uses and disclosures discussed below. In order to comply with these state and federal laws, Living at Reflections, LLC has adopted policies and procedures that require its employees to obtain, maintain, use and disclose PHI in a manner that protects client privacy.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Except as outlined below, Living at Reflections, LLC will not use or disclose your PHI without your written authorization. The authorization form is available from Living at Reflections, LLC (at the address and phone number below). You have the right to revoke your authorization at any time, except to the extent that Living at Reflections, LLC has taken action in reliance on the authorization.

The law permits Living at Reflections, LLC to use and disclose your PHI for the following reasons without your authorization:

For Your Treatment: We may use or disclose your PHI to physicians, psychologists, nurses, Pharmacies and other authorized healthcare professionals who need your PHI in order to conduct an examination, prescribe medication or otherwise provide health care services to you.

To Obtain Payment: We may use or disclose your PHI to insurance companies , government agencies or health plans to assist us in getting paid for our services . For example, we may release information such as dates of treatment to an insurance company in order to obtain payment.

For Our Health Care Operations: We may use or disclose your PHI in the course of activities necessary to support our health care operations such as performing quality checks on your employee services. We may also disclose PHI to other persons not in Living at Reflections, LLC's workforce or to companies who help us perform our health services (referred to as "Business Associates") we require these business associates to appropriately protect the privacy of your information .

As Permitted or Required By The Law: In some cases we are required by law to disclose PHI. Such as disclosers may be required by statute, regulation court order, government agency, we reasonably believe an individual to be a victim of abuse, neglect or domestic violence: for judicial and administrative proceedings and enforcement purposes.

For Public Health Activities: We may disclose your PHI for public health purposes such as reporting communicable disease results to public health departments as required by law or when required for law enforcement purposes.

For Health Oversight Activities: We may disclose your PHI in connection with governmental oversight, such as for licensure, auditing and for administration of government benefits. The California Department of Human Services is an example of an agency that oversees Living at Reflections, LLC's operations.

To Avert Serious Threat to Health and Safety: We may disclose PHI if we believe in good faith that doing so will prevent or lessen a serious or imminent threat to the health and safety of a person or the public.

health related products or services that may be of interest to you, such as health care providers or settings of care or to tell you about other health related products or services offered at Living at Reflections, LLC. You have the right not to accept such information.

Incidental Uses and Disclosures: Incidental uses and disclosures of PHI are those that cannot be reasonably prevented, are limited in nature and that occur as a by-product of a permitted use or disclosure. Such incidental used and disclosures are permitted as long as Living at Reflections, LLC use reasonable safeguards and use or disclose only the minimum amount of PHI necessary.

To Personal Representatives: We may disclose PHI to a person designated by you to act on your behalf and make decisions about your care in accordance with state law. We will act according to your written instructions in your chart and our ability to verify the identity of anyone claiming to be your personal representative.

To Family and Friends: We may disclose PHI to persons that you indicate are involved in your care or the payment of care. These disclosures may occur when you are not present, as long as you agree and do not express an objection. These disclosures may also occur if you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest. We may also disclose limited PHI to public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other person that may be involved in caring for you. You have the right to limit or stop these disclosures.

YOUR RIGHTS CONCERNING PRIVACY

Access to Certain Records: You have the right to inspect and copy your PHI in a designated record set except where State law may prohibit client access. A designated record set contains medical and billing and case management information. If we do not have your PHI record set but know who does, we will inform you how to get it. If our PHI is a copy of information maintained by another health care provider, we may direct you to request the PHI from them. If Living at Reflections, LLC produces copies for you, we may charge you up to \$1.00 per page up to a maximum fee of \$50.00. Should we deny your request for access to information contained in your designated record set, you have the right to ask for the denial to be reviewed by another healthcare professional designated by Living at Reflections, LLC .

Amendments to Certain Records: You have the right to request certain amendments to your PHI if, for example, you believe a mistake has been made or a vital piece of information is missing. Living at Reflections, LLC is not required to make the requested amendments and will inform you in writing of our response to your request.

Accounting of Disclosures: You have the right to receive an accounting of disclosures of your PHI that were made by Living at Reflections, LLC for a period of six (6) years prior to the date of your written request. This accounting does not include for purposes of treatment, payment, health care operations or certain other excluded purposes, but includes other types of disclosures, including disclosures for public health purposes or in response to a subpoena or court order.

Restrictions: You have the right to request that we agree to restrictions on certain uses and disclosures of your PHI, but we are not required to agree to your request. You cannot place limits on uses and disclosures that we are legally required or allowed to make.

Revoke Authorizations: You have the right to revoke any authorizations you have provided, except to the extent that Living at Reflections, LLC has already relied upon the prior authorization. The revocation must be done in writing on the ROI that is being revoked.

Delivery by Alternate Means or Alternate Address: You have the right to request that we send your PHI by alternate means or to an alternate address.

Complaints & How to contact us: If you believe your privacy rights have been violated, you have the right to file a complaint by contacting Living at Reflections, LLC at the address and/or phone number indicated below. You also have the right to file a complaint with the Secretary of the United States Department of Health and Human Services in Washington,D.C. Living at Reflections, LLC will not retaliate against you for filing a complaint.

If you believe your privacy rights have been violated, you may make a complaint by contacting Linda Potere, HIPAA Privacy Officer at (800) 368-1019 or the Secretary for the Department of Health and Human Services. No individual will be retaliated
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against for filing a complaint.

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: 1-877-696-6775

Please be aware that mail sent to the Washington D.C. area offices takes an additional 3-4 days to process due to changes in mail handling resulting from the Anthrax crisis of October 2001.

RESTRICTION REQUEST:

I request a restriction on the Use or Disclosure of my following information:

n/a

CLIENT TO BE GIVEN A COPY ALONG WITH A COPY TO FILED IN CLIENT CHART

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

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- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: October 11, 2013



Randall Clark Morrison (Client), 12/19/2025 04:17 PM
Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC

Consent for Camera Surveillance & Therapeutic Photograph

I, Randall Clark Morrison, consent to be photographed by Living at Reflections, LLC staff upon admission. These photographs are to remain as part of the permanent medical record and not otherwise disseminated without the patient's specific consent.

It is the policy of Living at Reflections, LLC that the photo and camera surveillance is for therapeutic purposes and will be conducted upon consent of the patient and only with approved equipment.

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Randall Clark Morrison (Client), 12/19/2025 04:18 PM
Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Confidentiality

To reinforce the feelings of closeness and willingness to share with others your feelings, thoughts, and consequences of your dependency, confidentiality is a must in group therapy. Use this as your golden rule: **What is said in Group, stays in Group.** To break this rule violates the trust of the total group and the effectiveness of group therapy is lost.

The following guidelines will help you maintain this rule:

1. Group issues are not discussed with others outside your group.
2. Do not discuss group issues with your roommate unless he/she is in your group.
3. Do not discuss at any outside meetings or places where others may overhear you.

Your group therapists have the same responsibilities for group confidentiality as you, with the exception that your therapists share group issues and your participation in the group process with other staff members. This is a vital part of the staff team's approach to assist you in your recovery.

The staff values your confidentiality so highly that anyone who breaks confidentiality - whether to another patient of Living at Reflections, LLC or to family, significant others, etc., may be subject to discharge from this program.



Randall Clark Morrison (Client), 12/19/2025 04:18 PM
Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Liability Waiver for Gym, Pool, and Outing Events

The undersigned and the undersigned's heirs, executors, and administrators hereby waive and forever release and discharge Living at Reflections, LLC, its owners, staff, and sponsors of and from any and all claims, suits, or rights for damages for personal property damage and/or physical injury which may be sustained or which occurs during participation in physical and/or recreational activities off-campus and/or on campus at any Reflections property including but not limited to the gym or the pool utilized or any other Reflections or non-Reflections property at Living at Reflections, LLC that may occur to or from the physical and/or recreational activity, whether or not such injury or property damage or loss is caused by, is connected to, or arises out of any acts or omissions or the negligence of Living at Reflections, LLC, its owners, staff, and sponsors.

According to Federal Regulations for Client Confidentiality and Protected Health Information, I agree not to disclose to any and all persons while at the gym that I am a client of Living at Reflections, LLC, about my own or others' purpose for being at and/or participating in any and all activities.

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Randall Clark Morrison (Client), 12/19/2025 04:18 PM
Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

LIVING AT REFLECTIONS, LLC

Program and House Rules - Simmons

Living at Reflections, LLC warmly welcomes you to our Simmons facility. We have implemented the following rules in order to maintain your safety and the safety of all clients and staff:

PROCEDURE:

- Clients are to remain within the grounds of Reflections at all times unless accompanied by a staff member or given a pass to go off premises. DO NOT LEAVE the property without clinical permission.
- Cell phone use is permitted during non-program times. That is before 8:00 am, during breaks from groups and individual sessions, and after 4pm.
- Please do not bring cell phones to groups. Using your phone during groups is disrespectful and distracting.
- The Living Room TV is restricted to hours from 6:00am to 8:00am and 4:00pm until lights out Monday through Friday, and 6:00am until lights out Saturday and Sunday. Appropriateness of TV/media content will be monitored by staff. Inappropriate content includes, but is not limited to pornography, excessive profanity, negative drug/alcohol influence, inappropriate violence, racial propaganda, and glamorizing eating disorders.
- Medications are available during the following times or when medically indicated:
 - 7:00am – 9:00am
 - 11:00am – 1:00pm
 - 4:00pm – 6:00pm
 - 8:00pm – 10:00pm
- Clients are expected to do meds outside of group hours except when medically necessary.
- As part of the clinical program, all clients are required to attend a minimum of three (3) outside recovery-based support meetings per week. Acceptable meetings include, but are not limited to: 12 Step (AA, NA), SMART Recovery, Celebrate Recovery, Recovery Dharma, Refuge Recovery, LifeRing, or other approved peer-support groups.
- Clients are responsible for personal valuables and provided with personal safes in their individual bedrooms. Living at Reflections, LLC will maintain the combination codes to the safes. Safes are subject to search for the safety of clients and staff.
- Living at Reflections, LLC is not responsible for ANY LOST OR STOLEN PROPERTY.
- Items left at Reflections after 30 days will be disposed.
- Clients are required to maintain a clean and safe living space within their bedroom area.
- Clients may be subject to room changes during their stay in order to accommodate census changes at the facility.
- Clients may not bring alcohol, drugs, paraphernalia, or mind or mood altering substances into the facility.
- Clients may not bring weapons of any kind into the facility.
- Clients must provide a urine sample when requested (sample may or may not be observed).
- Clients may not have energy drinks on site.
- Other contraband may be confiscated and stored in client med box at staff discretion.
- No sexual, romantic, or exclusive relationships with other residents.
- No verbal or physical violence against clients, staff, or property of Living at Reflections, LLC. Physical violence includes pushing, shoving, or hitting others. Verbal violence includes making threats, yelling, using profanity, and name-calling.
- Clients are required to attend and participate in all groups, unless excused by the clinical staff.
- Clients are expected to maintain basic hygienic practices.
- Clients are required to maintain a respectful attitude toward staff
Clients are required to be respectful to other clients.
- Clients are to treat any on-site animals with respect and care. Animals have been pre-authorized to be at Living at Reflections, LLC and have passed health/safety/training requirements and are to be treated as a therapeutic asset.
- Guests visiting for any reason need to sign the Visitor Agreement and are not allowed in any clients' bedrooms or bathrooms for any reason.
- Clients are not allowed to enter other clients' bedrooms or bathrooms for any reason.

- Clients are not allowed to share personal items. This includes but is not limited to: phones, money, cigarettes/vape, clothes, accessories.
- Amazon and other like deliveries and drop offs, must be approved prior to ordering.
- Only non-refillable vaporizers are permitted.

FOOD AND KITCHEN:

Living at Reflections, LLC provides well-balanced and nutritious meals. The Executive Chef will discuss any dietary needs/requirements with the resident in order to ensure the client's diet is reflective of the appropriate foods they should eat.

- No clients allowed in main Kitchen area.
- Clients are responsible for clearing their dishes from the table and putting their dishes in the dishwasher.
- Any kitchen utensils or dishes needed will be provided.
- Coffee is available until 1pm.
- No Instacart or online food deliveries.
- Snacks are provided.

Mealtimes are the following:

Monday-Friday:

Breakfast: 7:00am - 8:00am

Lunch: 12:30pm - 1:00pm

Dinner: 5:00pm - 5:30pm

Saturday and Sunday:

Breakfast: 8:00am - 9:00am

Lunch: 12:30pm – 1:00pm

Dinner: 5:00pm - 5:30pm

VISITATION:

- Visiting hours are Saturday from 1:00pm - 5:00pm.
- Approved visitors are allowed on the first Saturday after completion of one week in the program. Clients must be off detox status and on residential status to have a visitor.
- All approved visitors must review and sign a copy of the Visitors Agreement at the front door.
- Visitors are not allowed to be in any client's bedroom or bathroom at any time.

FIRE SAFETY RULES

- There is **NO SMOKING** or Vaping allowed anywhere in the house. Smoking outside is permitted only in the designated area. Use provided ashtrays at all times.
- Unplug any appliances not in use (phone chargers, hair dryers, curling irons, hair straighteners, etc.)
- Never run cords under rugs. If a cord is hot or frayed, don't use it. Report anything that you might feel is a fire hazard or danger to a staff member immediately.
- All residents should know proper use and location of fire extinguishers. Fire extinguishers are checked monthly by the Program Manager.
- Do not tamper with any of the smoke alarms. NEVER remove the batteries. Staff is responsible for checking them and replacing batteries if needed.
- If the fire alarm goes off in the middle of the night and you smell smoke or see evidence of a fire, leave the house immediately-do not go back in. Stay close to the ground and crawl to the door-NEVER open a hot door.
- If there is a fire, yell 'FIRE', so that others can get out of the facility.
- Know escape routes and established meeting location.
- Call 911 to report the fire.
- Never try to be the hero and save a person; that is the responsibility of the fire department.
- Never attack a large fire on your own.
- Do use an extinguisher on small fires.

GENERAL FACILITY AND SAFETY RULES:

- Each resident is responsible for the windows in their assigned bed area. Never leave windows open when you leave.

- Never let someone into the house you don't know. Tell them to wait and get staff to address the people. Never allow an ex-resident into the house without staff permission.
- Never give out information about another client. If there are any questions asked, refer them to staff.
- Dress Code: Shirts, Pants, Shoes are required in all common areas (outside of bedrooms). Unacceptable attire includes, but is not limited to: micro-miniskirts, cut-off shorts, midriff tops, tube tops, see-through clothing, provocative attire, string bikinis, thongs, and clothing with drug, alcohol, and gang motifs.
- No pornography.
- Audio players are to be used in bedrooms and at poolside. Please be respectful and use headphones.
- In order to preserve confidentiality of all residents, there is to be no use of cameras, no taking photos, and no "Facetime" in the common areas.
- Pool rules are posted, please adhere. Clients must be on Residential status to use the Pool and Spa. Pool and Spa hours are 7am – 10pm.
- On-site Gym is available for use until 8:30pm.
- Television viewing is allowed during non-program hours, in the evenings, and weekends.
- Quiet time is after 10:00pm Sunday through Thursday.
- Lights out is at 11:30pm daily.

I have read and agree to the above rules and understand that staff may inform me of other facility rules at any given time, which I also agree to adhere to.

Drug and Alcohol Use Policy

I, Randall Clark Morrison, hereby agree to participate fully in all aspects of my treatment while at Living at Reflections, LLC.

I understand that while I am in treatment at Living at Reflections, LLC, I am expected to:

Please initial the following statements:

RMAbstain from the use of all illegal/non-prescribed substances and alcohol.

RMI understand that if I am prescribed any medication by any provider, I am expected to inform my attending clinician immediately.

RMI understand that frequent and random urinalysis and random breathalyzers are part of substance abuse treatment.

RMI agree to provide a urine drug sample (may be observed or supervised) and/or breathalyzer upon request.

RMI understand that refusal to provide a urinalysis or a breathalyzer when requested will be considered positive and may lead to discharge from the program.

RMI understand that absolutely no alcohol, drugs, or drug paraphernalia is permitted on the premises. I understand that anyone suspected of being under the influence of drugs or alcohol or who possesses any illicit drugs or alcohol may be required to leave the program immediately.

RMI understand that I cannot wear any clothing that glorifies or endorses the use of alcohol or drugs.

The above conditions have been explained to me and I fully understand my obligations while in treatment at Living at Reflections, LLC. I agree to abide by the conditions stated above.



Randall Clark Morrison (Client), 12/19/2025 04:19 PM
Staff present: James A. Hayes,, Program Assistant
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Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Transportation Release and Waiver of Liability

Notice: This form contains a release and waiver of liability and when signed is a contact between the undersigned Client and Living at Reflections, LLC with legal consequences. Please read this agreement in its entirety carefully before signing your name. This form must be signed in the presence of a witness who should sign as witness.

Client's Information:

Activities: This includes, but is not limited to: Transportation to the facility from the Client's residence, from the facility to the Client's residence, medication pick-up, and transportation to the nearest emergency services facility.

Date of execution of Release and Waiver of Liability: 12/19/2025. The undersigned agrees that this Release and Waiver of Liability agreement is valid from the date of execution through the date of discharge from Residential, Partial Hospitalization or Intensive Outpatient Programs operated by Living at Reflections, LLC.

Name of Facility: Living at Reflections, LLC

Client's Full Name: Randall Clark Morrison

Acknowledgements and Representations by Client:

The undersigned Client, Randall Clark Morrison, is currently a client at the Partial Hospitalization or Intensive Outpatient Program operated by Living at Reflections, LLC. This Client will be participating in the Transportation Services provided by Living at Reflections, LLC. This includes, but is not limited to: Transportation to the facility from the Client's residence, from the facility to the Client's residence, medication pick-up, and transportation to the nearest emergency services facility.

The undersigned client, Randall Clark Morrison (or parent/guardian of the individual named herein), does knowingly, freely, and voluntarily assume all liability for any and all damage or injury that may occur as a result of his/her (or his/her dependent's/ward's) participation in the activities described herein and agrees to release, waive, discharge, and covenant not to bring suit against Living at Reflections, LLC, its officers, agents, employees, and volunteers from/for any and all liability or claims that may be sustained by me or by a third party, directly or indirectly, in connection with or arising out of his/her (or his/her dependent's/ward's) participation in the activities described herein, whether caused in whole or in part by the negligence of Living at Reflections, LLC or otherwise.

The undersigned Client, Randall Clark Morrison, (or parent/guardian of the individual named herein), has read the form, fully understands its terms, and understand that he/she (or his/her dependent/ward) has given up substantial rights by signing it and has signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that if any portion of this contract is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

Indemnification of Living at Reflections, LLC: The undersigned Client (or his/her parent/guardian) shall at all times hereafter indemnify, hold harmless and, at Living at Reflections, LLC's Attorney's option, defend or pay for an attorney selected by the Board to defend Living at Reflections, LLC, its officers, agents, servants, and employees against any and all claims, losses, liabilities, and expenditures of any kind, including attorney fees, court costs, and expenses, caused by negligent act or omission of the Client, other clients, Living at Reflections, LLC, its employees, agents, servants, or officers, or accruing, resulting from, or related to the undersigned Client in the following situations including, but not limited to, Transportation to the facility from the Client's residence, from the facility to the Client's residence, medication pick-up, and transportation to the nearest emergency services facility, including, without limitation, any and all claims, demands, or causes of action of any nature whatsoever resulting from injuries or damages sustained by any person or property. The provisions of this section shall survive the expiration or earlier termination of this agreement or the discharge of the client from the Partial

Hospitalization or Intensive Outpatient Program facility operated by Living at Reflections, LLC.

Venue: This Agreement shall be interpreted and constructed in accordance with and governed by the laws of the State of California. Venue for litigation concerning this agreement shall be in Marin County.

I, Randall Clark Morrison, have read and fully understand the contents herein.

Executed this 12/19/2025.

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Randall Clark Morrison (Client), 12/19/2025 04:19 PM
Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Safety Contract

I, Randall Clark Morrison, understand and agree to comply with the following recommendations. I understand that this contract has been created for my safety and well-being. By signing this contract, I agree to the following:

- I will take my medication as prescribed.
- I will inform an appropriate professional to call 911 (or transport me to the hospital) if I am in crisis.
- I will go to an appropriate professional to discuss any dangerous thoughts or feelings; such as suicidal ideations or thoughts to self-harm.
- At this time, I do not have any suicidal or homicidal thoughts or plans and my safety needs are being met.
- I am committed to leading a healthy lifestyle and recognize that I am a valuable and worthwhile person.
- I am committing myself to honoring this contract for the remainder of my time in this program.
- I understand that my emergency contact will be called in the event that I need to be safely transitioned to a facility that is more appropriate to handle my mental health needs.

I understand that if I do not comply with these requirements, I will be referred to a facility that will more appropriately meet my mental health needs.

Self-Harm Agreement

I agree to refrain from harming, injuring, and/or endangering myself in any way including attempting suicide while I remain in treatment at Living at Reflections, LLC.

I agree to seek the assistance of a staff member immediately if and when I have any thoughts of self-harm and/or harm to others, regardless of the time of day or night.



Randall Clark Morrison (Client), 12/19/2025 04:20 PM
Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Universal Precautions for HIV

Universal Precautions refer to the usual and ordinary steps we need to take in order to reduce the risk of infection with HIV, the virus that causes AIDS. These measures are intended to prevent transmission of HIV.

The prevention of the transmission of HIV is based on the avoidance of skin and mucous membrane contact with blood and body fluids.

Protecting yourself from HIV

- Avoid risky behavior
- Protect yourself from sharp injuries
- Wear gloves when in contact with body fluids if possible
- Wear mask and eye protection when splash injuries are possible
- Call on trained individuals to clean up blood spills

Universal Precautions for Infection Control

Universal Precautions refer to the usual and ordinary steps you need to take in order to reduce the risk of infectious disease such as HIV or Hepatitis C.

The prevention of transmission of infectious diseases is based on the avoidance of skin and mucous membrane contact with blood and other body fluids.

AVOID UNNECESSARY RISKS

- If a fellow patient or client needs assistance, please call a staff member immediately.
- When avoidable, don't expose yourself to other person's blood or body fluids.
- Never share needles, razors or any other *personal* sharp objects.
- Always call on trained individuals to clean up blood or other body fluid spills.

PROTECT YOURSELF

- Use barrier protection to prevent skin and mucous membrane contact with blood and other body fluids.
- Wear face protection if blood or body fluid droplets may be generated during a procedure.
- Wear protective clothing if blood or body fluids may be splashed during a procedure.
- Wash hands and skin immediately and thoroughly if contaminated with blood or body fluids.
- Wash hands immediately after gloves are removed.
- Use care when handling sharp instruments and needles. Place used sharps in labeled, puncture resistant containers.
- If you have sustained and exposure or puncture wound, immediately flush the exposed area and notify a staff member.

COVID-19 Positive test procedure

- In the event that I, Randall Clark Morrison, test positive for COVID-19, I understand that this will require an immediate discharge from the program.
- I will preemptively make arrangements for a safe place to quarantine in the event of a discharge resulting from a positive COVID-19 test. Those arrangements are as follows.

n/a



Randall Clark Morrison (Client), 12/19/2025 04:20 PM
Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Consent for Discharge Follow-Up

I give my permission for Living at Reflections, LLC to contact me in writing, by telephone, or e-mail, after discharge regarding any of the following areas that are checked:

- 1. Follow-up information/questionnaire
- 2. Information about the facility
- 3. Alumni information
- 4. Consent to the utilization of PingMD for the monitoring of my progress throughout the course of treatment and afterward in order to measure my success in recovery over time.

Address: 2835 Hillside Dr

City: Burlingame State: CA ZIP Code: 94010

Phone: 415-265-1107

E-mail address: rclarkmorrison@gmail.com

I do not wish to be contacted or receive any type of information by phone, e-mail, or mail by Living at Reflections, LLC staff following discharge.

Any mail sent out regarding Billing or payment will be sent out in a plain envelope with no identification of Living at Reflections, LLC.



Randall Clark Morrison (Client), 12/19/2025 04:20 PM
Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

REFLECTIONS GROUP RULES AND EXPECTATIONS

- Attend all groups unless excused *in advance* (a minimum of 15 minutes prior to the start of group) by Reflections staff. Only clinical or nursing staff can excuse someone from a group during day time hours. If a member of the clinical or nursing staff is not on site, the a PA may excuse someone from group.
- It is the responsibility of the individual client to be on time for group.
- Please do not leave the group once the group has started. Use the restroom and get anything you intend to bring with you prior to the start of the group.
- Please come prepared for group with a pen and note pad.
- No cell phone use in group. Phones must either be left outside the group room or turned completely off prior to the start of group. Looking at your phone during group is disrespectful and distracting.
- No food in group. Beverages are ok.
- Do not interrupt others when they are speaking. One voice at a time, please.
- Be mindful to not dominate the group discussion. Please allow others the chance to speak.
- Keep group discussions confidential. What is said in group, stays in group.
- Avoid side conversations. They are distracting and disrespectful.
- Refrain from using offensive language.
- Do not be afraid to respectfully challenge one another by asking questions, but refrain from personal attacks. Someone's life and sobriety may just depend on your feedback.
- Be honest. Always.
- Be respectful. Communicate strong emotions or disagreement in a manner that is not disruptive, aggressive, or denigrating of another's experience or feelings.
- Speak from your own experience. "I" instead of "we", "they", "us", and "you". Do not try to fix the other person's problems. Stay focused on your own experience.
- You have the right to speak and the right to not speak
- Do not discuss group members who are not present.
- Take the risk to let yourself be emotionally available to and vulnerable with others.
- Truly engage: Telling a story and asking questions are sometimes ways of hiding or avoiding intimacy and feelings.
- Be conscious of your body language and nonverbal communications -- they can be as disrespectful as words.
- When speaking about past drug or alcohol use, be mindful that discussing specific details of the ritual of use can trigger others in the group. No romancing or glorified past use or war stories.
- If a person sets a boundary in group please respect it. You do not have to like or agree with it, but respecting others' boundaries is part of the recovery process.
- Please do not use another's experience to prove a point. Stick with your own experience and feelings.
- Bullying, intimidation or violence toward other group members will never be tolerated.
- Give and take feedback constructively (over for tips)

Tips for Giving Feedback Constructively

- Start with how you are feeling.
- Use "I" statements and talk about your experience.
- If you do talk about another person or situation, be specific: what particular remark, gesture, or behavior
- Be direct and honest and provide concrete examples if possible
- Share both positive and negative feedback. Catching someone doing something well or right is a very powerful motivator!
- Give feedback as soon as possible
- End with a request for a future change in behavior

•

Tips for Taking Feedback Constructively:

- Actively ask for others feedback! Invite feedback on your “blind spots”
- Listen actively to feedback you were given.
- Communicate your understanding of the feedback given from the other person before responding.
- If unclear, seek clarification from the group member or verify with other members if the feedback you’ve received matches their perceptions
- Acknowledge feedback when it’s given: “Thanks. I didn’t realize I was frowning”
- Beware becoming defensive. But if you feel yourself becoming defensive, it is a good idea to share this awareness with the group.



Randall Clark Morrison (Client), 12/19/2025 04:21 PM
Staff present: James A. Hayes, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Vape/ e- cig policy

I, Randall Clark Morrison agree to the following terms.

1. RMReflections allows only non-refillable pod based vapes/electronic cigarettes (e.g., Juul, Von Earl, Blue, etc). Any vape/ e-cig needing juice will not be allowed.
2. RMIf a client wishes to use an electronic cigarette while at Reflections, it must be either (1) be brought to the facility in an unopened package. (2) Be bought online from a staff approved website and delivered directly to the facility OR (3) be bought during scheduled store run and left unopened. In all cases, Reflections staff must inspect and approve the item before it can be used.
3. RMClients may use electronic cigarettes only in designated smoking areas. Smoking and/or electronic cigarette use is not allowed anywhere indoors including bedrooms, bathrooms, common areas, or on balconies. Violations of this rule will result in loss of privilege. Repeated violations may be grounds for discharge and dismissal from the program.
4. RMClients can have one pack of pods in their possession at a time. Additional pods will be kept in the client 'vault' area. Used pods must be turned in to staff in order to receive new ones.
5. RMIt is the client's responsibility to ensure they have all necessary supplies for their electronic cigarettes (pods, chargers, etc.). Staff will not be available to make extra trips to the store to obtain necessary supplies.



Randall Clark Morrison (Client), 12/19/2025 04:21 PM

Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Search Completion Sign OFF

This form is to be signed by the PA after completing the bag search of an incoming client. By signing this form the below signer is taking ownership for the completed search and hereby attests that all bags and personal items were thoroughly searched.



Michael Crowe (Staff), 12/19/2025 06:23 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Orientation Checklist (Residential)

A staff member will conduct an orientation for each new patient, which will include the following items. (Please check off each as completed and sign below):

- Orientation to Health Services Office
- Orientation to client bedroom
- Orientation to House Rules
- Go over Electronics policy and discuss where they are stored
- Shown off limits / employee only areas
- Go over laundry procedures
- Shown approved areas to walk on grounds
- Provided Client WIFI and internet passwords
- Room Search protocols
- Shown location of room safes , provided combination and how to operate
- Shown approved smoking area
- Discussed incoming mail protocol
- Shown kitchen areas, where client items can be found (coffee, dishes/mugs, etc). Go over kitchen rules and meal times
- Shown schedule of activities and where groups meet

By signing below, I confirm that all the above items have been explained to me.



Randall Clark Morrison (Client), 12/19/2025 04:22 PM
Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Belongings Placed in Staff Vault 12/19/2025

Evaluation Date: 12/19/2025

Locker #

Additional luggage in storage Yes No

Driver's license

Other IDs

Insurance Card(s)

Cash

Checks (blank)

Checks (written)

Wallet

Credit or debit cards

Phones and electronic devices

Sharps

Scissors, nail clipper

Other items

Attachments

Clients are to be encouraged not to keep valuables on the unit and to send them home whenever possible. The facility maintains a safe for safekeeping your money and valuables. The facility shall not be liable for the loss or damage to any pocketbooks, money, jewelry, eye glass/contact lens, dentures, documents, personal electronic devices or other articles of value that are personally kept/not deposited in the safe for your security. It is strongly recommended that all items not required and/or needed during your stay in the facility be sent home.

I have reviewed the above statement and am taking responsibility for any items that I keep in my possession and will hold the facility harmless for any loss or damage to such items.



Randall Clark Morrison (Client), 12/19/2025 06:22 PM

Staff present: Michael Crowe

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

**Reflections Initial Treatment Plan 12/19/2025**

Level of Treatment Detox Int. Inpt. Residential PHP IOP OP

Date Established 12/19/2025

PROBLEM: Client is in need of orientation to program.

RELATED TO AND EVIDENCED BY: Client admitted to this facility and lacks education and understanding of facility program.

GOAL: Client will be oriented to facility and develop a therapeutic rapport with therapist, staff, and group peers.

Objectives	Intervention/Plan	Time/Frequency								
I will receive orientation to facility policies, rules and standards.	In 1:1 session staff will provide orientation to Client and provide necessary details within 24 hours of admission.	1 time in 1:1 session for 60 minutes.								
	<table border="1"> <thead> <tr> <th>Target date</th><th>Status</th><th>Date/Comment</th><th>By</th></tr> </thead> <tbody> <tr> <td>12/19/2025</td><td>Open</td><td></td><td>DR 12/19/2025</td></tr> </tbody> </table>	Target date	Status	Date/Comment	By	12/19/2025	Open		DR 12/19/2025	
Target date	Status	Date/Comment	By							
12/19/2025	Open		DR 12/19/2025							
I will attend all assessment appointments. I will complete all initial assessments, screenings, and questionnaires for assessing my substance use, mental health, and physical health problems.	In 1:1 session the staff will provide the questionnaire and structured interviews to recommendations for client care, medication needs and follow-up care.	1-3 sessions in three days of care.								
	<table border="1"> <thead> <tr> <th>Target date</th><th>Status</th><th>Date/Comment</th><th>By</th></tr> </thead> <tbody> <tr> <td>12/22/2025</td><td>Open</td><td></td><td>DR 12/19/2025</td></tr> </tbody> </table>	Target date	Status	Date/Comment	By	12/22/2025	Open		DR 12/19/2025	
Target date	Status	Date/Comment	By							
12/22/2025	Open		DR 12/19/2025							
I will meet with primary therapist and start the process of developing an individualized Master Treatment Plan.	Clinical Staff will provide 1:1 sessions to gain appropriate background information, and begin the process of developing goals of treatment with the client.	1 to 2 Ind sessions within 1 st 3 days of Tx								
	<table border="1"> <thead> <tr> <th>Target date</th><th>Status</th><th>Date/Comment</th><th>By</th></tr> </thead> <tbody> <tr> <td>12/22/2025</td><td>Open</td><td></td><td>DR 12/19/2025</td></tr> </tbody> </table>	Target date	Status	Date/Comment	By	12/22/2025	Open		DR 12/19/2025	
Target date	Status	Date/Comment	By							
12/22/2025	Open		DR 12/19/2025							

I will report any Post-Acute Withdrawal Symptoms I have to the appropriate Health Services Staff and my primary therapist.

During the initial session, the medical staff will educate the client on PAWs symptoms. Any reports of PAWS symptoms will be reported to the Health Services staff for further assessment and discussion of potential interventions.

In initial 1:1 session and then on ongoing basis.

Target date	Status	Date/Comment	By
12/19/2025	Open		DR 12/19/2025

I will abstain from all alcohol and illegal/non-prescribed or unapproved substances. I agree to frequent and random urinalysis and random breathalyzers testing a minimum of one time per week as part of my substance abuse treatment.

Staff will educate the client on what is considered illegal/non-prescribed substances and monitor for erratic or suspicious behaviors. Staff will conduct a minimum of one random urinalysis and breathalyzer test per week and document the results.

1 X a week for four weeks.

Target date	Status	Date/Comment	By
12/19/2025	Open		DR 12/19/2025

I will complete all screening instruments, assessments, psychological testing, or objective questionnaires for assessing issues of anxiety or depression, including suicidal ideation

Staff will complete initial psychological screenings and administer to the patient psychological instruments designed to objectively assess anxiety and depression, including suicidal ideation (e.g., PHQ-9, GAD-7, Beck Depression Inventory-II, Beck Anxiety Inventory). Any positive screen for suicidal ideation will result in the completion of a Initial suicide risk screenings and PHQ-9 to be completed at time of intake/admission. 2 full suicide risk assessment. The client will be informed about the results of the screening and assessments as well as any safety precautions deemed necessary.

Initial suicide risk screenings and PHQ-9 to be completed at time of intake/admission.

Target date	Status	Date/Comment	By

I will verbalize to Reflections staff any suicidal thoughts, feelings, plans, behaviors, or intent. I agree to cooperate with any safety precautions assessed to be necessary by the Reflections staff.

In initial sessions, the Health Services and Clinical Staff will assess the presence of a dangerousness to self or others. Any reports of expressed suicidal ideation will be reported immediately to Health Services and Clinical Staff, who will further evaluate the client for dangerousness to self or others, and if necessary, a safety plan will be put into place by Clinical Staff.

Initial 1:1 sessions and any time suicidal ideation, plan or intent are reported or observed.

Target date	Status	Date/Comment	By
12/19/2025	Open		DR 12/19/2025

CRITERIA FOR DISCHARGE AND DISCHARGE PLANNING: Client to complete treatment by gaining insight into substance abuse; needing to continue treatment in less restrictive treatment modality; having secured stable housing. Client to gain insight for need to continue self-help programs in the community. Discharge planning will include housing, continued treatment, medication compliance and need for follow-up and aftercare.



Randall Clark Morrison (Client), 12/19/2025 04:22 PM
Staff present: James A. Hayes,, Program Assistant



James A. Hayes,, Program Assistant (Staff), 12/19/2025 04:23 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Orientation Checklist (Residential) 12/19/2025

Evaluation Date: 12/19/2025

A staff member will conduct an orientation for each new patient, which will include the following items. (Please check off each as completed and sign below):

- Orientation Checklist Review Program and House Rules
- Shown room
- Oriented to kitchen, kitchen rules and meal times
- Oriented to schedule—including the white board and when new schedule comes out
- Oriented to coffee
- Orientated to where groups meet
- Oriented to rules for pool and hot tub
- Oriented to staff offices including what to come to counselor offices vs cubby
- Oriented to Health Services Office and medication times
- Oriented to upstairs library and computer use
- Oriented to smoking area
- Oriented to gym and gym times
- Orientation to off limits/employee only area
- Orientation to laundry services
- Where ok to run on the grounds
- Orientation to mail—when received and how distributed
- Off-site meeting protocols
- Store run protocols
- Client cubby and rules for allowed and not allowed items
- Client Internet password
- Room search and UA protocols
- Orientation to room safes and provide combination

By signing below, I confirm that all the above items have been explained to me.

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52 of 400 pages

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Randall Clark Morrison (Client), 12/19/2025 04:23 PM
Staff present: James A. Hayes,, Program Assistant



James A. Hayes,, Program Assistant (Staff), 12/19/2025 04:25 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Patient Personal Items And Valuables 12/19/2025 08:12 AM

Evaluation Date: 12/19/2025

Locker #

Additional luggage in storage Yes No

Driver's license

Other IDs

Insurance Card(s)

Cash

Checks (blank)

Checks (written)

Wallet

Credit or debit cards

Phones and electronic devices

Sharps

Other items

Attachments

The above detailed items will be kept in my possession or living quarters during my stay at Reflections. I understand that

Reflections is not liable for damaged or lost goods during my stay. I understand that I may send these items home or request they be stored under lock during my stay at Reflections if I choose.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Ancillary Charges

Name

Randall Clark Morrison

Date of Birth

10/3/1961

CLIENT OR GUARANTOR CREDIT CARD INFORMATION

Name on Credit Card

Randall C Morrison

Email

rclarkmorrison@gmail.com

Billing Street Address

2835 Hillside Dr

Billing City, State ZIP

Burlingame, CA 94010

Home Phone

415-265-1107

Cell Phone

Credit Card Type

Visa

Credit Card Number

4388576175396905

Expiration Date

11/28

3 Digit Security Code on Back or 4 Digit
Security Code if American Express

337

I authorize Living at Reflections, LLC to keep my signature on file and to charge my credit card for unpaid program services – lab fees, prescription medications, and any other medically related fees. Reflections uses third party providers for the above services and my signature below will serve as authorization for Reflections to provide my payment information to these companies to reconcile the specified approved ancillary charges. I understand that this form is valid for one year following discharge of treatment at Living at Reflections, LLC. License # 210038AP By signing this sheet, I hereby agree to pay back charges to Living at Reflections, LLC at the discretion of the executive staff.

Guarantor Signature (If applicable): _____

Date (If applicable): _____



Randall Clark Morrison (Client), 12/19/2025 04:25 PM

Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

(INS) Assignment of Benefits / Release of Medical Information 12/19/2025

Today's Date 12/19/2025

Client's Insurance Name

CIGNA Health Plan

I hereby authorize and request that payment of benefits by my Insurance Company(s), be made directly to Living at Reflections, LLC for services furnished to me or my dependent. I understand that my Insurance Company may only cover a portion of the total bill. I further understand that I may be responsible for all charges not covered by this assignment.

In addition, I authorize Living at Reflections, LLC to disclose any and all written information from the above named to my above named Insurance Company and/or its designated representatives, or other financially responsible party; at the determination of Living at Reflections, LLC. Such disclosure shall be for reimbursement purposes for those services received.

I hereby release Living at Reflections, LLC and its officers, agents, employees, and any clinician associated with my case from all liability that may arise as a result of the disclosure of information to the above named Insurance Company(s) or their designated representatives.

By signing this Assignment of Benefits and Release of Information, I acknowledge:

- I am aware and understand that this authorization will not be used unless the above-named Insurance Company(s) or their designated representatives request records of information for reimbursement purposes, or seek to take action for the referred payment for treatment services.
- I agree to participate and assist Living at Reflections, LLC or its designated representatives with any appeal process necessary to collect payment for the services rendered.
- I am aware and have been advised of the provisions of Federal and State Statutes, rules and regulations that provide for my right to confidentiality of these records.
- I understand that this assignment and authorization is subject to revocation at any time except to the extent that action has been taken in reliance thereon. In any event, this authorization will expire once reimbursement for services rendered is complete.
- Living at Reflections, LLC is acting in filing for insurance benefits assigned to Living at Reflections, LLC and it can assume no responsibility for guaranteeing payment of any charges from the Insurance Company(s).
- Billing may be done by a firm contracted by Living at Reflections, LLC for billing and collection purposes.
- Living at Reflections, LLC is appointed by me to act as my representative and on my behalf in any proceeding that may be necessary to seek payment from my insurance carrier.
- Should an overpayment take place, a refund check will be mailed to the authorized party that is due the overpayment.
- Living at Reflections, LLC shall be entitled to the full amount of its charges without offset.

I acknowledge receipt of a completed and signed copy of this assignment and release form:



Randall Clark Morrison (Client), 12/19/2025 04:26 PM
Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

(INS) Coordination of Benefits and Pre-existing Conditions

Date of Admission 12/19/2025 02:00 PM

This will confirm that upon admission to Living at Reflections, LLC, I:

- The only benefits available to me during my stay at Living at Reflections, LLC is from the insurance below

	Employer	Insurance Name
Cox, Castle, Nicholson	Name of Subscriber	CIGNA Health Plan
Randall Clark Morrison		Relationship to Subscriber Self

IN WITNESS WHEREOF I have here executed this agreement as dated below.


Randall Clark Morrison (Client), 12/19/2025 04:26 PM
Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Statement of Financial Responsibility 12/19/2025

Today's Date

12/19/2025

I understand that as a part of my commitment to my recovery process, I agree to be financially responsible for all fees assessed by Living at Reflections, LLC, in reference to my treatment. This includes but is not limited to intake fees, assessment fees, orientation fees, drug test fees, group fees and any other fees for procedures deemed necessary for my treatment.

It is further understood that all fees deductibles, co-payments, or full-fee for services are due at the time of the assessment unless special arrangements are made with Living at Reflections, LLC. I understand that this office will not bill insurance companies and other third party payers and cannot guarantee such benefits, and is not responsible for collection of such payments unless prior arrangements have been made between Living at Reflections, LLC, and the insurance provider.

Should the above named patient default on or become delinquent in payment of fees connected with treatment by Living at Reflections, LLC, it may become necessary to pursue collection or legal action. It is therefore understood that the above named patient will be responsible for any and all fees connected with such action including collection fees, attorney fees, legal and court costs and any additional costs related to this action. I understand that violations of the Living at Reflections, LLC program rules or non-compliance may be grounds for termination of my treatment. No refunds for advance fee payment shall be made in such cases.

I have read the Patient Rights form and reviewed the fee schedule. In signing this form, I understand my rights as a patient at this agency and responsibilities for payment.



Randall Clark Morrison (Client), 12/19/2025 04:26 PM
Staff present: James A. Hayes,, Program Assistant

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Fee Agreement 12/18/2025

Today's Date 12/18/2025

Fee Agreement between Living at
Reflections, LLC and

Clark Morrison

Guarantor for:

Date of Admit 12/19/2025

Date of Discharge 12/27/2025

Fee Agreement

Due before or on day of admit

	Total Amount Due	Deposit Paid	Balance Due
	\$15,000	\$0	\$15,000

Notes

\$15,000 private pay discount for up to 7 nights medically assisted detox services at Reflections Simmons facility (1191 Simmons Lane, Novato CA). Payment due upon admission.

Client, please initial confirming that you have read and agree to the following:

Billing will begin on the date that the client enters Reflections Program. In the event a client is unable to reside in our facility (ex. hospitalization or incarceration), fees will continue to accrue to guarantee bed availability when they are ready to return.

Due to front loaded treatment and assessment costs, the first 30 days of treatment are non-refundable. After the first thirty days of treatment, should a client decide to leave AMA then the executive team will consider a refund based on a pro-rated amount less administrative fees and occupancy.

Any client accepted on a insurance basis does so under the understanding that if a payment is made by the insurance to the insured directly that the payment must be forwarded to Living Reflections to cover treatment costs. Living Reflections is a out of network facility and all payments made to the patient for services rendered at our facility are due to the facility.

Any client leaving against medical advice (AMA) or against clinical advice (ACA) will not be entitled to reimbursement of fees, however extenuating circumstances may warrant a partial refund if determined appropriate by the Executive Team.

Living at Reflections, LLC bills for all services on or prior to the admission date and nonpayment of fees may result in no admission.

It is understood that non-payment for services will cause services to be discontinued.

Client agrees to keep confidential the Fee Agreement made between Client and Living at Reflections, LLC. Disclosure of this Fee Agreement will be brought to the attention of the Executive Director and could be grounds for discharge.

If your check or instrument is returned unpaid for any reason, a service charge in the amount of \$25.00 will be assessed and due

Clients may be referred out or administratively discharged immediately if resident violates any of the following conditions: 1. Possessing, using, sneaking, stashing etc paraphernalia or other related contraband during their stay at Reflections. 2. Being verbally or physically threatening to any person. 3. Fraternizing with any person. 4. Theft. 5. Refusal of drug/alcohol screening. 6. Entering other clients rooms, or facility locations for designated staff only.

Reflections may offer: 1. Incidental Medical Services. 2. Treatment Planning. 3. Recovery Planning. 4. Educational Groups. 5. Group Counseling. 6. Individual Counseling/Therapy. 7. Massages. 8. Private Rooms. 9. Aftercare Planning.

A client who is administratively discharged for violation of Reflections policies will not be entitled to a refund.

A client who is referred out due to the need of a different level of care will be refunded based on a prorated amount less administrative fees determined by the Executive Team.

In the case of death of a client, this fee agreement will be terminated, no liability or debt shall accrue after the date of death.

IN WITNESS WHEREOF, I have executed this Fee Agreement on this date below by signing my signature below.

Date

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Gnosis

Powered by: Mountain View Medical Laboratory

300 Spectrum Center Drive Suite 200 Irvine, CA 92618 | Website: Gnosisdx.com

Re: ASSIGNMENT OF BENEFITS

Dear Valued Patient:

At Gnosis, we are committed to maintaining the highest quality standards to ensure that we are providing you with the most accurate and reliable test results that will help improve your quality of life.

Your healthcare provider ordered tests that will be an essential part of your treatment plan and medical care. The following paragraphs describe your assignment of benefits as it relates to services performed by Gnosis. Our goal is to guarantee that advanced clinical testing is accessible to all. To help ease the financial burden of healthcare costs, we have partnered with a large network of insurance providers. If you have any questions, please do not hesitate to contact us at (951) 658-1440 or support@gnosisdx.com.

Thank you for your trust and for choosing us to be part of your healthcare team.

ASSIGNMENT OF ALL RIGHTS AND BENEFITS: In exchange for, and in connection with, any and all of the services provided to me and/or my dependent ("Services") by, MVML, Inc./Gnosis, or other laboratory service provider ("LSP"), I hereby assign to LSP all of my rights, benefits, privileges, protections, claims and any other interests of any kind whatsoever, without limitation, that I had, have or may have in the future pursuant to or in connection with any insurance policy or plan, health benefit plan (including an employee health benefit plan), health management agreement, risk-bearing agreement, trust, fund or any other source of payment, insurance, indemnity or health or medical coverage of any kind (collectively, "Health Coverage") covering me and/or my dependent. This assignment includes, without limitation, authorization for my Health Coverage to pay LSP by check. This assignment to LSP also includes appeal rights (both internal and external), fiduciary rights, rights to sue, rights to payment, rights to full and fair claims review, rights to penalties or interest, rights to plan documents and plan information, and rights to notices and disclosures from any source (collectively, "Rights"). I am hereby transferring to the LSP all these Rights under any Health Coverage to which I am now, previously, or may be entitled to in the future with respect to the Services. Unless otherwise agreed between me and/or as otherwise provided by applicable law, this assignment is irrevocable. I instruct my Health Coverage to pay LSP directly for the professional and/or medical expense benefits otherwise payable to me.

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY: I understand that, as a courtesy to me, the LSP will file a claim with my Health Coverage on my behalf. However, I understand and agree that unless otherwise indicated in writing below, by signing below that I am financially responsible for, and hereby do agree to pay, in a timely manner, charges not covered under my Health Coverage, and balance not covered by the Health Coverage payment. I understand that LSP reserves the right to require that, when permitted by applicable law, I pay any unmet deductible or co-payment required by my Health Coverage or other deposit prior to providing the Services. I understand that LSP makes no guarantees that my Health Coverage will cover any or all of the Services, and that I am not relying on any representations by LSP regarding the amount of plan benefits applicable to the Services prior to the claim being processed by my Health Coverage.

I acknowledge that I have had a reasonable opportunity to inquire about LSP's charges and that my questions regarding its charges, including any questions regarding a reasonable estimate of the total amount of the charges, have been answered. I understand that I may also be receiving separate bills from providers not affiliated with LSP, including other laboratories for their services, and that any questions about their bills should be directed to them.

APPOINTMENT OF AUTHORIZED REPRESENTATIVE: I hereby designate LSP and/or its designated agents and representatives as my duly authorized representative(s) in connection with all matters arising from or relating to Rights and Health Coverage, such that LSP completely and without reservation "stands in my shoes" and takes my place for all applicable purposes, and is granted absolute power and legal authority to seek, claim, and directly receive payment or reimbursement for

Services; challenge or appeal any adverse benefit determination of any kind whatsoever; or take any other action or obtain anything that I would have been entitled to do, seek, claim, appeal or obtain in my own capacity pursuant to or in connection with the Rights in any legal, private, administrative, formal or informal process or forum whatsoever and without limitation, including any internal or external appeal, review, grievance or any other process, procedures or entitlement.

ERISA AUTHORIZATION: With respect to Health Coverage governed by the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), this Assignment of Benefits authorizes H LSP to act as my authorized representative under 29 C.F.R. section 2560.5031(b)(4) to seek, claim, and directly receive payment or reimbursement for Services; challenge or appeal any adverse benefit determination of any kind whatsoever; or take any other action or obtain anything that I would have been entitled to do, seek, claim, appeal or obtain in my own capacity pursuant to or in connection with the Rights in any legal, private, administrative, formal or informal process or forum whatsoever and without limitation, including any internal or external appeal, review, grievance or any other process, procedures or entitlement.

AGREEMENT TO COOPERATE: I hereby agree to cooperate with, and take all steps necessary, required or reasonably requested by LSP to effectuate, perfect, confirm, validate, or enforce this Assignment of Benefits. I hereby authorize LSP to execute on my behalf any document, including, without limitation, any document required by my Health Coverage, that is necessary to demonstrate that I have designated LSP as my authorized representative for the purposes set forth in this Assignment of Benefits. If necessary, I consent to a photocopy of my signature to be added to any document that is necessary to demonstrate that I have designated LSP as my authorized representative for the purposes set forth in this Assignment of Benefits. If my Health Coverage pays me directly for the Services, then I will immediately notify MVML, Inc./Gnosis by email at billing@gnosisdx.com and mail such payment to LSP at the address provided to me, payable to the order of the entity I am instructed to list. I promise to make my best efforts to assist and cooperate in forwarding and/or making payment to LSP. If I do not forward the payment or make separate payment to LSP of the amount I received from my Health Coverage, I understand that LSP has the right to make a reasonable attempt to recover payment. If I do not provide my Health Coverage information, I authorize MVML, Inc./Gnosis to perform insurance/health plan discovery to locate my potential coverage information based on other information I provide and to provide such information to the LSP associated with these services.



Randall Clark Morrison (Client), 12/19/2025 04:56 PM
Staff present: Irma Martinez, LPT

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Living at Reflections, LLC

Authorization to Obtain and Release Information

This will authorize Living at Reflections, LLC to disclose to and/or obtain from:

Name of Person or Organization: Rebecca Galler

Relationship: Spouse

Address: n/a

Phone number: 303-887-7658

Fax number: n/a

Email: rebeccamgaller@gmail.com

The following information:

Description of Information to be Disclosed (*Client should initial each item to be disclosed*)

<u>NA</u> Assessments	<u>RM</u> Cooperation/Motivation
<u>RM</u> Discharge/Transfer Summary	<u>RM</u> Financial Information
<u>RM</u> Medication	<u>RM</u> Nursing/Medical Assessment
<u>RM</u> Presence in Treatment	<u>NA</u> Prognosis
<u>RM</u> Progress in Treatment	<u>NA</u> Psychiatric Evaluation
<u>NA</u> Psychosocial Evaluation	<u>RM</u> Toxicological Reports/Drug Screen
<u>RM</u> Treatment Plan or Summary	<u>n/a</u> Other: <u>n/a</u>

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and, when appropriate, coordinate treatment services. If other purpose, please specify:

n/a

Expiration

Unless sooner revoked, this consent is valid for 12 months due to the need for ongoing communication for the coordination of treatment.

Conditions

I understand that Living at Reflections, LLC will not condition my treatment on whether I give authorization for the requested disclosure. The consequences of refusing to sign this authorization have been explained to me.

Form of Disclosure: Unless you have requested in writing that disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner we deem to be appropriate and consistent with applicable law, including but not limited to verbally, in paper format, or electronically.

RE-DISCLOSURE

"This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general

authorization for the release of medical or other information in NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse Client."

I may request a copy of this authorization for my records.

I understand that my records are protected under Federal Confidentiality regulations (42 CFR Part 2). Published August 10, 1987, and the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. Seq, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug and alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions. (Under the Mental Health Code, release of mental health records must be germane to the purpose and need for disclosure).

RIGHT TO REVOCATION

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Living at Reflections, LLC. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

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Randall Clark Morrison (Client), 11/01/2023 02:30 PM
Staff present: John Foord, AMFT

This form expires on 10/31/2024 02:30 PM.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Living at Reflections, LLC

Authorization to Obtain and Release Information

This will authorize Living at Reflections, LLC to disclose to and/or obtain from:

Name of Person or Organization: Rebecca Galler - Spouse

Relationship: Spouse

Address: n/a

Phone number: 303-887-7658

Fax number: n/a

Email: n/a

The following information:

Description of Information to be Disclosed (*Client should initial each item to be disclosed*)

n/aAssessments n/aCooperation/Motivation

rmDischarge/Transfer Summary rmFinancial Information

rmMedication n/aNursing/Medical Assessment

rmPresence in Treatment n/aPrognosis

rmProgress in Treatment n/aPsychiatric Evaluation

n/aPsychosocial Evaluation rmToxicological Reports/Drug Screen

n/aTreatment Plan or Summary n/aOther: n/a

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and, when appropriate, coordinate treatment services. If other purpose, please specify:

n/a

Expiration

Unless sooner revoked, this consent is valid for 12 months due to the need for ongoing communication for the coordination of treatment.

Conditions

I understand that Living at Reflections, LLC will not condition my treatment on whether I give authorization for the requested disclosure. The consequences of refusing to sign this authorization have been explained to me.

Form of Disclosure: Unless you have requested in writing that disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner we deem to be appropriate and consistent with applicable law, including but not limited to verbally, in paper format, or electronically.

RE-DISCLOSURE

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authorization for the release of medical or other information in NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse Client."

I may request a copy of this authorization for my records.

I understand that my records are protected under Federal Confidentiality regulations (42 CFR Part 2). Published August 10, 1987, and the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. Seq, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug and alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions. (Under the Mental Health Code, release of mental health records must be germane to the purpose and need for disclosure).

RIGHT TO REVOCATION

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Living at Reflections, LLC. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

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Randall Clark Morrison (Client), 11/01/2023 08:54 AM
Staff present: Daniel Rouquette, Program Assistant

This form expires on 10/31/2024 08:54 AM.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Authorization for Release of Confidential Information

I, Randall Clark Morrison, SS# , DOB: 10/03/1961,

Authorization for: RELEASE OF INFORMATION REQUEST FOR INFORMATION



I authorize Living at Reflections, LLC to release information contained in my medical record and/or financial statement to: (please provide name/address/phone number and relationship of person of where information is to be released) or who may release information:

Name: Rebecca Galler Phone: 303-887-7658

Relationship: Spouse

I understand that my records are protected under Federal Confidentiality regulations (42 CFR Part 2) published August 10, 1987, and the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. Seq and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug or alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions. I understand that if this information is faxed, that confidentiality can not be guaranteed.

Information to be released: (Please check acceptable items.)

Only Pertinent Information in case of emergency

Reason for Request: To provide emergency care or obtain information in the case of emergency

This authorization will expire 365 days from the date of signature.

I hereby release Living at Reflections, LLC from any liability which may arise as a result of the use of the information released in accordance with this authorization.

TO RECEIVING AGENCY: This information has been disclosed to you from records whose confidentiality is protected by Federal Confidentiality rules. Any further re-disclosure is prohibited.

RIGHT TO REVOCATION

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Living at Reflections, LLC. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

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Randall Clark Morrison (Client), 11/01/2023 08:55 AM
Staff present: Daniel Rouquette, Program Assistant

This form expires on 10/31/2024 08:55 AM.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Living at Reflections, LLC

Authorization to Obtain and Release Information

This will authorize Living at Reflections, LLC to disclose to and/or obtain from:

Name of Person or Organization: Michelle Bonsignore

Relationship: Therapist LMFT

Address: n/a

Phone number: n/a

Fax number: n/a

Email: n/a

The following information:

Description of Information to be Disclosed (*Client should initial each item to be disclosed*)

<u>n/a</u> Assessments	<u>n/a</u> Cooperation/Motivation
<u>n/a</u> Discharge/Transfer Summary	<u>n/a</u> Financial Information
<u>n/a</u> Medication	<u>n/a</u> Nursing/Medical Assessment
<input checked="" type="checkbox"/> Presence in Treatment	<input checked="" type="checkbox"/> Prognosis
<input checked="" type="checkbox"/> Progress in Treatment	<input checked="" type="checkbox"/> Psychiatric Evaluation
<input checked="" type="checkbox"/> Psychosocial Evaluation	<input checked="" type="checkbox"/> Toxicological Reports/Drug Screen
<u>n/a</u> Treatment Plan or Summary	<u>n/a</u> Other: <u>n/a</u>

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and, when appropriate, coordinate treatment services. If other purpose, please specify:

n/a

Expiration

Unless sooner revoked, this consent is valid for 12 months due to the need for ongoing communication for the coordination of treatment.

Conditions

I understand that Living at Reflections, LLC will not condition my treatment on whether I give authorization for the requested disclosure. The consequences of refusing to sign this authorization have been explained to me.

Form of Disclosure: Unless you have requested in writing that disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner we deem to be appropriate and consistent with applicable law, including but not limited to verbally, in paper format, or electronically.

RE-DISCLOSURE

"This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general

authorization for the release of medical or other information in NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse Client."

I may request a copy of this authorization for my records.

I understand that my records are protected under Federal Confidentiality regulations (42 CFR Part 2). Published August 10, 1987, and the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. Seq, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug and alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions. (Under the Mental Health Code, release of mental health records must be germane to the purpose and need for disclosure).

RIGHT TO REVOCATION

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Living at Reflections, LLC. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

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Randall Clark Morrison (Client), 02/26/2024 12:37 PM
Staff present: Ron Patrick, M-RAS, SUDCC II-CS

This form expires on 02/25/2025 12:37 PM.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Authorization for Release of Confidential Information

I, Randall Clark Morrison, SS# , DOB: 10/03/1961,

Authorization for: RELEASE OF INFORMATION REQUEST FOR INFORMATION

I authorize Living at Reflections, LLC to release information contained in my medical record and/or financial statement to: (please provide name/address/phone number and relationship of person of where information is to be released) or who may release information:

Name: Rebecca Galler Phone: 303-887-7658

Relationship: Spouse

I understand that my records are protected under Federal Confidentiality regulations (42 CFR Part 2) published August 10, 1987, and the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. Seq and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug or alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions. I understand that if this information is faxed, that confidentiality can not be guaranteed.

Information to be released: (Please check acceptable items.)

Only Pertinent Information in case of emergency

Reason for Request: To provide emergency care or obtain information in the case of emergency

This authorization will expire 365 days from the date of signature.

I hereby release Living at Reflections, LLC from any liability which may arise as a result of the use of the information released in accordance with this authorization.

TO RECEIVING AGENCY: This information has been disclosed to you from records whose confidentiality is protected by Federal Confidentiality rules. Any further re-disclosure is prohibited.

RIGHT TO REVOCATION

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Living at Reflections, LLC. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.



Randall Clark Morrison (Client), 12/19/2025 04:28 PM
Staff present: James A. Hayes,, Program Assistant

This form expires on 12/19/2026 04:28 PM.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Authorization to Obtain and Release Information

This will authorize Living at Reflections, LLC to disclose to and/or obtain from:

Name of Person or Organization: Dr. Raghu Appasani MD

Relationship: Psychiatry and Med Mgt

Address:

Phone number:

Fax number:

Email: info@appasanimd.com

The following information:

Description of Information to be Disclosed (Client should initial each item to be disclosed)

- Assessments
- Discharge/Transfer Summary
- Medication
- Presence in Treatment
- Progress in Treatment
- Psychosocial Evaluation
- Treatment Plan or Summary

- Cooperation/Motivation
- Financial Information
- Nursing/Medical Assessment
- Prognosis
- Psychiatric Evaluation
- Toxicological Reports/Drug Screen
- Other: _____

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and, when appropriate, coordinate treatment services. If other purpose, please specify:

Expiration

Unless sooner revoked, this consent is valid for 12 months due to the need for ongoing communication for the coordination of treatment.

Conditions

I understand that Living at Reflections, LLC will not condition my treatment on whether I give authorization for the requested disclosure. The consequences of refusing to sign this authorization have been explained to me.

Form of Disclosure: Unless you have requested in writing that disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner we deem to be appropriate and consistent with applicable law, including but not limited to verbally, in paper format, or electronically.

RE-DISCLOSURE

"This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly

permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information in NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse Client."

I may request a copy of this authorization for my records.

I understand that my records are protected under Federal Confidentiality regulations (42 CFR Part 2). Published August 10, 1987, and the Heath Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. Seq, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug and alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions. (Under the Mental Health Code, release of mental health records must be germane to the purpose and need for disclosure).

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I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Living at Reflections, LLC. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

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Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Authorization to Obtain and Release Information

This will authorize Living at Reflections, LLC to disclose to and/or obtain from:

Name of Person or Organization: The Hauz - Peter Hau

Relationship: SLE Housing

Address: 630 Kirkham St.

Phone number: (415) 632-9003

Fax number: n/a

Email: <https://thehauzsoberservices.com/>

The following information:

Description of Information to be Disclosed (*Client should initial each item to be disclosed*)

<u>CM</u> Assessments	<u>CM</u> Cooperation/Motivation
<u>CM</u> Discharge/Transfer Summary	<u>CM</u> Financial Information
<u>CM</u> Medication	<u>CM</u> Nursing/Medical Assessment
<u>CM</u> Presence in Treatment	<u>CM</u> Prognosis
<u>CM</u> Progress in Treatment	<u>CM</u> Psychiatric Evaluation
<u>CM</u> Psychosocial Evaluation	<u>CM</u> Toxicological Reports/Drug Screen
<u>CM</u> Treatment Plan or Summary	<u>n/a</u> Other: <u>n/a</u>

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and, when appropriate, coordinate treatment services. If other purpose, please specify:

n/a

Expiration

Unless sooner revoked, this consent is valid for 12 months due to the need for ongoing communication for the coordination of treatment.

Conditions

I understand that Living at Reflections, LLC will not condition my treatment on whether I give authorization for the requested disclosure. The consequences of refusing to sign this authorization have been explained to me.

Form of Disclosure: Unless you have requested in writing that disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner we deem to be appropriate and consistent with applicable law, including but not limited to verbally, in paper format, or electronically.

RE-DISCLOSURE

"This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly

permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information in NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse Client."

I may request a copy of this authorization for my records.

I understand that my records are protected under Federal Confidentiality regulations (42 CFR Part 2). Published August 10, 1987, and the Heath Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. Seq, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug and alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions. (Under the Mental Health Code, release of mental health records must be germane to the purpose and need for disclosure).

RIGHT TO REVOCATION

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Living at Reflections, LLC. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

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Randall Clark Morrison (Client), 12/30/2025 11:06 AM
Staff present: Daniel Rouquette, Program Assistant

This form expires on 12/30/2026 11:06 AM.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Authorization to Obtain and Release Information

This will authorize Living at Reflections, LLC to disclose to and/or obtain from:

Name of Person or Organization: Michele Bonsignore, LMFT

Relationship: Therapist

Address: n/a

Phone number: 415-819-6246

Fax number: n/a

Email: n/a

The following information:

Description of Information to be Disclosed (*Client should initial each item to be disclosed*)

<u>RCM</u> ssessments	<u>RCM</u> operation/Motivation
<u>RCM</u> charge/Transfer Summary	<u>RCM</u> financial Information
<u>RCM</u> edication	<u>RCM</u> nursing/Medical Assessment
<u>RCM</u> seance in Treatment	<u>RCM</u> prognosis
<u>RCM</u> ggress in Treatment	<u>RCM</u> psychiatric Evaluation
<u>RCM</u> ychosocial Evaluation	<u>RCM</u> toxicological Reports/Drug Screen
<u>RCM</u> treatment Plan or Summary	<u>n/a</u> Other: <u>n/a</u>

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and, when appropriate, coordinate treatment services. If other purpose, please specify:

n/a

Expiration

Unless sooner revoked, this consent is valid for 12 months due to the need for ongoing communication for the coordination of treatment.

Conditions

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Randall Clark Morrison (Client), 12/23/2025 01:48 PM
Staff present: Sharon Johnson, LCSW

This form expires on 12/23/2026 01:48 PM.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Authorization to Obtain and Release Information

This will authorize Living at Reflections, LLC to disclose to and/or obtain from:

Name of Person or Organization: Rebecca Galler

Relationship: spouse

Address: n/a

Phone number: 303-887-7658

Fax number: n/a

Email: n/a

The following information:

Description of Information to be Disclosed (*Client should initial each item to be disclosed*)

<u>n/a</u> Assessments	<u>n/a</u> Cooperation/Motivation
<u>n/a</u> Discharge/Transfer Summary	<u>n/a</u> Financial Information
<u>n/a</u> Medication	<u>n/a</u> Nursing/Medical Assessment
<u>n/a</u> Presence in Treatment	<u>n/a</u> Prognosis
<u>n/a</u> Progress in Treatment	<u>n/a</u> Psychiatric Evaluation
<u>n/a</u> Psychosocial Evaluation	<u>n/a</u> Toxicological Reports/Drug Screen
<u>n/a</u> Treatment Plan or Summary	<u>n/a</u> Other: <u>n/a</u>

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and, when appropriate, coordinate treatment services. If other purpose, please specify:

n/a

Expiration

Unless sooner revoked, this consent is valid for 12 months due to the need for ongoing communication for the coordination of treatment.

Conditions

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Randall Clark Morrison (Client), 12/19/2025 04:30 PM
Staff present: James A. Hayes,, Program Assistant

This form expires on 12/19/2026 04:30 PM.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Attachment Admission EMAIL 12/19/2025

Title Admission EMAIL

Date 12/19/2025

Description

Date: 12/19/25

Time: 1605

New Admit to: Simmons -Detox 1 - 72 Hour Obs until 12/22/25 @ 1605

Initials: RCM Age: 64 y/o Gender: Male

Here for:

Alcohol dependence, uncomplicated

UDS: (+) EtG BAC: 0.04

Residing in room number: 3

Medication Allergies/Reaction if any: NKA

Food Allergies/Reaction if any: No food allergies

Type of Diet: Regular diet

Cleared for all activities? No

Initial Screens within our Client Health Questionnaire & Initial Assessment are + or - OR NEG/POS? (-) Neg

Suicide: Denies, Pain: 0/10, Nutritional Assessment - No , Cravings: 10 /10

Clinical will follow up.

Let's all help him feel welcome!

Scanned Document

A handwritten signature in blue ink, appearing to read "IRMA MARTINEZ". To the right of the signature, the letters "LPT" are printed in a smaller, sans-serif font.

Irma Martinez, LPT (Staff), 12/19/2025 06:34 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Initial Abbreviated Treatment Plan (Includes Detox) 12/19/2025

Date Established: 12/19/2025

PRESENTING PROBLEM:

Alcohol dependence, uncomplicated

Patient Needs to Be Detoxed from:

Alcohol Dependence

AS EVIDENCED BY (History and Patient Statement):

"I over work and family problems"

Goal: Patient will be medically stabilized, complete a safe medical detox, follow staff recommendations for ongoing treatment and/or discharge plans, transfer to lower level of care as deemed by treatment team and medical necessity, and begin to engage in the therapeutic group treatment process.

Objective (What is the Patient going to do?)	Intervention (What is staff going to do?)	Staff Responsible
Patient will follow detox protocol as outlined in orders to maintain homeostasis & prevent physical complications.	A. Staff will monitor patient's vital signs on as needed basis. B. Staff will utilize vital signs as a tool to evaluate need for medication. C. Nursing staff will complete nursing assessment including what and how much the patient drinks and/or uses mood-alternating drugs, time and amount of last usage. D. Staff to monitor patient's mental status & physical symptoms. Evaluate for presence of tremors, irritability, diaphoresis, sleep disturbances, orientation and misperception, misinterpretation of real stimuli (hallucinosis), seizures, or hallucinations. E. Staff will alert the physician to any changes in symptomatology that occur. F. Staff will offer fluids frequently. G. Staff will promote rest and sleep through relaxation & decrease of external stimuli. H. Physician and/or Nursing will educate patient on medications.	Nursing Staff

Target date	Status	Date/Comment	By
12/26/2025	Open		IM 12/19/2025

Patient will be educated in substance abuse and addiction by attending a minimum of 2 groups per week in educational and/or therapeutic groups and activities.

Staff will provide educational and therapeutic activities in which the patient can learn about addiction and substance abuse.

Clinical Staff

Target date	Status	Date/Comment	By
01/02/2026	Open		IM 12/19/2025

Patient will discuss discharge plans with therapist in 1:1 session.

Staff will assist patient in developing appropriate discharge plans at the end of detox.

Aftercare Coordinators

Target date	Status	Date/Comment	By
01/09/2026	Open		IM 12/19/2025

Problem #6

Fall Risk Identified and goal is for Client to not sustain a fall while in Detox

Target date	Status	Date/Comment	By

Criteria for discharge & discharge planning: Patient has completed the detoxification process and been approved for transfer via treatment team and ASAM/medical criteria.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Review Self Administration of Medication Assessment

1. Does patient currently administer their own medication? Yes

2. Is patient confused? No

3. Does patient have a history of drug abuse or self-harm? Yes

4. Can patient read labels? Yes

5. Can patient open bottles/blister packs? Yes

6. Can patient name medication(s), why they are taking it, and the dosage? Yes

The above patient is capable of self-administration of medications(s). Yes

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Irma Martinez, LPT (Staff), 12/19/2025 05:41 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Self Preservation Statement 12/19/2025

Evaluation Date: 12/19/2025

Note: Each criterion must be met for a Patient to be eligible for services

- Ambulatory or capable of self-transfer and self-preservation
- Able to participate in and benefit from treatment programming and services
- Able to maintain personal hygiene and grooming with minimal prompting
- Able to express problems and concerns to appropriate persons
- The above named Patient has been assessed by me and I have determined that he / she is capable of self-preservation and does not currently pose a threat of physical harm to self or others

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 LPT

Irma Martinez, LPT (Staff), 12/19/2025 04:56 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medication Education

1. RE: Elevated blood sugar, diabetes mellitus and stroke. I have been Informed by the undersigned that elevated blood sugars, in some cases extreme, and associated with coma or death have been reported in patients treated with atypical antipsychotic including CLOZARIL, ZYPREXA, SEROQUEL, GEODON and ABILIFY. The relationship between atypical antipsychotic use and elevated blood sugar is not completely understood because of other factors such as the higher incidence of diabetes associated with many psychiatric disorders, the epidemic of obesity, cholesterol problems and diabetes in the general population and other such factors. However, studies suggest an increased risk of elevated blood sugar and cholesterol related adverse ailments in patients treated with atypical antipsychotic. These changes may occur with or without weight gain. Any patient treated with atypical antipsychotic should be monitored for symptoms of elevated blood sugar including increased thirst, increased urination, increased eating and weakness. Patients who develop symptoms of elevated blood sugar during treatment with atypical antipsychotic should have a test for elevated blood sugar and cholesterol. In addition, RISPERIDAL, ZYPREXA and ABILIFY have been found to have an elevated risk in clinical trials in elderly patients with dementia.
2. I have been informed by the undersigned that all antipsychotic medications I take (including those listed in #1 above as well as haloperidol [Haldol] and fluphenazine [Prolixin] may result in a condition called Tardive Dyskinesia (TD). The symptoms of TD, which is potentially irreversible, have been explained to me.
3. If applicable (female of child bearing age): I have been informed by the undersigned that any and all medications I take may have a negative effect on an unborn child (fetus) if I am pregnant. If I am not pregnant now. I agree to discuss my medication(s) with my doctor before attempting to get pregnant If I do become pregnant while taking medicine I agree to immediately contact my doctor.
4. I have been informed that benzodiazepines (for example, lorazepam [Ativan], alprazolam [Xanax], and clonazepam [Klonopin]) are addicting, habit forming, and may cause dizziness, Impaired memory, impaired coordination, and reaction time, and should NOT be combined with alcohol. I understand that I should not stop taking these medications abruptly because of the risk of possible seizures and/or other adverse effects.
5. I have been informed that the Food & Drug Administration (FDA) has issued a warning that antidepressants might worsen depression and/or increase the risk of suicide. Patient's and. their families should be alert for the emergence of agitation, irritability, anxiety, panic attacks, insomnia, hostility, impulsivity, severe restlessness, worsening depression, suicidal thoughts, or elevated mood, especially soon after treatment has been started, the dose of the medication has been Increased or decreased, or when the medication is discontinued. If any of these symptoms and during treatment, they should be reported to the doctor immediately. The drugs that are the focus of this new warning are: Prozac (fluoxetine); Zoloft (sertraline); Paxil (paroxetine); Luvox (fluvoxamine); Celexa (citalopram); Lexapro (escltalopram); Wellbutrin (bupropion); Effexor (venafaxine); Serzone (nefazodone); and Remeron (mirtazapine).
6. I have been informed that one or more of the medications I have been prescribed are "off label"; this means that the medication is prescribed for uses not approved by the Food and Drug Administration (FDA). Only atomoxetine (strattera) - for ADHD, fluoxetine (Prozac) - for depression & obsessive compulsive disorder (OCD), sertraline (Zoloft) ... for OCD, fluvoxamine (luvox) - for OCD, and clomipramine (Anafranil) -for OCD, have FDA approval for use in children.
7. I have been informed that one or more of the medications prescribed to me may adversely affect my ability to drive a motor vehicle or operate machinery, and I take full responsibility for this liability.
8. Potential risks and benefits of taking this or these medications, as well as alternative treatments, have been discussed with me and I accept these risks. I have been given a copy of this form to take home with me.



Randall Clark Morrison (Client), 12/19/2025 04:46 PM
Staff present: Irma Martinez, LPT

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Client Health Questionnaire & Initial Screening 12/19/2025

Date: 12/19/2025

Vital Signs	Blood Pressure (systolic/diastolic) 158 / 97	Temperature 97.1	Pulse 83	Respirations 20	O2 Saturation 98
-------------	---	---------------------	-------------	--------------------	---------------------

Comments

-

Admission BAC and UA Screen: Breathalyzer: 0.04 , UA Screen: (+) EtG

No Known Allergies/NKA

If Client has a **Food Allergy**, notify Chef, Nurse Practitioner and Staff immediately via email, update Information Tab (Allergies and Food Restrictions) in KIPU and Food Memo in Chef binder.

Nutritional Screen

Height/Weight Height: 6' 0" Weight: 222 lbs BMI: 30.11 Target Body Weight: n/a

BMI 30.11

Weight Change (of ≥5% over past 30 days)

Has the client ever had the following specific eating habits or behaviors, bingeing, inducing vomiting, restricting, or overexercising?

Gastrointestinal Problems:

Chronic Diarrhea No Problem (0) (0)

Chronic Constipation No Problem (0) (0)

Nausea/Vomiting No Problem (0) (0)

Frequent Reflux/Indigestion No Problem (0) (0)

Hx. Non-compliance with therapeutic diet No (0) (0)

Current or History of Eating Disorder - including anorexia and/or bulimia. (If yes, Score 2) No (0) (0)

Knowledge Deficit of current therapeutic diet or that the client requires further nutritional education (If yes, Score 2) No (0) (0)

Appetite: Good (0) (0)

TOTAL SCORE: Add all scores (0)

Score:

0's & 1's only = No further action

Any 2's = Refer to nutritionist or to physician for further evaluation

Document referral in Progress Notes.

CARE	ASSESSMENT	WHAT TO DO:
0-8	Low Nutritional Risk	Reassess if other issues arise
9-12	Moderate Nutritional Risk	The goal for clients at moderate risk is to improve eating habits and lifestyle through client and/or caregiver education and referrals. Recheck the nutrition score in 30 days.
14+	High Nutritional Risk	Refer Client and/or guardian for a Nutritional Consultation with PCP.

Dental Hygiene

Are their teeth sensitive to hot or cold temperatures?

No
Yes

Yes

Are the Clients teeth intact and look well taken care of?

No

Referral to Nutritionist or Physician: No

Mental Status Exam

Appearance Unkempt

Behavior Restless , Preoccupied

Orientation Person , Place , Situation

Speech Pressured , Hyper-verbal

Mood Anxious

Affect Anxious

Attention/
Concentration PreoccupiedThought
Processes: PressuredThought
content WNL

Judgement Mildly impaired

Insight Mildly impaired

Memory Mildly impaired

Fund of
information Average

PHYSICAL SCREENING

1. Have you ever had a heart attack or any problem associated with the heart? Yes No

If yes, please list when, what was the diagnosis and if you are taking medication please list here:

Denies

2. Are you currently experiencing chest pain(s)? Yes No

If yes, please give details:

Denies

If **yes**, please give details and notify NP/MD immediately

3. Do you have any serious health problems or illnesses (such as tuberculosis or pneumonia) that Yes No may be contagious to others around you?

If yes, please give details:

Denies

4. Have you ever tested positive for tuberculosis? Yes No

If yes, when? Please give details:

Denies

5. Have you ever been treated for HIV or Aids? Yes No

If yes, when? Please give details:

Denies

6. Have you ever tested positive for sexually transmitted diseases? Yes No

If yes, please give details and list any medications you are taking:

Denies

7. Have you had a head injury in the last six (6) months? Have you ever had a head injury that resulted in a period of loss of consciousness? Yes No

Have you ever had a head injury that resulted in a period of loss of consciousness? Yes No

If yes, to either question, please give details:

Denies

8. Have you ever been diagnosed with diabetes? Yes No

If yes, please give details, including insulin, oral medications, or special diet:

Denies

9. Do you have any open lesions/wounds? Yes No

Have you been diagnosed with MRSA Yes No
(Methicillin-resistant Staphylococcus aureus) -
resistant to commonly used antibiotics

If yes, please explain and list any medications you are taking:

Denies

10. Have you ever had any form of seizures, delirium tremens or convulsions? Yes No

If yes, date of last seizure episode(s) and list any medications you are taking:

Denies

11. Do you feel you have problems with sleep? Yes No

Do you suffer from night sweats? Yes No

If yes to either question, please give details:

"Mostly when I drink"

Do you use a C-PAP machine or are you dependent upon oxygen? Yes No

If yes, please explain:

Client uses C-pap

12. Have you ever had a stroke? Yes No

If yes, please give details:

13. Are you pregnant? NA Yes No

If yes? Which trimester: NA

Are you receiving pre-natal care? NA Yes No

Any complications? NA Yes No

If yes to any question, please explain:

14. Do you have a history of any other illness that may require frequent medical attention? Yes No

If yes, please give details and list any medications you are taking:

15. Have you ever had blood clots in the legs or elsewhere that required medical attention? Yes No

If yes, please give details:

16. Have you ever had high-blood pressure or hypertension? Yes No

If yes, please give details:

Dx HTN since high school. Client is currently taking Lisinopril.

17. Do you have a history of cancer? Yes No

If yes, please give details and list any medications you are taking:

18. Have you ever had an ulcer, gallstones, internal bleeding, or any type of bowel or colon

inflammation?

Yes No

If yes, please give details:

19. Have you ever been diagnosed with any type of hepatitis or other liver illness? Yes No

If yes, please give details and list any medications you are taking:

20. Have you ever been told you had problems with your thyroid gland, been treated for, or told you need to be treated for, any other type of glandular disease? Yes No

If yes, please give details:

21. Do you currently have any lung diseases such as asthma, emphysema, or chronic bronchitis? Yes No

If yes, please give details:

22. Have you ever had kidney stones or kidney infections, or had problems, or been told you have problems with your kidneys or bladder? Yes No

Do you have any family history of kidney stones? Yes No

If yes, please give details:

23. Are you currently experiencing any form of pain? Yes No

If yes, how strong is the pain?

If yes, describe pain:

Denies

23a. Do you have any of the following; arthritis, back problems, bone injuries, muscle injuries, or joint injuries? Yes No

If yes, please give details, including any ongoing pain or disabilities:

Denies

If yes to 23 or 23a, please add "Pain Screen Form" and "Pain Re-Ass in Daily assesment "Updates

24. Do you take over the counter pain medications such as aspirin, Tylenol, or Ibuprofen? Yes No

If yes, list the medication(s) and how often you take it:

Denies

25. Do you take over the counter digestive medications such as Tums, Maalox or laxatives? Yes No

If yes, list the medication(s) and how often you take it:

Client takes Prilosec QD

26. Do you wear or need to wear glasses, contact lenses, or hearing aids? Yes No

Do you have personal or family history of Glaucoma? Yes No

If yes to either question, please give details:

Client uses hearing aid

27. When was your last dental exam? Date: Can't recall within the last 6 monthsAre you in need of dental care? Yes No**If yes, please give details:**

Denies

28. Do you wear or need to wear dentures or other dental appliances that may require dental care? Yes No**If yes, please give details:**

Mouth guard

29. Please describe any surgeries or hospitalizations due to illness or injury that you have had in the past.

Broken L ankle in 2019

30. When was the last time you saw a physician and/or psychiatrist?**What was the purpose of the visit?****31. In the past seven days what types of drugs, including alcohol, have you used?**

	Route	Amounts	Time Frame	Last Use	Cravings 1-10
ETOH	Oral	Up to 2 pints in a day. Today drank 1/2 pint of Tito's	Client was sober for about a year and relapse about 6 months ago to MDMA and then Etoh.	12/19/25	10/10
Opiates	Denies				
Benzodiazepines	Ambien	10mg prescribed	Started to use since age of 60y/o	12/17/25	0/10
Cocaine/Stimulants	Denies				
THC	Denies				
Hallucinogens/Club Drugs	Ecstasy	Unsure amount	Started to used about 2 months ago	12/12/25	0/10
Inhalants	Denies				

32. In the past year what types of drugs, including alcohol, have you used?

	Route	Amounts	Time Frame	Last Use	Cravings 1-10
ETOH	Oral	1-1&1/2 pint in 3-4 days	Tried in HS. Since year 202-2023 drink daily	12/19/25	10/10
Opiates	Denies				
Benzodiazepines	Rx'd during detox	can't recall dosages only used during detox in 2024	Several times while in detox at Living at reflections	01/2024	0/10
Cocaine/Stimulants	Denies				
THC	Denies				
Hallucinogens/Club Drugs	Ecstasy	Unsure amount	Started to used about 2 months ago	12/12/25	
Inhalants	Denies				

MENTAL & EMOTIONAL

33. Are you currently feeling down, depressed, anxious or hopeless? Yes No

If yes, describe:

"Anxious regarding the outcome"

34. Are you currently receiving treatment services for an emotional/psychiatric diagnosis? Yes No

If yes, for what are you being treated?

35. Over the last 2 weeks, have you felt nervous, anxious, or on edge? Yes No

SUICIDE IDEATION DEFINITIONS AND PROMPTS

Ask questions that are bolded and underlined.

Ask Questions 1 and 2

1) Have you wished you were dead or wished you could go to sleep and not wake up?

Past Month:

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

2) Have you actually had any thoughts of killing yourself?

Past Month:

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

If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.

3) Have you been thinking about how you might do this?

E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."

Past Month:

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

4) Have you had these thoughts and had some intention of acting on them?

As opposed to "I have the thoughts but I definitely will not do anything about them."

Past Month:

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

Past Month:

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

5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

Past Month:

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

6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?

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

any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

If YES, ask: Was this within the past three months?

YES

NO

N/A

Low Risk

Moderate Risk

High Risk

Recommended response to C-SSRS Screening:

Client states he has no plans or intent of SI.

If client is moderate to high risk for suicidality, the clinician MUST complete a full suicide risk assessment protocol

Did you feel like you were unable to stop or control your worrying? Yes No

If yes, describe:

Have you ever had thoughts of suicide or thought you would be better off dead? Yes No

If yes, describe:

Do you have any cultural, religious or other beliefs that prohibit/discourage suicide?

Yes
No

Do you have strong coping and problem-solving skills or are you optimistic?

Yes
No

Do you have a strong therapeutic relationship?

Yes
No

Are you positively motivated for treatment?

Yes
No

If moderate or high immediately notify treatment team (Primary Therapist, Medical Providers, Clinical Directors, RA and Detox Manager) for further risk assessment.

ANY PROTECTIVE FACTORS:

40. Have you ever been in a relationship where your partner has pushed or slapped you? Yes No

If yes, describe:

41. Have you received alcoholism or drug abuse recovery treatment services in the past? Yes No

Type of Treatment (Outpatient, Residential, Detoxification)	Name of Facility	Dates Attended	Treatment Completed (Yes/No)
Detox	Serenity Knolls	10/18/23-11/01/2023	Yes
PHP	Reflections	11/01/2023 -11/25/2023	No
Detox	Reflections	11/2023	No

42. Have you ever been treated for withdrawal symptoms? Yes No

If yes, please state the dates you were treated and any medications that were prescribed:

Ativan

43. Who are your biggest supporters? (Who would you call if you needed help?)

Sponsor, Daughter and my sobriety group.

44. How is this effecting your work life?

"My work is not being affected I work myself to the bone"

45. Medication Inventory at Admission: PLEASE ENTER ALL MEDICATIONS BROUGHT IN UNDER CONSULTING PHYSICIAN ORDERS/MEDS BROUGHT IN

Irma Martinez, LPT, 12/19/2025 04:22 PM

Lisinopril 20mg
Disulfiram 250mg
Gabapentin 300mg
Trazodone 50mg
Rosuvastatin 40mg
Ezetimibe 10mg
Escitalopram 10mg
Aspirin EC81mg

Current Medications - What medications do you take every day? Please add new note.

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 12/19/2025 08:00 AM:

46. Current Nicotine No

Use:

Smoking Cessation No
Program/Education

If Yes, what program?

47. Describe:

Scars (S), Lacerations (L), Burns (B), Bruises (BR), Moles/Birthmarks (M), Abrasions (A), Rashes (R), Tattoos (T), Piercing (P):

None

RISK PROFILE

Are you current with all immunizations? Yes No

Specify year/type of immunizations:

	Year	Where Given
Pneumonia	Up to date	
Flu	Up to date	
Tetanus	Up to date	
Hepatitis	Up to date	

Infectious Diseases:

Please check YES or NO in response to the following questions

1. Have you been in recent contact to an infectious case of tuberculosis? Yes No
2. Have you ever had an organ transplant? Yes No
3. Are you a recent (Within the last 5 years) immigrant from a country with a high rate of TB? Yes No
4. Have you ever injected drugs? Yes No
5. Have you been in jail, prison, or a nursing home? Yes No

Please explain:

6. Have you ever worked in a lab that processed TB specimens? Yes No
7. Have you ever been told you have an abnormal chest x-ray? Yes No
8. Have you had any of the following symptoms recently? Yes No

Client denies

9. Education Provided Re: Infection Prevention and Control

Client verbalized understanding? Yes

Infection Prevention and Control Pamphlet received by client?

Client denies a copy.

Additional Medical Notes:

Randall Clark Morrison (Client), 12/19/2025 04:56 PM
Staff present: Irma Martinez, LPT

Irma Martinez, LPT (Staff), 12/19/2025 05:41 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Living at Reflections, LLC Specific Authorization for Psychotropic Medications

Discussion of psychotropic medication should occur within the context of the patient's medical history and current overall medication regimen.

I, Randall Clark Morrison, a patient, hereby authorize the professional staff of this facility to observe me taking the stated medication for treatment limited to mental health medications, as indicated below as the primary medication recommended or alternate if requested by my physician.

State law requires informing you about the typical maximum daily dosage of medications. Please initial next to medications you have been informed about and are agreeing to take. If your daily dosage will exceed maximums listed below, you will be informed of this and asked to provide additional consent.

I have been given detailed information about Medication and Dose and I agree to take it as prescribed:

Clonidine
Ondansetron
Lorazepam

1. The proposed medications, maximum dosage range, frequency, and method of administration.
2. The purpose of my treatment.
3. Common short – and long-term side effects of my proposed medication, including contraindications and clinically significant interactions with other medications.
4. Alternative medications.
5. Approximate length of care.

I further understand that a change of medication or dosage which exceeds the maximum listed will require additional express and informed consent.

I understand that my consent can be revoked orally or in writing prior to, or during the treatment period.

The information I have relied upon to make the decision to consent to treatment, including full disclosure of each of the above subjects, is attached to this authorization and signed by me. I have read and had this information fully explained to me and I have had the opportunity to ask questions and receive answers about the treatment.

+++++

Medication education was provided verbally and accompanied by written material. The above drug was reviewed with Randall Clark Morrison: Reason, Dosing schedule, food/drug interactions, side effects and signs/symptoms to report to the nurse or physician.

Verbalized an understanding **Needs further education**



Randall Clark Morrison (Client), 12/19/2025 04:46 PM
Staff present: Irma Martinez, LPT

This form expires on 12/19/2026 04:46 PM.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Search Completion Sign OFF

This form is to be signed by nursing staff after completing the persons search of an incoming client. By signing this form the below signer is taking ownership for the completed search and hereby attests that the client has been disrobed and all clothing and personal items were thoroughly searched.



Irma Martinez, LPT (Staff), 12/19/2025 05:41 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Attachment - CP CURES 12/19/2025

Title CURES

Date 12/19/2025

Description

Scanned Document

75710_CURES-Patient-Activity-Report-12192025-1209.pdf, 46.5 KB

A handwritten signature in blue ink that reads "Ellen Barbieri".

Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/19/2025 12:14 PM



CONFIDENTIAL DOCUMENT
 State of California, Department of Justice
Controlled Substance Utilization Review & Evaluation System (CURES)

CURES

Patient Identities Selected: 2

Patient Name	Date of Birth	Gender	Address	City	State	ZIP Code	# of Rx
MORRISON, RANDALL	10/03/1961	M	1900 GOUGH ST APT 305	SAN FRANCISCO	CA	94109	7
MORRISON, RANDALL	10/03/1961	M	2835 HILLSIDE DR	BURLINGAME	CA	94010	2

Query Date Range: 12/19/2024 - 12/19/2025

Sum of Daily MME[†] for Active Prescriptions on 12/19/2025: 0.0

Total Number of Prescriptions: 9

[†]Total Number of Active Prescriptions: 0

[†]An Active Prescription indicates the patient has units of the medication remaining as of the date this report was generated. It is calculated based on Date Filled and Day's Supply of the medication, and assumes the patient is taking the medication as directed, beginning the day following the Dated Filled. ^MMorphine Milligram Equivalents (MMEs) are calculated using the morphine equivalent conversion factor, published by the Centers for Disease Control and Prevention (CDC). The MME calculations contained in this report are informational only. Providers should exercise their independent clinical judgment in making prescribing and dispensing decisions. More information regarding MMEs can be found on the CDC website at <https://www.cdc.gov/opioids/data-resources/index.html>.

DISCLAIMER: The CURES database contains information about Schedule II, Schedule III, Schedule IV, and Schedule V controlled substance prescriptions dispensed to patients, as reported by California-licensed dispensers. The California Department of Justice does not independently verify the accuracy of the information reported by dispensers. Records are based on information at the time the query was submitted and are subject to change as a result of subsequent reporting by dispensers.

Barbieri, Ellen (Prescriber)

Page 1 of 2

12/19/2025 12:09:09 PM



CONFIDENTIAL DOCUMENT
 State of California, Department of Justice
Controlled Substance Utilization Review & Evaluation System (CURES)

CURES

Patient Details	Patient Address	Dates and Payment	Prescription Information	MME ^M	Prescriber Details	Pharmacy Details	Prescription Numbers
MORRISON, RANDALL DOB: 10/03/1961 Gender: M	2835 HILLSIDE DR BURLINGAME, CA 94010	Sold: 10/29/2025 Filled: 10/29/2025 Payment Type: Com.Insurance	TESTOSTERONE CYPIONATE Strength:200 MG Form:INJ SOL Days Supply: 28 Quantity: 2 Refill:0 of 3	Daily: N/A Total: N/A	SEAV, SUSAN DEA #: FS1732165 City: STANFORD	AMAZON PHARMACY #002 Pharmacy #: NRP2238 3809 E WATKINS ST PHOENIX, AZ 85034	Serial Rx #: NOT REPORTED Pharmacy Rx #: 4043770595
MORRISON, RANDALL DOB: 10/03/1961 Gender: M	1900 GOUGH ST APT 305 SAN FRANCISCO, CA 94109	Sold: 08/18/2025 Filled: 08/13/2025 Payment Type: Com.Insurance	TESTOSTERONE CYPIONATE Strength:200 MG Form:INJ SOL Days Supply: 84 Quantity: 6 Refill:0 of 3	Daily: N/A Total: N/A	SEAV, SUSAN DEA #: FS1732165 City: STANFORD	CVS/PHARMACY #10080 Pharmacy #: PHY51288 1059 HYDE ST SAN FRANCISCO, CA 94109	Serial Rx #: NOT REPORTED Pharmacy Rx #: 00740389
MORRISON, RANDALL DOB: 10/03/1961 Gender: M	2835 HILLSIDE DR BURLINGAME, CA 94010	Sold: 08/07/2025 Filled: 08/07/2025 Payment Type: Com.Insurance	ZOLPIDEM TARTRATE Strength:10 MG Form:TAB Days Supply: 30 Quantity: 30 Refill:0 of 0	Daily: N/A Total: N/A	HOEFER, MICHAEL DEA #: FH2181698 City: SAUSALITO	AMAZON PHARMACY #002 Pharmacy #: NRP2238 3809 E WATKINS ST PHOENIX, AZ 85034	Serial Rx #: NOT REPORTED Pharmacy Rx #: 4039248661
MORRISON, RANDALL DOB: 10/03/1961 Gender: M	1900 GOUGH ST APT 305 SAN FRANCISCO, CA 94109	Sold: 07/18/2025 Filled: 07/18/2025 Payment Type: Com.Insurance	LORAZEPAM Strength:0.5 MG Form:TAB Days Supply: 10 Quantity: 30 Refill:0 of 0	Daily: N/A Total: N/A	RODRIGUEZ, CHANEL E (FNP) DEA #: MR4613130 City: SAN FRANCISCO	CVS/PHARMACY #09811 Pharmacy #: PHY49507 1871 EL CAMINO REAL BURLINGAME, CA 94010	Serial Rx #: NOT REPORTED Pharmacy Rx #: 01438883
MORRISON, RANDALL DOB: 10/03/1961 Gender: M	1900 GOUGH ST APT 305 SAN FRANCISCO, CA 94109	Sold: 05/22/2025 Filled: 05/19/2025 Payment Type: Com.Insurance	TESTOSTERONE CYPIONATE Strength:200 MG Form:INJ SOL Days Supply: 84 Quantity: 6 Refill:1 of 3	Daily: N/A Total: N/A	HOEFER, MICHAEL DEA #: FH2181698 City: SAUSALITO	CVS/PHARMACY #10080 Pharmacy #: PHY51288 1059 HYDE ST SAN FRANCISCO, CA 94109	Serial Rx #: NOT REPORTED Pharmacy Rx #: 00699865
MORRISON, RANDALL DOB: 10/03/1961 Gender: M	1900 GOUGH ST APT 305 SAN FRANCISCO, CA 94109	Sold: 02/24/2025 Filled: 02/24/2025 Payment Type: Com.Insurance	TESTOSTERONE CYPIONATE Strength:200 MG Form:INJ SOL Days Supply: 84 Quantity: 6 Refill:0 of 3	Daily: N/A Total: N/A	HOEFER, MICHAEL DEA #: FH2181698 City: SAUSALITO	CVS/PHARMACY #10080 Pharmacy #: PHY51288 1059 HYDE ST SAN FRANCISCO, CA 94109	Serial Rx #: NOT REPORTED Pharmacy Rx #: 00699885
MORRISON, RANDALL DOB: 10/03/1961 Gender: M	1900 GOUGH ST APT 305 SAN FRANCISCO, CA 94109	Sold: 02/08/2025 Filled: 02/08/2025 Payment Type: Com.Insurance	TESTOSTERONE CYPIONATE Strength:200 MG Form:INJ SOL Days Supply: 28 Quantity: 2 Refill:1 of 3	Daily: N/A Total: N/A	HOEFER, MICHAEL DEA #: FH2181698 City: SAUSALITO	AMAZON PHARMACY #002 Pharmacy #: NRP2238 3809 E WATKINS ST PHOENIX, AZ 85034	Serial Rx #: NOT REPORTED Pharmacy Rx #: 403355628
MORRISON, RANDALL DOB: 10/03/1961 Gender: M	1900 GOUGH ST APT 305 SAN FRANCISCO, CA 94109	Sold: 01/11/2025 Filled: 01/11/2025 Payment Type: Com.Insurance	ZOLPIDEM TARTRATE Strength:5 MG Form:TAB Days Supply: 30 Quantity: 30 Refill:0 of 0	Daily: N/A Total: N/A	RODRIGUEZ, CHANEL E (FNP) DEA #: MR4613130 City: OAKLAND	AMAZON PHARMACY #002 Pharmacy #: NRP2238 3809 E WATKINS ST PHOENIX, AZ 85034	Serial Rx #: NOT REPORTED Pharmacy Rx #: 4033659564
MORRISON, RANDALL DOB: 10/03/1961 Gender: M	1900 GOUGH ST APT 305 SAN FRANCISCO, CA 94109	Sold: 01/10/2025 Filled: 01/10/2025 Payment Type: Com.Insurance	TESTOSTERONE CYPIONATE Strength:200 MG Form:INJ SOL Days Supply: 28 Quantity: 2 Refill:0 of 3	Daily: N/A Total: N/A	HOEFER, MICHAEL DEA #: FH2181698 City: SAUSALITO	AMAZON PHARMACY #002 Pharmacy #: NRP2238 3809 E WATKINS ST PHOENIX, AZ 85034	Serial Rx #: NOT REPORTED Pharmacy Rx #: 403355628

^MAn Active Prescription indicates the patient has units of the medication remaining as of the date this report was generated. It is calculated based on Date Filled and Day's Supply of the medication, and assumes the patient is taking the medication as directed, beginning the day following the Dated Filled. Morphine Milligram Equivalents (MMEs) are calculated using the morphine equivalent conversion factor, published by the Centers for Disease Control and Prevention (CDC). The MME calculations contained in this report are informational only. Providers should exercise their independent clinical judgment in making prescribing and dispensing decisions. More information regarding MMEs can be found on the CDC website at <https://www.cdc.gov/opioids/data-resources/index.html>.

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Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Attachment - CP Fasting labs 12/22/2025

Title Fasting labs

Date 12/22/2025

Description

Initial results some out of range, Nurse Practitioner made aware in person

Scanned Document

75792_FAX-20251222-1766440298-221.pdf, 77.4 KB

A handwritten signature in blue ink that appears to read "Scheria Smith".

Scheria Smith, LVN (Staff), 12/22/2025 02:04 PM

12/22/25 13:49:46 9168555908

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Page 001

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Novato Community Hospital

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FAX LAB REPORT

=====

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MESSAGE

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Novato Community Hospital
180 Rowland Way, Novato, CA 94945
(415)209-1424 Fax (415)209-1421

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12/22/25 13:50:08 9168555908

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Page 002

PAGE 1

NOVATO COMMUNITY HOSPITAL
 165 Rowland Way suite 100
 NOVATO, CA 94945 (415) 209-1424
 Christopher W. Soon, M.D., Medical Director

NAME: MORRISON, RANDALL CLARK MEDICAL REC#: 59301367 LOC: NVLABD
 ID: 1504366558 AGE: 64Y SEX: M
 DOCTOR / LOC: BARBIERI, ELLEN GRIFFIN, NP ADMITTED: 12/22/2025 DOB: 10/03/1961

M6185412 COLL: 12/22/2025 06:55 REC: 12/22/2025 06:56 PHYS: BARBIERI, ELLEN GRIFFIN,
 415.408.3501 415.534.2833

Bilirubin, Direct <0.2 [0.0-0.2] mg/dL {NV}

Comp Metabolic Pnl

Sodium	141	[136-145]	mmol/L	{NV}
Potassium	4.4	[3.5-5.1]	mmol/L	{NV}
Chloride	106	[98-110]	mmol/L	{NV}
Bicarbonate	24	[21-32]	mmol/L	{NV}
Anion Gap	11	[2-12]	mmol/L	{NV}

The Anion Gap calculation uses the American formula: $(Na) - (Cl + CO_2) = \text{anion gap}$. There are other means of calculating anion gap that may yield a different value. Therefore, the clinical history of the patient should be considered when interpreting the anion gap value.

A low Anion Gap result may be observed in patients with decreased albumin. Every 1.0 g/dL decrease in albumin causes an approximate decrease of 2.5 mmol/L in the measured Anion Gap. Interpret anion gap results in the context of the complete clinical history.

Glucose H 103 [70-100] mg/dL {NV}

BUN 13 [7-18] mg/dL {NV}

Creatinine 1.00 [0.50-1.30] mg/dL {NV}

IDMS-traceable method

Calcium 8.5 [8.5-10.1] mg/dL {NV}

Total Protein 6.4 [6.4-8.2] g/dL {NV}

Albumin 3.4 [3.4-5.0] g/dL {NV}

Bilirubin, Total 0.5 [0.2-1.0] mg/dL {NV}

Alkaline Phosphatase 47 [26-137] U/L {NV}

AST 28 [15-37] U/L {NV}

ALT 53 [0-65] U/L {NV}

eGFR 84 [>60] See Cmnt {NV}

Units: mL/min/1.73 m². Estimated glomerular filtration rate values are calculated using the CKD-EPI Creatinine 2021 equation (non-race based).

Free T3

Pend

NAME: MORRISON, RANDALL CLARK
 MR#: 59301367 LOC: NVLABD

DR: BARBIERI, ELLEN GRIFFIN, NP
 PAGE: 1 CONTINUED

12/22/25 13:50:41 9168555908

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Page 003

PAGE 2

NOVATO COMMUNITY HOSPITAL
 165 Rowland Way suite 100
 NOVATO, CA 94945 (415) 209-1424
 Christopher W. Soon, M.D., Medical Director

NAME: MORRISON, RANDALL CLARK MEDICAL REC#: 59301367 LOC: NVLABD
 ID: 1504366558 AGE: 64Y SEX: M
 DOCTOR / LOC: BARBIERI, ELLEN GRIFFIN, NP ADMITTED: 12/22/2025 DOB: 10/03/1961

M6185412 COLL: 12/22/2025 06:55 REC: 12/22/2025 06:56 PHYS: BARBIERI, ELLEN GRIFFIN,
 415.408.3501 415.534.2833

GGT (CONTINUED)

GGT 28 [5-85] 11/1 {NV}

HEP A Ab IgM Pend

Hep B Surf Ab, Quant Pend

HCV Ab w/rflx HCVPCR Pend

HIV 4th Gen wRflx Pend

Lipid Profile

Cholesterol	110	[<200]	mg/dL	{NV}
Triglyceride	70	[<150]	mg/dL	{NV}
HDL	53	[>40]	mg/dL	{NV}
LDL (Calculated)	43	[<100]	mg/dL	{NV}

LDL cholesterol was calculated using the Friedewald equation. This formula is valid for samples with triglycerides <400 mg/dL. Fasting sample is preferred.

Cholesterol:HDL Rati 2.1 [1.00-4.50] {NV}

Cholesterol/HDL Cholesterol Ratio

Interpretation

Risk	Female	Male
1/2 Average	3.27	3.34
Average	4.44	4.97
2X Average	7.05	9.55
3X Average	11.04	23.39

Free T4 L 0.73 [0.76-1.46] ng/dL {NV}

TSH 2.37 [0.36-3.74] uIU/mL {NV}

CBC w Auto Diff

WBC Count	8.7	[4.0-11.0]	K/uL	{NV}
RBC Count	5.69	[4.4-6.0]	M/uL	{NV}
Hemoglobin	16.9	[13.5-18.0]	g/dL	{NV}
Hematocrit	49.3	[40.0-52.0]	%	{NV}
MCV	87	[80.0-100.0]	fL	{NV}
MCH	29.7	[27.0-33.0]	pg	{NV}
MCHC	34.3	[31.0-36.0]	g/dL	{NV}
RDW	13.0	[11.5-15.0]	%	{NV}

NAME: MORRISON, RANDALL CLARK
 MR#: 59301367 LOC: NVLABD

DR: BARBIERI, ELLEN GRIFFIN, NP
 PAGE: 2 CONTINUED

12/22/25 13:51:10 9168555908

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PAGE 3

NOVATO COMMUNITY HOSPITAL
 165 Rowland Way suite 100
 NOVATO, CA 94945 (415) 209-1424
 Christopher W. Soon, M.D., Medical Director

NAME: MORRISON, RANDALL CLARK MEDICAL REC#: 59301367 LOC: NVLABD
 ID: 1504366558 AGE: 64Y SEX: M
 DOCTOR / LOC: BARBIERI, ELLEN GRIFFIN, NP ADMITTED: 12/22/2025 DOB: 10/03/1961

M6185412 COLL: 12/22/2025 06:55 REC: 12/22/2025 06:56 PHYS: BARBIERI, ELLEN GRIFFIN,
 415.408.3501 415.534.2833

CBC w Auto Diff	(CONTINUED)			
Platelet Count	187	[150-400]	K/uL	{NV}
Diff Type	Automated			{NV}
Neutrophil	62	%		{NV}
Lymphocytes	24	%		{NV}
Monocyte	11	%		{NV}
Eosinophil	2	%		{NV}
Basophil	1	%		{NV}
Abs. Neutrophil	5.4	[2.0-8.0]	K/uL	{NV}
Abs. Lymphocyte	2.1	[1.0-5.1]	K/uL	{NV}
Abs. Monocyte	H 1.0	[0.0-0.8]	K/uL	{NV}
Abs. Eosinophil	0.2	[0.0-0.5]	K/uL	{NV}
Abs. Basophil	0.1	[0.0-0.2]	K/uL	{NV}
Nucleated RBC Auto	0.0		/100 WBC	{NV}

{NV} = Performed at Novato Community Hospital Laboratory, 165 Rowland Way,
 Novato, CA 94945 Medical Director: Christopher W. Soon, MD

M6185419 COLL: 12/22/2025 06:55 REC: 12/22/2025 06:58 PHYS: BARBIERI, ELLEN GRIFFIN,

Quantiferon TB Scrn Pend

NAME: MORRISON, RANDALL CLARK
 MR#: 59301367 LOC: NVLABD

DR: BARBIERI, ELLEN GRIFFIN, NP
 PAGE: 3 END OF REPORT

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Attachment - CP History and Physical 12/19/2025

Title History and Physical

Date 12/19/2025

Description

Reflections

ID: This is a 64 year old male with severe alcohol use disorder(s), admitted to Reflections for acute withdrawal management and residential treatment.

HPI:

Reason for seeking treatment at present: "I started up again, and I can't stop on my own. I need help."

Brief synopsis of current use: 1-1.5 pints of liquor daily for the last week

Last drink/Use: 12/19/25

Past treatment attempts: Yes

Residential: Serenity Knolls 2023, Reflections 2023, 2024

Outpatient: AA

Substance Use History

Amount/Route/Date of Last Use/Duration/1st use/when it became a problem:

#1 Alcohol: 12/19/25, 1-1.5 pints of liquor daily for the last week. Was sober the for the year prior, and relapsing on/off for the last four years. Age of first use 16, problem age 61 "got three DUIs"

Hallucinogens: 12/12/25, MDMA periodic use over the last six months, age of first use 64.

DENIES

Nicotine

Cannabis:

Cocaine:

Opioids (Fent):

Sedative: (Xanax):

Stimulants

Inhalants:

Over the Counter

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Created on: 12/31/2025 19:27 PM EST - 19:28 PM EST

112 of 400 pages

Prescriptions

Other

Negative consequences

Legal: 3 DUIs in 2023

Employment/School: "work life is very stress and a reason I use. It's a cycle."

Financial: Money spent on substances

Family/Relationships: Wife and adult daughters very upset

Health: Hypertension, Essential Tremor, Broken Ankle, Kidney labs work out of range 6 months ago

Risky Behavior: Driving under the influence

Trauma

Physical: Denies

Social/domestic abuse: YES, "My marriage is pretty toxic"

Mental/psychological: YES

Sexual: Denies

Sober Time: 1 year

Factors that helped: Treatment, AA

Detox History: 3 times

History of Seizures or DT's: Denies

Current Physical Symptoms

POSITIVE

Anxiety

Depression

Shakes

DENIES

Seizures

DTs

Hallucinations/Delusions

Blackouts

Cramping

Nausea

Paranoia Suspiciousness

Achy Joints

Current Cravings: YES

Any history of IV drug use: Denies

Overdose history: Denies

Medical History:

Primary care provider name and last visit: Chanelle Rodriguez, FNP at One Medical last seen 6/2025

Recent ED: Denies

Chronic/Acute Illnesses: Hypertension, Sleep Apnea, GERD

Hx seizures, epilepsy, kidney, liver: Kidney labs out of range six months ago, no diagnosis

Head/Fall/Brain Hemorrhage: Denies

Surgeries: 2019 ankle surgery

Diet: Regular

Psychiatric History:

Hx bipolar, schizo, eating dx, mania: Denies

Hx anxiety, depression: Depression, Insomnia, suspected anxiety and ADHD

Therapist/psychiatrist: Dr. Michale Hoeter Psychiatrist last seen 10/2025, Therapist Michelle Bonsignore seen last week

Hx SI/SA: Hx passive SI in 2023, denies current

Hx self-harm: Denies

Hix 5150 holds: Denies

Allergies: Denies

Medications:

- 1) Lisinopril 20mg HTN
- 2) Lexapro 10mg depression
- 3) Ezetimibe 10mg HTN
- 4) Rosuvastatin 40mg HTN
- 5) Trazodone 50mg Insomnia
- 6) Gabapentin 300mg TID

Social History:

Sexual orientation: prefers females

Relationships Status: married for 12 years

Housing, persons in home: wife, step-daughter

substance use in home: Yes

Employment, Career, Certification, License, Ed level: Juris Doctoral, attorney for 37 years

Military service: Denies

Family History:

Medical: Mother & Father died of cancer

Substance: Brother AUD

Psychiatric, including suicides: Mother "very depressed"

Recent Loss/Grief: Denies

Physical

Mood: Anxious, shaky

Hallucinations: Denies

SI/HI: Denies

General: Client has been a life long drinker. His bottom came in 2023 when he got three back to back DUIs. It was the first time in his life he felt passive SI. Client went to three rehabs and maintained sobriety for a year. Six months ago he took MDMA for depression, and then recreationally. One week ago he started drinking, and has been drinking one pint to one pint and a half daily. Client reports he has a very stressful job as an environmental attorney. He feels there is a lot of pressure on him to preform. He has been married to his wife for 12 years and describes that relationship as toxic. He says his wife is verbally abusive, and both she and his step daughter treat him poorly. His own adult daughter wants him to leave the relationship. After the last time he was at Reflections he left and rented an apartment by himself, and did an IOP. He felt both were very beneficial to his recovery and plans to do something similar after leaving Reflections this time. He also acknowledges he needs to reduce his work load and stress.

Review of Systems

GENERAL: Good, no acute distress

SKIN: Denies rash, itching, dryness, color changes, ulcers

HEAD/NECK: Denies headaches, dizziness; no swollen glands.

EYES: Denies vision loss, blurring.

EARS: Hearing good, denies tinnitus, denies otalgia.

NOSE: Denies sinus pain, rhinorrhea, congestion

MOUTH/THROAT: Denies dental problems, oral ulcers, sore throat, hoarseness, dysphagia,

CV: Denies palpitations, edema, chest pains or irregular heartbeat.

LUNGS: Denies cough, sputum, dyspnea, pleuritic pain, hemoptysis, wheezing

BREASTS: Denies pain, discharge, masses.

GI: Denies nausea or vomiting, heartburn, abdominal pain, bloating diarrhea, constipation, jaundice

GU: Denies pain, urgency, incontinence, hematuria, discharge. Denies STD's.

BLOOD: Denies bruising/bleeding, history of anemia.

MS: Denies joint pain hands/elbows, morning stiffness. Denies gout, osteoporosis, cramps, and swelling.

NEURO: Endorses long term insomnia, sleeps well with trazodone and CPAP. Denies weakness, seizures, loss of consciousness, head trauma, numbness, tingling, dizziness, confusion, memory loss, difficulty walking, syncope, and stroke. Client endorses an essential head tremor, present for many years.

PSYCH: Endorses depression and anxiety. Denies current suicide ideation.

Physical Exam

General: Well-developed, well-nourished, in no acute distress. Appears stated age. Casual dress. Well groomed.

HEENT: Conjunctiva clear, without exudate. Sclera without jaundice. EOMI. PERRLA. External ears and canals without abnormalities bilaterally. Nasal mucosa pink and moist, nostrils patent bilaterally, nasal septum midline without erosions. Oral mucosa pink and moist. Dentition good. Tongue without lesions, midline with good symmetrical movement. Pharynx normal in appearance without tonsillar exudate or edema.

Neck: Supple. No JVD noted. No thyromegaly appreciated.

Lymph: No cervical lymphadenopathy appreciated.

Cardiovascular: Heart regular rate and rhythm. S1 and S2 present. No clicks, gallops, rubs or murmurs appreciated.

Lungs: Clear to auscultation bilaterally. No wheezes, rales or rhonchi appreciated.

Abdomen: Soft, non-tender, non-distended. Bowel sounds present in all four quadrants. No ascites appreciated. No organomegaly appreciated.

Skin: Warm, dry. No jaundice appreciated. Without wounds, bruises, rashes, track marks, or abscesses.

Extremities: No deformity noted in any extremity. No tenderness to palpation in any extremity. Good ROM in all four extremities. No edema or erythema noted.

Rectal: Deferred, examination not appropriate for this level of care.

Neuro: Alert/awake, oriented to person, place, time and situation. No asterixis. Head tremor noted. Normal gait. 5/5 motor strength in all four extremities. Intact to light touch sensation in all four extremities. Reflexes 2+ bilaterally. Cranial nerves 2-12 were individually tested and found to be intact. Finger-to-nose touch test intact bilaterally. Patient can rub posterior heels against anterior shins bilaterally.

Psych: Cooperative, engaged; mood described as "anxious"; affect appropriate; fair eye contact; speech appropriate rate and volume; thought content preoccupied; long and short term memory grossly intact but not formally tested; judgement intact. No audiovisual or tactile hallucinations, no suicidal or homicidal ideation.

Height: 6' 0" Weight: 222lbs BMI: 30 B/P: 158/97 P: 83 O2: 98 R: 20 T: 98 CIWA: 12 BAC: 0.04 UDS: Etg

Substance Use Diagnoses:

F10.20 Alcohol use disorder, Severe

Assessment:

This is a 64 year old male with severe alcohol use disorder, presenting to Reflections Dual Diagnosis Treatment Center for acute withdrawal management and residential treatment.

Given the time since patient's last use and current symptoms, there is a concern for a withdrawal seizure or other acute medical problem from withdrawal. Therefore, the patient is placed in ASAM LOC 3.7.

Initial Goals

- Admit to RTC for stabilization and recovery.
- Begin psychotherapy focusing on relapse prevention.
- Discussed risk of overdose/death with relapse, demonstrates understanding. Discussed risk of presence of fentanyl in other substances, risk of overdose/death, demonstrates understanding.
- A CURES report was generated and reviewed. Please see chart for report.
- I have explained my role at the facility and asked the patient to let the staff know about any symptoms or medical issues that come up during treatment.

Scanned Document



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/20/2025 01:42 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Attachment - CP PPD test and reading 12/21/2025

Title PPD test and reading

Date 12/21/2025

Description

PPD test was negative with zero induration.

Scanned Document

75725_KasonLabs-000344.pdf, 417 KB

A handwritten signature in blue ink, appearing to read 'Alma Arenas'.

Alma Arenas, LPT (Staff), 12/21/2025 06:40 PM

Reflections, LLC T.B. Screening**Has patient ever received PPD skin test?****If so, was it positive?**

Yes
 Yes

No
 No

If positive by history, do not administer PPD.

The patient must provide a clear chest X-ray.

This must be attached to this form and submitted to the Personnel File. A clearance from a physician must be obtained annually thereafter to document that the patient is free of communicable disease.

This must be provided to the Human Resource Department in lieu of annual PPD testing.

Has patient received PPD in the past 90 days?

Yes
 No

(If record of PPD done in the past 90 days is available, do not administer PPD.)

The employee must obtain the record within 5 days.

Attach to this record and submit to the H.R. Department.

Lot # 90878
Exp. 06/27**Purified Protein Derivative****0.1 ml intradermally administered:**

Date: 12/19/25 Site: L forearm
 By: Ivana Martinez Title: LPT

Read within 48-72 hours of administration

Date Read: 12/19/25 By: Aruna Arenas
 Time Read 1pm Title: LPT

Result:

Negative Positive

Measurement of induration:

+

mm If no reaction document 0 mm

Positive result immediately reported to:

Physician: _____ By: _____ Date: _____

Client Name

MR# 2025-129

Randall "Clark"
Morrison

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Attachment - CP REDUCED LORAZEPAM TAPER 12/19/2025

Title REDUCED LORAZEPAM TAPER

Date 12/19/2025

Description

Standard Reduced Lorazepam Taper

Ondansetron 4 mg ODT PO x 2 prior to initiation of other medications

Consider adjuvant gabapentin therapy if CIWA "Tremor" score of 4 or greater

Step 1: Lorazepam, 0.5 mg tablets, 2 tablets (1 mg) by mouth every six hours for 4 doses

Followed by:

Step 2: Lorazepam, 0.5 mg tablets, 2 tablets (1 mg) by mouth every eight hours for 3 doses, to start eight hours after the last scheduled lorazepam dose given in Step 1

Followed by:

Step 3: Lorazepam, 0.5 mg tablets, 2 tablets (1 mg) by mouth every twelve hours for 2 doses, to start six - twelve hours* after the last scheduled lorazepam dose given in Step 2

Followed by:

Step 4: Lorazepam, 0.5 mg tablets, 1 tablet (0.5 mg) by mouth every twelve hours for 2 doses, to start twelve hours after the last scheduled lorazepam dose given in Step 3

Nursing to contact provider immediately for patient seizure, hallucinations, confusion, altered mental status, if CIWA remains >19 after Step 1 or other concerns.

Lorazepam is to be held for patient "sedation", defined as a Richmond Agitation-Sedation Scale (RASS) score of -2 or less. It is recognized that the RASS was validated for hospitalized patients.

* Medication administration times may be adjusted for Step 3 and Step 4 for patient convenience and to accommodate their circadian rhythm.

20 tablets are required for this taper.

Scanned Document



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/19/2025 04:22 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Doctor's Admitting Order 12/19/2025

Date 12/19/2025

Allergies

No Known Allergies/NKA

Admit To Dual Diagnosis Program

Detox Level
(attach detox orders)

1

Diagnosis F10.20 Alcohol dependence, uncomplicated Diagnoses

Activity No Gym Activities until further Notice by Order

Diet

Diet(s): Regular Diet (no special dietary needs)

Other Restrictions: none

- Thiamine 100 mg PO Daily X 3days
- Multivitamin 1 tab PO Daily
- Tylenol 650 mg PO Q 4 hours PRN Pain-NTE 6 doses in 24 Hrs - #30
- Zofran 4mg PO Q6H PRN Nausea/Vomiting - #15

LAB WORK (FASTING)

- Comprehensive metabolic panel, CBC, GGT, Lipid Panel, HEP Panels, A, B, and C, HIV TSH
- Urine Drug Screen upon admission and randomly thereafter

Ordered By Ellen Barbieri, FNP,RN



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/19/2025 04:23 PM

Marked Closed by: Scheria Smith, LVN, 12/22/2025 02:04 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Physician Progress Note 12/29/2025 04:04 PM

Date & Time 12/29/2025 04:04 PM

Progress Notes

Subjective:

Client reports "doing well". He can feel his word recall and memory returning, he describes a renewed interest in life. He reports sleeping well most nights, and has a watch that keeps track. His appetite is normal. He doesn't report cravings but is willing to start acamprosate as preventative against relapse. He has an excellent after care plan, which includes not "working on his marriage", which he described as "extremely toxic" when he first was admitted. He is going to an SLE, committing to AA, engaging in therapy, his guitar, sound baths and exercise. Client has a follow up with his PCP scheduled.

MAT: Client is starting acamprosate 12/30/25

Objective: Client's vital signs are stable, and within normal range. He is compliant with medication. In no acute distress.

PAWS: CIWA 3

Assessment:

F10.20 Alcohol dependence, uncomplicated

Plan:

- 1) Continue treatment plan with psychotherapy and prevention.
- 2) Start acamprosate for MAT.

Current Meds

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 12/29/2025 04:04 PM:

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain
Aqinject Standard Needle, 18g x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: As prescribed

aspirin, 81 mg x 1 tablet , oral, tablet, delayed release (enteric coated), once a day (AM), until further notice, indication: Prophylaxes to TIA

BD PrecisionGlide, 21 g x 1" x 10 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: For

Testosterone injection

BD PrecisionGlide Non-Sterile (needles, disposable), 23 gauge x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: blood sugar

BD SafetyGlide Needle (needles, safety), 25 gauge x 1" x 17 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: for Testosterone injection

blood-glucose sensor, - x 1 each , miscellaneous, Device, Weekly, until further notice, indication: As prescribed

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, every 4 hours, until further notice, PRN, indication: Withdrawal

Colace (docusate sodium), 100 mg x 1 Capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Constipation

ezetimibe, 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: Take as prescribed

gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule (TID), until further notice, indication: anxiety

hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx

insulin syringe needleless (syringe without needle,insulin disposable, 1 mL), 1 ml x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN, indication: As prescribed

Lexapro (escitalopram oxalate), 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: depression

lisinopril, 20 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: HTN

Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, indication:

Diarrhea/Loose Stool

Melatonin, 5 mg x 2 tablets , oral, tablet, chewable, once a day (HS) PRN, until further notice, PRN, indication: for sleep

Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement

Ondansetron, 4 mg x 1 tablet , sublingual, tablet, every 6 hours, until further notice, PRN, indication: Nausea / Vomiting

rosuvastatin (rosuvastatin calcium), 40 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication:

Hyperlipidemia

Sure Comfort Insulin Syringe (syringe with needle,disposable,insulin 1 mL), 1 ml 31 gauge x 1/4" x 1 unit , miscellaneous,

Syringe, Once , until further notice, PRN, indication: As prescribed

testosterone cypionate, 200 mg/ml x 1 ml , intramuscular, Syringe, Bi-weekly, until further notice, indication: As prescribed, Dea Class: C-III

trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS), until further notice, indication: Insomnia

Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication: GERD

Zepbound (tirzepatide), 12.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, until further notice, indication: Wt Management



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/29/2025 06:20 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Physician Progress Note 12/23/2025 11:47 AM

Date & Time 12/23/2025 11:47 AM

Progress Notes

Advance from ASAM LOC 3.7, Acute Withdrawal Management to ASMA LOC 3.5 Residential Level of Care.

Current Meds

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 12/23/2025 11:47 AM:

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain
Aqinject Standard Needle, 18g x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: As prescribed
aspirin, 81 mg x 1 tablet , oral, tablet, delayed release (enteric coated), once a day (AM), until further notice, indication: Prophylaxes to TIA
BD PrecisionGlide Non-Sterile (needles, disposable), 23 gauge x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: blood sugar
blood-glucose sensor, - x 1 each , miscellaneous, Device, Weekly, until further notice, indication: As prescribed
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, every 4 hours, until further notice, PRN, indication: Withdrawal
Colace (docusate sodium), 100 mg x 1 Capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Constipation
ezetimibe, 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: Take as prescribed
Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), for 5 days, indication: Supplement
 gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule (TID), until further notice, indication: anxiety
 hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx
 insulin syringe needleless (syringe without needle,insulin disposable, 1 mL), 1 ml x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN, indication: As prescribed
Lexapro (escitalopram oxalate), 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: depression
lisinopril, 20 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: HTN
Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, indication: Diarrhea/Loose Stool
Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement
Ondansetron, 4 mg x 1 tablet , sublingual, tablet, every 6 hours, until further notice, PRN, indication: Nausea / Vomiting
rosuvastatin (rosuvastatin calcium), 40 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: Hyperlipidemia

Sure Comfort Insulin Syringe (syringe with needle,disposable,insulin 1 mL), 1 ml 31 gauge x 1/4" x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN, indication: As prescribed
trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS), until further notice, indication: Insomnia
Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication: GERD
Zepbound (tirzepatide), 12.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, until further notice, indication: Wt Management



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/23/2025 11:48 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Physician Progress Note 12/22/2025 08:40 PM

Date & Time 12/22/2025 08:40 PM

Progress Notes

DETOX DAY #4

No SI/SA.

Mood: "pretty well"

Withdrawal Symptoms: POSITIVE anxiety DENIES depression, hopelessness, body aches, fatigue.

Cravings: Denies

Eating/Hydrating: appetite "very good"

Sleeping: well

MAT Medications: continue on detox, medications managing symptoms, client will restart Antabuse after detox

Attending Group: Attending all groups

General: client is attending groups, therapy and working remotely

Physical: No signs of withdrawal

Tremors: mild, client has essential tremor

Objective

CIWA: 10

Vital Signs: BP - 126/76, HR - 87, Res - 18, Temp - 96.9, SaO2 - 97

Physical Exam:

General: Alert, fluent, cooperative

Affect: appropriate and full

Head: normocephalic and atraumatic

Eyes: no icterus

Neuro: Normal

Gait: Normal

Neck: Supple without masses or jugular venous distension

Assessment

The patient is doing well. CIWA/COWS remains low. However, given the length of time in observation, there is still a low

probability of a withdrawal seizure or other acute medical problem from withdrawal. Will continue ASAM LOC 3.7.

Plan

Continue on ASAM LOC 3.7

Continue to assess for transition to ASAM LOC 3.5.

Continue on lorazepam taper.

Continue OTCs, clonidine and ondansetron as needed for withdrawal symptoms and comfort.

Current Meds

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 12/22/2025 08:40 PM:

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain

Aqinject Standard Needle, 18g x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: As prescribed

aspirin, 81 mg x 1 tablet , oral, tablet, delayed release (enteric coated), once a day (AM), until further notice, indication: Prophylaxes to TIA

BD PrecisionGlide Non-Sterile (needles, disposable), 23 gauge x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: blood sugar

blood-glucose sensor, - x 1 each , miscellaneous, Device, Weekly, until further notice, indication: As prescribed

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, every 4 hours, until further notice, PRN, indication: Withdrawal

Colace (docusate sodium), 100 mg x 1 Capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Constipation

ezetimibe, 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: Take as prescribed

Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), for 5 days, indication: Supplement

gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule (TID), until further notice, indication: anxiety

hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx

insulin syringe needleless (syringe without needle,insulin disposable, 1 mL), 1 ml x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN, indication: As prescribed

Lexapro (escitalopram oxalate), 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: depression

lisinopril, 20 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: HTN

Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, indication:

Diarrhea/Loose Stool

lorazepam, 0.5 mg x 1 tablet , oral, tablet, Every 12 hrs, for 1 day, indication: Detox , Dea Class: C-IV

Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement

Ondansetron, 4 mg x 1 tablet , sublingual, tablet, every 6 hours, until further notice, PRN, indication: Nausea / Vomiting

rosuvastatin (rosuvastatin calcium), 40 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication:

Hyperlipidemia

Sure Comfort Insulin Syringe (syringe with needle,disposable,insulin 1 mL), 1 ml 31 gauge x 1/4" x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN, indication: As prescribed

trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS), until further notice, indication: Insomnia

Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication: GERD

Zepbound (tirzepatide), 12.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, until further notice, indication: Wt Management



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/22/2025 08:49 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Physician Progress Note 12/21/2025 04:00 PM

Date & Time 12/21/2025 04:00 PM

Progress Notes

64 yo male on day 2 of alcohol detox. Seen remotely.

S: client states appetite, sleep are good. Did request psych eval for PTSD, GAD and ADHD assessments.

O: VSS, NAD, CIWA = 9

A/P

1. AUD--> continue detox LOC with ativan taper
2. Psych--> will refer for psych eval after detox completed
3. Medical--> diabetes per home medication regimen

Current Meds

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 12/21/2025 04:00 PM:

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain
Aqinject Standard Needle, 18g x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: As prescribed

aspirin, 81 mg x 1 tablet , oral, tablet, delayed release (enteric coated), once a day (AM), until further notice, indication: Prophylaxes to TIA

BD PrecisionGlide Non-Sterile (needles, disposable), 23 gauge x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: blood sugar

blood-glucose sensor, - x 1 each , miscellaneous, Device, Weekly, until further notice, indication: As prescribed

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, every 4 hours, until further notice, PRN, indication: Withdrawal

Colace (docusate sodium), 100 mg x 1 Capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Constipation

ezetimibe, 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: Take as prescribed

Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), for 5 days, indication: Supplement

gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule (TID), until further notice, indication: anxiety

hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx

insulin syringe needleless (syringe without needle,insulin disposable, 1 mL), 1 ml x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN, indication: As prescribed

Lexapro (escitalopram oxalate), 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: depression lisinopril, 20 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: HTN

Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, indication: Diarrhea/Loose Stool

lorazepam, 0.5 mg x 1 tablet , oral, tablet, Every 12 hrs, for 1 day, indication: Detox , Dea Class: C-IV

lorazepam, 0.5 mg x 2 tablets , oral, tablet, Every 12 hrs, for 1 day, indication: Detox, Dea Class: C-IV

Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement

Ondansetron, 4 mg x 1 tablet , sublingual, tablet, every 6 hours, until further notice, PRN, indication: Nausea / Vomiting

rosuvastatin (rosuvastatin calcium), 40 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication:

Hyperlipidemia

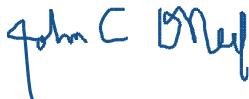
Sure Comfort Insulin Syringe (syringe with needle,disposable,insulin 1 mL), 1 ml 31 gauge x 1/4" x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN, indication: As prescribed

Thiamine, 100 mg x 1 Tablet , oral, tablet, once a day (AM), for 3 days, indication: Supplement

trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS), until further notice, indication: Insomnia

Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication: GERD

Zepbound (tirzepatide), 12.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, until further notice, indication: Wt Management



John C. O'Neil, MD (Staff), NPI Number 1952573826, DEA F07577147, 12/21/2025 04:03 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Physician Progress Note 12/20/2025 01:46 PM

Date & Time 12/20/2025 01:46 PM

Progress Notes

DETOX DAY #2

No SI/SA.

Mood: "better"

Withdrawal Symptoms: POSITIVE anxiety DENIES hopelessness, body aches, fatigue.

Cravings: "mild"

Eating/Hydrating: appetite increasing

Sleeping: well

MAT Medications: continue on detox, medications managing symptoms, client will restart Antabuse after detox

Attending Group: not yet, will attend AA meeting tonight.

General: client is glad to be in recovery and is making an active care plan. He wants to start safe anti-anxiety medication and has contacted his psychiatrist to be tested for ADHD.

Physical: No signs of withdrawal

Tremors: mild, client has essential tremor

Objective

CIWA: 8

Vital Signs: BP - 135/91, HR - 92, Res - 20, Temp - 97.6, SaO2 - 98

Physical Exam:

General: Alert, fluent, cooperative

Affect: appropriate and full

Head: normocephalic and atraumatic

Eyes: no icterus

Neuro: Normal

Gait: Normal

Neck: Supple without masses or jugular venous distension

Assessment

The patient is doing well. CIWA/COWS remains low. However, given the length of time in observation, there is still a low probability of a withdrawal seizure or other acute medical problem from withdrawal. Will continue ASAM LOC 3.7.

Plan

Continue on ASAM LOC 3.7

Continue to assess for transition to ASAM LOC 3.5.

Continue on lorazepam taper.

Continue OTCs, clonidine and ondansetron as needed for withdrawal symptoms and comfort.

Start Hydroxyzine

Increase Gabapentin dose from 300mg BID to TID

Current Meds

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 12/20/2025 01:46 PM:

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain

Aqinject Standard Needle, 18g x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: As prescribed

aspirin, 81 mg x 1 tablet , oral, tablet, delayed release (enteric coated), once a day (AM), until further notice, indication: Prophylaxes to TIA

BD PrecisionGlide Non-Sterile (needles, disposable), 23 gauge x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: blood sugar

blood-glucose sensor, - x 1 each , miscellaneous, Device, Weekly, until further notice, indication: As prescribed

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, every 4 hours, until further notice, PRN, indication: Withdrawal

Colace (docusate sodium), 100 mg x 1 Capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Constipation

ezetimibe, 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: Take as prescribed

Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), for 5 days, indication: Supplement

gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule (TID), until further notice, indication: anxiety

hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx

insulin syringe needleless (syringe without needle,insulin disposable, 1 mL), 1 ml x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN, indication: As prescribed

Lexapro (escitalopram oxalate), 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: depression

lisinopril, 20 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: HTN

Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, indication:

Diarrhea/Loose Stool

lorazepam, 0.5 mg x 2 tablets , oral, tablet, every 8 hours, for 1 day, indication: Detox, Dea Class: C-IV

Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement

Ondansetron, 4 mg x 1 tablet , sublingual, tablet, every 6 hours, until further notice, PRN, indication: Nausea / Vomiting

rosuvastatin (rosuvastatin calcium), 40 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication:

Hyperlipidemia

Sure Comfort Insulin Syringe (syringe with needle,disposable,insulin 1 mL), 1 ml 31 gauge x 1/4" x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN, indication: As prescribed

Thiamine, 100 mg x 1 Tablet , oral, tablet, once a day (AM), for 3 days, indication: Supplement

trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS), until further notice, indication: Insomnia

Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication: GERD

Zepbound (tirzepatide), 12.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, until further notice, indication: Wt Management



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/20/2025 01:53 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Statement of Medical Clearance 12/19/2025 08:01 AM

Date of Exam: 12/19/2025 08:01 AM

I have examined this client and have found him/her free of communicable diseases and any other illnesses which require acute medical intervention.

If No, document reasons, and the interventions needed.



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/19/2025 06:31 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Incidental Medical Services Certification Form 12/19/2025

Date of Certification: 12/19/2025

I have reviewed the Client Health Questionnaire & Initial Screening prior to providing incidental medical services. I have also determined, based on the results of the screening questions and assessment, that the client is medically appropriate to receive incidental medical services at:

Living at Reflections, LLC - 1191 Simmons Ln. Novato, CA 94945/ 741 McClay Rd. Novato CA 94947

As a result of my assessment and the review of the Client Health Questionnaire & Initial Screening, the client requires and will receive the following alcoholism and drug abuse recovery treatment services:

Services

1. Obtaining medical histories
2. Monitoring health status to determine whether the health status warrants transfer of resident in order to receive urgent or emergent care
3. Testing associated with detoxification from alcohol or drugs
4. Providing alcoholism or drug abuse recovery or treatment services
5. Overseeing patient self-administered medications
6. Treating substance abuse disorders, including detoxification

Comments or Notes:

I also understand a copy of this form must be placed in the client's chart prior to receiving incidental medical services. I further understand that I may receive treatment services by another healthcare practitioner associated with the above licensed residential facility.

By signing this form, I acknowledge that I have reviewed the Client Health Questionnaire & Initial Screening and I am approving treatment services, as listed above.



Randall Clark Morrison (Client), 12/19/2025 04:16 PM
Staff present: Irma Martinez, LPT



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/19/2025 06:31 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Manage Diagnosis Code 12/20/2025 11:05 AM

Date 12/20/2025 11:05 AM

Diagnosis Code

Diagnoses

F10.20 Alcohol dependence, uncomplicated,F33.9 Major depressive disorder, Recurrent episode, Unspecified,G47.00
Insomnia, unspecified

Comments



Ellen Barbieri, NP (Staff), NPI Number 1134929573, DEA mb9534822, 12/20/2025 11:07 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

clonidine HCl,
0.1 mg x 1
tablet , oral,
tablet, every 4
hours, until
further notice, PRN

DISCONTINUED

12/30/2025 02:49 PM

Justification: Withdrawal

PRN, Duration: Until further notice, start date: 12/19/2025 11:00 AM

Dispense Amount: 0.1 mg tablet x 20 tablets

Number of Refills: 1

Additional Notes to Pharmacist: n/a

Discontinued: 12/30/2025 02:49 PM

Medication	Route	Dosage Form
clonidine HCl	oral	tablet

Frequency

every 4 hours

Amount	Strength	Unit
1	0.1 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 11:01 AM

Signed electronically 12/19/2025 04:19 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Completed (Faxed or Printed)

- eRx ID: 71229633750

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 04:21 PM

Discontinued Ordered by Ellen Barbieri, NP via Self

Discontinued Entered by Ellen Barbieri, NP at 12/30/2025 02:49 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Ondansetron, 4 mg x 1 tablet , sublingual, tablet, every 6 hours, until further notice, PRN

Justification: Nausea / Vomiting

PRN, Duration: Until further notice, start date: 12/19/2025 11:00 AM

Dispense Amount: 4 mg tablet x 10 tablets

Number of Refills: 1

Additional Notes to Pharmacist: n/a

Medication	Route	Dosage Form
Ondansetron	sublingual	tablet

Frequency

every 6 hours

Amount	Strength	Unit
1	4 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 11:01 AM

Signed electronically 12/19/2025 04:19 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Completed (Faxed or Printed)

- eRx ID: 71229633759

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 04:21 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

PRESCRIPTION

C-IV

◆
lorazepam,
0.5 mg x 2
tablets , oral,

tablet, every six hours, until further notice

Take 2 tablet by mouth every six hours

Duration: Until further notice, start date: 12/19/2025 04:15 PM

Dispense Amount: 0.5 mg tablet x 20 tablets

Number of Refills: 0

Additional Notes to Pharmacist: detox:USE Rx DISCOUNT CARD: \$14.99, BIN:019876,
PCN:CHIPPO, Group:EMR, ID:DF095731F0

Comments for Office Use Only: n/a

Discontinued: 12/19/2025 06:17 PM

Medication
lorazepam

Route
oral

Dosage Form
tablet

Frequency

every six hours

Amount	Strength	Unit
2	0.5 mg	tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/19/2025 04:21 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/19/2025 06:17 PM: lorazepam, 0.5 mg x 2 tablets , oral, tablet, every 6 hours, until further notice

Signed electronically 12/19/2025 04:21 PM

Pharmacy: CVS/pharmacy #9947, 2035 Novato Blvd, Novato, CA, 94947

Received by Pharmacy

- eRx ID: 71229711095

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/19/2025 06:17 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN

Justification: Pain

Warnings: NTE - 4 Doses in 24 hours

PRN, Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: 325 mg tablet x 8 tablets

Number of Refills: 1

Medication	Route	Dosage Form
Acetaminophen	oral	tablet

Frequency

every 6 hours

Amount	Strength	Unit
2	325 mg	tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:36 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN

Justification: GERD

Warnings: NTE 15 tablets in 24hrs

PRN, Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: 500 mg tablet, chewable x 12 Tablets

Number of Refills: 1

Medication	Route	Dosage Form
Tums	oral	tablet, chewable

Frequency

every 4 hours

Amount	Strength	Unit
2	500 mg	Tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:37 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Colace (docusate sodium), 100 mg x 1 Capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN

Justification: Constipation

PRN, Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: 100 mg capsule x 3 Capsules

Number of Refills: 1

Medication	Route	Dosage Form
Colace	oral	capsule

Frequency

3x a day schedule (TID) PRN

Amount	Strength	Unit
1	100 mg	Capsule

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:37 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), for 5 days

Justification: Supplement

Duration: 5 days, start date: 12/19/2025 05:30 PM, end date: 12/23/2025 11:59 PM

Dispense Amount: 1 mg tablet x 5 Tablets

Number of Refills: 1

Day 2 to Day 3 12/19/2025 05:30 PM to 12/20/2025	Medication Folic Acid	Route oral	Dosage Form tablet
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Frequency

once a day (AM)

Hours	Minutes	Meridian	Amount	Strength	Unit
At 09	00	AM	1	1 mg	Tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:37 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

**Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours,
until further notice, PRN**

Justification: Diarrhea/Loose Stool

PRN, Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: 2 mg tablet x 12 Tablets

Number of Refills: 1

Medication	Route	Dosage Form
Loperamide	oral	tablet

Frequency

every 2 hours

Amount	Strength	Unit
1	2 mg	Tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:37 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Tuberculin purified protein derivative, .1ml x 1 Sol , Intradermal, Liquid,

Once , for 1 day

Justification: TB Screening

Duration: 1 day, start date: 12/19/2025 05:30 PM, end date: 12/19/2025 11:59 PM

Dispense Amount: .1ml Liquid x 2 Sols

Number of Refills: n/a

Day 1 to Day 2	Medication	Route	Dosage Form
12/19/2025	Tuberculin purified	Intradermal	Liquid
05:30 PM to	protein derivative		
12/20/2025			

Frequency

Once

Amount	Strength	Unit
1	.1ml	Sol

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:37 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Thiamine, 100 mg x 1 Tablet , oral, tablet, once a day (AM), for 3 days

Justification: Supplement

No substitutions

Duration: 3 days, start date: 12/19/2025 05:30 PM, end date: 12/21/2025 11:59 PM

Dispense Amount: 100 mg tablet x 3 Tablets

Number of Refills: 1

Day 2 to Day 3 12/19/2025 05:30 PM to 12/20/2025	Medication Thiamine	Route oral	Dosage Form tablet
---	------------------------	---------------	-----------------------

Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	1	100 mg	Tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:37 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

72 Hour Q 30



min.Observation Detox Simmons, Once , for 3 days

Justification: Detox Observation

Duration: 3 days, start date: 12/19/2025 05:30 PM, end date: 12/21/2025 11:59 PM

Show in MARs: YES

Discontinued: 12/20/2025 04:37 PM

Day 1 to Day 4	Action
12/19/2025	72 Hour Q 30
05:30 PM to	min.Observation
12/22/2025	Detox Simmons

Frequency
Once

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:37 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/20/2025 04:37 PM

Discontinue Reason: Advanced to detox 2

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Detox 1

**Protocol, Once
, until further
notice**

Justification:

Appropriate Level of Care

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Show in MARs: YES

Discontinued: 12/20/2025 04:37 PM

Action

Detox 1 Protocol

Frequency

Once

-
- 1) Vital Signs Q6 hours, even while asleep
 - 2) Vital Signs before administration of detox medication
 - 3) 30 minute safety checks
 - 4) CIWA/COWS Q6 hours
 - 5) CIWA/COWS prior to detox medication administration
 - 6) No offsite outing
 - 7) May attend group, not required
 - 8) No pool/gym
 - 9) Must be on Detox Level 1 for a min of 24 hrs.

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:37 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/20/2025 04:37 PM

Discontinue Reason: Advanced to detox 2



Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level, two times a day schedule (BID), until further notice

Justification: Daily Shift Vital Sign Assessments - Document all results under Vitals

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Show in MARs: YES

Action

Twice Daily Blood
Pressure, Heart Rate,
CIWA/COWS and
Oxygen Level

Frequency

two times a day schedule (BID)

	Hours	Minutes	Meridian
At	09	00	AM
At	09	00	PM

Document all abnormal results on MD Board if >150/90 or HR is >95

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:37 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Urine Drug Screen upon admission and Weekly thereafter, Weekly, until further notice

Justification: Weekly Urine Tests to monitor a Client's progress and maintain sobriety

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Show in MARs: NO

Action

**Urine Drug Screen
upon admission and
Weekly thereafter**

Frequency

Weekly

	Hours	Minutes	Meridian
At	08	00	AM

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:37 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Weekly Weight every Monday morning and on admission, Weekly, for 40 days

Justification: Weight monitor every Monday morning only

Duration: 40 days, start date: 12/19/2025 05:30 PM, end date: 01/27/2026 11:59 PM

Show in MARs: YES

Day 2 to Day 3
12/19/2025 Action
05:30 PM to Weekly Weight every
12/20/2025 Monday morning and
 on admission

Frequency

Weekly

	Hours	Minutes	Meridian
At	08	00	AM

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:37 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

blood-glucose sensor, - x 1 each , miscellaneous, Device, Weekly, until further notice

Justification: As prescribed

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: - Device x 1 each

Number of Refills: n/a

Medication	Route	Dosage Form
blood-glucose sensor	miscellaneous	Device

Frequency

Weekly

Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	- each

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 05:41 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 05:41 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

BD
PrecisionGlide
Non-Sterile
(needles,
disposable),

23 gauge x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until
further notice

Justification: blood sugar

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Discontinued: 12/19/2025 05:43 PM

Medication Route Dosage Form
BD PrecisionGlide miscellaneous Needle
Non-Sterile

Frequency

Once

Amount	Strength	Unit
1	23 gauge x 1"	needle, disposable

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 05:41 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/19/2025 05:43 PM: BD PrecisionGlide Non-Sterile (needles, disposable), 23 gauge x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 05:41 PM

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/19/2025 05:43 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

insulin syringe
needleless
(syringe
without
needle,insulin
disposable, 1 mL), 1 ml x 1 unit , miscellaneous, Syringe, Once , until further
notice

DISCONTINUED
12/19/2025 05:43 PM

disposable, 1 mL), 1 ml x 1 unit , miscellaneous, Syringe, Once , until further notice

Justification: As prescribed

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Discontinued: 12/19/2025 05:43 PM

Medication	Route	Dosage Form
insulin syringe needleless	miscellaneous	Syringe

Frequency

Once

Amount	Strength	Unit
1	1 ml	unit

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 05:41 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/19/2025 05:43 PM: insulin syringe needleless (syringe without needle,insulin disposable, 1 mL), 1 ml x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 05:41 PM

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/19/2025 05:43 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Sure Comfort

Insulin

Syringe

(syringe with

DISCONTINUED
12/19/2025 05:44 PM

needle,disposable,insulin 1 mL), 1 ml 31 gauge x 1/4" x 1 unit ,
miscellaneous, Syringe, Once , until further notice

Justification: As prescribed

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Discontinued: 12/19/2025 05:44 PM

Medication	Route	Dosage Form
Sure Comfort Insulin Syringe	miscellaneous	Syringe

Frequency

Once

Amount	Strength	Unit
1	1 ml 31 gauge x 1/4"	unit

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 05:41 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/19/2025 05:44 PM: Sure Comfort Insulin Syringe (syringe with needle,disposable,insulin 1 mL), 1 ml 31 gauge x 1/4" x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 05:41 PM

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/19/2025 05:44 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Aqinject
Standard
Needle, 18g x
1" x 1 needle,
disposable ,
miscellaneous, Needle, Once , until further notice

Justification: As prescribed

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Discontinued: 12/19/2025 05:43 PM

DISCONTINUED
12/19/2025 05:43 PM

Medication	Route	Dosage Form
Aqinject Standard Needle	miscellaneous	Needle

Frequency

Once

Amount	Strength	Unit
1	18g x 1"	needle, disposable

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 05:41 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/19/2025 05:43 PM: Aqinject Standard Needle, 18g x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 05:41 PM

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/19/2025 05:43 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Zepbound
(tirzepatide),
12.5 mg/0.5
ml x 0.5 mls ,
subcutaneous,
solution, Weekly, until further notice

DISCONTINUED

12/29/2025 07:46 AM

Justification: Wt Management

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Discontinued: 12/29/2025 07:46 AM

Medication	Route	Dosage Form
Zepbound	subcutaneous	solution

Frequency

Weekly

Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	0.5	12.5 mg/0.5 ml mls

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 05:41 PM

Discontinued Due to Change Order by Scheria Smith, LVN 12/29/2025 07:46 AM: Zepbound (tirzepatide), 12.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, until further notice

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 05:41 PM

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Scheria Smith, LVN at 12/29/2025 07:46 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

gabapentin,
300 mg x 1
capsule , oral,
capsule, two
times a day
schedule (BID), until further notice

DISCONTINUED
12/20/2025 12:52 PM

Justification: anxiety

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Discontinued: 12/20/2025 12:52 PM

Medication
gabapentin

Route
oral

Dosage Form
capsule

Frequency

two times a day schedule (BID)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	1	300 mg	capsule
At	09	00	PM	1	300 mg	capsule

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 05:41 PM

Discontinued Due to Change Order by Ellen Barbieri, NP 12/20/2025 12:52 PM: gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule (TID), until further notice

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 05:41 PM

Discontinued Order Review



Ellen Barbieri, NP, NPI: 1134929573, DEAmb9534822, 12/20/2025 12:52 PM

Discontinued Ordered by Ellen Barbieri, NP via self

Discontinued Entered by Ellen Barbieri, NP at 12/20/2025 12:52 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

lisinopril, 20
mg x 1 tablet ,
oral, tablet,
once a day
(HS), until
further notice



Justification: HTN

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Discontinued: 12/19/2025 07:04 PM

Medication
lisinopril

Route
oral

Dosage Form
tablet

Frequency

once a day (HS)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	PM	1	20 mg	tablet

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 05:41 PM

Discontinued Due to Change Order by Ellen Barbieri, NP 12/19/2025 07:04 PM: lisinopril, 20 mg x 1 tablet , oral, tablet, once a day (AM), until further notice

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 05:41 PM

Discontinued Order Review

Ellen Barbieri, NP, NPI: 1134929573, DEAMb9534822, 12/19/2025 07:04 PM

Discontinued Ordered by Ellen Barbieri, NP via self

Discontinued Entered by Ellen Barbieri, NP at 12/19/2025 07:04 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

rosuvastatin (rosuvastatin calcium), 40 mg x 1 tablet , oral, tablet, once a day (AM), until further notice

Justification: Hyperlipidemia

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Medication rosuvastatin	Route oral	Dosage Form tablet
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Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	40 mg	tablet

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 05:41 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 05:41 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

ezetimibe, 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice

Justification: Take as prescribed

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Medication ezetimibe	Route oral	Dosage Form tablet
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Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	10 mg	tablet

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 05:41 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 05:41 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

aspirin, 81 mg x 1 tablet , oral, tablet, delayed release (enteric coated), once a day (AM), until further notice

Justification: Prophylaxes to TIA

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Medication aspirin	Route oral	Dosage Form tablet, delayed release (enteric coated)
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Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	81 mg	tablet

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 05:41 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 05:41 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

trazodone
(trazodone
HCl), 50 mg x
1 tablet , oral,
tablet, once a
day (HS), until further notice

Justification: Insomnia

Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Discontinued: 12/30/2025 02:48 PM

Medication
trazodone

Route
oral

Dosage Form
tablet

Frequency

once a day (HS)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	PM	1	50 mg	tablet

Approved by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 05:41 PM

Discontinue signed electronically 12/30/2025 02:48 PM

Discontinued Ordered by Ellen Barbieri, NP via eRx

Discontinued Entered by Ellen Barbieri, NP at 12/30/2025 02:48 PM

Discontinue Reason: Change per new prescription

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Aqinject Standard Needle, 18g x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN

Justification: As prescribed

PRN, Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Medication	Route	Dosage Form
Aqinject Standard Needle	miscellaneous	Needle

Frequency

Once

Amount	Strength	Unit
1	18g x 1"	needle, disposable

Change Order: Aqinject Standard Needle, 18g x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice
Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:43 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

BD PrecisionGlide Non-Sterile (needles, disposable), 23 gauge x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN

Justification: blood sugar

PRN, Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Medication	Route	Dosage Form
BD PrecisionGlide Non-Sterile	miscellaneous	Needle

Frequency

Once

Amount	Strength	Unit
1	23 gauge x 1"	needle, disposable

Change Order: BD PrecisionGlide Non-Sterile (needles, disposable), 23 gauge x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:43 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

**insulin syringe needleless (syringe without needle,insulin disposable, 1 mL),
1 ml x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN**

Justification: As prescribed

PRN, Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Medication	Route	Dosage Form
insulin syringe needleless	miscellaneous	Syringe

Frequency

Once

Amount	Strength	Unit
1	1 ml	unit

Change Order: insulin syringe needleless (syringe without needle,insulin disposable, 1 mL), 1 ml x 1 unit , miscellaneous, Syringe, Once , until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:43 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

**Sure Comfort Insulin Syringe (syringe with needle,disposable,insulin 1 mL),
1 ml 31 gauge x 1/4" x 1 unit , miscellaneous, Syringe, Once , until further
notice, PRN**

Justification: As prescribed

PRN, Duration: Until further notice, start date: 12/19/2025 05:30 PM

Dispense Amount: n/a

Number of Refills: n/a

Medication	Route	Dosage Form
Sure Comfort Insulin Syringe	miscellaneous	Syringe

Frequency

Once

Amount	Strength	Unit
1	1 ml 31 gauge x 1/4"	unit

Change Order: Sure Comfort Insulin Syringe (syringe with needle,disposable,insulin 1 mL), 1 ml 31 gauge x 1/4" x 1 unit , miscellaneous, Syringe, Once , until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:44 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

PPD Placed
on L forearm
to be read on
12/21/25 after
1820 or

~~12/22/25 before 1820, Once , for 2 days~~

Duration: 2 days, start date: 12/19/2025 05:45 PM, end date: 12/20/2025 11:59 PM

Show in MARs: YES

Discontinued: 12/19/2025 07:03 PM

Day 1 to Day 3 Action
12/19/2025 PPD Placed on L
05:45 PM to forearm to be read on
12/21/2025 12/21/25 after 1820
 or 12/22/25 before
 1820

Frequency

Once

DISCONTINUED

12/19/2025 07:03 PM

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 05:57 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/19/2025 07:03 PM: PPD Placed on L forearm to be read on 12/21/25 after 1820 or 12/22/25 before 1820, Once , for 2 days

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/19/2025 07:03 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

C-IV



lorazepam,
0.5 mg x 2
tablets , oral,
tablet, every 6 hours, until further notice

Justification: Detox

Duration: Until further notice, start date: 12/19/2025 06:00 PM

Dispense Amount: 0.5 mg tablet x 20 tablets

Number of Refills: 0

Discontinued: 12/20/2025 01:36 PM

Medication
lorazepam

Route
oral

Dosage Form
tablet

Frequency

every 6 hours

Amount	Strength	Unit
2	0.5 mg	tablets

Change Prescription: lorazepam, 0.5 mg x 2 tablets , oral, tablet, every six hours, until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 06:17 PM

Discontinued Due to Change Order by Irma Martinez, LPT 12/20/2025 01:36 PM: lorazepam, 0.5 mg x 2 tablets , oral, tablet, every 8 hours, for 1 day

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/20/2025 01:36 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

**Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM),
until further notice**

Justification: Supplement

Duration: Until further notice, start date: 12/19/2025 06:30 PM

Dispense Amount: multiple vitamins tablet x 1 Tablet

Number of Refills: 1

Medication	Route	Dosage Form
Multivitamin	oral	tablet

Frequency

once a day (AM)

Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	1	multiple vitamins Tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 06:44 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

PPD Placed on L forearm to be read on 12/21/25 after 1820 or 12/22/25 before 1820, Once , for 2 days

Duration: 2 days, start date: 12/21/2025 06:00 PM, end date: 12/22/2025 11:59 PM

Show in MARs: YES

Day 1 to Day 3	Action
12/21/2025	PPD Placed on L
06:00 PM to	forearm to be read on
12/23/2025	12/21/25 after 1820
	or 12/22/25 before
	1820

Frequency
Once

Change Order: PPD Placed on L forearm to be read on 12/21/25 after 1820 or 12/22/25 before 1820, Once , for 2 days

Change Reason: N/A

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/19/2025 07:03 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

lisinopril, 20 mg x 1 tablet , oral, tablet, once a day (AM), until further notice

Justification: HTN

Duration: Until further notice, start date: 12/19/2025 07:00 PM

Dispense Amount: 20 mg tablet x 1 tablet

Number of Refills: n/a

Medication lisinopril	Route oral	Dosage Form tablet
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Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	20 mg	tablet

Change Order: lisinopril, 20 mg x 1 tablet , oral, tablet, once a day (HS), until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 07:04 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 07:04 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

PRESCRIPTION

Lexapro
(escitalopram
oxalate), 10
mg x 1 tablet ,
oral, tablet,
once a day, until further notice

Take 1 tablet by mouth once a day as directed

Duration: Until further notice, start date: 12/19/2025 07:15 PM

Dispense Amount: 10 mg tablet x 60 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/19/2025 07:21 PM

Medication
Lexapro

Route
oral

Dosage Form
tablet

Frequency

once a day

Amount	Strength	Unit
1	10 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/19/2025 07:17 PM

Discontinued Due to Change Order by Ellen Barbieri, NP 12/19/2025 07:21 PM: Lexapro (escitalopram oxalate), 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice

Signed electronically 12/19/2025 07:17 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71229723205

Discontinued Order Review



Ellen Barbieri, NP, NPI: 1134929573, DEAMB9534822, 12/19/2025 07:21 PM

Discontinued Ordered by Ellen Barbieri, NP via self

Discontinued Entered by Ellen Barbieri, NP at 12/19/2025 07:21 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

**Lexapro (escitalopram oxalate), 10 mg x 1 tablet , oral, tablet, once a day
(AM), until further notice**

Justification: depression

Duration: Until further notice, start date: 12/19/2025 07:15 PM

Dispense Amount: 10 mg tablet x 1 tablet

Number of Refills: 0

Medication	Route	Dosage Form
Lexapro	oral	tablet

Frequency

once a day (AM)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	1	10 mg	tablet

Change Prescription: Lexapro (escitalopram oxalate), 10 mg x 1 tablet , oral, tablet, once a day, until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/19/2025 07:21 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/19/2025 07:21 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

L-Theanine,
200 mg x 2
caps , oral,
Capsule, once
a day (HS),
until further notice



Justification: For sleep

Duration: Until further notice, start date: 12/19/2025 09:00 PM

Dispense Amount: 200 mg Capsule x 2 caps

Number of Refills: n/a

Discontinued: 12/20/2025 08:18 AM

Medication
L-Theanine

Route
oral

Dosage Form
Capsule

Frequency

once a day (HS)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	PM	2	200 mg	caps

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Alma Arenas, LPT 12/19/2025 10:31 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Irma Martinez, LPT at 12/20/2025 08:18 AM

Discontinue Reason: Wrong client

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

PRESCRIPTION

hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN

Take 1-2 tablet by mouth three times a day as needed for anxiety

PRN, Duration: Until further notice, start date: 12/20/2025 12:45 PM

Dispense Amount: 25 mg tablet x 60 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Medication hydroxyzine HCl	Route oral	Dosage Form tablet
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Frequency

three times a day

<u>Amount</u>	<u>Strength</u>	<u>Unit</u>
1 or 2	25 mg	tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/20/2025 12:49 PM

Signed electronically 12/20/2025 12:49 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71229780775

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

gabapentin,
300 mg x 1
capsule , oral,
capsule, three
times a day
schedule (TID), until further notice

Justification: anxiety

Duration: Until further notice, start date: 12/20/2025 12:45 PM

Dispense Amount: 300 mg capsule x 3 capsules

Number of Refills: n/a

Discontinued: 12/30/2025 02:34 PM

Medication: gabapentin Route: oral Dosage Form: capsule

Frequency:

three times a day schedule (TID)

Hours	Minutes	Meridian	Amount	Strength	Unit
At 09	00	AM	1	300 mg	capsule
At 03	00	PM	1	300 mg	capsule
At 09	00	PM	1	300 mg	capsule

Change Order: gabapentin, 300 mg x 1 capsule , oral, capsule, two times a day schedule (BID), until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/20/2025 12:52 PM

Discontinue signed electronically 12/30/2025 02:34 PM

Discontinued Ordered by Ellen Barbieri, NP via eRx

Discontinued Entered by Ellen Barbieri, NP at 12/30/2025 02:34 PM

Discontinue Reason: Change per new prescription

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

C-IV



lorazepam, 0.5 mg x 2 tablets , oral, tablet, every 8 hours, for 1 day

Justification: Detox

Warnings: Client can take 0400 dosage until 0600 AM if he wakes up. Per NP order

Duration: Until further notice, start date: 12/20/2025 08:00 PM, end date: 12/21/2025

02:15 PM

Dispense Amount: 0.5 mg tablet x 6 tablets

Number of Refills: n/a

Medication	Route	Dosage Form
lorazepam	oral	tablet

Frequency

every 8 hours

Amount	Strength	Unit
2	0.5 mg	tablets

Change Order: lorazepam, 0.5 mg x 2 tablets , oral, tablet, every 6 hours, until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/20/2025 01:36 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

C-IV



Iorazepam, 0.5 mg x 2 tablets , oral, tablet, Every 12 hrs, for 1 day

Justification: Detox

Duration: 1 day, start date: 12/21/2025 10:00 PM, end date: 12/22/2025 10:45 AM

Dispense Amount: 0.5 mg tablet x 4 tablets

Number of Refills: n/a

Day 1 to Day 2 12/21/2025 10:00 PM to 12/22/2025	Medication Iorazepam	Route oral	Dosage Form tablet
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Frequency

Every 12 hrs

Amount	Strength	Unit
2	0.5 mg	tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/20/2025 01:51 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

C-IV



Iorazepam, 0.5 mg x 1 tablet , oral, tablet, Every 12 hrs, for 1 day

Justification: Detox

Duration: 1 day, start date: 12/22/2025 10:00 PM, end date: 12/23/2025 10:45 AM

Dispense Amount: 0.5 mg tablet x 2 tablets

Number of Refills: n/a

Day 1 to Day 2 12/22/2025 10:00 PM to 12/23/2025	Medication Iorazepam	Route oral	Dosage Form tablet
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Frequency

Every 12 hrs

Amount	Strength	Unit
1	0.5 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/20/2025 01:52 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

**72 Hour Q 1 min. Observation Detox Simmons until 12/22/25 @1605 then
follow detox level protocol, Once , for 3 days**

Justification: Detox Observation

Duration: 3 days, start date: 12/20/2025 04:30 PM, end date: 12/22/2025 11:59 PM

Show in MARs: YES

Day 1 to Day 4	Action
12/20/2025	72 Hour Q 1 min.
04:30 PM to	Observation Detox
12/23/2025	Simmons until 12/22/25 @1605 then follow detox level protocol

Frequency

Once

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/20/2025 04:39 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Detox 2

Protocol ,

**Once , until
further notice**

Duration: Until

further notice, start date: 12/20/2025 04:30 PM

Show in MARs: NO

Discontinued: 12/22/2025 05:07 PM

Action

Detox 2 Protocol

Frequency

Once

-
- 1) Vital Signs TID, while awake
 - 2) CIWA/COWS TID, while awake
 - 3) Vital Signs & CIWA/COWS prior to detox medication administration
 - 4) Safety checks every hour
 - 5) Must attend groups
 - 6) offsite outings case by case
 - 7) No gym/pool

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Irma Martinez, LPT 12/20/2025 04:39 PM

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via previously prescribed medication approved by doctor

Discontinued Entered by Scheria Smith, LVN at 12/22/2025 05:07 PM

Discontinue Reason: Advanced to detox 3



Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Detox 3

**Protocol , until
further notice**

Duration: Until
further notice,
start date:

12/22/2025 08:45 AM

Show in MARs: NO

Discontinued: 12/23/2025 11:18 AM



- 1) Vital Signs BID, while awake
- 2) CIWA/COWS BID, while awake
- 3) Vital Signs & CIWA/COWS prior to detox medication administration
- 4) Safety checks every two hours
- 5) Must attend groups
- 6) Must attend offsite outings
- 7) No gym/pool

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/22/2025 08:48 AM

Order Review

Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/22/2025 08:48 AM

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Scheria Smith, LVN at 12/23/2025 11:18 AM

Discontinue Reason: Nurse Practitioner advanced off detox status

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Client has completed Taper and can fully participate in Residential Programming, Once , for 1 day

Justification: Next Level of Care

Duration: 1 day, start date: 12/23/2025 11:15 AM, end date: 12/23/2025 11:59 PM

Show in MARs: YES

Day 1 to Day 2	Action
12/23/2025 11:15 AM to 12/24/2025	Client has completed Taper and can fully participate in Residential Programming

Frequency
Once

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Scheria Smith, LVN 12/23/2025 11:19 AM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

**Melatonin, 5 mg x 2 tablets , oral, tablet, chewable, once a day (HS) PRN,
until further notice, PRN**

Justification: for sleep

PRN, Duration: Until further notice, start date: 12/23/2025 09:00 PM

Dispense Amount: n/a

Number of Refills: n/a

Medication	Route	Dosage Form
Melatonin	oral	tablet, chewable

Frequency

once a day (HS) PRN

Amount	Strength	Unit
2	5 mg	tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Kiran Kaur, MA 12/23/2025 09:16 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

C-III

◆ testosterone

cypionate, 200

mg/ml x 1 ml ,

intramuscular, Syringe, Bi-weekly, until further notice (modified schedules)

Justification: As prescribed

Duration: Until further notice, start date: 12/28/2025 11:00 AM

Dispense Amount: 200 mg/ml Syringe x 1 ml

Number of Refills: n/a

Discontinued: 12/29/2025 01:55 PM

DISCONTINUED
12/29/2025 01:55 PM

Medication	Route	Dosage Form
testosterone cypionate	intramuscular	Syringe

Frequency

Bi-weekly ([*"Fri"*])

Amount	Strength	Unit
1	200 mg/ml	ml

* Indicates a schedule time that differs from the schedule settings.

This is due every 2 weeks. First injection starts on 1/2/26

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Alma Arenas, LPT 12/28/2025 11:02 AM

Discontinued Due to Change Order by Scheria Smith, LVN 12/29/2025 01:55 PM: testosterone cypionate, 200 mg/ml x 1 ml , intramuscular, Syringe, Bi-weekly, until further notice

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Scheria Smith, LVN at 12/29/2025 01:55 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

BD
PrecisionGlide
(needles,
disposable),
21 g x 1" x 10

DISCONTINUED
12/28/2025 02:52 PM

needle, disposable , miscellaneous, Needle, Once , until further notice

Justification: For Testosterone injection

Duration: Until further notice, start date: 12/28/2025 11:15 AM

Dispense Amount: 21 g x 1" Needle x 0 needle, disposables

Number of Refills: n/a

Discontinued: 12/28/2025 02:52 PM

Medication	Route	Dosage Form
BD PrecisionGlide	miscellaneous	Needle

Frequency

Once

Amount	Strength	Unit
10	21 g x 1"	needle, disposable

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Alma Arenas, LPT 12/28/2025 11:24 AM

Discontinued Due to Change Order by Alma Arenas, LPT 12/28/2025 02:52 PM: BD PrecisionGlide, 21 g x 1" x 10 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Alma Arenas, LPT at 12/28/2025 02:52 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

BD
SafetyGlide
Needle
(needles,
safety), 25

DISCONTINUED
12/28/2025 02:52 PM

gauge x 1" x 17 needle, disposable , miscellaneous, Needle, Once , until
further notice

Justification: for Testosterone injection

Duration: Until further notice, start date: 12/28/2025 11:30 AM

Dispense Amount: n/a

Number of Refills: n/a

Discontinued: 12/28/2025 02:52 PM

Medication	Route	Dosage Form
BD SafetyGlide Needle	miscellaneous	Needle

Frequency

Once

Amount	Strength	Unit
17	25 gauge x 1"	needle, disposable

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Alma Arenas, LPT 12/28/2025 11:34 AM

Discontinued Due to Change Order by Alma Arenas, LPT 12/28/2025 02:52 PM: BD SafetyGlide Needle (needles, safety), 25
gauge x 1" x 17 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN

Pending Review

Discontinued Ordered by Ellen Barbieri, NP via phone, read back and verified

Discontinued Entered by Alma Arenas, LPT at 12/28/2025 02:52 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

BD SafetyGlide Needle (needles, safety), 25 gauge x 1" x 17 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN

Justification: for Testosterone injection

PRN, Duration: Until further notice, start date: 12/28/2025 02:45 PM

Dispense Amount: n/a

Number of Refills: n/a

Medication	Route	Dosage Form
BD SafetyGlide Needle	miscellaneous	Needle

Frequency

Once

Amount	Strength	Unit
17	25 gauge x 1"	needle, disposable

Change Order: BD SafetyGlide Needle (needles, safety), 25 gauge x 1" x 17 needle, disposable , miscellaneous, Needle, Once , until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Alma Arenas, LPT 12/28/2025 02:52 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

BD PrecisionGlide, 21 g x 1" x 10 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN

Justification: For Testosterone injection

PRN, Duration: Until further notice, start date: 12/28/2025 02:45 PM

Dispense Amount: 21 g x 1" Needle x 0 needle, disposables

Number of Refills: n/a

Medication	Route	Dosage Form
BD PrecisionGlide	miscellaneous	Needle

Frequency

Once

Amount	Strength	Unit
10	21 g x 1"	needle, disposable

Change Order: BD PrecisionGlide (needles, disposable), 21 g x 1" x 10 needle, disposable , miscellaneous, Needle, Once , until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Alma Arenas, LPT 12/28/2025 02:52 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

**Zepbound (tirzepatide), 12.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution,
Weekly, until further notice (modified schedules)**

Justification: Wt Management

Duration: Until further notice, start date: 12/29/2025 07:45 AM

Dispense Amount: n/a

Number of Refills: n/a

Medication	Route	Dosage Form
Zepbound	subcutaneous	solution

Frequency

Weekly (["Fri"])

Hours	Minutes	Meridian	Amount	Strength	Unit
At	08	00	AM	0.5	12.5 mg/0.5 ml

* Indicates a schedule time that differs from the schedule settings.

Change Order: Zepbound (tirzepatide), 12.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, until further notice

Change Reason: moved to Fridays per client request

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Scheria Smith, LVN 12/29/2025 07:46 AM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

C-III



testosterone cypionate, 200 mg/ml x 1 ml , intramuscular, Syringe, Bi-weekly, until further notice (modified schedules)

Justification: As prescribed

Duration: Until further notice, start date: 01/02/2026 09:00 AM

Dispense Amount: 200 mg/ml Syringe x 1 ml

Number of Refills: n/a

Medication	Route	Dosage Form
testosterone cypionate	intramuscular	Syringe

Frequency

Bi-weekly ([{"Fri"]})

Amount	Strength	Unit
1	200 mg/ml	ml

* Indicates a schedule time that differs from the schedule settings.

This is due every 2 weeks. First injection starts on 1/2/26

Change Order: testosterone cypionate, 200 mg/ml x 1 ml , intramuscular, Syringe, Bi-weekly, until further notice

Change Reason: KIPU updated, client request to start this Friday

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via phone, read back and verified

Entered by Scheria Smith, LVN 12/29/2025 01:55 PM

Pending Review

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

PRESCRIPTION

acamprosate
(acamprosate
calcium), 333
mg x 2 tablets
, oral, tablet,

DISCONTINUED
12/29/2025 06:21 PM

delayed release (enteric coated), three times a day, until further notice

Take 2 tablet by mouth three times a day as directed MAT

Duration: Until further notice, start date: 12/29/2025 06:15 PM

Dispense Amount: 333 mg tablet, delayed release (enteric coated) x 180 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/29/2025 06:21 PM

Medication
acamprosate

Route
oral

Dosage Form
tablet, delayed release
(enteric coated)

Frequency

three times a day

Amount	Strength	Unit
2	333 mg	tablets

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/29/2025 06:21 PM

Discontinued Due to Change Order by Ellen Barbieri, NP 12/29/2025 06:21 PM: acamprosate (acamprosate calcium), 333 mg x 1 tablet , oral, tablet, delayed release (enteric coated), three times a day schedule (TID), until further notice

Signed electronically 12/29/2025 06:20 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Completed (Faxed or Printed)

- eRx ID: 71231095360

Discontinued Order Review

Ellen Barbieri, NP, NPI: 1134929573, DEAMb9534822, 12/29/2025 06:21 PM

Discontinued Ordered by Ellen Barbieri, NP via self

Discontinued Entered by Ellen Barbieri, NP at 12/29/2025 06:21 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

**acamprostate (acamprostate calcium), 333 mg x 1 tablet , oral, tablet,
delayed release (enteric coated), three times a day schedule (TID), until
further notice**

Justification: MAT

Duration: Until further notice, start date: 12/29/2025 06:15 PM

Dispense Amount: 333 mg tablet, delayed release (enteric coated) x 3 tablets

Number of Refills: 0

Medication	Route	Dosage Form
acamprostate	oral	tablet, delayed release (enteric coated)

Frequency

three times a day schedule (TID)

Hours	Minutes	Meridian	Amount	Strength	Unit
At 09	00	AM	1	333 mg	tablet
At 03	00	PM	1	333 mg	tablet
At 09	00	PM	1	333 mg	tablet

Change Prescription: acamprostate (acamprostate calcium), 333 mg x 2 tablets , oral, tablet, delayed release (enteric coated), three times a day, until further notice

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/29/2025 06:21 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/29/2025 06:21 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

PRESCRIPTION

gabapentin,
300 mg x 1
capsule , oral,
capsule, three
times a day,
until further notice, PRN

DISCONTINUED
12/30/2025 02:36 PM

Take 1 capsule by mouth three times a day as needed as directed for anxiety/sleep/cravings

PRN, Duration: Until further notice, start date: 12/30/2025 02:30 PM

Dispense Amount: 300 mg capsule x 90 capsules

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Discontinued: 12/30/2025 02:36 PM

Medication	Route	Dosage Form
gabapentin	oral	capsule

Frequency

three times a day

Amount	Strength	Unit
1	300 mg	capsule

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/30/2025 02:35 PM

Discontinued Due to Change Order by Ellen Barbieri, NP 12/30/2025 02:36 PM: gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule (TID), until further notice, PRN

Signed electronically 12/30/2025 02:34 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Completed (Faxed or Printed)

- eRx ID: 71231308319

Discontinued Order Review



Ellen Barbieri, NP, NPI: 1134929573, DEAMB9534822, 12/30/2025 02:36 PM

Discontinued Ordered by Ellen Barbieri, NP via self

Discontinued Entered by Ellen Barbieri, NP at 12/30/2025 02:36 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule (TID), until further notice, PRN

Justification: anxiety/sleep/cravings

PRN, Duration: Until further notice, start date: 12/30/2025 02:30 PM

Dispense Amount: 300 mg capsule x 3 capsules

Number of Refills: 0

Medication gabapentin	Route oral	Dosage Form capsule
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Frequency

three times a day schedule (TID)

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	09	00	AM	1	300 mg	capsule
At	03	00	PM	1	300 mg	capsule
At	09	00	PM	1	300 mg	capsule

Change Prescription: gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day, until further notice, PRN

Change Reason:

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 02:36 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 02:36 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

PRESCRIPTION

trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, every night at bedtime, until further notice

Take 1 tablet by mouth every night at bedtime for insomnia

Duration: Until further notice, start date: 12/30/2025 02:45 PM

Dispense Amount: 50 mg tablet x 30 tablets

Number of Refills: 0

Additional Notes to Pharmacist: n/a

Comments for Office Use Only: n/a

Medication trazodone	Route oral	Dosage Form tablet
-------------------------	---------------	-----------------------

Frequency

every night at bedtime

	Hours	Minutes	Meridian	Amount	Strength	Unit
At	10	00	PM	1	50 mg	tablet

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822 via eRx

Entered by Ellen Barbieri, NP 12/30/2025 02:48 PM

Signed electronically 12/30/2025 02:48 PM

Pharmacy: Golden Gate Pharmacy, 8 Digital Drive #200, Novato, CA, 94949

Received by Pharmacy

- eRx ID: 71231311996

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

**Discharge Home on all current medication with Medical Approval, once,
until further notice, PRN**

Justification: Discharge

PRN, Duration: Until further notice, start date: 01/02/2026 06:45 AM

Show in MARs: YES

Continue on discharge

Action

Discharge Home on all
current medication
with Medical Approval

Frequency

once

	Hours	Minutes	Meridian
At	06	45	AM

Ordered by Ellen Barbieri, NP, NPI Number: 1134929573, DEA: mb9534822

Entered by Ellen Barbieri, NP 12/30/2025 02:54 PM

Order Review



Ellen Barbieri, NP, NPI Number 1134929573, DEA mb9534822, 12/30/2025 02:54 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

24 Hour Observation Sheet 12/23/2025

12/23/2025

Date/Time: 0914 , Detox Level: 3 , Location: G , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1113 , Detox Level: 3 , Location: G , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Detox Level: Nurse Practitioner advanced off detox status

Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

Location Codes

A: Room Awake

D: Dining

G: group

I: Ind. Session

N: Nursing Station

P: Patio

S: Sleeping

Orientation Codes

1: Awake alert, oriented x3

2: Sedated, oriented x3
3: Sleeping

Complaints

N: No complaints
Y: Has complaints

Care Codes

1: CIWA or COW
2: Fluids
3: Encouragement
4: Medications
5: Nourishment
6: Sleeping

Scheria Smith

Scheria Smith, LVN (Staff), 12/23/2025 12:23 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

24 Hour Observation Sheet 12/22/2025

12/22/2025

Date/Time: 0730 , Detox Level: 2 , Location: N , Orientation: 1 , Complaints: n , Care: 3 , See Notes: back from labs , Staff Initials: SS

Date/Time: 0829 , Detox Level: 2 , Location: G , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Mindfulness , Staff Initials: SS

Date/Time: 1027 , Detox Level: 3 , Location: I , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Primary Therapist , Staff Initials: SS

Date/Time: 1226 , Detox Level: 3 , Location: I , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Primary therapist , Staff Initials: SS

Date/Time: 1425 , Detox Level: 3 , Location: I , Orientation: 1 , Complaints: n , Care: 3 , See Notes: Primary therapist , Staff Initials: SS

Date/Time: 1624 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: n , Care: 3 , Staff Initials: SS

Date/Time: 1823 , Detox Level: 3 , Location: offsite meeting , Staff Initials: SS

Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

Location Codes

A: Room Awake

D: Dining

G: group

I: Ind. Session

N: Nursing Station

P: Patio

S: Sleeping

Orientation Codes

1: Awake alert, oriented x3

2: Sedated, oriented x3

3: Sleeping

Complaints

N: No complaints

Y: Has complaints

Care Codes

1: CIWA or COW

2: Fluids

3: Encouragement

4: Medications

5: Nourishment

6: Sleeping



Scheria Smith, LVN (Staff), 12/23/2025 12:07 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

24 Hour Observation Sheet 12/22/2025

12/22/2025

Date/Time: 2022 , Detox Level: 3 , Location: LIVING ROOM , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 2221 , Detox Level: 3 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 0020 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0219 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0418 , Detox Level: 3 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: KK

Date/Time: 0617 , Detox Level: 3 , Location: DINING TABLE , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Date/Time: 0716 , Detox Level: 3 , Location: DINING TABLE , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: KK

Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

Location Codes

A: Room Awake

D: Dining

G: group

I: Ind. Session

N: Nursing Station

P: Patio

S: Sleeping

Orientation Codes

1: Awake alert, oriented x3

2: Sedated, oriented x3

3: Sleeping

Complaints

N: No complaints

Y: Has complaints

Care Codes

1: CIWA or COW

2: Fluids

3: Encouragement

4: Medications

5: Nourishment

6: Sleeping



Kiran Kaur, MA (Staff), 12/23/2025 07:25 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

24 Hour Observation Sheet 12/21/2025

12/21/2025

Date/Time: 2000 , Detox Level: OBS , Location: D , Orientation: 1 , Complaints: N , Care: 2,3,5 , Staff Initials: MDC

Date/Time: 2029 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: MDC

Date/Time: 2058 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: MDC

Date/Time: 2127 , Detox Level: OBS , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: MDC

Date/Time: 2155 , Detox Level: OBS , Location: A , Orientation: 2 , Complaints: N , Care: 3 , Staff Initials: MDC

Date/Time: 2223 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: MDC

Date/Time: 2251 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: MDC

Date/Time: 2320 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: MDC

Date/Time: 2348 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: MDC

Date/Time: 0016 , Detox Level: OBS , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: MDC

Date/Time: 0030 , Detox Level: 2 , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: AJ

Date/Time: 0133 , Detox Level: 2 , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: AJ

Date/Time: 0230 , Detox Level: 2 , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: AJ

Date/Time: 0331 , Detox Level: 2 , Location: s , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AJ

Date/Time: 0429 , Detox Level: 2 , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: AJ

Date/Time: 0530 , Detox Level: 2 , Location: s , Orientation: 3 , Complaints: n , Care: 6 , Staff Initials: AJ

Date/Time: 0630 , Detox Level: 2 , Location: Parking Lot , Orientation: 1 , Complaints: N , Care: 3 , See Notes: Pt. transport to get labs drawn. , Staff Initials: AJ

Detox Level

- I: every 30 minutes
- II: every hour
- III every 2 hours.

Location Codes

- A: Room Awake
- D: Dining
- G: group
- I: Ind. Session
- N: Nursing Station
- P: Patio
- S: Sleeping

Orientation Codes

- 1: Awake alert, oriented x3
- 2: Sedated, oriented x3
- 3: Sleeping

Complaints

- N: No complaints
- Y: Has complaints

Care Codes

- 1: CIWA or COW
- 2: Fluids
- 3: Encouragement
- 4: Medications
- 5: Nourishment
- 6: Sleeping



Russell Flores, LVN (Staff), 12/22/2025 06:40 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

24 Hour Observation Sheet 12/21/2025

12/21/2025

Date/Time: 0730 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , See Notes: Received client asleep. , Staff Initials: AA

Date/Time: 0830 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , See Notes: Client reminded of breakfast , Staff Initials: AA

Date/Time: 0931 , Detox Level: 2 , Location: G , Orientation: 1 , Complaints: N , Care: Attending the sound bath session. , Staff Initials: AA

Date/Time: 1032 , Detox Level: 2 , Location: N , Orientation: 1 , Complaints: N , Care: 2, 3, 4 , Staff Initials: AA

Date/Time: 1130 , Detox Level: 2 , Location: Living area , Orientation: 1 , Complaints: N , Care: 2, 3 , Staff Initials: AA

Date/Time: 1230 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: N , Care: 2, 5 , Staff Initials: AA

Date/Time: 1331 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 1430 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 1530 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 2, 3 , See Notes: Meeting with MD via Facetime. , Staff Initials: AA

Date/Time: 1630 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , See Notes: Resting in bed , Staff Initials: AA

Date/Time: 1730 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: N , Care: 2, 3, 4 , Staff Initials: AA

Date/Time: 1830 , Detox Level: 2 , Location: Living area , Orientation: 1 , Complaints: N , Care: 2, 3 , Staff Initials: AA

Detox Level

I: every 30 minutes

Powered by Kipu Systems

Created on: 12/31/2025 19:27 PM EST - 19:28 PM EST

206 of 400 pages

II: every hour
III every 2 hours.

Location Codes

A: Room Awake
D: Dining
G: group
I: Ind. Session
N: Nursing Station
P: Patio
S: Sleeping

Orientation Codes

1: Awake alert, oriented x3
2: Sedated, oriented x3
3: Sleeping

Complaints

N: No complaints
Y: Has complaints

Care Codes

1: CIWA or COW
2: Fluids
3: Encouragement
4: Medications
5: Nourishment
6: Sleeping



Alma Arenas, LPT (Staff), 12/21/2025 06:15 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

24 Hour Observation Sheet 12/20/2025

12/20/2025

Date/Time: 0704 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 0734 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 0802 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 0831 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 0901 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 0929 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 0957 , Detox Level: 1 , Location: P , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1026 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1054 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1122 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1151 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1219 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1247 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1316 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1344 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1412 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1441 , Detox Level: 1 , Location: LIVING ROOM , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1509 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1537 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1606 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: IM

Date/Time: 1704 , Detox Level: 2 , Location: D , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1752 , Detox Level: 2 , Location: OUT TO A MEETING W/PA , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Detox Level

- I: every 30 minutes
- II: every hour
- III every 2 hours.

Location Codes

- A: Room Awake
- D: Dining
- G: group
- I: Ind. Session
- N: Nursing Station
- P: Patio
- S: Sleeping

Orientation Codes

- 1: Awake alert, oriented x3
- 2: Sedated, oriented x3
- 3: Sleeping

Complaints

- N: No complaints
- Y: Has complaints

Care Codes

- 1: CIWA or COW
- 2: Fluids
- 3: Encouragement
- 4: Medications
- 5: Nourishment
- 6: Sleeping



LPT

Irma Martinez, LPT (Staff), 12/20/2025 05:53 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

24 Hour Observation Sheet 12/20/2025

12/20/2025

Date/Time: 2030 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: SA

Date/Time: 2131 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 2229 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 2331 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0030 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0131 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0228 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0329 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0429 , Detox Level: 2 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Date/Time: 0539 , Detox Level: 2 , Location: A , Orientation: 1 , Complaints: N , Care: 4 , Staff Initials: SA

Date/Time: 0631 , Detox Level: 2 , Location: A , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: SA

Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

Location Codes

A: Room Awake

D: Dining

G: group

I: Ind. Session

N: Nursing Station

P: Patio

S: Sleeping

Orientation Codes

1: Awake alert, oriented x3

2: Sedated, oriented x3

3: Sleeping

Complaints

N: No complaints

Y: Has complaints

Care Codes

1: CIWA or COW

2: Fluids

3: Encouragement

4: Medications

5: Nourishment

6: Sleeping



Steve Athens, LPT (Staff), 12/21/2025 06:42 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

24 Hour Observation Sheet 12/19/2025

12/19/2025

Date/Time: 1605 , Detox Level: 1 , Location: PARKING LOT , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1634 , Detox Level: 1 , Location: PA DESK , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1702 , Detox Level: 1 , Location: PA DESK , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1731 , Detox Level: 1 , Location: N , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1749 , Detox Level: 1 , Location: D , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1817 , Detox Level: 1 , Location: N , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1846 , Detox Level: 1 , Location: LIVING ROOM , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Date/Time: 1914 , Detox Level: 1 , Location: S , Orientation: 1 , Complaints: N , Care: 3 , Staff Initials: IM

Detox Level

I: every 30 minutes

II: every hour

III every 2 hours.

Location Codes

A: Room Awake

D: Dining

G: group

I: Ind. Session

N: Nursing Station

P: Patio

S: Sleeping

Orientation Codes

1: Awake alert, oriented x3

2: Sedated, oriented x3

3: Sleeping

Complaints

N: No complaints

Y: Has complaints

Care Codes

1: CIWA or COW

2: Fluids

3: Encouragement

4: Medications

5: Nourishment

6: Sleeping



LPT

Irma Martinez, LPT (Staff), 12/19/2025 07:14 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

24 Hour Observation Sheet 12/19/2025

12/19/2025

Date/Time: 1955 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: Y , Care: 2, 3, 4 , See Notes: C/o headache. , Staff Initials: AA

Date/Time: 2025 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , See Notes: Resting in bed. , Staff Initials: AA

Date/Time: 2100 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , See Notes: Currently on CPAP. , Staff Initials: AA

Date/Time: 2132 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 2200 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 2232 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 2300 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 2333 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 12/20/25@0001 , Detox Level: 1 , Location: S, A , Orientation: 3 , Complaints: N , Care: 6, 2, 4 , Staff Initials: AA

Date/Time: 0030 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , See Notes: Using CPAP , Staff Initials: AA

Date/Time: 0100 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0132 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0200 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0230 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0301 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0330 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , See Notes: Using CPAP , Staff Initials: AA

Date/Time: 0400 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0430 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0501 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0533 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0602 , Detox Level: 1 , Location: A , Orientation: 1 , Complaints: N , Care: 3, 4 , Staff Initials: AA

Date/Time: 0630 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Date/Time: 0659 , Detox Level: 1 , Location: S , Orientation: 3 , Complaints: N , Care: 6 , Staff Initials: AA

Detox Level

- I: every 30 minutes
- II: every hour
- III every 2 hours.

Location Codes

- A: Room Awake
- D: Dining
- G: group
- I: Ind. Session
- N: Nursing Station
- P: Patio
- S: Sleeping

Orientation Codes

- 1: Awake alert, oriented x3
- 2: Sedated, oriented x3
- 3: Sleeping

Complaints

- N: No complaints
- Y: Has complaints

Care Codes

- 1: CIWA or COW
- 2: Fluids
- 3: Encouragement
- 4: Medications
- 5: Nourishment
- 6: Sleeping



Alma Arenas, LPT (Staff), 12/20/2025 06:56 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Attachment 24 Hour Observation 12.21.25 12/21/2025

Title 24 Hour Observation 12.21.25

Date 12/21/2025

Description

Late entry on behalf of AJ please see attached

Scanned Document

75758_CCF-000257.pdf, 650 KB

A handwritten signature in blue ink that appears to read "Scheria Smith".

Scheria Smith, LVN (Staff), 12/22/2025 08:12 AM

12/21/25, 8:32 PM

Kipu - livingatreflections.kipuworks.com

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

24 Hour Observation Sheet

[ADD COMMENTS / PRINT PREVIEW](#)

12/21/2025

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Attachment MAT 12/29/2025

Title MAT

Date 12/29/2025

Description

Nurse Practitioner prescribed Acamprosate 333mg x2 tablets three times per day. This order was faxed to GGP via eRX for delivery. He is aware and has agreed to take this as part of his relapse prevention plan. Will continue to monitor.

Scanned Document

A handwritten signature in blue ink that appears to read "Scheria Smith".

Scheria Smith, LVN (Staff), 12/29/2025 06:50 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

BAC/UDS 12/25/2025

Date 12/25/2025

Breathalyzer

Time

1541

Drug Screen Result

BZO



Kiran Kaur, MA (Staff), 12/25/2025 03:48 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

BAC/UDS 12/19/2025

Date 12/19/2025

Breathalyzer

0.04

Time

1605

Drug Screen Result



Irma Martinez, LPT (Staff), 12/19/2025 06:39 PM

Annotations

Created By: LPT Irma Martinez at 12/19/2025 06:39
PM

(+) EtG. NP notified

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/31/2025

12/31/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/31/2025 06:53 AM

Detox/OBS/RES Status: RES

Allergies: NKA

Detox Meds if applicable: None

PRN Meds for PAWS: None

C/O: None

CIWA: 2

Daily Vital Signs: BP 117/84 P 82 See KIPU

Appearance (ADLs): Moderate

Mental status/mood: Clark was med compliant and VS were WNL. Observed engaging with peers and watched TV with them in the evening. Ellen put in discharge orders and refilled trazodone and gabapentin as requested by client. Acamprosate arrived this afternoon and client took his first dose of 333mg. No side effects or changes noted or reported by client.

Attended the closing group and went to his room right after. No concerns were noted or reported during this shift. Took morning meds and compliant with morning VS & CIWA.

Did the Client Participate in Groups/Meetings? Yes, attended the closing group

Sleeping: slept; woke up early @ 04:00 am and has been working on his computer at dining table.

Nutrition: Ate 100% of his meals and kept self-hydrated.

Discharge Date: TBD

Daily Temps: WNL.

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Kiran Kaur, MA (Staff), 12/31/2025 06:54 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/30/2025

12/30/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Monika Lopez, LVN, 12/30/2025 03:38 PM

Allergies: NKA

Detox Meds if applicable: None

PRN Meds for PAWS: None

C/O: Insomnia, Tremors

CIWA:

Daily Vital Signs: See KIPU

Appearance (ADLs): Moderate

Mental status/mood: Clark took his meds and vitals with NOC staff. He appears to be in good spirits in the community and seen smiling and supporting peers. Ellen put in discharge orders and refilled trazodone and gabapentin as requested by client. Acamprosate arrived this afternoon. Will cont plan of care.

Did the Client Participate in Groups/Meetings? Yes, attended groups and session.

Sleeping: He reported that he slept well with the aid of CPAP, Trazadone, & Melatonin for sleep.

Nutrition: Ate 100% of his meals and kept self hydrated.

Discharge Date: TBD

Daily Temps: WNL.

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Monika Lopez, LVN (Staff), 12/30/2025 03:38 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/29/2025

12/29/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Alma Arenas, LPT, 12/30/2025 06:06 AM

Detox/OBS/RES Status: Res.

Allergies: NKA

Detox Meds if applicable: None

PRN Meds for PAWS: None

C/O: Insomnia, Tremors

CIWA: 2

Daily Vital Signs: See KIPU

Appearance (ADLs): Moderate

Mental status/mood: Clark continues to maintain polite and appropriate behavior toward both staff and peers. During this shift, he was fully compliant with his medication regimen, vital signs, and required assessments, all of which were completed without the need for prompting from the nursing team. Regarding his clinical status, Clark expressed that he feels significantly more stable and is ready to transition to the next stage of his treatment. He specifically mentioned that he is looking forward to moving to a SLE following his stay here. He participated in the closing group session and retired to sleep shortly thereafter. Clark slept well throughout the night with the assistance of his CPAP machine. His sleep was further supported by Trazodone (100 mg) and Melatonin (10 mg), both of which were noted as effective. He expressed no distress or discomfort throughout the shift and appears to be progressing well toward his discharge goals.

Did the Client Participate in Groups/Meetings? Yes, attended the closing group.

Sleeping: He reported that he slept well with the aid of CPAP, Trazadone, & Melatonin for sleep. Ryan was already awake at 0600 AM and took all his morning meds.

Nutrition: Ate 100% of his meals and kept self hydrated.

Discharge Date: TBD

Daily Temps: WNL.

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Alma Arenas, LPT (Staff), 12/30/2025 06:07 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/29/2025

12/29/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/29/2025 06:46 PM

Randall "Clark"

Age: 64 y/o

Allergies: NKA

Admit: 12.19.25

RTC, Room: 3

F10.20 Alcohol dependence, uncomplicated

VS: 109/80, 73

Mental Status/Mood/Activities: Clark was medication compliant, late. Testosterone and weight loss injections times both adjusted in KIPU to this Friday per client request. He took all his meals at the dining room table with peers. Self hydration encouraged. Showered and changed clothes. He was observed in the milieu. He saw the Nurse Practitioner onsite, Acamprosate prescribed sent to GGP for delivery. No issues or concerns were reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedure.

MAT: Acamprosate 333 mg x2 tablets three times per day starting 12/30/25 starting 12/30/25

Diagnostics: completed 12/22

Discharge Plan: 12/26/25

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Scheria Smith, LVN (Staff), 12/29/2025 06:46 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/28/2025

12/28/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Alma Arenas, LPT, 12/28/2025 02:14 PM

Detox/OBS/RES Status: Res.

Allergies: NKA

Detox Meds if applicable: None

PRN Meds for PAWS: None.

C/O: Anxiety

CIWA: 2

Daily Vital Signs: See KIPU

Appearance (ADLs): Moderate

Mental status/mood: His self-care was notably moderate today. Clark's wife visited to drop off his Testosterone treatment and brought their dog. They spent time on the patio, but the visit was brief due to an argument, and his wife ultimately left early. Clark was observed crying on the patio afterward. Staff provided comfort and support, encouraging him to move to the living area for better monitoring. He verbalized his frustration and wept, but eventually calmed down, stating he would be fine and declining a PRN. He thanked the staff for the support. Meanwhile, the Testosterone treatment was added to KIPU medication orders, and the Nurse Practitioner was notified. Regarding activities, Clark participated in the sound bath session this morning but declined the outing, citing an upcoming court hearing. He remained compliant with medication, vital signs (VSs), weekly weight, and assessment checks. Clark was mostly visible in the milieu and engaged positively with peers and staff. No other issues or concerns were noted for the remainder of the shift.

Did the Client Participate in Groups/Meetings? Yes, attended the sound bath group.

Sleeping: He reported that he slept well with the aid of CPAP and Trazadone for sleep.

Nutrition: Ate 100% of all his meals and kept self hydrated.

Discharge Date: TBD

Daily Temps: WNL.

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Alma Arenas, LPT (Staff), 12/28/2025 04:05 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/28/2025

12/28/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/28/2025 06:07 AM

Allergies: NKA

Detox Meds if applicable: None

PRN Meds for PAWS: None

C/O: None

CIWA: 1

Daily Vital Signs: B/P 115/81 T 97.6 P 80 R 18 O2 98

Appearance (ADLs): Clean

Mental status/mood : Attended off site meeting returning in the evening, Watched tv for a very brief time before taking medication and going to bed. He appeared to have slept well throughout the night with the assistance of his CPAP machine.

Did the Client Participate in Groups/Meetings? Yes

Sleeping: He appeared to have slept well while utilizing his CPAP device.

Nutrition: All meals reported consumed and kept self hydrated.

Discharge Date: TBD

Daily Temps: WNL.

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Steve Athens, LPT (Staff), 12/28/2025 06:07 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/26/2025

12/26/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Alma Arenas, LPT, 12/27/2025 05:42 AM

Detox/OBS/RES Status: Res.

Allergies: NKA

Detox Meds if applicable: None

PRN Meds for PAWS: None

C/O: Insomnia, Tremors

CIWA: 2

Daily Vital Signs: See KIPU

Appearance (ADLs): Moderate

Mental status/mood : While his self-care remains noticeably poor, he continues to maintain polite and appropriate behavior toward staff and peers. He was fully compliant with his medication regimen, vital signs, and assessments, requiring no prompting from the nursing team. The patient participated in the closing group session and went to sleep shortly thereafter. He slept well throughout the night with the assistance of his CPAP machine. During the shift, he expressed no distress or discomfort and noted that he feels he is improving as the days progress.

Did the Client Participate in Groups/Meetings? Yes, attended the closing group.

Sleeping: He reported that he slept well with the aid of CPAP and Trazadone for sleep.

Nutrition: Ate 100% of his meals and kept self hydrated.

Discharge Date: TBD

Daily Temps: WNL.

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Alma Arenas, LPT (Staff), 12/27/2025 05:42 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/25/2025

12/25/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Anita Salanga, LPT, 12/25/2025 05:32 AM

Randall "Clark"

Age: 64 y/o

Allergies: NKA

Admit: 12.19.25

Detox completed, Room: 3

F10.20 Alcohol dependence, uncomplicated

VS: BP 114/75, P 78

CIWA: 3

Mental Status/Mood/Activities: Clark was medication compliant and VS are WNL. Client attended the In house meeting and the closing group. Client watched TV in the living room with peers. No issues or concerns were reported to or observed by this writer. Will continue the plan of care as ordered.

MAT: TBD

Diagnostics: completed 12/22

Discharge Plan: 12/26/25

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A handwritten signature in blue ink, appearing to read "Anita Salanga".

Anita Salanga, LPT (Staff), 12/25/2025 05:33 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/25/2025

12/25/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/25/2025 06:45 PM

Age: 64 y/o

Allergies: NKA

Admit: 12.19.25

RTC, Room: 3

F10.20 Alcohol dependence, uncomplicated

VS: 109/74, P 53

CIWA 2

Mental Status/Mood/Activities: Clark was medication compliant and VS were WNL. Client observed in the milieu attended all groups. Spent his free time working on his computer at the dining table. Client took all his meals at the dining table with peers. Self-hydration is encouraged. UDS has been collected, processed and scheduled for pick up tomorrow morning 12/26/2025 at 10:00 am. Client is currently at the movie theater with peers accompanied by staff; left at 1730. No concerns were noted or reported during this shift. Cont plan of care as ordered.

MAT: TBD

Diagnostics: completed 12/22

Discharge Plan: 12/26/25

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Kiran Kaur, MA (Staff), 12/25/2025 06:45 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/24/2025

12/24/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/24/2025 06:31 AM

Randall "Clark"

Age: 64 y/o

Allergies: NKA

Admit: 12.19.25

Detox completed, Room: 3

F10.20 Alcohol dependence, uncomplicated

VS: 126/80, 83

CIWA: 2

Mental Status/Mood/Activities: Clark was medication compliant and VS are WNL. Client went to the offsite meeting and spent time in his room after returning. Client attended the closing group and went to his room right after. Client reports having restful night. No issues or concerns were reported to or observed by this writer. Will continue the plan of care as ordered.

MAT: TBD

Diagnostics: completed 12/22

Discharge Plan: 12/26/25

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Kiran Kaur, MA (Staff), 12/24/2025 06:31 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/24/2025

12/24/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/24/2025 06:47 PM

Randall "Clark"

Age: 64 y/o

Allergies: NKA

Admit: 12.19.25

RTC, Room: 3

F10.20 Alcohol dependence, uncomplicated

VS: 124/80, 76

Mental Status/Mood/Activities: Clark was medication compliant with NOC Nurse for morning medications. PRN clonidine 0.1mg for anxiety. He took all his meals at the dining room table with peers. Self hydration encouraged. Showered and changed clothes. He was observed in the milieu. No issues or concerns were reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedure.

MAT: TBD

Diagnostics: completed 12/22

Discharge Plan: 12/26/25

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Scheria Smith, LVN (Staff), 12/24/2025 06:48 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/23/2025

12/23/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/23/2025 06:06 PM

Randall "Clark"

Age: 64 y/o

Allergies: NKA

Admit: 12.19.25

Detox 2 to 3, Room: 3

F10.20 Alcohol dependence, uncomplicated

VS: 116/77, 82

Mental Status/Mood/Activities: Clark was medication compliant with NOC Nurse for morning medications. He took his final ativan dose at 10am as ordered and was advanced off detox status, email sent. He met with the Nurse Practitioner by phone for a follow up appointment. He took all his meals at the dining room table with peers. Self hydration encouraged. Showered and changed clothes. He was observed in the milieu. No issues or concerns were reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedure.

MAT: TBD

Diagnostics: completed 12/22

Discharge Plan: 12/26/25

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Scheria Smith

Scheria Smith, LVN (Staff), 12/23/2025 06:06 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/23/2025

12/23/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Kiran Kaur, MA, 12/23/2025 06:35 AM (last update: 12/23/2025 06:39 AM)

Detox/OBS/RES Status: Detox 3 OBS Q 2 hrs

Allergies? NKA

Detox Meds if applicable/on time/cooperative? Step 4 Standard taper, Ativan 0.5mg x 1 tabs q 12 hr

PRN Meds for PAWS (post-acute withdrawal symptoms): None

C/O – None

CIWA/COWS Range: 8

Daily Vital Signs: BP 138/91 P 75

Appearance (ADLs): disheveled

Mental status/mood: Clark was compliant with meds and VS. Client is currently on Detox 3 OBS Q 2 hrs. Client is on step 4 of the taper; 0.5 mg of Ativan Q 12 hrs. Client has last dose left for the morning to be done with the taper after. Client went to the offsite meeting and attended the closing group. Client went to his room right after closing group. No concerns were noted or reported during this shift. Cont plan of care as ordered.

Sleeping: reports sleeping well throughout the night

Did the Client Attend Groups/Meetings? Yes, went to the offsite meeting & attended the closing group

Nutrition: Ate 100% of all meals and maintained hydration

Discharge Date: 12/26/25

NOTE: Temps all WNL

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Kiran Kaur, MA (Staff), 12/23/2025 06:35 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/22/2025

12/22/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Russell Flores, LVN, 12/22/2025 05:36 AM (last update: 12/22/2025 06:45 AM)

Detox/OBS/RES Status: Detox 2 q1hr OBS

Allergies? NKA

Detox Meds if applicable/on time/cooperative?: Step 2 Standard taper, Ativan 0.5mg x2 tabs q8hr

PRN Meds for PAWS (post acute withdrawal symptoms): None

C/O – None

CIWA/COWS Range: 12

Daily Vital Signs: 12/21/25 At 2135: BP 119/78, T97.3, HR 89, RR21, O2 Sat 96

Appearance (ADLs): disheveled

Mental status/mood: Pt reports being in a good mood and is trying to keep himself well hydrated.

Sleeping: Pt. slept through the night

Did the Client Attend Groups/Meetings? Absent

Nutrition: Pt. ate all meals.

Discharge Date: 12/26/25

NOTE: Temps all WNL

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A handwritten signature in blue ink that appears to read "Russell Flores".

Russell Flores, LVN (Staff), 12/22/2025 06:45 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/22/2025

12/22/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Scheria Smith, LVN, 12/22/2025 07:02 PM

Randall "Clark"

Age: 64 y/o

Allergies: NKA

Admit: 12.19.25

Detox 2 to 3, Room: 3

F10.20 Alcohol dependence, uncomplicated

Mental Status/Mood/Activities: Clark was medication compliant. He went to fasting labs this morning, with the initial results uploaded to KIPU for review. He was advanced from detox level 2 to 3 with step #3 of Ativan taper, next dose will be step #4 scheduled at 10pm = 1tab 0.5mg. He took all his meals at the dining room table with peers. Self hydration encouraged. He was observed in the milieu chatting with peers and staff appropriately. She was seen onsite by the Nurse Practitioner, new orders received and carried out. No issues or concerns were reported to or observed by this writer. Will continue the plan of care as medically ordered per facility policy and procedure.

MAT: TBD

Diagnostics: completed 12/22

Discharge Plan: 12/26/25

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Scheria Smith, LVN (Staff), 12/22/2025 07:03 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/21/2025

12/21/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Steve Athens, LPT, 12/21/2025 05:43 AM

Allergies: NKA

Detox Meds if applicable: Step 1 Standard taper, Ativan 0.5 mg x 2 tabs every 6 hours

PRN Meds for PAWS: Clonidine 0.1 mg x 1 tab, Tylenol 325 mg x 2 tabs

C/O: sweating

CIWA: 8, 8

Daily Vital Signs: BP 123/85 P 81 Refer to KIPU for vitals

Appearance (ADLs): Disheveled & unkempt.

Mental status/mood: Client attended off site meeting, upon return watching tv with peers. medication provided and went to bed BP WNL, using CPAP during the noc hours. Morning meds provided, noted to be sweating profusely, Detox 2 protocol with q1h observations until he completes mandatory 72hrs and has started on Step 2 standard Ativan taper (0.5 mg x 2 tabs every 8 hours x's 3 dosages).

Did the Client Participate in Groups/Meetings? Yes, off site

Sleeping: He slept well with the aid of CPAP.

Nutrition: all meals reported consumed and hydration observed

Discharge Date: 12/26/25

Daily Temps: WNL.

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Steve Athens, LPT (Staff), 12/21/2025 05:43 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/21/2025

12/21/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Alma Arenas, LPT, 12/21/2025 12:58 PM (last update: 12/21/2025 06:24 PM)

Detox/OBS/RES Status: Detox 2, Q 1 hour obs.

Allergies: NKA

Detox Meds if applicable: Step 2 Standard taper, Ativan 0.5 mg x 2 tabs every 8 hours

PRN Meds for PAWS:

C/O:

CIWA: 9

Daily Vital Signs: BP 126/80, P 86, R 18, T 97, O2 96%

Appearance (ADLs): Unkempt.

Mental status/mood: He remained unkempt. He was also reminded that if he needed to shave, PA could assist with the razor and stated that he will. Self-care is noticeably poor at this time. He required prompting with medications. He complied with his medication regimen, vital signs, and assessments. At this time, he is on the Detox 2 protocol with Q 1 hour observations and on Step 2 standard taper of Ativan (0.5 mg x 2 tablets every 8 hours). Meanwhile, he decided to have his BG sensor attached today instead of Monday, 12/22/25. Clark also had a meeting via facetime with the MD. Furthermore, PPOD test read today and it's negative with zero induration. He currently expresses no distress or discomfort, and we will continue to monitor him closely.

Did the Client Participate in Groups/Meetings? Attended the sound bath session this morning.

Sleeping: He reported that he slept well with the aid of CPAP and PRN for sleep was very helpful.

Nutrition: Ate 100% of his meals and kept self hydrated.

Discharge Date: 12/26/25

Daily Temps: WNL.

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Alma Arenas, LPT (Staff), 12/21/2025 05:22 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/20/2025

12/20/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/20/2025 05:16 PM

Detox/OBS/RES Status: Detox 2

Allergies: NKA

Detox Meds if applicable: Step 1 Standard taper, Ativan 0.5 mg x 2 tabs every 6 hours

PRN Meds for PAWS: Clonidine 0.1 mg x 1 tab, Tylenol 325 mg x 2 tabs

C/O: Elevated BP, sweating, anxiety

CIWA: 10, 8

Daily Vital Signs: BP 127/91 p81 Refer to KIPU for vitals

Appearance (ADLs): Disheveled & unkempt.

Mental status/mood: Received client on bed w/eyes closed and using his C-pap machine. Client was noted w/diaphoresis on his face and bedsheets humid to the touch. While compliant with medications and assessments, he was noted w/ slight bilateral hand tremors. BP WNL, assisted to change his bed and his clothes into a dry one. Client up for meals and was observed walking around the house. Advanced to Detox 2 protocol with q1h observations until he completes mandatory 72hrs and has started on Step 2 standard Ativan taper (0.5 mg x 2 tabs every 8 hours x's 3 dosages). Client will go to labs on 12/22/25. Per NP client it is ok to go to an outside meeting Cont w/care plan as ordered.

Did the Client Participate in Groups/Meetings? No.

Sleeping: He slept well with the aid of CPAP and PRNs were very helpful.

Nutrition: Ate all meals and kept himself hydrated

Discharge Date: 12/26/25

Daily Temps: WNL.

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Irma Martinez, LPT (Staff), 12/20/2025 05:16 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/19/2025

12/19/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Alma Arenas, LPT, 12/20/2025 05:36 AM (last update: 12/20/2025 06:15 AM)

Detox/OBS/RES Status: Detox 1

Allergies: NKA

Detox Meds if applicable: Step 1 Standard taper, Ativan 0.5 mg x 2 tabs every 6 hours

PRN Meds for PAWS: Clonidine 0.1 mg x 1 tab, Tylenol 325 mg x 2 tabs

C/O: Elevated BP, sweating, anxiety & headache

CIWA: 12, 8

Daily Vital Signs: BP 150/101, P 87, R 22, T 97.2, O₂ 97%; BP 115/78, P 75, R 18, T 97, O₂ 95%.

Appearance (ADLs): Disheveled & unkempt.

Mental status/mood: During our initial meeting, Clark was fidgety and restless, though he recognized me and expressed gratitude for being here. He appeared disheveled and unkempt, admitting that his self-care has declined recently due to a recent alcohol use relapse. He was compliant with his medication regimen, vital signs, and assessments. He was teary-eyed and struggled to compose himself during our conversation but verbalized that his current medication order helped with his anxiety. Clinically, he presented with diaphoresis, an elevated blood pressure of 151/101, and a headache rated at 3/10. NP was notified. Meanwhile, he was administered Clonidine 0.1 mg for anxiety and hypertension, along with Tylenol 325 mg x 2 tablets for headache. Both PRNs were noted as effective. Also, Clark brought with him a CPAP machine, currently utilizing the machine correctly and was able to sleep comfortably. However, withdrawal symptoms, including sweating and a startle response were noted during assessment. His most recent CIWA score was 12. At this time, he is on the Detox 1 protocol with 30-minute observations and has started a Step 1 standard taper of Ativan (0.5 mg x 2 tablets every 6 hours). He currently expresses no distress or discomfort, and we will continue to monitor him closely.

Did the Client Participate in Groups/Meetings? No, currently on Detox 1.

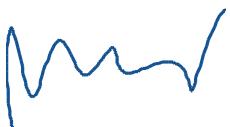
Sleeping: He slept well with the aid of CPAP and PRNs were very helpful.

Nutrition: Ate snacks before going to bed and encouraged to maintain hydration.

Discharge Date: 12/26/25

Daily Temps: WNL.

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Alma Arenas, LPT (Staff), 12/20/2025 05:36 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Nursing Progress Notes (Daily) 12/19/2025

12/19/2025

DETOX RESIDENTIAL PHP IOP

Nursing Progress Notes

Irma Martinez, LPT, 12/19/2025 06:34 PM

Date: 12/19/25

Time: 1605

New Admit to: Simmons -Detox 1 - 72 Hour Obs until 12/22/25 @ 1605

Initials: RCM Age: 64 y/o Gender: Male

Here for:

Alcohol dependence, uncomplicated

UDS: (+) EtG BAC: 0.04

Residing in room number: 3

Medication Allergies/Reaction if any: NKA

Food Allergies/Reaction if any: No food allergies

Type of Diet: Regular diet

Cleared for all activities? No

Initial Screens within our Client Health Questionnaire & Initial Assessment are + or - OR NEG/POS? (-) Neg

Suicide: Denies, Pain: 0/10, Nutritional Assessment - No , Cravings: 10 /10

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A handwritten signature in blue ink, appearing to read "IMT". To the right of the signature, the letters "LPT" are written in a smaller, sans-serif font.

Irma Martinez, LPT (Staff), 12/19/2025 06:34 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Legacy MARs

New MARs



Actions						
Occurred	Action	Scheduled	Type	Comment	Staff	Notes
Yes	72 Hour Q 30 min.Observation Detox Simmons	5:30 PM	ACTION			12/19/2025 06:18 PM
Yes	Detox 1 Protocol	5:30 PM	ACTION			12/19/2025 06:18 PM
Yes	PPD Placed on L forearm to be read on 12/21/25 after 1820 or 12/22/25 before 1820	5:45 PM	ACTION		Irma Martinez, LPT, Dec 19, 2025 at 07:04 PM PPD not read.	
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/20/2025 09:16 AM
Yes	72 Hour Q 1 min. Observation Detox Simmons until 12/22/25 @1605 then follow detox level protocol	4:30 PM	ACTION			12/20/2025 09:21 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/20/2025 09:21 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/21/2025 10:30 AM
Yes	72 Hour Q 1 min. Observation Detox Simmons until 12/22/25 @1605 then follow detox level protocol	4:15 PM	ACTION			12/21/2025 06:22 PM
n/a	PPD Placed on L forearm to be read on 12/21/25 after 1820 or 12/22/25 before 1820	6:00 PM	ACTION			
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/21/2025 09:42 PM
No	Weekly Weight every Monday morning and on admission	8:00 AM	ACTION			12/22/2025 07:54 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/22/2025 07:54 AM
Yes	72 Hour Q 1 min. Observation Detox Simmons until 12/22/25 @1605 then follow detox level protocol	4:00 PM	ACTION			12/22/2025 09:50 PM
n/a	PPD Placed on L forearm to be read on 12/21/25 after 1820 or 12/22/25 before 1820	5:45 PM	ACTION			
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/22/2025 09:50 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/23/2025 09:59 AM
Yes	Client has completed Taper and can fully participate in Residential Programming	11:15 AM	ACTION			12/23/2025 09:10 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/23/2025 09:10 PM

Occurred	Action	Scheduled	Type	Comment	Staff	Notes
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/24/2025 04:14 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/24/2025 09:23 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/25/2025 09:00 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/25/2025 10:13 PM
n/a	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/26/2025 08:32 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/27/2025 07:16 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/27/2025 08:57 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/28/2025 07:39 AM
n/a	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			
No	Weekly Weight every Monday morning and on admission	8:00 AM	ACTION	done yesterday		12/29/2025 07:40 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/29/2025 05:33 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			12/29/2025 10:12 PM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			12/30/2025 06:02 AM
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			
Yes	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 AM	ACTION			
n/a	Twice Daily Blood Pressure, Heart Rate, CIWA/COWS and Oxygen Level	9:00 PM	ACTION			

Medications

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Reaction	Staff
12/19/2025 04:15 PM	No	lorazepam	0.5 mg tablet, oral	2 tablets	eRx	Charted by Irma Martinez, LPT 12/19/2025 06:18 PM			12/19/2025 06:18 PM				
12/19/2025 05:30 PM	Yes	Tuberculin purified protein derivative	.1ml Liquid, Intradermal	1 Sol	MED	Observed by Irma Martinez, LPT 12/19/2025 06:18 PM			12/19/2025 06:18 PM	Irma Martinez, LPT, Dec 19, 2025 at 07:04 PM Placed on L forearm.			
12/19/2025 06:00 PM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/19/2025 06:18 PM			12/19/2025 06:18 PM				
12/19/2025 07:15 PM	No	Lexapro (escitalopram oxalate)	10 mg tablet, oral	1 tablet	eRx	Charted by Ellen Barbieri, NP 12/19/2025 07:20 PM				Ellen Barbieri, NP, Dec 19, 2025 at 07:20 PM Ordered this medication			
12/19/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Irma Martinez, LPT 12/19/2025 06:35 PM				Irma Martinez, LPT, Dec 19, 2025 at 06:36 PM Given to client at this time per NP request.			

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Reaction	Response Staff
12/19/2025 09:00 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/19/2025 07:59 PM						
12/19/2025 09:00 PM	No	lisinopril	20 mg tablet, oral	1 tablet	MED	Charted by Ellen Barbieri, NP 12/19/2025 06:47 PM			Ellen Barbieri, NP, Dec 19, 2025 at 06:48 PM takes in the AM			
12/19/2025 09:00 PM	No	L-Theanine	200 mg Capsule, oral	2 caps	MED	Charted by Irma Martinez, LPT 12/20/2025 03:16 PM						
12/20/2025 12:00 AM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED	Observed by Alma Arenas, LPT 12/20/2025 12:16 AM						
12/20/2025 06:00 AM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED	Observed by Alma Arenas, LPT 12/20/2025 06:12 AM						
12/20/2025 08:00 AM	Yes	aspirin	81 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Irma Martinez, LPT 12/20/2025 09:15 AM						
12/20/2025 08:00 AM	Yes	Lexapro (escitalopram oxalate)	10 mg tablet, oral	1 tablet	MED	Observed by Irma Martinez, LPT 12/20/2025 09:15 AM						
12/20/2025 08:00 AM	Yes	rosuvastatin (rosuvastatin calcium)	40 mg tablet, oral	1 tablet	MED	Observed by Irma Martinez, LPT 12/20/2025 09:15 AM						
12/20/2025 08:00 AM	Yes	lisinopril	20 mg tablet, oral	1 tablet	MED	Observed by Irma Martinez, LPT 12/20/2025 09:15 AM						
12/20/2025 08:00 AM	Yes	ezetimibe	10 mg tablet, oral	1 tablet	MED	Observed by Irma Martinez, LPT 12/20/2025 09:15 AM						
12/20/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Irma Martinez, LPT 12/20/2025 09:15 AM						
12/20/2025 09:00 AM	Yes	Thiamine	100 mg tablet, oral	1 Tablet	MED	Observed by Irma Martinez, LPT 12/20/2025 09:15 AM						
12/20/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1 Tablet	MED	Observed by Irma Martinez, LPT 12/20/2025 09:15 AM						
12/20/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Irma Martinez, LPT 12/20/2025 09:15 AM						
12/20/2025 12:00 PM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED	Observed by Irma Martinez, LPT 12/20/2025 12:45 PM						
12/20/2025 03:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Irma Martinez, LPT 12/20/2025 03:16 PM						
12/20/2025 08:00 PM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED	Observed by Steve Athens, LPT 12/20/2025 09:21 PM						
12/20/2025 09:00 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	MED	Observed by Steve Athens, LPT 12/20/2025 09:21 PM						
12/20/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Steve Athens, LPT 12/20/2025 09:21 PM						
12/21/2025 04:00 AM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED	Observed by Steve Athens, LPT 12/21/2025 05:27 AM						
12/21/2025 08:00 AM	Yes	rosuvastatin (rosuvastatin calcium)	40 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/21/2025 10:22 AM						
12/21/2025 08:00 AM	Yes	ezetimibe	10 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/21/2025 10:23 AM						

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Reaction	Response Staff
12/21/2025 08:00 AM	Yes	aspirin	81 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/21/2025 10:22 AM			12/21/2025 10:30 AM			
12/21/2025 08:00 AM	Yes	lisinopril	20 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/21/2025 10:22 AM			12/21/2025 10:30 AM			
12/21/2025 08:00 AM	Yes	Lexapro (escitalopram oxalate)	10 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/21/2025 10:23 AM			12/21/2025 10:30 AM			
12/21/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1 Tablet	MED	Observed by Alma Arenas, LPT 12/21/2025 10:24 AM			12/21/2025 10:30 AM			
12/21/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Alma Arenas, LPT 12/21/2025 10:24 AM			12/21/2025 10:30 AM			
12/21/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Alma Arenas, LPT 12/21/2025 10:24 AM			12/21/2025 10:30 AM			
12/21/2025 09:00 AM	No	Thiamine	100 mg tablet, oral	1 Tablet	MED	Charted by Alma Arenas, LPT 12/21/2025 10:29 AM			12/21/2025 10:30 AM			
12/21/2025 12:00 PM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED	Observed by Alma Arenas, LPT 12/21/2025 11:01 AM			12/21/2025 11:01 AM			
Warning: Client can take 0400 dosage until 0600 AM if he wakes up. Per NP order												
12/21/2025 03:00 PM	No	gabapentin	300 mg capsule, oral	1 capsule	MED	Charted by Alma Arenas, LPT 12/21/2025 06:21 PM			12/21/2025 06:22 PM			
12/21/2025 09:00 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	MED	Observed by Russell Flores, LVN 12/21/2025 09:41 PM			12/21/2025 09:42 PM			
12/21/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Alma Arenas, LPT 12/21/2025 06:21 PM			12/21/2025 06:22 PM			
12/21/2025 10:00 PM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED	Observed by Russell Flores, LVN 12/21/2025 09:41 PM			12/21/2025 09:42 PM			
12/22/2025 08:00 AM	No	Zepbound (tirzepatide)	12.5 mg/0.5 ml solution, subcutaneous	0.5 mls	MED	"no not until friday"	Charted by Scheria Smith, LVN 12/22/2025 07:42 AM		12/22/2025 07:54 AM			
12/22/2025 08:00 AM	Yes	lisinopril	20 mg tablet, oral	1 tablet	MED	Observed by Scheria Smith, LVN 12/22/2025 07:48 AM			12/22/2025 07:54 AM			
12/22/2025 08:00 AM	Yes	aspirin	81 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Scheria Smith, LVN 12/22/2025 07:48 AM			12/22/2025 07:54 AM			
12/22/2025 08:00 AM	Yes	Lexapro (escitalopram oxalate)	10 mg tablet, oral	1 tablet	MED	Observed by Scheria Smith, LVN 12/22/2025 07:51 AM			12/22/2025 07:54 AM			
12/22/2025 08:00 AM	Yes	ezetimibe	10 mg tablet, oral	1 tablet	MED	Observed by Scheria Smith, LVN 12/22/2025 07:51 AM			12/22/2025 07:54 AM			
12/22/2025 08:00 AM	No	blood-glucose sensor	- Device, miscellaneous	1 each	MED	Charted by Scheria Smith, LVN 12/22/2025 07:48 AM			12/22/2025 07:54 AM			
12/22/2025 08:00 AM	Yes	rosuvastatin (rosuvastatin calcium)	40 mg tablet, oral	1 tablet	MED	Observed by Scheria Smith, LVN 12/22/2025 07:48 AM			12/22/2025 07:54 AM			
12/22/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Scheria Smith, LVN 12/22/2025 07:51 AM			12/22/2025 07:54 AM			
12/22/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Scheria Smith, LVN 12/22/2025 07:51 AM			12/22/2025 07:54 AM			
12/22/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1 Tablet	MED	Observed by Scheria Smith, LVN 12/22/2025 07:51 AM			12/22/2025 07:54 AM			
12/22/2025 10:00 AM	Yes	lorazepam	0.5 mg tablet, oral	2 tablets	MED	Observed by Scheria Smith, LVN 12/22/2025 10:10 AM			12/22/2025 10:11 AM			
12/22/2025 03:00 PM	No	gabapentin	300 mg capsule, oral	1 capsule	MED	did not come for this	Charted by Scheria Smith, LVN 12/22/2025 05:10 PM		12/22/2025 09:50 PM			

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Response	Staff
12/22/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Kiran Kaur, MA 12/22/2025 09:48 PM						
12/22/2025 09:00 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/22/2025 09:48 PM						
12/22/2025 10:00 PM	Yes	lorazepam	0.5 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/22/2025 09:48 PM						
12/23/2025 08:00 AM	Yes	ezetimibe	10 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/23/2025 05:59 AM						
12/23/2025 08:00 AM	Yes	rosuvastatin (rosuvastatin calcium)	40 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/23/2025 05:59 AM						
12/23/2025 08:00 AM	Yes	Lexapro (escitalopram oxalate)	10 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/23/2025 06:00 AM						
12/23/2025 08:00 AM	Yes	aspirin	81 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/23/2025 06:00 AM						
12/23/2025 08:00 AM	Yes	lisinopril	20 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/23/2025 05:59 AM						
12/23/2025 09:00 AM	Yes	Folic Acid	1 mg tablet, oral	1 Tablet	MED	Observed by Kiran Kaur, MA 12/23/2025 06:00 AM						
12/23/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Kiran Kaur, MA 12/23/2025 06:01 AM						
12/23/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Kiran Kaur, MA 12/23/2025 05:59 AM						
12/23/2025 10:00 AM	Yes	lorazepam	0.5 mg tablet, oral	1 tablet	MED	Observed by Scheria Smith, LVN 12/23/2025 09:57 AM						
12/23/2025 03:00 PM	No	gabapentin	300 mg capsule, oral	1 capsule	MED	did not come for this	Charted by Scheria Smith, LVN 12/23/2025 06:00 PM					
12/23/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Kiran Kaur, MA 12/23/2025 09:09 PM						
12/23/2025 09:00 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/23/2025 09:09 PM						
12/24/2025 08:00 AM	Yes	lisinopril	20 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/24/2025 06:26 AM						
12/24/2025 08:00 AM	Yes	Lexapro (escitalopram oxalate)	10 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/24/2025 06:25 AM						
12/24/2025 08:00 AM	Yes	ezetimibe	10 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/24/2025 06:26 AM						
12/24/2025 08:00 AM	Yes	aspirin	81 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/24/2025 06:25 AM						
12/24/2025 08:00 AM	Yes	rosuvastatin (rosuvastatin calcium)	40 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/24/2025 06:25 AM						
12/24/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Kiran Kaur, MA 12/24/2025 06:26 AM						
12/24/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Kiran Kaur, MA 12/24/2025 06:25 AM						
12/24/2025 03:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Scheria Smith, LVN 12/24/2025 04:16 PM						
12/24/2025 09:00 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	MED	Observed by Anita Salanga, LPT 12/24/2025 09:22 PM						
12/24/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Anita Salanga, LPT 12/24/2025 09:22 PM						

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Reaction	Response Staff
12/25/2025 08:00 AM	Yes	rosuvastatin (rosuvastatin calcium)	40 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/25/2025 08:59 AM		12/25/2025 09:00 AM				
12/25/2025 08:00 AM	Yes	lisinopril	20 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/25/2025 08:59 AM		12/25/2025 09:00 AM				
12/25/2025 08:00 AM	Yes	aspirin	81 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/25/2025 08:58 AM		12/25/2025 09:00 AM				
12/25/2025 08:00 AM	Yes	Lexapro (escitalopram oxalate)	10 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/25/2025 08:59 AM		12/25/2025 09:00 AM				
12/25/2025 08:00 AM	Yes	ezetimibe	10 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/25/2025 08:57 AM		12/25/2025 09:00 AM				
12/25/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Kiran Kaur, MA 12/25/2025 09:00 AM		12/25/2025 09:00 AM				
12/25/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Kiran Kaur, MA 12/25/2025 08:58 AM		12/25/2025 09:00 AM				
12/25/2025 03:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Kiran Kaur, MA 12/25/2025 03:05 PM		12/25/2025 03:36 PM				
12/25/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Kiran Kaur, MA 12/25/2025 10:12 PM		12/25/2025 10:13 PM				
12/25/2025 09:00 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/25/2025 10:12 PM		12/25/2025 10:13 PM				
12/26/2025 08:00 AM	Yes	Lexapro (escitalopram oxalate)	10 mg tablet, oral	1 tablet	MED	Observed by Daniel Rouquette, Program Assistant 12/26/2025 08:57 AM		12/26/2025 09:00 AM				
12/26/2025 08:00 AM	Yes	rosuvastatin (rosuvastatin calcium)	40 mg tablet, oral	1 tablet	MED	Observed by Daniel Rouquette, Program Assistant 12/26/2025 08:58 AM		12/26/2025 09:00 AM				
12/26/2025 08:00 AM	Yes	ezetimibe	10 mg tablet, oral	1 tablet	MED	Observed by Daniel Rouquette, Program Assistant 12/26/2025 08:57 AM		12/26/2025 09:00 AM				
12/26/2025 08:00 AM	Yes	lisinopril	20 mg tablet, oral	1 tablet	MED	Observed by Daniel Rouquette, Program Assistant 12/26/2025 08:57 AM		12/26/2025 09:00 AM				
12/26/2025 08:00 AM	Yes	aspirin	81 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Daniel Rouquette, Program Assistant 12/26/2025 08:57 AM		12/26/2025 09:00 AM				
12/26/2025 09:00 AM	No	gabapentin	300 mg capsule, oral	1 capsule	MED	Charted by Daniel Rouquette, Program Assistant 12/26/2025 08:58 AM		12/26/2025 09:00 AM				
12/26/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Daniel Rouquette, Program Assistant 12/26/2025 08:59 AM		12/26/2025 09:00 AM				
12/26/2025 03:00 PM	n/a	gabapentin	300 mg capsule, oral	1 capsule	MED							
12/26/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Alma Arenas, LPT 12/26/2025 08:31 PM		12/26/2025 08:32 PM				
12/26/2025 09:00 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/26/2025 08:31 PM		12/26/2025 08:32 PM				
12/27/2025 08:00 AM	Yes	Lexapro (escitalopram oxalate)	10 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/27/2025 07:15 AM		12/27/2025 07:16 AM				
12/27/2025 08:00 AM	Yes	lisinopril	20 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/27/2025 07:14 AM		12/27/2025 07:16 AM				
12/27/2025 08:00 AM	Yes	rosuvastatin (rosuvastatin calcium)	40 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/27/2025 07:14 AM		12/27/2025 07:16 AM				
12/27/2025 08:00 AM	Yes	aspirin	81 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/27/2025 07:15 AM		12/27/2025 07:16 AM				
12/27/2025 08:00 AM	Yes	ezetimibe	10 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/27/2025 07:14 AM		12/27/2025 07:16 AM				

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Reaction	Response Staff
12/27/2025 09:00 AM	No	gabapentin	300 mg capsule, oral	1 capsule	MED	Charted by Alma Arenas, LPT 12/27/2025 07:15 AM		12/27/2025 07:16 AM				
12/27/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Alma Arenas, LPT 12/27/2025 07:15 AM		12/27/2025 07:16 AM				
12/27/2025 03:00 PM	n/a	gabapentin	300 mg capsule, oral	1 capsule	MED							
12/27/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Steve Athens, LPT 12/27/2025 08:56 PM		12/27/2025 08:57 PM				
12/27/2025 09:00 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	MED	Observed by Steve Athens, LPT 12/27/2025 08:56 PM		12/27/2025 08:57 PM				
12/28/2025 08:00 AM	Yes	Lexapro (escitalopram oxalate)	10 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/28/2025 07:38 AM		12/28/2025 07:39 AM				
12/28/2025 08:00 AM	Yes	aspirin	81 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/28/2025 07:37 AM		12/28/2025 07:39 AM				
12/28/2025 08:00 AM	Yes	rosuvastatin (rosuvastatin calcium)	40 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/28/2025 07:38 AM		12/28/2025 07:39 AM				
12/28/2025 08:00 AM	Yes	lisinopril	20 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/28/2025 07:38 AM		12/28/2025 07:39 AM				
12/28/2025 08:00 AM	Yes	ezetimibe	10 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/28/2025 07:38 AM		12/28/2025 07:39 AM				
12/28/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Alma Arenas, LPT 12/28/2025 07:39 AM		12/28/2025 07:39 AM				
12/28/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Alma Arenas, LPT 12/28/2025 07:37 AM		12/28/2025 07:39 AM				
12/28/2025 11:15 AM	No	BD PrecisionGlide	21 g x 1" Needle, miscellaneous	10 needle, disposables	MED	Charted by Alma Arenas, LPT 12/28/2025 02:52 PM		12/28/2025 08:23 PM				
12/28/2025 11:30 AM	No	BD SafetyGlide Needle (needles, safety)	25 gauge x 1" Needle, miscellaneous	17 needle, disposables	MED	Charted by Alma Arenas, LPT 12/28/2025 02:53 PM		12/28/2025 08:23 PM				
12/28/2025 03:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Alma Arenas, LPT 12/28/2025 02:48 PM		12/28/2025 02:48 PM				
12/28/2025 09:00 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	MED	Observed by Michael Del Carlo, Program Assistant 12/28/2025 08:22 PM		12/28/2025 08:23 PM				
12/28/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Michael Del Carlo, Program Assistant 12/28/2025 08:22 PM		12/28/2025 08:23 PM				
12/29/2025 08:00 AM	Yes	Lexapro (escitalopram oxalate)	10 mg tablet, oral	1 tablet	MED	Observed by Scheria Smith, LVN 12/29/2025 07:34 AM		12/29/2025 07:40 AM				
12/29/2025 08:00 AM	Yes	lisinopril	20 mg tablet, oral	1 tablet	MED	Observed by Scheria Smith, LVN 12/29/2025 07:34 AM		12/29/2025 07:40 AM				
12/29/2025 08:00 AM	No	Zepbound (tirzepatide)	12.5 mg/0.5 ml solution, subcutaneous	0.5 mls	MED	"I only do this on fridAYS"	Charted by Scheria Smith, LVN 12/29/2025 07:35 AM		12/29/2025 07:40 AM			
12/29/2025 08:00 AM	Yes	aspirin	81 mg tablet, delayed release (enteric coated), oral	1 tablet	MED		Observed by Scheria Smith, LVN 12/29/2025 07:34 AM		12/29/2025 07:40 AM			
12/29/2025 08:00 AM	Yes	ezetimibe	10 mg tablet, oral	1 tablet	MED		Observed by Scheria Smith, LVN 12/29/2025 07:34 AM		12/29/2025 07:40 AM			
12/29/2025 08:00 AM	Yes	rosuvastatin (rosuvastatin calcium)	40 mg tablet, oral	1 tablet	MED		Observed by Scheria Smith, LVN 12/29/2025 07:35 AM		12/29/2025 07:40 AM			

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Reaction	Response Staff
12/29/2025 08:00 AM	Yes	blood-glucose sensor	- Device, miscellaneous	1 each	MED	Observed by Scheria Smith, LVN 12/29/2025 07:35 AM		12/29/2025 07:40 AM	Scheria Smith, LVN, Dec 29, 2025 at 07:36 AM (Updated on Dec 29, 2025 at 07:44 AM)	NOT GIVEN: "No, I am not wearing that anymore"		
12/29/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Scheria Smith, LVN 12/29/2025 07:34 AM		12/29/2025 07:40 AM				
12/29/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Scheria Smith, LVN 12/29/2025 07:34 AM		12/29/2025 07:40 AM				
12/29/2025 03:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Scheria Smith, LVN 12/29/2025 05:33 PM		12/29/2025 05:33 PM				
12/29/2025 09:00 PM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Charted by Alma Arenas, LPT 12/29/2025 10:09 PM		12/29/2025 10:12 PM				
12/29/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Alma Arenas, LPT 12/29/2025 10:09 PM		12/29/2025 10:12 PM				
12/29/2025 09:00 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/29/2025 10:08 PM		12/29/2025 10:12 PM				
12/30/2025 08:00 AM	Yes	ezetimibe	10 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/30/2025 05:58 AM		12/30/2025 06:02 AM				
12/30/2025 08:00 AM	Yes	aspirin	81 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/30/2025 05:57 AM		12/30/2025 06:02 AM				
12/30/2025 08:00 AM	Yes	rosuvastatin (rosuvastatin calcium)	40 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/30/2025 05:57 AM		12/30/2025 06:02 AM				
12/30/2025 08:00 AM	Yes	Lexapro (escitalopram oxalate)	10 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/30/2025 05:57 AM		12/30/2025 06:02 AM				
12/30/2025 08:00 AM	Yes	lisinopril	20 mg tablet, oral	1 tablet	MED	Observed by Alma Arenas, LPT 12/30/2025 05:57 AM		12/30/2025 06:02 AM				
12/30/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Alma Arenas, LPT 12/30/2025 05:58 AM		12/30/2025 06:02 AM				
12/30/2025 09:00 AM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	arrived in afternoon Charted by Monika Lopez, LVN 12/30/2025 03:35 PM						
12/30/2025 09:00 AM	Yes	gabapentin	300 mg capsule, oral	1 capsule	MED	Observed by Alma Arenas, LPT 12/30/2025 05:58 AM		12/30/2025 06:02 AM				
12/30/2025 03:00 PM	No	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Charted by Kiran Kaur, MA 12/30/2025 09:03 PM						
12/30/2025 09:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/30/2025 09:05 PM						
12/30/2025 10:00 PM	Yes	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	eRx	Observed by Kiran Kaur, MA 12/30/2025 09:05 PM						
12/31/2025 08:00 AM	Yes	Lexapro (escitalopram oxalate)	10 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/31/2025 06:43 AM						
12/31/2025 08:00 AM	Yes	ezetimibe	10 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/31/2025 06:42 AM						
12/31/2025 08:00 AM	Yes	lisinopril	20 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/31/2025 06:43 AM						

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Reaction	Response Staff
12/31/2025 08:00 AM	Yes	rosuvastatin (rosuvastatin calcium)	40 mg tablet, oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/31/2025 06:42 AM						
12/31/2025 08:00 AM	Yes	aspirin	81 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/31/2025 06:42 AM						
12/31/2025 09:00 AM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Kiran Kaur, MA 12/31/2025 06:44 AM						
12/31/2025 09:00 AM	Yes	Multivitamin	multiple vitamins tablet, oral	1 Tablet	MED	Observed by Kiran Kaur, MA 12/31/2025 06:44 AM						
12/31/2025 03:00 PM	Yes	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED	Observed by Monika Lopez, LVN 12/31/2025 02:42 PM						
12/31/2025 09:00 PM	n/a	acamprosate (acamprosate calcium)	333 mg tablet, delayed release (enteric coated), oral	1 tablet	MED							
12/31/2025 10:00 PM	n/a	trazodone (trazodone HCl)	50 mg tablet, oral	1 tablet	eRx							

PRN Medications

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Adverse Reaction	Response Staff
12/19/2025 07:51 PM	Yes	Acetaminophen	325 mg tablet, oral	2 tablets	PRN	Pain	Observed by Alma Arenas, LPT 12/19/2025 07:56 PM					
		Warning: NTE - 4 Doses in 24 hours										
12/19/2025 07:51 PM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	eRx	Withdrawal	Observed by Alma Arenas, LPT 12/19/2025 07:56 PM					
12/22/2025 07:45 AM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	eRx	Withdrawal	Observed by Sheria Smith, LVN 12/22/2025 07:53 AM		12/22/2025 07:54 AM			
12/22/2025 09:43 PM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	eRx	Withdrawal	Observed by Kiran Kaur, MA 12/22/2025 09:49 PM		12/22/2025 09:50 PM			
12/23/2025 09:17 PM	Yes	Melatonin	5 mg tablet, chewable, oral	2 tablets	PRN	for sleep	Observed by Kiran Kaur, MA 12/23/2025 09:17 PM					
12/24/2025 04:14 PM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	eRx	Withdrawal	Observed by Sheria Smith, LVN 12/24/2025 04:16 PM		12/24/2025 09:23 PM			
12/24/2025 09:20 PM	Yes	clonidine HCl	0.1 mg tablet, oral	1 tablet	eRx	Withdrawal	Observed by Anita Salanga, LPT 12/24/2025 09:21 PM		12/24/2025 09:23 PM			
12/25/2025 10:11 PM	Yes	Melatonin	5 mg tablet, chewable, oral	2 tablets	PRN	for sleep	Observed by Kiran Kaur, MA 12/25/2025 10:12 PM		12/25/2025 10:13 PM			
12/26/2025 10:01 AM	Yes	Acetaminophen	325 mg tablet, oral	2 tablets	PRN	Pain	Observed by Daniel Rouquette, Program Assistant 12/26/2025 10:01 AM		12/26/2025 10:02 AM			
		Warning: NTE - 4 Doses in 24 hours										
12/26/2025 12:12 PM	Yes	Aqinject Standard Needle	18g x 1" Needle, miscellaneous	1 needle, disposable	PRN	As prescribed	Observed by Daniel Rouquette, Program Assistant 12/26/2025 12:13 PM		12/26/2025 12:16 PM			
12/26/2025 12:13 PM	Yes	Sure Comfort Insulin Syringe (syringe with needle,disposable,insulin 1 mL)	1 ml 31 gauge x 1/4" Syringe, miscellaneous	1 unit	PRN	As prescribed	Observed by Daniel Rouquette, Program Assistant 12/26/2025 12:14 PM		12/26/2025 12:16 PM			
12/27/2025 11:12 PM	Yes	Melatonin	5 mg tablet, chewable, oral	2 tablets	PRN	for sleep	Observed by Steve Athens, LPT 12/27/2025 11:15 PM					
12/28/2025 08:17 PM	Yes	Melatonin	5 mg tablet, chewable, oral	2 tablets	PRN	for sleep	Observed by Michael Del Carlo, Program Assistant 12/28/2025 08:22 PM		12/28/2025 08:23 PM			
12/29/2025 09:56 PM	Yes	Melatonin	5 mg tablet, chewable, oral	2 tablets	PRN	for sleep	Observed by Alma Arenas, LPT 12/29/2025 10:09 PM		12/29/2025 10:12 PM			
12/30/2025 05:56 AM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx	eRx	Observed by Alma Arenas, LPT 12/30/2025 05:57 AM		12/30/2025 06:02 AM			
12/30/2025 03:00 PM	No	gabapentin	300 mg capsule, oral	1 capsule	PRN		Charted by Kiran Kaur, MA 12/30/2025 09:03 PM					

Time	Taken	Medication	Strength/Route	Quantity	Type	Comment	Staff	Client	Notes	Efficacy	Reaction	Adverse Response	Staff
12/30/2025 09:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	PRN		Observed by Kiran Kaur, MA 12/30/2025 09:05 PM						
12/30/2025 09:02 PM	Yes	Melatonin	5 mg tablet, chewable, oral	2 tablets	PRN	for sleep	Observed by Kiran Kaur, MA 12/30/2025 09:05 PM						
12/31/2025 06:41 AM	Yes	hydroxyzine HCl	25 mg tablet, oral	1 tablets	eRx PRN	eRx	Observed by Kiran Kaur, MA 12/31/2025 06:45 AM						
12/31/2025 09:00 AM	No	gabapentin	300 mg capsule, oral	1 capsule	PRN		Charted by Monika Lopez, LVN 12/31/2025 02:43 PM						
12/31/2025 03:00 PM	Yes	gabapentin	300 mg capsule, oral	1 capsule	PRN		Observed by Monika Lopez, LVN 12/31/2025 02:43 PM						
12/31/2025 09:00 PM	n/a	gabapentin	300 mg capsule, oral	1 capsule	PRN								

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Attachment BAI 12/30/2025

Title BAI

Date 12/30/2025

Description

Scanned Document

75856_scan0547.pdf, 901 KB

A handwritten signature in blue ink, appearing to read "Sharon Johnson".

Sharon Johnson, LCSW (Staff), 12/30/2025 01:52 PM

NAME Clark Morrison

DATE

Med/Sex 8/29
11/23/15

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY, by placing an X in the corresponding space in the column next to each symptom.

	NOT AT ALL	MILDLY It did not bother me much.	MODERATELY It was very unpleasant, but I could stand it.	SEVERELY I could barely stand it.
1. Numbness or tingling.	X			
2. Feeling hot.			X	
3. Wobbliness in legs.	X			
4. Unable to relax.			X	
5. Fear of the worst happening.				X
6. Dizzy or lightheaded.			X	
7. Heart pounding or racing.		X		
8. Unsteady.	X			
9. Terrified.			X	X
10. Nervous.			X	
11. Feelings of choking.	X			
12. Hands trembling.			X	
13. Shaky.			X	
14. Fear of losing control.				X
15. Difficulty breathing.		X		
16. Fear of dying.	X			
17. Scared.			X	
18. Indigestion or discomfort in abdomen.		X		
19. Faint.	X			
20. Face flushed.		X		
21. Sweating (not due to heat).			X	

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Product Number 0154018422

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Attachment BDI - 2 12/30/2025

Title BDI - 2

Date 12/30/2025

Description

Scanned Document

75852_scan0545.pdf, 828 KB

75855_scan0546.pdf, 773 KB

Sharon Johnson, LCSW (Staff), 12/30/2025 01:51 PM

11. Agitation

- 0 I am no more restless or wound up than usual.
 1 I feel more restless or wound up than usual.
 2 I am so restless or agitated that it's hard to stay still.
 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
 1 I am less interested in other people or things than before.
 2 I have lost most of my interest in other people or things.
 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
 1 I find it more difficult to make decisions than usual.
 2 I have much greater difficulty in making decisions than I used to.
 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
 1 I don't consider myself as worthwhile and useful as I used to.
 2 I feel more worthless as compared to other people.
 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
 1 I have less energy than I used to have.
 2 I don't have enough energy to do very much.
 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.
 1a I sleep somewhat more than usual.
 1b I sleep somewhat less than usual.
 2a I sleep a lot more than usual.
 2b I sleep a lot less than usual.
 3a I sleep most of the day.
 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
 1 I am more irritable than usual.
 2 I am much more irritable than usual.
 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.
 1a My appetite is somewhat less than usual.
 1b My appetite is somewhat greater than usual.
 2a My appetite is much less than before.
 2b My appetite is much greater than usual.
 3a I have no appetite at all.
 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
 1 I can't concentrate as well as usual.
 2 It's hard to keep my mind on anything for very long.
 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
 1 I get more tired or fatigued more easily than usual.
 2 I am too tired or fatigued to do a lot of the things I used to do.
 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
 1 I am less interested in sex than I used to be.
 2 I am much less interested in sex now.
 3 I have lost interest in sex completely.

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Subtotal Page 2

Subtotal Page 1

Total Score

BDI-2Name: Clark MorrisonOccupation: Attorney

Date:

20/12
Mo 12
12/18/25Marital Status: m married Age: 64 Sex: MEducation: J.D.

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry any more than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

Subtotal Page 1

Continued on Back

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Product Number 0158018397

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Attachment BHS 12/30/2025

Title BHS

Date 12/30/2025

Description

Scanned Document

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A handwritten signature in blue ink, appearing to read 'Sharon Johnson'.

Sharon Johnson, LCSW (Staff), 12/30/2025 01:53 PM



Date: 12/23/21

Name: Clark Morrison Marital Status: M Age: 61 Sex: MOccupation: Attorney Education: J.D.

This questionnaire consists of 20 statements. Please read the statements carefully one by one. If the statement describes your attitude for the past week, including today, darken the circle with a 'T' indicating TRUE in the column next to the statement. If the statement does not describe your attitude, darken the circle with an 'F' indicating FALSE in the column next to this statement. **Please be sure to read each statement carefully.**

1. I look forward to the future with hope and enthusiasm. T F
2. I might as well give up because there is nothing I can do about making things better for myself. T F
3. When things are going badly, I am helped by knowing that they cannot stay that way forever. T F
4. I can't imagine what my life would be like in ten years. T F
5. I have enough time to accomplish the things I want to do. T F
6. In the future, I expect to succeed in what concerns me most. T F
7. My future seems dark to me. T F
8. I happen to be particularly lucky, and I expect to get more of the good things in life than the average person. T F
9. I just can't get the breaks, and there's no reason I will in the future. T F
10. My past experiences have prepared me well for the future. T F
11. All I can see ahead of me is unpleasantness rather than pleasantness. T F
12. I don't expect to get what I really want. T F
13. When I look ahead to the future, I expect that I will be happier than I am now. T F
14. Things just won't work out the way I want them to. T F
15. I have great faith in the future. T F
16. I never get what I want, so it's foolish to want anything. T F
17. It's very unlikely that I will get any real satisfaction in the future. T F
18. The future seems vague and uncertain to me. T F
19. I can look forward to more good times than bad times. T F
20. There's no use in really trying to get anything I want because I probably won't get it. T F

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Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Attachment SNAP 12/30/2025

Title SNAP

Date 12/30/2025

Description

Pages 1 & 2

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A handwritten signature in blue ink, appearing to read 'Sharon Johnson'.

Sharon Johnson, LCSW (Staff), 12/30/2025 01:48 PM

Other needs, issues, and/or weaknesses not listed:

Always want to be the white knight;
cannot tolerate sharing/judgment from wife esp.

Please circle the top 3 to 5 examples that apply to you. If none of these items apply to you, please list your examples in the space provided below.

Personal abilities/interests: the ability to identify emotions, leadership qualities, good parent, confidence and capability to obtain sobriety again, effective communication, articulate, good academically, good with money, ability to save money, house repairs, ability to provide for family, creative, able to perform employment responsibilities, ability to ask for help, manager, independent, auto mechanic, mechanically inclined, good cook, good with yard work/ landscaping, enjoys family, have many hobbies/ activities, good mindfulness skills, meditates, cares for others, cooperates well, tapes guidance well, willing to try new things, good with people, clear view of my future.

Other abilities not listed:

Personal preferences with regard to treatment and recovery programs: individual counseling, group counseling, couples counseling, family counseling, education regarding addiction, stress management, pain management, help with sleep issues, relapse prevention, AA meetings, NA meetings, non 12 step meetings, help with structuring aftercare plans, medications, female counselor, male counselor, clear understanding of my diagnosis, improve memory and other cognitive skills.

Other Preferences not listed:

What do you think your goals should be for treatment?

1. - Restore mental, emotional & physical stability
2. - Start to feel safe & protected again; still very jumpy about spousal attacks
3. - Develop emotional coping skills
4. - Develop skills re self-affirmations
5. - Strong relapse prevention plan
- Transition to safe physical environment

Strengths | Needs | Abilities | Preferences

Name: Clark Morrison

Date: 12/25/25

Please circle the top 3 to 5 examples that apply to you. If none of these items apply to you, please list your examples in the space provided below.

Personal Strengths: strong willed; confident, solid personal convictions, integrated moral values, love of spouse, love of significant other, love of child/ children, motivation to remain clean and sober, spirituality, family support, positive support network, sociable, friendly, stable living environment, employment, hardworking, reliable, optimistic, determined individual, intelligent, respond to pressure well, good parent, responsible, outgoing, organized, honest, open minded, receptive, resilient, funny, good sense of humor, self-employed, well educated, leadership qualities, pragmatic, focused, flexible, ambitious, compliance with medications, committed to recovery, motivated for change, physically healthy, accepts guidance/ feedback, clear thinking.

Other Strengths not listed:

Please circle the top 3 to 7 examples that apply to you. If none of these items apply to you, please list your examples in the space provided below.

Personal needs/issues: be more responsible, gain insight, improve living within ethical/ moral values, improve social skills, decrease negative peer influences, build a positive support network, improve family relationships, become more motivated to change, be more open, improve communication, improve physical health, have better hygiene, be more reliable, decrease procrastination, be more organized, more steady financial income, to obtain sobriety, gain or change employment, expand interests/ hobbies, time with child/ children, time with spouse/ significant other, be more self-directing, less oppositional, less rebellious, more independent, less pessimistic, less argumentative, job problems, relationship problems, memory problems, no spirituality, non-compliance with medications, non-flexible, lack of emotional coping skills, socially anxious, close minded, passive aggressive behavior, aggressive behavior, submissive, non-assertive behavior, require peer approval, negative attitude, inability to ask for help, non-assertive behavior parentheses (struggles to say no), cannot prioritize, untrusting, anger management problem, abandonment issues, procrastination, low self-esteem/ self-worth, hopeless/ helpless, problems identifying emotions, denial, ineffective coping skills, struggles with life stressors, codependency, poor insight and judgment, lack of patience, lack of boundaries, resentments, stubbornness, impulsivity, childishness, immaturity, overwhelmed easily, self-pity, withdrawal and isolates, lack of spirituality, lacks appropriate pain management skills, seeks instant gratification, tendency not to ask for help, people pleased her, perfectionist, self-sabotaging behavior, I know where of triggers, lack of recovery skills, lacking recovery support network, inconsistency in attending recovery support meetings.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Biopsychosocial Assessment 12/22/2025 09:00 AM

Place of Service: Residential
Substance Abuse Treatment Facility

Date of Assessment	Start time	End time
	12/22/2025 09:00	
	AM	

I. Presenting Problem

The 64 year old male client reported one year of positive sustained sobriety after discharging from Reflections in 1/2024. Sobriety was supported by transitioning from RTC to IOP participation, a strong sobriety network and living on his own, apart from the very challenging, toxic family system with a blended family. In early 2025 the client chose to move home to see if he could maintain his sobriety. The client began to relapse within weeks of moving back. Client has attended individual therapy with Michele Bonsignore LMFT, addiction speciality for two years. The client started Antabuse, which helped with alcohol cravings, but substituted MDNA. On Thanksgiving Day he started to binge when he was alone. Wife took his step-daughter(Margo) to NY and his biological daughter was with her own family for Thanksgiving. His Step-daughter returned home and "all hell broke loose. He was taking MDNA and started drinking two 1 1/2 pints/day. His daughter came to visit and knew he was drinking. The concern expressed by his daughter is when the client decided to get treatment.

II. SOCIAL AREA

A. Family of Origin

1. Where were you raised and by whom?

Raised by my mother and father in Anchorage for childhood. Moved to Walnut Creek, California for high school and has been living in the bay area ever since.

2. Do you have any siblings?

	Name	Age	Grew Up Together? Y/N
	Craig	62	Yes

3. How did the family get along / relate to one another?

The client states that it "felt emotionally cold when I was growing up and there was not a lot of love ". The client reports that he became close with both of his parents prior to their passing and express gratitude for having the chance to tell both of them that he loves them. Mother struggled with chronic depression and was a "master at being passive/aggressive". Father was distant from the family, "very shy". The client reports that his brother is probably an alcoholic and on the spectrum. "We have never been very close."

4. Is there any family history of the following

Mother Mental Health Problems

Father None

Step-Parent None

Siblings Substance Abuse , Mental Health Problems

Other None

If YES to any of the above, please elaborate

Clark reports that his mother (census taker) experienced periods of depression during her life. Clark states that he thinks his brother is an alcoholic and possibly on the spectrum.

Father (Land Man for Chevron and jazz musician) Very distant, he did not participate or come to school or sports activities. His brother and himself did play music together with their father.

Client reports high expectations which client attempted to meet, "but nothing was good enough for his mother", even when teachers noted his excellent work.

My brother "needed my mother". Client was more independent, out of the house with sports activities, band. The client presents being self-reliant since a young age.

B. Family of Choice

1. Have you ever been or are you currently married?

Yes , If yes, how many times and for how long?: Yes , If yes, how many times and for how long?: Three marriages, currently married.

If yes, please describe your relationship with your spouse or ex-spouses

First marriage, 8 1/2 years and Clark reports being close friends with her to this day.

Second marriage, nine years together and Clark reports that they are good friends. And she is the mother of his child. She is aware of clients current treatment and is supportive.

Third marriage, 12 years. The client reports the relationship status as toxic and is deciding on moving to a safe place to maintain his sobriety. Third wife is supportive of client entering treatment, but is verbally and emotionally abusive. "Some of which was observed by the clinical staff in his previous treatment at Reflections. "She is a narcissist".

2. Are you involved in a significant relationship?

Yes , If yes, elaborate: Yes , If yes, elaborate: Married to Rebecca for 12 years

3. Do you have any children?

	Name	Age	Gender	Participatory Parent	With whom do they live?
	Islay Margo	21 20	F F		At College Home w/ parents

4. Describe your relationships with your children?

Islay (biological daughter) "very close relationship" .Islay, has in recent years, has distance herself from the family because of the way she sees the client treated and because of the way her step-mo treats her.

Margo (Step-daughter: Hostile relationship "fueled by her enmeshed relations with her mother". The client reports that his wife has "parentified" her. The extremely strained relationship with his step-daughter has been for the past 12 years.

5. Is there any history of the following

Partner Mental Health Problems

Past Partner Mental Health Problems

Children None

If YES to any of the above, elaborate

Client reports that his current wife has a generation history of "pushing the father out of the family system". In client's view his current wife suffers from narcissistic personality disorder, high degree of anxiety, and is "pathologically" enmeshed with her daughter.

Step daughter enmeshed with her mother.

6. How has your family members drug/alcohol, mental health, or legal issues effected you?

The client reports verbal and emotional abuse with his relationships with wife and step-daughter and are seen by the clients as contributing to a "chaotic home environment" for him to maintain his recovery.

ASAM DIMENSION 1 - Acute Intoxication and/or Withdrawal Potential

III. CHEMICAL DEPENDENCY HISTORY & ASSESSMENT

OPIATES None

HALLUCINOGENS None

DESIGNER DRUGS

	AGE BEGAN FIRST USE	LAST TIME USED	FREQUENCY of Use	AMOUNT OF USE / PATTERN OF USE	ROUTE
PCP/Angel Dust					
Ecstasy	MDNA	12/12/25	Binge - 7-8 days	1 1/2 pills/day Binge	oral
Other					

STIMULANTS

	AGE BEGAN FIRST USE	LAST TIME USED	FREQUENCY of Use	AMOUNT OF USE / PATTERN OF USE	ROUTE
Cocaine – Powder	50	2013	several times a week	\$100	intranasal
Crack / Freebase					
Speed					
Inhalants					
Amphetamines					
Crystal Meth					
Caffeine					
Nicotine Tobacco: + Cigarettes + Chewing					

Do you want help to quit smoking?

No

Yes

DEPRESSANTS

	AGE BEGAN FIRST USE	LAST TIME USED	FREQUENCY of Use	AMOUNT OF USE / PATTERN OF USE	ROUTE
Alcohol	16	12/19/25	daily - Binge pattern (3 days)	Client reported that he was drinking two 1 1/2 bottles of vodka per day.	oral
Barbiturates					
Quaaludes					

TRANQUILIZERS None

OTHER DRUGS NOT MENTIONED LIST BELOW (Including over the counter) None

List Drugs of Choice

alcohol	1. MDNA	2.
	3.	4.
+ a. What and how long has the Client been using "Drug of Choice" #1?		

Client reported that he has been drinking two 1 1/2 pints of vodka for per day on his last three day binge. The client has discontinued the use of MDNA several days earlier and started drinking.

b. How much have you been using "Drug of Choice" #1?

two 1 1/2 pints bottle of vodka

c. What is length of time of the last "Run"?

3 days

d. What, when, and how much was the last drug used? (In the past twenty-hours)

None

d. What, when, and how much was the last drug used? (In the past twenty-hours)

None

e. What, when, and how much was the last drug used? (In the past seventy-hours)

Last drink on 12/19/25 prior to admission at Reflections (RTC)

f. How much have you used in the past 10 days on a daily basis.

Binge drinking two 1 1/2 pints 12/16 -12/19/25. Clients reports he had not taken MDNA for 1 1/2 weeks.

3. Age of Onset of drug use (age of 1st Use of any drug)

16 years old with friends from HS.

4. How have you been supporting your alcohol/drug usage?

earnings

ASAM DIMENSION 5 - Relapse and Continued Use Potential

IV. TREATMENT/RELAPSE HISTORY

1. Have you received Substance Abuse Treatment and/or counseling in the past? Yes

***Outcome Codes: 1=Successful Completion 2= AMA/APA 3=Discharged / Non-Compliant 4=Other

If YES, please list treatment history (most recent first)

Date	Provider	Treatment	Duration/Frequency	Outcome
11/23/13	LAR	PHP	4 weeks	discharged then relapsed
10/23/13	Serenity Knolls	Detox/Res	11 days	transferred to LAR
2013	LAR	Detox/Res	14 days	completed program
2020	LAR	Res	6 weeks	completed

2. Previous 12 Step or other community support group Involvement

AA involvement. Has sponsor (Jim). Has completed the 12 steps twice.

3. Describe client's Addiction & Relapse History and the consequences of addiction (include legal, social, emotional, and behavioral)

Legal: 3 DUIs 11/20/23 - All in same day

Social: No consequences at his work, more isolation.

Emotional: Clark reports experiencing success in AA. Clark shares that he began attending AA less and speaking with his sponsor more infrequently. Emotional and verbal abuse at home by wife and step-daughter. Clients reports extremely heavy work schedule.

Behavoiral: Isolation: "walking on eggshells at home", "more aggressive, irritable, withdrawn and snappy"

4. Do you believe that your substance use is a problem?

YES

5. What efforts have you made to control or limit your use?

Tried hiding it and minimizing consequences on relationships. Switching substances: alcohol & MDMA

6. What is your longest Period of Recovery/Abstinence?

1 year

7. What precipitating events led to previous relapses (i.e. Triggers)

Stress from relationships with wife, daughter and excessive work.

V. ASSESSMENT OF OTHER ADDICTIVE OR COMPULSIVE BEHAVIORS

History of Other Addictive or Compulsive Behaviors:

1. Eating Disorders Denies

a. Has anyone ever expressed concern to you about your relationship with food, your weight, or your body image?

No

b. Have you ever received treatment for an Eating Disorder? No

c. Do you believe you have any problems with your relationships with food, your weight, or your body image? No

2. Spending

a. Has anyone ever expressed concern about your shopping or spending patterns? No

b. Do you feel you have a problem in the area of shopping or your spending patterns? No

3. Sexual Behavior

a. Has anyone ever expressed concern about your sexual behavior? No

b. Are you concerned about your sexual behavior? No

4. Gambling

a. Has anyone ever expressed concern about your gambling? No

b. Do you believe gambling is an issue for you? No

5. Exercise

a. Has anyone ever expressed concern about you over-exercising? No

b. Do you believe over-exercising is an issue for you? No

6. Are there other addictive or compulsive behaviors (work, caffeine) that the Client has a problem with?

Work: 70-80 hours week "not living a healthy lifestyle"

g. Are there any other addictive disorders that will need to be addressed in this treatment? No

ASAM DIMENSION 2 - Biomedical Conditions

VI. MEDICAL HISTORY

1. Name of Primary Care Physician Name: One Medical

2. Date last seen 10/25/2022

3. History of Medical Problems and/or hospitalizations Denies

4. Current Medical Problems Denies

5. Allergies

No Known Allergies/NKA

6. Does the client have any medical problems as a result of their alcohol/drug use? Denies

ASAM DIMENSION 3 - Emotional, Behavioral, Cognitive Conditions

VII. MENTAL HEALTH/PSYCHIATRIC HISTORY

1. Have you ever been diagnosed with a mental illness? Denies

2. Previous Psychiatric Hospitalizations, treatment, or therapy Denies

3. Are you currently being followed by a psychiatrist, therapist and/or other mental health treatment provider?

Client has seen Michele Bonsignore, LMFT therapist for the past two years. Specializes in addiction and client will return to her. Client agreed to sign a ROI for Michele Bonsignore, LMFT.

Michele Hoefer, MD - Rx lexapro and testosterone. Client has been seeing him the past 2 years.

Current Medical and Psychiatric Medications

4. Current Medical Medications

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 12/22/2025 10:51 AM:

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain
Aqinject Standard Needle, 18g x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: As prescribed

aspirin, 81 mg x 1 tablet , oral, tablet, delayed release (enteric coated), once a day (AM), until further notice, indication: Prophylaxes to TIA

BD PrecisionGlide Non-Sterile (needles, disposable), 23 gauge x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: blood sugar
blood-glucose sensor, - x 1 each , miscellaneous, Device, Weekly, until further notice, indication: As prescribed

clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, every 4 hours, until further notice, PRN, indication: Withdrawal
 Colace (docusate sodium), 100 mg x 1 Capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Constipation

ezetimibe, 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: Take as prescribed

Folic Acid, 1 mg x 1 Tablet , oral, tablet, once a day (AM), for 5 days, indication: Supplement

gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule (TID), until further notice, indication: anxiety

hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx

insulin syringe needleless (syringe without needle,insulin disposable, 1 mL), 1 ml x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN, indication: As prescribed

Lexapro (escitalopram oxalate), 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: depression
 lisinopril, 20 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: HTN

Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, indication:

Diarrhea/Loose Stool

lorazepam, 0.5 mg x 1 tablet , oral, tablet, Every 12 hrs, for 1 day, indication: Detox , Dea Class: C-IV

Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement

Ondansetron, 4 mg x 1 tablet , sublingual, tablet, every 6 hours, until further notice, PRN, indication: Nausea / Vomiting

rosuvastatin (rosuvastatin calcium), 40 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication:
 Hyperlipidemia

Sure Comfort Insulin Syringe (syringe with needle,disposable,insulin 1 mL), 1 ml 31 gauge x 1/4" x 1 unit , miscellaneous,
 Syringe, Once , until further notice, PRN, indication: As prescribed

trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS), until further notice, indication: Insomnia

Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication:
 GERD

Zepbound (tirzepatide), 12.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, until further notice, indication: Wt
 Management

5. What other medications have you tried in the past? None

6. Do you take your medication as prescribed? No

7. Have you ever experienced any cognitive impairment (memory problems, difficulty thinking clearly)? Denies

8. What current symptoms do you feel need to be addressed while in treatment? Denies

VIII. Sexual/Trauma History Assessment

1. Sexual History

a. What is your current sexual orientation

Heterosexual

b. Have you always had this same sexual orientation

No

Yes

2. Trauma Assessment

a. Have you experienced any of the following types of trauma?

Significant death of family member or friend

No

Yes

Witnessing an accident

No

Yes

Domestic Violence

No

Yes

Childhood Trauma

No

Yes

Natural Disaster

No

Yes

Family Violence

No

Yes

Neglectful or scary Caregivers

No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>
No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>

Any type of physical, sexual, or emotional abuse

Have you ever felt that you were exploited in exchange for using substances?

b. For any yes above, please elaborate

Parents deatha -both had cancer and one covid. - Client reports that he was thier caretaker.

Two frends who "drank themselves to death"

Childhood emotiional neglect

Current wife and step-daughter: verbal & emotional abuse

c. How do the above events impact you?

The client has become emotinally protective of himself.

Client aligns his self-worth with his success in work

d. Do you feel any of the above events may interfere with treatment and/or has led to past relapses

No interference in treatment. Stress/reaction to family (toxic) and work load contributed.

IX. Safety Assessment

1. Suicidality Screen and History

a. Past suicidal thoughts or attempts? Denies

b. History of Family or Friend suicide? Denies

c. Current suicidal thoughts? Denies

d. Current or past thoughts or attempts of self-harm? Denies

e. What successful strategies have you used to curb this behavior Denies

f. Protective Factors-Check all that apply

Family Support , Community Suppor , Staff Support , Religious Beliefs , Positive Therapeutic relationships , Compliant with treatment , Intelligence

g. Based on the above information, the client's current risk of suicide is considered

2. Violence Risk Assessment

a.. Have others ever told you they are worried about your anger?

History of both yelling. Clark has retreated emotionally and has become withdrawn. He reports that he stopped yelling back.

b. Current or past violent thoughts or actions? Denies

c. Current or past thoughts or attempts of homicide?

Denies

d. What happens when you get angry with your spouse, family member or significant other?

Wife and step-daughter are become verbally explosive towards the client.

e. Do you ever frightened your family members, friends or children?

Yes, with my addiction.

f. Have the police ever been called to your house because of your behavior? Denies

g. Have you ever been in a relationship with somebody who hurt, threatened, or controlled you? Denies

X. Cultural Assessment

1. Were you raised in any specific culture?

Caucasian, suburban, American.

AA and church occasionally.

2. Do you identify with any specific cultural group? Denies

3. Do you currently practice any specific cultural rituals?

AA and church occasionally.

4. Do you identify with any specific cultural/ethnic issues? Denies

XI. LEGAL HISTORY

1. Have you ever been arrested?

Yes

If Yes, list incidents

	Date	Charges	Outcome
	11/24/23 11/23/23 1996	DUI DUI DUI	Adjudicated Adjudicated Adjudicated

2. Are you currently involved in any ongoing legal proceedings Denies

XII. EDUCATIONAL / VOCATIONAL / MILITARY ISSUES

1. Educational History

a. What is the highest grade completed / degree or certificate obtained?

Law Degree. UC Berkeley.

b. How did you perform in school?

Very well

c. Are you currently enrolled and attending school? Denies

- d. Have you ever been suspended or expelled from school Denies
- e. Have you ever attended any special classes or schools or have any learning challenges? Denies

2. Employment History

- a. Have you ever been employed?
- No Yes

If yes, list most employment history (most recent first)

Job/Position	Employment Dates	Reasons for Leaving
Partner	1994	

- b. How would you describe your current financial situation

Stable

- c. How is the client paying for treatment?

Insurance

3. Military Service

- a. Have you ever served in the Military?
- No Yes

If Yes None

XIII. LEISURE ACTIVITIES

1. List any hobbies, recreational interests, sports, games, or other leisure activities you enjoy.

Hunting, fly fishing, cycling, traveling

2. What effect has your substance use or mental illness symptoms had on their leisure time?

Clients reports feeling fear, resentment, hoplessness. Less involvement with liesure activities.

ASAM DIMENSION 6 - Recovery/Living Environment

XIV. CURRENT SOCIAL, WORK, AND LIVING ENVIRONMENT

1. Current Social Situation/Environment

Clark describes his current home life is not conducive to his recovery. As such, Clark is reflecctings/ strategizing on living situation following treatment.

2. What changes in your behavior have your family and friends noticed recently?

Wife and stepdaughter have commented on his increased drinking, isolation, defensiveness, and more withdrawl. Client is open with AA friends about relapses and family situation.

3. Are there any drugs, alcohol, or prescription medications left in your home/previous living environment?

No

5. Do your family and friends know you are in treatment currently?

No Yes

6. Would you like any of your family members and friends to be a part of your treatment here?

Yes, Clark states "maybe" his daughter

7. Is your family member or friend willing to participate in your treatment?

Yes, He will ask Islay, his daughter

8. What potential challenges to your recovery do you anticipate your friends and/or family members posing?

Wife does not support the recovery problem the client took away from Reflections. She does not believe in the Disease modal. Wife "trashes Reflections and AA. wife is currently retired. "Transaction marriage"

9. Does your employer or work place know you are in treatment currently?

No

Yes

10. What potential challenges to your recovery do you identify with your work environment? None

XV. SPIRITUALITY ASSESSMENT

1. Were you raised with any religious or spiritual affiliation? Denies

2. Do you currently practice any specific religious denomination or have any significant religious or spiritual beliefs/practices?

Denies

3. Do you believe in a higher power? Denies

4. How has your drug of choice caused you to compromise your spiritual or religious beliefs, value system (i.e., values include: honesty, integrity, respect for others, etc.) and/or sense of right or wrong (including stealing, lying, cheating, etc.)

Yes, use has affected level honesty, integrity, reliability.

5. Are you open to considering the role spirituality may play in your recovery?

No

Yes

ASAM DIMENSION 4 - Readiness to Change

XVI. MOTIVATION FOR TREATMENT

1. What is your motivation for treatment at this time?

Client reported that he wants to get sober for himself (health) and his daughter

2. What are your thoughts and feelings about making changes in your life related to substances

Client reports as to stay focused on his recovery - more internally focused (health, relationships with daughter, boundaries)

3. What is your current level of hope for sobriety?

Client reported that he has a high level of hope for his recovery.

4. What are you looking forward to most about sobriety?

Client is looking forward to having a safe residence for recovery..

5. What are your goals for your treatment at Reflections?

Client has a goal to stay sober , find a safe place to live

XVII. Clinical Impressions

A. ASSESSMENT OF MENTAL STATUS DURING INTERVIEW

Appearance Clean/Neat , Disheveled/Unkempt

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Created on: 12/31/2025 19:27 PM EST - 19:28 PM EST

277 of 400 pages

Affect	Appropriate , Blunted
Mood	Depressed , Anxious
Behavior	Cooperative
Insight	Poor
Judgment	Mature

2. Integrated Diagnostic Summary

The client presents with severe Alcohol Use Disorder and is experiencing active withdrawal (CIWA-Ar 10 on 12/22/25) with tremors and facial flushing, necessitating 24-hour medically supervised detoxification. He demonstrates poor coping skills, emotional dysregulation, and impaired boundary-setting, with significant relapse triggers including toxic blended family dynamics, caretaker stress, unresolved grief from the loss of both parents (one to COVID-19), and high occupational stress (working 70–80 hours/week). The client's recent relapse involved binge alcohol use and MDMA substitution after returning to a high-stress environment, indicating high risk for continued use. Motivation is present but inconsistent, requiring structured behavioral health interventions, psychoeducation, and motivational enhancement. Given the combination of active withdrawal, severe psychosocial stressors, unsafe living environment, and high relapse potential, the client meets ASAM criteria for medically supervised detoxification followed by residential treatment, as lower levels of care are insufficient to stabilize, protect, and support early recovery.

Further assessment will include the BDI-II, BAI, BHS and SNAP Self -report of Strengths, Needs , Abilities and Preferences including client identified treatment goals.

3. Rationale for Current Level of Care

Dimension 1: Acute Intoxication and/or Withdrawal Potential – Rating: 3 (Significant)

Client presents with active alcohol withdrawal following relapse, with a CIWA-Ar score of 10 on 12/22/25, accompanied by tremors and facial flushing. Symptoms indicate moderate withdrawal requiring 24-hour medical monitoring, pharmacologic support, and symptom management, consistent with medically supervised detoxification.

Dimension 2: Biomedical Conditions and Complications – Rating: 2 (Moderate)

While no other acute medical comorbidities are currently reported, ongoing monitoring during detox is clinically indicated to manage potential complications.

Dimension 3: Emotional, Behavioral, or Cognitive Conditions – Rating: 3 (Significant)

Client exhibits emotional dysregulation, impaired coping skills, and poor boundary-setting during interpersonal conflict. Significant psychosocial stressors include caretaker burden, grief and loss following the deaths of both parents (one due to COVID-19), and ongoing occupational stress (70–80 hours/week) These combined stressors contribute to anxiety, shame, and relapse vulnerability, necessitating 24-hour therapeutic structure and integrated behavioral health support in residential care.

Dimension 4: Readiness to Change – Rating: 2 (Moderate)

Client voluntarily sought treatment following relapse and recognition of impaired functioning. Motivation is present but inconsistent; substance-switching behaviors and avoidance coping indicate the need for motivational enhancement, psychoeducation, and skill-building in a structured environment.

Dimension 5: Relapse, Continued Use, or Continued Problem Potential – Rating: 4 (Severe)

Client demonstrates high relapse risk, evidenced by rapid decompensation after returning to a high-stress home environment, binge drinking, MDMA substitution, and ongoing exposure to occupational, family, and grief-related stressors. Intensive, structured care is necessary to prevent further relapse.

Dimension 6: Recovery/Living Environment – Rating: 4 (Severe)

Client's recovery environment is unsafe, characterized by a high-conflict blended family system and insufficient support for early recovery. Combined with excessive work demands and unresolved grief, the client requires removal from triggers and 24-hour residential care to ensure stabilization and early recovery.

Medical Necessity Determination

Client meets ASAM criteria for Medically Supervised Detoxification, followed by Residential Treatment, due to active withdrawal, severe psychosocial stressors (family conflict, occupational stress, bereavement), poor coping skills, and high relapse potential. Lower levels of care are insufficient to safely stabilize the client and support early recovery.

4. Problems Identified in Bio-Psychosocial

- | | |
|--|---|
| <p>1.
Alcohol - Binge Pattern

3.
Family/Relationship Dynamics and Poor Boundary Setting</p> | <p>2.
Relapse Prevention Plan & Continuing Care Plan

4.
Emotional Regulation and Behavioral Health. (Loss & grief)</p> |
|--|---|

5. Problems to be addressed in treatment

- | | |
|--|--|
| <p>1.
Alcohol - Binge Pattern

3.
Family/Relationship Dynamics and Poor Boundary Setting</p> | <p>2.
Relapse Prevention Plan & Continuing Care Plan

4.
Emotional Regulation and Behavioral Health (Loss & grief)</p> |
|--|--|

XVIII. Strengths, Abilities, Needs, and Preferences

Strengths	Abilities	Needs	Preferences
intelligent	Client is able to ask for help	to continue to work with a sponsor and go to meetings.	going to mens meetings in San Francisco.

DIAGNOSIS

Diagnoses

F10.20 Alcohol dependence, uncomplicated

Is there anything else you want the Reflections staff to know about you that I did not ask you? No

b. For any yes above, please elaborate None

Dimension I: Acute Intoxication/withdrawal Potential- Rating Level: 3-Substantial (3)

Dimension II: Biomedical Conditions/Complications Rating Level: 2-Moderate (2)

Dimension III: Emotional, Behavioral or Cognitive Conditions and Complications: Rating Level: 3-Substantial (3)

Dimension IV: Readiness to Change Rating Level: 2-Moderate (2)

Dimension V: Relapse Risk, Continued Use or Continued Problem Potential Rating Level: 4-Severe (4)

Dimension VI: Recovery Environment Rating Level: 4-Severe (4)

The above six dimensions have a rating scale as follows:

0-No Problem

1-Mild

2-Moderate

3-Substantial

4-Severe

Total Score: (18)

ASAM LOC Assignment

ASAM LOC Assignment

Transiton to Residential 3.7 LOC when client is clear from by medical



Sharon Johnson, LCSW (Staff), 12/22/2025 05:14 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Falls Assessment (Detox/Res) 12/19/2025

Evaluation Date: 12/19/2025

Modified Schmid Fall Risk Assessment Tool

Mobility Ambulates without gait disturbance (0)

Mentation Alert, oriented X 3 (0)

Medication No Anticonvulsants, tranquilizers, psychotropics, hypnotics, diuretics, antihypertensives, opiates, antihistamines, sedatives, insulin (0)

Elimination Independent in elimination (0)

Medical No contributing medical history (0)

Prior Fall History No prior history (0)

-> If prior fall during this admission, date of fall: N/A

Acute Intoxication No (0)

Impaired Hearing Yes (1)

Impaired Vision No (0)

Language Difficulty No (0)

Inability or Unwillingness to Follow Instruction No (0)

Acute Pain No (0)

Distinct Negative Change in Mental Status No (0)

Total Score: (1)

3 or greater = fall risk prevention plan to be indicated and initiate treatment plan.

Risk Score Assessment

0: None

1-2: Low

3-5: Moderate

Over 5: Severe

Comments

Precautions Taken

- Physician notified

Nursing Assessment:

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Irma Martinez, LPT (Staff), 12/19/2025 06:07 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Friday, Dec 19, 2025

Res Closing Group 08:45 PM PST by Michael Crowe

Patient Status: Absent

Start: 12/19/2025 08:45 PM PST - End: 12/19/2025 09:00 PM PST Duration: 00:15

Topic

Check In/Self Inventory/Meditation

Individual Assessment/Intervention

The client is detoxing and has been excused from all groups and sessions.

Group Description

The clients check in with one positive experience from the outside support meeting that they attended earlier, write their self-inventories, then attempt to meditate.



Michael Crowe (Staff), 12/19/2025 09:13 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Sunday, Dec 21, 2025

Res Closing Group 08:45 PM PST by James A. Hayes,, Program Assistant

Patient Status: Absent

Start: 12/21/2025 08:45 PM PST - End: 12/21/2025 09:00 PM PST Duration: 00:15

Topic

Meditation/silent reflection/self inventory

Individual Assessment/Intervention

client is on detox

Group Description

Clients are invited into a therapeutic safe environment and encouraged to participate in a self inventory and self reflection.



James A. Hayes,, Program Assistant (Staff), 12/21/2025 11:20 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Monday, Dec 22, 2025

Res Closing Group 08:45 PM PST by Michael Del Carlo, Program Assistant

Patient Status: Attended

Start: 12/22/2025 08:45 PM PST - End: 12/22/2025 09:00 PM PST Duration: 00:15

Topic

Closing Group (Nightly Reflection)

Individual Assessment/Intervention

Clark attended the closing group. He went to the Monday Miracles AA meeting, and says that it was good to see others he recognized. Filled out his nightly reflection form, and he meditated for the remainder of the group.

Group Description

Clients gathered in the foyer to do the closing group. Clients will check in about whether or not they attended an outside recovery support meeting. If not, they will check in about their evening. Afterwards, all of the clients will then fill out their nightly reflection forms to meditation music playing in the background. If they are finished with their forms before the end of the group, they are encouraged to meditate for the remainder of the time.



Michael Del Carlo, Program Assistant (Staff), 12/22/2025 09:37 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Tuesday, Dec 23, 2025

Res Closing Group 08:45 PM PST by Michael Crowe

Patient Status: Attended

Start: 12/23/2025 08:45 PM PST - End: 12/23/2025 09:00 PM PST Duration: 00:15

Topic

Check In/Self Inventory/Meditation

Individual Assessment/Intervention

The client attended the 11 Step Meditation AA meeting, as well as the Closing Group. The client shared one positive experience from the earlier AA meeting, filled out their self inventory, then spent the remaining time period in a state of quiet meditation.

Group Description

The clients check in with one positive experience from the outside support meeting that they attended earlier, write their self-inventories, then attempt to meditate.



Michael Crowe (Staff), 12/23/2025 09:24 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Wednesday, Dec 24, 2025

Res Morning Meeting 08:15 AM PST by Stewart Bryant, LMFT

Patient Status: Attended

Start: 12/24/2025 08:15 AM PST - End: 12/24/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness

Individual Assessment/Intervention

Clark shared being triggered in the meeting last night because the speaker shared a graphic "drunk-a-log". Client is feeling better and intends to attend all functions today.

Group Description

Group begins with a grounding meditation followed by brief client check-ins of their overnight experience and daily intention setting.



Stewart Bryant, LMFT (Staff), 12/24/2025 11:13 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Wednesday, Dec 24, 2025

Res Didactic Group 10:00 AM PST by Stewart Bryant, LMFT

Patient Status: Attended

Start: 12/24/2025 10:00 AM PST - End: 12/24/2025 10:45 AM PST Duration: 00:45

Topic

Adapting to change

Individual Assessment/Intervention

Clark shared his current struggles with change, and having the courage to separate from his wife to support his recovery.

Group Description

Psycho-ed group focused on developing strategies of resiliency in adapting to change.



Stewart Bryant, LMFT (Staff), 12/24/2025 11:24 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Tuesday, Dec 23, 2025

Res Didactic Group 03:00 PM PST by Lori Sparrow, LMFT

Patient Status: Attended

Start: 12/23/2025 03:00 PM PST - End: 12/23/2025 03:45 PM PST Duration: 00:45

Topic

DBT--Interpersonal Communication

Individual Assessment/Intervention

Client was somewhat quiet in group and expressed some emotion when talking about his family.

Group Description

We reviewed GIVE--technique of having a conversation. We discussed validation and what it sounds like to give validation and what it feels like to receive it. We discussed I statements and emotional acre concept.



Lori Sparrow, LMFT (Staff), 12/24/2025 03:43 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Monday, Dec 22, 2025

Res Didactic Group 03:00 PM PST by Lori Sparrow, LMFT

Patient Status: Attended

Start: 12/22/2025 03:00 PM PST - End: 12/22/2025 03:45 PM PST Duration: 00:45

Topic

DBT Emotional Regulation

Individual Assessment/Intervention

Client was quiet and emotional at times. Interested in the content and likes the idea of playing piano as an emotional regulation.

Group Description

We discussed various skills to regulate when emotions are high.



Lori Sparrow, LMFT (Staff), 12/24/2025 03:50 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Wednesday, Dec 24, 2025

Res Closing Group 08:45 PM PST by Michael Crowe

Patient Status: Attended

Start: 12/24/2025 08:45 PM PST - End: 12/24/2025 09:00 PM PST Duration: 00:15

Topic

Check in / Self Inventory / Meditation

Individual Assessment/Intervention

The client shared one positive thing from the earlier In House Speaker Meeting, filled out their self inventory, then spent the remaining time period in a state of quiet meditation.

Group Description

The clients check in with one positive experience from the outside support meeting that they attended earlier, write their self-inventories, then attempt to meditate.



Michael Crowe (Staff), 12/24/2025 11:14 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Wednesday, Dec 24, 2025

Res Process Group 11:00 AM PST by Sharon Johnson, LCSW

Patient Status: Attended

Start: 12/24/2025 11:00 AM PST - End: 12/24/2025 12:15 PM PST Duration: 01:15

Topic

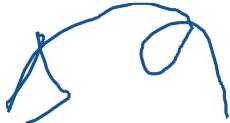
Process Group

Individual Assessment/Intervention

The client was on-time and presented and sad demeanor. He reported feeling sad and anxious. The client shared his feelings of sadness, relapse regret and how his daughter is setting boundaries. The client was supported to encouraged to share and allow the peers to witness and support him

Group Description

Clients were led in a process group to facilitate self-expression, thought processing, personal growth and peer connection. The purpose is to explore thoughts, feelings and behaviors in a safe and supportive environment, which can enhance their recovery journey and assist with learning positive communication tools.



Sharon Johnson, LCSW (Staff), 12/25/2025 11:31 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Wednesday, Dec 24, 2025

Res Didactic Group 03:00 PM PST by Sharon Johnson, LCSW

Patient Status: Attended

Start: 12/24/2025 03:00 PM PST - End: 12/24/2025 03:45 PM PST Duration: 00:45

Topic

Sober Fun Activities

Individual Assessment/Intervention

The client was engaged and laughing with his peers. He reported the group is raising his hope for fun to balance his extensive work schedule

Group Description

Group created and shared fun activates to do in recovery. Clients all live in the Bay Area. their interaction enhanced their and expanded their lists. They also recognized their warm connection with each other in the group activity.



Sharon Johnson, LCSW (Staff), 12/25/2025 02:35 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

Res Process Group 11:00 AM PST by Sharon Johnson, LCSW

Patient Status: Attended

Start: 12/26/2025 11:00 AM PST - End: 12/26/2025 12:15 PM PST Duration: 01:15

Topic

Process Group

Individual Assessment/Intervention

The client was late to group. Arrived late due to tending to his "caffeine headache". The client received tyneol and laid down for the first 10 minutes of group in his room. His reported mp cravings and felt he was about 50% with his attention in group. The client gave positive feedback to his peers.

Group Description

Clients were led in a process group to facilitate self-expression, thought processing, personal growth and peer connection. The purpose is to explore thoughts, feelings and behaviors in a safe and supportive environment, which can enhance their recovery journey and assist with learning positive communication tools.



Sharon Johnson, LCSW (Staff), 12/26/2025 01:20 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

Res Closing Group 08:45 PM PST by Michael Crowe

Patient Status: Attended

Start: 12/26/2025 08:45 PM PST - End: 12/26/2025 09:00 PM PST Duration: 00:15

Topic

Check In/Self Inventory/Meditation

Individual Assessment/Intervention

The client did not attend an outside support meeting, but he Closing Group. The client filled out their self inventory, then spent the remaining time period in a state of quiet meditation.

Group Description

The clients check in with one positive experience from the outside support meeting that they attended earlier, write their self-inventories, then attempt to meditate.



Michael Crowe (Staff), 12/26/2025 09:20 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Saturday, Dec 27, 2025

Res Morning Meeting 09:00 AM PST by Ablert Teixeira

Patient Status: Attended

Start: 12/27/2025 09:00 AM PST - End: 12/27/2025 09:45 AM PST Duration: 00:45

Topic

Morning Meditation and Check In

Individual Assessment/Intervention

Client reported feeling a little tired. Did not sleep well. No cravings or using dreams. Intention for the day is read / work.

Group Description

Group begins with a 5 minute guided meditation followed by a check in with feelings, sleep quality, if they are experiencing any cravings or had any using dreams and their intention or goal for the day.



Ablert Teixeira (Staff), 12/27/2025 10:53 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

Res Didactic Group 10:00 AM PST by Abler Teixeira

Patient Status: Attended

Start: 12/26/2025 10:00 AM PST - End: 12/26/2025 10:45 AM PST Duration: 00:45

Topic

Self-Sabotage

Individual Assessment/Intervention

Client was present for group and participated in the discussion, sharing how shame and guilt have influenced his addiction and contributed to ongoing negative self-talk.

Group Description

This group focused on exploring the concept of self-sabotage and how it commonly appears in addiction and early recovery. Clients discussed the thoughts, emotions, and behaviors that undermine their progress, as well as the underlying fear, shame, and avoidance that often drive these patterns. Group members identified their personal self-sabotaging behaviors, examined how these actions can increase relapse risk, and learned practical strategies to interrupt the cycle, including emotional regulation skills, cognitive reframing, and seeking support.



Abler Teixeira (Staff), 12/27/2025 12:01 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Friday, Dec 26, 2025

Res Morning Meeting 08:15 AM PST by Ablert Teixeira

Patient Status: Attended

Start: 12/26/2025 08:15 AM PST - End: 12/26/2025 08:45 AM PST Duration: 00:30

Topic

Morning Meditation and Check In

Individual Assessment/Intervention

Client reported feeling relaxed and rested. Slept well. No cravings or using dreams. Intention for the day is to continue researching SLE's, get caught up with some work and attend a virtual support meeting.

Group Description

Group begins with a 5 minute guided meditation followed by a check in with feelings, sleep quality, if they are experiencing any cravings or had any using dreams and their intention or goal for the day.



Ablert Teixeira (Staff), 12/27/2025 12:08 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Thursday, Dec 25, 2025

Res Didactic Group 10:00 AM PST by Abler Teixeira

Patient Status: Attended

Start: 12/25/2025 10:00 AM PST - End: 12/25/2025 10:45 AM PST Duration: 00:45

Topic

Emotional Sobriety

Individual Assessment/Intervention

Client attended group and demonstrated active participation, contributing to the group dialogue after viewing the educational video.

Group Description

Group focused on the topic of emotional sobriety and included an educational video to introduce key concepts. Following the video, clients participated in a facilitated discussion exploring how emotional regulation, self-awareness, and acceptance contribute to long-term recovery.



Abler Teixeira (Staff), 12/27/2025 02:47 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Thursday, Dec 25, 2025

Res Didactic Group 03:00 PM PST by Abler Teixeira

Patient Status: Attended

Start: 12/25/2025 03:00 PM PST - End: 12/25/2025 03:45 PM PST Duration: 00:45

Topic

Holiday Survival Guide

Individual Assessment/Intervention

Client attended group and engaged fully in the session. Client reported finding the handout valuable and expressed that it will be a useful tool for navigating upcoming holidays.

Group Description

This group focused on developing a Holiday Survival Guide to support recovery during the holiday season. The session provided education on common holiday-related triggers, stressors, and emotional challenges, and distributed a handout with practical coping skills and relapse prevention strategies to help clients navigate these situations successfully.



Abler Teixeira (Staff), 12/27/2025 02:56 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Sunday, Dec 28, 2025

Res Closing Group 08:45 PM PST by Michael Del Carlo, Program Assistant

Patient Status: Attended

Start: 12/28/2025 08:45 PM PST - End: 12/28/2025 09:00 PM PST Duration: 00:15

Topic

Closing Group (Nightly Reflection)

Individual Assessment/Intervention

Clark attended the closing group. He reflected on his time at the Sunday Express meeting tonight, and he is happy that he got his chip. Brought it with his to the group. He filled out his nightly reflection form, and he meditated for the remainder of the time.

Group Description

Clients gather in the foyer to do the closing group. All of them will begin by explaining how their experience was at the recovery support meeting that evening. Afterwards, all will then fill out their nightly reflection form to meditation music playing in the background. If the client is finished with their nightly reflection form early, they are encouraged to meditate until the group ends.



Michael Del Carlo, Program Assistant (Staff), 12/28/2025 08:35 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Monday, Dec 29, 2025

Res Morning Meeting 08:15 AM PST by Sharon Johnson, LCSW

Patient Status: Attended

Start: 12/29/2025 08:15 AM PST - End: 12/29/2025 08:45 AM PST Duration: 00:30

Topic

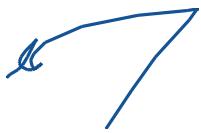
Morning Mindfulness

Individual Assessment/Intervention

The client arrived on time and presented a willing open demeanor. He reported sleeping well, feels rested and optimistic. He reports no cravings. Goals: View SLE and work for his firm.

Group Description

Group is designed to foster a supportive environment where individuals can begin their day with focus, intention and clarity. Session starts with a mindfulness practice tool like meditation, breathing or grounding. Clients have an opportunity to check in with peers and staff using a structured format



Sharon Johnson, LCSW (Staff), 12/29/2025 11:19 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Monday, Dec 29, 2025

Res Didactic Group 03:00 PM PST by Sharon Johnson, LCSW

Patient Status: Attended

Start: 12/29/2025 03:00 PM PST - End: 12/29/2025 03:45 PM PST Duration: 00:45

Topic

DBT Orientation

Individual Assessment/Intervention

The client arrived on time and was engaged with the group and presentation. He acknowledged his struggle with letting go of his marriage and all his ambivalent feelings about the balance with his recovery.

Group Description

Supportive space is designed to help develop a balanced approach to managing your emotions and behaviors. Dialectical thinking involves recognizing and integrating seemingly contradictory ideas, perspectives, or emotions to achieve a more nuanced and comprehensive understanding of a situation or problem. It's a way of thinking that acknowledges that things can be both x and not x, rather than forcing a rigid all or nothing perspective



Sharon Johnson, LCSW (Staff), 12/30/2025 08:51 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Monday, Dec 29, 2025

Res Closing Group 08:45 PM PST by Michael Del Carlo, Program Assistant

Patient Status: Attended

Start: 12/29/2025 08:45 PM PST - End: 12/29/2025 09:00 PM PST Duration: 00:15

Topic

Closing Group (Nightly Reflection)

Individual Assessment/Intervention

Clark attended the closing group. He focused on his aftercare plans, and talked about the sober living house he is going to after he leaves. He did not attend a recovery support meeting, filled out his nightly reflection form, and meditated for the remainder of his time.

Group Description

Clients gather in the foyer to do the closing group. They will check in about their evenings, and whether or not they went to a recovery support meeting that day. After they checked in, all clients will then fill out their nightly reflection forms to meditation music playing in the background. After the clients have filled out their forms, they are encouraged to meditate for the rest of the time.



Michael Del Carlo, Program Assistant (Staff), 12/29/2025 09:01 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

Res Didactic Group 03:00 PM PST by Sharon Johnson, LCSW

Patient Status: Absent

Start: 12/30/2025 03:00 PM PST - End: 12/30/2025 03:45 PM PST Duration: 00:45

Topic

Didactic - Check in

Individual Assessment/Intervention

Absent - touring SLE

Group Description

Check in - Two group members



Sharon Johnson, LCSW (Staff), 12/30/2025 03:40 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Tuesday, Dec 30, 2025

Res Closing Group 08:45 PM PST by Michael Crowe

Patient Status: Attended

Start: 12/30/2025 08:45 PM PST - End: 12/30/2025 09:00 PM PST Duration: 00:15

Topic

Check In/Self Inventory/Meditation

Individual Assessment/Intervention

The client did not attend an outside support meeting, but did attend the Closing Group. The client filled out their self inventory, then spent the remaining time period in a state of quiet meditation.

Group Description

The clients check in with one positive experience from the outside support meeting that they attended earlier, write their self-inventories, then attempt to meditate.



Michael Crowe (Staff), 12/30/2025 11:27 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Wednesday, Dec 31, 2025

Res Morning Meeting 08:15 AM PST by Sharon Johnson, LCSW

Patient Status: Attended

Start: 12/31/2025 08:15 AM PST - End: 12/31/2025 08:45 AM PST Duration: 00:30

Topic

Morning Mindfulness

Individual Assessment/Intervention

The client arrived on time and appeared with a willing demeanor. He participated in the meditation. He reported feeling tired. Poor sleep. Woke at 2:30am, got up at 4am. Client reports a low craving level last night 3 out of 10 and was thinking about work to complete.

Group Description

Group is designed to foster a supportive environment where individuals can begin their day with focus, intention and clarity. Session starts with a mindfulness practice tool like meditation, breathing or grounding. Clients have an opportunity to check in with peers and staff using a structured format

Sharon Johnson, LCSW (Staff), 12/31/2025 10:16 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Group Sessions

Wednesday, Dec 31, 2025

Res Process Group 11:00 AM PST by Sharon Johnson, LCSW

Patient Status: Attended

Start: 12/31/2025 11:00 AM PST - End: 12/31/2025 12:15 PM PST Duration: 01:15

Topic

Graduation - Check in

Individual Assessment/Intervention

The client gave positive feedback to his peer who was discharging and received feedback regarding his discharge this Friday. The client was tearful when accepting feedback around how the value his presence and their hope that he can value himself as much as they do. Therapist reinforced clients need to love himself and prioritize his happiness and recovery.

Group Description

Coins presented to two clients followed by a brief check in group. This special group is dedicated to honoring and acknowledging the dedication, resilience, and achievements of our clients as they reach this important milestone in their recovery journey. Together, we celebrate their hard work, perseverance, and commitment to a healthier, brighter future. Each group member shares the impact that the graduation client has on them and practices healthy closure as modeled by group leader.



Sharon Johnson, LCSW (Staff), 12/31/2025 01:46 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Clinical Progress Note Collateral 12/29/2025 10:40 AM

Session Start/End Time	Start time	End time	Duration
	12/29/2025 10:40 AM	12/29/2025 10:50 AM	10 Minutes
Type of Session	Collateral		

MSE

Appearance:

Oriented To:

Speech:

Thought process:

Mood:

Affect:

Judgement:

Dangerousness:

Information/Behavior:

Phone call with Michele Bonsignore, LMFT , client's private therapist. Michele has a speciality in addiction. Therapist updated Michele with clients movement with deciding a divorce due to the on-going toxic relationship with spouse and step-daughter needs to happen. Therapist reported the clients use of healthy boundaries when he spouse visited this weekend. Client is reengaging with the AA community. Need continuous reminder to place himself first, not only to not drink, but to enjoy his life. Also, needs a reminder to use his coping skills to help his emotional regulation. Michele has a standing weekly apt with the client.

Interventions:

Response:

Plan:

scanned document

Sharon Johnson, LCSW (Staff), 12/29/2025 11:30 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Clinical Progress Note Individual 12/31/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
12/31/2025 09:00 AM	12/31/2025 09:50 AM	50	Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To:

Speech: normal , circumstantial

Thought process: Appropriate

Mood: Sad , Anxious

Affect: Appropriate

Judgement: Good

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

Client arrived on time and presented as open, cooperative, and willing to engage. Affect was appropriate to content; mood appeared anxious but stable. Client demonstrated improved emotional insight while continuing to experience vulnerability related to marital separation and recovery transitions. No acute safety concerns noted.

Interventions:

Therapist provided supportive and trauma-informed interventions focused on emotional regulation, transition planning, and recovery stability. Therapist emphasized the continued importance of active use of emotional regulation and coping skills during the separation and divorce process. Psychoeducation was provided regarding the necessity of ongoing individual therapy to support affect regulation, boundary maintenance, and relapse prevention during relational and environmental transitions. Therapist reinforced the need for continued self-compassion and intentional self-care as part of sustainable recovery.

Response:

Client was engaged and receptive to interventions. He discussed his decision to discharge to a Sober Living Environment (SLE) in San Francisco and reported consideration of transitioning to an SLE in Tiburon when an opening becomes available in early February. Client expressed understanding of the need for continued therapeutic support and acknowledged the importance of prioritizing emotional health and self-care during this period of separation and change.

Plan:

Continue individual therapy to support emotional regulation and recovery stability

Reinforce daily use of coping skills, particularly during relational stress

Support client through separation process with focus on boundaries and self-compassion

Encourage continued engagement in sober support networks

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Sharon Johnson, LCSW (Staff), 12/31/2025 10:25 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Clinical Progress Note Individual 12/30/2025 03:50 PM

Session Start/End Time	Start time	End time
	12/30/2025 03:50	
	PM	

Type of Session	Individual
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MSE

Appearance:

Oriented To:

Speech:

Thought process:

Mood:

Affect:

Judgement:

Dangerousness:

Information/Behavior:

The client, an attorney, had a work call during his session today. He was looking forward to touring a SLE in SF today.

Interventions:

Response:

Plan:

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Sharon Johnson, LCSW (Staff), 12/30/2025 03:52 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Clinical Progress Note Individual 12/29/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
12/29/2025 09:00 AM	12/29/2025 09:50 AM	50	Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: normal

Thought process: Appropriate , Ruminations

Mood: Sad , Anxious

Affect: Labile

Judgement: Fair

Dangerousness: Mild SI Risk , No HI or Aggression Risk

Information/Behavior:

Session addressed ongoing emotional dysregulation, interpersonal stressors, boundary use, and discharge planning. Client arrived on time and presented as engaged, anxious, and emotionally labile. He became tearful when discussing his relationship with his spouse and stepdaughter, reporting significant feelings of shame and guilt. Client continues to experience high-conflict relational dynamics he identified as emotionally toxic and destabilizing to recovery. Ongoing resentment and emotional exhaustion related to chronic over-functioning, people-pleasing, and caretaking roles continue to impair emotional regulation and increase relapse vulnerability.

Client reported partial but improving use of healthy boundaries during his spouse's recent visit, noting improved emotional regulation when limits were maintained and difficulty sustaining boundaries due to guilt and fear of abandonment. Client continues to contemplate divorce as a means of reducing relational stressors. He has re-engaged with AA but requires ongoing reminders to prioritize personal well-being beyond abstinence and to consistently utilize coping skills for emotional regulation.

Client plans to discharge to a Sober Living Environment (SLE) and pursue Intensive Outpatient Program (IOP) services in San Francisco, indicating motivation for continued structured support. Despite progress, client continues to exhibit anxiety, emotional reactivity, and limited but improving insight into maladaptive relational and self-worth beliefs. Continued individual therapy remains medically necessary to support emotional stabilization, boundary consolidation, and relapse prevention during transition of care.

Interventions:

Therapist provided trauma-informed cognitive and relational interventions focused on affect regulation, processing shame and guilt, boundary maintenance, and reduction of over-functioning behaviors. Therapist reinforced use of coping skills as a primary strategy for managing emotional distress and preventing relapse. Therapist completed a collateral phone consultation with Michele Bonsignore, LMFT, client's private therapist specializing in addiction treatment, to coordinate care and reinforce consistent treatment goals. Client maintains weekly outpatient therapy sessions.

Response:

Client was engaged and receptive, demonstrating increased insight alongside continued emotional vulnerability. He

reported subjective relief and agreement with treatment recommendations.

Plan:

Continue individual therapy to support emotional regulation and anxiety management

Reinforce consistent use of coping skills and healthy boundaries

Support client in navigating marital separation decisions

Encourage continued AA engagement with reduced over-responsibility

Coordinate care regarding SLE placement and IOP referral

Maintain collaboration with private therapist

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Sharon Johnson, LCSW (Staff), 12/29/2025 11:44 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Clinical Progress Note Individual 12/26/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
12/26/2025 09:00 AM	12/26/2025 09:50 AM	50	Minutes
Type of Session	Individual		

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: normal

Thought process: Appropriate

Mood: Sad , Anxious

Affect: Appropriate

Judgement:

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

The session focused on continued processing of interpersonal stressors, recovery patterns, and discharge planning. Client arrived on time and presented as engaged, anxious, and emotionally reflective. He explored ongoing resentments and feelings of being "used" by his spouse and stepdaughter, as well as resentment related to taking on excessive responsibility in early sobriety, including sponsoring six individuals during his first year sober. Client identified this pattern as recreating a "hero" role that contributed to emotional exhaustion, boundary erosion, and resentment.

Client reported plans to discharge to a Sober Living Environment (SLE) and expressed interest in engaging in Intensive Outpatient Program (IOP) services in San Francisco, indicating motivation for continued structure and support following discharge. He continues to present with anxiety, emotional dysregulation, and limited but improving insight into core beliefs related to self-worth and responsibility. Individual therapy at this level of care remains clinically indicated to support emotional regulation, boundary development, trauma-informed cognitive restructuring, and relapse prevention.

Interventions:

Therapist facilitated insight into how over-functioning and people-pleasing behaviors negatively impact emotional regulation and recovery stability. Strong emphasis was placed on the importance of balance, realistic limits, and sustainable recovery activities, rather than repeating maladaptive patterns from earlier sobriety. Client demonstrated emerging insight into these dynamics.

Response:

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315 of 400 pages

Client was engaged and receptive to interventions. He demonstrated moments of emotional relief and increased insight into maladaptive recovery patterns. Client expressed appreciation for the session and agreement with treatment goals and recommendations. Therapeutic rapport remains intact.

Plan:

Continue to monitor and support anxiety management and emotional regulation

Support development of balanced recovery routines and healthy boundaries

Coordinate with multidisciplinary team regarding SLE placement and IOP referral in San Francisco

Follow up on previously requested psychiatric evaluation

Client will practice at least two coping skills daily and journal insights related to boundaries, resentment, and balance to review in session

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Sharon Johnson, LCSW (Staff), 12/26/2025 10:39 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Clinical Progress Note Individual 12/24/2025 09:00 AM

Session Start/End Time	Start time	End time	Duration
12/24/2025 09:00 AM	12/24/2025 09:50 AM	50	Minutes
Type of Session			
Individual			

MSE

Appearance: casual appearance

Oriented To: All Spheres-personal, place, time, and situation

Speech: normal

Thought process: Intact/Organized , Ruminations

Mood: Sad , Anxious

Affect: Appropriate

Judgement: Fair

Dangerousness: No SI Risk , No HI or Aggression Risk

Information/Behavior:

The session was focused on the review and client agreement with his treatment goals and the client processing the effects of his addiction on the relationship with his daughter who declined visiting with him on Christmas and texted that she needed time before she sees him. Client arrived on time and presented with a willing, and anxious) demeanor. His current presentation of anxiety, emotional dysregulation, and poor insight into core beliefs necessitates continued intensive psychotherapeutic support. Individual sessions at this level of care are clinically warranted to provide containment, trauma informed cognitive restructuring, and emotional regulation skills critical for long-term psychological stability and relapse prevention.

Interventions:

Provided reflective listening and validated client's emotional experiences related to feelings of sadness, guilt, shame and love for his daughter. Offered a warm, safe therapeutic environment. The therapist encouraged the client to allow himself be honest and vulnerable without experiencing judgment (from others and judgment from himself).

Response:

Appeared to experience moments of emotional relief through self-expression and therapist validation. He expressed appreciation for the session and agreed to continue individual work with the understanding and agreement with his treatment goals indicating rapport. The therapist encouraged the client to allow himself be honest and vulnerable without experiencing judgment.

Plan:

Monitor and support management of anxiety symptoms and cognitive organization.

Coordinate with multidisciplinary team as needed to ensure comprehensive care planning. Inform Clinical Director of request for Psychiatric evaluation.

Client will note, practice two coping skills each day and share results with his therapist. The client will log new insights in

his journal to share with Primary Therapist in session.

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Sharon Johnson, LCSW (Staff), 12/25/2025 09:57 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Continuing Care Consultation 12/24/2025

12/24/2025

Subject

CCP: Due to shorter LOS - moved a bit quicker

Summary of Discussion

Due to clients shorter LOS -

This writer introduced himself to the client and explained my role and resources and goals of continuing care planning.

This writer shared a bit about his history and experience and how we will work together as a team with Clinical and outside support.

We are looking to tour an SLE on 12/29 with another resident as potentials



Darren Davis (Staff), 12/29/2025 10:40 AM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team



Clinical Tx Plan 1 12/23/2025

Date Established 12/23/2025

Problem

- Alcohol Use Disorder:
- Other Substance Use Disorder:
- Depression:
- Anxiety Disorder:
- Relationship Issues:
- Family Conflict:

Behavioral Observations:

- Fails to stop or cut down use of alcohol, despite the verbalized desire to do so and the negative consequences continued use brings.
- Demonstrates increased tolerance for the alcohol, as there has been the need to drink more over time to become intoxicated or to obtain the desired effect.
- Exhibits physical withdrawal symptoms when going without the alcohol for any length of time.
- Reports decreased important social and recreational activities due to drinking.

- Other

Other Behavioral Obervations

Continues alcohol use despite knowledge of experiencing some physical, vocational, social, and relationship problems that are associated with the use of MDNA/alcohol.

Long-term Goals:

- I will accept my powerlessness and unmanageability over alcohol and mood-altering substances, and

participate in a recovery-based program.

- I will establish a sustained recovery, free from the use of alcohol.
- I will establish and maintain total abstinence, while increasing knowledge of my addiction and the process of recovery.
- I will improve my quality of life and a greater sense of life satisfaction without the need of alcohol or mood-altering substances.
- I will acquire the necessary recovery skills to maintain long-term sobriety from all mood-altering substances.

Client stated goals:

Short-term Objectives, Therapeutic Interventions, Frequency and Modality

Objectives	Plan	Frequency								
Within the first few days of treatment, I will initially complete objective psychological testing for assessing present emotional status (e.g., the Beck Anxiety and Depression Scales; the GAD-7; and the PHQ-9).	Administer to client's emotional screening measures (such as the Beck Depression Inventory-II, the Beck Anxiety Inventory, GAD-7; and the PHQ-9s etc). This information will be utilized in assisting in treatment planning and discharge recommendations.	1 time event within few days of admission								
	<table border="1"> <thead> <tr> <th>Target date</th><th>Status</th><th>Date/Comment</th><th>By</th></tr> </thead> <tbody> <tr> <td>12/23/2025</td><td>Open</td><td></td><td>SJ 12/23/2025</td></tr> </tbody> </table>	Target date	Status	Date/Comment	By	12/23/2025	Open		SJ 12/23/2025	
Target date	Status	Date/Comment	By							
12/23/2025	Open		SJ 12/23/2025							

I will explore, with the help of professional staff, the origins and issues related to depression and/or anxiety, including the meaning I am putting on past events in my life, as well as present beliefs and attitudes that contribute to feelings of depression or anxiety.

Explore the client's underlying issues, past negative events, the meaning the client is putting on these events, and other personal vulnerabilities that contribute to depressed and/or anxiety feelings (e.g., issues of unresolved loss, self-devaluation and shame, issues of unresolved guilt or resentments, tendency to avoid negative emotions, unrealistically high standards, self-evaluation, etc.). Assist the client in exploring the sources of his personal vulnerabilities and their influence on his/her depressive condition. Process how these vulnerabilities influence the need to abuse alcohol and/or other substances

Target date	Status	Date/Comment	By
01/14/2026	Open		SJ 12/23/2025

Emotional Regulation and Distress Tolerance Skills: Client will develop techniques and implement them over a the his time in RTC whenever restlessness or anxiety sets in.

Clinical staff will work with client on developing affect regulation skills, mindfulness skills, and emotional regulation skills. Tools will be demonstrated in both individual and group sessions. BSM will assess for client's understanding of concepts taught.

Target date	Status	Date/Comment	By

Client will improve the ability to establish and maintain healthy relationships by identifying personal needs, setting appropriate boundaries, and communicating limits effectively to support emotional stability and sustained recovery.

Increase insight into relational patterns, develop assertive communication skills, and practice boundary-setting behaviors to reduce interpersonal stress and relapse risk.

Target date	Status	Date/Comment	By

Target date	Status	Date/Comment	By

Target date	Status	Date/Comment	By

Target date	Status	Date/Comment	By

Target date	Status	Date/Comment	By

Target date	Status	Date/Comment	By

Target date	Status	Date/Comment	By

Target date	Status	Date/Comment	By

I will demonstrate a decrease in depression and anxiety symptoms, as evidenced by: 1) Verbalizing ongoing positive changes in my emotional status to my primary therapist and 2) Changes in my scores on psychometric tests (e.g., the Beck Anxiety and Depression Scales; the GAD-7; and the PHQ-9).

Re-administer emotional screening measures (such as the Beck Depression Inventory-II and the Beck Anxiety Inventory, the GAD-7; and the PHQ-9) towards the end of treatment to evaluate changes and possible progress in resolving emotional issues. This information will also be used for follow-up recommendations.

1 time event

Target date	Status	Date/Comment	By



Randall Clark Morrison (Client), 12/23/2025 01:37 PM

Staff present: Sharon Johnson, LCSW

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Aftercare Plan/Discharge Instruction Form 12/19/2025

Today's Date 12/19/2025

Date of Admission 12/19/2025 02:00 PM

Date of Discharge

Discharge Position

	Place	Address	With Whom	Phone
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Discharge Status

Transportation

Aftercare Appointments & Recommendations:

	Discipline	Name	Address	Phone #	Appointment Date/Time
Psychiatrist					
Physician	NP	Chanel Rodriguez	110 Sutter St	888.663.6331	
Therapist	LMFT	Michelle Bonsignore	San Rafael	415.761.3305	Still on Fridays?
Living Arrangement	Sober Living	The Hauz	Peter Hau	415.596.3269	https://thehauzsoberservices.com/
PHP	Strongly Recommended	AMAR - Herberth Rivera, LMFT	564 Bush St, San Francisco, CA 94109	(833) 467-2627	
IOP	Strongly Recommended	AMAR - Herberth Rivera, LMFT	564 Bush St, San Francisco, CA 94109	(833) 467-2627	
Community Support	Recovery Community	AA-SF & Marin	AASFMarin.Org		4-6 Meetings / Wk 2 Men's Groups
Alumni Group	Alumni Zoom Meeting	7p = 2nd Tues each Month	Zoom.Com	ID: 840 8850 5720 Passcode: 322896	Hosted by Reflections Staff
Sober Coach	Recovery Coach	Clay Engels Joe O'Connor			
Other	Post SLE in SF: Phoenix House in Tiburon	Jona Domingues		925.727.5774	Smaller SLE in Marin Co.

Additional Notes

Inform your treating professionals and/or your personal support system if you experience

In case of emergency dial 911 or proceed to your nearest highest emergency room.

Special Instructions: Client is to call and confirm all above appointments upon returning home. Bring ID, Insurance information, and a list of current medications to initial meetings. It is recommended that you share this form with your treatment providers.

-
have been given a copy.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Client Discharge Summary (RES) 12/27/2025 05:40 AM

Today's Date 12/27/2025 05:40 AM

Date of Admission 12/19/2025 02:00 PM

Date of Discharge

Diagnosis F10.20 Alcohol dependence, uncomplicated Diagnoses

Type of Discharge

Summary of Services Provided and Focus of Treatment/Interventions

Clinical Summary of Client's Response to Treatment

Condition at Discharge - ASAM I-VI

ASAM LOC Recommendation

Medications at Time of Discharge

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 12/27/2025 05:40 AM:

Acetaminophen, 325 mg x 2 tablets , oral, tablet, every 6 hours, until further notice, PRN, indication: Pain
Aqinject Standard Needle, 18g x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: As prescribed
aspirin, 81 mg x 1 tablet , oral, tablet, delayed release (enteric coated), once a day (AM), until further notice, indication: Prophylaxes to TIA
BD PrecisionGlide Non-Sterile (needles, disposable), 23 gauge x 1" x 1 needle, disposable , miscellaneous, Needle, Once , until further notice, PRN, indication: blood sugar
blood-glucose sensor, - x 1 each , miscellaneous, Device, Weekly, until further notice, indication: As prescribed
clonidine HCl, 0.1 mg x 1 tablet , oral, tablet, every 4 hours, until further notice, PRN, indication: Withdrawal
Colace (docusate sodium), 100 mg x 1 Capsule , oral, capsule, 3x a day schedule (TID) PRN, until further notice, PRN, indication: Constipation
ezetimibe, 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: Take as prescribed
 gabapentin, 300 mg x 1 capsule , oral, capsule, three times a day schedule (TID), until further notice, indication: anxiety
 hydroxyzine HCl, 25 mg x 1 or 2 tablets , oral, tablet, three times a day, until further notice, PRN, indication: eRx
 insulin syringe needleless (syringe without needle,insulin disposable, 1 mL), 1 ml x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN, indication: As prescribed
 Lexapro (escitalopram oxalate), 10 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: depression
 lisinopril, 20 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: HTN
 Loperamide (loperamide HCl), 2 mg x 1 Tablet , oral, tablet, every 2 hours, until further notice, PRN, indication: Diarrhea/Loose Stool
 Melatonin, 5 mg x 2 tablets , oral, tablet, chewable, once a day (HS) PRN, until further notice, PRN, indication: for sleep
 Multivitamin, multiple vitamins x 1 Tablet , oral, tablet, once a day (AM), until further notice, indication: Supplement
 Ondansetron, 4 mg x 1 tablet , sublingual, tablet, every 6 hours, until further notice, PRN, indication: Nausea / Vomiting
 rosuvastatin (rosuvastatin calcium), 40 mg x 1 tablet , oral, tablet, once a day (AM), until further notice, indication: Hyperlipidemia

Sure Comfort Insulin Syringe (syringe with needle,disposable,insulin 1 mL), 1 ml 31 gauge x 1/4" x 1 unit , miscellaneous, Syringe, Once , until further notice, PRN, indication: As prescribed
trazodone (trazodone HCl), 50 mg x 1 tablet , oral, tablet, once a day (HS), until further notice, indication: Insomnia
Tums (calcium carbonate), 500 mg x 2 Tablets , oral, tablet, chewable, every 4 hours, until further notice, PRN, indication: GERD
Zepbound (tirzepatide), 12.5 mg/0.5 ml x 0.5 mls , subcutaneous, solution, Weekly, until further notice, indication: Wt Management

UNRESOLVED OR DEFERRED ISSUES THAT COULD AFFECT CONTINUING RECOVERY

PROGNOSIS

Motivation

Med Compliance

Level of Insight at DC

Recovery Meeting Attendance

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Discharge Checklist

Date

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Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medication Transfer/Discharge Form 01/02/2026 06:00 PMDate 01/02/2026
06:00 PM

Transfer/Discharge	<input type="checkbox"/> Transfer	<input checked="" type="checkbox"/> Discharge
---------------------------	-----------------------------------	---

From: Residential Level 1

To: To other: Home

Please follow these instructions until you talk with your provider. If any medical problems occur or your symptoms get worse or you have questions, call your provider immediately OR call 911 or go to nearest hospital.

MEDICATIONS TO CONTINUE AT HOME

Medication. include all meds. OTC, Herbal	Dose/Route	Schedule	Reason for taking	Last Dose	Quantity
Trazodone	50mg by mouth	Take 1 tablet before bedtime as needed	Insomnia	1/1/26	19 (added 30)
Ondansetron	4mg by mouth	Take 1 tablet for nausea & vomiting as needed	Nausea/vomiting		10
Aspirin	81mg by mouth	Take 1 tablet every morning	Prophylaxes to TIA	1/2/26	31
Ezetimibe	10mg by mouth	Take 1 tablet every morning	Cholesterol	1/2/26	70
Gabapentin	300mg by mouth	Take 1 tablet three times a day.	Anxiety	1/2/26	21 (added 90)
Escitalopram	10mg by mouth	Take 1 tab every morning	Depression	1/2/26	19
Hydroxyzine	25mg by mouth	Take 1 to 2 tablets three times a day, as needed.	Anxiety		53
Rosuvastatin	40mg by mouth	Take 1 tab once a day	Cholesterol	1/2/26	53
Lisinopril	20mg by mouth	Take 1 tab every morning	Blood pressure	1/2/26	28
Testosterone	200 mg x 1 ml	I vial injection every 2 weeks	As prescribed	First dose to be given on 1/2/26	7 Vials
Zepbound (Tirzepatide)	12.5 mg/0.5 ml	Inject 0.5 ml subcutaneous every week (Friday)	Weight lost	12/26/25	2 boxes
Acamprosate	333 mg	Take 2 tablets three times a day.	Cravings	1/2/26	

It is important to take this current list of medication to your current provider and update them on any new medications.

Appointment made	Make appointment	Date	Time	Provider	Phone number	Lab or x-ray needed prior to appt.
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Activities

- Resume normal activities as tolerated

Diet

- No restrictions
-

Other Services

Reflections – please call 415-895-6146 for all questions or concerns that are non-medical.

Continuing Recovery Plan –

If you have any medical concerns, call 911 or 988 for suicidal ideation or go to your nearest Emergency Room.

Primary Care Physician:

IOP/PHP-

Psychiatrist –

Therapist:

Living Arrangement:

Community Support:

Sober Coach/Sponsor:

Relapse Prevention Medications:

Best of luck on your road to recovery.

The discharge instructions were explained to me. I understand these instructions are necessary for the continuing medical care of Clients after they leave the RFI. I have received a copy of these instructions

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Survey Monkey- Client Discharge Survey Simmons

<https://www.surveymonkey.com/r/VK9G3LC>

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description	Frequency
Medical Test: If any of the presumptive tests are negative, and the result is inconsistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Every 5 Days
Start Date 12/19/2025	Duration Until Discharge
On Discharge <input checked="" type="checkbox"/> Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM
End Date N/A	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone
On Admission <input checked="" type="checkbox"/> Yes	Discontinued By: N/A
Status <input checked="" type="checkbox"/> Active <input type="checkbox"/> Pending Order Review	Executed At 12/25/2025 03:43 PM
Location LAR - Simmons	

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Negative, And The Result Is Inconsistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology	LAR1191	

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: Alkaloids, NOS (Excluding Cotinine) Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status	Executed At 12/25/2025 03:43 PM		
Active Pending Order Review			

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Alkaloids, Nos (Excluding Cotinine) Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Tramadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location

LAR - Simmons

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Tramadol Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Tapentadol Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Methylenedioxyamphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methylenedioxyamphetamines Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Methadone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location

LAR - Simmons

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methadone Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Ketamine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Ketamine Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Heroin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Heroin Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Gabapentin Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antiepileptic Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location

LAR - Simmons

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Tricyclic Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, serotonergic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Serotonergic Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antidepressants, Otherwise Not Specified Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location

LAR - Simmons

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Amphetamines Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description	Frequency		
Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status	Executed At 12/25/2025 03:43 PM		
Active Pending Order Review			

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Alcohol Biomarkers Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: If any of the presumptive tests are positive, and the result is consistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Positive, And The Result Is Consistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology	LAR1191	

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: If any of the presumptive tests are positive, and the positive result is inconsistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
If Any Of The Presumptive Tests Are Positive, And The Positive Result Is Inconsistent With The Patient's Prescribed Medications, Perform Definitive Testing.	Urine	Toxicology	LAR1191	

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Psychedelic Substances Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Stimulants, Synthetic Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Skeletal Muscle Relaxants Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Sedative Hypnotics Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Propoxyphene Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location

LAR - Simmons

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Pregabalin Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location

LAR - Simmons

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Phencyclidine Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Oxycodone Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Opioids & Opiate Analogs Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review		Executed At 12/25/2025 03:43 PM	

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Opioids & Opiate Analogs Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Opiates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Opiates Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location

LAR - Simmons

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Methylphenidate Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location

LAR - Simmons

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Fentanyl Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Cocaine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Cocaine Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Cannabinoids, Natural Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location

LAR - Simmons

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Buprenorphine Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Benzodiazepines Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Barbiturates Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		

Location
LAR - Simmons**Ordered Medical Tests**

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Antipsychotics Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Medical Test Order

Description Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine) Ordered from: Gnosis Presumptive Profile	Frequency Every 5 Days		
Start Date 12/19/2025	Duration Until Discharge	End Date N/A	On Admission Yes
On Discharge Yes	Created By: LPT Irma Martinez at 12/19/2025 05:05 PM	Ordered By: NP Ellen Barbieri at 12/19/2025 05:05 PM via Phone	Discontinued By: N/A
Status Active Pending Order Review	Executed At 12/25/2025 03:43 PM		
Location LAR - Simmons			

Ordered Medical Tests

Test Description	Specimen Source	Test Type	Provider Account	Lab Account
Anti Hypertensive Presumptive	Urine	Toxicology		LAR1191

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Lab Test Requisition

Specimen
KN3PJ3ER

Specimen Source
Urine

Collected By:
MA Kiran Kaur at 12/25/2025 03:41 PM

Created By:
MA Kiran Kaur at 12/25/2025 03:43 PM

Requested By:
MA Kiran Kaur at 12/25/2025 03:43 PM

Status
Sent

**Insurance Information**

Insurance Payer Cigna Health Plan	Subscriber ID U69724284	Insurance Priority N/A	Deductible Substance Abuse Benefits: Deduction = 2500, Deduction Met = 1675.59, Oop = 6000, Oop Met = 1675.59.
Group Number N/A	Plan Type	Insurance Phone Number N/A	
Subscriber Randall Morrison	Patient Relationship to Subscriber Self	SSN N/A	Date of Birth 10/03/1961
Subscriber Address USA	Subscriber Employer N/A		

Lab

Name Gnosis	Account LAR1191	CLIA Code 05D2198282
Address	Phone N/A	

Requested Medical Test Orders

Ordered By: Ellen Barbieri, NP. NPI: 1134929573

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Order Description	Ordered At		
Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine)	12/19/2025 05:05 PM		
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340108	Anti-hypertensive Presumptive	toxicology	5
Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine)	12/19/2025 05:05 PM		

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340109	Antipsychotics Presumptive	toxicology	5
Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340110	Barbiturates Presumptive	toxicology	5
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340111	Benzodiazepines Presumptive	toxicology	5
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340112	Buprenorphine Presumptive	toxicology	5
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340113	Cannabinoids, Natural Presumptive	toxicology	5
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340114	Cocaine Presumptive	toxicology	5
Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340115	Fentanyl Presumptive	toxicology	5
Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340121	Methylphenidate Presumptive	toxicology	5
Medical Test: Opiates Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340122	Opiates Presumptive	toxicology	5
Medical Test: Opioids & Opiate Analogs Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340123	Opioids & Opiate Analogs Presumptive	toxicology	5
Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340124	Oxycodone Presumptive	toxicology	5
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340125	Phencyclidine Presumptive	toxicology	5
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340126	Pregabalin Presumptive	toxicology	5
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340127	Propoxyphene Presumptive	toxicology	5
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340128	Sedative Hypnotics Presumptive	toxicology	5
Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340129	Skeletal Muscle Relaxants Presumptive	toxicology	5
Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340130	Stimulants, synthetic Presumptive	toxicology	5
Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340136	Psychedelic Substances Presumptive	toxicology	5
Medical Test: If any of the presumptive tests are positive, and the positive result is inconsistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
POSINC	If any of the presumptive tests are positive, and the positive result is inconsistent with the patient's prescribed medications, perform definitive testing.	toxicology	5
Medical Test: If any of the presumptive tests are positive, and the result is consistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
POSCON	If any of the presumptive tests are positive, and the result is consistent with the patient's prescribed medications, perform definitive testing.	toxicology	5
Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340101	Alcohol Biomarkers Presumptive	toxicology	5

Order Description			Ordered At
Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340103	Amphetamines Presumptive	toxicology	5
Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340104	Antidepressants, otherwise not specified Presumptive	toxicology	5
Medical Test: Antidepressants, serotonergic Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340105	Antidepressants, serotonergic Presumptive	toxicology	5
Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340117	Heroin Presumptive	toxicology	5
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM

Order Description				Ordered At
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340118	Ketamine Presumptive	toxicology	5	
Medical Test: Methadone Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340119	Methadone Presumptive	toxicology	5	
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340120	Methylendioxyamphetamines Presumptive	toxicology	5	
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340131	Tapentadol Presumptive	toxicology	5	
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340132	Tramadol Presumptive	toxicology	5	
Medical Test: Alkaloids, NOS (Excluding Cotinine) Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340135	Alkaloids, NOS (Excluding Cotinine) Presumptive	toxicology	5	
Medical Test: If any of the presumptive tests are negative, and the result is inconsistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
NEGINC	If any of the presumptive tests are negative, and the result is inconsistent with the patient's prescribed medications, perform definitive testing.	toxicology	5	

Point of Collection Results (POC)

Reason For Testing (Required): : Diagnosis and treatment for substance abuse or dependence (SUD)

Clinical Data

Diagnosis

F10.20 Alcohol dependence, uncomplicated

Medication

Clonidine H Cl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,Blood Glucose Sensor,Zepbound,Rosuvastatin,Ezetimibe,Aspirin,Trazodone,Aqinject Standard Needle,Bd Precision Glide Non Sterile,Insulin Syringe Needleless,Sure Comfort Insulin Syringe,Multivitamin,Lisinopril,Lexapro,Hydroxyzine H Cl,Gabapentin,Lorazepam,Melatonin

Patient Consent For Testing

I certify that I have voluntarily provided a fresh and unadulterated urine specimen for analytical testing. The information on this form and the label affixed to the specimen cup is accurate.



Randall Clark Morrison, 12/25/2025 03:43 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Lab Test Requisition

Specimen KN3PJ3H3
 Specimen Source Urine
 Collected By: LPT Irma Martinez at 12/19/2025 05:05 PM
 Created By: LPT Irma Martinez at 12/19/2025 05:06 PM
 Requested By: LPT Irma Martinez at 12/19/2025 05:06 PM
 Status Sent

**Insurance Information**

Insurance Payer Cigna Health Plan	Subscriber ID U69724284	Insurance Priority N/A	
Group Number N/A	Plan Type	Insurance Phone Number N/A	Deductible N/A
Subscriber Randall Morrison	Patient Relationship to Subscriber Self	SSN N/A	Date of Birth 10/03/1961
Subscriber Address	Subscriber Employer N/A		

Lab

Name Gnosis	Account LAR1191	CLIA Code 05D2198282
Address	Phone N/A	

Requested Medical Test Orders

Ordered By: Ellen Barbieri, NP. NPI: 1134929573

Statement Of Medical Necessity

64 year old male Client presenting with F10.20 Alcohol dependence and uncomplicated. Prescribed medications are clonidine HCl, lorazepam, and Ondansetron.

{4} Provides objectivity to the treatment plan.

{5} Reinforces therapeutic compliance in the patient.

Order Description**Ordered At**

Medical Test: Fentanyl Presumptive - (Gnosis) - (Urine)

12/19/2025 05:05 PM

Requested Medical Tests

Test Code	Test Description	Test Type	Compendium Version
340115	Fentanyl Presumptive	toxicology	5

Medical Test: Methylphenidate Presumptive - (Gnosis) - (Urine)

12/19/2025 05:05 PM

Order Description				Ordered At
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340121	Methylphenidate Presumptive	toxicology	5	
Medical Test: Opiates Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340122	Opiates Presumptive	toxicology	5	
Medical Test: Opioids & Opiate Analogs Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340123	Opioids & Opiate Analogs Presumptive	toxicology	5	
Medical Test: Oxycodone Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340124	Oxycodone Presumptive	toxicology	5	
Medical Test: Pregabalin Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340126	Pregabalin Presumptive	toxicology	5	
Medical Test: Phencyclidine Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340125	Phencyclidine Presumptive	toxicology	5	
Medical Test: Anti-hypertensive Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340108	Anti-hypertensive Presumptive	toxicology	5	
Medical Test: Antipsychotics Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340109	Antipsychotics Presumptive	toxicology	5
Medical Test: Barbiturates Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340110	Barbiturates Presumptive	toxicology	5
Medical Test: Benzodiazepines Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340111	Benzodiazepines Presumptive	toxicology	5
Medical Test: Buprenorphine Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340112	Buprenorphine Presumptive	toxicology	5
Medical Test: Cannabinoids, Natural Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340113	Cannabinoids, Natural Presumptive	toxicology	5
Medical Test: Cocaine Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340114	Cocaine Presumptive	toxicology	5
Medical Test: Propoxyphene Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340127	Propoxyphene Presumptive	toxicology	5
Medical Test: Sedative Hypnotics Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM

Order Description			Ordered At
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340128	Sedative Hypnotics Presumptive	toxicology	5
Medical Test: Skeletal Muscle Relaxants Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340129	Skeletal Muscle Relaxants Presumptive	toxicology	5
Medical Test: Stimulants, synthetic Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340130	Stimulants, synthetic Presumptive	toxicology	5
Medical Test: Psychedelic Substances Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340136	Psychedelic Substances Presumptive	toxicology	5
Medical Test: If any of the presumptive tests are positive, and the positive result is inconsistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
POSINC	If any of the presumptive tests are positive, and the positive result is inconsistent with the patient's prescribed medications, perform definitive testing.	toxicology	5
Medical Test: If any of the presumptive tests are positive, and the result is consistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
POSCON	If any of the presumptive tests are positive, and the result is consistent with the patient's prescribed medications, perform definitive testing.	toxicology	5
Medical Test: Alcohol Biomarkers Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340101	Alcohol Biomarkers Presumptive	toxicology	5

Order Description			Ordered At
Medical Test: Amphetamines Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340103	Amphetamines Presumptive	toxicology	5
Medical Test: Antidepressants, otherwise not specified Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340104	Antidepressants, otherwise not specified Presumptive	toxicology	5
Medical Test: Antidepressants, serotonergic Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340105	Antidepressants, serotonergic Presumptive	toxicology	5
Medical Test: Antidepressants, tricyclic Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340106	Antidepressants, tricyclic Presumptive	toxicology	5
Medical Test: Antiepileptic Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340107	Antiepileptic Presumptive	toxicology	5
Medical Test: Gabapentin Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340116	Gabapentin Presumptive	toxicology	5
Medical Test: Heroin Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM
Requested Medical Tests			
Test Code	Test Description	Test Type	Compendium Version
340117	Heroin Presumptive	toxicology	5
Medical Test: Ketamine Presumptive - (Gnosis) - (Urine)			12/19/2025 05:05 PM

Order Description				Ordered At
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340118	Ketamine Presumptive	toxicology	5	
Medical Test: Methadone Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340119	Methadone Presumptive	toxicology	5	
Medical Test: Methylendioxyamphetamines Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340120	Methylendioxyamphetamines Presumptive	toxicology	5	
Medical Test: Tapentadol Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340131	Tapentadol Presumptive	toxicology	5	
Medical Test: Tramadol Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340132	Tramadol Presumptive	toxicology	5	
Medical Test: Alkaloids, NOS (Excluding Cotinine) Presumptive - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
340135	Alkaloids, NOS (Excluding Cotinine) Presumptive	toxicology	5	
Medical Test: If any of the presumptive tests are negative, and the result is inconsistent with the patient's prescribed medications, perform definitive testing. - (Gnosis) - (Urine)				12/19/2025 05:05 PM
Requested Medical Tests				
Test Code	Test Description	Test Type	Compendium Version	
NEGINC	If any of the presumptive tests are negative, and the result is inconsistent with the patient's prescribed medications, perform definitive testing.	toxicology	5	

Point of Collection Results (POC)

Reason For Testing (Required): : Diagnosis and treatment for substance abuse or dependence (SUD)

Clinical Data

Diagnosis

F10.20 Alcohol dependence, uncomplicated

Medication

Clonidine H Cl,Lorazepam,Ondansetron

Patient Consent For Testing

I certify that I have voluntarily provided a fresh and unadulterated urine specimen for analytical testing. The information on this form and the label affixed to the specimen cup is accurate.



Randall Clark Morrison, 12/19/2025 05:06 PM

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Lab Report

Specimen KN3PJ3ER	Accession No T2512270043	Results For Review: 4	
Reported At 12/28/2025 04:42 PM			
Collected At 12/25/2025 03:41 PM			
Results Summary:	Normal: 49 Abnormal: 4		

Patient

First Name Randall	Middle Name N/A	Last Name Morrison	MR Number 2025-129
Date Of Birth 10/03/1961	Phone 415-265-1107	Address 2835 Hillside Dr Burlingame CA , 94010 US	Birth Sex Male
Payment Method N/A	Location LAR - Simmons	Current Diagnoses F10.20 Alcohol dependence, uncomplicated ⚡	
Notes N/A			
Lab			
Name Gnosis - Orange	CLIA Code 05D2198282		
Address 1594 N Main St Orange CA , 92867 US	Phone 888-539-0525	Director Director: Safedin Sajo Beqaj, PhD, HCLD, CC (ABB)	

Highlighted Results

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Antidepressants, serotonergic	Positive	12/25/2025 03:41 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needleless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Anti-hypertensive	Positive	12/25/2025 03:41 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needleless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Benzodiazepines	Positive	12/25/2025 03:41 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needleless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Gabapentin	Positive	12/25/2025 03:41 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin							

Reported Medical Tests

Test Description Screening	Status Final Result	Specimen Source UR: Urine	Ordering Physician Ellen Barbieri	Lab N/A
Received At 12/27/2025 12:15 PM				
Completed At 12/28/2025 04:42 PM				
Results	Observed Result	Cutoff / Reference Range	Unit	Outcome
Result Description	Result	Observed At	Range	Status Lab
Alcohol Biomarkers	Negative	12/25/2025 03:41 PM	N/A	N/A Normal Final Gnosis - Orange
Notes:				
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin				
Alkaloids, NOS (Excluding Cotinine)	Negative	12/25/2025 03:41 PM	N/A	N/A Normal Final Gnosis - Orange
Notes:				
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin				
Amphetamines	Negative	12/25/2025 03:41 PM	N/A	N/A Normal Final Gnosis - Orange
Notes:				
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin				
Antidepressants, not otherwise specified	Negative	12/25/2025 03:41 PM	N/A	N/A Normal Final Gnosis - Orange
Notes:				
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin				
Antidepressants, serotonergic	Positive	12/25/2025 03:41 PM	N/A	N/A Abnormal Final Gnosis - Orange
Notes:				
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin				
Antidepressants, tricyclic	Negative	12/25/2025 03:41 PM	N/A	N/A Normal Final Gnosis - Orange

Result Description	Observed	Cutoff / Reference			Unit	Outcome	Status	Lab
	Result	Observed At	Range					
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin	Positive	12/25/2025 03:41 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin	Positive	12/25/2025 03:41 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	

Result Description	Observed	Cutoff / Reference			Unit	Outcome	Status	Lab
	Result	Observed At	Range					
Cocaine	Negative	12/25/2025 03:41 PM	N/A	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Fentanyl	Negative	12/25/2025 03:41 PM	N/A	N/A	N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Gabapentin	Positive	12/25/2025 03:41 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Heroin	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Ketamine	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Methadone	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Methylenedioxymphetamines	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Methylphenidate	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	

Result Description	Observed	Cutoff / Reference			Unit	Outcome	Status	Lab
	Result	Observed At	Range					
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Opiates	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Opioids & Opiate Analogs	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Oxycodone	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Phencyclidine	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Pregabalin	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Propoxyphene	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Psychedelic substances	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								

Result Description	Observed	Cutoff / Reference			Unit	Outcome	Status	Lab
	Result	Observed At	Range					
Sedative Hypnotics	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Skeletal Muscle Relaxants	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Stimulants, synthetic	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Tapentadol	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								
Tramadol	Negative	12/25/2025 03:41 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes:								
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin								

Test Description	Status	Specimen Source					
Anti-hypertensive Definitive	Final Result	UR: Urine					
Received At	Completed At	Ordering Physician					
12/27/2025 12:15 PM	12/28/2025 04:42 PM	Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Clonidine	33.3892407102679	12/25/2025 03:41 PM	20	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin							
Interpretation: CONSISTENT							
Remarks: Apart from hypertension, clonidine is effective for the treatment of opioid and alcohol addiction.							
Detection Window: Up tp 3 days							

Test Description	Status	Specimen Source					
Antidepressants, serotonergic Definitive	Final Result	UR: Urine					
Received At 12/27/2025 12:15 PM	Completed At 12/28/2025 04:42 PM	Ordering Physician Ellen Barbieri	Lab N/A				
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Citalopram	1353.13771159758	12/25/2025 03:41 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needleless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation: CONSISTENT							
Remarks: Citalopram metabolism is carried out by cytochrome P450 (CYP) 2C19 and 3A4-5. Citalopram clearance is significantly affected by reduced hepatic function, but only slightly affected by reduced renal function.							
Detection Window: Up to 7 days							
Duloxetine	Negative	12/25/2025 03:41 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needleless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation:							
Fluoxetine	Negative	12/25/2025 03:41 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needleless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation:							
O-desmethylvenlafaxine	Negative	12/25/2025 03:41 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needleless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation:							
Paroxetine	Negative	12/25/2025 03:41 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needleless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation:							
Sertraline	Negative	12/25/2025 03:41 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needleless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation:							

Test Description	Status	Specimen Source
Benzodiazepines Definitive	Final Result	UR: Urine
Received At	Completed At	
Powered by Kipu Systems	Created on: 12/31/2025 19:27 PM EST - 19:28 PM EST	388 of 400 pages

12/27/2025 12:15 PM	12/28/2025 04:42 PM	Ordering Physician Ellen Barbieri	Lab N/A				
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
7-Aminoclonazepam				50	ng/mL	Normal	Final
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation:							
a-Hydroxymidazolam				10	ng/mL	Normal	Final
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation:							
Alprazolam				25	ng/mL	Normal	Final
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation:							
Bromazepam				3	ng/mL	Normal	Final
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation:							
Diazepam				50	ng/mL	Normal	Final
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation:							
Hydroxyalprazolam				25	ng/mL	Normal	Final
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation:							
Lorazepam				161.200326898447	12/25/2025 03:41 PM	50	ng/mL
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation: CONSISTENT							
Remarks: Lorazepam is a short-acting benzodiazepine commonly used to treat panic disorders, severe anxiety, and seizures.							
Detection Window: Up to 10 days							
Methylclonazepam				5	ng/mL	Normal	Final
Notes:							
Prescribed Medications: clonidine HCl, Ondansetron, Acetaminophen, Tums, Colace, Loperamide, blood-glucose sensor, Zepbound, rosuvastatin, ezetimibe, aspirin, trazodone, Aqinject Standard Needle, BD PrecisionGlide Non-Sterile, insulin syringe needless, Sure Comfort Insulin Syringe, Multivitamin, lisinopril, Lexapro, hydroxyzine HCl, gabapentin, lorazepam, Melatonin							
Interpretation:							

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin							
Interpretation:							
Nordiazepam	Negative	12/25/2025 03:41 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin							
Interpretation:							
Oxazepam	Negative	12/25/2025 03:41 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin							
Interpretation:							
Temazepam	Negative	12/25/2025 03:41 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin							
Interpretation:							

Test Description	Status	Specimen Source					
Gabapentin Definitive	Final Result	UR: Urine					
Received At 12/27/2025 12:15 PM	Completed At 12/28/2025 04:42 PM	Ordering Physician Ellen Barbieri					
Results							
Result Description	Observed Result	Cutoff / Reference Range	Unit	Outcome	Status	Lab	
B-phenyl-Y-aminobutyric acid (Phenibut)	Negative	12/25/2025 03:41 PM	200	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin							
Interpretation:							
Gabapentin	> 10000	12/25/2025 03:41 PM	200	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl,Ondansetron,Acetaminophen,Tums,Colace,Loperamide,blood-glucose sensor,Zepbound,rosuvastatin,ezetimibe,aspirin,trazodone,Aqinject Standard Needle,BD PrecisionGlide Non-Sterile,insulin syringe needleless,Sure Comfort Insulin Syringe,Multivitamin,lisinopril,Lexapro,hydroxyzine HCl,gabapentin,lorazepam,Melatonin							
Interpretation: CONSISTENT							
Remarks: Gabapentin is an antiepileptic drug used for the treatment of seizures and neuropathies. The elimination half-life is 5 to 7 hours in patients with normal renal function.							
Detection Window: Up to 5 days							

Randall "Clark" Clark Morrison ♂ 2025-129

Birthdate: 10/03/1961 Bed: Res Room 3 - Bed 1

Allergies: No Known Allergies/NKA

Admission: 12/19/2025 Care Team

Lab Report

Specimen	Accession No
KN3PJ3H3	T2512220030
Reported At	
12/23/2025 10:19 AM	
Collected At	Results For Review:
12/19/2025 05:05 PM	11
Results Summary:	
Abnormal: 11	Normal: 46

**Patient**

First Name	Middle Name	Last Name	MR Number
Randall	N/A	Morrison	2025-129
Date Of Birth	Phone	Address	Birth Sex
10/03/1961	415-265-1107	2835 Hillside Dr Burlingame CA , 94010 US	Male
Payment Method	Location	Current Diagnoses	
N/A	LAR - Simmons	F10.20 Alcohol dependence, uncomplicated ⚡	
Notes			
N/A			

Lab

Name	CLIA Code
Gnosis - Orange	05D2198282
Address	Phone
1594 N Main St Orange CA , 92867 US	888-539-0525
Director	
	Director: Safedin Sajo Beqaj, PhD, HCLD, CC (ABB)

Highlighted Results

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Alcohol Biomarkers	Positive	12/19/2025 05:05 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications:	clonidine HCl, lorazepam, Ondansetron						
Clonidine	Negative	12/19/2025 05:05 PM	20	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications:	clonidine HCl, lorazepam, Ondansetron						
Interpretation:	INCONSISTENT						
Remarks:	Apart from hypertension, clonidine is effective for the treatment of opioid and alcohol addiction.						
Detection Window:	Up to 3 days						
Citalopram	1240.12806672148	12/19/2025 05:05 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications:	clonidine HCl, lorazepam, Ondansetron						
Interpretation:	INCONSISTENT						
Common Source:	Citalopram, Celexa						
Remarks:	Citalopram metabolism is carried out by cytochrome P450 (CYP) 2C19 and 3A4-5. Citalopram clearance is significantly affected by reduced hepatic function, but only slightly affected by reduced renal function.						
Detection Window:	Up to 7 days						
Ethyl glucuronide (EtG)	> 37500	12/19/2025 05:05 PM	500	ng/mL	Abnormal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation: INCONSISTENT							
Common Source: Ethanol							
Remarks: EtG is a minor metabolite of ethanol. Therefore, its detection in urine is a biomarker of ethanol consumption.							
Detection Window: Up to 3 days							
Gabapentin	1358.93405896748	12/19/2025 05:05 PM	200	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation: INCONSISTENT							
Common Source: Neurontin							
Remarks: Gabapentin is an antiepileptic drug used for the treatment of seizures and neuropathies. The elimination half-life is 5 to 7 hours in patients with normal renal function.							
Detection Window: Up to 5 days							
Zolpidem-4CA	98.083232373002	12/19/2025 05:05 PM	10	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation: INCONSISTENT							
Common Source: Ambien, Metabolite of Zolpidem							
Remarks: The primary metabolite of Zolpidem-4CA is Zolpidem Phenyl-4-Carboxylic acid.							
Detection Window: Up to 3 days							
Ethyl Sulfate (EtS)	> 7500	12/19/2025 05:05 PM	100	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation: INCONSISTENT							
Common Source: Ethanol							
Remarks: EtS is a minor metabolite of ethanol. Therefore, its detection in urine is a biomarker of ethanol consumption.							
Detection Window: Up to 3 days							
Antidepressants, serotonergic	Positive	12/19/2025 05:05 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Lorazepam	Negative	12/19/2025 05:05 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation: INCONSISTENT							
Remarks: Lorazepam is a short-acting benzodiazepine commonly used to treat panic disorders, severe anxiety, and seizures.							
Detection Window: Up to 10 days							
Gabapentin	Positive	12/19/2025 05:05 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Sedative Hypnotics	Positive	12/19/2025 05:05 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							

Reported Medical Tests

Test Description Screening	Status	Specimen Source				
Received At 12/22/2025 10:33 AM	Completed At 12/23/2025 10:19 AM	UR: Urine Ordering Physician Ellen Barbieri	Lab N/A			
Result Description	Observed	Cutoff / Reference Range	Unit	Outcome	Status	Lab
	Result	Observed At				

Result Description	Observed Result	Observed At	Cutoff / Reference Range		Unit	Outcome	Status	Lab
			N/A					
Alcohol Biomarkers	Positive	12/19/2025 05:05 PM	N/A		N/A	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Alkaloids, NOS (Excluding Cotinine)	Negative	12/19/2025 05:05 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Amphetamines	Negative	12/19/2025 05:05 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Antidepressants, not otherwise specified	Negative	12/19/2025 05:05 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Antidepressants, serotonergic	Positive	12/19/2025 05:05 PM	N/A		N/A	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Antidepressants, tricyclic	Negative	12/19/2025 05:05 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Antiepileptic	Negative	12/19/2025 05:05 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Anti-hypertensive	Negative	12/19/2025 05:05 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Antipsychotics	Negative	12/19/2025 05:05 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Barbiturates	Negative	12/19/2025 05:05 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Benzodiazepines	Negative	12/19/2025 05:05 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Buprenorphine	Negative	12/19/2025 05:05 PM	N/A		N/A	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								

Result Description	Observed Result	Observed At	Cutoff / Reference Range		Unit	Outcome	Status	Lab
			N/A					
Cannabinoids, Natural	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Cocaine	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Fentanyl	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Gabapentin	Positive	12/19/2025 05:05 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Heroin	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Ketamine	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Methadone	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Methylenedioxymphetamines	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Methylphenidate	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Opiates	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Opioids & Opiate Analogs	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								
Oxycodone	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange	
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron								

Result Description	Observed Result	Cutoff / Reference Range		Unit	Outcome	Status	Lab
		Observed At	Range				
Phencyclidine	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Pregabalin	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Propoxyphene	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Psychedelic substances	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Sedative Hypnotics	Positive	12/19/2025 05:05 PM	N/A	N/A	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Skeletal Muscle Relaxants	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Stimulants, synthetic	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Tapentadol	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Tramadol	Negative	12/19/2025 05:05 PM	N/A	N/A	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							

Test Description	Status	Specimen Source					
Anti-hypertensive Definitive	Final Result	UR: Urine					
Received At 12/22/2025 10:33 AM	Completed At 12/23/2025 10:19 AM	Ordering Physician Ellen Barbieri					
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Clonidine	Negative	12/19/2025 05:05 PM	20	ng/mL	Abnormal	Final	Gnosis - Orange

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation: INCONSISTENT							
Remarks: Apart from hypertension, clonidine is effective for the treatment of opioid and alcohol addiction.							
Detection Window: Up to 3 days							

Test Description Antidepressants, serotonergic Definitive	Status Final Result	Specimen Source UR: Urine	Ordering Physician Ellen Barbieri	Lab N/A			
Received At 12/22/2025 10:33 AM							
Completed At 12/23/2025 10:19 AM							
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Citalopram	1240.12806672148	12/19/2025 05:05 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation: INCONSISTENT							
Common Source: Citalopram, Celexa							
Remarks: Citalopram metabolism is carried out by cytochrome P450 (CYP) 2C19 and 3A4-5. Citalopram clearance is significantly affected by reduced hepatic function, but only slightly affected by reduced renal function.							
Detection Window: Up to 7 days							
Duloxetine	Negative	12/19/2025 05:05 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							
Fluoxetine	Negative	12/19/2025 05:05 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							
O-desmethylvenlafaxine	Negative	12/19/2025 05:05 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							
Paroxetine	Negative	12/19/2025 05:05 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							
Sertraline	Negative	12/19/2025 05:05 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							

Test Description Benzodiazepines Definitive	Status Final Result	Specimen Source UR: Urine	Ordering Physician Ellen Barbieri	Lab N/A			
Received At 12/22/2025 10:33 AM							
Completed At 12/23/2025 10:19 AM							
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
7-Aminoclonazepam	Negative	12/19/2025 05:05 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							
a-Hydroxymidazolam	Negative	12/19/2025 05:05 PM	10	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							
Alprazolam	Negative	12/19/2025 05:05 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							
Bromazepam	Negative	12/19/2025 05:05 PM	3	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							
Diazepam	Negative	12/19/2025 05:05 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							
Hydroxyalprazolam	Negative	12/19/2025 05:05 PM	25	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							
Lorazepam	Negative	12/19/2025 05:05 PM	50	ng/mL	Abnormal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation: INCONSISTENT							
Remarks: Lorazepam is a short-acting benzodiazepine commonly used to treat panic disorders, severe anxiety, and seizures.							
Detection Window: Up to 10 days							
Methylclonazepam	Negative	12/19/2025 05:05 PM	5	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							
Nordiazepam	Negative	12/19/2025 05:05 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							
Oxazepam	Negative	12/19/2025 05:05 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							
Temazepam	Negative	12/19/2025 05:05 PM	50	ng/mL	Normal	Final	Gnosis - Orange
Notes:							
Prescribed Medications: clonidine HCl, lorazepam, Ondansetron							
Interpretation:							

Test Description	Status	Specimen Source
Gabapentin Definitive	Final Result	UR: Urine
Powered by Kipu Systems	Created on: 12/31/2025 19:27 PM EST - 19:28 PM EST	398 of 400 pages

Received At 12/22/2025 10:33 AM	Completed At 12/23/2025 10:19 AM	Ordering Physician Ellen Barbieri	Lab N/A				
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
B-phenyl-Y-aminobutyric acid (Phenibut)	Negative	12/19/2025 05:05 PM	200	ng/mL	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron Interpretation:							
Gabapentin	1358.93405896748	12/19/2025 05:05 PM	200	ng/mL	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron Interpretation: INCONSISTENT Common Source: Neurontin Remarks: Gabapentin is an antiepileptic drug used for the treatment of seizures and neuropathies. The elimination half-life is 5 to 7 hours in patients with normal renal function. Detection Window: Up to 5 days							

Test Description Sedative Hypnotics Definitive	Status Final Result	Specimen Source UR: Urine	Ordering Physician Ellen Barbieri	Lab N/A			
Received At 12/22/2025 10:33 AM	Completed At 12/23/2025 10:19 AM						
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Zolpidem	Negative	12/19/2025 05:05 PM	5	ng/mL	Normal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron Interpretation:							
Zolpidem-4CA	98.083232373002	12/19/2025 05:05 PM	10	ng/mL	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron Interpretation: INCONSISTENT Common Source: Ambien, Metabolite of Zolpidem Remarks: The primary metabolite of Zolpidem-4CA is Zolpidem Phenyl-4-Carboxylic acid. Detection Window: Up to 3 days							

Test Description Alcohol Biomarkers Definitive	Status Final Result	Specimen Source UR: Urine	Ordering Physician Ellen Barbieri	Lab N/A			
Received At 12/22/2025 10:33 AM	Completed At 12/23/2025 10:19 AM						
Results							
Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Ethyl glucuronide (EtG)	> 37500	12/19/2025 05:05 PM	500	ng/mL	Abnormal	Final	Gnosis - Orange
Notes: Prescribed Medications: clonidine HCl, lorazepam, Ondansetron Interpretation: INCONSISTENT Common Source: Ethanol Remarks: EtG is a minor metabolite of ethanol. Therefore, its detection in urine is a biomarker of ethanol consumption. Detection Window: Up to 3 days							

Result Description	Observed Result	Observed At	Cutoff / Reference Range	Unit	Outcome	Status	Lab
Ethyl Sulfate (EtS)	> 7500	12/19/2025 05:05 PM	100	ng/mL	Abnormal	Final	Gnosis - Orange

Notes:

Prescribed Medications: clonidine HCl, lorazepam, Ondansetron
 Interpretation: INCONSISTENT
 Common Source: Ethanol
 Remarks: EtS is a minor metabolite of ethanol. Therefore, its detection in urine is a biomarker of ethanol consumption.
 Detection Window: Up to 3 days